

V42923
BERRISFORD

GORDON

HAROL

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 GORDON HAROLD CARRISFORD (b) Reg'l. No. 042923
2. (a) Arm of service Army (b) Unit R.C.N.V. (c) Rank Private
3. (a) Date of birth Feb 10/24 (b) Have you any dependents? No (c) Place of residence Selkirk, Man.
4. (a) Place of enlistment Winnipeg (b) Date of enlistment July 15/42

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (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.) Grade 9
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) Not 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? Yes
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked Cheak (b) State how long you had worked at this trade or occupation 1 1/2 yrs
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 July 15/42
15. Give details of last employer, if any: Name Warrimps Store Address Selkirk, Man.
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Grocery Store.
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, or professional practice — (b) Where was it located? —
23. (a) Number of years engaged in this business — (b) Have you made, or will you make plans to return to the same or a similar business on discharge? —

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? — (c) If so, in what kind of farming? —
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? — (c) In what provinces did you have experience? —

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
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 None

DATE July 16 1942

SIGNATURE Gordon Carrisford



182002

113 B 3920

Copy To
VWD
ES

AUG 7 1946

MEMORANDUM FOR

P. 64

Mrs. Gladys Berrisford
 158 Rosser Avenue
 Selkirk, Manitoba

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

THE ADMINISTRATOR OF ESTATES,
 DEPARTMENT OF NATIONAL DEFENCE,
 OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. N. S. 113-B3720 FD. 304

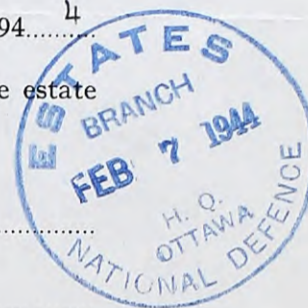
DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.

January 7, 1944

For the purpose of record and in the event of there being any Service estate
 available for distribution (according to law) on account of the late

BERRISFORD, Gordon H.

No. V. 42923, R.C.N.V.R.



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

A deceased's Service estate, the administration of which is the responsibility of
 the Estates Branch, consists of any balance of pay and allowances at credit, cash on
 hand and the personal effects which are under the control of the Service authorities.
 To obtain such assets, it is not necessary for the person(s) legally entitled thereto to
 obtain through the Courts Probate of the Will, or if none, Letters of Administration
 of his estate.

In addition to the administration of those Service assets, the Administrator of
 Estates is authorized to withdraw into Government account any funds (within a
 defined amount) on deposit to the deceased's credit in Banks, Post Offices or other
 financial institutions in Canada and Overseas, without expense or trouble to the
 person(s) legally entitled to the estate, and to distribute such funds at the same time
 as any balance of pay is distributed. Also, War Savings Certificates and Victory
 Loan Bonds owned by the deceased may be redeemed and similarly distributed, or
 transmitted into the name(s) of the person(s) legally entitled. Such Certificates and
 Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters
 of Administration, the Administrator of Estates may transfer and hand over the
 Service assets to the executor or administrator appointed by the Court so that all
 the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of import-
 ance in determining whether or not the deceased's assets are such that they may all
 be administered by the Administrator of Estates to the person(s) legally entitled,
 that is, without the need for Probate or Administration.

If there is insufficient space for complete particulars to be given opposite any
 question on Pages 2 and 3 of this form, the space under "additional remarks" on
 page 4 should be used.

(H.R. Wade) Cdr. RCNVR,
 for (L.M. Firth) Lt.-Colonel,
 Administrator of Estates.

HRW/JN

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	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>William</i> <i>W. B. Burroughs</i>	<i>44</i>	<i>See R. W.</i>
4	Mother of the Deceased.....	<i>Edy Burroughs</i>	<i>45</i>	<i>do.</i>
5	Brothers of the Deceased	Full Blood		<i>nil</i>
		Half Blood		
6	Sisters of the Deceased	Full Blood	<i>W. B. Burroughs</i>	<i>16</i> <i>See R. W.</i>
		Half Blood		
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	

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	Wardlaw Starobal Berrisford
9	Date of his birth	Feb 10 1924
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Sept 7 / 1922 Stony Mountain New

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Stony Mountain, New
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) Manitoba (b) All his life (c) (d)
14	Nature of employment before enlistment.	Store Clerk
15	State whether he owned the premises in which he lived and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	Stony Mountain, New

PARTICULARS OF ESTATE

17	Did he leave a Will?	No
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	No
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc. and the amount on deposit.	No
20	Amount of War Savings Certificates held by deceased.	2 certificates 1 - \$10.00 1 - \$5.00
21	Amount of Victory Loan Bonds held by deceased.	Nil
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	Prudential Insurance \$1000.00 Wardlaw Starobal
23	Is application for Probate or Letters of Administration necessary (see page 1)?	No

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	

(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

DECLARATION

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

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the ~~father~~ mother of the deceased.

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

Glady Bevisford {Signature of Informant
158 Rosser Ave
Selkirk Man Address

CERTIFICATE

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

See above. G Bevisford {Name of Informant} is the mother of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Selkirk this 3rd day of February 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } H. D. White Qualification Comm for Oaths

Address Rosser Ave, Selkirk

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

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE



CANADA

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

113 B 3720

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

182001

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.....**Gordon Harold BERRISFORD**.....
candidate for entry as.....**Ordinary Seaman**.....
and I believe him to be *~~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. **Eyes react to L. & A. Reflexes normal.**

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

(a) Age	Yrs. 18	Mos. 5	(j) Date of last Vaccination for Smallpox	Never	
(b) Height with bare feet	Feet 5	In. 8 3/4	(k) General Development	Fair	
(c) Weight without clothes	123 Pounds		(l) Nose, Throat and Tonsils	Normal	
(d) Ears and Hearing	Normal		(m) Heart and Lungs	B.P. 140/90 Normal	
(e) Chest Girth	Max. 34 1/4	Min. 32 1/4	Mean 32 3/4	(n) Abdomen Hernia, etc.	See below
(f) Teeth	Deficient 1	Defective 0	Dentures 0	(o) Limbs and Joints	Normal
(g) Vision by Snellens Types	without glasses with glasses where worn	Rt. 6/9	Lt. 6/9	(p) Skin	Normal
(h) Colour Vision	Ishihara R.C.N. Lantern	Normal		(q) Anus Haemorrhoids	Normal below SEE NORMAL
(i) Chest x-ray	{ not taken approved positive doubtful	APPROVED July 17 1942 FILM NO. N 925		(r) Testes Varicocele	Normal
			(s) Urine	Sugar & Alb	Negative

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.

Gordon Berisford
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.....**Small external haemorrhoid, med.**.....

Underweight
*~~not considered of sufficient importance to cause his rejection, he being desirable in other respects.~~
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 **H. M. C. S. "CHIPPAWA"** the **16th** of **July** 19 **42**

A. K. Mighel
Examining Medical Officer
(Rank) **SURGEON LIEUT. R. C. N. V. R.**



I.C.N.S. 69354

N. V. 5
50M-10-41 (1994)
N.S. 815-11-5

W.D.#

113-B3720

ATTESTATION FORM
(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

182000

SURNAME **BERRISFORD** OFFICIAL NO. **042923**
CHRISTIAN NAMES **Gordon Harold** MARRIED, SINGLE OR WIDOWER **Single**

PERMANENT ADDRESS 158 Rosser Ave., Selkirk, Man.	RELIGION C. of E.
--	-----------------------------

[Signature]

DATE OF BIRTH 10th February, 1924	*PLACE OF BIRTH Town Selkirk County Province Manitoba	NAME AND ADDRESS OF NEXT OF KIN Gladys BERRISFORD, (Mother) 158 Rosser Ave., Selkirk, Man.
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*Original Nationality of:
Father **English**
Mother **English**

*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 5	Inflated 34 1/4	Black	Brown	Dark	Scar on right shin and scar on left knee
Inches 8 3/4	Deflated 32 1/4				
	Mean 32 3/4				

EDUCATIONAL STANDING Grade IX	TRADE OR CALLING AND IN WHOSE EMPLOY Clerk, F. BERRISFORD, (Grocery Store) Selkirk, Man.
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DATE OF ENROLMENT Divisional Strength 16th July, 1942	RATING FOR WHICH ENROLLED Ordinary Seaman	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED H.M.C.S. CHIPPAWA
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(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 have served, and am serving, in any of the above mentioned forces for the period shown, and attach my record of service, in confirmation of this statement.~~

*Cross out Clause not applicable.

SERVED IN	RANK	FROM

- (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.

[Signature]

TO
Personnel Records
Division.

1. Noted in Records *[initials]*
2. Index Card *[initials]*
3. Non-Sub. Card *[initials]*
4. Photo *[initials]*
5. Foneo Strip *[initials]*
6. Photo of my knowledge
7.
8.

DATE **6/15/42**

(5) On being enrolled as a member of the.....**H.M.C.S. CHIPPAWA**..... 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 **16th** day of **July, 1942**

Signature of applicant *Gordon Berrisford*

(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 **16th** day of **July, 1942**

Sub. H. Sheppard
Signature of and rank of Attesting Officer.
LIEUTENANT R. C. N. V. R.

(D) **OATH OF ALLEGIANCE**

I, **Gordon Harold BERRISFORD**, 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 *Gordon Berrisford*

Witness *H. Sheppard*
Rank **LIEUTENANT R. C. N. V. R.**

Date **16th July, 1942**

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

(E) **CERTIFICATE OF ATTESTING OFFICER**

Gordon Harold BERRISFORD 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..... Division of the R.C.N.V.R. or in the appropriate official documents.

Sub. H. Sheppard
Attesting Officer.
LIEUTENANT R. C. N. V. R.
R.C.N.V.R. Division
(or other establishment) **H.M.C.S. CHIPPAWA**

16th July, 1942

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 *Seaman* Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

Gordon Berrisford
Signature

D OF D 20-9-43

D.D.

BERRISFORD

Gordon Harold

V-42923

O/S.

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star

Africa Star

C.V.S.M. & Clasp

War Medal

5454

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR May 44 "ST. CROIX"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mr. William Berrisford - Father

158 Rosser Ave.,

ADDRESS:

SELKIRK, Man.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Gladys Berrisford

158 Roser Ave., Selkirk, Man.

ADDRESS:

MEMORIAL BAR

DATE DESP.....

REGN. NO.....

180

(2)

(3)

31-12-43

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

NAME IN FULL BERRIS FORD, Gordon Harold RANK/RATING Ord. Surgeon OFF. NO. V-42923 ADDRESS

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS					STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF		
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE				CLASP C.V.S.M.	1915 MEDAL
	29.11.42											1939-45	1	Star
<u>St Croix</u>	1.7.43	20.9.43	82									ATLANTIC		
<u>Discharged Dead to date</u>	20.9.43											FRANCE G.		
												AFRICA	1	Star
												PACIFIC		
												BURMA		
												ITALY		
												DEFENCE		
												C.V.S.M.	2	0 Clasp
												" CLASP		
												WAR 1945	1	Medal
												WAR 1915		

VERIFIED BY E. Parkes
[Signature]

VERIFIED BY E. Parkes VERIFIED BY DIR. OF PERSONNEL RECORDS.

CERTIFICATE OF PROGRESS OF ORDINARY SEAMEN

(To be used in conjunction with Form S. 399 Divisional Training Progress Book.)

NAME <i>Gordon Harold BERRISFORD</i>	OFFICIAL No. <i>V-42923</i>	Date of Birth <i>10 Feb '24</i>
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ON LEAVING HARBOUR TRAINING SERVICE

Subject	Ability	REMARKS (percentages obtained, etc.)	Initials of Instructing Officer
*School.....	<i>Prof</i>	<i>Math. 100% Eng 43.0%</i>	<i>RGB</i>
Seamanship— Boat work:	<i>Prof</i>	<i>25%</i>	<i>RGB</i>
(a) Pulling.....			
(b) Sailing.....			
Gunnery and Disciplinary Training.....	<i>Fair</i>		<i>ash</i>
Shooting.....			
Swimming—P. P. T.	<i>Good</i>	<i>Date qualified 4 December 1942</i>	<i>RGB</i>
Physical and Recreational Training.....			
Special qualifications.....			
Call Boy.....			
Bugler (Sea Service).....			
Special Remarks			
e.g., C. W. Candidate.....			
		<i>3 DAYS ANTI/GAS 8-2-43</i>	

On joining:— Weight *133* Height *5' 8³/₄"* Date *16 July '42*

On leaving:— Weight *136* Height *5' 8³/₄"* Date *JAN 29 1943*

* State in remarks column whether Normal, Advanced Class or V/S or W/T.

H.M.C.S. "*Chippawa*" Date *JAN 29 1943* *E. W. Orde* Captain.

C.N.S. 264 (S.264)

NAME Gordon Harold BERRISFORD

Sub-Rating and Seniority Ord Svr ^{29 Nov 42} Non-Sub. _____

O.N. V-42943 S.B. No. _____ W.B. No. _____

Joined Ship → Det 43 from Chippawa

Engagement: Period 16 July '42 Expires _____

Date of Birth 10 February '24 Religion Church of England

Character V G Efficiency 1st Date 29 Jan 43

Badges mil. Class for Conduct 1st Class for Leave 1st

DATE DUE FOR: Next Badge _____

Progressive Pay _____

L.S. & G.C. Recommended _____

ADVANCEMENT Wishes to Pass? Recommended? Date Qualified?

Educ. Test Pt. 1 _____

Higher Educ. Test _____

Professional or higher Sub-rating _____

do Non-Sub. _____

(For ordinary Seamen, Form T. S. 34 (S.536D) must be used in addition)

ANY NON-SERVICE ATTAINMENTS _____

SWIMMING QUALIFICATION P.P.T. 1 Dec 42 (Good)

ATHLETIC CAPABILITIES _____

GENERAL REMARKS (including intelligence, energy, initiative, power of command).

3 DAYS ANTI/GAS 8-2-43
Inferior rating - average intelligence but has taken no interest in his work so date - needs strict supervision

H.M.C.S. "Chippawa" [Signature]
Officer of Division

Date 26 Jan '43 Sub Lieut.

H.M.C.S. "NADEN"

G. H. Parke
Officer of Division
JS/LIEUTENANT, R.C.N.V.R.

DATE: 13th April, 1943.

CERTIFICATE of the SERVICE of

Gordon Harold BERRISFORD

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division <i>Chippawa</i>	Official Number <i>V-42973</i>
		"
		"

Date of Birth *10th FEBRUARY 1924*

Place of Birth *SELKIRK, MANITOBA*

Place of Residence *158 Rossar Ave, Selkirk man*

Trade brought up to *CLERK*

Religion *CHURCH OF ENGLAND*

Name and Address of Nearest Relative or Friend (in pencil)
(mother) Gladys
Same address

Can Swim:—P.P.T. *Good* Date *4 December 1942* Signature *G. Darling* Rank *Sub-Lieut R.C.N.V.R.*

P.S.T. Date 19 Signature Rank

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>16 July '42</i>	<i>HOSTILE</i>	<i>O. SMN.</i>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>8 3/4</i>	<i>32 3/4</i>	<i>123</i>	<i>Black</i>	<i>Brown</i>	<i>Dark</i>	<i>Scar on right shin and scar on left knee</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

BERRIS FORD

NAME **GORDON HAROLD** RATING **O. 5mm** BRANCH
OFFICIAL NUMBER PLACE **H.M.C.S. "CHIPPAWA"** DATE **July 16/42**

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 . . . **no** . . . Sore Joints . . . **no** . . . Pleurisy . . . **no** . . . Tuberculosis . . . **no** . . .
- Bronchitis . . . **no** . . . Asthma . . . **no** . . . Pneumonia . . . **no** . . . Heart Diseases . . . **no** . . .
- Kidney or Bladder Diseases . . . **no** . . . Stomach or Intestinal Trouble . . . **no** . . .
- Chronic Indigestion . . . **no** . . . Stomach Ulcer . . . **no** . . . Rupture . . . **no** . . . Piles . . . **no** . . .
- Varicose Veins . . . **no** . . . Trouble with your Feet . . . **no** . . . Nose Trouble . . . **no** . . .
- Ear Trouble . . . **no** . . . Eye Disease . . . **no** . . . Fits . . . **no** . . . Dizziness . . . **no** . . .
- Nervous or Mental Disease . . . **no** . . . Gonorrhoea . . . **no** . . . Syphilis . . . **no** . . .
- Skin Trouble . . . **no** . . . Albumin in your Urine . . . **no** . . . Sugar in your Urine . . . **no** . . .
- Sore Back . . . **no**

Para. II

Have you ever worn glasses . . . **no** . . . Have you ever been in hospital . . . **no** . . .

Have you ever had an operation . . . **yes** . . . Have you ever had any broken bones . . . **no** . . .

Have you ever had a dislocation . . . **no** . . . Have you ever had an injury . . . **no** . . .

Have you consulted a doctor in the last five years . . . **no** . . . Have you ever been

rejected for Life Insurance . . . **no** . . . Have you ever received compensation from any

Workman's Compensation Board . . . **no** . . . Have you ever received a War Pension . . . **no** . . .

Have you ever been rejected from the Navy, Army or Air Force . . . **no** . . .

Para. III

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

- Tuberculosis . . . **no** . . . Diabetes . . . **no** . . . Asthma . . . **no** . . . Nervous or Mental Diseases . . . **no** . . .

DETAILS:

① Alters with skin opened . . . - 10 yrs. old
notable skin

Medical Officer:

A. K. Wright
Surgeon-Lieutenant, R.C.N.V.R.

Gordon Berisford
Signature of Candidate

ESTATES BRANCH

H.Q.NS.113-B-2720 FD.304

May 2, 1944.

Mr. and Mrs. William Berrisford,
158 Rosser Avenue,
Selkirk, Manitoba.

BERRISFORD, Gordon H., O/S (Deceased)
No. V.42923, R.C.N.V.R.

Dear Mr. and Mrs. Berrisford:

Enclosed are Dominion of Canada cheques No.112482 and
112483 dated April 21, 1944, each in the amount of \$50.59. ✓

The total amount to the credit of your son's Service
estate is \$101.18, and is made up as follows:

Balance of Service pay.....	\$ 88.43
Redemption of War Savings Certificates..	12.75
Total.....	\$101.18

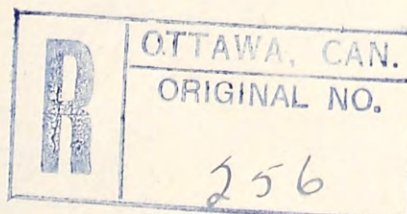
Your son died without having made a Will and his Service
estate is, therefore, paid one-half to each of you in accordance with
the Intestacy Law of his province of domicile. The enclosed cheques
cover your respective shares as the next-of-kin entitled.

There were no personal effects received at this Branch for
distribution.

Will you kindly sign and return the enclosed forms to the
Administrator of Estates, Department of National Defence, 308 Sparks
Street, Ottawa. ✓

Yours faithfully,

HRW/JN
Encls.
Registered



(L.M. Firth) Lt.-Col.
Administrator of Estates.

198680'

27

ACCOUNTS OF MEN DISCHARGED

113-B-3720.

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

Name BERRISFORD, Gordon Rating O/Sea.
Official No. V-42923 H.M.C.S. St. Croix. List 5/2-79
Who* D. D. on the 20th September 1943

Net sum due on ledger on account of Wages.....	\$	cts.	
			88.43
Proceeds of sale of Effects charged against Wages, brought from the other side			
CASH—	\$	cts.	
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....			
Found amongst Effects.....			
Debts collected \$.....			
Cash debited in the Accountant Officer's Cash Acct.....			
If in debt in ledger, amount to be stated (in red ink).....			
Rate of allotment (in words).....			Nil
Rate of allotment (in words)..... charged to.....			
Name of ship from which transferred.....			St. Croix.
Total†.....			Creditor 88.43

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of HMCS "AVALON" FOR HMCS "ST. CROIX" amounting to a net balance†..... Creditor of Eighty eight dollars Forty three cents.

Dated on board H.M.C.S. AVALON at St. John's, Newfoundland this 26th day of October 1943

Approved [Signature] Accountant Officer
A/Paymaster Lieut. Commander, R.C.N.V.R.
[Signature] { Initials of the Assistant Accountant Officer
[Signature] Commanding Officer.
COMMANDER, R. C. N. (Temp)

For Use at Headquarters. \$.....cts.....credited on Inspector's certificate
No.....to.....
Signature.....
Date.....19.....

*State whether discharged on shore, D.D. or Run. †State whether "debtor" or "creditor".
§Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

Six Copies to be rendered to Naval Service Headquarters

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

H.M.C.S. AVALON (C.R. 601X) at ST. JOHN'S, NEWFOUNDLAND,

Name (Christian names in full) Gordon Harold BERRISFORD
Rank or Rating Ord. Smn. Official No. 7-42923 PCNVR
If unknown date of first entry) 10th Feb 1924
Place of Birth Selkirk, Manitoba Date of birth Church of England
Occupation in Civil Life Clerk Religion Church of England

Number of Years Service in the Navy (Long Service R.C.N. or mobilized service in the case of R.C.N. (Temp.) Reserve ratings)

296 DAYS

Date of Death 20th Sept. 1943. Place of Death AT SEA

Cause of Death LOSS OF H.M.C. SHIP

Nearest known) Name Gladys BERRISFORD, Relationship Mother
relative or) Address 158 Robson Ave.,
friend) Selkirk, Man.

Date on which the above was informed by ship SEP. 27. 1943.

Date on which death was registered with local officials N.K.

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 No burial Date of Burial Not applicable
(If known) (If known)

Location, Number etc, of Grave Not applicable
(If known)

Undertaker employed Not applicable
(If any) Not applicable

If borne for discipline only, date D.S.Q. or invalidated Not applicable

S.W. Davis
(S.W. Davis),

Commander, R.C.N.,
COMMANDING OFFICER

The Secretary, Naval Board,
Ottawa, Canada.

14th October

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.

MS

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

4
 NAVY

DECEASED
MEMBER'S
NAME

Gordon Harold

BERRISFORD

REGISTER NO. 14925

(CHRISTIAN NAMES)

(SURNAME)

FILE NO. NS.V42923

PAYEE

Director of Estates,) for Service Estate of

DATE 17 Aug. 45

ADDRESS

308 Sparks St.,
Ottawa, Ont.) Gordon H. BERRISFORD
) NS.V42923

SERVICE NO. V42923

FINAL RANK OR RATING O/Smn.

DATE OF TERMINATION OF OVERSEAS SERVICE 20 Sep. 43

DATE OF DISCHARGE 20 Sep. 43

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 296 EQUAL TO 9 COMPLETE PERIODS AT \$7.50

\$ 67.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 82 LESS 26 INELIGIBLE DAYS, EQUAL TO 56 DAYS @ 25c. PER DAY

\$ 14.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$ 1.50
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ 1.25
ADDITIONAL PAY HIM	\$.20
	\$
	\$

DEPENDENTS' ALLOWANCE 1/30 OF \$ Nil

TOTAL	\$ 2.95	x7 = \$ 20.65
NO. OF DAYS	82	x\$ 20.65
	183	

\$ 9.25

D. WAR SERVICE GRATUITY

\$ 90.75

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

F. TOTAL AMOUNT PAYABLE

\$ 90.75

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____ = \$ 90.75
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

Voucher 1925- 22/8-45

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

PREPARED BY	CHECKED BY
JEB	<i>[Signature]</i>

TREASURY	
CHECKED BY	DATE
H Laplan	10/1/45

[Signature]
 SERVICE REPRESENTATIVE
 for Dir. Naval Pay Accting.

W.S.G. Application No. 14925 ✓

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

FILE NO. N.S. V42923 ✓

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>BERRIS FORD</u>	<u>Gordon Harold</u>	<u>V42923</u>	<u>ORD. SMN.</u>
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: Dead (St. Trax) ✓
Applicant - Mother - No D.A. or A.P. ✓

	<u>TOTAL SERVICE</u>	<u>365</u>	<u>10</u>
Date of Active Service	<u>29 Nov 42</u> ✓	<u>69</u>	<u>31</u>
Date of Discharge	<u>20 Sep 43</u> ✓	<u>296</u>	<u>28</u>
Total No. of Days	<u>296</u> ✓		<u>69</u>
# Less non qualifying service	<u>/</u>		
			Total Days <u>296</u> ✓

	<u>OVERSEAS SERVICE</u>	
% Total No. of Days	<u>82</u>	
# Less non Qualifying service	<u>/</u>	
		Total Days <u>82</u> ✓

Record of Service in other Forces (per Naval Records)

Branch of Service /

Date of Active Service /

Date of Discharge /

& % Overleaf

Computed By R. Collins

Checked By F. Hamilton

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

DATE: AUG 8 1945

Orig on file 14925

NON QUALIFYING SERVICE

(#)	Date	Reason	No. of Days	TOTAL SERVICE	OVERSEAS SERVICE
"	_____	"	"	_____	_____
"	_____	"	"	_____	_____
"	_____	"	"	_____	_____
"	_____	"	"	_____	_____
"	_____	"	"	_____	_____
"	_____	"	"	_____	_____
			Total days	=====	=====

DATE OF DISCHARGE _____

DATE OF NEXT SERVICE _____

(4) OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
<i>St. Croix</i>	<i>July 43</i>	<i>30 Sep 43</i>	<i>82 ✓</i>

31 _____
 31 _____
 20 _____
82

DATE OF DISCHARGE _____

NAME OF COMMAND _____
 GRADE _____
 BRANCH _____
 DATE OF DISCHARGE _____

COMMANDER OF SERVICE _____
 NAME SERVICE OVERSEAS _____

DATE OF DISCHARGE _____

DATE OF DISCHARGE _____


DATE OF DISCHARGE _____




EMC

N.S. 113-B-3720 PERS.(N)

28 January, 1944.

THIS IS TO CERTIFY that according to official information Gordon Harold Berrisford, Ordinary Seaman, Official Number V-42923, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 20th of September, 1943. He was serving in H.M.C.S. "St. Croix" which was sunk by enemy action whilst on Convoy duty in the Atlantic.


SECRETARY, NAVAL BOARD.

 

H. B. MONEY
PAY LIEUT. CDR. R. C. N. R.
OFFICER-IN-CHARGE
NAVAL PERSONNEL RECORDS

C. R. P. A.
TREASURY OFFICE
 Date: 7/11/44
 Initial: gms

DEPARTMENT OF NATIONAL DEFENCE
 - Naval Service -
 Ottawa, Canada.

.DEC. 29 1943.
 (Date.)

Sir:

The following casualty has been reported -

NAME BERRISFORD, Gordon Harold RANK or RATING Ordinary Seaman NAVAL NO. V-42923, R.C.N.V.R.

DATE OF ENLISTMENT - 16th July, 1942. Active Service: 29th November, 1942.

DATE OF DISCHARGE - 20th September, 1943.

HOSPITAL -
 (If discharged in hospital under jurisdiction of D.F. & M.H.)

SERVICE - Canada & High Seas
 (Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and when and where any disability was incurred, or where death occurred. Missing, presumed dead. He was serving in H.M.C.S. "ST. CROIX", which was lost while serving on convoy duty in the Atlantic, due to enemy action.

(Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada.)

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP Mother NAME Mrs. Gladys Berrisford,

ADDRESS 158 Rosser Avenue, SELKIRK, Manitoba.

NOTE: If records indicate that rating was separated from his wife, legally or otherwise, details to be furnished and copy of any Court Order, the Separation Agreement, etc., to be furnished.

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MARRIAGE ALLOWANCE, DEPENDENTS ALLOWANCE, etc.

REMARKS:

THIS PORTION OF FORM COMPLETED BY CHIEF TREASURY OFFICER, DEPARTMENT OF NATIONAL DEFENCE, NAVAL SERVICE.

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
----------------------------	---------------------	----------------------------	--

NIL.

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
<u>Monthly Rate:</u>	Nil	Nil.	
<u>To whom Paid:</u>	<u>ADDRESS</u>		
<u>Date of Enlistment:</u>			
<u>Date of Discharge:</u>			
<u>Inclusive date to which D.A. and/or A.P. was Paid:</u>			
The final deduction of Assigned Pay for _____ has been made for the period from 1st to _____ of _____ 194			

Remarks:

Computed by *M.W.*
 Checked by *H. H. Lockelle*

Alec J. Boswell
 for
 Chief Treasury Officer,
 DEPARTMENT OF NATIONAL DEFENCE,
 (Naval Service.)

The Secretary, The Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ontario.

V42923

OFFICIAL NUMBER

FILE NUMBER

113-B-3720

OFFICIAL NUMBER V42923

NAME BERRISFORD (Surname) Gordon Harold (Given Names) DATE OF BIRTH 10 February 1924PLACE OF BIRTH Selkirk, Manitoba OCCUPATION ClerkRELIGION Church of England EDUCATIONRESIDENCE AT TIME OF ENLISTMENT: Street and No. 158 Rosser Avenue Town Selkirk Province, etc. Manitoba

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
16	7	42	H.O.	5' 8 $\frac{3}{4}$ "	Black	Brown	Dark	Scar on r. shin and scar on l. knee				

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs. Gladys Burgess
ADDRESS (in pencil): Street and No. 158 Rosser Avenue Town Selkirk Province, etc. Manitoba

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				9	4	43	Qual. "Tr. 249A-5854.				
				8	2	42	Qualified A/G 2 days S.C.				
				4	12	42	P.P.T. (Good) Service Certificate				

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

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

SECOND CLASS FOR CONDUCT

From

To



FILM
NO. COMP-5670-5
DATE

V42923

OFFICIAL NUMBER

NAME BERRISFORD
(Surname)

Gordon Harold
(Given Names)

OFFICIAL NUMBER

V42923

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
H.M.C.S. "Chippawa"	Ord. Seaman	16	7	42	Div. Str. Winnipeg	V.G.	Sat.	31	12	42	Q&R.Prob.C.	28	5	43			
" "	" "	29	11	42	Active Service DL 1.12.42	V.G.		20	9	43	R.111						
Naden.	" "	3	2	43	D.R.D.#504.												
Stadacona.	" "	2	6	43	D.R.D.#1145.												
St. Croix	" "	1	7	43	DRD H-1940												
DISCHARGED	" "	20	9	43	Missing on active service per Casualty List.												

GENERAL REMARKS

Canadian Memorial Cross has been awarded to Mother: ~~Mrs.~~ Mrs. Gladys Berrisford, 158 Rosser Ave. Selkirk Manitoba. 31st. December, 1943.

DATE OF BIRTH	PLACE	CIVIL	CCCU	REL	ED	PERM. RESIDENCE	PREV. ENL.	RANK OR RATE
DY. MO. YR.	BIRTH	MAIN	SUB	GRN		P. CTY. TOWN	SERV. DIV.	A BR. RATE
10	24	16	8	30	030	X 60901006	00875	
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. RATE
16	07	42	29	11	42		0380	00875
SENIORITY	STR.	NON-SUB	M				CODED	CHECKED
DY. MO. YR.	CAT.	A	B	ST.				CR9
29	11	42	09			20 20-09-43		AK