

V248

GRAY

HAROLD

FREDE



V248

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 75 Agricola St. Town Halifax Province, etc. N.S.

ADDRESS (in pencil): Street and No. 75 Appleton St. Town Yveland Province, etc. 3

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

FILM		
NO.	WAR 5125-	5
DATE		

W. S. G.  
APPLICATION  
11291  
RECEIVED



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

V248 OFFICIAL NUMBER NAME GRAY Harold Frederick OFFICIAL NUMBER V248  
(Surname) (Given Names)

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Div. Str. Halifax	Stoker 11	7	6	38		V.G.	Mod.	31	12	39							
Stadacona (McNab)	" "	3	9	38	- 5-9-38 Tr.	V.G.	Supr.	22	10	40							
Stadacona	" "	13	8	39	- 30-8-39 Tr.												
Stadacona	" "	1	9	39													
St. Laurent	" "	24	11	39													
Stadacona	" "	21	5	40	S.C.												
Margaree	" "	14	8	40													
DISCHARGED	" "	22	10	40	Killed in action												

GENERAL REMARKS

Mother awarded pension of \$50 per month, as from 23-10-40

Memorial Cross to Mother:

Mrs. Margaret Gray,

75 Agricola St.,

Halifax, N.S. 28-4-41

*Surv. Cert. checked*

DATE OF BIRTH	PLACE OF BIRTH	CIVIL OCCU.	RELI. ED.	PERM. RESIDENCE	PREV. ENL.	RANK OR RATE ON ENLISTMENT
21 0 18	14	RRR	0	18	4 08 02 0 19	0 15 95
ENLIST. DATE	ACT. SERV. DATE	STR. CAT.	ACT. SERV. DATE	SHIP OR ESTAB.	RANK OR RATE	
07 06 39	07 09 39	09			9830 0 15 95	
SENIORITY	STR.	NON-SUB	M		CODING	CHECKED
01 09 39	09	00 00	20	22-10-40	EP	



RCNVR "MARGAREE" 22-10-40

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mrs. Margaret Gray - Mother

ADDRESS: ~~75 Agricola St.,~~ 113 Gerrish Street  
HALIFAX, N.S.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Margaret Gray

ADDRESS: 75 Agricola Street  
HALIFAX, N.S.

MEMORIAL BAR

(1)

DATE DESP

REGN. NO

1047

(2)

(3)

28 April 1941



DECEASED 22 October 1940  
DEPARTMENT OF VETERANS AFFAIRS

29/575  
AWARDS NAVY

D.D.  
WAR SERVICE RECORDS

GRAY	Harold Frederick	V- 248	Sto.1	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:

*Repl*

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	4110

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

1 AUG - 6 1993  
ACLT



NO...21... 527/3

## CANADIAN ACTIVE SERVICE FORCE

SERVICE: MILITARY OR AIR  
( NAVAL )

APPLICATION FOR DEPENDENT'S ALLOWANCE—FOR DEPENDENTS OTHER THAN THOSE PROVIDED FOR ON FORM M. 16

8

The names required by Questions 1, 2 & 12 must be shown in block capitals.

1. Surname of applicant GRAY,
2. Full Christian name or names Harold, Frederick,
3. Official Number 248, RCNVR. 4. Rank Stoker 2nd Class.
5. Unit, Station, or Establishment HMCS. "ST. LAURENT" Royal Canadian Navy.
6. Date appointment or enlistment 14th August, 1939.

Question 7:  
In the case of officers, the date of reporting for duty is the date pay commences and dependents allowance cannot commence prior to such date.

7. Date reported for duty as above.
8. Are you a member of the permanent forces, military or air? Royal Canadian Naval Volunteer Reserve.
- If so (a) State permanent establishment, unit or station
- (b) Are you receiving permanent force rates of pay and allowances? Yes.

Questions 9 & 10:  
Are to determine the degree of eligibility to an allowance where salary or wages continue in whole or in part.

9. If you are an employee of a Dominion or Provincial Government, Municipality, Board, Commission or other Public Authority, give particulars of such employment. No.
10. If your salary or wages or any part thereof are being continued by such public authority during service, state amount per month No.
11. Give particulars of your civilian occupation together with total earnings and period of time employed in the six months preceding enlistment.
- Un-employed for six months prior to reporting for service in the
- R.C.N.V.R.,

12. Name of dependent GRAY, Margaret Mrs.
- Surname Christian Name Mr. Mrs. or Miss
13. Address No. 75 Agricola Street. Halifax, N.S.

Question 13:  
Give street name and number or post office box number, R.R. No. city, town or village and province.



14. Age of dependent.....**45**..... 15. Relationship.....**Mother.**.....

Questions 16 to 28  
Have a bearing on  
the eligibility for the  
allowance and the  
amount payable.

16. With whom did the dependent reside in the 6 months' period preceding your enlistment?

**Living with her sister.**

State name, address and relationship to dependent

17. With whom will the dependent make his or her home hereafter?.....**With Claimant.**

(State relationship).....**Son.**.....

18. Is dependent being maintained in a Public Institution at the public's expense?.....**No.**

Yes or no

If yes, give name and location of institution

19. Why is dependent unable to provide for his or her own support? If by reason of mental or physical infirmity, give nature and duration of same together with name and address of family doctor, if any.....**Un-able to work owing to crippled hands.**

20. From what date have you been contributing to the support of this dependent?.....

**Since claimant joined Service.**

21. Are you the sole or partial support?.....**Sole.**

State whether sole support or partial support

22. (a) Give nature and amount of financial assistance (this may include board and room) given by you to this dependent in each of the 6 months prior to enlistment and total of same for the 6 months.....

**Claimant was un-employed but gave his mother all of his**

**earnings when he was able to get temporary employment.**

(b) Did your contributions entitle you to board and lodgings in return or did you provide your own board and lodgings?.....**Yes.**

23. If this dependent became dependent upon you within the six months preceding enlistment, what change in the dependent's financial circumstances has made him or her so dependent upon you?.....**Mother has been dependent on claimant since 1938.**

24. If dependent is your mother, is your father living?.....**father deceased.**

Yes or No

If "yes" state extent and nature of his contribution to your mother's support and if he does not fully support her, state reasons.



25. If dependent is father or mother, sister or brother, give particulars of your other brothers and sisters.

Name	Address	Age	Occupation	Married or Single
------	---------	-----	------------	-------------------

**No other Brothers or Sisters.**

26. (a) If any of the above relatives contributed to such dependent's support, state name and nature and amount of contribution in the 6 months preceding your enlistment.

(b) In any such instance did the relative contributing receive board and lodgings in exchange for such contributions. If "yes" explain:

27. Give full particulars of the dependent's average monthly income from all sources other than your own contributions, to the best of your knowledge, information and belief under the following headings.

*Dependent's Average Monthly Income from:*

*Dependent's Average Monthly Allowances from:*

Personal earnings.....\$.....

Workmen's Compensation

Contributions and allowances from other members of family. \$.....

Award.....\$.....

Widow's Pension.....\$.....

Insurance.....\$.....

Other Government or Municipal Allowances.  
(State nature of allowance and name of Public Authority).....\$.....

Dividends from shares, bonds, etc.....\$.....

Interest on loans or mortgages.....\$.....

Rentals.....\$.....

Other.....\$.....

Total.....\$ **Nil.**

Total.....\$ **Nil.**

28. Fifteen days' pay per month must be assigned to dependent to obtain allowance.

If 15 days' pay per month has been assigned to dependent wife and children, an additional 5 days pay per month must be assigned to this dependent.

28. What amount of pay have you assigned per month on behalf of this dependent?

**16 days.**.....days' pay.

29. Date assigned pay effective

**September, 1939.**

30. Have you made a prior assignment of pay. If so state number of days and to whom

**No.**

[OVER]



31. Have you made a previous claim for dependent's allowance?.....**No.**

If so give particulars of previous unit and official number under which applied for and date of application.....

Certified that authorization for assigned pay as stated has been received.

I certify that the above is a true statement.

*Harold Frederick Gray*

**Stoker 2nd Class, RCNVR.**

Paymaster

*John Smith*  
**Lieutenant RCNR**

Rank

Signature of Applicant

Date **26th March, 1940**

Enclosed; 1 Birth Certificate of Harold Gray, Sto. 2/c RCNVR  
1 Affidavit signed by Dr. Rupert Hawkins, Halifax N.S.

Establishment, unit or station

**HMCS, "ST. LAURENT"**

Place

**at HALIFAX, NS.**

NOTE.—Dependents' allowances may not be awarded to more than three dependents of any officer or man.



MEMORANDUM FOR

Mrs. Margaret Gray.

75 Agricola St.,

Halifax, N. S.

38 P. 64  
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. 113-G-241 FD.222

DEPARTMENT OF NATIONAL DEFENCE  
OTTAWA, ONT.

July 2nd. 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

Sto. II Harold Fredk. GRAY, O.No. V-248.

R.C.N.V.R. "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.....	Deceased not married		
2	Children of the Deceased and dates of their Births.....	No Children		
3	Father of the Deceased.....	Frederick Louis Gray	49	Died Feb 4, 1938
4	Mother of the Deceased.....	Margaret Gray	44	75 Agricultural St. Halifax Nova Scotia
5	Brothers of the Deceased	Full Blood	Deceased never had any brothers	
		Half Blood	Nor brothers of Half blood	
6	Sisters of the Deceased	Full Blood	Never had sisters	
		Half Blood	Nor of half blood	
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	
	No brothers or sisters (living or dead)			

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).....			



# FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Harold Frederick Gray
11	Give the month and year of his birth.	October 21 <sup>st</sup> , 1918
12	Where and when were his parents married?	August 10 <sup>th</sup> , 1918 St. Patrick's Church, Halifax, N.S.
13	Was he ever married? If so, state exact place and date of marriage.	No
14	Did he leave a (later) Will? If so, it should be forwarded.	No
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	No.

## PARTICULARS OF DOMICILE

16	Where was deceased born?	Halifax, N.S.
17	In what Province, Country or State did he reside, and in which last?	resided in Halifax, N.S.
18	How long in each?	died on R.C.N.V.R. "Marsaree" 22 years in Halifax 2 months in England. 2 months on Marsaree
19	What was the nature of his employment?	First Class Stoker
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.	75 Agricola St. Halifax, N.S.

## PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	No Funeral
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

\*.....*Mother*.....of the deceased.

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

*Mrs Margaret Gray.*

{Signature of Informant

# CERTIFICATE

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

*Mrs. Margaret*

\*See above

*Gray* {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 *Halifax* this *29th* day of *July* 19*41*

Signature of Clergyman, Priest or Magistrate

*G. Gregory Murphy*

Qualification

*Catholic Priest*

Address

*St. Patrick's Glebe, Halifax, 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.

*Paper corrected by me, Aug 15, 1941*  
*G. Gregory Murphy.*



## N. V. No. 17

3M-9-37  
N.S. 815-11-17

Name in full Harold Frederick GRAY ✓ Company Halifax Division

## Training Headquarters

HALIFAX, N. S.

Official Number V. 248

Date of Birth 21st October 1918

Place of Birth Halifax, N.S.

Usual Place of Residence 174 Göttingen Pl. Halifax, N.S.

Trade brought up to\_\_\_\_\_?

Name and Address of next of Kin Mrs Margaret Gray, same address

Religious Denomination Roman Catholic

Can Swim P.P.T. (V.A.) 18/6/40.

DATE OF ACTUAL  
VOLUNTEERINGDATE OF  
ENROLMENTPERIOD  
VOLUNTEERED FOR

### RATING ON ENROLMENT

### MEDALS, DECORATIONS, ETC.

DATE RECEIVED

NATURE OF DECORATION

12 May/38

7 June/38

3 years

**stoker**

## On Entry

On attaining 28 years.

Further Description if necessary \_\_\_\_\_

## HEIGHT

FEL

INCHES

## COMPLEXION

## HAIR

## EYES

## MARKS, WOUNDS, SCARS

5

 $g\frac{1}{4}$ 

## Fair

Fair

**Hazel**

Scar on calf of  
left leg.



[illegible]

EXAMINATIONS AND NOTATIONS OTHER THAN

[illegible]



THOSE ENTERED ON G. AND T. HISTORY SHEET

[illegible]



[illegible]





P8281

N. V. 5  
2M-2-32  
N.S. 815-11-5DEPT. OF  
NATIONAL DEFENCE  
JUN 27 1938  
N.S. 113-9241  
CANADA

2

## ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Gray OFFICIAL No. 248CHRISTIAN NAMES Harold Frederick MARRIED, SINGLE or WIDOWER single

PERMANENT ADDRESS		RELIGION
<u>174 Göttingen St Halifax N.S.</u>		<u>R.C.</u>
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>October 21, 1918</u>	Town <u>Halifax</u> County <u>Halifax</u> Province <u>N.S.</u>	<u>Mrs Margaret Gray</u> <u>174 Göttingen St</u> <u>Halifax N.S.</u>

## PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>34</u>	<u>Fair</u>	<u>Hazel</u>	<u>Fair</u>	<u>Scar on calf of left leg</u>
Inches <u>8 1/4</u>	Deflated <u>31</u>				
	Mean <u>32 1/2</u>				
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
<u>7th June 1938</u>	<u>Stoker</u>	<u>DNE?</u> <u>WHE</u> <u>DNR</u>			

## (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..... 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

(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.

Entered on History  
Card by R.M.M.



(5) On being enrolled as a member of the.....*Halifax*.....Company of  
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.....*7th*.....day of.....*June*.....19*38*.....

Signature of applicant.....*Harold Frederick Gray*.....

(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.....*7th*.....day of.....*June*.....19*38*.....

.....*[Signature]*.....  
Signature of C. C. O.

(D) OATH OF ALLEGIANCE

I,.....*Harold F. Gray*.....do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty.

Signature of Applicant.....*Harold Frederick Gray*.....

Witness.....*[Signature]*.....

Date.....*Jan 17/38*.....Rank.....*1st Lt RCNVR*.....

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

(E) CERTIFICATE OF COMPANY COMMANDING OFFICER

.....*Harold F. Gray*.....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.....*Halifax*.....Company of the R.C.N.V.R.

.....*[Signature]*.....  
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.



NAME IN FULL GREY, Harold Frederick RANK/RATING Lt. I OFF. NO. V 248 ADDRESS .....

[illegible]



# Certificate of Baptism

St. Patrick's Church

Halifax, Nova Scotia



Name Harold Frederick Gray

Date of Birth Oct. 21<sup>st</sup> 1918

Names Frederick Gray  
of  
Parents Margaret Dooley

Date of Baptism Dec. 24<sup>th</sup> 1918

Officiating Priest Rev. G. F. Courtney

Names Ada Jollimore  
of  
Sponsors

I declare the above to be a true extract from the Baptismal Register of St. Patrick's Church, Halifax, N. S.

Dated at Halifax, the 25<sup>th</sup> day of March 1940

W. B. Levermore  
(Priest)

Observations Confirmed: June 11, 1933



No. 4159 PL.

P050045

NATIONAL DEFENCE  
AUG - 8 1940  
N.S. 113 9241  
CANADA

STADACONA.  
Sec 4A  
5 A2/302

Gray,  
Harold.

Sto.  
RCNVR

248

\$2.00

D.A .35 ✓

175005

14

Gray,  
Mrs Margaret

Mother

75 Agricola St.  
Halifax, N.S.

\$50.00

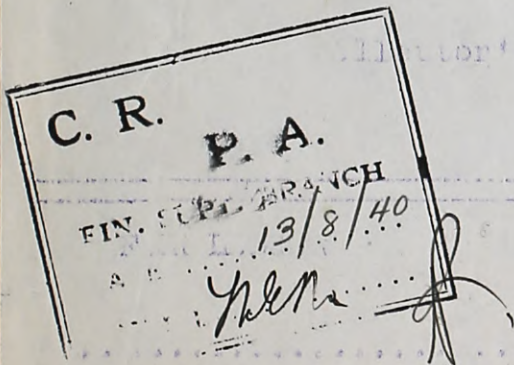
August.

Increase

\$40.00 ✓ Mrs Margaret Gray Halifax, N.S.  
2.00 ✓ Bond Clothes Shop. Halifax, N.S.

Increased as in Sec A.  
to be continued.

A loaned Declaration	Initials	Date
Ent'd. on Index Card	Jm e E.	13/8/40
Ent'd. on Allocation Ledgers		



Harold Gray  
Stoker.1

M

20.00  
10.85  
9.15  
50.00

Paymaster Sub. Lieutenant R.C.N.V.R.  
FOR

STADACONA.

518140



MAIN FILE  
CHARGED TO  
SINCE  
REC'D. CENTRAL REGISTRY  
AUG 8 1940  
REFERRED TO



# NAVAL MESSAGE

10-11-40  
N.S. 815-9-1320

To:

MRS. MARGARET GRAY

From:

75 AGRICOLA STREET

HALIFAX N.S.

113 G 241

THE MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU  
THAT YOUR SON HAROLD F. GRAY STOKER R.C.N.V.R. OFFICIAL  
NO. 248 IS MISSING, BELIEVED KILLED.

-/26

L/T

P/L

REC'D SDO  
1530/26

GB

27-10-40

545



113-G.241  
16

2nd November, 1940.

Dear Madam:

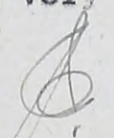
It is with deep regret that I must confirm the telegram sent out by the Minister of National Defence, reporting that your son, Harold F. Gray, Stoker, O.N.V.248, R.C.N.V.R., was missing, believed killed.

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. Margaret Gray,  
75 Agricola Street,  
HALIFAX, N.S.





Department of National Defence

Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

No. 113-G-241

NOV 8 1940

STATEMENT OF SERVICE OF

HAROLD FREDERICK GRAY

Stoker I R.C.N.V.R. V248

Entered as Stoker II 7 June, 1938

H.M.C.S. "STADACONA" for McNAB      Stoker II      Performed Naval  
Training in 1938 and 1939.

Active Service

<u>Ship or Establishment.</u>	<u>Rating</u>	<u>From</u>	<u>To</u>
H.M.C.S. "STADACONA"	Stoker II	1 Sept. 1939	- 23 Nov. 1939
H.M.C.S. "ST. LAURENT"	"	24 Nov. 1939	- 20 May 1940
H.M.C.S. "STADACONA"	"	21 May 1940	- 13 Aug. 1940
H.M.C.S. "MARGAREE"	<u>Stoker I</u>	<u>14 Aug. 1940</u>	<u>- 22 Oct. 1940</u>

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

DISCHARGED "DEAD" - 22nd October, 1940.

(J. O. Cossette),  
Naval Secretary.



File No. *N.S. 113-G-241*

DEPARTMENT OF NATIONAL DEFENCE  
(Naval Service)

WAR MEMORIAL CROSS

Issued to:

Wife:-

Mother:-

Mrs. Margaret Gray,  
75 Agricola Street,  
Halifax, N. S.

Date forwarded:- *28-4-41*

Registered Mail No:- *2685*



P096900

113 G-241

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 Harold Frederick GRAY  
(Christian names in full)Rank of Rating Stoker I Official No. V 248  
(If unknown, date of first entry)

Place of Birth Halifax, N. S. Date of Birth 21st October, 1918

Occupation in Civil Life ? 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) 2 Years 4 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. Margaret GRAY Relationship ?  
Address 174 GOTTINGEN ST., Halifax, 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, accord-  
ing 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 invalidated

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



# STATEMENT OF ACCOUNT

Tr extract from the ledger of H.M.C.S. "MARGAREE" ending 31 Oct. 19 40

List 5A2 No. 17 (Name) GRAY, Harold J Rank Rating Sto. 2 No. V-248

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

CREDIT from former account		nil	\$	c.
Pay as	Sto. 2	from 1 Oct.	to 31 Oct.	( 31 days at \$ 1.60 day)
	(Rank Rating)			
"	D.A.	"	"	( 31 " .35 " )
"		"	"	( " " )
"		"	"	( " " )
"		"	"	( " " )
Kit Upkeep Allowance				
	H.L.M.			
OTHER CREDITS:	G.M.			
Total credits			67	30
DEBT from former account		nil	D.F.A.	
PAYMENTS:—		1st	2nd	3rd
		\$ c.	\$ c.	\$ c.
1st month	4x44.47			
2nd month				
3rd month				
Total		4	47	
Allotment		October	52	00
Pension deduction (Officers) charged to		of		
Hospital stoppages				
Mulcts				
OTHER CHARGES: G.M. overpaid		42		
Total debits			59	70
Balance Cr. <del>Dr.</del>			7	60
(Balance Dr. to be shown in red)				

Number of days actually victualled during period mentioned above 22

NOT VICTUALLED

LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
	FROM	TO		
LENT	6 Sep.	30 Sep.	25	Drake

Date 1 April 19 41

*B. M. Watfield*

for ACCOUNTANT OFFICER

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







# ACCOUNTS OF MEN DISCHARGED

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 HAROLD J. GRAY Rating STO."2"  
Official No. V-248 H.M.C.S. MARGAREE List 5A2/17  
Who\* was "DD" on the 22nd OCTOBER 19 40

Net sum due on ledger on account of Wages.....	\$ 7	cts. 60
Proceeds of sale of Effects charged against Wages, brought from the other side	NIL	
CASH—	\$	cts.
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....	NIL	
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>FIFTY &amp; TWO</u> charged to <u>31st</u> <u>OCTOBER</u> 19 <u>40</u>		
Name of ship from which transferred <u>H.M.C.S. MARGAREE</u>		
Total† <u>BALANCE CREDITOR</u>	<u>XXXXX</u>	<u>7 60</u>

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 -SEVEN- dollars SIXTY- cents.

Dated on board H.M.C.S. STADACONA at HALIFAX  
NOVA SCOTIA this 25th day of MARCH 19 41

Approved Ben Watfield for Accountant Officer  
PAYMASTER SUB/LIEUT. R.C.N.V.R.  
Initials of the Assistant Accountant Officer  
J.E. Leigh for VP Commanding Officer.  
ACTING CAPTAIN R.C.N.

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



## ACCOUNT OF SALE OF THE EFFECTS

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

[illegible]

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

Naval - Military - Air Force

XXXXXXXXXXXXXXXXXXXX

Name GRAY Surname Harold J. Christian Names No. 7.248

Rank Sto. 2 Unit H.M.C.S. MARGARET Date of Death 22-10-1919

## AMOUNT

L. P. C. \$ 7.60

Other Credits \_\_\_\_\_

Total 7.60

Date August 22nd, 1919.

Shares Retained \_\_\_\_\_

NET TOTAL ..... 7.60

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT				
all	mother	Margaret Gray, 75 Agricola St., Halifax, N.S. (next of kin entitled)	7.60				
AUTHORITY							
H.O. F.E. No.	DIV. ...	EST. ...	VOTE ...	PRI ...	DA OR HO SUB ...	OBJ ...	AMOUNT
9999			831	00	00	001	7.60
SHARES RETAINED		CLASSIFIED BY <i>Wm Smith</i>	EXAMINED BY <i>EL</i>		TOTAL		
none			FOR TREASURY OFFICER				

Distribution approved and authorized

AUDITED FOR PAYMENT

(WGA)

For Chief Treasury Officer

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



☒ Navy  
☐ Army  
☐ Air 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

P618041

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.

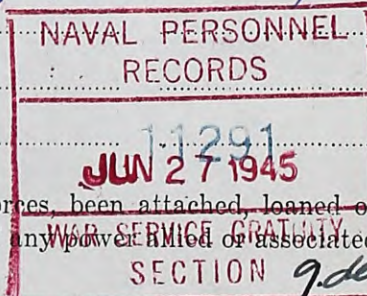
1. Surname on termination of service..... GRAY (Print)  
2. Christian Names..... HAROLD FREDERICK (Print)  
3. Service No. O.N.V. 248 4. Paid rank or rating at date of termination of Service STOKER  
5. Address, in full, to which payments of gratuity are to be forwarded.....  
MRS MARGARET GRAY, 75 AGRICOLA ST, HALIFAX 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
<u>NAVY</u>	<u>O.N.V. 248</u>	<u>STOKER</u>	<u>1/9/29</u>	<u>DEC. 22/10/40</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?..... N.A. 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)?..... N.A. If so, state the Force or Forces, with dates of commencement and termination of service.....



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

June 21, 1945  
(Date)

Mrs Margaret Gray  
(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.

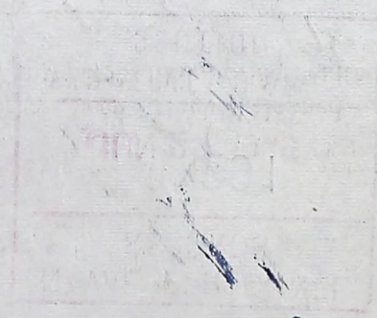
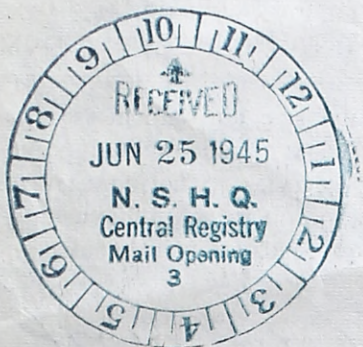
a/n. Mother of deceased  
Naval Rating

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  
NAVY ARMY AIR FORCE  
STATEMENT OF WAR SERVICE GRATUITY

1,248  
4  
NAVY

DECEASED  
MEMBER'S  
NAME

Harold Frederick

GRAY

(CHRISTIAN NAMES)

(SURNAME)

PAYEE  
ADDRESS

Mrs. Margaret Gray,  
75 Agricola St.,  
Halifax, N.S.

REGISTER NO.

FILE NO.

DATE

SERVICE NO.

FINAL RANK OR RATING

DATE OF DISCHARGE

11291  
NS.V-248  
6th Aug 44  
V-248  
Sto. 2/C  
22nd Oct'

DATE OF TERMINATION OF OVERSEAS SERVICE

22nd Oct '40.

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 409 EQUAL TO 13 COMPLETE PERIODS AT \$7.50

97.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 249 LESS 19 INELIGIBLE DAYS, EQUAL TO 230 DAYS @ 25C. PER DAY

57.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.60  
SUBSISTENCE OR LODGING \$ 1.45  
AND PROVISION ALLOWANCE H.L.M. \$ .13  
ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.53 X 7 = \$ 24.71  
NO. OF DAYS 183 X \$ 24.71

33.63

D. WAR SERVICE GRATUITY

E. DEDUCTIONS

OVERPAYMENT OF

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

N11

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

G. YOUR PORTION OF GRATUITY IS—

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

Cheque 53153- Aug. 10/45-

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

TREASURY  
CHECKED BY  
DATE

for Dir. Naval Pay Accounting



## STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased

Member's Name

Harold Frederick GRAY -  
(Christian Names) (Surname)

Register No. 11291

File No. V-248

Date 4-7-45

Service No. V-248

Final Rank or Rating Stc 2c

Date of Discharge 22 Oct. 40

Payee Mrs. Margaret GRAY

Address

75 Agricola St.  
Halifax, N.S.

Date of termination of overseas service 22 Oct 40

## A. TOTAL QUALIFYING SERVICE

No. of days 409 equal to 13 complete periods at \$7.50  
30

\$ 97.50

## B. QUALIFYING OVERSEAS SERVICE

No. of days 249 less 19 ineligible days equal to 230 days @ 25¢ per day

\$ 57.50

## C. SUPPLEMENT FOR OVERSEAS SERVICE

## DAILY RATES AT DISCHARGE

Pay	\$ 1.60
Subsistence or Lodging	\$ 1.45
and Provision Allowance	
Additional Pay HLM	\$ .13

Dependents' Allowance 1/30 of \$

Total

3.53 x 7 = \$ 24.71

No. of days

183

x \$

24.71

\$ 33.63

## D. WAR SERVICE GRATUITY

\$ 188.63

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

OTHER DEDUCTIONS \$

Nil

## F. TOTAL AMOUNT PAYABLE

\$ 188.63

## G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ \_\_\_\_\_ of \$ \_\_\_\_\_ = \$ 188.63  
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	6
2	7
3	8
4	9
5	10

Nr. 1: Stc 2/c 1/6 months  
is correct rating

3-8-45





P8283

DEPT. OF  
NATIONAL DEFENCE  
JUN 27 1938  
113-9241  
N.S. CANADACan. B. 207  
2M-1-37  
N.S. 815-2-207

# 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 G. RAY, Harold Frederick  
candidate for entry as Stoker Receiver (Boatman) Enrolment  
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 Halifax N.S. the 22<sup>nd</sup> of May 1938

[Signature]  
Examining Medical Officer  
(Rank) Lt Col R. B. [Signature]  
Two - R.C.N.

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

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 re- vaccinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (j)	Skin (k)	Ears and Hearing (l)	Testes, Varicocele, etc. (m)	Teeth (No. def- icient and No. defective, if any), Nose, Tonsils, etc. (n)	Anus, Hæmorrhoids, etc. (o)
19 <sup>5</sup> / <sub>12</sub>	129 lbs.	5' 8 <sup>1</sup> / <sub>4</sub> "	<u>Good</u>	inches (a) maximum 34. (b) minimum 31. (c) mean 32 <sup>1</sup> / <sub>2</sub>	right eye 6/6. left eye 6/6. colour vision N (Eschikara)	<u>Vacc</u> <u>1928.</u>	<u>Normal</u>	<u>Normal</u>	<u>Normal</u>	<u>Acne on face</u>	<u>Normal</u>	<u>W.V. 20 ft.</u>	<u>Seven defective, 3 teeth</u> <u>deficient and 3 defective,</u> <u>if any, Nose, Tonsils,</u> <u>etc. Normal</u>	<u>Normal</u>

## 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.

Harold F. Gray  
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 Defective teeth

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

[Signature]  
Examining Medical Officer  
(Rank) Lt Col R. B. [Signature]

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



P8282

DEPT. OF  
NATIONAL DEFENCE

JUN 27 1980

N.S. 113-9241  
CANADA

## QUESTIONNAIRE FOR CANDIDATES

FOR ENTRY IN THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Name (in full) Harold Frederick Gray

Date and place of birth October 21, 1918 Halifax  
(Birth certificate, declaration by parents or affidavit as to date of birth must be attached)

Permanent place of residence 174 Cottenham St Halifax

Nearest town to residence (if living in country) Halifax

Are you a British subject? yes

Are you single, married or a widower? single

In what capacity do you wish to enrol? stoker  
(See standards of qualifications in attached pamphlet)

Present occupation or trade unemployed  
(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 yes Sea Cadets

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? 128 What is your height? 5' 8 1/2"

What is your chest measurement (not inflated)? 31

Are you free from all physical defects or malformation, and not subject to fits? yes

Are you willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities? yes

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

Signature

Date

Address

L. Lyons  
(Witness to Signature)  
Act RCV CR

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

Harold Frederick Gray  
Commanding Officer

N. V. 3

3M-436  
N.S. 815-11-3