

V41295
RIGBY
ROBERT CHARL

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D OF D 20-9-43

AWARDS

NAVY

D.D.

RIGBY

Robert Charles

V-41295

O/Tel.

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
War Medal

~~CANCELLED~~
*Medals Patch and Clasp
1788
6491 4/7/50*

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNVR Mar. 46 "STOCRIOX"
MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

- (1) MEDALS
PERSON

ENTITLED TO Mr. Robert D. Rigby - Father - Benef:
~~c/o Anglin Norcross Co.,~~
~~SARNIA, Ont.~~ ST. ANDREWS, N.B.
ADDRESS: Corres. on file.

- (2) MEMORIAL CROSS

WIDOW

ADDRESS:

- (3) MEMORIAL CROSS

MOTHER deceased

ADDRESS:

MEMORIAL BAR

(1) DATE DESP

REGN. NO. 513

(2)

(3)



CANADA

ATTESTATION FORM
(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME RIGBY OFFICIAL NO. 164382
941295CHRISTIAN NAMES Robert Charles MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
<u>St. Andrews, New Brunswick.</u>	<u>United</u>

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>3 April, 1915.</u>	Town <u>St. Andrews</u>	Father: <u>Robert D.,</u>
*Original Nationality of: Father <u>Canadian</u> Mother <u>Canadian</u>	County <u>Charlotte</u>	<u>Same address.</u>
	Province <u>New Brunswick</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>35½</u>				
Inches <u>8½</u>	Deflated <u>33</u>	<u>Fair</u>	<u>Blue</u>	<u>Fair</u>	<u>Appendectomy scar.</u>
	Mean <u>34½</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>Senior Matriculation.</u>	<u>Hardware salesman:</u> <u>Aikenhead Hardware Co.,</u> <u>17-21 Temperance St.,</u> <u>Toronto, Ontario.</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
<u>Divisional Strength</u> <u>2nd July, 1942.</u>	<u>Ord. Smn. W/T,</u> <u>RCNVR, (Temp.)</u>	<u>H.M.C.S. "YORK", Toronto.</u>

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That * (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

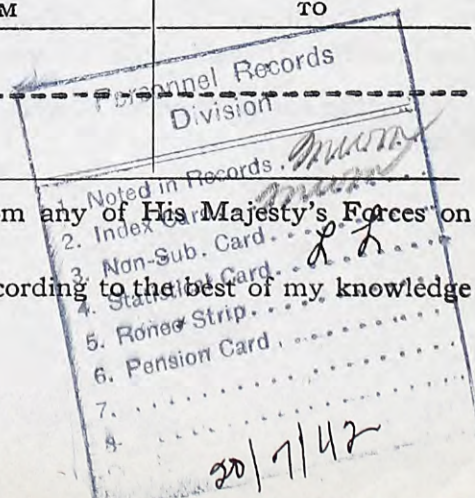
* (b) I served in ----- for the period shown, and attach my record of service, in corroboration of this statement.

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
-----	-----	-----	-----

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

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



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

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

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

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

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

Dated this.....**2nd**.....day of.....**July, 1942.**.....

Signature of applicant.....**Robert C Rigby**.....

(C) **CERTIFICATE OF ATTESTING OFFICER**

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this.....**2nd**.....day of.....**July, 1942.**.....

.....**Robert C Rigby**.....
Signature of and rank of Attesting Officer.

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

(D) **OATH OF ALLEGIANCE**

I,.....**Robert Charles Rigby**.....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.....**Robert C Rigby**.....

Witness.....**Robert C Rigby**.....

Date.....**2nd July, 1942.**.....Rank.....**Sub-Lieutenant, R.C.N.V.R.**.....

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

(E) **CERTIFICATE OF ATTESTING OFFICER**

.....**Robert Charles Rigby**.....having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the.....**Toronto**.....Division of the R.C.N.V.R. or in the appropriate official documents.

.....**Robert C Rigby**.....
Sub-Lieutenant, RCNVR. Attesting Officer.

.....**2nd July, 1942.**.....R.C.N.V.R. Division
(or other establishment).....**HMCS "YORK".**.....

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

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

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

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

.....**Robert C Rigby**.....
Signature

CERTIFICATE of the SERVICE of

Robert Charles RIGBY

in the Royal Canadian Naval Volunteer Reserve

S.C.N.V.R. #58989

Training Headquarters	R.C.N.V.R. Division	Official Number... <u>V-41295</u>
	<u>2871. C.A. "York"</u>	"

Date of Birth... <u>3rd April 1915</u>	Name and Address of Nearest Relative or Friend (In pencil)
Place of Birth... <u>St Andrews, New Brunswick</u>	<u>Robert W.</u>
Place of Residence... <u>St Andrews, New Brunswick</u>	
Trade brought up to... <u>Hardware Salesman</u>	
Religion... <u>United Church</u>	<u>same as above</u>
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	
	<u>2 July '42</u>	<u>Duration</u>	<u>W/T</u>			
		<u>Hostilities</u>	<u>Ord. Amn</u>			

PERSONAL DESCRIPTION							
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion
	Feet	Inches					
On Entry...	<u>5</u>	<u>8 1/2</u>	<u>34 1/4</u>	<u>130 1/2</u>	<u>Fair</u>	<u>Blue</u>	<u>Fair</u>
On re-enrolment—6 years' Service...							
On re-enrolment—12 years' Service...							
Further Description if necessary...							

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

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
	Divisional Strength					
	York			W/T. On 1 st Jan 2 July '42	9 Oct '42	
	On Active Service				10 th October 1942	
	York		"	10 Oct '42	11 Feb '43	
1943	St Kyacinthe		"	12 Feb '43	12 MCH '43	
	"		O' TEL.	13 MCH '43	14 June '43	
	Stadacona		"	15 June '43	7 July '43	
	Neelon (St Croix)		"	8 July '43	20 Sep '43	" D.D."

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

[illegible]

NAVAL TRAINING and ACTIVE SERVICE

[illegible][illegible]

Name Robert F. Charles RIGBY Conduct

[illegible]



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 R Rigby
candidate for entry as Ordnance WITVR
and I believe him to be ^{in all respects fit for His Majesty's Service}
~~unfit for His Majesty's Service for the reason stated below~~ He has signed the Certificate
given below in my presence.

†Strike out if inapplicable

*Delete one.

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

(a) Age	Yrs. <u>27</u> Mos. <u>2</u>	(j) Date of last Vaccination for Smallpox	<u>child</u>
(b) Height with bare feet	Feet <u>5</u> In. <u>8 1/2</u>	(k) General Development	<u>Good</u>
(c) Weight without clothes	<u>130 1/2</u>	(l) Nose, Throat and Tonsils	<u>NORMAL</u>
(d) Ears and Hearing	<u>NORMAL</u>	(m) Heart and Lungs	<u>NORMAL</u>
(e) Chest Girth	Max. <u>35 1/2</u> Min. <u>33</u> Mean <u>34 1/4</u>	(n) Abdomen Hernia, etc.	<u>NORMAL</u>
(f) Teeth	Deficient <u>4</u> Defective <u>upper</u> Dentures	(o) Limbs and Joints	<u>NORMAL</u>
(g) Vision by Snellens Types	without glasses Rt. <u>20/30</u> Lt. <u>20/30</u> with glasses Rt. Lt. where worn	(p) Skin	<u>NORMAL</u>
(h) Colour Vision	Ishihara <u>normal</u> R.C.N. Lantern	(q) Anus Haemorrhoids	<u>NORMAL</u>
(i) Chest x-ray	<u>not taken</u> <u>approved</u> <u>positive</u> <u>doubtful</u> <u>82/115</u>	(r) Testes Varicocele	<u>NORMAL</u>
		(s) Urine	<u>neg</u>

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.

Robert C Rigby
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.....

*{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



FIT

Dated at Toronto the JUN 29 1942 of 19

A. G. MacKinnon
Examining Medical Officer

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

117-261529

OFFICER TO BE SIGNED BY COMMANDER

NAME	GRADE	DATE	INITIALS
1. JAMES L. DUNN	1st Lt.	11/1/42	
2. JAMES L. DUNN	1st Lt.	11/1/42	
3. JAMES L. DUNN	1st Lt.	11/1/42	
4. JAMES L. DUNN	1st Lt.	11/1/42	
5. JAMES L. DUNN	1st Lt.	11/1/42	
6. JAMES L. DUNN	1st Lt.	11/1/42	
7. JAMES L. DUNN	1st Lt.	11/1/42	
8. JAMES L. DUNN	1st Lt.	11/1/42	
9. JAMES L. DUNN	1st Lt.	11/1/42	
10. JAMES L. DUNN	1st Lt.	11/1/42	
11. JAMES L. DUNN	1st Lt.	11/1/42	
12. JAMES L. DUNN	1st Lt.	11/1/42	
13. JAMES L. DUNN	1st Lt.	11/1/42	
14. JAMES L. DUNN	1st Lt.	11/1/42	
15. JAMES L. DUNN	1st Lt.	11/1/42	
16. JAMES L. DUNN	1st Lt.	11/1/42	
17. JAMES L. DUNN	1st Lt.	11/1/42	
18. JAMES L. DUNN	1st Lt.	11/1/42	
19. JAMES L. DUNN	1st Lt.	11/1/42	
20. JAMES L. DUNN	1st Lt.	11/1/42	

H.M.C.S. ST. HYACINTHE
ST. HYACINTHE
FEB 2 1943
SICK BAY

R. 6/6
L. 6/6
B. 6/6
7th Div
Dunn

VII. EXAMINATION FOR WARRANT TELEGRAPHIST

[illegible]

VIII. RECORD OF EXPERIENCE

To be filled in on discharge from a Ship or Establishment

[illegible]

IX. RECOMMENDATIONS FOR NON-SUBSTANTIVE RATES

To be filled in as soon as the rating is eligible; considered deserving of a recommendation and Form S. 1303A has been rendered

[illegible]

X. SPECIAL QUALIFICATIONS

Only to be filled up when a rating is discharged from a Ship or Establishment or on completion of any special course, and it is desired to report on him for special knowledge or ability, not otherwise recorded, e.g., D/F Operator; Mechanical and Instructional ability, Fire Control or laboratory experience; care and maintenance of W/T installations, Alternators, Dynamos, Secondary Batteries; ability to take charge of W/T department; knowledge of a foreign language; typewriting. Efficiency as T.A.G., including Air Gunner or Bomb Aimer, where applicable, is to be included in this Section on each occasion of returning to General Service from the F.A.A.

[illegible]

For Directions for completing this part of the Form, see Article 610, K.R. & A.I.

XI. VOCATIONAL TRAINING CERTIFICATE

(To be filled up on completion of a Vocational Training Course, other than a Correspondence Course)

Vocation.....

We certify that (name).....

(residence).....

has satisfied us that he possesses a* knowledge of the vocation

mentioned, and we consider that †

Examiners.....

Business and Business Address.....

Date of Examination (Signed).....*President*

.....19..... *Vocational Training*

*Here insert qualification. †Special notation as applicable. ‡Vocational Training is optional. *Committee‡*

To be filled up by Ship or Establishment, from which rating is sent to Depot for final discharge

XII. SPECIAL REMARKS

Include power of command, intelligence, initiative, energy, and any qualification not otherwise recorded.....

XIII. TO BE FILLED IN ONLY ON FINAL DISCHARGE

His character during service was*

His general efficiency in carrying out his duties was*

His efficiency on discharge was assessed as*.....

*See Art. 610, K.R. & A.I., clauses 3 to 7Captain

For Record of Experience see Section VIII, on p. 3.

.....Date

S.—1246H
10M—7-42 (5185)
N.S. 815-9-1246H
T.S.—93

To be kept attached to the Service Certificate until final discharge from the Service

WIRELESS HISTORY SHEET

ORIGINAL

(Revised—May, 1938.)

Name..... **RIGBY, Robert C.**

I. EXAMINATION RECORD

Official No..... **V-41295.**

To be filled up according to the result obtained after examination

Date	Nature of Examination Qualifying or Requalifying		Technical		Theory	School	Procedure and Organization		Coding		V/S Paper	Flashing	Sema- phore	Buzzer		Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
			Paper	Practical			Paper	Practical	Paper	Practical				Trans- mitting	Re- ceiving			
	FOR T.O. (W/T) (PROVISIONAL)	% Required	—	80	—	—	—	80	—	80	—	85	86	85	95	—	—	—
		% Obtained																
		% Obtained																
	FOR T.O. (W/T) (FINAL)	% Required	—	80	—	—	—	80	—	80	—	85	86	85	95	—	—	—
		% Obtained																
		% Obtained																
	FOR W/T 3 State whether after a qualifying course	% Required	75	80	*	*	80	80	80	80	75	85	86	85	95	—	—	—
		% Obtained																
	FOR W/T 2	% Required	75	80	70	70	80	80	80	80	75	85	86	85	95	—	—	—
		% Obtained																
	FOR W/T 1	% Required	75	85	70	70	80	85	80	80	80	85	86	90	95	—	—	—
		% Obtained																
		% Obtained																

* Insert either (a) the examination marks obtained during the qualifying course, or (b) the marks obtained after a separate School course, these being initialled by the Schoolmaster.

II. DATE OF GRANTING OF NON-SUBSTANTIVE RATE

Rate	Date	Initials of Captain	Rate	Date	Initials of Captain	Rate	Date	Initials of Captain	Rate	Date	Initials of Captain
T.O. (W.T.)			W/T 3			W/T 2			W/T 1		

S. 1246H
T.S. 93

III. BOYS EXAMINATIONS

(1) ON PASSING OUT OF TRAINING ESTABLISHMENT

Date		Paper	Oral	School	Procedure Practical	Buzzer		Passed or Failed	Training Establishment	Initials of Examining Officer
						Trans- mitting	Receiving			
	% Required	75	65	40	75	80	85	—	—	—
	% Obtained									

(II) FOR ACCELERATED ADVANCEMENT TO ORDINARY TELEGRAPHIST

Date			Technical Practical	Procedure Practical	Coding Practical	Buzzer		Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
						Trans- mitting	Receiving			
	% Required		Good Ability	65	70	85	95	—	—	
	% Obtained									
	% Obtained									

IV. EXAMINATION FOR ORDINARY TELEGRAPHIST (S.S.)

Date		Techni- cal Practical	School	Procedure		Coding Practical	V/S Paper	Flash- ing	Sema- phore	Buzzer		Passed or Failed	Initials of Examining Officer
				*Paper	Pract.					Trans-	Recg.		
	% Required	65	50	65	65	100	75	85	86	85	90	P.	J.B.W.
13. 3. 43	% Obtained	94			89	90				85	90		
	% Obtained												

V. TRAINING CLASS CERTIFICATE

No Ordinary Telegraphist is eligible for advancement to the rating of Telegraphist until this Certificate has been obtained.
Ordinary Telegraphists (S.S.) are not required to undergo the Training Class in V/S or Electricity and Mag. unless they have failed to obtain the requisite percentages in the V/S Paper and School in Section IV.

Date of Completion	Subject	% Required	% Obtained	Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
	Seamanship	75				
	Field Training	70				
	V/S	75				
	Electricity & Mag.	50				

VI. EXAMINATION FOR TELEGRAPHIST

Date		Tech. Prac.	Procedure		Cod- ing Prac.	Flash- ing	Sema- phore	Buzzer		Passed or Failed	Ship or Establishment	Initials of Examining Officer
			Paper	Prac.				Trans.	Reeng.			
	% Required	65	75	75	75	85	85	80	95	P.	—	
MAY 29 1943	% Obtained	96	81	93	95	98	95	85	96		H.M.C.S. ST. HYACINTHE	J.B.W.
	% Obtained											
	% Obtained											

Passing Certificate

This is to Certify

that Robert Charles RIGBY

Rating Ord. Smn. (W/T), RCNVR Official Number V.41295

has passed

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

held on 3rd November, 1942.

For advancement to Petty Officer



..... Instr. Cdr., R.C.N.
Director of Naval Education

Naval Service Headquarters

Ottawa, this 1st day of December, 1942.

C.N.S. 2431

10M-5-42 (4453)

N.S. 815-9-2431

V41295

OFFICIAL NUMBER

FILE NUMBER

113-R-1781

OFFICIAL NUMBER

NAME

RIGBY
(Surname)Robert Charles
(Given Names)

DATE OF BIRTH

3 April 1915

PLACE OF BIRTH

St. Andrews, Charlotte, New Brunswick

OCCUPATION

Hardware Salesman

RELIGION

United

EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

Town

St. Andrews

Province, etc.

New Brunswick

ENGAGEMENTS

Date (in figures)			Period
Day	Month	Year	
2	7	42	H.O.

DESCRIPTION

Height	Hair	Eyes	Complexion	Marks or Scars
5' 8½"	Fair	Blue	Fair	Appendectomy scar

PREVIOUS SERVICE

Served in	Rank or Rating	Dates	
		From	To

NEXT OF KIN RELATIONSHIP (in pencil)

Father

NAME (in pencil)

Mrs. Robert Charles Rigby

ADDRESS (in pencil): Street and No.

St. Andrews, New Brunswick

Town

Province, etc.

New Brunswick

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

Date (in figures)			Particulars
Day	Month	Year	

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures)			Particulars
Day	Month	Year	
3	11	42	Passed E.T. I RCN
29	5	43	Passed as Tel. (V.G.) (21-25-3)
13	3	43	Qualified as Ord. Tel. ('A/41836)
21	6	43	Qual. Anti-gas day (249A28404)

BADGES, G.C. OR G.S.

Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored
Day	Month	Year		

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

SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
		Day	Month	Year		

Date (in figures)

Day Month Year

DAYS FORFEITED

Prison

Det'n

Cells

C. Power

W. Trial

In diff. Char.

O.H.F. Received

Last Will & Testament Dated 2-7-42 Received

SECOND CLASS FOR CONDUCT

From

To



V41295

OFFICIAL NUMBER

NAME RIGBY
(Surname)

Robert Charles
(Given Names)

OFFICIAL NUMBER V41295

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
H.M.C.S. "York"	Ord. Smn. W/T	2	7	42	Div. Str. Toronto	V.G.	Sat.	31	12	42							
" "	" "	10	10	42	Active Service D.L. 14.10.42	V.G.		20	9	43							
" St. Hyacinthe	" "	12	2	43	York D.L. 11-2-43												
" Ord. Tel.	" "	13	3	43	Trans. (249A/41836)												
Stadacona	" "	16	6	43	D.R.D. #H-1817												
St. Croix	" "	8	7	43	DRD H-2001												
DISCHARGED	2	"	20	9	43	Missing on Active Service											
GENERAL REMARKS																	

DATE OF BIRTH		PLACE		CIVIL	OCCU.	RELI.	ED.	PERM. RESIDENCE	PREV. ENL.	RANK OR RATE ON ENLISTMENT	
BY	MO	YR.	BIRTH	MAIN	SUB	GION	P	CTV	TOWN	SER.	DIV.
03	4	15	15	6	30	0	40	X	5	03	02
PERM. DATE		ACT. SERV. DATE		STR.	ACT. SERV. DATE		SHIP OR		RANK OR RATE		
BY	MO	YR.	DY	MO	YR.	CAT.	DY	MO	YR.	ESTAB.	RANK
02	07	42	10	10	42					0380	01295
SENIORITY		STR.	NON-SUB	M	CODED		CHECKED				
BY	MO	YR.	CAT.	A	B	ST.					
13	03	43	09			20	20-07-43				

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 Robert Charles RIGBY (b) Reg'l. No. 9/4/295
2. (a) Arm of service Navy (b) Unit H.M.C.S. "YORK" R.C.N.V.R. (c) Rank Ord. Seaman
3. (a) Date of birth 3 Apr. '15 (b) Have you any dependents? No. (c) Place of residence at time of enlistment New Brunswick
4. (a) Place of enlistment Toronto, Ont. (b) Date of enlistment 2 July 1942

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 18 (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.) Senior Matriculation.
7. If you attended a university, give name of university and standing or degree secured.....
8. (a) Did you ever enter upon a trade apprenticeship? No. (b) If so, for what occupation?..... (c) Did you finish it?..... (d) If you did not finish it, how long did you serve at it?.....
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

18. Name of employer Aikenhead Hardware Co. Address Toronto, Ont.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Hardware dealer
20. (a) Your specific occupation Hardware Salesman (b) Number of years' experience at this occupation with any employer 6 yrs.
21. (a) Did your employer promise definitely to give you employment on discharge? Yes. (b) Did your employer refuse to promise you employment on discharge?..... (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?..... (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?..... (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? No.
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.).....
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Carltonette Entertainment.

Received

DATE

2 July '42

194

SIGNATURE

Robert C Rigby

AIR MAIL

13

FILE: N.S. 113-R-1781(Pers.N

28 September, 1943.

Dear Mr. Rigby:

I deeply regret that I must confirm the telegram of the 28th of September, 1943, from the Minister of National Defence for Naval Services informing you that your son, Robert Charles Rigby, Ordinary Telegraphist, Royal Canadian Naval Volunteer Reserve, Official Number V-41295, is missing on war service.

According to the report received, your son is listed as missing, due to enemy action, while serving on Convoy duty in the Atlantic. For reasons of security further details of this incident of war cannot be released at this time.

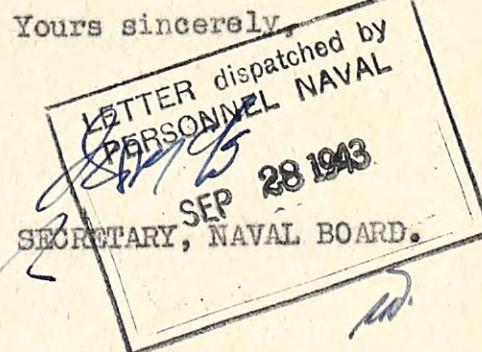
It is requested that you will regard as confidential anything beyond the fact of your son's loss on war service until such time as an official announcement is made, as this information might prove useful to the enemy.

A similar letter was forwarded to you on the 27th of September, 1943, to St. Andrews, N.B., but it was not known that your address had been changed until the telegram could not be delivered.

While your son is listed as missing and virtually no hope can be held out for his having survived, Canadian Naval Authorities are unable to make an official presumption of death until a period of not less than three months has elapsed. If further information has not been received at that time, it is probable that official certification of death will then be made and you will be informed accordingly.

Please allow me to express sincere sympathy with you on behalf of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your son has helped to maintain.

Yours sincerely,



Mr. Robert D. Rigby,
c/o Anglin Norcross Co.,
SARNIA, Ontario.

NPR

LA/CM

REGISTERED

AIR MAIL

N.S.113-R-1781. PERS.(N)

DEC 29 1943

Dear Mr. Rigby:

Further to my letter of the 27th of September, 1943, in view of the length of time that has elapsed since your son, Robert Charles Rigby, Ordinary Telegraphist, Official Number V-41295, Royal Canadian Naval Volunteer Reserve, was reported "missing" after the sinking of H.M.C.S. "ST. CROIX", 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 20th of September, 1943.

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

LETTER dispatched by
PERSONNEL NAVAL

Yours sincerely,

DEC 29 1943

SECRETARY, NAVAL BOARD.

Mr. Robert Rigby,
c/o Anglin Norcross Co.,
S A R N I A, Ontario.

H. B. MONEY
PAY LIEUT. CDR.
OFFICER IN CHARGE
NAVAL PERSONNEL RECORDS

MEMORANDUM:

With reference to your submission
of the
Headquarters' message, reading
as follows, is hereby confirmed:

Medical Board Proceedings ()
respecting the above named, returned herewith
for record purposes,

BY ORDER

for J. O. Cossette
(J. O. Cossette),
Naval Secretary

11/5-2
C.S.
P.A.
TREASURY OFFICE
Date 3/1/44
Initial ema

FORM B.

FILE: N.S. 113-R-1781 PERS.(N)

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

DEC 29 1943

(Date.)

Sir:

The following casualty has been reported:

NAME RIGBY, Robert Charles RANK or RATING Ordinary Telegraphist NAVAL NO. V-41295, R.C.N.V.R.
DATE OF ENLISTMENT - 2 July, 1942. Active Service: 10 October, 1942.
DATE OF DISCHARGE - 20 September, 1943.

HOSPITAL -
(If discharged in hospital under jurisdiction of D.P. & M.E.)

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

Reason for discharge and - Missing, presumed dead. He was serving in H.M.C.S.
when and where any disability "St. Croix" which was lost while on Convoy duty
was incurred, or where death occurred.

in the Atlantic, due to enemy action.

(Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada.)

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP Father NAME Mr. Robert Rigby.

ADDRESS c/o Anglin Norcross Co., SARNIA, Ont.

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

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY
FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MARRIAGE
ALLOWANCE, DEPENDENTS ALLOWANCE, etc.

REMARKS:

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

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

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
<u>Monthly Rate:</u>	NIL.	NIL.	NIL.
<u>To whom Paid:</u>	NIL.	NIL. <u>ADDRESS</u>	NIL.

Date of Enlistment: SEE OTHER SIDE

Date of Discharge: SEE OTHER SIDE

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

The final deduction of Assigned Pay for NIL. has been made for the period
from 1st to NIL. of NIL. 194

Remarks:

Computed by.....*M.A.*.....

Checked by.....*Lu*.....

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

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



Department of National Defence
Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

No. N.S. 113-P-1781...
PERS.(N)

DEC 29 1943

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:

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
RIGBY, Robert Charles Ordinary Telegraphist V-41295, R.C.N.V.R.	Missing, presumed dead to date 20 September, 1943. He was serving in H.M.C.S. "St. Croix" which was lost while on Convoy duty in the Atlantic, due to enemy ac- tion.	Father: Mr. Robert Rigby, c/o Anglin Norcross Co., SARNIA, Ont.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
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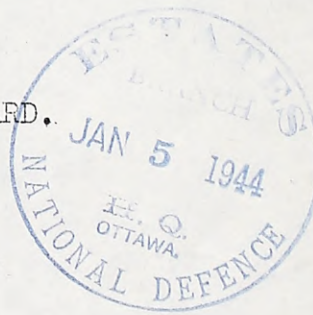
- NIL -

WILL: Attached.

Yours truly,

for
SECRETARY, NAVAL BOARD.

Administrator of Estates,
Estates Branch,
Department of National Defence,
O T T A W A.



MEMORANDUM FOR

P. 64

Mr. Robert Rigby,
c/o Anglin Norcross Company,
Sarnia, Ontario.

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

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

and the following number quoted:—

H.Q. 113-R-1781 FD. 366

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

January 28, 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

RIGBY, Robert Charles, O.T.

No. V. 41295, R.C.N.V.R.



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, Local
Magistrate, Commissioner for Oaths or Notary Public, who should be asked to com-
plete and sign the Certificate. This form should then be returned to the above address.

A deceased's Service estate, the administration of which is the responsibility of
the Estates Branch, consists of any balance of pay and allowances at credit, cash on
hand and the personal effects which are under the control of the Service authorities.
To obtain such assets, it is not necessary for the person(s) legally entitled thereto to
obtain through the Courts Probate of the Will, or if none, Letters of Administration
of his estate.

In addition to the administration of those Service assets, the Administrator of
Estates is authorized to withdraw into Government account any funds (within a
defined amount) on deposit to the deceased's credit in Banks, Post Offices or other
financial institutions in Canada and Overseas, without expense or trouble to the
person(s) legally entitled to the estate, and to distribute such funds at the same time
as any balance of pay is distributed. Also, War Savings Certificates and Victory
Loan Bonds owned by the deceased may be redeemed and similarly distributed, or
transmitted into the name(s) of the person(s) legally entitled. Such Certificates and
Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters
of Administration, the Administrator of Estates may transfer and hand over the
Service assets to the executor or administrator appointed by the Court so that all
the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of import-
ance in determining whether or not the deceased's assets are such that they may all
be administered by the Administrator of Estates to the person(s) legally entitled,
that is, without the need for Probate or Administration.

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.

HRW/JN

(H.R. Wade) Cdr. RCNVR,
for (L.M. Firth) Lt.-Colonel,
Administrator of Estates.

M.F.W. 77
2M-11-43 (2842)
H.Q. 1772-39-972
K.P. 95075

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.....	(Single)		
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	ROBERT DESBRISAY RIGBY		ST.ANDREWS, N.B.
4	Mother of the Deceased.....	Deceased		
5	Brothers of the Deceased	Full Blood	None	
		Half Blood	None	
6	Sisters of the Deceased	Full Blood	None	
		Half Blood	None	
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, <i>who are dead</i> , and date of death of each.	Names and ages of their children (if any)	Address of their children	
		None		

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	Robert Charles Rigby
9	Date of his birth	April 3 rd 1915
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	St. Andrews N.B. Sept 18 th 1907

PARTICULARS OF DOMICILE

12	Place where deceased was born.	St. Andrews N.B.
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) New Brunswick. 1915-1927 (b) (c) Ontario 1927-1943 (d)
14	Nature of employment before enlistment.	Salesman for Builders Hardware
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.	Toronto Ont.

PARTICULARS OF ESTATE

17	Did he leave a Will?	Yes
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?	Not married
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.	✓ Canadian Bank of Commerce Head Office Savings Acct. #11581 \$ 8.56. ✓
20	Amount of War Savings Certificates held by deceased.	✓ 11 x \$5.00 = \$55.00
21	Amount of Victory Loan Bonds held by deceased.	✓ #K-8A.368039 - 1 x \$100.00
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	✓ None
23	Is application for Probate or Letters of Administration necessary (see page 1)?	NO

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.	Nil

(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.)

DECLARATION

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

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

* Father of the deceased.

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

Robert Desbrisay Rigby

{ Signature
of
Informant

St. Andrew's, N. B.

Address

CERTIFICATE

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

*See above. Rigby { Name of Informant } is the * father of the Deceased

above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

Dated at St. Andrews NB this 7th day of February 19 44

Signature of Clergyman,
Priest, Magistrate,
Commissioner or
Notary Public

Caroline Campbell

Qualification Notary Public

Address

St. Andrews, N.B.

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

IN THE NAME OF GOD, AMEN

23440095

I, **Robert Charles RIGBY, Ord.Smn.W/T, RCNVR.** of His
Majesty's Ship **H.M.C.S. "YORK"**
(now a Patient* in **113-R-1781**),

*If in Hospital or
in Hospital Ship.

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

See instructions on
the back hereof.

being sound of mind, do hereby make this my last Will and Testament: I
give and bequeath unto my **father: Mr. Robert D. Rigby,**
St. Andrews, New Brunswick.

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

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

And I do hereby appoint **my father: Mr. Robert D. Rigby,**
as above,

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

In Witness whereof I have at **Toronto** hereunto set my hand,
this **second** day of **July**, in the Year of Our Lord
One Thousand Nine Hundred **and forty-two.**

Robert C Rigby

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

Witnesses

H. J. Leach, P.O. Wh.

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

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

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

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

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

Noted in Service

Records b

Instructions for filling up the Form

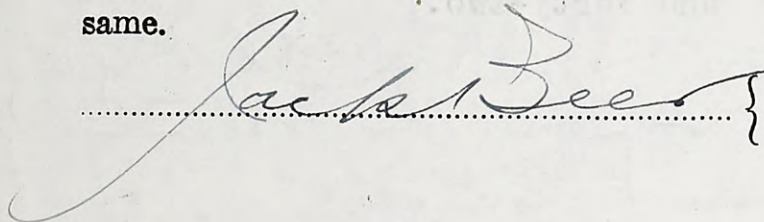
If a special legacy is to be given, the name, residence (and relationship if any) of the person interested is to be inserted in the space after the words "I give and bequeath," or if more than one person, the respective names, &c., also the particulars of the property bequeathed.

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

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

CERTIFICATE

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


.....

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

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

4
NAVY

DECEASED
NUMBER'S
NAME

Robert Charles

(CHRISTIAN NAMES)

RIGBY

(SURNAME)

REGISTER NO. 11810
FILE NO. NSV-41295
DATE 24 Sep. 45
SERVICE NO. V-41295
FINAL RANK OR RATING O/Tel.
DATE OF DISCHARGE 20 Sep. 43

PAYEE
ADDRESS

Director of Estates,) for Service Estate of
308 Sparks St.,) Robert C. RIGBY
Ottawa, Ont.) NSV-41295

DATE OF TERMINATION OF OVERSEAS SERVICE

20 Sep. 43

DATE OF DISCHARGE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 346 EQUAL TO 11 COMPLETE PERIODS AT \$7.50

\$ 82.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 75 LESS 16 INELIGIBLE DAYS, EQUAL TO 59 DAYS @ 25c. PER DAY

14.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.60
SUBSISTENCE OR LODGING \$ 1.25
AND PROVISION ALLOWANCE
ADDITIONAL PAY HIM \$.20

DEPENDENTS' ALLOWANCE 1/30 OF \$ Nil

TOTAL \$ 3.05 X 7 = \$ 21.35
NO. OF DAYS 75 X \$ 21.35

8.75

D. WAR SERVICE GRATUITY

106.00

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$ Nil

F. TOTAL AMOUNT PAYABLE

106.00

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 106.00

Voucher 2633- Oct. 1/45

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

AT

PREPARED BY W CHECKED BY [Signature] TREASURY CHECKED BY [Signature] DATE 6/7/45
for Dir. Naval Pay Accounting. SERVICE REPRESENTATIVE

DISTRIBUTION OF SERVICE ESTATES GMW
NAVY

Estates Form "P. 4"

Name RIGBY, Robert C. No. NSV 41295
Surname Christian Names
Ord. Smn. HMCS St. Croix 20-9-43
Rank Unit Date of Death

AMOUNT

Date 23-2-46

W.S.G.	106.00
L.P.C.	\$ 92.50
Other Credits	<u>8.56</u>
Total	207.06
Prev. Dist.	101.06
This Dist.	106.00

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	<p>Robert D. Rigby c/o Norman A. Keys Esq K.C. Barrister & Solicitor 371 Bay St., Toronto, Ont.</p> <p>(Sole beneficiary per will)</p> <p align="center"><i>[Signature]</i> 1/3</p>	106.00
			WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	106.00
CLASSIFIED BY <i>[Signature]</i>			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

[Signature]
(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

STATEMENT OF ACCOUNT

32

True extract from the ledger of H.M.C.S. " _____
1943.

" ending 30 Sept.

List. 5-2... No 83.....(Name)... RIGBY, Robert C. Rank Rating O/Tel.... No V41295.

When entered.... 8 July.....Date of appearance. 8 July. Whither discharged
..... D.D......

CREDIT from former account..... Stadacona.....\$.....23.75.

Pay as.... O/Tel.....from 8 July.....to 30 Sept... (85 days @ 1.60 per day)\$.....136.00

Pay as.... H.L.M......from 25 July.....to 20 Sept... (58 days @ .20 per day)\$.....11.60

Pay as.... G.M......from 8 July.....to 20 Sept... (75 days @ .06 per day)\$.....4.50

Pay as.....from.....to.....(days @ per day)\$.....

Kit Upkeep Allowance..... 1 Oct. 1943.....\$.....

OTHER CREDITS.....\$.....

.....\$.....

Total Credits.....\$.....175.85.

DEBT from former account.....\$.....

PAYMENTS 1st 2nd 3rd 4th 5th

1st Month 61.00.....

Total.....\$.....

2nd Month 22.35.....

Total.....\$.....

3rd Month\$.....

Total.....\$.....83.35

Allotment.....\$.....

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

Hospital stoppages.....\$.....

Mulcts.....\$.....

OTHER CHARGES.....\$.....

.....\$.....

.....\$.....

Total debits.....\$.....83.35

#

Note: Balance Dr. to be shown in RED.

Balance Cr. ~~xxxx~~ \$.....92.50

Number of days actually victualled during period mentioned above.. 74.....

Not
Victualled

Lent, Sick or Leave	Inclusive date		No of days	Ship, Hospital etc, in which borne
	From	To		
.....
.....

Date: Oct. 26 1943

.....for Accountant Officer.