

A4167
MCLELLAN
ALLAN JOSEP



32458
Claim No.

Head Office for Canada - TORONTO, ONT.

The furnishing of this blank shall not be construed as an acknowledgment of any liability on the part of the Association, nor as a waiver of any of the conditions of the contract, but the Association may use statements here contained as basis of claim payment.

INTERMEDIATE REPORT AND
AFFIDAVIT OF CLAIMANT AS TO ILLNESS
ANSWER ALL QUESTIONS IN FULL

1. FULL NAME Allan Jos. Mc. Bellens Age 37 Weight 136 Height 5-6" Policy No.
2. State date of last payment of premium on policy To whom paid?
3. When did you become ill? Day 22nd month May 19 41 hour 9 A. M. P. M.
4. What was your occupation at the time your illness began? Seaman, taking a course
(State fully)
5. Give name and address of employer Royal Canadian Naval Reserve
(State fully the kind of business)
6. When did you first notice you were beginning to get sick? Day 12th month May, 19 41, A. M.
7. What was the nature of your illness or disease? (Give full particulars) Cold sore chest
loss of voice and sick stomach part claim in London
ent
8. Have you ever been afflicted with the same kind of illness or disease before? yes When? Feb 9 March
9. On what date did you first consult a physician? May 19 41 Where? Delaware N.S.
10. When did you quit work entirely? Day Thurs Month May 22, 19 41, hour 11 A.M.
11. When were you first confined to the house all day? Day May 23rd Month May, 19 41.
12. When were you first confined to your bed all day? Day May 23rd Month May, 19 41.
13. Between what dates were you continuously confined to a hospital? From May 23rd to Still in Hospital
14. When were you first able to move about the house or hospital?, 19
15. When were you first able to leave the house or hospital for any purpose? Day Month, 19
16. When were you first able to do any part of your work? Still unable, 19
17. State dates physician called at YOUR HOME OR HOSPITAL to treat you while YOU WERE CONFINED therein?
(This answer is very important) Daily Rounds at Hospital
18. State dates you were treated by the physician AT HIS OFFICE? (This answer is very important) Each Day
19. On what date were you first able to visit your office or place of business?
(a) If not confined, what were your daily activities and how did you spend your time?
(b) If not able to attend to all your work, state what duties you CAN perform. Don't Know
20. Have you any chronic disease or bodily infirmity? If so, what?
21. Have you had any medical attendance during the past five years? If so, state what for and the name and address of physician who attended you?
22. Did you have other insurance at the time you were taken ill? If so, in what companies or associations, and what indemnity have you received, or do you expect to receive, from each?
23. Give names and addresses of each doctor who has treated you for this sickness.
24. Have you ever made claim on any other company? If so, give the names and companies and amounts of indemnity received.
25. Have you ever drawn compensation or Government Pension? If so, when and how much?
26. Did you have steady employment at the time you were taken ill?
27. What were your average monthly earnings?
28. What salary did you receive during your illness?
29. Do you agree that any physician who has ever treated you may give information within his knowledge as to your past or present physical condition?
I, the undersigned, do hereby warrant the foregoing answers and statements to be correct and true, without evasion or reservation, and I agree if any are found to be untrue, all my right under the policy shall be void.

Dated this day of, 19

Claimant's name in full

Address

City or Town

Prov.

This Affidavit Is Necessary Before Payment Can Be Considered

The claimant herein named, to me personally known to be the person described in, and who executed the foregoing affidavit, has appeared before me personally, and being duly sworn, deposes and says that the said affidavit does truly faithfully set forth without reservation or evasion, all the facts pertaining to such illness or disability.

I fore me this day of

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

NAME Allen Joseph (CHRISTIAN NAMES) MOLELLAN (SURNAME)
ADDRESS 286 South Vidal St.,
Sarnia, Ont.
DATE OF TERMINATION OF OVERSEAS SERVICE nil
A. TOTAL QUALIFYING SERVICE
NO. OF DAYS 260 EQUAL TO 8 COMPLETE PERIODS AT \$7.50
B. QUALIFYING OVERSEAS SERVICE
NO. OF DAYS nil LESS nil INELIGIBLE DAYS, EQUAL TO nil DAYS @ 25c. PER DAY
SEE PAR. 2 OVERLEAF FOR EXPLANATION
SUB TOTAL
C. SUPPLEMENT FOR OVERSEAS SERVICE
DAILY RATES AT DISCHARGE
PAY \$
SUBSISTENCE OR LODGING \$
AND PROVISION ALLOWANCE \$
ADDITIONAL PAY \$
DEPENDENTS' ALLOWANCE 1/30 OF \$ \$
TOTAL \$ X7 = \$
NO. OF DAYS 183 X\$
D. WAR SERVICE GRATUITY
E. DEDUCTIONS
OVERPAYMENT OF PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE \$
AND ASSIGNED PAY \$
OTHER DEDUCTIONS \$
F. AMOUNT PAYABLE
(THIS AMOUNT IS PAYABLE IN 1 MONTHLY INSTALMENTS OF \$ 60.00 EACH)

THE WAR SERVICE GRANTS ACT, 1944, PROVIDES FOR YOUR RE-ESTABLISHMENT CREDIT IN THE AMOUNT SHOWN IN SUB TOTAL OF A. & B. THIS CREDIT IS AVAILABLE TO YOU IN CERTAIN CIRCUMSTANCES. INQUIRY IN THIS CONNECTION SHOULD BE DIRECTED TO THE DEPARTMENT OF VETERANS' AFFAIRS.

SEE REVERSE SIDE
FOR EXPLANATION
OF ITEMS A, B & C

G. MONTHLY INSTALMENT NOT TO EXCEED DAILY RATE OF PAY AND ALLOWANCES \$ 3.30 X30 \$ 99.00

INSTALM. PAYABLE	1	2	3	4	5	6	7	8	9
AMOUNT	<u>60.00</u>								
CHEQUE No.	<u>97085</u>								
DATE	<u>FEB 1 1945</u>								

INSTALM. PAYABLE	10	11	12	13	14	15	16	17	18
AMOUNT									
CHEQUE No.									
DATE									

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 SJD CHECKED BY PK Byrne TREASURY DATE 12/1/45
for Dir. Naval Pay. Accting. SERVICE REPRESENTATIVE

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To... Deputy Minister,.....
Department of National Defence.
From... The Canadian Pension Commission.....

26776
OTTAWA, June 28, 1947.

Referred to *D.P.R.*
JUN 30 1947
File No. *A-4167*
Cld to.....

ATTENTION - ~~Director of Records~~

~~Canadian Agency~~
~~Imperial War Graves Commission~~

C.P.C. 577396

A-4167 A.B. - Allan J. McLellan.
R.C.N.R.

The marginally named died
at London, Ontario.
on May 23, 1947.

Cause of Death Far advanced pulmonary tuberculosis due to left
broncho-pleural fistula with pyopneumothorax.

In the opinion of the Commission,

death was related to military service.

Next of Kin Mrs. Mary McLellan (mother),
286 South Vidal Street,
Sarnia, Ontario.

E. Lackey

mb
Died on strength.
Copy-Dept. of National Defence (Naval Service).

for
Canadian Pension Commission.

Noted in Service
Records by *R.P. 47*

THE CANADIAN PENSION COMMISSION

577396

OTTAWA, September 12th, 1944.

FOR THE INFORMATION OF The Naval Secretary.

Mr. Allan J. McLellan, (#A-4167)
 286 S. Vidal St.,
 SARNIA, Ont.

138470

R.
#41675

Dear Mr. McLellan:

The Commissioners have reviewed your claim for entitlement in respect of Pulmonary Tuberculosis and their decision is as follows:-

"The applicant served from January, 1941, to October, 1941, in Canada only.

During service diagnosis was made of Pulmonary Tuberculosis. This condition existed prior to enlistment but became worse during service and it is considered that the aggravation resulted from his military duties.

The Commission rules: Pulmonary Tuberculosis - pre-enlistment condition, aggravated three-fifths during service in Canada and pensionable as the aggravation arose out of service."

This decision means that you have entitlement for three-fifths of the estimated disability found on medical examination.

The assessment of your disability resulting from this condition is, at the present time, the subject of correspondence between this office and our London District Office and you will be further communicated with.

If, in your opinion, the basis of your entitlement should be given further consideration, a Second Hearing must be requested within ninety days from the date of this notice, otherwise, under the terms of the Pension Act, the matter will be closed.

If you desire further advice in this matter, we suggest you communicate either with the Pensions Advocate for your district, c/o Department of Pensions and National Health, Westminster Hospital, LONDON, Ontario, the Service Bureau of any of the recognized ex-servicemen's organizations, or at your own expense, the services of outside counsel or a personal representative may be used.

Yours faithfully,

EMN/EMC
 Encl.1.
 BUFF/LONDON

B. Simpson
 B. Simpson,
 Assistant Secretary.

ex. evsm.
AA

Noted in Service
 Records by *M.K.*
 21/9/44

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

NAME IN FULL MICHELAN- Allan Joseph RANK/RATING OFF.NO.

[illegible]

VERIFIED BY *W. J. B. Leonard*

VERIFIED BY

NG OFF. NO. ADDRESS

DIR. OF PERSONNEL RECORDS.

23 May 47 Post disch death

(NAVY)

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

WAR SERVICE RECORDS

McLELLAN Allan Joseph		A-4167	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
War Medal.	
CVSM	4403 8-11-51

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

Mr. Alexander McLellan (Father)

ENTITLED TO

ADDRESS: 286 South Vidal,
Sarnia, Ont. 6 Nov 51

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Mary McLellan

ADDRESS: 286 South Vidal St., Sarnia, Ont.

(1) MEMORIAL BAR

DATE DESP.

REGN. NO.

A 2221

(2)

(3)

6-11-47

A 4167

OFFICIAL NUMBER

FILE NUMBER.

123-M-591

OFFICIAL NUMBER.

A 4167

NAME.....MCLELLAN.

.....
(Surname)

Allan Joseph
(Given Names)

(Given Names)

.....DATE OF BIRTH..... 28 March, 1904

28 March, 1904

PLACE OF BIRTH.....Southampton,.....Ontario.....

RELIGION.....Roman Catholic.

..EDUCATION.

...OCCUPATION... Seaman, Imperial Oil Shipping Co.

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

286 S. Vidal St.,

...Town.....Sarnia,

.....Province, etc Ontario.

Ontario.

[illegible]

NEXT OF KIN RELATIONSHIP (in pencil).

NAME (in pencil).

ADDRESS (in pencil): Street and No.

Town..... Province, etc.

.....Province, etc. *Ant 30-1-41*

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

EXAMINATIONS, CERTIFICATES, ETC.

[illegible]

BADGES, G.C. OR G.S.

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

[illegible]

O.H.F. Received

<div> <div>FILM</div> <div>NO. 44-4602-1</div> <div>DATE</div> </div>			<div> <div>Date (in figures)</div> <div> <div>Day</div> <div>Month</div> <div>Year</div> </div> </div>								<div> <div>DAYS FORFEITED</div> <div> <div>Prison</div> <div>Det'n</div> <div>Cells</div> <div>C. Power</div> <div>W. Trial</div> <div>In diff. Char.</div> </div> </div>					<div>O.H.F. Received</div>	
<div> <div>SECOND CLASS FOR CONDUCT</div> <div> <div>From</div> <div>To</div> </div> </div>																	

W. S. G.
APPLICATION
2903
A. T.
RECEIVED

(Main File) Letter 28-6-47.																Sarnia, On			
DATE OF BIRTH		BIRTH	MAIN	SUB	GIDN	P	CTY	TOWNSHIP	SEMI	DAY	A	BR	RANK						
DY	MO	YR	BIRTH																
28	3	04	11	540	0	10	1	24	08	0	16	0	0894						
ENLIST DATE		RET	SR	OFF	STR				SHIP			RANK	ON DATE						
DY	MO	YR	DY	MO	YR	CAT													
20	01	41	20	01	41														
SENIORITY		STR	NON-SUB		M														
DY	MO	YR	CAT	A	B	ST.													
20	01	41	09				12	06	10	41									

R. C. N. R.

DURATION OF HOSTILITIES

True Copy of the
CERTIFICATE of the Service of

.....Allan Joseph McLELLAN......
in the Naval Service of Canada

The corner of this Certificate is to be cut off whenever it is considered that the man's antecedents and character are such as to render his re-entry at any future time undesirable. Whenever the corner is cut off the fact is to be noted in the Ledger.

PORT DIVISION	<u>HALIFAX</u>	OFFICIAL NUMBER <u>A-4157</u>
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Date of birth.....28th March, 1904......

Where born { Town.....Southampton,.....
County and province.....Ontario......

Usual place of residence.....286 S. Union St., Sarnia, Ont......

Trade brought up to.....Seaman......

Religious denomination.....Roman Catholic......

Next of kin.....Mother 'May' McLELLAN, same address.....

Can swim.....

Man's signature on discharge to pension.....

CONTINUOUS SERVICE ENGAGEMENTS			MEDALS, CLASPS, Etc.	
Date of actual volunteering	Commencement of time	Period volunteered for	Date Received	Nature of Decoration
<u>20th January, 1941.</u>		<u>Duration of Hostilities</u>		

DESCRIPTION OF PERSON	STATURE		COLOUR OF			MARKS, WOUNDS AND SCARS
	Feet	In.	Complexion	Hair	Eyes	
On entry as a boy.....						
On advancement to man's rating, or on entry under 28 years.....	<u>5</u>	<u>5½</u>	<u>Medium.</u>	<u>Brown</u>	<u>Blue.</u>	<u>Herniotomy.</u>
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....						
Further description if necessary.....						

(Authority-Headquarters'
Signal 15432/25 of Sep '41)

20 May
.....

DATE _____

Examinations and Notations other than those entered on Gunnery and Torpedo History Sheet[illegible]

Name Allan Joseph McLELLAN.

Conduct

[illegible]

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 A. H. HAN (b) Reg'l. No. A 4167
 2. (a) Arm of service NAVY (b) Unit R.C.N.R. (c) Rank A.B.
 3. (a) Date of birth MAR 28 1904 (b) Have you any dependents? MOTHER (c) Place of residence at time of enlistment 2865 VICTORIA ST. SARNIA
 4. (a) Place of enlistment LONDON (b) Date of enlistment JUN 20 1941

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 YEARS (b) Were you attending school or college up to the time of enlistment? NO
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 2 YEARS HIGH SCHOOL
 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? YES (b) If so, for what occupation? ACETYLENE BURNING (c) Did you finish it? YES (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? NO

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

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

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

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

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

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

18. Name of employer CANADIAN KELLOGG 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.) CONSTRUCTION
 20. (a) Your specific occupation ACETYLENE BURNING (b) Number of years' experience at this occupation with any employer 6 MONTHS
 21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? YES

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? NO (c) If so, in what kind of farming?
 25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? (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.) NO
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form ACETYLENE BURNING

DATE

MARCH 26

194

SIGNATURE



Copies to:
V.W.D. } 11 April,
E.S. } 1941



CANADA

Can. B. 207

60M-4-40 (4636)
N.S. 815-2-207

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..... **A. McLellan,**
candidate for entry as..... **A.B.**
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.

Age { Years Months (a)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)	Vaccinated or revac- inated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Skin (l)	Ears and Hearing (m)	Testes, Varicocele, etc. (n)	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc. (o)	Anus, Hemorrhoids, etc. (p)
36- 10	lbs. 127	ft. ins. 5' 5 1/4"	Good	inches (a) maximum 36 (b) minimum 34 (c) mean 35	right eye 20/20 left eye 20/30 colour vision Nor.	1918	Normal *X-Ray app.	Rt. herniotomy 1924	Normal	Clear	Normal	Normal	0 deficient 0 defective	Normal.

*Insert either:—NT (not taken) App. (approved) Pos. (positive) or Doubt. (doubtful)

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

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.

(Sgd)..... **Allan Joseph McLellan.**.....

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

Signature of Candidate

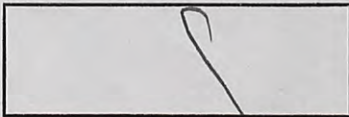
When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of.....

* {which renders him medically unfit for service,
not considered of sufficient importance to cause his rejection, he being desirable in other respects.

*Delete one.

IF REJECTED
insert here
UNFIT
in block letters



Dated at... **London, Ontario**..... the... **20th**..... of... **January**..... 19... **41**.....

(Sgd)..... **R. Towers.**.....
Examining Medical Officer

(Rank)..... **Major RCAMC**.....

R. C.

L 6/6

c 277

Surg Genl S R Barber
April 25/41