

V17781
SWALES
LEROY

STILSO

OCCUPATIONAL HISTORY FORM

113-8-1841

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 Sumner Leroy Stinson (b) Reg'l. No. V17751
2. (a) Arm of service Naval (b) Unit R.C.M.V.R. (c) Rank CAD. 1st Lt.
3. (a) Date of birth 16 Jan 20 (b) Have you any dependents? No (c) Place of residence at time of enlistment Waterloo Ont
4. (a) Place of enlistment London Ont (b) Date of enlistment 27 Aug 41

PLEASE
LEAVE
BLANK

6

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 1 yr Technical H.S.
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?
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

18. Name of employer Can Nat Ry Address Waterloo Ont
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) RAILROAD
20. (a) Your specific occupation Section Man (b) Number of years' experience at this occupation with any employer 5 yrs
21. (a) Did your employer promise definitely to give you employment on discharge? YES (b) Did your employer refuse to promise you employment on discharge? 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? YES (b) Do you feel competent to operate a farm? YES (c) If so, in what kind of farming? DAIRY
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? 4 yrs (c) In what provinces did you have experience? ONTARIO

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. To be a RAILROAD ENGINEER

DATE 30/1/42 194

SIGNATURE

[Signature]



Copy To
VWD
ES

APR 18 1942

.....Mr. Stilson Swales,.....
.....Watford, Ontario.

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-17781 FD-600.....

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

.....SWALES, LeRoy Silson, Steward,.....Official Number V-17781,.....

.....Royal Canadian Naval Volunteer Reserve.....

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/

H. Q. Waddy
Commander
for
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.....	Not Married			
2	Children of the Deceased and dates of their Births.....	Nil			
3	Father of the Deceased.....	Stilson Swales,	48	Watford, Ontario	
4	Mother of the Deceased.....	Mary Mildred Swales,	48	Watford, Ontario.	
5	Brothers of the Deceased	Full Blood	Howard Leonard Swales	22	Watford, Ontario.
		Half Blood	Nil		
6	Sisters of the Deceased	Full Blood	Nil		
		Half Blood	Nil		
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		
	Nil	Nil			

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	L^e Roy Stilson Swales
9	Date of his birth.	Jany 16th 1920
10	Place and date of his marriage.	Not Married
11	Place and date of his parents' marriage.	Delaware Ont., Mar 20th 1919.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Komoka, Ontario.
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) Ontario, Lambton County, (c) Since 1940. (d)
14	Nature of employment before enlistment.	Railroad, Maintenance
15	State whether he owned the premises in which he lived, and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	Watford, 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?	
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.	Nil to my knowledge
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Nil " " "
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Mutual Life of Cda 1000.00 (Mary Mildred Swales)
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Nil

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 to my knowledge
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

* Father 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.

S. Swales.

{ Signature
of
Informant

Watford, Ontario. Address

CERTIFICATE

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

See above. Stilson Swales { Name of informant } is the Father of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Watford, Ontario this 20th day of September 1944

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

W. J. Gibben

Qualification Justice of Peace

Address Watford.

Watford, Ontario.

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

There should be some service pay due this lad and also possibly credit for clothing allowances.

ORIGINAL



CANADA

N. V. 5

50M-1-41 (8973)
N.S. 815-11-5

ATTESTATION FORM
(HOSTILITIES FORM)

125092
SEP - 6 1941
113 1841
CANADA

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME SWALES OFFICIAL NO. U17781
CHRISTIAN NAMES LeRoy Stilson; MARRIED, SINGLE OR WIDOWER Single.

PERMANENT ADDRESS Watford, Ontario. RELIGION United.

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
16th January, 1920.	Town <u>Komoka</u>	<u>MRs. Mildred Swales. (Mother)</u>
*Original Nationality of: Father <u>Canadian</u> Mother <u>Canadian</u>	County Province <u>Ontario</u>	<u>Same Address.</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>39</u>				
Inches <u>7</u>	Deflated <u>36</u>	<u>Auburn</u>	<u>Blue</u>	<u>Med.</u>	<u>Scar on the left knee cap.</u>
<u>145</u>	Mean <u>37½</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>Entrance. H.B. Beal Technical High School</u> <u>London, Ontario.</u>	<u>Labourer. Canadian National</u> <u>Railway, Co. Watford, Ontario.</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
<u>28th, August, 1941.</u>	<u>Ordinary Seaman.</u>	<u>London</u>

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That * (a) ~~I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.~~
* (b) I served in No. 12 B.T.C. Chatham. for the period shown and attach my record of service, in corroboration of this statement.

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
<u>No. 12 B.T.C. Chatham.</u>	<u>Pte.</u>	<u>June 19th, 1941.</u>	<u>August, 27th, 1941.</u>

Personnel Records Division

2. Index Card. AE

3. Non-Sub. Card. AE

4. Statistical Card. AE

5. Roneo Strip. AE

6. AE

7. AE

8. AE

DATE 19/9/41

ENTERED
H. M. C. S. "BYTOWN"

FAIR 23/9/41 (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.

ROUGH

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

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

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

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

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

Dated this.....28th.....day of.....August, 1941......

Signature of applicant.....LeRoy Stilson Swales.....

(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.....28th.....day of.....August, 1941......

.....Sub Lt C.B. Hunt.....
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I,.....LeRoy Stilson Swales.....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.....LeRoy Stilson Swales.....

Witness.....C.B. Hunt.....

Date.....28th August, 1941.....Rank.....Sub LIEUTENANT, R.C.N.V.R......

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

(E) CERTIFICATE OF ATTESTING OFFICER

.....LeRoy Stilson Swales.....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.....London.....Division of the R.C.N.V.R. or in the appropriate official documents.

.....Sub Lt C.B. Hunt.....
Attesting Officer.

.....28th August, 1941.....R.C.N.V.R. Division.....London.....
(or other establishment).....

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.

MILITIA ACT
THE NATIONAL RESOURCES MOBILIZATION ACT, 1940N.R.M.A. PERSONNEL
ENROLMENT FORM

N.R.M.A. Serial Number of Notice of Call A.18558 Regimental Number A.605537

1. Taken on Strength of No. 1 N.R.M.A. Clearing Depot London, Ontario, Canada

2. Surname (Block Letters) SWALES

3. Christian Names (in full) STILSON LeRoy

4. Present Address Watford, Ontario, Canada.

5. Place of Birth Canada Ontario Komoka
(Country) (County or Province) (Town or Township)

6. Date of Birth 16 January, 1920 7. Religion—United Church of Canada
Denomination

8. Physical Description: Height 5' 8 1/2" Weight 160 Eyes Blue Hair Blonde
Complexion Fair Identification marks Small scar on left knee cap.

9. Married, Single, Widower? Single

10. Next-of-Kin Mrs. Mildred Swales Relationship Mother
(Name)
Watford, Ontario, Canada
(Address)

11. Trade or Occupation R.R. Section hand

12. Previous Naval, Military or Air Service Yes
(State Units and Dates of Service)
Middlesex and Huron Regiment 30 days

13. Preference, if any, for, R.C.N.? Yes Army? R.C.A.F.?
(Arm of Service)

14. Employment in War Industry, if any No

Stilson LeRoy Swales
(Signature of Man)

W.G. White Capt
(Signature and Rank of Enrolment Officer)

19 June 194 1.
(Date of Signature)

TRAINING CENTRE PARTICULARS

A. Attached to Basic T.C. No. 12 at Chatham, Ontario Date 19 June 1941
Completed 56 Days Basic Training.
25-8-41 B.M. Merritt Capt
(Date, Signature, and Rank of Recording Officer)

B. Attached to Advanced T.C. No. 47 at Burlington, Ont Date 27-8-41
Completed Days Advanced Training.
Qualities of Leadership: Positive Becoming Evident? Dormant?
Transferred to Date
(R.C.N., formation or unit of the C.A., R.C.A.F.)
(Date, Signature and Rank of Recording Officer)

C. Medical Category on acceptance at Basic Training Centre "A"

.....
(Surname)

STILSON LEROY
(Christian Names)

....Regimental Number...1605537...

EDUCATIONAL QUALIFICATIONS

- | | | | |
|----------------------------------|-------------------|--|--------------------------|
| 1. Naval, Military, or Air..... | None | 6. High School }..... | Graduation }..... |
| 2. Business or Professional..... | None | or }..... | or }..... |
| | | Collegiate }..... | Matriculation }..... |
| | | (years completed) | (specify) |
| 3. Trade or Civil..... | R.R. Section Hand | 7. *College..... | |
| 4. Technical..... | | 8. *University..... | |
| | | *(Name of institution, courses or years completed, and degrees obtained to be shown) | |
| 5. Languages, etc..... | English | Can speak?..... | Can read and write?..... |
| | | Yes | Yes |
| | | Can drive a car?..... | Repair a motor?..... |
| | | Yes | Yes |
| | | Cooking experience?..... | Hobby?..... |
| | | | |

All N.R.M.A. Personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

[illegible]

Regtl. No. A.605537 Rank PTE. Surname SWALES Christian Names Stilson LeRoy

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief Details and Signature	Date	Brief Details and Signature	Date	Brief Details and Signature
1-7-41	VACC. <i>H. J. Quinn</i>				
1-7-41	T.A.B.T. <i>H. J. Q.</i>				
22-7-41	T.A.B.T. <i>H. J. Q.</i>				
12-8-41	T.A.B.T. <i>H. J. Q.</i>				

[illegible]

DO NOT FORWARD THIS FORM TO OTTAWA

This completed form MUST be returned immediately to the Divisional Registrar concerned.
(See man's "Notice-Medical Examination" for Registrar's address)

MEDICAL EXAMINATION AND CERTIFICATE FORM mJ

DEPARTMENT OF NATIONAL WAR SERVICES

NATIONAL RESOURCES MOBILIZATION ACT, 1940

Notice of Call
Serial No:—

A 18558

← IMPORTANT—EXAMINING PHYSICIAN.
Please see man's "Notice-Medical Examination" and insert serial number here

This form to be used by divisional registrars for copies of original medical examination and certificate forms.

PART I

Name in full.....SWALES.....Stilson L.....
(Print in block letters) (Surname) (Given Names)

Born: Place.....Komoka.....Canadian Province.....Ontario.....Date.....Jan. 16/1920.....
(City, town or village) (or other country)

Permanent Postal Address.....Watford.....Ontario.....
(Street and Number) (Rural Route and Post Office) (Town or City) (Province)

The following questions must be answered "Yes" or "No".

Have you ever suffered from any of the following:—

Rheumatism.....no.....Tuberculosis.....no.....Bronchitis or Asthma.....no.....Heart Disease.....no.....

Kidney or Bladder Disease.....yes.....Stomach or Intestinal Trouble.....no.....Rupture.....no.....Varicose Veins.....no.....

Trouble with feet.....no.....Nasal Trouble.....no.....Ear Trouble.....no.....Eye Disease.....no.....Fits.....no.....

Nervous or Mental Disease.....no.....Syphilis.....no.....Gonorrhoea.....no.....Have you ever worn Glasses?.....no.....

Have you ever been rejected for Military Service?.....no.....Are you in receipt of disability pension or compensation?.....no.....If so, from whom?.....
(“Yes” or “No”)

Place.....Strathroy.....Province.....Ontario.....Date.....Feb. 9/41.....
(City, town or village)

(Signed):

Le Roy Swale

Man examined must sign here in presence of examining physician: → Signature of man.

PART II

Examiner's remarks. Give a clear and concise history of any of the above conditions where the answer is "Yes"

In 1933 infection of kidneys with oedema.

In bed for four weeks. Strict diet for six months.

Physical examination (the man must be stripped)

1. Height.....6.....feet.....8½.....inches. 2. Weight.....165.....pounds

3. Complexion.....fair.....Colour of eyes.....blue.....4. Development.....good.....

Colour of hair.....light brown

5. Chest measurement—Girth on full expansion.....39½.....inches

Range of expansion.....3.....inches

6. (a) Vision without glasses—Right eye.....20-20.....left eye.....20-20.....

(b) If in possession of glasses: Vision with glasses—Right eye.....none.....left eye.....

7. Hearing, right ear.....good.....20.....left ear.....20.....

8. Mouth and teeth.....good.....

Describe dentures, if any.....none.....

9. If the above named man suffers from any disability, whether congenital or pathological, which places him in a category lower than "A", a clear and concise description of such disability is to be given here:—

Nothing abnormal found in urine.

PART III

I have examined the man in accordance with the "Physical Standards and Instructions for the Medical Examination of Recruits" and certify that he is fit for:—

Category "A".....A.....
CVM " "B I".....
" "B II".....
" "C I".....
" "C II".....
" "D".....
" "E".....
(Signed):
Signature.....G. D. Vine.....
(Examining Physician)
Address.....Strathroy.....
Date.....Feb. 9/41.....

(Important: See other side)

INSTRUCTIONS

1. Only a duly qualified and licensed medical practitioner in Canada who has been appointed by the Minister of National War Services as an "examining physician," in accordance with the National War Services Regulations, 1940 (Recruits), may examine the man and complete this form and certificate.
 2. The "examining physician" must examine the man and complete this form and certificate herein contained in accordance with the "Physical Standards and Instructions for the Medical Examination of Recruits", copy of which will be supplied to each "examining physician".
 3. The "examining physician," immediately upon completing this form and certificate must mail or deliver it in person to the Divisional Registrar of the Administrative Division of the Department of National War Services in which the man resides. The address of the Divisional Registrar appears in the upper left hand portion of the man's "Notice-Medical Examination."
 4. Payment for the examination of each man will be made by the Department of National War Services, Ottawa, to the duly appointed examining physician concerned. Examining physicians will not submit any other account; this properly completed form and certificate will serve in lieu of an account. Payment will be made as soon as possible after the end of the month.
 5. The Divisional Registrar of the Administrative Division in which the man examined resides, immediately upon receipt of this form properly completed, will stamp hereupon the date the form has been received by him and will prepare or have prepared, four exact and typewritten copies of this original, showing upon the four copies the date the original was received from the examining physician. Each such copy will be certified as a true and correct copy by the Divisional Registrar or by a person duly appointed by him for this purpose.
- The Divisional Registrar will retain the first typewritten copy. He will attach a copy to the original form and certificate received from the examining physician and will immediately forward both original form and certificate and the copy to the Department of National War Services, Ottawa. He will forward a copy to the representative of the Department of National Defence; and the last copy, if the man has been found fit for military training and is being notified to report to a military training centre, to the Officer Commanding the military training centre to which the man has been instructed to report. If the last typewritten copy is not so disposed of, it shall be retained by the Divisional Registrar.
6. No copy of this form is to be in the possession of any unauthorized person.

Section 12 (3) of the National War Services Regulations, 1940 (Recruits), reads as follows:—

"(3) In any case in which any doubt arises as to the accuracy of the examining physician's certificate of unfitness for military training of any man so certified by him, the Divisional Registrar may give the man concerned another notice requiring him to submit himself for another examination, in which case the man shall report at such place and time as will be indicated to him by the Divisional Registrar for examination by three examining physicians appointed by the Minister. Such three examining physicians will examine the man, and if they do not confirm the certificate given in the case of the man concerned by the examining physician who first examined him, shall issue another certificate which will be final and conclusive."

Section 36 of the National War Services Regulations, 1940 (Recruits), reads as follows:—

"Any examining physician who, in furnishing information under these regulations, knowingly makes any inaccurate statement or signs an inaccurate certificate shall be guilty of an offence and liable on summary conviction to imprisonment for a term not exceeding six months or to a fine not exceeding one hundred dollars or to both such imprisonment and such fine."

(See National War Services Regulations, 1940 (Recruits).)

NOT FOR EXAMINING PHYSICIAN

The space below is reserved for Training Centre Medical Officer

Record in detail any disease or disability not previously described:—

Signature.

Training Centre Medical Officer.

Training Centre No. or Name. 12.

N.P.A.M. No. A. 605537 537

[illegible]

ORIGINAL



CANADA

Can. B. 207

100 M-11-40 (7881)
N.S. 815-2-207

NATIONAL DEFENCE

SEP - 6 1941

N.S. 11381841

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

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

I, the undersigned, have examined SWALES, Wilson LeRoy
‡ 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
the Certificate given below in my presence.

‡ Strike out if inapplicable. * Delete one.

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

(a) Age { Years Months	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or revac- inated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(j) Limbs and Joints	(k) Skin	(l) Ears and Hearing	(m) Testes, Varicocele, etc.	(n) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(o) Anus, Hemorrhoids, etc.
21 1/12	145	5' 7"	Good	inches (a) maximum 39 (b) minimum 36 (c) mean 37 1/2	right eye 6/9 left eye 6/6 *colour vision 2nd N	Complete army vacc. T.A.B.T. 1941 Aug.	Normal	Normal	congenitally short fingers both hands good function, no disability	Clear	T.M.'s intact Hearing normal	Normal	2 deficient 0 defective N + T normal	Normal

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

X-ray

Not taken.
Approved.
Positive
Doubtful

Aug 1941

MD(1)

Write in the appropriate notation, and any remarks necessary.

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 congenitally short fingers + thumb
both hands. most shortening is in middle phalanges.
* 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 London Ont. the 28th of August 1941

L. S. Ford
Examining Medical Officer
(Rank) Surgeon-Lieut. V.R.

THE CANADIAN ARMY—RESERVE PERSONNEL
CERTIFICATE OF DISCHARGE

This Certifies that A.605537 Pte. SWALES Stilson LeRoy
(Regtl. No.) (Rank) (Name in full)
of Watford County of Lambton
Province of Ontario served continuously in the
#12 Basic Training Centre Chatham, Ontario
(Regiment or Corps)
from the nineteenth day of June 19 41, to
the twenty-seventh day of August 19 41, and is now discharged
therefrom, and that he attended and completed Annual Training for the years
N.A.
(Each year separately, in figures)

Stilson LeRoy Swales
(Signature of Soldier)
Place Chatham, Ontario
Date 27th August 19 41
N.A.
(Total number of years, in words)
Commanding [Signature]
OFFICER COMMANDING, No. 12
(Sqn., Bty. or Coy.)
LT. COL.
T.C.
† Commanding
(Regt. or Corps)

† NOTE—Not required in the case of an Independent or Detached Squadron, Battery or Company.

M. F. B. 350

50M—2-41 (9314)

H.Q. 1772-39-62

1330
M.F.M. 101
100M-2-41 (9296)
H.Q. 1772-39-1795

MILITIA ACT
THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

ENROLMENT

CANADIAN ARMY
(RESERVE FORMATIONS)

605537

N.R.M.A. Serial Number of Notice of Call A.18558 Regimental Number A.605537

1. Taken on Strength of No. 1 Clearing Depot
2. Surname (Block Letters) SWALES
3. Christian Names (in full) STILSON L
4. Present Address Watford Ont.
5. Place of Birth Komoka 6. Date of Birth 16-1-20 7. Religious Denomination United
8. Physical Description: Height 5-8 $\frac{1}{2}$ Weight 160 Eyes Blue Hair Blonde
- Complexion Fair Identification marks SMALL SCAR LEFT KNEE CAP
9. Next-of-Kin Mildred Swales Relationship Mother
(Name)
Watford Ont.
(Address)
10. Married, Single, Widower? Single 11. Mother Tongue Eng.
12. What other languages do you: (a) Speak? Nil (b) Read? Nil (c) Write? Nil
13. High School Nil Graduation Nil
or Collegiate? Nil (years completed) or Matriculation? Nil (Specify)
14. College? Nil University? Nil
(Specify) (Specify)
- (Courses and years completed, Degrees obtained)
15. Trade or Occupation R.R. Section Hand Technical Quali-
fications and Experience 2 Yrs.
16. Previous Military Service Mx & Hr. Regt.
(Show Units and Dates of Service)
30 days
17. Preference, if any, for Naval, Army or Air Service Navy
Application In
(Give particulars and qualifications)
18. Employment in War Industry, if any Nil
19. Can Drive a Car? Yes Repair a Motor? Yes Cooking Experience No
20. Hobbies No

Le Roy Swales
(Signature of Man)

19th. June 1941 194.....
(Date of Signature)

[Signature]
(Signature and Rank of Enrolment Officer)

RECORD OF SERVICE, TRAINING, PROMOTIONS, ETC.

A. Medical Category on acceptance at Basic Training Centre.....

B. Attached to Basic T.C. No. 22 at Clinton, Ontario Date 19 June/41

Completed.....Days Basic Training.

(Date, Signature, and Rank of Recording Officer)

C. Attached to Advanced T.C. No. at Date

Completed.....Days Advanced Training.

Qualities of Leadership, Dormant?.....Becoming Evident?.....Positive?.....

Transferred to.....Date.....
(Unit of Reserve Army to which transferred on completion of Training)

(Date, Signature and Rank of Recording Officer)

[illegible]

MEDALS AND MEMORIALS—DECEASED PERSONNEL
RCNVR March 46 "VALLEYFIELD"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Mary M. Swales - Mother

ADDRESS: Watford, Ontario. WATFORD, ONT.

(2) MEMORIAL CROSS

WIDOW

no later address

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. S. Swales

Watford, Ont.

ADDRESS:

MEMORIAL BAR

(1) DATE DESP

REGN. NO

2443
CANCELLED

(2)

(3)

13-10-44

D OF D 7-5-44

AWARDS NAVY

D.D.

SWALES

Leroy Stilson

V-17781

Stwd.

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICEBADGE

CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

1939-45 Star

Atlantic Star

C.V.S.M. & Clasp

War Medal

REGISTRATION NUMBER AND DATE DESPATCHED

7337

14/3/50

03-72533

M



P

(THE REVERSE TO BE USED FOR EXTRA)

V17781

RESIDENCE AT TIME OF ENLISTMENT: Street and No. Town Watford Province, etc Ont.

W. S. G.
APPLICATION
10206
RECEIVED

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

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

WRITE PLAINLY WITH
UNFADING INK
THIS IS A PERMANENT
RECORD

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 SWALES LeRoy Stilson
(Family name) (Given name or names in usual order)

RESIDENCE No. _____ Street _____ City, Town, Village or Township Watford, 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>Canadian</u>	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word) <u>Single</u>
-----------------------	--	------------------	---

8. BIRTHPLACE Ontario.
(Province or Country)

9. DATE OF BIRTH January 16th 1920
(Month) (Day) (Year)

10. AGE in { Years 24 Months 4 Days _____ If less than one day old
hrs. or min.

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

12. Kind of industry or business, as cotton-
mill, lumbering, bank, etc. C.N.R. RLY. Watford,

13. Date deceased last worked _____ 14. Total years spent in
at this occupation _____ this occupation _____

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

16. NAME _____

17. BIRTHPLACE _____
(Province or Country)

18. MAIDEN NAME _____

19. BIRTHPLACE _____
(Province or Country)

20. Person giving information H.B. [Signature]
sign here Paymr. Cdr. R.C.N.R., Officer 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		PHYSICIAN
I. Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) <u>"MISSING" presumed dead when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.</u>	Underline the cause to which death should be charged statistically
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b) _____ (c) _____	
II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	_____	

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)

IN THE NAME OF GOD, AMEN

I, **LeROY STILSON SWALES**, Ordinary Seaman..... of His
Majesty's Ship **London Division R.C.N.V.R.**.....
(now a Patient* in),

*If in Hospital or
in Hospital Ship.

Insert the degree
of relationship (if of
any) and place of resi-
dence of the Legatee
or Legatees.

See instructions on
the back hereof.

being sound of mind, do hereby make this my last Will and Testament: I
give and bequeath unto my Mother, **Mrs. Mildred Swales, Watford, Ont.**

all such Wages, Prize Money, Allowances, and other Sum or Sums of Money,
as now are, or hereafter may be due to me for my service on board the said
Ship, or any other Ship or Vessel, of the Royal Navy, together with all other
my Estate and Effects whatsoever and wheresoever.

Insert the degree
of relationship (if of
any) and place of resi-
dence of the Executor
or Executors.

And I do hereby appoint **My Mother, Mrs. Mildred Swales,**
Watford, Ontario.....

Executors of this my last Will and Testament; and hereby revoking all former
Wills by me made, I declare this to be my last Will and Testament.

In Witness whereof I have at **London, Ontario** hereunto set my hand,
this **28th.** day of **August**, in the Year of Our Lord
One Thousand Nine Hundred and forty one.

Signed by the said Testator, as his last Will
and Testament, in the presence of us present
at the same time, who in his presence at his
request and in the presence of each other
have subscribed our names as Witnesses.

Witnesses

Le Roy Stilson Swales O/O
W. H. K. P. St VR
W. H. K. P. St VR

NOTE.—As Wills of Petty Officers, Seamen, and Marines must be executed with the formalities required by the
Law of England in the case of other persons, every such Will must be executed in the presence of, and be
attested by, *two disinterested* Witnesses.

Where the Will is made on board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall
be a Commissioned Officer, Chaplain, or Warrant or Subordinate Officer belonging to His Majesty's Naval or
Marine or Military Force.

Where the Will is made elsewhere than on Board one of His Majesty's Ships, one of the two requisite attesting
Witnesses shall be a Commissioned Officer, or Chaplain, or Warrant or Subordinate Officer, or the Governor,
Agent, Physician, Surgeon, Assistant-Surgeon, or Chaplain of a Naval Hospital at home or abroad, or a Justice
of the Peace, or the Incumbent, Curate, or Minister of a Church or Place of Worship in the Parish where the
Will is executed, or a British Consular Officer, or an Officer of Customs, or a Notary Public, or a Solicitor, or
in Scotland a Law Agent.

A Will made by any person while serving as a Seaman or Marine will not be valid for any purpose if it is written
or contained on or in the same Paper, Parchment, or Instrument with a Power of Attorney.

The Certificate on the back hereof, is to be signed by the person by whom the Will is prepared.

Noted in Service
Records by. *AE*

Instructions for filling up the Form

If a special legacy is to be given, the name, residence (and relationship if any) of the person interested is to be inserted in the space after the words "I give and bequeath," or if more than one person, the respective names, &c., also the particulars of the property bequeathed.

Then the words "And I give and bequeath unto" should be inserted together with the names, &c., of the person or persons to whom the residue of the Testator's property is to be given, and the words printed in italics commencing "all such wages," should be struck out.

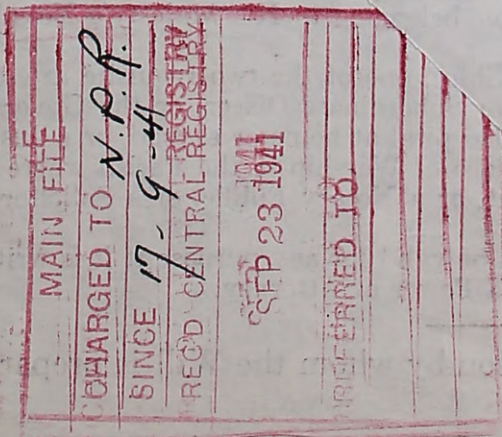
If, however, the *whole* of the Testator's property is to be given to one person, or between several, all that is necessary is to insert in the space, the names, &c., of the person or persons to be benefited.

CERTIFICATE

I hereby certify that the Will on the other side hereof was previously to its execution read over to the Testator who appeared perfectly to understand the same.

W. J. Tucker

{ Signature of the person
by whom the Will was prepared.



S. 1246E

(Est.—May, 1927)

(Rev.—June, 1936)

6M—2-43 (8440)

N.S. 815-9-1246E

it on final discharge from the Service.

STEWARD RATING'S HISTORY SHEET

(See K.R. & A.I., Articles 609 and 610)

Full Name Lera Sibon SWALES

Official Number.....V-17781

Examinations for Higher Rank or Rating and in Special Subjects

[illegible]

EMPLOYMENT RECORD

NOTE—To be filled up on termination of service under a particular Accountant Officer. The record is not normally to be completed in respect of periods of less than three months; the Accountant Officer may, however, at his discretion make an entry for a shorter period if he has particular reasons for so doing.

Ship 1	Rating 2	Date		Mess in which employed 5	Capacity in which employed e.g., Admiral's Ch. Std., Captain's Valet, W.R. Mess- man, Gun Room Messman, etc. 6	Remarks as to ability, whether recommended for Valet, Wine Steward, Messman, Steward, Admiral or Captain's Steward, etc., Ability to take charge of staff. 7	Signature of Accountant Officer if of Paymaster- Lieutenant's rank or above, otherwise Captain 8
		From 3	To 4				
London Div.	O/Imm	28 Apr '41	12 Oct '41				
Stadacona	"	13 Oct '41	25 Dec '41				
Sambo (Frederickton)	"	26 Dec '41	30 Apr '42				
Frederickton	"	1 May '42	27 Aug '42				
"	AB.	28 Aug '42	17 Mar '43				
"	P/Student	18 Mar '43	7 Apr '43				
HMCS "Stadacona"	"	8 Apr '43	17 July '43				
Stadacona (Pictou)	"	18 July '43	17 Nov '43				
Stadacona	"	18 Nov '43	29 Nov '43				
Hochlegu II	"	30 Nov '43	6 Dec '43				
Stadacona (Valleyfield)	"	7 Dec '43					
						Under three months	M.C. Stephens

CERTIFICATE of the SERVICE of

LeRoy Stilson SWALES

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
<u>Halifax, Nova Scotia</u>	<u>London, Ontario.</u>	<u>V-17781</u>

Date of Birth	<u>16 January 1920</u>	Name and Address of Nearest Relative or Friend (in pencil) <u>Mrs. Mitchell Swales</u> <u>Waltham</u> <u>Same Address</u>
Place of Birth	<u>Komoka, Ontario</u>	
Place of Residence	<u>Watford, Ontario.</u>	
Trade brought up to	<u>Labourer</u>	
Religion	<u>United</u>	
Can Swim:—P.P.T. Fair	Date <u>5 Nov</u> 19 <u>41</u>	Signature <u>P. K. Smith</u> 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	
14 Jun. 41	28 Aug. 41	Hostilities	Ord. Smn.		28 Feb 44	Can Volunteer Service Medal & Clasp - Provisional Award

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	7	37½	145	Auburn	Blue	Med.	Scar on left knee cap.
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

Ledgers 10/11/42
WJ

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
1941	(Active Service) R 69 R London			O/Smn	28 Aug	12 Oct 41	
-	Stadacona			- " -	13 Oct 41	25 Dec 41	
	Sambro (Fredericton)			- " -	26 Dec 41	30 Apr 42	
	Stadacona (- " -)			- " -	1 May 42	27 Aug 42	
	- " - (- " -)			A.B.	28 Aug 42	17 Mch 43	
	Stadacona (- " -)			Prob. Stud.	18 Mch 43	7 Apr 43	
	H.M.C.S. "Stadacona"			- " -	8 Apr 43	17 July 43	
	Stadacona (RNO Pictou)			- " -	18 July 43	17 Nov 43	
	Stadacona			- " -	18 Nov 43	29 Nov 43	
	Hochelaga			- " -	30 Nov 43	6 Dec 43	
	Stadacona (Valleyfield)			- " -	7 Dec 43	29 Feb 44	
	Avalon (Valleyfield)			- " -	1 Mch 44	7 May 44	"D.D."

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

Date	Details	Captain's Signature
23 June 43	Issued SCTN NOB 76833	

NAVAL TRAINING and ACTIVE SERVICE

[illegible][illegible]

Issued Iden. Card No. 7834664

Name.....LeRoy Stilson SWALES.....Conduct

[illegible]

NAME IN FULL S. WALES, Leroy Stilson RANK/RATING Stilson OFF. NO. V-

[illegible]

VERIFIED BY E. E. Kes

VERIFIED BY

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

7. RANK/RATING *Stucl* OFF. NO. *V-17781* ADDRESS

[illegible]

VERIFIED BY DIR. OF PERSONNEL RECORDS.

SEP 11 1941
N.S. 112-61841
CANADA

ORIGINAL

H.Q. File No. 124371

DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
	Surname..... Swales Christian } LeRoy Stilson Names }	Ord. Smn.	V.N.K.	\$1.25

Section A ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname..... Swales Christian } Howard L. Names }	Brother	Watford, Ontario.	\$10.00	New September 1941

Section B DISPOSAL OF EXISTING ALLOTMENTS (See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):—
	NIL.		Initials Date
	Ent'd on Index Card		Oct 7/9/41
	Ent'd on Allotment Ledgers		

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

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

Witness

Writer

Allottor's Signature authorizing charges.....

Rank or Rating

ENTERED IN FAIR LEDGER

ENTERED IN ROUGH LEDGER

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

Accountant Officer

H.M.C.S.

Forwarded..... 10-9-41

THE NAVAL SECRETARY,

Department of National Defence,
(Naval Service)

Ottawa, Ont.

S. 63

100M-2-41 (9291)
H.Q. 815-9-63

TFH/GJ

REGISTERED

AIR MAIL

N.S. V-17781 PERS.(N)

9

8th May, 1944

Dear Mr. Swales:

I deeply regret that I must confirm the telegram of the 8th May, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Leroy Stilson Swales, Steward, Official Number V-17781, 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,

LETTER dispatched by
PERSONNEL NAVAL
MAY 09 1944

SECRETARY, NAVAL BOARD.

Mr. Stilson Swales,
WATFORD, Ontario.

V-17781 PERS(N)
DRAFTED BY NPR PER TSH
NAVAL MESSAGE

S. 1320 D
20000M-11-43 (2867-8-9-70)
N. S. 815-9-1320-D.
K. P. 95440

To:

MR. STILSON SWALES,
WATFORD, ONT.

From:

N.S.H.Q.

V-17781

CNP

THE MINISTER OF NATIONAL DEFENCE FOR NAVAL SERVICES
DEEPLY REGRETS TO INFORM YOU THAT YOUR SON LEROY
STILSON SWALES STEWARD OFFICIAL NO V-17781 IS MISSING
AT SEA. LETTER FOLLOWS.

16

-/08

(DELIVERY CONFIRMED)

LT

PL

8/5/44

GP

2424

P.A.'S CHECKED IN

C.R. BY. *B*

C.R. /5-2.
P. A.
NAVAL TREASURY
DATE 3/18/44
INITIAL MS

FORM "B"

FILE N.S.V-17781 PERS. (W)

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

AUG 30 1944

(Date)

Sir:

The following casualty has been reported -

NAME SWALES, Leroy Stilson RANK or RATING Steward NAVAL NO. V-17781 R.C.N.V.R.

DATE OF ENLISTMENT - 28 August, 1941.

DATE OF DISCHARGE - 7 May, 1944.

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, presumed dead, when H.M.C.S. "VALLEYFIELD" was
when and where any disability
was incurred, or where death torpedoed and sunk by enemy action in the Atlantic.
occurred.

(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 - Father NAME - Mr. Stilson Swales,

ADDRESS - Watford, Ontario.

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.

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY
FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MAR-
RIAGE ALLOWANCE, DEPENDENT'S ALLOWANCE, etc.

P.A.'S CHECKED IN
C.R. BY [Signature]

REMARKS:.....

THIS PORTION OF FORM COMPLETED BY CHIEF TREASURY OFFICER, DEPARTMENT OF NATIONAL DEFENCE, NAVAL SERVICE.

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
NIL	NIL	NIL	NIL

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
<u>Monthly rate:</u>	nil	\$15.00	\$15.00
	NIL	\$10.00	\$10.00
<u>To Whom Paid:</u>	Mr. Howard Swales	<u>Address</u>	Watford, Ontario.
	Mr. Stilson Swales		Watford, Ontario.

Date of Enlistment: See other side.

Date of Discharge: See other side.

Inclusive date to which D.A. and/or A.P. was Paid:

The final deduction of Assigned Pay for \$25.00 has been made for the period from 1st to 31st of May 1944.

Remarks:

Computed by....L.D.....

Checked by.....amp.....

for Alec J. Boswell
Chief Treasury Officer,
DEPARTMENT OF NATIONAL DEFENCE,
(Naval Service).

The Secretary, The Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ontario.

File No. N.S. V-17781 PERS. (N)

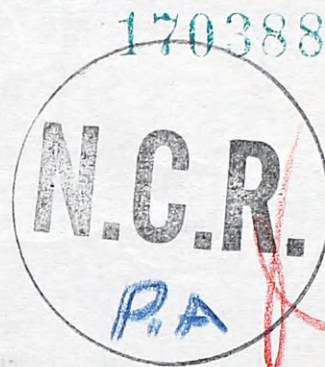
DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

WAR MEMORIAL CROSS

Issued to:-

Wife:-

Mother:-
Mrs. S. Swales,
WATFORD, Ont.



Date forwarded:- OCT 13 1944

Registered Mail No.- 0-3187

*Seen 1/11/44
NPR/5
e*

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased

Member's Name

Leroy Stilson

SWALES

(Christian Names)

(Surname)

Payee

Director of Estates for Service Estate of

Address

308 Sparks St.
Ottawa, Ont.

Leroy S. SWALES

N.S. U-17781

Register No. 10206

File No. V-17781

Date 18-6-45

Service No. V-17781

Final Rank or Rating

Stard

Date of Discharge

7 May 44

Date of termination of overseas service

7 May 44

A. TOTAL QUALIFYING SERVICE

No. of days 984 equal to 32 complete periods at \$7.50
30

\$ 240.00

B. QUALIFYING OVERSEAS SERVICE

No. of days 621 less 24 ineligible days equal to 597 days @ 25¢ per day

149.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay	\$ 1.95
Subsistence or Lodging	\$ 1.45
and Provision Allowance	
Additional Pay HLM	\$.13

Dependents' Allowance 1/30 of \$ nil

Total 3.53 x 7 = \$ 24.71

No. of days 621 x \$ 24.71 = 83.86
183

D. WAR SERVICE GRATUITY

473.11

E. DEDUCTIONS

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

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

473.11

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ _____ of \$ = \$ 473.11
Total Dependents' Allowance in issue \$

CERTIFICATE: I certify that the amount has been correctly computed and is payable in accordance with the terms of the War Service Grants Act, 1944 and the regulations issued thereunder.

		Treasury	
Prepared by	Checked by	Checked by	Date

Service Representative

D.N.P.A. CHECK

1	6
2	7
3	8
4	9
5	10

142578

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... SWALES... Leroy S. Rating... Stwd
Official No. V. 17781 H.M.C. SAVALON " VALLEYFIELD" List. 12²/25
Who* DISCHARGED DEAD on the 7 May 19 44.

Net sum due on ledger on account of Wages.....

N \$ I L cts.

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 \$.....

\$ cts.

Cash deposited by official Receipt No. 25181 Adm. Naval Estates
(Present War).....

240 13

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) FIFTEEN DOLLARS charged to 31 May
TEN DOLLARS 1944

Name of ship from which transferred..... HMCS "VALLEYFIELD".....

Total†..... CREDITOR

240 13

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 TWO HUNDRED & FORTY dollars..... THIRTEEN 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

{ 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 #A13926 dated 19 May, 1944

5M-2-42 (3801)
H.Q. N.S. 815-9-45

LEDGER: West

AUDIT: West

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

List 12² No. 25 (Name) SWALES, Leroy S. Rank Rating Stwd. No. V.17781

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

CREDIT from former account	\$	c.
Pay as Stwd. (Rank Rating) from 1 Apl to 31 May (61 days at \$ 1.95 day)	118	95
Adjust. Stwd. " 18 Mch:43 " 31 Mch:44 380 " .45 ")	171	00
" " " " " " ")		
" " " " " " ")		
" " " " " " ")		
Kit Upkeep Allowance Adjustment March, 1944. 1 Apl - 7 May	6	33
OTHER CREDITS: G.M. 1 Apl - 7 May, 37 days @ .064	2	22
Total credits	336	07

DEBT from former account N I L

PAYMENTS:—	1st	2nd	3rd	4th	5th	
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	
1st month	37.00	8.94				Total 45 94
2nd month						Total
3rd month						Total

Allotment 15.00, 10.00 chged Apl & May 50 00

Pension deduction (Officers) charged to of

Hospital stoppages

Mulcts

OTHER CHARGES: O.R. No. 25182 payable Adm. Naval Estates (Present War) 240 13

BEDGER: <i>[Signature]</i>	Total debits	336 07
AUDIT: <i>[Signature]</i>	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

MF

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

2
NAVYDECEASED
MEMBER'S
NAMELeroy Stilson
(CHRISTIAN NAMES)SWALES
(SURNAME)

REGISTER NO. 10206

FILE NO. V-17781

DATE 25 Oct '45

SERVICE NO. V-17781

PAYEE
ADDRESSDirector of Estates For Service Estate of
308 Sparks St. Leroy S. Swales
Ottawa, Ont. N.S.V-17781

FINAL RANK OR RATING Stwd.

DATE OF TERMINATION OF OVERSEAS SERVICE 7 May '44

DATE OF DISCHARGE 7 May '44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 984 EQUAL TO 32 COMPLETE PERIODS AT \$7.50

\$ 240.00

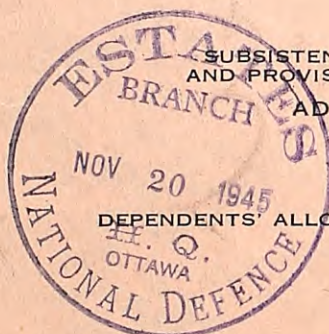
B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 621 LESS 24 INELIGIBLE DAYS, EQUAL TO 597 DAYS @ 25C. PER DAY

\$ 149.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE



PAY	\$ 1.95
SUBSISTENCE OR LODGING	
AND PROVISION ALLOWANCE	\$ 1.45
ADDITIONAL PAY	HLM \$.13

\$

\$

DEPENDENTS' ALLOWANCE 1/30 OF \$ Nil \$ Nil

TOTAL \$ 3.53 X7 = \$ 24.71

NO. OF DAYS 621 X\$ 24.71

\$ 83.86

D. WAR SERVICE GRATUITY

\$ 473.11

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$ Nil

F. TOTAL AMOUNT PAYABLE

\$ 473.11

G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

\$ 473.11

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

PREPARED BY

EP

CHECKED BY

J. H. P.

TREASURY

CHECKED BY

DATE

Geo. McCallum 3/10/45

For Dir. Naval Pay Acct'ing

DISTRIBUTION OF SERVICE ESTATES GMW

Estates Form "P. 4"

NAVY

Name: SWALES, Leroy S. No.: V17781
Surname Christian Names

Rank Stwd. Unit HMCS Valleyfield Date of Death 7-5-44

AMOUNT W.S.O. 473.11
L.P.C. \$ 275.33

Date: 7-3-46

Other Credits.....

Total..... 748.44
Prev. Dist. 240.13
This Dist. 508.31

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Mary M. Swales Watford, Ont. (Sole beneficiary per will) <i>94 Treas. 19-3.</i>	508.31 <i>473.11</i> <i>3520</i> WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	<u>31</u>	<u>00</u>	<u>50</u>	<u>000</u>	<u>508.31</u>
CLASSIFIED BY <i>[Signature]</i>			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

[Signature]
(L. M. FIRTH) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

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

Sir:

12 May, 1944.

(Date)

The following casualty has been reported -

NAME SWALES, Leroy Stilson RANK or RATING Steward NAVAL NO. V-17781 P.C.N.V.R. 13

DATE OF ENLISTMENT - 28 Aug., 1941

DATE OF DISCHARGE - Will be Reported later.

HOSPITAL - (If discharged in hospital under jurisdiction of D. P. & N. H.)

SERVICE - Canada & High Seas.
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and - "Missing" at sea when the ship in which he was serv-
when and where any disability ing was lost by enemy action. While this casualty
was incurred, or where death is listed as missing, it is impossible to make an estimate as to his chances of
occurred. survival. Should no information be received to the contrary, you will be noti-
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- Father NAME- Mr. Stilson Swales.

ADDRESS- Watford, Ont.

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. *EMC*

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

1138348

30 August, 1944

IN REPLY PLEASE QUOTE

N.S. V-17781 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
SWALES, LeRoy Stilson, Steward, Official Number V-17781, Royal Canadian Naval Volunteer Reserve.	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.	Father: Mr. Stilson Swales. Watford, Ontario.

In favor of	ALLOTMENTS IN FORCE	Amount	Initials
Father	Mr. Stilson Swales, Watford, Ontario	\$15.00 A. P.	AMP.
Brother	Mr. Howard L. Swales, Walford, Ontario	\$10.00 A. P.	AMP.

(Both Allots. stopped May 31/44)

Will: Attached.

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD.

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