

V25209
MCLUSKIE
WILLIAM

RICHAR

MEMORANDUM FOR

P. 64

Mrs. Jean McLuskie.
2 Berlin 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-924 FD 141

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

William Richard McLUSKIE, V.A.,

No. 25209, 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.....	Daniel C. Mc Luskie	57 ^{yo}	2 Berlin St Harrisburg, Pa.
4	Mother of the Deceased.....	Jean Mc Luskie	53 ^{yo}	" "
5	Brothers of the Deceased	Full Blood	Donald C. Mc Luskie	20 ^{yo} " "
		Half Blood	_____	_____
6	Sisters of the Deceased	Full Blood	Elizabeth Mc Luskie	3 ^{months} died Oct. 26 th 1920
		Half Blood	_____	_____
	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	Elizabeth Mc Luskie age 3 months died Oct. 26 th 1920	_____	_____	

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 Richard H. Luske
11	Give the month and year of his birth.	May 2 nd 1917
12	Where and when were his parents married?	Montreal June 16 th 1917
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?	Montreal Quebec
17	In what Province, Country or State did he reside, and in which last?	Quebec + Nova Scotia
18	How long in each?	Quebec 6 years Nova Scotia 17 years
19	What was the nature of his 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 <u>your</u> postal address in full.	2 Berlin Street Halifax, N.S.

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).	no.

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:—

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
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.

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 or Local Magistrate

Mr Jean M Luskie

{Signature of Informant

CERTIFICATE

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

*See above { Name of Informant } is the * 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, N.S. this 21st day of July 1941

Signature of Clergyman, Priest or Magistrate } Charles M. MacIntosh Qualification Clergyman of United Church of Canada

Address Arundale P.O., Nova Scotia

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.

Table with 2 columns: Question number (1-3) and Question text. The text is mostly illegible due to fading and bleed-through from the reverse side of the page.

Personnel Records Division.

1. Noted in Records

2. Index Card.....

3. Non-Su. Card.....

4. Statistical Card.....

5. Reneo Strip.....

6. Pension Card.....

7.....

8.....

DATE 12/3/40 L.K.

QH



P9113

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

MAR -9 1940
1376924
CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Surname MCLUSKIE, Official No. 25209

Christian Names William Richard Married, Single or Widower Single

Permanent Address	Religion
<u>2 Berlin St., Halifax, N.S.</u>	<u>United.</u>

Date of Birth	Place of Birth	Name and Address of Next of Kin
<u>2 May, 1917,</u>	Town <u>Montreal</u> County Province <u>P.Q.</u>	<u>Mrs. Jean McLuskie, (Mother)</u> <u>2 Berlin St., Halifax, N.S.</u>

PERSONAL DESCRIPTION ON ENROLMENT

Height	Chest Measurement	Hair	Eyes	Com-plexion	Wounds, Scars, Marks
Feet <u>5</u>	Inflated				<u>Scar on temple and right hand</u>
Inches <u>10</u>	Deflated <u>36</u>	<u>Brown</u>	<u>Blue</u>	<u>Medium</u>	
	Mean.....				

Date of Enrolment	Rating Enrolling for	Trade or Calling and in whose Employ
<u>8th December, 1939.</u>	<u>V.A. (T)</u>	<u>Stockman Simpson's.</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

- (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 **Service 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 **8th** day of **December, 1939.**

Signature of applicant **William R. M. Luskie**

(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 **8th** day of **December, 1939.**

John Pegg
Signature of Commanding Officer.
Payr. Lieutenant R.C.N.R.

(D) OATH OF ALLEGIANCE

I, **William Richard MCLUSKIE** 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 **William R. M. Luskie**

Witness **John Pegg**

Date **8th 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

William Richard MCLUSKIE 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.

Spicer
Commanding Officer.
Commander R.C.N.

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.

A. W. Callan

SURGEON COMMANDER



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 McLUSKIE William Richard
candidate for entry as Virtualizing Assistant R.C.N.R. (V)
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 2nd of December 1939.

A. McCallum
SURGEON COMMANDER
Examining Medical Officer
(Rank)

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

(a) Age { Years Months	(b) Weight without Clothes lbs.	(c) Height with Bare Feet ft. ins.	(d) General Development	(e) Chest Girth inches	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re- vaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(j) Limbs and Joints	(k) Skin	(l) Ears and Hearing	(m) Testes, Varicocele, etc.	(n) Mouth, Teeth (No. def- icient and No. defective, if any), Nose, Tonsils, etc.	(o) Anus, Hæmorrhoids, etc.
22 ⁴ / ₁₂	135	5'10"	Good	(a) maximum 36 (b) minimum 35 (c) mean 34 ¹ / ₂	right eye 6/9 left eye 6/6 colour vision 2/40	1917		Normal	Normal	Marked acne vulgaris	Normal	Normal	Defective Deficient Throat Normal	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 R. McLuskie
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.

Fit. 8-12-39

.....
Examining Medical Officer
(Rank).....

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

Temporarily unfit - noisy left lung - bronchitis?
8/12/39 - left lung no. vesicular breathing throughout

DECEASED 22 October 1940

AWARDS NAVY

D.D.

MCLUSKIE	William Richard	V-25209	Vict. A.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	4097
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL
HMCS "MARGAREE" Aug. /41 - R.C.N.V.R.

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mr. D. C. McLuskie - Father

ADDRESS: 2 Berlin Street,
Halifax, N.S.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Jean McLuskie

ADDRESS: 2 Berlin Street
HALIFAX, N.S.

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO 1033

(2)

(3) 14 May 1941

V25209

OFFICIAL NUMBER

NAME McLUSKIE
(Surname)

William R.
(Given Names)

OFFICIAL NUMBER

V25209

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS "Stadacona"	Vict. Asst.	8	12	39		V.G.		31	12	39							
HMCS "Fraser"	"	6	2	39													
HMCS "Niobe"	"	26	6	40	Survivor awaiting passage												
HMCS "Margaree"	"	6	9	40													
<u>DISCHARGED</u>	"	22	10	40	<u>Killed in action (Per HMCS "Margaree" Casualty List)</u>												

GENERAL REMARKS

Memorial Cross sent to his mother.

DATE OF BIRTH	PLACE OF BIRTH	CIVIL	EDUC.	REL.	ED	PERM. RESIDENCE	PREV. ENL.	RANK OR RATE ON ENLISTMENT
02 15 17	12 830	0	40	X	4	08 02 0	19	0 22 14
ENLIST. DATE	ACT. SERV. DATE	STR.	ACT. SERV. DATE	SHIP OR ESTAB.	RANK OR RATE			
08 12 39	08 12 39					03 15 0 22 14		
SENIORITY	STR.	NON-SUB	M					
08 12 39	09	00	00	20	22	10	40	

V25209

OFFICIAL NUMBER

FILE NUMBER

113-M-924

OFFICIAL NUMBER V25209

NAME McLUSKIE William R. DATE OF BIRTH 2 May, 1917
(Surname) (Given Names)PLACE OF BIRTH Montreal, Que. OCCUPATION StockmanRELIGION United EDUCATIONRESIDENCE AT TIME OF ENLISTMENT: Street and No. 2 Berlin St. Town Halifax, Province, etc. N.S.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
8	12	39	H.O.	5' 10"	brown	blue	medium	Scar on temple & rt. hand.				

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Miss Jean M. McKinnon
ADDRESS (in pencil): Street and No. 2 Berlin St. Town Halifax, Province, etc. N.S.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	

BADGES, G.C. OR G.S.				BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES							
Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year					Day	Month	Year		

FILM
NO. WSR-5394-6
DATE

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

SECOND CLASS FOR CONDUCT	
From	To

14-1-43 AT



DC

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

4
 NAVY

DECEASED MEMBER'S NAME

William R.
 (CHRISTIAN NAMES)

McLUSKIE
 (SURNAME)

REGISTER NO.

5524

FILE NO.

NSV-25209

DATE

27 Apr/45

PAYEE

Mr. Daniel McLuskie,

SERVICE NO.

V-25209

ADDRESS

326 Moffat Ave.,
 Verdun, Que.

FINAL RANK OR RATING

V.A.

DATE OF TERMINATION OF OVERSEAS SERVICE

22 Oct/40

DATE OF DISCHARGE

22 Oct/40

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 320 EQUAL TO 10 COMPLETE PERIODS AT \$7.50
30

\$
 75.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 260 LESS 20 INELIGIBLE DAYS, EQUAL TO 240 DAYS @ 25C. PER DAY

60.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.95
 SUBSISTENCE OR LODGING
 AND PROVISION ALLOWANCE \$ 1.45
 ADDITIONAL PAY H.L.M. \$.13

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.53 X 7 = \$ 24.71
 NO. OF DAYS 240 X \$ 24.71
183

32.41

D. WAR SERVICE GRATUITY

167.41

E. DEDUCTIONS

OVERPAYMENT OF

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

NIL

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

167.41

G. YOUR PORTION OF GRATUITY IS—

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

=\$ 167.41

cheque # 8002 - 11/5/45

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

SJD

CHECKED BY

Sa. B.

TREASURY

CHECKED BY

DATE

203 *11/45*

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

AT

- Navy
- Army
- Air Force

(Mark X opposite Force in which you last served.)

DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441
1 Mil. 9-44 (5449)
H.Q. 1772-39-2326

Application for War Service Gratuity

(Canadian Armed Forces)

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service..... MCLUSKIE
(Print)
2. Christian Names WILLIAM RICHARDS
(Print)
3. Service No. 25209 R.C.N.V.R. 4. Paid rank or rating at date of termination of Service V.A.
5. Address, in full, to which payments of gratuity are to be forwarded.....

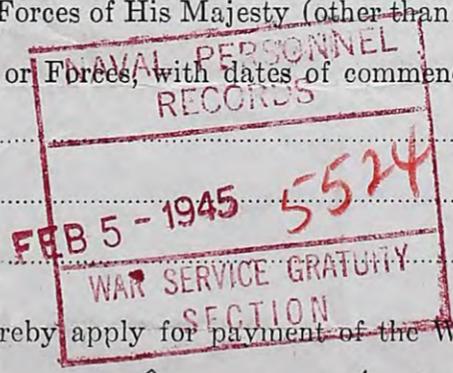
326 Moppat Avenue
Verdun, Que

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
<u>Navy</u>	<u>25209 R.C.N.V.R.</u>	<u>V.A.</u>	<u>Sept 1939</u>	<u>Oct 22nd 1940</u>

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty?..... If so, state name of Force or Forces.....

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)?..... If so, state the Force or Forces, with dates of commencement and termination of service.



Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

January - 29 - 1945
(Date)

Samuel G. McLuskie
(Signature of Applicant)

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz: Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.) Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General. Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

ORIGINAL

475 9/4
DEPT
MILITIA & DEFENCE
APR 11 1940
H.Q. 113 M 924
CANADA

H.Q. File No. 5

DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
"FRASER" 5.D11/24	Mc LUSKIE, Surname William Richard Christian Names	V. A. RCNVR(T)	25209 F016677	\$ 1.60

Section A ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Bank of Montreal. Savings A/C. 2646.	-	Kline & Quinpool Rd. Halifax.NS.	\$ 10.	APRIL

Section B DISPOSAL OF EXISTING ALLOTMENTS

(See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):—
\$ 20.	Mrs. D. Mc LUSKIE. (Mother).	Halifax, N.S.	New APRIL.

NOTE 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.

NOTE 2:—Write "Increased or reduced as Section A"; "To be stopped (charged to.....)"; "To be continued," etc.

Allotter's Signature authorizing charges
V.A.

William R. Mc Luskie
Rank or Rating
RCNVR(T)

ENTERED IN FAIR LEDGER

As Stanley

ENTERED IN ROUGH LEDGER

[Signature]

The allotment now declared has been duly entered in the Fair and Rough Ledgers with effect from the appropriate date. The reduction or transfer has been duly approved by the Commanding Officer and the reasons for the alteration are:—

THE NAVAL SECRETARY,

Department of National Defence,
(Naval Service)
Ottawa, Ont.

PAYMASTER LIEUTENANT, R.C.N.R.
for Accountant Officer

H.M.C.S. STADACONA.

Forwarded.....

9/4/40

S. 63

15M-10-39 (2286)
N.S. 815-9-63

C.R.
P. A.
Supt. Branch
[Signature]

NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET

FOR USE AT HEADQUARTERS ONLY

	INITIALS	DATE
Declaration received at Headquarters.....		
Declaration examined.....		
Approved.....		
Index card made.....		
Allotment ledger sheet made.....		
Allotment ledger sheet checked.....		
Type plate made.....		

MAIN FILE
CHARGED TO
SINCE
REC'D. CENTRAL REGISTRY
APR 12 1946
REFERRED TO <i>Gray</i>

Fraser 14

DURATION OF HOSTILITIES

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

CERTIFICATE of the Service of

William Richard M. C. CUSKIE
in the Naval Service of Canada

PORT DIVISION	<u>H A L I F F A X, N. S.</u>	OFFICIAL NUMBER <u>25209</u>
---------------	-------------------------------	------------------------------

Date of birth 2 May, 1917.

Where born { Town Montreal,
 County and province Province of Quebec.

Usual place of residence 2 Berlin St., Halifax, N. S.

Trade brought up to Stockman--Simpson's.

Religious denomination United.

Next of kin (mother) Jean M. Cuskie, same address.

Can swim.....

Man's signature on discharge to pension.....

CONTINUOUS SERVICE ENGAGEMENTS.			MEDALS, CLASPS, Etc.	
Date of actual volunteering.	Commencement of time	Period volunteered for	Date Received.	Nature of Decoration
<u>8th December,</u>	<u>1939.</u>	<u>Duration of Hostilities.</u>		

DESCRIPTION OF PERSON.	STATURE		COLOUR OF			MARKS, WOUNDS AND SCARS.
	Feet.	In.	Complexion.	Hair.	Eyes.	
On entry as a boy.....						
On advancement to man's rating, or on entry under 28 years.....	<u>5.</u>	<u>10.</u>	<u>Medium</u>	<u>Brown</u>	<u>Blue</u>	<u>Scar on temple and right hand.</u>
On re-entry for C. S. or for Non-C.S. after attaining 28 years.....						
Further description if necessary.....						

ACCOUNTS OF MEN DISCHARGED

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

Name... WILLIAM R. McLUSKIE Rating... V.A.
Official No... V-25209... H.M.C.S. MARGAREE List... 5D2/10
Who*... was "DD" on the 22nd OCTOBER 19 40.

Net sum due on ledger on account of Wages.....	\$	cts.	
	21	35	
Proceeds of sale of Effects charged against Wages, brought from the other side			NIL
CASH—	\$	cts.	
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....			NIL
Found amongst Effects.....			NIL
Debts collected \$.....			NIL
<i>OK #60-23726</i>			20 00
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)... TWENTY & TEN charged to... 31st OCTOBER 1940			
Name of ship from which transferred... H.M.C.S. MARGAREE			
Total†... BALANCE CREDITOR.....			21 35 41.35 <i>642</i>

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-ONE- dollars... THIRTY-FIVE cents.

Dated on board H.M.C.S. STADACONA at HALIFAX NOVA SCOTIA this 25th day of MARCH 19 41.

Approved *B. Watfield* FOR Accountant Officer
PAYMASTER SUB/LIEUT. R.C.N.V.P. Initials of the Assistant Accountant Officer
J.C. Leigh Commanding Officer.
ACTING CAPTAIN R.C.N.

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.

Ledger Fair
Rov *h*

P005934

113-M-924

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 NOVA SCOTIA

Name William Richard MCLUSKIE
(Christian names in full)

Rank of Rating Victualling Assistant Official No. 25209
(If unknown, date of first entry)

Place of Birth Montreal, P.Q. Date of Birth 2nd May, 1917

Occupation in Civil Life Stockman Religion United
Simpson's

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) 10 months

Date of Death 22nd October, 1940. Place of Death At sea

Cause 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 Jean McLuskie Relationship Mother
Address 2 Berlin Street,
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, according to Nationality

Place 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 invalidated

J. M. ...
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

113-7m924

10

November 2, 1940.

Dear Madam:

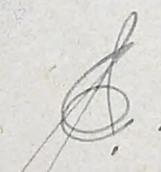
It is with deep regret that I must confirm the telegram sent out by the Minister of National Defence, reporting that your son, William R. McLuskie, Victualling Assistant, R.C.N.V.R., O.N. V.25209, was missing, believed killed.

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

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

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

Yours very truly,


(J.O. Cossette),
Naval Secretary.

Mrs. Jean McLuskie,
2 Berlin Street,
HALIFAX, N.S.

VERIFICATION FORM

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

RATING *V.A.* OFF. NO. *V.25209* ADDRESS

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

VERIFIED BY *J. Howard*

ED BY DIR. OF PERSONNEL RECORDS.