

V24133  
SMITH  
ALEXANDER

DYER



APR 25 1941

NS. 113-8-1027

## OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

## Section A—GENERAL INFORMATION

1. (a) Print name in full SMITH, Alexander Dyer (b) Reg'l. No. U-24133  
2. (a) Arm of service Navy (b) Unit Winnipeg Div. RCNVR (c) Rank O'Sman  
3. (a) Date of birth 24 April 1914 (b) Have you any dependents? 2 wife (c) Place of residence Stc 2 Williams Block  
4. (a) Place of enlistment Winnipeg (b) Date of enlistment 16 Oct 1941

PLEASE  
LEAVE  
BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (b) Were you attending school or college up to the time of enlistment? No  
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Grade IX  
7. If you attended a university, give name of university and standing or degree secured —  
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —  
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING (b) At time of enlistment of what trade union or professional society were you a member? None

## Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school? —  
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked — (b) State how long you had worked at this trade or occupation —  
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified —  
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment —  
15. Give details of last employer, if any: Name — Address —  
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) —  
17. (a) If your last employment was in a business of your own, state nature and address of business — (b) Date of discontinuing it —

## Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer Coca Cola Bottling Co. Ltd. of Canada Address Winnipeg, Man.  
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Beverage Sales  
20. (a) Your specific occupation Salesman (b) Number of years' experience at this occupation with any employer 10 years  
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? — (c) Do you wish to return to your former employment? Yes

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice — (b) Where was it located? —  
23. (a) Number of years engaged in this business — (b) Have you made, or will you make plans to return to the same or a similar business on discharge? —

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? None  
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience? None

## Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No  
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) —  
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form None

DATE 24 April 1941 1941 SIGNATURE A. Smith





Copy to:  
U.W.D. } 29 April,  
E.S. } 1941



MEMORANDUM FOR

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. 113-S-1027

DEPARTMENT OF NATIONAL DEFENCE  
OTTAWA, ONT.

October 5, 1942, 194.....

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

SMITH, Alexander, Able Seaman.

No. V.24133, R.C.N.V.R.

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*  
(H.R. Wade) Lt.-Cdr.,  
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 deceased ever had in each of the degrees specified below.

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	Margaret Smith	28	675 M <sup>c</sup> Dermott Ave. Wf
2	Children of the Deceased and dates of their Births.....	George Bryan Smith	3	675 M <sup>c</sup> Dermott Ave. Wf
3	Father of the Deceased.....	William Smith	.	Deceased.
4	Mother of the Deceased.....	Ellen Smith		759 M <sup>c</sup> Lee St Wf
5	Brothers of the Deceased	Full Blood	George Smith 39 John D Smith 37 William Smith 27	Ste 38, Adanac. W Apt 6 H M C S. Avalon NO 2. PSNVR. 1 Queens Own Cameron Highlanders Eng
		Half Blood		
6	Sisters of the Deceased	Full Blood	Elizabeth Robertson 35 Mary Smith Nellie Bryan 23	234 Marion St. Norwood man Deceased. 82 Coughton St. Hbf
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the De- ceased, who are dead, and date of death of each.	Names and ages of their children (if any)		Address of their children
		Mary Smith. Oct 4/1935		

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.....	None		
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....	Hume Smith Alexander Dyer Samuel Dyer	60 54 50	Winnipeg, Man. Philadelphia P.A. U.S.A. Airdrie Scotland



FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Alexander Dyer Smith
11	Give the month and year of his birth.	April 29, 1913
12	Where and when were his parents married?	Airdrie Scotland June 25/1902.
13	Was he ever married? If so, state exact place and date of marriage.	Yes. June 25 <sup>th</sup> 1938 at Winnipeg, Manitoba.
14	Did he leave a (later) Will? If so, it should be forwarded.	Not that I know of.
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	No.

PARTICULARS OF DOMICILE

16	Where was deceased born?	10 Commonsides St Airdrie Scotland
17	In what Province, Country or State did he reside, and in which last?	Winnipeg, Manitoba
18	How long in each?	23 yrs Winnipeg, Manitoba 6 yrs Airdrie Scotland
19	What was the nature of his employment?	Salesman.
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.	675 Mc Dermott Ave. Winnipeg, Man.

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	No. Lost or killed on H.M.S. "Ottawa".
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. (See Note Below).	None

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.



# 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

*Mrs. Margaret Smith*

{Signature of Informant

# CERTIFICATE

\*See above

I hereby certify that, to the best of my knowledge and belief.....*Mrs. Margaret Smith*.....{Name of Informant} is the \*.....*Widow*.....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.....*Winnipeg*.....this.....*14<sup>th</sup>*.....day of.....*October*.....19*42*.

Signature of Clergyman, Priest or Magistrate

*J. J. P. P. P.*

Qualification

*Minister of Public Health*

Address

*688 McDermott Avenue Winnipeg, Manitoba.*

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.





N. V. 5  
25M-9-40 (6793)  
N.S. 815-11-5

1-24/33

ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME SMITH, OFFICIAL NO. \_\_\_\_\_  
CHRISTIAN NAMES Alexander, MARRIED, SINGLE OR WIDOWER Married.

PERMANENT ADDRESS	RELIGION
<u>Ste. 2 Williamson Apts. Winnipeg, Man.</u>	<u>Protestant.</u>

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>Birth Certificate sighted.</u> <u>29th April, 1913.</u>	Town <u>Ardrie.</u>	<u>Wife (Margaret SMITH)</u>
*Original Nationality of:	County	<u>Same Address.</u>
Father <u>Scotch.</u>	Province <u>Scotland.</u>	
Mother <u>Scotch.</u>		

\*If not the son of natural born British parents, particulars to be given at foot of next page.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>37 1/2</u>				
Inches <u>6 1/2</u>	Deflated <u>33 1/2</u>	<u>Brown</u>	<u>Blue</u>	<u>Fair</u>	<u>Nil.</u>
	Mean <u>35 1/2</u>				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>16th October, 1940.</u>	<u>Ord. Seaman.</u>	<u>Salesman (Coca Cola Co.)</u>
R.C.N.V.R. Division (or other establishment) at which enrolled <u>WINNIPEG.</u>		

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That \* (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

\* (b) I served in \_\_\_\_\_ for the period shown, and attach my record of service in corroboration of this statement.

\*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.

(4) That the particulars contained above are correct and true according to the best of my knowledge and belief.



(3) On being enrolled as a member of the Winnipeg. Division of the Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:—

(a) To serve from the date thereof for the duration of hostilities, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

Dated this 16th day of October, 1940.

Signature of applicant A. Smith

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 16th

day of October, 1940.

D. C. Lennox  
A / Lieutenant RCNVR  
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Alexander, SMITH. do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty, His heirs and successors according to law.

Signature of Applicant A. Smith

Witness D. C. Lennox

Date 16th October, 1940.

Rank A / Lieutenant

The Oath of Allegiance may be administered by a Commissioned Officer of the Naval Service.

(E) CERTIFICATE OF ATTESTING OFFICER

Alexander, SMITH. having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the WINNIPEG. Division of the R.C.N.V.R. or in the appropriate official documents.

D. C. Lennox  
Attesting Officer.

16th October, 1940.

R.C.N.V.R. Division  
(or other establishment) WINNIPEG.

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.





16-10-'40  
Chest X-ray negative  
BPM

Certificate of Medical Examination of Officers, Men and Boys  
NAVAL SERVICE OF CANADA  
(R.C.N. OR RESERVE FORCES)

NOTE—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Naval Secretary, Department of National Defence, Ottawa.

I, the undersigned, have examined A. SMITH.  
candidate for entry as Ord. Sea. Reserves.  
and I believe him to be \*in all respects fit for His Majesty's Service.  
unfit for His Majesty's Service for the reason stated below. He has signed  
the Certificate given below in my presence.  
†Strike out if inapplicable. \* Delete one.

This examination has been made in accordance with the current Instructions as to Medical Standards.

(a) Age (Years Months)	(b) Weight without Clothes lbs.	(c) Height with Bare Feet ft. ins.	(d) General Development	(e) Chest Girth inches (a) maximum (b) minimum (c) mean	(f) Vision by— (i) Snellen's Types (ii) Colour Vision right eye left eye colour vision	(g) Vaccinated or revac- cinated for Small Pox (Date)	(h) Lungs, Heart, etc. X-Ray	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes Varicocele, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hæmorrhoids, etc.
27 5	146	5 6½	Fairly Good	35½ 33½ 34½	20/20 20/20 N.	Vacc. school age	Normal	Normal	Normal	Clear	Normal	Normal	11 Deficient 3 Defective N. & T. OK.	Normal.

\*Insert either:—NT (not taken) App. (approved) Pos. (positive) or Doubt. (doubtful)

If colour vision is not normal by Ishihara test,  
degree of colour blindness to be indicated.

Pupils react L. & A. Reflexes Normal.

CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, †Incontinence of Urine, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. ‡I am willing to undergo, after entry, such dental treatment, vaccination, or inoculations as may be authorized.

†The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.  
‡Strike out if inapplicable.

*A. Smith*  
Signature of Candidate

When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of.....

\*which renders him medically unfit for service,  
not considered of sufficient importance to cause his rejection, he being desirable in other respects.

\*Delete one.

IF REJECTED  
insert here  
UNFIT  
in block letters

Dated at Winnipeg the 15th of October 1940

*W. J. Hart*

*W. J. Hart*  
Examining Medical Officer

(Rank) Surg/Lt. RCNVR.



RCNVR July 43 "OTTAWA"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON  
ENTITLED TO

Mrs. M. Smith - Widow

ADDRESS:

~~Suite #1,~~ 640 Beverley St.,  
~~St. Regis Apts.,~~  
Winnipeg, Man.

(2) MEMORIAL CROSS  
WIDOW

Mrs. Margaret Smith

ADDRESS:

675 McDermot Ave.,  
Winnipeg, Man.

(3) MEMORIAL CROSS  
MOTHER

Mrs. Nellie Smith

ADDRESS:

759 McGee St., Winnipeg, Man.

1) **MEMORIAL B R**

DATE DESP

REGN. NO

187

(2)

9-11-42

(3)

5-1-43



D OF D 13-9-42

D.D.

DEPARTMENT OF VETERANS AFFAIRS

## AWARDS

(NAVY)

WAR SERVICE RECORDS

H

SMITH	Alexander	V-24133	A.B.	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	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	
	8075

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)



R.C.N.V.R.

V-24133.

**TRUE COPY**  
OF THE  
**CERTIFICATE of the Service of**

The corner of this Certificate is to be cut off if the man is discharged with a "Bad" character or with disgrace, or if specially directed by the Department of National Defence (Naval Service). If the corner is cut off, the fact is to be noted in the Ledger.

*Smith, Alexander*  
IN THE ROYAL CANADIAN NAVY V. R.

*Esquimalt* *Winnipeg* *Ident. Card #6744*  
**Official Number** *V-24133*

Date of birth *29th April 1913* Nearest known Relative or Friend (To be noted in pencil)  
Where born { Province *Ardrie, Scotland* Name: *Margaret Smith*  
Town or county *42 Williamson Apts. Winnipeg, Man.* Relationship: *Wife*  
Trade brought up to *Salesman* Address: *St. 1 St. Regis Apt. Winnipeg, Man.*  
Religious denomination *Protestant*  
Date passed swimming test  
Man's signature on discharge to pension }

**All Engagements, including N.C.S., to be noted in these Columns**

Date of actually volunteering	Commencement of time	Period volunteered for	Date of actually volunteering	Commencement of time	Period volunteered for
1. <i>16 Oct. '40</i>	<i>At Sea</i>	<i>Hostilities</i>	5.		
2.			6.		
3.			7.		
4.			8.		

**Medals, Clasps, Etc.**

Date received or forfeited	Nature of decoration	Date received or forfeited	Nature of decoration

Description of Person	Stature		Chest, In.	Colour of			Marks, Wounds and Scars
	Feet	In.		Hair	Eyes	Complexion	
On entry as a boy.....							
On advancement to man's rating or on entry under 28 years.....	<i>5</i>	<i>6 1/2</i>	<i>35 1/2</i>	<i>Brown</i>	<i>Blue</i>	<i>Fair</i>	<i>Nil</i>
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....							
Further description if necessary.....							



Name Smith, Alexander

Ship's Name (Tenders to be inserted in brackets)	List and No.	Rating	From	To	Cause of Discharge
Winnipeg Adv.		Off Sea	16 Dec. '40	20 Apr. '41	
Madisona		— " —	21 Apr. '41	15 Aug. '41	
Ottawa		— " —	16 Aug. '41	14 Dec. '41	
— " —		A/B	15 Dec. '41	13 Sep. '42	DD

[illegible]



Examinations passed and Notations or Qualifications other than those entered on History Sheets

[illegible]



## Conduct

[illegible]

**3. Definition of Terms**—As a guide to Commanding Officers when making their award the following definitions are given of the terms to be used:—

Superior.....	A man who performs his duties with more than average efficiency.
to be written Supr.	
Satisfactory.....	A man who performs his duties with average efficiency.
“ Sat.	
Moderate.....	A man who performs his duties in an efficient manner but with less than average efficiency.
“ Mod.	
Inferior.....	A man who performs his duties in an inefficient manner.
“ Inferior.	

NOTE.—In these definitions “duties” means the general duties of the substantive rating held, and “average efficiency” means the average efficiency of all men in the Service holding the same substantive rating.

The substantive rating held by the man at the time is to be noted in brackets after each assessment thus: Supr. (A.B.).

[illegible][illegible]



[illegible]

VERIFIED BY .....



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

RANK/RATING ..... *R/B* ..... OFF. NO. .... *✓ 24133* ..... ADDRESS .....

[illegible]

IFIED BY ..... DIR. OF PERSONNEL RECORDS.



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

4  
NAVY

Deceased member's  
NAME Alexander  
(CHRISTIAN NAMES)  
Payee: Mrs. Margaret Smith,  
ADDRESS 640 Beverley St.  
Winnipeg, Man.

SMITH  
(SURNAME)

REGISTER NO. 1471  
FILE NO. NS. V24133  
DATE 27 Feb/45  
SERVICE NO. V24133  
FINAL RANK OR RATING A.B.  
DATE OF DISCHARGE 13 Sep/42

DATE OF TERMINATION OF OVERSEAS SERVICE

13 Sep/42

DATE OF DISCHARGE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 637 EQUAL TO 21 COMPLETE PERIODS AT \$7.50

\$ 157.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 394 LESS 7 INELIGIBLE DAYS, EQUAL TO 387 DAYS @ 25c. PER DAY  
SEE PAR. 2 OVERLEAF FOR EXPLANATION

\$ 96.75

**SUBTOTAL**

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85  
SUBSISTENCE OR LODGING \$ 1.45  
AND PROVISION ALLOWANCE  
ADDITIONAL PAY Q.R.III \$ .10  
H.L.M. \$ .13  
\$  
DEPENDENTS' ALLOWANCE 1/30 OF \$ 1.55  
TOTAL \$ 5.08 X7 = \$ 35.56  
NO. OF DAYS 387 X \$ 35.56  
183

\$ 75.20

D. WAR SERVICE GRATUITY

\$ 329.45

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$  
DEPENDENTS' ALLOWANCE \$  
AND ASSIGNED PAY \$

N11

OTHER DEDUCTIONS \$

F. AMOUNT PAYABLE

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

\$ 329.45

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	<u>329.45</u>								
CHEQUE No.	<u>111841</u>								
DATE	<u>10/3/45</u>								

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 SJD CHECKED BY [Signature] TREASURY  
CHECKED BY [Signature] DATE 4/3/45

SERVICE REPRESENTATIVE  
for Dir. Naval Pay Accting.



1471

PARTICULARS OF DEAD OR MISSING PERSONNEL  
WITH REGARD TO PAYMENT OF WAR SERVICE GRATUITY

Name of Deceased Member Alexander SMITH Rank or Rating A-B O. No. V24133

1. Dependents' Allowance and Assigned Pay in force at date of death:

M.	<u>1.55</u>	<u>Mrs Margaret SMITH (wife)</u>
S.A.		<u>645, Mc Dermott Ave.</u>
ALLOT.		<u>Winnipeg, Man</u>
A.P.	<u>76.00</u>	
D.A.	<u>—</u>	
A.P.	<u>—</u>	

2. Pension awarded or being awarded to: WIFE - AS ABOVE

3. War Service Gratuity Application(s) received from: Mrs Margaret SMITH  
640 Beverley St. Winnipeg, Man.

In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under authority of the Minister of Veterans Affairs, application(s) for War Service Gratuity in respect of the service of the above named deceased member may be dealt with as follows:

( ) To be paid to:  
Mrs Margaret SMITH (wife)

In the FULL proportion of: /

- and -

to:

In the proportion of: /

( ) To be referred to the Dependents' Allowance Board for decision as to dependency within the spirit and intent of the War Service Grants Act, 1944, observing this application(s) is classed under:

Group "B" (ii)

Group "C" of the above mentioned Directive.

Date Feb 15/1945

[Signature]  
for D.N.G.A. (G) D.H.J.



1471

TO: D.N.P.A.

FILE No. N.S. V-24133

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

SMITH Alexander V-24133 H.B.  
SURNAME CHRISTIAN NAMES OFFICIAL RANK OR RATING  
IN FULL NUMBER ON DISCHARGE

CAUSE OF DISCHARGE: Dead

Application made by wife - In Receipt of Pension

TOTAL SERVICE

Date of Active Service 16 Dec '40

Date of Discharge 13 Sep '42

Total No. of Days 637

# Less non qualifying service nil

Total Days 637

16 Dec '40 -	15 Dec '41 -	365
	16 Dec '41 -	16
	Jan '42	31
	Feb '42	28
	Mar '42	31
	Apr '42	30
	May '42	31
	Jun '42	30
	Jul '42	31
	Aug '42	31
	Sep '42	13
		<u>637</u>

OVERSEAS SERVICE

% Total No. of Days 394

# Less non qualifying service nil

Total Days 394

Record of Service in other Forces (per Naval Records)

Branch of Service \_\_\_\_\_

Date of Active Service \_\_\_\_\_

Date of Discharge \_\_\_\_\_

# & % Overleaf

Computed By [Signature]  
Checked By [Signature]

DATE: NOV 16 1944

[Signature]  
for (H.B. Money)  
Payr. Cmdr. R.C.N.R.  
Officer in-Charge  
Naval Personnel Records

D.D. [Signature]



NON QUALIFYING SERVICE

Overseas

(#) Date	Reason	No. of Days	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
		Total Days	

(%)

OVERSEAS SERVICE:

Where Serving

From

To.

No. of Days

Ottawa

16 Aug '41

13 Sep '42

394

365

16

13

394

Naval Personnel Records  
 Officer in Charge  
 Pay, Engr, R.C.N.R.  
 (for H.B. Henry)

DATE:



# ACCOUNTS OF MEN DISCHARGED

54

Account of the Balance of Wages, the Sale of Clothes and Effects  
and the other Credits of Men Discharged to the  
Shore, D. D. or Run

Name Smith, Alexander Rating A.B.  
Official No. V-24133 H.M.C.S. "OTTAWA" List 5/2/443  
Who\* Discharged Dead on the 13th September 19 42

Net sum due on ledger on account of Wages.....	\$	cts.
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—	\$	cts.
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words) <u>Seventy-six dollars</u> charged to <u>30 Sep.</u>		
<u>Five dollars</u>		
Name of ship from which transferred <u>Ottawa</u>		
Total†..... <u>Creditor</u>		<u>75.70</u>

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of H.M.C.S.  
"OTTAWA" amounting to a net balance†..... Creditor  
of Seventy five dollars seventy cents.

Dated on board H.M.C.S. "AVALON" at St. John's  
Newfoundland this Thirteenth day of November 19 42

Approved

*[Signature]*

Lieut. Commander, R.C.N.

*[Signature]*  
A/ Pay. Lieutenant, R.C.N.V.R.

PAY. LIEUTENANT R.C.N.V.R.  
Commanding Officer.

Accountant Officer

Initials of the Assistant  
Accountant Officer

For Use at Headquarters. \$.....cts.....credited on Inspector's certificate

No.....to.....

Signature.....

Date.....19.....

\*State whether discharged on shore, D.D. or Run.  
†State whether "debtor" or "creditor".  
‡Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

C.N.S. 46

10M-10-40 (7450)  
H.Q. N.S. 815-9-45



## ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the.....day of.....19.....

[illegible]

{ Lieutenant or Officer who  
attended at the sale  
of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.\*

.....Signature

.....Signature

.....Rank

.....Rank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.



# STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "OTTAWA" ending 30 Sep 1942

List 5-2 No. 443 (Name) SMITH, Alexander Rank Rating A.B. No. V-24133

When entered F.B. Date of appearance Whither discharged D.D. 13 Sep 42

							\$	c.
CREDIT from former account								45
Pay as	A.B.	from	1 July	to	30 Sep	( 92 days at \$ 1.85 a day)	170	20
"	(Rank Rating) Q.R.3	"	"	"	"	( 92 " .10 " )	9	20
"	M.A.	"	"	"	"	( 92 " 1.55 " )	142	60
"	H.L.M.	"	"	"	13 Sep.	( 75 " .13 " )	9	75
"	G.M.	"	"	"	"	( 75 " .06 " )	4	50
Kit Upkeep Allowance 10.00 July, Aug. Sep.								10.00
OTHER CREDITS:								
Total credits								346.70

DEBT from former account

PAYMENTS:—	1st	2nd	3rd	4th	5th	
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	
1st month		28.00				Total 28.00
2nd month						Total
3rd month						Total

Allotment 76.00 5.00 Charged July, Aug. Sep. 243.00

Pension deduction (Officers) charged to of

Hospital stoppages

Mulcts

OTHER CHARGES:

LEDGERS

R

F

Total debits

Balance Cr. or Dr.

(Balance Dr. to be shown in red)

271.00

75.70

Number of days actually victualled during period mentioned above 75

NOT VICTUALLED

LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
	FROM	TO		

Date 12 Nov. 19 42

Pay Lieut RCNVR

ACCOUNTANT OFFICER



021471

File No. N.S. 113-S-1027.....

DEPARTMENT OF NATIONAL DEFENCE  
- Naval Service -

V3

WAR MEMORIAL CROSS

Issued to:-

Wife:-

Mother:-

Mrs. Nellie Smith,  
759 McGee St.,  
Winnipeg, Manitoba.

Date forwarded:- JAN 5 1943

Registered Mail No:- 5853.

W







## RECORD OF EXAMINATIONS IN GUNNERY

To be filled up on qualification in Gunnery for Able Seaman and on completion of every qualifying or re-qualifying course, for confirmed or acting Gunnery rating carried out in a Gunnery School or in H. M. Ships at sea.

Failures to be filled in, in RED.

[illegible]



## Page 3

[illegible]

To be filled in immediately on completion of Course.

[illegible]

To be filled in by Medical Officer after each Test.

[illegible]



[illegible]

To be filled in on completion of a Vocational Training Course, other than a Correspondence Course.  
(Vocational Training is Optional.)

§ Special notations as applicable.

A pamphlet entitled "His Majesty's Naval Service: A Brief Description of the Qualifications and Abilities of Men of the Naval Service," is distributed to the Employment Exchanges under the Ministry of Labour, in order to assist the Employment Exchanges in dealing with the cases of discharged Naval ratings.



LA:RK

- NAVAL SERVICE -

113-S-1027

3rd December, 1942.

THIS IS TO CERTIFY that according to official information Alexander Dyer Smith, Able Seaman, Official Number V-24133, Royal Canadian Naval Volunteer Reserve, is missing, believed killed in action to date the 13th of September, 1942. He was on board H.M.C.S. "OTTAWA" which has been reported lost.

*DM*

Deputy SECRETARY, NAVAL BOARD.

*LA*

*HAW*



DEPARTMENT OF NATIONAL DEFENCE  
- Naval Service -

Ottawa, Canada,

September 28th, 1942.

(Date)

Sir:

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
SMITH, Alexander	Able Seaman,	V-24133, R.C.N.V.R.
<u>DATE OF ENLISTMENT</u> -	Oct. 16th, 1940, (Active Service Dec. 16th, 1940.)	
<u>DATE OF DISCHARGE</u> -	September 13th, 1942.	
<u>HOSPITAL</u> -	(If discharged in hospital under jurisdiction of D.P. & N.H.)	
<u>SERVICE</u> -	"Canada & High Seas."	
(Indicate whether in Canada only; or in Canada and on high seas or elsewhere).		
Reason for discharge and - when and where any disability was incurred; or where death occurred.	"DEAD" - - Missing, believed killed in action. He was on board H.M.C.S. "OTTAWA".	

(Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada).

NEXT OF KIN & RELATIONSHIP -RELATIONSHIP Wife, NAME Mrs. Margaret Smith,ADDRESS Ste. 1, St. Regis Apts., WINNIPEG, Man.

NOTE: If records indicate that rating was separated from his wife, legally or otherwise, details to be furnished and copy of any Court Order, the Separation Agreement, etc., to be furnished.

OFFICER'S OR RATING'S MONTHLY PAY ALLOTTED TO WIFE AND/ OR DEPENDENT

\$ 76.00 PAID TO ~~XXX~~ Wife (Still in force)MARRIAGE ALLOWANCE AT \$ 1.55 PER DIEM PAID TO - WifeDEPENDENTS ALLOWANCE AT \$ Nil PAID TO NilTOTAL MONTHLY PAYMENT TO - WIFE \$ 76.00Computed by O.R.Checked by [Signature]DEPENDENTS \$ Nil

[Signature]  
SECRETARY,  
NAVAL BOARD.

The Secretary,  
The Canadian Pension Commission.  
Copy to the Sec. D.P. & N.H.

(See reverse side for further  
instructions.)



ORIGINAL

P 44672

DEPT. OF  
NATIONAL DEFENCE

APR 23 1941  
N.S. 113-81027

H.Q. File No. ....

## DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
	Surname <i>Smith</i> <i>419112</i>	<i>Ord</i>	<i>V-24133</i>	<i>7</i>
	Christian Names <i>Alexander Dyer</i>	<i>Smn.</i>		<i>1.50</i> <i>1.00</i>

### Section A

### ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname <i>Smith</i>		<i>Thunipeg</i>	<i>54.00</i>	<i>May</i>
Christian Names <i>Margaret</i>	<i>wife</i>	<i>as is</i>		<i>1941</i>

### Section B

### DISPOSAL OF EXISTING ALLOTMENTS

(See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):—
<i>\$ 50.00</i>	<i>as above</i>	<i>as above</i>	<i>Increased as in Section A above.</i>

*Alotment Declared as above*  
*Ent'd. on Index Card*  
*Ent'd. on Allotment Ledgers*  
*JK 28/4/41*

NOTE 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.

NOTE 2:—Write "Increased or reduced as Section A"; "To be stopped (charged to.....)"; "To be continued," etc.

Allotter's Signature authorizing charges.....

Rank or Rating

ENTERED IN FAIR LEDGER

ENTERED IN ROUGH LEDGER

The allotment now declared has been duly entered in the Fair and Rough Ledgers with effect from the appropriate date. The reduction or transfer has been duly approved by the Commanding Officer and the reasons for the alteration are:—

*Allotment of \$ 50.00 increased to \$ 54.00 from May, 1941, in accordance with Marriage Allowance regulations, due to ratings increase in pay from 1.25 to 1.50 p.d.*

THE NAVAL SECRETARY,

Department of National Defence,  
(Naval Service)  
Ottawa, Ont.

*C. L. L. L.*  
D.N.A. Accountant Officer

H.M.C.S. *H. H. H.*

Forwarded *23-4-41*



ORIGINAL

R097716  
DEC 26 1940  
113-1027  
N.S. CANADA  
Number.....

## APPLICATION FOR PAYMENT OF MARRIAGE ALLOWANCE

List and Number in Ledger	NAME	Rank or Rating	Official No.	Daily Rate of Pay
	Surname <u>SMITH</u>	Ord. Sea.	V24133	\$1.25
	Christian Names <u>Alexander Dyer</u>			

NAME OF WIFE OR GUARDIAN	ADDRESS
Surname <u>SMITH</u>	Ste. 2 Williamson Apts. Kate and Notre Dame St. WINNIPEG, Manitoba.
Christian Names <u>Margaret (Wife)</u>	

CHILD OR CHILDREN			
Name	Sex	Date of Birth	Attains majority

(1) Bryan George SMITH Male 2nd June 1939. 2nd June 1955. ✓

(2) .....

(3) .....

(4) .....

Ent'd. in Birth Record Ledger	Initials Date
Ent'd. on M/A Card	us 4/1/41
Ent'd. in Allotment Ledger	us 4/1/41

I do hereby solemnly declare that the above particulars are correct.

Signed in the presence of:

*James P. Pay 1st*

Signature..... *Alex D. Smith*

Rank or Rating..... Ordinary Seaman.

Marriage Allowance in force per diem..... ~~\$1.00~~

Marriage Allowance claimed per diem..... 1.00 *OK*

Claim has been supported with the necessary documentary evidence and the above amount has been approved for payment.

*Marriage & Birth Certificates produced. GM. 24.12.40*

Commander, R.C.N.V. Commanding Officer.  
WINNIPEG Division, R.C.N.V.R.

This amount per day has been credited from..... 16th December 1940

at List..... No..... Ledger ending *Winnipeg Division Paylist* 1940

Allotment of \$..... 26.00 *OK* in force from the month of *December* 1940 in accordance with regulations.

*To be increased to 50.00 per from January, 1941.*

*A. N. A.* Accountant Officer.

THE NAVAL SECRETARY,  
Department of National Defence,  
Ottawa.

H. M. C. S. *Headquarters*

Forwarded..... 26-12-40



June 10, 1943

Mrs. Margaret Smith,  
675 McDermatt Avenue,  
Winnipeg, Manitoba

SMITH, Alexander, A/B  
No. V-24133, H.M.C.S. "Ottawa"

Dear Mrs. Smith:

All documents in connection with your deceased husband have now been received and it is desired to make legal distribution of an amount representing the balance at his credit.

Your husband died without having made a Will and the sum of \$79.70 comprising his Service estate is therefore, in accordance with the law of his Province of domicile, distributable in the proportion of one half to you and one half to your son.

In accordance with information supplied, there is one minor entitled and his share cannot be paid directly to him. Authority has been obtained, however, to pay amounts distributable to minors, to the parent or guardian or such other person, as the case may be, who has the custody of such minors, so that their shares may be applied for the maintenance, education and benefit of each such minor, respectively. In this instance, the sum of \$39.85 representing one share of \$39.85, may be paid to you providing you undertake to use the money accordingly and sign and return, in the meantime, the form of receipt annexed hereto.

If the form, duly signed, reaches us within the next few days, it is anticipated that the cheque can be forwarded within a short time thereafter.

Yours faithfully,

EQ:GMCC

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



June 10, 1943

Mrs. Margaret Smith,  
675 McDermatt Avenue,  
Winnipeg, Manitoba

SMITH, Alexander, A./B.  
No. V-24133, H.M.C.S. "Ottawa"

Dear Mrs. Smith:

All documents in connection with your deceased husband  
have now been received and it is de



V24133	OFFICIAL NUMBER	NAME SMITH	Alexander
		(Surname)	(Given Names)

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Winnipeg Div. Str.	Ord. Smn.	16	10	40		V.G.	Sat.	31	12	40	A/QR III	12	7	41			
Buty Div. Hdqtrs.	" "	16	12	40		V.G.	Sat.	31	12	41							
Stadacona	" "	21	4	41		V.G.		13	9	42							
Ottawa	" "	16	8	41													
"	A.B.	15	12	41	Rated. (249A/21730)												
DISCHARGED	A.B.	13	9	42	"Missing, believed killed in action" Casualty List												

GENERAL REMARKS

X-Ray Approved

Canadian Memorial Cross awarded to

Wife: Mrs Margaret Smith

Suite 1,

St. Regis Apartments,

Wpg. Man.

9 November, 1942

Canadian Memorial Cross awarded to

Mother: Mrs. Nellie Smith,

759 McGee St.,

Winnipeg, Man.

(Rank: Private 2nd Class) 5 January, 1943.

DATE OF BIRTH		PLACE OF BIRTH		CIVIL	OCCU.	RELI.	ED	PERM.	RESIDENCE	PREV. CIVIL	RANK OR DATE ON ENTRY
DAY	MO.	YR.	BIRTH	MAIN	SUB	GIOR	R	CTY	TOWN	SERV	DAY
30	4	13	22	660	x	30	x	16	06	06	06
ENLIST. DATE		ACT. SERV. DATE		STR.	ACT. SERV. DATE		SHIP OR ESTAB.		RANK OR DATE		
DAY	MO.	YR.	DAY	MO.	YR.	DAY	MO.	YR.	ESTAB.	A	SR
16	10	40	16	12	40				0350	0	05
SENIORITY		S. R.		NON-SUB	M	CAT.		B		ST.	
DAY	MO.	YR.	DAY	MO.	YR.	DAY	MO.	YR.	ESTAB.	A	SR
15	12	41	09	12	00	20	13	09	42		



V24133

RESIDENCE AT TIME OF ENLISTMENT: Street and No. Ste. 2 Williamson Apts. Town Winnipeg Province, etc. Man.

NEXT OF KIN RELATIONSHIP (in pencil) Uncle NAME (in pencil) Maxwell Smith  
ADDRESS (in pencil): Street and No. 675 McNamee Ave. Town Windsor Province, etc. Ontario

BADGES. G.C. OR G.S.

FILM NO. WIR 544A-6 DATE           

H.Q. 35—30M—5-41 (337)  
N.S. 815—7-35

W.S.G.  
APPLICATION  
M.F. 1471  
RECEIVED