

V51989  
WOOLRIDGE  
GEORGE

LESLIE



TFH/MCP.

REGISTERED

AIR MAIL

N.S. V-51989 PERS. (N)

11th May, 1944

Dear Mrs. Woolridge:

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

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

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

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

Yours sincerely,

LETTER DISPATCHED BY  
PERSONNEL NAVAL

MAY 12 1944

SECRETARY, NAVAL BOARD

14  
Mrs. Gertrude Woolridge  
9743 - 93rd Street  
EDMONTON, Alberta.

*Swiff*

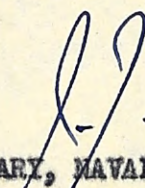






LA/HS

N.S. V-51989, F.D.13, PERS.(N)

22 November, 1944.

THIS IS TO CERTIFY that according to official information George Leslie Woolridge, Able Seaman, Official Number V-51989, 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.



FILE NO. N.S. V-51989 Pers. (N)

REGISTERED

30th August, 1944.

Dear Mrs. Woolridge:

Further to my letter of the 11th of May, 1944, in view of the length of time that has elapsed since your son, George Leslie Woolridge, Able Seaman, Official Number V-51989, Royal Canadian Naval Volunteer Reserve, was reported "missing" after the sinking of H.M.C.S. "VALLEYFIELD", and as no information has since been received of his having survived, the Canadian Naval Authorities have now presumed his death to have occurred on the 7th of May, 1944.

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

Yours sincerely,

*[Signature]*  
Dep. SECRETARY, NAVAL BOARD.

Mrs. Gertrude Woolridge,  
9743 - 93rd St.,  
Edmonton, Alta.

*[Signature]*  
H. B. MONEY,  
Paymaster Commander, R.C.N.R.,  
Officer in Charge,  
NAVAL PERSONNEL RECORDS

Royal ✓

Canadian ✓

Message Condolence

Date Sent 30/8/44 NFR 5

Oct. 30/9/44  
NFR/S  
P.M.



This form, if placed in an envelope marked "Dominion Statistics—Free, penalty for improper use \$300," and addressed to the Division Registrar of Vital Statistics of the Division in which the death occurred, will pass through the mail "FREE"

PROVINCE OF ALBERTA

For use of the Department only

Record No. .... of .....

## REGISTRATION OF DEATH

1. Name of Deceased in full (Christian name first)		WOOLRIDGE, George Leslie	
2. Date of Death		7th	day of May 19 44
3. Place of Death (Street and No., if any) or Name of Hospital		Municipality (Name and Number) AT SEA Town or Village (Name)	
4. Length of Stay (in years, months and days)		(a) In municipality where death occurred ..... (b) In Province ..... (c) In Canada (if immigrant) .....	
5. Regular Residence		9742 - 92nd Street, Edmonton, Alta. (Residence means usual place of abode. If outside the limits of a city, town or village, give sec., tp. and rge.)	
6. Sex (Male or Female)	7. Nationality (Citizenship)	8. Racial Origin	9. Single, Married, Widowed or Divorced (Write the word)
Male	Canadian	British	Single
10. Place of Birth (City or Town, Province or Country)		11. Date of Birth November 15th, 1924 (Month, day and year)	
12. Age in		Years 19	Months 6 Days hrs. or min.
Occupation	13. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Clerk		
	14. Kind of industry or business, as cotton mill, lumbering, bank, etc. Canadian Pacific Telegraphs, Alberta.		
	15. Date deceased last worked at this occupation		
Parents	16. Total years spent in this occupation		
	17. Birthplace of Father (Province or Country)		
18. Birthplace of Mother (Province or Country)			
19. Cause of Death "MISSING" presumed dead, when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.			
20. Name of Physician (if any) attending Fatal Illness			
21. Name and Address of Undertaker or Person in charge of Funeral		Place of Interment (Name of Cemetery)	
Payor: Capt. H.C.N.R., Of the 1st Canadian Trench Mortar Battalion		27	
I certify the foregoing to be true and correct to the best of my knowledge and belief.			
Given under my hand at		this day of 19	
Signature of Informant (nearest available relative)		Naval Service Headquarters, Ottawa, (Post Office Address)	
I hereby certify the above return was made to me at			
on the day of 19			
Registrar's Record No. .... of 19 ..... (Registrar)			

WRITE PLAINLY WITH UNFADING BLACK INK.

THIS IS A PERMANENT RECORD.

All information asked for must be given. (See reverse side for instructions.)



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

12 May, 1944.

(Date)

Sir:

The following casualty has been reported -

NAME WOOLRIDGE, George Leslie RANK or RATING Ord. Seaman NAVAL NO. V-51989 R.C.N.V.R.

DATE OF ENLISTMENT - 14 December, 1942 Active Service: 1 March, 1943.

DATE OF DISCHARGE - will be reported later.

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 - "Missing" at sea when the ship in which he was  
when and where any disability serving was lost by enemy action. While this  
was incurred, or where death casualty is listed as missing, it is impossible to make an estimate as to his  
occurred. chances of survival. Should no information be received to the contrary, you  
will be notified when official presumption of death with date has been set.  
Show clearly whether death or disability due to enemy action,  
accident or disease, and whether it occurred in Canada, or on the high seas or  
elsewhere outside Canada).

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Mother NAME - Mrs. Gertrude Woolridge,

ADDRESS - 9743- 93rd Street, Edmonton, Alberta.

Note:

If records indicate that rating was separated from his wife,  
legally or otherwise, details to be furnished and copy of any  
Court Order, the separation Agreement, etc., to be furnished.

Copies Form "B" fwd.  
to Allots. (N) on

..... N.P.R/5

for

H.B. Money  
SECRETARY, NAVAL BOARD.

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

NOTE;

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

(See reverse side for further instructions)



Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. .... at .....  
"VALLEYFIELD" SEA  
Name ..... (Christian names in full)  
Rank or Rating ..... Official No. ....  
..... (if unknown, date of first entry)  
Place of Birth ..... Date of Birth .....  
Occupation in Civil Life ..... Religion .....  
Number of years in the Navy (Long Service R.C.N., or mobilized  
service in case of R.C.N. (Temporary) or Reserve ratings) .....  
Date of Death ..... Place of Death .....  
Cause of Death .....  
(If due to accident, violence, or enemy action particulars to be  
stated) .....  
Nearest known  
relative or friend Name ..... Relationship .....  
Address .....  
Date on which the above was informed by Ship .....  
Date on which death was registered with local Officials .....  
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 .....  
28

The Naval Secretary,  
Department of National Defence,  
Ottawa, Canada.

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

17th May, 1944.

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.



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

Mrs. G. Woolridge.

9743 - 93rd Street.

Edmonton, Alta.

THE DIRECTOR OF ESTATES,  
DEPARTMENT OF NATIONAL DEFENCE,  
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. V- 51989 FD 597

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

WOOLRIDGE, George Leslie, Able Seaman,

V-51989 R.C.N.V.R.



it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

GC/

*W. H. Wadsworth*  
Commodore Royal Canadian Mounted Police  
Director of Estates.



## ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	/		
2	Children of the Deceased and dates of their Births.....	/		
3	Father of the Deceased.....	Harry. Woolridge	60	9743-93 Street Edmonton. Alberta.
4	Mother of the Deceased.....	Gertrude. Woolridge	60	9743-93 Street Edmonton. Alberta.
5	Brothers of the Deceased	William Henry. Woolridge	24	M. 10129. H. Q. 1st Can Inf Brigade Signal Section Can. Army Overseas.
		Malcolm Woolridge	18.	
		Eric Woolridge	18	P. Stud. V. 87449. H. M. B. B. Stadacona I Halifax
		Sach. Woolridge	16	9743-93 St Edmonton. Alberta.
				9743-93 St Edmonton. Alberta.
		/		
6	Sisters of the Deceased			
		/		
		/		
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.	George Leslie Woolridge
9	Date of his birth.	November 15 <sup>th</sup> 1924
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	Brighton, England.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Edmonton, Alberta.
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) Edmonton, Alberta. (d)
14	Nature of employment before enlistment.	C.P.R. Clerk - Clerk.
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.	Edmonton, Alberta.

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?	—
20	Amount of War Savings Certificates held by deceased. Indicate where located.	11. TEN DOLLARS. CERTIFICATE 9743-93 <sup>rd</sup> St. Edmonton.
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.	Prudential Insurance Company 230. dollars. (Mother), Gertrude Woolridge
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.	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", "Mother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

\* Mother of the deceased.

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

Mrs Gertrude Woolridge

{ Signature of Informant

9743-93 St Edmonton Alberta Address

## CERTIFICATE

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

Mrs Gertrude Woolridge

\*See above.

{ Name of informant }

is the\*

Mother

of the Deceased

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

Dated at

Edmonton, Alta

this

19

day of

September

19

44

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

H. Stoyens, Esq.

Qualification

A Commissioner for Oaths in and for the Province of Alberta.

Address

Edmonton, Alberta

Edmonton, Alberta

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

## OTHER PARTICULARS



# OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

## Section A—GENERAL INFORMATION

1. (a) Print name in full **George, Leslie, WOOLRIDGE,** (b) Reg'l. No. **151989**  
 2. (a) Arm of service **NAVY.** (b) Unit **R.C.N.V.R.** (c) Rank **Ord. Smm.**  
 3. (a) Date of birth **15/Nov/1924.** (b) Have you any dependents? **NO** (c) Place of residence at time of enlistment **9743 - 93rd. St.,**  
 4. (a) Place of enlistment **Edmonton, Alta.** (b) Date of enlistment **14-12-42.**

PLEASE  
LEAVE  
BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school **15 years.** (b) Were you attending school or college up to the time of enlistment? **NO**  
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) **P.S. 8 yrs. H.S. 1 yrs.**  
 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?..... (b) What languages do you read well?.....

## 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? **3**

## 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 **Canadian Pacific Telegraphs.** Address **Edmonton, Alta.**  
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) **TELEGRAPH. Dept. (C.P.R. Lys.)**  
 20. (a) Your specific occupation **CLERK.** (b) Number of years' experience at this occupation with any employer **2 1/2 yrs.**  
 21. (a) Did your employer promise definitely to give you employment on discharge? **---** (b) Did your employer refuse to promise you employment on discharge? **---** (c) Do you wish to return to your former employment? **YES.**

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice..... (b) Where was it located?.....  
 23. (a) Number of years engaged in this business..... (b) Have you made, or will you make plans to return to the same or a similar business on discharge?.....

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? **NO** (b) Do you feel competent to operate a farm? **NO** (c) If so, in what kind of farming? **---**  
 25. (a) Were you born on a farm? **NO** (b) How many years' actual farming experience have you had? **1--** (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? **YES.**  
 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..... **RETURN TO FORMER EMPLOYMENT**

DATE **14th. DECEMBER, 1942.** 194..... SIGNATURE **L. L. Woolridge**



Copy To  
VWD  
ES

MAN 5

1943



NAME IN FULL WOOLRIDGE - GEORGE LESLIE RANK/RATING A.B.

VERIFIED BY William.....

VERIFIED BY .....







MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Oct. 45 "VALLEYFIELD"

(1) MEDALS  
PERSON

ENTITLED TO Mr. Harry Woolridge - Father

ADDRESS: 9743 - 93rd Street,  
Edmonton, Alta.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Gertrude Woolridge,

9743 - 93rd St., Edmonton, Alta.

ADDRESS:

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP

(1)

REGN. NO

18

(2)

(3)

13-10-44



## DEPARTMENT OF VETERANS AFFAIRS

D OF D 7-5-44

## AWARDS NAVY

WAR SERVICE RECORDS

D.D.

WOOLRIDGE	George Leslie	V-51989	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
C.V.S.M. & Clasp	3374
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)





I.C. N.S. 71053

CERTIFICATE of the SERVICE of

*George Leslie WOOLRIDGE*

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
	<i>HMCs Nonsuch</i>	<i>V-51989</i>

Date of Birth	<i>15 November 1924</i>	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth	<i>Edmonton Alberta</i>	<i>(mother)</i>
Place of Residence	<i>9743-93 St Edmonton</i>	<i>Mrs. Gertrude Woolridge</i>
Trade brought up to	<i>Railway Telegraphs Clerk</i>	<i>9743-93 St</i>
Religion	<i>United Church</i>	<i>Edmonton Alberta</i>
Can Swim:—P.P.T.	Date.....19.....	Signature.....Rank.....
P.S.T.	Date.....19.....	Signature.....Rank.....

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
		<i>Duration</i>				
	<i>14 Dec '42</i>	<i>hostilities</i>	<i>Ord. Smn</i>			

PERSONAL DESCRIPTION							
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion
	Feet	Inches					
On Entry	<i>5</i>	<i>5</i>	<i>35½</i>	<i>143</i>	<i>Red</i>	<i>Blue</i>	<i>Fair</i>
On re-enrolment—6 years' Service							
On re-enrolment—12 years' Service							
Further Description if necessary							

MARKS, WOUNDS, SCARS  
*Scar at base of left index finger. Scar on back of neck.*

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



## NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
	<i>Nonsuch</i>		<i>Ordnance</i>	<i>14 Dec '42</i>	<i>28 Feb '43</i>	
	<i>On Active Service</i>			<i>1st March 1943</i>		
	<i>Nonsuch</i>		<i>Ordnance</i>	<i>1st Mar '43</i>	<i>25 Apr '43</i>	
	<i>Naden</i>		<i>"</i>	<i>26 Apr '43</i>	<i>74 Sep '43</i>	
	<i>Givensby</i>		<i>"</i>	<i>75 Sep '43</i>	<i>4 Oct '43</i>	
	<i>Givensby (ML-067)</i>		<i>"</i>	<i>5 Oct '43</i>	<i>26 Oct '43</i>	
	<i>Givensby</i>		<i>"</i>	<i>27 Oct '43</i>	<i>28 Dec '43</i>	
	<i>Protector II</i>		<i>"</i>	<i>30 Oct '43</i>	<i>18 Nov '43</i>	
	<i>Stadacona</i>		<i>"</i>	<i>19 Nov '43</i>	<i>25 Nov '43</i>	
	<i>Hochelaga II</i>		<i>"</i>	<i>26 Nov '43</i>	<i>7 Dec '43</i>	
	<i>Stadacona (Valleyfield)</i>		<i>"</i>	<i>8 Dec '43</i>	<i>29 Feb '44</i>	
	<i>Quelch (-"-)</i>		<i>A.B.</i>	<i>17 Mch '44</i>	<i>7 May '44</i>	<i>DD. DD.</i>

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

[illegible]



## NAVAL TRAINING and ACTIVE SERVICE

[illegible]

EXAMINATIONS, NOTATIONS, QUALIFICATIONS			RECORD OF RATING		
Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
3 May '43	Q. A/G (2 days)	<i>[Signature]</i>	A.B.	1 Mch '44	NO 2219 sec 26. (1)
10 July '43	Tr	<i>[Signature]</i>			
18 Sep '43	2 x Rated A/S.D.	<i>[Signature]</i>			
19 Nov '43	Night Vision "Good"	<i>[Signature]</i>			



Name George Leslie WOOLRIDGE Conduct .....

[illegible]



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

V51989

OFFICIAL NUMBER

NAME: WOOLRIDGE  
(Surname)

George Leslie  
(Given Names)

OFFICIAL NUMBER V51989

PIB

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS NONSUCH	Ord. Smn.	14	12	42	Div. Str. Edmonton	V.G.	SAT.	31	12	43.	A/S.D.	18	9	43.			
"	"	1	3	43	Active Service D.L. 1-3-43	V.G.	SAT.	7	5	44.							
" Naden	"	28	4	43	D.R.D. 965												
Givenchy	"	25	9	43	D.R.D. #1640.												
M.L.067	"	5	10	43	D.R.D. #1675.												
Givenchy	"	27	10	43	D.R.D. #1766.												
Protector II	"	30	10	43	D.R.D. #1784.												
Stadacona	"	19	11	43	DRD H-3256.												
Hochelaga 11	"	26	11	43	DRD H-3342.												
Valleyfield	"	8	12	43	Service Cert.												
	A.B.	1	3	44	" "												
DISCHARGED	"	7	5	44	"Missing" Casualty List "Dead"												

GENERAL REMARKS

Canadian Memorial Cross Awarded to:  
Mother: Mrs. Gertrude Woolridge  
9743 - 93rd. St.,  
EDMONTON, Alta.

DATE OF BIRTH			PLACE BIRTH			CIVIL OCCU.			PERM. RESIDENCE			PREV. ENL.			RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	ST.	CTY.	TOWN	SER.	DIV.	A	BR	RANK	A	BR	RANK	
15	X	24	19	830	0	40	18	11	03	0	15	0	08	95			
ENLIST. DATE			ACT. SERV. DATE			STR.			ACT. SERV. DATE			SHIP OR ESTAB.			RANK OR RATE		
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR	RANK	A	BR	RANK	
14	12	42	01	03	43					9690	008	95					
SENIORITY			STR.			NON-SUB			M			CODED			CHECKED		
DY.	MO.	YR.	CAT.	A	B	ST.											
01	03	43	10	32		21				J. W. H.							

07-05-42



V51989

OFFICIAL NUMBER

FILE NUMBER

113-W-2786

OFFICIAL NUMBER V51989

NAME \_\_\_\_\_

...WOOLRIDGE  
(Surname)

George Leslie  
(Given Names)

DATE OF BIRTH 15 Nov. 1924.

PLACE OF BIRTH

Edmonton, Alberta.

...OCCUPATION.....Clerk

RELIGION

United Church

EDUCATION Grade 8 and did not write exams for Grade 9.

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

9743 - 93rd Street

Town Edmonton

Province, etc. Alberta

[illegible]

NEXT OF KIN RELATIONSHIP (in pencil).

NAME (in pencil)

ADDRESS (in pencil): Street and No.

Town.....

Province etc

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

---

**EXAMINATIONS, CERTIFICATES, ETC.**

[illegible]

BADGES, G.C. OR G.S.

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

[illegible]

O.H.F. Received

[illegible]

W.S.G.  
APPLICATION  
4107  
RECEIVED



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

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

(b) To report for active service when called and to serve ashore or afloat as may be directed, according to where my services are required.

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

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

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

Dated this **14th.** day of **DECEMBER, 1942.**

Signature of applicant *A. L. Woolridge*

(C) **CERTIFICATE OF ATTESTING OFFICER**

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this **14th.**

day of **DECEMBER, 1942.**

My authority for attestation is

*S. J. Fulls*  
Signature of and rank of Attesting Officer.

**Sub-Lieutenant, R.C.N.V.R.**

(D) **OATH OF ALLEGIANCE**

I, **George Leslie WOOLRIDGE.** 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 *A. L. Woolridge*

Witness *S. J. Fulls*

Date **14th. Dec. 1942.** Rank **Sub-Lieutenant, R.C.N.V.R.**

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

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

Certificates of previous service will be returned after examination.

**WOOLRIDGE has an Unemployment Insurance Book.**





CANADA

# ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME WOOLRIDGE. OFFICIAL No. V-51989  
CHRISTIAN NAMES George, Leslie. MARRIED, SINGLE OR WIDOWER Single.

PERMANENT ADDRESS		RELIGION
9743 - 93rd. Street, Edmonton, Alta.		United Church.
DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
15th. November, 1924.	Town <u>Edmonton,</u>	(Mother) Mrs. Gertrude Woolridge,
*Original Nationality of:	County	9743 - 93rd. St.,
Father <u>English.</u>	Province <u>Alberta.</u>	Edmonton, Alta.
Mother <u>"</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>37</u>	RED	Blue.	Fair.	Scar at the base of left index finger. Scar on the back of neck.
Inches... <u>5</u>	Deflated... <u>33</u>				
Mean... <u>35½</u>					
EDUCATIONAL STANDING		TRADE OR CALLING AND IN WHOSE EMPLOY			
Grade 8. <u>Passed.</u> Grade 9. <u>Did not write exams.</u>		CLERK in the Canadian Pacific TELEGRAPHS, Edmonton, Alta.			

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
(DIVISIONAL) 14th. December, /42.	ORD. SEAMAN.	H.M.C.S. "NONSUCH".

## (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 the Royal Canadian Naval Volunteer Reserve Force from the period shown and attached record of service in corroboration of this statement.~~

\*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

(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.





Department of National Defence  
Naval Service

1138410

OTTAWA, Ont., 30th August 1944

IN REPLY PLEASE QUOTE

N.S. V-51989 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

WOOLRIDGE, George  
Leslie, Able  
Seaman, V-51989  
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.

Mother: Mrs. G. Woolridge,  
9743 - 93rd Street,  
Edmonton, Alta.

In favor of

ALLOTMENTS IN FORCE

Amount

Initials

Mother

Mrs. Gertrude Woolridge,  
9743 - 93rd. Street,  
Edmonton, Alta.

\$20.00  
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.



RECEIVED  
U. S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C.  
SEP 1 1944

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U. S. DEPARTMENT OF JUSTICE  
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WASHINGTON, D. C.  
SEP 1 1944

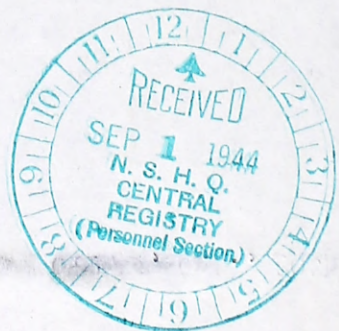
RECEIVED  
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SEP 1 1944

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U. S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C.  
SEP 1 1944





TO:

N.C.R.

PLEASE MAKE OUT FALSE

DOCKET AND FORWARD WITH

ATTACHED LETTER TO ADMIN-

ISTRATOR OF ESTATES.





113. W-2786

Can. B. 207  
100M-3-42 (3733)  
N.S. 815-2-207

P300975

**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 George Leslie WOOLRIDGE.  
Dr. J. J. J.  
candidate for entry as.....  
and I believe him to be \* (in all respects fit for His Majesty's Service) He has signed the Certificate  
unfit for His Majesty's Service for the reason stated below given below in my presence.  
‡Strike out if inapplicable \*Delete one.

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

(a) Age	Yrs. 18 Mos. 1	(j) Date of last Vaccination for Smallpox	Childhood.
(b) Height with bare feet	Feet 5 In. 5	(k) General Development	Good.
(c) Weight without clothes	143	(l) Nose, Throat and Tonsils	absent.
(d) Ears and Hearing	N	(m) Heart and Lungs	R.P. 130 N
(e) Chest Girth	Max. 37 Min. 33 Mean 35 1/2	(n) Abdomen Hernia, etc.	N
(f) Teeth	Deficient 0 Defective 3 Dentures	(o) Limbs and Joints	moderately flat feet. none on chest & back.
(g) Vision by Snellens Types	without glasses Both eyes 6/3 Rt. 6 Lt. 6/3 with glasses Rt. 6 Lt. 6/3 where worn	(p) Skin	N
(h) Colour Vision	Ishihara N R.C.N. Lantern	(q) Anus Haemorrhoids	N
(i) Chest x-ray	(not taken approved positive doubtful) Approved	(r) Testes Varicocele	N
		(s) Urine	neg

**CERTIFICATE TO BE SIGNED BY CANDIDATE**

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

Woolridge, G. L.

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 None

\* 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 Edmonton, Alta the 11 of December 1942

Angus Mac Millan  
Examining Medical Officer  
(Rank) Surg Lt R.C.N.V.R.



# THE CANADIAN PENSION COMMISSION

## MEMORANDUM

To.....Pension Medical Examiner, EDMONTON

Ottawa, Sept. 9th, 1944.

From.....Head Office.

V-51989 A.B. WOOLRIDGE, George L.

P. & N. H. 1975-G

The Department of National Defence, Naval Service,

officially reports that the marginally named was reported -  
Missing, presumed dead, 7 May, 1944 when H.M.C.S.  
"VALLEYFIELD" was torpedoed and sunk by enemy action  
in the Atlantic,

~~on the~~

on service CANADA & HIGH SEAS.

His next of kin is reported as -

Mother -  
Mrs. Gertrude Woolridge,  
9743 -93rd St., Edmonton,  
Alta.

The Addressograph Stencil shows payment of Assigned Pay of

\$ 20.00

a month to - Mother -  
Mrs. Gertrude Woolridge,  
9743-93rd St.,  
Edmonton, Alta.

As no D.A. was payable the Commission will not take  
any action unless a claim is filed.

/AS

E. Clewes,

for  
Canadian Pension Commission.



ESTATES BRANCH

HQ.NS. V-51989 FD.597

February 7, 1945

Mr. and Mrs. Harry Woolridge,  
9743 - 93rd Street,  
Edmonton, Alberta.

WOOLRIDGE, George L., A/B (Deceased)  
No. V.51989, R.C.N.V.R.

Dear Mr. and Mrs. Woolridge:

Distribution can now be made of the amount of money here at credit of your late son.

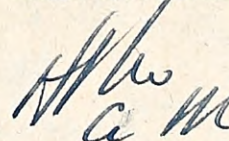
The total amount available for distribution is made up as follows:

Balance of pay and allowances.....	\$ 89.28
Redemption of War Savings Certificates..	<u>91.46</u>
Total..	\$180.74

Your son died without having made a Will and his Service estate is, therefore, payable to you in equal one-half shares as the next of kin entitled under the Intestacy Laws of his province of domicile.

Treasury has been requested to send you each a cheque in the amount of \$90.37, representing your share of the estate, and on receipt of same will you kindly sign and return the enclosed forms of acknowledgment to the Director of Estates, Department of National Defence, 308 Sparks Street, Ottawa.

Yours faithfully,



(L.M.Firth) Colonel,  
Director of Estates.

HRW/JN  
Encl.



MG

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

2  
NAVYDECEASED  
MEMBER'S  
NAME

George Leslie WOOLRIDGE

(CHRISTIAN NAMES)

(SURNAME)

REGISTER NO.

4107

FILE NO.

NSV-51989

DATE

20 Aug/45

PAYEE

Director of Estates for Service Estate of

ADDRESS

308 Sparks St.,  
Ottawa, Ont.

George L. Woolridge

SERVICE NO.

V-51989

DATE OF TERMINATION OF OVERSEAS SERVICE

NSV-51989

FINAL RANK OR RATING

A.B.

DATE OF DISCHARGE

7 May/44

## A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 134 EQUAL TO 14 COMPLETE PERIODS AT \$7.50

105.00

## B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 174 LESS 14 INELIGIBLE DAYS, EQUAL TO 160 DAYS @ 25c. PER DAY

40.00

## C. SUPPLEMENT FOR OVERSEAS SERVICE

## DAILY RATES AT DISCHARGE

PAY \$1.85  
SUBSISTENCE OR LODGING  
AND PROVISION ALLOWANCE \$1.25

ADDITIONAL PAY \$

A/S.D. \$ .15

H.L.M. \$ .13

\$

DEPENDENTS' ALLOWANCE 1/30 OF \$ N11

TOTAL \$3.38 X7=\$23.66

NO. OF DAYS 174 X\$23.66

22.50

## D. WAR SERVICE GRATUITY

## E. DEDUCTIONS

OVERPAYMENT OF

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

N11

OTHER DEDUCTIONS \$

167.50

## F. TOTAL AMOUNT PAYABLE

167.50

## G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

=\$ 167.50

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

DHJ

CHECKED BY

TREASURY

DATE

for Dir. Naval Acctg.

SERVICE REPRESENTATIVE



# DISTRIBUTION OF SERVICE ESTATES

DME

Estates Form "P. 4"

NAVY

Name..... WOOLRIDGE George L. No..... V51989  
Surname Christian Names

A B Rank Unit Date of Death 7-5-44

AMOUNT  
W.S.G. 167.50  
L.P.C. \$ 89.28  
Date 22-10-45 Other Credits..... 91.46  
Total..... 348.24  
Prev. dist. 180.74  
This dist. 167.50

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	father	Harry Woolridge, 9743 - 93rd St., EDMONTON, Alta.	83.75
1/2	mother	Mrs. Gertrude Woolridge, (As above)  (As next of kin entitled)	83.75
P4. TO TREAS.			
OCT 25 1945			
WSG			

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$167.50
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel  
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer



## STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "AVALON "VALLEYFIELD," ending 30 June 1944

List 122 No. 36 (Name) WOOLRIDGE, George L. Rank Rating A.B. No. V.51989

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

	\$	c.
CREDIT from former account.....	38	57
Pay as..... A.B. from 1 Apl to 31 May ( 61 days at \$ 1.85 day).....	112	85
"..... S.D. " 1 Apl " 31 May ( 61x " .15 " ).....	9	15
Adjust. A.B. " 1 Mch " 31 Mch ( 31 " .35 " ).....	10	85
"..... "..... "..... (..... "..... "..... ).....		
"..... "..... "..... (..... "..... "..... ).....		
Kit Upkeep Allowance..... Adjustment March, 1944. 1 Apl - 7 May.....	4	33 47
OTHER CREDITS:.....		
Total credits.....	176	22

DEBT from former account.....

PAYMENTS:—

	1st	2nd	3rd	4th	5th		
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.		
1st month.....	38.00	8.94				Total.....	46 94
2nd month.....						Total.....	
3rd month.....						Total.....	

Allotment..... 20.00 chged Apl &amp; May..... 40 00

Pension deduction (Officers) charged to..... of.....

Hospital stoppages.....

Mulcts.....

OTHER CHARGES: O.R. No. 25182 payable Adm. Naval Estates 89 28  
(Present War)LEDGER: *Det*

Total debits

176 22

AUDIT: *Sp*

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

34



## 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.



142585  
#20

Pen(m), 2/9/44

# 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.....WOOLRIDGE: George L.....Rating.....A.B.....  
Official No. V.51989 - H.M.C.S. AVALON " VALLEYFIELD" List. 12<sup>2</sup>/36  
Who\*.....DISCHARGED DEAD.....on the.....7 May.....19 44

Net sum due on ledger on account of Wages.....	\$	cts.
Proceeds of sale of Effects charged against Wages, brought from the other side	N	I L
CASH—		
Proceeds of sale of Effects, brought from the other side.....	\$	cts.
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. 2518 <sup>2</sup> Adm. Naval Estates, (Present War).....	89	28
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) TWENTY DOLLARS charged to 31 May 1944		
Name of ship from which transferred HMCS. "VALLEYFIELD"		
Total†.....CREDITOR.....	89	28

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 EIGHTY-NINE - - - - - dollars - - - TWENTY-EIGHT - - - 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  
A) CAPTAIN. RCN. 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.  
Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

C.N.S. 46 AUTHORITY: AVALON'S CNS 249A #A13928 dated 19 May, 1944.

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

LEDGER: *Set*

AUDIT: *[Signature]*

35



4107

PARTICULARS OF DEAD OR MISSING PERSONNEL  
WITH REGARD TO PAYMENT OF WAR SERVICE GRATUITY

Name of Deceased Member George L. WOOLRIDGE Rank or Rating A B. O. No. V51989

1. Dependents' Allowance and Assigned Pay in force at date of death:  
D.A.                      Mrs. Gertrude Woolridge  
A.P. 20<sup>00</sup> mother  
D.A.                       
A.P.                     

2. Pension awarded or being awarded to: No record

3. War Service Gratuity Application(s) received from: Mrs. Gertrude Woolridge  
9743 - 93rd St.  
Edmonton, Alta.

In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under authority of the Minister of Veterans Affairs, application(s) for War Service Gratuity in respect of the service of the above named deceased member may be dealt with as follows:

( ) To be paid to: In the proportion of: /

- and -

to: In the proportion of: /

(X) To be referred to the Dependents' Allowance Board for decision as to dependency within the spirit and intent of the War Service Grants Act, 1944, observing this application(s) is classed under:

Group "B" (ii)  
Group "C" of the above mentioned Directive.

Date 3-3-45

[Signature]  
for D.M.P.A. (G)



# NON QUALIFYING SERVICE

Overseas

(#)	Date	Reason	No. of Days	
"		"	"	
"		"	"	
"		"	"	
"		"	"	
"		"	"	
"		"	"	
"		"	"	
Total Days				

## OVERSEAS SERVICE:

Where Serving	From	To.	No. of Days
M.H. 067	5 OCT '43	26 OCT '43	22
VALLEYFIELD	8 DEC '43	7 MAY '44	152
			174

24

31

29

31

30

7

152

CHARGE OF DISCHARGE:

REMARKS

IN REPLY  
CHARACTER OF SERVICE

REMARKS  
REMARKS

ON DISCHARGE  
REMARKS

COMMISSION OF SERVICE

REMARKS ON SERVICE

REMARKS ON SERVICE

LIFE NO.

REMARKS ON SERVICE



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

W.S.G. Application No. 4107

FILE NO. NS. V51989

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>WOOLRIDGE</u>	<u>George Leslie</u>	<u>V51989</u>	<u>A.B.</u>
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: DEAD

Application made by Mother. Was in receipt of A.P.

366  
31  
30  
7  
434

TOTAL SERVICE

Date of Active Service 1 Mar 43

Date of Discharge 7 May 44

Total No. of Days 434

# Less non qualifying service —

Total Days 434

OVERSEAS SERVICE

% Total No. of Days 174

# Less non qualifying service —

Total Days 174

Record of Service in other Forces (per Naval Records)

Branch of Service N.L.

Date of Active Service —

Date of Discharge —

# & % Overleaf

Computed By HL  
Checked By JHR

DATE: JAN 1 91945

J.B. McKernan  
for (H.B. Money)  
Payr. Cmdr. R.C.N.R.  
Director of Personnel Records