

V63143
STEVENS

CYRIL

EDWAR

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..... Stevens Cyril Edward..... (b) Reg'l. No. 63143
2. (a) Arm of service..... NAVY..... (b) Unit..... R. C. N. V. R...... (c) Rank..... Ord. Seaman
3. (a) Date of birth..... 2nd Sept 1922..... (b) Have you any dependents?..... No..... (c) Place of residence at time of enlistment..... Montreal, Que.
4. (a) Place of enlistment..... Montreal, Que...... (b) Date of enlistment..... 7th June, 1943

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... 14..... (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.)..... Seventh year Grammar School
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?..... (b) If so, for what occupation?..... (c) Did you finish it?..... (d) If you did not finish it, how long did you serve at it?.....
9. (a) What languages do you speak fluently?..... ENGLISH..... (b) What languages do you read well?..... ENGLISH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below)..... Working..... (b) At time of enlistment of what trade union or professional society were you a member?..... No

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..... Keith and Cronin..... Address..... Montreal, Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)..... Mfrs. of Electrical Lighting Fixtures.
20. (a) Your specific occupation..... Electrician..... (b) Number of years' experience at this occupation with any employer..... 3 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?.....
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?.....
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..... Would like to return to former employment.

DATE..... 7th June, 1943..... 194..... SIGNATURE..... C. Stevens

Copy To
VWD
ES

JUN 19 1943

Mrs. Alice Stevens,
2013 Wellington St.,
Montreal, Que.

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. NS. V-63143 FD. 601

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 13 1944

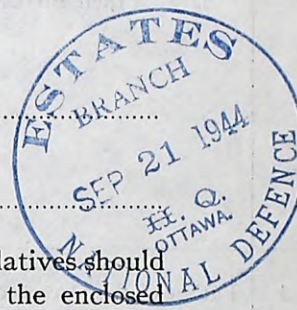
For the purpose of record and in the event of there being any Service estate
available for distribution (according to law) on account of the late

STEVENS, Cyril Edward, Ordinary Seaman,

V-63143, 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/

A. J. W. W. W.
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.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	Deceased James Stevens		
4	Mother of the Deceased.....	Alice Stevens		
5	Brothers of the Deceased	<div> <div>age years</div> <div>Full Blood</div> <div> 35 Frank Stevens 32 John Williams 27 Edgar 20 Gordon Allen 17 Fredrick 15 Norman Clifford 29 James Alfred </div> </div>	<div> 16 9 20 13 20 13 20 13 20 13 20 13 </div>	<div> Gordon Ave Wash overseas overseas Wellington St Wellington St Wellington St Wellington St Montreal </div>
6	Sisters of the Deceased	<div> <div>Full Blood</div> <div> 33 Dorothy McCalfe 30 Mary Towers 26 Florence Rhipps 24 Caroline Fiset Mrs Fiset husband overseas </div> </div> <div> <div>Half Blood</div> </div>	<div> 55 19 50 29 68 20 13 </div>	<div> Hofner Ave. Verdun St Antoine St mont Rivard St mont Wellington St me </div>
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Cyril Edward Stevens
9	Date of his birth.	Sept 2 nd
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	17 th day of May 1909

PARTICULARS OF DOMICILE

12	Place where deceased was born.	
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) Montreal (c) always (d)
14	Nature of employment before enlistment.	Electric Lighting Fitter
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	Montreal

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?	
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
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Royal Bank
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	two hundred dollars worth in Bank corner Wellington and
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Magdalen St. Pt St Charles none) Montreal
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	none

OTHER PARTICULARS

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

(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

* Mother of the deceased.

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

Alice Stevens

{ Signature of Informant

2013 Wellington St Montreal Address

CERTIFICATE

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

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

Dated at Montreal this 19th day of September 1924

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

W. M. Rivest

Qualification

Rector of Grace Church

Address

553 Marguerite Bourgeoise Park Montreal

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

Grace Evangeline Stevens 669 Gordon Ave
Irene Dorothy Stevens Verdun

Frances Towers 1950 St Antoine St
Gloria Towers Montreal
Sandra Towers

James Phipps 3968 Rivard St
Shirley Phipps Montreal

Bruce Fiset 2013 Wellington St Montreal
These are the Grandchildrens Names

Mrs Metcalfe husband in Army

Mrs Phipps husband in Army

**IN POSSESSION OF UNEMPLOYMENT INSURANCE BOOK
NATIONAL SELECTIVE SERVICE MOBILIZATION QUESTIONNAIRE COMPLETED**



N. V. 5
100M-12-42 (7804)
N.S. 815-11-5

No 25113-S-4945

**ATTESTATION FORM
(HOSTILITIES FORM)**

113698

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME STEVENS OFFICIAL No. V-63143
CHRISTIAN NAMES Cyril Edward MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
<u>2013 Wellington St., Montreal, Que.</u>	<u>Church of England</u>

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>2nd Sept. 1922</u>	Town <u>Montreal, Que.</u>	Mother:
*Original Nationality of:	County	<u>Mrs. Alice Stephens,</u>
Father <u>English</u>	Province	<u>Same as above.</u>
Mother <u>English</u>		

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>34</u>	<u>Red</u>	<u>Blue</u>	<u>Medium</u>	<u>None</u>
Inches <u>6</u>	Deflated <u>32</u>				
<u>108</u>	Mean <u>33</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>Seventh Year Public School</u>	<u>Electrician</u>
	<u>Keith and Cronin,</u>
	<u>1061 Bleury Street,</u>
	<u>MONTREAL, Que.</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
DIVISIONAL STRENGTH <u>7th JUNE 1943</u>	<u>ORDINARY SEAMAN</u>	<u>H.M.C.S. "MONTREAL"</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, Air Force, Reserve or Territorial Force.

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

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	<div style="border: 1px solid black; padding: 5px;"> <p align="center">Personal Records Division.</p> <p>1. Note in Records <u>g.s.</u></p> <p>2. Index Card <u>g.s.</u></p> <p>3. Non-Sub. Card <u>g.s.</u></p> <p>4. Statistical Card <u>g.s.</u></p> <p>5. Roneo Strip <u>g.s.</u></p> <p>6. Pension Card <u>g.s.</u></p> <p>8. <u>18/6/43</u></p> <p align="right">DATE</p> </div>
<u>////</u>	<u>////</u>	<u>////</u>	

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

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

(5) On being enrolled as a member of the Royal Canadian Naval Volunteer Reserve, I undertake 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 when called and to serve ashore or afloat as may be directed, according to where my services are required.

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

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

(e) I have not been induced to enter as.....**ORDINARY SEAMAN**.....by the prospect of being transferred at some future date to any other branch or rating.

Dated this.....**7th**.....day of.....**June 1943**.....

Signature of applicant.....**C. Stevens**.....

(C) **CERTIFICATE OF ATTESTING OFFICER**

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this.....**7th**.....day of.....**June 1943**.....

My authority for attestation is.....

.....**D. H. Delark**.....
Signature and rank of Attesting Officer.
Sub. Lieutenant, R.C.N.V.R.

(D) **OATH OF ALLEGIANCE**

I,.....**Cyril Edward STEVENS**.....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.

.....**C. Stevens**.....
Signature of Applicant.....

Witness.....**D. H. Delark**.....

Date.....**7th June 1943**.....Rank.....**Sub. Lieutenant, R.C.N.V.R.**.....

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

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

Certificates of previous service will be returned after examination.



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

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

I, the undersigned, have examined STEVENS EYRIL EDWARD
candidate for entry as O/SEA
and I believe him to be *in all respects fit for His Majesty's Service
unfit for His Majesty's Service for the reason stated below } He has signed the Certificate
given below in my presence.
†Strike out if inapplicable. *Delete one.

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

(a) Age	Yrs.	Mos.	(j) Date of last Vaccination	
	20	10		Childhood
(b) Height with bare feet	Feet	In.	(k) General Development	
	5	6		Fair. Underweight
(c) Weight without clothes		108	(l) Nose, Throat and Tonsils	
				Normal
(d) Ears and Hearing	Rt.	Lt.	(m) Heart and Lungs	
	Normal			Normal
(e) Chest Girth	Max.	Min.	Mean	(n) Abdomen Hernia, etc.
	34	32	33	
(f) Teeth	Deficient	Defective	Dentures	(o) Limbs and Joints
		Fair		Normal
(g) Vision by Snellens Types	without glasses	Rt.	Lt.	Both
	6-9	6-9	6-9	(p) Skin
	with glasses where worn	Rt.	Lt.	Both
				(q) Anus Haemorrhoids
(h) Colour Vision	Ishihara R.C.N. Lantern	Normal		(r) Testes Varicocele
(i) Chest x-ray	not taken approved positive doubtful	190442 D.P.M.H.	(s) Urine	Not taken

B.P. 128-70

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

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

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 UNDERWEIGHT. REJECTED FROM ARMY. APRIL 1942. (UNDERWEIGHT)

*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 Montreal the 2nd of June 1943

(Rank) Surg-Lieut. R.C.N.V.R.

TFH/ERM

REGISTERED
AIR MAIL

N.S. V63143 PERS.(N)

11th May, 1944.

Dear Mrs. Stevens:

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

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

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

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

Yours sincerely,

LETTER DELIVERED BY
PERSONNEL NAVAL
MAY 12 1944
SECRETARY, NAVAL BOARD

Mrs. Alice Stevens,
2013 Wellington Street,
MONTREAL, Quebec.

TFH/JLB

REGISTERED

AIR MAIL

N.S. V-63143 (Pers N)

8 May, 1944.

Dear Mrs. Stevens:

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, Cyril Edward Stevens, Ordinary Seaman, Official Number V-63143, 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,

Mrs. Alice Stevens,
2013 Wellington Street,
MONTREAL, Quebec.

LETTER dispatches
PERSONNEL NAVAL

W. J. R. G. J.
MAY SECRETARY, NAVAL BOARD.

PM

27

N.S. V-63143 PERS.(N)

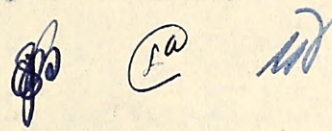
30th August, 1944.

THIS IS TO CERTIFY that according to official information Cyril Edward Stevens, Ordinary Seaman, Official Number V-63143, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 7th of May, 1944. He was serving in H.M.C.S. "VALLEYFIELD" which was torpedoed and sunk by enemy action whilst on Convoy Escort duty in the North Atlantic.



Deputy

SECRETARY, NAVAL BOARD.





Department of National Defence

Naval Service

1138363

OTTAWA, Ont., 30 August, 1944.

IN REPLY PLEASE QUOTE

N.S. V-63143 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
STEVENS, Cyril Edward Ordinary Seaman V-63143, R.C.N.V.R.	Missing, presumed dead to date 7 May, 1944. He was serv- ing in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy es- cort duty in the Atlantic.	Mother: Mrs. Alice Stevens, 2013 Wellington St., Montreal, Que.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Mother	Mrs. Alice Stevens, 2013 Wellington St., Montreal, Que.	\$20.00 A. P.	AMP.

(Stopped paid May 31/44)

Will: Will Attached. Yours truly,

A.B. Money
for SECRETARY, NAVAL BOARD.

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

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.
STEVENS, Cyril Edward	Ordinary Seaman	V63143, R.C.N.V.R.

DATE OF ENLISTMENT - 7th June, 1943 Active Service 23rd June, 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 serving
when and where any disability was incurred, or where death was lost by enemy action. While this casualty is
occurred. 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- Mother: NAME- Mrs. Alice Stevens

ADDRESS- 2013 Wellington Street, MONTREAL, Quebec.

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.

H.B. Money
for
SECRETARY, NAVAL BOARD. *gmc*

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

*15/8/44
12/18/44
NPR/5
C*

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

(See reverse side for further instructions)

V63143

OFFICIAL NUMBER

FILE NUMBER

V63143 (113-S-4945)

OFFICIAL NUMBER V63143

NAME STEVENS (Surname) Cyril Edward (Given Names) DATE OF BIRTH 2nd Sept., 1922.
 PLACE OF BIRTH Montreal, Quebec. OCCUPATION Electrician.
 RELIGION Church of England. EDUCATION 7 years Public School.
 RESIDENCE AT TIME OF ENLISTMENT: Street and No. 2013 Wellington Street. Town Montreal Province, etc. Quebec.

ENGAGEMENTS				DESCRIPTION				PREVIOUS SERVICE				
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
7	6	43	H.O.	5' 6	Red.	Blue	Medium					

NEXT OF KIN RELATIONSHIP (in pencil) Mother (allot 2/4/43) NAME (in pencil) Mrs. Philip Stevens
 ADDRESS (in pencil): Street and No. 2013 Wellington Street Town Montreal Province, etc. Que.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.			
Date (in figures)			Particulars	Date (in figures)			Particulars
Day	Month	Year		Day	Month	Year	
			Eligible for C.V.S.M. & Clasp.	13	9	43	Qualified for A/G. (249A/30231)
				22	10	43	Marked "TR".

BADGES, G.C. OR G.S.				BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES							
Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year					Day	Month	Year		

Date (in figures)				DAYS FORFEITED				O.H.F. RECEIVED.				
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	Last Will & Testament #4233 Received.			

SECOND CLASS FOR CONDUCT

From

To

H.Q. 35-60M-6-43 (609)
 N.S. 815-7-35

FILM
 NO. WSR-5951-6
 DATE



D OF D 7-5-44

D.D.

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

WAR SERVICE RECORDS

H

(NAVY)

STEVENS	Cyril Edward	V-63143	O.Smn.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

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

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNVR March 46 "VALLEYFIELD"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Alice Stevens - Mother

2013 Wellington St., 5474 Coolbrook Ave.,
ADDRESS: Montreal, Que. SNOWDON, Que.

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(3) MEMORIAL CROSS
MOTHER

Mrs. Alice Stevens

2013 Wellington St., Pt. St. Charles,
ADDRESS: Montreal, Que.

MEMORIAL BAR

9-1-52 5286
DATE DESP
(1) CANCELLED
REGN. NO 5286

(2)

(3)

13-10-44

NAVAL GENERAL SERVICE

NAME IN FULL J. H. HENS - Cyril Edward RANK/RATING Capt.

[illegible]

VERIFIED BY *M. M. Henderson*

VERIFIED BY

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

TK/RATING Good Sure OFF. NO. V-63143 ADDRESS

NAME	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
							1939-45	1	star
							ATLANTIC		
							FRANCE G.		
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.		2 Clasp
							" CLASP		
							WAR 1945		1 medal
							WAR 1915		
							VERIFIED BY <i>J.B.</i> <i>Em</i>		

.....
 IED BY 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.

CERTIFICATE of the SERVICE of

Cyril Edward STEVENS

in the Royal Canadian Naval Volunteer Reserve

I.C.# NS 103725

Training Headquarters	R.C.N.V.R. Division	Official Number
	Ames Montreal	V- 63143

Date of Birth	2 September 1922	<div>O.H.F.</div> <p>Name and Address of Nearest Relative or Friend (in pencil)</p> <p>Mother Alice (same as above) 1/1/43</p>		
Place of Birth	Montreal-Que.			
Place of Residence	2013 Wellington St. Montreal-Que.			
Trade brought up to	Electrician			
Religion	Church of England			
Can Swim:—P.P.T.	Date	19	Signature	Rank
P.S.T.	Date	19	Signature	Rank

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	7 June 43	Duration of Hostilities	O/Sun			

PERSONAL DESCRIPTION								
—	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	6	33	108	Red	Blue	Med	Nil.
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

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

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
	Montreal		0/3mm	7 June '43	22 June '43	
				<u>On Active Service</u>		23 June '43
	Montreal		Ordsmn	23 June '43	10 Aug '43	
	Cornwallis		—	11 Aug '43	9 Oct '43	
	Hamilton		—	10 Oct '43	19 Oct '43	V/O
	Cornwallis		—	20 Oct '43	18 Nov '43	
	Stadacona		—	19 Nov '43	26 Nov '43	
	Kodjoko II		—	27 Nov '43	7 Dec '43	
	Stadacona (Valleyfield)		—	8 Dec '43	29 Feb '44	
	Avalon (Valleyfield)		—	1 Mar '44	7 May '44	
						A 13870 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 Cyril Edward STEVENS

Conduct

[illegible]

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

GL

Name..... STEVENS Cyril E. No..... V.63143
Surname Christian Names

Rank..... O/S Unit..... R.C.N.V.R. O/S Date of Death..... 7-5-44

AMOUNT

Date..... 19-3-46
L.P.C.....\$ 75.43
Other Credits..... 77.86
Total..... 153.35

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs Alice Stevens 2013 Wellington St., Pt St. Charles, Montreal, P.Q. (Sole beneficiary under will) DO NOT REMOVE FROM FILE P4. TO TREAS. 27-3-46 9M	153.35

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	153.35
CLASSIFIED BY P			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

Read this whole Form and Instructions
on other side before commencing to
complete.

Can. S. 545
30M-1-43 (8044)
N.B. 815-9-545

WILL

(1) I, Cyril Edward Stevens, of His
Majesty's Canadian Ship Montreal do

4233

hereby revoke all former wills by me made and declare this to be my last will.

(2) I GIVE, DEVISE AND BEQUEATH unto My mother Mrs Alice Stevens 2013 Wellington St. Montreal, Que.
my entire estate.

Relationship,
names and
addresses of
beneficiaries,
and what
each is to
receive.

(3) ~~I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal,
of whatsoever kind and wheresoever situate unto~~

Relationship,
names and
addresses of
residuary
beneficiaries.

(4) I appoint Mrs Alice Stevens 2013 Wellington St. Montreal Que..
(Name) (Address)
Housewife, to be the ~~Executor~~ of this my Last Will.
(Civil Occupation) Executrix

IN WITNESS WHEREOF I have hereunto set my hand this 7 day of June
1943.

Signed, published and declared by the
above-named testator as and for his
last will and testament in the presence
of us both present at the same time,
who at his request and in his presence
have hereunto subscribed our names
as witnesses.

C. Stevens
(Name)
Ord. Seaman V63143
(Rank or Rating) Official No.

First witness
sign here.

(5) Signature

Civil Address

~~Civil Occupation~~

Second witness
sign here.

Signature

Civil Address

~~Civil Occupation~~

(Beneficiaries are not to be Witnesses.)

[OVER]

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. "VALLEYFIELD" at

Name Cyril Edward STEVENS (Christian names in full)

Rank or Rating Ordinary Seaman Official No. Y. 63243 RCNVR

Place of Birth Montreal, Quebec Date of Birth 2 Sep. 1922

Occupation in Civil Life Electrician Religion Church of England

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

Date of Death 7th May, 1944 Place of Death At Sea

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

Nearest known relative or friend Name Mrs. Alice STEVENS Relationship Mother Address 2013 Wellington St., Montreal, Quebec

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

Date on which death was registered with local Officials Not Registered

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

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

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

Undertaker employed (If any)

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

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

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

MS

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

4
NAVYDISCHARGED
MEMBER'S
NAME

Cyril Edward

(CHRISTIAN NAMES)

STEVENS

(SURNAME)

PAYEE

ADDRESS

Mrs. Alice Stevens,
2013 Wellington St.,
Point St. Charles,
Montreal, P.Q.

REGISTER NO.

10250

FILE NO.

NS.V-63143

DATE

30 Aug. 45

SERVICE NO.

V-63143

FINAL RANK OR RATING

Ord. Smn.

DATE OF DISCHARGE

7 May 44

DATE OF TERMINATION OF OVERSEAS SERVICE

7 May 44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 320 EQUAL TO 10 COMPLETE PERIODS AT \$7.50
30

\$ 75.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 162 LESS 20 INELIGIBLE DAYS, EQUAL TO 142 DAYS @ 25C. PER DAY

\$ 35.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.50
SUBSISTENCE OR LODGING \$ 1.25
AND PROVISION ALLOWANCE
ADDITIONAL PAY HIM \$.10

DEPENDENTS' ALLOWANCE 1/30 OF \$ N11

TOTAL \$ 2.85 X7 = \$ 19.95
NO. OF DAYS 162 X \$ 19.95
183

17.66

D. WAR SERVICE GRATUITY

128.16

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$ N11

F. TOTAL AMOUNT PAYABLE

128.16

G. YOUR PORTION OF GRATUITY IS—

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

= 128.16

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

Cheque 67822 - Sept. 5/45

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

AT

PREPARED BY

IM

CHECKED BY

V/BA

TREASURY

CHECKED BY

R J Hendry

DATE

4/9/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

CERTIFICATE OF PROGRESS OF ORDINARY SEAMEN

(To be used in conjunction with Form S. 399 Divisional Training Progress Book.)

NAME	OFFICIAL No.	Date of Birth
<i>Stevens, Cyril Edward</i>	<i>V-63143</i>	<i>2 Sept. 1922</i>

ON LEAVING HARBOUR TRAINING SERVICE

Subject	Ability	REMARKS (percentages obtained, etc.)	Initials of Instructing Officer
*School.....	<i>Sup.</i>	<i>Arith 95% Eng 65% Mann</i>	<i>DBA</i>
Seamanship— Boat work:			
(a) Pulling.....	<i>Sup.</i>	<i>85%</i>	<i>DBA</i>
(b) Sailing.....	<i>Mod.</i>	<i>Leet 56% Gun 81%</i>	<i>DBA</i>
Gunnery and Disciplinary Training.....	<i>Mod.</i>	<i>65%</i>	<i>DBA</i>
Shooting.....			
Swimming—P. P. T.....		Date qualified.....	
Physical and Recreational Training.....	<i>Mod.</i>		<i>DBA</i>
Special qualifications.....			
Call Boy.....			
Bugler (Sea Service).....			
Special Remarks			
e.g., C. W. Candidate.....			
.....			
.....			
.....			
.....			

On joining:— Weight..... Height..... Date.....

On leaving:— Weight..... Height..... Date.....

* State in remarks column whether Normal, Advanced Class or V/S or W/T.

H.M.C.S. "*Montreal*". Date *8 Aug '43* *R. B. Bamphie* Captain.
at *at* Commander R.C.N.V.R.
Commanding Officer

PROGRESS UNDER TRAINING FOR ABLE SEAMAN

Educational Examinations		Date	Ship	Signature and Rank of Divisional Officer
Passed Educationally	Accelerated Advancement.....			
	For Able Seaman.....			
	Educational Test I.....			
Rated Ordinary Seaman.....				

SEAMANSHIP	Subject	Boat Work	Anchors and Cables	Compass and Wheel Rule of the Road	Rigging Sheers and Derricks	Sounding Machine, Lead and Line	Bends and Hitches, Blocks and Tackles	Part of Ship Evolutions	Signals	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
	Hours											
	%	79	75	75	77		100	70	25	79.3	7/14/43	H.M.C.S. Cornwallis S. F. Bayne LTJCR RM
	%											
GUNNERY	Subject	Field Training	Gun Drill	Stripping	Fire Control	Ammunition	Director and Sighting	Machine Gun	A.A.	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
	Hours											
	%	50	80		71	71				68.0	3/9/43	H.M.C.S. Cornwallis S. F. Bayne LTJCR RM
	%											
TORPEDO	Subject	Whitehead	Low Power	High Power	Instruments	Explosives	Paravanes	Depth charges		TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
	Hours											
	%									55	7/9/43	H.M.C.S. Cornwallis S. F. Bayne LTJCR RM
	%											

* In the event of failure to pass any examination, the percentage is to be noted in RED and the word "FAILED" noted.
 † The letters Q.R. III, L.R. III, C.R. III, A.A. 3, S.T., S.D., etc., are to be entered by the Divisional Officer in the case of men so recommended. If not recommended, the word "NO" is to be entered.

Ship	Total Period of Practical Experience as Ord. Seaman in part of Ship	Recommended for Advancement to Able Seaman on (Date)

Divisional Officer's Remarks	Recommendation for non-sub. rate†
at present not too dependable but will probably develop into a good rating Thru 15 date 22/10/43 JFB	

Ordinary Seaman
Qualified for advancement to Able Seaman
on Date.
..... Depot Date.

Rated Able Seaman and Recommendations inserted on History Sheet
H.M.C.S.
..... Date
..... Captain.

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH		Municipal county		Official name of civil municipality or township		Place an X over the word which applies to this municipality or this territory City Town Village Parish Township	
		AT SEA					
2. LENGTH OF STAY		(a) In hospital or institution		(b) In municipality where death occurred		(c) In Province	
		Years Months Days		Years Months Days		Years Months Days	
3. NAME OF DECEASED		Surname		Given names		Do not write in this space	
		STEVENS		Cyril Edward			
4. RESIDENCE		Street		No.			
		Wellington Street		2013			
		Official name of civil municipality or township					
		Montreal					
		Municipal county		Province			
5. SEX		6. NATIONALITY (Citizenship)		7. RACIAL ORIGIN		8. Single, Married, Widowed or Divorced (Write the word)	
Male		Canadian				Single	
9. If married give name of wife or husband of deceased							
10. BIRTHPLACE (Province or Country)							
Quebec							
11. DATE OF BIRTH							
September 2 1922							
12. AGE OF DECEASED							
21 8 hrs. or min.							
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.							
Electrician							
14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.							
Keith & Cronin, Montreal							
15. Date deceased last worked at this occupation							
16. Total years spent in this occupation							
17. NAME							
FATHER							
MOTHER (Maiden Name)							
18. BIRTHPLACE (Province or Country)							
19. Place of burial, cremation or removal							
Body not recovered.							
20. Date of burial							
19							
21. Name of parish or church							
(a) Name of parish or church							
(b) Civil municipality of							
(c) Municipal county							
(d) Date							
19							
22. Date of death							
May 7th 1944							
23. I HEREBY CERTIFY that I attended deceased from							
19 to 19							
and last saw him alive on 19							
24. 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.							
(a) "MISSING" presumed dead							
due to when H.M.C.S. "VALLEYFIELD"							
(b) was torpedoed and sunk by enemy action in the Atlantic.							
(c)							
II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.							
III If a communicable disease is mentioned on this certificate, give							
(a) Date of appearance 19							
(b) Duration of disease days							
25. If a woman, was there a puerperal condition?							
26. Was there a surgical operation? Date of 19							
State findings. Was there an autopsy?							
27. If death was due to external causes (violence) fill in also the following:—							
Accident, suicide or homicide. Date 19							
(State which)							
Manner of injury (How sustained)							
Nature of injury							
Specify whether injury occurred in industry, in home, or in public place							
Signed M.D.							
Address Date 19							
28. Signature of person who fills in the form (Judge, coroner, hospital authority, etc.)							
Paynt. Cdr., R.C.N.R., Officer i/c Naval Personnel Records,							
This signature authorizes the collector to accept this form as authentic.							
29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.							
Naval Service Headquarters, Ottawa, Ont.							

(Voir l'autre côté pour le français)

STATEMENT OF ACCOUNT

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

List 12² No. 17 (Name) STEVENS, Cyril E. Rank Rating O. Smn No. V. 63143

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

CREDIT from former account		\$	c.
(over six mths)		19	83
Pay as O. Smn. from 1 Apl to 31 May (61 days at \$1.50 a day)		91	50
Adjust. O. Smn. " 22 Dec. 143-31 Mch. (101 " .25 ")		25	25
" (over 6 mths) " " " " " " " "			
" " " " " " " "			
" " " " " " " "			
Kit Upkeep Allowance Adjustment March, 1944		3	67
1 Apl - 7 May		4	47
OTHER CREDITS: Officer's Servant 1 Jan - 31 Mch. 91 days		9	10
G.M. 1 Apl - 7 May, 37 days @ .06¢ @ .10¢		2	22
Total credits		156	04

DEBT from former account N I L

PAYMENTS:—	1st	2nd	3rd	4th	5th	
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	
1st month	32.00	4.47				Total 36 47
2nd month						Total
3rd month						Total

Allotment AP 20.00, 8.40 chged Apl.; AP 20.00 chged May 48 40

Pension deduction (Officers) charged to of

Hospital stoppages

Mulcts

OTHER CHARGES: O.R. No. 25181 payable Adm. Naval Estates (Present War) 71 17

LEDGER: Gen Total debits 156 04

AUDIT: Balance Cr. or Dr. N I L
(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 19 44

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

35

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 STEVENS. Cyril E. Rating O.SMN.
Official No. V.63143 H.M.C.S. AVALON " VALLEYFIELD List 122/17
Who* DISCHARGED DEAD on the 7 May 1944

	\$	cts.
Net sum due on ledger on account of Wages.....	NIL	
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
Proceeds of sale of Effects, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. <u>25181</u> <u>Adm. Naval Estates</u> <u>(Present War)</u>	71	17
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>TWENTY DOLLARS AP</u> charged to <u>31 May</u> <u>1944</u>		
Name of ship from which transferred <u>H.M.C.S. "VALLEYFIELD"</u>		
Total† <u>CREDITOR</u>	71	17

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 — — — SEVENTY-ONE — — — dollars — — — SEVENTEEN — — cents.

Dated on board H.M.C.S. AVALON at ST. JOHN'S
Nfld. this FIFTH day of JUNE 19 44
Approved _____ Accountant Officer
PAY LIEUT. CDR., R.C.N.V.R.

Initials of the Assistant
Accountant Officer

Commanding Officer.
A/CAPTAIN. RCN.

For Use at Headquarters. \$ _____ cts. credited on Inspector's certificate
No. _____ to _____

Signature _____

Date _____ 19 _____

*State whether discharged on shore, D.D. or Run.
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.

†State whether "debtor" or "creditor".

C.N.S. 46 AUTHORITY: AVALON'S CNS 249A #A13927 dated 19 May, 1944

5M-242 (3601)
H.Q. N.S. 815-9-45

LEDGER: Yes

AUDIT: Yes

12

Ottawa, Ont. 11th May 4
N.S. V-63143 PERS.(N).

Dear Sir:

The undermentioned Canadian Naval Casualty
is forwarded to you for transmission to the Inspector of
Income Tax concerned:

Name.....**STEVENS**.....**Cyril Edward**.....
(Surname) (Christian Names)

Rank/Rating ...**Ordinary Seaman**.....

Official No.....**V63143 R.C.N.V.R.**.....

Nature of Casualty ..**"Missing" at sea from ship in which he
was serving.**

Date of Casualty ...**Will be reported later**.....

Address at time of Enlistment ..**2013 Wellington Street.,
MONTREAL, Quebec**.....

Marital Status at time of Enlistment....**Single**.....

Occupation.....**Electricien**.....

Name & Address of Next of Kin **Mrs. Alice Stevens (Mother)**
.....**2013 Wellington Street, MONTREAL, Quebec**.....

Yours truly,

H.B. Money

for

SECRETARY, NAVAL BOARD

emc

The Deputy Minister (Taxation),
Department of National Revenue,
Ottawa, Ont.

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flood*