

Rutherford  
Clark Anderson

064480



D OF D 13-9-42

(NAV)

D.D.

43

DEPARTMENT OF VETERANS AFFAIRS

## AWARDS

WAR SERVICE RECORDS

|                            |                 |          |                   |               |
|----------------------------|-----------------|----------|-------------------|---------------|
| RUTHERFORD Clark Anderson  |                 | 0-64480  | A/Lt Cdr.         | FILE No.      |
| SURNAME (IN BLOCK LETTERS) | CHRISTIAN NAMES | REG. No. | RANK ON DISCHARGE | C.A.S.F. UNIT |

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

## CAMPAIGN MEDALS

1939-45 Star, **DEC 12 1986**  
 Atlantic Star,  
 C.V.S.M. & Clasp,  
 War Medal.

M. In D.

*Mem Cross*  
**MID**

## REGISTRATION NUMBER AND DATE DESPATCHED

3794

**RENT  
ENVOYE** **OCT 30 1986**

42-85889

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

6/8/82

RCN March 43 "OTTAWA"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No, DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mrs. Mary M. Norris (Re-married)  
Rutherford - Widow - Benef.

ADDRESS: 316 Robie Street,  
Halifax, N.S.

MEMORIAL BAR

DATE DESP

REGN. NO. 681

(2) MEMORIAL CROSS

WIDOW

Mrs. Mary M. Rutherford

ADDRESS: 465 Mount Pleasant Ave., Westmount, Que.

(2)

25-11-42

(3) MEMORIAL CROSS

MOTHER

Mrs. G.J. Rutherford

ADDRESS: 465 Mount Pleasant Ave., Westmount, Que.

(3)

5-1-43











MEMORANDUM FOR

*C.A. Rutherford.*  
Lt.-Cdr. *V.H. Tillson, RCNVR, RCN.*  
Naval Provost Marshal,  
Room 324, National Harbour Board Bldg,  
Halifax, Nova Scotia.

P. 64  
Any further communication on this subject should  
be addressed to:—

THE SECRETARY,  
DEPARTMENT OF NATIONAL DEFENCE,  
OTTAWA, ONTARIO  
ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q.NS.60-R-9 FD.261

DEPARTMENT OF NATIONAL DEFENCE  
OTTAWA, ONT.

October 9 1942

For the purpose of record and in the event of there being any balance of pay,  
medals or memorials available for distribution (according to law) on account of the  
late

RUTHERFORD, Clarke A., Lt.-Cdr.

H.M.C.S. "Ottawa", R.C.N.

it is necessary that the requisite information regarding the deceased and his relatives  
should be furnished on the inside of this form in strict accordance with the printed  
instructions. The particulars required are to be carefully filled in and the Declaration  
on the back should then be signed in the presence of a Clergyman, Priest or Local  
Magistrate, who should be asked to complete and sign the Certificate. This form  
should then be returned to the above address.

(H.R. Wade) Lt.-Cdr. RCNVR,  
for (L.M. Firth) Lt.-Col.  
Administrator of Estates.





STATEMENT of the Names, Ages and Addresses, or Dates of Death, of all the relatives that the  
ever had in each of the degrees specified below.

| Degrees of Relationship | RELATIVES<br>required to be accounted for                                                                                                 | INFORMANT'S STATEMENT                                                   |                            |                                                                                                                            |                                          |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
|                         |                                                                                                                                           | NAME IN FULL<br>of any Relative, if any, in each degree<br>inquired for | Age                        | ADDRESS IN FULL<br>of each surviving Relative, opposite his<br>or her name, and date of death<br>of each deceased relative |                                          |
| 1                       | Widow of the Deceased.....                                                                                                                | Mary Marjorie Rutherford                                                | 26                         | 316 Robie Street<br>Halifax, N.S.                                                                                          |                                          |
| 2                       | Children of the Deceased and<br>dates of their Births.....                                                                                | Robert Anderson Rutherford<br>born Dec 7, 1942                          | 11 mos.                    | 316 Robie Street<br>Halifax, N.S.                                                                                          |                                          |
| 3                       | Father of the Deceased.....                                                                                                               | Stewart Flaming Rutherford                                              | 68                         | 465 Mount Pleasant Ave<br>Westmount, Que.                                                                                  |                                          |
| 4                       | Mother of the Deceased.....                                                                                                               | Gertrude Jessie Rutherford                                              | 61                         | same                                                                                                                       |                                          |
| 5                       | Brothers<br>of the<br>Deceased                                                                                                            | Full<br>Blood                                                           | Gordon Anderson Rutherford | 31                                                                                                                         | 465 Mount Pleasant Ave<br>Westmount, Que |
|                         |                                                                                                                                           | Half<br>Blood                                                           |                            |                                                                                                                            |                                          |
| 6                       | Sisters<br>of the<br>Deceased                                                                                                             | Full<br>Blood                                                           |                            |                                                                                                                            |                                          |
|                         |                                                                                                                                           | Half<br>Blood                                                           |                            |                                                                                                                            |                                          |
| 7                       | Names of brothers or sisters (whether<br>of the full or the half blood) of the De-<br>ceased, who are dead, and date of death<br>of each. | Names and ages of their children<br>(if any)                            | Address of their children  |                                                                                                                            |                                          |
|                         |                                                                                                                                           |                                                                         |                            |                                                                                                                            |                                          |

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING  
PARTICULARS SHOULD BE GIVEN

|   |                                                                                         | NAMES OF THOSE LIVING | Age | ADDRESS IN FULL |
|---|-----------------------------------------------------------------------------------------|-----------------------|-----|-----------------|
| 8 | Grand-Parents of the Deceased.....                                                      |                       |     |                 |
| 9 | Uncles and Aunts by blood of<br>the Deceased (not Uncles and<br>Aunts by marriage)..... |                       | Age |                 |



# FULL PARTICULARS AS TO IDENTITY

|    |                                                                                                                   |                                                                     |
|----|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 10 | What is the full name of the deceased?                                                                            | Clarke Anderson Rutherford                                          |
| 11 | Give the month and year of his birth.                                                                             | December 16 <sup>th</sup> , 1913                                    |
| 12 | Where and when were his parents married?                                                                          | Ottawa, 1909<br>Canada                                              |
| 13 | Was he ever married? If so, state exact place and date of marriage.                                               | March 2 <sup>nd</sup> , 1940                                        |
| 14 | Did he leave a (later) Will? If so, it should be forwarded.                                                       | Yes, a Service Will.                                                |
| 15 | Is there any other estate which will necessitate application being made for Probate or Letters of Administration? | YES. APPLICATION FOR ADMINISTRATION<br>MADE BY Mrs C.A. RUTHERFORD. |

## PARTICULARS OF DOMICILE

|    |                                                                                          |                                                                        |
|----|------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 16 | Where was deceased born?                                                                 | Montreal, Canada                                                       |
| 17 | In what Province, Country or State did he reside, and in which last?                     | Resided in Province of Quebec and<br>in Province of Nova Scotia (last) |
| 18 | How long in each?                                                                        | Quebec 26 years<br>Nova Scotia 2 years                                 |
| 19 | What was the nature of his employment?                                                   | Naval Officer (R.C.N.)                                                 |
| 20 | Did he own the house or homestead in which he lived? If so, where?                       | No.                                                                    |
| 21 | Did he ever state verbally, or in writing, where he intended to make his permanent home? | No                                                                     |
| 22 | State <u>your</u> postal address in full.                                                | Mrs Mary Marjorie Rutherford<br>316 Robie Street<br>Halifax, N.S.      |

## PARTICULARS AS TO CLAIMS

|    |                                                                                                                                                                                |                 |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 23 | Have the funeral expenses been paid? If so, by whom?                                                                                                                           | No. Lost at Sea |
| 24 | Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account.<br>(See Note Below). | No              |

NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.

(PLEASE TURN OVER)



# DECLARATION

\*Insert degree of relationship, for example "Widow," "Father," "Brother," etc.

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

\* Widow of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest or Local Magistrate

Mary Maymie Rutherford {Signature of Informant

# CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Mary Maymie

\*See above Rutherford {Name of Informant} is the \* wife of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Salmon this 28<sup>th</sup> day of October 1942

Signature of Clergyman, Priest or Magistrate } C. de W. White Qualification Chaplain, B. C. M.

Address 32 Sumner St. Salmon, U. S.

NOTE—Before granting the above Certificate, care should be taken to see that the Informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address of each surviving Relative enquired after is stated in its proper place in the Statement opposite.



# DISTRIBUTION OF SERVICE ESTATES

Naval - Military - Air Force

Name RUTHERFORD Clarke A. No: \_\_\_\_\_  
Surname Christian Names

Lt. Cdr. : H.M.C.S. "Ottawa" : 13-9-42  
Rank Unit Date of Death

## AMOUNT

L. P. C. \$ 175.31

Date February 18, 1943.

Other Credits \_\_\_\_\_

Total ..... 175.31

| SHARE | RELATIONSHIP | NAME AND ADDRESS                                                                                                                      | AMOUNT |
|-------|--------------|---------------------------------------------------------------------------------------------------------------------------------------|--------|
| All   | Wife         | "Mrs. Mary M. Rutherford,<br>as administratrix of the estate of the late<br>Clarke A. Rutherford."<br>316 Robie St.,<br>Halifax, N.S. | 175.31 |

| AUTHORITY                                                   |      |      |      |     |                     |      |        |
|-------------------------------------------------------------|------|------|------|-----|---------------------|------|--------|
| H.Q.<br>F.E.No.                                             | DIV. | EST. | VOTE | PRI | D.A. OR<br>H.O. SUB | OBJ. | AMOUNT |
| 9999                                                        |      |      | 831  | 00  | 50                  | 000  | 175.31 |
| <p>EXAMINED BY <u>Bertrand</u><br/>FOR TREASURY OFFICER</p> |      |      |      |     |                     |      | 175.31 |
| TOTAL                                                       |      |      |      |     |                     |      |        |

Distribution approved and authorized.

AUDITED FOR PAYMENT

E.S. Collyer per O.B.  
for Chief Treasury Officer

L.M. Firth  
(L.M. Firth) Lt.-Col.,  
Administrator of Estates



**TREASURY OFFICE**  
**DEPARTMENT OF NATIONAL DEFENCE**  
**NAVAL SERVICE**

COPY

2

NO ACKNOWLEDGMENT IS NECESSARY.  
 PLEASE QUOTE CHEQUE NUMBER WHEN REFERRING TO THIS REMITTANCE.

THE ENCLOSED OFFICIAL CHEQUE IS IN PAYMENT OF  
 YOUR CLAIM AS DETAILED HEREUNDER.

**NAVAL SERVICE****OTTAWA, Ont.**

(SOURCE 26)

SOURCE 18

NOV 20 1943

To **Mrs. Mary M. Rutherford,**

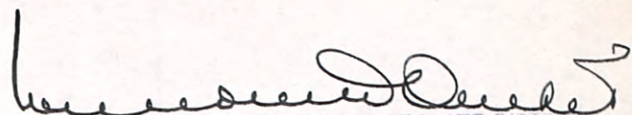
DATE

| CHEQUE NO. | PARTICULARS                                                                                                                                                                   | AMOUNT |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 69988      | Adjustment of advances to the widow of the late Lieut.Cdr.Clark Anderson Rutherford, REN. Article 367, Paragraph 113A of Canadian Naval Regulations as per attached statement | 515 40 |
|            | Cheque & File to D.N.P.A.                                                                                                                                                     |        |
|            | NS.60-R-9                                                                                                                                                                     |        |

| N.D.H.Q.-F.E. No.<br>(4)0000 | DIV.<br>(2)00 | ESTAB.<br>(3)000 | VOTE<br>(3)000 | PRI.<br>(2)00 | DIST. ALT. OR<br>H.Q. SUB. ALT.<br>(2)00 | OBJECT<br>(3)000 | AMOUNT | DIST. SUB. AL.<br>(2)00 | DIST. F.E. No.<br>(4)0000 |
|------------------------------|---------------|------------------|----------------|---------------|------------------------------------------|------------------|--------|-------------------------|---------------------------|
| 33955                        |               |                  | 400            | 02            | 44                                       |                  | 481 40 |                         |                           |
| 33807                        |               |                  | 400            | 02            | 33                                       |                  | 34 00  |                         |                           |
|                              |               |                  |                |               |                                          |                  |        |                         |                           |
|                              |               |                  |                |               |                                          |                  |        |                         |                           |
|                              |               |                  |                |               |                                          |                  |        |                         |                           |
|                              |               |                  |                |               |                                          |                  |        |                         |                           |
|                              |               |                  |                |               |                                          |                  |        |                         |                           |
|                              |               |                  |                |               |                                          |                  |        |                         |                           |
|                              |               |                  |                |               |                                          |                  |        |                         |                           |
|                              |               |                  |                |               |                                          |                  |        |                         |                           |
| TOTAL                        |               |                  |                |               |                                          |                  | 515 40 |                         |                           |

NA. Nov. 19/43 KL.



  
REGISTRAR OF PROBATE FOR THE PROBATE DISTRICT  
OF THE COUNTY OF HALIFAX

IN THE NAME OF GOD AMEN

I, Clarke Anderson Rutherford, Lieutenant, R.C.N. of His Majesty's Ship "Skeena" (now a Patient in -----), being sound of mind, do hereby make this my last Will and Testament: I give and bequeath unto my wife Mary Marjorie Rutherford, c/o Bank of Montreal, Morris & Barrington Branch, Halifax, Nova Scotia. all such Wages, Prize Money, Allowances, and other Sum or sums of Money, as now are, or hereafter may be due to me for my service on board the said Ship, or any other Ship or Vessel, of the Royal Navy, together with all other my Estate and Effects whatsoever and wheresoever.

And I do hereby appoint my father, Stewart Fleming Rutherford, 465, Mount Pleasant Avenue Westmount, P.Q. Executors of this my last Will and Testament; and hereby revoking all former Wills by me made, I declare this to be my last Will and Testament.

In Witness Whereof I have at Halifax, N.S. hereunto set my hand, this twenty-fourth day of May in the Year of Our Lord One Thousand Nine Hundred and Forty.

Signed by the said Testator, as his last Will and Testament, in the presence of us present at the same time, who in his presence at his request and in the presence of each other have subscribed our names as Witnesses.

|           |                  |
|-----------|------------------|
|           | C. A. RUTHERFORD |
|           | )                |
|           | R. W. MURDOCK    |
| WITNESSES | )                |
|           | A. M. SMITH      |
|           | )                |



HMCS CORNWALLIS,  
Cornwallis, N.S.

18 February, 1964,

Dear Ted:

I am Chairman of the School Committee of the Clark Rutherford Memorial School in this establishment. This school is named for LCDR Clark A. Rutherford, RCN, who went down with HMCS OTTAWA on 13 September, 1942.

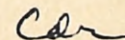
The only thing we have in the school about Clark Rutherford is a gilt lettered board detailing the bare facts of his death. I would like to see more of them displayed. I had in mind a picture of LCDR Rutherford, one of HMCS OTTAWA, as she would have looked prior to her sinking and further details about the engagement in which she was sunk. I had hoped to have the pictures suitably mounted and the details perhaps engraved on a metal shield.

If you could help me with any of these items I would certainly appreciate it.

Yours sincerely,



(D. B. Dixon)



Mr. E.C. Russell,  
Naval Historian,  
Naval Headquarters,  
Ottawa 4, Ontario.



## VERIFICATION FORM

NAME IN FULL

RUTHERFORD: Clark Anderson

RANK/RATING *A/Lt bdr*

OFF. NO. 0-64480

[illegible]

VERIFIED BY

J. Rose

VERIFIED BY



VERIFICATION FORM  
STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.  
NAVAL GENERAL SERVICE MEDAL (1915).

...RANK/RATING A/Lt bdr. ...OFF. NO. 0-64480 ...ADDRESS .....

[illegible]

VERIFIED BY *g. f. [signature]* .....

VERIFIED BY ..... DIR. OF PERSONNEL RECORDS.





## CERTIFICATE FOR WOUNDS AND HURTS

These are to Certify the Honourable the Minister  
of the Naval Service of the Dominion of Canada that

(Name in full)

(Rank or Rating)

(Official No.)

Clark A. Rutherford, Lieutenant, R.C.N.

Here describe  
the particular  
duty.

\*"Injured" or  
"Wounded."

†Date.

Here describe  
minutely the  
nature of the  
injury sustained  
and the manner  
in which it oc-  
curred—as  
required by  
articles 1207,  
1318, 1354  
of the King's  
Regulations.

belonging to His Majesty's Canadian Ship "Skeena"  
being then actually upon His Majesty's Canadian Service in  
the performance of his duty of Executive Officer  
was injured on November 13<sup>th</sup> 1940 by  
blast from gunfire. He reported at Sick Bay,  
A.M. 14.11.40 with pain, deafness, and discomfort  
in the right ear, following a full calibre shoot  
P.M. 13.11.40, at which time he stated he was  
on duty at "Y" gun. Otoloscopic examination by  
the medical officer revealed the presence of a  
split in the tympanic membrane of the right  
ear, accompanied by slight bleeding.

‡"Sober" or "not  
sober".

Personal  
Description.

He was sober at the time of the injury.  
Age about 26 years Born at or near Westmount, P.Q. Height 5 ft. 10 ins.  
Hair Brown Eyes gray Complexion fair

Particular  
marks or  
scars.

None

Date May 26<sup>th</sup> 1941

Signature of Commanding Officer of Ship.

Rank

Lt. Col.

Signature of person who  
witnessed the accident.

Camille Beaudoin 2467  
R.C.N.

Rank

Able Seaman

Signature of  
Medical Officer.

C. M. Oake

Rank

Surg. Lieut. R.C.N.V.R.



DEPARTMENT OF NATIONAL DEFENCE  
NAVY ARMY AIR FORCE  
STATEMENT OF WAR SERVICE GRATUITY

4  
NAVY

Deceased Member's

NAME **Clark Anderson** **RUTHERFORD**  
(CHRISTIAN NAMES) (SURNAME)  
Payee **Mrs. Mary. M. Rutherford**  
ADDRESS **316 Robie Street**  
**Halifax, N.S.**

REGISTER NO. **4386**  
FILE NO. **0-64180**  
DATE **26 Feb 45**  
SERVICE NO. **RCN**  
FINAL RANK OR RATING **A/Lt. Cdr.**  
DATE OF DISCHARGE **13 Sep 42**

DATE OF TERMINATION OF OVERSEAS SERVICE **13 Sep 42**

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **1100** EQUAL TO **36** COMPLETE PERIODS AT \$7.50

\$ **270.00**

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **1094** LESS **20** INELIGIBLE DAYS, EQUAL TO **1074** DAYS @ 25c. PER DAY  
**SEE PAR. 2 OVERLEAF FOR EXPLANATION**

\$ **268.50**

**SUB TOTAL**

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

|                                                |    |              |                      |
|------------------------------------------------|----|--------------|----------------------|
| PAY                                            | \$ | <b>7.50</b>  |                      |
| SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE | \$ | <b>1.70</b>  |                      |
| ADDITIONAL PAY                                 | \$ | <b>1.25</b>  |                      |
|                                                | \$ |              |                      |
|                                                | \$ |              |                      |
| DEPENDENTS' ALLOWANCE 1/30 OF \$               | \$ | <b>2.20</b>  |                      |
| TOTAL                                          | \$ | <b>12.65</b> | X7 = \$ <b>88.55</b> |
| NO. OF DAYS                                    |    | <b>1074</b>  | X\$ <b>88.55</b>     |
|                                                |    | <b>183</b>   |                      |

\$ **519.69**

D. WAR SERVICE GRATUITY

\$ **1058.19**

E. DEDUCTIONS

OVERPAYMENT OF PAY AND ALLOWANCES \$ **N/A**  
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$  
OTHER DEDUCTIONS \$

F. AMOUNT PAYABLE

(THIS AMOUNT IS PAYABLE IN MONTHLY INSTALMENTS OF \$ EACH)

\$ **1058.19**

THE WAR SERVICE GRANTS ACT, 1944, PROVIDES FOR YOUR RE-ESTABLISHMENT CREDIT IN THE AMOUNT SHOWN IN SUB TOTAL OF A. & B. THIS CREDIT IS AVAILABLE TO YOU IN CERTAIN CIRCUMSTANCES. INQUIRY IN THIS CONNECTION SHOULD BE DIRECTED TO THE DEPARTMENT OF VETERANS AFFAIRS.

SEE REVERSE SIDE  
FOR EXPLANATION  
OF ITEMS A, B & C

G. MONTHLY INSTALMENT NOT TO EXCEED DAILY RATE OF PAY AND ALLOWANCES \$ X30 \$

| INSTALM. PAYABLE | 1              | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|------------------|----------------|---|---|---|---|---|---|---|---|
| AMOUNT           | <b>1058.19</b> |   |   |   |   |   |   |   |   |
| CHEQUE No.       | <b>111071</b>  |   |   |   |   |   |   |   |   |
| DATE             | <b>10/3/45</b> |   |   |   |   |   |   |   |   |

| INSTALM. PAYABLE | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
|------------------|----|----|----|----|----|----|----|----|----|
| AMOUNT           |    |    |    |    |    |    |    |    |    |
| CHEQUE No.       |    |    |    |    |    |    |    |    |    |
| DATE             |    |    |    |    |    |    |    |    |    |

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

|                           |                                  |                                              |                       |                                                   |
|---------------------------|----------------------------------|----------------------------------------------|-----------------------|---------------------------------------------------|
| PREPARED BY<br><b>SJD</b> | CHECKED BY<br><b>[Signature]</b> | TREASURY<br>CHECKED BY<br><b>[Signature]</b> | DATE<br><b>4/3/45</b> | Dir. of Naval Pay Acctn<br>SERVICE REPRESENTATIVE |
|---------------------------|----------------------------------|----------------------------------------------|-----------------------|---------------------------------------------------|



# NAVAL MESSAGE

S. 1320H  
5 Mil.-5-40 (4975)  
N.S. 815-9-1320H

To:

From:

ESHQ (R) C.O.A.C. CAPT (D) HALIFAX STADACONA  
C.C.N.F. CAPT (D) NEWFOUNDLAND AVALON

ST. FRANCIS

SECRET HAND MESSAGE TO COAC

LIEUTENANT C.A. RUTHERFORD HAS ASSUMED  
COMMAND OF H.M.C.S. "ST. FRANCIS" TO DATE 26TH AUGUST, 1941.

1130Z/26 AUGUST

COAC  
CCH  
SOI  
SOC  
CAPT D (3)  
C. STAD (2)  
MC  
CAG  
RA3 (2)

**COPY**  
FOR RETENTION

61 GRS. CYPHER "X" T/P MM/PD/D.C.M.  
TO OTHER ADDRESSEES

COMMANDING OFFICER  
H. M. C. S. "STADACONA"  
AUG 27 1941  
R. C. N. BARRACKS,  
HALIFAX, N. S.



## NAVAL MESSAGE

S. 1320H  
5 Mil.-5-40 (4975)  
N.S. 815-9-1320H

To:

NSHQ (R) COAC

From:

CONF

YOUR 2116Z/31/7 AND 1922Z/20/6 LIEUT. RUTHERFORD  
STILL IN SKEENA DUE ST JOHN'S ABOUT 23RD AUGUST. IF IT IS  
INTENDED TO TRAIN LIEUT RUTHERFORD FOR COMMAND BEFORE  
TAKING UP FINAL APPOINTMENT IN ST FRANCIS INTERMEDIATE  
APPOINTMENT IS WELCOMED BUT IF APPOINTMENT IS FOR LEAVE OR  
TIME ONLY IT IS RECOMMENDED THAT INTERMEDIATE APPOINTMENT  
BE AMENDED TO READ AVALON INSTEAD OF STADACONA. MATTER  
OF PAY ECT WOULD THEN CONTINUE TO BE HANDLED IN THIS  
COMMAND AND HIS SERVICES WOULD ALSO BE MOST WELCOME.

1746Z/1 AUGUST.

OKo

H-ov

COAC

SOI

SOO

SEC

MC

C STAD (2)

CAO

T/P

CYPHER "K"

GHS. 111

