



Gnr Garrity, George RCA
 Sgt Garrity, Neville Hugh Banning RCAF
 F/L Garside, Stanley Vincent RCAF
 F/S Gartley, Earl Payson RCAF
 Rfn Gartney, Michael Regina Rif
 F/O Gartrell, Harold Spencer RCAF
Sto i/c Garvey, Donald Neil RCNVR
 F/L Garvey, Frederick James, DSO, DFC RAF
 F/L Garvie, Robert Leslie RCAF
 F/O Garwood, Herbert William RCAF
 Gnr Gash, Anthony RCA
 Pte Gaskin, Donald RHC
 F/O Gaskin, Ronald Alastair RCAF
 Bdr Gaspar, Manuel RCA
 Pte Gaspari, Louis Joseph RRegt C
 Maj Gass, Leonard Keith Regina Rif
 F/O Gates, Arley Sides RCAF
 LAC Gates, Frederick Robert Leigh RCAF
 L/Cpl Gates, Garnet Maxwell LD SH (RO)
 Tpr Gates, George Edward CGG
 Cpl Gates, John PPCLI
 Capt Gates, John Lothian S Sask R
 Gnr Gates, John Richard RCA
 P/O Gates, Max Ennis RCAF
 Pte Gaty, Peter Westmr R
 Cpl Gatschunc, James Andrew Essex Scot
 Pte Gattinger, Jacob Philip PPCLI
 Pte Gatto, John RRegt C
 Pte Gaudet, Adrian Joseph Nth NS Highrs
 Pte Gaudet, Alcide N Shore R
 Pte Gaudet, Edward Joseph West NSR
 Pte Gaudet, Ernest Joseph GenList
 Pte Gaudet, Felix CB Highrs
 P/O Gaudet, Reginald Carl RCAF
 Pte Gaudet, Roger R22e R
 F/O Gaudin, Stanley David RCAF
 Pte Gaudreau, Gaston Rde Mais
 Pte Gauley, Allan Henderson RRegt C
 Cpl Gaulin, Joseph Alfred Rene Fus MR
 Rfn Gault, John Wallace R Wpg Rif

WO2 Gaunce, Stanley David RCAF
 Pte Gaunt, Douglas Peter L Sup R
 F/O Gaunt, Gordon Thomas RCAF
 O/P Gauthier, Bernard Anthony RCAF
 Sgt Gauthier, Edward William RHC
 Cpl supp Gauthier, Gerald Wilfred C Pro C
 Pte Gauthier, James Joseph RCIC
 Pte Gauthier, John Louis Alg R
 ERA 4/c Gauthier, Joseph Alphonse Jean-Paul RCNVR
 H/Capt Gauthier, Joseph Alphonse Paul Eugene CCS
 S-O brev 1 Gauthier, Joseph Emile Armand RCAF
 Pte Gauthier, Joseph Georges Henri Fus MR
 Sgt Gauthier, Joseph Paul Adlard RCAF
 Pte Gauthier, Joseph Wilfred Fus MR
 Sgt Gauthier, Jules R22e R
 Art Gauthier, Leopold RCA
 Pte Gauthier, Marcel Rde Chaud
 Tpr Gauthier, Omer Lucien 1 H
 Pte Gauthier, Paul Roméo Rde Mais
 O/P Gauthier, Raymond Charles RCAF
 A/Ch Gautreau, Joseph Emile RCAF
 F/O Gautschi, Norman Vincent DFC RCAF
 Pte Gauvin, Calixte Calg Highrs
 Pte Gauvin, Earl Robert Seaforth of C
 Pte Gauvreau, Fernand Rde Chaud
 Maj Gauvreau, Lucien RCIC
 F/O Gavan, Clarence Gordon RCAF
 F/O Gavel, Arthur Douglas RCAF
 P/O Gavin, Thomas Donald RCAF
 L/Cpl Gavriloc, Roy RRegt C
 Signm Gawne, Alfred Philip RCSigs
 Pte Gawne, David Gordon Alg R
 Pte Gay, Austin Gladstone West NSR
 P/O Gay, Wilfrid Charles RCAF
 Pte Gaydon, Robert William RRegt C
 Cpl Gayler, Donald Freeman RHLI

V75547
GARVEY

DONALD

NEIL

RCNVR Mar.46 "ALBERNI"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO

Mrs. Clara Garvey - Mother

ADDRESS:

17 Erie Ave.,
HAMILTON, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs C. Garvey

ADDRESS:

17 Erie Avenue
HAMILTON, Ontario

(1) **MEMORIAL BAR**

DATE DESP

REGN. NO

(2)

3795

(3)

17 January 1945

W DECEASED 21 August 1944
DEPARTMENT OF VETERANS AFFAIRS

AWARDS

N A V Y

D.D.
WAR SERVICE RECORDS

GARVEY Donald Neil		V-75547	Sto.1/c	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 AN DATE DESPATCHED
1939-45 Star	6175
France G. Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

NS 138705

Unemployment Insurance - yes

ED 112
PD 153



CANADA

N. V. 5
100M-12-42 (7804)
N.S. 815-11-5

1300750

113-8-3633

ATTESTATION FORM
(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME..... GARVEY OFFICIAL No. 125347
CHRISTIAN NAMES..... Donald Neil MARRIED, SINGLE OR WIDOWER single

PERMANENT ADDRESS	RELIGION
17 Erie Avenue, HAMILTON, Ontario	Church of England

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
22nd July 1922	Town Hamilton	mother, Mrs. Clara Garvey
*Original Nationality of: Father <u>Irish</u> Mother <u>Newfoundland</u>	County <u>Wentworth</u> Province <u>Ontario</u>	same address

*If not the son of natural born British parents, particulars to be given at foot of next page.

(A) **PERSONAL DESCRIPTION ON ENROLMENT**

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet..... <u>5</u>	Inflated..... <u>35½</u>	<u>fair</u>	<u>blue</u>	<u>fair</u>	<u>scar, right elbow</u>
Inches..... <u>10½</u>	Deflated..... <u>33</u>				
<u>147</u>	Mean..... <u>34</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>Three Years Technical</u>	<u>Tool Designer, Otis-Fensom Elevator Co. Hamilton, Ontario.</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
<u>6th December 1943,</u>	<u>Div. str. STOKER 1/c</u>	<u>"STAR"</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, Air Force, Reserve or Territorial Force.

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

*Cross out Clause not applicable.

SERVED IN	RANK	FROM
	<u>not applicable</u>	

(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.

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

Personal Record
1. Noted in Personal Record
2. Index Card
3. Pension Card
DATE 15.12.43.

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

(a) To serve from the date thereof for the duration of hostilities, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service when called and 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 naval establishment 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, until called into active service, not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

(e) I have not been induced to enter as Stoker by the prospect of being transferred at some future date to any other branch or rating.

Dated this 6th day of December 1943

Signature of applicant [Signature]

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this 6th

day of December 1943

My authority for attestation is RD 7-5-2 G of 3rd Dec. 1943.

[Signature]
Signature and rank of Attesting Officer.
Lieutenant, RCNVR.

(D) OATH OF ALLEGIANCE

I, Donald Neil GARVEY do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty, His heirs and successors according to law.

Signature of Applicant [Signature]

Witness [Signature]

Date 6th December 1943 Rank Lieutenant, RCNVR.

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

NOTE.—Attestation Form in duplicate, Certificate of Medical Examination (B-207) in duplicate, Occupational History Form in triplicate and certificates of previous service are to be forwarded to Naval Service Headquarters **immediately** after attestation.

Certificates of previous service will be returned after examination.

V75547 OFFICIAL NUMBER

FILE NUMBER 113-G-3633

OFFICIAL NUMBER V75547

NAME GARVEY (Surname) Donald Neil (Given Names) DATE OF BIRTH 22nd July, 1922PLACE OF BIRTH Hamilton, Ontario OCCUPATION Tool DesignerRELIGION Church of England EDUCATION 3 yrs. TechnicalRESIDENCE AT TIME OF ENLISTMENT: Street and No. 17 Erie Avenue, Town Hamilton Province, etc. Ontario

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
6	12	43	H.O.	5'10 $\frac{1}{2}$ "	Fair	Blue	Fair	Scar, right elbow				

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) John Charles GarveyADDRESS (in pencil): Street and No. 17 Erie Avenue Town Hamilton Province, etc. Ontario

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC. <u>Mat 24/1/44</u>									
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS		
Day	Month	Year		Day	Month	Year		Day	Month	Year			

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

Date (in figures)			DAYS FORFEITED					O.H.F. Received	
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	Last Will & Testament #16502 Received

SECOND CLASS FOR CONDUCT

From

To



FILM
NO. WAR 6093-3
DATE

V75547 OFFICIAL NUMBER

NAME GARVEY
(Surname)

Donald Neil
(Given Names)

OFFICIAL NUMBER V75547

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
HMCS Star	Stoker I	6	12	43	Div. Str. Hamilton	V.G.	Sat.	31	12	43							
"	"	13	12	43	Act. Service DL.23.12.43												
Montcalm	"	17	12	43	DL.23.12.43												
Cornwallis	"	15	2	44	DL.15.2.44												
Stadacona	"	7	4	44	DRD#119 P.5												
Alberni	"	17	4	44	DRD#135 P.4												
DISCHARGED	"	21	8	44	"Missing" Presumed Dead Casualty List.												

GENERAL REMARKS

CANADIAN MEMORIAL CROSS SENT TO:-
 Mother, Mrs. Clara Garvey,
 17 Erie Avenue,
 HAMILTON, Ontario. (17-1-45).

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		RELI.	ED.	PERM.	RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	P.	CTY.	TOWN	SERV.	DIV.	A	BR	RANK		
22	7	22	11	707	0	30	4	1	55	02	0	20	0	15	94	
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR ESTAB.		RANK OR RATE				
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	A	BR	RANK				
06	12	43	13	12	43					9625	0	15	94			
SENIORITY			STR.	NON-SUB		M	CODED			CHECKED						
DY.	MO.	YR.	CAT.	A	B	ST.										
13	12	43	13	00	00											

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

NAME IN FULL *GARNEY Donald Neil* RANK/RATING *Bo. 1/c* OFF. NO.

SHIP	SERVICE			AREA	QUALIFYING PERIODS			
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC
	<i>13.12.43</i>							
<i>Albion</i>	<i>17.4.44</i>	<i>21.8.44</i>	<i>127</i>					
<i>Disch'd "Dead"</i> <i>to date 21.8.44</i>								

VERIFIED BY *A. Weston*

VERIFIED BY

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

/RATING *1/c* OFF.NO. *V75347* ADDRESS

QUALIFYING PERIODS IN DAYS							STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL			
							1939-45	✓	<i>Star</i>
							ATLANTIC		
							FRANCE G.	✓	<i>Star</i>
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.		<i>2 Clasp</i>
							" CLASP		
							WAR 1945	✓	<i>Medal</i>
							WAR 1915		

VERIFIED BY *[Signature]*
[Signature]

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

Section A—GENERAL INFORMATION

1. (a) Print name in full H. GARVEY, Donald Neil (b) Reg'l. No. V 20347
 2. (a) Arm of service NAVY (b) Unit RONVR (c) Rank Sto 1/o
 3. (a) Date of birth 22 July '22 (b) Have you any dependents? no (c) Place of residence at time of enlistment Hamilton, Ont.
 4. (a) Place of enlistment Hamilton, Ont. (b) Date of enlistment 6th Dec. 1943

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (b) Were you attending school or college up to the time of enlistment? XX
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Grade 11 Technical.
 7. If you attended a university, give name of university and standing or degree secured XX
 8. (a) Did you ever enter upon a trade apprenticeship? XX (b) If so, for what occupation? XX (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
 9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) working (b) At time of enlistment of what trade union or professional society were you a member? none

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
 12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked. (b) State how long you had worked at this trade or occupation.
 13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified.
 14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment.
 15. Give details of last employer, if any: Name Address.
 16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
 17. (a) If your last employment was in a business of your own, state nature and address of business. (b) Date of discontinuing it.

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer Otis-Fenson Elevator Co. Address Hamilton, Ont.
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) mfg. elevators & munitions
 20. (a) Your specific occupation tool designer (b) Number of years' experience at this occupation with any employer 2 yrs.
 21. (a) Did your employer promise definitely to give you employment on discharge? no (b) Did your employer refuse to promise you employment on discharge? XX (c) Do you wish to return to your former employment? Yes

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice. (b) Where was it located?
 23. (a) Number of years engaged in this business. (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? XX (b) Do you feel competent to operate a farm? X (c) If so, in what kind of farming? X
 25. (a) Were you born on a farm? X (b) How many years' actual farming experience have you had? X (c) In what provinces did you have experience? X

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? X
 27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) X
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form XX

6th Dec. 1943.

DATE.....194..... SIGNATURE H. Garvey



Recheck DEC 16 1943

Fit *get*



CANADA

Recheck DEC 13 1943

Fit *cul*

Can. B. 207

150M-9-42 (6269)
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 Secretary of the Naval Board, Department of National Defence, Ottawa.

I, the undersigned, have examined GARVEY D.N.
candidate for entry as STOKER I
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.

†Strike out if inapplicable. *Delete one.

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

(a) Age	Yrs. 21	Mos. 5	(j) Date of last Vaccination	Child		
(b) Height with bare feet	Feet 5	In. 10 1/2	(k) General Development	Good		
(c) Weight without clothes	147		(l) Nose, Throat and Tonsils	T # 2		
(d) Ears and Hearing	Rt. NORMAL	Lt.	(m) Heart and Lungs	Cardio Respiratory <i>normal</i>		
(e) Chest Girth	Max. 36 1/2	Min. 33	Mean 34	(n) Abdomen Hernia, etc.	NORMAL	
(f) Teeth	Deficient 1	Defective 4	Dentures 0	(o) Limbs and Joints	NORMAL	
(g) Vision by Snellens Types	without glasses	Rt. 6/9	Lt. 6/9	Both 6/7	(p) Skin	Scar on right elbow.
	with glasses where worn	Rt.	Lt.	Both	(q) Anus Haemorrhoids	NORMAL
(h) Colour Vision	Ishihara <i>Group III</i>	R.C.N. Lantern <i>Group III</i>		(r) Testes Varicocele	Small left.	
(i) Chest x-ray	<i>not taken approved positive doubtful</i>	Dec. 3 1943		(s) Urine	<i>Sugar alb.</i>	NORMAL

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

Garvey

Signature of Candidate

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

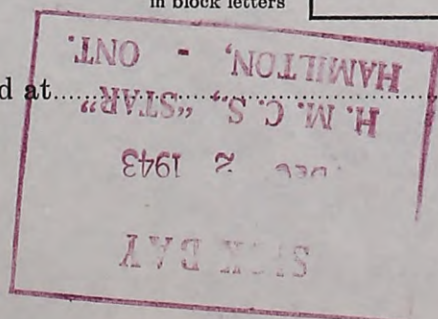
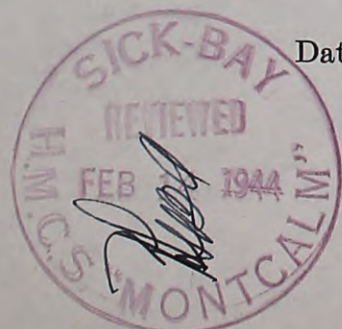
When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of.....

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

*Delete one.

IF REJECTED
insert here
UNFIT
in block letters



Dated at..... the..... of..... 19.....

Amann

Examining Medical Officer

(Rank)..... **SURGEON-LIEUTENANT, R.C.N.V.R.**

N.V. 17
60M-9-42 (5943)
N.S. 815-11-17

The corner of this Certificate is to be cut off if the man is discharged with a "Bad" character or with disgrace, or if specially directed by the Department of National Defence (Naval Service). If the corner is cut off, the fact is to be noted in the Ledger.

CERTIFICATE of the SERVICE of

Donald Neil GARVEY

in the Royal Canadian Naval Volunteer Reserve

NS 138705

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V-75547</i>
	H.M.C.S. STAR	"
		"

Date of Birth <i>22 July 1922</i>	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth <i>Hamilton, Ontario</i>	<i>Mother:</i>
Place of Residence <i>17 Erie Ave Hamilton, Ontario</i>	<i>Clara Garvey</i>
Trade brought up to <i>tool designer</i>	<i>Same address</i>
Religion <i>Church of England</i>	
Can Swim:—P.P.T. Date _____ 19____ Signature _____ Rank _____	
P.S.T. Date _____ 19____ Signature _____ Rank _____	

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<i>6 DEC '43</i>	<i>duration hostilities</i>	<i>Sto-1/c</i>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>10 1/2</i>	<i>34</i>	<i>147</i>	<i>fair</i>	<i>blue</i>	<i>fair</i>	<i>Scar right elbow</i>
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

TRANSFER BETWEEN DIVISIONS			TRANSFER—LISTS A AND B		
From	To	Date	List	Date	Authority

Name **GARVEY, Donald Neil**

Sub-Rating and Seniority **St. I. 13-12-43** Non-Sub

O.N. **V-75547** S.B. No. W.B. No.

Joined Ship **16-2-44** from **Barnwallis**

Engagement: Period **Duration of Host.** Expires **End pres. Emerg.**

Date of Birth **22-7-22** Religion **C.E.**

Character **V.G.** Efficiency **Sat.** Date **18-4-44**

Badges **Nil** Class for Conduct **F** Class for Leave **I**

Date due for: Next Badge **13 Dec' 46**

Progressive Pay **13 June' 44**

L.S. & G.C. Recommended

Advancement.	Wishes to Pass?	Recommended?	Date Qualified?
Educ. Test Pt.1	<i>Yes</i>	<i>Yes</i>	
Higher Educ. Test.			
Professional or higher Sub-rating			
do Non-Sub.			

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

Any Non-Service Attainments **Tood designer.**

Swimming Qualification **Needs instruction Failed P.P.T.**

Athletic capabilities **Baseball.**

General Remarks (including intelligence, energy, initiative, powers of command).

New entry. No training.

H.M.C.S. "**STAR**" **A.R. Pickels S/Lt. V.R.**

Officer of Division.

Date **15-12-43**

- Notes:**
- (1) This form is to be kept for each rating by the Officer of his Division.
 - (2) The form is to be completed to date, and signed by the Officer of the Division before the rating changes his Division or Ship.
 - (3) On a rating changing his Ship or Establishment, Form S.264 is to be transferred with his other papers for the information of the next Officer of Division.

P.T.O.

"M" Test 156. out of 211. Grade C.
A capable rating - keen - shows initiative - smart on
drill deck. Quick to obey orders.

H.M.C.S. MONTCALM
Date 15-2-44
Officer of Division.

Average rating, shows initiative, ambitious

H.M.C.S. "CORNWALLIS"
Date 6/4/44.
Q. Jackson S/Lt.(E)
Officer of Division.

TIME ONLY

H.M.C.S. STADACONA
Date 18-4-44
W.V. Jones *W.V. Jones (RCN)*
W.V. Jones Wt. Mech.
Officer of Division.

H.M.C.S.
Date
Officer of Division.

H.M.C.S.
Date
Officer of Division.

SERVICE

Number.

V75547

NAME: GARVEY, Donald Neil

O.N. V75547

PRESENT RANK/RATING: Stoker 1

DATE TAKEN ON ACTIVE SERVICE: 13/12/43

13

SERVICE

SHIP OR ESTABLISHMENT

From

To

HMCS Star (Div.Str. Hamilton)	6/12/43
" Star (Act.Service)	13/12/43
" Montcalm	17/12/43
" Cornwallis	15/2/44
" Stadacona	7/4/44
" Alberni	17/4/44

WILL: #16502

NAME & ADDRESS OF
NEXT OF KIN:

(Mother)
Mrs. Clara Garvey,
17 Erie Ave.,
Hamilton, Ontario

DISCHARGED PREVIOUSLY? No

REASON: Nil

DATE: Nil

Initialed by: JMD

Date: 26/8/44

Section: 3

Naval Personnel Records.

(TO BE COMPLETED IN INK.)

(Revised—July, 1938.)

ORIGINAL

alborn's 17-4-42 WP

HISTORY SHEET FOR STOKER RATINGS

This form is to be kept by the Engineer Officer, and is to be completed:—

- (a) When a man leaves a ship after a period of not less than three months' service in her.
- (b) Annually on 31st December, unless completed within the previous three months.
- (c) As directed under special headings.

To be handed to the man, together with Service Certificate, on discharge to shore. See Art. 609, K.R. & A.I.

Surname	NAME Christian	Official Number	Port Division
GARVEY	<i>Donald Neil</i>	<i>V-75547</i>	<i>Hamilton</i>

REPORT OF PROGRESS AS STOKER 2ND CLASS UNDER TRAINING
(To be filled in on completion of courses in Depot)

Course	Date of		Class of Certificate awarded on completion*	Remarks	Signature and Rank of Examining Officer
	Commencing	Completing			
New Entry Course					
Field Training Results	28-2-44	4-3-44	74%	Satisfactory	<i>J. A. Hewitt</i> Training Lt. (E) Commander.
Technical Training at Stokers' Training Establishment:— (1) Marine Engineering (2) Electrical	7-3-44	6-4-44	Satisfactory	Good Student	<i>J. K. Miller</i> Cdr. Engineer Officer (E)

* Insert:—"Superior," "Satisfactory" or "Moderate." (Failure to be noted in RED INK).

Issued with Stoker's Manual:—Date **7-3-44** Signature and Rank:—*G. R. Hartley W.T.(E)*

Entered H.M. Service as Stoker 2nd Class	Completed 2 years' training for Mechanician
ENTERED Advanced to Stoker 1st Class 13-12-43	
Advanced to Leading Stoker	Rated Mechanician 2nd Class
Advanced to Stoker Petty Officer	“ “ 1st Class
Advanced to Chief Stoker	Advanced to Chief Mechanician

RECORD OF EXAMINATIONS, QUALIFICATIONS, COURSES, ETC. (see Footnote)

Examinations, etc.	Date	Signature of Engineer Officer	Captain's Initials

Award of Auxiliary Watchkeeping Certificate, and RESULTS of all professional and school examinations, courses and qualifications for promotion are to be inserted in this space.

STOKER RATING

Employment and Ability

Special Remarks:

NOTE:—When a Stoker rating has become a Mechanician the words "Refitting" are to be inserted over columns 3, 4, 5, 6, 7 and 8.

EFFICIENCY:—To be indicated as "Superior," "Satisfactory," "Satisfactory with Improvement," "Satisfactory with Deficiency," "Unsatisfactory," "Not Rated."

Date	← Watchkeeper →								← In Charge of →						
	1 Coal Fireman or Burning Oil Fuel, including Boats	2 Engineroom Watch Keeping at Sea	3 Electric Light Engine	4 Distilling Plant	5 Refrigerating Machinery	6 Air Compressing Machinery, including E. A. Plant	7 Internal Combustion Machinery	8 Hydraulic Pumping Machinery	9 Boiler Furnace Bricklaying	10 Electrical Duties (H. P. E.)	11 Steamboat Machinery	12 Motor Boat Machinery	13 Boiler Water Tender	14 Boiler Cleaning Party	15 Engineroom Watch Keeping at Sea
13-12-43															
17-12-43															
16-2-44															
6-4-44		← (BARRACK'S ROUTINE								EMP.		WORK		PARTIES	
17-4-44															

ENGINEER RATING and Ability Record

NAME Donald Neil GARVEY

Official Number V-75547

Mean the words "Refitting and Maintenance" and 8.

Superior," "Satisfactory," "Moderate," or "Inferior."

In Charge of →					19	20	21	22	23	24	25
14	15	16	17	18	Engineer's Writer	Charge of Engineer's Stores and Tools	Power of Command	Present Rating	REMARKS (including experience in Engineer's Office or in any special duties)	SHIP	Signature of Engineer Officer, if of Lieutenant's Rank or above, otherwise Captain of Ship
Boiler Cleaning Party	Engineer Watch Keeping at Sea	General Charge of Firing in a Boiler Room	Double Bottom Party	Regulating Duties				STO 1/2 1/2 1/2 1/2		Star Montcalm Cornwallis Stadacona Alberni	
PARTIES } →											

RIFLE PRACTICES

(To be filled in immediately on completing Course)

Date	Ship	Practice carried out	Signature

VOCATIONAL TRAINING CERTIFICATE

(To be filled in on completion of a Vocational Training Course, other than a Correspondence Course)
(Vocational Training is Optional)

VOCATION _____

We certify that (name) _____

Residence _____

has satisfied us that he possesses a † _____

knowledge of the vocation mentioned, and we consider that § _____

Examiners:— _____

Business and Business Address:— _____

Date of Examination:— _____

Signed:— _____ President.

Vocational Training Committee.

† Here insert qualification.

§ Special notations as applicable.

TO BE FILLED UP ONLY ON FINAL DISCHARGE

His character during service was * _____

His general efficiency in carrying out his duties was * _____

His efficiency on discharge was assessed as * _____

* See Article 610, clauses 3 to 7 K.R. & A.I.

N. 3401/38.

Signature and Rank _____

To be attached to
Service Documents

PERSONNEL SELECTION
PERSONAL HISTORY SHEET.

(1) _____
(2) _____
(3) _____

1 GARVEY Donald Neil Sto. 1 V-75547
(Last Name) (First Names) (Rate) (O.N.)
13 December, 1943 Hamilton, Ont. 22 July, '22 22
(Date of Entry) (Place of Birth) (Date of Birth) (Age)
Star Single None
(Reserve Divn Entered) (Marital Status) (No of Dependts) (Med. Catgy)
VA _____ CV _____ NV _____ AA _____ FD _____

II
"M" TEST SCORE 17 12 12 26 27 11 20 31 156 C
(FORM) 1 2 3 4 5 6 7 8 Total Grade
Sub-Totals 41 53 62
1,2,3 4,5 6,7,8

OTHER TEST SCORES:

III EDUCATION:

IV OCCUPATIONAL HISTORY:

V SERVICE HISTORY:

GENERAL:

RECOMMENDATION

DATE: _____ SHIP: _____ Personnel Selection Officer

(For follow-up use reverse side)

TFH/JAG

"AIR MAIL"

LETTER dispatched by
PERSONNEL NAVAL
AUG 30 1944

1138120

V-75547 PERS. (N).

28th August, 1944.

Dear Mrs. Garvey:-

Further to my letter of the 23rd August, details of the disaster in which your son has been reported missing are now being released.

H.M.C.S. "ALBERNI" was sunk while on invasion duties in the English Channel. Four officers and fifty-five ratings are missing, with three officers and twenty-eight ratings having survived.

It is regretted that the position of the loss cannot be given, but it is considered unlikely that prisoners of war will be taken.

It is requested that you will keep this information in confidence until an official announcement is made.

May I again express sincere sympathy with you in your anxiety.

Yours sincerely,

AS CHECKED IN

CO. BY

SECRETARY, NAVAL BOARD.

Mrs. Clara Garvey,
17 Erie Avenue,
HAMILTON, Ontario.

FILE
ACTION TAKEN



GP

16

OTTAWA, Ont., 23 August, 1944

N.S. V75547 PERS (N)

Dear Sir:

The undermentioned Canadian Naval Casualty is forwarded to you for transmission to the Inspector of Income Tax concerned:

Name **GARVEY** **Donald Neil**
(Surname) (Christian Names)

Rank/Rating .. **Stoker First Class**

Official No. **V75547.. R.C.N.V.R.**

Nature of Casualty .. **Missing at sea when ship in which serving was lost by enemy action in English Channel**

Date of Casualty **Will be reported later**

Address at time of Enlistment ... **17 Erie Avenue**

..... **Hamilton, Ontario**

Marital Status at time of Enlistment ... **Single**

Occupation **Tool Designer**

Name & Address of Next of Kin .. **Mother: Mrs. Clara Garvey,**

..... **17 Erie Avenue, Hamilton, Ontario**

Yours truly,

H.B. Money

for

SECRETARY, NAVAL BOARD.

The Deputy Minister (Taxation),
Department of National Revenue,
Ottawa, Ont.

*B.T.
30/11/44
N.P.R./S
e*



142453

22

F.M.O., Halifax, N.S.,
August 26th, 1944

N.S. V-75547. PERS.(N)

P.A.'S CHECKED IN
C.R. BY *[Signature]*

My dear Mrs. Garvey:

I was the captain of H.M.C.S. "Alberni" and I know there is nothing I can say that will help you in your great loss. I just wanted you to know that you have my sincerest sympathy. Your son was a very good stoker both reliable and efficient. He was very well liked by all the officers and men.

The only minor comfort I can give you is that he was down below at the time the ship was hit and as the ship sank instantly I am sure he did not suffer any pain.

I hope that if I am ever in Hamilton you will give me the pleasure of allowing me to call on you.

If there is any way in which I can help you, do not hesitate to write me.

Yours sincerely,

"Ian Bell"

Lieutenant Commander, R.C.N.V.R.

Mrs. Clara Garvey,
17 Erie Ave.,
HAMILTON, Ont.

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

021889

26
DEC 18 1944
(Date)

Sir:

The following casualty has been reported -

NAME GARVEY, Donald Neil RANK or RATING Stoker First Class NAVAL NO. V-75547, B.C.N.V.R.

DATE OF ENLISTMENT - 6 December, 1943. Active Services: 13 December, 1943

DATE OF DISCHARGE - 21 August, 1944.

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

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

Reason for discharge and - "Missing" presumed dead. He was serving in H.M.C.S.
when and where any disability "ALBERNI", which was sunk in the English Channel.
was incurred, or where death occurred.

P.A.'S CHECKED IN

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - MOTHER; NAME - Mrs. Clara Garvey,

ADDRESS - 17 Erie Avenue, HAMILTON, Ontario.

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

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

C. R.
P. A.
NAVAL TREASURY
DATE 28/12/44
INITIAL K

DN

REMARKS:.....

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

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
MRS. CLARA GARVEY	MOTHER		

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	nil	\$25.	\$25.

To Whom Paid: Mrs. Clara Garvey Address 17 Erie Ave. Hamilton, Ont.

Date of Enlistment: see other side.

Date of Discharge: see other side.

Inclusive date to which D.A. and/or A.P. was Paid: Aug. 31st 1944.

The final deduction of Assigned Pay for \$25. has been made for the period from 1st to 31st of August 1944

Remarks:

Computed by... *AM*

Checked by... *MC*

Chief Playfair
 for R.C. PLAYFAIR.
 Chief Treasury Officer,
 DEPARTMENT OF NATIONAL DEFENCE,
 (Naval Service).

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

CAM

32

N.S. V-75547, PERS.(N)

Policy No. 106993963, etc.

25 January, 1945.

THIS IS TO CERTIFY that according to official information Donald Neil Garvey, Stoker First Class, Official Number V-75547, Royal Canadian Naval Volunteer Reserve, is missing, presumed killed on the 21st of August, 1944, when the ship in which he was serving, H.M.C.S. "ALBERNI", was lost in the English Channel due to enemy action.


SECRETARY, NAVAL BOARD.









CANADA

Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE

NO. N.S. V-75547 Pers.(N)

OTTAWA, Ontario, DEC 26 16 1944

39345

Sir:

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



<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
GARVEY, Donald Neil Stoker First Class, V-75547, R.C.N.V.R.	Missing, presumed dead on 21 August, 1944, from H.M.C.S. "ALBERNI".	MOTHER: Mrs. Clara Garvey, 17 Erie Avenue, HAMILTON, Ont.

<u>In Favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Mrs. Clara Garvey 17 Erie Avenue Hamilton Ont.	Allotment stopped Aug. 31st 1944.	\$25.	A.M.

WILL: Attached.

Yours truly,

G. G. Heard

for
SECRETARY, NAVAL BOARD.

Administrator of Estates,
Estates Branch,
Department of National Defence,
O T T A W A.



RECEIVED
DEC 28 1944
U. S. H. Q.
CENTRAL
REGISTRY
(Personnel Section)

Mr. [Name]
[Address]
[City, State, Zip]

Dear Mr. [Name]:

Enclosed for you are [Number] copies of [Document Name].

Very truly yours,
[Signature]

[Name]
[Title]

[Name]
[Title]

It is requested that you return the enclosed to the [Department Name] at the [Address] if you do not wish to retain it.

Very truly yours,
[Signature]

U.S. GOVERNMENT PRINTING OFFICE: 1944

This form if placed in an envelope, marked "Dominion Statistics-Free, penalty for improper use \$300," and properly addressed will pass through the mail "FREE"

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH: County or District of AT SEA, Township of ...
2. LENGTH OF STAY: (a) In City, Town or Township where death occurred ... (b) In Province ... (c) In Canada (if immigrant) ...
3. PRINT FULL NAME OF DECEASED: GARVEY, Donald Heil
RESIDENCE No. 17, Street Erie Ave., City, Town, Village or Township HAMILTON, Province Ontario

4. Sex Male, 5. Nationality Canadian, 6. Racial Origin British, 7. Single, Married, Widowed or Divorced Single

8. BIRTHPLACE Ontario, Canada (Province or Country)

9. DATE OF BIRTH July 22 1922 (Month, Day, Year)

10. AGE in Years 22, Months 1, Days ... If less than one day old ... hrs. or ... min.

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Tool Designer, Otis-Person Elevator Co.
12. Kind of industry or business, as cotton-mill, lumbering, bank, etc.
13. Date deceased last worked at this occupation
14. Total years spent in this occupation

15. If married give name of wife or husband of deceased

FATHER 16. NAME
17. BIRTHPLACE (Provinces or Country)

MOTHER 18. MAIDEN NAME
19. BIRTHPLACE (Province or Country)

20. Person giving information sign here. Naval Service Headquarters, Ottawa, Ont. Director of Personnel Records. Relationship to deceased

21. Place of Burial, Cremation or Removal No Burial
Date of burial or removal

22. Burial Permit was issued by
Address

23. UNDERTAKER (Name and address)

MEDICAL CERTIFICATE OF DEATH
24. DATE OF DEATH August 21 1944 (Month, Day, Year)

25. I HEREBY CERTIFY that I attended deceased from:
and last saw h... alive on... 19...

CAUSE OF DEATH
I. Immediate cause: Missing, presumed dead. He was serving in H.M.C.S. "ALBERNI", which was sunk in the English Channel.
II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.

26. If a communicable disease is mentioned on this certificate, give (a) Date of appearance... 19... (b) Duration of disease... days

27. If a woman, was the death associated with pregnancy?.....

28. Was there a surgical operation?.....Date of operation..... 19...
State findings.....Was there an autopsy?.....

29. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide?.....Date of injury..... 19...
Manner of injury..... (How sustained)
Nature of injury.....
Specify whether injury occurred in industry, in home, or in public place.....

Signed by..... M.D.
Address..... Date..... 19.....

30. Division Registrar's Record No.....

31. Filed..... 19..... (Division Registrar)

Every item of information should be carefully supplied. (See reverse side for instructions)
THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

Mrs. Clara Garvey

17 Erie Ave.,

HAMILTON, Ont.

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

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

and the following number quoted:—

H.Q. NS. V-75547-ED-767

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

4 Jan 1945

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

GARVEY Donald Neil Stð 1/c

V-75547 R.C.N.V.R.



it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

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

br

H. Swade
Commander R.C.N.V.R.
Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	John P. Garvey	68	Hamilton
4	Mother of the Deceased.....	Lara Garvey	60	"
5	Brothers of the Deceased	Full Blood	Geo. W. Garvey 41	"
		Full Blood	John W. Garvey 38	Toronto
		Half Blood	Robert R. Garvey 19	W. M. L. Stadaem I
6	Sisters of the Deceased	Full Blood	Mrs. J. Smith 36	Woodstock
		Full Blood	Mrs. G. Morrison 34	Hamilton
		Full Blood	Mrs. L. Sturrock 31	"
		Full Blood	Mrs. W. Buffield 25	"
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Donald Neil Garvey
9	Date of his birth.	July 22, 1922.
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Hamilton, June 25, 1902.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Hamilton
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ontario (b) Wentworth (c) } (d) } 21 yrs.
14	Nature of employment before enlistment.	Drafterman
15	State whether he owned the premises in which he lived, and, if so, where situated.	No.
16	Name place where deceased stated he intended to make his permanent home.	Hamilton

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	—
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	\$200 ⁰⁰ - ^{King} Home Bank, 77 Wentworth Sts Hamilton
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	—
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None

OTHER PARTICULARS

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

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

DECLARATION

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

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

* Sister of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Mrs L. Sturrock {Signature of Informant
17 Erie Ave, Hamilton Address

CERTIFICATE

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

See above. Sturrock { Name of informant } is the Sister of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Hamilton this 16th day of March 1945

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Angelo J. Negro Qualification Notary Public
Address 204 Highway Bldg Hamilton Ontario

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

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

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

WILL

17532/7

(1) I, Donald Neil GARVEY of the city
(Name in Full) (City, Town, Village, Township)
 of Hamilton, in the County of Wentworth
District
 Province of Ontario, tool designer
(Civil Occupation)
 at present serving in His Majesty's Canadian Ship STAR
 do hereby revoke all former wills by me made and declare this to be my LAST WILL.

(2) I GIVE, DEVISE AND BEQUEATH unto my mother, Mrs. Clara Garvey,
 17 Erie Avenue, Hamilton, Ontario; all my estate.

Relationship,
names and
addresses of
beneficiaries
and what
each is to
receive.

16502

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal,
 of whatsoever kind and wheresoever situate unto

Relationship,
names and
addresses of
residuary
beneficiaries.

(4) I appoint Mrs. Clara Garvey 17 Erie Avenue, Hamilton, Ontario.
(Name) (Address)
Housewife, to be the Executor of this my Last Will.
(Civil Occupation) Executrix

IN WITNESS WHEREOF I have hereunto set my hand this 6th day of December
 1943.

Signed, published and declared by the above-named testator as and for his last will and testament in the presence of us both present at the same time, who at his request and in his presence have hereunto subscribed our names as witnesses.

Garvey
(Name)
Stoker 1/c
(Rank or Rating) (Official No.)

First witness
sign here.

(5) Signature Donald W. Wilster
 Civil Address H.M.C.S "STAR"
Lieutenant, RCNVR
 Civil Occupation

Second witness
sign here.

Signature J. Hayman
 Civil Address H.M.C.S "STAR"
L/Writer, RCNVR.
 Civil Occupation

(Beneficiaries are not to be Witnesses.)

Noted in Service
Records by... 10

[OVER]

DEPARTMENT OF NATIONAL DEFENCE

NAVY ===== ARMY ===== AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
NAVY

BASED ON MEMBER'S NAME **Donald Neil** (CHRISTIAN NAMES) **GARVEY** (SURNAME)
 PAYEE **Mrs. J.D. Garvey,**
 ADDRESS **17 Erie Ave.,
 Hamilton, Ont.**
 REGISTER NO. **9103**
 FILE NO. **NS.V75547**
 DATE **14 June/45**
 SERVICE NO. **V75547**
 FINAL RANK OR RATING **Sto.1/0**
 DATE OF TERMINATION OF OVERSEAS SERVICE **21 Aug/44**
 DATE OF DISCHARGE **21 Aug/44**

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **253** EQUAL TO **8** COMPLETE PERIODS AT \$7.50

\$ **60.00**

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **127** LESS **13** INELIGIBLE DAYS, EQUAL TO **114** DAYS @ 25C. PER DAY

\$ **28.50**

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ **2.00**
 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ **1.25**
 ADDITIONAL PAY **H.L.M.** \$ **.25**

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ **3.50** X 7 = \$ **24.50**
 NO. OF DAYS **114** X \$ **24.50**
 183

\$ **15.26**

D. WAR SERVICE GRATUITY

\$ **103.76**

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

\$ **Nil**

F. TOTAL AMOUNT PAYABLE

\$ **103.76**

G. YOUR PORTION OF GRATUITY IS—

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

= \$ **103.76**

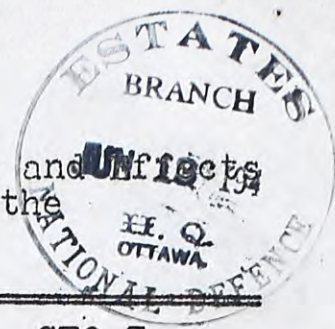
Cheque 28855 - 25/6-45

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 **LJM** CHECKED BY **[Signature]** TREASURY CHECKED BY **[Signature]** DATE **19/6/45**

SERVICE REPRESENTATIVE
 for Dir. Naval Pay Accting.

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... **GARVEY, Donald M.** Rating... **STO. I.**
 Official No. **V. 75547** HMCS. **NIOBE for ALBERNI** List **12.2/63**
 Who... **Discharged Dead** on the **21st August** 19 **44**

	\$	cts.
Net sum due on ledger on account of Wages.....	155	48
Proceeds of sale of Effects charged against Wages, brought from the other side.....		
CASH--	\$	cts.
Proceeds of sale of Effects, brought from the other side.....		
Found amongst Effects.....		
Debts collected		
Cash deposited by official Receipt No.....		
Cash debited in the Accountant Officer's Cash Acct.		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words) Twenty-five dollars. charged to 31 Aug.		
Name of ship from which transferred.....		
Total... Creditor	155	48

Note:

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 **Niobe for Alberni** amounting to a net balance **Creditor** **One Hundred and Fifty-five** **Forty-eight** of dollars cents.

Dated on board H.M.C.S. **Niobe** at **Greenock** **Scotland** this **seventeenth** day of **May** 19 **45**

Approved *D.P. Dawson* Supply Officer
A/Commander (S) RCNVR
S. Hanson Lieutenant (S) RCNVR Asst. Supply Officer
A/Captain, RCNVR Commanding Officer.

For Use at Headquarters. \$.....cts..... credited on
 No..... to.....
 Signature.....
 Date.....19.....

C.N.S. 46 **Note: The above sum has been recovered by Niobe March cash acc't receipt voucher N-R-1565.**

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "....NIOBE for ALBERNI..." ending 30th September 19 44

List 12.2 No. 63 (Name) GARVEY, Donald M. Rank Rating ST0.I No. V75547

When entered F.B. Date of appearance F.B. Whither discharged Missing.

		\$	c.																																		
CREDIT from former account.....		74	92																																		
Pay as ST0.I. (Rank Rating) from 1st July to 31 Aug. (62 days at \$ 2.00 day)		124	00																																		
" " " " (" ")																																					
" " " " (" ")																																					
" " " " (" ")																																					
" " " " (" ")																																					
Kit Upkeep Allowance.....		7	32																																		
OTHER CREDITS:.....																																					
HLM		12	00																																		
IA		2	00																																		
G.M.		3	12																																		
Total credits.....		223	36																																		
DEBT from former account.....																																					
PAYMENTS:—	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>1st</th> <th>2nd</th> <th>3rd</th> <th>4th</th> <th>5th</th> </tr> <tr> <th>\$ c.</th> <th>\$ c.</th> <th>\$ c.</th> <th>\$ c.</th> <th>\$ c.</th> </tr> </thead> <tbody> <tr> <td>1st month.....</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">Total.....</td> <td></td> <td></td> </tr> <tr> <td>2nd month.....</td> <td colspan="2">4th Aug. '44 Pay List</td> <td colspan="2">\$ 17.88</td> <td style="text-align: right;">Total.....</td> <td style="text-align: right;">17</td> <td style="text-align: right;">88</td> </tr> <tr> <td>3rd month.....</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">Total.....</td> <td></td> <td></td> </tr> </tbody> </table>	1st	2nd	3rd	4th	5th	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	1st month.....					Total.....			2nd month.....	4th Aug. '44 Pay List		\$ 17.88		Total.....	17	88	3rd month.....					Total.....				
1st	2nd	3rd	4th	5th																																	
\$ c.	\$ c.	\$ c.	\$ c.	\$ c.																																	
1st month.....					Total.....																																
2nd month.....	4th Aug. '44 Pay List		\$ 17.88		Total.....	17	88																														
3rd month.....					Total.....																																
Allotment \$25.00 chg'd July & Aug. St. Pd. 31st Aug.		50	00																																		
Pension deduction (Officers) charged to..... of.....																																					
Hospital stoppages.....																																					
Mulcts.....																																					
OTHER CHARGES:.....																																					
.....																																					
.....																																					
.....																																					
Total debits		67	88																																		
Balance Cr. OKK		155	48																																		
(Balance Dr. to be shown in red)																																					

Number of days actually victualled during period mentioned above 52

NOT VICTUALLED	LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
		FROM	TO		
	Leave	11 Aug.	14 Aug.	4	

Date 14th MAY 19 45

W.D. Rose
Lieutenant (S) for Supply ACCOUNT OFFICER

C.N.S. 2426
25M-4-44 (543)
N.S. 815-9-2426

Ledgers: R: [initials]
F: [initials]