

WALL  
HERBERT ARTHUR  
N61701



March 24/1930

Mr H. Wall

Commercial DEPT

Kenora

NATIONAL DEFENCE

MAR 27 1930

N.S. 62-W.8.

CANADA

P 3595

Sir With reference to your letter of the 20<sup>th</sup> March

(1) In making application for Drill I addressed the letter on both occasions  
to  
The Minister of National Defence. Ottawa

(2) I took up residence at Kenora at the above address on December 4<sup>th</sup> 1929

Previous to that I was in Manitoba for about eight months

I left New Brunswick in March 1929 When I came to Manitoba

I reported my change of address to the British Minister of Pensions  
also I reported the change when I came here.

I have not reported the change to your department direct. As I was  
given to understand that the back page of a Pensioners Application  
Form is filled in by us for the purpose of Identification by your  
department if required also any change of address.

If that only applies to the Pension Department I have committed  
an error by not Informing your Department Direct.

I have filled up the form and enclose the same in this  
letter. applying for fourteen days drill to cover both periods.

I remain Yours Sincerely

H. A. Wall

Nav Sec.

For Travelling arrangements and cost, is Kenora to be considered permanent  
residence, please?

Sm  
27.3.30

Yes, in view of  
man's statement.

Sm  
27.3.30.







March 10/1930

P 3131

DEPT  
NATIONAL DEFENCE  
MAR 13 1930  
HQS 52-8  
CANADA

Mr Lb Wall  
Commercial Hotel  
Kenora Ontario

Sir

With reference to your Notice for Non Attendance for Drill during 1929

I have to Inform you that I applied in September to attend drill on the third of October but I recieved no reply from your Office. I then applied again about the 15<sup>th</sup> of October to attend for the Month of November again I recieved no reply Therefore I didnt write any more I thought owing to the fact that I was late that no doubt I should have been ruled out in some way or another. Whether the fault is mine I dont know I never at any time recieved any letters from your department either up here or at my home address in New Brunswick.

I did not at any time wish to discontinue with the Reserve. if I did I should have applied for the same

I am still eligible for Drill any time that is suitable for your department any time after the First of April

I remain yours Sincerely

H. A. Wall

No application to attend drill received at HQ

The Third of Oct was not a Monday

Suggest Wall be asked to state to whom he applied.

Yes. Why was not  
change of address communicated?  
and when did this take  
place?

Wm  
Wm

13.3.30.







19/5/1927

Roots  
NSEC  
CHIO

DEPT  
NATIONAL DEFENCE  
APR 21 1927  
N.S. 52-24.8  
CANADA  
P03894

Mr. H. A. Wall  
West Glassville  
Carleton County

N. B. Canada

Sir

With reference to your letter of the 14<sup>th</sup> April  
concerning my transfer to the Canadian Reserve  
I have enclosed my Service Certificate as  
requested

I should like to do my annual drill in  
July about the 11<sup>th</sup> if convenient.

Owing to the fact that I have just started  
in on the farm here and the busy time  
is just commencing I have fixed July.

I have got my complete Kit in my possession

Is it regulations to do 7 days a year  
or can 14 days drill be done the same  
as in England and that stands for two years

I remain yours Obedient

H. A. Wall

Noted  
7-27  
7-27

|       |             |
|-------|-------------|
| NOTED | ser. det    |
| Date  | Am<br>Roots |







18/6/27

8

Mr H. A. Wall  
West Glassville  
Carleton Place  
N. B. Canada

NATIONAL DEFENCE  
JUN 23 1927

Sir/

P06035

NS 52-118.  
CANADA

I write to inform you that I  
wish to attend drill at the Naval  
Barracks Halifax on Monday the 11<sup>th</sup>  
of July as Class A. Royal Fleet Reserve  
Please make arrangements for travelling  
Warrant for Saturday the 9<sup>th</sup> July  
Nearest Railway Station (Bristol)  
and Oblige I remain your truly  
H. A. Wall

8



A. 7522

H. A. Wall West Glassville  
Carleton County N.B. Canada

NATIONAL DEFENCE

JUL 26 1927

N.S. CANADA

13 7191  
Having completed my week at drill at the Royal Naval Barracks Halifax in the Royal Fleet Reserve I have been informed to enclose certificates of birth of Family with reference to Marriage allowance payable to Reservemen on completion of drill. The papers having been signed by a responsible person I remain your  
Obedient Servant H. A. Wall.

25/7/1927

(H. A. Wall)  
per H. A. Wall

17/- per week - \$4.13





July 26/27



CLAIM No. (For Office use only)

JUL 26 1927  
52-818  
CANADA  
52-818

# ROYAL NAVY.

## MARRIAGE ALLOWANCE.

Form of Application for the use of all classes of Reservists  
[other than Marines, R.F.R.], undergoing drill or training.

| MAN'S NAME.          | RATING. | OFFICIAL NUMBER<br>OR NUMBERS. |
|----------------------|---------|--------------------------------|
| Herbert Arthur WALL. | A. B.   | Dev.<br>A. 7522.               |

### Declaration by the Commanding Officer.

The above-named rating attended for training {at Halifax, N.S., Canada during the period  
{on board H.M.S. "Stadacona"

from 10th July, 1927 to 16th July 1927 (...7... days inclusive)

Date 16th July 1927

The Chief Accountant,  
Dept. of National Defence.  
The Accountant-General of the Navy,  
(Branch 18), Cornwall House,  
Stamford Street, London, S.E.1.

Signature of  
Commanding Officer

COMMANDER. R.C.N.

Sta. 124/24.

[3733] 17334/D536 30m 4/25 5901 G & S 124

[OVER.]



**WARNING.**

The conditions stated below should be read carefully, and it should be noted that any false statement made in filling up page 3 of this form will render the person making it liable to prosecution and refusal of all allowance.

**CONDITIONS AS TO ELIGIBILITY FOR MARRIAGE ALLOWANCES.****Marriage allowance is payable:—**

- (a) In respect of married ratings or widowers of 25 years of age.
- (b) For wives of such ratings who are normally living with their husbands.
- (c) For legitimate children and stepchildren (except those referred to at (h) below) under the age of 14 years.

**Marriage allowance is not payable and may not be claimed:—**

- (d) In respect of married men or widowers who are under 25 years of age.
- (e) For wives of ratings who are living apart from their husbands for private reasons or for any children living in the care of such wives.
- (f) For adopted children.
- (g) For illegitimate children. (The allowance is, however, payable for an illegitimate child if the parents of the child have subsequently married one another).
- (h) For legitimate stepchildren who are entitled to pension in respect of their deceased father's services.
- (i) For dependants of ratings other than wives and children.

**Man's statement of claim.****CHILDREN or STEPCHILDREN under 14.**

| FULL NAME.            | DATE OF BIRTH.  | FATHER'S NAME.       |
|-----------------------|-----------------|----------------------|
| Sylvia Daphne, WALL.  | 12 Nov. 1911    | Herbert Arthur Wall. |
| Ada Mabel, Wall.      | 1 June, 1920 ✓  | " " "                |
| Charles Herbert WALL. | 6 April, 1923 ✓ | " " "                |
|                       |                 |                      |
|                       |                 |                      |
|                       |                 |                      |
|                       |                 |                      |
|                       |                 |                      |
|                       |                 |                      |

**Notes:—**

\* Insert here your wife's full name.

† A man who is separated from his wife, either legally or by mutual consent, should state so in the space for remarks on Page 4 of this form.

I declare that I am legally married,† that my wife\* Ethel Mary WALL. is at present living at West Glassville, Carleton N. B. County. that the particulars as to children are correctly stated above, and that the answers to the following questions are true:—

(i) Is your wife in receipt of any Government Allowance or Pension ANSWER. either for herself or for any children? (If so, give details in the space for remarks on page 4 of this form) No.

(ii) Are all the children named above normally resident with your wife and yourself, and maintained as members of your family? Yes.

I claim Marriage Allowance accordingly, and in support of my claim enclose my Birth Certificate, my Marriage Certificate and the Birth Certificates (see note below) of the children above-named.

I wish the Allowance to be made payable at West Glassville, Post Office.

Man's Signature H. A. Wall N.B.

Home Address West Glassville, Carleton Co. N. B.

**IMPORTANT NOTE.**

Full Certificates of birth for children for whom an allowance has not previously been paid are required. Certificates of Registration of Birth supplied by the Registrar at the time the birth is registered are not sufficient as these do not show the parent's names. All certificates forwarded will be returned in due course. Certificates which have once been seen and registered in the Marriage Allowance Branch of the Department of the Accountant General of the Navy need not again be forwarded.

[OVER.]



Remarks.

**Certificate.**—To be signed by a responsible person who can be readily identified, preferably a Commissioned Officer of H.M. Navy, Army or Air Force (Active or Retired), a Minister of Religion, a Doctor or a Police Officer not below the rank of Sergeant.

This is to certify that to the best of my knowledge and belief, the particulars furnished on page 3 are correct, and that the wife and †.....*Two*.....children, on whose account the allowance is claimed, are alive and reside with the man.

Signature .....

Rank or Occupation.....

Address .....

Date.....

† Insert here in words the number of children. If no children are claimed for the words "and.....children" should be struck out. If the man is a widower the words "wife and" should be struck out.

This form when completed, at pages 1, 3 and 4, should be forwarded to the :—

ACCOUNTANT-GENERAL OF THE NAVY (BRANCH 18),

CORNWALL HOUSE, STAMFORD STREET, LONDON, S.E.1.

For Admiralty use only.

|  |  |  |
|--|--|--|
| Date of Man's Birth<br><i>9 September 1884</i> | Particulars of Marriage<br><i>Married Ethel Mary Pope 2nd Feb. 1911<br/>House of Rocks, Cornhill, Eng.</i> | Certificates received :—<br><i>Marriage Certificate + Birth Certificate + Probate + Will + Charles Robert Wall</i><br>Date Returned :— |
| Claim examined .....                           | Date<br><i>30/7/27</i>   | Rate payable<br>s. d.<br><i>17/-</i><br><i>One Week</i>  |
| Claim Approved.....                            |  | From<br><i>10-16 July 1927</i><br><i>17/-</i>  |



HM:VS

NAVAL SERVICE

24th June, 1927.

Sir,

It is approved for you to attend at R.C.N. Barracks, Halifax, to perform 7 days biennial drill, commencing Monday, 11th July, 1927.

Enclosed are "Transportation Warrant" and "Travelling Route Order" covering your transportation from Bristol to Halifax. The receipt of these please acknowledge in the enclosed addressed envelope.

The Transportation Warrant is to be exchanged for a second class railway ticket at your local C.P.R. Ticket Office.

You should arrange to travel by a convenient train that will enable you to arrive at R.C.N. Barracks not later than Sunday evening, 10th July.

You are required to take with you your full R.F.R. Kit together with your Service Certificate.

Yours truly,

(J. O'B. LeBlanc)  
for Naval Secretary.

Mr. Herbert A. Wall,  
West Glassville,  
Carleton Co.,  
N. B.

II.

The Senior Naval Officer,  
R.C.N. Barracks, Halifax, N.S.

Forwarded for information. Herbert A. Wall, A.B., S.G., R.F.R. Dev. A/7522. Due to perform 7 days drill for 1927. Rate of pay 4 shillings and 6 pence per day. Clothing Allowance £1-7-0 (1926 and 1927). Travelling Expenses payable up to a maximum of £8 (pounds). Cost of rail transportation, Bristol (West Glassville) to Halifax - single journey - \$6.29. Form B.125 (in triplicate) is enclosed, two copies to be returned to Headquarters on completion of drill.

BY ORDER

(J. L'B. LeBlanc)  
for Naval Secretary.

OTTAWA, 24th June, 1927.

*Handwritten notes:*  
P.C.A.  
Rate for 1927-28 is 17/-  
and A.F.O. 1668 of June 1927

*Handwritten notes:*  
B.H. 17 Aug  
for drill report



(Naval Service)

20th March, 1930. 19

From:- The Naval Secretary, Department of National Defence,  
OTTAWA, Ont.

To :- H.A.Wall, A.B., R.F.R., c/o Commercial Hotel,  
KENORA, Ont.

---

With reference to your letter dated 10th March, in which you state that you made applications in September and October, 1929, to attend drill, you are to inform me to whom your communications were addressed, and in your reply you are to state when you took up residence in Kenora.

There is no record in this Department of any communication having been received from you later than July, 1927.

Neglect on the part of a Reservist, resident in Canada, to inform this Department of a change in his address, temporary or otherwise, is an infraction of the Royal Fleet Reserve Regulations.

It is observed that the Travelling Expense Allowance for attendance at drill is only payable to cover the journey from and to a permanent place of residence.

A Drill Application Form is enclosed; this form should be completed and returned to this Department ~~for~~ about 21 days prior to the date you propose to report for drill.

(A. Eveleigh Eagar)  
Paymaster Commander,  
Naval Secretary.

B.F.  
10/3/30



MAR 27 1930

62- W 8

CANADA

## ROYAL FLEET RESERVE 20

P 3595

Application to attend Drill, and Requisition for Railway or  
Steamer Pass.

The Reserve Man must fill up carefully the following form, and  
post it to the Naval Secretary, Department of National Defence,  
Ottawa, giving as long notice as practicable and at least 21 days.

NOTE:- Men will not have any claim to payments not authorized by  
the Regulations on the ground of ignorance of those Regulations.

Name of R.F.R. Man Herbert Arthur Wall  
Class "A" or "B" Class A  
Number on Register 7522  
Rating or Rank Able Seaman  
(Also Gunnery, Tor-  
pedo, or other qual-  
ifications) Seaman Gunner  
Permanent Address  
in full Commercial Hotel Kenora Ontario  
Date on which Pass  
will be used 14<sup>th</sup> April  
From what Station Kenora Ontario  
To what Station Halifax Nova Scotia  
By what Route Canadian Pacific Railway

I desire to attend 14 days' drill at R.C.N. Barracks  
commencing on Monday, the 21<sup>st</sup> day of April 1930.

Herbert Arthur Wall

Signature of applicant.

To the Naval Secretary,  
Department of National Defence,  
Ottawa.

NOTES:- If a Railway Warrant cannot be used for the purpose for  
which it is issued, it should be returned to the Naval Secretary,  
with an explanation.

Instruction will commence at 8 A.M. every Monday (except during  
the Easter and Christmas Holidays) and will cease at noon the  
following Saturday.

Reserve Men proceeding to drill must, WITHOUT FAIL, take with them  
their R.F.R. KITS AND SERVICE CERTIFICATES. PENSIONERS MUST TAKE  
THEIR CERTIFICATES OF IDENTITY ALSO.



RECEIVED  
BUREAU OF INDIAN AFFAIRS  
WASHINGTON, D.C.

LETTER OF CREDIT FOR THE PURCHASE OF GOODS AND SERVICES  
FOR THE BUREAU OF INDIAN AFFAIRS  
FOR THE YEAR 1907



TO THE CHIEF OF BUREAU OF INDIAN AFFAIRS  
WASHINGTON, D.C.

FROM THE CHIEF OF BUREAU OF INDIAN AFFAIRS  
WASHINGTON, D.C.

SUBJECT: LETTER OF CREDIT FOR THE PURCHASE OF GOODS AND SERVICES  
FOR THE BUREAU OF INDIAN AFFAIRS  
FOR THE YEAR 1907

RE: LETTER OF CREDIT FOR THE PURCHASE OF GOODS AND SERVICES  
FOR THE BUREAU OF INDIAN AFFAIRS  
FOR THE YEAR 1907

TO THE CHIEF OF BUREAU OF INDIAN AFFAIRS  
WASHINGTON, D.C.

FROM THE CHIEF OF BUREAU OF INDIAN AFFAIRS  
WASHINGTON, D.C.

SUBJECT: LETTER OF CREDIT FOR THE PURCHASE OF GOODS AND SERVICES  
FOR THE BUREAU OF INDIAN AFFAIRS  
FOR THE YEAR 1907

RE: LETTER OF CREDIT FOR THE PURCHASE OF GOODS AND SERVICES  
FOR THE BUREAU OF INDIAN AFFAIRS  
FOR THE YEAR 1907

TO THE CHIEF OF BUREAU OF INDIAN AFFAIRS  
WASHINGTON, D.C.

FROM THE CHIEF OF BUREAU OF INDIAN AFFAIRS  
WASHINGTON, D.C.

SUBJECT: LETTER OF CREDIT FOR THE PURCHASE OF GOODS AND SERVICES  
FOR THE BUREAU OF INDIAN AFFAIRS  
FOR THE YEAR 1907

RE: LETTER OF CREDIT FOR THE PURCHASE OF GOODS AND SERVICES  
FOR THE BUREAU OF INDIAN AFFAIRS  
FOR THE YEAR 1907

TO THE CHIEF OF BUREAU OF INDIAN AFFAIRS  
WASHINGTON, D.C.

FROM THE CHIEF OF BUREAU OF INDIAN AFFAIRS  
WASHINGTON, D.C.

SUBJECT: LETTER OF CREDIT FOR THE PURCHASE OF GOODS AND SERVICES  
FOR THE BUREAU OF INDIAN AFFAIRS  
FOR THE YEAR 1907

RE: LETTER OF CREDIT FOR THE PURCHASE OF GOODS AND SERVICES  
FOR THE BUREAU OF INDIAN AFFAIRS  
FOR THE YEAR 1907

TO THE CHIEF OF BUREAU OF INDIAN AFFAIRS  
WASHINGTON, D.C.

FROM THE CHIEF OF BUREAU OF INDIAN AFFAIRS  
WASHINGTON, D.C.

SUBJECT: LETTER OF CREDIT FOR THE PURCHASE OF GOODS AND SERVICES  
FOR THE BUREAU OF INDIAN AFFAIRS  
FOR THE YEAR 1907



OCT 11 1939

Number 52-228

CANADA

## APPLICATION FOR PAYMENT OF MARRIAGE ALLOWANCE

| List and Number<br>in Ledger | NAME   | Rank or<br>Rating | Official No. | Daily Rate<br>of Pay |
|------------------------------|--|-------------------|--------------|----------------------|
| 14 RFR<br>#6                 | Surname... WALL,<br>Christian Names... Herbert, A. | A.B.              | 214648       | 1.85                 |

| NAME OF WIFE OR GUARDIAN                           | ADDRESS                                   |
|--|---|
| Surname... WALL,<br>Christian Names... Ethel, Mary | Glassville, Carleton Co.<br>N.B.<br>23018 |

| CHILD OR CHILDREN |     |               |                  |
|-------------------|-----|---------------|------------------|
| Name              | Sex | Date of Birth | Attains majority |
| (1) -----         |     | N I L         |                  |
| (2) -----         |     |               |                  |
| (3) -----         |     |               |                  |
| (4) -----         |     |               |                  |

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

Signed in the Presence of:

Writer *W. D. Leal*  
Signature *Herbert A. Wall*  
Rank or Rating A.B.

Marriage Allowance in force per diem... Nil

Marriage Allowance claimed per diem... 50

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

Ledger { *Rough* *W. D. Leal*  
*Fair* *W. D. Leal*  
This amount per day has been credited from *1st* *October* 19 *39*  
at List... 14 R.F.R. No. 6 Ledger ending 31st. December 19 39  
Allotment of \$ 45.00 in force from the month of *October* 19 *39* in accordance with regulations,

Pay. Lieut. Cdr., RCNVR. *W. D. Leal* for Accountant Officer.

THE CHIEF ACCOUNTANT,

Department of the Naval Service,  
Ottawa, Ont.

H. M. C. S. "STADACONA"

Forwarded... *Oct 12/39*



6  
11

## - Naval Service -

D.N.P.:

Herbert Arthur Wall, Able Seaman,  
O.N. x61701, R.C.N., was discharged "Medically  
Unfit" on the 5th of August, 1941. He died  
of Carcinoma of the stomach on the 19th of  
August, 1941, at Camp Hill Hospital, Halifax,  
N.S.

P.C. 2135 sets forth that Memorial  
Crosses will be issued in respect of each  
sailor, who, -

- "5. (c) died or dies from causes  
attributable to service in  
the Naval, Military or Air  
Forces either while serving on  
active service or subsequent to  
his discharge from any of the  
said Forces.

Provided that where death occurs subsequent  
to discharge, the Memorial Cross will be  
issued to the Widow only if she was married to the  
sailor, soldier or airman at the time of dis-  
charge."

No expression of "attributability" has  
been received from the Canadian Pension Commission  
as yet.

Submitted for decision, please, as to  
the eligibility of the widow of this rating to  
receive a Memorial Cross.

HBM  
(H.B. Money),  
Paymr. Lieut., R.C.N.R.,  
Naval Personnel Records.

Original to BM  
21/8/41

OTTAWA, 21 August, 1941.



|  |                            |  |
|--|----------------------------|--|
| When entered <i>Kadifop N.S.</i>                         | NAME                       | Where Born <i>DEVONPORT, England</i>     |
| When entered <i>Sept 3<sup>rd</sup> 1939</i>             |                            |  |
| Date of Birth <i>9 Sept. 1884</i>                        | <i>WALL Herbert Arthur</i> | Previous Occupation <i>Seaman R.F.R.</i> |
| Age at entry <i>54 <sup>11</sup>/<sub>12</sub> Years</i> |                            |  |

| RATING | SHIP'S NAME        | No. on Ship's Books | Date of Admission on Sick List | Date of Discharge from Sick List | No. of Days Sick | DISEASE OR HURT  | HOW DISPOSED OF                   | Surgeon of Ship's Initials | No. of Days in Hospital | If invalided, where? and when?                   | Medical Officer of Hospital's Initials |
|--------|--------------------|---------------------|--------------------------------|----------------------------------|------------------|--|-----------------------------------|----------------------------|-------------------------|--|--|
| AB     | Stadacona          |                     |                                |                                  |                  | Weight 133 on entry                                      | Stadacona                         |                            |                         | VACCINATION & INOCULATION Completed - Sept 1939. |  |
| A.B.   | Stadacona          |                     | 18.11.40                       | 18.11.40                         |                  | Gastro-intestinal  | Camp Hill & B.N.                  |                            |                         | X-RAY SURVEY SATISFACTORY                        | Har. Jap.                              |
| A.B.   | Camp Hill          |                     | 18.11.40.                      | 11.1.41.                         |                  | Gastric Ulcer  | RENH.                             |                            | 55.                     |  | Har. Jap.                              |
| CB     | Camp Hill          |                     | 4.3.41                         | 25.4.41                          |                  | (Post operative)<br>Secondary anaemia                    | S. Bay.                           |                            | 53                      |  | Har. Jap.                              |
| A.B.   | S. Bay. Stadi.     |                     | 7-7-41.                        | 7-7-41                           |                  | G.I. (N.Y.D.)  | Camp Hill                         | BOC                        |                         |  |  |
| A.B.   | CAMP Hill Hospital |                     | 7.7.41                         | 19.8.41                          |                  | Carcinoma of stomach                                     | Discharged Dead at 2032 - 19-8-41 |                            | 44                      |  |  |
|        |                    |                     |                                |                                  |                  | Discharged Dead at Camp Hill Hospital at 2032 - 19-8-41. |                                   |                            |                         |  |  |
|        |                    |                     |                                |                                  |                  | per. A.L. McKeay, Surg. Lieut. R.N.R.                    |                                   |                            |                         |  |  |
|        |                    |                     |                                |                                  |                  | SURGEON COMMANDER. R.N.R.                                |                                   |                            |                         |  |  |



MEMORANDUM FOR

P. 64

Mrs. Ethel M. Wall

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

725 Barrington Street,

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

Halifax, N. S.

and the following number quoted:—

H.Q. 52-W-8 FD 240

DEPARTMENT OF NATIONAL DEFENCE  
OTTAWA, ONT.

October 28, 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

A.B. Herbert Arthur WALL, No. X.61701

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.

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

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<br>of any Relative, if any, in each degree inquired for   | Age                       | ADDRESS IN FULL<br>of each surviving Relative, opposite his or her name, and date of death of each deceased relative |
| 1                       | Widow of the Deceased.....   | Mr <sup>s</sup> Ethel M. Wall.   | 53                        | 425 Barrington St<br>Halifax.  |
| 2                       | Children of the Deceased and dates of their Births.....  | Mr <sup>s</sup> Sylvia D Black (Nov. 12 <sup>th</sup> 1911)<br>" Ada M. Wasson (June 1 <sup>st</sup> 1922)<br>Charles H. Wall. (Apr. 6 <sup>th</sup> 1923) | 30<br>21<br>18            | West Glassville N.B.<br>Juniper N.B.<br>254 Kings St<br>Frederickton N.B.  |
| 3                       | Father of the Deceased.....  | Unknown  |                           |  |
| 4                       | Mother of the Deceased.....  | Unknown -  |                           |  |
| 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 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....   |                       |     |                 |
| 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?  | Herbert Arthur Wall   |
| 11 | Give the month and year of his birth.   | 9 <sup>th</sup> September 1884.                             |
| 12 | Where and when were his parents married?  | Unknown -   |
| 13 | If deceased was married, state place and date of marriage.  | Roche Parish Church Coll.<br>February 2 <sup>nd</sup> 1911. |
| 14 | Did he leave a Will? If so, a copy should be attached hereto.   | _____   |
| 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? | _____   |
| 17 | State your own postal address in full.  | 725 Barrington St.<br>Halifax N.S.                          |

## PARTICULARS OF DOMICILE

|    |   |                           |
|----|---|---------------------------|
| 18 | Where was deceased born?  | Milton Super Mare England |
| 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. | New Brunswick             |
| 20 | What was the nature of his employment?  | Abbe Steeman              |
| 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?  | New Brunswick.            |

## OTHER PARTICULARS

|    |  |  |
|----|--|--|
| 23 | Did the deceased after enlistment incur any debts for:—<br>(a) His own separate board and lodging while on service.<br>(b) Service clothing and equipment.<br>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.   |  |
| 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.<br><br>(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

\* Widow of the deceased.

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

Ethel M Wall

{ Signature of Informant

# CERTIFICATE

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

Ethel M Wall

\*See above

{ Name of Informant }

is the \*

Widow

of the Deceased

above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at

Halifax

this

31<sup>st</sup>

day of

October

19 41

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

John Furlong

Qualification

Senior Chaplain R.C.C.

Address

303 Tower Rd 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



# MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

Mrs. Ethel N. Wall (Widow)

ENTITLED TO

ADDRESS:

139 Friel St.,  
NORTH DEVON, N.B. 29 Nov 51

(2) MEMORIAL CROSS

WIDOW

Mrs. Ethel M. Wall

ADDRESS:

Glassville, Carleton Co., N.B.

(3) MEMORIAL CROSS

MOTHER

deceased

ADDRESS:

MEMORIAL BAR

DATE DESP

20/1/52

REGN. NO

5436

(2)

21-10-41

(3)



19 Aug 41 Post disch death

B. DEPARTMENT OF VETERANS AFFAIRS

# AWARDS (NAVY)

WAR SERVICE RECORDS

|                            |                 |          |                   |               |
|----------------------------|-----------------|----------|-------------------|---------------|
| WALL                       | Herbert A.      | X-61701  | 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: 1

ADDRESS: 5

| CAMPAIGN MEDALS    | REGISTRATION NUMBER AND DATE DESPATCHED |
|--------------------|---|
| C.V.S. Medal.      |   |
| War Medal 1939-45. | 5637 3-12-51                            |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)



OFFICIAL NUMBER.....X61701

RESIDENCE AT TIME OF ENLISTMENT: Street and No. Glassville Town. Carlton Co. Province, etc. N.B.

EXAMINATIONS, CERTIFICATES, ETC

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

...O.H.F. Received.

H.Q. 35-30M-4-42 (4260)  
N.S. 815-7-35





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

X61701

OFFICIAL NUMBER

NAME WALL  
(Surname)

Herbert A.  
(Given Names)

52-W-8

OFFICIAL NUMBER X61701.

| Ship or Establishment  | Rating | From |       |      | Remarks           | Character | Efficiency | Date |       |      | Non-Sub. Rating | Qualified |       |      | Died |       |      |
|--|--------|------|-------|------|-------------------|-----------|------------|------|-------|------|-----------------|-----------|-------|------|------|-------|------|
|  |        | Day  | Month | Year |                   |           |            | Day  | Month | Year |                 | Day       | Month | Year | Day  | Month | Year |
| Stadacona  | A.B.   | 7    | 9     | 39   |                   | V.G.      | Supr.      | 1    | 8     | 41   |                 |           |       |      |      |       |      |
| Discharged   | "      | 5    | 8     | 41   | "Medically Unfit" |           |            |      |       |      |                 |           |       |      |      |       |      |
| <p align="center">GENERAL REMARKS</p> <p>Died Camp Hill Hospital on<br/>19/8/41- Carcinoma of Stomach.</p> <p>20/10/41 - Canadian Memorial Cross<br/>issued to Wife;<br/>Mrs. Ethel Mary Wall,<br/>Glassville,<br/>Carleton Co.,<br/>N.B.</p> <p>Canadian Pension Commission ruled-<br/>"Not Pensionable" - Death due to<br/>condition not strictly connected<br/>with Service".</p> |        |      |       |      |                   |           |            |      |       |      |                 |           |       |      |      |       |      |

|               |                 |         |            |           |              |              |
|---------------|-----------------|---------|------------|-----------|--------------|--------------|
| DATE OF BIRTH | PLACE           | CIVIL   | OCCUPATION | RELIGION  | PREV. ENL.   | RANK OR RATE |
| 09/9/84       | 22              | RRR     | 0          | X 5 02 00 | 2 19         | 0 08 94      |
| ENLIST. DATE  | ACT. SERV. DATE | STR.    | SHIP OR    | ESTAB.    | RANK OR RATE |              |
| 07/09/39      |                 |         |            |           |              |              |
| SENIORITY     | STR.            | NON-SUB | IN         | CODED     | CHECKED      |              |
| 09            |                 |         |            |           |              |              |
| 12            | 05-08-41        | HR      |            |           |              |              |



# OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

## Section A—GENERAL INFORMATION

1. (a) Print name in full WALL, Robert (Arthur) (b) Reg'l. No. X61701  
 2. (a) Arm of service NAVY (b) Unit R.C.N.(V) (c) Rank ABLE/SEA  
 3. (a) Date of birth 1/5/24 (b) Have you any dependents? YES (c) Place of residence at time of enlistment Lamville N.B.  
 4. (a) Place of enlistment Re. Call (b) Date of enlistment Sept 3/39

PLEASE  
LEAVE  
BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 yrs (b) Were you attending school or college up to the time of enlistment? ✓  
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) ✓  
 7. If you attended a university, give name of university and standing or degree secured ✓  
 8. (a) Did you ever enter upon a trade apprenticeship? YES (b) If so, for what occupation? Seaman (c) Did you finish it? YES (d) If you did not finish it, how long did you serve at it? 2.5 yrs  
 9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? None

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

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

11. Had you ever been employed fairly regularly since leaving school? ✓  
 12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked Seaman (b) State how long you had worked at this trade or occupation 2.5 yrs  
 13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified Seaman  
 14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment Sept 3/39  
 15. Give details of last employer, if any: Name None Address None  
 16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) None  
 17. (a) If your last employment was in a business of your own, state nature and address of business None (b) Date of discontinuing it None

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

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

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

18. Name of employer None Address None  
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) None  
 20. (a) Your specific occupation Seaman (b) Number of years' experience at this occupation with any employer 2.5 yrs  
 21. (a) Did your employer promise definitely to give you employment on discharge? None (b) Did your employer refuse to promise you employment on discharge? None (c) Do you wish to return to your former employment? None

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

22. (a) State nature of business, or professional practice None (b) Where was it located? None  
 23. (a) Number of years engaged in this business None (b) Have you made, or will you make plans to return to the same or a similar business on discharge? None

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? None (b) Do you feel competent to operate a farm? None (c) If so, in what kind of farming? None  
 25. (a) Were you born on a farm? None (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience? None

## Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? None  
 27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) None  
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form None

DATE 1941 SIGNATURE [Signature]





Copy to:

U.W.D. } 1-5-41  
E.S. }



21 August, 1941.

Sir:

In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:

| <u>NAME</u>             | <u>RANK/<br/>RATING</u> | <u>NO.</u>       | <u>PLACE &amp;<br/>DATE OF<br/>DEATH</u>   | <u>NEXT OF KIN</u>  |
|-------------------------|-------------------------|------------------|--|---|
| WALL, Herbert<br>Arthur | Able<br>Seaman          | x61701<br>R.C.N. | Camp Hill<br>Hospital,<br>Halifax, N.S.<br>19 Aug. 1941.<br>"Carcinoma of<br>stomach". | Wife: Mrs. Ethel Mary<br>Wall,<br>Glassville,<br>Carleton Co., N.B. |

The deceased was an R.N. Pensioner. He was discharged "Medically Unfit" on the 5th of August, 1941.


WILL: No Record.

Yours truly,



(J. O. Gossette)  
NAVAL SECRETARY.

Administrator of Estates,  
Estates Branch,  
Department of National Defence,  
OTTAWA.





A-239

DEPT.  
NATIONAL DEFENCE

ORIGINAL

# STOP NOTICE

(Navy Allotments)

AUG -7 1941

N.S. 62-4-8  
CANADA P101628

| LIST NUMBER                                       | ALLOTOR'S SURNAME      | CHRISTIAN NAME   | RANK OR OFF. No.                                    |
|---|------------------------|------------------|---|
| STADACONA<br>DIV. 1.<br>SEC. 3.<br><br>5-2/183. ✓ | WALL, ✓ <i>464 005</i> | Herbert Arthur ✓ | 70 ✓<br>A.B. RCFR<br><del>214648</del><br>X-61701 ✓ |

## PARTICULARS OF ALLOTMENT BEING STOPPED

| RATE PER MONTH | DATE (Inclusive to which Allotment is to be paid) | NAME OF ALLOTTEE  | RELATIONSHIP TO ALLOTOR | ADDRESS  |
|----------------|---|-------------------|-------------------------|--|
| \$51.00 ✓      | 31 July '41. ✓                                    | MRS. ETHEL WALL ✓ | WIFE ✓                  | <i>Glasville, N.B.</i><br><del>759 BARRINGTON ST.,</del><br><del>HALIFAX, N.S.</del> |

Entered in:—

Fair Ledger..... *cdh.*

Rough Ledger..... *[Signature]*

Signature unavailable, rating in the Hospital.

Signature of Allotor

### 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.)

RATING DISCHARGED ASHORE MEDICALLY UNFIT TO DATE 5 AUGUST '41. HQ's - W/T-15362/1 AUG. '41

THE FINANCIAL SUPERINTENDENT  
DEPARTMENT OF NATIONAL DEFENCE  
(Naval Service)  
OTTAWA, CANADA

*[Signature]*  
PAYMASTER SUB-LIEUT. FOR Accountant Officer  
RCNVR.  
H.M.C.S. "STADACONA"

Date forwarded *5* AUGUST '41.

### FOR USE AT HEADQUARTERS ONLY

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

| INITIALS | DATE |
|----------|------|
|          |      |

Assigned Pay to Wives  
Assigned Pay to other Dependents  
Marriage Allowance  
Dependents Allowance  
Other Allotments

Object No. 111  
113  
116... 51.00 ✓  
119  
122  
Total \$ 51.00 ✓

|           |                |
|-----------|----------------|
| Initials  | Date           |
| <i>OR</i> | <i>13/8/41</i> |

Ent'd on Index Card  
Ent'd on Allotment Ledgers





Department of National Defence

Naval Service

Ottawa, Canada.

21 August, 1941.

IN REPLY PLEASE QUOTE  
No. 52-W-8

52-W-8

90

Sir:

In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:

| <u>NAME</u>             | <u>RANK/<br/>RATING</u> | <u>NO.</u>       | <u>PLACE &amp;<br/>DATE OF<br/>DEATH</u>  | <u>NEXT OF KIN</u>  |
|-------------------------|-------------------------|------------------|---|---|
| WALL, Herbert<br>Arthur | Able<br>Seaman          | x61701<br>R.C.N. | Camp Hill<br>Hospital,<br>Halifax, N.S.<br><u>19 Aug. 1941.</u><br>"Carcinoma of<br>stomach". | Wife: Mrs. Ethel Mary<br>Wall,<br>Glassville,<br>Carleton Co., N.B. |

The deceased was an R.N. Pensioner. He was discharged "Medically Unfit" on the 5th of August, 1941.

*and died in H.Q. N.H.  
Camp Hill Hosp. Halifax  
19-August-41*



WILL: No Record.

Yours truly,

*J. O. Gossette*  
(J. O. Gossette)  
NAVAL SECRETARY.

Administrator of Estates,  
Estates Branch,  
Department of National Defence,  
OTTAWA.



# DISTRIBUTION OF SERVICE ESTATES

Naval - Military - Air Force

Name WALL Surname Herbert Arthur Christian Names X.61701 No. 114

Rank A.B. : R.O.N. Unit : 19/8/41 Date of Death

AMOUNT  
L. P. C. \$ 184.41  
Other Credits 184.41  
Total 184.41  
Date November 12, 1941. Shares Retained 184.41  
NET TOTAL ..... 184.41

| SHARE   | RELATIONSHIP       | NAME AND ADDRESS  | AMOUNT |               |                 |       |                 |                    |  |                      |  |                  |      |      |      |     |                 |      |        |      |  |  |     |    |    |     |       |
|---|--------------------|---|--------|---------------|-----------------|-------|-----------------|--------------------|--|----------------------|--|------------------|------|------|------|-----|-----------------|------|--------|------|--|--|-----|----|----|-----|-------|
| 5/9   | Widow              | Mrs. Ethel M. Wall<br>725 Barrington St.,<br>Halifax, N.S.<br>(1/3 as next of kin entitled<br>2/9 for benefit of one minor) | 102.45 |               |                 |       |                 |                    |  |                      |  |                  |      |      |      |     |                 |      |        |      |  |  |     |    |    |     |       |
| 2/9   | Daughter           | Mrs. Sylvia D. Black,<br>West Glassville, N.B.  | 40.98  |               |                 |       |                 |                    |  |                      |  |                  |      |      |      |     |                 |      |        |      |  |  |     |    |    |     |       |
| 2/9   | Daughter           | Mrs. Ada M. Wasson,<br>Juniper, N.B.  | 40.98  |               |                 |       |                 |                    |  |                      |  |                  |      |      |      |     |                 |      |        |      |  |  |     |    |    |     |       |
| <table><tr><th colspan="8">AUTHORITY</th></tr><tr><th>H.O.<br/>F.E. No.</th><th>DIV.</th><th>EST.</th><th>VOTE</th><th>PRI</th><th>DA OR<br/>HO SUB</th><th>OBJ.</th><th>AMOUNT</th></tr><tr><td>9999</td><td></td><td></td><td>831</td><td>00</td><td>00</td><td>000</td><td>18441</td></tr></table> |                    |   |        | AUTHORITY     |                 |       |                 |                    |  |                      |  | H.O.<br>F.E. No. | DIV. | EST. | VOTE | PRI | DA OR<br>HO SUB | OBJ. | AMOUNT | 9999 |  |  | 831 | 00 | 00 | 000 | 18441 |
| AUTHORITY   |                    |   |        |               |                 |       |                 |                    |  |                      |  |                  |      |      |      |     |                 |      |        |      |  |  |     |    |    |     |       |
| H.O.<br>F.E. No.  | DIV.               | EST.  | VOTE   | PRI           | DA OR<br>HO SUB | OBJ.  | AMOUNT          |                    |  |                      |  |                  |      |      |      |     |                 |      |        |      |  |  |     |    |    |     |       |
| 9999  |                    |   | 831    | 00            | 00              | 000   | 18441           |                    |  |                      |  |                  |      |      |      |     |                 |      |        |      |  |  |     |    |    |     |       |
| SHARES RETAINED   |                    |   |        |               |                 |       |                 |                    |  |                      |  |                  |      |      |      |     |                 |      |        |      |  |  |     |    |    |     |       |
| <table><tr><td>CLASSIFIED BY</td><td>EXAMINED BY</td><td>18441</td></tr><tr><td><i>W. Smith</i></td><td><i>[Signature]</i></td><td></td></tr><tr><td colspan="2">FOR THE SUBCOMMITTEE</td><td></td></tr></table>  |                    |   |        | CLASSIFIED BY | EXAMINED BY     | 18441 | <i>W. Smith</i> | <i>[Signature]</i> |  | FOR THE SUBCOMMITTEE |  |                  |      |      |      |     |                 |      |        |      |  |  |     |    |    |     |       |
| CLASSIFIED BY   | EXAMINED BY        | 18441   |        |               |                 |       |                 |                    |  |                      |  |                  |      |      |      |     |                 |      |        |      |  |  |     |    |    |     |       |
| <i>W. Smith</i>   | <i>[Signature]</i> |   |        |               |                 |       |                 |                    |  |                      |  |                  |      |      |      |     |                 |      |        |      |  |  |     |    |    |     |       |
| FOR THE SUBCOMMITTEE  |                    |   |        |               |                 |       |                 |                    |  |                      |  |                  |      |      |      |     |                 |      |        |      |  |  |     |    |    |     |       |

Distribution approved and authorized

AUDITED FOR PAYMENT

*[Signature]*

For Chief Treasury Officer

*[Signature]*

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



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

4  
NAVY

DECEASED  
MEMBER'S  
NAME

Herbert Arthur  
(CHRISTIAN NAMES)

WALL  
(SURNAME)

REGISTER NO. 204349

FILE NO. 52-W-8

DATE 15th Oct. '49

SERVICE NO. 22701

FINAL RANK OR RATING A.B.

DATE OF DISCHARGE 5th Aug. 41

PAYEE Mrs. Ethel M. Wall  
ADDRESS 139 Friel St.,  
Fredericton, N.B.

DATE OF TERMINATION OF OVERSEAS SERVICE NIL

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 696 EQUAL TO 23 COMPLETE PERIODS AT \$7.50

172.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS NIL LESS - INELIGIBLE DAYS, EQUAL TO DAYS @ 25C. PER DAY

NIL

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

|   |            |
|---|------------|
| PAY   | \$         |
| SUBSISTENCE OR LODGING<br>AND PROVISION ALLOWANCE | \$         |
| ADDITIONAL PAY                                    | \$         |
|   | \$         |
|   | \$         |
| DEPENDENTS' ALLOWANCE 1/30 OF \$                  | \$         |
| TOTAL   | \$ X7 = \$ |
| NO. OF DAYS                                       | 183 X\$    |

D. WAR SERVICE GRATUITY

172.50

|                  |                |                          |
|------------------|----------------|--------------------------|
| E. DEDUCTIONS    | OVERPAYMENT OF | PAY AND ALLOWANCES \$    |
|                  |                | DEPENDENTS' ALLOWANCE \$ |
|                  |                | AND ASSIGNED PAY \$      |
| OTHER DEDUCTIONS |                | \$ NIL                   |

F. TOTAL AMOUNT PAYABLE

172.50

G. YOUR PORTION OF GRATUITY IS—

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

Paid by Cheque # 290236 - 28/10/49 P.E.B. 17/11/49

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 MEE/TD  
CHECKED BY

TREASURY  
CHECKED BY W. Kealey  
DATE 22/10/49

SERVICE REPRESENTATIVE