

V2215
CONWAY
LEO

CHARL

DEPARTMENT OF VETERANS AFFAIRS

D OF D 22-10-40

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

CONWAY	Leo. Chas.	A.B.	V-2215	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
C.V.S.M. & Clasp	1518- 24/11 /49
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR April 47 "MARGAREE"

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

(1) MEDALS
PERSON

ENTITLED TO Mrs. Laura Strachan, Widow (remarried)

ADDRESS: 21 Delhi St.,
ST. JOHN, N.B.

DATE DESP

(1)

REGN. NO.

582

(2) MEMORIAL CROSS

WIDOW Mrs. Laura Conway

ADDRESS: 214 Prince Edward St.,
Saint John, N.B.

(2)

28-4-41

(3) MEMORIAL CROSS

MOTHER Mrs. Mary Conway

ADDRESS: No. 7 Elliott Row
Saint John, N.B.

(3)

28-4-41

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

Ottawa, Canada,

16th November, 1939.

MEMORANDUM:

With reference to your H-3-4 of the 10th November, 1939, the transfer of L.C. Conway, Able Seaman, O.N. 2215, R.C.N.V.R. to the R.C.N. is not approved.

2. It is intended that entry into the R.C.N. shall continue in the normal manner. Any ratings, R.C.N.R., R.C.N.V.R., or for hostilities only, who wish to transfer will only be eligible to do so, if they are within the age limits and possess the other qualifications required for new entries. In such cases they will be placed on the roster of recruits, with a view to transfer when their turn for entry comes.

3. Service Certificate and nine letters of recommendation are returned, herewith.

BY ORDER,

J.O. Cossette
NAVAL SECRETARY.

(D)
The Commanding Officer,
R.C.N. Barracks,
HALIFAX, N.S.

II.

(D)
The Commanding Officers,
Atlantic Coast, H.M.C. Dockyard, HALIFAX, N.S.
Pacific Coast, H.M.C. Dockyard, ESQUIMALT, B.C.
R.C.N. Barracks, ESQUIMALT, B.C.

For information.

BY ORDER.

(Sgd) J.O. Cossette
NAVAL SECRETARY.

OTTAWA, 16th November, 1939.

III.

P.C. 7-2-1

The Extended Defence Officer
H.M.C. Dockyard, ESQUIMALT.
The Naval Officer-in-Charge
PRINCE RUPERT.
The Naval Officer-in-Charge
VANCOUVER.

For information.

Esquimalt, B.C.
22nd November, 1939.

CAPTAIN, RCN
COMMANDING OFFICER
PACIFIC COAST.

NAME IN FULL CONWAY, Leo Charles RANK/RATING A. B. OFF. NO. V-2215 ADDRESS

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF	
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.				1915 MEDAL
<i>Stadcona</i>	<i>10.9.39</i>	<i>8.12.39</i>	<i>90</i>									1939-45	<i>1</i>	<i>Star</i>
<i>Restigouche</i>	<i>9.12.39</i>	<i>16.1.40</i>	<i>39</i>	<i>Atlantic</i>								ATLANTIC		
<i>Marguerite</i>	<i>14.8.40</i>	<i>22.10.40</i>	<i>70</i>	<i>Atlantic</i>								FRANCE G.		
<i>Discharged Dead</i>												AFRICA		
<i>to Date 22 Oct 40</i>												PACIFIC		
												BURMA		
												ITALY		
												DEFENCE		
												C.V.S.M.	<i>2</i>	<i>@ Clasp</i>
												" CLASP		

												WAR 1945		Medal
												WAR 1915		
												VERIFIED BY <i>L. M. Sharp</i>		
VERIFIED BY <i>R. Blanchet</i>						VERIFIED BY						DIR. OF PERSONNEL RECORDS.		

SERVICE CERTIFICATE

OF

Name in full Leo Charles CONWAY ✓ 1 Company ST. JOHN

ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Training Headquarters

H A L I F A X

Official Number V.2215

Date of Birth September 20th, 1911

Place of Birth Saint John, N.B.

Usual Place of Residence 254 Maynard St. Hk. N.S.

Trade brought up to Machinist, Truck drivers Driscoll Drug store

Name and Address of next of Kin Mary Conway (Wife) same address

Religious Denomination Roman Catholic

Can Swim Nov., 1932 - Passed Provisional Swimming Test. *P.S. J. (13-2-35)*

PARTICULARS OF SERVICE

[illegible]

PERSONAL DESCRIPTION

	HEIGHT		COMPLEXION	HAIR	EYES	MARKS, WOUNDS, SCARS
	FEET	INCHES				
On Entry	5	7	Fresh	Mid Brown	Blue	--Nil--
On attaining 28 years						
Further Description if necessary						

NAVAL TRAINING

[illegible]

EXAMINATIONS AND NOTATIONS OTHER THAN

[illegible]

CAPTAIN'S SIGNATURE

W. J. Looney
W. H. L.
M. W. Wray
C. E. Wray
J. M. Taylor
H. W. L.
T. A. B. Cross

[illegible]

377-1961

9 Nov. 1938	1 st	Awarded.
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RE-ENROLMENT FORM FOR MEN

OF THE

ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Conway OFFICIAL No. 2215

CHRISTIAN NAMES Leo: Charles MARRIED, SINGLE, or WIDOWER Married

DATE OF RE-ENROLMENT	RATING IN WHICH RE-ENROLLING	FORMER PERIODS OF ENROLMENT
<u>9-II-35</u>	<u>A.B.</u>	1st period from <u>9-II-1932</u> to <u>9-II-1935</u>
<u>9-II-38</u>	<u>A.B.</u>	2nd " " <u>9-II-1935</u> to <u>9-II-1938</u>
		3rd " " <u>9-II-1938</u> to <u>9-II-1941</u>
		4th " " <u>19</u> to <u>19</u>
		" " <u>19</u> to <u>19</u>

(B) DECLARATION TO BE MADE BY APPLICANT

(1) I hereby declare that I am desirous of being re-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.

(2) On being re-enrolled as a member of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:—

- to serve from the date hereof for three consecutive years, 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.
- 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.
- 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 Company 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.

Dated this 15 day of December 1938

Signature of Applicant Leo Conway

Entered on History

Card by R.M.

(C) CERTIFICATE OF COMPANY COMMANDING 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 15th

day of December 1938

N.V. 5A

500-2-35
N.S. 815-11-5A

Signature of C.C.O. Norman Magnusson

(OVER)

(D)

OATH OF ALLEGIANCE

I, Leo B. Conway, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty.

Signature of Applicant

Witness

Date

Rank

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

(E)

CERTIFICATE OF COMPANY COMMANDING OFFICER

Leo B. Conway having been duly re-enrolled to serve in the Royal Canadian Naval Volunteer Force, I have caused his name and every prescribed particular to be recorded in the Record Book of this Unit.

Company Commanding Officer

NOTE—When this form has been completed and the particulars in it have been noted in the Company Commanding Officer's Record Book, the form is to be forwarded to Headquarters, Ottawa, for custody.

The certificate of medical examination B-207 is to be sent to Headquarters, Ottawa, with this form.



17705

Can. B. 207
2M-1-37
N.S. 815-2-207

DEC 17 1938
113-C 262

CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND BOYS FOR THE 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 Leo C. Conway, A.B. O.N. 2215
candidate for entry as Re-enrolment
and I believe him to be in all respects fit for His Majesty's Service. He has signed the Certificate given below in my presence.

Dated at St John's the 22 of November 1938

W. Gordon Label
Examining Medical Officer
(Rank) Capt. R. C. Leane (R.N.)

This examination has been made in accordance with the Instructions for Recruiting.

(a) Age { Years Months	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Cirth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re- vaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(j) Limbs and Joints	(k) Skin	(l) Ears and Hearing	(m) Testes, Varicocele, etc.	(n) Mouth, Teeth (No. def- icient and No. defective, if any), Nose, Tonsils, etc.	(o) Anus, Hæmorrhoids, etc.
27 2/12	138 lbs.	56 1/2 ft. ins.	<u>Good</u>	inches (a) maximum 34 1/2 (b) minimum 34 1/2 (c) mean 37	right eye 6/6 left eye 6/6 colour vision <u>normal</u>	1907	<u>Normal</u>	<u>Normal</u> <u>No hernia</u>	<u>Normal</u>	<u>Normal</u>	<u>Normal</u> <u>N.C.V. 20'</u>	<u>Normal</u>	<u>No varicocele</u> <u>on 14 teeth present</u> <u>but not retained</u>	<u>Normal</u> <u>No hæmorrhoids</u>

CERTIFICATE TO BE SIGNED BY THE 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 as may be authorized.

Leo C. Conway
Signature of Candidate

When a Candidate is passed, notwithstanding a slight defect or disability, the following Certificate is to be filled up

This Candidate is the subject of deficient teeth 3 upper 11 lower
but Candidate states he is getting upper plate so I am
not considered of sufficient importance to cause his rejection, he being desirable in other respects.
Accepting him

W. Gordon Label
Examining Medical Officer
(Rank) Capt. R. C. Leane (R.N.)

* The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.



12819

DEFENCE
113-C.262
CANADAN. V. 5
2M-42
N.S. 815-11-5E.W. 18/11/32
B.P. 22/11/32

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Leannay OFFICIAL NO. 2215CHRISTIAN NAMES Leo Charles MARRIED, SINGLE or WIDOWER SinglePERMANENT ADDRESS 274 Waterloo St Saint John N.B. RELIGION C.B.

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>Sept 20/19³⁹ 11²⁰</u>	Town <u>Saint John N.B.</u> County Province	<u>Mary Leannay</u> <u>274 Waterloo St</u>

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet <u>5'</u>	Inflated <u>39 1/2</u>	<u>Med</u> <u>Brown</u>	<u>Blue</u>	<u>Fresh</u>	<u>None</u>
Inches <u>19"</u>	Deflated <u>32 1/2</u>				
	Mean <u>36</u>				
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
<u>9 Nov/1932</u>	<u>Ord. Sea.</u>	<u>Machine A.</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
<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>

- (c) I have never been rejected 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 Saint John Company of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:—

(a) To serve from the date thereof for three consecutive years, 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 Company 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.

Dated this 9th day of November 1932

Signature of applicant Leo O Conway

(C) CERTIFICATE OF COMPANY COMMANDING 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 9th day of November 1932.

G. P. Leach
for Signature of C. C. O.

(D) OATH OF ALLEGIANCE

I, Leo O Conway do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty.

Signature of Applicant Leo O Conway

Witness G. P. Leach

Date 9th Nov 1932 Rank Lieut.

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

(E) CERTIFICATE OF COMPANY COMMANDING OFFICER

Leo O Conway 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 Saint John Company of the R.C.N.V.R.

G. P. Leach
for Company Commanding Officer.

NOTE—This form when completed and when the particulars on it have been noted in the Company 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.

QUESTIONNAIRE FOR CANDIDATES FOR ENTRY

ROYAL CANADIAN NAVY

(NOTE.—Reply to question 1 to be in Block Letters. Replies to other questions to be in the handwriting of the Candidate)

1. Name (in full) **LEO CHARLES CONWAY**
2. Date and Place of Birth **20th Sept. 1911 at Saint John, N.B.**
*Birth Certificate, declaration by parents or affidavit as to date of birth must be attached.
3. Permanent place of residence **39 Rothesay Ave. Saint John, N.B.**
(Address in full)
4. How long resident in Canada? **28 years**
5. Are you a British subject? **Yes**
6. Are you single, married or a widower? **Married**
7. In what capacity do you wish to engage? **Ordinary Seaman**
8. How far advanced educationally are you? **Grade IX**
*Attach certificate, diploma, etc., if any.
9. Statement of present and previous employment. (Details of all previous employment should be given)
Enclosed.
*Attach any testimonials or recommendations from employers.
10. Do you belong to any Naval, Military Reserve or Territorial Force? **Yes**
11. Have you ever served in such forces? Give dates and details **Yes**
R.C.N.V.R. from the 9th November 1932 to present time 2215 A.B.
12. Have you ever been discharged from any of His Majesty's Forces as medically unfit? **No**
13. Have you ever offered to serve in any of His Majesty's Forces and been rejected? **No**
14. What is your weight? **140**
15. What is your height? **5' 7 1/2"**
16. What is your chest measurement? (Not inflated) **36 3/4"**
17. Are you free from all physical defects and malformation, and not subject to fits? **Yes**
18. Are you willing to be vaccinated and inoculated as considered necessary by the appropriate authorities? **Yes**
19. If accepted and sent at Government expense to a Naval Base, do you agree to join the Royal Canadian Navy for seven years' continuous and general service? Should you fail to do so for any reason within your own control, do you agree to refund to the Department of National Defence the expenses incurred by that Department for your transportation to the Naval Base? **Yes**

I HEREBY DECLARE that the above answers are true in every respect.

Signature

Address

Date

Witness to Signature

*NOTE.—The Certificates, Recommendations, etc., called for in questions 2, 8 and 9 must be attached, otherwise your application can not be considered.

DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)

C.N.S. 2417
3M-2-36
N.S. 815-9-2417

APPLICATION FOR ENTRY IN THE ROYAL CANADIAN NAVY

The Naval Secretary,
Department of National Defence,
OTTAWA.

(Place) NOV 15 1939

(Date) CANADA

SIR:—

I hereby make formal application for entry in the Royal Canadian Navy, under a seven years' continuous service engagement as a Ordinary Seaman (Insert rating chosen)

I certify that the following particulars are in my own handwriting and are true in every respect:

1. Name (to be given in full in Block Letters) LEO CHARLES CONWAY
2. Date of Birth (Birth Certificate or sworn declaration by parent or guardian must be attached) Sept 20, 1911.
3. Place of Birth. Town Saint John Province New Brunswick
4. Permanent Place of Residence. No. 39 Street Rothsday Ave
Town Saint John. Province New Brunswick
5. Are you a British Subject? Yes
6. How long have you resided in Canada? 28 Years
7. What is your Mother Tongue? English
8. What other language do you speak? none
9. Are you of the White Race? Yes
10. Are you Single, Married or a Widower? Married
11. How far advanced educationally are you? Grade IX
(Certificates of School Authorities must be attached)
12. What practical experience have you had?
(Details and certificates from employers, trade credentials, etc., must be attached to substantiate employment reported.)
Enclosed.
13. Do you belong to any Naval, Military, Air or Police Force? Yes
14. If so, give details. R.C.N.V.R. from 9th November 1932 to Present time A.B. 2215
15. Have you ever served in such forces? Yes
16. If so, give dates and details.
17. Have you ever been discharged from His Majesty's Forces as medically unfit? No
18. Have you ever offered to serve in His Majesty's Forces and been rejected? No
Why?
19. Have you ever been convicted of a criminal offence? No
(Enclose two character references, one of which must confirm your answer to Question 19)
20. What is your weight? 140 Height 5' 7 1/2" Chest Measurement (Not inflated) 36 3/4"
21. Have you ever had fits? No
22. Do you suffer from any deformity? No
23. Have you suffered the loss of any fingers, toes, etc? No
24. Do you suffer from any disease? No
25. Do you wear glasses? No
26. Are you subject to any disability which might cause your rejection?
No
27. Give details. nil
28. Are you willing to be vaccinated and inoculated as considered necessary by the appropriate authorities? Yes

Signature of Witness

Signature of Applicant

CERTIFICATE TO BE SIGNED BY THE PARENT OR GUARDIAN OF CANDIDATES UNDER 21 YEARS OLD

I agree to refund to the Department of National Defence the expenses incurred by that Department for transportation to a Naval Base of the above applicant, should he, on arrival at such Base, fail to enrol for seven years' continuous Naval service for reasons which in the opinion of the Department are within his own control. Signed and

Sealed at, this day of, 19, in the presence of

Signature of Witness

Signature of Parent or Guardian

CERTIFICATE TO BE SIGNED BY CANDIDATES OVER 21 YEARS OF AGE

I agree to refund to the Department of National Defence the expenses incurred by that Department for my transportation to a Naval Base, should I, on arrival at such Base, fail to enrol for seven years' continuous Naval service for reasons which in the opinion of the Department are within my own control.

Signed and Sealed at, this day of, 19 in the presence of

Signature of Witness

Signature of Candidate

Certificate of the Baptism

OF

Charles Leo Conway

On the *24th* day of *September* A.D. *1911*, I, the undersigned, Baptised *Charles Leo Conway* Born on the *20th*

day of *September* A.D. *1911* of the lawful Marriage of *Charles A. Conway* and *Mary Collins*, the sponsors

being *Joseph T. Conway* and *John Armstrong*

Signed *W. F. Chapman*

The above record of Baptism has been taken from the Register of
St. John the Baptist Church, in the City of Saint John, Province of
New Brunswick, Vol. *1* page *322* by me, the undersigned
Pastor.

Carroll Russell

ORIGINAL

DEPT
NATIONAL DEFENCE
OCT 17 1939
NS 113-262

Number.....

APPLICATION FOR PAYMENT OF MARRIAGE ALLOWANCE

List and Number in Ledger	NAME	Rank or Rating	Official No.	Daily Rate of Pay
	Surname..... CONWAY	A.B.	2215	\$ 1.85
	Christian Names..... LEO CHARLES		23417	

NAME OF WIFE OR GUARDIAN	ADDRESS
Surname..... CONWAY	39 ROTHESAY AVE.,
Christian Names..... LAURA EDITH	ST. JOHN, N.B.

CHILD OR CHILDREN			
Name	Sex	Date of Birth	Attains majority
(1) ANN ELIZABETH	FEMALE	AUGUST 5, 1939	1956 4
(2)			
(3)			
(4)			

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

Signed in the presence of:

[Signature]

Signature..... *Leo Conway*

Rank or Rating..... ABLE SEAMAN

Marriage Allowance in force per diem.....

Marriage Allowance claimed per diem..... 1.75 *[initials]*

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

Marriage Certificate & Certificate of Baptism produced & examined.

[Signature]
Commanding Officer.

This amount per day has been credited from *By 3rd September* 1939

at List..... No..... Ledger ending..... 19

Allotment of \$ *51.00* in force from the month of *September* 1939 in accordance with regulations.

[Signature]
Accountant Officer.

THE NAVAL SECRETARY,
Department of National Defence,
Ottawa.

H. M. C. S. *[Signature]* Ottawa

Forwarded.....

NOTE

- (1) All applications for Marriage Allowance must be supported by Certificate of Marriage, Birth Certificates in the case of children, or other unimpeachable evidences as to marriage, birth or guardianship.
- (2) The Allotment should be equivalent to the nearest dollar of 15 days' pay of rank or rating, and the Marriage Allowance based on a thirty day month.

FOR USE AT HEADQUARTERS ONLY	INITIALS	DATE
Application received.....		
Entered in Birth Record Ledger.....		
Entered on M/A Card.....		
Entered in Allotment Ledger.....		

ORIGINAL

NAVAL OFFICE
SEP 11 1939
N.S. 113-C-262
H.Q. File No. NADA.....

DECLARATION OF ALLOTMENT

21

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
	Surname <i>Conway</i> Christian Names <i>Leo Charles</i>	<i>AB + 1 Badge</i>	<i>2215</i> <i>21113</i>	<i>\$4.95</i> <i>1.85</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>Conway</i> Christian Names <i>Laura</i>	<i>wife</i>	<i>39 Rothersey Ave Saint John, N.B.</i>	<i>\$51.00</i>	<i>SEPT. 1939</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>Laura Conway</i> <i>Ann Elizabeth</i>	<i>39 Rothersey Ave</i>	

Supp. to make for Sept 19/39

Ent'd. on Index Card

Ent'd. on Allotment Ledgers

Initials Date
W.H. 11/13/39

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.

Allottor's Signature authorizing charges

Leo C Conway, A.B.
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:—

THE NAVAL SECRETARY,

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

W. B. B. B.
Accountant Officer
H.M.C.S. *H.M.C.S. Ottawa*
Forwarded.....

S. 63

4M-3-39
N.S. 815-9-63

ptip address
DD
5/10/39

NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET

FOR USE AT HEADQUARTERS ONLY

	INITIALS	DATE
Declaration received at Headquarters.....		
Declaration examined.....		
Approved.....		
Index card made.....		
Allotment ledger sheet made.....		
Allotment ledger sheet checked.....		
Type plate made.....		

P6420

NOE
JUN 13 1933
N.S. 113-C 262
CANADA
N.V. 27
3M-432
N.B. 815-11-27

R. C. N. V. R.

TRAINING REPORT, 193

Company St. John Half Training Headquarters Halifax, N.S.
Name L.C. Conway Rating Ord. Seaman O.N. 2215

Training Period No. 3. VOLUNTARY SERVICE
Entered for N.T. 20-5-33
Completed N.T. 2-6-33 Seven days.
Entered for V.S. 3-6-33
Final discharge 9-6-33

INSTRUCTION

SUBJECT	No. HOURS	EFFICIENCY	REMARKS
1. P. and R.T.	6		
2. Signals	4		
3. Seamanship	20	Supr.	
4. Boat Pulling	6		
5. Mine Sweeping	-		
6. Torpedo	-		
7. Gunnery	20	Supr.	
8. Discipline			
9. Miscellaneous		1 day Kit and Medical Inspection.	
10.			
11.			

Total hours.....

SERVICE AFLOAT

SHIP	DATE ENTERED	DATE DISCHARGED	REMARKS
"Champlain"	20-5-33	26-5-33	Passage St. John to Halifax. Employed with Sh Ship's Company.

QUALIFICATIONS

Qualified as efficient..... Yes Character..... V.G. General efficiency..... Supr.
Recommended for confirmation..... -
Qualified for advancement..... No.
Recommended for advancement..... -
Recommended for special branch..... Not yet.
Passed ~~or failed~~ professional 1st Years Training Passed ~~or failed~~ Educ. Test, Part (1) 10-4-33
General remarks:—

Above the average of first year ratings.

Signature Lieutenant Commander R.C.N.

RESERVE TRAINING OFFICER

R. C. N. V. R.

TRAINING REPORT, 1934.

Company St. John Half. Training Headquarters Halifax, N.S.
 Name Leo Charles CONWAY, Ord. Seaman.
 Rating Able Seaman. O.N. 2215.

Training Period No. Three. VOLUNTARY SERVICE
 Entered for N.T. 28/5/34. Cruise No. I. H.M.C.S. "CHAMPLAIN".
 Completed N.T. 9/6/34. Thirty One days.
 Entered for V.S. 10/6/34.
 Final discharge 10/7/34.

INSTRUCTION

SUBJECT	No. HOURS	EFFICIENCY	REMARKS
1. P. and R.T.	3½	Sat.	2nd Year Naval Training.
2. Signals	4½	Sat.	
3. Seamanship	20¾	Supr.	Passed for and rated A.B. to date 9/6/34.
4. Boat Pulling	8	Sat.	
5. Mine Sweeping			
6. Torpedo			
7. Gunnery	19½	Sat.	
8. Discipline	1 day		Kit. and Medical Inspection.
9. Miscellaneous	1 day		General Holiday.
10.			
11.			

Total hours.....

SERVICE AFLOAT

SHIP	DATE ENTERED	DATE DISCHARGED	REMARKS
"CHAMPLAIN"	9/6/34.	10/7/34.	Well above the average. Employed Part of Ship.

QUALIFICATIONS

Qualified as efficient Yes. Character V.G. General efficiency Supr.
 Recommended for confirmation.....
 Qualified for advancement To A.B. to date 9/6/34.
 Recommended for advancement Rated " " " "
 Recommended for special branch.....
 Passed or failed professionally for A.B. 8/6/34. Passed or failed Educ. Test, Part ().....
 General remarks:—

Above the average. Keen, interested and reliable.
Should make a good seaman with more experience.

Signature [Signature]
 Lieutenant-Commander, R.C.N.

RESERVE TRAINING OFFICER

P6530

10
N.V. 27
3M-8-33
N.S. 815-11-27
JUN 24 1935
N.S. 113-C262
CANADA

R. C. N. V. R.
TRAINING REPORT, 193 5
"Winter Cruise"

Company.....Saint John Half Company..... Training Headquarters.....Halifax, N.S.
Name.....CONWAY, Leo C..... Rating.....A.B..... O.N. 2215

Training Period No.....Special	VOLUNTARY SERVICE
Entered for N.T.....5-1-35	109 days
Completed N.T.....18-1-35	
Entered for V.S.....19-1-35	
Final discharge.....8-5-35	

INSTRUCTION

SUBJECT	No. HOURS Days	EFFICIENCY	REMARKS
1. P. and R.T.			Employed as Quarter Deck
2. Signals			Messenger. Keen and willing.
3. Seamanship			
4. Boat Pulling			
5. Mine Sweeping			
6. Torpedo			
7. Gunnery			
8. Discipline	2	Kit and Medical Inspts.	
9. Miscellaneous			
10.			
11.			

Total Hours.....

SERVICE AFLOAT

SHIP	DATE ENTERED	DATE DISCHARGED	REMARKS
"Saguenay"	8-1-35	8-5-35	

QUALIFICATIONS

Qualified as efficient.....Yes..... Character.....V.G..... General efficiency.....Sat.
Recommended for confirmation.....
Qualified for advancement.....
Recommended for advancement.....
Recommended for special branch.....
Passed or failed professionally for..... Passed or failed Educ. Test, Part ().....
General remarks:-

.....
.....
.....
.....

Signature.....Lieutenant Commander RCN..... RESERVE TRAINING OFFICER

November 1, 1940.

Dear Madam:

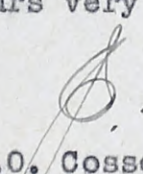
It is with deep regret that I must confirm the telegram sent out by the Minister of National Defence, reporting that your husband, Leo C. Conway, Able Seaman, R.C.N.V.R., O.N. V2215, was missing, believed killed.

Few details are available, but it is known that H.M.C.S. "MARGAREE" was sunk in collision in the North Atlantic whilst steaming without lights, on convoy duty, and in the submarine zone. 142 Officers and ratings are missing and must be presumed lost at sea.

I am requested to express to you the sincere sympathy of the Minister of National Defence for Naval Services and the Chief of the Naval Staff in your bereavement.

Any further information, which is received, will be at once communicated to you.

Yours very truly,


(J.O. Cossette),
NAVAL SECRETARY.

Mrs. Laura Conway,
254 Maynard Street,
HALIFAX, N.S.

44

3rd December, 1940

Sir:

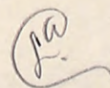
With reference to Canadian Pension Commission letter, 362-L of 23rd November, 1940, I am directed to advise you that there is no recovery necessary so far as this Department is concerned from the pension awarded to Mrs. Laura Edith Conway, 254¹/₂ Maynard Street, Halifax, N.S., widow of the late Leo C. Conway, Able Seaman, R.C.N.V.R., O.N. V.2215.

Yours truly,



(J.O. Cossette)
NAVAL SECRETARY.

Chief Treasury Officer,
Department of Pensions & National Health,
Ottawa.



Aug 29/41.

Dear Sir.

97

In reference to the form you sent me to sign for my Daughter's share in my Husband's estate, I received it and sent it back the same day I received it. That was the July 31st but if you did not receive it, it is through no fault of mine. I am sorry about this so if you will send me another one I will gladly sign it as soon as I receive same. enclosed you will find form signed by me.



Thanking You.

Mrs. Laura E. Conway
21 Delhi St.
St. John N.B.

OTTAWA, Ont., 16th June

5

V-2215 Pers.(N) (N-15)

"REGISTERED"

Dear Madam:

Under the provisions of the War Service Grants Act, 1944, and supplementary Orders-in-Council, payment of a war service gratuity has been authorized on behalf of every member of the forces who died on active service.

The regulations provide that a person who was dependent upon the serviceman at the time of his death is entitled to the gratuity. If, however, it is found that the deceased had no dependents, then the gratuity will form part of his service estate.

To be entitled to the gratuity as a dependent of the serviceman, the person applying must either have been eligible for dependents' allowance on his behalf or must have been receiving an assignment of pay from him and have been dependent in whole or in part upon him. The receipt of an assignment of pay alone does not determine entitlement, since the assignment must have been used at least in part for the support of the recipient in order to establish dependency. The fact must also be stressed that where one or more persons received dependents' allowance on behalf of the member of the forces, those persons are solely entitled to the gratuity, although another person may have been receiving an assignment of pay and may have been partly dependent upon him.

As the Service Authorities who are responsible for payment of the gratuity are anxious to settle all entitlements as soon as possible, this letter is being addressed to you as the next-of-kin according to this Department's records of the late Leo C. Conway, Able Seaman, Official Number V-2215, R.C.N.V.R., with a view to inviting an application for the gratuity either from one who was dependent upon him at the time of his death under the foregoing conditions or, if no dependency existed, from one who is authorized to act on behalf of his estate.

You will appreciate that in all cases the question of dependency must first be settled before payment of the gratuity can be made. For that reason and in order to deal with each case as soon as possible, it is requested that a letter be forwarded addressed to the Secretary, Naval Board, Naval Service Headquarters, Ottawa, indicating whether it is your desire or that of any other person who may qualify as a dependent of the deceased to apply for the gratuity as a dependent or whether payment should be made to the deceased member's service estate.

Your early attention to this request will be greatly appreciated.

If you have already made application for War Service Gratuity it is requested that this letter be disregarded.

Yours truly,

Mrs. Laura E. Conway,
21 Delhi Street,
SAINT JOHN, N. B.

*Previous letter
returned - Seaman file
16/6/45*

H.B. Money
for
SECRETARY, NAVAL BOARD.

FJH/JI

OTTAWA, Ont. 30th July 5

N.S. V-2215 Pers(N)
(P-19)

Madam:

I am directed to acknowledge receipt of your letter of recent date, with reference to War Service Gratuity in respect of your late husband, Leo C. Conway, Able Seaman, Official Number V-2215, R.C.N.V.R., and to inform you that you will be advised further in this regard at the earliest possible date.

Yours truly,

LETTER dispatched by
PERSONNEL NAVAL

JUL 30 1945

for
SECRETARY, NAVAL BOARD

Mrs. Laura Stracharo,
21 Delhi Street,
SAINT JOHN, N.B.

app. & comp. forms
retained by DNDALG
2/8/45
H.B.K.

Secretary

Naval Board.

113-C-262
Nava Service Headquarters. Down,
Ottawa Ontario. 1167225

Under the provisions of the War
services grant Oct. 1944. I hereby make
application for the payment of a War
Service Gratuity having been a dependent
of Leo. C. Conway. Able Seaman. V. 2215.
R.C.N. V. R. at the time of his death.

NAVAL PERSONNEL
RECORDS

13919

JUL 28 1945

WAR SERVICE GRATUITY
SECTION

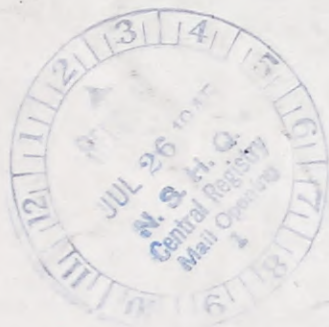
Yours. Truly.

Mrs. Laura (Conway) Strachan.

21 Delhi Street

Saint John. N. B.

Ref: V. 2215- Pers. (N.) (N. 15.)



MG

2 August, 1945

NSV-2215
(PERS) (N) (P-18)

Dear Madam:-

Further to your application for War Service Gratuity in respect of the late Leo Charles CONWAY, I am directed to enclose a declaration which is required in all cases where Official Records show that the applicant has re-married subsequent to the date of casualty.

This form should be completed and returned to the Department as soon as possible in order that payment of the Gratuity may be undertaken with a minimum of delay.

Yours truly,

---Encl.---

SECRETARY, NAVAL BOARD.

Mrs. Laura STRACHARD,
21 Delhi Street,
St John, N.B.

Estates

No. 1121 30/4/40

DEPT.
NATIONAL DEFENCE

MAY 11 1940

H.Q. 113-C-262
CANADA

ORIGINAL

P024388

H.Q. File No.

DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
STADACONA 5 th 118	Surname <u>Conway,</u> Christian Names <u>Leo.C.</u>	A.B. RCNVR	2215	\$1.85 1.00

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 <u>Conway,</u> Christian Names <u>Mrs Laura</u>	Wife	XXXXXXX 39 Rothbury Ave. Saint John N.B.	\$59.00 Increase	May. 1940

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):—
\$51.00	Mrs Laura Conway	Saint John, N.B.	to be increase as in Sec A
			Initials <u>hob 14/5/40</u>

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.

Allottor's Signature authorizing charges.....

A.B.

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:—

THE NAVAL SECRETARY,

Department of National Defence,
(Naval Service)
Ottawa, Ont.PAY 3. LIEUTENANT RCNVR
FOT Accountant Officer

H.Q.C.S. STADACONA

Forwarded.....

S. 63

15M-10-39 (2280)
N.S. 815-9-03

NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET

FOR USE AT HEADQUARTERS ONLY

	INITIALS	DATE
Declaration received at Headquarters.....		
Declaration examined.....		
Approved.....		
Index card made.....		
Allotment ledger sheet made.....		
Allotment ledger sheet checked.....		
Type plate made.....		

MAIN FILE
CHARGED TO
SINCE
REC'D. CENTRAL REGISTRY
MAY 12 1940
REFERRED TO <i>Gray</i>

P036879

113-6-262

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. STADACONA at HALIFAX, N. S.

Name Leo Charles CONWAY
(Christian names in full)

Rank or Rating Able Seaman Official No. V 2215
(If unknown, date of first entry)

Place of Birth Saint John, N. B. Date of Birth 20th September, 1911

Occupation in Civil Life Machinist Religion Roman Catholic

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N.
(Temporary) or Reserve ratings) 11 Years

Date of Death 22nd October, 1940 Place of Death At Sea

Cause of Death Lost in collision of H.M.C.S. MARGAREE
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend. { Name Mary CONWAY Relationship Wife
Address 254 Maynard Street, Halifax, N. S.

Date on which the above was informed by Ship Informed by N.S.H.Q.

Date on which death was registered with local Officials NK

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 invalidated

J. M. Edwards
COMMANDER R.C.N.
Commanding Officer,

8th November, 1940

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.

C.N.S. 1121
15M-7-40 (5849)
N.S. 815-9-1121

P 41860

APR 16 1941
N 113-C 262
CANADA

ACCOUNTS OF MEN DISCHARGED

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 LEO C. CONWAY Rating A.B.
Official No. V.2215 H.M.C.S. "MARGAREE" List 5-2/72
Who* was "DD" on the 22nd October 1940.

Net sum due on ledger on account of Wages.....	\$	cts.
Proceeds of sale of Effects charged against Wages, brought from the other side	N	I L
CASH—		
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....	\$	cts.
Found amongst Effects.....	N	I L
Debts collected \$.....	N	I L
Cash debited in the Accountant Officer's Cash Acct.....	N	I L
If in debt in ledger, amount to be stated (in red ink).....	N	I L
Rate of allotment (in words) <u>FIFTY-NINE</u> charged to <u>31st October, 1940.</u>		
Name of ship from which transferred <u>H.M.C.S. "MARGAREE"</u>		
Total† <u>BALANCE CREDITOR</u>	29	92 ⁶³⁸

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. "MARGAREE" amounting to a net balance† CREDITOR of -TWENTY-NINE- dollars NINETY-TWO cents.

Dated on board H.M.C.S. "STADACONA" at HALIFAX
NOVA SCOTIA this 25th day of MARCH 1941.

Approved Bm Macfield FOR Accountant Officer
Paymaster Sub-Lieutenant, RCNVR.
Initials of the Assistant Accountant Officer
J. E. Leigh St. V. Commanding Officer.
ACTING CAPTAIN, R.C.N.

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

Ledger Fair
Rough ⁶³⁸

[illegible]

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

.....SignatureSignature
.....RankRank

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.

MEMORANDUM FOR

65 P. 64

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

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

and the following number quoted:—

H.Q.NS. 113-C.262 P. 2

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

JULY 3 1941

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

CONWAY, Leo Charles, A.B.,

O. No. V02215, R.C.N.

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

(L.M. Firth) Major,
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.....	Laura Edith Conway	28	21 Delhi St. Saint John.
2	Children of the Deceased and dates of their Births.....	Ann Elizabeth	2	21 Delhi St. Saint John.
3	Father of the Deceased.....	Charles Dickin Conway	52	7 Elliott Row Saint John.
4	Mother of the Deceased.....	Mary Conway	51	7 Elliott Row Saint John.
5	Brothers of the Deceased	Full Blood	John Louis Conway 28 Philip Conway 15	319 Main St. 7 Elliott Row
		Half Blood	None.	
6	Sisters of the Deceased	Full Blood	Mrs. Mary Harris 26	Montreal, Quebec.
		Half Blood	None	
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	
	None dead	(All living)	—	

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

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

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FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Leo Charles Conway
11	Give the month and year of his birth.	Sept. 20, 1911.
12	Where and when were his parents married?	Saint John, N. B. 1910.
13	Was he ever married? If so, state exact place and date of marriage.	yes. Cathedral, St. John. Sept. 27, 1938.
14	Did he leave a (later) Will? If so, it should be forwarded.	No will.
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	None.

PARTICULARS OF DOMICILE

16	Where was deceased born?	Saint John, N. B.
17	In what Province, Country or State did he reside, and in which last?	Saint John, N. B. Halifax, N. S. (last)
18	How long in each?	St. John, N. B. (27 years) Halifax, N. S. (1½ years)
19	What was the nature of his employment?	R. C. Navy.
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.	21 Delhi Street Saint John, N. B.

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	No funeral expenses. (Drowned)
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).	No

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

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

(PLEASE TURN OVER)

DECLARATION

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

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

* Widow of the deceased.

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

Mrs. Laura Edith Conway. {Signature of Informant

CERTIFICATE

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

*See above

Conway {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 Saint John this 10th day of July, 19 41.

Signature of Clergyman, Priest or Magistrate

Richard J. Conaghan Qualification Priest

Address Bishop's Palace, 91 Waterloo St. Saint John, N.B.

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.

NAVY
DISTRIBUTION OF SERVICE ESTATES

Naval ~~EX-MILITARY~~ Military - Air Force

70

Name CONWAY Lee Charles No. V.2215
Surname Christian Names

A.B. H.M.C.S. "MARGARET" 22.10.40

Rank Unit Date of Death

AMOUNT 29.92

L. P. C. \$

Other Credits

29.92

Total

Shares Retained

29.92

NET TOTAL

Date July 31st, 1941

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
	wife	Laura Edith Conway, 21 Delhi Street, Saint John, N.B. (next of kin entitled)	<u>\$14.96</u>
	wife	Laura Edith Conway, 21 Delhi Street, Saint John, N.B. (for benefit of one minor entitled)	<u>\$14.96</u>
AUTHORITY			
NO E 110	DIV	EST	VOTE FR
9999			832 00 00 00 1
SHARES RETAINED			<u>29.92</u>
none		CLASSIFIED BY <i>Ph. Smith</i>	EXAMINED BY <i>LC</i>
			29.92

Distribution approved and authorized

AUDITED FOR PAYMENT

(556)
For Chief Treasury Officer

Ph. Smith
(L.M. Firth) Major,
Administrator of Estates.

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

NAVY

DECEASED
MEMBER'S
NAME

Leo Charles
(CHRISTIAN NAMES)

CONWAY
(SURNAME)

REGISTER NO. 13919
FILE NO. NSV-2215
DATE 20 Aug/45
SERVICE NO. V-2215
FINAL RANK OR RATING A.B.
DATE OF DISCHARGE 22 Oct/40

PAYEE Mrs. Laura Strachan,
ADDRESS 21 Delhi St.,
St. John, N.B.

DATE OF TERMINATION OF OVERSEAS SERVICE 22 Oct/40

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 409 EQUAL TO 13 COMPLETE PERIODS AT \$7.50

\$ 97.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 109 LESS 19 INELIGIBLE DAYS, EQUAL TO 90 DAYS @ 25C. PER DAY

22.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$1.85
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$1.45
ADDITIONAL PAY H.L.M. \$.13
Q.R. 3 \$.10
1 G.S.B. \$.05
DEPENDENTS' ALLOWANCE 1/30 OF \$ 1.00
TOTAL \$4.58 X7 = \$ 32.06
NO. OF DAYS 109 X\$ 32.06 183

19.10

D. WAR SERVICE GRATUITY

139.10

E. DEDUCTIONS

OVERPAYMENT OF

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

NIL

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

139.10

G. YOUR PORTION OF GRATUITY IS—

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

-\$ 139.10

64574 Aug 30, 1945.

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
PB

CHECKED BY

TREASURY
CHECKED BY
DATE

for Dir. Naval Pay. Accounting. SERVICE REPRESENTATIVE

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Decedent's Name LEO, CHARLES, CONWAY
(Christian Names) (Surname)

Payee Mrs Laura STRACHAN

Address 21 Delhi Street
St John N.B.

Register No. 13919
File No. V-2215
Date 31 July 45
Service No. V-2215
Final Rank or Rating A.B.

Date of termination of overseas service 22 Oct. 40 Date of Discharge 22 Oct. 40

A. TOTAL QUALIFYING SERVICE

No. of days 409 equal to 13 complete periods at \$7.50
30

97.50

B. QUALIFYING OVERSEAS SERVICE

No. of days 109 less 19 ineligible days equal to 90 days @ 25¢ per day

22.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay \$ 1.85
Subsistence or Lodging \$ 1.45
and Provision Allowance
Additional Pay H.M. \$.13
G.R. 3 \$.10
1 G.S.B. \$.05

Dependents' Allowance 1/30 of \$ 1.00

Total 4.58 x 7 = \$ 32.06

19.10

No. of days 109 x \$ 32.06
183

19.14

D. WAR SERVICE GRATUITY

139.14

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE
AND ASSIGNED PAY \$

139.10

OTHER DEDUCTIONS \$ Nil

F. TOTAL AMOUNT PAYABLE

139.10

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ _____ of \$ _____ = \$ 139.10
Total Dependents' Allowance in issue \$ _____

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.

Treasury	
Prepared by	Checked by
Checked by	Date

Service Representative

D.N.P.A. CHECK

1 2 6 8
2 3 7 9
3 4 8 10
4 5 9 11
5 6 10 12

(S/O)

DOMINION OF CANADA

PROVINCE OF

TO WIT:

IN THE MATTER OF THE WAR SERVICE GRANTS ACT, 1944

A F F I D A V I T

I. I, Laura Edith Strachan of the Saint John
(Name) (City or Town of)

in the New Brunswick declare as follows:-
(Province or State)

- (i) My maiden name was Laura Edith Cobb
(Name in full)
- (ii) On the 27 day of September 1938 at the Saint John
(Month) (Place of marriage)

I was married to Leo Charles Conway
(Name of 1st husband in full)

R.C.N.V.R.
(Rate)

V. 2215
(O.N.)

(iii) The said Leo Charles Conway died at
(Name of 1st husband in full)

Sea on the 22 day of October 1940.
(Place of death) (Month)

While the said Leo Charles Conway was serving on
(Name of 1st husband in full)

Active Service in the Naval Forces of Canada I was in receipt of:

Dependents' Allowance on account of the said)

and/or)

Assigned Pay from the said)

Leo Charles Conway
Name of 1st husband

II. On the 20 day of November 19 at the Saint John
(Place of 2nd marriage)

I married Sgt. A. MacL. Strachan
(Name of 2nd husband in full)

and I make this solemn declaration conscientiously believing it to be true and knowing it to be of the same force and effect as if made under and by virtue of the Canada Evidence Act.

DECLARED BEFORE ME AT)

THE 10th OF August)

IN THE 10th OF August)

THIS DAY OF)

1945)

(Signature of Magistrate or
Notary Public, or
Commissioner for Oaths, or
Justice of Peace.

Laura Edith Strachan



RECEIVED:
AUG 13 1945
N. S. H. Q.
Central Registry
Mail Opening

1900-1901

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

V2215

OFFICIAL NUMBER

NAME CONWAY
(Surname)

Leo Charles
(Given Names)

OFFICIAL NUMBER

V2215

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re <u>U</u> ified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Div. Str. Saint John	Ord. Smn.	9	11	32		V.G.	Supr.	10	6	33	Q.R.III	19	2	40			
Stadacona	"	20	5	33	10-6-33	V.G.	Supr.	4	9	33							
Festubert	"	2	9	33	4-9-33	V.G.	Sat.	8	6	34							
Stadacona	"	27	5	34	8-6-34												
Champlain	A.B.	9	6	34	10-7-34												
Saguenay	"	8	1	35	7-5-35												
Div. Hdqtrs. St. John	"	3	9	39													
Stadacona	"	2	11	39													
Restigouche	"	9	12	39													
Stadacona	"	17	1	40													
Margaree	"	14	8	40													
DISCHARGED	"	22	10	40	Dead "Killed in action" (HMCS "Margaree" Casualty List)												

GENERAL REMARKS

Widow awarded pension with effect from 23rd Oct. 1940.
Memorial Cross awarded to :
Wife: Mrs. Laura E. Conway,
214 Prince Edward St., Saint John, N.B.
on 28th April, 1941.
Mother: Mrs. Mary Conway,
7 Elliot Row, Saint John, N.B.
28th April, 1941.
Active Service Bounty paid. 31-12-39.
Exemption Naval Training approved.
(See memo 12-10-38).

DATE OF BIRTH		PLACE		CIVIL OCCU.		RELIED		PERM RESIDENCE		PREV. ENL.		RANK OR RATE ON ENLISTMENT		
DAY	MO	YR.	BIRTH	MAIN	SUB	GLON	P	CTY	TOWN	SERV	DIV.	A	BR	
20	9	11	15	270	0	10	X	5	11	01	0	02	0	
ENLIST. DATE		ACT. SER. DATE		STR.		ACT. SER. DATE		SHIP		RANK OR RATE				
DAY	MO	YR.	DAY	MO	YR.	CAT.	DAY	MO	YR.	CLASS.	A	BR	RANK	
09	11	32	03	09	39					03	15	0	02	
SENIO		STR.		NON-SUB		M				CODED		CHECKED		
DAY	MO	YR.	CAT.	A	B	ST.								
03	09	39	09	12	00	20	22-10-40						mm	

V2215

OFFICIAL NUMBER

FILE NUMBER

113-C-262

OFFICIAL NUMBER

V2215

NAME

CONWAY
(Surname)Leo Charles
(Given Names)

DATE OF BIRTH

20 Sept. 1911

PLACE OF BIRTH

Saint John, N.B.

OCCUPATION

Machinist

RELIGION

R.C.

EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

274 Waterloo St.,

Town

Saint John,

Province, etc.

N.B.

ENGAGEMENTS

Date (in figures)			Period
Day	Month	Year	
9	11	32	3 years
9	11	35	3 years
9	11	38	3 years

DESCRIPTION

Height	Hair	Eyes	Complexion	Marks or Scars
5' 7"	Med. Brown	blue	fresh	none

PREVIOUS SERVICE

Served in	Rank or Rating	Dates	
		From	To

NEXT OF KIN RELATIONSHIP (in pencil)

NAME (in pencil)

ADDRESS (in pencil): Street and No.

214 Prince Edward St.

Town

Province, etc.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

Date (in figures)			Particulars
Day	Month	Year	

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures)			Particulars
Day	Month	Year	
11	32		Passed Swimming Test
10	4	33	Passed E.T. "One"
12	7	40	Passed Prof. for ldg. Smn (Good)

BADGES, G.C. OR G.S.

Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored
Day	Month	Year		
9	11	38	1st	Awarded

BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES

SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
		Day	Month	Year		

Date (in figures)

DAYS FORFEITED

Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.
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SECOND CLASS FOR CONDUCT

From

To

FILM

NO. NSR-5237-8

DATE

W.S.G.

APPLICATION

139/9

RECEIVED

16/95