

COXON
THOMAS
N2838

DEPT. OF
NATIONAL DEFENCE
AUG 26 1935
N.S. 113-C-316
CANADA

QUESTIONNAIRE FOR CANDIDATES

FOR ENTRY IN THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Name (in full) Thomas Coxon P7890

Date and Place of Birth April 10TH 1914 St. Alfred Lunenburg Eng.
(Birth certificate, declaration by parents or affidavit as to date of birth must be attached)

Permanent Place of Residence Saint John N.B.

Nearest Town to Residence (if living in country)

Are you a British Subject? yes

Are you single, married or a widower? single

In what capacity do you wish to enrol? Os. Training Seaman
(See standards of qualifications in attached pamphlet)

Present occupation or trade Labourer
(Attach any testimonials or recommendations)

Do you belong to any Naval, Military, Reserve or Territorial Force? no

Have you ever served with such forces? Give dates and details Angyl Light Infantry, April 5th 1929 - May 30TH 1934 discharged Gpl

Have you ever been discharged from any of H. M. Forces as medically unfit? no

Have you ever offered to serve in any of H. M. Forces and been rejected? no

What is your weight? 130 LBS What is your height? 5' 7 1/2 in

What is your chest measurement (not inflated)? 36 inches

Are you free from all physical defects or malformation, and not subject to fits? yes

Are you willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities? yes

I hereby declare that the above answers are true in every respect.

Thomas Coxon Signature

August 1-1935 Date

Municipal Airport Millville Address

Paul B. Cross
(Witness to Signature)

This is to certify that I have personally seen the birth certificate of this applicant, or a sworn declaration as to his date of birth.

I certify his date of birth, according to legal documentary evidence, to be as stated

Signed

Paul B. Cross
Company Commanding Officer

N. V. 3

1M-2-34
N.S. 815-11-3

ORDINARY SEAMAN

No. Name COXON, Thomas Nationality British File HQ 113-C-316

Date of Birth April 10, 1914 Married S Religion

Date of Application Nov. 13, 1935. Medically Examined

Address MILLEDGEVILLE, N.B.

Education HIGH SCHOOL ENTRANCE

Previous Experience R.C.N.V.R. O.S. O.N.2244 - Aug. 1935 - still serving.

Remarks 27-11-35. D.N.O.&.T. Put on roster and as 3rd spare for January 1936.

Directions Re Entry 28-11-35 Memo. C.C.O. re name on roster - copy Cdr. Halifax.

29/12/36 Tel. C.O. re final entry

2M 7-35 (M130)

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

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

CHRISTIAN AND SURNAME IN FULL		NEXT OF KIN Mother		PRESENT RATING
Thomas COXON,		Name Edith Coxon, Address 314 Bleeker Ave., Belleville, Ont.		Ordinary Seaman.
DATE OF BIRTH*	PLACE OF BIRTH†		NAME, RANK AND STATION OF RECRUITING OFFICER	
10th April, 1914.	Town Salford, County Lancs. Province England.	W.B.Creery, Commander, RCN. Commanding Officer, HMCS "STADACONA".		

Personal Description at the Date of this Document

Height	Chest	Hair	Eyes	Complexion	WOUNDS, SCARS OR MARKS	Religious Denomination	TRADE OR OCCUPATION
5'7"	mean. 33"	Light Brown	Blue	Fresh.	Slight scar on left hip.	C.of.E.	Labourer.

Commencing date of Engagement or Re-engagement	5th January, 1937.	Period of Engage- ment or Re- engagement	Seven Years.
Date of <i>actually</i> vol- unteering to en- gage or re-engage	October, 1935.	Date of entering present ship	5th January, 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..... **English**..... Mother..... **English.**
- 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? ‡..... Yes. RCNVR. August, 1935 to d
- 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? ‡..... Yes.
- 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?..... Yes.

* 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 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 Mercantile Marine, 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 such service (see Reserve Instructions). If an R.N.R. man, state number of R.V. 2.

C.N.S. 55

2M—3-32
N.S. 815—9-55

...n and Certificate for Men newly entered and Men who have been
expiration of their previous C. S. Engagement

I, Thomas COXON, do solemnly declare that to the best of my knowledge
the answers to the questions overleaf are true, and I do hereby agree to serve honestly and faithfully in the
Service of Canada* for SEVEN YEARS from 5th January, 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 5th day of January, 1937.

Thomas Coxon Man's Signature in full

Witness to Signature. E. J. Bingham

Attested before me this 7th day of January, 1937.

Lieutenant-Commander, RCN.

} Signature of a Commissioned
Officer of the Naval Service

Date 5th January, 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.

Edmund H. Bingham **COMMANDER**
Commanding Officer

W. C. Campbell Medical Officer

II—Certificate and Declaration for Boys

Date 5th January, 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 7 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 7 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. E. J. Bingham

Attested before me this 7th day of January, 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

Particulars
of the
engagement
also
this

I, Thomas COXON, now serving as a Lieutenant-Commander

H.M.C.S., who on the 5th of January, 1937.

serve in the Naval Service of Canada for a period of 7 years, do hereby

renew my service for a further period of 7 years from 5th January, 1937.

services should be so long required.

Man's Signature in full

1937.

Commanding Officer

of (number in words) years," or "to complete (number) years for pension," or "until I attain the age of 7 years."

in which the engagement actually commences.

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

Of (number) years," or "to complete time for pension," or "until I attain the age of 7 years," as the case may be.

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.

Orig. on:

113-B.375

Copy for:

(Naval Service).

P1460

Re 1/8/17
JAN 27 1937
113-B.375
CANADA
62 C 287

21st January 1937.

23

FROM: The Accountant Officer, R.C.N. Barracks, Halifax N.S.

TO: The Commanding Officer, St. John Division, R.C.N.V.R.,
St. John, N.B.

Copy to Director of Naval Stores - Ottawa, Ont.

RE- T.G. BINGHAM EX A.B. O.N. 2241 and R. COXON -
KITS OF ON TRANSFER TO THE R.C.N.

With reference to Headquarters N.S. 113-B.375 of the 17th December 1936 and telegram 829 of the 29th Dec. 1936 the above named ratings had complete kits R.C.N.V.R. in their possession on joining H.M.C.S. "STADACONA" for transfer to the RCN and were issued with the difference only, in kit, as between the R.C.N.V.R. and R.C.N. at R.C.N. Barracks, Halifax N.S.

2. It is understood that the overcoats issued on loan were returned to Divisional Headquarters prior to their leaving for R.C.N. Barracks at Halifax.

3. The above R.C.N.V.R. kits should be accordingly taken off charge in the Divisional Headquarters clothing account.

/s/ F.R.W. Nixon.

PAYMASTER LIEUT. COMMANDER.

Kits written off charge
memo. to F.S. reg. Adjustment
of Charges on 8/12. 21/1 3/2/37
JMC

MAIN FILE
CHARGED TO *Recruits*
SINCE *18.12.36*
REC'D. CENTRAL REGISTRY.
27
JAN 27 1937
REFERRED TO *H. Store*

Notes

Can. S. 2041 (Recd. Dec. 1919)

ORIGINAL

No. 29.....

Number.....

APPLICATION FOR PAYMENT OF MARRIAGE ALLOWANCE

List and Number in Ledger	NAME	Rank or Rating	Official No.	Daily Rate of Pay
"Saguenay" 5.2./519	17247 Surname..... C O X O N Christian Names..... Thomas	A.B.	2838	\$1.95

NAME OF WIFE OR GUARDIAN	ADDRESS
Surname..... C O X O N Christian Names..... Mrs. Lillian	437 Brunswick Street, Halifax, N.S.

CHILD OR CHILDREN			
Name	Sex	Date of Birth	Attains majority
(1).....	M/A. APPLICATIONS	Initials	Date
(2).....	Ent'd. in Birth Record Ledger N I L.	hem	14/12/38
(3).....	Ent'd. on M/A Card		
(4).....	Ent'd. in Allotment Ledger		

I do hereby solemnly declare that the above particulars are correct.

Signed in the presence of:

Charles Levine.
Leading Writer

Signature. Thomas Coxon.

Rank or Rating Able Seaman.

Marriage Allowance in force per diem..... Nil.

Marriage Allowance claimed per diem..... .50

Claim has been supported with the necessary documentary evidence and the above amount has been approved for payment.

Ledgers: R/mo.
F/ea

COMMANDER, R.C.N. Commanding Officer.

This amount per day has been credited from..... 1st December 1938
at List..... 5.2. No. 519 Ledger ending..... 31st December 1938

Allotment of \$.. 50.00..... in force from the month of..... December 1938 in accordance with regulations.

Paymaster Commandant, R.C.N. Accountant Officer.

H. M. C. S. "Stadacona"

THE CHIEF ACCOUNTANT,
Department of the Naval Service,
Ottawa, Ont.

Forwarded..... December, 1938

DEC 10 1938

Original

No. 413

H.Q. File No. 41

DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
"Saguenay" 5.2. 519	Surname COXON Christian Names } Thomas	A.B.	2838	\$1.95 50 M.A.

Section A.

ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname COXON Christian Names } Mrs. Lillian	Wife	437 Brunswick St, Halifax, N.S.	\$50.00	DECEMBER

Section B.

DISPOSAL OF EXISTING ALLOTMENTS

(See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below (see Note 2):—
	N I L.		

NOTE 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.

NOTE 2:—Write "Increased or Reduced as Section A"; "To be stopped (charged to.....)"; "To be continued," etc.

Allottor's Signature authorizing charges.....

Able Seaman Rank or Rating

ENTERED IN FAIR LEDGER

ENTERED IN ROUGH LEDGER

The allotment now declared has been duly entered in the Fair and Rough Ledgers with effect from the appropriate date. The reduction or transfer has been duly approved by the Commanding Officer and the reasons for the alteration are:—

THE FINANCIAL SUPERINTENDENT,

Department of National Defence,
(Naval Service)

Ottawa, Ont.

Paymaster Commander R.C.N.C.

H.M.C.S. "Stadacona"

Forwarded..... December, 1938

S. 63

2M-1-38
N.S. 815-9-63

FIN. SUPT.

DATE

INITIAL

DEC 10 1938

NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET

For use at Headquarters only.

	INITIALS	DATE
Declaration received at Headquarters.....		
Declaration examined.....		
Approved.....		
Index card made.....		
Allotment ledger sheet made.....		
Allotment ledger sheet checked.....		
Type plate made.....		

12-12-38

DEC 12 1938

REGISTRY

12-12-38

SEAMAN BRANCH.

Application for, and report of result of, Professional
Examination, for the rating of *Leading Seaman*.

I.—APPLICATION FOR EXAMINATION.

H.M.S. *Drake*.
Name of Candidate (in full) *Coxon Thomas*.
Present Rating *A.B. R.C.N.*
Port Division *Halifax, N.S. Canada*. Official Number *2838*.
Date of application for Examination *21-7-40*.

Dates and full particulars of previous failures.

Failed Rigging Sec II
Failed Rigging re. exam *dates not known.*

- (i) The candidate has served the requisite period of time, he is fully eligible for examination, and has the necessary recommendations required by the regulations.
- (ii) He has carried out the duties of helmsman satisfactorily.
- (iii) I am satisfied that he possesses the necessary qualities which with further experience will fit him to make an efficient*

Petty Officer
Leading Seaman

 and I consider that he has a reasonable chance of passing.

In accordance with C. P. Order 501/105 28-6-40.

To.....
Captain.

*Strike out where not applicable.

NOTES:—

- (i) This application is to be submitted to the Administrative Authority in duplicate, together with the Service Certificate, history sheet and Form S.264, written up specially for the examination and signed by the Commanding Officer;
- (ii) On completion of the examination, Form S.441, in duplicate, is to be forwarded to the candidate's ship, the Commanding Officer of which is to insert the basic date of passing the examination. One copy of the Form is then to be forwarded to the Administrative Authority, the other being forwarded to the Commodore of the Depot. In the case of failure one copy is to be forwarded to the Administrative Authority, the other being retained with the candidate's papers for future reference. Failures are to be noted on Form S.264 (Divisional Record Sheet).

II.—RESULT OF EXAMINATION.

SECTION I.

Whether "Passed" or "~~Failed~~" Good

Percentage 75 %

(If passed, state whether "V.G." (85 per cent. and above), "Good" (70 per cent. to, but not including, 85 per cent.), or "Fair" (below 70 per cent.).)

SECTION II.

SUBJECT	Maximum Marks		Marks required to pass		Marks obtained	
	P.O.	L. Sea.	P.O.	L. Sea.	On examination	On re-examination
Rigging	60	80	30	40	40	
Anchor work	50	60	25	30	30	
Rule of the Road	30	30	15	15	24	
Boat work	80	80	48	48	58	
General Duties	60	40	30	20	36	
Organisation	40	—	20	—	-	
Signals	30	30	15	15	21	
Watertight fittings	10	10	5	5	8	
Duties in part of ship and mess	—	30	—	15	28	
Total	360	360	Total marks obtained in Section II.		245	
Percentage (Section II).....68 %						
Percentage (Section I).....75 %						
					Mean.....71.5 %	

REMARKS :—

The Candidate has :—

(i) *Passed a ~~V.G.~~, Good, ~~Fair~~, examination.

(V.G.—85 per cent. and above, Good—70 per cent. to but not including, 85 per cent., Fair—below 70 per cent.)

This result is to be based on the mean of the percentages obtained in Section I and Section II.

(ii) *~~Failed~~ as indicated above.

~~*He is recommended for re-examination by his own Ship's Officers in the subjects indicated above in accordance with App. XII, Part 22A Clause 8 (b).~~

*Strike out where not applicable.

Date 15-8-40

Brydgis J. Coade L. Com^{dr}
President of Board.

Candidate's signature (in full) Thomas Coxon

Basic date of passing professionally for Leading Seaman
(K.R. and A.I., Appendix XII, Part 22A, clauses 7 and 8).

is 21st July 1940

Re-examined by ship's officers in relevant subjects of Section II on board

H.M.S. " " on 19

Date _____ Signature and Rank.

Forwarded, the necessary notation has been made on the Service Certificate.

The Commodore,
R.N. Barracks _____ Captain.

H.M.S. _____

C
O
P
Y

Orig.on. 62 - G - 144.

N29/35/Courses

CANADA

Canada House, **P078766**
Trafalgar Square,

London, S.W.I.

OFFICE OF THE
HIGH COMMISSIONER.

REGISTERED

14th October, 1940. DEPT. NATIONAL DEFENCE

OCT 30 1940

N.S.

CANADA

Sir,

The enclosed forms S.441 have been received
from Admiralty in respect of the undermentioned
Royal Canadian Naval ratings who have passed
Squadron Board examinations for advancement to the
rating of Leading Seaman:-

Harry Cochrane Gardiner, A.B. 2714
Frederick Allan Jones, A.B. 2907
Charles Norman Stroud, A.B. 2942
Gordon Trevor, A.B. 2947
Thomas Coxon, A.B. 2838. ✓

I am, Sir,

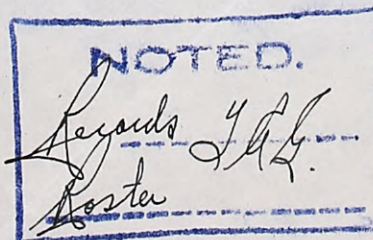
Your obedient servant,

(sgd) E. MacLeod,

Official Secretary.

The Deputy Minister of National Defence,
Naval Service,
Ottawa,
Canada.

Enc.
A.D.



MAIN FILE	
CHARGED TO	<i>D.N.S.</i>
SINCE	<i>11/9/40</i>
REC'D. CENTRAL REGISTRY	
OCT 30 1940	
REFERRED TO	

HTWG/ML

62-C287

November 1, 1940.

73

Dear Madam:


It is with deep regret that I must confirm the telegram sent out by the Minister of National Defence, reporting that your husband, Thomas Coxon, Able Seaman, R.C.N., O.N. 2838, 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. Lellean Coxon,
49 North Park Street,
HALIFAX, N.S.

MEMORANDUM FOR

P. 64

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

.....Mrs. Lillian Coxon,.....
.....49 North Park Street.....
.....Halifax, N.S.....
.....

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO
ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q.N.S. 62-C-287 FD 177....

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

July 2, 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

.....Thomas COXON, A.B.,.....

.....No. 2838, 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.

Degree 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.....	Miss Lillian Coscon	21	49 North Park St. Halifax N. S.
2	Children of the Deceased and dates of their Births.....	none		
3	Father of the Deceased.....	Thomas Coscon		300 Charles St. Bellville Ont.
4	Mother of the Deceased.....	Edith Coscon		300 Charles St. Bellville Ont.
5	Brothers of the Deceased	Full Blood	Ray Coscon Jack Coscon	300 Charles St. Bellville Ont. 300 Charles St. Bellville Ont.
		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 De- ceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
	None	none	none	

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

10	What is the full name of the deceased?	Thomas Coscon
11	Give the month and year of his birth.	April 2 th 1914
12	Where and when were his parents married?	England
13	Was he ever married? If so, state exact place and date of marriage.	Married at 21 Cogswell St. Dec. 1 st 1938
14	Did he leave a (later) Will? If so, it should be forwarded.	none
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	none

PARTICULARS OF DOMICILE

16	Where was deceased born?	Manchester England
17	In what Province, Country or State did he reside, and in which last?	Bellville Ontario — Halifax Nova Scotia.
18	How long in each?	22 yrs. in Bellville Ont. 5 yrs. in Halifax N.S.
19	What was the nature of his employment?	A. B. R. E. M.
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?	no.
22	State <u>your</u> postal address in full.	49 North Park St., Halifax, Nova Scotia.

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	Lost at sea —
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

* Widow of the deceased.

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

Lillian Coxon

{ Signature of Informant

CERTIFICATE

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

*See above { Name of Informant } is the * Widow 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 Halifax this 7th day of August 1941.

Signature of Clergyman, Priest or Magistrate

E. F. Bickley

Qualification

Priest (E.F.C.)

Address

Trinity Church, Halifax, Nova Scotia

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.

DISTRIBUTION OF SERVICE ESTATES

NAVY
Naval - Military - Air Force

XXXXXXXXXXXXXXXXXXXX

Name _____ No. _____
Surname Christian Names 2838

A.B. Rank : H.M.C. S. "MARGARET" Unit : Date of Death 22-10-40

AMOUNT
L. P. C. \$
Other Credits 23.03
Total
Shares Retained 23.03
NET TOTAL
23.03

Date August 22nd, 1941.

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT																																																																								
all	wife	Lillian Coxon, 49 North Park St., Halifax, N.S. (next of kin entitled)	\$23.03																																																																								
<table><tr><td colspan="8">AUTHORITY</td></tr><tr><td>H.Q. F. E. No.</td><td>DIV. ...</td><td>EST.</td><td>VOTE</td><td>PRI. ..</td><td>DA. OR HO SUB</td><td>OBJ. ...</td><td>AMOUNT</td></tr><tr><td>9999</td><td></td><td></td><td>831 00</td><td>00</td><td>001</td><td></td><td>23 03</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="8">SHARES RETAINED</td></tr><tr><td colspan="4">CLASSIFIED BY</td><td colspan="2">EXAMINED BY</td><td colspan="2">23 03</td></tr><tr><td colspan="4">Chas Smith</td><td colspan="2">FOR TREASURY OFFICER</td><td colspan="2">TOTAL</td></tr></table>				AUTHORITY								H.Q. F. E. No.	DIV. ...	EST.	VOTE	PRI. ..	DA. OR HO SUB	OBJ. ...	AMOUNT	9999			831 00	00	001		23 03																									SHARES RETAINED								CLASSIFIED BY				EXAMINED BY		23 03		Chas Smith				FOR TREASURY OFFICER		TOTAL	
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Chas Smith				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

DC

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

DECEASED
MEMBER'S
NAME

Thomas

(CHRISTIAN NAMES)

COXON

(SURNAME)

REGISTER NO. 14369A

FILE NO. NSN-287

DATE 13 Sep

SERVICE NO. 2838

FINAL RANK OR RATING A.B.

DATE OF DISCHARGE 22 Oct

PAYEE

Mrs. Lillian M. CARNEGIE,
785 Barrington Street,
Halifax, N.S.

ADDRESS

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

\$ 97.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 357 LESS 19 INELIGIBLE DAYS, EQUAL TO 338 DAYS @ 25C. PER DAY

\$ 84.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$ 1.85
SUBSISTENCE OR LODGING	\$ 1.45
AND PROVISION ALLOWANCE	\$.20
ADDITIONAL PAY	\$.13

C.R.2	\$.05
H.L.M.	\$.75
1 B.	\$.75

DEPENDENTS' ALLOWANCE 1/30 OF \$.75

TOTAL \$ 4.43 X7 = \$ 31.01

NO. OF DAYS 357 X\$ 31.01

\$ 60.50

D. WAR SERVICE GRATUITY

\$ 242.50

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$

DEPENDENTS' ALLOWANCE \$ NIL

AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

\$ 242.50

G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

\$ 242.50

Cheque 75600 - Sept. 19/45

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.

PREPARED BY

DHJ

CHECKED BY

TREASURY

CHECKED BY

DATE

SERVICE REPRESENTATIVE

For Dir. Naval Pay Acctn

P1915



CANADA

RECEIVED
FEB -4 1937
H.S. 620287
CANADA

Can. B. 207
2M-5-35
N. S. 815-2-207

19

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

(R.C.N. OR RESERVE FORCES)

NOTE—This Certificate is to be completed by the Examining Officer and forwarded to the Naval Secretary, Department of National Defence, Ottawa.

I, the undersigned, have examined COXON. Thomas.
candidate for entry as Ordinary Seaman Naval entry R.C.N.
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 Halifax N.S. the 19th of January 1937.

Proctor
Examining Medical Officer
(Rank) Lieut Col R.C.N.

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.
22 ⁸ / ₁₂	128.	5'7"		inches (a) maximum 35 (b) minimum 31 (c) mean 33	right eye 6/6 left eye 6/6 colour vision N. (Ishihara)	Vacc 1929	Normal	Normal	Normal	Clear	Normal	Normal	Healthy	Normal

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.

Thomas Coxon

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 2 defective teeth. none
deficient teeth.
not considered of sufficient importance to cause his rejection, he being desirable in other respects.

Proctor
Examining Medical Officer
(Rank) Lieut Col R.C.N.

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

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.

CERTIFICATE of the Service of

Thomas COXON.

in the Naval Service of Canada.

PORT DIVISION

HALIFAX, N.S.

OFFICIAL NUMBER

2838

Date of Birth

10th April, 1914.

Where born

Town

Salford.

County and Province

Lancs. England.

Usual place of residence

Bellefleur, Ontario.

Trade brought up to

Labourer.

Religious denomination

C. of England.

Next of kin

Wife, William Coxon, 49 South Park Street, Halifax, N.S.

Can swim

9 Feb. 37 P.P.T. (Fair) Fought in W.C. 28 May 37 P.S.T. (Good) Fought in C.V.T.

Man's signature on discharge to pension

CONTINUOUS SERVICE ENGAGEMENTS.

MEDALS, CLASPS, &c.

Date of actually volunteering.	Commencement of time.	Period volunteering for.	Date Received.	Nature of Decoration.
5 th January, 1937.		Seven yrs.		

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...	5	7	Fresh.	Lt. Brn	Blue.	Small scar on left hip!
On re-entry for C.S. or for Non-C.S. after attaining 28 years..						
Further description if necessary..						

Name Thomas COXON.

SHIP'S NAME	LIST AND No.	RATING	FROM	TO	CAUSE OF DISCHARGE.
"Stadacona"	-	Ord. Sm ⁿ .	5 Jan '37	23 Apr. '37	
"Saguenay"	-	- " -	24 Apr. '37	5 Apr. '38	
- " -	-	A. B.	6 Apr. '38	6 May '38	
Ben broke	-	- " -	7 May '38	14 July '38	
"Ottawa"	-	- " -	15 July '38	11 Oct. '38	
"Saguenay"	-	- " -	12 Oct. '38	25 Nov '39	
"Stadacona"	-	- " -	26 Nov '39	16 Jan '40	
Fraser	-	- " -	17 Jan '40	5 Sep '40	
"Margaree"	-	- " -	6 Sep '40	22 Oct. '40.	"S.S."

DATE	Wounds received in Action and Hurt Certificate; also any meritorious Service, Special recommendations, Prize or other grants	CAPTAIN'S SIGNATURE

DATE
2 July
8 Feb
1937
10 May '37
29 May '39
21 July '40

Service.

SHIP'S NAME.	LAST AND No.	RATING	FROM	TO	CAUSE OF DISCHARGE
					83

Examinations and Notations other than those entered on Gunnery and Torpedo History Sheet.

DATE	PARTICULARS.	CAPTAIN'S SIGNATURE	DATE	PARTICULARS.	CAPTAIN'S SIGNATURE
2 Feb. 1937	Passed E.T.I.	W. J. H. H.			
10 May '37	Issued A/G.R.	W. J. H. H.			
29 Sep '39	"D" A/L	W. J. H. H.			
21 July '40	Passed Professionally for Ldg Seaman	Brooks Hill			

SECOND CLASS FOR CONDUCT INCLUSIVE DATES		CHARACTER, ABILITY IN RATING, RECOMMENDATIONS FOR MEDAL AND GRATUITY (R.M.G.) ON 31ST DECEMBER EACH YEAR AND ON DISCHARGE FROM THE SERVICE				
From	To	Character	Ability in Rating noting Seaman's duty, e.g., Coxswain, &c.	R.M.G.	Date	Captain's Signature
		V.G.	Super. (O.Smn)		31 Dec '37	W. J. H. H. H.
		V.G.	Sub. (O.Smn)		31 Dec '37	W. J. H. H. H.
		V.G.	Super. (A.B.)		31 Dec '38	W. J. H. H. H.
		V.G.	Super. (A.B.)		31 Dec '39	W. J. H. H. H.
		V.G.	Super. (A.B.)		22 Oct. '40	W. J. H. H. H.

App^d to count 49 days
R.O.N.V.R. Service towards
G.C. Badges.

GOOD CONDUCT BADGES		
Date	1st, 2nd, 3rd	Granted, Deprived Restored.
17 Nov 39	1st	Granted

[illegible]

D OF D 22-10-40

DEPARTMENT OF VETERANS AFFAIRS

DEAD-381-T

AWARDS

NAVY

D.D.
WAR SERVICE RECORDS

COXON

Thomas

N-2838

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

1939-45 Star

Atlantic Star

C.V.S.M. & Clasp

War Medal

02-74004

M



P

2026

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCN Sept. 41 "MARGAREE"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mrs. Lillian ~~Coxon~~ Carnegie (Re-married) - Widow

ADDRESS: ~~49 North Park St.,~~ 216 Frontenac St.
KINGSTON, Ont.

~~HALIFAX, N.S.~~

19-8-47

(2) MEMORIAL CROSS

WIDOW

Mrs. L. Coxon

49 North Park St., Halifax, N.S.

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Thomas Cox

300 Charles St., Belleville, Ont.

ADDRESS:

MEMORIAL BAR

DATE DESP.

REGN. NO. 1970

CANCELLED

(2)

28-4-41

(3)

28-4-41

2838

OFFICIAL NUMBER

FILE NUMBER

62-C.287

OFFICIAL NUMBER

2838

NAME COXON (Surname) Thomas. (Given Names) DATE OF BIRTH 10th April, 1914.PLACE OF BIRTH Salford, Lancashire, England. OCCUPATION Labourer.RELIGION Church of England. EDUCATION High School EntranceRESIDENCE AT TIME OF ENLISTMENT: Street and No. Town Milledgeville Province, etc. N.B.

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
5	1	37	Seven Years.	5' 7"	Lt. Brn.	Blue	Fresh.	Small scar on left hip.	RCNVR. 2244	1.8.35	4.1.37	

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs. William CarnegieADDRESS (in pencil): Street and No. 38 Gurnish St Town Halifax Province, etc. N.B.

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	
				2	3	37	Passed Educ. Test 'ONE'.				
				28	5	37	Passed P.S.T. (Good).				
				29	8	39	Qual. A/G.				
				21	7	40	Passed Prof. for Idg. Smn.				

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					
17	11	39	1st	Granted.										

FILM
NO. WAR 4532-7
DATE

Can count 49 days' RCNVR. Service towards award G.C. Badges.

SECOND CLASS FOR CONDUCT	
From	To



4/6/45

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

2838

OFFICIAL NUMBER

NAME COXON
(Surname)

Thomas.
(Given Names)

OFFICIAL NUMBER 2838

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
Stadacona	Ord.Smn.	5	1	37		V.G.	Supr.	31	12	37	S.G.	24	8	38			
Saguenay	"	24	4	37		V.G.	Supr.	31	12	38	Q.R.3.	1	1	39			
"	A.B.	6	4	38		V.G.	Supr.	31	12	39	C.R.2.	9	12	39			
HMS. Pembroke	"	7	5	38		V.G.	Supr.	22	10	40							
Ottawa	"	15	7	38													
Saguenay	"	12	10	38													
Stadacona	"	26	11	39													
Fraser	"	17	1	40													
Margaree	"	6	9	40													
Discharged	"	22	10	40	DEAD-Missing-Presumed Dead.												

GENERAL REMARKS

28/4/41- Canadian Memorial Cross issued to Wife:
Mrs. Lillian Coxon,
49 North Park St.,
HALIFAX, N.S.
-and-
Mother:
Mrs. Thomas Coxon,
300 Charles Street,
BELLEVILLE, Ont.

Wife remarried--C.P.C. of 18.10.43
No longer entitled to pension but entitled to a gratuity equal in amount to one year's pension as a final payment.
Wife's name now Mrs. Clifford R. Carnegie, 38 Stephen St. Halifax, N.S.

DATE OF BIRTH	PLACE	CIVIL	OCCU	RELI	ED	PERM. RESIDENCE	PREV. ENL.	RANK OR RATE
10/4/04	22	900	0	30	15	11	003	19
ENLIST. DATE	ACT. SERV. DATE							
05/01/37	05/01/37							
SEN. GRADE	STR.	NON-SUB	M					
06/04/38	09/03	00	20	22-10-40				