

V3332

GILL

JOHN

HENRY

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

V3332

OFFICIAL NUMBER

NAME GILL
(Surname)

John Henry
(Given Names)

OFFICIAL NUMBER

V3332

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Qualified																																																																																																																																																																											
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CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND BOYS FOR THE 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 J. H. Gill
candidate for entry as _____
and I believe him to be in all respects fit for His Majesty's Service. He has signed the Certificate given below in my presence

Dated at Quebec the 27th of September 1939

W. J. Patterson M.D.
Examining Medical Officer
(Rank) Surg-Lieut., R.C.N.V.R.

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

Years (a) Age		Months	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re- vaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(j) Limbs and Joints	(k) Skin	(l) Ears and Hearing	(m) Testes, Vas deferens, etc.	(n) Teeth (No. def- icient and No. defective, Gums, Nose, Tonsils, etc.)	(o) Anus, Hæmorrhoids, etc.
22.7			lbs. 125	ft. ins. 5.7	Good.	inches (a) maximum 36 (b) minimum 32 (c) mean 33	right eye 6/6 left eye 6/6 colour vision C.V.N.	normal.	normal.	normal	normal	normal	normal	normal small, varicose.	9 missing	normal

CERTIFICATE TO BE SIGNED BY THE CANDIDATE

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

J. H. Gill
Signature of Candidate

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

This Candidate is the subject of _____

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

W. J. Patterson M.D.
Examining Medical Officer
(Rank) Surg-Lieut., R.C.N.V.R.

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

fit -
C. Stewart Hard
Surg-Lieut. V.R.

VERIFICATION FORM
CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL,
NAVAL GENERAL SERVICE MEDAL (

NAME IN FULL GILBERT John Henry RANK/RATING A10. H. 412.

[illegible]

VERIFIED BY *J. Sedwick*

VERIFIED BY

VERIFICATION FORM

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

RANK/RATING A/O. A. 412. OFF. NO. 3332 ADDRESS

[illegible]

VERIFIED BY *[Signature]*

FILED BY DIR. OF PERSONNEL RECORDS.

10

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

4
NAVY

DECEASED
MEMBER'S
NAME

John Henry
(CHRISTIAN NAMES)

GILL
(SURNAME)

REGISTER NO.

7327

FILE NO.

88. V-3332

DATE

19th July '44

SERVICE NO.

V-3332

FINAL RANK OR RATING

A/O.A. 4/C

PAYEE
ADDRESS

Mrs. Elizabeth Nieran,
1048 Egan Ave.,
Verdun, P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE

22nd Oct '40.

DATE OF DISCHARGE

22nd Oct '40.

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 391 EQUAL TO 13 COMPLETE PERIODS AT \$7.50

\$ 97.50

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 \$ 3.05
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.45
ADDITIONAL PAY H.L.M. \$.15

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 4.65 X 7 = \$ 32.55
NO. OF DAYS 70 X \$ 32.55

12.45

D. WAR SERVICE GRATUITY

127.20

E. DEDUCTIONS

OVERPAYMENT OF

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

N11

OTHER DEDUCTIONS

\$

F. TOTAL AMOUNT PAYABLE

127.20

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 127.20

Check 47037-30/9-45

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
YN

CHECKED BY

CHECKED BY

DATE

TREASURY

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.



10078

N. V. 5
2M-232
N.S. 815-11-5DEPT
MILITARY FORCE
AUG -5 1938
113-9221
CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Gill OFFICIAL No. 3332CHRISTIAN NAMES John Henry MARRIED, SINGLE or WIDOWER Single

PERMANENT ADDRESS	RELIGION
<u>147 B Ste Thirise, St-Malo, Quebec</u>	<u>C of E.</u>

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>4th March, 1917</u>	Town <u>Quebec</u> County <u>Quebec</u> Province <u>Quebec</u>	<u>Step Father,</u> <u>W.J. Nieman Same Address</u>

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>32½</u>				
Inches <u>7</u>	Deflated <u>29</u>				
	Mean <u>31½</u>	<u>Dark Brown</u>	<u>Brown</u>	<u>Fresh</u>	<u>Vaccination L Arm</u>

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>3rd August, 1937</u>	<u>Ord Seaman</u>	<u>Mechanic</u>

Approved
J. A.
6.8.37

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That ¶ (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

¶ (b) I served in 2.4. for the period shown, and attach my record of service, in corroboration of this statement.

¶ Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

Entered on History
Card by... L.S.

- (c) I have never been rejected 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.

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

(a) To serve from the date thereof for three 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 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 Company 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.

Dated this 3rd day of August 1937

Signature of applicant J. H. Gill

(C) CERTIFICATE OF COMPANY COMMANDING 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 3rd day of August 1937

J. E. A. Teelegin
Signature of C. C. O.

(D)

OATH OF ALLEGIANCE

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

Signature of Applicant J. H. Gill

Witness J. E. A. Teelegin

Date 3rd August 1937

Rank Per Rmvr R.

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

(E)

CERTIFICATE OF COMPANY COMMANDING OFFICER

John Henry Gill 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 Quebec Division Company of the R.C.N.V.R.

J. E. A. Teelegin
Company Commanding Officer.

NOTE—This form when completed and when the particulars on it have been noted in the Company 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.

N. V. No. 17
1M-5-35
N.S. 815-11-17

Name in full John Henry GILL ~~Company~~ Quebec Division

Training Headquarters	H A L I F A X, N. S.	Official Number <u>V.3332</u>
-----------------------	----------------------	-------------------------------

Can Swim

[illegible]

	HEIGHT		COMPLEXION	HAIR	EYES	MARKS, WOUNDS, SCARS
	FEET	INCHES				
On Entry	5	7	Fresh	D. Brown	Brown	Vaccination L. Arm.
On attaining 28 years						
Further Description if necessary						

NAVAL TRAINING

[illegible]

EXAMINATIONS AND NOTATIONS OTHER THAN THOSE EN

[illegible]

ER THAN THOSE ENTERED ON G. AND T. HISTORY SHEET

[illegible]

ACTIVE SERVICE

[illegible]

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH

Ottawa, Canada

Date *Sept 18th* 1941.

Received this date from the Administrator of Estates cheque
of the Receiver General of Canada, payable to my order for
the sum of TWO
..... 54/100 Dollars ... (\$2.54),
being that portion of the Service estate of the belowmentioned
deceased representing 1 share~~s~~ of \$2.54 ~~XXXX~~ legally de-
volving upon person~~s~~ under the age of twenty-one years, being
... ~~step. sister~~ of the deceased, now under the
care and custody of me ~~XXXX~~ her mother. I undertake with the
Department of National Defence, Ottawa, Canada, to use the
amount ~~XXXXXX~~ such share~~s~~ for the benefit of ~~each of such~~ the
minor~~s~~ entitled thereto, namely:-

Marguerite

~~am~~ residing with me at 1048 Egan A_ve., Verdun, Que.

Mr. Elizabeth Nieman
.....
Signature

GILL, John Henry, O.A. 4 (Deceased)
No. V-3332, H.M.C.S. "Margaree"

☒ Navy
☐ Army
☐ Force

(Mark X opposite Force in which you 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

(Canadian Armed Forces)

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

1. Surname on termination of service..... GILL.....
(Print)
2. Christian Names JOHN HENRY.....
(Print)
3. Service No. V- 3332 4. Paid rank or rating at date of termination of Service..... ORDNANCE ARTIFICER
5. Address, in full, to which payments of gratuity are to be forwarded.....
1048 Egan Ave., Verdun, Que.

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
<div>NAVAL PERSONNEL RECORDS MAR 13 1945 WAR SERVICE GRATUITY SECTION</div>	<u>V- 3332</u>	<u>ORDNANCE ARTIFICER 4TH/C</u>	<u>AUGUST 1939</u>	<u>OCTOBER 1940</u>

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty?..... No..... If so, state name of Force or Forces..... N.A.
8. Have you during the present War, while not a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)?..... No..... If so, state the Force or Forces, with dates of commencement and termination of service..... N.A.

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

March 2nd 1945
(Date)

Mrs Elizabeth Neuman
(Signature of Applicant)

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.

Mother

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.

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

W.S.G. Application No. 7327

FILE NO. N.S. V-3332

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>GILL</u>	<u>John Henry</u>	<u>V-3332</u>	<u>A/O.A. 4/c</u>
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: Dead (Margaret Casualty)
Application made on behalf of mother - F.D. no record of D.A. & A.P.

	<u>TOTAL SERVICE</u>	<u>366</u> <u>3</u> <u>22</u> <u>391</u>
Date of Active Service	<u>28 Sep '39</u>	
Date of Discharge	<u>22 Oct '40</u>	
Total No. of Days	<u>391</u>	
# Less non qualifying service	<u>NIL</u>	
		Total Days <u>391</u>

	<u>OVERSEAS SERVICE</u>	
% Total No. of Days	<u>70</u>	
# Less non qualifying service	<u>NIL</u>	
		Total Days <u>70</u>

Record of Service in other Forces (per Naval Records)

Branch of Service

Date of Active Service

Date of Discharge

& % Overleaf

Computed By [Signature]
Checked By [Signature]

DATE: MAR 23 1945

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

1744

NON QUALIFYING SERVICE

(#)	Date	Reason	No. of Days
"		"	"
"		"	"
"		"	"
"		"	"
"		"	"
"		"	"
"		"	"
"		"	"
			Total Days

(%)
OVERSEAS SERVICE: 100 14 0000 10000 (100 10000 10000)

<u>Where Serving</u>	<u>From</u>	<u>To</u>	<u>No. of Days</u>
Margaree	14 Aug '40	22 Oct '40 ✓	70 ✓
	18		
	30		
	22		
	70		

PARTICULARS OF DEAD OR MISSING PERSONNEL
WITH REGARD TO PAYMENT OF WAR SERVICE GRATUITY

Name of
Deceased Member JOHN. HENRY GILL Rank or
Rating A/O.O. 4/c O. No. V-3332

1. Dependents' Allowance
and Assigned Pay in
force at date of death:

D.A. £20.00

A.P.

D.A.

A.P.

Mrs Elizabeth Hieman
1048 Egan Ave. (Mother)
Verdun Ave.

2. Pension awarded or
being awarded to:

No Record.

3. War Service Gratuity
Application(s) received
from:

Mother as above.

In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under authority of the Minister of Veterans Affairs, application(s) for War Service Gratuity in respect of the service of the above named deceased member may be dealt with as follows:

() To be paid to:

In the
proportion of: /

- and -

to:

In the
proportion of: /

() To be referred to the Dependents' Allowance Board for decision as to dependency within the spirit and intent of the War Service Grants Act, 1944, observing this application(s) is classed under:

Group "B" (ii)

Group "C" of the above mentioned Directive.

Date May 9th 1945

J. H. G. R. D.
for D.V.N.P.A. (G)

MEMORANDUM FOR

P. 64

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

Mrs. W. J. Neman,
2587 Bannantyne Ave.,
Verdun, P.Q.

(New address)
1048 Egan Ave

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

and the following number quoted:—

H.Q.NS.113-G-221 FD.196

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

JULY 3rd, 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

GILL, John Henry, O.A.4

O. No. V-3332, R.C.N.



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

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

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	- - -		
2	Children of the Deceased and dates of their Births.....	- - -		
3	Father of the Deceased.....	(step-father) (Blood Father:- William Joseph Nieman	53	John Gill 1048 Egan Ave., Verdun Que
4	Mother of the Deceased.....	Elizabeth Arnold Gill Nieman	54	1048 Egan Ave., Verdun Que
5	Brothers of the Deceased	Full Blood	none	
		Half Blood	none	
6	Sisters of the Deceased	Full Blood	Patricia Gill	26 1048 Egan Ave., Verdun Que
		Half Blood	Marguerite Nieman Betty Nieman (adopted)	15 1048 Egan Ave., Verdun Que 6 1048 Egan Ave., Verdun Que
7	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	

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.....	Thomas Henry Arnold	81	96 Kenyon St. Abbey Key Gorton Manchester England
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....	Florence Riley	58	"The Haven" Safford Uttoxeter, Staffs. Eng
		Minnie Weald	52	49 Ambush St., Higher Manchester, England
		Rosina Evans	48	11 Clockhouse Ave., Green Drayalsden, Manches
		May Arnold	38	96 Kenyon St., Abbey Key Manchester, England
		Henry Arnold	46	6 Eldon Drive Gorton
		Thomas Arnold	42	(Unknown)

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	John Henry Gill
11	Give the month and year of his birth.	March 4 th 1917
12	Where and when were his parents married?	Montreal, Que. September 1913
13	Was he ever married? If so, state exact place and date of marriage.	No
14	Did he leave a (later) Will? If so, it should be forwarded.	None, unless with ^{proper} authorities
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?	Quebec, Que
17	In what Province, Country or State did he reside, and in which last?	Quebec
18	How long in each?	Always
19	What was the nature of his employment?	Machinist Apprentice
20	Did he own the house or homestead in which he lived? If so, where?	No
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	No
22	State <u>your</u> postal address in full.	1048 Egan Ave., Verdun, Que

PARTICULARS AS TO CLAIMS

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

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

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

(PLEASE TURN OVER)

DECLARATION

*Insert name 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

Elizabeth Nieman

{ Signature of Informant

CERTIFICATE

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

"See above" { 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 Verdun Quebec this ninth day of July 1941

Signature of Clergyman, Priest or Magistrate

L. O. Temple Hill

Qualification

Assistant Priest

Address

960 Moffat Ave Verdun Que.

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.

P 41820

ACCOUNTS OF MEN DISCHARGED

 RECEIVED
 APR 16 1941
 N.S. 113 9221
 CANADA

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 JOHN H. GILL Rating O.A.⁴
 Official No. V-3332 H.M.C.S. MARGAREE List 5B2/2
 Who* was "DD" on the 22nd OCTOBER 1940

Net sum due on ledger on account of Wages.....	\$ 20	cts. 34
Proceeds of sale of Effects charged against Wages, brought from the other side	NIL	
CASH—		
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....	\$ NIL	cts.
Found amongst Effects.....	NIL	
Debts collected \$.....	NIL	
Cash debited in the Accountant Officer's Cash Acct.....	NIL	
If in debt in ledger, amount to be stated (in red ink).....	NIL	
Rate of allotment (in words) <u>TWENTY & TWENTY</u> charged to <u>31st</u> <u>OCTOBER 1940</u>		
Name of ship from which transferred <u>H.M.C.S. MARGAREE</u>		
Total† <u>BALANCE CREDITOR</u>	20	34

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 H.M.C.S. MARGAREE amounting to a net balance† CREDITOR of TWENTY- dollars THIRTY-FOUR cents.

Dated on board H.M.C.S. STADACONA at HALIFAX
NOVA SCOTIA this 25th day of MARCH 1941

Approved

PAYMASTER SUB/LIEUT. R.C.N.V.R.

for Accountant Officer

Initials of the Assistant Accountant Officer

ACTING CAPTAIN 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".
 §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.

C.N.S. 46

 10m-10-40 (7450)
 H.Q. N.S. 815-9-45

 Ledger { Fair
 Rough

P036898

113-G-221

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

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

Name John Henry GILL
(Christian names in full)Rank of Rating Acting Ordnance Artificer 4/cl Official No. V-3332
(If unknown, date of first entry)

Place of Birth Quebec, P. Q. Date of Birth 4th March, 1917

Occupation in Civil Life Mechanic Religion Church of England

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) 3 Years 3 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 W. J. Nieman Relationship Stepfather
Address 147 B. Ste. Thirise, St. Malo, Quebec.

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. 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

DEPT. OF DEFENSE
MILITIA & DEFENSE
NOL. 2.354-8/4
APR 11 1940
113-4-221
H.Q. File N

19

DECLARATION OF ALLOTMENT

STADACONA
5B1/19

ALLOTMENT NOW DECLARED

Surname.....NIEMAN.....

Christian } Mrs. W. J. }
Names }

DISPOSAL OF EXISTING ALLOTMENTS

The following allotments are in force:—

[illegible]

NOTE 2:—Write "Increased or reduced as Section A"; "To be stopped (charged to.....)"; "To be continued," etc.

✓ J. Hill 0.17
Rank or Rating

ENTERED IN FAIR LEDGER

John Land

PAYMASTER LIEUTENANT R.C.N.R.
for Accountant Officer

H.M.C.S.....STADACONA.

9th April 1940

15M-10-39 (2286)
N.S. 815-9-63

nee, C. R. P. A.
 H.M.
 For
 DATE
 INITIAL

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.....		

MAIN FILE
CHARGED TO
SINCE
REC'D. CENTRAL REGISTRY
APR 12 1940
REFERRED TO

HTWG/RM

113-9221
32

2nd November, 1940.

Dear Madam:

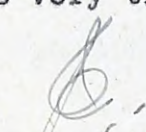
It is with deep regret that I must confirm the telegram sent out by the Minister of National Defence, reporting that your son, John H. Gill, Ordnance Artificer, 4th Class, O.N. V.5687, R.C.N.V.R., was missing, believed killed.

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. W. J. Nieman,
2587 Bannantyne Avenue,
VERDUN, Que.



Department of National Defence

Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

N~~o~~. 113-G-221

NOV 8 1940

STATEMENT OF SERVICE OF

JOHN HENRY GILL

Ordnance Artificer R.C.N.V.R. V3332

Entered as Ordinary Seaman 3 Aug. 1937

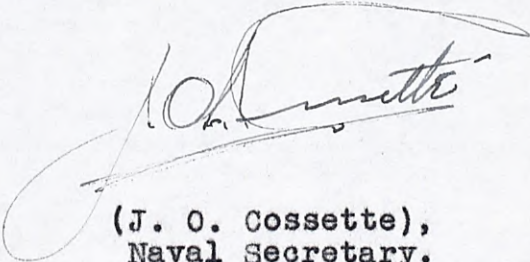
VALCARTIER CAMP)		
H.M.C.S. "STADACONA")	Ord. Smn.	Performed Naval Training
VALCARTIER CAMP)		in 1937, 8, and 9.

Active Service

<u>Ship or Establishment.</u>	<u>Rating</u>	<u>From</u>	<u>To</u>
H.M.C.S. "STADACONA"	A/O.A. 4	28 Sept. 1939	- 11 Apr. 1940
D.E.M.S. MONTREAL	O. A. 4	12 Apr. 1940	- 17 July 1940
H.M.C.S. "STADACONA"	"	18 July 1940	- 13 Aug. 1940
H.M.C.S. "MARGAREE"	"	14 Aug. 1940	- 22 Oct. 1940

Character Assessment for whole of time - "Very Good".

DISCHARGED "DEAD" - 22nd October, 1940.


(J. O. Cossette),
Naval Secretary.

QUESTIONNAIRE FOR CANDIDATES

FOR ENTRY IN THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

RECEIVED
MILITARY
AUG -5 1938
113
CANADA

Name (in full) John Henry Gill
 Date and Place of Birth 4th day of March 1917 - Quebec
(Birth certificate, declaration by parents or affidavit as to date of birth must be attached)
 Permanent Place of Residence 147 B. St. Germain, St. Malo 2
 Nearest Town to Residence (if living in country) Quebec
 Are you a British Subject? Yes
 Are you single, married or a widower? Single
 In what capacity do you wish to enrol? Seaman
(See standards of qualifications in attached pamphlet)
 Present occupation or trade Mechanic
(Attach any testimonials or recommendations)
 Do you belong to any Naval, Military, Reserve or Territorial Force? No
 Have you ever served with such forces? Give dates and details No
 Have you ever been discharged from any of H. M. Forces as medically unfit? No
 Have you ever offered to serve in any of H. M. Forces and been rejected? No
 What is your weight? 125 What is your height? 5-7 1/2
 What is your chest measurement (not inflated)? 31 1/2
 Are you free from all physical defects or malformation, and not subject to fits? No
 Are you willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities? No

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

John Henry Gill Signature
July 29th 1937 Date
147 B St Germain Address
St Malo
Que

J. C. A. Fitzgerald
 (Witness to Signature)

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

I certify his date of birth, according to legal documentary evidence, to be.....

Signed.....
 Company Commanding Officer

RCNVR No date "MARGAREE"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO

Mrs. Elizabeth A. Nieman - Mother

ADDRESS:

~~5687 Bannantyne Ave.,~~ 1048 Egan Ave., Verdun,
~~QUEBEC,~~ P.Q. 10-5-50.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs W. J. Nieman

ADDRESS:

5687 Bonnantyne Avenue
VERDUN, Que.

MEMORIAL BAR

DATE DESP.

REGN. NO.

(3)

28 April 1941

W DECEASED 22 October 1940

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

N A V Y

WAR SERVICE RECORDS

02-89301 D.D.

GILL John Henry

V-3332

O.A.4/c

FILE No. U 13395

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

139-45 Star

C.V.S.M. & Clasp

War Medal

REGISTRATION NUMBER AND DATE DESPATCHED

Medals Ret'd Under R.R. Ret'd to Stock.

1971 24/4/49

8626. 13/5/50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

(B) 23.0399