

BREBBER
JOHN GRANT
N21501

MEMORANDUM FOR

86
P. 64

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

Mrs. Martha Flynn Brebber,

Box 199,

Shaunavon, Sask.

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO,

ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q. H.Q.N.S. 62-B. 425 FD. 70

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

JUNE 5th, 1941

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

BREBBER, John G. Stoker 1,

O. No. 21501, H.M.C.S. "Margaree" R.C.N.



it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest or Local Magistrate, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

(L.M. Firth) Major,
Administrator of Estates.

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 inquired for	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.....	John Brebber	32	Died Calgary alt. Oct 18 th 1920
4	Mother of the Deceased.....	maiden name Martha Lucas Martha Felipe Brebber	51	Shannon Lake
5	Brothers of the Deceased	Full Blood Stoker George A. Brebber	23	H M C S "Skene" 90 F M O Halifax N S
		Half Blood Jerome Felipe Dick - Tom -	17 15 14	Born April 13 th 1924 - Dec 3 rd 1926 - March 6 - 1927
6	Sisters of the Deceased	Full Blood		
		Half Blood Florence F. Felipe	19	Born April 23 - 1922
7	Names of brothers or sisters (whether of the full or the half blood) of the De- ceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased.....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	

FULL PARTICULARS AS TO IDENTITY

85

10	What is the full name of the deceased?	John Grant Brebber
11	Give the month and year of his birth.	Sept: 24 th 1915
12	Where and when were his parents married?	Lacombe Alta Sept: 23 rd 1914
13	Was he ever married? If so, state exact place and date of marriage.	no
14	Did he leave a (later) Will? If so, it should be forwarded.	no
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	no

PARTICULARS OF DOMICILE

16	Where was deceased born?	Lacombe Alta
17	In what Province, Country or State did he reside, and in which last?	Saskatchewan
18	How long in each?	2 1/2 years in Alta and about 21 1/2 yrs in Sask
19	What was the nature of his employment?	farming hired help
20	Did he own the house or homestead in which he lived? If so, where?	no
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	Sask:
22	State <u>your</u> postal address in full.	Box 199 Shaunavon Sask

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	Lost in H M C S Marg aree
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	none

NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship, for example "Widow," "Father," "Brother," etc.

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

* Mother of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest or Local Magistrate

Mrs Martha Flynn Brubaker {Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Mrs Martha Flynn

"See above" Bencher {Name of Informant} is the * mother of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Shaunavon this 13th day of June 19 41

Signature of Clergyman, Priest or Magistrate } J. Reibel Qualification R.C. Priest

Address Shaunavon Sask.

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 of each surviving Relative enquired after is stated in its proper place in the Statement opposite.

H. M. C. S. "NADEN" Esquimalt, B.C.

OFFICIAL No. IF KNOWN
Space to be left vacant
if not known

DEPT. 37
1591
62-16425

CONTINUOUS SERVICE ENGAGEMENT, OR RE-ENGAGEMENT

To be forwarded to the Naval Secretary, Department of National Defence, with Form S. 59

CHRISTIAN AND SURNAME IN FULL		Mother. NEXT OF KIN	PRESENT RATING
John Grant BREBBER		Mrs. Martha FLYNN. Shaunavon. Sask.	Stoker 2/c.
DATE OF BIRTH*		PLACE OF BIRTH†	NAME, RANK AND STATION OF RECRUITING OFFICER
24th September, 1915		Town..... LACOMBE. County..... Province..... ALBERTA.	Commander J.E.W. Oland, DSO. RCN. RCN. Barracks; Esquimalt, B.C.

Personal Description at the Date of this Document

Height	Chest	Hair	Eyes	Complexion	WOUNDS, SCARS OR MARKS	Religious Denomination	TRADE OR OCCUPATION
5' 4½"	38 35 36	Dark Brown	Blue.	Fresh.	Scar R. Forearm	Roman Catholic.	Labourer.

Commencing date of Engagement or Re-engagement	13th September, 1937	Period of Engage- ment or Re- engagement	SEVEN YEARS, C.S.
Date of actually vol- unteering to en- gage or re-engage	13th September, 1937	Date of entering present ship	13th September, 1937.

Particulars of former Continuous Service Engagements, if any; but, if none, and the person engaging has had previous Service, the date of his First Entry should be given. If the person has not previously served, write the words "First Entry" here.

If an Engagement is ante-dated for any period, the man's services for such period should be forwarded in to office, with the Engagement, on Form S.—1243.

FIRST ENTRY.

Declaration of Entry or Re-Entry from Shore for Continuous Service

The following questions are to be put by the Commanding Officer to the person about to engage for Continuous Service, whose answers are to be recorded hereon:—

- Are the particulars given above of your name and date and place of birth correct?..... Yes.
- Are you a British subject?†..... Yes.
- Nationality of parents—Father..... Scotch. Mother..... Scotch.
- Have you ever served in the Navy, Royal Fleet Reserve, Royal Naval Reserve, Army, Army Reserve, Marines, Militia, Volunteers (Naval or Military), Territorial Force, or in His Majesty's Indian or Colonial Military Forces, or in the R. C. Mounted Police?‡..... No.
- Do you now belong to the Militia, Volunteers (Naval or Military), Territorial Force or any Regiment or Corps in His Majesty's Army, or to any established Naval or Army Reserve Force, or to the R. C. Mounted Police?‡..... No.
- Have you ever been rejected as unfit for His Majesty's service, or discharged from it on that account? If so, state reason of rejection or discharge, and date..... No.
- Have you ever been discharged from the Navy, Marines, Army or R. C. Mounted Police on account of misconduct?..... No.
- Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.
- Can you swim?..... No.

* When evidence of age is obtained on First Entry, it should be attached to this Form.

† Foreigners are not to be entered. On the entry of a person born out of the British Empire, it should be ascertained that he is (and in the case of a boy, that his father is) a British Subject, and evidence of the fact should be attached to the "Entry Papers."

‡ Particulars of service in the Army, Army Reserve, Naval Reserve, Marines, Militia, or H. M. Indian or Colonial Military Forces, or in the Merchant Service should be forwarded in to office with this Engagement. If a member of the Royal Fleet Reserve, the man's Registrar is to be immediately informed of his entry (Royal Fleet Reserve Instructions). If an R.N.R. man, state number of R.V. 2.

C.N.S. 55
2M-237
N.S. 815-9-55

LEDGERS FAIR
ROUGH

6479

1510
7-37

(OVER)

I.—Declaration and Certificate for Men newly entered and Men who have been out of the Service since the expiration of their previous C. S. Engagement

I, John Grant BREBBER, do solemnly declare that to the best of my knowledge and belief the answers to the questions overleaf are true, and I do hereby agree to serve honestly and faithfully in the Naval Service of Canada for SEVEN YEARS, C.S. from 13th September, 1937, provided my service should be so long required. And I do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty. As witness my hand this 13th day of September, 1937

Witness to Signature John Grant Brebber Man's Signature in full
M. A. A.

Attested before me this 13th day of September, 1937

J. Edwards { Signature of a Commissioned
Lieutenant-Commander, RCN. Officer of the Naval Service

Date 13th September, 1937

This is to certify that we have examined the person named on the other side hereof as to his fitness for the Naval Service of Canada, and we find as follows:—He is of perfectly sound and healthy constitution, free from all physical malformation, active and intelligent; and we consider him in all respects fit for His Majesty's Service.

J. H. W. O. L. A. D. COMMANDER, RCN. Commanding Officer
G. L. Morgan Smith CAPTAIN, RCAMC, Medical Officer

II.—Certificate and Declaration for Boys

Date 1937

This is to certify that we have examined the boy named on the other side hereof as to his fitness for the Naval Service of Canada, and we find as follows:—He is a well grown, stout, intelligent lad, of perfectly sound and healthy constitution, and free from all physical malformation, and we consider him in all respects fit for His Majesty's Service.

The consent of his parents or guardian has been obtained in writing, and they are willing and desirous that the boy should be entered for years' continuous and general service from the age of 18, in addition to whatever period may be necessary till he attains that age.

Commanding Officer

Lieutenant

Medical Officer

I declare that to the best of my knowledge or belief the answers to the questions on the other side of this form are true and that I am not indentured as an apprentice.

I am willing to enter and serve in the Naval Service of Canada for years' continuous and general service from the age of 18, provided my service should be so long required, in addition to whatever period may be necessary till I attain that age. And I do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Boy's Signature in full

Witness to Signature

Attested before me this day of 1937

{ Signature of a Commissioned
Officer of the Naval Service

III.—Re-engagement for Continuous Service

To be executed by men who have not been out of the Service since the expiration of their first engagement

The particulars indicated on the other side are also required when this Form is used.

I, John Grant Brebber, now serving as a Man's Signature in full
on board H. M. C. S. John Grant Brebber, who on the 13th of September, 1937
engaged to serve in the Naval Service of Canada for a period of 7 years, do hereby
engage to serve for a further period** from 13th September, 1937
provided my services should be so long required.

Man's Signature in full

1937

Witness, John Grant Brebber Commanding Officer

* Insert "for the term of (number in words) years," or "to complete (number) years for pension," or "until I attain the age of years."

† Insert the date from which the engagement actually commences.

‡ The document conveying the consent to be attached to this paper. (N.B.—Not required in the case of youths over 17 years of age.)

§ To be written in words.

** Insert as follows:—"Of (number) years," or "to complete time for pension," or "until I attain the age of years," as the case may be.

†† Insert the date of commencement of the re-engagement, which must either be coincident with, or (when the re-engagement is ante-dated) earlier than the date of execution.

QUESTIONNAIRE FOR CANDIDATES FOR ENTRY ROYAL CANADIAN NAVY

(NOTE.—Reply to question 1 to be in Block Letters. Replies to other questions to be in the handwriting of the Candidate)

1. Name (in full) **JOHN GRANT BREBBER.**
2. Date and Place of Birth **Sept 24, 1915, Lacombe Alta.**
*Birth Certificate, declaration by parents or affidavit as to date of birth must be attached.
3. Permanent place of residence **Shaunavon, Sask. Can.**
(Address in full)
4. How long resident in Canada? **Born.**
5. Are you a British Subject? **Yes**
6. Are you single, married or a widower? **Single**
7. In what capacity do you wish to engage? **Stoker, Stoker, Stoker**
~~Electrical Engineer~~
8. How far advanced educationally are you? **Received diploma Grade 18.**
*Attach certificate, diploma, etc, if any.
9. Statement of present and previous employment. (Details of all previous employment should be given)
Former Employment 2 years driving tractor present driving truck.
*Attach any testimonials or recommendations from employers.
10. Do you belong to any Naval, Military Reserve or Territorial Force? **No.**
11. Have you ever served in such forces? Give dates and details. **No**
12. Have you ever been discharged from any of His Majesty's Forces as medically unfit? **No.**
13. Have you ever offered to serve in any of His Majesty's Forces and been rejected? **No.**
14. What is your weight? **130 lbs.**
15. What is your height? **5 ft 9 7/8 in**
16. What is your chest measurement? (Not inflated) **33 3/4 in**
17. Are you free from all physical defects and malformation, and not subject to fits? **yes.**
18. Are you willing to be vaccinated and inoculated as considered necessary by the appropriate authorities? **yes.**
19. If accepted and sent at Government expense to a Naval Base, do you agree to join the Royal Canadian Navy for seven years' continuous and general service? Should you fail to do so for any reason within your own control, do you agree to refund to the Department of National Defence the expenses incurred by that Department for your transportation to the Naval Base? **Yes.**

I HEREBY DECLARE that the above answers are true in every respect.

Signature **John Grant Brebber**
Address **Shaunavon, Sask.**
Date **July 31st 1933.**

Frederick Holmes.

Witness to Signature

*NOTE.—The Certificates, Recommendations, etc., called for in questions 2, 8 and 9 attached, otherwise your application can not be considered.

C.N.S. 2417.

3m-3-32-M752

N.S. 815-9-2417



DEPT
MILITARY FORCE
SEP 14 1937
118-62-21-4 B
70 223

29
Can. B. 207
2M-1-37
N.S. 815-2-207

CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND BOYS FOR THE NAVAL SERVICE OF CANADA

M18991

(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 John G. BREBBER.
candidate for entry as a Stoker 2nd Class Royal Canadian Navy.
and I believe him to be in all respects fit for His Majesty's Service. He has signed the Certificate given below in my presence.

Dated at Regina, Sask the 10th of September 1937.

[Signature]
Examining Medical Officer

"Of White Race".

(Rank) Captain RCAMC (NP)

This examination has been made in accordance with the Instructions for Recruiting.

(a) Age { Years Months	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re-vaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(j) Limbs and Joints	(k) Skin	(l) Ears and Hearing	(m) Testes, Varicocele, etc.	(n) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(o) Anus, Hemorrhoids, etc.
21.11	lbs. 140	ft. ins. 5 4½	Good	inches (a) maximum 38 (b) minimum 35 (c) mean 36	right eye 20/20 left eye 20/20 colour vision Normal.	Nil.	Neg.	Neg.	Sound	Neg.	Good	Neg	All sound	Neg.

CERTIFICATE TO BE SIGNED BY THE 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 as may be authorized.

John G. Brebber
Signature of Candidate

When a Candidate is passed, notwithstanding a slight defect or disability, the following Certificate is to be filled up

This Candidate is the subject of.....
.....
not considered of sufficient importance to cause his rejection, he being desirable in other respects.

.....
Examining Medical Officer

(Rank).....

* The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.

MAIN FILE
 RECORDED TO
 OFFICE
 REC'D. CENTRAL REGISTRY
 OCT 14 1937
 REFERRED TO
Reeun's
 No 223

I am writing to inform you that I have been appointed as a member of the Board of Directors of the Canadian Red Cross Society. I am pleased to accept this position and to contribute to the work of the Society.

CERTIFICATE TO BE SIGNED BY THE APPLICANT

NAME	AGE	SEX	DATE OF BIRTH	DATE OF EXAMINATION	RESULT	REMARKS
John Doe	35	M	10/10/02	10/10/37	Pass	
Jane Smith	28	F	05/05/09	10/10/37	Pass	
Robert Brown	42	M	12/12/01	10/10/37	Pass	
Mary White	30	F	08/08/07	10/10/37	Pass	
William Black	45	M	03/03/04	10/10/37	Pass	
Elizabeth Green	25	F	01/01/12	10/10/37	Pass	
Thomas Grey	38	M	07/07/03	10/10/37	Pass	
Patricia King	22	F	09/09/15	10/10/37	Pass	
Charles Lee	40	M	11/11/06	10/10/37	Pass	
Barbara Hall	27	F	04/04/10	10/10/37	Pass	
Richard Young	33	M	06/06/08	10/10/37	Pass	
Susan Scott	29	F	02/02/11	10/10/37	Pass	
Donald Adams	41	M	10/10/05	10/10/37	Pass	
Carol Baker	24	F	03/03/13	10/10/37	Pass	
Frank Miller	36	M	09/09/07	10/10/37	Pass	
Lillian Davis	26	F	07/07/14	10/10/37	Pass	
George Wilson	39	M	12/12/02	10/10/37	Pass	
Marion Moore	23	F	05/05/16	10/10/37	Pass	
Harold Taylor	31	M	08/08/10	10/10/37	Pass	
Betty Jackson	21	F	01/01/18	10/10/37	Pass	
Albert King	43	M	04/04/09	10/10/37	Pass	
Frances Wright	28	F	06/06/12	10/10/37	Pass	
Edward Hill	34	M	10/10/08	10/10/37	Pass	
Grace Green	25	F	03/03/17	10/10/37	Pass	
Walter Evans	37	M	09/09/11	10/10/37	Pass	
Norma Reed	22	F	02/02/19	10/10/37	Pass	
Samuel Cook	44	M	07/07/06	10/10/37	Pass	
Phyllis Bell	27	F	01/01/20	10/10/37	Pass	
Harvey Ward	32	M	05/05/14	10/10/37	Pass	
Marjorie Fox	24	F	08/08/18	10/10/37	Pass	
Clarence King	35	M	11/11/10	10/10/37	Pass	
Josephine Lee	26	F	04/04/21	10/10/37	Pass	
Arthur Scott	38	M	09/09/13	10/10/37	Pass	
Beatrice Adams	23	F	02/02/22	10/10/37	Pass	
Raymond Baker	40	M	06/06/16	10/10/37	Pass	
Edna Miller	29	F	10/10/23	10/10/37	Pass	
Herbert Davis	33	M	03/03/24	10/10/37	Pass	
Winifred King	25	F	07/07/25	10/10/37	Pass	
Alfred Wright	36	M	11/11/26	10/10/37	Pass	
Constance Hill	27	F	04/04/27	10/10/37	Pass	
Stanley Green	39	M	08/08/28	10/10/37	Pass	
Norma Evans	24	F	12/12/29	10/10/37	Pass	
Clarence Reed	31	M	05/05/30	10/10/37	Pass	
Josephine Cook	26	F	09/09/31	10/10/37	Pass	
Arthur Bell	34	M	01/01/32	10/10/37	Pass	
Beatrice Ward	28	F	06/06/33	10/10/37	Pass	
Raymond Fox	37	M	10/10/34	10/10/37	Pass	
Winifred King	22	F	03/03/35	10/10/37	Pass	
Alfred Wright	41	M	07/07/36	10/10/37	Pass	
Constance Hill	29	F	11/11/37	10/10/37	Pass	
Stanley Green	32	M	04/04/38	10/10/37	Pass	
Norma Evans	25	F	08/08/39	10/10/37	Pass	
Clarence Reed	35	M	12/12/40	10/10/37	Pass	
Josephine Cook	27	F	05/05/41	10/10/37	Pass	
Arthur Bell	38	M	09/09/42	10/10/37	Pass	
Beatrice Ward	23	F	02/02/43	10/10/37	Pass	
Raymond Fox	42	M	06/06/44	10/10/37	Pass	
Winifred King	30	F	10/10/45	10/10/37	Pass	
Alfred Wright	33	M	03/03/46	10/10/37	Pass	
Constance Hill	26	F	07/07/47	10/10/37	Pass	
Stanley Green	39	M	11/11/48	10/10/37	Pass	
Norma Evans	24	F	04/04/49	10/10/37	Pass	
Clarence Reed	36	M	08/08/50	10/10/37	Pass	
Josephine Cook	28	F	12/12/51	10/10/37	Pass	
Arthur Bell	31	M	05/05/52	10/10/37	Pass	
Beatrice Ward	25	F	09/09/53	10/10/37	Pass	
Raymond Fox	43	M	01/01/54	10/10/37	Pass	
Winifred King	32	F	06/06/55	10/10/37	Pass	
Alfred Wright	40	M	10/10/56	10/10/37	Pass	
Constance Hill	29	F	03/03/57	10/10/37	Pass	
Stanley Green	34	M	07/07/58	10/10/37	Pass	
Norma Evans	27	F	11/11/59	10/10/37	Pass	
Clarence Reed	37	M	04/04/60	10/10/37	Pass	
Josephine Cook	30	F	08/08/61	10/10/37	Pass	
Arthur Bell	41	M	12/12/62	10/10/37	Pass	
Beatrice Ward	33	F	05/05/63	10/10/37	Pass	
Raymond Fox	44	M	09/09/64	10/10/37	Pass	
Winifred King	35	F	01/01/65	10/10/37	Pass	
Alfred Wright	45	M	06/06/66	10/10/37	Pass	
Constance Hill	36	F	10/10/67	10/10/37	Pass	
Stanley Green	40	M	03/03/68	10/10/37	Pass	
Norma Evans	38	F	07/07/69	10/10/37	Pass	
Clarence Reed	42	M	11/11/70	10/10/37	Pass	
Josephine Cook	40	F	04/04/71	10/10/37	Pass	
Arthur Bell	46	M	08/08/72	10/10/37	Pass	
Beatrice Ward	41	F	12/12/73	10/10/37	Pass	
Raymond Fox	48	M	05/05/74	10/10/37	Pass	
Winifred King	43	F	09/09/75	10/10/37	Pass	
Alfred Wright	50	M	01/01/76	10/10/37	Pass	
Constance Hill	45	F	06/06/77	10/10/37	Pass	
Stanley Green	49	M	10/10/78	10/10/37	Pass	
Norma Evans	47	F	03/03/79	10/10/37	Pass	
Clarence Reed	51	M	07/07/80	10/10/37	Pass	
Josephine Cook	49	F	11/11/81	10/10/37	Pass	
Arthur Bell	52	M	04/04/82	10/10/37	Pass	
Beatrice Ward	50	F	08/08/83	10/10/37	Pass	
Raymond Fox	54	M	12/12/84	10/10/37	Pass	
Winifred King	52	F	05/05/85	10/10/37	Pass	
Alfred Wright	56	M	09/09/86	10/10/37	Pass	
Constance Hill	54	F	01/01/87	10/10/37	Pass	
Stanley Green	58	M	06/06/88	10/10/37	Pass	
Norma Evans	56	F	10/10/89	10/10/37	Pass	
Clarence Reed	60	M	03/03/90	10/10/37	Pass	
Josephine Cook	58	F	07/07/91	10/10/37	Pass	
Arthur Bell	61	M	11/11/92	10/10/37	Pass	
Beatrice Ward	60	F	04/04/93	10/10/37	Pass	
Raymond Fox	64	M	08/08/94	10/10/37	Pass	
Winifred King	62	F	12/12/95	10/10/37	Pass	
Alfred Wright	66	M	05/05/96	10/10/37	Pass	
Constance Hill	64	F	09/09/97	10/10/37	Pass	
Stanley Green	68	M	01/01/98	10/10/37	Pass	
Norma Evans	66	F	06/06/99	10/10/37	Pass	
Clarence Reed	70	M	10/10/00	10/10/37	Pass	

This examination was held under the supervision of the undersigned, who is a member of the Board of Directors of the Canadian Red Cross Society.

I, the undersigned, have examined the above-named persons and find them to be fit and proper to receive the Canadian Red Cross Society's emblem.

BOAS FOR THE INVALI SERVICE OF CANADA
CERTIFICATE OF MEDICAL EXAMINATION FOR THE EMBA OF CANADIAN MEN AND

HTWG/RM

62-15425
58

1st November, 1940.

Dear Madam:


It is with deep regret that I must confirm the telegram sent out by the Minister of National Defence, reporting that your son, John Grant Brebber, Acting Leading Stoker, O.N. 21501, R.C.N., was missing, believed killed.

Few details are available, but it is known that H.M.C.S. "MARGAREE" was sunk in collision in the North Atlantic whilst steaming without lights, on convoy duty, and in the submarine zone. 142 Officers and ratings are missing and must be presumed lost at sea.

I am requested to express to you the sincere sympathy of the Minister of National Defence for Naval Services and the Chief of the Naval Staff in your bereavement.

Any further information, which is received, will be at once communicated to you.

Yours very truly,


(J.O. Cossette),
NAVAL SECRETARY.

Mrs. Martha Flynn,
c/o Postmaster (Box 199),
SHAUNOVAN, Sask.

F000867

62-B-425

Tusey
19/12

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. STADACONA at HALIFAX, N. S.Name John Grant BREBBER

(Christian names in full)

Rank of Rating Acting Leading Stoker (ty) Official No. 21501
(If unknown, date of first entry)Place of Birth Lacombe, Alberta Date of Birth 24th September, 1915Occupation in Civil Life Labourer Religion Roman CatholicNumber of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N.
(Temporary) or Reserve ratings) 3 Years 1 MonthDate of Death 22nd October, 1940 Place of Death At SeaCause of Death Lost in collision of H.M.C.S. MARGAREE
(If due to accident, violence, or enemy action, particulars to be stated briefly)Nearest known relative or friend { Name Mrs. Martha Flynn Relationship Mother
Address BREBBER
Shaunavon, Sask.Date on which the above was informed by Ship Informed by N.S.H.Q.Date on which death was registered with local Officials NK

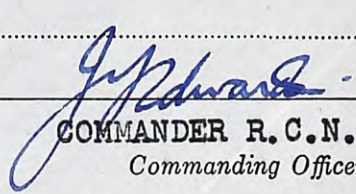
In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality

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 invalidated


 COMMANDER R.C.N.
 Commanding Officer,

8th November, 1940

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-7-40 (5849)
N.S. 815-9-1121

MAIN FILE	
CHARGED TO	<i>Tracy</i>
SINCE	19.12.40.
REC'D. CENTRAL REGISTRY	
DEC 24 1940	
REFERRED TO	<i>N.P.R.</i>

1010

COMMUNICATIONS SECTION
RECEIVED 19.12.40



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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 JOHN G. BREBBER Rating STO. I
Official No. 21502 H.M.C.S. MARGAREE List 5A2/1
Who* was "DD" on the 22 OCTOBER 1940

Net sum due on ledger on account of Wages.....	\$	cts.	194	63
Proceeds of sale of Effects charged against Wages, brought from the other side			NIL	
CASH—				
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....	\$	cts.	NIL	
Found amongst Effects.....			NIL	
Debts collected \$.....			NIL	
Cash debited in the Accountant Officer's Cash Acct.....			NIL	
If in debt in ledger, amount to be stated (in red ink).....			NIL	
Rate of allotment (in words) <u>FORTY-SIX</u> charged to <u>31st</u> <u>OCTOBER</u> 19 <u>40</u>				
Name of ship from which transferred <u>H.M.C.S. MARGAREE</u>				
Total† <u>BALANCE CREDITOR</u>			194	63

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 H.M.C.S. MARGAREE amounting to a net balance† CREDITOR of ONE HUNDRED AND NINETY-FOUR dollars SIXTY-THREE cents.

Dated on board H.M.C.S. STADACONA at HALIFAX NOVA SCOTIA this 25th day of MARCH 1941

Approved Ben Warfield for Accountant Officer
PAYMASTER SUB/LIEUT. R.C.N.V.R.
J.E. Leigh St. V.R. Initials of the Assistant
ACTING CAPTAIN R.C.N. Commanding Officer. Accountant Officer

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

Signature.....

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

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

C.N.S. 46

10M-10-40 (7450)
H.Q. N.S. 815-9-45

Ledger { Fair
Rough

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON
ENTITLED TO

Mrs. Martha Flynn (remarried)

ADDRESS: c/o Cudlips Store, Shanigan Lake,
Vancouver Island, B.C. 12-12-49

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(3) MEMORIAL CROSS
MOTHER

Mrs. Martha Flynn

ADDRESS: c/o Postmaster, Shaunavon, Sask.

MEMORIAL BAR

(1) DATE DESP.

REGN. NO. 400

(2)

(3) 28-4-41

D of D 20-9-43

Navy

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

WAR SERVICE RECORDS

BREBBER	John Grant		N-21501	Ldg. Sto.	FILE No.
SURNAME (in block letters)	CHRISTIAN NAMES		REG. No.	RANK ON DISCHARGE	UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

1939-45 Star

Atlantic Star

CVSM & Clasp

War Medal 1939-45

REGISTRATION NUMBER AND DATE DESPATCHED

9773

14-6-50

(The reverse to be used for estate purposes)

21501

OFFICIAL NUMBER

FILE NUMBER

62-B.425

OFFICIAL NUMBER 21501

NAME BREBBER (Surname) (Given Names) DATE OF BIRTH 24th Sept., 1915PLACE OF BIRTH Lacombe, Alta. OCCUPATION LabourerRELIGION Roman Catholic EDUCATION Grade VIIIRESIDENCE AT TIME OF ENLISTMENT: Street and No. Town Shaunavon Province, etc. Sask.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
13	9	37	Seven years	5' 4 1/2"	D. Brwn.	Blue	Fresh					

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs. Martha Flynn
ADDRESS (in pencil): Street and No. Box 199 Town Shaunavon Province, etc. Sask.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				22	3	38	Passed E.T. one				
				17	12	39	Granted Aux. W/K Cert.				

BADGES, G.C. OR G.S.					BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES							
Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT	
Day	Month	Year					Day	Month	Year			
13	9	40	1st	Granted								

FILM
NO. WDR 4866-1
DATE

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

SECOND CLASS FOR CONDUCT
From To

21501

...OFFICIAL NUMBER

NAME.....BREBBER
(Surname)

John Grant

.....
(Given Names)

OFFICIAL NUMBER.....21501

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
Naden	Stoker 2/c	13	9	37		V.G.	Sat.	31	12	37							
Fraser	"	21	5	38		V.G.	Sat.	31	12	38							
	Stoker 1/c	6	9	38		V.G.	Supr.	21	12	39							
Margarae	"	10	8	40		V.G.	Supr.	22	10	40							
	A/Ldg. Sto. (Ty)	15	10	40													
	"	22	10	40	DEAD--Missing, presumed dead												
GENERAL REMARKS																	
28-4-41 Memorial Cross issued to Mother: Mrs. Martha Flynn c/o Postmaster Box 199 Shaunovan, Sask.																	

DATE OF BIRTH	PLACE	CIVIL	OCCU.	RELI.	ED	PERM.	RESIDENT	PREL.	ENL.	RANK OR RATE									
DAY	MO.	YR.	BIRTH	CLASS	SUB	GLOR	IP	CTY	TD	W	SERN	DIV	A	BB	IRANK				
24	9	15	14	900	0	10	1	404	17	0	13	0	15	98					
ENLIST. DAY																			
DAY	MO.	Yr.	RANK OR RATE																
13	09	37	13	09	37	YR.										ESTAB.	A	BB	RANK
SENIORITY																			
DAY	MO.	Yr.	CODED													CHECKED			
15	10	40	09	20												23	10	40	

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased
Member's Name

John Grant
(Christian Names)

BREBBER
(Surname)

Payee

Mr Martha FLYNN,

Address

232 High St. West.
Moore Jaw. Sask.

Register No.

820

File No. N21501

Date 24 Nov 44 / 3/45

Service No. 21501

Final Rank or Rating A/LDC. STG.

Date of Discharge 22 Oct 40

Date of termination of overseas service 22 Oct 40

A. TOTAL QUALIFYING SERVICE

No. of days 409 equal to 13 complete periods at \$7.50
30

97.50

B. QUALIFYING OVERSEAS SERVICE

No. of days 409 less 19 ineligible days equal to 390 days @ 25¢ per day

97.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay	\$	<u>2.25</u>
Subsistence or Lodging	\$	<u>1.45</u>
and Provision Allowance		
Additional Pay	\$	<u>.05</u>
<u>H.L.M.</u>	\$	<u>.13</u>

Dependents' Allowance 1/30 of \$ 15.00

Total 4.38 x 7 = \$ 30.66

No. of days 390 x \$ 30.66
183

65.34

D. WAR SERVICE GRATUITY

260.34

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE
AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

260.34

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ _____ of \$ = \$ 260.34
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	Treasury	
		Checked by	Date

Service Representative

D.N.P.A. CHECK

1 <u>St. J.</u>	6 <u>St. J.</u>
2 <u>St. J.</u>	7 <u>St. J.</u>
3 <u>St. J.</u>	8 <u>St. J.</u>
4 <u>St. J.</u>	9 <u>St. J.</u>
5 <u>St. J.</u>	10 <u>St. J.</u>

820

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

Name of Deceased Member John Grant BREBBER Rank or Rating A/L/Std (Ly) O. No. 21501

1. Dependents' Allowance and Assigned Pay in force at date of death:
D.A. .50 Mrs. Martha Flynn
A.P. 30.00 (mother)
D.A. —
A.P. —

2. Pension awarded or being awarded to: mother as above

3. War Service Gratuity Application(s) received from: Mrs. Martha Flynn
232 High St. W.,
Moose Jaw, Sask.

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:

(X) To be paid to: mother as above In the proportion of: /

- and -

to: In the proportion of: /

() 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 27/2/45

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

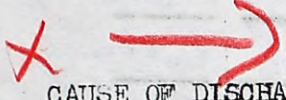
TO: D.N.P.A.

FILE No. V.S. N-21501

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>BREBBER</u>	<u>John Grant</u>	<u>21501</u>	<u>A/2dg Sto (TY)</u>
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE



CAUSE OF DISCHARGE: Dead

Application made by mother - In receipt of pension
10 Sep '39 - 9 Sep '40 - 366
10 Sep - 21
Oct - 22
409

TOTAL SERVICE

Date of Active Service 10 Sep '39
Date of Discharge 22 Oct '40
Total No. of Days 409
Less non qualifying service nil

Total Days 409

OVERSEAS SERVICE

% Total No. of Days 409
Less non qualifying service nil

Total Days 409

Record of Service in other Forces (per Naval Records)

Branch of Service _____
Date of Active Service _____
Date of Discharge _____

& % Overleaf

Computed By [Signature]
Checked By _____

NOV 2 1944

[Signature]
for (H.B. Money)
Payr. Cmdr. R.C.N.R.
Officer-in-Charge
Naval Personnel Records

NON QUALIFYING SERVICE

Overseas

Date	Reason	No. of Days	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
Total Days			

(%)

OVERSEAS SERVICE:

Where Serving	From	To.	No. of Days
---------------	------	-----	-------------

Fraser 10 Sep '39 5 Sep '40 362

Margaree 6 Sep '40 22 Oct '40 47

409

Fraser

366
4
362

Margaree

25
22
47

88

DISTRIBUTION OF SERVICE ESTATES

Naval - Military - Air Force

XXXXXXXXXXXXXXXXXXXX

Name

No.

BREBBER

Surname

John G.

Christian Names

21501

Stoker Rank

H.M.C.S.

"HARGREAVE"

Unit

22/10/40

Age of Death

AMOUNT

L. P. C.

\$

194.63

Other Credits

Total

194.63

Shares Retained

Date

JUNE 21, 1941

NET TOTAL

194.63

SHARE

RELATIONSHIP

NAME AND ADDRESS

AMOUNT

Whole

Mother

Mrs. Martha Flynn Brebber,
Box 199,
Shannon, Sask.
(next of kin entitled)

\$194.63

AUTHORITY

H.O. F.F. No.	DIV.	EST.	VOTE	PRI	DA OR HO SUB	OBJ	AMOUNT
99 99			8 32 00	00	00	001	194 63
SHARES RETAINED							
CLASSIFIED BY							
EXAMINED BY							
FOR TREASURY OFFICER							
TOTAL							

none

Distribution approved and authorized

AUDITED FOR PAYMENT

L.M. Firth

(L.M. Firth) Major,
Administrator of Estates.

For Chief Treasury Officer



Department of National Defence

Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

No. NS. 62-B. 425

61

NOV 8 1940

STATEMENT OF SERVICE OF

JOHN GRANT BREBBER

A/Leading Stoker (Ty.), R.C.N., O.N. 21501

<u>Ship or Establishment</u>	<u>Rating</u>	<u>From</u>	<u>To</u>
H.M.C.S. "NADEN"	Sto. 2/c	13 Sept., 1937	20 May, 1938
" " "FRASER"	"	21 May, 1938	5 Sept., 1938
" " "	Sto. 1/c	6 Sept., 1938	
" " "MARGAREE"	"	10 Aug., 1940	
" " "	A/L.Sto.(Ty.)	15 Oct., 1940	22 Oct., 1940

Character Assessment for whole of time - "Very Good"

DISCHARGED "DEAD" - 22 October, 1940

(J. O. Cossette)
NAVAL SECRETARY.

NO. 30 9/14/4

M.F.M. 16A
50M-11-39 (3048)
H.Q. 1772-39-1665

49
DEPT. OF DEFENCE
AIR - 1840
CANADA

CANADIAN ACTIVE SERVICE FORCE

SERVICE: MILITARY OR AIR

NAVAL

()

APPLICATION FOR DEPENDENT'S ALLOWANCE—FOR DEPENDENTS OTHER THAN THOSE PROVIDED FOR ON FORM M. 16

The names required by Questions 1, 2 & 12 must be shown in block capitals.

1. Surname of applicant BREBBER

2. Full Christian name or names John Grant

3. Official Number 21501 4. Rank Stoker 1/c.

5. Unit, Station, or Establishment H.M.C.S. "FRASER"

6. Date appointment or enlistment 13th September, 1937.

Question 7:

In the case of officers, the date of reporting for duty is the date pay commences and dependents allowance cannot commence prior to such date.

7. Date reported for duty 13th September, 1937.

8. Are you a member of the permanent forces, military or air? Naval.

If so (a) State permanent establishment, unit or station H.M.C.S. "FRASER"

(b) Are you receiving permanent force rates of pay and allowances? Yes.

Questions 9 & 10:

Are to determine the degree of eligibility to an allowance where salary or wages continue in whole or in part.

9. If you are an employee of a Dominion or Provincial Government, Municipality, Board, Commission or other Public Authority, give particulars of such employment No.

10. If your salary or wages or any part thereof are being continued by such public authority during service, state amount per month No.

11. Give particulars of your civilian occupation together with total earnings and period of time employed in the six months preceding enlistment Labourer. Total earnings - \$360.00.

12. Name of dependent FLYNN Martha Mary Mrs.
Surname Christian Name Mr. Mrs. or Miss

13. Address Shaunavon, Saskatchewan. Box #199.

Question 13:

Give street name and number or post office box number, R.R. No. city, town or village and province.

14. Age of dependent Fifty 15. Relationship Mother.

Questions 16 to 28
Have a bearing on
the eligibility for
allowance and the
amount payable.

16. With whom did the dependent reside in the 6 months' period preceding your enlistment?

With Applicant.

State name, address and relationship to dependent

17. With whom will the dependent make his or her home hereafter? With self.

(State relationship)

18. Is dependent being maintained in a Public Institution at the public's expense?

No.

Yes or no

If yes, give name and location of institution

19. Why is dependent unable to provide for his or her own support? If by reason of mental or physical infirmity, give nature and duration of same together with name and address of family doctor, if any. Fifty years of age. No longer able to work.

20. From what date have you been contributing to the support of this dependent?

1930.

21. Are you the sole or partial support? Partial. (Receives Widow's Allce.)

State whether sole support or partial support

22. (a) Give nature and amount of financial assistance (this may include board and room) given by you to this dependent in each of the 6 months prior to enlistment and total of same for the 6 months. \$30.00 monthly.

(b) Did your contributions entitle you to board and lodgings in return or did you provide your own board and lodgings? Yes.

23. If this dependent became dependent upon you within the six months preceding enlistment, what change in the dependent's financial circumstances has made him or her so dependent upon you?

24. If dependent is your mother, is your father living? No.

Yes or No

If "yes" state extent and nature of his contribution to your mother's support and if he does not fully support her, state reasons.

28. Fifteen dollars per month assigned to dependent to obtain allowance. If 15 days' month has been assigned to dependent, wife and child additional 5 dollars per month assigned to dependent.

25. If dependent is father or mother, sister or brother, give particulars of your other brothers and sisters.

Name	Address	Age	Occupation	Married or Single
Brother-George A. Brebber	HMCS. "YPRES"	22	Stoker 1/c.	Single.
Brother-Jerome H. Brebber	Flynn Shannavon, Sask.	16	Student.	Single.
Brother-Richard	Flynn " "	14	Student.	Single.
Brother-Thomas	Flynn " "	12	Student.	Single.
Sister -Florence F. Flynn	" "	18	Student.	Single.

26. (a) If any of the above relatives contributed to such dependent's support, state name and nature and amount of contribution in the 6 months precedings your enlistment.

Brother-George A. Brebber, HMCS. "YPRES" - Nil contribution in six months preceeding applicant's enlistment. Now sends \$10.00 home monthly.

- (b) In any such instance did the relative contributing receive board and lodgings in exchange for such contributions. If "yes" explain: -

27. Give full particulars of the dependent's average monthly income from all sources other than your own contributions, to the best of your knowledge, information and belief under the following headings.

Dependent's Average Monthly Income from:

Personal earnings.....\$.....
 Contributions and allowances from other members of family. \$.....
 Insurance.....\$.....
 Dividends from shares, bonds, etc.....\$.....
 Interest on loans or mortgages.\$.....
 Rentals.\$.....
 Other\$.....
 Total.....\$.....

Dependent's Average Monthly Allowances from:

Workmen's Compensation Award.\$.....
 Widow's Pension.....\$ 16.00.....
 Other Government or Municipal Allowances. (State nature of allowance and name of Public Authority)\$.....
 Total.....\$ 16.00.....

28. Fifteen days' pay per month must be assigned to dependent to obtain allowance.

If 15 days' pay per month has been assigned to dependent wife and children, an additional 5 days pay per month must be assigned to this dependent.

28. What amount of pay have you assigned per month on behalf of this dependent?

Fifteen

days' pay.

29. Date assigned pay effective **31st March, 1940.**

30. Have you made a prior assignment of pay. If so state number of days and to whom

Yes. Mrs. Martha M. Flynn, Shannavon, Sask.- Mother - 10 days pay.

31. Have you made a previous claim for dependent's allowance? **No.**

If so give particulars of previous unit and official number under which applied for and date of application.....

Certified that authorization for assigned pay as stated has been received.

I certify that the above is a true statement.

Paymaster

LIEUTENANT T RCNR

Rank

Signature of Applicant

Stoker 1/c.

Date **26th February, 1940.**

Enclosed: 1 Birth Certificate of John Brebber Stol/c
H.M.C.S. FRASER
1 Affidavit signed by Joseph Hussie N.P.
Establishment, unit or station **Saskatchewan**

H.M.C.S. "FRASER"
C/O Fleet Mail Officer,
H.M.C. DOCKYARD,
Place **Halifax, N.S.**

NOTE.—Dependents' allowances may not be awarded to more than three dependents of any officer or man.

39

Passing Certificate

This is to Certify

that John Grant BREBBER,

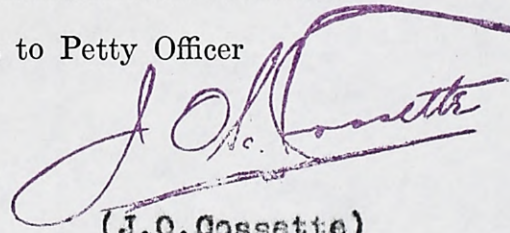
Rating Stoker 2nd Class Official Number 21501,

has passed

THE EDUCATIONAL TEST, I

held on 22nd March, 1938,

For advancement to Petty Officer



(J.O. Cossette)

Naval Secretary

Department of National Defence.

Ottawa, this 22nd day of April, 1938.

August 27, 1937.

Sir,-

I am directed to advise you that you are now under consideration for entry in the Royal Canadian Navy on the 13th September, 1937, as a Stoker, 2nd Class, under a Seven Years' Continuous and General Service Engagement.

Before your entry can be approved it will be necessary for you to undergo final medical examination. You should report to the District Medical Officer of Military District No. 12, The Armoury, Regina, Saskatchewan, at Nine A.M., on Friday, 10th September, 1937, and request him to examine you, showing him this letter as your authority. You should hand him the enclosed forms B207 in triplicate (Medical Examination Form) and B207A (Physical Qualifications Required).

Transportation Warrant H01185, Shaunavon, Saskatchewan to Regina, Saskatchewan, is enclosed, which you should exchange at your local Canadian Pacific Ticket Office for a railway ticket.

Provided you are found physically fit the Military Authorities will supply you with the following transportation from Regina, Sask. to Victoria, B.C.:

- 1 Second Class Railway Ticket - Regina, Sask. to Vancouver, B.C.
- 1 Upper Tourist Berth - Regina, Sask. to Vancouver, B.C.
- 1 Steamship Ticket - Vancouver, B.C. to Victoria, B.C.

You are to report to the Commander, R.C.N. Barracks, Esquimalt, B.C., on Monday, 13th September, 1937.

If you are not physically fit the Military Authorities will supply you with the following transportation back to your home:

- 1 Second Class Railway Ticket - Regina, Sask. to Shaunavon, Sask.

You should acknowledge receipt of this letter enclosed addressed envelope is for this purpose.

Yours truly,

Mr. John G. Brebber,
c/o Mrs. H. Flynn,
Box 199,
SHAUNAVON, Sask.

(D)

-2-

(J. O. Cossette)
Naval Secretary.

The Commander/
R.C.N. Barracks,
ESQUIMALT, B.C.

- Forwarded for information. Provided Brebber reports and is suitable in all respects, he is to be entered in the R.C.N. as a Stoker, 2nd Class, to date 13th September, 1937. X-Ray examination has not been carried out.

Date of Birth - 24th September, 1915, certified by Certificate of Birth.

Copy of Continuous Service Engagement Form is to be forwarded to Headquarters in due course.

BY ORDER.

COPY TO D.O.C.

Naval Secretary.

Shaunavon, Sask.,
July, 12th, 1934,

9750
Dear Sir -

NATIONAL DEFENCE

JUL 16 1934

62-21-4

B

I am writing you a few lines to keep you informed of my address in case there is any vacancie for me regarding a position in the Royal Canadian Navy. My address is still at present, and expect it will be for some length of time.

John, Grant, Brebber

No Mrs Martha Flynn

Shaunavon Sask.

Box 199.

Yours Truly

John G. Brebber.

MAIN FILE
CHARGED TO <i>Recruits</i>
SINCE
REC'D. CENTRAL REGISTRY.
17
REFERRED TO <i>Recruits</i>

DEPT. OF
MILITIA & DEFENCE

JUL 27 1937

N.S. 62-21-4/B

CANADA 7/22/37

Shaunavon Lark
Box 199. July 23rd 37

Naval Secretary
Department of National Defence

M15530

Dear Sir

I am writing a line to you regarding my son John Brubaker of Shaunavon and I am sure if you will check the waiting list of names of applicants you will find him on the list put down in 1933 & 34. The department accepted my son and mentioned that just as soon as there was a vacancy he would be called but up till now we have not received any word I thought perhaps it might do some good to write again. Now Sir I would appreciate it very much if by any

chance there would be a vacant-
place for the boy as you can see
by the report of the Saskatchewan
Wheat crops it is a complete failure
here and no work for the young
men & boys and as I am a widow
with 5 other children to keep I would
like to see John in the Canadian
navy. He is a good steady boy with
all clean habits and a conscientious
worker and am sure he would be
a credit to both King & Country if
he could get there from time to
time you mentioned we should write
giving you his address which he did
for some time so would be very
please if he was one of the lucky boys
to receive word to join in the very
near future Thanking you

I am yours respectfully,
M^{rs} Martha Flynn

MAIN FILE	
CHARGED TO	<i>Reams</i>
SINCE	<i>7-22-3</i>
REC'D. CENTRAL REGISTRY	
JUL 27 1937	
REFERRED TO	<i>Reams</i>

If a copy of this Form is required, Form C.N.S. 1243 is to be used

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

CERTIFICATE of the Service of

John Grant BREBBER

IN THE ROYAL CANADIAN NAVY

66

*Port
Division*

Esquimalt, B.C.

Official Number... *21501*.....

Date of birth *24 September, 1915*

Nearest known Relative or Friend
(To be noted in pencil)

Where born { Province *Alberta*
Town or county *Lacombe*

Name: *Mrs. Martha Flynn*

Relationship: *Mother*

Trade brought up to *Labourer*

Address: *Shannon, Sask.*

Religious denomination *Roman Catholic*

Date passed swimming test *PPR (Good) 20 Jan 38. J. J. [Signature]*

Man's signature on discharge to pension }

All Engagements, including N.C.S., to be noted in these Columns

Date of actually volunteering	Commencement of time	Period volunteered for	Date of actually volunteering	Commencement of time	Period volunteered for
1.	<i>13 Sep 37</i>	<i>Seven Years</i>	5.		
2.			6.		
3.			7.		
4.			8.		

Medals, Clasps, Etc.

Date received or forfeited	Nature of decoration	Date received or forfeited	Nature of decoration

Description of Person	Stature		Chest, In.	Colour of			Marks, Wounds and Scars
	Feet	In.		Hair	Eyes	Complexion	
On entry as a boy.....			<i>38</i>				
On advancement to man's rating or on entry under 28 years.....	<i>5</i>	<i>4 1/2</i>	<i>36</i>	<i>Brown</i>	<i>Blue</i>	<i>Fresh</i>	<i>Scar R. Forearm</i>
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....							
Further description if necessary.....							

Name John Grant BREBBER

[illegible][illegible]

(Ten

Da

22 mch
29 Aug
17 Dec

Examinations passed and Notations or Qualifications other than those entered on History Sheets[illegible]

[illegible]

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

NK/RATING *A-1* OFF. NO. *N 21201* ADDRESS

[illegible]

FILED BY DIR. OF PERSONNEL RECORDS.

FORM 4

This form if placed in an envelope, marked "Dominion Statistics—Free, Penalty for" and addressed to the nearest Registrar of Vital Statistics, will pass through the mail.

PROVINCE OF ALBERTA

FOR THE USE OF THE DEPARTMENT ONLY

Record No. _____ of _____

REGISTRATION OF BIRTH

Full Name of Child (Christian name first)	John Grant Brebber		
Place of Birth Street and No. (if any) or name of Maternity Institution	Lacombe Hospital Lacombe Alberta		
Regular Residence of Parents (if different from above)	Wittenburg - Alberta		
Sex (Male or Female)	Male	Is this a Single, Double or other Plural Birth?	Single
Is this Child Legitimate?	yes	Was this Child born alive?	yes
Date of Birth	24 th day of September		1915
Full Name of Father	John Brebber		
Birthplace of Father	(City or Town) Mount Forest	(Province, State or Country) Ontario	
*Racial Origin of Father	Scotch	Age of Father Born in 27-1906	
Profession or Occupation of Father	Farmer		
Full Name of Mother before Marriage	Martha Lucas		
Birthplace of Mother	(City or Town) Gurrock Scotland	(Province, State or Country) Renfrewshire	
*Racial Origin of Mother	Irish	Age of Mother 24-1909	
Children of this Mother (including this birth)	Number Born alive	Number now living	NUMBER STILLBORN (born dead)
Was this a premature birth?	No	Name of Doctor in attendance at birth (if any)	E. M. Sharpe
REMARKS (for official use only)			

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 _____ 1933

I hereby certify that the above return was made to me at _____

on the _____ day of _____ 1933

Registrar's Record No. _____ of 1933

Registrar

NOTE.—This form must not be mutilated. All information asked for should be given.

Write plainly with UNFADING BLACK INK. This is a permanent record. Margin reserved for binding. In case of more than one child at a birth, a Separate Return must be made for each, and the number of each, in order of birth stated. RACIAL ORIGIN will be described by stating to what people or race each of the parents belongs, whether English, Irish, Scotch, French, German, Russian, Ruthenian, Slovak, Galician, etc. The words "Canadian" or "American" express Nationality or Citizenship but not Racial origin.

Witnessed by
G. E. Storchiff
Notary Public
Shaunavon Sask
Martha J. Lyne
Informant
Shaunavon Sask
Post Office Address
Shaunavon, Sask.
November 1933

CANADA
Province of Saskatchewan
TO WIT: }

In the matter of JOHN GRANT BREBBER;

I, MARTHA FLYNN of the Town of Shaunavon in the Province of Saskatchewan widow,

Do solemnly declare that

1. That my maiden name was Martha Lucas and I married John Brebber, at Lacombe, Alberta, on September 23rd. 1915;
2. That I am the mother of John Grant Brebber, who was born at Lacombe, Alberta on September 24th., 1915;
3. That my husband John Brebber died on or about December 24th., 1919;
4. That I married John Henry Flynn, at Lethbridge, Alberta, on October 17th., 1922;
5. That the said John Henry Flynn died on or about November 3rd., 1928;
6. That I have since the year 1922 used the name of Martha Flynn;
7. That I make this declaration for use in proving the age, place of birth and relationship to myself, of John Grant Brebber now serving with the Royal Canadian Navy.

And I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath, and by virtue of The Canada Evidence Act.

Declared before me at the Town
of Shaunavon in the Province
of Saskatchewan the 21st.
day of March 19 40

A Notary Public
in and for the Province of Saskatchewan. My
commission expires at the pleasure of
the Lieutenant-Governor-in-Council.

Martha Flynn

Dated March 21st. 19 40

IN THE MATTER OF

JOHN GRANT BREEBER

Statutory Declaration

Commercial Printers, Ltd., Regina, Sask.

J. C. HOSSIE
Barrister, Solicitor, etc.
SHAUNAVON, SASK.