

ESTABROOKS
VERNON WILLIAMS
N2870

DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)

C.N.S. 2417
3M-2-35
N.S. 815-9-2417

APPLICATION FOR ENTRY IN THE ROYAL CANADIAN NAVY

The Naval Secretary,
Department of National Defence,
OTTAWA.

SIR:—

I hereby make formal application for entry in the Royal Canadian Navy, under a seven years' continuous service engagement as a Boy Seaman (Insert rating chosen)

I certify that the following particulars are in my own handwriting and are true in every respect:

1. Name (to be given in full in Block Letters) VERNON WILLIAM ESTABROOKS
 2. Date of Birth (Birth Certificate or sworn declaration by parent or guardian must be attached) January 7, 1930
 3. Place of Birth. Town Sackville, Province New Brunswick
 4. Permanent Place of Residence. No. Bridge Street, Town Sackville, Province New Brunswick
 5. Are you a British Subject? Yes
 6. How long have you resided in Canada? Since Birth
 7. What is your Mother Tongue? English
 8. What other language do you speak? None
 9. Are you of the White Race? Yes
 10. Are you Single, Married or a Widower? Single
 11. How far advanced educationally are you? Passed High School Entrance
(Certificates of School Authorities must be attached)
 12. What practical experience have you had?
(Details and certificates from employers, trade credentials, etc., must be attached to substantiate employment reported.)
None (Just out of school)
 13. Do you belong to any Naval, Military, Air or Police Force? No
 14. If so, give details. X
 15. Have you ever served in such forces? No
 16. If so, give dates and details. X
 17. Have you ever been discharged from His Majesty's Forces as medically unfit? No
 18. Have you ever offered to serve in His Majesty's Forces and been rejected? No
Why? X
 19. Have you ever been convicted of a criminal offence?
(Enclose two character references, one of which must confirm your answer to Question 19) No
 20. What is your weight? 144 lbs. Height 5ft 9in Chest Measurement (Not inflated) 35 in.
 21. Have you ever had fits? No
 22. Do you suffer from any deformity? No
 23. Have you suffered the loss of any fingers, toes, etc? No
 24. Do you suffer from any disease? No
 25. Do you wear glasses? No
 26. Are you subject to any disability which might cause your rejection?
No
 27. Give details. X
 28. Are you willing to be vaccinated and inoculated as considered necessary by the appropriate authorities? Yes
- Obede J. MacGee Signature of Witness. Vernon William Estabrooks Signature of Applicant.

CERTIFICATE TO BE SIGNED BY THE PARENT OR GUARDIAN OF CANDIDATES UNDER 21 YEARS OLD

I agree to refund to the Department of National Defence the expenses incurred by that Department for transportation to a Naval Base of the above applicant, should he, on arrival at such Base, fail to enrol for seven years' continuous Naval service for reasons which in the opinion of the Department are within his own control. Signed and

Sealed at Sackville N.B. this 25 day of July, 1936, in the presence of
Obede J. MacGee Signature of Witness. William Estabrooks Signature of Parent or Guardian.

CERTIFICATE TO BE SIGNED BY CANDIDATES OVER 21 YEARS OF AGE

I agree to refund to the Department of National Defence the expenses incurred by that Department for my transportation to a Naval Base, should I, on arrival at such Base, fail to enrol for seven years' continuous Naval service for reasons which in the opinion of the Department are within my own control.

Signed and Sealed at _____, this _____ day of _____, 19____, in the presence of

Signature of Witness

Signature of Candidate.

Entered from Sackville, New Brunswick.

H. M. C. S. "STADACONA".

P4181

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

1870 62865

CONTINUOUS SERVICE ENGAGEMENT, OR RE-ENGAGEMENT

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

CHRISTIAN AND SURNAME IN FULL	NEXT OF KIN	PRESENT RATING
Vernon William ESTABROOKS	Mother Name Gertrude ESTABROOKS. Address Sackville, N.B.	Boy Seaman. 21
DATE OF BIRTH*	PLACE OF BIRTH†	NAME, RANK AND STATION OF RECRUITING OFFICER
7th January, 1920.	Town Sackville County Westmorland Province New Brunswick.	Commander W.B. Creery, R.C.N. 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' 8 1/2"	37. 33. 35.	Brown	Grey	Fresh	Scar rt elbow	United Church	Scholar
Commencing date of Engagement or Re-engagement	7 Jan. 1938. 1st March, 1937	Period of Engagement or Re-engagement	Seven Years.	Date of actually volunteering to engage or re-engage		Date of entering present ship	HMCS 1st March, 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.

FIRST ENTRY.

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.

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? ‡ No.
- Do you now belong to the Militia, Volunteers (Naval or Military), Territorial Force or any Regiment or Corps in His Majesty's Army, or to any established Naval or Army Reserve Force, or to the R.C. Mounted Police? ‡ No.
- Have you ever been rejected as unfit for His Majesty's service, or discharged from it on that account? If so, state reason of rejection or discharge, and date. No.
- Have you ever been discharged from the Navy, Marines, Army or R.C. Mounted Police on account of misconduct? No.
- Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
- Can you swim? No.

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

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

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

C.N.S. 55

2M—3-32
N.S. 815—9-55

(OVER)

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

I,, do solemnly declare that to the best of my knowledge and belief the answers to the questions overleaf are true, and I do hereby agree to serve honestly and faithfully in the Naval Service of Canada*.....from.....193....., 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.....day of.....193.....

Man's Signature in full

Witness to Signature.....

Attested before me this.....day of.....193.....

} Signature of a Commissioned
Officer of the Naval Service

Date.....193.....

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.

Commanding Officer

Medical Officer

II—Certificate and Declaration for Boys

Date.....2nd March.....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.....Seven.....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
COMMANDER, RCN.
Lieutenant Cdr. RCN.
RCN.

Medical Officer
Lieutenant, R.C.A.M.C.

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.....Seven.....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.....

Chief Petty Officer.

Attested before me this.....2nd.....day of.....March.....1937..

} Signature of a Commissioned
Officer of the Naval Service

III—Re-engagement for Continuous Service

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

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

I,, now serving as a.....
on board H.M.C.S....., who on the.....of.....193.....

engaged to serve in the Naval Service of Canada for a period of §.....years, do hereby engage to serve for a further period ||.....from ¶.....193.....
provided my services should be so long required.

Man's Signature in full

193.....

Witness.....Commanding Officer

* Insert "for the term of (number in words) years," or "to complete (number) years for pension," or "until I attain the age of years."
† Insert the date from which the engagement actually commences.
‡ The document conveying the consent to be attached to this paper. (N.B.—Not required in the case of youths over 17 years of age.)
§ To be written in words.
|| Insert as follows:—"Of (number) years," or "to complete time for pension," or "until I attain the age of years," as the case may be.
¶ Insert the date of commencement of the re-engagement, which must either be coincident with, or (when the re-engagement is ante-dated) earlier than the date of execution.

DEPT
NAVY & ARMY

FEB 11 1937

62-21-48

Can. B. 207

2M-2-36
N. S. 815-2-207CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND
BOYS FOR THE NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

M 2828

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 Vernon Estabrooks
candidate for entry as Boy - Seaman class
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 Quebec NB the 5th of Feb 1937C. J. Gass
Examining Medical Officer

(Rank).....

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.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (No. def- cient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hæmorrhoids, etc.
17 yrs 1 mth	lbs. 139	ft. ins. 5.8 1/4	Good	inches (a) maximum 36 1/2 (b) minimum 33 1/2 (c) mean 34 1/2	right eye 20/20 left eye 20/20 colour vision Normal	yes 1926	Normal	Normal	Normal	Normal	Normal	Normal	Two teeth out Two teeth need attention Normal	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.

Vernon Estabrooks
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.....

I need dental treatment
not considered of sufficient importance to cause his rejection, he being desirable in other respects.

C. J. Gass
Examining Medical Officer

(Rank).....

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

OFFICIAL NUMBER.....2870

NAME.....ESTABROOKS.....Vernon William.....DATE OF BIRTH.....7 January, 1920.
(Surname).....(Given Names).....

PLACE OF BIRTH.....Sackville, N.S.....OCCUPATION.....Scholar.....

RELIGION.....United Church.....EDUCATION.....High School Entrance.....

RESIDENCE AT TIME OF ENLISTMENT: Street and No. Bridge St. Town Sackville Province, etc. N.B.

[illegible]

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) John A. Frame

ADDRESS (in pencil): Street and No. 134 Cedar St Town Edinburgh Province, etc. Ont

[illegible][illegible][illegible]

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

2870

OFFICIAL NUMBER

NAME ESTABROOKS
(Surname)

Vernon William
(Given Names)

OFFICIAL NUMBER 2870

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	Boy Sun.	2	3	37							L.R. 3	19	2	40			
Saguenay	"	28	8	37		V.G.	Sat.	31	12	38							
	Ord. Sun.	7	1	38		V.G.	Sat.	31	12	39							
	A.B.	7	4	39		V.G.	Supr.	22	10	40							
Stadacona	"	13	9	39													
Fraser	"	9	3	40													
Margaree	"																
DISCHARGED	"	22	10	40	DEAD-Missing presumed dead.												
GENERAL REMARKS																	
23.11.40. The C.P.C.-Widow awarded pension with effect from 23.10.40.																	
28.4.41. Memorial Cross Issued to Wife: Mrs. Irene Estabrooks,																	
Bridge St.,																	
Sackville, N.S.																	
and.																	
Mrs. Archie Estabrooks,																	
Bridge St.,																	
Sackville, N.S.																	

DATE OF BIRTH		PLACE BORN		CIVIL STATUS		PREV. ENL.		RANK ON RATE ON ENLISTMENT	
BY	MO	YR	BIRTH	MAIN	RES	PREV	ENL	A	BR
07	1	20	14	X	X	0	40	15	14
ENLIST. DATE		ACT. SERV. DATE		PREV. ENL.		RANK ON RATE		RANK	
BY	MO	YR	BY	MO	YR	ENL	ENL	A	BR
02	03	37	02	03	37	03	15	03	15
SENIORITY		STR.		NON-SUS		CODED		CHECKED	
BY	MO	YR	CAT.	A	B	07	04	39	04
07	04	39	04	00	20	22	10	40	HK

DECEASED 22 October 1940

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

D.D.
WAR SERVICE RECORDS

ESTABROOKS	VERNON William	N-2870	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	5055
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCN Aug. 41 "MARGAREE"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO

Craig (Re-married)

Mrs. Irene ~~Estabrooks~~ - Widow

ADDRESS:

~~Budge St.,~~ 13 St. George St.
~~SACKVILLE, N.B.~~ LA PRAIRIE, Que.

(2) MEMORIAL CROSS

WIDOW

Mrs Irene Estabrooks

ADDRESS:

Bridge Street
SACKVILLE, N.B.

(3) MEMORIAL CROSS

MOTHER

Mrs Archie Estabrooks

ADDRESS:

Bridge Street
SACKVILLE, N.B.

MEMORIAL BAR

DATE DESP.

REGN. NO.

857

(2) 28 April 1941

(3) 28 April 1941

MEMORANDUM FOR

P. 64

Mrs. Irene Estabrooks,.....

Budge Street,.....

Salkville, N.B.

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

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO

ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q. NS. 62-E.65 FD. 167 ⁶⁵

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

.....JULY 3.....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

.....ESTABROOKS, Vernon William, A.B.

.....No. 2870 - R.C.N.

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

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



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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	Mrs Irene Cecelia Estabrooks	20	73 Fenish St. Halifax N.S.
2	Children of the Deceased and dates of their Births.....	Harry James Estabrooks Born May 31st 1940.	1	
3	Father of the Deceased.....	Archibald James Estabrooks	61	Bridge St Sackville N.B.
4	Mother of the Deceased.....	Gertrude Sophia Estabrooks	48	Bridge St Sackville N.B.
5	Brothers of the Deceased	Full Blood Bertram Frank Estabrooks	27	Bathurst. N.B.
		Irvine Archibald Estabrooks	19	Bridge St Sackville. N.B.
6	Sisters of the Deceased	Full Blood Mrs Hubert Morris	26	Charlottetown P. E. I.
		Oda Bessie Estabrooks	17	Bridge St. Sackville N.B.
7	Names of brothers or sisters (whether of the full or the half blood) of the De- ceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	

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

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

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Vernon William Estabrooks
11	Give the month and year of his birth.	Jan 7th. 1920. 64
12	Where and when were his parents married?	Cookville, New Brunswick 17th December. 1913.
13	Was he ever married? If so, state exact place and date of marriage.	yes. Halifax, N.S. Oct 5th 1939.
14	Did he leave a (later) Will? If so, it should be forwarded.	No.
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	No.

PARTICULARS OF DOMICILE

16	Where was deceased born?	Sackville, New Brunswick
17	In what Province, Country or State did he reside, and in which last?	New Brunswick Nova Scotia, last in N.S.
18	How long in each?	17 yrs. in New Brunswick 3 1/2 yrs. in Nova Scotia
19	What was the nature of his employment?	R. C. N. a sailor
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.	Bridge St Sackville N.B.

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	There were no funeral expenses. He was 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).	No.

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

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

(PLEASE TURN OVER)

DECLARATION

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

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

* Mother of the deceased.

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

Mrs. Gertrude Estabrooks

{Signature of Informant

CERTIFICATE

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

Mrs. Gertrude Estabrooks

*See above

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

Dated at Paackwitts N.B. this 11th day of July 1941

Signature of Clergyman, Priest or Magistrate

Hydegoheadman

Qualification

J.P. Comm. Etc

Address

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

DISTRIBUTION OF SERVICE ESTATES

Naval - Military - Air Force

XXXXXXXXXXXXXXXXXXXX

68

Name ESTABROOKS Vernon William No. 2870
Surname Christian Names

Rank R.C.N. Unit Date of Death 22-10-40

AMOUNT

L. P. C. \$ 24.77

Other Credits

Total 24.77

Shares Retained

NET TOTAL 24.77

Date June 31, 1941

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT																								
$\frac{1}{2}$	wife	Mrs Irene Cecelia Estabrooks, 73 Gerrish St., Halifax, N.S.	12.39 K																								
$\frac{1}{2}$	wife	Mrs Irene Cecelia Estabrooks, 73 Gerrish St., Halifax, N.S. (for benefit of one minor)	12.35 R																								
		(next of kin)																									
		(only one cheque required)																									
		<table><tr><th colspan="8">AUTHORITY</th></tr><tr><th>40 E.N.</th><th>DIV</th><th>EST</th><th>VOTE</th><th>PRI</th><th>DA OR HO 9JB</th><th>CDJ</th><th>AMOUNT</th></tr><tr><td>1999</td><td></td><td></td><td>832</td><td>00</td><td>00</td><td>001</td><td>24 77</td></tr></table>		AUTHORITY								40 E.N.	DIV	EST	VOTE	PRI	DA OR HO 9JB	CDJ	AMOUNT	1999			832	00	00	001	24 77
AUTHORITY																											
40 E.N.	DIV	EST	VOTE	PRI	DA OR HO 9JB	CDJ	AMOUNT																				
1999			832	00	00	001	24 77																				
SHARES RETAINED																											
none		<table><tr><td>CLASSIFIED BY</td><td>EXAMINED BY</td><td></td></tr><tr><td><i>Rho Smith</i></td><td><i>EL</i></td><td>24 77</td></tr><tr><td colspan="2">FOR TREASURY OFFICER</td><td>TOTAL</td></tr></table>		CLASSIFIED BY	EXAMINED BY		<i>Rho Smith</i>	<i>EL</i>	24 77	FOR TREASURY OFFICER		TOTAL															
CLASSIFIED BY	EXAMINED BY																										
<i>Rho Smith</i>	<i>EL</i>	24 77																									
FOR TREASURY OFFICER		TOTAL																									

Distribution approved and authorized

AUDITED FOR PAYMENT

WJW

For Chief Treasury Officer

Rho Smith

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

[illegible]

VERIFIED BY

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

..RANK/RATING *A.B.* OFF. NO. *W-2870* ADDRESS

[illegible]

VERIFIED BY DIR. OF PERSONNEL RECORDS.

New Can. S. 459.

late.

S. 421. Established, 1910.

Imp.: S. 459.

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

Vernon Williams **ESTABROOKS.**
in the Naval Service of Canada.

PORT DIVISION

HALIFAX N.S.

OFFICIAL NUMBER. 2870

Date of Birth. *7th January 1920.*
Where born { Town. *Sackville*
County and Province. *Westmoreland Co. N.B.*
Usual place of residence. *Sackville N.B.*
Trade brought up to. *Scholar.*
Religious denomination. *United Church.*
Next of kin. *Wife* *Bridge St. Sackville N.B.*
Can swim. *18/12/31*
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.
<i>1 Mch. 1937.</i>	<i>7 Jan '38</i>	<i>Seven years.</i>		

DESCRIPTION OF PERSON.	STATURE		COLOUR OF			MARKS, WOUNDS AND SCARS.
	Feet.	In.	Complexion.	Hair.	Eyes.	
On entry as a boy.....	<i>5</i>	<i>8 1/4</i>	<i>Flesh.</i>	<i>Brown</i>	<i>Grey</i>	<i>Scar. rt. elbow.</i>
On advancement to man's rating, or on entry under 28 years...	<i>5</i>	<i>9.</i>	<i>Medium</i>	<i>Brown</i>	<i>Grey</i>	<i>Scar left arm, Two scars left knee</i>
On re-entry for C.S. or for Non-C.S. after attaining 28 years..						
Further description if necessary..						

Name Gerron William ESTABROOKS.

SHIP'S NAME	LIST AND No.		RATING	FROM	TO	CAUSE OF DISCHARGE.
"Stadacona"	-	-	Boy Smn:	1 Mch '37	27 Aug '37	
"Saguenay"	-	-	- " -	28 Aug '37	6 Jan '38	
- " -	-	-	O. Smn.	7 Jan '38	6 Apr '39	
- " -	-	-	Able Sea.	7 Apr '39	12 Sep '39	
"Stadacona"	-	-	- " -	13 Sep '39	8 Mch '40	
"Fraser"	-	-	- " -	9 Mch '40	5 Sep '40	
"Margaree"	-	-	- " -	6 Sep '40	22 Oct '40	"D.D."

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

Ex	
DATE	
9 JAN '39	Doc
8 NOV '38	"Q"
	Pa

N'S
RE

N'S
RE

DATE	PARTICULARS.	CAPTAIN'S SIGNATURE	DATE	PARTICULARS.	CAPTAIN'S SIGNATURE
9 JAN '39	Issued A.B. App } "Q" A.B. 2 days }	<i>[Signature]</i>			
8 NOV '38	Passed E.T. I.	<i>[Signature]</i>			

[illegible]

Passing Certificate

This is to Certify

that Vernon William ESTABROOKS,

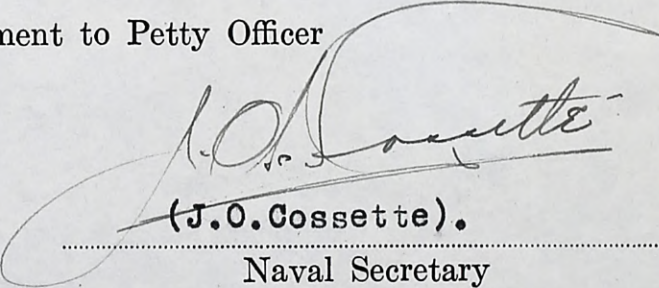
Rating Ordinary Seaman Official Number 2870.

has passed

THE EDUCATIONAL TEST, I

held on 8th November, 1938.

For advancement to Petty Officer


(J.O. Cossette).

Naval Secretary

Department of National Defence.

Ottawa, this 7th day of January, 1939.

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

4
NAVY

DECEASED
MEMBER'S
NAME

Vernon William
(CHRISTIAN NAMES)

ESTABROOKS
(SURNAME)

REGISTER NO. 10408

FILE NO. NS.N2370

DATE 4 Aug/45

SERVICE NO. 2370

FINAL RANK OR RATING A.B.

DATE OF DISCHARGE 22 Oct/40

PAYEE Mrs. Irene C. Craig,
ADDRESS R.R. #2
Lower Sackville, N.S.

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 231 LESS 19 INELIGIBLE DAYS, EQUAL TO 212 DAYS @ 25C. PER DAY

\$ 53.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$1.85
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$1.45
ADDITIONAL PAY H.L.M. \$.13
L.R.II \$.20

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$3.63 X7 = \$ 25.41

NO. OF DAYS 231 X\$ 25.41

\$ 32.07

D. WAR SERVICE GRATUITY

\$ 182.57

E. DEDUCTIONS

OVERPAYMENT OF

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

\$ Nil

OTHER DEDUCTIONS

\$

F. TOTAL AMOUNT PAYABLE

\$ 182.57

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 182.57

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

Cheque 53609- Aug. 11/45

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
DHL

CHECKED BY

TREASURY

CHECKED BY

DATE

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

CERTIFICATE

§ Strike out "Parent" or "Guardian" as the case may be.

** Strike out "he" or "she" according to sex of Parent or Guardian.

† The assertion of the boy if should not be taken as sufficient warrant for this statement.

I certify that I am personally acquainted with this Boy's § Parent, and am † aware** ~~she~~ ^{he} has consented to the Boy's entry as above, and I believe the particulars stated herein to be true.

Blyden J. Steadman Clergyman of the Parish.

or.....Resident Householder }

A. R. B. B. B. B. Occupation }

Northville, N. D. Address.

July 25 ad. 1936

Particulars to be stated, if possible, in the case of a Boy whose Father is dead

Date of Father's death.....

Place of death.....

SignedMother.

Particulars to be stated, if possible, in the case of a Boy whose Parents are both dead

Date of Father's death.....

Place of death.....

Date of Mother's death.....

Place of Mother's death.....

SignedGuardian.

- NAVAL SERVICE -

February 15, 1937.

Sir,-

I am directed to advise you that you are now under consideration for entry into the Royal Canadian Navy as a Boy (Seaman Class) to date 1st March, 1937, under a Seven Years' Continuous and General Service Engagement.

It is noted, however, that the Report of Medical Examination dated 5th February, 1937, shows you to be the subject of the following minor defect: Defective Teeth. As any expenses involved in connection with dental treatment will be payable by you, it will be necessary for you to either have the abovementioned defect remedied locally, and forward to this Department a certificate from your dentist that this has been done or, as the time is limited, sign the attached declaration (in duplicate) that you will defray all expenses for dental treatment required, and return it to this Department.

Before your entry can be approved it will be necessary for you to undergo final medical examination. Provided you are agreeable to the above conditions, you should report to the Commander, R.C.N. Barracks, Halifax, N.S., at Nine A.M., on the 1st March, 1937, and request him to examine you, showing him this letter as your authority. You should hand him the enclosed Forms B207 in triplicate (Medical Examination Form) and B207A (Physical Qualifications Required).

Transportation Warrant No.10020, Sackville, N.B. to Halifax, N.S., is enclosed, which you should exchange at your local Canadian National Railways' Ticket Office for a railway ticket.

Provided you are found physically fit, and suitable in all other respects, you will be entered as a Boy (Seaman Class) to date 1st March, 1937.

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

1 Second Class Railway Ticket - Halifax, N.S. to Sackville, N.B.

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

Yours truly,

Mr. Vernon W. Estabrooks,
Bridge Street,
SACKVILLE, N.B.

(D) The Commander/
R.C.N. Barracks,
HALIFAX, N.S.

-2-

(J. D. Cossette),
Naval Secretary.

- Forwarded for information. Provided Estabrooks reports at R.C.N. Barracks, and is suitable in all respects, he is to be entered in the R.C.N. as a Boy (Seaman Class) to date 1st March, 1937.

Date of Birth - 7th January, 1920, certified by certified copy of registration of birth.

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

BY ORDER.

Naval Secretary.

12

DENTAL CERTIFICATE

I, VERNON WILLIAM ESTABROOKS, HEREBY AGREE THAT MY ENTRY INTO THE ROYAL CANADIAN NAVY AS A BOY (SEAMAN CLASS) IS CONDITIONAL THAT I UNDERGO SUCH DENTAL TREATMENT AS MAY BE FOUND NECESSARY AT MY OWN EXPENSE WITHIN THREE MONTHS OF THE DATE OF MY ENTRY IN THE ROYAL CANADIAN NAVY.

SIGNATURE

WITNESS TO SIGNATURE

DATE

OFFICIAL COPY

NAVAL MESSAGE

S. 1320D
10 Mil.-5-40 (5005)
N.S. 815-9-1320D

To:

MRS. IRENE ESTABROOKS
BUDGE STREET
SACKVILLE N.B.

From:

62 E 65 37

THE MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS
TO INFORM YOU THAT YOUR HUSBAND VERNON WILLIAM ESTABROOKS ABLE
SEAMAN R.C.N. O.N. 2870 IS MISSING, BELIEVED KILLED

-/26

L/T

D/L

P/L

REC'D SDO

KL

27.10.40

5446

1532/26

November 2, 1940.

Dear Madam:


It is with deep regret that I must confirm the telegram sent out by the Minister of National Defence, reporting that your husband, Vernon William Estabrooks, Able Seaman, R.C.N., O.N. 2870, 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. Irene Estabrooks,
Budge Street,
SACKVILLE, N.B.