V516
TOPP
CHARLES JAMES

Sec 2 T-100 H43711T

ATTESTATION

NON-PERMANENT ACTIVE MILITIA ~~OF CANADA~~

UNIT 7th ARMY TROOP COY., R.C.E. REGTL. No. 384

1. Surname? (Block letters) TOPP
2. Christian names? CHARLES JAMES
3. Present address? 433 CAMPBELL ST.

   Phone No. —
4. Date of Birth?* 2-12-1917
5. British subject? YES
6. Occupation? FITTER'S HELPER WINNIPEG HEATING CO.
7. Religion? PRESB.
8. Next of Kin C. R. TOPP
9. Relationship? FATHER

   Address 433 CAMPBELL ST., WINNIPEG,
10. Previous Naval, Military or Air Force Service NIL
    (Give particulars, qualifications, etc.)

P73567

CERTIFICATE OF MEDICAL EXAMINATION

Height 5'11½ Weight 166 Chest max. 38¾ min. 37

Descriptive marks

I have examined the above named man in accordance with instructions laid down in Instructions for the R.C.A.M.C. and C.D.C. 1937 Appendix V and find him FIT Category A

Date AUG. 12, 1940 Signature

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned CHARLES JAMES TOPP do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers (made by me) to the foregoing questions are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, or my next of kin to my Commanding Officer.

OATH TO BE TAKEN

I, CHARLES JAMES TOPP do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Signature of Witness Signature of Man

Dated this 12 day of AUG. 1940 at WINNIPEG,

CERTIFICATE OF ATTESTING OFFICER

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly entered and replied to, and the said recruit has made and signed the declaration and taken the oath.

Signature of Magistrate, Justice of Peace, or Attesting Officer

M.F.B. 235d
150M—7-40 (5905)
H.Q. 1772-39-1545

*To be shown day, month, year—Example:—25-8-39.

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from 12-8-40		Pt. II 3/40	Lt. for Officer Commanding, 4th Army Troop Coy. R.C.E. Unit
S.O.S. on joining R.C.H.A.R.	22-1-42	Pt. II 9/42	Lt. R.C.E. a.d. 10TH DIST. ENGINEERS, R.C.E. (R)
Medals and Decorations			

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from			Officer Commanding Unit

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.

ATTESTATION
NON–PERMANENT ACTIVE MILITIA OF CANADA

7th ARMY TROOP COMPANY, R.C.E. REGTLE No. 384

1. Surname Topp.

2. Christian Names Charles James.

3. Present Address 433 Campbell St. Phone

4. Date of Birth Dec 2 1917 5. British Subject Yes.

6. Occupation Fitters helper Winnipeg Heating Co. 7. Religion (1st.) Presb.

8. Next of Kin C.R. Topp. 9 Relationship Father
Address Same.

10. Previous Naval, Military or Air Force Service Nil.

CERTIFICATE OF MEDICAL EXAMINATION

Height 5'-11½" Weight 166 Chest, Max. 38¾ Min. 37

Descriptive Marks

I have examined the above named man in accordance with instructions laid down in Instructions for the R.C.A.M.C. and C.A.D.C. 1937 Appendix V. and find him A - Category.

Date Aug 12 1940 Signature Donald N.C. McIntyre

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned Charles James Topp do sincerely promise and declare that to the best of my knowledge and belief, the above answers (made by me) to the foregoing questions are true, that I am willing to be attested for the term of three years or until legally discharged and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, or my next–of–kin to my commanding Officer.

OATH TO BE TAKEN

I, Charles James Topp do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Signature of Witness Eric C. Hodgson Signature of man C.J. Topp.

Dated this 12 day of Aug 1940, at Winnipeg

CERTIFICATE OF ATTESTING OFFICER

The recruit above named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly replied to, and the said recruit has made and signed the declaration and taken the oath.

Signature of Attesting Officer J.H. Charles
Major.

THE CANADIAN ARMY—RESERVE PERSONNEL

CERTIFICATE OF DISCHARGE

This Certifies *that* H.437117 (Regtl. No.) Sapper (Rank) TOPP. Charles James. (Name in full)

of Winnipeg *County of* .....

Province of Manitoba *served continuously in the*

7th Army Troops Coy. R.C.E. (R)
(Regiment or Corps)

from the 12th *day of* August *1940*, *to*

the 22nd *day of* January *19*42, *and is now discharged*

therefrom, and that he attended and completed Annual Training for the years

1940 - 1941
(Each year separately, in figures)

one year and onehundred & fifty-nine days
(Total number of years, in words)

E. J. Topp.
(Signature of Soldier)

Place Winnipeg, Man.

Date 22nd January *1942*

for *Commanding* officer (J.H.Edgar) Lt. Colonel, Lieut.R.C.E.
10th District Engineers (R)
(Rank)

†*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

DISCHARGE GRANTED ON JOINING R.C.N.V.R.

.H.Q. Authority 16th January, 1942.
. 62-21-5 "T"
F . 99

Discharge certificate being
retained at this Headquarters.

CANADA

P018070

N. V. 5
50M—1-41 (8973)
N.S. 815-11-5

DEPT. NATIONAL DEFENCE
JAN 30 1942
N.S. 113T-866

ATTESTATION FORM
(HOSTILITIES FORM)
FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME TOPP OFFICIAL NO. V516

CHRISTIAN NAMES Charles James MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
433 Campbell St., Winnipeg, Manitoba.	Prèsbyterian

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
2nd December, 1917. *Original Nationality of: Father Scottish Mother Scottish	Town Winnipeg, County Province Manitoba.	Charles R. Topp(Father), 433 Campbell St., Winnipeg, Manitoba.

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet 5 Inches 11	Inflated 40 Deflated 38 Mean 39	Dark Brown	Brown	Fair	Acne scars on face.

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
Grade XI	Fireman, Winnipeg Heating Co., 1120 Dorchester Ave., Winnipeg, Manitoba.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
Divisional Strength 23rd January, 1942.	Stoker I	H.M.C.S. CHIPPAWA.

(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 R.C.E. 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
7th Army Troops Coy. R.C.E.	Sapper	12th Aug.,1940	22nd Jan.,1942.

(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.

Ins. Book, Winnipeg, Man

Personnel Records
Division
1. Noted in Records
2. Index Card
3. Non-Sub. Card
4.
5. Roneo Strip
6. Pension Card
7.
8.
DATE 6/2/42

H.M.C.S. CHIPPAWA.

(5) On being enrolled as a member of the Winnipeg, Manitoba. 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 23rd day of January, 1942.

Signature of applicant C. J. Topp

(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 23rd day of January, 1942.

Roy R. Cytour
Signature of and rank of Attesting Officer.
Sub-Lieut., R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, Charles James TOPP 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 C. J. Topp

Witness Roy R. Cytour

Date 23rd January, 1942. Rank Sub-Lieut., 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

Charles James TOPP 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 Winnipeg, Manitoba. Division of the R.C.N.V.R. or in the appropriate official documents. H.M.C.S. CHIPPAWA.

Roy R. Cytour
Sub-Lieut., R.C.N.V.R. Attesting Officer.

23rd January, 1942. R.C.N.V.R. Division (or other establishment) Winnipeg, Manitoba. H.M.C.S. CHIPPAWA.

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

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

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

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

C. J. Topp
(Signature)

V516 OFFICIAL NUMBER | FILE NUMBER 113-T-866 | OFFICIAL NUMBER V516

NAME TOPP (Surname) Charles James (Given Names) DATE OF BIRTH 2 December, 1917

PLACE OF BIRTH Winnipeg, Manitoba OCCUPATION Fireman, Winnipeg Heating Co.

RELIGION Presbyterian EDUCATION Grade XI

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 433 Campbell St. Town Winnipeg Province, etc Manitoba

Engagements				Description					Previous Service			
Date (in figures) Day	Month	Year	Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates From	To
23	1	42	H.O.	5'11"	D.Brown	Brown	Fair	Acne Scars on face				

NEXT OF KIN. RELATIONSHIP (in pencil) Father 10/43 NAME (in pencil) Charles R Topp

ADDRESS (in pencil): Street and No. 433 Campbell St Town Winnipeg Province, etc. Manitoba

Medals, Clasps, Hurt Certificates, Prize Money				Examinations, Certificates, etc.							
Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars
28	2	44	C.V.S.M.(R.& C.)	17	3	42	Passed E.T."One" RCN.				
26	2	44	1939-1943 Star.	22	4	43	Passed Aux. Mach. W/K.Cert. (295 GR)				
				16	8	43	Qual.for Stoker P.O.(26897).				

Badges, G.C. or G.S.					Brief Particulars of Warrant or C.M. Punishments and C.P. Charges					
Date (in figures) Day	Month	Year	1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	Ship or Establishment	Wt. No.	Date (in figures) Day	Month	Year	Brief Particulars of Offence	Punishment

FILM NO. MSR 5129-6 DATE

Eligible to count 1 Year, 164 Days Can. Army Reserve Service towards GSB.
25 237

Second Class For Conduct	
From	To

Date (in figures)			Days Forfeited					
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.

Ins. Book, Winnipeg, Man.
O.H.F. received

H.Q. 35—15M—10-41 (2177)
N.S. 815—7-35

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

V516 OFFICIAL NUMBER

NAME TOPP (Surname) Charles James (Given Names)

P.I.B. OFFICIAL NUMBER V516

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year	Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Re-Qualified Day	Re-Qualified Month	Re-Qualified Year
HMCS"Chippawa"	Stoker I	23	1	42	Winnipeg Div. Str.	V.G.	Supr.	31	12	42							
"	"	26	1	42	D	V.G.	Sat.	31	12	43							
Naden	"	13	4	42	D.L.	V.G.	Sat.	7	5	44							
Givenchy	"	3	5	42	#84085												
Naden	"	1	6	42	#21144												
Stadacona	"	1	8	42	DRD												
Lethbridge	"	11	9	42	DRD on Strength 10 (15-9-42) (17237)												
"	A/Ldg.Sto.	1	5	43	Memo of 4-5-43. (36006)												
Stadacona	"	1	6	43	DRD #1632												
Hochelaga II	"	26	11	43	DRD H-3341												
Valleyfield		8	12	43	Serv. Cert.												
Discharged		7	5	44	Missing on Active Service. Casualty List. (249A #A-13925).												
					Presumed Dead. (per Correction Sheet Page 105).												
					Confirmed Ldg.Stoker.1.5.44.(249A #A-13915).												

GENERAL REMARKS

Awarded Canadian Memorial Cross:
MOTHER: Mrs C.R. TOPP,
433 Campbell,Street,
WINNIPEG, Man.

To hosp. 30-10-42 (196231) Sydney, NS

DATE OF BIRTH DY	MO.	YR.	PLACE OF BIRTH	CIVIL MAIN	OCCU. SUB	RELIGION	ED	PERM. RESIDENCE P.	CTY.	TOWN	PREV. SERV.	ENL. DIV.	RANK OR RATE ON ENLISTMENT A	BR	RANK
02	R	17	16	243	0	50	4	6	06	06	6	06	0	15	94

ENLIST DATE DY.	MO.	YR.	ACT. SERV. DATE DY.	MO.	YR.	STR. CAT.		ACT. SERV. DATE DY.	MO.	YR.	SHIP OR ESTAB.	RANK OR RATE A	BR	RANK
23	01	42	26	01	42						9690	1	15	93

SENIORITY DY	MO	YR	STR CAT.	NON SUB A	SUB B	M ST.		CODED	CHECKED
01	05	43	13	00	00		M. S.		

VERIFICATION

CAMPAIGN STARS, DEFENCE MEDAL, WAR M

NAVAL GENERAL SERVICE ME

NAME IN FULL Topp Chas. James RANK/RATING P/LD6

SHIP	SERVICE			AREA		
	FROM	TO	DAYS		FROM	TO
Chippewa	26/1/42					
Lethbridge	11/9/42	31/5/43	263	Atlantic		
Halleyfield	8/12/43	7/5/44	152	Atlantic		
~~Cardar~~	~~1/3/44~~	~~7/5/44~~	~~68~~			
Discharged "Dead"						
to date 7/5/44						

VERIFIED BY Georgette Pennell

VERIFIED BY

VERIFICATION FORM

EFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.

L GENERAL SERVICE MEDAL (1915).

RATING ...A/LDG...Sta.....OFF.NO. ...V.516.....ADDRESS .....

	QUALIFYING PERIODS IN DAYS								✓	
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL	STARS MEDALS	1 2	ELIGIBLE FOR AWARDS OF
								1939-45	/	Star
ntic								ATLANTIC	/	Star
ntic								FRANCE G.		
								AFRICA		
								PACIFIC		
								BURMA		
								ITALY		
								DEFENCE		
								C.V.S.M.	2	@ Clasp
								" CLASP		
								WAR 1945	/	Medal
								WAR 1915		

VERIFIED BY G.E. Sharpe.

BY .....

.....
DIR. OF PERSONNEL RECORDS.

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR March 45 "VALLEYFIELD"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON
ENTITLED TO Mrs. Margaret Topp - Mother

ADDRESS: 433 Campbell Street, River Heights, Winnipeg, Man.

(1)

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS
MOTHER Mrs. C.R. Topp

ADDRESS: 433 Campbell St., Winnipeg, Man.

(3) 28-10-44

MEMORIAL BAR
DATE DESP.
REGN. NO. 159

DEPARTMENT OF VETERANS AFFAIRS

D OF D 7-5-44

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
TOPP	Charles James	Ldg. Sto.	V 516		

WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	
	8928-16-1-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

N.V. 17
60M—11-40 (7836)
N.S. 815-11-17

CERTIFICATE of the SERVICE of

Charles James TOPP

in the Royal Canadian Naval Volunteer Reserve

ICNS ~~45842~~

Training Headquarters	R.C.N.V.R. Division	Official Number V-516
Esquimalt	Chippawa	"
		"

Date of Birth 2 December, 1917

Place of Birth Winnipeg, Manitoba.

Place of Residence 433 Campbell St. Winnipeg Man.

Trade brought up to Fireman

Religion Presbyterian

O.H.F.

Name and Address of Nearest Relative or Friend (in pencil)

Father
Charles R. Topp
Same address

Can Swim:—P.P.T. Date ..... 19..... Signature ..... Rank .....

P.S.T. Date ..... 19..... Signature ..... Rank .....

PARTICULARS OF SERVICE

Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment
	23 Jan '42	Hostil.	Sto. 1/c

MEDALS, DECORATIONS, etc.

Date of Award	Date of Presentation	Nature of Decoration
	26 Feb 44	Canadian Volunteer Service Medal & Clasp Prov. award.
	26 Feb 44	1939-45 Star. Prov. award.

PERSONAL DESCRIPTION

—	Height Feet	Height Inches	Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
On Entry	5	11	39	176	Dark Brown	Brown	Fair	Acne scars on face
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

TRANSFER BETWEEN DIVISIONS

From	To	Date

TRANSFER—LISTS A AND B

List	Date	Authority

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER List	LEDGER No.	RATING	FROM	TO	CAUSE OF DISCHARGE
	Chippawa			Sto. 1/c	23 Jan '42	25 Jan '42	
	On Active Service 26 Jan '42						
	Chippawa			Sto. 1/c	26 Jan '42	12 Apl '42	
	Naden (N.6.H.Q)			—"—	13 Apl '42	15 Apl '42	
	Naden			—"—	16 Apl '42	2 May '42	
	Givenchy			—"—	~~3 Apl~~ 2c. 3 May '42	31 May '42	
	"Naden"			—"—	1 June '42	31 July '42	
	Stadacona			—"—	1 Aug '42	~~30 Sep '42~~ 14 May '43	
	Stadacona (Lethbridge)			—"—	11 Sep '42	31 May '43	
	~~Cornwallis~~			Ldg. Sto. (T4)	~~1 May '43~~ 1 May '43		
	Stadacona			—"—	1 June '43	25 Nov '43	
	Hochelaga II			—"—	26 Nov '43	7 Dec '43	
	Stadacona (Valleyfield)			—"—	8 Dec '43	29 Feb '44	
	Avalon			—"—	1 Feb '44	30 Apl '44	
	—— " ——			Ldg. Sto. (T4)	1 May '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
26 Aug '43	S.C.T.W. B82620 Annual Leave 28-4 days	

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				

EXAMINATIONS, NOTATIONS, QUALIFICATIONS			RECORD OF RATING		
Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
17 Mch '42	Passed E.T.I. RCN.	L H Hudson			
24 Apl '42	Q. M/G. 2 days	for CO L Dragman			
22 Apl '43	Aux. Watch Certificate	L Davis			
16 Aug '43	Passed Proficiency P.O.	L Davis			

Name Charles James TOPP Conduct

SECOND CLASS FOR CONDUCT (Inclusive Dates)		CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED			
From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
		V.G. Super.	(Sto 1/c)	31 Dec. '42	R. S. Kelley
		V.G	Sat	(A/Ldg Sto) 31 Dec. '43	[illegible]
		V.G	Sat	(Ldg. Sto 1/c) 7 May 44	[illegible]

R.C.N.V.R.
GOOD CONDUCT AND GOOD SERVICE BADGES

Date	G.S.B. or G.C.B.	1st, 2nd, 3rd	Granted, Deprived, Restored
NS 113-T-866 of 21 May 1943 Eligible to count 1 year 164 Days Canadian Army Reserve Service towards Good Service Badge			

TIME FORFEITED

Date	P., D.C., C.P., or W.T.	No. of Days	
		Awarded	Served

P018072

113T-866

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full CHARLES JAMES FOX (b) Reg'l. No. V516
2. (a) Arm of service (b) Unit (c) Rank
3. (a) Date of birth (b) Have you any dependents? (c) Place of residence at time of enlistment
4. (a) Place of enlistment (b) Date of enlistment

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school (b) Were you attending school or college up to the time of enlistment? no
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Grade 11
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? no (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

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? O.B.U.

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 Address
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
20. (a) Your specific occupation (b) Number of years' experience at this occupation with any employer
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? (c) Do you wish to return to your former employment?

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? (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? (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

DATE 23 January 194 2 SIGNATURE C J Fox

Copy To
VWD
ES

FEB 9 1942

CANADA

Department of National Defence

Naval Service

1138352

AUG 30 1944 194

IN REPLY PLEASE QUOTE

N.S. V-516, 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
TOPP, Charles James ~~433 Campbell St.~~, Ldg. Stoker, V-516, R.C.N.V.R.	Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.	Father: Mr. Charles R. Topp, 433 Campbell St., River Heights, Winnipeg, Man. OK

ALLOTMENTS IN FORCE

In favor of		Amount	Initials
Father	Mr. Charles R. Topp, 433 Campbell St., River Heights, Winnipeg, Man.	$35.00 A.P.	AMP.

(Stopped May 31/44)

Will: No record.

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD.

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

D 2258 A
1000M—4-42 (4259)
N.S. 815-5-2258

Completion and Return by

Form P. 64

Mr. Charles R. Topp,
433 Campbell St.,
River Heights,
Winnipeg, Man.

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-516 FD. 583

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

TOPP, Charles James Ldg. Stoker,

V-516, R.C.N.V.R.

ESTATES BRANCH OCT 2 1944 OTTAWA. NATIONAL DEFENCE

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.

H. Weeden
Commander R.C.N.V.R.
for Director of Estates.

GC/

M.F.W. 77
6-44 (4878)
H.Q. 1772-39-972

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.....		Charles R. Topp	57.	433 Campbell St Winnipeg.
4	Mother of the Deceased.....		Margaret Topp	61	433 Campbell St Winnipeg.
5	Brothers of the Deceased	Full Blood	Alexander Topp	28.	18 Estelle Apts 349 Aynsley St Winnipeg
			A.B. John Topp V 52258 H.M.C.S. Rimouski	21.	433 Campbell St. Winnipeg.
		Half Blood			
6	Sisters of the Deceased	Full Blood			
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Charles James Tapp.
9	Date of his birth.	December. 2nd 1917.
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Winnipeg. May 22nd 1915

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Winnipeg.
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) (c) (d) Manitoba.
14	Nature of employment before enlistment.	Engineering.
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.	Winnipeg.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	No.
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Len. Five Dollar. 433 Campbell St Winnipeg
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	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.	

(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.)

(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.

Charles Robertson Topp } Signature of Informant

433 Campbell St, Winnipeg, Manitoba. Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Charles Robertson Topp { Name of informant } is the* Father of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Winnipeg this 27 day of September 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Teran J. Finlay Qualification Clergyman & Naval Chaplain.

Address 830 Wolseley Ave, Winnipeg.

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

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"

FORM 5

PROVINCE OF MANITOBA

OFFICIAL REGISTRATION OF DEATH

1. PLACE OF DEATH { If in Rural Municipality AT SEA (Name) Sec. ..... Twp. ..... Rge. .....
If in City, Town or Village ..... (Name) Street ..... House No. .....
(If in hospital or Institution, give name instead of street and number)

2. LENGTH OF STAY (in years, months and days)	In Municipality where death occurred	In Province	In Canada (if immigrant)

3. PRINT FULL NAME OF DECEASED TOPP, (Surname) Charles James (Given name or names in usual order)

RESIDENCE 433 Campbell St., Winnipeg, Man.
(Usual place of abode—If urban, give street and number and name of city, town or village. If rural, sec., tp. and rge.)

4. SEX	**5.** NATIONALITY (Citizenship)	**6.** RACIAL ORIGIN	**7.** Single, Married, Widowed or Divorced *(Write the word)*	**8.** BIRTHPLACE (If in Manitoba, give exact location; if in Canada, province, city, town, village or nearest post office; if foreign, state the country and post office address)
Male	Canadian		Single	Winnipeg, Manitoba.

9. DATE OF BIRTH	Month *(Write the word)*	Day	Year	**10.** AGE IN	Years	Months	Days	If less than one day
	December	2	1917		26	6		....hrs. or ....min.

OCCUPATION

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

12. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc. Winnipeg Heating Co. 4 5

13. Date deceased last worked at this occupation .....

14. Total years spent in this occupation .....

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased .....

PARENTS

16. Name of father .....

17. Birthplace of father Scotland (same as item No. 8)

18. Maiden name of mother .....

19. Birthplace of mother Scotland (same as item No. 8)

The above stated particulars are true, to the best of my knowledge and belief.

20. Signature of informant H.S. Morse
Payar. Cdr. , R.C.N.R., Officer i/c Naval Personnel Records,
Address Naval Service Headquarters, Ottawa, Ont.

21. Relationship to deceased .....

22. Place of burial, cremation or removal Body Not Recovered.

Date of burial ..... 19.....

23. Burial Permit was issued by ..... Address .....

24. Signature of Undertaker or person acting as Undertaker ..... Address .....

MEDICAL CERTIFICATE OF DEATH

25. DATE OF DEATH ..... (Hour) 7th (Day) May (Month) 19 44. (Year)

26. I HEREBY CERTIFY that I attended deceased from ..... 19.....
to ..... 19....., and last saw h..... alive on ..... 19.....

CAUSE OF DEATH

I

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

(a) "MISSING" presumed dead, when H.M.C.S.

due to

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

(b) "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.

due to

(c) .....

II

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

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? ..... (State which) Date of injury ..... 19.....
Manner of injury ..... (How sustained)
Nature of injury .....
Specify whether injury occurred in **industry,** in **home,** or in **public place** .....

I HEREBY CERTIFY that the particulars and cause of death above written are true to the best of my knowledge and belief.

Signed by ..... **M.D.**
Address ..... **Date** ..... **19**.....

30. Registered number ..... filed this ..... day of ..... 19.....

31. .....
(Signature of Division Registrar)

SEC. 45, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker, to obtain all the particulars required in the "Official Registration of Death," and to file the same with the Division Registrar who shall issue the Burial Permit. The Undertaker obtains the Medical Certificate from the Physician last in attendance, who is required by Section 41 to fill in all the particulars.

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

6

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

CANADA

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 Charles TOPP

‡candidate for entry as Stoker I

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. Urine: Alb & Sugar Negative

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

Age (Years Months) (a)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)	Vaccinated or revaccinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	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, Hæmorrhoids, etc. (p)
	lbs.	ft. ins.		inches (a) maximum	right eye	8 years ago								
24 1	176	5 11	Good	40 (b) minimum 38 (c) mean 39	20/20 left eye 20/30 *colour vision N.	Left arm 8	Normal	Normal	Normal	Acne scars on face not active now.	Normal	Normal	1 deficient 4 defective. N & T Normal	Normal

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

Pupils react to L & A. Reflexes normal

X-ray {Not taken. / Approved. / Positive. / Doubtful.}

X-RAY APPROVED JAN 16 1942 FILM No. B.1165

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.

C. J. Topp
Signature of Candidate

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

When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of

Acne scars on face Non-active now.

*{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 WINNIPEG, MAN. the 14th. of January 1942.

James Doyle
Examining Medical Officer

(*Rank*) SURGEON LIEUT. R. C. N. V. R.

N.S. 113 - T. 866.

Passing Certificate

This is to Certify

that Charles James TOPP

Rating Stoker I, R.C.N.V.R. Official Number V.516

has passed

THE EDUCATIONAL TEST, I, R.C.N.

held on 17th March, 1942.

For advancement to Petty Officer

~~Naval Secretary~~
A/Commander, R.C.N.V.R.,
Director of Education.

Department of National Defence,

Ottawa, this 1st day of April, 19 42.

C.N.S. 2431
10M—7-40 (6232)
N.S. 815-9-2431

2+9A "11749

PASSING CERTIFICATE

Mechanical Training Establishment, Halifax

Date Course Commenced May 24th. 1943.

Results of Passing Out Examination -:- Leading Stoker Course -:- Class # 50.

Date Course Completed August 16th. 1943.

Nominal Roll "STADACONA" 249a

folio No. 26897 dated 26-8-43

18	No. in Class	
8	Order of Merit	
TOPP C.	Name	
V-516	Official Number	
STO. I	Rating	
23-1-42	Branch of Service ~~Xxxxxxxxxx~~ Seniority	
2-12-17	Date of Birth	
FITTER / SATISFACTORY	Trade and Ability	
79	Workshop (100)	SEC. I.
75	Arithmetic and mensuration (75)	SEC. II.
58	English (75)	
40	Engineering I. (75)	
53	Engineering II. (75)	
226	Total Section II (300)	
305	Total Section I. & II. (400)	
76	Percentage I. & II.	
94	Mathematics (125)	SEC. III.
51	Engineering III. (75)	
145	Total Section III. (200)	
72	Percentage III.	
450	Grand Total I., II. & III. (600)	
75	Final Percentage I., II. & III	
SATISFACTORY	Suitability for Chief P. O.	
SUPERIOR	Power of Command	
Enthusiastic worker - Intelligent man.	Personality, Remarks, Etc.	
NO	Provisionally Selected for Mechanician Candidate.	
YES	Qualified For S. P. O.	
-	Qualified For Confirmation As Leading Stoker.	

H. P. Palmer
Engineer Officer i/c Instruction

B. C. Lawrence
Engineer Officer i/c M. T. E.

Printed by M. T. E.—5M—1-12-42

THIS CERTIFICATE IS TO BE COMPILED IN DUPLICATE, THE SECOND COPY BEING FORWARDED TO THE MAN'S DEPOT

OIU#29569 of 31/5/43

AUXILIARY MACHINERY COURSE FOR STOKER RATINGS

COPY

CERTIFICATE OF QUALIFICATION

H.M.C.S. "STADACONA"

This is to certify that TOPP, Charles J.

First Class Stoker, Official Number V-516 serving in H.M.C.S.

"LETHBRIDGE", has successfully passed through the Auxiliary Machinery Watchkeeping Course as laid down in K.R. and A.I. Appendix XVII, Part I, No. 39 (F), and notations have been made on his History Sheet accordingly.

A G Bridgman Lt Cdr (E)
Engineer Officer

Alfred C. Wurtele
Commanding Officer

Date 22nd April *19* 43.

S. 443
10M—6-42 (4888)
N.S. 815-9-443

DC

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
NAVY

Dar.

RELEASED MEMBER'S NAME: Charles James (CHRISTIAN NAMES) TOPP (SURNAME)

REGISTER NO. 4324
FILE NO. NSV 516
DATE 16 Jan'46
SERVICE NO. V-516
FINAL RANK OR RATING A/L.Sto.
DATE OF DISCHARGE 7 May'44

PAYEE: Mrs. Margaret Topp,
ADDRESS: 433 Campbell St.,
Winnipeg, Man.

DATE OF TERMINATION OF OVERSEAS SERVICE 7 May'44

A. TOTAL QUALIFYING SERVICE		
NO. OF DAYS 833/30 EQUAL TO 27 COMPLETE PERIODS AT $7.50		$ 202.50
B. QUALIFYING OVERSEAS SERVICE		
NO. OF DAYS 415 LESS 23 INELIGIBLE DAYS, EQUAL TO 392 DAYS @ 25C. PER DAY		98.00
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY	$ 2.25	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.45	
ADDITIONAL PAY H.L.M.	$ .13	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $ NIL	$	
TOTAL	$ 3.83 ×7 = $ 26.81	
NO. OF DAYS 415/183	×$ 26.81	60.80
Cheque 164326 - Jan. 30/46		
D. WAR SERVICE GRATUITY		361.30
E. DEDUCTIONS — OVERPAYMENT OF — PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$ NIL	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		361.30

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $_____ OF $ _____ =$ 361.30
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.

PREPARED BY	CHECKED BY
DHJ	

TREASURY	
CHECKED BY	DATE
E.R. Coghlan	19-1-46

FOR Dir. Naval Pay Acting.
SERVICE REPRESENTATIVE

62-21-5 AM 4217

N. V. 3a

30M—7-41 (1262)
N.S. 815-11-3a

NAVAL SERVICE

OFFER OF SERVICE (HOSTILITIES ONLY)

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

A. Personal History—

Name TOPP CHARLES JAMES 402216
Surname (in Block Letters) Christian Names Telephone No.

Address 433 CAMPBELL ST WINNIPEG MAN.
Number Street Town or City County Province

Date of birth December 2nd 1917 Place of birth Grace Hospital Wpg.

Nationality Canadian Are you British by birth? Yes or by Naturalization?

Birth place of (a) Father Scotland (b) Mother Scotland

Are you (a) Single Yes (b) Married (c) Widower (d) No. of Children?

Any physical defects (especially eyesight)? No

Height 6' Weight 175 lbs. Can you swim?

B. Education—

Highest school grade passed successfully? Grade XI G.R.S. Any Matriculation? No

University: (a) Name (b) Years attended (c) Course and Degree

Technical courses taken Electric shops, Mech. Drawing & Wood Turning

Special studies Engineer's Certificate 4th Class

Languages spoken

C. Sea Experience—

Have you ever been employed at sea? No Give number of years and how employed?

Name and number of Mercantile Marine Certificates held

State last position held at sea (with dates)

State employment since leaving sea

D. Occupation: What is your profession, trade or occupation in civil life? Fireman at The Winnipeg Heating Co

Are you (a) Actively pursuing your profession or trade on your own account? Yes

(b) Employed; if so, in what capacity and under what employer? Fireman Winnipeg Heating Co July 1940 to present time.

General experience (with dates)

Have you ever served in any of His Majesty's Forces? If so, which? How long?
R.C.E. reserves Since Aug 1940

No. and Class of any Stationary Engineer's certificates or other certificates of competency No. 1724 Provisional

How long would you need to settle up your private affairs? 1 day

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

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

If you cannot be accepted as an Officer are you willing to serve as a rating?

In what capacity do you wish to enrol? Stoker I

Date of Application 8 January 1942 Signature C. J. Topp

S. 2063
30M—10-40 (7513)
N.S. 815—9-2063

ORIGINAL

STOP NOTICE

(Navy Allotments)

10 A

LIST NUMBER	ALLOTTOR'S SURNAME	CHRISTIAN NAME	RANK OR OFF. No.
	TOPP	Charles, James	Sto.I V-516

PARTICULARS OF ALLOTMENT BEING STOPPED

RATE PER MONTH	DATE (Inclusive to which) Allotment is to be paid	NAME OF ALLOTTEE	RELATIONSHIP TO ALLOTTOR	ADDRESS
$7.21	Sep.30 1942.	Receiver General of Canada. 2nd Victory Loan Account.	NIL	Ottawa, Ontario.

Entered in:—

Fair Ledger [signature]

Rough Ledger [signature]

Not available
Signature of Allottor

Cause of Stoppage

(When an Allotment in favour of an Allottee, on whose account M.A. is credited has to be stopped, information regarding the stoppage of M.A. should be also inserted here.)

Paid in full

THE CHIEF TREASURY OFFICER
DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)
OTTAWA, CANADA

[signature]
A/Pay.Lieut. Cdr.RCNVR. Accountant Officer

H.M.C.S. "BYTOWN"

Date forwarded March 11, 1942.

FOR USE AT HEADQUARTERS ONLY

1. Index Card Destroyed
2. Noted in Birth Record Ledger
3. M./A. Card Destroyed
4. Ledger Account Closed

INITIALS	DATE

N.S. 113 - T. 866.

Passing Certificate

This is to Certify

15

that Charles James TOPP

Rating Stoker I, R.C.N.V.R. Official Number V.516

has passed

THE EDUCATIONAL TEST, I R.C.N.

held on 17th March, 1942.

For advancement to Petty Officer

Naval Secretary
A/Commander, R.C.N.V.R.,
Director of Education.

Department of National Defence,

Ottawa, this 1st day of April, 19 42.

C.N.S. 2431
10M—7-40 (6232)
N.S. 815-9-2431

Noted in Service
Records by

N.C.R.

144395

FILE NOS.:

V-796	V-35412
V-19239	A-1271
V-68471	V-41543
V-54372	V-35526
V-12143	V-46463
V-25531	V-22563
V-4538	V-65055
A-2453	O-44950
A-4681	O-45010
V-31063	V-41461
V-4427	V-15283
V-51452	V-3417
V-19206	V-51108
V-43309	V-27849
V-56590	V-2299
V-10506	V-34242
V-11244	V-44790
V-53512	V-18039
V-61903	V-399
V-49761	A-4506
V-16586	V-64486
V-23508	N-4649
V-39924	V-57455
V-59892	N-4122
A-5954	N-4323
O-22420	V-5995
O-23950	O-62255
V-30201	V-13701
V-22262	O-65010
V-38722	V-48962
V-31768	V-17305
V-55196	V-41902
V-905	V-63143
V-65619	O-70570
V-55803	V-50046
N-4472	V-35344
V-50475	V-5794
V-23128	O-71320
V-65496	V-17781
V-17703	V-14540
O-35660	V-516
V-54304	V-25850
V-3538	V-3386
V-43818	V-688
V-52497	V-50598
V-64138	O-76380
V-25279	V-5911
V-50961	V-37893
V-57850	N-21989
V-51441	V-56565
V-65120	V-599
V-62261	N-21498
V-49646	V-8662
V-35602	V-50658
O-47000	V-51989
V-44690	V-6388
V-67335	
V-54554	

SEP 20 1944

Sir:

With reference to Canadian Naval Casualty Lists, pages 92 to 106 inclusive, it is notified for your information that the approval of the Canadian Naval Authorities has now been given to presume the death of the 11 Officers and 103 ratings, previously reported "missing" from H.M.C.S. "VALLEYFIELD" as having occurred on the 7th of May, 1944.

Your attention is called to the fact that the name Lorne Irwin Clinton Johnson, Ordinary Seaman, V-47125, has been deleted from page 99. (See Correction Sheet Page #34).

Individual forms for these casualties have been previously forwarded.

Yours truly,

H.B. Money

for
SECRETARY, NAVAL BOARD.

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

P.A. IS CHECKED IN
C.R. BY ....

LA/HS

N.S.V-516, PERS. (N)

15 November, 1944.

THIS IS TO CERTIFY that according to official information Charles James Topp, Leading Stoker, Official Number V-516, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 7th of May, 1944. He was serving in H.M.C.S. "VALLEYFIELD" which was torpedoed and sunk by enemy action whilst on Convoy duty in the North Atlantic.

SECRETARY, NAVAL BOARD.

FORM "B"

FILE: N.S. V-516 PERS. (N)

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

AUG 30 1944
(Date)

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
TOPP, Charles James	Leading Stoker	V-516 R.C.N.V.R.

DATE OF ENLISTMENT - 23 January, 1942 Active Service: 26 January, 1942.

DATE OF DISCHARGE - 7 May, 1944.

43

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

SERVICE - CANADA AND HIGH SEAS
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

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

(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. Charles R. Topp.

ADDRESS - 433 Campbell St., River Heights, Winnipeg, Man.

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 MARRIAGE ALLOWANCE, DEPENDENTS ALLOWANCE, etc.

REMARKS:.....

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

Names of Dependents	Relationship	Maiden name of wife	Date of marriage and/or date of birth of children
NIL	N IL	N IL	N IL

	D. A.	A. P.	TOTAL
Monthly rate:	N IL	$35.00	$35.00

To Whom Paid: Mrs. Margaret Topp Address 433 Campbell St., River Heights Winnipeg, Man.

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 $35.00 has been made for the period from 1st to 31st of May 1944.

Remarks:

Computed by.....

Checked by.....

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.

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 AT SEA

Name Charles James TOPP
(Christian names in full)

Rank of Rating LEADING STOKER (2) Official No. V-216 RCNVR
(If unknown, date of first entry)

Place of Birth WINNIPEG, MANITOBA Date of Birth 2nd. DECEMBER, 1917

Occupation in Civil Life FITTER Religion PRESBYTERIAN

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) 2 YEARS 4 MONTHS 46

Date of Death 7th. MAY, 1944 Place of Death AT SEA

Cause of Death ENEMY ACTION—SUBMARINE OF H.M.C.S. "AVALON"
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend.
Name Mr. Charles R. TOPP Relationship FATHER
Address ~~[illegible]~~ 433 CAMPBELL STREET, River Heights
WINNIPEG, MANITOBA

Date on which the above was informed by Ship INFORMED BY H.M.C.S.

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

H.M.C.S. "AVALON" *Commanding Officer,* A/Captain, R.C.N.,
17th. MAY, 194 4

The NAVAL SECRETARY,
Department of National Defence,
Ottawa, Canada.

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

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

C.N.S. 1121
15M—6-41 (831)
N.S. 815-9-1121

Noted

STATEMENT OF ACCOUNT

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

List 12-2 No. 52 (Name) TOPP, Charles Rank Rating Ldg.Sto No. V.516

When entered Former Book Date of appearance Former Book Whither discharged Dead

	$	c.
CREDIT from former account	51.	29
Pay as Ldg.Stoker (Rank Rating) from 1st.Apl. to 31st.May (61 days at $2.25 a day)	137.	25
" " " (" ")		
" " " (" ")		52
" " " (" ")		
" " " (" ")		
Kit Upkeep Allowance Adj.Mch. .33; 1st.Apl-7th.May 4.47	4.	80
OTHER CREDITS: Grog Money 1st.Apl - 7th.May 37 days @ .06	2.	22
Total credits	195.	56
DEBT from former account	NIL	

PAYMENTS:—

	1st	2nd	3rd	4th	5th		
	Mch. Cont. $ c.	$ c.	$ c.	$ c.	$ c.		
1st month	8.94	51.00				Total	59.94
2nd month						Total	
3rd month						Total	

	$	c.
Allotment 35.00 Chg.Apl. and May	70.	00
Pension deduction (Officers) charged to of		
Hospital stoppages		
Mulcts		
OTHER CHARGES: Hdqtrs.Debit Letter NS.V.516 of 6th.July'44. Grog Money Over-paid	3.	36
O.R. 25182 ADM.NAVAL ESTATES (PRESENT WAR)	62.	26
Total debits	195.	56
Balance Cr. or Dr. (Balance Dr. to be shown in red)	NIL	

LEDGER: ✓

AUDIT: ✓

Number of days actually victualled during period mentioned above 37

NOT VICTUALLED

LENT, SICK OR LEAVE	INCLUSIVE DATE FROM	INCLUSIVE DATE TO	No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE

Date 6th.September, 19 44

ACCOUNTANT OFFICER
Pay.Lieut.Commander, RCNVR.

C.N.S. 2426
25M—10-40 (7514)
N.S. 815-9-2426

Pers(n) 12/91

142595

#59

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 TOPP, Charles *Rating* Leading Stoker

Official No. V.516 *H.M.C.S.* AVALON-VALLEYFIELD *List* 12²-52

*Who** Discharged Dead *on the* 7th. May, *19* 44

53

	$	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. 25182 ADM.NAVAL ESTATES (PRESENT WAR)	62	26
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) Thirty-Five Dollars charged to 31 May 1944.		
Name of ship from which transferred VALLEYFIELD		
Total† Creditor	62	26

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 SIXTY-TWO dollars TWENTY-SIX cents.

Dated on board H.M.C.S. AVALON at St.John's Newfoundland this 6th. day of September, 19 44

Approved Pay.Lieut.Commander, RCNVR. Accountant Officer

{ Initials of the Assistant Accountant Officer

A/CAPTAIN, R.C.N. Commanding Officer.

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

No. to

Signature

Date 19

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

C.N.S. 46

5M—2-42 (3601)
H.Q. N.S. 815-9-45

AUTHORITY: AVALON'S CNS.249A. A.13925 dated 19th.May, 1944

LEDGER: AUDIT:

ACCOUNT OF SALE OF THE EFFECTS

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

TO WHOM SOLD		PARTICULARS	Charged in Ledger		Paid for in Cash	
No. Ship's Book in consecutive order	NAME (If any are not sold, state how they are to be disposed of)					
		Total proceeds of sale carried to account on the other side				

.....{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.

C A N A D A PROVINCE OF MANITOBA TO WIT:	)	IN THE MATTER OF THE ESTATE OF CHARLES ROBERTSON TOPP

I, Gwen Stevenson, of the City of Winnipeg in the Province of Manitoba, Stenographer, make oath and say:

That I have carefully examined and compared the document hereto annexed, now shown to me and marked as Exhibit "A" to this my affidavit, with the original Letters of Administration with Will annexed of the estate of Charles Robertson Topp, late of the City of Winnipeg in the Province of Manitoba, deceased, of which it purports to be a copy and I say that the same is a true and correct copy of the said original Letters of Administration with Will annexed.

SWORN before me at the City of Winnipeg in the Province of Manitoba, this 14th day of November A.D. 1944.

Gwen Stevenson

A Notary Public in and for the Province of Manitoba.

This is the Exhibit marked with the letter A referred to in the affidavit of Gwen Stevenson taken before me this 14th day of November A. D. 19.44

PROVINCE OF MANITOBA
CANADA

~~A Commissioner in B. R.~~
notary public

CANADA)
PROVINCE OF MANITOBA)

This grant is made upon the condition that no portion of the assets shall be distributed or paid during the war to any beneficiary or creditor who is an enemy, as defined by the Regulations Respecting Trading with the Enemy(1939) or to anyone on such enemy's behalf and that if there is any such enemy interest now or subsequently in this estate, it must be immediately reported to the Custodian of Enemy Property, Ottawa, Canada, and if any distribution or payment is made contrary to this condition, this grant will be forthwith revoked.

IN THE SURROGATE COURT OF THE EASTERN JUDICIAL DISTRICT OF THE PROVINCE OF MANITOBA

BE IT KNOWN that CHARLES ROBERTSON TOPP late of the City of Winnipeg in the Province of Manitoba, deceased, who died on or about the sixth day of October A.D. 1944 at the said City of Winnipeg and who at the time of his death had a fixed place of abode at the City of Winnipeg aforesaid made and duly executed his holograph last Will and Testament and named no executor therein (a true copy of which said last will and testament is hereunto annexed) and be it further known that on the sixth day of November A.D. 1944, letters of administration with the said will annexed of all and singular the property of the said deceased were granted by the Surrogate Court of the Eastern Judicial District, to MARGARET TOPP of the City of Winnipeg in the Province of Manitoba, the lawful widow of the said deceasd the said MARGARET TOPP having previously been sworn well and faithfully to administer the same according to the tenor of the said will, by paying the just debts of the deceased, and the legacies contained in the will, so far as the same shall thereunto extend and the law bind her, and by distributing the residue (if any) of the property according to law, and to exhibit under oath a true and perfect inventory of all and singular the property of the said deceased and to render a just and full account of her administration when thereunto lawfully required.

WITNESS HIS HONOUR AMBROSE ROY MACDONELL, Esquire, Judge of the Surrogate Court at the City of Winnipeg in the said Province of Manitoba, the day and year last above written.

Entered November 6th, 1944

Folio 273

Liber E 45

Fyle No. 33168

SEAL

By the Court

"Thomas H. Jones"

Registrar

26th Jan. 1943.

This is the last will and testament of me Charles Robertson Topp of the City of Winnipeg Receiving Clerk.

To my wife Margaret Topp I leave my house known as 433 Campbell Street which is built on lots Eighty three and the South Half of Eighty four in block seventeen Plan number 1094 in the City of Winnipeg. To my wife Margaret the use of my furniture and effects also all the rest of my estate real and Personal during her lifetime.

And after that the whole of
the estate real and Personal
to be divided Equly between
my Three Sons
Alexander Charles & John.

"Charles Robertson Topp"

"THOMAS H. JONES"

REGISTRAR E.J.D.

(Seal)

COPY FOR THE INFORMATION OF THE DIRECTOR OF NAVAL PAY ACCOUNTING.

G.R.C. 43S 5M 8-43 Req 681

THE CANADIAN PENSION COMMISSION

V-516.

ATTENTION: LEDGER SECTION

~~COPY FOR INFORMATION OF~~

OTTAWA, April 3rd, 1945.

906495

The Chairman,
Dependents' Allowance Board,
Department of National Defence,
OTTAWA.

V-516 - Charles J. Topp. R.C.N.V.R.

Mrs. Margaret Topp, 433 Campbell St., Winnipeg, Man., mother of the above noted man has been awarded a pension at the rate of $25.00 per month, with effect from the 1st of January, 1945.

Mrs. Topp's son, John, is serving in the forces, his number being V-52258.

VM

noted D.N.P.A. mins 5-4-45

B. Simpson,
Assistant Secretary.

SUPPLEMENTARY INFORMATION #4324

44

The Chairman,
Dependents' Allowance Board,
Experimental Farm, Ottawa, Ont.

File No N.S. V-516

Date 26th. March, 1945

DATE OF CASUALTY: 7 May, 1944

Re: Late CHARLES JAMES TOPP O.N. V-516

An application for War Service Gratuity in respect to the above person has been received from

Mrs. Margaret Topp (Mother)
433, Campbell Street,
Winnipeg, Manitoba,

to whom Assigned Pay in the amount of $35.00 was in issue at the date of the Service man's death or discharge. There is no record of an award of Dependents' Allowance or pension in favour of the applicant.

2. It is requested that a decision may be given concerning whether the applicant is eligible to receive the War Service Gratuity within Group B/Group C of the Directive dated 16th December, 1944, issued by the Minister of Veterans Affairs.

3. The following information was furnished by the applicant, namely See copies of letters attached.

A.P. Effective: - $25.00 - December 1942.
Increased to - $35.00

(R.W. Underhill)
A/Pay. Captain, R.C.N.V.R.
Director of Naval Pay Accounting.

ZNPA (la)

433 Campbell St.
Winnipeg, Man.

19th March, 1945.

424094

The Secretary,
Naval Board,
Department of National Defence,
Naval Service,
Ottawa, Ont.

Dear Sir:

Re. Your File Ns. V-516 (pers) (n) (18)

I am in receipt of your letter of 12th March with respect to my application for War Service Gratuity on behalf of my late son, Charles James Topp, who was lost on the Valleyfield.

I regret to have to inform you that my husband, Charles Topp, died suddenly on 6th October, 1944, and that it is I who wish to make the claim. I might further state, however, that the assigned pay from my late son was made payable to me and not my late husband.

I am at present in communication with the Canadian Pension Commission at Ottawa, and I enclose copy of a letter I wrote to them on 19th January, 1945, in connection with my application for pension, and which I think will cover the information you desire.

I shall be glad to provide any further particulars necessary.

Yours truly,

Margaret Topp.

ENCLOSURES CHECKED
IN N C R

SECTION	NO	INIT.
Mail	1	KR
Index		
Routeing		
Remarks		

JR/RR

12th March, 1945
NS.V-516(PERS(N) (18)

Madam:

I am directed to inform you that it is necessary that your application for War Service Gratuity on behalf of your late son be referred to the Dependents' Allowance Board for decision, concerning whether you may be classed as dependent as provided under the War Service Grants Act, 1944.

This procedure is required in all cases where records at Headquarters disclose the fact that there was no Dependents' Allowance in force at the time of death.

It is observed that Mr. Topp was in receipt of Assigned Pay and although Assigned Pay does not prove dependency it is felt that if Mr. Topp desires to make application instead of yourself, this fact may materially assist the Dependents' Allowance Board in arriving at a decision.

Please notify this department by letter, as soon as possible, whether or not Mr. Topp wishes to make application.

As soon as your reply is received your claim or Mr. Topp's, as the case may be, will be placed before the Board. You may rest assured that immediately upon receipt of the Board's decision, if eligible, every effort will be made to place the claim in line for payment at the earliest possible moment.

In the meantime would you kindly inform this department of any change of address.

Yours truly,

LETTER DISPATCHED BY PERSONNEL NAVAL
MAR 13 1945

SECRETARY, NAVAL BOARD.

Mrs. Margaret Topp,
433 Campbell St.
Winnipeg, Man.

B.R. for B.G.

COPY.

433 Campbell St.
River Heights,
Winnipeg, Man.

19th January, 1945.

Minister of Pensions,
Department of National Defence,
R.C.N.V.R.
Ottawa, Ont.

Dear Sir:

Re. V-516 L/S TOPP, CHARLES JAMES

I am writing to you with regard to my late son, L/S Charles James Topp, who was lost on H. M. C. S. Valleyfield on 7th May, 1944. Following that, my husband died suddenly on 6th October, 1944. He was employed by the T. Eaton Co. as a Receivinh Clerk, and it took all of my husband's monthly salary for us to live, bring up, clothe and educate our family of three boys.

Under these circumstances, I am now finding it difficult to maintain my modest home. I may state that my eldest son, Alexander, is married, but is unable to give me any financial assistance; also that my youngest son, John, who was twenty-two years of age on the 3rd of this month, is an A/S Seaman attached to H. M. C. S. Rimouski. John joined the Navy in December, 1942, and up to the present I have not received any allowance whatsoever from the Government on his account. However, I am given to understand that I shall receive an allowance of $25.00 per month, retroactive from 1st November, 1944. In view of my son John's age, and his complete inability to support me were he to return to civilian life, in which he was employed as a Junior in an Insurance Office, I feel that I should be eligible for a permanent pension as a result of my son, Charles, having given his life for his King and Country.

I, therefore, respectfully request that consideration be given to placing me on a permanent pension, as this would eventually be my sole means of support.

Yours truly,

Margaret Topp.