

V52497

KING

ALBERT

EDWAR



Department of National Defence

124037

Naval Service

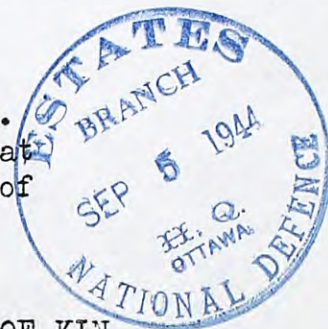
OTTAWA, Ont., 30 August, 1944.

IN REPLY PLEASE QUOTE

N.S. V-52497 PERS. (N)

Sir:

In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported;



NAME, RANK/RATING,
Official No., UNIT

PARTICULARS RE
DEATH

NEXT OF KIN

KING, Albert Edward Missing, presumed dead to Radio Art. 5th Cl. date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.

Mother:
Mrs. Alice King,
1031 Ave. "E" North,
Saskatoon, Sask.

ALLOTMENTS IN FORCE

In favor of

Amount

Initials

No allotment in force.

Will: No record.

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD.

Administrator of Estates,
Estates Branch,
Department of National Defence,
Ottawa, Ont.

N.C.R.

PLEASE MAKE OUT FALSE

DOCKET AND FORWARD WITH
ATTACHED

LETTER TO ADMINISTRATOR OF
ESTATES.

TEH/AT

REGISTERED
AIR MAIL
NS: V52497 (N)

11th May, 1944.

Dear Mrs. King:

Further to my letter of the 8th of May, 1944, particulars respecting the loss of H.M.C.S. "Valleyfield", from which your son has been reported "missing", are being released to the press, and I am accordingly passing them on for your information.

H.M.C.S. "Valleyfield" was torpedoed and sunk by enemy action while on Convoy Escort duty in the North Atlantic. Details of the action are not being released beyond the fact that the ship sank almost immediately after being hit.

Thirty-eight members of her complement are listed as survivors; five were killed in action; the remaining one hundred and twenty-one, including the Commanding Officer, Lieutenant Commander D.T. English, of Halifax, Nova Scotia, are missing.

May I again express the sincere sympathy of the Department in your sad loss.

Yours sincerely,

LETTER dispatched by
PERSONNEL NAVAL
MAY 18 1944
SECRETARY, NAVAL BOARD.

Mrs. Alice King,
1031 Ave. E. North,
SASKATOON, Sask.

22
E.M.
4/14

P.M.

REGISTERED

FILE NO: N.S. V-52497 Pers. (N)

30th August, 1944.

Dear Mrs. King:

Further to my letter of the 11th of May, 1944, in view of the length of time that has elapsed since your son, Albert Edward King, Radio Artificer Fifth Class, Official Number V-52497, Royal Canadian Naval Volunteer Reserve, was reported "missing" after the sinking of H.M.C.S. "VALLEYFIELD", and as no information has since been received of his having survived, the Canadian Naval Authorities have now presumed his death to have occurred on the 7th of May, 1944.

May I again express the sincere sympathy of the Department in your bereavement.

Yours sincerely,

Deputy SECRETARY, NAVAL BOARD.

*Noted on Estate Card.
5-9-44 G.P.*

Mrs. Alice King,
1031 Ave. E. North,
Saskatoon, Sask.

Royal ✓ Canadian
Message Condolence
Date Sent 30/8/44 NFR

*30/9/44
NORIS
pm*

a

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -
Ottawa, Canada.

Sir:

..... 11 May, 1944.....
(Date)

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
KING, Albert Edward	Radio Art. 5th Cl.	V-52497, PC77VR
DATE OF ENLISTMENT - 7 Jan., 1943. Active Service 12 Jan., 1943.		
DATE OF DISCHARGE - Will be Reported later.		
HOSPITAL - (If discharged in hospital under jurisdiction of D. P. & N. H.)		
SERVICE - Canada & High Seas. (Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)		
Reason for discharge and - "Missing" at sea when the ship in which he was serv- when and where any disability was incurred, or where death ing was lost by enemy action. While this casualty occurred. is listed as missing, it is impossible to make an estimate as to his chances of survival. Should no information be received to the contrary, you will be noti- fied when official presumption of death with date has been set. (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-	Mother	NAME- Mrs. Alice King, 25
ADDRESS- 1031 Ave. "E" North, Saskatoon, Sask.		

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.

Copies Form "B" fwd.
to Allots. (N) on

..... N.P.R./5.

A.B. Money
for
SECRETARY, NAVAL BOARD. *EMC*

Secretary, Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ont.

B-8 18/44
12/18/44
NPR/5
C

NOTE: Duplicate copies of this form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Section), Department of National Defence, Naval Service, for completion respecting the details of Marriage Allowance, Dependents Allowance, etc., and subsequent transmission to you.

(See reverse side for further instructions)

REMARKS:

.....

The following remarks have been reported -

NAME OF PATIENT

DATE OF MILEAGE

DATE OF DISCHARGE

HOSPITAL

(If discharged in hospital under jurisdiction of D.P. & N. B.)

SERVICE

(Indicate whether in Canada only, or in Canada and the high seas or elsewhere.)

Reason for discharge and when and where any disability

NOTES:

This form to be accompanied by documents only in cases of (a) discharge "medically unfit" (b) Death in Canada (c) Death anywhere if question of misconduct arises. Report of Board of Inquiry to be forwarded if disability or death is due to accidental injury in Canada or possible misconduct -- If Documents are not readily available this form should be sent at once with advice that documents will follow as soon as possible.

It records indicate that patient 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.

Copy Form "B" to be furnished to the (N) on

for

SECRETARY, NAVAL BOARD

Secretary, Canadian Forces, Ottawa, Ont.

NOTE: Inquiries as to this form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Section), Department of National Defence, Naval Service, for completion respecting the details of Marriage Allowance, Dependence Allowance, etc., and subsequent transmission to you.

(See reverse side for further instructions)

N.S. V-52497 PERS. (N)

21st September, 1944.

THIS IS TO CERTIFY that according to official information Albert Edward King, Radio Artificer Fifth Class, Official Number V-52497, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 7th of May, 1944. He was serving in H.M.C.S. "VALLEYFIELD" which was torpedoed and sunk by enemy action whilst on Convoy duty in the North Atlantic.

[Signature]
Deputy **SECRETARY, NAVAL BOARD.**

[Signature]
[Signature]

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V-4427	V-15283
V-51452	V-3417
V-19206	V-51108
V-43309	V-27849
V-56590	V-2299
V-10506	V-34242
V-11244	V-44790
V-53512	V-18039
V-61903	V-399
V-49761	A-4506
V-16586	V-64486
V-23508	N-4649
V-39924	V-57455
V-59892	N-4122
A-5954	N-4323
O-22420	V-5995
O-23950	O-62255
V-30201	V-13701
V-22262	O-65010
V-38722	V-48962
V-31768	V-17305
V-55196	V-41902
V-905	V-63143
V-65619	O-70570
V-55803	V-50046
N-4472	V-35344
V-50475	V-5794
V-23128	O-71320
V-65496	V-17781
V-17703	V-14540
O-35660	V-516
V-54304	V-25850
V-3538	V-3386
V-43818	V-688
V-52497	V-50598
V-64138	O-76380
V-25279	V-5911
V-50961	V-37893
V-57850	N-21989
V-51441	V-56565
V-65120	V-599
V-62261	N-21498
V-49646	V-8662
V-35602	V-50658
O-47000	V-51989
V-44690	V-6388
V-67335	
V-54554	

H.B. Moncrief

for
SECRETARY, NAVAL BOARD.

Encls.

The Secretary,
Canadian Pension Commission,
228 Daly Building,
Ottawa, Ont.

The Dominion Statistician,
Bureau of Statistics,
Ottawa, Ont.

The Secretary,
Imperial War Graves Commission,
312 Transportation Bldg.,
Ottawa, Ont.

The Director of Records,
Daly Building,
Ottawa, Ont.

H.Q. V-52497

ESTATES BRANCH

16th August, 1945.

Mrs. Alice King,
1031 Ave. "E" North,
Saskatoon, Saskatchewan.

KING Albert E. R.A. 5/c (Deceased)
No. V-52497 R.C.N.

Dear Mrs King:

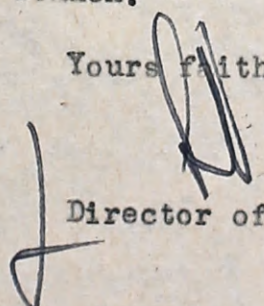
The War Service Gratuity due to your son has been determined in the amount shown on the attached award form.

As your son died without having made a will, this amount is distributable in accordance with the intestacy laws of his province of domicile, which provide that you share equally with your husband, Mr. Edward C. King.

A cheque has been requisitioned from Treasury payable to your order for your one-half share and, upon receipt of same, will you kindly sign and return the enclosed form of acknowledgment to this Branch.

Yours faithfully,

ENC:
HLV/MM


Director of Estates.

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, SASKATOON

Ottawa, Sept. 15th, 1944.

From.....Head Office.....

V-52497 RAD.ART. 5th CL. KING, Albert E.P. & N. H. 1008-A.

The Department of National Defence, Naval Service,

officially reports that the marginally named was reported -

Missing, presumed dead, 7 May, 1944 when H.M.C.S.

"VALLEYFIELD" was torpedoed and sunk by enemy action
in the Atlantic,

~~on the~~

~~on~~ service

CANADA & HIGH SEAS.

His next of kin is reported as -

Mother -

Mrs. Alice King,

1031 - Ave. E. North, Saskatoon,
SASK.

The Addressograph Stencil shows payment of Assigned Pay of

\$ Nil a month to -

As no D.A. was payable the Commission will not take
any action unless a claim is filed.

/AS

E. Clewes,

for

Canadian Pension Commission.

Central Registry will arrange to transfer the file from
TORONTO District Office.



113-K-1506
no 8.2.

Can. B. 207
100M-3-42 (3733)
N.S. 815-2-207
007207

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 KING - ALBERT - EDWARD
candidate for entry as Stoker ii (R.C.N.V.R. Temp.)
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	Yrs. 19 Mos. 4.	(j) Date of last Vaccination for Smallpox	never 3
(b) Height with bare feet	Feet 5 In. 5 1/2"	(k) General Development	Fair 3
(c) Weight without clothes	143 #	(l) Nose, Throat and Tonsils	N
(d) Ears and Hearing	N	(m) Heart and Lungs	N
(e) Chest Girth	Max. 35 Min. 32 1/2 Mean 33 3/4	(n) Abdomen Hernia, etc.	N
(f) Teeth	Deficient Defective Dentures	(o) Limbs and Joints	N
(g) Vision by Snellens Types	without glasses 6/6 Rt. 6/6 Lt. 6/6 with glasses where worn Rt. Lt.	(p) Skin	N
(h) Colour Vision	Ishihara R.C.N. Lantern N	(q) Anus Haemorrhoids	N
(i) Chest x-ray	(not taken approved positive doubtful) Approved	(r) Testes Varicocele	Small N
		(s) Urine	N

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. E. King

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 SASKATOON, SASK. the 21st of December 1942

J. Mustard
Examining Medical Officer
(Rank) Lt. R.C.A.M.C.

O.H.F.

CERTIFICATE of the SERVICE of

Albert Edward King

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
Esquimalt B.C.	H.M.C.S. "UNICORN"	V-52497

Date of Birth	21 August 1923	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth	Saskatoon, Sask.	Ms Alice King
Place of Residence	1031-Ave E. N. Saskatoon, Sask.	(Mother)
Trade brought up to	Telephone Switchman (app)	1031-Ave E. North
Religion	Church of England	Saskatoon, Sask.
Can Swim:—P.P.T.	Date 19	Signature Rank
P.S.T.	Date 19	Signature Rank

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
21 Dec '42	7 Jan '43	Hostilities	(Temp) O. Smr			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	5½	33¾	143	Brown	Brown	Medium	operational scar behind right ear
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

TRANSFER BETWEEN DIVISIONS			TRANSFER—LISTS A AND B		
From	To	Date	List	Date	Authority

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
	N.M.C.S. "UNICORN"		(Temp) O. Imm	7 Jan '43	11 Jan '43	
			Active Service			
	N.M.C.S. "UNICORN"		Orl Imm (Temp)	12 Jan '43	13 Jan '43	
	"York"		---	14 Jan '43	21 Feb '43	
	"Monmouth"		---	15 Feb '43	15 July '43	
	Bytown		R. A. 5/c	25 Feb '43	21 Aug '43	
			---	16 July '43	31 Aug '43	
	ST HYACINTHE		---	21 Oct '43	13 Dec '43	
	Chaleur II		---	14 Dec '43	14 Dec '43	
	Stadacona (Valleyfield)		---	14 Dec '43	29 Feb '44	
	Avalon (Valleyfield)		---	1 Mar '44	7 May '44	D.D.

Wounds Received in Action, Hurt Certificates, Meritorious Service, Special Recommendations, Prizes or other Grants

[illegible]

NAVAL TRAINING and ACTIVE SERVICE

[illegible][illegible]

Name Albert Edward KING. Conduct

[illegible]



N. V. 5
50M-8-42 (5715)
N.S. 815-11-5

ATTESTATION FORM
(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME KING, OFFICIAL No. ✓ 52497
CHRISTIAN NAMES Albert Edward MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
1031 Ave. E, North, Saskatoon, Sask.	Church of England.

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
Sighted 21 August, 1923	Town <u>Saska toon,</u>	Mrs. Alice King, (Mother), 1031 Ave. E, N., Saska toon, Sask.
*Original Nationality of: Father <u>English</u> Mother <u>English</u>	County Province <u>Sask.</u>	

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>35</u>				
Inches <u>5½</u>	Deflated <u>32½</u>	Brown	Brown	Medium	Operational scar behind right ear.
	Mean <u>33½</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
Part Grade XII and Technical Course. (Machine)	Switchman Apprentice, Sask. Gov't. Telephones, Saskatoon, Sask.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
Divisional Strenght 7 January, 1943.	Ord. Smn. for Radio Course. (Temp)	H.M.C.S. "UNICORN"

(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 Confirmation of this statement~~

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
X X X X X	X X XXX X X X X	X X X X X X X X X	X X X X X

(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.

(5) On being enrolled as a member of the Royal Canadian Naval Volunteer Reserve, I undertake and 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 when called and 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 naval establishment 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, until called into active service, 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.

(e) I have not been induced to enter as Ord. Smn. for Course Radio (Temp) by the prospect of being transferred at some future date to any other branch or rating.

Dated this 7 day of January, 1943.

Signature of applicant A. E. King

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this 7

day of January, 1943.

My authority for attestation is NS 21-3-8, NS 21-3-11, 7 December, 1942.

J. B. Fairbairn Lieut., RCNVR
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Albert Edward KING 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. E. King

Witness J. B. Fairbairn

Date 7 January, 1943 Rank Lieutenant, R.C.N.V.R.

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

NOTE.—Attestation Form in duplicate, Certificate of Medical Examination (B-207) in duplicate, Occupational History Form in triplicate and certificates of previous service are to be forwarded to Naval Service Headquarters **immediately** after attestation.

Certificates of previous service will be returned after examination.

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Feb.45 "VALLEYFIELD"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mr. Edward C. King - Father

ADDRESS: 1031 Ave. "E" North,
SASKATOON, Sask.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. A. King

ADDRESS: 1031 Avenue E. N.
SASKATOON, Sask.

MEMORIAL BAR

(1) DATE DESP

REGN. NO

199

(2)

(3) 22 September 1944

DECEASED 7 May 1944

AWARDS NAVY

D.D.

KING

Albert Edward

V-52497

R.A.25

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

C.V.S.M. & Clasp

War Medal

911 24/11/49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

VERIFICATION FORM

CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M.
NAVAL GENERAL SERVICE MEDAL (1915).

NAME IN FULL KING, Albert Edward RANK/RATING R/A OFF.

SHIP	SERVICE			AREA	QUALIFYING PERIOD			
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC
	12-1-43							
Valleyfield	14-12-43	7-5-44	146	atl				
Discharged								
to date	7-5-44							

VERIFIED BY E. Parkes

VERIFIED BY

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

...RANK/RATING *P/A* ^{*2/c*} OFF. NO. *N* ^{*3 2 4 9 7*} ADDRESS

[illegible]

VERIFIED BY DIR. OF PERSONNEL RECORDS.

NON QUALIFYING SERVICE

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

(%)
OVERSEAS SERVICE:

<u>Where Serving</u>	<u>From</u>	<u>To</u>	<u>No. of Days</u>
----------------------	-------------	-----------	--------------------

VANLETFIELD	14 DEC 43	7 MAY 44	146 ✓
-------------	-----------	----------	-------

18

31

29

31

30

7

146

TO: D.N.P.A. "G"

W.S.G. Application No. 10404 ✓

FILE NO. N.S. V 52497 ✓

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

KING ALBERT EDWARD V 52497 R/A 5/C
SURNAME CHRISTIAN NAMES OFFICIAL RANK OR RATING
IN FULL NUMBER ON DISCHARGE

CAUSE OF DISCHARGE: DISCHARGED DEAD (MINES VALLEYFIELD)

APPLICANT MOTHER - No. A.P.

TOTAL SERVICE

Date of Active Service 12 JAN 43

Date of Discharge 7 MAY 44

Total No. of Days 482

Less non qualifying
service Nin

Total Days 482

OVERSEAS SERVICE

% Total No. of Days 176 ✓

Less non qualifying
service Nin

Total Days 176 ✓

Record of Service in other Forces (per Naval Records)

Branch of Service

Date of Active Service

Date of Discharge

& % Overleaf

Computed By G. denval

Checked By Z. Hamilton

J. B. McNeegan
for (H.B. Money)
Payr. Cmdr. R.C.N.R.
Director of Personnel Records

DATE:

JUN 20 1945

ORIGINAL
ON
FILE

N.D.A.

DC

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

4
NAVYDECEASED
MEMBER'S
NAME

Albert Edward

(CHRISTIAN NAMES)

KING

(SURNAME)

REGISTER NO.

10404

FILE NO.

NSV-52497

DATE

6 July '45

SERVICE NO.

V-52497

FINAL RANK OR RATING

R.A.5/c

DATE OF DISCHARGE

7 May '44

PAYEE Director of Estates,
ADDRESS 308 Sparks St.,
Ottawa, Ont.

for Service Estate of
Albert E. KING,
N.S.V-52497
7 May '44

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 482 EQUAL TO 16 COMPLETE PERIODS AT \$7.50
30

\$ 120.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 146 LESS 2 INELIGIBLE DAYS, EQUAL TO 144 DAYS @ 25C. PER DAY

\$ 36.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 2.10
SUBSISTENCE OR LODGING \$ 1.25
AND PROVISION ALLOWANCE
ADDITIONAL PAY H.L.M. \$.13

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.48 X 7 = \$ 24.36
NO. OF DAYS 146 X \$ 24.36
183

\$ 19.43

D. WAR SERVICE GRATUITY

\$ 175.43

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$

F. TOTAL AMOUNT PAYABLE

\$ 175.43

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

\$ 175.43

Voucher ~~Serial~~ 1124 13/7-45-

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

EP

CHECKED BY

H.A. B.

TREASURY

CHECKED BY

E. St. Jacques

DATE

10/7/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accounting

V52497

OFFICIAL NUMBER

NAME (Surname)

KING

(Given Names) Albert Edward

OFFICIAL NUMBER

V52497

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
HMCS Unicorn	Ord. Smn.	7	1	43	Div. Str. Saskatoon.	V.G.	SAT.	31	12	43.							
" "	" "	12	1	43	Active Service D.L. 12-1-43.	V.G.	SAT.	7	5	44.							
" "York"	" "	14	1	43	D.L. Serial #103 14-1-43												
" Nonsuch	" "	27	3	43	D.L. 29-3-43												
Bytown	" "	3	8	43	D.L. 2.8.43.												
" St. Hyacinthe	Radio Art. 5/c	16	7	43	Trans. Back dated. 'A-A551.												
" Valleyfield	"	18	10	43	H.D.O. 48916.												
DISCHARGED.	"	14	12	43	WRD. #70. (Via Chaleur 11.)												
	"	7	5	44	"Missing" (Casualty List).	(249A/A13927.)	"Dead"										

GENERAL REMARKS

Awarded Canadian Memorial Cross to (Mother) Mrs. Alice King, 1031 Ave. # North, Saskatoon, Sask. to date 22.9.44.

DATE OF BIRTH			PLACE BIRTH		CIVIL OCCU.		REL. ED	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT			
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	P.	CTV.	TOWN	SERV.	DIV.	A	BR	RANK	
21	8	23	19	562	0	30	5	7	11	29	0	22	0	08	95
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR		RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR	RANK		
07	01	43	12	01	43					12	20	0	37	96	
SENIORITY			STR.	NON-SUB		M	CODED			CHECKED					
DY.	MO.	YR.	CAT.	A	B	ST.									
16	07	43	13	00	00	21	1609-			21					

07-08-44

86

OFFICIAL NUMBER.....V52497

NAME

KING

(Surname)

Albert Edward

(Given Names)

DATE OF BIRTH

21 Aug., 1923.

PLACE OF BIRTH

...Saskatoon,....Sask.

...OCCUPATION

Switchman Apprentice

RELIGION

Church of England.

EDUCATION

Part Grade XII and Technical Course. (Machine)

RESIDENCE AT TIME OF ENLISTMENT: Street and No..

1031 Ave. E. North.

...Town

Saskatoon.

.....Province, etc.

Sask.

[illegible]

NEXT OF KIN RELATIONSHIP (in pencil).

NAME (in pencil)

ADDRESS (in pencil): Street and No.

1031 Ave. E. North

Town.

.....Province, etc.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

EXAMINATIONS, CERTIFICATES, ETC.

[illegible][illegible]

O.H.F. Received.

FILE

NO. WAR 5843-5

DATE _____

SECOND CLASS FOR CONDUCT

From

To

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

Name: **KING**, Surname **Albert E.** Christian Names No.: **V-52497**

R.A. 5/c Rank **HMCS VALLEYFIELD** Unit Date of Death **7-5-44**

AMOUNT

Date: **8-8-45**

W.S.G.
L.P.C. \$ **175.43**
119.63

Other Credits **250.93**

Total **545.99**

Prev. dist. **370.56**
This dist. **175.43**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
$\frac{1}{2}$	Father	Edward C. King, 1031 Ave "E" North, SASKATOON, Sask.	87.72
$\frac{1}{2}$	Mother	Mrs Alice King, (As above)	87.71
		(As next of kin entitled)	

P4. TO TREAS.
14/8/45

AUTHORITY						DISTRIBUTION APPROVED AND AUTHORIZED	
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT		
9999	831	00	50	000	\$175.43		
CLASSIFIED BY			EXAMINED BY				
			For Chief Treasury Officer				

W.S.G.
(L. M. FIRTH) Colonel
Director of Estates
AUDITED FOR PAYMENT

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

Name of Deceased Member Albert Edward KING Rank or Rating R.A 5/c O.No. V-52497

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

D.A.	<u>Nil</u>	_____
A.P.	<u>Nil</u>	_____
D.A.	_____	_____
A.P.	_____	_____

2. Pension awarded or being awarded to: no record.

3. War Service Gratuity Application(s) received from: Mrs. Alice KING
1031 Avenue C, North
Saskatoon, Sask.

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: Director of Estates
308 Sparks St.
Whitby and -
Ont.

In the proportion of: /

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 25th June, 1945

[Signature]
For D.N.P.A. (G) dm

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "AVALON "VALLEYFIELD" ending..... 30 June 19 44

List. 12² No. 77 (Name) KING. Albert E. Rank Rating R.A.5/c No. V.52497

When entered.....**F.B.**.....Date of appearance.....**F.B.**.....Whither discharged.....**DEAD**.....

	\$	c.
CREDIT from former account.....	72	22
Pay as <u>R.A. 5/c</u> from <u>1 Apl</u> to <u>31 May</u> (<u>61</u> days at \$ <u>2.10</u> a day)	<u>128</u>	<u>10</u>
(Rank Rating) " " " (" ")		
" " " (" ")		
" " " (" ")		
" " " (" ")		
Adjustment March, 1944 Kit Upkeep Allowance <u>1 Apl - 7 May</u>	6	33
OTHER CREDITS:		
G.M. <u>1 Apl - 7 May, 37 days @ .06c</u>	2	22
Total credits.....	208	97
DEBT from former account.....	N I L	
PAYMENTS:—		
1st month.....	72.00	8.94
2nd month.....		
3rd month.....		
Allotment <u>8.40 chgd Apl.</u>	8	40
Pension deduction (Officers) charged to..... of.....		
Hospital stoppages.....		
Mulcts.....		
OTHER CHARGES: <u>O.R. 25181² payable Adm. Naval Estates (Present War)</u>	119	63
Total debits	208	97
Balance Cr. or Dr.	N I L	

Number of days actually virtualled during period mentioned above. 37

NOT VICTUALLED	LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
		FROM	TO		

Date..... 5 June 19 44

PAY LIUT. CDR., R.C.N.V.R.
ACCOUNTANT OFFICER



CANADA

113-K-1506
no 8.2.

Can. B. 207
100M-3-42 (3733)
N.S. 816-2-307
007-07

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

Norm—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 KING - ALBERT - EDWARD
candidate for entry as Stoker ii (R.C.N.V.R. Temp.)
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	Yrs. 19 Mos. 4	(j) Date of last Vaccination for Smallpox	never
(b) Height with bare feet	Feet 5 In. 5 1/2	(k) General Development	Fair
(c) Weight without clothes	143	(l) Nose, Throat and Tonsils	N
(d) Ears and Hearing	N	(m) Heart and Lungs	N
(e) Chest Girth	Max 35 Min 32 1/2 Mean 33 1/4	(n) Abdomen Hernia, etc.	N
(f) Teeth	Deficient Defective Dentures	(o) Limbs and Joints	N
(g) Vision by Snellens Types	without glasses 6/6 Rt. 6/6 Lt. 6/6 with glasses where worn	(p) Skin	N
(h) Colour Vision	Ishihara R.C.N. Lantern N	(q) Anus Haemorrhoids	N
(i) Chest x-ray	(not taken approved positive doubtful) Approved	(r) Testes Varicocele	N
		(s) Urine	N

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. E. King
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 SASKATOON, SASK. the 21st of December 1942

J. H. H. H. H.
Examining Medical Officer
(Rank) Lt. R.C.A.M.C.

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

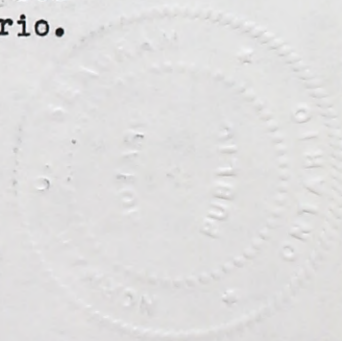
OTTAWA CANADA

The reverse side of this paper is hereby certified to be a true photostatic copy of a Certificate of Medical Examination, on file in this Branch of Albert Edward KING, named therein, who died on the 7th day of May 1944, while serving in the Canadian Navy on Active Service.

Dated at Ottawa this

22nd day of November, 1944

N.O. Seagram
.....
(N.O. Seagram) W/C.
Notary Public in and for
the Province of Ontario.



Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. **VALLEYFIELD** at **SEA**

Name **Albert Edward KING** (Christian names in full)

Rank or Rating **Radio Artificer 5th Class** Official No. **452407** **R.C.N.V.R.**
(If unknown, date of first entry)

Place of Birth **Saskatoon, Sask.** Date of Birth **21 Aug. 1923**

Occupation in Civil Life **Telephone Swithman** Religion **C. of E.**

Number of years in the Navy (Long Service R.C.N., or mobilized
service in case of R.C.N. (Temporary) or Reserve ratings) **1 yr. 4 mos**

Date of Death **7th May, 1944** Place of Death **AT SEA**

Cause of Death **Enemy action. Torpedoing of H.M.C.S. "VALLEYFIELD"**
(If due to accident, violence, or enemy action, particulars to be
stated briefly)

Nearest known
relative or friend Name **Mrs. Alice KING** Relationship **MOTHER**
Address **1031 Avenue E. North Saskatoon, Sask.**

Date on which the above was informed by Ship **Informed by H.S.H.C.**

Date on which death was registered with local Officials **Not registered**

In the case of Imperial Service men, whether Active Service,
Pensioner or Reserve, date on which the prescribed return was
rendered to the Registrar General in London, Edinburgh, or Dublin
according to Nationality

Place of Burial (If known) Date of Burial (If known)

Location, Number, etc., of grave (If known)

Undertaker employed (If any)

If borne for discipline only, date D.S. Q. or invalided

A/Captain, R.C.N.
Commanding Officer
H.M.C.S. "AVALON"

17th May 1944

The Naval Secretary,
Department of National Defence,
Ottawa, Canada.

In all cases this Form is to be sent in addition to the Report
by Telegraph required by the Regulations.

Distribution: File, Imp. W.G. Com, Dom.Stat., Register.

Noted

Mrs. Alice King,
1031 Ave. "E" North,
Saskatoon, Sask.

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

THE DIRECTOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. V-52497 FD. 551

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 12, 1944

For the purpose of record and in the event of there being any Service estate
available for distribution (according to law) on account of the late

KING, Albert Edward Radio Art. 5th Cl.

V-52497, R.C.N.V.R.

it is necessary that certain information regarding the deceased and his relatives should
be furnished the Estates Branch. You are asked therefore to read the enclosed
memorandum before completing pages 2 and 3 of this form. The particulars required
are to be carefully filled in and the Declaration on page 4 should then be signed in the
presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary
Public or a Commissioned Officer of any of His Majesty's Forces who should be asked
to complete and sign the Certificate. This form should then be returned to the above
address.

If there is insufficient space for complete particulars to be given opposite any
question on pages 2 and 3 of this form, the space under "additional remarks" on
page 4 should be used.



GC/

J. M. W. W. W.
Comms. under Prov. H.
Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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 specified	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.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	Edward. G. King.	52	1031. Ave. E. N. Saskatoon. Sask
4	Mother of the Deceased.....	Alice . King	51	Same.
5	Brothers of the Deceased	Walter, William King	19	V. 80386.
				O/C. / R. A. H. M. C. Signal School. St. Hyacinthe.
6	Sisters of the Deceased			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Albert Edward King.
9	Date of his birth.	21 st Aug. 1923.
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	St. Silius Church, Liverpool England.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Saskatoon. Sask. Canada.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Saskatoon. 19 years. (b) (c) (d)
14	Nature of employment before enlistment.	Switche man. Sask. Telephone Office
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	Saskatoon.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No trace.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	Yes. Post Office account, of \$10. at St. Hyacinthe. Que. No. 403
20	Amount of War Savings Certificates held by deceased. Indicate where located.	
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	(Registered) Two Fifty Dollars War Bonds. Metropolitan Life Ins Co. \$472.- Alice King.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	25 Dollars. in Saskatoon Telephone Employee's Saving and Credit Union Limited. Saskatoon.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No.
<p>(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)</p>		

DECLARATION

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

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

* Mother of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Alice King Signature of Informant
1031 Ave. E. N. Saskatoon, Sask. Address

CERTIFICATE

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

*See above.

{ Name of informant } is the* Mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Signature of Clergyman,
Priest, Magistrate,
Commissioner or
Notary Public or Com-
missioned Officer of any
of His Majesty's Forces.

Dated at

Saskatoon

this

20th

day of

September

19 44

Qualification

Liut. Cmdr. RCNVR.

Address

4MCS Unicorn Saskatoon.

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 and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

Question 21. The two 50 dollars War Bonds are in my possession. are registered.

Question 19. The Post Office account of seventy dollars is at St. Hyacinthe, Que., and has been forwarded to the Post Master at Halifax, and receipt is in my possession. at present.

Office Number at Halifax. ~~275~~ X 275.

I do not know, if any more has been deposited since Dec 1943.

This form, if placed in an unsealed envelope marked "Dominion Statistics—FREE, penalty for Improper use, \$300", and addressed to the Registrar of the Registration Division in which the death occurred, will pass through the mail "FREE".

For use of Department only.

No. 19

PROVINCE OF SASKATCHEWAN

RECORD OF REGISTRATION OF DEATH

Registration Division of At Sea

Municipality No.

1. PLACE OF DEATH

(If in city give street and number. If outside the limits of a city, town or village, give sec., tp. and rge. If in hospital, give name)

2. LENGTH OF STAY (in years, months and days)

(a) In municipality where

death occurred

(b) In Province

(c) In Canada (if immigrant)

3. PRINT FULL NAME OF DECEASED

KING

Albert Edward

RESIDENCE 1031 Ave. E. North, Saskatoon, Sask.

(Residence means usual place of abode. If outside the limits of a city, town or village, give sec., tp. and rge.)

4. SEX

Male

5. CITIZENSHIP

Canadian

6. RACIAL ORIGIN

English

7. Single, Married, Widowed or Divorced (Write the word)

Single

8. BIRTHPLACE (Province or Country)

Sask.

9. DATE OF BIRTH Aug. 21, 1923
(Month, day and year)

10. AGE in

Years

Months

Days

If less than one day

20

9

hrs. or min.

USUAL OCCUPATION

11. Trade, profession or kind of work as
farmer, teamster, office clerk, etc.

Switchman Apprentice,

12. Kind of industry or business, as agriculture,
lumbering, bank, etc.

Sask. Gov't Telephone

13. Date deceased last worked
at this occupation

14. Total years spent in
this occupation

PARENTS

15. Name of father

16. Birthplace of father

England

(Province or Country)

17. Maiden name of mother

18. Birthplace of mother

England

(Province or Country)

19. Signature of informant

Address

Paym. Cor. B.C.N.R.

Naval Service Headquarters, Ottawa.

20. Relationship to deceased

Officer i/c,

Naval Personnel Records.

21. Place of burial, cremation or removal

Body not recovered

Date of burial, cremation or removal

19

22. Signature of Undertaker or
person acting as Undertaker

(Name and address)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH

May

(Month)

7th

(Day)

19

(Year)

24. I HEREBY CERTIFY that I attended deceased from

19

to

19

and last saw h.

alive on

19

I

CAUSE OF DEATH

Immediate cause

Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Missing, presumed dead, when

due to

H.M.C.S. "VALLEYFIELD" was

torpedoed & sunk by enemy action in

the Atlantic.

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).

(b)

due to

(c)

II

Other morbid conditions (if important) contributing to death but not causally related to immediate cause.

DURATION

Yrs.

Mos.

Dys.

25. If a woman, was the death associated with pregnancy?

26. Was there a surgical operation? Date of operation

19

State findings

Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide?

(State which)

Date of injury

19

Manner of injury

(How sustained)

Nature of injury

Specify whether injury occurred in industry, in home or in public place

Signed by

M.D.

Address

Date

19

28. I hereby certify that the above return was made to me at

Dated

19

(Division Registrar)

SEC. 70, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker to obtain all the particulars required in the "Record of Registration of Death" and to file the same with the Division Registrar, who shall issue the burial permit.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.
(See reverse side for instructions)
Every item of information should be carefully supplied.

In case of Stillbirth consult definition on reverse side before making out certificate.

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 **Albert Edward KING** (b) Reg'l. No. **V 524 97**
 2. (a) Arm of service **NAVY** (b) Unit **R.C.N.V.R.** (c) Rank **ORD. SMN.**
 3. (a) Date of birth **21 Aug/23** (b) Have you any dependents? **No** (c) Place of residence at time of enlistment **Saskatoon, Sask.**
 4. (a) Place of enlistment **Saskatoon, Sask.** (b) Date of enlistment **7 Jan., 1943**

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school **18** (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 XII**
 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? **Yes** (b) If so, for what occupation? **Telephone Switchman** (c) Did you finish it? **No** (d) If you did not finish it, how long did you serve at it? **2 yrs.**
 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? **Plant Employee's Association. (Telephones)**

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 **Sask. Government Telephones** Address **Saskatoon, Sask.**
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) **Telephone Operation & Maintenance**
 20. (a) Your specific occupation **Switchman** (b) Number of years' experience at this occupation with any employer **2 yrs.**
 21. (a) Did your employer promise definitely to give you employment on discharge? **No** (b) Did your employer refuse to promise you employment on discharge? **No** (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?.....
 25. (a) Were you born on a farm? **No** (b) How many years' actual farming experience have you had? **No** (c) In what provinces did you have experience?.....

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.) **study telephony & television.**
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form.....

DATE **7 January,** 194**3** SIGNATURE **A. E. King**

JAN 23 1943
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