

HARVEY
WILLIAM JAMES
N3021

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

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

CERTIFICATE of the Service of

William James HARVEY

IN THE ROYAL CANADIAN NAVY

Port Division	Esquimalt, B.C.	Official Number 3021
Date of birth	28 November, 1918	Nearest known Relative or Friend (To be noted in pencil)
Where born { Province	Alberta	Name: Jennie
born { Town or county	Calgary	Relationship: Mother
Trade brought up to	Bridge Messenger (M.S.)	Address: 5335 Dunsmuir St
Religious denomination	United Church of Canada	Vancouver, B.C.
Date passed swimming test	PR (Good) 14 Oct 37 / S. A. Oland	
Man's signature on discharge to pension		

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

Date of actually volunteering	Commencement of time	Period volunteered for	Date of actually volunteering	Commencement of time	Period volunteered for
1.	19 July '37	Seven years	5.		
2.			6.		
3.			7.		
4.			8.		

Medals, Clasps, Etc.

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

Description of Person	Stature		Chest, In.	Colour of			Marks, Wounds and Scars
	Feet	In.		Hair	Eyes	Complexion	
On entry as a boy.....							
On advancement to man's rating or on entry under 28 years.....	5	7 1/2	37 35 36	Dark Brown	Hazel	Fresh	Tattoos right and left forearms
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....							
Further description if necessary.....							

Name William James HARVEY

Ship's Name
(Tenders to be
in bracket)

Exami

Date	
22 nd Mch '38	Pass
7 Oct. '38	Tr
29 Sept '39	On
	low
13 Feb. '40	Pass

Captain's
Signature

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

[illegible]

Conduct

[illegible]

3. **Definition of Terms**—As a guide to Commanding Officers when making their award the following definitions are given of the terms to be used:—

Superior.....A man who performs his duties with more than average
to be written Supr. efficiency.

SatisfactoryA man who performs his duties with average efficiency.
“ Sat.

Moderate.....A man who performs his duties in an efficient manner
" Mod. but with less than average efficiency.

Inferior..... A man who performs his duties in an inefficient manner.
 " Inferior.

Note.—In these definitions "duties" means the general duties of the substantive rating held, and "average efficiency" means the average efficiency of all men in the Service holding the same substantive rating.

The substantive rating held by the man at the time is to be noted in brackets after each assessment thus: Supr. (A.B.).

[illegible][illegible]

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

ANK/RATING A.B. OFF. NO. N. 3021 ADDRESS

AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
							1939-45	1	star
							ATLANTIC	1	star
							FRANCE G.		
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	@clasp
							" CLASP		
							WAR 1945	1	medal
							WAR 1915		
							VERIFIED BY <i>[Signature]</i> DIR. OF PERSONNEL RECORDS.		

C. S. HMCS "NADEN" - Esquimalt, BC.

3021
OFFICIAL No. IF KNOWN
Space to be left vacant
if not known

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 William James HARVEY.		NEXT OF KIN Father - Name William Harvey. Address 5335 Dumfries St. Vancouver, BC.	PRESENT RATING Ordinary Seaman.
DATE OF BIRTH* 28th November, 1918.	PLACE OF BIRTH† Town Calgary, County Alberta, Province CANADA.		NAME, RANK AND STATION OF RECRUITING OFFICER Cdr. JEW. Oland, HMCS "NADEN", Esquimalt, BC.

Personal Description at the Date of this Document

Height	Chest	Hair	Eyes	Complexion	WOUNDS, SCARS OR MARKS	Religious Denomination	TRADE OR OCCUPATION
5' 7½"	37 35 36	Dark Brown	Hazel	Fresh	Tattoos rt. and lt. forearm.	United Church of Canada.	Bridge Messenger. Mercantile Marine. C.P. S/S. Coy.
Commencing date of Engagement or Re-engagement		19th July, 1937.		Period of Engage- ment or Re- engagement		SEVEN YEARS.	
Date of actually vol- unteering to en- gage or re-engage		19th July, 1937.		Date of entering present ship		19th July, 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 **Scotch.** Mother **Canadian.**
- 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? **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 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

LEDGERS FAIR
ROUGH

Noted in Service
Records by
E.W.
27.8.37

NOTED. (OVER)

B. J. Roster
2.9.37

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, **William James HARVEY**, 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 **term of SEVEN YEARS** from **19th July**, 193**7**, 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 **19th** day of **July**, 193**7**.

Witness to Signature..... *William James Harvey* Man's Signature in full
..... **M.A.A.**.....

Attested before me this **19th** day of **July**, 193**7**.

J. Edwards
Lieutenant-Commander, RCN.

} Signature of a Commissioned
} Officer of the Naval Service

Date..... **19th July**, 193**7**.

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.

R. H. Oland
G. F. Morgan Smith

COMMANDER, RCN.
Commanding Officer
CAPTAIN, RCAMC.
Medical Officer

II—Certificate and Declaration for Boys

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

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

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

..... Commanding Officer

..... Lieutenant

..... Medical Officer

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

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

..... Boy's Signature in full

Witness to Signature.....

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

} 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.



M15160
62-21-4 H
7/12/27

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

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

(R.C.N. OR RESERVE FORCES)

White race

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 Wm. J. Harvey
candidate for entry as Ord. Seaman (Preliminary)
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 Vancouver, BC the 13th of July 1937

B. H. Goodwell
Examining Medical Officer
(Rank) Lieut. R. C. McNamee

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

Age { Years Months	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or re- vaccinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Teeth (No. def- icient and No. defective, if any), Nose, Tonsils, etc.	Anus, Hæmorrhoids, etc.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)
18 7/12	145	5' 7 1/4	Good.	inches (a) maximum 37 1/2 (b) minimum 35 (c) mean 36 1/4	right eye 20/20 left eye 20/20 colour vision C.V. 7.	1937	normal	normal	normal	normal Tato marks R & L arms.	W. V. 20' R + L.	normal	0 defective 0 deficient	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.

William J. Harvey
Signature of Candidate

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

This Candidate is the subject of.....

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

Examining Medical Officer

(Rank).....

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

MAIN FILE	
CHARGED TO	<i>Receives</i>
RECEIVED	
REC'D. CENTRAL REGISTRY	<i>70127</i>
JUN 31 1987	
REFERRED TO	<i>Receives</i>

THE CANDIDATE OF THE EXAMINATION OF MEDICAL EXAMINERS FOR THE REGULAR FORCE OF THE CANADIAN ARMY, NAVY AND AIR FORCE, IS REQUIRED TO FURNISH THE FOLLOWING INFORMATION:

1. NAME (LAST, FIRST, MIDDLE INITIAL) *John A. Smith*

2. GRADE *Private*

3. BRANCH *Infantry*

4. REGIMENT *1st Canadian Infantry*

5. ADDRESS (STREET, CITY, PROVINCE, POSTAL CODE) *123 Main St, Toronto, Ont. M5H 1A1*

6. DATE OF BIRTH *15/01/45*

7. DATE OF EXAMINATION *15/06/87*

8. SIGNATURE OF CANDIDATE *John A. Smith*

9. SIGNATURE OF EXAMINER *[Signature]*

10. SIGNATURE OF WITNESS *[Signature]*

NAME	GRADE	BRANCH	REGIMENT	ADDRESS	DATE OF BIRTH	DATE OF EXAMINATION	SIGNATURE OF CANDIDATE	SIGNATURE OF EXAMINER	SIGNATURE OF WITNESS
<i>John A. Smith</i>	<i>Private</i>	<i>Infantry</i>	<i>1st Canadian Infantry</i>	<i>123 Main St, Toronto, Ont. M5H 1A1</i>	<i>15/01/45</i>	<i>15/06/87</i>	<i>John A. Smith</i>	<i>[Signature]</i>	<i>[Signature]</i>

THE CANDIDATE OF THE EXAMINATION OF MEDICAL EXAMINERS FOR THE REGULAR FORCE OF THE CANADIAN ARMY, NAVY AND AIR FORCE, IS REQUIRED TO FURNISH THE FOLLOWING INFORMATION:

1. NAME (LAST, FIRST, MIDDLE INITIAL) *John A. Smith*

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4. REGIMENT *1st Canadian Infantry*

5. ADDRESS (STREET, CITY, PROVINCE, POSTAL CODE) *123 Main St, Toronto, Ont. M5H 1A1*

6. DATE OF BIRTH *15/01/45*

7. DATE OF EXAMINATION *15/06/87*

8. SIGNATURE OF CANDIDATE *John A. Smith*

9. SIGNATURE OF EXAMINER *[Signature]*

10. SIGNATURE OF WITNESS *[Signature]*

BOAS FOR THE REGULAR FORCE OF THE CANADIAN ARMY, NAVY AND AIR FORCE

CERTIFICATE OF MEDICAL EXAMINATION FOR THE REGULAR FORCE OF THE CANADIAN ARMY, NAVY AND AIR FORCE



FORM 100-100
CMB 11-303

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, VANCOUVER

Ottawa, June 15, 1942.

From.....Head Office.

ON 3021 A. S. HARVEY, Wm. J.

P. & N. H. 813-W

The Department of National Defence, Naval Service
officially reports that the marginally named was reported -

"LOST IN COLLISION OF H.M.C.S. "MARGAREE",
on the 22nd. October, 1940." ~~on service~~

His next of kin is reported as - Mother -
Mrs. Jennie Harvey,
5335 Dunfries St.,
Vancouver, B. C.

The Addressograph Stencil shows payment of Assigned Pay of

\$ 6.00	a month to -	Bank of Montreal, ACC. No. 4833, 1323 Esquimalt Rd., Esquimalt, B.C.
\$ 15.00	a month to -	Mrs. W. Harvey, Vancouver, B. C. (Mother)
\$ 4.00	a month to -	London Life Ins. Co., Victoria, B. C.

As no D.A. was payable the Commission will not take
any action unless a claim is filed.

/LR

E. Clewes,
for
Canadian Pension Commission.

3021

DATE OF BIRTH 28th November, 1918

...OCCUPATION..... Bridge Messenger (M.S.)

Province, etc. B.C.

NAME (in pencil)

EXAMINATIONS, CERTIFICATES, ETC.

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

FILM NO. DATE

W. S. G.
APPLICATION
12505
RECEIVED

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

3021

OFFICIAL NUMBER

NAME HARVEY
(Surname)

William James
(Given Names)

OFFICIAL NUMBER 3021

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Naden	Ord. Smn.	19	7	37		V.G.	Sat.	31	12	37	S.D.	11	10	39			
Fraser	"	22	4	38		V.G.	Sat.	31	12	38							
HMS Osprey	Able Smn.	18	10	38		V.G.	Sat.	31	12	39							
Assiniboine	"	23	6	39	Lent Naden 17- 22/6/39	V.G.	Supr.	22	10	40							
Restigouche	"	13	10	39													
Fraser	"	10	12	39	Lent Stadacona 23/11-9/12/39												
Margaree	"	21	3	40	Lent Saguenay 18-19/3/40												
DISCHARGED	"	6	9	40													
		22	10	40	DEAD--Missing, presumed dead												

GENERAL REMARKS									
28-4-41 Memorial Cross issued to Mother: Mrs. Jennie Harvey 5335 Dumfries Street Vancouver, B.C.									

DATE OF BIRTH		PLACE	CIVIL	OCCU	RELI-ED	PERM. RESIDENCE	PREV. ENL	RANK OR RATE ON ENLISTMENT	
DAY	MO	YR	BIRTH	MAIN	SUB	GION	R	CTV	TOWN SER
28	4	18	17	533	0	401	904	10	013
							0	08	95
ENLIST. DATE		ACT. SERV. DATE	RANK		RANK				
DAY	MO	YR	DAY	MO	YR	STR.	NON-SUB	STR.	NON-SUB
19	07	37	19	07	37				
							03	15	00
							08	94	
SENICRITY		STR.	NON-SUB		STR.				
DAY	MO	YR	DAY	MO	YR	STR.	NON-SUB	STR.	NON-SUB
18	10	38	09	32		20	22-10-40	10	10

DECEASED 22 October 1940

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

(NAVY)

D.D.

WAR SERVICE RECORDS

HARVEY	William James	N-3021	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	8397

02-95229

M



P

(THE REVERSE TO BE USED FOR SEPARATE PURPOSES)

RON Dec.41 "MARGAREE"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mrs. Jennie Harvey - Mother

ADDRESS:

~~5335 Dumfries St., 15-6-42~~

~~VANCOUVER, B.C.~~

222 Vancouver St., Victoria, B.C. 17.10.45

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Jennie Harvey

ADDRESS:

5335 Dumfries Street

VANCOUVER, B.C.

DATE DESP

(1)

REGN

CANCELLED

(2)

(3) 28 April 1941

MS

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE N 3021

STATEMENT OF WAR SERVICE GRATUITY

BASED
ON MEMBER'S
NAME

William James

HARVEY

(CHRISTIAN NAMES)

(SURNAME)

REGISTER NO.

12505

FILE NO.

NSN-302

DATE

17 Oct. 40

SERVICE NO.

3021

FINAL RANK OR RATING

AB

DATE OF DISCHARGE

22 Oct. 40

DATE OF TERMINATION OF OVERSEAS SERVICE

22 Oct. 40

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 409 EQUAL TO 13 COMPLETE PERIODS AT \$7.50

\$ 97.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 392 LESS 19 INELIGIBLE DAYS, EQUAL TO 373 DAYS @ 25C. PER DAY

\$ 93.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$1.85
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$1.45ADDITIONAL PAY HLM \$.13GCB \$.05SD \$.15DEPENDENTS' ALLOWANCE 1/30 OF \$ N11

TOTAL \$3.63 X7 = \$25.41

NO. OF DAYS 392 X \$25.41

183

\$ 54.43

D. WAR SERVICE GRATUITY

\$ 245.18

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$ N11

F. TOTAL AMOUNT PAYABLE

\$ 245.18

G. YOUR PORTION OF GRATUITY IS—

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

\$ 245.18

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

Cheque 100046 - Oct. 24/45

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

LJM

CHECKED BY

TREASURY
CHECKED BY

DATE

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

TO: D.N.P.A. "G"

W.S.G. Application No. 12505 ✓

FILE NO. N.S. N 3021 ✓

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

Harvey William James ✓ 3021 ✓ AB ✓
SURNAME CHRISTIAN NAMES IN FULL OFFICIAL NUMBER RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: Dead (Margaret) ✓
.. Applicant .. mother .. A.P. \$15.00 (no D.A. or pension) ✓

TOTAL SERVICE

Date of Active Service 10 Sept '39 ✓

Date of Discharge 22 Oct 40 ✓

Total No. of Days 409 ✓

Less non qualifying service nil

Total Days 409 ✓

OVERSEAS SERVICE

% Total No. of Days 392

Less non qualifying service nil

Total Days 392 ✓

Record of Service in other Forces (per Naval Records)

Branch of Service _____

Date of Active Service _____

Date of Discharge _____

& % Overleaf _____

Computed By Janet Woodley

Checked By J. Williams

Heather
for (H.B. Money)
Payr. Cmdr. R.C.N.R.
Director of Personnel Records

DATE: JUL 13 1945

DW
O.O.F.

NON QUALIFYING SERVICE

(#) Date	Reason	No. of Days	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
Total days			

Date of Discharge

Date of Return

(%)

OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
Osprey	10 Sept '39	22 Nov '39	74 ✓
Assiniboine			
Restigouche	10 Dec '39	22 Oct '40	318 ✓
Fraser			392 ✓
Margaree			
	83	418	
	10	101	
	73	317	
	1	1	
	74	318	

OFFICE OF DISCHARGE

IN THE
OF DISCHARGE

COMMISSION OF SERVICE

DATE SERVICE OVERSEAS

DATE OF SERVICE

DATE OF SERVICE

DATE OF SERVICE

MEMORANDUM FOR

P. 64

Mrs. Jennie Harvey.

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

5355 Duntrees St.,

Vancouver, B.C.

478 Superior St.
Victoria, B.C.

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

and the following number quoted:—

H.Q. NS. 62-H.255 FD.227

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

November 10, 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

HARVEY, William J., A.B., O.No. 3021.

H.M.C.S. "Margaree" R.C.N.

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

(H.R. Wade) Lieut.Cdr. RCNVR,
for (L.M. Firth) Major,
Administrator of Estates.



ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT		
			NAME IN FULL of any Relative, if any, in each degree inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		<i>William Harvey</i>		<i>died August 5th 1937.</i>
4	Mother of the Deceased.....		<i>Jennie Harvey</i>	<i>43.</i>	<i>478. Superior St., Victoria, B.C.</i>
5	Brothers of the Deceased	Full Blood			
		Half Blood			
6	Sisters of the Deceased	Full Blood			
		Half Blood			
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?	William James Harvey
11	Give the month and year of his birth.	November 28 th 1918.
12	Where and when were his parents married?	Calgary Alberta. December 31 st 1917.
13	If deceased was married, state place and date of marriage.	
14	Did he leave a Will? If so, a copy should be attached hereto.	No.
15	Did he leave a bank account? If so, give full particulars.	yes, Bank of Commerce. I cannot give particulars as I do not know what amount he deposited, since he left here in June 1939.
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	No.
17	State your own postal address in full.	478. Superior St., Victoria B.C.

PARTICULARS OF DOMICILE

18	Where was deceased born?	Calgary, Alberta.
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	Alberta, two years. British Columbia, eighteen years. one year and four months in England and on Convoy duty.
20	What was the nature of his employment?	
21	Did he own the premises in which he lived? If so, where?	The property at 5335 Duncfin St. Vancouver, B.C. would have been his.
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	He intended to make his home in Vancouver, B.C.

OTHER PARTICULARS

23	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	not to my knowledge.
24	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom. (NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)	

(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, Local Magistrate, Commissioner or Notary Public.

Jennie Harvey

{ Signature of Informant

CERTIFICATE

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

*See above Mrs Jennie Harvey { 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 Victoria B.C. this 17th day of November 1941

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

Rev. Geo Robinson Qualification Clergyman

Address 842 North Park St. Victoria B.C.

NOTE.—Before granting the above Certificate, care should be taken to see that the Informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative enquired after is stated in its proper place in the Statement opposite.

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

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.

Vancouver B.C.
(Place)
June 30 1936
(Date)
62-21-44
CANADA

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) WILLIAM JAMES HARVEY
2. Date of Birth (Birth Certificate or sworn declaration by parent or guardian must be attached) Nov. 28 / 1918
3. Place of Birth. Town Calgary, Province Alberta
4. Permanent Place of Residence. No. 5335 Street Dunsmuir
Town Vancouver, Province British Columbia
5. Are you a British Subject? Yes
6. How long have you resided in Canada? Born in Canada
7. What is your Mother Tongue? Canadian
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 in to High School
(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
13. Do you belong to any Naval, Military, Air or Police Force? I have been a
14. If so, give details. member of the Vancouver Sea Cadets Corps
15. Have you ever served in such forces? for three & one half years
16. If so, give dates and details.
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?
19. Have you ever been convicted of a criminal offence? No
(Enclose two character references, one of which must confirm your answer to Question 19.)
20. What is your weight? 142 lbs Height 5 ft 7 in 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

28. Are you willing to be vaccinated and inoculated as considered necessary by the appropriate authorities? Yes

**SOUTH VAN. ARMY AND NAVY VETERANS
IN CANADA, UNIT 26**
Signature of Witness

William James Harvey
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 Vancouver B.C., this 30th day of June, 1936, in the presence of

**SOUTH VAN. ARMY AND NAVY VETERANS
IN CANADA, UNIT 26**
Signature of Witness

Jennie Harvey
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.

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 himself 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** he has consented to the Boy's entry as above, and I believe the particulars stated herein to be true.

.....Clergyman of the Parish.

or *Thomas W. Good*.....Resident Householder

Secretary.....Occupation

6262 Shaw St. Van......Address.

23rd July.....193...6.

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.

Boy (Seaman Class)

No. Name HARVEY, Wm. James Nationality British (Can.) File F.D.127

Date of Birth Nov. 28, 1918. Married S Religion

Date of Application Aug. 5, 1936. Medically Examined 19/7/37 D.J.

Address 5335 Dumfries St., VANCOUVER, B.C.

Education High School Entrance.

Previous Experience Vancouver Sea Cadet Corps - 3 yrs.

Remarks 11-8-36. D.N.O.&T. Put on roster.

Directions Re Entry 12-8-36. Lr. to applicant. 26/6/37 h.s.m.c.)

12/7/37 T.H. entry

2M 7-35 (M130)

ACCOUNTS OF MEN DISCHARGED

Account of the Balance of Wages, the Sale of Clothes and Effects
and the other Credits of Men Discharged to the
Shore, D. D. or Run

Name WILLIAM J. HARVEY Rating A.P.
Official No. 3021 H.M.C.S. "MARGAREE" List 5-2/64
Who* was "DD" on the 22nd October 1940.

Net sum due on ledger on account of Wages.....

\$ 47 cts 51

Proceeds of sale of Effects charged against Wages, brought from the other side

N I L

CASH—

Proceeds of sale of Effects, paid for in Cash, brought
from the other side.....

\$ cts.

N I L

Found amongst Effects.....

N I L

Debts collected \$.....

N I L

OK# 60-23226

Cash debited in the Accountant Officer's Cash Acct.....

N I L

If in debt in ledger, amount to be stated (in red ink).....

N I L

Rate of allotment (in words) FIFTEEN, SIX & FOUR charged to 31st October, 1940.

Name of ship from which transferred H.M.C.S. "MARGAREE"

Total BALANCE CREDITOR

47 51

52 51

We hereby certify that we have every reason to believe that the above account contains a
true statement of all wages, Effects, and other Credits or Debts on the Ledger of H.M.C.S.

"MARGAREE" amounting to a net balance† CREDITOR

of -FORTY-SEVEN- dollars FIFTY-ONE cents.

Dated on board H.M.C.S. "STADACONA" at HALIFAX

NOVA SCOTIA this 25th day of MARCH 1940.

Approved

Bm Ratfield FOR Accountant Officer
Paymaster Sub-Lieutenant, R.N.V.R.

Initials of the Assistant
Accountant Officer

J. E. Leigh Lt. V.R. Commanding Officer.

For Use at Headquarters. \$.....cts.....credited on Inspector's certificate

No.....to.....

Signature.....

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

*State whether discharged on shore, D.D. or Run.

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

C.N.S. 46

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

Ledger Fair Rough

59

Dec
tober

List..

When entered

	\$	c.
CREDIT from former account.....	48	90
Pay as <u>A.B.</u> from <u>1st Oct.</u> to <u>31st Oct.</u> (t. <u>31</u> days at \$ <u>1.85</u> a day).....		
(Rank Rating)		
" <u>S.D.</u> " " " " (<u>31</u> " <u>.15</u> ").....	62	00
" <u>1 GCB</u> " <u>19th July</u> " " " (<u>105</u> " <u>.05</u> ").....	5	25
" " " " (" " ").....		
" " " " (" " ").....		
Kit Upkeep Allowance.....	3	33
<u>H.L.M.</u>	5	59
OTHER CREDITS: <u>G.M.</u>	1	32
Total credits.....	126	39

N I L

PAYMENTS:—	1st	2nd	3rd	4th	5th		
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.		
1st month.....	8.94	31.29	4.47	8.94		Total.....	53.64
2nd month.....						Total.....	
3rd month.....						Total.....	

Alotment.....	OCTOBER.....	25.00.....
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Pension deduction (Officers) charged to.....NIL.....of.....

Hospital stoppages.....	NIL	
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Mulcts.....	NIL	
-------------	-----	--

OTHER CHARGES:.....	G.M. O'PD.	24
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Total debits	78	88
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Balance Cr. for Dr.	47	51
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(Balance Dr. to be shown in red)

Number of days actually victualled during period mentioned above.....43.....

NOT VICTUALLED	LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
		FROM	TO		
	RAIL	6th Sep.	6th Sep.	1	
	KNNT DUTY	12th Sep.	14th Sep.	3	L. & C.

Date.....1st^{Ap}l. 1941.

C.N.S. 2426
25M—10-40 (7514)
N.S. 815-9-2426

PAYMASTER SUB. LIEUTENANT, RCNVR.

ACCOUNTANT OFFICER

82

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

NET TOTAL 113.87

Date December 1st, 1941.

Distribution approved and authorized

www

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

62-H 255-46

2nd November, 1940.

Dear Madam:

It is with deep regret that I must confirm the telegram sent out by the Minister of National Defence, reporting that your son, William James Harvey, Able Seaman, O.N. 3021, R.C.N., was missing, believed killed.

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

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

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

Yours very truly,

(J.O. Cossette),
NAVAL SECRETARY.

Mrs. Jennie Harvey,
5335 Dumfries Street,
VANCOUVER, B.C.

478-Superior St.,
Victoria, B. C.

Nov 17^d/41.

Administrator of
Estates.

47

Please note I have
changed my address.
August 8th last I moved from
5335-Dunsmuir St., Vancouver.
to above address in Victoria.
Jennie Harvey.

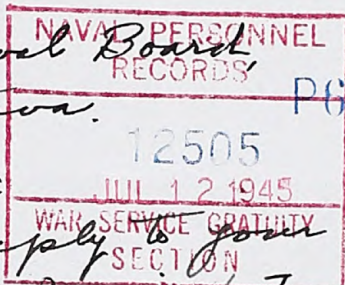


478. Superior St.,
Victoria, B. C.

July 4th/45

N. S. 3021 Pers. (n) (n-15)

Secretary Naval Board,
Ottawa.



P622124

Dear Sir:

In reply to your letter of 26th June. I wish to inform you, I the mother of the late William James Harvey, D.N. 3021. P.C.N.1 am the only one, authorized to act on behalf of his estate.

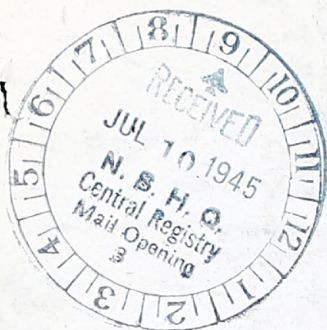
At the time of his death, I was dependent in part upon him.

My husband died of wounds, received in war 1. August 5th/37. I was awarded a pension. In the summer of 1938. I had a serious illness, from which I have never regained my health, and it was for this reason I received an assignment of pay from my son, as my pension was not adequate for expenses incurred.

Trusting this explanation is satisfactory in my case.

Yours Truly.

Jennie Harvey.



478-Superior St.,
Victoria, B. C.

Dec 17th/41.

Administrator of Estates:

Dear Sir:

I wish to acknowledge
letter of Dec 11.th and check for total
of my late Son's estate.

Yes, he had an insurance
policy for two thousand Dollars.
with the London life Insurance Co..
They informed me, of this, immediately
after his death.

Yours Truly.

Jennie Harvey.



478. Superior St.,
Victoria, B.C.

~~7-5. 7-3021~~
~~Pers (7) (P-18)~~

Aug. 21st/45.

P634865

Secretary.

Naval Board, Ottawa.

Dear Sir:

In reply to your letter, of
July 28th in which you informed
me, my application for War Service
Gratuity, had been referred to the
Dependants Allowance Board,
or to the Administrator of Estates.

I wish to inform you, I am
moving Sept 1st my new
address is:

222. Vancouver St.,
Victoria, B. C.

Yours Truly.

Jennie Harvey.

Noted
DNPA (C)
11/9/45
JMS

