

Smith
Robert

N3317

3317

OFFICIAL NUMBER

NAME SMITH
(Surname)

Robert
(Given Names)

OFFICIAL NUMBER

3317

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
Naden	Ord. Smn.	28	10	38		V.G.	Sat.	31	12	38							
Fraser	"	5	7	39													
Stadacona	"	19	9	39													
St. Laurent	"	22	10	39													
Stadacona	"	7	11	39													
Fraser	"	9	3	40													
Margaree	"																
<u>Discharged</u>		<u>22</u>	<u>10</u>	<u>40</u>	<u>DEAD-Missing presumed dead.</u>												

GENERAL REMARKS

14.5.41. Memorial Cross issued to
Mother: Mrs. Emma Smith
2100 Gallagher Ave.,
Winnipeg, Manitoba.

DATE OF BIRTH	PLACE OF BIRTH	CIVIL OCCUPATION	RELIGION	PERM. RESIDENCE	PREV. ENL.	RANK OR RATE ON ENLISTMENT
09 17 20	16 XXXX	0302	606	06	9 13	0 09 95
ENLIST. DATE	ACT. SERV. DATE	SHIP OR ESTAB.	RANK OR RATE	PREV. ENL.	RANK OR RATE	
28 10 38	28 10 38	0315	0 18 95			
SENIORITY	STR.	NON-SERV.	CODING	CHECKED		
28 10 38	09		2022-10-40			

3317

OFFICIAL NUMBER

FILE NUMBER

62-5.379

OFFICIAL NUMBER

3317

NAME SMITH (Surname) Robert (Given Names) DATE OF BIRTH 9th July 1920.PLACE OF BIRTH Winnipeg, Manitoba. OCCUPATION StudentRELIGION Church of England. EDUCATION Grade IX.RESIDENCE AT TIME OF ENLISTMENT: Street and No. 2096 Gallagher Ave. Town Winnipeg Province, etc. Manitoba

Date (in figures)			Period	DESCRIPTION					PREVIOUS SERVICE			
Day	Month	Year		Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
28	10	38	Seven years.	5'4 1/2"	Brown	Hazel	Fresh	Scar right thigh.	Winn. Grenadiers. (M.G.)NPAM	7.5.	36-28.	10.38.

NEXT OF KIN RELATIONSHIP (in pencil) Mother ADDRESS (in pencil): Street and No. 2100 Gallagher Ave NAME (in pencil) Mrs Emma Smith Town Winnipeg Province, etc. Manitoba

Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				10	11	38	P.P.T. (Fair)				
				14	3	39	E.T. "One"				
				17	7	39	P.S.T. (Good)				
				10	3	39	Qualified in First Aid.				

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

FILM
NO WSP-4642-5
DATE

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

SECOND CLASS FOR CONDUCT

From To



30

Passing Certificate

This is to Certify

that Robert SMITH,

Rating Ordinary Seaman Official Number 3317

has passed

THE EDUCATIONAL TEST, I

held on 14th March, 1939.

For advancement to Petty Officer

(J.O. Cossette).

Naval Secretary

Department of National Defence.

Ottawa, this 3rd day of May, 1939.

12. 8. 379

33

1st November, 1940.

Dear Madam,

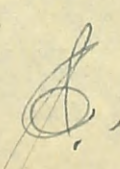
It is with deep regret that I must confirm the telegram sent out by the Minister of National Defence, reporting that your son, Robert Smith, Ord.Smn., O.N.3317, R.C.N., was missing, believed killed.

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

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

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

Yours very truly,


(J.O. Cossette)
NAVAL SECRETARY.

Mrs. Emma Smith,
2100 Gallagher Avenue,
WINNIPEG, Man.



CANADA

Department of National Defence

Naval Service

Ottawa, Canada.

NO. NS. 62-S. 379

36

NOV 8 1940

STATEMENT OF SERVICE OF

ROBERT SMITH

Ord. Smn., R.C.N., O.N. 3317

<u>Ship or Establishment</u>	<u>Rating</u>	<u>From</u>	<u>To</u>
H.M.C.S. "NADEN"	Ord. Smn.	28 Oct., 1938	4 July, 1939
" " "FRASER"	" "	5 July, 1939	18 Sept., 1939
" " "STADACONA"	" "	19 Sept., 1939	
" " "FRASER"	" "	9 March, 1940	
" " "MARGAREE"	" "		22 Oct., 1940

Character Assessment for whole of time - "Very Good"

DISCHARGED "DEAD" - 22 October, 1940

(J. O. Cossette)
NAVAL SECRETARY.

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "MARGAREE" ending 31st October 1940.

List 5-2 No. 58 (Name) SMITH, Robert Rank Rating O/Smn. No. 3317

When entered 5th 1st Oct. Date of appearance 6th Sep. Whither discharged "DD"

		\$	c.																									
CREDIT from former account.....		NIL																										
Pay as.....	<u>O/Smn.</u> from <u>1st Oct.</u> to <u>31st Oct.</u> <u>31</u> days at \$ <u>1.50</u> day)	46	50																									
"	<u>A/Q.R.-3</u> " <u>15th Aug.</u> " " " (<u>78</u> " <u>.10</u> ")	7	80																									
"	<u>A.B.</u> " <u>1st July</u> " " " (<u>123</u> " <u>.35 diff.</u>)	43	05																									
"	" " " " (" " ")																											
"	" " " " (" " ")																											
Kit Upkeep Allowance.....		3	33																									
OTHER CREDITS:	<u>L.A.M.</u>	3	50																									
	<u>L.A.M.</u>	1	95																									
	<u>G.M.</u>	3	50																									
		1	32																									
Total credits.....		110	95																									
DEBT from former account.....		2	02																									
PAYMENTS:—																												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>1st</th> <th>2nd</th> <th>3rd</th> <th>4th</th> <th>5th</th> </tr> <tr> <th>\$ c.</th> <th>\$ c.</th> <th>\$ c.</th> <th>\$ c.</th> <th>\$ c.</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">8.94</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	1st	2nd	3rd	4th	5th	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	8.94																
1st	2nd	3rd	4th	5th																								
\$ c.	\$ c.	\$ c.	\$ c.	\$ c.																								
8.94																												
1st month.....		8	94																									
2nd month.....																												
3rd month.....																												
Total.....		8	94																									
Allotment.....	<u>OCTOBER</u>	35	00																									
Pension deduction (Officers) charged to.....	NIL																											
Hospital stoppages.....	NIL																											
Mulcts.....	NIL																											
OTHER CHARGES:	<u>Transportation Wt. #5830/40 of 7th Sep.'40.</u>	7	28																									
Total debits.....		53	24																									
Balance Cr. or Dr.		57	71																									
(Balance Dr. to be shown in red)																												

Ledger { Full Rough } *La K*
EW

Number of days actually victualled during period mentioned above 23 15

NOT VICTUALLED	LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
		FROM	TO		
	LENT	6th Sep.	7th Oct.	32	DRAKE

Date 1st April, 19 41. *Bm Macfield*
FOR ACCOUNTANT OFFICER
PAYMASTER SUB-LIEUTENANT, RCNVR.



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

27238
22

CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND BOYS FOR THE NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

NOV 25 1938
62-21-48
7067

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 Robert Smith.

candidate for entry as.....Ordinary Seaman, R.C.N......
and I believe him to be in all respects fit for His Majesty's Service. He has signed the Certificate given below in my presence.

Dated at.....WINNIPEG Man......the.....25th.....of.....October.....1938

OF WHITE RACE.

[Signature]
Examining Medical Officer
(Rank).....Lieut. R.C.A.M.C.

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

Age { Years Months	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or re- vaccinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. def- icient and No. defective, if any), Nose, Tonsils, etc.	Anus, Hæmorrhoids, etc.
Ⓔ	Ⓕ	Ⓖ	Ⓓ	Ⓔ	Ⓕ	Ⓖ	Ⓓ	Ⓔ	Ⓕ	Ⓖ	Ⓓ	Ⓔ	Ⓕ	Ⓖ
Ⓔ	lbs.	ft. ins.		inches (a) maximum (b) minimum (c) mean	right eye (a) left eye (b) colour vision (c)						R. W.V. 20' L. W.V. 20'			
18 years 3 months.	134	5' 4½"	Good	34½ 31½ 33	20/20 20/20 N Ishihara	Left Arm 1928.	Normal.	Normal.	Normal.	Clear.		Normal.	Deficient 3	Normal.

CERTIFICATE TO BE SIGNED BY THE CANDIDATE

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

[Signature: R. Smith]
Signature of Candidate

When a Candidate is passed, notwithstanding a slight defect or disability, the following Certificate is to be filled up

This Candidate is the subject of.....

not considered of sufficient importance to cause his rejection, he being desirable in other respects.

[Signature]
Examining Medical Officer
(Rank).....

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

W.S.G. Application No. 10655

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

FILE NO. N.S. N-3317

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>SMITH</u>	<u>ROBERT</u>	<u>N-3317</u>	<u>A.B. 82</u>
SURNAME	CHRISTIAN NAMES	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE
	IN FULL		<u>O/SMN</u> 23.6.45.

CAUSE OF DISCHARGE: DEAD (MARGAREE)

...APPLICANT... MOTHER... MRS. EMMA SMITH (NO AP OR D.A.)

<u>10 SEP 39 to 9 SEP 40</u>	<u>366</u>	<u>"</u>
	<u>21</u>	
	<u>22</u>	
	<u>409</u>	

TOTAL SERVICE

Date of Active Service 10 SEPT/39

Date of Discharge 22 OCT/40

Total No. of Days 409

Less non qualifying service NIL

Total Days 409

OVERSEAS SERVICE

% Total No. of Days 25%

Less non qualifying service NIL

Total Days 25%

Record of Service in other Forces (per Naval Records)

Branch of Service _____

Date of Active Service _____

Date of Discharge _____

& % Overseas _____

Computed By C. Mawinpati

Checked By J. Williams

J. B. Money
 for (H.B. Money)
 Payr. Cmdr. R.C.N.R.
 Director of Personnel Records

DATE: JUN 22 1945

A.S. 00F N.D.A.

NON QUALIFYING SERVICE

H.K.M. .13
to

H. J. M. 4/13 ~~1.50~~ 1.85
1.45

(#)	Date	Reason	No. of Days
	N 16		
"		"	"
"		"	"
"		"	"
"		"	"
"		"	"
"		"	"
			Total days

(%)
OVERSEAS SERVICE:

Where serving	From	To	No. of Days
Fraser	10 SEPT/39. 5 July/39	18 SEPT/39"	9 "
St. Laurent	22 OCT/39.	6 NOV/39"	16
Fraser ? Margaree)	10 MCH/40.	22 OCT/40"	<u>227</u> 252 pw

ST. LAURENT	FRASER MARGAREE
10	22
6	30
16	31
	30
	31
	31
	30
	22
	<u>227</u>

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

CERTIFICATE of the Service of

Robert SMITH

IN THE ROYAL CANADIAN NAVY

Esquimalt. B.C.

Official Number *3317*

Date of birth *9th July 1920*

Where born { Province *Manitoba.*
Town or county *Winnipeg.*

Trade brought up to *Student.*

Religious denomination *Church of England.*

Date passed swimming test *PPT (Fair) 10/4/38*
PST (Good) 17 July 29

Man's signature on discharge to pension } *[Signature]*

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

Name: *Mother*

Relationship: *Emma*

Address: *2100 Gallagher Ave*
Winnipeg, Man.

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

Date of actually volunteering	Commencement of time	Period volunteered for	Date of actually volunteering	Commencement of time	Period volunteered for
1. <i>28th October 1938.</i>	<i>Seven years</i>		5.		
2.			6.		
3.			7.		
4.			8.		

Medals, Clasps, Etc.

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

Description of Person	Stature		Chest, In.	Colour of			Marks, Wounds and Scars
	Feet	In.		Hair	Eyes	Com-plexion	
On entry as a boy.....							
On advancement to man's rating or on entry under 28 years.....	<i>5</i>	<i>4 1/2</i>	<i>31 1/2</i>	<i>Brown</i>	<i>Hazel</i>	<i>Flesh</i>	<i>Scar rt. thigh.</i>
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....							
Further description if necessary.....							

ESTATES BRANCH

December 31, 1941. 64

Manager,
The Canadian Bank of Commerce,
Douglas & Cormorant Sts.,
Victoria, B.C.

SMITH, Robert, A.B. (Decensed)
O.No. 3317, H.M.C.S. "Margaree"

Dear Sir,

In reply to your letter of the 22nd instant, please be advised that the information regarding allotments made to your Bank from time to time by the abovementioned deceased rating was obtained from his Main File in Naval Service Headquarters.

This rating was lost in the sinking of H.M.C.S. "Margaree" on the 22nd October, 1940. He had been serving at H.M.C.S. "Naden", Esquimalt, B.C., just previous to the war and presumably was one of your customers.

Information obtained from the Main File indicates that his home address was 2100 Gallagher Avenue, Winnipeg, Manitoba, and that he was a single man with both parents surviving and resident at the address above given, in case you wish to make further enquiries at H.M.C.S. "Naden" to verify the fact that he had an account with you.

From available information here this Branch is of the opinion that the funds belong to the deceased and as soon as you are satisfied that such is the case it is requested that the credit balance may be forwarded in accordance with the terms of our letter to you dated 17th December, 1941.

Yours faithfully,



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

HRW/JN

F036813

62 8379

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. STADACONA at HALIFAX, N. S.Name Robert SMITH
(Christian names in full)Rank of Rating Ordinary Seaman A. B. Official No. 3317
(If unknown, date of first entry)Place of Birth Winnipeg, Man. Date of Birth 9th July, 1920Occupation in Civil Life Student Religion Church of EnglandNumber of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N.
(Temporary) or Reserve ratings) 2 YearsDate of Death 22nd October, 1940 Place of Death At SeaCause of Death Lost in collision of H.M.C.S. MARGAREE
(If due to accident, violence, or enemy action, particulars to be stated briefly)Nearest known relative or friend. { Name Emma SMITH Relationship Mother
Address 2100 Gallagher Avenue, Winnipeg, Man.Date on which the above was informed by Ship Informed by N.S.H.Q.Date on which death was registered with local Officials NK

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality.....

Place of Burial..... Date of Burial.....
(if known) (if known)Location, Number, etc., of grave.....
(if known)Undertaker employed.....
(if any)

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

J. Edwards
COMMANDER R.C.N.,
Commanding Officer,8th November, 1940The NAVAL SECRETARY,
Department of National Defence,
Ottawa, Canada.

In all cases this Form is to be sent in addition to the Report by Telegraph required by the Regulations.

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

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

MAIN FILE
 CHARGED TO *Trey*
 SINCE *20.12.40*
 REC'D. CENTRAL REGISTRY
 UEC 24 1940
 REFERRED TO
N.P.R.

Секретариат
 КОМУНДИНКО
 1940

Исполнительный директор
 КОМУНДИНКО
 1940

Секретариат
 КОМУНДИНКО
 1940

Секретариат
 КОМУНДИНКО
 1940

Секретариат
 КОМУНДИНКО
 1940

Секретариат
 КОМУНДИНКО
 1940

КОМУНДИНКО

КОМУНДИНКО

КОМУНДИНКО

КОМУНДИНКО

КОМУНДИНКО

КОМУНДИНКО

ATTESTATION

A Coy.

3199

NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT 10th. M.G. Bn. C.M.G.E.

REGT. No. 1035

1. What is your surname? (Block letters) SMITH
 2. What are your Christian names? Robert
 3. What is your present address? 2096 Gallagher Ave Phone No. --
 4. Employer's name and address? Student Phone No.
 5. Date of Birth Jul. 9/1918 6. (a) Country of Birth Canada (b) Nationality Can.
 7. Are you Single? Yes Married? --- Widower? ---
 8. What is your trade or calling? Student 9. Religious persuasion? C of E.
 10. Previous Naval, Military or Air Force Service. No.
Give particulars, qualifications, etc.
-
-
11. Name, Relationship and Address of Next of Kin P. R. Smith, Father
2096 Gallagher Avenue Wknnipeg, Man.

CERTIFICATE OF MEDICAL EXAMINATION

Height 5' 4" Weight 119 Chest max. 35 min. 30
 Descriptive marks 2 scars post. aspect right thigh

I have examined the above named man in accordance with instructions laid down in Regulations for the Canadian Medical Services and find him Fit Category A
 Date May 2nd. 1936 Signature [Signature]

Capt. S.U.A.M.C.

DECLARATION TO BE MADE ON ATTESTATION

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

OATH TO BE TAKEN

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

Signature of Witness [Signature] Signature of Man [Signature]

Dated this 7th. day of May 136 at Wpg.

CERTIFICATE OF ATTESTING OFFICER

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

[Signature]
 Signature of Magistrate, Justice of Peace, or Attesting Officer

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from..... <i>7th May 1936</i>	<i>7/5/36</i>	<i>B.O. Pt. II</i> <i>25/6/36.</i>	<i>[Signature]</i> Officer Commanding O.C. 10th M.G. Bn. C.M.G.C. Unit.....
<i>S.D.S.</i>	<i>31/12/37</i>	<i>Pt II #4</i>	<i>[Signature]</i>
Medals and Decorations			

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

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

2
NAVY
155 154

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

DECEASED MEMBER'S NAME **Robert** (CHRISTIAN NAMES) **SMITH** (SURNAME) REGISTER NO. **10655**
 PAYEE **Director of Estates,** for Service Estate of FILE NO. **NS.N3317**
 ADDRESS **308 Sparks St.,** **Robert Smith** DATE **6 July/45**
Ottawa, Ont. **NS.N-3317** SERVICE NO. **3317**
 DATE OF TERMINATION OF OVERSEAS SERVICE **23 Oct/40** FINAL RANK OR RATING **A.B.**
 DATE OF DISCHARGE **22 Oct/40**

A. TOTAL QUALIFYING SERVICE		\$ 97.50
NO. OF DAYS	409 <small>30</small> EQUAL TO 13 COMPLETE PERIODS AT \$7.50	
B. QUALIFYING OVERSEAS SERVICE		58.25
NO. OF DAYS	252 LESS 19 INELIGIBLE DAYS, EQUAL TO 233 DAYS @ 25C. PER DAY	
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY	\$ 1.85	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ 1.45	
ADDITIONAL PAY H.L.M.	\$.13	
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$	
TOTAL	\$ 3.43 x 7 = \$ 24.01	
NO. OF DAYS	252 <small>183</small> x \$ 24.01	33.06
D. WAR SERVICE GRATUITY		188.81
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES \$	
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$	Nil
	OTHER DEDUCTIONS \$	
F. TOTAL AMOUNT PAYABLE		188.81

G. YOUR PORTION OF GRATUITY IS—

P.L. # 22

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ = \$ 188.81
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY	TREASURY	DATE	
JSB	<i>[Signature]</i>	<i>[Signature]</i>	10-7-45	<i>[Signature]</i>

SERVICE REPRESENTATIVE
for Dir. Naval Pay Accting.

DISTRIBUTION OF SERVICE ESTATES

MKB

Estates Form "P. 4"

NAVY

Name: SMITH Surname Robert Christian Names No.: 3317

A.B. Rank H.M.C.S. "Margaree" Unit 22-10-40 Date of Death

	<u>AMOUNT</u>	W.S.G.	188.81
		L.P.C.....\$	68.26
Date: <u>27-7-45</u>		Other Credits.....	60.65
		Total.....	317.72
		Prev. Dist	<u>128.91</u>
		This Dist.	188.81

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	Father	Peter R. Smith 2100 Gallagher Ave., Winnipeg Manitoba.	94.41
1/2	Mother	Mrs. Emma Smith (as above) (as next of kin entitled)	94.40

P4 TO TREAS.
3/8

WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	188.81
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

.....
(L.M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer

N.S. 62-8-379 FD 253

ESTATES BRANCH
OTTAWA CANADA

6 August, 1945.

Mrs. Emma Smith,
2100 Gallagher Avenue,
Winnipeg, Man.

SMITH, Robert A.B. (Deceased)
No. 3317 R.C.N.V.R.

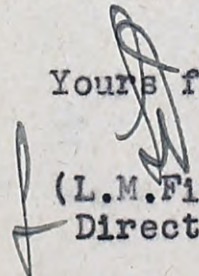
Dear Mrs. Smith:

The War Service Gratuity due to your son has been determined in the amount shown on the attached award form.

As your son died without having made a Will, this amount is distributable in accordance with the Intestacy Laws of his province of domicile which provide that you share equally with your husband, Mr. Peter R. Smith.

A cheque has been requisitioned from Treasury for your one-half share as next of kin entitled, and upon receipt of same, kindly sign the enclosed form of acknowledgement and return it to this Branch.

Yours faithfully,


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

HLV/mmb

VERIFICATION FORM

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

.....RANK/RATING *A/B*OFF.NO. *3317*ADDRESS

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

VERIFIED BY *[Signature]*

VERIFIED BY DIR. OF PERSONNEL RECORDS.

RCN Jan. 42 "MARGAREE"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mr. Peter E. Smith - Father

ADDRESS: 2100 Gallagher Avenue,
Winnipeg, Man.

MEMORIAL BAR

DATE DESP

REGN. NO. 216

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER

Mrs. Emma Smith

ADDRESS: 2100 Gallagher Ave., Winnipeg, Man.

ADDRESS:

(3)

14-5-41

D OF D 22-10-40

(NAVY)

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

D.D.
WAR SERVICE RECORDS

SMITH	Robert	N-3317	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)	No.	DATE DESPATCHED:
---------	-----	------------------

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	
	8961 - 16-1-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEMORANDUM FOR

P. 64

Mrs. P. Smith,
2100 Gallagher Ave.,
Winnipeg, Manitoba.

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

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

and the following number quoted:-
H.Q. NS. 62-S-379 FD. 253

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

69

October 7, 1941

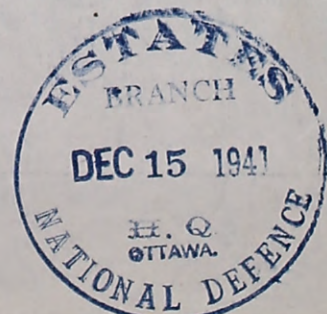
For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

A.B. SMITH, Robert, No. 3317.

H.M.C.S. "Margaree"

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

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



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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	<i>Peter Robert Smith</i>	<i>52</i>	<i>2100 Gallagher Ave Winnipeg</i>
4	Mother of the Deceased.....	<i>Emma Smith</i>	<i>59</i>	<i>ditto.</i>
5	Brothers of the Deceased	Full Blood <i>Joe Smith</i> <i>Gordon</i>	<i>27</i> <i>19</i>	<i>ditto</i> <i>ditto</i>
		Half Blood <i>Jabie Robillard</i>	<i>36</i>	<i>R. C. N. HMCS HAMILTON.</i>
6	Sisters of the Deceased	Full Blood		
		Half Blood <i>Funie Mc Auger</i> <i>by S. Yeman.</i> <i>Rihel Chernenki</i>	<i>37</i> <i>28</i> <i>22</i>	<i>wpg.</i>
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
	<i>None</i>			

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased.....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Robert. Smith
11	Give the month and year of his birth.	9 th July 1920.
12	Where and when were his parents married?	Winnipeg man 1 st December 1916
13	Was he ever married? If so, state exact place and date of marriage.	No.
14	Did he leave a (later) Will? If so, it should be forwarded.	No.
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	No

PARTICULARS OF DOMICILE

16	Where was deceased born?	Winnipeg, Manitoba
17	In what Province, Country or State did he reside, and in which last?	Manitoba
18	How long in each?	Always.
19	What was the nature of his employment?	Just left school.
20	Did he own the house or homestead in which he lived? If so, where?	No
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	No
22	State <u>your</u> postal address in full.	2100 Gallagher Ave Winnipeg, Man

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	No.

NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.

DECLARATION

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

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

* Mother of the deceased.

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

Mrs. Emma Smith {Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Mrs Emma Smith is the * Mother of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Winnipeg this 11th day of December 1941

Signature of Clergyman, Priest or Magistrate } W. H. Hamilton Qualification Magistrate

Address 225 Memorial Bldg, Winnipeg, Man.

NOTE—Before granting the above Certificate, care should be taken to see that the Informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address of each surviving Relative enquired after is stated in its proper place in the Statement opposite.

DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)

C.N.S. 2417
BM-236
N.S. 815-9-2417
NOV 25 1937
CANADA

APPLICATION FOR ENTRY IN THE ROYAL CANADIAN NAVY

The Naval Secretary,
Department of National Defence,
OTTAWA.

(M) 2096 Gallagher ave Wpg. Man. (Place)

Nov. 2nd 1937 (Date)

122149

SIR:—

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

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

1. Name (to be given in full in Block Letters) ROBERT S. SMITH
2. Date of Birth (Birth Certificate or sworn declaration by parent or guardian must be attached) July 9th 1920
3. Place of Birth. Town Winnipeg Province Manitoba Can.
4. Permanent Place of Residence. No. 2096 Street Gallagher ave. 5/11/37
Town Winnipeg Province Manitoba A. S.
5. Are you a British Subject? Yes
6. How long have you resided in Canada? seventeen (17) years
7. What is your Mother Tongue? English
8. What other language do you speak? None
9. Are you of the White Race? Yes
10. Are you Single, Married or a Widower? Single
11. How far advanced educationally are you? Grade VIII and (8) eight
(Certificates of School Authorities must be attached) months of Grade IX
12. What practical experience have you had?
(Details and certificates from employers, trade credentials, etc., must be attached to substantiate employment reported.)
None
13. Do you belong to any Naval, Military, Air or Police Force? Yes
14. If so, give details Mr. Sinner in Winnipeg Grenadiers (M.G.)
15. Have you ever served in such forces? "Yes" in the Non Permanent Active Militia
16. If so, give dates and details May 7th 1936 to present time
17. Have you ever been discharged from His Majesty's Forces as medically unfit? No
18. Have you ever offered to serve in His Majesty's Forces and been rejected? No
Why? Judged fit to serve & accepted
19. Have you ever been convicted of a criminal offence? "Yes" six months probation for being drunk.
(Enclose two character references, one of which must confirm your answer to Question 19)
20. What is your weight? 142 lbs Height 5'6" Chest Measurement (Not inflated) 36 1/2
21. Have you ever had fits? No
22. Do you suffer from any deformity? No
23. Have you suffered the loss of any fingers, toes, etc? No
24. Do you suffer from any disease? No
25. Do you wear glasses? No
26. Are you subject to any disability which might cause your rejection?
No
27. Give details.....
28. Are you willing to be vaccinated and inoculated as considered necessary by the appropriate authorities? Yes

W. Borell
Signature of Witness

Robert Smith
Signature of Applicant

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

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

Sealed at 2096 Gallagher ave, this 2 day of Nov, 1937 in the presence of
W. Borell Signature of Witness Peter Smith Signature of Parent or Guardian

CERTIFICATE TO BE SIGNED BY CANDIDATES OVER 21 YEARS OF AGE

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

Signed and Sealed at....., this.....day of....., 19..... in the presence of.....
Signature of Witness Signature of Candidate

N22569

DEPT. OF DEFENSE
NAVY
NOV 13 1937
62-21-418

CONSENT PAPER

(This paper is required in all cases where the Candidate is under the age of 18 years, in addition to the Certificate of Birth or Declaration.)

42673

*Strike out "son" or "ward" as the case may be.

I hereby certify that my ~~son,*~~ ^{ward} Peter Robert Smith has my full consent (being himself willing) to enter the Naval Service of Canada for a period of seven years' continuous and general service, from the age of 18, in addition to whatever period may be necessary until he attains that age, agreeably to the King's Regulations.

He has not been in a Reformatory, nor has he been sentenced to imprisonment.

I declare that he has never had fits.

† No alteration or erasure is to be made in the date of birth given.

The date of the boy's birth is July 9, 1920

His Religious persuasion is R.C.

Witness my hand at Winnipeg Man.

..... day of Nov 10th 1937.....

††Strike out "Parent's" or "Guardian's" as the case may be.

†† Parent's Guardian's Signature in full Peter Robert Smith

‡ Must be signed by the Father, if alive, or satisfactory explanation made.

‡ Parent's Guardian's Address 2096 Gallagher ave

In the case of a Guardian see other side.

Winnipeg Man

I, the above named Robert Smith do consent to enter the Naval Service of Canada.

§ The Boy and Parent or Guardian must sign in the presence of the witness to their signatures.

§ Boy's signature in full Robert Smith

Signed by the said [Here write boy's name] Robert Smith

And [Here write Parent's or Guardian's name] PETER ROBERT SMITH

In the presence of { Wm Freeman Fry Witness to signature of Boy, and Parent or Guardian.
STE 1 COLLEGIATE APTS Address.
Wp [OVER]

CERTIFICATE

§ Strike out "Parent" or "Guardian" as the case may be.

**Strike out "he" or "she" according to sex of Parent or Guardian.

† The assertion of the boy himself should not be taken as sufficient warrant for this statement.

I certify that I am personally acquainted with this Boy's § Parent, and am † aware** ^{he} ~~she~~ has consented to the Boy's entry as above, and I believe the particulars stated herein to be true.

.....Clergyman of the Parish.

or..... *J. V. Mallan* Resident Householder

..... *Clerk - C. N. Ry.* Occupation

..... *St. 2 Collegiate Apts. 346 Madison Ave. Winnipeg Man* Address

..... *November 10th* 193*7*

Particulars to be stated, if possible, in the case of a Boy whose Father is dead

Date of Father's death.....

Place of death.....

Signed.....Mother.

Particulars to be stated, if possible, in the case of a Boy whose Parents are both dead

Date of Father's death.....

Place of death.....

Date of Mother's death.....

Place of Mother's death.....

Signed.....Guardian.

Winnipeg
Nov 19 1937
REC'D. CENTRAL REGISTRAR
CHARGED TO
SINCE
REFERRED TO
MAY 19 1937