V25009
TREMAINE
LEONARD RAY

V25009 OFFICIAL NUMBER | FILE NUMBER 113-T-229 | OFFICIAL NUMBER V25009

NAME TREMAINE (Surname) Leonard Roy (Given Names) DATE OF BIRTH 20 August, 1906

PLACE OF BIRTH Halifax, N.S. OCCUPATION Trucking Business

RELIGION C. of E. EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. Rockingham Town Halifax Province, etc N.S.

Engagements				Description					Previous Service			
Date (in figures) Day	Month	Year	Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates From	To
15	9	39	H.Q.	5'8	Brown	Brown	Dark	Nil				

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs Marjorie M. Tremaine

ADDRESS (in pencil): Street and No. Rockingham Town Halifax Co., Province, etc. N.S.

Medals, Clasps, Hurt Certificates, Prize Money				Examinations, Certificates, etc.				Particulars			
Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars
				11	2	41	Motor Eng. Tel.				

Badges, G.C. or G.S.					Brief Particulars of Warrant or C.M. Punishments and C.P. Charges						
Date (in figures) Day	Month	Year	1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	Ship or Establishment	Wt. No.	Date (in figures) Day	Month	Year	Brief Particulars of Offence	Punishment
										N.O.K. address of wife (dies 15 July 1942.	

FILM NO. NSR-5391-3
DATE

Second Class For Conduct	
From	To

Date (in figures)			Days Forfeited					
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.

H.Q. 35—30M—5-41 (337)
N.S. 815—7-35

W.S.G. APPLICATION 1938 JA 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

V25009 OFFICIAL NUMBER | NAME TREMAINE (Surname) Leonard Roy (Given Names) | OFFICIAL NUMBER V25009

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year
Stadacona	Ord. Smn.	15	9	39		N.Y.	Lst			
Acadia	A/Tel.	8	12	39						
Acadia	"	1	7	40						
Stadacona	A/Tel.W/T3	3	3	41						
Rosthern	" "	28	4	41						
"	A/Ldg. Tel.	20	2	41	Back Dated					
Stadacona	" "	11	2	42	#130222					
DISCHARGED	" "	16	2	42	Medically unfit. W/T1130z/20-2-42					

Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Re-Qualified Day	Re-Qualified Month	Re-Qualified Year
T.O.W/T	11	2	41			
W/T111	8	3	41			

GENERAL REMARKS

Sick Bay:13-9-41.
Awarded Canadian Memorial Cross
5 January, 1943 to:- Wife
Mrs. Marjorie Tremaine,
Rockingham, Halifax, County, N.S.
Mother: Mrs.Mary.C.Tremaine,
Rockingham,Halifax Co., N.S. on
20-3-43.

Wife & two children awarded pension from the date following husband's death.

DATE OF BIRTH DY.	MO.	YR.	PLACE OF BIRTH	CIVIL OCCUP.	RELIGION	PERM. RESIDENCE PROV.	TOWN	PREV. ENL. DIV.	RANK OR RATE ON ENLISTMENT A	BR.	RANK
20	8	06	14	580	030	X	408	02	D	19	0	08	95
ENLIST. DATE DY.	MO.	YR.									RANK OR RATE ON DISCH. A	BR.	RANK
15	09	39	15	09	39					9830	1	12	93
SENIORITY DY.	MO.	YR.	STR. BAT.								CODED	CHECKED	
20	02	41	09			12	16-02-42				mm		

DEPARTMENT OF VETERANS AFFAIRS

WAR SERVICE RECORDS

deceased 15-7-42

AWARDS NAVY

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
TREMAINE	Leonard Roy	V-25009	A/Ldg.Tel.		

WAR SERVICE BADGE (CLASS) No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	9763 24-4-50
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH
MEMORIAL BAR
DATE DESP
(1)
REGN. NO 996

(1) MEDALS
PERSON ENTITLED TO: Mrs. Marjorie M. Tremaine (widow) — 24/4/50

ADDRESS: Rockingham, Halifax Co., N.S.

(2) MEMORIAL CROSS
WIDOW: Mrs. Marjorie Tremaine

ADDRESS: Rockingham, Halifax Co., N.S.

(2) 20-3-43

(3) MEMORIAL CROSS
MOTHER: Mrs. Mary G. Tremaine

ADDRESS: Rockingham, Halifax Co., N.S.

(3) 5-1-43

S.—1246H
300—11-39 (2643)
N.S. 815-9-1246H
T.S.—93

(Revised—May, 1938.)

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

WIRELESS HISTORY SHEET

Name R.L. TREMAINE.
Official No. 25009 Halifax. V.R.

I. EXAMINATION RECORD

To be filled up according to the result obtained after examination

Date	Nature of Examination Qualifying or Requalifying		Technical Paper	Technical Practical	Theory	School	Procedure and Organization Paper	Procedure and Organization Practical	Coding Paper	Coding Practical	V/S Paper	Flashing	Semaphore	Buzzer Transmitting	Buzzer Receiving	Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
	FOR T.O. (W/T) (PROVISIONAL)	% Required	—	80	—	—	—	80	—	80	—	85	86	85	95	—	—	—
		% Obtained																
		% Obtained																
	FOR T.O. (W/T) (FINAL)	% Required	—	80	—	—	—	80	—	80	—	85	86	85	95	—	—	—
FEB 11 1941		% Obtained		81				86		82				95	98	Passed	HMC Signal School Halifax.	
		% Obtained																
	FOR W/T 3	% Required	75	80	*	*	80	80	80	80	75	85	86	85	95	—	—	—
	State whether after a qualifying course																	
MAR 8 1941		% Obtained	82	90	-	-	87.5	88	87	83	-	-	-	90	99	PASSED	HMC SIGNAL SCHOOL HALIFAX.	
	FOR W/T 2	% Required	75	80	70	70	80	80	80	80	75	85	86	85	95	—	—	—
		% Obtained																
	FOR W/T 1	% Required	75	85	70	70	80	85	80	80	80	85	86	90	95	—	—	—
		% Obtained																
		% Obtained																

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

II. DATE OF GRANTING OF NON-SUBSTANTIVE RATE

Rate	Date	Initials of Captain	Rate	Date	Initials of Captain	Rate	Date	Initials of Captain	Rate	Date	Initials of Captain
T.O. (W/T)	FEB 11 1941		W/T 3	MAR 8 1941		W/T 2			W/T 1		

N. 2424/33
N. 1584/83

S. 1246H
T.S. 93

III. BOYS EXAMINATIONS

(I) ON PASSING OUT OF TRAINING ESTABLISHMENT

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

(II) FOR ACCELERATED ADVANCEMENT TO ORDINARY TELEGRAPHIST

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

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

Date		Technical Practical	School	Procedure		Coding Practical	V/S Paper	Flashing	Semaphore	Buzzer		Passed or Failed	Initials of Examining Officer
				*Paper	Pract.					Trans.	Recg.		
	% Required	65	50	65	65	65	75	85	86	85	90	—	—
	% Obtained												
	% Obtained												

V. TRAINING CLASS CERTIFICATE

No Ordinary Telegraphist is eligible for advancement to the rating of Telegraphist until this Certificate has been obtained.

Ordinary Telegraphists (S.S.) are not required to undergo the Training Class in V/S or Electricity and Mag. unless they have failed to obtain the requisite percentages in the V/S Paper and School in Section IV.

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

VI. EXAMINATION FOR TELEGRAPHIST

Date		Tech. Prac.	Procedure		Coding Prac.	Flashing	Semaphore	Buzzer		Passed or Failed	Ship or Establishment	Initials of Examining Officer
			Paper	Prac.				Trans.	Recng.			
	% Required	65	75	75	75	85	86	80	95	—	—	
15-9-39.	% Obtained		Entered as Telegraphist per H.Q. Signal									
	% Obtained	1726/26/9/39.										
	% Obtained											

295*/672

* Includes questions on organization

(5) On being enrolled as a member of the Special Service Company of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:—

(a) To serve from the date thereof for three consecutive years, And / or Duration of Hostilities being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

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

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

Dated this 15th day of September 1939.

Signature of applicant Leonard Ray Tremaine

(C) **CERTIFICATE OF COMPANY COMMANDING OFFICER**

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 15th day of September 1939.

H Dunn Stubbs

Signature of C. C. O.

Paymaster Lieutenant Commander, RCNVR.

(D) **OATH OF ALLEGIANCE**

I, Leonard Ray TREMAINE do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty.

Signature of Applicant Leonard Ray Tremaine

Witness H Dunn Stubbs

Date September 15th 1939. Rank Paymaster Lieutenant Commander, RCNVR.

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

(E) **CERTIFICATE OF COMPANY COMMANDING OFFICER**

Leonard Ray TREMAINE having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the Special Service Company of the R.C.N.V.R.

H M Beers

Commander, RCN Company Commanding Officer.

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

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

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

MEDICALLY

A. MacCallum

SURGEON COMMANDER

Personnel Records Division.
1. Noted in Records L.K.
2. Index Card
3. Non-Com. Card
4. Statistical Card
5. Roneo Card
6. Pension Card
7.
8.
DATE

14 VR SS #60

N. V. 5
1M —9-39
N.S. 815-12-5

CANADA

Lodge { Fair / Ranch

27248

NOV 11 1939
No. 43-T-229
CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Surname TREMAINE Official No. 25009

Christian Names Leonard Ray Married, Single or Widower Married

Permanent Address	Religion
Rockingham, Halifax County, Nova Scotia	C. of E.

Date of Birth	Place of Birth	Name and Address of Next of Kin
August 20th 1906	Town Halifax County Halifax Province Nova Scotia	Mrs. Margerie Tremaine, (Wife) Same Address.

PERSONAL DESCRIPTION OF ENROLMENT

Height	Chest Measurement	Hair	Eyes	Complexion	Wounds, Scars, Marks
Feet 5 Inches 8	Inflated Deflated Mean 34	Brn.	Brn.	Dark	Nil.

Date of Enrolment	Rating Enrolled for	Trade or Calling and in whose Employ
September 15th 1939.	Ordinary Telegraphist. (T)	Trucking Business - Owner.

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

(1) That I am a British Subject domiciled in Canada

(2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.

(3) That * (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

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

* Cross out Clause not applicable.

Served in	Rank	From	To
- - - -	- - - - - - - - - -	- - Mil. - - - -	- - - - - - - -

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

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

Can. B. 207
20M—8-38
N.S. 815-2-207

CANADA

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 Medical Officer and forwarded to the Naval Secretary, Department of National Defence, Ottawa.

I, the undersigned, have examined TREMAINE Leonard Ray

candidate for entry as (W.T. Operator) Ppl. R.C.N.V.R.

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 the 15th of September 1939.

Carl Stoddard
Examining Medical Officer

(*Rank*) SURGEON LIEUT.

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. deficient and No. defective, if any*), Nose, Tonsils, etc.	(p) Anus, Hæmorrhoids, etc.
33 1/12	lbs. 145.	ft. 5 ins. 8	Good.	inches (a) maximum 34 (b) minimum 32 (c) mean 33	right eye 6/5 left eye 6/5 colour vision N. Sat.	Vacc 1930	Normal	Normal	Normal	Clear.	W.V. @ 20 ft.		22 deficient Defective Molar.	Nil.

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.

Leonard R. Tremaine
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 Slight apical recession

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

Carl Stoddard
Examining Medical Officer

(*Rank*) Surg Lieut RCNVR

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

VERIFICATION FORM

CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL, C.V.
NAVAL GENERAL SERVICE MEDAL (1915)

NAME IN FULL T.R.E. MAINE. Leonard Roy. RANK/RATING A/Ldg. Tel.

SHIP	SERVICE			AREA	QUALIFYING P			AT
	FROM	TO	DAYS		FROM	TO	1939-45	
	15-9-39							
Acadia	8-12-39	2-3-41	452	atl.				
Rosthern	28-4-41	10-2-42	289	atl.				
Quick: Medically Unfit								
Dodale	16-2-42							

VERIFIED BY Lawrence Tebbutt

VERIFIED BY .....

VERIFICATION FORM

ENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.
GENERAL SERVICE MEDAL (1915).

TING A./Sdg. Hel. OFF.NO. V.2560.E. ADDRESS .....

QUALIFYING PERIODS IN DAYS							STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL			
							1939-45	/	Star
							ATLANTIC	/	Star
							FRANCE G.		
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	& Clasp
							" CLASP		
							WAR 1945	/	Medal
							WAR 1915		

VERIFIED BY L. Pelton
Lc

BY .....

.....
DIR. OF PERSONNEL RECORDS.

R.C.N.V.R.

Hospital
NFLD

True Copy of the CERTIFICATE of the Service of

Leonard Ray TREMAINE

in the Naval Service of Canada

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

PORT DIVISION: Halifax — OFFICIAL NUMBER: V25009

Date of birth: 20th August 1906

Where born: Town: Halifax. County and province: Nova Scotia.

Usual place of residence:

Trade brought up to: Trucking Business

Religious denomination: C. of E.

Next of kin: Wife - Marjorie Tremaine, Rockingham, Halifax Co. N.S.

Can swim:

Man's signature on discharge to pension:

CONTINUOUS SERVICE ENGAGEMENTS			MEDALS, CLASPS, Etc.	
Date of actual volunteering	Commencement of time	Period volunteered for	Date Received	Nature of Decoration
	15 Sep 39	Duration of Hostilities		

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						
On re-entry for C.S. or for Non-C.S. after attaining 28 years	5	8	Dark	Brown	Brown	— Nil —
Further description if necessary						

C.N.S. 1243
15M—7-40 (6003)
N.S. 815-9-1243

Name Leonard Ray TREMAINE

SHIP'S NAME	LIST AND No.	RATING	FROM	TO	CAUSE OF DISCHARGE
"Stadacona"		T Tel	15 Sep 39		
— " —		A T Tel	15 Sep 39	7 Dec 39	
Acadia		— " —	8 Dec 39	2 Feb 41	
Stadacona		— " —	3 Feb 41	27 Apl 41	
Rosthern		— " —	28 Apl 41	27 July 41	
Sambro (Rosthern)		— " —	28 July 41	6 Aug 41	
Venture (Rosthern)		— " —	7 Aug 41	10 Feb 42	Medically Unfit
		Authority -	Headquarters 10/	T 22432/28	
			January	1942	
		Rehabilitation Grant Paid			

DATE	Wounds received in Action and Hurt Certificate; also any Meritorious Service, Special Recommendations, Prize or other Grants	CAPTAIN'S SIGNATURE

..............................Service

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

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

DATE	PARTICULARS	CAPTAIN'S SIGNATURE	DATE	PARTICULARS	CAPTAIN'S SIGNATURE
15 Sep 39	Rated A/Tel				
19 Dec 40	Identity Card 13696				
8 Mch 41	Qual & Rated W.T.3				

Name Leonard Ray TREMAINE **Conduct**

SECOND CLASS FOR CONDUCT INCLUSIVE DATES		CHARACTER, EFFICIENCY IN RATING, RECOMMENDATIONS FOR MEDAL AND GRATUITY (R.M.G.) ON 31st DECEMBER, EACH YEAR AND ON DISCHARGE FROM THE SERVICE				
From	To	Character	Efficiency in Rating, noting Substantive Rating	R.M.G.	Date	Captain's Signature
		V. G.	Cat (A/Tel)		31 Dec 39	
		V. G.	Cat (A/Tel)		31 Dec 40	
		V. G.	Cat (A/L/Tel (T))		31 Dec '41	
		V. G.	Cat (A/L/Tel (T))		~~10 Feb 42~~	

GOOD CONDUCT BADGES

Date	1st, 2nd, 3rd	Granted, Deprived, Restored

Time Forfeited	Date	P.D.C., C.P., or W.T.	Days	Date	P.D.C., C.P., or W.T.	Days	Date	P.D.C., C.P., or W.T.	Days	Date	P.D.C., C.P., or W.T.	Days

LA/IF

File: N.S. 115-T-229

43

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

Ottawa, Canada,

20 February, 1942.
(Date)

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
TREMAINE, Leonard R.	Acting Leading Telegraphist,	V.25009,R.C.N.V.R.

DATE OF ENLISTMENT - 15th of September, 1939.

DATE OF DISCHARGE - 10th of February, 1942.

HOSPITAL - "Sanatorium treatment under D.P. & N.H."
(If discharged in hospital under jurisdiction of D.P. & N.H.)

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

Reason for discharge and - when and where any disability was incurred, or where death occurred. Medically Unfit: Bilateral Pulmonary Tuberculosis. Date of origin: About Oct., 1941. Place of origin: At Sea. Cause: Infection.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP Wife NAME Mrs. L. R. Tremaine

ADDRESS Rockingham, County of Halifax, N.S.

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

OFFICER'S OR RATING'S MONTHLY PAY ALLOTTED TO WIFE AND/ OR DEPENDENT -

$ 85.00 PAID TO Wife (Stopped Jan 31/42)

MARRIAGE ALLOWANCE AT $ 1.25 PER DIEM PAID TO - Jan 31/42.

DEPENDENTS ALLOWANCE AT $ Nil PAID TO Nil

TOTAL MONTHLY PAYMENT TO - WIFE $ 85.00

Computed by JR
Checked by N.M.J.

DEPENDENTS $ Nil

R. Whittington
SECRETARY,
NAVAL BOARD.

The Secretary,
The Canadian Pension Commission.

(See reverse side for further instructions.)

Copy to: The Sec., D.P. & N.H.

S. 2063
30M—10-40 (7513)
N.S. 815—9-2063

Action Taken
NVM
MAR 7 1942
Cheque Making Section

B. 314

113-T-226

50

34999

STOP NOTICE

(Navy Allotments)

ORIGINAL

LIST NUMBER	ALLOTTOR'S SURNAME	CHRISTIAN NAME	RANK OR OFF. No.
AVALON for ROSTHERN 12-2/8	TREMAINE	LEONARD R.	A/L/TELL(TY)

PARTICULARS OF ALLOTMENT BEING STOPPED

RATE PER MONTH	DATE (Inclusive to which) Allotment is to be paid	NAME OF ALLOTTEE	RELATIONSHIP TO ALLOTTOR	ADDRESS
4.00	31, Jan'42	Become General Particulars Har Savings Certificates	unknown.	Ottawa, Ont.

Entered in:—

Fair Ledger.....

Rough Ledger.....

Not available.

.....
Signature of Allottor

Cause of Stoppage

(When an Allotment in favour of an Allottee, on whose account M.A. is credited has to be stopped, information regarding the stoppage of M.A. should be also inserted here.)

Stopped in accordance with signal to N.S.H.Q. 2030Z/11/2/42

THE CHIEF TREASURY OFFICER
DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)
OTTAWA, CANADA

A. E. Harrison
.....
Pay.S/Lieut.RCNVR for Accountant Officer

H.M.C.S. AVALON

Date forwarded 14th February, 1942.

FOR USE AT HEADQUARTERS ONLY

	INITIALS	DATE
1. Index Card Destroyed		
2. Noted in Birth Record Ledger		
3. M./A. Card Destroyed		
4. Ledger Account Closed		

Allotment Declarations	Initials	Date
Ent'd on Index Card		
Ent'd on Allotment Ledgers	9-3-42	

H.Q. 1000
15M (ENGLISH)-9-44
N.S. 7570-H.Q. 100

DEPARTMENT OF NATIONAL DEFENCE

ID NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4 NAV

Deceased member's NAME: Leonard Ray (CHRISTIAN NAMES) TREMAINE (SURNAME)

Payee: Mrs. Marjorie M. TREMAINE

ADDRESS Rockingham, Halifax Co., N.S.

REGISTER NO. 1938
FILE NO. NSV-25009
DATE 26 Feb/45
SERVICE NO. V-25009
FINAL RANK OR RATING A/L/Tel.
DATE OF DISCHARGE 16 Feb/42

DATE OF TERMINATION OF OVERSEAS SERVICE 10 Feb/42

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 886/30 EQUAL TO 29 COMPLETE PERIODS AT $7.50	217.50	
B. QUALIFYING OVERSEAS SERVICE	No. OF DAYS 740 LESS 16 INELIGIBLE DAYS, EQUAL TO 724 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	181.00	
	SUB TOTAL		
C. SUPPLEMENT FOR OVERSEAS SERVICE	DAILY RATES AT DISCHARGE		
	PAY $2.25		
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $1.45		
	ADDITIONAL PAY W.T. 3 $ .10		
	H.L.M. $ .25		
	$		
	DEPENDENTS' ALLOWANCE 1/30 OF $ 37.50 $1.25		
	TOTAL $5.30 X7 = $37.10		
	NO. OF DAYS 724/183 X $ 37.10	146.78	
D. WAR SERVICE GRATUITY		545.28	
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $		
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
	OTHER DEDUCTIONS $ NIL		
F. AMOUNT PAYABLE	(~~THIS AMOUNT IS PAYABLE IN ... MONTHLY INSTALMENTS OF $ ... EACH~~)	545.28	

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

SEE REVERSE FOR EXPLANA OF ITEMS A,

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

INSTALM. PAYABLE	1	2	3	4	5	6	7	8
AMOUNT	545.28							
CHEQUE No.	111076							
DATE	10/3/45							

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

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

PREPARED BY	CHECKED BY
SJD	

TREASURY

CHECKED BY	DATE
D M Cameron	6/3/45

SERVICE REPRES

for Dir. Naval Pay. Acting

113-T- 229

91

APPLICATION FOR WAR SERVICE MEDAL

NAME (in full) . . Leonard Roy . TREMAINE, ...

RATING . . . . . Acting/Leading/Telegraphist . . . . . .

OFFICIAL NUMBER . V-25009. . . . . .

DATE OF DISCHARGE 10th . February, . 1942 . . . . . .

CAUSE OF DISCHARGE Medically. Unfit . . . . . .

ADDRESS (in full) to which badge is to be sent:

. . . . . .

. . . . . c/o . Mrs. . Marjorie . Tremaine, ...

. . . . . Rockingham, . Halifax. County, ...

. . . . . Nova. Scotia. . . . . .

Note: Badges will not be sent to "General Delivery" unless there is no mail delivery at the place.

15/9/39

COMMANDING OFFICER
H. M. C. S. "STADACONA"
FEB 10 1942
R. C. N. BARRACKS,
HALIFAX, N. S.

NOTED.
War Service Badge
Card Made: AH
23-2-42. NRR

BF 17-9

MEMORANDUM FOR

Mrs. Marjorie M. Tremaine,
Rockingham,
Halifax Co., N.S.

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

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

and the following number quoted:—

H.Q. N.S. 113-T-229

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

September 2 1942

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

Leonard R. Tremaine,

V-25009

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.

(L.M. Firth) Lt.-Col.,
Administrator of Estates.

ESTATES BRANCH SEP 10 1942 H. Q. OTTAWA NATIONAL DEFENCE

M.F.W. 77
5M—9-41 (1669)
H.Q. 1772-39-972

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		Marjorie Muriel Tremaine	36	Rockingham N.S.
2	Children of the Deceased and dates of their Births		Donald Graham June 27, 1928	14	Rockingham
			Marilyn Joanne Nov. 1, 1931	10	Rockingham
3	Father of the Deceased		Chas. F. Tremaine	68	Rockingham
4	Mother of the Deceased		Mary G. Tremaine	65	Rockingham
5	Brothers of the Deceased	Full Blood	C. Hylton S. Tremaine	43	Hedley, B.C.
			J. Robt. Tremaine	41	Toronto, Ont.
			Hadley E. Tremaine	38	Dover, N.S.
			Jack L. Tremaine	20	Rockingham, N.S.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Helen D. Read	33	Halifax, N.S.
			Dorothy E. D. MacKenzie	30	Halifax, N.S.
		Half Blood			

7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *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....			
			Age	
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....			

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, Local Magistrate, Commissioner or Notary Public.

Marjorie Muriel Tremaine { Signature of Informant

CERTIFICATE

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

*See above Tremaine { 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 day of September 1942.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } P. R. Robertson Qualification Notary Public in and for Nova Scotia

Address Roy Bldg. Halifax. N.S.

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

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Leonard Ray Tremaine
11	Give the month and year of his birth.	August 20, 1906.
12	Where and when were his parents married?	Halifax, June 1, 1898
13	If deceased was married, state place and date of marriage.	Bedford, N.S. July 7, 1927.
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.	no.
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.	Rockingham, Nova Scotia

PARTICULARS OF DOMICILE

18	Where was deceased born?	Halifax, N.S.
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.	Nova Scotia - 20 yrs. United States - 5 " Nova Scotia - 10 "
20	What was the nature of his employment?	Wireless Operator
21	Did he own the premises in which he lived? If so, where?	no.
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	Nova Scotia

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.	no.
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.	Settled

(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)

July 15, 1942.

PERSONAL EFFECTS IN THE ESTATE OF
#V.25009 - Leonard R. Tremaine (deceased)

Dunnage Bag containing:

1 pr. overshoes
1 pr. shoes
1 pr. slippers
1 top coat
1 pyjama suit

Small Case containing:

2 writing pads and envelopes
Booklet and personal papers
New Testament
booklet
Bill Fold with personal papers
Zippered case
5 snap shots
Safety razor and blades
1 Fountain pen
1 pencil and lead refills
2 prs. Glasses
1 pr. sun glasses
1 cigarette lighter
1 comb
1 soap box
1 mirror
bottle hand lotion
Electric razor in case
5 handkerchiefs
3 pr. socks
1 pr. suspenders
2 pyjama suits
2 under vests
2 pr. shorts
1 shirt
4 face cloths
Electric fan

Wrist watch)
5 keys on chain) passed to Dependent
personal papers)

Sent to laundry:
1 pr. socks
3 pyjama suits
2 face cloths.