

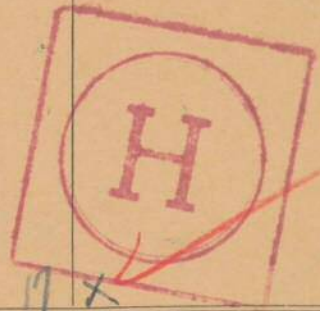
DEPARTMENT OF NATIONAL DEFENCE—(NAVAL SERVICE)

CROSS REFERENCE

R.C.N.V.R. - MEN

LYONS.....FREDERICK ORTON

STO. I V46735 HMCS DISCOVERY



N.S. 113 - L - 2218  
V-46735

CENTRAL REGISTRY	DATE	P. A. OR B. F.	INITIALS	REFERRED TO	FOR REMARKS	INITIALS SMB	DATE
				(If purpose for which referred cannot be expressed on one line, add minute to file and enter here "With Minute")			
	10-9-42	PA	F.H.	N.P.R.	P-213570-4		
JUN 20 1944	15/6/44	P.A.	A.E.	Per(n) D.P.P.	P-081535		JUN 13 1944
JUL 31 1944	31 Aug 44	P.A.	A.E.	Per(n) D.P.P.	P-120933		AUG 26 1944
JUN 7 1945	1/6/45	P.A.	J.M.	Insipim.	P-918710		JUN 5 1945
				Dupa	P-967382		NOV 14 1945
JAN 26 1946	2/2/46		J.H.	CTO(n) Pre audit Transp			14/1/46
				Per(n) O.N.P.A. notes pls			23/1/46
				Chap. Review			21/1/46
FEB 22 1946				D.P.R.	Memo please		13/2/46
MAY 18 1946	17/4/46		M.H.	CTO(N)			21/2/46
JUN 6 1946	17/4/46		M.H.	CTO(N)	Per B.F.		23/2/46
JUL 1 1946	10/7/46	P.A.	J.B.	Insy (air)	PER B.F.		JUN 17 1946
JUL 18 1946	17/7/46	P.A.	J.B.	CTO(n)	Per B.F.		12/7/46

DO NOT WRITE BELOW THIS LINE

FD-3466-16/17/43

old 16-3-43737

**MICROFILMED**  
FILM REF 1047-5798-5

*Cannot locate  
Account file.  
June 26, 1946.*



Protected information when completed  
 Renseignements protégés une fois la formule remplie

**LAST POST FUND**

(FACSIMILE TRANSMISSION)

**FONDS DU SOUVENIR**  
 (ENVOYÉ PAR TÉLÉCOPIE)

USE BLACK INK - UTILISER DE L'ENCRE NOIRE

To - A Correspondence Correspondance	Division - Direction générale Personnel Records Centre Centre des Documents du Personnel	City - Ville Ottawa	Tel no. - N° de tél. (613) 954-4138
Family name - Nom de famille <b>LYONS</b>		Given name(s) - Prénom(s) <b>FREDERICK ORTON</b>	
Service number - Matricule <b>V 46735</b>	Date of birth - Date de naissance <b>MAY 16/15</b>	Date and Place of death - Date et lieu de décès <b>DEC. 27/93</b> <b>NANAIMO, B.C.</b>	

INFORMATION REQUIRED - RENSEIGNEMENTS DEMANDES

Date of enlistment  
Date d'enrôlement **24 August 1942**

Date of discharge  
Date du licenciement **22 November 1945**

Theatres of service  
Théâtres de service **CANADA + ON THE HIGH SEAS**

Marital status  
Statut matrimonial **Married (Ruth Lyons)**

Religion  
Religion **Church of England**

Honours  
Décorations **NIL**

Units and Rank  
Unités et Grade **RCNVR (Motor Mechanic)**

Remarks  
Remarques

REPLY TO - RÉPONDRE A			
Name - Nom for BC Branch	Branch - Filiale Rm. 520 - 510 W. Hastings St. Vancouver, B.C. V6B 1L8	LAST POST FUND	
City - Ville Vancouver	Province British Columbia	Facsimile tel. no. - N° de tél. de télécopie (604) 685-4521	Date sent - Envoyé le <b>DEC. 29/93</b>
Personnel Records Centre National Archives Canada Centre des documents du Personnel Archives Nationales du Canada		Verified by - Vérifié par <i>[Signature]</i>	Date <b>4/1/94</b>

LYONS Frederick Orton		V-46735	M.M.	FILE No. <i>312662</i>
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	
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

Page 4 of 95

## MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

1) MEDALS  
PERSON  
ENTITLED TO

(1)

ADDRESS:

(2) MEMORIAL CROSS

WIDOW

(2)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

(3)

ADDRESS:

CERTIFIED TRUE COPY OF

N.V. 17  
60M-11-40 (7836)  
N.S. 815-11-17

CERTIFICATE of the SERVICE of

*Frederick Orton LYONS*

in the Royal Canadian Naval Volunteer Reserve

Identification Card No. *65049* Issued

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V-46935</i>
<i>Esquimalt</i>	<i>Vancouver</i>	"
		"

Date of Birth *16 May, 1915*

Place of Birth *Branepeth, Sask*

Place of Residence *835 E 57 Ave Vancouver BC*

Trade brought up to *Own Service Station Business*

Religion *Church of England*

Can Swim:—P.P.T. Date *19* Signature \_\_\_\_\_ Rank \_\_\_\_\_

P.S.T. Date *19* Signature \_\_\_\_\_ Rank \_\_\_\_\_

Name and Address of Nearest Relative or Friend (in pencil)

*(Wife)  
Ruth*

**O.H.F.**

*same address*

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<i>24 Aug 42</i>	<i>Hostilities</i>	<i>Sto I (M)</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>6 1/2</i>	<i>38</i>	<i>142</i>	<i>Dark Brown</i>	<i>Brown</i>	<i>Fair</i>	<i>Nil</i>
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

TRANSFER BETWEEN DIVISIONS			TRANSFER—LISTS A AND B		
From	To	Date	List	Date	Authority





Name Frederick Oston LYONS

Conduct

SECOND CLASS FOR CONDUCT (Inclusive Dates)		CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED			
From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
		V.G. Svt (M.M.)		31 Dec '42	
		V.G. Supt (M.M.)		31 Dec '43	
		V.G. Svt (M.M.)		31 Dec '44	
		V.G. Svt (M.M./T.V.)		27 Nov '45	

R.C.N.V.R.  
GOOD CONDUCT AND GOOD SERVICE BADGES

Date	G.S.B. or G.C.B.	1st, 2nd, 3rd	Granted, Deprived, Restored
24 Aug '45	G.C.B.	1	<i>[Signature]</i>

TIME FORFEITED

Date	P., D.C., C.P., or W.T.	No. of Days	
		Awarded	Served



# DEPARTMENT OF VETERANS AFFAIRS

THE WAR SERVICE GRANTS ACT-1944-PART II

## AUTHORITY TO PAY

TO: THE DISTRICT TREASURY OFFICER

DISTRICT. VA

DATE. March 6, 1952

PLEASE ISSUE AND CHARGE TO THE RE-ESTABLISHMENT CREDIT

V-46735

M.M.

LYONS, Frederick O.

OF: (SERVICE NO.) (RANK) (SURNAME) (CHRISTIAN NAME)

ADDRESS. 969 East 58 Avenue, Vancouver, B.C.

71829

THE SUM OF ONE DOLLARS \$ 1.01

FOR. EQUIPMENT FOR TRADE  
(REASON FOR PAYMENT)

S.O. No. 1706

This payment closes out your re-establishment credit account.

CHEQUE TO  
BE MADE  
PAYABLE TO

FREDERICK O. LYONS.

277.H

ADDRESS. 969 East 58 Avenue,  
Vancouver, B.C. 15

FILE REVIEWED  
BENEFITS 2 of 5 NOT GRANTED.

/PW  
PAT. O

CERTIFIED THAT THIS AMOUNT IS AVAILABLE  
AND HAS BEEN CHARGED TO THE RE-  
ESTABLISHMENT CREDIT ACCOUNT OF THE  
INDIVIDUAL CONCERNED.

PAYMENT RECOMMENDED  
BY: [Signature]  
DISTRICT RE-ESTABLISHMENT CREDIT DIVISION

SIGNED BY: [Signature]  
DISTRICT TREASURY OFFICER

PAYMENT AUTHORIZED BY: [Signature]  
FOR DISTRICT ADMINISTRATOR

ORIGINAL — REMOVE SECOND CARBON BEFORE SIGNING

DIAGNOSIS

# ORAL EXAMINATION AND DENTAL RECORD CHART

## DEPARTMENT OF VETERANS AFFAIRS

Examining Dental Surgeon C. D. C. Date of examination 25.9.45

Address No. 5'0 Coy (N)

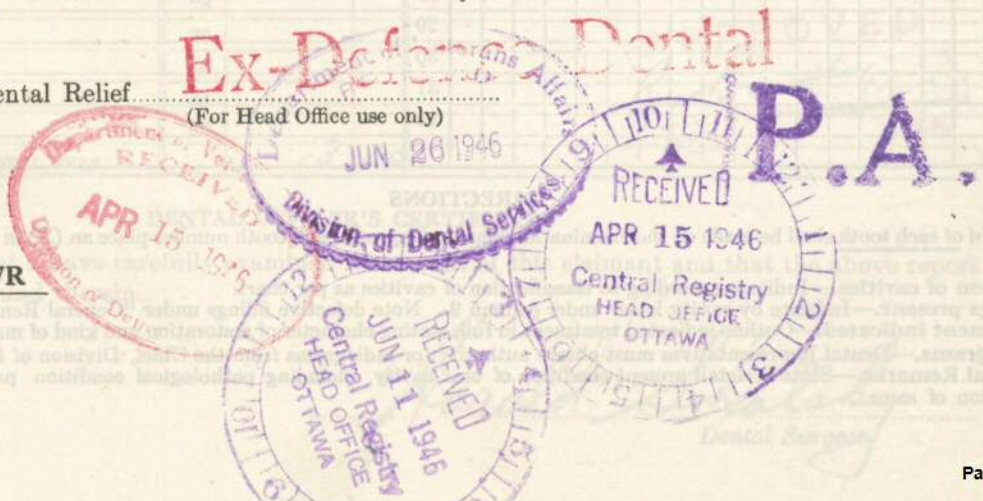
Examination of LYONS, FRED O. Regt. Number V. 46735  
Surname First Middle

Address 3034 E. 4TH AVE., VANCOUVER, BC  
Street No. City or Town Province

Classification for Dental Relief Ex-Defence Dental  
(For Head Office use only)

D.V.A. Form 467R

7-45-Req. 719-100M





CLASSIFICATION OF THE TEETH

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| 1. Right Superior Third Molar.     | 17. Left Inferior Third Molar.      |
| 2. Right Superior Second Molar.    | 18. Left Inferior Second Molar.     |
| 3. Right Superior First Molar.     | 19. Left Inferior First Molar.      |
| 4. Right Superior Second Bicuspid. | 20. Left Inferior Second Bicuspid.  |
| 5. Right Superior First Bicuspid.  | 21. Left Inferior First Bicuspid.   |
| 6. Right Superior Cuspid.          | 22. Left Inferior Cuspid.           |
| 7. Right Superior Lateral Incisor. | 23. Left Inferior Lateral Incisor.  |
| 8. Right Superior Central Incisor. | 24. Left Inferior Central Incisor.  |
| 9. Left Superior Central Incisor.  | 25. Right Inferior Central Incisor. |
| 10. Left Superior Lateral Incisor. | 26. Right Inferior Lateral Incisor. |
| 11. Left Superior Cuspid.          | 27. Right Inferior Cuspid.          |
| 12. Left Superior First Bicuspid.  | 28. Right Inferior First Bicuspid.  |
| 13. Left Superior Second Bicuspid. | 29. Right Inferior Second Bicuspid. |
| 14. Left Superior First Molar.     | 30. Right Inferior First Molar.     |
| 15. Left Superior Second Molar.    | 31. Right Inferior Second Molar.    |
| 16. Left Superior Third Molar.     | 32. Right Inferior Third Molar.     |

CLASSIFICATION OF CAVITIES

- | SIMPLE CAVITIES         |                          |
|-------------------------|--------------------------|
| Incisors and Cuspids:   | Bicuspids and Molars:    |
| A. Labial.              | D. Occlusal.             |
| B. Lingual.             | E. Buccal.               |
| C. Incisal.             | F. Lingual.              |
| G. Mesial.              | I. Mesial.               |
| H. Distal.              | J. Distal.               |
| COMPOUND CAVITIES       |                          |
| K. Mesio labial.        | R. Mesio-occlusal.       |
| L. Disto-labial.        | S. Disto-occlusal.       |
| M. Mesio-lingual.       | T. Occluso-buccal.       |
| N. Disto-lingual.       | U. Occluso-lingual.      |
| O. Mesio-incisal.       | V. Mesio-disto-occlusal. |
| P. Disto-incisal.       | W. Bucco-lingo-occlusal. |
| Q. Mesio-disto-incisal. |                          |

TREATMENT INDICATED	TOOTH NO.	FEES	GENERAL REMARKS
	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		
	11		
	12		
	13		
	14		
	15		
	16		
	17	2 00	
	18	3 00	
	19		
	20		
	21		
	22		
	23	8 00	
	24		
	25		
	26		
	27		
	28		
	29		
	30		
	31		
	32		
<b>TOTAL FEES</b>		<b>13 00</b>	

APPROVED  
*Rw. Bradley*  
 D.V.A.  
 B.S.D.

DENTAL OFFICER'S CERTIFICATE

I hereby certify that I have carefully examined the mouth of this claimant and that the above report depicts the condition found therein.

*Harold Shatsky*  
 Dental Surgeon

# DAILY RECORD OF DENTAL WORK COMPLETED

DATE	OPERATION	TOOTH No.	Cavity Location	MATERIALS	FEES	Operator
March 6	Amalgam	17	D		2 00	
	Amalgam	18	R.		3 00	
March 13	Periodontia treatment					
.. 20	Periodontia treatment					
.. 27	Periodontia treatment					
April 4	Periodontia treatment				8 00	
Total Fees					13 00	✓

Department of Veterans Affairs

Certified that this claim arose on account of  
services performed by the Department, and  
that the charges are fair and just.

1945  
*R. W. Bradley*  
District Supervising Dentist

**PATIENT'S CERTIFICATE**

I hereby certify that to my best knowledge I have received dental relief as recorded and same is satisfactory.

*[Signature]*  
.....  
(Patient's Signature)

**DENTAL SURGEON'S CERTIFICATE**

I hereby certify that the foregoing dental relief has been rendered by me personally, and it is in accordance with the specifications.

*[Signature]*  
.....  
(Dental Surgeon)

V46735

OFFICIAL NUMBER

FILE NUMBER

113-L-2218

OFFICIAL NUMBER

V46735

NAME LYONS (Surname) Frederick Orton (Given Names) DATE OF BIRTH 16 May, 1915PLACE OF BIRTH Brancepath, Sask. OCCUPATION Own Business (Service Station)RELIGION C. of E. EDUCATION I yr. High SchoolRESIDENCE AT TIME OF ENLISTMENT: Street and No. 835 E. 57th. Avenue, Town Vancouver, Province, etc. B. C.

## ENGAGEMENTS

Date (in figures)			Period
Day	Month	Year	
24	8	42	Hostilities only

## DESCRIPTION

Height	Hair	Eyes	Complexion	Marks or Scars
5'6 $\frac{1}{2}$ "	Dk. Brn.	Brown	Med.	Nil

## PREVIOUS SERVICE

Served in	Rank or Rating	Dates	
		From	To

NEXT OF KIN RELATIONSHIP (in pencil) 2 Miles NAME (in pencil) Mrs. Ruth LyonsADDRESS (in pencil): Street and No. 960 Robie Street Town Halifax Province, etc. N.S.

## MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

Date (in figures)			Particulars
Day	Month	Year	

## EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures)			Particulars
Day	Month	Year	
17	4	44	Qual. for M.M. File.

## BADGES, G.C. OR G.S.

Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored
Day	Month	Year		
24	8	45	1st. G.C.B.	Granted

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

SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
		Day	Month	Year		

Date (in figures)

Day Month Year

DAYS FORFEITED

Prison Det'n Cells C. Power W. Trial In diff. Char.

Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.

O.H.F. Received

Un. Ins. Book, 425 Howe St., Vancouver, B. C.



V46735

OFFICIAL NUMBER

NAME LYONS  
(Surname)

Frederick Orton  
(Given Names)

OFFICIAL NUMBER V46735  
**P.I.B.**

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 "DISCOVERY"	Stoker I (M)	24	8	42	Div. Str. Vancouver												
"	Stoker	24	8	42	Active Service	V.G.	Supr.	31	12	43							
"	Idg. Stoker (2n)	25	8	42		V.G.	Sat.	31	12	44							
Cornwallis.	"	28	8	42	D.L. 27.8.42.												
Stadacona.	"	6	10	42	D.R.D. # H-43.												
M.L.097	"	19	2	43	Ledger.												
Stadacona	"	17	1	44	D.R.D. #40.P.7.												
Venture	"	23	6	44	D.R.D. S/202 P/25												
HMC ML-097 (3848)	"	17	7	44	DRD 174 p-1 Venture.												
Venture	A.M.M.	1	5	44	Adv. Memo 8-8-44 Back Dated												
	"	12	8	44	D.R.D. #196 P/1												
SCOTTIAN	MM	010545ALT 33816															
PEREGRINE		110845HDO 2218															
DISCOVERY		040945HDO 26387															
		280945HDO 40343															
DISCHARGED FROM					ALT 64071												
DISCOVERY					221145 DEMOB												

GENERAL REMARKS

AWARDED WAR SERVICE BADGE "GENERAL SERVICE" CLASS NO 583872  
Date 22.11.45.

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		RELIEVED		PERM. RESIDENCE			PREV. ENL.		RANK OR RATE ON ENLISTMENT		
DY	MO	YR.	BIRTH	MAIN	SUB	GIOR	P.	CTY.	TOWN	SERV.	DIV.	A	BR	RANK		
16	5	15	19	200	0	30	2	904	10	0	08	0	16	94		
ENLIST. DATE			ACT. SERV. DATE			STR.		ACT. SERV. DATE			SHIP OR		RANK OR RATE			
DY	MO	YR.	DY	MO	YR.	CAT.	DY	MO	YR.	ESTAB.	A	BR	RANK			
24	08	42	24	08	42					9830	0	15	93			
SENIORITY			STR.		NON-SUB		M		CODED			CHECKED				
DY	MO	YR.	CAT.	A	B	ST.										
25	05	42	13	00	00		M.B.			DC SMC						

LYONS, FREDERICK ORTON

D.V.A. 25 H.O. 100M-4-48 KP REQ. 478-87

O. H. M. S. RCNVR

V-46735

DEPARTMENT OF VETERANS AFFAIRS  
CANADA

NAVY  
DOCS

113-2-2218



N. V. 5  
50M-1-41 (8973)  
N.S. 815-11-5

213572

# ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME LYONS OFFICIAL NO. V 46735  
CHRISTIAN NAMES Frederick Orton MARRIED, SINGLE OR WIDOWER Married

PERMANENT ADDRESS 835 E. 57th. Ave., Vancouver, B.C. FR 4627 RELIGION Church of England

DATE OF BIRTH 16th. May, 1915 PLACE OF BIRTH Brancepeth NAME AND ADDRESS OF NEXT OF KIN Wife: Mrs. Ruth Lyons, 835 E. 57th. Ave., Vancouver, B.C.  
Original Nationality of:  
Father English County  
Mother English Province Sask.

\*If not the son of natural born British parents, particulars to be given at foot of next page

## (A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>39 1/2</u>	<u>Dark brown</u>	<u>Brown</u>	<u>Medium</u>	<u>None</u>
Inches <u>6 1/2</u>	Deflated <u>36 1/2</u>				
	Mean <u>38</u>				

EDUCATIONAL STANDING One year High School. TRADE OR CALLING AND IN WHOSE EMPLOY Own Business: Service Station, 6904 Fraser Ave., Vancouver, B.C.

DATE OF ENROLMENT 24th. August, 1942. RATING FOR WHICH ENROLLED 24/8/42 Stoker I (M) rated R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED H.M.C.S. "DISCOVERY"  
ACTIVE SERVICE 25/8/42 L/Stoker (M)

## (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 XXXXXXXXXXXXXXXXXXXX for the period shown, and attach my record of service, in corroboration of this statement. X

\*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
<u>XXXXXXXXXXXX</u>	<u>XXXXXXXXXXXX</u>	<u>NI L</u>	<u>XXXXXXXXXXXX</u>

Personnel Records Division.

1. Noted in Records X

2. Index Card X

3. Non-Sub. Card X

4. Statistical Card X

5. Raneo Strip X

6. Pension Card X

7. X

8. X

DATE 9.5.42

(c) I have never been rejected for or discharged 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.

In possession of Unemployment Insurance Book? YES

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

(a) To serve from the date thereof for the duration of hostilities, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

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

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest 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.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

Dated this 24th. day of August, 1942.

Signature of applicant..... [Signature]

(C) CERTIFICATE OF ATTESTING 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 24th. day of August, 1942.

[Signature] Sub-Lieut. RCNVR.  
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Frederick Orton LYONS 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..... [Signature]

Witness..... [Signature]

Date 24th. August, 1942. Rank Sub-Lieutenant, R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

Frederick Orton LYONS 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 Vancouver Division of the R.C.N.V.R. or in the appropriate official documents.

[Signature] Sub-Lieut. RCNVR.  
Attesting Officer.

24th. August, 1942. R.C.N.V.R. Division (or other establishment) H.M.C.S. "DISCOVERY"

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.

This is to acknowledge that I have not been induced to enter the Stoker Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

[Signature]  
Signature



CANADA

Rechecked list for Active Service  
Discovery: 113-L-2218  
24-8-42.  
Bear

Can. B. 207

100M-3-42 (3733)  
N.S. 815-2-207

213573

# Certificate of Medical Examination of Officers, Men and Boys

## 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 Frederick otton LYONS  
candidate for entry as Ldg. Sto (M) RCNVR  
and I believe him to be \*in all respects fit for His Majesty's Service  
unfit for His Majesty's Service for the reason stated below } He has signed the Certificate  
given below in my presence.  
†Strike out if inapplicable \*Delete one. white

This examination has been made in accordance with the current Instructions as to Medical Standards.

(a) Age	Yrs. 27	Mos. 3	(j) Date of last vaccination for Smallpox	Never.	
(b) Height with bare feet	Feet 5	In. 6½	(k) General Development	Good.	
(c) Weight without clothes	147		(l) Nose, Throat and Tonsils	Tonsils + N+T - clear.	
(d) Ears and Hearing	Hearing normal. Drums dry + intact.		(m) Heart and Lungs	Lungs clear Heart normal	
(e) Chest Girth	Max. 39½	Min. 36½	Mean 38	(n) Abdomen Hernia, etc.	Normal
(f) Teeth	Deficient 3	Defective 0	Dentures 0	(o) Limbs and Joints	Normal
(g) Vision by Snellens Types	without glasses 0.60D	Rt. 5/5	Lt. 5/5	(p) Skin	Clear.
(h) Colour Vision	Ishihara N R.C.N. Lantern		(q) Anus Haemorrhoids	Normal	
(i) Chest x-ray	not taken approved positive doubtful S.H. PLATE # 47096		(r) Testes Varicocele	Normal	
			(s) Urine	neg. All reflexes present + equal	

### CERTIFICATE TO BE SIGNED BY 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, vaccination, or inoculations as may be authorized.

†The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.  
‡Strike out if inapplicable.

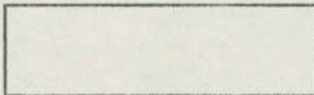
F. Lyons  
Signature of Candidate

When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of.....

\*which renders him medically unfit for service,  
†not considered of sufficient importance to cause his rejection, he being desirable in other respects.  
\*Delete one.

IF REJECTED  
insert here  
UNFIT  
in block letters



Dated at Vancouver B. C. the 5<sup>th</sup> of August 1942

David M. Bear  
Examining Medical Officer  
(Rank) Surg. Lieut. RCNVR T.

# CERTIFICATE OF MEDICAL EXAMINATION OF OFFICERS, MEN AND BOYS, NAVAL SERVICE OF CANADA, ON DISCHARGE

(R.C.N. or Reserve Forces)

NOTE.—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Secretary of The Naval Board, Department of National Defence, Ottawa

I, the undersigned, have examined..... LYONS F.O. M.M. V-46735.....  
(Name, rating, Official No.)  
on discharge from the Royal Canadian Naval Service.

This examination has been made in accordance with the current Instructions as to Medical Standards.

(a) Age	Yrs. <u>30</u>	Mos. <u>4</u>	(j) Date of last Vaccination for Smallpox	<u>42</u>	
(b) Height with bare feet	Feet <u>5</u>	In. <u>6<math>\frac{3}{4}</math></u>	(k) General Development	<u>G</u>	
(c) Weight without clothes	<u>147</u>		(l) Nose, Throat and Tonsils	<u>N</u>	
(d) Ears and Hearing	<u>N</u>		(m) Heart and Lungs <u>120-84</u>	<u>N</u>	
(e) Chest Girth	Max. <u>38</u>	Min. <u>35</u>	Mean <u>36<math>\frac{1}{2}</math></u>	(n) Abdomen Hernia, etc.	<u>N</u>
(f) Teeth	Deficient <u>2</u>	Defective	Dentures	(o) Limbs and Joints	<u>N</u>
(g) Vision by Snellens Types	without glasses	Rt. <u>20-20</u>	Lt. <u>20-20</u>	(p) Skin	<u>N</u>
	with glasses where worn	Rt.	Lt.	(q) Anus Haemorrhoids	<u>N</u>
(h) Colour Vision	Ishihara R.C.N. Lantern	<u>N</u>		(r) Testes Varicocele	<u>N</u>
(i) Chest x-ray	{ approved positive doubtful	<u>D-16576</u>		(s) Urine sug. alb.	<u>N</u>

## ma2. mg. CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that I have been fully examined (unclotted), that the findings have been read to me, that I am satisfied with the thoroughness of this examination, and that I do not claim to suffer from any disability due to or aggravated by service.

*Lyons*  
.....  
Signature of Candidate

(N.B.—When the officer or rating is subject to a defect not already noted on his Medical Form Can. B.207 on entry, Medical Board of Survey Form C.N.M. 227 will be required.)

Dated at..... HALIFAX..... the 26..... of..... Sept...... 19. 45.....

*Rumpane*  
.....  
Examining Medical Officer

**SURG. LIEUT.**

(Rank).....

*Drafted to Discharge*  
*28-9-45*

DEPARTMENT OF NATIONAL DEFENCE

**X-RAY INSPECTION OF CHEST**

SECTION 1

A radiograph of the chest of

Film No. D. 16576

Rank MM Name LYONS, Fred. O.

Reg. No. V46735 Unit RCMVR

Civilian Address as per Registration Card

Age 30 Height \_\_\_\_\_ Weight \_\_\_\_\_

Signature of Recruit \_\_\_\_\_

is reported as follows:—

- (a) Radiological examination does not disclose evidence of tuberculous disease of the lungs of such a nature as to indicate rejection for service in the Canadian Armed Forces except as stated below.
- (b) The transverse diameter of the heart is \_\_\_\_\_ cms. as compared with a transverse diameter of the chest of \_\_\_\_\_ cms.
- (c) Pathological conditions or congenital abnormalities of importance seen in the film are as under-noted. (In each instance an opinion should be expressed as to whether such was present prior to enlistment.)

NEGATIVE

NEGATIVE  
APPROVED  
RADIOLOGIST  
J. H. Fleming, Surg. Lt. V.R.  
Radiologist

Place RCNH Halifax, N.S.

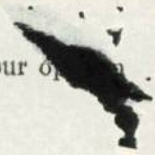
Date 26.9.45.

If a pathological condition or congenital abnormality is not observed by this method of examination, record "negative" after (c).

(OVER)

SECTION 2

Remarks of the Internist, Surgeon or Specialist in Tuberculosis. (State whether in your opinion the lesion present antedated enlistment.)



SECTION 3

Opinion of Consultant Physician and Radiologist as may be indicated by Section 2.

Conclusion.

Place.....

Date..... Sig..... Sig.....

# CONDUCT SHEET

Page 1

NAME Frederick Orton LYONS

RATING Lds Sts (M)

{ PORT DIVISION AND OFFICIAL NUMBER Vancouver V-46735

NAME OF SHIP	Date of Entry	No. of G.C. Badges held	Date of Commencement of "very good" conduct. (Art. 527, cl. 4 and 5) If conduct is not "very good" insert "Nil"	Class for Conduct If in 2nd class, insert (1) Date of reduction. (2) Date of proposed restoration.	Class for Leave If in 2nd class, insert date from which entitled to restoration to 1st class (Art. 573, cl. 2)	Character since last assessment on Service Certificate or Conduct Sheet (Art. 605, cl. 5 and 8)			Efficiency (Art. 607)	For Art. 413 ratings only. (See Notes 5, 6 and 7)		Ship Discharged to (Giving date, if it differs from date of assessment of character, and, in the case of an N.C.S. Steward or Cook discharged to Shore, the cause of discharge)	In red ink—Whether recommended for (a) Boys' Training Service. (b) Other Instructional Duties. (See Note 9)	R.M.G. or R.R. (where applicable)	Commanding Officer's Signature
						From	To	Character Assessment		Whether recommended for advancement (Must be fit for immediate advancement and fully qualified)	Whether recommended with a view to accelerated advancement (Must also be fit for immediate advancement but not necessarily fully qualified)				
<u>Discovery</u>	<u>24 Aug '42</u>	<u>Nil</u>	<u>24 Aug '42</u>		<u>1</u>	<u>24 Aug '42</u>	<u>27 Aug '42</u>	<u>V.G.</u>	<u>Sat</u>	<u>No</u>	<u>No</u>	<u>Cornwallis</u>			<u>C. Stano</u>
<u>Cornwallis</u>	<u>28 Aug 1942</u>	<u>Nil</u>	<u>—</u>	<u>NC</u>	<u>1</u>	<u>28 Aug 1942</u>	<u>5 Nov 1942</u>	<u>V.G.</u>	<u>Sat</u>	<u>NO (NY)</u>	<u>NO</u>	<u>Stadacona</u>			<u>John Clintock</u>
<u>Nesecoma</u>	<u>6 Nov '42</u>					<u>1 Jan '43</u>	<u>15 Feb '43</u>	<u>V.G.</u>	<u>Sat</u>	<u>—</u>	<u>—</u>	<u>(M.L.O.97)</u>			<u>Agnes C. W. White</u>
<u>Stadacona</u>	<u>14 Jan '44</u>					<u>14 Jan '44</u>	<u>22 Jan '44</u>	<u>U.G.</u>	<u>Sat</u>	<u>—</u>	<u>—</u>	<u>Venture</u>			<u>T. B. Armstrong</u>
<u>Stadacona</u>	<u>13 Aug '44</u>			<u>N.C.</u>	<u>1</u>	<u>Jan '45</u>	<u>10 Aug '45</u>	<u>V.G.</u>	<u>Sat</u>	<u>NY (NQ)</u>	<u>—</u>	<u>Scotian</u>			<u>W. B. ...</u>
<u>Scotian</u>	<u>11 Aug '45</u>					<u>11 Aug '45</u>	<u>3 Sep '45</u>	<u>V.G.</u>	<u>under 3 mos</u>	<u>—</u>	<u>—</u>	<u>Perseus</u>			<u>W. B. ...</u>
<u>Perseus</u>	<u>4 Sep</u>						<u>27 Sep</u>					<u>Discovery</u>			
<u>Discovery</u>	<u>28 Sep '45</u>						<u>22 Sep '45</u>					<u>Ashore</u>			<u>Clintock</u>

### NOTES

- Destruction of Conduct Sheet.**—Attention is directed to Art. 603, cl. 3, K.R., which provides for the destruction, after the next assessment of character, of a Conduct Sheet shewing the record of offences in a previous ship. But the Conduct Sheet of a man joining a shore or harbour establishment may (and for Leading Seamen, Leading Signalmen, Able Seamen and Signalmen *must*) be kept in use and accompany him to his next sea-going ship.
- Date of Commencement of "very good" Conduct.**—When the date of commencement of "very good" conduct differs from that which would normally appear from the Service Certificate, the date is to be inserted in red.
- Class for Conduct.**—The date of proposed restoration may be any date not less than 3 months and not more than 6 calendar months from date of reduction. See Art. 567, K.R.
- Good Conduct Medal and Gratuity.**—Recommendations are to be made according to the instructions in Arts. 534, cl. 3, and 606, cl. 4, K.R. If the recommendation is intentionally withheld, a statement to that effect should be inserted. (See Art. 534, cl. 15.)
- Whether Recommended for Advancement.**—To be completed in respect of all Art. 413 ratings by inserting "Yes," "Not Yet" or "No" (but see notes (1), (2) and (3) below):
  - "Yes"—Recommended for advancement. To be followed by (N.Q.) if not fully qualified; this, if awarded in a sea-going ship, will count as a sea-going recommendation for men who require this qualification, although such men are not qualified for recommendation on Form S. 507.
  - "Not Yet"—To be used for ratings not yet recommended for advancement owing to their inexperience. To be followed by (N.Q.) if not fully qualified.
  - "No"—Not recommended, whether qualified or not.
 For Leading Seamen, Leading Signalmen, Able Seamen and Signalmen insert also "S.G.R." or "H.R." according as the ship is or is not a "sea-going" ship (Appendix XVII, Part 1, para. 10) in relation to the individual rating concerned.
- Whether Recommended for Confirmation.**—Notations, in red ink, are to be made across both the "Recommendation for Advancement" columns, after completion of a minimum period of three months' acting time, as to whether or not a rating is recommended for confirmation in the ordinary course. The abbreviations to be used are "R.C.O.C." or "N.R.C.O.C."
- Accelerated Advancement.**—Recommendations are not to be made in this column unless the rating was likely to have been recommended for accelerated advancement on the next return S. 507 had he remained in the ship. This column is intended merely to assist the Captain of the ship to which the rating is discharged in rendering S. 507 at the end of the half-year, by bringing to his notice ratings of more than ordinary merit, who should be specially considered when making the special recommendations on S. 507 for the accelerated advancement of a limited proportion of the ship's company. When recommending Leading Seamen, Leading Signalmen, Able Seamen and Signalmen add "S.G.R." or "H.R." as directed for previous column.
- Offences and Punishments.**—To be recorded on page 2.
- Training Service.**—This column is always to be completed for E.R.As, E.As, O.As, C.P.Os, P.Os and Leading Ratings of the Seamen, Signal W/T and Stoker branches, irrespective of whether or not the rating is a volunteer for the Training Service. If recommended, the word "Yes" should be inserted; if not recommended, the word "No".



432-28

Stadacona

LYONS, Artem

L/No. V-46735

Feb. 28/44

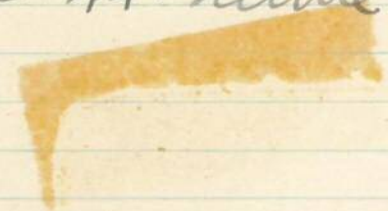
Comp. Swelling rt. lower lid - sore & inflamed - 1 mo.

✓ R. 1/4 Chal. R. Lower lid inner corner.

✓ L. 1/4 Removed outside. 18 silk sutures

Feb. 29.44. Dressed - K.

Mar. 2.44. Suture removed - looks well - K. Kelly



CHECKED WITH ORIGINAL SERVICE CERTIFICATE AND CERTIFIED  
TO BE A TRUE COPY.

*J. Jackson*  
*20 Nov 45*

Page 27 of 95

28-9-45

CANADIAN DENTAL CORPS

M.F.B. 465B  
10M pads of 100-2-45 (6768)  
H.Q. 1772-49-950

MEMORANDUM

Dental Coy. No. 50 (Navy) Date 25 SEPT. 45  
 Reg. No. Y 46735 Rank M/M Name LYONS Unit THE 8 PER-GAINE  
FRED O.

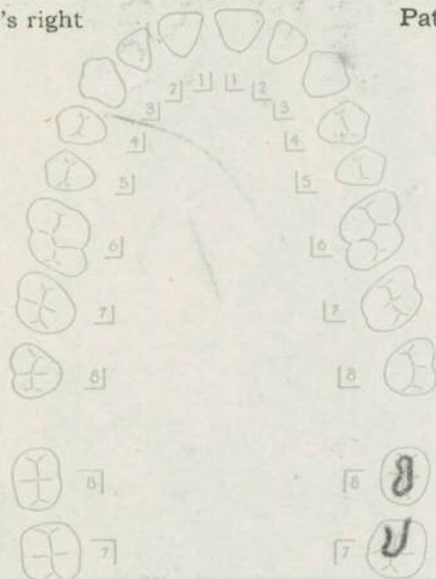
Detail work completed during this appointment. Refer to abbreviations on reverse side. Specify laboratory instructions and enter remarks in the space provided below. Write plainly, indicate treatment using abbreviations and sketch the outline of all restorations.

Patient's right

Patient's left

Shade

Mould

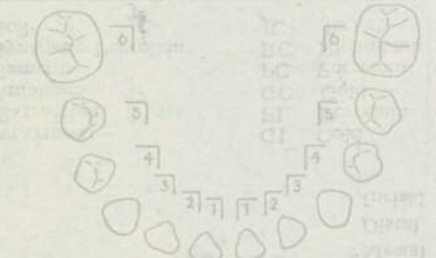


2A - 178

DE. TREATMENT

Shade

Mould



Signature of Operator

Mesial — M  
Distal — D  
Incisal — I

Labial — La  
Buccal — Bu  
Lingual — Li

Occusal — O

ABBREVIATIONS:—

X Extraction  
A Amalgam  
Ce Cement  
S Synthetic Porcelain  
F Foil

GI Gold  
PI Porcelain  
GC Gold  
PC Porcelain  
RC Richmond  
JC Jacket

} Inlay  
  
} Crown

TREATMENT  
RC Root Canal  
V's Vincent's Angina  
Pe Periodontia  
Misc. Miscellaneous

Br Bridge  
PD Partial Denture  
CU Complete upper  
CL Complete lower  
Ra X-Ray

} Describe  
with  
sketch  
} Denture



V-R.

complete

28-9-45

Ship's Book No. \_\_\_\_\_  
(To be noted in pencil)

② TABT  
② TABT  
Kullog Test

**CONFIDENTIAL**  
**ENGINE ROOM BRANCH**  
**FOR MEDICAL HISTORY DOCUMENTS**

53

SURNAME IN BLOCK LETTERS	CHRISTIAN NAMES
LYONS	Frederick Orton

Rating Ldg. Sto (M)  
(To be noted in pencil)

Official Number V-46735

Religion Church of Eng.

**Next of Kin and Address**

Wife: Mrs. Ruth Lyons  
835-E. 57<sup>th</sup> Avenue  
Vancouver, B.C.

**CONTENTS**

DOCUMENT	When first enclosed	Disposal to be shown in pencil whenever a document is detached
Medical History Sheet S446 (late M190).....		
Syphilis Case Card S576.....		
Dental History Card M227....		
.....		
.....		
.....		
Other documents such as Radiograph and Ophthalmic Reports, also Reference Sheets of an important nature bear- ing on the Medical History Sheet of a man.		

This form is to be used in every case with the Medical History Documents. The Date on which any enclosure is first included is to be noted in ink, and the contents of the cover are to be checked on each occasion of despatch and receipt in a ship or Establishment. When it is necessary to extract any Medical History Document or any enclosure a note as to reason and disposal is to be made in pencil as provided for.

Extract from K.R. & A.I., Article 1310, para. (2):

Medical documents are always to be kept by the Medical Officer of the ship or Establishment in which the man is serving, and are to be forwarded by him direct to the Medical Officer of the ship or Establishment to which the man is discharged immediately on discharge.

DEPARTMENT OF NATIONAL DEFENCE

# X-RAY INSPECTION OF CHEST

SECTION 1

A radiograph of the chest of

Film No. D. 16576

Rank MM Name LYONS, Fred. O.

Reg. No. V46735 Unit RCHVR

Civilian Address as per Registration Card

Age 30 Height..... Weight.....

Signature of Recruit.....

is reported as follows:—

- (a) Radiological examination does not disclose evidence of tuberculous disease of the lungs of such a nature as to indicate rejection for service in the Canadian Armed Forces except as stated below.
- (b) The transverse diameter of the heart is.....cms. as compared with a transverse diameter of the chest of.....cms.
- (c) Pathological conditions or congenital abnormalities of importance seen in the film are as under-noted. (In each instance an opinion should be expressed as to whether such was present prior to enlistment.)

NEGATIVE

**NEGATIVE  
APPROVED**  
RADIOLOGIST  
J.H. Fleming, Surg. Lt. V.R.  
Radiologist

Place RCNH Halifax, N.S.

Date 26.9.45.

If a pathological condition or congenital abnormality is not observed by this method of examination, record "negative" after (c).

(OVER)

SECTION 2

Remarks of the Internist, Surgeon or Specialist in Tuberculosis. (State whether in your opinion the lesion present antedated enlistment.)

SECTION 3

Opinion of Consultant Physician and Radiologist as may be indicated by Section 2.

Conclusion.

Place.....

Date..... Sig..... Sig.....

ROYAL CANADIAN NAVAL MEDICAL LABORATORIES (192)

NAME *Lyons F. O.*

RANK: *M* OFFICIAL NO. *V 46935*

Hosp. No., Sick Bay or Ship:

M.O. i/c:

Specimen:

Exam. required:

Clinical Diagnosis:

Date & Hour - Collected:

Received:

REPORT:

SCREEN TEST

MAZZINI SLIDE  
FLOCCULATION

NEGATIVE

Date: *26.9.45*

Signed: *[Signature]*

BACTERIOLOGY, PATHOLOGY, SEROLOGY

## CERTIFICATE OF MEDICAL EXAMINATION OF OFFICERS, MEN AND BOYS, NAVAL SERVICE OF CANADA, ON DISCHARGE

(R.C.N. or Reserve Forces)

NOTE.—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Secretary of The Naval Board, Department of National Defence, Ottawa

I, the undersigned, have examined LYONS N.O. N.N. V-46735  
(Name, rating, Official No.)  
on discharge from the Royal Canadian Naval Service.

This examination has been made in accordance with the current Instructions as to Medical Standards.

(a) Age	Yrs.	Mos.	(j) Date of last Vaccination for Smallpox	
	30	4		42
(b) Height with bare feet	Feet	In.	(k) General Development	
	5	6 1/2		G
(c) Weight without clothes	147		(l) Nose, Throat and Tonsils	N
(d) Ears and Hearing	N		(m) Heart and Lungs	120-34 N
(e) Chest Girth	Max.	Min.	Mean	(n) Abdomen Hernia, etc.
	38	35	36 1/2	N
(f) Teeth	Deficient	Defective	Dentures	(o) Limbs and Joints
	2			N
(g) Vision by Snellens Types	without glasses	Rt.	Lt.	(p) Skin
		20-30	20-20	N
	with glasses where worn	Rt.	Lt.	(q) Anus Haemorrhoids
				N
(h) Colour Vision	Ishihara	R.C.N. Lantern		(r) Testes Varicocele
		N		N
(i) Chest x-ray	{ approved positive doubtful	D-16876		(s) Urine
				sug. obj. N

198. 198.

### CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that I have been fully examined (unclothed), that the findings have been read to me, that I am satisfied with the thoroughness of this examination, and that I do not claim to suffer from any disability due to or aggravated by service.

1322 WEST PENDER ST.  
VANCOUVER, B.C.

Lyons

Signature of Candidate

(N.B.—When the officer or rating is subject to a defect not already noted on his Medical Form Can. B.207 on entry, Medical Board of Survey Form C.N.M. 227 will be required.)

Dated at HALIFAX the 26 of Sept. 1945

Kim Lane

Examining Medical Officer

SURG. LIEUT.

(Rank).....

# X-RAY INSPECTION OF CHEST

SECTION 1

A radiograph of the chest of

Film No. D 16576

Rank MM Name LYONS, Fred. O.

Reg. No. V46735 Unit RCHVR

Civilian Address as per Registration Card

Age 30 Height..... Weight.....

Signature of Recruit.....

is reported as follows:—

- (a) Radiological examination does not disclose evidence of tuberculous disease of the lungs of such a nature as to indicate rejection for service in the Canadian Armed Forces except as stated below.
- (b) The transverse diameter of the heart is.....cms. as compared with a transverse diameter of the chest of.....cms.
- (c) Pathological conditions or congenital abnormalities of importance seen in the film are as under-noted. (In each instance an opinion should be expressed as to whether such was present prior to enlistment.)

NEGATIVE



NEGATIVE  
 APPROVED  
 RADIOLOGIST  
J.H. Fleming, Surg. Lt. V.R.  
*Radiologist*

Place RCHH Halifax, N.S.

Date 26.9.45.

If a pathological condition or congenital abnormality is not observed by this method of examination, record "negative" after (c).

(OVER)

SECTION 2

Remarks of the Internist, Surgeon or Specialist in Tuberculosis. (State whether in your opinion the lesion present antedated enlistment.)

SECTION 3

Opinion of Consultant Physician and Radiologist as may be indicated by Section 2.

Conclusion.

Place.....

Date..... Sig..... Sig.....

# CERTIFICATE OF MEDICAL EXAMINATION OF OFFICERS, MEN AND BOYS, NAVAL SERVICE OF CANADA, ON DISCHARGE

(R.C.N. or Reserve Forces)

NOTE.—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Secretary of The Naval Board, Department of National Defence, Ottawa

I, the undersigned, have examined Lyons Fred. O. N/M U-46735  
 on discharge from the Royal Canadian Naval Service. (Name, rating, Official No.)

This examination has been made in accordance with the current Instructions as to Medical Standards.

(a) Age	Yrs.	Mos.	(j) Date of last Vaccination for Smallpox	
	30	4		1942
(b) Height with bare feet	Feet	In.	(k) General Development	Good
	5	6 3/4		
(c) Weight without clothes	147		(l) Nose, Throat and Tonsils	n
(d) Ears and Hearing	n		(m) Heart and Lungs	n
				120/84
(e) Chest Girth	Max.	Min.	Mean	(n) Abdomen Hernia, etc.
	38	35	36 1/2	n
(f) Teeth	Deficient	Defective	Dentures	(o) Limbs and Joints
	5	—	—	n
(g) Vision by Snellens Types	without glasses	Rt.	Lt.	(p) Skin
		19	20	n
	with glasses where worn	Rt.	Lt.	(q) Anus Haemorrhoids
				n
(h) Colour Vision	Ishihara R.C.N. Lantern	Normal		(r) Testes Varicocele
				n
(i) Chest x-ray	{ approved positive doubtful	D 16576		(s) Urine
				Sug, Alb N

*Max Neg* CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that I have been fully examined (unclothed), that the findings have been read to me, that I am satisfied with the thoroughness of this examination, and that I do not claim to suffer from any disability due to or aggravated by service.

*Lyons*  
 Signature of Candidate

(N.B.—When the officer or rating is subject to a defect not already noted on his Medical Form Can. B.207 on entry, Medical Board of Survey Form C.N.M. 227 will be required.)

H. M. C. S. "PEREGRINE" Dated at HALIFAX, N. S. the 26 of Sept 19 45

*Am Lane*  
 Examining Medical Officer

SURG. LIEUT.  
 (Rank).....

Rechecked fit for Active Service

Discovery  
24-8-42

Bean



# Certificate of Medical Examination of Officers, Men and Boys

## 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 Frederick orton LYONS  
candidate for entry as Ldg. Sto (M) RCNVR  
and I believe him to be <sup>\*</sup>in all respects fit for His Majesty's Service  
~~unfit for His Majesty's Service for the reason stated below~~ He has signed the Certificate  
given below in my presence.  
†Strike out if inapplicable \*Delete one. white

This examination has been made in accordance with the current Instructions as to Medical Standards.

(a) Age	Yrs. 27 Mos. 3	(j) Date of last Vaccination for Smallpox	Never
(b) Height with bare feet	Feet 5 In. 6½	(k) General Development	Good
(c) Weight without clothes	147	(l) Nose, Throat and Tonsils	Tonsils + N+T clear
(d) Ears and Hearing	Hearing normal Drums dry + intact	(m) Heart and Lungs B.P. 150/76	Lungs clear Heart normal
(e) Chest Girth	Max. 39½ Min. 36½ Mean 38	(n) Abdomen Hernia, etc.	Normal
(f) Teeth	Deficient 3 Defective 0 Dentures 0	(o) Limbs and Joints	Normal
(g) Vision by Snellens Types	without glasses Rt. 4/5 Lt. 4/5 with glasses where worn 0.60D	(p) Skin	Clear
(h) Colour Vision	Ishihara N R.C.N. Lantern	(q) Anus Haemorrhoids	Normal
(i) Chest x-ray	not taken approved positive doubtful SH. PLATE # 47096	(r) Testes Varicocele	Normal
		(s) Urine	neg All reflexes present + equal

### CERTIFICATE TO BE SIGNED BY 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, vaccination, or inoculations as may be authorized.

F. Lyons  
Signature of Candidate

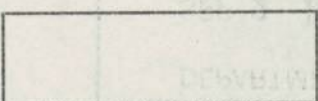
†The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.  
‡Strike out if inapplicable.

When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of.....

\*{which renders him medically unfit for service,  
not considered of sufficient importance to cause his rejection, he being desirable in other respects.  
\*Delete one.

IF REJECTED  
insert here  
UNFIT  
in block letters



Dated at Vancouver B.C. the 5<sup>th</sup> of August 1942

David M. Bean  
Examining Medical Officer  
(Rank) Surg. Lieut RCNVR IT



MEDICAL QUESTIONNAIRE

NOTE: ALL QUESTIONS TO BE ANSWERED SIMPLY "YES OR NO"

1. Have you ever been discharged from the NAVY, ARMY or AIR FORCE? *NO*
2. Have you ever had any of the following illness's or defects any time? *NO*
  - (a) Rheumatism or Rheumatic Fever... *NO* (m) Eye trouble... *NO*
  - (b) Tuberculosis or Pleurisy ... *NO* (n) Gonorrhoea ... *NO*
  - (c) Bronchitis or Pneumonia ... *NO* (o) Syphilis ... *NO*
  - (d) Asthma or Hay Fever ... *NO* (p) Broken or diseased Bones... *NO*
  - (e) Kidney or Bladder trouble ... *NO* (q) Rupture or Hernia... *NO*
  - (f) Bed wetting at night ... *NO* (r) Flat or deformed feet ... *NO*
  - (g) Heart trouble ... *NO* (s) Varicose Veins... *NO*
  - (h) Indigestion of any kind ... *NO* (t) Dizziness, Fainting, fits convulsions ... *NO*
  - (i) Stomack or Bowel trouble ... *NO* (u) Haemorrhoids or Piles ... *NO*
  - (j) Nose trouble ... *NO*
  - (k) Ear trouble ... *NO* (v) Epilepsy ... *NO*
  - (l) Any Operations ... *NO* (w) Swollen, red or sore joints ... *NO*

3. Have you ever had an illness of more than one weeks duration

*NO*

4. Have you lost weight? ... *NO*

5. Have you ever been in Hospital or Sanatorium? ... *NO*

6. Have you or any one in your family ever had:

- (a) Tuberculosis... *NO* (c) Epilepsy... *NO*
- (b) Diabetes ... *NO* (d) Mental or nervous Breakdown... *NO*

7. Are there any disease which run in your family? ... *NO*

*Nil.*

*W. A. Burnes*  
Surgeon Lieutenant, R.C.N.V.R.

I hereby certify that I have revealed my full medical history and not withheld any revelant information.

Signature of Candidate

*W. A. Burnes*

# X RAY INSPECTION OF CHESTS

SECTION 1

A radiograph of the chest of

Film No. 47096

Rank L4/Stoker Name LYONS, Frederick Orton

Reg. No. Unit R.C.N.V.R. (H.M.C.S. DISCOVERY)

Civilian Address as per Registration Card

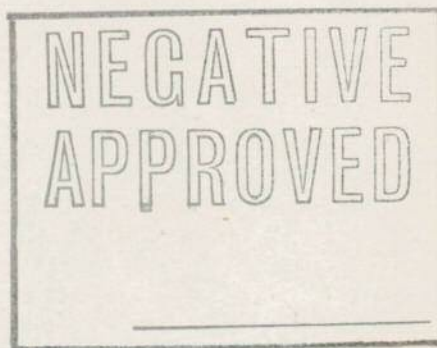
835 E. 57th Ave., Vancouver, B.C. Age 27 3/12 Height 5'6 1/2" Weight 147 lbs.

Signature of Recruit

is reported as follows:—

- (a) Radiological examination does not disclose evidence of tuberculous disease of the lungs of such a nature as to indicate rejection for service in the Canadian Army (A.F.) except as stated below.
- (b) The transverse diameter of the heart is 13 cms. as compared with a transverse diameter of the chest of 31.5 cms.
- (c) Pathological conditions or congenital abnormalities of importance seen in the film are as under-noted. In each instance an opinion should be expressed as to whether such was present prior to enlistment.

NEGATIVE



Place SHAUGHNESSY HOSPITAL VANCOUVER, B.C.

ANDREW TURNBULL MAJOR R.C.A.M.C. Radiologist

Date 5th August 1942

If a pathological condition or congenital abnormality is not observed by this method of examination after (c) record "negative."

(OVER)

SECTION 2

Remarks of the Internist, Surgeon or Specialist in Tuberculosis. (State whether in your opinion the lesion present antedated enlistment.)

---

SECTION 3

Opinion of Consultant Physician and Radiologist as may be indicated by Section 2.

Conclusion.

Date.....

Place.....

Sig.....Sig.....

NAME *Frederick orton LYONS* RATING *Ldg. Sto (M)* BRANCH *RCNVR*  
O.N. .... PLACE *Vancouver B.C.* DATE *August* 1942

THE FOLLOWING QUESTIONS MUST BE ANSWERED "YES" OR "NO"

Para. I

Have you ever, at any time in your life, had any of the following:

Rheumatism....Sore Joints....Pleurisy....Tuberculosis....  
Bronchitis....Asthma....Heart Diseases....Kidney or Bladder  
Diseases....Stomach ~~Or~~ Intestinal trouble....Chronic Indigestion  
....Stomach Ulcer....Rupture....Piles....Varicose Veins....  
Trouble with your feet....Nose trouble....Ear Trouble....  
Eye Disease....Fits....Dizziness....Nervous or mental disease  
....Gonorrhoea....Syphilis....Skin trouble....Albumin in  
your Urine....Sugar in your Urine....?

Para. II

Have you ever worn glasses....Have you ever been in hospital....

Have you ever had an operation....Have you ever had any broken

bones....Have you ever had a dislocation....Have you ever had an

injury....Have you consulted a doctor in the last five years. *yes*

Have you ever been rejected for Life Insurance....?

Have you ever received compensation from any Workman's Compensation

Board....Have you ever received a War Pension....Have you ever

been rejected for the Navy, Army, or Air Force....?

Para. III

Have any members of your family ever had any of the following:

Tuberculosis....Diabetes....Asthma....Nervous or Mental

Diseases....

DETAILS: *Insurance EXAM.*

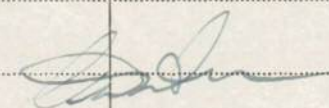
*David M. Bean Sg Lt*  
*RCNVR (M)*

*Thompson*

Official No. 146735

MEDICAL HISTORY SHEET FOR MEN IN NAVAL SERVICE OF CANADA

When entered <u>24 Aug. 1942</u>	NAME  <u>Frederick Orton LYONS</u>	Where Born <u>Brancepeth, Sask.</u>
When entered <u>H.M.C.S. "Discovery"</u>		Previous Occupation <u>Own Service Station Business</u>
Date of Birth <u>16 May. 1915</u>		
Age at entry <u>27</u>		

RATING	SHIP'S NAME	No. on Ship's Books	Date of Admission on Sick List	Date of Discharge from Sick List	No. of Days Sick	DISEASE OR HURT	HOW DISPOSED OF	Surgeon of Ship's Initials	No. of Days in Hospital	If invalided, where? and when?	Medical Officer of Hospital's Initials
Ldg. Sto. (M)	<u>Discovery</u>	<u>24/8/42</u>		<u>Fit for draft "Cornwallis"</u>				<u>Bean</u>		<u>Wacc. TAB.T. 1. O. Ichick Tab.</u>	<u>1-9-42.</u>
<u>M.M.</u>	<u>Peregrine</u>			<u>Discharged, demobilized</u>	<u>28.9.45.</u>		<u>Demobing</u>			<u>D.O. - D 40,543.</u>	
<u>M.M.</u>	<u>"DISCOVERY"</u>		<u>22-11-45.</u>	<u>Discharged "DEMobilized"</u>							
				<u>AUTH. RCN DEPOT DTC PEREGRINE D 40,343</u>							
											
								<u>SURGEON LIEUTENANT, R.C.N.V.R.,</u>			



"Temporary Dental Document" CANADIAN DENTAL CORPS  
MEMORANDUM

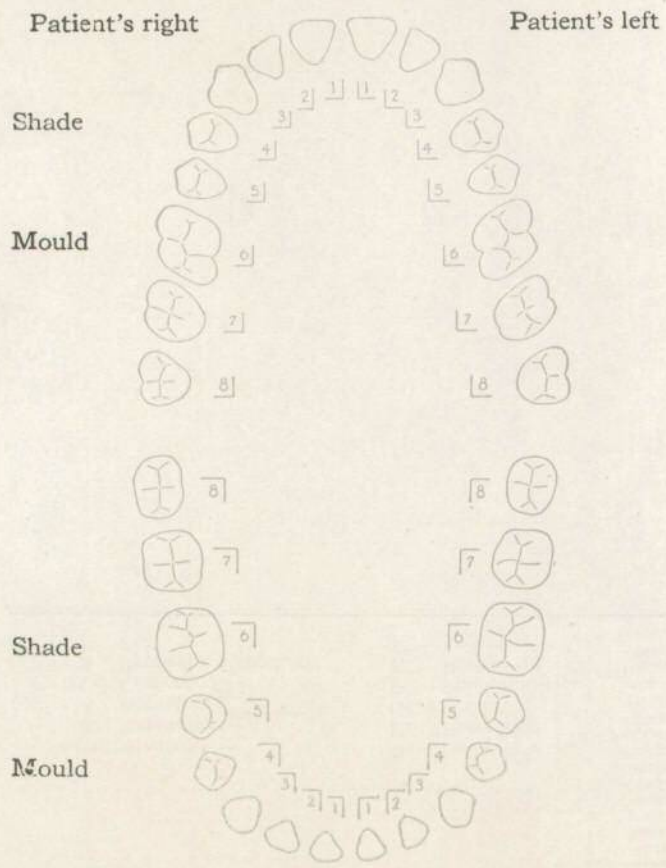
M.F.B. 465B  
SM pads of 100-6-43 (335)  
H.Q. 1772-49-950

Dental Coy. No. 50

Date 15 Dec 43

Reg. No. V-46735 Rank L/Sto Name LYONS, Frederick O. Unit "HMCS Protector" RCNVR

Detail work completed during this appointment. Refer to abbreviations on reverse side. Specify laboratory instructions and enter remarks in the space provided below. Write plainly, indicate treatment using abbreviations and sketch the outline of all restorations.



.....  
Signature of Operator  
# 50 Coy. C.D.C. (Navy) Page 47 of 95

Mesial — M

Labial — La

Distal — D

Buccal — Bu

Incisal — I

Lingual — Li

Occusal — O

ABBREVIATIONS:—

X Extraction  
 A Amalgam  
 Ce Cement  
 S Synthetic Porcelain  
 F Foil

GI	Gold	} Inlay
PI	Porcelain	
GC	Gold	} Crown
PC	Porcelain	
RC	Richmond	
JC	Jacket	

TREATMENT  
 RC Root Canal  
 V's Vincent's Angina  
 Pe Periodontia  
 Misc. Miscellaneous

Br	Bridge	} Describe with sketch
PD	Partial Denture	
CU	Complete upper	} Denture
CL	Complete lower	
Ra	X-ray	

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

6  
NAVY

MIS

Frederick Orton LYONS

NAME (CHRISTIAN NAMES) (SURNAME)

3034 East 4th Ave.  
Vancouver, B.C.

ADDRESS

REGISTER NO. 47950  
FILE NO. NSV-46735  
DATE 23/1/46  
SERVICE NO. V-46735  
FINAL RANK OR RATING M.M.  
DATE OF DISCHARGE 22 Nov. '45

DATE OF TERMINATION OF OVERSEAS SERVICE 12 Aug. '44

DATE OF DISCHARGE

A. TOTAL QUALIFYING SERVICE		NO. OF DAYS 1187	EQUAL TO 39	COMPLETE PERIODS AT \$7.50	\$ 292.50
B. QUALIFYING OVERSEAS SERVICE		NO. OF DAYS 356	LESS INELIGIBLE DAYS, EQUAL TO	DAYS @ 25c. PER DAY	\$ 89.00
SUB TOTAL					\$ 381.50
C. SUPPLEMENT FOR OVERSEAS SERVICE					
DAILY RATES AT DISCHARGE					
	PAY	\$ 2.65			
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ 1.25			
	ADDITIONAL PAY 1 GCB	\$ .05			
		\$			
		\$			
	DEPENDENTS' ALLOWANCE 1/30 OF \$ 37.20	\$ 1.24			
	TOTAL	\$ 5.19		X7 = \$ 36.33	
				X\$ 36.33	
	NO. OF DAYS 183				\$ 70.68
					\$ 452.18
D. WAR SERVICE GRATUITY					
E. DEDUCTIONS					
OVERPAYMENT OF		PAY AND ALLOWANCES \$			
		DEPENDENTS' ALLOWANCE \$			
		AND ASSIGNED PAY \$		nil	
OTHER DEDUCTIONS				\$	
F. AMOUNT PAYABLE					
(THIS AMOUNT IS PAYABLE IN 3		MONTHLY INSTALMENTS OF \$ 150.72		EACH) \$ 452.18	

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

G. MONTHLY INSTALMENT NOT TO EXCEED DAILY RATE OF PAY AND ALLOWANCES \$ 5.19 X30 \$ 155.70

INSTALM. PAYABLE	1	2	3	4	5	6	7	8	9
AMOUNT	150.72	150.72	150.72						
CHEQUE No.	P-329-69	K17367	DW 17220						
DATE	6/2/46	1/3-46	1/4/46						
INSTALM. PAYABLE	10	11	12	13	14	15	16	17	18
AMOUNT									
CHEQUE No.									
DATE									

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: CH  
CHECKED BY: C.P. Ogilvie  
TREASURY  
DATE: 28-1-46

for Dir. Naval Pay Accounting

STATEMENT OF WAR SERVICE GRATUITY - NAVY

*Dipped*

Name *Frederick Orton LYONS*  
 (Christian Names) (Surname)  
 Address *3034 East 4th Ave. Vancouver, B.C.*  
 Register No. *47950*  
 File No. *V-46735*  
 Date *12-1-46*  
 Service No. *V-46735*  
 Final Rank or Rating *MM*  
 Date of Discharge *22 Aug 45*

Date of termination of overseas service <i>12 Aug 44</i>		Date of Discharge <i>22 Aug 45</i>
A. TOTAL QUALIFYING SERVICE		\$
No. of days <i>187</i> equal to <i>39</i> complete periods at \$7.50		<i>292.50</i>
B. QUALIFYING OVERSEAS SERVICE		
No. of days <i>356</i> less <i>—</i> ineligible days, equal to <i>356</i> days @ 25¢ per day		<i>89.00</i>
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
Pay	\$ <i>2.65</i>	
Subsistence or Lodging and Provision Allowance <i>16.43</i>	\$ <i>1.25</i>	
Additional Pay	\$ <i>.05</i>	
Dependents' Allowance 1/30 of \$ <i>37.20</i>	\$ <i>1.24</i>	
Total	\$ <i>5.19</i>	
	<i>x 7 = \$ 36.33</i>	
No. of days <i>356</i>	<i>x \$ 36.33</i>	
	<i>183</i>	<i>70.68</i>
SUB TOTAL		<i>381.50</i>

D. WAR SERVICE GRATUITY	<i>452.18</i>
E. DEDUCTIONS	
OVERPAYMENT OF PAY AND ALLOWANCES	\$
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	\$
OTHER DEDUCTIONS	\$ <i>nil</i>
F. AMOUNT PAYABLE	<i>452.18</i>
(This amount is payable in <i>3</i> monthly instalments of \$ <i>150.72</i> each)	
G. MONTHLY INSTALMENT NOT TO EXCEED	
Daily rate of pay and allowances	\$ <i>5.19 x 30 = \$ 155.70</i>

Instalm. Payable	1	2	3	4	5	6	7	8	9
AMOUNT	<i>150.72</i>	<i>—</i>	<i>150.72</i>						
Cheque No.									
DATE									

Instalm. Payable	10	11	12	13	14	15	16	17	18
AMOUNT									
Cheque No.									
DATE									

D.N.P.A. CHECK

1 <i>And</i>	6 <i>And</i>
2 <i>And</i>	7 <i>And</i>
3 <i>And</i>	8 <i>And</i>
4 <i>And</i>	9 <i>And</i>
5 <i>And</i>	10 <i>And</i>

NON QUALIFYING SERVICE

TOTAL SERVICE      OVERSEAS SERVICE

(#)	Date	Reason	No. of Days	TOTAL SERVICE	OVERSEAS SERVICE
"	_____	"	_____	_____	_____
"	_____	"	_____	_____	_____
"	_____	"	_____	_____	_____
"	_____	"	_____	_____	_____
"	_____	"	_____	_____	_____
"	_____	"	_____	_____	_____
"	_____	"	_____	_____	_____
Total days				<u>nil</u>	

(%)  
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
M.L. 097	19 Feb. 43	13 Jan. 44 ✓	329 ✓
M.L. 097	17 July 44	12 Aug 44 ✓	27 ✓
			<u>356 ✓</u>

15 96  
1268  
328

TO: D.N.P.A. "G"

W.S.G. Application No. 47950

FILE NO. N.S. V-46735

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>SURNAME</u>	<u>CHRISTIAN NAMES IN FULL</u>	<u>OFFICIAL NUMBER</u>	<u>RANK OR RATING ON DISCHARGE</u>
<u>LYONS</u>	<u>Fredrick Orton</u>	<u>V-46735</u>	<u>M.M.</u>

CAUSE OF DISCHARGE: Demobilized

.....

TOTAL SERVICE

Date of Active Service	<u>24 Aug 43</u>	1096
Date of Discharge	<u>22 Nov 45</u>	30
Total No. of Days	<u>1187</u>	31
		22
		<u>1187</u>

# Less non qualifying service \_\_\_\_\_

Total Days 1187

OVERSEAS SERVICE

% Total No. of Days 356

# Less non qualifying service \_\_\_\_\_

Total Days 356

Record of Service in other Forces (per Naval Records)

Branch of Service \_\_\_\_\_

Date of Active Service \_\_\_\_\_

Date of Discharge \_\_\_\_\_

# & % Overleaf

Computed By M. Mulvey

Checked By F. Hamilton

[Signature]

for (R.W. Underhill)  
A/Captain (S) R.C.N.V.R.  
Director of Naval Pay Accounting.

DEC 20 1945

DATE: \_\_\_\_\_

FILE NO. N.S. V-46735

W.S.G. Reg. No. 47950

NAVAL TREASURY  
DEBT RELEASE STATEMENT  
RE WAR SERVICE GRATUITIES

RE: Lyns F. H.  
SURNAME CHRISTIAN NAMES

Recoverable Debits Reported By

SHIPS LEDGER AUDIT SECTION

..... \$

REVENUE SECTION

..... \$

PRE-AUDIT SECTION

..... \$

SUSPENSE ACCOUNTS

..... \$

(N) ALLOTMENTS

..... \$

DEBIT BALANCE ON DISCHARGE

..... \$

..... \$

..... \$

..... \$

TOTAL DEBT RECOVERABLE

\$ ml

DR. BAL. ON DISCHARGE (IRRECOVERABLE FROM W.S.G.)

TO BE TRANSFERRED TO SUSPENSE \$ ml

OTTAWA, 5/1/46  
DATE

PER. [Signature]  
PUBLIC ACCOUNTS

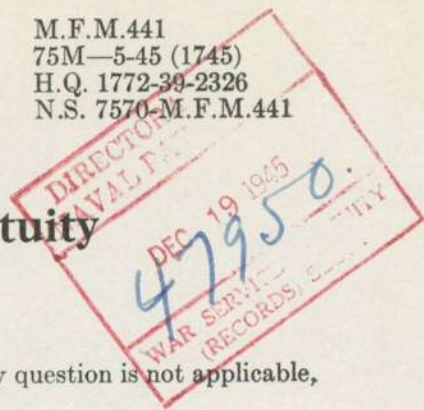
NOTED IN D. N. P. A. (G)  
Sec: \_\_\_\_\_  
Date: \_\_\_\_\_  
Per: \_\_\_\_\_

Navy  
 Army  
 Air Force

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

DEPARTMENT OF NATIONAL DEFENCE

M.F.M.441  
 75M-5-45 (1745)  
 H.Q. 1772-39-2326  
 N.S. 7570-M.F.M.441



**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.

LYONS

1. Surname on termination of service.....  
 (Print)

Frederick Orton

2. Christian Names.....  
 (Print)

2. Service No. V-46735 4. Rank or rating at date of termination of Service. M.M.

5. Address, in full, to which payments of gratuity are to be forwarded.....

3034 East 4th Ave.,  
 Vancouver, B.C.

6. State below your period or periods of service in the Armed Forces of Canada during the present war. (Previous service, if any, in either or both of the other two armed forces is also to be fully stated.)

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
Navy	V-46735	M.M.	24 Aug. '42	22 Nov. '45

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?..... NO 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?)..... NO 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..

22nd Nov. '45  
 (Date)

*Frederick Orton*  
 (Signature of Applicant)  
 (Do not print)

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.  
 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.

# STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "DISCOVERY" ending 31 Dec 1945

List SAE No. 704 (Name) LYONS, Frederick Rank Rating MM. No. V-46735

When entered AM 4 Oct Date of appearance..... Whither discharged Demobilized

	\$	c.
CREDIT from former account.....	-	-
Pay as <u>MM.</u> from <u>10 Oct</u> to <u>22 Nov</u> ( <u>53</u> days at \$ <u>2.65</u> a day).....	140	45
<u>(Rank Rating)</u>		
<u>IGCB.</u> " <u>24 Aug</u> " <u>22 Nov</u> ( <u>91</u> " " <u>.05</u> " ).....	4	55
<u>GM.</u> " <u>26 Sept</u> " <u>27 Nov</u> ( <u>50</u> " " <u>.06</u> " ).....	3	00
<u>LA.</u> " <u>5 Oct</u> " <u>21 Nov</u> ( <u>48</u> " " <u>.50</u> " ).....	24	00
<u>LA PA.</u> " <u>4 Oct</u> " <u>22 Nov</u> ( <u>2</u> " " <u>1.25</u> " ).....	2	50
Kit Upkeep Allowance <u>Rep str. 16.00 - 53 days @ 174</u> .....	25	01
OTHER CREDITS: <u>P.C.G.</u> .....	100	00
Total credits.....	299	51

DEBT from former account Venture 12/47..... 21 36

PAYMENTS:-	1st		2nd		3rd		4th		5th		
	\$	c.	\$	c.	\$	c.	\$	c.	\$	c.	
1st month.....	100.00										Total <u>P.C.G.</u> 100 00
2nd month.....											Total
3rd month.....											Total

Allotment AP.35 chgd Oct - Nov - at Rd Nov..... 70 00

Pension deduction (Officers) charged to DA \$37.20 of.....

Hospital stoppages.....

Mulcts.....

OTHER CHARGES: Final Paymen discharge Nov 30/45..... 108 15

ALLOTMENT SECTION

Re - War Service Gratuity

ALLOTMENT PAYMENTS

2 MONTHS 35.00 P.M. \$ 70.00

2 MONTHS 35.00 \$ 70.00

TO BE RECOVERED FROM W.S.G. \$ Nil

..... 299 51

..... 299 51

Balance Cr. or Dr. /

(Balance Dr. to be shown in red)

Number of days actually victualled during period mentioned above NIL.....

NOT VICTUALLED	LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
		FROM	TO		
	<u>LA PA.</u>	<u>4 Oct</u>	<u>4 Oct</u>	1	
		<u>5 Oct</u>	<u>21 Nov</u>	48	
	<u>LA PA.</u>	<u>22 Nov</u>	<u>22 Nov</u>	1	

Date 22nd Nov 1945..... B. Curran

ACCOUNTANT OFFICER

V-46735

# REQUISITION FOR CHEQUE

TO BE USED FOR ADVANCES OR AUTHORIZED PAYMENTS FOR WHICH THERE ARE NO ACCOUNTS

DEPT. NO. ....  
FILE NO. **NS.V.46735**  
**NT.08-04**  
TREAS. NO. ....

DEPARTMENT of National Defence  
BRANCH Treasury (Naval) DATE June 20th, 1946.

APPLICATION IS HEREBY MADE FOR THE ISSUE OF THE FOLLOWING CHEQUE OR CHEQUES:—

CHEQUE NO.	IN FAVOUR OF	AMOUNT
LJCL:VOG	<p>Mr. Frederick O. Lyons, 3034 East 4th Ave., Vancouver, B. C.</p> <p>Cheque to Revenue Section for transmission Recoverable from Mr. Frederick O. Lyons, ex V.46735</p>	\$6.70

STATE BELOW, WITH DETAILS IN EVERY CASE, WHETHER (a) STANDING ADVANCE, (b) ADVANCE FOR SPECIFIC JOURNEY—ESTIMATING NUMBER OF DAYS, (c) OTHER ACCOUNTABLE ADVANCE, OR (d) AUTHORIZED PAYMENT.

To reimburse Frederick O. Lyons in the amount of 6.70 representing the difference in cost of first class and second class coach from Brandon, Man. to Calgary, rating paid for Warrant Ref: O.R.162-091559 dated Aug.11/45. Refund received from C.N.R. Ref: O.R.60-A-11200 dated 6/6/46 & TRA5145N

CHARGE TO { VOTE 9999-400-58-30 ENC. NO. ....  
ALLOTMENT .....  
SUB-ALLOTMENT .....

I CERTIFY THAT THIS APPLICATION IS MADE UNDER THE REQUISITE AUTHORITY, AND THAT THE EXPENDITURE IS NECESSARY IN THE INTERESTS OF THE PUBLIC SERVICE.

*AW*  
TREASURY OFFICE APPROVAL

ORIGINAL SIGNED BY  
**W.F. McLEOD**  
HEAD OF BRANCH  
DEPUTY HEAD OF BRANCH

R E G I S T E R E D

Ontario,  
July 4th, 1946.

Mr. Frederick O. Lyons,  
3034 East 4th Ave.,  
Vancouver, B. C.

Dear Sir:

Attached herewith is C.2 cheque No. 27578  
in the amount of \$6.70 representing the difference  
between cost of first and second class coach from  
Brandon, Manitoba to Calgary.

Yours truly,

Original Signed by

*R. R. SKELLY*

For: R. C. Playfair,  
Chief Treasury Officer,  
Naval Service.

LJCL:EMH  
Encl.

N.S. V-46735

Naval Service ---- Minute Sheet

File #

Letter #

REFERRED TO

REMARKS (WITH INITIALS AND DATE)

D.P.R.

Please advise the Naval Shore base to which V-46735, Frederick O. Lyons, M.M. is now attached for pay also his present rank or rating.

P. Heath

for C. I.O. (N)

Revenue Section

13/2/46

M.M. Lyons F.O. - V46735  
Desm. from Discovery 22/11/45  
(address on enlistment) 835 E. 57th Ave.,  
Hampden B.C.

✓  
C.T.O.(N)

DEPT. NUMBER

January 24th, 1946.

REGISTERED MAIL.

Auditor of Passenger Accounts,  
Canadian National Railways,  
Montreal, P.Q.

Federick O. Lyons, H.M. V-46735.

Dear Sir:

On July 17th, 1945, the marginally named rating obtained warrant No. 409912, for transportation of his wife, first class from Halifax, N.S. to Calgary, Alta. (C.N.R. to Montreal, C.P.R. Beyond) ticket Form 35-2 No. 34860 issued in exchange.

From Brandon, Man. to Calgary, Alta. Mrs. Lyons was unable to obtain a standard sleeper and used her ticket in the coaches. Conductors' Certificates and copy of a letter from the Canadian Pacific Railway Co., dated August 30th, 1945, are forwarded.

In view of the above, refund of difference in cost of first class and coach class rate from Brandon, Man., to Calgary, Alta., for ticket Form 35-2 No. 34860, in favour of the Receiver General of Canada, will be appreciated.

Warrant No. 409912 formed part of your bill No. P.122570 paid by cheque No. 115391 dated Nov. 17th, 1945 for \$10,674.17.

N.P.A.

Yours truly,

*Document removed from fly leaf 12/2/46 Revenue Section JH*

To note action please pass to Revenue Section when purpose has been served.

Encls. For C.T.O.(N)  
RH/MD.

FOR R.C. PLAYFAIR,  
CHIEF TREASURY OFFICER,  
NAVAL SERVICE.

# CANADIAN NATIONAL RAILWAYS

ACCOUNTING DEPARTMENT

890 William St.,  
Montreal, Que.,  
March 20th, 1946

OUR FILE NO. PG/SMJ 6194

Mr. C. B. Gordon,  
Auditor of Passenger Receipts,  
Canadian Pacific Railway,  
Montreal, Que.

Dear Sir:-

Refund Claim - Frederick O. Lyons  
Warrant 409912 Bill P 122570

During the month of July 1946 our agent at Halifax City honored Naval Warrant #409912 and issued in exchange ticket form 35-2 #34860 first class to Calgary via C.N. Montreal thence Canadian Pacific Railway, the amount of \$53.77 was allowed your Company through our July report.

I am in receipt of letter from Mr. Playfair attaching receipts from Conductor's that passenger Mrs. Lyons travelled coach class from Brandon to Calgary as she was unable to secure Standard berth accommodation.

Please advise if you are agreeable to accept deduction of \$5.83 difference between first and coach class Brandon to Calgary.

Yours truly,

~~W. J. S. S. S. S.~~

*WJS*

Auditor of Passenger Accounts.

← /GFS  
CC: Mr. R.C. Playfair,  
Chief Treasury Officer  
Dept. of National Defence (Naval)  
Ottawa, Ont.

This refers to your NS V-46735 of Jan. 24, 1946  
NT4 Ref.

PART I REHABILITATION GRANT

NAME (in full). LYONS, Frederick. Orton.. RANK/RATING. H.M....  
OFFICIAL NUMBER.. V-46735..... DATE OF ACTIVE SERVICE. 24. August, 1942  
AUTHORITY. RCND!s. D-40343..... DATE OF DISCHARGE. 22. November, 1945.  
REASON FOR DISCHARGE. Demobilized to date.....

The above named is eligible for Rehabilitation Grant under Naval Regulations.

Certified correct:

K. C. MCRAE  
COMMANDER RCNVR

Date 22. November..... 1945. A/Commander, RCNVR. Commanding Officer

PART II COMPUTATION OF REHABILITATION GRANT

DAILY RATE OF PAY. \$2.65..... x 30 \$79.50  
DEDUCT ASSIGNED PAY IN--ONE MONTH--(Wife)..... (1) \$35.00.. AP  
RESPECT OF DEPENDENT(S) --ONE MONTH--  
(Other Dependent)..... (2) \$35.00  
NET AMOUNT OF GRANT PAYABLE..... \$44.50

Received from the Supply Officer, H.M.C.S. "DISCOVERY" the sum of ~~Forty-Four~~ Fifty dollars ~~and~~ no cents, representing my share of the Rehabilitation Grant as above.

M.M., V-46735 Signature of Dischargee

Allotments of the above named Stopped Paid. 30th November, 1945  
Ledger Div.No..... Sec.No..... List..... Account No. 704  
Quarter ended 31st December, 1945. Ledgers--R..... F.....

F.E.	VOTE	PRIL	SUB ALLOT.	AMOUNT
46657	400	99	48	\$44.50

Certified correct:  
Lt.Cdr. (S), RCNVR. Supply Officer

III--DEPENDENTS' SHARE(S)--Representing One Month's Dependents Allowance and Assigned Pay at last monthly rate, as above, payable as follows:-

Relationship	ADDRESS	AMOUNT
Ruth Lyons	1322 W. Pender St. Vancouver B.C.	\$35.00
ate of D.A.		\$37.20
educt D.A. re overpaid period	23 Nov-30 Nov	\$9.92
OFFICIAL CHEQUE NO. 4327	IN AMOUNT OF	\$42.28
D.A.		\$
A. re overpaid period		\$



JAN 11 1946

INITIAL  
WHEN  
ACTION  
COMPLETED

WAR SERVICE BADGE

DISCHARGE NOTED & SERVICE CERTIFICATE CHECKED WITH HISTORY CARD

SERVICE WILL

Request

No  
Request

No  
Record

Will Number & Date

"I" CARD

Destroyed

Routine Shipment

Not Available

SERVICE CERTIFICATE AND CONDUCT SHEET

MEDICALLY UNFIT

MEDICAL DOCUMENTS

207B  
227

MFM 30

M. H. S.

DENTAL

NOTED IN DISCHARGE RECORD

NAVAL SERVICE DISCHARGE ROUTINE MINUTE SHEET

FILE NO:

The attached file is under no circumstances to be interrupted in the routine set out below without prior information to all of the remainder addressees.

*W. G. Macdonald*  
 .....Lt. Cmdr. (S) VR.  
 For D.N.P.A.

REFERRED TO	DATE PASSED	INITIALS
1) C.T.O.(N) Allots-Public Accounts	DEC 20 1945	<i>J</i>
2) D.N.P.A. - 14.	<i>3/1/45</i>	
3) <del>D.P.R. (D)</del>	<i>8/4/4</i>	

OTTAWA, Ont., 20th. Dec.

5

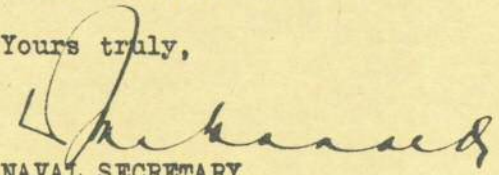
N.S. V-46735 F.D. 470  
Pers. (N) (P-19)

Sir:

I am directed to acknowledge receipt of your application for War Service Gratuity.

You are informed that your claim will be completed at the earliest possible date, in accordance with provisions of the War Service Grants Act, 1944.

Yours truly,

  
 X NAVAL SECRETARY

Mr. Frederick O. Lyons,  
3034 East 4th Ave.,  
VANCOUVER, B.C.

APPLICATION AND OMP	IA	ON
FORMS RECEIVED BY ENT	TA	ON
Date	JAN 11 1946	
Initials		

-R-3)

V-46735

FILE NO. N.S. 47950

W.S.G. Reg. No.

NAVAL TREASURY  
DEBT RELEASE STATEMENT  
RE WAR SERVICE GRATUITIES

*Lyns. F. H.*

RE: ...  
SURNAME CHRISTIAN NAMES

Recoverable Debits Reported By

SHIPS LEDGER AUDIT SECTION

..... \$

REVENUE SECTION

..... \$

PRE-AUDIT SECTION

..... \$

SUSPENSE ACCOUNTS

..... \$

(N) ALLOTMENTS

..... \$

DEBIT BALANCE ON DISCHARGE

..... \$

..... \$

..... \$

TOTAL DEBT RECOVERABLE \$ *ml*

BAL. ON DISCHARGE (IRRECOVERABLE FROM W.S.G.)

TO BE TRANSFERRED TO SUSPENSE \$ *ml*

WA. DATE PER. PUBLIC ACCOUNTS



File NO. \_\_\_\_\_

Date 22nd Nov. 1945

RECEIVED from the Department of National Defence for Naval  
Services, War Service Badge, "General Service" Class, No. 583872  
together with corresponding Certificate.

Signature *F. O. Lyons*

Official Number V-46735

F. O. LYONS

Noted in Service  
Records by *[Signature]*

IF DISCHARGE  
IS REPATRIATED  
PRISONER OF WAR  
MARK "POW"

IN HOSPITAL

**CONFIDENTIAL**ATTENTION  
**Employment**

1.	SURNAME <b>LYONS,</b>	FIRST NAME <b>Frederick</b>	INITIALS <b>0</b>	RANK <b>P.O. (MM)</b>	NUMBER <b>V-46736</b>	SEX <b>M</b>
2.	DATE OF COMMENCEMENT OF ACTIVE SERVICE:- <b>24th August, 1942</b>			PLACE <b>Vancouver, B.C.</b>	YR. OF BIRTH <b>1915</b>	
3.	SERVICE OUTSIDE CANADA:-	YES <b>X</b>	NO	IN WHAT SERVICE? <b>Naval</b>		
4.	CAUSE OF DISCHARGE:- <b>Demobilized</b>			<b>Vancouver, B.C.</b>		
5.	PRE-ENLISTMENT EDUCATION:- <b>Completed Grade IX - 1930 - age 15 Rural School, Saskatchewan</b>					
6.	LANGUAGES:- <b>English</b>					
7.	OCCUPATIONAL HISTORY:- <b>1930 - 1934: odd jobs as labourer and mechanic 1934 - 1939: Butchers helper</b>					
8.	IMMEDIATE PRE-ENLISTMENT EMPLOYMENT:- (WITH NAME AND ADDRESS OF EMPLOYER) <b>1939 - 1942: Butcher - own business 618 Victoria Drive, Vancouver, B.C.</b>					
9.	SHORT ACCOUNT OF SERVICE, TRAINING AND DUTIES:- <b>Advancement: entered as leading stoker mechanic discharged as petty officer motor mechanic Training: mechanical training - 12 weeks steam course - 8 weeks Duties: general mechanical duties and watchkeeping Theatres of Service: Atlantic, Canada</b>					
10.	EDUCATIONAL COURSES WHILE IN SERVICE:- <b>Course in photography - New York Institute of Photography, completed</b>					
11.	MEDICAL OFFICER'S STATEMENT OF PHYSICAL LIMITATIONS (IF ANY):- <b>Fit</b>					

12. MARITAL STATUS:-

Married

NUMBER OF DEPENDENTS, OTHER THAN WIFE

N11

13. DISCHARGEES OWN STATEMENT OF FUTURE PLANS (IF ANY):-

Return to former employment as butcher

14. POST-DISCHARGE MAILING ADDRESS:-

3034 East 4th Avenue, Vancouver, B.C.

15. BASIS FOR COUNSELLOR'S RECOMMENDATIONS:-

This lad plans to return to former employment.

No rehabilitation problems.

Service records show a keen lad who has proven himself very reliable and capable.

16. ACTION RECOMMENDED:-

Return to educational training

17. OTHER POSSIBILITIES SUGGESTED BY COUNSELLOR:-

N11

18. REFERRED TO:-  
B.V.A. advisor of credits  
E. & S.S.

19. PLACE  
Vancouver, B.C.

DATE

22 nd November, 1945

SIGNATURE OF COUNSELLOR

(G.N. Thompson)  
Sub.Lt. R.C.N.V.R.

RANK OR APPOINTMENT

ISSUED BY R.C.N. DEPOT D.T.C.	SERIAL No. D 40,343	DAY 25	MONTH SEPTEMBER	YEAR 1945
-------------------------------------	------------------------	-----------	--------------------	--------------

ISSUE DATE

THE RATING WHOSE NAME, RATING AND OFFICIAL NUMBER ARE SET OUT BELOW, IS DRAFTED TO DATE

DAY MONTH YEAR  
28 SEPTEMBER 1945

FROM	"PEREGRINE"	TO	"DISCOVERY"
	H.M.C. SHIP		H.M.C. SHIP
	"PEREGRINE"		"DISCOVERY"
	ACCOUNTING BASE		ACCOUNTING BASE

OFFICIAL No. V 46735	SURNAME LYONS	CHRISTIAN NAMES F.O.	RATING M.M.	NON SUB	CODE
-------------------------	------------------	-------------------------	----------------	---------	------

REASON FOR DRAFT IN DRAFT SCOTIAN O 26387  
 FOR 28 DAYS LEAVE ON ARRIVAL AND  
 TO BE DISCHARGED "DEMOBILIZED"

THE ABOVE NAMED RATING WAS RECEIVED ON BOARD

THIS CERTIFICATE MUST BE COMPLETED AND FORWARDED THROUGH THE APPROPRIATE SUB-DEPOT WHERE APPLICABLE

THE DAY OF 194

FOR COMMANDING OFFICER

H.M.C.S.

C.N.S. 2400(b)  
 (DITTO) 10051 Cjts-7-45 (1932)  
 N.S. 7570-S. 2400(b)  
 E.P. 40008

1. The movement is to take place as nearly as is possible on the date specified.
2. The rating is borne by the receiving Ship for all purposes as of the effective date specified in the Draft Order.
3. The receiving ship is to complete the receipt on the Draft Order and forward same to R.C.N. Depot (through the appropriate Sub-Depot, where applicable) forthwith on the arrival of the rating.
4. It is the responsibility of the discharging ship to supply all necessary information, including E.T.A., to the receiving ship. Queries regarding delay or non-arrival of the rating are to be addressed to the discharging ship, repeated for information to R.C.N. Depot, or Sub-Depot where applicable.
5. Where it is not possible to comply with this order the discharging ship must at once notify R.C.N. Depot, or Sub-Depot where applicable, and the receiving ship, giving reasons, e.g. "stopped draft for medical reasons".
6. This order is issued by authority of Naval Order Number 3787.

C.N.S. 2460B (1)  
3.000M-4-45 (1661)  
N.S. 7570 — S. 2460B  
(K.P. 33196)

FILE NUMBER N.S. v-46735

F.D. No. 470

## NAVAL SERVICE FALSE DOCKET

DEPARTMENT OF NATIONAL DEFENCE (NAVAL SERVICE)

CROSS REFERENCE

LYONS,.....Frederick O.

PRE AUDIT 15-11

47950.

REFERRED	FOR REMARKS	DATE OF PASS	INITIALS	DATE OF P.A.	INITIALS	DATE OF B.F.	CENTRAL REGISTRY	INSPECTED IN C.R. By
<i>Mr R/21927</i>		<i>DEC 15 1945</i>		<i>28/1/46</i>	<i>M</i>		<b>FEB 4 1946</b>	<i>a</i>

Page 73 of 95

NAVAL SERVICE

967362

FROM: The Senior Supply Officer,  
H.M.C.S. "STADACONA".

DATE: 9 November 1945. L&T 21-2-1  
HV 46735.

TO: The Director of Naval Pay Accounting,  
Naval Service Headquarters,  
Ottawa, Canada.

-----  
Frederick O. LYONS, M.M. V-46735  
-----

On 17th July 1945 the above named rating purchased Warrant #409912 for transportation of his wife from Halifax to Calgary. This warrant called for first class transportation. The sum of \$81.15 was recovered and brought to account under official receipt #162-091559.

2. From Brandon to Calgary, Mrs. Lyons was unable to obtain a standard sleeper and used her ticket in the coaches.

3. Conductor's Certificates are forwarded herewith along with a letter from the Canadian Pacific Railway Company, dated 30 August 1945.

4. It is requested that refund action may be instigated on Lyon's behalf.

*Conductor's certificates (3)  
detached and returned  
to C. N. R. by Pre Audit  
(Dunlop). Encs.  
H. Hayes.*

*G. E. Wolfe*  
Lieut-Commander (S) R.C.N.R.  
Leave & Transportation Officer,  
for Senior Supply Officer.

23/1/46.

4AC  
 88

RECEIVED  
 NOV 12 1945  
 N. S. H. Q.  
 Central Registry  
 Mail Opening  
 3

TO: THE DIRECTOR, CANADIAN ARMY  
 MILITARY DIVISION, OTTAWA

RE: [Illegible]

[Illegible text block]

-----  
 DIRECTOR, CANADIAN ARMY  
 MILITARY DIVISION, OTTAWA  
 -----

TO: THE DIRECTOR, CANADIAN ARMY  
 MILITARY DIVISION, OTTAWA

FROM: [Illegible]

DATE: [Illegible]

HA 4-133  
 1-3-15-1

# CANADIAN PACIFIC RAILWAY COMPANY

## DISTRICT PASSENGER DEPARTMENT

J. W. DAWSON,  
DISTRICT PASSENGER AGENT

E. OFFICER  
SPECIAL PASSENGER REPRESENTATIVE

CALGARY, ALTA.

August 30th, 1945



IN YOUR REPLY REFER TO

24-3037/45-C

Mrs. R. Lyons,  
Benalto, Alta.

Dear Madam:

I have received the memorandums handed you by our conductors, stating that you travelled in coach accommodation when you held first class railway ticket.

Your ticket Form 35-2 No. 34860 was issued by the Canadian National Railway in exchange for Naval Warrant No. 409912

As rebate can only be arranged through the Department of National Defence on any tickets issued account transportation warrant, will you kindly forward the enclosed to the party who obtained this Naval warrant with request that claim for the difference in fares be filed with his Commanding Officer?

Yours truly,

JEN/MM  
Encl.

  
District Passenger Agent.

June 6th, 1945.

EB

The Chairman,  
Dependents' Allowance Board,  
Records Building,  
Experimental Farm,  
Ottawa, Ont.

Re: V-46735 - L/Stoker - LYONS, Frederick Orton

With reference to your letter of June  
4th, I wish to inform you that the present address  
of the above named rating's wife is:

Mrs. Ruth Lyons,  
1322 West Pender St.,  
Vancouver, B. C.

*Alec L. Boswell*

For (E. C. Playfair),  
Chief Treasury Officer,  
Naval Service.

R. 27

**THIS IS NOT A WILL\***

No. on Ship's Books..... 12747

NAME..... FREDERICK ORTON LYONS

Official No. V-46735 Rank or Rating..... A/100/M  
(Ratings)

Ship..... HANTS VENTURE

Date..... OCTOBER 24 - 1944

**Nearest known Relative or Friend** (in block letters):—

Relationship (Wife, Father, Friend, etc.)..... WIFE

Christian Names in full } RUTH  
of Relative or Friend }

Surname of Relative or } LYONS  
Friend }

Full Address }  
Relative or Friend } RUTH LYONS  
960 ROBIE STREET  
HALIFAX N.S.

NOTE 1.—The nomination on this form does not in any way control the disposal of effects in the event of death, for which purpose ratings should make a Will, duly witnessed by two disinterested witnesses. (See Form of Will, S.—545.)

2.—Should any alteration occur in the name, address, relationship given above, the Ship's Office must be informed immediately in order that the Service Certificate may be brought up to date, and the form forwarded to N.S.H.Q.

S.—537

4-44 (479)

15-9-537



# Dependents' Allowance Board

Department of National Defence

PLEASE ADDRESS REPLY TO

CHAIRMAN AND QUOTE

No. NAVY

Ottawa, Canada

918710

June 4th, 1945.

Chief Treasury Officer,  
Naval Service Headquarters,  
OTTAWA, Ontario.

Re: V-46735 - L/Stoker - LYONS, Frederick Orton

Would you please inform the Board of the present address to which the cheques issued to Mrs. Ruth Lyons, wife of the above-named are being forwarded.

DEPENDENTS' ALLOWANCE BOARD

*1322 West Pender St  
Vancouver B.C.*

*[Signature]*  
For R.O.G. Bennett - Chairman.

/AK

DEPARTMENT OF NATIONAL DEFENCE  
ROYAL CANADIAN NAVY

CHECKED WITH SERVICE CERTIFICATE

HALIFAX, N.S. 8th. AUGUST 1944

MEMORANDUM:

AND FOUND QUALIFIED, INITIAL *[Signature]*

The undermentioned rating is, according to Drafting Depot Records, eligible in all respects for advancement.

It is approved to advance this rating if, in your opinion, he is fit to perform the duties of the higher rating and subject to your verification that he is qualified according to regulations, particularly as regards "V.G." Conduct, time and sea service.

IMPORTANT: If any doubt exists whether this rating is suitable in ALL respects for advancement, this form may be retained for a period of not more than one month, while the rating is under observation. At the end of that period he must either be advanced, effective from the date shown on this form, or the permission for advancement cancelled and returned with the reasons for cancellation noted thereon. (See Canadian Naval Regulations Article 208).

Name and Official Number	Present Rating	Rating to which to be advanced	REMARKS
Frederick Orton LYONS <i>[Handwritten: Dep. 31 Aug '44]</i>	L/Sto. M.	ACTING MOTOR MECHANIC	Reference Naval Order 2719/3679 2 Index Card 3 Roneo Card 4 Advancement 5 A. A. Card 6 Training 7 Statistical 8 <i>[Handwritten: 5/8/44]</i>
		(Ty)	
		Effective date of Advancement	
V 46735		1st. MAY 1944	

To: The Commanding Officer  
H.M.C.S. "STADACONA" (M.L. 097)  
HALIFAX, N.S.

Noted on "STADACONA" 249A  
folio No. *16221* dated *15/8/44*

*[Signature]*  
DRAFTING CAPTAIN  
R.C.N. DEPOT, HALIFAX, N.S.

Noted in H.M.C.S. *Stadacona* S.249A# It has been verified that this man is qualified under the regulations for advancement and I consider him to be fit to perform the duties of the higher rating.

He has been advanced to *Acting Motor Mechanic* (Ty)  
to date *1st May* 1943. 1944.

Personnel Records Division.	
1. Noted in Records	<i>[Signature]</i>
2. Index Card	
3. Non-Sub. Card	
4. Statistical Card	<i>[Signature]</i>

*[Signature]*  
COMMANDING OFFICER

NOTE

Advancement may only be made on the precise terms shown and a man is not advanced until he has seen the Captain and been formally rated by him. If, therefore, the man concerned has committed a serious offence recently he is not eligible for advancement, even if the offence was committed after the date to which advancement may be antedated according to this form. In such circumstances, the form is to be returned, and a report enclosed of the details of the offence and punishment. Any amendment to this form (e.g., in the date) must have prior approval of the DRAFTING DEPOT.

This form is to be returned to the DRAFTING CAPTAIN, R.C.N. DEPOT, HALIFAX, N.S.



R.C.N. DEPOT HALIFAX, N.S.	
AUG 24 1944	
INITIALS	FILE

DEPARTMENT OF NATIONAL DEFENCE  
CANADA  
NAVAL SERVICE

COPY NO.  
**5**  
FOR S.N.P.A.

1020315

RECEIVED FROM

DATE 24th January, 1944.

F.O. LYONS, Ldg.Sto. V-46735, VR  
H.M.C.S. "STADAGONA",  
Halifax, N.S.

OFFICIAL RECEIPT SOURCE 151 - 27162

CASH BOOK FOLIO 35

VOUCHER NUMBERS 113-f-2218

AUTHORITY

RECEIPT

THE SUM OF \$ 66.38

BY { CASH XXX  
CHEQUE

ON ACCOUNT OF Prepaid Warrant No. 131165  
(wife joining husband)

FOLD  
HERE

FOLD  
HERE

PREPARED BY	NOTE: FULL DETAILS must be given including NAME, RANK and OFFICIAL NUMBER where applicable, if different than "RECEIVED FROM" followed by details of account covered by the payment, i.e., TRANSPORTATION WARRANT NUMBER, SERVICE PERFORMED, REFUND OF ADVANCE BY CASH ACCOUNT VOUCHER NUMBER, CHEQUE NUMBER, etc.	H. Q. F. E. NO. (4) 0000	ESTAB. (3) 000	VOTE (3) 000	PRI. (2) 00	H. Q. SUB. ALT. (2) 00	AMOUNT	D. R. NO. (4) 0000
dwg			9999	000	400	58	30	66.38
CHECKED BY								
TOTAL							\$66.38	

ISSUED AT

CERTIFIED CORRECT

Vancouver, B.C.

Pay'r. Lieut. R.C.N.V.R.

FOR CHIEF TREASURY OFFICER

H.M.C.S. "BURREARD"









# IMPORTANT

---

TO INSURE PROMPT DELIVERY  
OF YOUR CHEQUE  
IF YOU CHANGE YOUR ADDRESS

---

1. Fill in this form, place in envelope and return to Chief Treasury Officer, Naval Service, Ottawa, Ontario. No postage is required if mailed in Canada.
  2. It is necessary that All particulars on the other side of this form be fully completed.
  3. ALWAYS LEAVE YOUR CHANGE OF ADDRESS WITH THE POSTMASTER AT YOUR OLD ADDRESS.
  4. Kindly give your own residential address. A General Delivery address is not acceptable for those Post Offices from which mail is delivered by letter carrier.
- 

If your name is mis-spelt or initial incorrect advise this office.

---

DO NOT RETURN UNLESS YOU WISH  
YOUR ADDRESS CHANGED FOR FUTURE DELIVERY OF CHEQUES.

---

(PLEASE DO NOT DESTROY—KEEP FOR  
FUTURE USE)

---

DEPARTMENT OF NATIONAL DEFENCE

- NAVAL SERVICE -

NAME. *Lyon* ..... *Fred* .....  
Surname Christian Names

RATING..... OFFICIAL NUMBER..Vt. *46735*

ACTIVE SERVICE (date of commencement). *2<sup>nd</sup> Aug. 1942* .....

Authority.....

Initials. *YB* .....

Checked by. *mls* .....

DATE OF ACTIVE  
SERVICE

Noted by.....

Date. *DEC 16 1942* .....

UNEMPLOYMENT INSURANCE BOOK DEPOSITED AT *Vancouver, B.C.*

*9*

10th, September, 1943.

MEMORANDUM:

The enrolment of the undermentioned ratings in the VANCOUVER Division, R.C.N.V.R., is approved:

<u>NAME</u>	<u>RATING</u>	<u>O.N.</u>	<u>DATE</u>
SHELL, Gordon Victor	Ord. Gun.	V46733	10-9-43
SPYTHORP, Gordon Leslie	Ord. Gun.	V46734	10-9-43
LEWIS, Frederick Gordon	Sto. 1 (H)	V46735	21-9-43
COBLE, William Martin	Elect.	V46736	21-9-43
RAE, Donald Ironside	S.S. Prob.	V46737	21-9-43
FRANKIN, Nicholas	Ord. Gun.	V46738	10-9-43

BY ORDER,

for

SECRETARY, NAVAL BOARD.

The Commanding Officer,  
 H.M.C.S. "DISCOVERY",  
 409 Marine Building,  
 VANCOUVER, B.C.

213570

DEPARTMENT OF NATIONAL DEFENCE

NAVAL SERVICE

I Frederick Octon Lyons.

DO HEREBY UNDERTAKE AND BIND MYSELF TO SERVE FOR THE ENTIRE DURATION OF THE PRESENT HOSTILITIES OR FOR SUCH PART THEREOF AS MY SERVICES ARE REQUIRED.

Lyons.

24th August 1942

W. H. H. H.

QUESTIONNAIRE FOR CANDIDATES

no. b. # 113-L-2218

FOR ENTRY IN THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Name (in full)... LYONS... FREDERICK... ORTON 213571

Date and place of birth MAY 16 1915... BRANCEPETH... SASK...  
(Birth certificate, declaration by parents or affidavit as to date of birth must be attached)

Permanent place of residence... 835 EAST 57 AVE... VANCOUVER B.C.

Nearest town to residence (if living in country).....

Are you a British Subject?..... YES

Are you single, married or a widower?..... MARRIED

In what capacity do you wish to enrol?..... MECHANIC L/S taker (M)

Present occupation or trade... AUTO... MECHANIC  
(Attach any testimonials or recommendations)

Do you belong to any Naval, Military, Reserve or Territorial Force?..... NO

Have you ever served with such forces? Give date and details.  
..... NO

Have you ever been discharged from any of H. M. Forces as medically unfit?..... NO

Have you ever offered to serve in any of H.M. Forces and been rejected?  
..... NO

What is your weight?..... 147..... What is your height?..... 5' 6 1/2"

What is your chest measurement (not inflated)?..... 38

Are you free from all physical defects or malformation, and not subject to fits?..... YES

Are you willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities?..... YES

I hereby declare that the above answers are true in every respect.

F. Lyons Signature  
24th August, 1942 Date  
Vancouver, B.C. Address

A. J. Munro  
Witness to Signature

This is to certify that I have personally seen the birth certificate of this applicant, ~~or a sworn declaration as to his date of birth.~~ I certify his date of birth, according to legal documentary evidence to be

..... 16th May 1915 .....

Signed... A. J. Munro S. J. R. C. N. V. R.  
Commanding Officer

5th August, 1942

To: The Commanding Officer,  
H.M.C.S. "Discovery",  
Vancouver, B.C.

*STO 1 (M)  
called following day.*

Frederick Orton Lyons is approved for immediate  
entry as Leading Stoker (M) R. C.N.V.R. (T).

He is to be given a medical examination and  
attested forthwith.

*E. Wood*

A/Lieutenant Commander (E)  
R.C.N. (Temp.)

113-L-2218  
213574

# OCCUPATIONAL HISTORY FORM

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

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

## Section A—GENERAL INFORMATION

1. (a) Print name in full LYONS, Frederick Orton (b) Reg'l. No. V 46735
2. (a) Arm of service Navy (b) Unit R.C.N.V.R. (c) Rank Stoker I (M)
3. (a) Date of birth 16 May 1915 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Vancouver, B.C.
4. (a) Place of enlistment Vancouver, B.C. (b) Date of enlistment 24 Aug. 1942.

PLEASE LEAVE BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) One year High School.
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

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

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

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

18. Name of employer Address
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
20. (a) Your specific occupation (b) Number of years' experience at this occupation with any employer
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

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

22. (a) State nature of business, Service Station (b) Where was it located? 6904 Frasor Ave., Vancouver, B.C.
23. (a) Number of years engaged in this business 4 (b) Have you made, or will you make plans to return to the same or a similar business on discharge? Yes

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming?
25. (a) Were you born on a farm? Yes (b) How many years' actual farming experience have you had? 8 (c) In what provinces did you have experience? Sask.

## Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form



DATE 24th. August, 1942 SIGNATURE [Signature] Page 93 of 95

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1 SEP 11 1942

# NOTICE

1. File should be retained no longer than absolutely necessary. If a file is frequently needed at short intervals, it is better to B.F. it for two or three days than keep it out of Central Registry indefinitely. This ensures its being completed and kept in order, and also gives other offices an opportunity.

2. Central Registry should be notified whenever a file is passed direct to another branch.

3. All outgoing letters should bear the official file number.