

**V25198**  
**MARTIN**

MERLE

GARNE

**MEMORANDUM FOR**

*32*  
**P. 64**

Mr. William J. Martin,  
67 Agricola Street,  
Halifax, N.S.

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

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

and the following number quoted:—

H.Q.N.S. 113-M-939 FD 193

**DEPARTMENT OF NATIONAL DEFENCE  
OTTAWA, ONT.**

July 2, 1941

For the purpose of record and in the event of there being any balance of pay,  
medals or memorials available for distribution (according to law) on account of the  
late

Merle Garnet MARTIN, Asst. Cook,

No. 25198, R.C.N.V.R.

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



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

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	—		—
2	Children of the Deceased and dates of their Births.....	—		—
3	Father of the Deceased.....	William J. Martini	49	67 agricola Street Halifax, NS.
4	Mother of the Deceased.....	Barrie Echel		Died March 21/1932
5	Brothers of the Deceased	Full Blood		67 agricola Street Halifax, NS
		Half Blood	Carl William Martini 24	
6	Sisters of the Deceased	Full Blood		67 agricola Street Halifax, NS
		Half Blood	Mildred May Martini 21	
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
7	William E. Martini age 9 yrs Died May 2/1932			

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).....		

## FULL PARTICULARS AS TO IDENTITY

31

10	What is the full name of the deceased?	Merle Gornet Martie
11	Give the month and year of his birth.	March 20 <sup>th</sup> 1919
12	Where and when were his parents married?	St Matthew's Church, Hamilton, Ont. October 8 <sup>th</sup> 1913
13	Was he ever married? If so, state exact place and date of marriage.	No.
14	Did he leave a (later) Will? If so, it should be forwarded.	No.
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	No.

## PARTICULARS OF DOMICILE

16	Where was deceased born?	Halifax, Nova Scotia
17	In what Province, Country or State did he reside, and in which last?	Nova Scotia
18	How long in each?	Since Birth
19	What was the nature of his employment?	No stated employment
20	Did he own the house or homestead in which he lived? If so, where?	No
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	No.
22	State your postal address in full.	67 Agincourt Street Halifax, Nova Scotia

## PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	
NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—		
<ol style="list-style-type: none"> <li>1. Name and address of Creditor.</li> <li>2. Detailed statement of particulars of claim with date or dates incurred.</li> <li>3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.</li> </ol>		

## 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

\*.....Father.....of the deceased.

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

William J. Martin

{Signature  
of  
Informant}

## CERTIFICATE

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

\*See above William J. Martin {Name of Informant} is the \*.....Father.....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.....9th day of.....July.....19.....41

Signature of Clergyman,  
Priest or Magistrate

G. Elliott Hudson Qualification.....Judge of the  
Address.....Y Juvenile Court for the City of Halifax  
.....The Law Courts, 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 of each surviving Relative enquired after is stated in its proper place in the Statement opposite.

Personnel Records  
Division.

1. Noted in Records ✓
  2. Index Card
  3. Non-Su. Card
  4. Statistical Card
  5. Reheo Strip
  6. Pension Card
  7. ...
  8. 11/3/40 LK
- DATE

QH



P9103

N. V. 5  
200-9-39  
N. S. 8 15-12-5

MAR - 9 1940

4.0.113-11-939

CANADA

## ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Surname MARTIN ? Official No. 25198

Christian Names Merle Garnet. Married, Single or Widower Single

Permanent Address		Religion
<u>67 Agricola St., Halifax, N.S.</u>		<u>C. of E.</u>
Date of Birth	Place of Birth	Name and Address of Next of Kin
<u>21st March, 1919</u>	Town <u>Halifax</u> . County Province <u>N.S.</u>	<u>Mr. William J. Martin, (Father)</u> <u>67 Agricola St., Halifax.</u>

### PERSONAL DESCRIPTION ON ENROLMENT

Height	Chest Measurement	Hair	Eyes	Com-plexion	Wounds, Scars, Marks
Feet <u>5</u>	Inflated .....				
Inches <u>8 1/4</u>	Deflated <u>32</u> Mean .....	<u>Brown</u>	<u>Blue</u>	<u>Fresh</u>	<u>Nil.</u>

Date of Enrolment	Rating Enrolling for	Trade or Calling and in whose Employ
<u>1st December, 1939</u>	<u>Asst. Cook (s)</u> (T)	<u>Ex Cook C.N.R.</u>

(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
	<u>NIL</u>		

- (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.

(Over)

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

**AND/OR DURATION OF HOSTILITIES.**

(a) To serve from the date thereof for three consecutive years, 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 Divisional 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 **1st** day of **December, 1939.**

Signature of applicant.

*Merle G. Martin*

(C) **CERTIFICATE OF DIVISIONAL 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 **1st**

day of **December, 1939.**

Signature of Commanding Officer.

*W. D. Payr.* Payr. Lieutenant R.C.N.R.

(D) **OATH OF ALLEGIANCE**

**Merle Garnet MARTIN**

I, ..... do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty, His heirs and successors according to law.

Signature of Applicant.

*Merle G. Martin*

Witness.

*W. D. Payr.*

Date **1st December, 1939.**

Rank **Payr. Lieutenant R.C.N.R.**

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

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

**Merle Garnet MARTIN** 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** Division of the R.C.N.V.R.

*W. D. Payr.*

Commanding Officer.

*W. D. Payr.*

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional 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 fit.*

*Dr. W. D. Payr.*

*Surgeon. W. D. Payr.*



Can. B. 207  
20M-8-38  
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)

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 MARTIN Merle Garnet  
candidate for entry as Cook S. R.C.N.R. (1)  
and I believe him to be in all respects fit for His Majesty's Service. He has signed the Certificate given below in my presence.

Dated at Halifax, N.S. the 1st of December 1939.

G. Clark Allen  
Examining Medical Officer  
**SURGEON COMMANDER**  
(Rank)

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

(a) Age	Years { Months		(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Type (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. defi- cient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hæmorrhoids, etc.
	Weight without Clothes (b)	Height with Bare Feet (c)												
20 $\frac{1}{2}$	134	5' 2"	<i>fair</i>	36	right eye 6/6	1925	<i>Normal</i>	<i>Normal</i>	<i>Normal</i>	<i>Normal</i>	<i>Normal</i>	<i>Normal</i>	<i>Defective, deficient, abnormal</i>	<i>Normal</i>
	lbs.	ft. ins.		inches (a) maximum	left eye 6/6									
				(b) minimum										
				(c) mean										
				34	colour vision									

### 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.

*Merle G. Martin*  
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.





3-635

## ATTESTATION

### NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT 5. Div. R.C.A. REGT. No. 119

1. What is your surname? (Block letters) MARTIN
2. What are your Christian names? MERLE GARNET
3. What is your present address? 67 AGRICOLA ST. Phone No. 1.8988
4. Employer's name and address? UNEMPLOYED Phone No. —
5. Date of Birth 2/3/19 6. (a) Country of Birth CANADA (b) Nationality BRITISH
7. Are you Single? YES Married? — Widower? —
8. What is your trade or calling? NONE 9. Religious persuasion? C. of E.
10. Previous Naval, Military or Air Force Service.....  
Give particulars, qualifications, etc.

NONE

11. Name, Relationship and Address of Next of Kin WILLIAM J. MARTIN  
67 AGRICOLA STREET, HALIFAX, N.S. FATHER.

#### CERTIFICATE OF MEDICAL EXAMINATION

Height 5. 10 Weight 143 Chest max. 37 1/2 min. 35 1/2  
Descriptive marks Some scars on left wrist

I have examined the above named man in accordance with instructions laid down in Regulations for the Canadian Medical Services and find him Fit Category A  
Date Feb. 11/38 Signature H. E. S. West. Capt Regt

#### DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned MERLE GARNET MARTIN, do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, my employer or my next of kin to my Commanding Officer.

#### OATH TO BE TAKEN

I, MERLE GARNET MARTIN, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

J. S. George James & M. G. Martin  
Signature of Witness Signature of Man  
Dated this 11 day of February 1938 at Halifax

#### CERTIFICATE OF ATTESTING OFFICER

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly entered and replied to, and the said recruit has made and signed the declaration and taken the oath.

M.F.B. 235d.  
50M-10-36  
H.Q. 1772-39-1545

Alfred Major  
Signature of Magistrate, Justice of Peace, or  
Attesting Officer

321099

## Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from .....	11/2/38	Part II Orders dy 28.2.38	<i>Officer Commanding</i> Officer Commanding Unit 5th RGA
Medals and Decorations			

NOTE:—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.

VERIFICATION FORM

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

NAVAL GENERAL SERVICE MEDAL (1915).

NAME IN FULL MARTIN, Weller, Garret RANK/RATING First Cook OFF. NO. 1221

## VERIFICATION FORM

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

RANK/RATING First Cook OFF. NO. 125198 ADDRESS .....

CRIFIED BY ..... DIR. OF PERSONNEL RECORDS.

R. C. N. V. R.

# SERVICE CERTIFICATE

N. V. No. 17  
3M-9-37  
N.S. 815-11-17

### Duration OF Hostilities

Name in full. Merle Garnet M A R T I N Company.....

# ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

## Training Headquarters

Official Number 25198

Date of Birth 21st March, 1919.

Place of Birth Halifax, Nova Scotia.

Usual Place of Residence 67 Picola St., Halifax, N. S.

Trade brought up to Ex cook C. N. R.

Name and Address of next of Kin. (Mother) Mr. & Mrs. J. Martin, same address.

Religious Denomination Church of England.

### Can Swim.

## PARTICULARS OF SERVICE

### PERSONAL DESCRIPTION

	HEIGHT		COMPLEXION	HAIR	EYES	MARKS, WOUNDS, SCARS
	FEET	INCHES				
On Entry	5	8 $\frac{3}{4}$	Fresh	Brown	Blue	-----Nil-----
On attaining 28 years						
Further Description if necessary						

# NAVAL TRAINING AND DRILL

EXAMINATIONS AND NOTATIONS OTHER THAN THOSE ENTERED ON G. A.

# NAVAL TRAINING AND DRILLS

NOTATIONS OTHER THAN THOSE ENTERED ON G. AND T. HISTORY SHEET

# ACTIVE SERVICE



67 Agricola

Halifax N.S.

DEPT. NATIONAL DEFENCE

P092646

DEC 11 1940

DEPT. NS. 1137939

NATIONAL DEFENCE CANADA

DEC 11 1940 LNS 9.

Dear Sirs:

Would you kindly inform me if 16  
Merle G. Martin, acting Cook (S) ON V25198  
had any belongings or any back pay

Brother Carl W Martin  
67 Agricola St.

Halifax, N.S.

N/S/ee

Not likely there would be  
belongings as this man was on Margaree.  
Bal. of wages, not yet known, will  
be handled by Estates Branch.

8/12/40

MAIN FILE
CHARGED TO D.N.S.
SINCE 9-12-40
RECD. CENTRAL REGISTRY
DEC 11 1940
REFERRED TO

BF

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

4  
 NAVY

CIVILIAN  
MEMBER'S  
NAME

Merle Garnet

MARTIN

REGISTER NO.

12565  
NS V-25198  
27 July/45  
V-25198

PAYEE

(CHRISTIAN NAMES)  
Director of Estates  
308 Sparks Street,  
Ottawa, Ont.(SURNAME)  
for service Estate of  
Merle G. MARTIN  
N.S. V-25198

FILE NO.

DATE

ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE

22 Oct./40

FINAL RANK OR RATING  
DATE OF DISCHARGEAsst. Ck. (S)  
22 Oct./40

## A. TOTAL QUALIFYING SERVICE

527 NO. OF DAYS EQUAL TO 10 COMPLETE PERIODS AT \$7.50  
30

\$ 75.00

## B. QUALIFYING OVERSEAS SERVICE

266 NO. OF DAYS LESS 27 INELIGIBLE DAYS, EQUAL TO 259 DAYS @ 25c. PER DAY

59.75

## C. SUPPLEMENT FOR OVERSEAS SERVICE

## DAILY RATES AT DISCHARGE

PAY	\$ 1.35
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ 1.45
ADDITIONAL PAY	HLM \$ .10
	\$
	\$

DEPENDENTS' ALLOWANCE 1/30 OF \$	Nil	\$	—
TOTAL	\$ 2.90	× 7 = \$ 20.50	20.50
NO. OF DAYS	266	× \$	20.50
	183		

29.51

164.26

## D. WAR SERVICE GRATUITY

E. DEDUCTIONS	OVERPAYMENT OF	PAY AND ALLOWANCES \$
		DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$
	OTHER DEDUCTIONS	Nil

## F. TOTAL AMOUNT PAYABLE

164.26

## G. YOUR PORTION OF GRATUITY IS—

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

164.26

= \$

Voucher 1456 Aug 4/45

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 **YN** CHECKED BY **DA**

TREASURY  
 CHECKED BY **Longfellow** DATE **31/7/45** **For Dir Naval Pay Accts.**  
 SERVICE REPRESENTATIVE

## STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased  
Member NameMerle Garnet MARTIN  
(Christian Names) (Surname)

Payee

Director of Estates

for service estate Register No. 12565

Address

308 Sparks Street  
Ottawa, OntMerle G. MARTIN File No. V-25198  
N.S. V25198 Date 18/11/45

Date of termination of overseas service 22 Oct '40

Service No. V-25198  
Final Rank or Rating A/CX (5)

A. TOTAL QUALIFYING SERVICE

No. of days 327 equal to 10 complete periods at 37.50  
30

\$ 375.00

B. QUALIFYING OVERSEAS SERVICE

No. of days 266 less 27 ineligible days equal to 239 days @ 25¢ per day

59.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

## DAILY RATES AT DISCHARGE

Pay	\$ 133
Subsistence or Lodging and Provision Allowance	\$ 142
Additional Pay 44M	\$ .10
	\$
	\$

Dependents' Allowance 1/10 of \$ NIL

Total 2.90 x 7 = \$ 20.30

No. of days 266 x \$ 20.30 = 29.51  
183

D. WAR SERVICE GRATUITY

164.26

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$

DEPENDENTS' ALLOWANCE

AND ASSIGNED PAY \$

## OTHER DEDUCTIONS

\$

36

F. TOTAL AMOUNT PAYABLE

164.26

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ \_\_\_\_\_ of \$ = \$ 164.26  
Total Dependents' Allowance in issue \$ \_\_\_\_\_

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	Checked by
-------------	------------

Treasury	
Checked by	Date

Service Representative

## D.N.P.A. CHECK

1	Y	6	46
2	Y	7	
3	Y	8	XO
4	Y	9	10
5	Y	10	10

8/4

P 41787

APR 10 1941  
N 113 M 939  
CANADA

## 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... MERL G. MARTIN..... Rating... A/COOK (S).....

Official No. V-25198..... H.M.C.S. MARGAREE..... List 5D2/11

Who\* was "DD"..... on the 22nd OCTOBER 1940.....

	\$	cts.
Net sum due on ledger on account of Wages.....	27	61
Proceeds of sale of Effects charged against Wages, brought from the other side		NIL
<b>CASH—</b>		
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....	NIL	
Found amongst Effects.....	NIL	
Debts collected §.....	NIL	
<i>OK #60-23226 OR-10340</i>		27 75
Cash debited in the Accountant Officer's Cash Acct.....		NIL
If in debt in ledger, amount to be stated (in red ink).....		NIL
Rate of allotment (in words)..... <b>FIVE</b> charged to 31st MARCH 1940		
Name of ship from which transferred..... H.M.C.S. MARGAREE.....		
Total† BALANCE CREDITOR.....	27 61	

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 TWENTY-SEVEN-..... dollars. SIXTY-ONE-..... cents.

Dated on board H.M.C.S. STADACONA..... at HALIFAX.....  
NOVA SCOTIA this 25th day of MARCH 1941.

Approved *B. Ratfield* for Accountant Officer  
PAYMASTER SUB LIEUT. R.C.N.V.R. Initials of the Assistant  
Accountant Officer

*J. E. Leigh S. R.C.N.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

*D*  
Lodger { Fair  
R. W.

P096929

113-M-939

Six copies to be rendered to Naval Service Headquarters

D.N.S. 13-12

39  
H

## REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. STADACONA at HALIFAX, N. S.

Name Merle Garnet MARTIN  
(Christian names in full)Rank of Rating Asst. Cook (S) (T) Official No. 25198  
(If unknown, date of first entry)

Place of Birth Halifax, N. S. Date of Birth 21st March, 1919

Occupation in Civil Life Ex Cook C.N.R. Religion Church of England

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N.  
(Temporary) or Reserve ratings) 11 Months

Date of Death 22nd October, 1940 Place of Death At Sea

Cause of Death Loss in collision of H.M.C.S. MARGAREE  
(If due to accident, violence, or enemy action, particulars to be stated briefly)Nearest known relative or friend { Name WILLIAM J. MARTIN Relationship Father  
Address 67 AGRICOLA ST., Halifax, N. S.

Date on which the above was informed by Ship Informed by N.S.H.Q.

Date on which death was registered with local Officials NK

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the  
prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, accord-  
ing to NationalityPlace of Burial Date of Burial  
(if known) (if known)Location, Number, etc., of grave  
(if known)Undertaker employed  
(if any)

If borne for discipline only, date D.S.Q. or invalidated


 COMMANDER R.C.N.  
Commanding Officer,

8th November, 1940

The NAVAL SECRETARY,  
Department of National Defence,  
Ottawa, Canada.In all cases this Form is to be sent in addition to the Report by Telegraph required by the  
Regulations.

Distribution: File, Imp. W. G. Com., Dom. Stat., Register.

C.N.S. 1121  
15M-7-40 (5849)  
N.S. 815-9-1121

HTWG/ML

113-72939

11

sf

November 2, 1940.

Dear Sir:

It is with deep regret that I must confirm the telegram sent out by the Minister of National Defence, reporting that your son, Merle G. Martin, Assistant Cook (S), R.C.N.V.R., O.N. V.25198, was missing, believed killed.

Few details are available, but it is known that H.M.C.S. "MARGARET" 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.

Mr. William J. Martin,  
67 Agricola St.,  
HALIFAX, N.S.

ESTATES BRANCH

HQ NS V-25198 FD 193

October 20, 1945.

Mr. William J. Martin,  
67 Argicola Street,  
HALIFAX, Nova Scotia.

MARTIN, Merle G. Asst. Ck. (s) Deceased)  
No. V-25198 - R.C.N.V.R.

Dear Mr. Martin:

In accordance with the provisions of the War Service Grants Act, the War Service Gratuity due to your late son is now available for distribution as part of his Service Estate. This Gratuity has been computed as outlined on the enclosed award form.

As your son died without having made a Will, this amount is distributable in accordance with the Intestacy laws of his Province of domicile, accordingly, it is paid to you as next-of-kin entitled.

A cheque has been requisitioned from Treasury, payable to your order, and on receipt of same, will you kindly sign the enclosed form of acknowledgment and return it to this Branch.

Yours faithfully,

(L.M. Firth) Colonel,  
Director of Estates.

Enc.

HLV/GM

HBM/FB.

113 - M. 939.

22 January, 1941. 21

Sir:

It will be appreciated if you will be good enough to inform me whether Mrs. W. J. Martin, mother of the late Merle G. Martin, Acting Cook (s), Official Number V.25198, Royal Canadian Naval Volunteer Reserve, is living.

This information is desired in order that arrangements may be made to forward to her a Memorial Cross as a memento of her personal loss and sacrifice.

Yours truly,

  
(J. O. Cossette),  
Naval Secretary.

Mr. William J. Martin,  
67 Agricola St.,  
HALIFAX, N.S.

AM

67 Agricola Street,  
Halifax, N. S.,  
January 28th, 1941.

Mr. J. O. Cossette,  
Naval Secretary,  
Dept. of National Defence,  
Naval Service,  
Ottawa, Ont.

Dear Sir, -

R 11182 22  
NATIONAL DEFENCE

JAN 31 1941

N.S. 113 M939  
CANADA

Your letter of January 22nd, asking if Mrs. W. J. Martin, mother of Merle G. Martin, is living.

I am sorry to inform you that Mrs Martin has been deceased since March, 1932.

Yours truly,

W. J. Martin

Noted  
SA

R. C. N. V. R.

DISTRIBUTION OF SERVICE ESTATES

3L  
Naval - Military - Air Force

MARTIN

Merle Garnet

V 25198

Name

No.

Surname

Christian Names

A/Cook (S)

R. N. C. R. "Margaret"

22.10.40

Rank

Unit

Date of Death

AMOUNT

L. P. C. \$

Other Credits

July 16th, 1941.

Total

Date

Shares Retained

60.36

NET TOTAL .....

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	William J. Martin, 67 Agricola St., Halifax, N.S. (Next of kin entitled)	60.36 R
AUTHORITY			
H.Q. F.E. No.			
9999			
DIV. .... VOTE ... PRI. .... DA OR ... HO SUB ... OBJ. .... AMOUNT			
832 00 00 001 60 36			
SUSPENDED BY EXAMINED BY L.M. Firth E.L. 60 36			
FOR TREASURY OFFICER TOTAL			
SHARES RETAINED			
None	.....		

Distribution approved and authorized

AUDITED FOR PAYMENT

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

For Chief Treasury Officer

BF

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

2

333

NAVY

DECEASED  
MEMBER'S  
NAME

Merle Garnet

(CHRISTIAN NAMES)

PAYEE

Director of Estates  
308 Sparks Street,  
Ottawa, Ont.

ADDRESS

MARTIN

(SURNAME)

for service Estate of  
Merle G. MARTIN  
N.S. V-25198

REGISTER NO. 12565

FILE NO. NS V-25198

DATE 27 July/45

SERVICE NO. V-25198

FINAL RANK OR RATING

Asst. Ck (S)

DATE OF DISCHARGE

22 Oct./40

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 327 EQUAL TO 10 COMPLETE PERIODS AT \$7.50  
30

\$ 75.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 266 LESS 27 INELIGIBLE DAYS, EQUAL TO 239 DAYS @ 25C. PER DAY

59.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$ 1.35
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ 1.45
ADDITIONAL PAY HLM	\$ .10
	\$
	\$
	\$

76

DEPENDENTS' ALLOWANCE 1/30 OF \$ Nil \$ --

TOTAL \$ 2.90 x 7 = \$ 20.30

NO. OF DAYS 266 x \$ 20.30

183

29.51

D. WAR SERVICE GRATUITY

164.26

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

Nil

F. TOTAL AMOUNT PAYABLE

NPh. 43.

164.26

G. YOUR PORTION OF GRATUITY IS—

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

164.26

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

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

CHECKED BY

YN

TREASURY

CHECKED BY

DATE

*Ph. G. G. (Signature)* 31-7-45 *D. D. D. (Signature)*  
 for D. D. Naval Pay Acctg.

DISTRIBUTION OF SERVICE ESTATES

DME

Estates Form "P. 4"

NAVY

Name..... **MARTIN**  
Surname

Merle G.  
Christian Names

No. **V25198**

Aest. Ck (S)  
Rank

HMCS Margaree

22-10-40

Unit

Date of Death

<u>AMOUNT</u>	<u>W.S.C.</u>	<u>164.26</u>
	L.P.C. .... \$	60.36

Date..... **15-10-45**

Other Credits.....

Total.....	<b>224.62</b>
Prev. dist.	60.36
This dist.	<b>164.26</b>

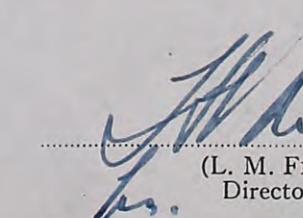
SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	father	William J. Martin, 67 Agricola St., HALIFAX, N.S.  (As next of kin entitled)	164.26

OCT 18 1945  
P 4. TO TREAS.

MSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$164.26
CLASSIFIED BY			EXAMINED BY		
For Chief Treasury Officer			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED



(L. M. FIRTH) Colonel  
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer



V2519g

.....OFFICIAL NUMBER

NAME.....MARTI  
(Surname)

.....Merle.....Garnet  
(Given Names)

OFFICIAL NUMBER

V25198

## GENERAL REMARKS

DATE OF BIRTH		PLACE OF BIRTH		CIVIL OCCUP		REL		ED		PERM. RESIDENCE		PREV. ENL.		RANK OR RATE ON ENLISTMENT			
BY	MO.	YR.	BIRTH	MAIN	SUB	REL	ED	CITY	TOWN	ST.	DIV.	A	BR	RANK			
21	3	19	14	779	0	30X	4	08	02	0	19	0	18	95			
ENLIST. DATE		ACT. SERV. DATE		STR.		DATE		SHIP		C.R.		RANK OR RATE					
BY	MO.	YR.	BY	MO.	YR.	BY	MO.	YR.	BY	MO.	YR.	A	BR	RANK			
01	12	39	01	12	39							0	315	0	18	95	
SENIORITY		STR.		NON-EDU								CODED			CHECKED		
BY	MO.	YR.	CAT	1	3	57						CR	EP				
01	12	39	01	00	00	20	22	10	40								