

McALISTER
WILLIAM JAMES
3389

MEMORANDUM FOR

P. 64

Mrs. Catherine S. McAlister
Box 73.
Eston, Saskatchewan.

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. NS. 62-M.494 FD.299

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

November 21, 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

McALISTER, William James, A.B. No. 3389,

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

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

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



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.....	_____		
2	Children of the Deceased and dates of their Births.....	_____		
3	Father of the Deceased.....	Donald McDonald McAlister	55	Easton
4	Mother of the Deceased.....	Catherine S. McAlister	47	Easton
5	Brothers of the Deceased	Full Blood	John Scotland McAlister	19
		Half Blood		
6	Sisters of the Deceased	Full Blood	Solena McAlister	23
		Half Blood		1230-13 th Ave W. Calgary.
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?	William James McAlister ⁶⁰
11	Give the month and year of his birth.	April 6 th 1920
12	Where and when were his parents married?	Nov. 20 th 1916 Dundee, Scotland
13	If deceased was married, state place and date of marriage.	_____
14	Did he leave a Will? If so, a copy should be attached hereto.	no.
15	Did he leave a bank account? If so, give full particulars.	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 <i>your own</i> postal address in full.	Box 73. Eston, Sask.

PARTICULARS OF DOMICILE

18	Where was deceased born?	Eston, Sask.
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.	Saskatchewan, Canada 19 yrs until joining the navy
20	What was the nature of his employment?	Store Clerk.
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?	no.

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. (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.)	no.

DECLARATION

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

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

* Mother.....of the deceased.

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

Catherine S. McAlister {Signature
of
Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief.....Catherine S.
*See above McAlister.....{ Name of Informant } is the * Mother.....of the Deceased
above described, and I believe the above Declaration and the Statement of Relatives made by the
Informant and signed in my presence to be complete and correct.

Dated at.....Eston.....this.....25.....day of.....November.....1941.

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

} H.E. Fennell

Qualification.....

Clergyman

Address.....

Eston, Sask

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

Referred to Deputy Minister for Attention

DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)

C.N.S. 2417
10M-9-38
N.S. 815-9-2417

APPLICATION FOR ENTRY IN THE ROYAL CANADIAN NAVY

The Naval Secretary,
Department of National Defence,
OTTAWA.

Eston, Saskatchewan.

(Place)

December 23, 1938.

(Date)

SIR:

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

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

1. Name (to be given in full in Block Letters) WILLIAM JAMES McALISTER
2. Date of Birth (Birth Certificate or sworn declaration by parent or guardian must be attached) April 6, 1920.
3. Place of Birth. Town Eston Province Saskatchewan
4. Permanent Place of Residence. No. Street Eston Province Saskatchewan Cont. of 100' 1/2 1/3 2 1/2 Ave. Jr.
5. Are you a British Subject? Yes
6. How long have you resided in Canada? 18 years
7. What is your Mother Tongue? English
8. What other language do you speak? No other
9. Are you of the White Race? Yes
10. Are you Single, Married or a Widower? Single
11. How far advanced educationally are you? I have now Grade X under six subjects in Grade X & taking a Business Course.
(Certificates of School Authorities must be attached)
12. What practical experience have you had? None
(Details and certificates from employers, trade credentials, etc., must be attached to substantiate employment reported.)
13. Do you belong to any Naval, Military, Air or Police Force? No
14. If so, give details. None
15. Have you ever served in such forces? No
16. If so, give dates and details. None
17. Have you ever been discharged from His Majesty's Forces as medically unfit? No
18. Have you ever offered to serve in His Majesty's Forces and been rejected? No
Why? None
19. Have you ever been convicted of a criminal offence? No
(Enclose two character references, one of which must confirm your answer to Question 19)
20. What is your weight? 142 lbs Height 5 ft 8 in. Chest Measurement (Not inflated) 34 inches
21. Have you ever had fits? No
22. Do you suffer from any deformity? No
23. Have you suffered the loss of any fingers, toes, etc.? No
24. Do you suffer from any disease? No
25. Do you wear glasses? No
26. Are you subject to any disability which might cause your rejection? No
27. Give details. None
28. Are you willing to be vaccinated and inoculated as considered necessary by the appropriate authorities? Yes

Signature of Witness

Signature of Applicant

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

I agree to refund to the Department of National Defence the expenses incurred by that Department for transportation to a Naval Base of the above applicant, should he, on arrival at such Base, fail to enrol for seven years' continuous Naval Service for reasons which in the opinion of the Department are within his own control. Signed and Sealed at Eston, this 23rd day of December, 1938, in the presence of Donald M. McAlister

Signature of Witness

Signature of Parent or Guardian

CERTIFICATE TO BE SIGNED BY CANDIDATES OVER 21 YEARS OF AGE

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

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

Signature of Witness

Signature of Candidate

H. M. C. S. "NADEN"

3389
OFFICIAL NO. IF KNOWN
Space to be left vacant
if not known

MAY 10 1939

62m 494

CANADA

CONTINUOUS SERVICE ENGAGEMENT, OR RE-ENGAGEMENT

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

CHRISTIAN AND SURNAME IN FULL		NEXT OF KIN	PRESENT RATING
William James McAlister		Mother - Catherine S. Name.....Eston, Sask. Address.....Box 73	Ord. Snn.
DATE OF BIRTH*	PLACE OF BIRTH†		NAME, RANK AND STATION OF RECRUITING OFFICER
6th April, 1920	Town.....Eston..... County..... Province.....Sask.	P7479	R. I. Agnew..... Commander RCN Barracks, Esquimalt, BC

Personal Description at the Date of this Document

Height	Chest	Hair	Eyes	Complexion	WOUNDS, SCARS OR MARKS	Religious Denomination	TRADE OR OCCUPATION
5'9"	35"	L. Brown	Hazel	Fair	Appendicectomy	United	Stenographer.
Commencing date of Engagement or Re-engagement	27th April, 1939			Period of Engagement or Re-engagement	Seven Years		
Date of actually volunteering to engage or re-engage	27th April, 1939			Date of entering present ship	27th April, 1939		

Particulars of former Continuous Service Engagements, if any; but, if none, and the person engaging has had previous Service, the date of his First Entry should be given. If the person has not previously served, write the words "First Entry" here.

If an Engagement is ante-dated for any period, the man's services for such period should be forwarded in to office, with the Engagement, on Form S.-1243.

First Entry.

Declaration of Entry or Re-Entry from Shore for Continuous Service

The following questions are to be put by the Commanding Officer to the person about to engage for Continuous Service, whose answers are to be recorded hereon:

- Are the particulars given above of your name and date and place of birth correct?..... Yes
- Are you a British subject?..... Yes
- Nationality of parents—Father..... Scotch..... Mother..... Scotch.....
- Have you ever served in the Navy, Royal Fleet Reserve, Royal Naval Reserve, Army, Army Reserve, Marines, Militia, Volunteers (Naval or Military), Territorial Force, or in His Majesty's Indian or Colonial Military Forces, or in the R. C. Mounted Police?†..... No.
- Do you now belong to the Militia, Volunteers (Naval or Military), Territorial Force or any Regiment or Corps in His Majesty's Army, or to any established Naval or Army Reserve Force, or to the R. C. Mounted Police?..... No.
- Have you ever been rejected as unfit for His Majesty's service, or discharged from it on that account? If so, state reason of rejection or discharge, and date..... No.
- Have you ever been discharged from the Navy, Marines, Army or R. C. Mounted Police on account of misconduct?..... No.
- Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- Can you swim?..... No.

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

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

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

(OVER)

C.N.S. 55

2.500-3-38
N.S. 815-9-55

Noted in Service

Records by J.M.J.

29.5.39

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

I, William James McAlister, do solemnly declare that to the best of my knowledge and belief the answers to the questions overleaf are true, and I do hereby agree to serve honestly and faithfully in the Naval Service of Canada* for a period of seven years from † 27th April, 1939 193, provided my service should be so long required. And I do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty. As witness my hand this 27th day of April 1939 193.

Witness to Signature.....

MAA.

Attested before me this 27th day of April, 1939 193.

Alfred E. Winters
Lieut. COMMANDER

{ Signature of a Commissioned Officer of the Naval Service

Date 27th April, 1939 193.

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

Alfred E. Winters COMMANDER Commanding Officer

Alfred E. Winters CAPTAIN, RCAMC Medical Officer

II.—Certificate and Declaration for Boys

Date 193.

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

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

Alfred E. Winters Commanding Officer

Alfred E. Winters Lieutenant

Alfred E. Winters Medical Officer

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

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

Alfred E. Winters Boy's Signature in full

Witness to Signature.....

Attested before me this day of 193.

{ Signature of a Commissioned Officer of the Naval Service

III.—Re-engagement for Continuous Service

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

The particulars indicated on the other side are also required when this Form is used. I, Alfred E. Winters, now serving as a Commander on board H. M. C. S. H. M. C. S. 193, who on the 27th April, 1939 of 193.

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

Alfred E. Winters Man's Signature in full

193.

Witness, Alfred E. Winters Commanding Officer

* Insert "for the term of (number in words) years," or "to complete (number) years for pension," or "until I attain the age of

years."

† Insert the date from which the engagement actually commences.

‡ The document conveying the consent to be attached to this paper. (N.B.—Not required in the case of youths over 17 years of age.)

§ To be written in words.

** Insert as follows:—"Of (number) years," or "to complete time for pension," or "until I attain the age of

years," as the case may be.

†† Insert the date of commencement of the re-engagement, which must either be coincident with, or (when the re-engagement is ante-dated) earlier than the date of execution.



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

1939
62-2147N
CANADA

24

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 William James, McALISTER,..... candidate for entry as..... an Ordinary Seaman..... 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..... Regina,..... Sask. the 21st. of April 1939.....

Result of X-Ray of Chest satisfactory

Radiologist's report and certificate attached.

(Rank) Major. R.C.A.M.C.

John J. McAlister
Examining Medical Officer

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

19 yrs. • Omos. •	Age (b)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Sneller's Types (ii) Colour Vision (f)	Vaccinated or re- vaccinated for Small Pox (g) (Date)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Skin (l)	Ears and Hearing (m)	Testes, Varicocele L. (n)	Teeth (o) (No. def- ective, if any), Nose, Tonsils, etc.	Anus, Hæmorrhoids, etc. (p)
19	8	128	5' 8 $\frac{3}{4}$ "	Good.	36 $\frac{3}{4}$ " maximum (a) 36 $\frac{3}{4}$ " minimum (b) 35 (c) mean 36	inches (a) right eye 20/ 20 left eye 20/ 20 colour vision N. Ishihara.	1 Left. Childhood.	Normal.	Normal.	Normal.	Clear.	Within Normal Limits.	Slight left varicocle L.	Heathy.	Normal.

CERTIFICATE TO BE SIGNED BY THE CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, *Incontinence of Urine, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. I am willing to undergo, after entry, such dental treatment as may be authorized.

William J. McAlister
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 history of discharging ear Left as an infant Condition cleared. No recurrences for last seven years. Tympanic membrane appears healthy. not considered of sufficient importance to cause his rejection, he being desirable in other respects.

John J. McAlister
Examining Medical Officer

(Rank) Major. R.C.A.M.C.

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

3389

..... OFFICIAL NUMBER

FILE NUMBER

62-M.494

OFFICIAL NUMBER

3389

NAME..... McALISTER
(Surname)

.....William James.
(Given Names)

DATE OF BIRTH 6th April, 1920.

PLACE OF BIRTH.....Eston, Sask.

...OCCUPATION..... **Stenographer.**

RELIGION..... United Church

EDUCATION Promoted to Grade XI

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

...Eston

Province, etc. **Sask.**

NEXT OF KIN RELATIONSHIP (in pencil)

mother

NAME (in pencil)...

Catherine S. McAllister

ADDRESS (in pencil): Street and No.

Bout

Town.

Province, etc. *Sask.*

BADGES, G.C. OR G.S.

FILM
NO. WSR-4643-5
DATE

SECOND CLASS FOR CONDUCT

From _____ To _____

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



3389

....OFFICIAL NUMBER

NAME..... McALISTER
(Surname)

..... William James
(Given Names)

OFFICIAL NUMBER..... 3389

GENERAL REMARKS

14/5/41 - Canadian Memorial Cross
issued to Mother:
Mrs. Catherine McAlister
P.O. Box 73,
ESTON, Sask.

DATE OF BIRTH										CIVIL OCCUPATION			RESIDENCE PRE. ENL.			REASON FOR ENLISTMENT		
BY	MO.	YR.	BIRTH	MAIN	1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH	9TH	10TH	11TH			
06	4	20	19	850	0	40	4	7	08	06	0	13	0	08	95			
ENLIST. DATE	ACT. SERV. DATE	BY											SHIP	EX	HAD A CHARGE			
BY	MO.	YR.	BY	MO.	YR.								ESTAB.	A	DN	JOIN		
27	04	39	27	04	39								08	15	0	08	74	
SEN	ORITY	STK	NON-SUB										CODED			CHECKED		
BY	MO.	YR.	CAT	4	0	0	0	0	0	0	0	0				EF		
20	06	40	09										20	22-10-40	146			

If a copy of this Form is required, Form C.N.S. 1243 is to be used 49

CERTIFICATE of the Service of
William James MCALISTER.
IN THE ROYAL CANADIAN NAVY

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

Esquimalt, B.C.

Official Number 3389

Date of birth 6th April, 1920

Nearest known Relative or Friend
(To be noted in pencil)

Where born { Province Saskatchewan
Town or county Eston.

Name: X Mother

Trade brought up to Stenographer.

Relationship: X Catherine S

Religious denomination United Church.

Address: Eston, Saskatchewan

Date passed swimming test P.P.T (1938) Aug 19 Append.

Po Box 22

Man's signature on discharge to pension }

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

Date of actually volunteering	Commencement of time	Period volunteered for	Date of actually volunteering	Commencement of time	Period volunteered for
1. 27 th Apr. 1939.	Seven years		5.		
2.			6.		
3.			7.		
4.			8.		

Medals, Clasps, Etc.

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

Description of Person	Stature			Colour of			Marks, Wounds and Scars
	Feet	In.	Chest, In.	Hair	Eyes	Complexion	
On entry as a boy.....							
On advancement to man's rating or on entry under 28 years.....	5	9	35"	Bl.	Brown	Negel Tari	Appendectomy.
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....							
Further description if necessary.....							

Name William James McAISTER.

Service

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

Name William James McA LISTER. Conduct

**Second Class for Conduct
(inclusive dates)**

Efficiency in Rating—ARTICLE 607—K.R.

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

Superior.....A man who performs his duties with more than average efficiency.

SatisfactoryA man who performs his duties with average efficiency.

" Sat.

Moderate.....A man who performs his duties in an efficient manner

" Mod.

Inferior..... A man who performs his duties in an ine

" Inferior

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

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

Good Conduct Badges

DECEASED 22 October 1940

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

D.D.

WAR SERVICE RECORDS

MCAlister William James

N-3389

A.B.

FILE NO.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

**RANK ON
DISCHARGE**

C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star

Atlantic Star

C.V.S.M. & Clasp

War ¹⁸⁸⁵ Medal

31

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCN
HMCS "MARGAREE" Dec. /41

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

(1) MEDALS

PERSON

ENTITLED TO Mr. Donald McAlister - Father.

ADDRESS: Box 73, Eston,
Saskatchewan.

DATE DESP.

(1) REGN. NO.

228

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER

Mrs. Catherine McAlister

ADDRESS: Box 73
ESTON, Sask.

(3) 14 May 1941

P096930

62-M-494

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

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

57
21Name William James MCALISTER
(Christian names in full)Rank of Rating Leading Seaman A. B. Official No. 3389
(If unknown, date of first entry)Place of Birth Eston, Saskatchewan Date of Birth 6th April, 1920Occupation in Civil Life Stenographer Religion United ChurchNumber of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N.
(Temporary) or Reserve ratings) 1 Year 6 MonthsDate of Death 22nd October, 1940 Place of Death At SeaCause of Death Lost 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 Catherine S. MCALISTER Relationship Mother
Address Eston, Saskatchewan. P.O. Box 73Date on which the above was informed by Ship Informed by N.S.H.Q.Date on which death was registered with local Officials NKIn 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 (if known) Date of Burial (if known)Location, Number, etc., of grave (if known)Undertaker employed (if any)

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

J.P. Edwards.
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-740 (5849)
N.S. 815-9-1121

38

Passing Certificate

This is to Certify

that.....William James McALISTER,.....

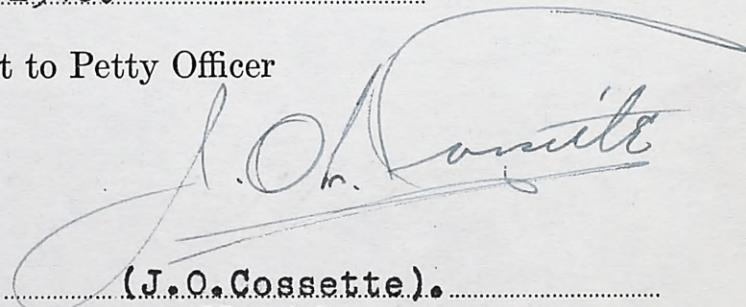
Rating.....Ordinary Seaman.....Official Number.....3389.....

has passed

THE EDUCATIONAL TEST, I

held on.....12th March, 1940.....

For advancement to Petty Officer



(J.O. Cossette).

Naval Secretary

Department of National Defence,

Ottawa, this.....1st.....day of.....April.....19.....40.

C.N.S. 2431

1M-3-39

N.S. 815-9-2431

DISTRIBUTION OF SERVICE ESTATES

DME

Estates Form "P. 4"

NAVY

Name..... **McALISTER**..... Christian Names..... **William J.**..... No..... **3389**.....
 Surname

Rank..... **A B**..... Unit..... **HMCS Margaree**..... Date of Death..... **22-10-40**.....

<u>AMOUNT</u>	<u>W.S.G.</u>	203.85
	L.P.C. \$	142.30

Date..... **14-11-45**.....

Other Credits.....

Total.....	346.15
Prev. dist.	142.30
This dist.	203.85

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	father	Donald M. McAlister, Box 73, ESTON, Sask.	101.93
1/2	mother	Mrs. Catherine S. McAlister, (As above) (As next of kin entitled)	101.92

P4. TO TREAS.**NOV 23 1945****WSG**

AUTHORITY						DISTRIBUTION APPROVED AND AUTHORIZED					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT						
9999	831	00	50	000	\$203.85						
CLASSIFIED BY			EXAMINED BY								
			For Chief Treasury Officer								

For Chief Treasury Officer

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

4
NAVY

CEASED
MEMBER'S
NAME

William James
(CHRISTIAN NAMES)

McALISTER
(SURNAME)

REGISTER NO.

2020

FILE NO.

NRN-3389

14 June/45

3389

A.B.

22 Oct/40

PAYEE

Director of Estates, for service Estate of
308 Sparks St., William J. McAlister
Ottawa, Ont. NSN-3389

DATE

14 June/45

ADDRESS

SERVICE NO.

3389

DATE OF TERMINATION OF OVERSEAS SERVICE

FINAL RANK OR RATING

A.B.

DATE OF DISCHARGE

22 Oct/40

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 409 EQUAL TO 13 COMPLETE PERIODS AT \$7.50
30

\$ 97.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 298 LESS 19 INELIGIBLE DAYS, EQUAL TO 279 DAYS @ 25C. PER DAY

69.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

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

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL	\$ 3.43	× 7 = \$ 24.01
NO. OF DAYS	<u>279</u>	× \$ 24.01
	183	

36.60

D. WAR SERVICE GRATUITY

203.85

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$ NIL

F. TOTAL AMOUNT PAYABLE

203.85

G. YOUR PORTION OF GRATUITY IS—

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

=\$ 203.85

Voucher 766 25/6/45

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.

		TREASURY		
PREPARED BY	CHECKED BY	CHECKED BY	DATE	SERVICE REPRESENTATIVE
DHJ	<i>John G. G. [Signature]</i>	<i>John G. G. [Signature]</i>	19-6-45	<i>John G. G. [Signature]</i>
for Dir. Naval Pay. Acctng.				

M31520

DEFENCE
DEC 16 1938
62-2147M1
CANADA

Referred to Deputy Minister for Attention.

Estevan, Sask.,
December 12, 1938.

Minister of National Defence
Ottawa, Ontario.

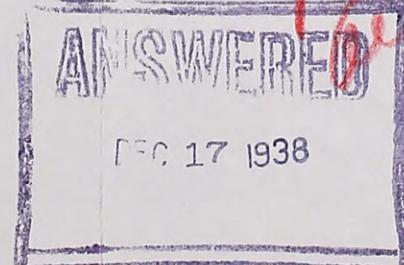
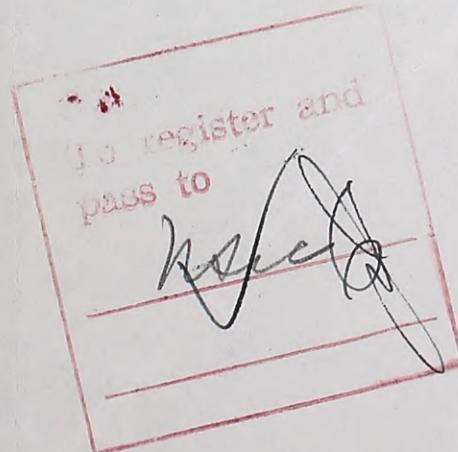


Dear Sir:

Would it be possible for me to obtain full particulars on joining the Canadian Navy, and also application form.

I was born April 6, 1920, and am the son of an ex-serviceman. An early reply would be very much appreciated.

Yours sincerely,
Bill McAlister.



MAIN FILE
CHARGED TO
ENCL
RE'D TO CENTRAL REGISTRY.
DEC 16 1938
REFERRED TO <i>Recruit</i>

November 2, 1940.

Dear Madam:

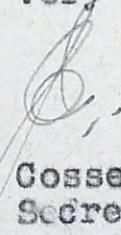
It is with deep regret that I must confirm the telegram sent out by the Minister of National Defence, reporting that your son, William James McAlister, Ordinary Seaman, R.C.N., O.N. 3389, was missing, believed killed.

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.

Mrs. Catherine McAlister,
Box 73, EASTON, Sask.

Miss Iris Tate
10 James Street

P 49940

Scarborough

Yorkshire.

England

1941

NS6274-494

CANADA

Dear Sir

I am taking the
liberty of asking you for
information. Could you possibly
tell me whether W. G. McAlister
is a survivor off His Majesty's
Canadian ship Marygate
and could you possibly
forward his address

Yours obliquely Iris Tate.

Margaree Casualty

MAIN FILE	
CHARGED TO	DNA
SINCE	17.4.4
RECD. CENTRAL REGISTRY	
SEARCHED - INDEXED - 1041	
REFERRED TO	

BM/IF

N.S. 62-M-494

- Naval Service -

16 May, 1941.

52

41

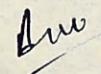
Dear Madam:

I regret very much to inform you that William James McAlister, Able Seaman, Official Number 3389, Royal Canadian Navy, was serving on H.M.C.S. "Margaree" when that ship was lost in collision in the North Atlantic on the 22nd of October, 1940, and that he is missing, presumed dead.

The address of his mother, Mrs. Catherine McAlister, is Box 73, Eston, Saskatchewan.

Yours very truly,


(J. O. Cossette)
NAVAL SECRETARY.


Iris

Miss Iris Tate,
10 Jame's Street,
Scarborough,
Yorkshire, ENGLAND.