

V41902
SINCLAIR

ERIC

WILLIA

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 SINCLAIR, ERIC WILLIAM (b) Reg'l. No. 841902
2. (a) Arm of service NAVAL (b) Unit R.C.N.V. RAUNTER (c) Rank ORD. SMN.
3. (a) Date of birth 31/8/12 (b) Have you any dependents? No (c) Place of residence at time of enlistment Windsor, Ont.
4. (a) Place of enlistment Windsor (b) Date of enlistment 7/7/42

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 18 years (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.) JUNIOR MATRICULATION
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

171495

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

18. Name of employer CANADA DRY GINGER ALE LTD Address WINDSOR
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) MANUFACTURER
20. (a) Your specific occupation SALESMAN (b) Number of years' experience at this occupation with any employer 8 years
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? No
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? None (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.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. No

DATE July 7th 1942 SIGNATURE E. Sinclair



Copy to
VWD
ES

31.12.42

Mrs. Chalmers,
2146 Charles St.,
Vancouver, B.C.

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- 41902 FD. 590

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 11 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

SINCLAIR, Eric William Able Seaman

V-41902, 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. H. Macdonald
Commander
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..... | | NONE | | |
| 2 | Children of the Deceased and dates of their Births..... | | NONE | | |
| 3 | Father of the Deceased..... | | JAMES SINCLAIR | 69 | Died JUNE 27 th 1941 |
| 4 | Mother of the Deceased..... | | MARGARET SINCLAIR | 56 | Died MAY 7 th 1928 |
| 5 | Brothers of the Deceased | Full Blood | BENJAMIN MANSON SINCLAIR | 42 | 21239 RANDALL R.R. II FIRMINGTON MICHIGAN |
| | | | JAMES SINCLAIR | 39 | 1139 - 91 st St. Edmonton. ALBERTA. |
| | | | John George Sinclair | 17 | Killed in Action 1917 MARCH 28 th |
| 6 | Sisters of the Deceased | Full Blood | CATHARINE LYONS | 44 | 1402 YORK ST. NORTH BATTLEFORD, SASK. |
| | | | JEAN ELIZABETH CHALMERS | 37 | 2146 CHARLES ST VANCOUVER B.C. |
| | | Half Blood | | | |
| 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 |
| | BROTHER | | JOHN GEORGE SINCLAIR | | Killed in Action MARCH 28 th 1917 - age 19 yrs. |

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

| | | |
|----|--|---|
| 8 | Full names of the deceased. | ERIC WILLIAM SINCLAIR |
| 9 | Date of his birth. | AUG. 31 st - 1912 |
| 10 | Place and date of his marriage. | |
| 11 | Place and date of his parents' marriage. | MARRIED 1897 DUNBEATH, CAITHNESS, SCOTLAND |

PARTICULARS OF DOMICILE

| | | |
|----|--|--|
| 12 | Place where deceased was born. | DUNBEATH, CAITHNESS SCOTLAND |
| 13 | State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. | (a) SASKATCHEWAN, 5 yrs (b) B.C. 14 yrs (c) ONTARIO 3 yrs (d) |
| 14 | Nature of employment before enlistment. | SALESMAN |
| 15 | State whether he owned the premises in which he lived, and, if so, where situated. | NO PREMISES |
| 16 | Name place where deceased stated he intended to make his permanent home. | TORONTO, ONTARIO |

PARTICULARS OF ESTATE

| | | |
|----|--|--------------------------|
| 17 | Did he leave a Will? If in your custody, please forward. | No |
| 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? | No |
| 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? | No. information on this. |
| 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. | " " " " |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. | " " " " |
| 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. | NONE I KNOW OF |
| 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. | |
| <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> | | |

(PLEASE TURN OVER)

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

* SISTER 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.

Mrs Jean E. Chalmers

{ Signature of Informant

2146 Charles St., Van. B.C.

Address

CERTIFICATE

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

See above Jean E. Chalmers { Name of informant } is the Sister of the Deceased

above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Vancouver, B.C. this 26th day of September 1944

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

Charles E. Smith

Qualification Notary Public in & for the Province of British Columbia, Canada

Address 1641 Commercial St. Vancouver, B.C.

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

R.R.B.



CANADA

N. V. 5

50M-1041 (1994)

N.S. 815-1145

43-2138

3

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME SINCLAIR OFFICIAL NO. 2541902
CHRISTIAN NAMES Eric William MARRIED, SINGLE OR WIDOWER Single

| PERMANENT ADDRESS | RELIGION |
|--------------------------------------|---------------|
| 1391 Lincoln Road, Windsor, Ontario. | Presbyterian. |

| DATE OF BIRTH | *PLACE OF BIRTH | NAME AND ADDRESS OF NEXT OF KIN |
|---|---|--|
| 31st August 1912. | Town Dunbeath County Province Scotland. | Mr. James Sinclair - Father- 2146 Charles Street, Vancouver, B. C. |
| *Original Nationality of: Father British Mother British | | |

*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 5 | Inflated 38 1/2 | Brown | Brown | Fair | Appendix Scar. |
| Inches 8 | Deflated 36 | | | | |
| | Mean 37 | | | | |

| EDUCATIONAL STANDING | TRADE OR CALLING AND IN WHOSE EMPLOY |
|-----------------------|--|
| Junior Matriculation. | Canada Dry Gingerale Ltd. -Windsor. Salesman. |

| DATE OF ENROLMENT | RATING FOR WHICH ENROLLED | R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED |
|---------------------------------------|---------------------------|--|
| Divisional Strength 7th July 1942. | Ordinary Seaman | Windsor, Ontario. |

(B) DECLARATION ON PAY LEDGERS 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 H. M. C. S. "BYTOWN" 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 |
|-----------|------|------|----|
| | | | |

Personnel Records
Division

1. Noted in Records
2. Index Card
3. Non Sub. Card
4. Statistical Card
5. R. neo Strip
6. Pension Card
- 7.
- 8.

DATE 28/7/42

(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 WINDSOR, ONTARIO Division
Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:—

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

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

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

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

Dated this 7th day of July 1942.

Signature of applicant X E. Sinclair

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 7th day of July 1942.

R. R. Baker S/L VR
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Eric William SINCLAIR 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 X E. Sinclair

Witness R. R. Baker

Date 7th July 1942 Rank S/L VR

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

(E) CERTIFICATE OF ATTESTING OFFICER

Eric William SINCLAIR 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 WINDSOR, ONTARIO Division of the R.C.N.V.R. or in the appropriate official documents.

R. R. Baker S/L VR
Attesting Officer.

7th July 1942 R.C.N.V.R. Division
(or other establishment) WINDSOR, ONTARIO

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

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

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

[This is to acknowledge that I have not been induced to enter the Seaman Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.]

X E. Sinclair
Signature

NAVY SERVICE OF CANADA
(R.C.N. OR RESERVE FORCES)

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.....SINCLAIR, Eric William
candidate for entry as.....ORDINARY SEAMAN
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 171494
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 | 29 Yrs. 10 Mos. | (j) Date of last Vaccination for Smallpox | 1923 |
| (b) Height with bare feet | Feet In. 5 8 | (k) General Development | Good |
| (c) Weight without clothes | 152 | (l) Nose, Throat and Tonsils | neg. |
| (d) Ears and Hearing | neg. | (m) Heart and Lungs | neg. B.P. 106/76 |
| (e) Chest Girth | Max. Min. Mean 38 1/4 36 37 | (n) Abdomen Hernia, etc. | neg. '40 |
| (f) Teeth | Deficient Defective Dentures 3 1 - | (o) Limbs and Joints | neg. |
| (g) Vision by Snellens Types | without glasses Rt. Lt. 20/20 20/20 with glasses Rt. Lt. where worn | (p) Skin | neg. |
| (h) Colour Vision | Ishihara R.C.N. Lantern APP | (q) Anus Haemorrhoids | neg. |
| (i) Chest x-ray | not taken approved positive doubtful Negative Approved. | (r) Testes Varicocele | neg. |
| | | (s) Urine | neg. |

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.

E. Sinclair

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

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.....Windsor, Ontario. the 6th of.....July 1942.

S.R. O'Brien
Examining Medical Officer

(Rank).....Surgeon Lieutenant, R.C.N.V.R.

HS

R E G I S T E R E D

File No: N.S. V-41902 PERS.(N)

30th August, 1944.

Dear Mrs. Chalmers:

Further to my letter of the 11th of May, 1944, in view of the length of time that has elapsed since your brother, Eric William Sinclair, Able Seaman, Official Number V-41902, 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,

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

[Signature]
Deputy SECRETARY, NAVAL BOARD.

Mrs. Chalmers,
2146 Charles Street,
VANCOUVER, B. C.

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

*30/9/44
NFR
P.M.*

W

MGF/TFH

REGISTERED
AIR - MAIL

NS: V-41902 PERS.(N)

8 May, 1944.

17

Dear Mr. Sinclair:

I deeply regret that I must confirm the telegram of the 8th of May, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Eric William Sinclair, Ordinary Seaman, Official Number V41902, Royal Canadian Naval Volunteer Reserve, is missing at sea.

According to the report received, your son is listed as missing when the ship in which he was serving was lost by enemy action, but it is not known as yet whether any hope can be held out for his survival. You may rest assured, however, that as soon as further information is available, you will be notified.

For reasons of security it may be some time before details of this incident of war may be released.

It is requested that you will regard as confidential anything beyond the fact of your son's loss on war service, until such time as an official announcement is made, as this information might prove useful to the enemy.

Please allow me to express the sincere sympathy of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your son has helped to maintain.

Yours sincerely,

SECRETARY, NAVAL BOARD.

LETTER dispatched by
PERSONNEL NAVAL

MAY 8 1944

Sister
Mr. James Sinclair,
2146 Charles Street,
VANCOUVER, B.C.

J. H. G.

11th May, 1944.

Dear Mrs. Chalmers:

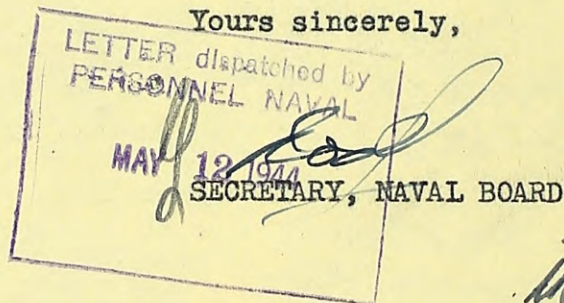
Further to my letter of the 8th of May, 1944, particulars respecting the loss of H.M.C.S. "Valleyfield" from which your brother has been reported "missing" are being released to the press, and I am accordingly passing them on for your information.

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,



Mrs. Chalmers
2146 Charles Street
VANCOUVER, B.C.

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

Sir:

11th May, 1944.

(Date)

The following casualty has been reported -

| NAME | RANK or RATING | NAVAL NO. |
|------------------------|-----------------|--------------------|
| SINCLAIR, Eric William | Ordinary Seaman | V-41902 R.C.N.V.R. |

DATE OF ENLISTMENT - 7th July, 1942 Active Service 17th March, 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 served when and where any disability was incurred, or where death occurred. 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 notified 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-

Sister:

NAME-

Mrs. Chalmers

ADDRESS-

2146 Charles Street, VANCOUVER, B.C.

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.

for

SECRETARY, NAVAL BOARD.

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

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)



Department of National Defence
Naval Service

1138359

OTTAWA, Ont., 30th August, 1944.

IN REPLY PLEASE QUOTE

N.S. V-41902 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 |
|---|---|--|
| SINCLAIR, Eric William Able Seaman, V-41902, R.C.N.V.R. | Missing, presumed dead to 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. | SISTER: Mrs. Chalmers, 2146 Charles St., Vancouver, B. C. |



| In favor of | ALLOTMENTS IN FORCE | Amount | Initials |
|-------------|---------------------|--------|-----------|
| NIL | NIL | NIL | <i>GW</i> |

Will: No Record.

Yours truly,

A.B. Money
for SECRETARY, NAVAL BOARD.

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

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. VALLEYFIELD at Sea

Name Erie William SINCLAIR
(Christian names in full)

Rank of Rating Able Seaman Official No. V. 41902
(If unknown, date of first entry)

Place of Birth Dunbar, Scotland Date of Birth 11st August, 1913

Occupation in Civil Life Seaman Religion Presbyterian

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) One Year, Two Months.

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 Chalmers Relationship Sister
Address 2146 Charles St., Vancouver, B. C.

Date on which the above was informed by Ship Informed by R.C.N.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

S. J. Davis (Avelon)
A/Captain, R.C.N.C.
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.

C.N.S. 1121
15M-641 (831)
N.S. 815-9-1121

Noted

NAVAL GENERAL SERVICE MEDAL (1915).

OFF. NO.

1939-45 ATLANTIC

VERIFIED BY

VERIFICATION FORM
MEDAL, WAR MEDAL, C.V.S.M. and CLASP.
AL SERVICE MEDAL (1915).

.....A.B......OFF. NO. V-41902.....ADDRESS

[illegible]

VERIFIED BY

221

DIR. OF PERSONNEL RECORDS.

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

C.H.F. Eric William SINCLAIR
in the Royal Canadian Naval Volunteer Reserve

[illegible]

| PERSONAL DESCRIPTION | | | | | | | | |
|--|--------|--------|-----------------|--------|-------|-------|------------|----------------------|
| — | Height | | Chest (mean) | Weight | Hair | Eyes | Complexion | MARKS, WOUNDS, SCARS |
| | Feet | Inches | | | | | | |
| On Entry..... | 5 | 8 3/4 | 37 | 152 | Brown | Brown | Fair | Appendectomy |
| On re-enrolment—6 years' Service..... | | | | | | | | scar. |
| On re-enrolment—12 years' Service..... | | | | | | | | |
| Further Description if necessary..... | | | | | | | | |

[illegible]

NAVAL TRAINING and ACTIVE SERVICE

| Year | SHIP OR ESTABLISHMENT | NON-SUB. RATE | RATING | FROM | TO | CAUSE OF DISCHARGE |
|------|-------------------------|------------------|---------|----------------|------------|--------------------|
| | Subs "Hunter" | | Ord Sea | Jul '42 | 16 Mar '43 | |
| | On Active Service | | | 17 March, 1943 | | |
| | Subs "Hunter" | | Ord Sea | 17 Mar '43 | 10 Aug '43 | |
| | H.M.C.S. "Cornwallis" | | — " — | 11 Aug '43 | 8 Oct '43 | |
| | — (Beaver) | | — " — | 9 Oct '43 | 15 Oct '43 | 1/10 |
| | Cornwallis | | — " — | 16 Oct '43 | 15 Dec '43 | |
| | Stadacona | | — " — | 16 Dec '43 | 22 Dec '43 | |
| | Stadacona (Valleyfield) | | — " — | 22 Dec '43 | 29 Feb '44 | |
| | Avalon (Valleyfield) | | — " — | 1 Mar '44 | 16 Mar '44 | |
| | — " — | | A.B. | 17 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 Eric William SINCLAIR Conduct

[illegible]

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Oct. 46 "VALLEYFIELD"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO

No Later Add
Mr. Benjamin M. Sinclair - Elder Brother⁽¹⁾

ADDRESS:

c/o Mrs. Jean E. Chalmers,
2146 Charles Street,
Vancouver, B.C.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

deceased

ADDRESS:

MEMORIAL BAR

DATE DESP

(2)

REGN. NO.

CANCELLED

(3)

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

WAR SERVICE RECORDS

D.D.

D OF D 7-5-44

| | | | | |
|----------------------------|-----------------|----------|-------------------|---------------|
| SINCLAIR Eric William | | V-41902 | A.B. | FILE No. |
| SURNAME (IN BLOCK LETTERS) | CHRISTIAN NAMES | REG. No. | RANK ON DISCHARGE | C.A.S.F. UNIT |

WAR SERVICEBADGE

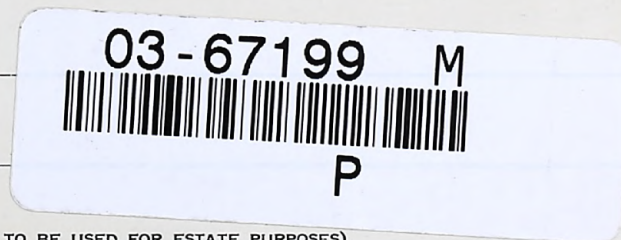
(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

| CAMPAIGN MEDALS | REGISTRATION NUMBER AND DATE DESPATCHED |
|------------------|---|
| 1939-45 Star | 7113 |
| C.V.S.M. & Clasp | |
| War Medal | |
| | |
| | |
| | |
| | |



(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

V41902

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 1391 Lincoln Road, Town Windsor, Province, etc. Ontario.

NEXT OF KIN RELATIONSHIP (in pencil).....*497th*.....
 ADDRESS (in pencil): Street and No. *2146* *6th Ave*.....
 Town.....*Manitowish*..... Province, etc. *Wis.*

[illegible]

H.Q. 35-30M-4-42 (4260)
N.S. 815-7-35

7/6/45

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

V41902

OFFICIAL NUMBER

NAME

SINCLAIR,

Eric,

William,

OFFICIAL NUMBER

V41902.

P.I.D.

| 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 |
| H.M.C.S. "Hunter" | Ord. Smn. | 7 | 7 | 42 | Div. Str. Windsor. | | | | | | | | | | | | |
| " | " | 17 | 3 | 43 | Active Service.D.L.17.3.43 | V.G. | Sat. | 31 | 12 | 43 | Q&R Q.R. 3 | 9 | 12 | 43 | | | |
| Cornwallis | " | 10 | 8 | 43 | D.L. 9.8.43 Beaver V/O 9.10.43 | V.G. | Sat. | 7 | 5 | 44 | | | | | | | |
| Stadacona | " | 16 | 12 | 43 | D.R.D. 13 P 2 | | | | | | | | | | | | |
| Valleyfield | " | 23 | 12 | 43 | D.R.D. Sh. 19 P2 | | | | | | | | | | | | |
| DISCHARGED. | " | 7 | 5 | 44 | "Missing"per Casualty List. | 249AA | 13928 | | | | Presumed Dead | | | | | | |
| | Able Seaman | 17 | 3 | 44 | Rated. 249AA 13911 | | | | | | | | | | | | |

GENERAL REMARKS

| | | | | | | | | | | | | | | | | |
|---------------|-----|-----|-----------------|---------|-------|-------|----|-----------------|-----------|-------|---------|----------------------------|--------|-----|------|------|
| DATE OF BIRTH | | | PLACE | CIVIL | OCCU. | RELI. | ED | PERM. | RESIDENCE | PREV. | ENL. | RANK OR RATE ON ENLISTMENT | | | | |
| DY. | MO. | YR. | BIRTH | PLATN | SUB | GION | | P. | CTV. | TOWN | SERN | DIV. | A | BR. | RANK | |
| 31 | 8 | 12 | 22 | 660 | 0 | 506 | | 1 | 12 | 12 | 0 | 11 | 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 | 07 | 42 | 17 | 03 | 43 | | | | | | | | 1220 | 0 | 08 | 95 |
| SENIORITY | | | STR. | NON-SUB | M | | | | CODED | | | CHECKED | | | | |
| DY. | MO. | YR. | CAT. | A | B | ST. | | | | | | | | | | |
| 17 | 03 | 43 | 13 | 12 | 00 | 21 | | | | | | | | | | |

HQ NS V-41902

July 31, 1946.

Mrs. Catherine Lyons,
1402 York Street,
North Battleford,
Saskatchewan.

SINCLAIR, Eric W. (Deceased)
A.B. V.41902 R.C.N.V.R.

\$ 144.84

Dear Mrs. Lyons:

The War Service Gratuity in respect of your late brother has been passed to this Branch for distribution as part of his Service estate.

Your brother died without having made a Will, therefore, this amount is distributable in accordance with the Intestacy Laws of his Province of domicile which provide that you share equally with your brothers and sisters.

Before distribution can be completed it will be necessary for this Branch to receive the present addresses of all concerned.

In order that this case may be settled as quickly as possible, an early reply to this letter would be greatly appreciated.

Yours faithfully,

Director of Estates.

EJB/ML

NAVY ARMY AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY.

DECEASED
 MEMBER'S
 NAME

Eric William

SINCLAIR

(CHRISTIAN NAMES)

(SURNAME)

REGISTER NO. 101101
 FILE NO. NSV-41902
 DATE 26 Jan/46
 SERVICE NO. V-41902
 FINAL RANK OR RATING A.B.
 DATE OF DISCHARGE 7 May/44

PAYEE
 ADDRESS

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

for Service Estate of
 Eric William Sinclair,
 NSV-41902
 7 May/44

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 418 EQUAL TO 13 COMPLETE PERIODS AT \$7.50

\$ 97.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 144 LESS 28 INELIGIBLE DAYS, EQUAL TO 116 DAYS @ 25c. PER DAY
 SEE PAR. 2 OVERLEAF FOR EXPLANATION

\$ 29.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85
 SUBSISTENCE OR LODGING
 AND PROVISION ALLOWANCE \$ 1.25
 ADDITIONAL PAY R.III \$.10
 H.L.M. \$.13

DEPENDENTS' ALLOWANCE 1/30 OF \$ N11

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

TOTAL \$ 3.33 X 7 = \$ 23.31
144 X \$ 23.31
 183

\$ 18.34

D. WAR SERVICE GRATUITY

\$ 144.84

E. DEDUCTIONS

OVERPAYMENT OF

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

N11

OTHER DEDUCTIONS \$

RV 17327

F. TOTAL AMOUNT PAYABLE

25/2/46

\$ 144.84

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 144.84

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.

ED BY CHECKED BY

TREASURY

CHECKED BY

DATE

30/1/46

for Dir. Naval Pay Acctng.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

IL

Name SINCLAIR Surname Eric, W. Christian Names No. V41902

Rank A/B Unit R.O.N.V.R. O/S Date of Death 7.5.44

AMOUNT

V.S.G. 144.84
L.P.C. 120.91

Date 11 Oct. 46

Other Credits

Total 265.75
Prev. Dist. 120.91
This Dist. 144.84

| SHARE | RELATIONSHIP | NAME AND ADDRESS | AMOUNT |
|-------|--------------|---|--------|
| Part | Creditor | Receiver General of Canada, Inspector of Income Tax, London, Ont. | 15.80 |
| Part | Sister | Mrs. Jean E. Chalmers, 2146 Charles St., Vancouver, B.C. | 32.26 |
| Part | Brother | Benjamin M. Sinclair, c/o Mrs. Jean Chalmers, (As above) | 32.26 |
| Part | Brother | James Sinclair, c/o Mrs. Jean Chalmers, (As above) | 32.26 |
| Part | Sister | Mrs. Catherine Lyons, c/o Mrs. Jean Chalmers, (As above) | 32.26 |
| | | (As next of kin entitled) | |

P4. TO TREAS. 19-10-46

V.S.G.

| AUTHORITY | | | | | |
|---------------|------|-----|----------------------------|------|--------|
| H.Q. F.E. No. | VOTE | PRI | H.Q. SUB. | OBJ. | AMOUNT |
| 9999 | 831 | 00 | 50 | 000 | 144.84 |
| CLASSIFIED BY | | | EXAMINED BY | | |
| A | | | For Chief Treasury Officer | | |

DISTRIBUTION APPROVED AND AUTHORIZED

[Signature]

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

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 SINCLAIR, Eric W. Rating A.B?
 Official No. V.41902 H.M.C.S. AVALON "VALLEYFIELD" List 122/79
 Who* DISCHARGED DEAD on the 7 May 1944

| | \$ | cts. |
|--|----------|------|
| Net sum due on ledger on account of Wages..... | N | I |
| Proceeds of sale of Effects charged against Wages, brought from the other side | | L |
| CASH— | | |
| Proceeds of sale of Effects, brought from the other side..... | | |
| Found amongst Effects..... | | |
| Debts collected \$..... | | |
| Cash deposited by official Receipt No. <u>25182</u> Adm. Naval Estates (Present War) | 120 | 91 |
| Cash debited in the Accountant Officer's Cash Acct..... | | |
| If in debt in ledger, amount to be stated (in red ink)..... | | |
| Rate of allotment (in words) <u>NIL</u> charged to..... | | |
| Name of ship from which transferred <u>HMCS "VALLEYFIELD"</u> | | |
| Total†..... | 120 | 91 |
| | CREDITOR | |

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 AVALON for "VALLEYFIELD" amounting to a net balance† CREDITOR of ONE HUNDRED & TWENTY - - - dollars - - NINETY-ONE - - cents.

Dated on board H.M.C.S. AVALON at ST. JOHN'S Nfld. this FIFTH day of JUNE 19 44

Approved PAY LIEUT. CDR. R.C.N.V.R. Accountant Officer

A/CAPTAIN. RON. Commanding Officer. { Initials of the Assistant Accountant Officer

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

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

Signature.....

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

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

C.N.S. 46

AUTHORITY: AVALON'S CNS 249A #A13928 dated 19 May, 1944

5M-242 (3001)
 H.Q. N.S. 815-9-45

LEDGER: 607

AUDIT: 607

ACCOUNT OF SALE OF THE EFFECTS

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

[illegible]

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

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

Signature

...Signature

Rank

Rank

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

STATEMENT OF ACCOUNT

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

Lieut. 12² No. 79 (Name) SINCLAIR, Eric W. Rank Rating A.B. No. V. 41902

When entered F.B. Date of appearance F.B. Whither discharged DEAD 57

| | | \$ | c. |
|--|--|-------|-------|
| CREDIT from former account | | 56 | 85 |
| Pay as | A.B. from 1 Apl to 31 May (61 days at \$ 1.85 a day) | 112 | 85 |
| Adjust. | A.B. " 17 Mch " 31 Mch (15 " :35 ") | 5 | 25 |
| " | QR.3. " 1 Apl " 31 May (61 " .10 ") | 6 | 10 |
| " | " " " " " " " ") | | |
| " | " " " " " " " ") | | |
| Adjustment March, 1944. | | | |
| Kit Upkeep Allowance | 1 Apl - 7 May | 4 | 33 |
| OTHER CREDITS: | | | |
| Total credits | | 185 | 85 |
| DEBT from former account | | N I L | |
| PAYMENTS:— | 1st 2nd 3rd 4th 5th | | |
| | \$ c. \$ c. \$ c. \$ c. \$ c. | | |
| 1st month | 56.00 8.94 | Total | 64 94 |
| 2nd month | | Total | |
| 3rd month | | Total | |
| Allotment | Nil | | |
| Pension deduction (Officers) charged to | of | | |
| Hospital stoppages | | | |
| Mulcts | | | |
| OTHER CHARGES: O.R. 25182 payable Adm. Naval Estates (Present War) | | 120 | 91 |
| Total debits | | 185 | 85 |
| Balance Cr. or Dr. | | N I L | |

LEDGER: *Beth*

AUDIT: *[Signature]*

(Balance Dr. to be shown in red)

Number of days actually victualled 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 1944

PAY LIEUT. CDR. R.C.N.V.F. ACCOUNTANT OFFICER

MC

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

4
NAVY

DECEASED
MEMBER'S
NAME

Eric William

(CHRISTIAN NAMES)

SINCLAIR

(SURNAME)

REGISTER NO.

101101

FILE NO.

NSV-41902

DATE

26 Jan/46

SERVICE NO.

V-41902

FINAL RANK OR RATING

A.B.

DATE OF DISCHARGE

7 May/44

PAYEE

Director of Estates

ADDRESS

308 Sparks St.,
Ottawa, Ont.for Service Estate of
Eric William Sinclair,
NSV-41902
7 May/44

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 418 EQUAL TO 13 COMPLETE PERIODS AT \$7.50

\$ 97.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 144 LESS 28 INELIGIBLE DAYS, EQUAL TO 116 DAYS @ 25C. PER DAY

29.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

| | | |
|-------------------------|----|------|
| PAY | \$ | 1.85 |
| SUBSISTENCE OR LODGING | \$ | 1.25 |
| AND PROVISION ALLOWANCE | \$ | .10 |
| ADDITIONAL PAY | \$ | .13 |
| | \$ | |

DEPENDENTS' ALLOWANCE 1/30 OF \$ N11

| | | | | |
|-------------|----|------|---------|-------|
| TOTAL | \$ | 3.33 | X7 = \$ | 23.31 |
| NO. OF DAYS | | 144 | X \$ | 23.31 |
| | | 183 | | |

18.34

D. WAR SERVICE GRATUITY

144.84

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE \$

N11

OTHER DEDUCTIONS

\$

F. TOTAL AMOUNT PAYABLE

144.84

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 144.84

Cheque 170347- Feb. 9/46

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

ML

CHECKED BY

TREASURY

CHECKED BY

DATE

30/1/46

for Dir. Naval Pay Acctg.

SERVICE REPRESENTATIVE

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

W.S.G. Application No. 101101

FILE NO. N.S. V 41902

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

SINCLAIR Eric William V 41902 A.B.
SURNAME CHRISTIAN NAMES OFFICIAL RANK OR RATING
IN FULL NUMBER ON DISCHARGE

CAUSE OF DISCHARGE: Ward Valleyfield "D.O." Valleyfield
..... Applicant Sister Mrs. J. Chalmers

2146 Charles St.

Sanctuary
B.C.

TOTAL SERVICE

| | | |
|-------------------------------|-------------------|-----------------------|
| Date of Active Service | <u>17 Mch '43</u> | <u>1711</u> |
| Date of Discharge | <u>7 May 44</u> | <u>1294</u> |
| Total No. of Days | <u>418</u> | <u>417</u> |
| # Less non qualifying service | <u>✓</u> | <u>418</u> |
| | | Total Days <u>418</u> |

OVERSEAS SERVICE

| | | |
|-------------------------------|------------|-----------------------|
| % Total No. of Days | <u>144</u> | |
| # Less non qualifying service | <u>✓</u> | |
| | | Total Days <u>144</u> |

Record of Service in other Forces (per Naval Records)

Branch of Service ✓

Date of Active Service ✓

Date of Discharge ✓

& % Overleaf

Computed By John Potter

Checked By J.M. Downes

J. Louches
for (R.W. Underhill)
A/Captain (S) R.C.N.V.R.
Director of Naval Pay Accounting.

DATE: DEC 7 - 1945

NON QUALIFYING SERVICE

| | | | | TOTAL SERVICE | OVERSEAS SERVICE |
|------------|------|--------|-------------|------------------|---------------------|
| (#) | Date | Reason | No. of Days | | |
| " | | " | " | | |
| " | | " | " | | |
| " | | " | " | | |
| " | | " | " | | |
| " | | " | " | | |
| " | | " | " | | |
| " | | " | " | | |
| Total days | | | | | |

(%)

OVERSEAS SERVICE:

| Where Serving | From | To | No. of Days |
|---------------|-------------|--------------|--------------|
| Beaver ✓ | 9 Oct '43 ✓ | 15 Oct '43 ✓ | 7 ✓ |
| Valleyfield ✓ | 23 Dec 43 ✓ | 7 May '44 ✓ | 137 ✓ |
| | | | <u>144 ✓</u> |

15
9
6
1
7

17
1
5
7
5
136
1
137

WRITE PLAINLY WITH
UNFADING INK
THIS IS A PERMANENT
RECORD

THIS FORM MUST BE FILED FORTHWITH WITH THE
DIVISION REGISTRAR OF THE DIVISION IN WHICH
THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

Every item of information
should be carefully supplied.
(See reverse side for instructions)

FORM 6

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use \$300," and properly addressed will pass through the mail "FREE"

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. **PLACE OF DEATH** { County or District of AT SEA Township of _____
If in City, Town or Village _____ Street _____ House No. _____
(Name) (If death occurred in a hospital or institution, give the name instead of street and number)

2. **LENGTH OF STAY** (in years, months and days)
(a) In City, Town or Township where death occurred _____ (b) In Province _____ (c) In Canada (if immigrant) _____

3. **PRINT FULL NAME OF DECEASED** SINCLAIR (Family name) Eric William (Given name or names in usual order)

RESIDENCE No. 1391 Street Lincoln Rd. City, Town, Village or Township Windsor Province Ontario
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

| | | | |
|-----------------------|--|------------------------------------|---|
| 4. Sex <u>Male</u> | 5. Nationality (Citizenship) <u>Scotch</u> | 6. Racial Origin <u>British</u> | 7. Single, Married, Widowed or Divorced (Write the word) <u>Single</u> |
|-----------------------|--|------------------------------------|---|

8. **BIRTHPLACE** Scotland
(Province or Country)

9. **DATE OF BIRTH** August 31st 1912
(Month) (Day) (Year)

10. **AGE in** { Years 31 Months 8 Days _____ If less than one day old
hrs. or _____ min.

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

12. Kind of industry or business, as Canada Dry Gingerale
mill, lumbering, bank, etc.

13. Date deceased last worked _____
at this occupation.

14. Total years spent in _____
this occupation.

15. If married give name of wife _____
or husband of deceased.

16. **NAME** _____

17. **BIRTHPLACE** Scotland
(Province or Country)

18. **MAIDEN NAME** _____

19. **BIRTHPLACE** Scotland
(Province or Country)

20. **Person giving information** N.B. McKay
sign here
Paymr. Cdr. R.C.N.R., Officier i/c Naval Personnel Records,
Address Naval Service Headquarters, Ottawa, Ontario.
Relationship to deceased _____

21. **Place of Burial, Cremation or Removal** Body not recovered
Date of burial or removal _____

22. **Burial Permit was issued by** _____
Address _____

23. **UNDERTAKER** _____
(Name and address)

MEDICAL CERTIFICATE OF DEATH

24. **DATE OF DEATH** May 7th 1944
(Month) (Day) (Year)

25. I HEREBY CERTIFY that I attended deceased from:
_____ 19____ to _____ 19____
and last saw h. _____ alive on _____ 19____

CAUSE OF DEATH

I. **Immediate cause**
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.
"MISSING" presumed dead, when
H.M.C.S. "VALLEYFIELD" was
due to torpedoed and sunk by enemy
Morbidity conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
due to action in the Atlantic.

II. **Other morbidity conditions (if important) contributing to death but not causally related to immediate cause.** _____

PHYSICIAN

Underline the cause to which death should be charged statistically

26. If a communicable disease is mentioned on this certificate, give { (a) Date of appearance _____ 19____
(b) Duration of disease _____ days

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

28. Was there a surgical operation? _____ Date of operation _____ 19____
State findings _____ Was there an autopsy? _____

29. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? _____ Date of injury _____ 19____
(State which)

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____

30. **Division Registrar's Record No.** _____

31. **Filed** _____ 19____
(Division Registrar)

(60)

NAVAL SERVICE P263064

OFFER OF SERVICE (HOSTILITIES ONLY)

N. V. 3a
60M-942 (5981)
N.S. 815-11-3a

To be completed in applicant's own handwriting and forwarded to nearest recruiting centre (see back). No papers, testimonials, etc., are to be attached. Completion of this form is in no way binding upon either the applicant or the Naval Service.

A. Personal History—

Name.....SINCLAIR.....Eric William.....
Surname (in Block Letters) Christian Names
Address.....1391 Lincoln Road.....Windsor.....Essex.....Ontario.....
Number Street Town or City County Province
Date of birth.....31st Aug. 1912.....Place of birth.....Dunbeath, Scotland.....
Nationality.....British.....Are you British by birth?.....Yes.....or by naturalization?.....
Birth place of (a) Father.....Dunbeath, Scotland.....(b) Mother.....Dunbeath, Scotland.....
Are you (a) Single.....Yes.....(b) Married.....(c) Widower.....(d) No. of Children?.....
Any physical defects (especially eyesight?).....None.....
Height.....5' 9½".....Weight.....155.....Can you swim?.....Yes.....

B. Education—

Highest school grade passed successfully?.....Grade XII.....Any Matriculation?.....Jr.....
University: (a) Name.....(b) Years attended.....(c) Course and Degree.....
Technical courses taken.....
Special studies.....
Languages spoken.....English.....

C. Sea Experience—

Have you ever been employed at sea?.....Give number of years and how employed.....
.....
Name and number of Mercantile Marine Certificates held.....
.....
State last position held at sea (with dates).....
.....
State employment since leaving sea.....
.....

D. Occupation: What is your profession, trade or occupation in civil life? Salesman-Supervisor

Are you (a) Actively pursuing your profession or trade on your own account?.....
(b) Employed; if so, in what capacity and under what employer?.....Salesman-Supervisor.....
.....Canada Dry Ginger Ale Ltd.. Windsor, Ontario.....
General experience (with dates).....Salesman McDonald's Consol. 1932-37.....
.....Auto parts for self (Detroit, Mich) 1937-40.....
.....Canada Dry - Nov. 1940 to date.....
No. and Class of any Stationary Engineer's certificates or other certificates of competency.....
Have you ever served in any of His Majesty's Forces? If so, which? How long?.....No.....
Have you had 30 days' training?.....No.....
Where registered.....Windsor, Ontario.....

E. Any other Qualifications that might be of use to the Naval Service (yachting, cadet corps, hobbies, etc.)

.....Yachting, Sea Gull Class on the Pacific Coast.....
.....Own my own boat, Captain of football team, also rugby squad, also Captain of Cadet Corp.....

F. Branch Applying for: (a) As Officer.....Yes.....(b) As rating (i.e., in the ranks).....

If you cannot be accepted as an Officer are you willing to serve as a rating?.....
In what capacity do you wish to enrol?.....O. Smn.....
How long would you need to settle up your private affairs?.....2 weeks.....

Date of Application.....6 July, 1942.....Signature.....E.W. Sinclair.....