A1740
WALL
EDWARD THOMA

D OF D 26-3-41

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY D.D.

WAR SERVICE RECORDS

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
WALL	Edward Thomas	A-1740	Sto. 1		

WAR SERVICE BADGE (CLASS) No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	1567
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

RCNR Sept. 41

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO: Mrs. Nellie M. Conrad (Re-married) Wall - Widow

ADDRESS: ~~80 Rose Street, Dartmouth, N.S.~~ 4 Mason Court, GLOUCESTER, Mass., U.S.A.

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO 570

(2) MEMORIAL CROSS

WIDOW: Mrs. Nellie Wall

ADDRESS: 80 Rose St., Dartmouth, N.S.

(2) 16-6-41

(3) MEMORIAL CROSS

MOTHER: Mrs. Thomas Wall

ADDRESS: Parnell St., North Sydney, C.B., N.S.

(3) 16-6-41

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37

A 1740 OFFICIAL NUMBER NAME WALL (Surname) Edward Thomas (Given Names) OFFICIAL NUMBER A 1740

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks
Stadacona	Stoker	22	5	40	
DISCHARGED	"	26	3	41	Dead (Casualty "Otter") W/T 1845/26-3-41

Character	Efficiency	Date Day	Date Month	Date Year

Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Re-Qualified Day	Re-Qualified Month	Re-Qualified Year

General Remarks

Date of Birth DY	MO	YR	Place of Birth	Civil Occu. Main	Sub	Reli...		Perm. Residence P	CTY	Town	Prev. Serv.	Enl. Div.	Rank or Rate on Enlistment A	BR	Rank
26	9	12	14	525	0	10	X	4	08	01	0	19	0	15	90

Enlist Date DY	MO	YR	Act. Serv. Date DY	MO	YR	Str. Cat.	DY	MO	YR	Ship or Estab.	Rank or Rate A	BR	Rank
22	05	40	22	05	40					9830	0	15	90

			Str. Cat.	Non-Sub A	B	St.		Coded	Checked
22	05	40	09			20	26-03-41	[illegible]	[illegible]

A 1740 OFFICIAL NUMBER | FILE NUMBER 123-W-88 | OFFICIAL NUMBER A 1740

NAME WALL (Surname) Edward Thomas (Given Names) DATE OF BIRTH 26 September, 1912

PLACE OF BIRTH Reserve, Cape Breton Co., Nova Scotia. OCCUPATION Stoker

RELIGION Roman Catholic EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 80 Rose Street, Town Dartmouth, Province, etc. N.S.

ENGAGEMENTS

Date (in figures) Day	Month	Year	Period
22	5	40	Hostilities only

DESCRIPTION

Height	Hair	Eyes	Complexion	Marks or Scars
5' 7½"	Brown	Brown	Fair	Scar on upper rt. arm. Tattoo on both forearms.

PREVIOUS SERVICE

Served in	Rank or Rating	Dates From	Dates To
--nil--			

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs. Mildred Wall

ADDRESS (in pencil): Street and No. 80 Rose Street Town Dartmouth Province, etc. N.S.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

Date (in figures) Day	Month	Year	Particulars

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars

BADGES, G.C. OR G.S.

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

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

Ship or Establishment	Wt. No.	Date (in figures) Day	Month	Year	Brief Particulars of Offence	Punishment

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

SECOND CLASS FOR CONDUCT

From	To

FILM NO. WSR4525-5 DATE

W.S.G. APPLICATION 11420 RECEIVED

H.Q. 35—30M—4-42 (4260)
N.S. 815—7-35

EMORANDUM FOR

Mrs. Nellie Wall,
80 Rose Street,
Dartmouth, N. S.

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

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

and the following number quoted:—

H.Q. N.S. 123-W-88 FD.67.

72

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

April 4th, 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

Stoker Edward T. WALL, A.1740.

R. C. N. R.

Deceased salary for month of March 1941 not received.

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.

ESTATES BRANCH APR 14 1941 H.Q. OTTAWA. NATIONAL DEFENCE

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

M.F.W. 77
3M-5-40 (4995)
H.Q. 1772-39-972

STATEMENT of the Names, Ages and Addresses, or Dates of Death, of all the relatives that the deceas
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		Nellie M. Wall	22	50 Rose St. Sart. North Sydney
2	Children of the Deceased and dates of their Births		Carl Edward Wall	4	Same
			William Douglas Wall	2	Same
			{Additional child expected to be born June 1941.}		
3	Father of the Deceased		Thomas F. Wall.	53-4	North Sydney.
4	Mother of the Deceased		Jane Wall.	47	North Sydney
5	Brothers of the Deceased	Full Blood	Gerald Wall	11	" "
			Louis Wall	14	" "
			Joseph Wall	17	" "
			William Wall	18	" "
			Thomas Wall	21	"
			Alphonse Wall	24	" "
		Half Blood	None		
6	Sisters of the Deceased	Full Blood	Annie E. Wall	13	North Sydney.
			Lillian J. Wall.	10	" "
		Half Blood	None		

	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.	Names and ages of their children (if any)	Address of their children
7		None	

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	X		
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage)	X	Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Edward Thomas Wall
11	Give the month and year of his birth.	September 24th 1912
12	Where and when were his parents married?	Sydney.
13	Was he ever married? If so, state exact place and date of marriage.	yes. Dartmouth Sept 2.
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?	Reserve. Cape Breton.
17	In what Province, Country or State did he reside, and in which last?	Nova Scotia.
18	How long in each?	2 8yrs Nova Scotia
19	What was the nature of his employment?	Stoker. Canadian Navy.
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 your postal address in full.	88 Rose St. Dartmouth N.S.

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	Drowned at sea. Body not recovered.
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.

(PLEASE TURN OVER)

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

*...wife...of the deceased.

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

...Nellie Margaret Wall... {Signature of Informant}

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief, ...Nellie Margaret Wall... {Name of Informant} is the *...wife...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.

*See above

Dated at ...Dartmouth, NS... this ...8th... day of ...April... 19...41.

Signature of Clergyman, Priest or Magistrate ...J. J. Lawlor... Qualification ...Commissioner of the Supreme Court of Nova Scotia.

Address ...16 Belmont St. Dartmouth... NS.

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.

R. C. N. .

DURATION OF HOSTILITIES

True Copy of the CERTIFICATE of the Service of

Edward Thomas WALL

in the Naval Service of Canada

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

PORT DIVISION Halifax OFFICIAL NUMBER A 1740

Date of birth 26th Sept 1912

Where born { Town Reserve
County and province Cape Breton, Nova Scotia

Usual place of residence 80 Pine St Dartmouth NS

Trade brought up to Stoker

Religious denomination Roman Catholic

Next of kin Wife - Mrs Helen Wall 13/2/41

Can swim P.P.T. (Good) 28/5/40 J.P. Edwards

Man's signature on discharge to pension

CONTINUOUS SERVICE ENGAGEMENTS			MEDALS, CLASPS, Etc.	
Date of actual volunteering	Commencement of time	Period volunteered for	Date Received	Nature of Decoration
	22 May 40	16 Stations		

DESCRIPTION OF PERSON	STATURE		COLOUR OF			MARKS, WOUNDS AND SCARS
	Feet	In.	Complexion	Hair	Eyes	
On entry as a boy						
On advancement to man's rating, or on entry under 28 years	5	7½	Fair	Brown	Brown	
On re-entry for C.S. or for Non-C.S. after attaining 28 years						
Further description if necessary						

C.N.S. 1243
4M—11-39 (3069)
N.S. 815-9-1243

Name.....

SHIP'S NAME	LIST AND No.		RATING	FROM	TO	CAUSE OF DISCHARGE
Stadacona			Stk I	22 May 40	30 Oct 40	
Ventura (Otter)	-	-	— ·· —	31 Oct '40	26 Mch '41	D. D.

DATE	Wounds received in Action and Hurt Certificate; also any Meritorious Service, Special Recommendations, Prize or other Grants	CAPTAIN'S SIGNATURE

....Service

SHIP'S NAME	LIST AND No.		RATING	FROM	TO	CAUSE OF DISCHARGE

Examinations and Notations other than those entered on Gunnery and Torpedo History Sheet

DATE	PARTICULARS	CAPTAIN'S SIGNATURE	DATE	PARTICULARS	CAPTAIN'S SIGNATURE
16 Sep '40	Qual A/G. 1 Day	A. A. Taylor			

Name..... Conduct

SECOND CLASS FOR CONDUCT INCLUSIVE DATES		CHARACTER, EFFICIENCY IN RATING, RECOMMENDATIONS FOR MEDAL AND GRATUITY (R.M.G.) ON 31st DECEMBER, EACH YEAR AND ON DISCHARGE FROM THE SERVICE				
From	To	Character	Efficiency in Rating, noting Substantive Rating	R.M.G.	Date	Captain's Signature
		VG	Sct (STO I)		31 Dec. '40	D. S. Rossman
		VG	Supr. (Sto 1)		26 Mch '41	D. S. Rossman

GOOD CONDUCT BADGES

Date	1st, 2nd, 3rd	Granted, Deprived, Restored

Time Forfeited	Date	P.D.C., C.P., or W.T.	Days	Date	P.D.C., C.P., or W.T.	Days	Date	P.D.C., C.P., or W.T.	Days	Date	P.D.C., C.P., or W.T.	Days

422 ✓

N. R. 5
15M—2-40 (4149)
N.S. 815-12-5

P031007

DB 371

CANADA

NATIONAL DEFENCE
JUN 1940
N.S. 123-1188
CANADA

Tray 3-6.

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE

SURNAME..... WALL ..... OFFICIAL No. A1740

CHRISTIAN NAMES..... Edward Thomas ..... MARRIED, SINGLE OR WIDOWER... Married

PERMANENT ADDRESS	RELIGION
80 Rose St., Dartmouth, N.S.	R.C.

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
26th Sept, 1912	Town Reserve County Cape Breton, Province Nova Scotia.	Mrs. Nellie Wall (Wife) 80 Rose St., Dartmouth, N.S.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM-PLEXION	WOUNDS, SCARS, MARKS
Feet 5 Inches 7½	Inflated..... Deflated..... Mean 38	Brown	Brown	Fair	Scar on upper right arm . Tatoo on both forearms.

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
22nd May, 1940	Stoker 1st Cl.	Stoker

(B) DECLARATION TO BE MADE BY APPLICANT

R 11/6/40

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 Reserve, and that I accept and agree to abide by the rules of the said Force.

(3) ~~(a) That it is my intention to follow the sea for a period of at least five years from this date.~~

(b) That it is my intention to follow the calling of a Fireman, either at sea or on shore, for a period of five years from this date.

~~(c) That it is my intention to follow the sea in an Engine-room capacity for a period of five years from this date.~~

NOTE.—Candidates for enrolment as *Seaman* are to cross out clauses (b) and (c) above.

Candidates for enrolment as *Stoker* are to cross out clauses (a) and (c) above.

Candidates for enrolment as *E.R.A.* are to cross out clauses (a), (b) and (c) above.

Candidates for enrolment as *Engineman* are to cross out clauses (a) and (b) above.

Personnel Records
1. Noted in Records J.W.
2. Index Card ..... J.W.
3. Non-Sp. Card .....
4. Statistical Card J.W.
5. Roneo Strip E.M.
6. Pension Card .....
7. .....
8. .....
DATE 14/6/40.

NO
2nd

(4) That I have never been rejected from any of His Majesty's Forces on account of unfitness.

*Cross out clause not applicable.

(5) That (a)* I have never served, and am not serving in any Naval, Military, Reserve or Territorial Force.

(b)* I served in ..... for the period shown:

Served in	Rank	From	To
Not applicable	- - - - - - - -	- - - - - - - -	- - - - - - -

(6) That the particulars contained above are correct and true according to the best of my knowledge and belief.

(7) On being enrolled as a member of the Royal Canadian Naval Reserve, I undertake and bind myself:—

AND/OR DURATION OF HOSTILITIES

(a) To serve from the date thereof for five consecutive years, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval 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 Registrar 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 fear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on Naval duty.

(8) I am willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities.

Dated this 22nd day of May, 1940

E. T. Wall.
(Signature of Applicant)

(C) OATH OF ALLEGIANCE

I, Edward Thomas Wall do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty.

Signature of Applicant E. T. Wall.

Witness A. Earle Griffin.

Date 22nd May, 1940 Rank Lieutenant, R.C.N.V.R.

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

(D) CERTIFICATE OF ATTESTING OFFICIAL

I hereby certify that all the foregoing statements were made by the man above named, in my presence, and that he has made and signed the above declaration and has taken the oath of allegiance in my presence this 22nd day of May, 1940

A. Earle Griffin.
(Signature of Officer and rank)
Lieutenant, R.C.N.V.R.

NOTE.—When this form has been completed it is to be forwarded to Naval Service Headquarters, Ottawa, for custody.

APPROVED
J. C. I. EDWARDS
Commander R. C. N.

VERIFICATION FO

CAMPAIGN STARS, DEFENCE MEDAL, WAR MED

NAVAL GENERAL SERVICE MEDA

NAME IN FULL WALL Edward Thomas ..... RANK/RATING ..... Sto. 1 ....

SHIP	SERVICE			AREA	QUA	
	FROM	TO	DAYS		FROM	TO
	22-5-40					
Otter	31-10-40	26-3-41	147	Atl		
Dis. Dead (Otter) to date		26-3-41				

VERIFIED BY C.M. Wright ....

VERIFIED BY ....

VERIFICATION FORM

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

..RANK/RATING .....Sto.1.....OFF.NO. J.1.7.4.0.....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.	1915 MEDAL			
								1939-45	1	Star
tl								ATLANTIC		
								FRANCE G.		
								AFRICA		
								PACIFIC		
								BURMA		
								ITALY		
								DEFENCE		
								C.V.S.M.	2	9 Clasp
								" CLASP		
								WAR 1945	1	Medal
								WAR 1915		

VERIFIED BY O'Murphy

ERIFIED BY .....

.....
DIR.OF PERSONNEL RECORDS.

No. 2026

ORIGINAL

JUN 24 1940
N.S. 123-W.-88
CANADA

H.Q. File No.....

DECLARATION OF ALLOTMENT P035942

List and Number in Ledger	ALLOTTOR	Rank or Rating	Official No.	Daily Rate of Pay
Stadacona 5a2/371	464010 Surname Wall Christian Names Edward T	STO RCNR	N:K:	7 $2.00 $1.25 ✓

Section A — **ALLOTMENT NOW DECLARED**

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname Wall Christian Names Mrs Nellie M	Wife	80 Rose Street Dartmouth N.S.	$78.00 ✓ reduced	July

Section B — **DISPOSAL OF EXISTING ALLOTMENTS** (See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):—
$94.00	Mrs Nellis Wall	Dartmouth N..S.	reduced as in Sec. A

Allotment Declarations. Initials Date
Ent'd. on Index Card
Ent'd. on Allotment Ledgers
3/7/40

NOTE 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.
NOTE 2:—Write "Increased or reduced as Section A"; "To be stopped (charged to.....)"; "To be continued," etc.

Allottor's Signature authorizing charges ✓ Edward T. Wall
Stoker (Rank or Rating)

ENTERED IN FAIR LEDGER	ENTERED IN ROUGH LEDGER
	W.C.C.

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

Allotment of $94 special for June only in order to qualify for M.A. from 22nd., May 1940

Bm Satfield
Pay Lieutenant RCNVR Temp.
for Accountant Officer

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

C. R.
P. A.
FIN. SUPT. BRANCH
DATE 3/7/40
INITIAL ..mcn....

H.M.C.S. Stadacona

Forwarded 22/6/40

S. 63
15M—10-39 (2286)
N.S. 815-9-63

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

FOR USE AT HEADQUARTERS ONLY

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

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

File No.
N.S. 123-W-88.

Ottawa, Canada,

28th. March, 1941.

Sir:

12

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
Wall, Edward Thomas.	Stoker I.	A.1740.

DATE OF ENLISTMENT - 22nd May, 1940.

DATE OF DISCHARGE - 26th March, 1941.

HOSPITAL - _____
(If discharged in hospital under jurisdiction of D.P. & N.H

SERVICE - Canada and High Seas.
(Indicate whether in Canada only, or in Canada and on high seas or elsewhere).

Reason for discharge and - Missing, Presumed dead when H.M.C.S.
when and where any disability
was incurred, or where death "Otter" caught fire and sunk while
occurred.

on ptrol duty on the East coast.
(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 Wife. NAME Mrs. Nellie Wall,

ADDRESS 80 Rose Street, Dartmouth, N. S.

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.

OFFICER'S OR RATING'S MONTHLY PAY ALLOTTED TO WIFE AND/OR DEPENDENT -

$ 78.00 PAID TO Still in force.

MARRIAGE ALLOWANCE AT $ 1.25 PER DIEM PAID TO - Still in force.

DEPENDENTS ALLOWANCE AT $ Nil. PAID TO - Nil.

TOTAL MONTHLY PAYMENT TO - WIFE $ 78.00
DEPENDENTS Nil.
$ 78.00

Computed by _____

Checked by _____

(J. O. Cossette)
NAVAL SECRETARY.

Copy to Sec. D.P. & N.H.

The Secretary,
The Canadian Pension Commission,

(See reverse for further instructions).

REMARKS:

NOTES: This form to be accompanied by documents only in cases of (a) discharge medically unfit (b) Death in Canada (c) Death anywhere if question of misconduct arises. Report of Board of Inquiry to be forwarded if disability or death is due to accidental injury in Canada or possible misconduct -- If Documents are not readily available this form should be sent at once with advice that documents will follow as soon as possible.

LGR.

S. 2063
10M—2-40 (3898)
N.S. 815—9-2063

No. V/100

STOP NOTICE

(Navy Allotments)

APR -9 1941
N. 123 9-8
CANADA

LIST NUMBER	ALLOTTOR'S SURNAME	CHRISTIAN NAME	RANK OR OFF. No.
"VENTURE" DIVISION II FOR "OTTER" 12/2/43	WALL	Edward T.	P 37763 Sto.I A.1740 RCNR.

PARTICULARS OF ALLOTMENT BEING STOPPED

RATE PER MONTH	DATE (Inclusive to which) Allotment is to be paid	NAME OF ALLOTTEE	RELATIONSHIP TO ALLOTTOR	ADDRESS
$4.00	31 March 1941	NOT KNOWN	NOT KNOWN	NOT KNOWN

Entered in:—

Fair Ledger.....

Rough Ledger.....

SIGNATURE NOT AVAILABLE

.....
Signature of Allottor

Cause of Stoppage

(When an Allotment in favour of an Allottee, on whose account M.A. is credited has to be stopped, information regarding the stoppage of M.A. should be also inserted here.)

Rating "DISCHARGED DEAD" to date 26th. March, 1941.

Approved: COMMANDER, R.C.N.
Commander-in-Charge.

THE FINANCIAL SUPERINTENDENT
DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)
OTTAWA, CANADA

.....
Pay Lieutenant Accountant Of
RCNVR.
H.M.C.S. "VENTURE"(DIV.II)

APR 6 1941
Date forwarded.....

FOR USE AT HEADQUARTERS ONLY

	INITIALS	DATE
1. Index Card Destroyed.....	Previously Noted	
2. Noted in Birth Record Ledger.....		
3. M./A. Card Destroyed.....		10/4/41
4. Ledger Account Closed.....		

Assigned Pay to Wives	Object No. 111 $	-
Assigned Pay to other Dependents	" " 113	-
Marriage Allowance	" " 116	-
Dependents Allowance	" " 119	-
Other Allotments	" " 122	4-00
Total		$ 4-00

INSTRUCTIONS FOR ACCOUNTANT OFFICERS

When an Officer or Rating has two or more allotments in force they are not to be combined but treated as two or more allotments, and therefore Stop Notices should be dealt with accordingly.

A Stop Notice form should be filled out immediately an allotment has to be stopped, numbered consecutively and despatched at once to Headquarters.

A night-letter giving the Stop Notice number and other required particulars should be sent when it is impossible to forward this form in time to reach Headquarters by the 16th of the month.

This night-letter should be immediately confirmed by a Stop Notice form.

Canadian Allotments, if any, of R.N. ranks or ratings returning to R. N. should be stopped and debited prior to discharge.

Allotments continue to be paid by Headquarters until a Stop Notice is received. A Stop Notice should, therefore, be sent whenever an allotment has to be discontinued for reasons such as discharge, etc.

THE CANADIAN
PENSION COMMISSION

IN REPLY R

NO. 187

P 42360

Copy for the information of the Naval Secretary.

APR 17
N.S./22-
CANAD

OTTAWA, April 17, 1941.

The Chairman,
Dependents' Allowance Board,
Department of National Defence,
O t t a w a.

Mrs. Nellie Margaret Wall,
80 Rose Street,
Dartmouth, N. S., widow of
A-1740 Edward T. Wall, R.C.N.R.

The above noted widow has been awarded pension in respect of her husband's death, with effect from the 27th of March, 1941.

Treas:
D. NA:
Are there any recoveries to be made from Pension please?
/TB
R. Jw.
18.4.41

B. Simpson,
for Canadian Pension Commission.

EB 11

Copy/Naval Secretary.

No recovery all allotments stopped March 31, 1941
21/4/41

C.P.C. 3 30M-12-39 Req 985

STATEMENT OF ACCOUNT

123-W-88/35

P 74171

...ue extract from the ledger of H.M.C.S. "VENTURE (OTTER)" ending 31 March 19 41

List 12/2 No. 43 (Name) WALL, Edward T. Rank Rating Sto. 1 No. A 1740

When entered 1 January Date of appearance 1 January Whither discharged D.D.

	$	c.
CREDIT from former account		56
Pay as Sto. 1 (Rank Rating) from 1 Jan. to 31 Mar. (90 days at $ 2.00 a day)	180	00
" Marriage All'ce." 1 Jan. " 31 Mar. (90 " 1.25 ")	112	50
" Leave All'ce. " 14 Jan. " 27 Jan. (14 " .50 ")	7	00
" " " " (" " ")		
" " " " (" " ")		
Kit Upkeep Allowance		
OTHER CREDITS: Hard Lying Money for 71 days @ .13	9	23
Grog Money for 85 days @ .06	5	10
Total credits	314	39
DEBT from former account		

PAYMENTS:—

	1st	2nd	3rd	4th	5th			
	$ c.	$ c.	$ c.	$ c.	$ c.			
1st month	15.00					Total	15	00
2nd month	7.00					Total	7	00
3rd month	16.00					Total	16	00
Allotment January, February and March $78.00 and $4.00							246	00
Pension deduction (Officers) charged to ..... of								
Hospital stoppages								
Mulcts								
OTHER CHARGES:								
noted Supply 13-7-45								
Total debits							284	00
Balance Cr. or ~~Dr~~							30	39

(Balance Dr. to be shown in red)

R Ed. Lloyd

LEDGERS

F JHS

Number of days actually victualled during period mentioned above 71

NOT VICTUALLED

LENT, SICK OR LEAVE	INCLUSIVE DATE FROM	INCLUSIVE DATE TO	No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
Leave	14 Jan.	27 Jan.	14	Annual Leave.

Date 31 March 19 41.

D. Higginson

Paymaster Lieutenant, R.C.N.V.R. ACCOUNTANT OFFICER

C.N.S. 2426
25M—10-40 (7514)
N.S. 815-9-2426

45

File No. N.S. 123-W-88

DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)

WAR MEMORIAL CROSS

Issued to:

Wife:-
Mrs. Nellie Wall,
80 Rose Street,
Dartmouth, N. S.

a

Mother:-
Mrs. Thomas Wall,
Parnell Street,
North Sydney, Cape Breton.

B

Date forwarded:- 26 a - 3221 B - 3223

Registered Mail No:-

CANADA

IN REPLY PLEASE QUOTE

No. N.S. 123-W-88.

69

Department of National Defence
Naval Service
Ottawa, Canada.

2nd April, 1941.

Sir:

In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:

NAME	RANK/ RATING	NO.	PLACE & DATE OF DEATH	NEXT OF KIN
WALL, Edward Thomas.	Stoker I.	A.1740.	Missing, presumed dead when H.M.C.S. "Otter" caught fire and sunk 26th March, 1941.	Wife: Mrs. Nellie Wall, 80 Rose Street, Dartmouth, N. S.

WILL: No Record.

Yours truly,

(J. O. Cossette)
NAVAL SECRETARY.

Administrator of Estates,
Estates Branch,
Department of National Defence,
OTTAWA.

ESTATES BRANCH APR 3 1941 OTTAWA. NATIONAL DEFENCE

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

75

H.M.C.S. VESTURA (Other) at Halifax, Nova Scotia.

Name WALL, Edward Thomas. 13
(Christian names in full)

Rank of Rating Stoker I Official No. A.1740
(If unknown, date of first entry)

Place of Birth Reserve, Cape Breton Nova Scotia Date of Birth 26th September, 1912.

Occupation in Civil Life Stoker Religion Roman Catholic

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) One Year.

Date of Death 26th March, 1941. Place of Death At Sea.

Cause of Death Believed drowned in loss of H.M.C.S. OTTER.
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend. Name Mrs. Nellie Wall, Relationship wife.

Address 50 Rose St., Dartmouth, N. S.

Date on which the above was informed by Ship 26th March, 1941.

Date on which death was registered with local Officials

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

Place of Burial (if known) Date of Burial (if known)

Location, Number, etc., of grave (if known)

Undertaker employed (if any)

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

(Sgd.) W. B. CREERY
COMMANDER, R.C.N.
Commanding Officer,

27th March 194.

The Naval Secretary,
Department of National Defence,
Ottawa, Canada.

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

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

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

34a

ACCOUNTS OF MEN DISCHARGED

76

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 WALL, Edward T. *Rating* Sto. I RCNR.

Official No. A.1740 *H.M.C.S.* "VENTURE" FOR "OTTER" *List* 12/2/43

*Who** Was Discharged Dead *on the* 26 March *1941*

	$	cts.
Net sum due on ledger on account of Wages	30	39
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
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) Seventy-eight Dollars 31-3-41 Four Dollars charged to ~~Xxxx~~		
Name of ship from which transferred H.M.C.S. STADACONA		
Total† Balance Creditor	30	39

Ledger
R. F.

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 "VENTURE" FOR "OTTER" amounting to a net balance† CREDITOR

of Thirty-------- dollars Thirty-nine-------- cents.

Dated on board H.M.C.S. "VENTURE" at HALIFAX

Nova Scotia this Thirty-first day of March 1941

Approved ..... Accountant Officer
Pay Lieutenant, RCNVR.

(Sgd.) W. B. CREERY ..... { Initials of the Assistant Accountant Officer
C.P.O.WRITER.

COMMANDER, R.C.N. ..... Commanding Officer.

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"
§Subscriptions 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.

C.N.S. 46
200—3-39
H.Q. N.S. 815-9-45

ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the.....day of.....19.....

TO WHOM SOLD		PARTICULARS	Charged in Ledger		Paid for in Cash	
No. Ship's Book in consecutive order	NAME (If any are not sold, state how they are to be disposed of)					
		Total proceeds of sale carried to account on the other side				

.....{ Lieutenant or Officer who attended at the sale of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.*

.....Signature | .....Signature

.....Rank | .....Rank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.

DISTRIBUTION OF SERVICE ESTATES

R.C.N.R.
Naval - Military - Air Force

XXXXXXXXXXXXXXXXXXXXXX

79

Name WALL Howard T. No. A.1740
Surname Christian Names

Stoker : R.C.N.S. "CARLETON" : 26/7/41
Rank Unit Date of Death

AMOUNT

L. P. C. $ 35.66

Other Credits _____

Total

Shares Retained 35.66

NET TOTAL 35.66

Date September 22, 1941.

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Nellie M. Wall, 60 Rose St., Dartmouth, N.S. (Entitled under sustenance clause)	35.66
SHARES RETAINED			
None	- - - - - - - - -		

AUTHORITY

H.O. F.E. No.	DIV	EST	VOTE	PRI	DA OR H.O SUB	OBJ.	AMOUNT	
9999			831	00	00	000	35	66
							35	66

CERTIFIED BY [signature]

EXAMINED BY [signature]
FOR TREASURY OFFICER

Distribution approved and authorized

[signature]
(L.M. Firth) Major,
Administrator of Estates.

AUDITED FOR PAYMENT

[signature]
For Chief Treasury Officer

Force
X opposite Force in
last served.)

DEPARTMENT OF NATIONAL DEFENCE

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

Application for War Service Gratuity 049571

(Canadian Armed Forces)

123-34-88

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

1. Surname on termination of service WALL (Print)

2. Christian Names ~~WALL~~ EDWARD THOMAS (Print)

3. Service No. A-1740 R.C.N.R. 4. Paid rank or rating at date of termination of Service ~~-~~

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

MRS. NELLIE M. WALL.
18 THISTLE ST.
DARTMOUTH. N.S.

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

Service (Navy, ~~Army or Air Force~~)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
NAVY	A-1740.	STOKER 1.		
	/			

no final ??

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

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

NAVAL PERSONNEL RECORDS
11420
JUL 9 1945
JUN 28 1945
WAR SERVICE GRATUITY SECTION

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

June 21st. (Date)

MRS. NELLIE M. WALL. (Signature of Applicant)

Mrs. Nellie M. Wall.

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

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

DEPARTMENT OF NATIONAL DEFENCE

ID NAVY ═══ ARMY ═══ AIR FORCE

NA

STATEMENT OF WAR SERVICE GRATUITY

SURNAME: WALL

NAME: Edward Thomas (CHRISTIAN NAMES)

REGISTER NO. 11420

FILE NO. NSA-1740

PAYEE Mrs. Nellie M. Wall,

ADDRESS 18 Thistle St., Dartmouth, N.S.

DATE 17 Jul/45

SERVICE NO. A-1740

FINAL RANK OR RATING Sto.1/c

DATE OF TERMINATION OF OVERSEAS SERVICE 26 Mch/41

DATE OF DISCHARGE 26 Mch/41

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 309/30 EQUAL TO 10 COMPLETE PERIODS AT $7.50	75.00	
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 147 LESS 9 INELIGIBLE DAYS, EQUAL TO 138 DAYS @ 25c. PER DAY	34.50	
C. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY RATES AT DISCHARGE	PAY	$ 2.00	
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.45	
	ADDITIONAL PAY H.L.M.	$ .13	
		$	
		$	
DEPENDENTS' ALLOWANCE 1/30 OF $		$ 1.25	
		$ 4.83	
	TOTAL	$ 4.83 ×7 = $ 33.81	
	NO. OF DAYS 147/183	×$ 33.81	27.16
D. WAR SERVICE GRATUITY			136.66
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES	$	
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
	OTHER DEDUCTIONS	$ NIL	
F. TOTAL AMOUNT PAYABLE			136.66

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ _____ OF $ _____ =$ 136.66

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

Cheque 45704 – July 27/45

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
EP	

TREASURY	
CHECKED BY	DATE
J. S. Bridges	28 July 45

for Dir. Naval Pay. Acctng.

SERVICE REPRESENTATIVE

3840

Suppl

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Name Edward Thomas WALL
(Christian Names) (Surname)

Payee Mrs Nellie M. WALL,

Address 18 Thistle Street
Dartmouth. N.S.

Register No. 11420
File No. A-1740
Date 13-7-45
Service No. A-1740
Final Rank or Rating Sto 1/c
Date of termination of overseas service 26 mch 41 Date of Discharge 26 mch 41

	$ ¢
A. TOTAL QUALIFYING SERVICE No. of days 309/30 equal to 10 complete periods at $7.50	75. 00
B. QUALIFYING OVERSEAS SERVICE No. of days 147 less 9 ineligible days equal to 138 days @ 25¢ per day	34 50
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE	
Pay $ 2.00	
Subsistence or Lodging and Provision Allowance $ 1.45	
Additional Pay MLM $ .130	
Dependents' Allowance 1/30 of $ 1.25	
Total 4.83 x 7 = $ 33.81	
No. of days 147/183 x $ 33.81	27.16
D. WAR SERVICE GRATUITY	136.66
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
OTHER DEDUCTIONS $ nil	
F. TOTAL AMOUNT PAYABLE	136.66
G. YOUR PORTION OF GRATUITY IS Dependents' Allowance ~~in issue~~ to you $ _____ of $ = $ 136 66 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 Checked by	Treasury Date

Service Representative

D.N.P.A. CHECK

1		6	
2		7	
3		8	
4		9	
5		10	

S/A

Can. B. 207

20M—11-39 (3063)
N.S. 815-2-207

ORIGINAL

CANADA

JUN 1940
NAVAL SERVICE CANADA
123 288

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

(R.C.N. OR RESERVE FORCES)

P031008 2B

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 Wall Edward Thomas.

‡candidate for entry as Stoker R.C.N.R.(T)

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.

Dated at Halifax NS the 22 of May 1940.

E. D. Wall
Examining Medical Officer

SURGEON LIEUT.

(*Rank*)

*Delete one

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

Age { Years / Months (a)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)	Vaccinated or revaccinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Skin (l)	Ears and Hearing (m)	Testes, Varicocele, etc. (n)	Mouth, Teeth (*No. deficient and No. defective, if any*), Nose, Tonsils, etc. (o)	Anus, Hæmorrhoids, etc. (p)
	lbs.	ft. ins.		inches (a) maximum	right eye 6/9									
27 9/12	147.	5 7	Good	39 (b) minimum	left eye 6/5	chickenpox.	B.P. 132/78 Normal	Normal	Normal	Clear	Normal	Normal	Deficient 1 Defective 2 Normal.	Normal
				37 (c) mean 38.	colour vision Nil (Ishihara)									

If colour vision is not normal by Ishihara test, degree of colour blindness to be indicated.

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 as may be authorized.

E. D. Wall.
Signature of Candidate

When a Candidate is subject to a defect or disability, the following Certificate is to be filled up

This Candidate is the subject of.....

.....

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

*Delete one

.....
Examining Medical Officer

(*Rank*).....

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