

A1777
FROST
LAWRENCE

VALEN

MEMORANDUM FOR

P. 64

Mrs. Ethel Frost,

Westport, Brier Island,

Digby Co., 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. 123-F-77 FD. 212

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

July 2, 1941

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

FROST, Lawrence Valentine, A.B.

No. A.1777, R.C.N.R., 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... <i>None</i> ...			
2	Children of the Deceased and dates of their Births... <i>None</i> ...			
3	Father of the Deceased.....	<i>Larnett Wolsey Frost</i>	<i>5-5-</i>	<i>Wesport, Digby, Co. N.S.</i>
4	Mother of the Deceased.....	<i>Ethel Beatrice Frost</i>	<i>5-0</i>	<i>Wesport, Digby, Co. N.S.</i>
5	Brothers of the Deceased	<div>Full Blood</div> <i>Edwin Erum Frost</i> <i>Lloyd Henderson Frost</i> <i>Wilbert Tangle Erum Frost</i> <i>Harfield Eugene Frost</i> <i>Ralph Erum Frost</i>	<i>29</i> <i>25</i> <i>19</i> <i>17</i> <i>8</i>	<i>Wesport, Digby, Co. N.S.</i> <i>Wesport, Digby, Co. N.S.</i> <i>Wesport, Digby, Co. N.S.</i> <i>Wesport, Digby, Co. N.S.</i> <i>Wesport, Digby, Co. N.S.</i>
6	Sisters of the Deceased	<div>Full Blood</div> <i>Constance Victoria Fumodun Frost (nee)</i> <i>Margaret-Verona Frost</i> <i>Ma Grace Frost</i> <i>Eleonor Joyce Frost</i> <div>Half Blood</div> <i>Gloria Joyce Frost</i> <i>Anna June Frost</i>	<i>27</i> <i>24</i> <i>21</i> <i>14</i> <i>12</i> <i>11</i>	<i>Halifax, 307 Harrington St.</i> <i>Halifax, 91 1/2 Russell St.</i> <i>Wesport, Digby, Co. N.S.</i> <i>Wesport, Digby, Co. N.S.</i> <i>Wesport, Digby, Co. N.S.</i> <i>Wesport, Digby, Co. N.S.</i>
	Names of brothers or sisters (whether of the full or the half blood) of the De- ceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
7	<i>1 brother deceased</i>	<i>Roy Llewellyn Frost</i> <i>Born May 16th 1923</i> <i>Died March 11th 1924.</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?	Lawrence Valentine Frost.
11	Give the month and year of his birth.	February 14 th 1919.
12	Where and when were his parents married?	At Annapolis Royal. Feb. 2 nd 1910.
13	Was he ever married? If so, state exact place and date of marriage. <i>no</i>	
14	Did he leave a (later) Will? If so, it should be forwarded. <i>no</i>	<i>25</i>
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration? <i>no</i>	

PARTICULARS OF DOMICILE

16	Where was deceased born?	At Weymouth. Digby. Co. N.S.
17	In what Province, Country or State did he reside, and in which last?	Always in Nova Scotia
18	How long in each?	21 years at Weymouth & 8 months at Halifax
19	What was the nature of his employment?	Cook Prior to joining Naval Service.
20	Did he own the house or homestead in which he lived? If so, where? <i>no</i>	
21	Did he ever state verbally, or in writing, where he intended to make his permanent home? <i>no</i>	
22	State <u>your</u> postal address in full.	Weymouth. Digby. Co. N.S. Box 41.

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom? <i>yes.</i>	
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). <i>none.</i>	

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

* Mother of the deceased.

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

Mrs. Ethel Frost {Signature of Informant

CERTIFICATE

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

*See above Mrs. Ethel Frost {Name of Informant} 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 Westport this 9 day of July 19 41.

Signature of Clergyman, Priest or Magistrate }

A. B. Kenney

Qualification

Stipendiary Magistrate

Address

Westport, Digby Co., N.S.

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.

474



DEFENCE
JUN 11 1940
N.S. 123 F77
CANADA

N. R. 5
15M-2-40 (4149)
N.S. 815-12-5

5¹¹/572
gm

ATTESTATION FORM

P033595

FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE

SURNAME.....FROST.....OFFICIAL No. A1227

CHRISTIAN NAMES.....Lawrence Valentine.....MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
68 Morris St., Halifax, N. S.	Baptist

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
14th Feb. 1918.	Town Westport County Digby Province N. S.	Mrs. Ethel Frost, (Mother) 68-Morris-St Westport, Brier Island, Digby Co., N. S.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet... 5	Inflated... 37	Brown	Hazel	Fair	Nil
Inches... 8	Deflated... 35				
147	Mean... 36				
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
25th May, 1940.	A.B. (T)	Deep Sea Fisherman			

(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 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 Fisherman 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

Personnel Records

1. Noted in Records	gm
2. Index Card	gm
3. Navy (S) above	gm
4. Statistical Card	gm
5. Roneo Strip	gm
6. Pension Card	gm
7. _____	
8. _____	
DATE 20/6/40	

no
ms

(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 ~~XXXXXXXXXXXXXXXXXXXX~~ for the period shown.

Served in	Rank	From	To
	N IL		

(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 tear; 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 25th day of May, 1940.

Lawrence Frost
(Signature of Applicant)

(C)

OATH OF ALLEGIANCE

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

Signature of Applicant *Lawrence Frost*

Witness *Paul Griffin*

Date 25th 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 25th day of May, 1940.

Paul 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.



DUPLICATE

Can. B. 207

20M-11-39 (3063)
N.S. 815-2-207

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

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined Frost Lawrence Valentine
candidate for entry as AB R.C.N. R(1)
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 N.S. the 25 of May 19 40
C.S. Hard
Examining Medical Officer

*Delete one

(Rank) SURGEON LIEUT.

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

Age (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 revac- cinated 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)
22 3/4	143	5' 6 1/2"	Good	36 (a) maximum 32 (b) minimum 34 (c) mean	right eye 6/5 left eye 6/5 colour vision N (C) 1	childhood	Normal	Normal	Normal	Clear	W 20	Normal	Deficient 13 Defective 1 Strabismic	Normal

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.

Lawrence Valentine Frost
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 Dental deficiency which if waived

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

*Delete one

C.S. Hard
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.

DECEASED 22 October 40

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

D.D.

WAR SERVICE RECORDS

FROST	Lawrence V.	A-1777	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 AND DATE DESPATCHED
1939-45 Star	
C.V.S.M. & Clasp	
War Medal	

7970

24-11-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNR Aug. 41 "MARGAREE"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mr. Garnett W. Frost - Father

ADDRESS: Westport, Brier Island,
DIGBY, N.S.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs E. Frost

ADDRESS: WESTPORT BRIER ISLAND
Digby Co., N.S.

MEMORIAL BAR

(1)

DATE DESP

REGN. NO.

613

(2)

(3)

28 April 1941

~~The Copy of the~~
CERTIFICATE of the Service of

.....Lawrence Valentine FROST.....
 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.....
---------------	---------	----------------------

Date of birth.....14 Feb. 1918.....
 Where born { Town.....Westport.....
 County and province.....Digby County N.S.....
 Usual place of residence.....68 Morris St. / Halifax.....
 Trade brought up to.....Deep Sea Fisherman.....
 Religious denomination.....Baptist.....
 Next of kin.....Mother - Westport, Brier Island, Digby N.S.....
 Can swim.....
 Man's signature on discharge to pension.....

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

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	8	Fair	Brown	Hazel	Nil
On re-entry for C.S. or for Non-C.S. after attaining 28 years....						
Further description if necessary.....						

[illegible]

DATE _____

Conduct

CHARACTER, EFFICIENCY IN RATING, RECOMMENDATIONS FOR MEDAL AND GRATUITY (R.M.G.)
ON 31st DECEMBER, EACH YEAR AND ON DISCHARGE FROM THE SERVICE

[illegible]

GOOD CONDUCT BADGES

[illegible][illegible]

F008896

123-7-77

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

27

H.M.C.S. STADACONA at HALIFAX, N. S.

Name Lawrence Valentine FROST
(Christian names in full)Rank of Rating Able Seaman (T) Official No. 25 May, 1940
(If unknown, date of first entry)

Place of Birth Westport, Digby Co., N.S. Date of Birth 14th February, 1918.

Occupation in Civil Life Fisherman Religion Baptist

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) 5 Months

Date of Death 22nd October, 1940 Place of Death At Sea

Cause of Death Loss 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 Mrs. FROST Relationship Mother
Address Westport, Brier Island, Digby, N. S.

Date on which the above was informed by Ship Informed by N.S.H.Q.

Date on which death was registered with local Officials NK

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

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

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

Undertaker employed (if any)

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

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

8th November, 1940

The NAVAL SECRETARY,
Department of National Defence,
Ottawa, Canada.

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

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

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

GENERAL REMARKS

Mr. & Mrs. Garnet Frost, Digby, N.S. have been awarded a pension of 15.00 per month in respect of their son's death with effect from 1-3-41.

Memorial Cross sent to Mother:
Mrs. Ethel Frost, Westport, Digby Co
N.S. on 28-4-41.

DATE OF BIRTH PLACE CIVIL												RESIDENCE (PREV) ENL											
DY		MO		YR		CITY		TOWN		SERV		DIV.		ENL		ENL							
14		2		18		14		100		060		X408		07		019							
ENLIST DATE												ACT. SERV. DATE											
DY		MO		YR		CAT		DY		MO		YR		SHIP OR		RA							
25		05		40		25		05		14				SHIP OR		RA							
SENIORITY												NON-SUB											
DY		MO		YR		CAT		A		B		ST		CODED		CHECK							
25		05		40		09								20		22-10-40							

A 1777

...OFFICIAL NUMBER

FILE NUMBER

123-F-77

OFFICIAL NUMBER

A 1777

NAME.....		FROST (Surname)		Lawrence Valentine (Given Names)		DATE OF BIRTH.....		14 February, 1918	
-----------	--	--------------------	--	-------------------------------------	--	--------------------	--	-------------------	--

PLACE OF BIRTH..... Westport, Digby Co., N.S. OCCUPATION..... Deepsea Fisherman

RELIGION.....Baptist.....EDUCATION.....

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 68 Morris Street, Town Halifax, Province etc N.S.

ENGAGEMENTS

[illegible]

DESCRIPTION

[illegible]

PREVIOUS SERVICE

[illegible]

NEXT OF KIN RELATIONSHIP (in pencil)..... Mother..... NAME (in pencil)..... Mrs. Ethel Frost.....

ADDRESS (in pencil): Street and No. West Park Drive Town Lebanon Province Mo.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

[illegible]

EXAMINATIONS, CERTIFICATES, ETC.

[illegible]

BADGES, G.C. OR G.S.

[illegible]

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

[illegible]

FILM NO. *W*
DATE

SECOND CLASS FOR CONDUCT

SECOND CLASS FOR CONDUCT	
From	To

W. S. G.
APPLICATION
20089
RECEIVED
4/6/48

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

.....RANK/RATING*AB*.....OFF. NO.*14-1111*.....ADDRESS

VERIFIED BY

DIR. OF PERSONNEL RECORDS.

DISTRIBUTION OF SERVICE ESTATES

Naval - Military - Air Force

XXXXXXXXXXXXXXXXXXXXX

28

Name FROST Lawrence F. No. A-1777
Surname Christian Names

A.D. : H.M.C.S. "MARGARET" : 22-10-40
Rank Unit Date of Death

AMOUNT

L. P. C. \$ 18.69

Other Credits _____

Total 18.69

Date July 31, 1941

Shares Retained _____

NET TOTAL 18.69

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT																								
$\frac{1}{2}$	father	Garnett Wolsley Frost, Westport, Digby Co., N.S.	<i>R</i> 9.35																								
$\frac{1}{2}$	mother	Ethel Beatrice Frost, Westport, Digby Co., N.S.	<i>R</i> 9.34																								
		(next of kin)																									
<table><tr><th colspan="8">AUTHORITY</th></tr><tr><th>H.O. F.E. No.</th><th>DIV.</th><th>EST.</th><th>VOTE</th><th>PRI.</th><th>DA OR HO SUB.</th><th>OBJ.</th><th>AMOUNT</th></tr><tr><td>9999</td><td></td><td></td><td>832</td><td>00</td><td>00</td><td>001</td><td>18 69</td></tr></table>				AUTHORITY								H.O. F.E. No.	DIV.	EST.	VOTE	PRI.	DA OR HO SUB.	OBJ.	AMOUNT	9999			832	00	00	001	18 69
AUTHORITY																											
H.O. F.E. No.	DIV.	EST.	VOTE	PRI.	DA OR HO SUB.	OBJ.	AMOUNT																				
9999			832	00	00	001	18 69																				
SHARES RETAINED																											
none																											
<table><tr><td colspan="2">CLASSIFIED BY <i>W. Smith</i></td><td colspan="2">EXAMINED BY <i>EL</i></td><td>18 69</td></tr><tr><td colspan="2"></td><td colspan="2">FOR TREASURY OFFICER</td><td>TOTAL</td></tr></table>				CLASSIFIED BY <i>W. Smith</i>		EXAMINED BY <i>EL</i>		18 69			FOR TREASURY OFFICER		TOTAL														
CLASSIFIED BY <i>W. Smith</i>		EXAMINED BY <i>EL</i>		18 69																							
		FOR TREASURY OFFICER		TOTAL																							

Distribution approved and authorized

AUDITED FOR PAYMENT

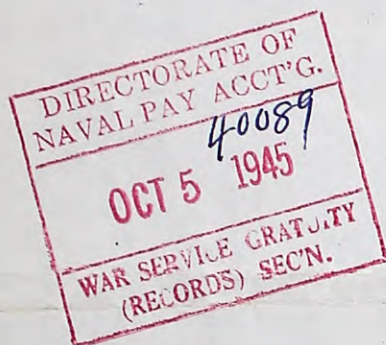
W.C.

For Chief Treasury Officer

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

Don

951562



Received this letter some time ago but neglected to answer but I understand there have been letters gone in to your offices long ago from Camp Hill Hospital, Halifax but have heard nothing concerning this matter up to present date.

I wish to state that on behalf of the gratuity from my son the late Lawrence V. Frost A-1777. A.B. R.C.N.R. I wish to say that I was his only dependent at the time of his death & when he enlisted for service I received regular monthly payments. I understand I am eligible to receive the gratuity as his mother no other were dependent upon him I had no other support apart from him & I would like to have this matter attended to as soon as possible. He has been gone 5 years now I think I should receive gratuity by this time. Please settle soon. Also I lost another son in action in Holland last October 31st 1944 - wouldn't there be some gratuity coming from him I was also a dependent on him my two sons were my only dependents after they enlisted for service I had no other support from my family. Am very anxious to have this settled as soon as convenient as I am greatly in need of same. I remain very cordially yours

Mrs. Ethel Frost
Westport, Brier Island.
Digby, Co.
Box 41, N.S.



Department of National Defence

Naval Service

OTTAWA, Ont., 4th June 1945

IN REPLY PLEASE QUOTE

N.S. A-1777 Pers.(N) (N-15)

"REGISTERED"

Dear Madam:

Under the provisions of the War Service Grants Act, 1944, and supplementary Orders-in-Council, payment of a war service gratuity has been authorized on behalf of every member of the forces who died on active service.

The regulations provide that a person who was dependent upon the serviceman at the time of his death is entitled to the gratuity. If, however, it is found that the deceased had no dependents, then the gratuity will form part of his service estate.

To be entitled to the gratuity as a dependent of the serviceman, (the person applying must either have been eligible for dependents' allowance on his behalf or must have been receiving an assignment of pay from him and have been dependent in whole or in part upon him.) The *marked* receipt of an assignment of pay alone does not determine entitlement, since the assignment must have been used at least in part for the support of the recipient in order to establish dependency. The fact must also be stressed that where one or more persons received dependents' allowance on behalf of the member of the forces, those persons are solely entitled to the gratuity, although another person may have been receiving an assignment of pay and may have been partly dependent upon him. *none other*

As the Service Authorities who are responsible for payment of the gratuity are anxious to settle all entitlements as soon as possible, this letter is being addressed to you as the next-of-kin according to this Department's records of the late Lawrence V. Frost, Able Seaman, Official Number A-1777, R.C.N.R., with a view to inviting an application for the gratuity either from one who was dependent upon him at the time of his death under the foregoing conditions or, if no dependency existed, from one who is authorized to act on behalf of his estate.

You will appreciate that in all cases the question of dependency must first be settled before payment of the gratuity can be made. For that reason and in order to deal with each case as soon as possible, it is requested that a letter be forwarded addressed to the Secretary, Naval Board, Naval Service Headquarters, Ottawa, indicating whether it is your desire or that of any other person who may qualify as a dependent of the deceased to apply for the gratuity as a dependent or whether payment should be made to the deceased member's service estate.

Your early attention to this request will be greatly appreciated.

If you have already made application for War Service Gratuity it is requested that this letter be disregarded.

Yours truly,

Mrs. Ethel Frost,
WESTPORT, Brier Is.,
Digby County, N.S.,

for
SECRETARY, NAVAL BOARD



(OVER)

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

W.S.G. Application No. 40089

FILE NO. N.S. A 1777

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

FROST LAWRENCE VALENTINE A1777 AB
SURNAME CHRISTIAN NAMES OFFICIAL RANK OR RATING
IN FULL NUMBER ON DISCHARGE

CAUSE OF DISCHARGE: Discharge Dead (Mangrove)

Mrs. Ethel Frost
Westport Brier Is.
Digby County N.S.

TOTAL SERVICE

Date of Active Service 25 May '40

Date of Discharge 22 Oct '40

Total No. of Days 151

Less non qualifying
service

418
268
150
1
151

Total Days 151

OVERSEAS SERVICE

% Total No. of Days 90.70

Less non qualifying
service

Total Days 90.70

Record of Service in other Forces (per Naval Records)

Branch of Service N

Date of Active Service 1

Date of Discharge 1

& % Overleaf

Computed By R. Bergeron

Checked By A. C. Rice

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

DATE: OCT 18 1945

D.H.Q.

JB

NON QUALIFYING SERVICE

(#) Date	Reason	No. of Days	TOTAL SERVICE	OVERSEAS SERVICE
N	N			
N	N			
N	N			
N	N			
N	N			
N	N			
N	N			
Total days				

(%)

OVERSEAS SERVICE:

Where Serving

From

To

No. of Days

Margaret

14 Aug '40

22 Oct '40

90

418

349

69

1

70

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased

Member's Name

LAWRENCE VALENTINE FROST

(Christian Names)

(Surname)

Payee

Address

Director of Estates
308 Sparks St.
Ottawa, Ont.for service Estate of
Lawrence V. FROST
N.S. A 1777

Register No. 40089

File No. A 1777

Date Nov 45

Service No. A 1777

Final Rank or Rating

Date of Discharge 22 Oct. 40

Date of termination of overseas service 22 Oct. 40

A. TOTAL QUALIFYING SERVICE

No. of days 151 equal to 5 complete periods at \$7.50
30

37.50

B. QUALIFYING OVERSEAS SERVICE

No. of days 20 less 77 ineligible days equal to 69 days @ 25¢ per day

17.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay	\$1.85
Subsistence or Lodging	\$1.45
and Provision Allowance	
Additional Pay	H.L.M. \$.13

Dependents' Allowance 1/30 of \$

Total 3.43 x 7 = \$ 24.01

No. of days 70 x \$ 24.01 = 9.18
183

D. WAR SERVICE GRATUITY

63.93

E. DEDUCTIONS

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

OTHER DEDUCTIONS

\$

F. TOTAL AMOUNT PAYABLE

63.93

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ of \$ = \$ 63.93
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	Date

Service Representative

D.N.P.A. CHECK

1 <u>Del.</u>	6 <u>Ans.</u>
2 <u>227</u>	7 <u></u>
3 <u>227</u>	8 <u></u>
4 <u>145</u>	9 <u></u>
5 <u>Ans.</u>	10 <u></u>

MF

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

4
NAVY

BASED
ON
NAME

Lawrence Valentine

(CHRISTIAN NAMES)

FROST

(SURNAME)

REGISTER NO.

40089

FILE NO.

NSA1777

DATE

30 Nov. '45

SERVICE NO.

A-1777

FINAL RANK OR RATING

AB

DATE OF DISCHARGE

22 Oct. '40

PAYEE
ADDRESS

Director of Estates
308 Sparks St.,
Ottawa, Ont.

for service Estate of
Lawrence V. FROST
NSA 1777
22 Oct. '40

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 151 EQUAL TO 5 COMPLETE PERIODS AT \$7.50

\$ 37.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 70 LESS 1 INELIGIBLE DAYS, EQUAL TO 69 DAYS @ 25C. PER DAY

17.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85
SUBSISTENCE OR LODGING \$ 1.45
AND PROVISION ALLOWANCE
ADDITIONAL PAY HLM \$.13

DEPENDENTS' ALLOWANCE 1/30 OF \$ nil \$ nil

TOTAL \$ 3.43 X 7 = \$ 24.01
NO. OF DAYS 70 X \$ 24.01
183

9.18

D. WAR SERVICE GRATUITY

63.93

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$ nil

F. TOTAL AMOUNT PAYABLE

63.93

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 63.93

Voucher 3928- Dec. 18/45-

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
DM

CHECKED BY

TREASURY
CHECKED BY
DATE
5-12-45

For Dir. Fiscal Representative



P 44779

NO. 649-L

APR 23 1941
123-1-77

ena 17/4
18

OTTAWA, April 23, 1941.

The Naval Secretary,
Department of National Defence,
O t t a w a.

ON-A-1777 Lawrence Valentine Frost, R.C.N.R.

Mr. and Mrs. Garnet Frost, Westport, Digby
Co., N. S., parents of the above noted man, have been awarded
a pension of \$15.00 a month in respect of his death, with
effect from the 1st of March, 1941.

B. Simpson

B. Simpson,
Assistant Secretary.

BS:TB

*Treas:
D.N.A:
Are there any memories
to be made from
pension award please?
28/4/41
R. J.*

*W. Dwyer
to allow a parent's
no money
1/5/41
AB*

Noted in Service
Records by...
8-5-41

MAIN FILE
CHARGED TO <i>Dna</i>
SINCE <i>17-4-41</i>
REC'D. CENTRAL REGISTRY
APR 23 1941
REFERRED TO

GOVT. OF CANADA
BOND

HTWG/RM

123-F-77

7

2nd 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, Lawrence V. Frost, Able Seaman, O.N. A.1777, R.C.N.R., 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. Ethel Frost,
WESTPORT, Brier, Is.,
Digby Co., N.S.

DECLARATION OF ALLOTMENT

P049189

4014 AUG - 1940
218/23-377
CANADA

List No.	ALLOTTER	NAME	DATE	DATE OF PAY
STADACONA 5-2/ 572✓	SUPPLEMENT FROST ✓ Christian LAWRENCE ✓	A.B. R.C.N.R.	N.K.	\$1.85

SECTION A

ALLOTMENT FOR DEPENDENT

ALLOTTEE	Relationship	Address	Rate per month	Month
SUPPLEMENT FROST Christian Miss Margaret	Sister	13 Mott Street Halifax N.S.	\$35.00	August

Section B

DISPOSAL OF EXISTING ALLOTMENTS

The following allotment is in force:

DATE	ALLOTTEE	DISPOSAL
\$5.00	Bonds Clothes Shop Halifax N.S.	to be continued.

Allotter's signature authorizing changes:

Lawrence Frost
A.B.

FAIR LEDGER

ROUGH LEDGER

C. R.

The allotment now declared P. A. has been duly entered in the Fair and Rough ledgers with effect from the appropriate date. The reduction or cancellation has been duly approved by the commanding officer and the reasons for the alteration are:-

DATE
INITIAL

Pay \$ Lieutenant R.C.N.R.
for ACCOUNTANT OFFICER

Stadacona

No 111
" 113
" 115
" 119
" 122

35.00

35.00

TOTAL

Revised:

FORWARDED: 3/8/40

MAIN FILE
CHARGED TO
SINCE
REC'D. CENTRAL REGISTRY
AUG 5 1940
REFERRED TO <i>Tracy</i>

DISTRIBUTION OF SERVICE ESTATES
NAVY

GMW

Estates Form "P. 4"

Name: FROST, Lawrence V. No.: NSA 1777
Surname Christian Names

A.B. HMC3 Margaree 22-10-40
Rank Unit Date of Death

AMOUNT W.B.G. 63.93
L.P.C. S 18.69

Date: 11-2-46

Other Credits.....

Total..... 82.62
Prev. Dist. 18.69
This Dist. 63.93

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
$\frac{1}{2}$	Father	Garnett W. Frost Westport, Brier Island, Digby Co., N.S.	31.97
$\frac{1}{2}$	Mother	Mrs. Ethel B. Frost (As above)	31.96
		(As next of kin entitled)	
		P4. TO TREAS. FEB 23 1946	
		WSG	

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	63.93
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

Nova Scotia Intestacy

1/2 Father - Garnett H.
31.97 Frost

Westport
Digby Co. N.S.

1/2 Mother - Ethel B.
31.96 Frost
(as above)

(as n/kent)
3.93

DISTRIBUTION

SERVICE

NAVY ✓
ARMY
AIR FORCE
C.E.F.

NAME Frost, Lawrence Valentine

NO: NSA-1777 RANK AB

REGT: HMCS Margaree DATE OF DEATH 22-10-40 ✓

PAY TO: Nova Scotia Intestacy W.S.G. 63.93
L.F.C. 18.69 ✓
OTHER CREDITS.

1/2 Father Garnett W. Frost
31.97 Westport
Digby County, N.S.

TOTAL. 82.62 ✓

1/2 Mother Ethel B. Frost
31.96 as above
as n/K entitled

Prev Dist

18.69 ✓

This Dist

63.93 ✓

MF

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

2
NAVYDECEASED
MEMBER'S
NAMELawrence Valentine
(CHRISTIAN NAMES)FROST
(SURNAME)REGISTER NO. 40089
FILE NO. NSA1777
DATE 30 Nov. '45
SERVICE NO. A-1777
FINAL RANK OR RATING AB
DATE OF DISCHARGE 22 Oct. '40PAYEE
ADDRESSDirector of Estates
308 Sparks St.,
Ottawa, Ont.for service Estate of
Lawrence V. FROST
NSA 1777
22 Oct. '40

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 151 EQUAL TO 5 COMPLETE PERIODS AT \$7.50

\$ 37.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 70 LESS 1 INELIGIBLE DAYS, EQUAL TO 69 DAYS @ 25C. PER DAY

17.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE
ADDITIONAL PAY\$ 1.85
\$ 1.45
HLM \$.13
\$
\$

DEPENDENTS' ALLOWANCE 1/30 OF \$ nil \$ nil

TOTAL \$ 3.43 X7 = \$ 24.01
NO. OF DAYS 70 X \$ 24.01
183

9.18

D. WAR SERVICE GRATUITY

63.93

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$ nil

F. TOTAL AMOUNT PAYABLE

63.93

G. YOUR PORTION OF GRATUITY IS—

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

\$ 63.93

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
DM

CHECKED BY

TREASURY

CHECKED BY

DATE



For Dir. Naval Pay Acct'ng.