



Pte Greencorn, Clarence Henry West NSR
 P/O Greene, Philip Sanson RCAF
 F/S Greene, William RCAF
 F/S Greenhalgh, Bruce Edward RCAF
 Gdsm Greenidge, James Douglas CGG
 P/O Greenidge, John Alexander RCAF
 Pte Greening, Albert RCASC
 Pte Greenland, Arne William Nth NS Highrs
 Pte Greenlee, Roy Walter Nth NS Highrs
 Lt Greenly, Alvin John RCA
 Pte Greenough, Roy Patrick RCR
 Sgmn Greentree, Reginald RC Sigs
 F/O Greenway, John Kinnaird RCAF
 Gnr Greenwood, Allan Stanley RCA
 F/O Greenwood, Frederick William RCAF
 L/Cpl Greenwood, John Harold RC Sigs
 Sgt Greer, Clifford Barton RCAF
 Pte Greer, John William A&SH of C
 Sgt Greer, Laurens Alexander Carl & York R
 F/O Gregg, Alfred Ian RCAF
 Pte Gregg, Arthur Austin Carl & York R
 Pte Gregg, Charles Nicholas Seaforth of C
 Lt Gregg, George Tor Scot R
 Lt Grégoire, Jean Robert R de Chaud
 F/L Gregory, Francis Brooke Pickard RCAF
 Pte Gregory, Henry James RHLI
 WO1 Gregory, Richard James RCAF
 Pte Gregory, Thomas William Perth R
 P/O Grigg, Gordon Templeton RCAF
 Pte Grigg, Richard L Edmn R
 Pte Grigg, Stanley R Regt C
 Pte Grigg, William Donald RHC
 AB Grenier, Joseph Odilon Adrien Maurice RCNVR
 Spr Grenier, Julien RCE
 L/Cpl Grennan, Edward Benedict 8 NBH
 F/O Grewstad, Melvin Clarence RCAF

Spr Grewcutt, Robert Thomas RCE
 Gnr Grey, James RA
 L/Sgt Grey, Jess Victor A&SH of C
 WO2 Grice, Hubert Gordon RCAF
 Pte Grice, Melville James L Sup R
 Pte Grier, Robert James L Edmn R
 F/O Grierson, Quinten Thomas Russell RCAF
 L/Cpl Grieve, Allan Carmichael RCAMC
 Tpr Grieve, Kenneth Alexander 1 ADC Regt
 Cpl Griffin, Charles Edward RC Sigs
 F/O Griffin, David Francis RCAF
 Pte Griffin, Delbert Earl Gen List
 Pte Griffin, Francis Charles RCAMC
 Maj Griffin, Frederick Philip RHC
 Pte Griffin, Harold Alfred Perth R
 P/O Griffin, Jack Douglas RCAF
 O/Smn Griffin, John Albert RCNVR
 Pte Griffin, Michael PPCLI
 Pte Griffin, Roy Howard 48 Highrs
 WO2 Griffin, Terence James RCAF
 Rfn Griffin, William James RWpg Rif
 F/S Griffith, Leslie George RCAF
 P/O Griffiths, Charles Anthony RCAF
 Bdr Griffiths, Edward Hugh RCA
 Sto 1/c Griffiths, Edward Steward RCNVR
 Tpr Griffiths, Howard Frank RCD
 Pte Griffiths, James Edwin PPCLI
 P/O Griffiths, Lewis George Henry RCAF
 L/Sgt Griffiths, Robert James Nth NS Highrs
 Cpl Griffiths, Robert John RCASC
 L/Cpl Griffiths, Tudor McCalman Line & Well R
 F/O Grigg, Robert Jackson RCAF
 Pte Grills, Victor Frederick R Regt C
 Pte Grimard, Joseph Albert Gen List
 F/O Grimble, Henry RCAF
 Asst Ck(S) Grimm, Raymond Joseph RCNVR
 Sgt Grimmer, Jack S Sask R

V42952
GRIFFITHS
EDWARD

STEWA

~~DECEASED~~ 21 August 1944

GRIFFITHS Edward Stewart		V-42952	Sto.1/c	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
C.V.S.M. and Clasp	492 25 11 49
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Sep.46 "ALBERNI"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mr. Howard F.S. Griffiths - Father

ADDRESS: 9 Chestnut St. E.,
ST. CATHERINES, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. F. Griffiths

ADDRESS: 9 Chestnut Street East
ST. CATHERINES, Ontario

MEMORIAL BAR

(1) DATE DESP.....

REGN. NO. 1818.....

(2)

(3) 17 January 1945

Unemployment Insurance-Yes

E.D. 124
P.D. 2

NOCH



CANADA

N. V. 5
50M-10-41 (1994)
N.S. 815-11-5

1128-1984

ATTESTATION FORM (HOSTILITIES FORM)

181905

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME GRIFFITHS OFFICIAL NO. 42952
CHRISTIAN NAMES Edward Steward MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS: 9 Chestnut Street E., ST. CATHARINES, Ontario RELIGION: United

DATE OF BIRTH: Mar. 3rd, 1922 PLACE OF BIRTH: St. Catharines, Lincoln, Ontario NAME AND ADDRESS OF NEXT OF KIN: (Mother) Florence Griffiths 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
5 Feet	Inflated 39 1/2	Brown	Hazel	Dark	Scar left side of fore head.
6 1/4 Inches	Deflated 35 1/2				
146	Mean 37				

EDUCATIONAL STANDING: one year High School TRADE OR CALLING AND IN WHOSE EMPLOY: Machine Operator Hayes Steel Products, MERRITTON, Ontario

DATE OF ENROLMENT: Divisional Strength July 17th, 1942 RATING FOR WHICH ENROLLED: Stoker II R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED: H.M.C.S. 'STAR' HAMILTON

(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 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.

ENTERED IN RECORDS
H.M.C.S. "BYTON"
FAIR *Cross out Clause not applicable.
ROUGH

SERVED IN	RANK	FROM
	NOT APPLICABLE	

Personnel Records TO

- 1. Noted in Records
- 2. Index Card
- 3. Non-Sub. Card
- 4. Statistical Card
- 6. Pension Card

6/18/42

(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.

(5) On being enrolled as a member of the HAMILTON Division of the Royal Canadian Naval Volunteer Reserve, I undertake to 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 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 Divisional 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.

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

Dated this 17th day of July, 1942

Signature of applicant Edward Griffiths

(C) CERTIFICATE OF ATTESTING 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 17th day of July, 1942

J. W. D. Sessel
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, EDWARD STEWARD GRIFFITHS 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 Edward Griffiths

Witness J. W. D. Sessel

Date July 17th, 1942 Rank Lieut. R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

EDWARD STEWARD GRIFFITHS 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 H.M.C.S. 'STAR' HAMILTON Division of the R.C.N.V.R. or in the appropriate official documents.

J. W. D. Sessel
Attesting Officer.

JULY 17th, 1942 R.C.N.V.R. Division H.M.C.S. 'STAR'
(or other establishment)

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

This is to acknowledge that I have not been induced to enter the Star Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

Edward Griffiths
Signature

V42952

OFFICIAL NUMBER

FILE NUMBER

113-G-1984

OFFICIAL NUMBER

V42952

NAME GRIFFITHS (Surname) Edward Steward (Given Names) DATE OF BIRTH 3rd March, 1922PLACE OF BIRTH St. Catharines, Lincoln, Ontario OCCUPATION Machine OperatorRELIGION United EDUCATION One year high schoolRESIDENCE AT TIME OF ENLISTMENT: Street and No. 9 Chestnut Street, E. Town St. Catharines 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
17	7	42	H. O.	5'6 $\frac{1}{4}$ "	Brown	Hazel	Dark	Scar left side of forehead.				

NEXT OF KIN RELATIONSHIP (in pencil) Mother 59-10-43 NAME (in pencil) Margaret Griffiths
ADDRESS (in pencil): Street and No. 9 Chestnut St. E. Town St. Catharines Province, etc. Ontario

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
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.	

SECOND CLASS FOR CONDUCT

From

To

W.S.G.
8355
8/6/45

P.I.B.

V42952= OFFICIAL NUMBER

NAME GRIFFITHS Edward Steward
(Surname) (Given Names)

OFFICIAL NUMBER V42952

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS "STAR"	Stoker 2	17	7	42	Div. Str. Hamilton	V.G.	Sat.	31	12	42							
" "	"	9	2	43	Active Service DL 9.2.43	V.G.	Sat.	31	12	43							
" York	"	12	2	43	DL 12.2.43 (York)	V.G.	Sat.	21	8	44							
" Cornwallis	"	7	12	43	York D.L. 7-12-43												
" Stadacona	"	12	2	43	D.R.D. No 64 P 2												
" Alberni	"	29	2	44	D.R.D. Sh 87 P3												
	Stoker 1/c	31	1	44	Rated. 249A 2619												
DISCHARGED	"	21	8	44	"MISSING--Presumed Dead" <i>per Casualty list.</i>												

GENERAL REMARKS

Canadian Memorial Cross granted to:
Mother:
Mrs. Florence Griffiths,
9 Chestnut St., E.,
ST. CATHARINES, Ont. to date
17th Jan., 1945.

DATE OF BIRTH			PLACE		CIVIL OCCU.		RELEAS		PERM. RESIDENCE			PREV. ENL.		DATE	
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	R	CTY.	TOWN	SERV.	DIV.	BR.	RANK	BR.	RANK
03	3	02	11	399	X	40	2	1	28	05	0	20	0	15	95
ENLIST. DATE			ACT. SERV. DATE			STR.		ACT. SERV. DATE			SHIP OR		RANK OR RATE		
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR.	RANK		
17	07	42	09	02	43					1520	0	15	95		
SENIORITY			STR.		NON-SUB		M		CODED			CHECKED			
DY.	MO.	YR.	CAT.	A	B	ST.									
09	02	43	13	00	00										



113 81984 2

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

181906

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 Edward Steeward Griffiths
candidate for entry as Stoker II
and I believe him to be * $\left. \begin{array}{l} \text{in all respects fit for His Majesty's Service} \\ \text{unfit for His Majesty's Service for the reason stated below} \end{array} \right\}$ 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. 20	Mos. 3	(j) Date of last Vaccination for Smallpox	child	
(b) Height with bare feet	Feet 5	In. 6 1/4	(k) General Development	good	
(c) Weight without clothes	146		(l) Nose, Throat and Tonsils	N	
(d) Ears and Hearing	N		(m) Heart and Lungs	N	
(e) Chest Girth	Max. 39 1/2	Min. 35 1/2	Mean 37	(n) Abdomen Hernia, etc.	N
(f) Teeth	Deficient 0	Defective 0	Dentures 0	(o) Limbs and Joints	N
(g) Vision by Snellens Types	without glasses	Rt. 6/6	Lt. 6/6	(p) Skin	N
	with glasses where worn	Rt.	Lt.	(q) Anus Haemorrhoids	N
(h) Colour Vision	Ishihara R.C.N. Lantern	normal		(r) Testes Varicocele	
(i) Chest x-ray	not taken approved positive doubtful			(s) Urine	alb. } normal. diag. }

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.

Edward Griffiths
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 H.M.C.S. Star the 15th of July 1942

Amr Sami
Examining Medical Officer
(Rank) Surg. Lt.

VERIFICATION FORM
 CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL
 NAVAL GENERAL SERVICE MEDAL
 NAME IN FULL GRIFFITHS, Edward Stewart RANK/RATING Sto 1/C

SHIP	SERVICE			AREA	QUAL		
	FROM	TO	DAYS		FROM	TO	1
	9-2-43						
<i>Alberni</i>	<i>29-8-44</i>	<i>21-8-44</i>	<i>175</i>				
	<i>Dusck Dead</i>						
	<i>(Alberni)</i>			<i>21-8-44</i>			

VERIFIED BY R. Leguin

VERIFIED BY

VERIFICATION FORM

N STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.

NAVAL GENERAL SERVICE MEDAL (1915).

Stewart RANK/RATING *Sto 1/c* OFF.NO. *V-42952* ADDRESS

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

21-8-44

VERIFIED BY *R. Leguina*
EW

N.V. 17
60M-0-42 (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

Edward Steward, GRIFFITHS
ICNS. 62854

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V. 42952</i>
	<i>HMCs "STAR"</i>	"
		"

Date of Birth *3rd March 1922*
 Place of Birth *St. Catharines, Ontario*
 Place of Residence *9 Chestnut St. E. St. Catharines, Ontario*
 Trade brought up to *Machine Operator*
 Religion *United Church*

Name and Address of Nearest Relative or Friend (in pencil)

(Mother)
Florence Griffith
same address

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>17 July '42</i>	<i>Duration of Hostilities</i>	<i>Stoker 2nd Class</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>6 1/4</i>	<i>37</i>	<i>146</i>	<i>Brown</i>	<i>Hazel</i>	<i>dark</i>	<i>Scar left side forehead.</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

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 GRIFFITHS EDWARD STANFORD (b) Reg'l. No. 42952
2. (a) Arm of service NAVY (b) Unit R.C.N.V. 18 (c) Rank STEWARDE
3. (a) Date of birth MAR 2, 1922 (b) Have you any dependents? NO (c) Place of residence at time of enlistment ST. CATHARINES ONT
4. (a) Place of enlistment HAMILTON ONTARIO (b) Date of enlistment JULY 16, 1942

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? NO
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.) 1 YEAR HIGH SCHOOL
7. If you attended a university, give name of university and standing or degree secured ✓
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? ✓ (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 HAYES STEEL CO. LTD. Address ST. CATHARINES ONT
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) MEG. CAB & TRUCK PARTS
20. (a) Your specific occupation DRILL OPERATOR (b) Number of years' experience at this occupation with any employer 1 YEAR
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? NO (c) Do you wish to return to your former employment? NO

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? YES (b) Do you feel competent to operate a farm? NO (c) If so, in what kind of farming? ✓
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? 1 (c) In what provinces did you have experience? ✓

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? NO
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.) ✓
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form ✓

DATE JULY 16, 1942 SIGNATURE E. Edward Griffiths

O.H.F. Received

4861984

181907

Copy To
VWD
ES

AUG 7 1942

(Revised—July, 1938.)

ORIGINAL

Albertin
28-2-44
Blod

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
GRIFFITHS	Edward	Stewart	V-42952	STAR

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	20-12-43		71%	Satisfactory	<i>J. Savage</i> Training Commander. Lt(E)
Field Training Results		27-12-43			
Technical Training at Stokers' Training Establishment:—	28-12-43		Satisfactory	Average Student	<i>D. H. Miller</i> Cdr. (E) Engineer Officer.
(1) Marine Engineering		3-2-44			
(2) Electrical					

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

Issued with Stoker's Manual:—Date _____ Signature and Rank:— _____

Entered H.M. Service as Stoker 2nd Class	17/7/42	Completed 2 years' training for Mechanician
Advanced to Stoker 1st Class		
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.

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 _____

A pamphlet entitled "His Majesty's Naval Service: A Brief Description of the Qualifications and Abilities of Men of the Naval Service," is distributed to the Employment Exchanges under the Ministry of Labour, in order to assist the Employment Exchanges in dealing with the cases of discharged Naval ratings.



144417

78

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

N.S. V-42952. PERS. (N)

My dear Mrs. Griffiths;

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 an excellent stoker and ever since joining the ship he has done an excellent job of work. He was very well liked by all the officers and men and appeared to be very happy aboard.

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 St. Catharines 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. Florence Griffiths,
9 Chesnut St. E.,
ST. Catharines, Ont.

P.A.'S CHECKED IN

C.R. BY.....

DEPARTMENT OF PENSIONS & NATIONAL HEALTH.

(Department of Oto-Laryngology).

Name... Griffiths, E. Address... HMCS. York, Toronto.
Number... V/42952 Occupation...
Referred by... S/Lt. Routledge Referred to... EN&T. Clinic.

COMPLAINTS: States for the past three months he has felt tired and sleepy; this is associated with a ringing in both ears - prior to this states felt perfectly well. Also has a head cold.

HISTORY: Examination today shows:

External,
Facies, etc :

Nasal Septum : Septum irregular, deviated to the right.

Turbinates : Congested. Some abnormal secretion floor of the left nostril and postnasally.

Nasopharynx : Congested.

Pharynx : Congested.

Tonsils :

Larynx :

Memb. Tymp. Rt:

Both M.T.'s are dull and retracted.

Memb. Tymp. Lt:

Hearing Tests: C.V. Low tones. High tones. Rinne. Weber. Bone Cond

A.D. 19 feet)
A.S 19 feet) Catheterization of eustachian tubes performed.

REMARKS: X-rays of sinuses. Ephedrin drops Rx.

Diagnosis: Tubo-tympanitis, both.

Treatment advised:

Place... Christie St. Hospital. (Sgd) R.S. Pentecost. Lt-Col. RC AMC. (Res)
Date... July 29, 1943.* (RSP:W) Aural Surgeon. PLEASE RETURN OVER #390

Both done
PP both

[Handwritten signature]

GRIFFITHS.

5-8-43: X-rays: Both antra are clouded, suggesting pathological change.

Advise proof puncture, both.

(RWC:W).

9-8-43: Exploratory puncture and lavage of the antra shows both to be clear.

No further treatment indicated.

W. R.W. Carveth, M.D.

Tubo-typhinitis, both.

St. Joseph's Hospital
July 20, 1943
(RWC:W)
R.W. Carveth, M.D.

"AIR MAIL"

TFH/JAG

LETTER
PERSONNEL

AUG 30 1944

V-42952 PERS. (N).

28th August, 1944.

Dear Mrs. Griffiths:-

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,

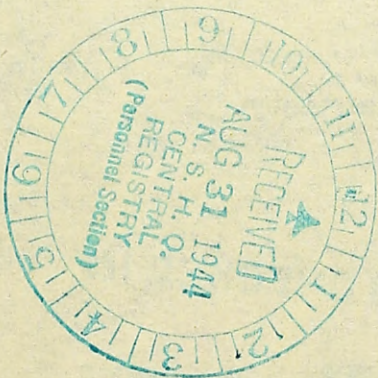
SECRETARY, NAVAL BOARD.

P.A.'S CHECKED IN

C.R. BY *M*

Mrs. Florence Griffiths,
9 Chestnut St., E.,
ST. CATHERINES, Ont.

FILE
ACTION TAKEN



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

12

..... 25 August, 1944

Sir:

(Date)

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.
GRIFFITHS, Edward Steward Stoker First Class V-42952 R.C.N.V.R.

DATE OF ENLISTMENT - 17 July, 1942 Active Service: 9 February, 1943.

DATE OF DISCHARGE - Will be reported later.

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 when and where any disability was incurred, or where death occurred. "MISSING" at sea when the ship in which he was serving was lost by enemy action in the English Channel. While this casualty is listed as missing, it is impossible to make an estimate as to his chances of survival. Should no information be received to the

contrary, you will be notified when official presumption of death with date has been set.
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. Florence Griffiths,

ADDRESS - 9 Chestnut St., E., ST. CATHERINES, Ont.

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.

Copies Form "B" fwd. to Allots. (N) on

..... N.P.R/5

H.B. Money
for
SECRETARY, NAVAL BOARD. C

Secretary, Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ont.

*Noted D.N.P.A
3-1-45
PP.*

NOTE; Duplicate copies of this form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Section), Department of National Defence, Naval Service, for completion respecting the details of Marriage Allowance, Dependents Allowance, etc., and subsequent transmission to you.

(See reverse side for further instructions)

REMARKS:.....

NOTES:

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

MWM/TFH

REGISTERED

AIR MAIL /0

N. S. V-42952 Pers. (N)

23 August, 1944.

Dear Mrs. Griffiths:

It is with deepest regret that I must confirm the telegram of the 23rd of August, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Edward Steward Griffiths, Stoker First Class, V-42952, Royal Canadian Naval Volunteer Reserve, is missing at sea.

The only information that can be given at this time is that your son is missing at sea when the ship in which he was serving was lost by enemy action in the English Channel. As soon as further particulars can be released, you will be informed.

Should you know the name of the ship in which he was serving, it is requested that, for security reasons, you will regard this information as confidential until such time as an official announcement is made.

Please accept the sincere sympathy of the Department in your anxiety.

Yours sincerely,


SECRETARY, NAVAL BOARD. 7

Mrs. Florence Griffiths,
9 Chestnut St. E.,
ST. CATHERINES, ONT.

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, HAMILTON

.....Ottawa, January 11th, 1945

From.....Head Office.....

V-42952 STO.1 GRIFFITHS, Edward Steward

P. & N. H. 745-E

The Department of National Defence, Navy

officially reports that the marginally named was reported -
Missing, presumed dead. He was serving in H.M.C.S.
"Alberni" which was sunk in the English Channel

xxxxxx Date of death xx on service Overseas.
on the 21st Aug., 1944

His next of kin is reported as - Mother -
Mrs. Florence Griffiths,
9 Chestnut Street East,
St. Catharines, Ont.

The Addressograph Stencil shows payment of Assigned Pay of

\$ Nil a month to -

As no D.A. was payable the Commission will not take
any action unless a claim is filed.

/FD

E. Clewes,
for
Canadian Pension Commission.

Handwritten initials

Six copies to be rendered to Naval Service Headquarters

30

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

XXXXXXXX
H.M.C.S. NAVAL SERVICE HEADQUARTERS, OTTAWA, Ont.

Name GRIFFITHS Edward Steward
(Christian names in full)

Rank or Rating Stoker First Class Official No. V-42952 Unit R.C.N.V.R.

Place of Birth St. Catharines, Ontario. Date of Birth 3 March, 1922.

Occupation in Civil Life Machine Operator Religion United Church

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) From the 17th of July, 1942 to the 21st of August, 1944.

Date of Death 21st August, 1944. Place of Death At Sea.

Cause of Death Missing, presumed killed when the ship in which he was serving,
(If due to accident, violence, or enemy action, particulars to be stated briefly)
H.M.C.S. "ALBERNI", was lost in the English Channel due to enemy action.

Nearest known relative or friend. { Name Mrs. Florence Griffiths Relationship Mother
Address 9 Chestnut Street East
ST. CATHARINES, Ontario.

Date on which the above was informed by Ship ccc Naval Service Headquarters: 23 August, 1944

Date on which death was registered with local Officials ---

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

If applicable { Place of Burial No burial. Date of Burial ---
Location, Number, etc., of grave ---
Undertaker employed ---

H.B. Money
(Commanding Officer)
for SECRETARY, NAVAL BOARD. RM

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

Date Ottawa, Ont., 28 February, 1945.

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, Sec. C.P.C., Dir. of Records.

ENTERED IN
D.N.P.A.'s LOG BOOK
MAR 10 1945
CLERK No. mm

Mrs. Florence Griffiths
 9 Chestnut St. E.,
 ST. CATHARINES? 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-42952-ED-736

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

GRIFFITHS Edward Steward Sto. 1/c

V-42952 RCNVR

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.

HRW/bwr

M. W. W. W.
 Commander R.C.N.M.
 per. 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 <i>nil</i>			
2	Children of the Deceased and dates of their Births <i>nil</i>			
3	Father of the Deceased	Howard Franklin <i>Stewart</i> Griffiths	53	9 Chestnut Street East, St Catharines Ont
4	Mother of the Deceased	Florence Griffiths	53	same.
5	Brothers of the Deceased	James Thomas Griffiths	29	10 Tremell Avenue St Catharines Ontario
		Harold Fredericks Griffiths	26	in his Majesty's Forces
	Full Blood	Clifford Griffiths	24	9 Chestnut Street East St Catharines Ont
	Half Blood	William Robert Griffiths	13	9 Chestnut Street St Catharines Ont
		Ldr. H.B. Griffiths H.F. - 3601 342 - 24th L.A.A. Bty RCA St. John's Newfoundland.		
6	Sisters of the Deceased	Helen Jones	33	2 Henrietta Street St Catharines Ontario
		May Griffiths	20	9 Chestnut Street East St Catharines Ontario
	Full Blood	Margaret Griffiths	18	9 Chestnut Street St Catharines Ontario
	Half Blood			
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	
	10 Dec 1944 Esther Ainsworth March 26 1939	Howard Franklin Griffiths Deceased (Italy) Barbara Ainsworth 7 yrs Lorrie Ainsworth 5 yrs	<i>nil</i> 29 Wilson Street St Catharines Dillo	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Edward Steward Griffiths
9	Date of his birth.	March 3rd 1922
10	Place and date of his marriage.	single
11	Place and date of his parents' marriage.	October 18th 1911

PARTICULARS OF DOMICILE

12	Place where deceased was born.	St Catharines Ontario
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) St Catharines Ontario (b) from birth (c) (d)
14	Nature of employment before enlistment.	Laborer
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.	St Catharines Ontario

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?	single
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.	nil
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Purchased \$150 in Dominion of Canada Bonds, was not fully paid ✓
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	no
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	nil

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.	nil
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.	lost at sea English Channel

(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 * mother 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.

Florence Griffiths {Signature of Informant
9 Chestnut street St Catharines Ontario Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs Florence Griffiths { Name of informant } is the * mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at St Catharines this Eleventh day of January 1945

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

A. H. TRAPNELL Qualification Notary Public Ontario
Address 25 Queen street St Catharines 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

MINISTRY OF NATIONAL DEFENCE
 NAVY ===== ARMY ===== AIR FORCE NAVY
 STATEMENT OF WAR SERVICE GRATUITY

DECEASED
MEMBER'S
NAME

Edward Steward
(CHRISTIAN NAMES)

GRIFFITHS
(SURNAME)

REGISTER NO. 83555

PAYEE
ADDRESS

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

for service Estates of
Edward Steward Griffiths
N.S. V-42952
21 Aug. 1944

FILE NO. V-42952
DATE 18 Dec./45
SERVICE NO. V-42952
FINAL RANK OR RATING Sto 1/c
DATE OF DISCHARGE 21 Aug. 1944

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 560 EQUAL TO 18 COMPLETE PERIODS AT \$7.50

\$ 135.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 175 LESS 20 INELIGIBLE DAYS, EQUAL TO .155 DAYS @ 25C. PER DAY

38.75

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 \$ nil

TOTAL \$ 3.50 X7 = \$ 24.50

NO. OF DAYS 175 X\$ 24.50

23.43

D. WAR SERVICE GRATUITY

197.18

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

OTHER DEDUCTIONS \$ nil

F. TOTAL AMOUNT PAYABLE

197.18

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____ = \$ 197.18
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

Voucher - 4074 - Dec. 27/45

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY
AS

CHECKED BY
14

TREASURY
 CHECKED BY _____ DATE _____

For Dir. Naval Pay Acc. SERVICE REPRESENTATIVE

STATEMENT OF ACCOUNT

Extract from the ledger of H.M.C.S. ".....NIOBE for ALBERNI" ending 30th September 1944

List 12.2 No. 57 (Name) GRIFFITHS, Edward Rank Rating STO.II. No V42952

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

		\$	c.				
CREDIT from former account.....		60	36				
Pay as.....	STO II from 1 July to 30 June (- days at \$ 1.60 a day)						
“ (Rank Rating) Adj./STO.I.	“ 9 Feb. “ 30 June (143 “ .40 “)	57	20				
“ STO:I.	“ 1 July “ 31 Aug. (62 “ 2.00 “)	124	00				
“	“ “ “ (“ “ “)						
“	“ “ “ (“ “ “)						
Kit Upkeep Allowance.....		7	32				
OTHER CREDITS:.....	HLM	12	00				
	LA	2	00				
	GM	3	12				
Total credits.....		266	00				
DEBT from former account.....		3	00				
PAYMENTS:—	1st	2nd	3rd	4th	5th		
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.		
1st month.....						Total.....	
2nd month.....	4th Aug. '44	Pay List	\$ 26.82			Total..... 26.82	
3rd month.....						Total.....	
Allotment.....	\$25.20 chg'd July & Aug. St.Pd. 31st Aug.					50	40
Pension deduction (Officers) charged to.....	of.....						
Hospital stoppages.....							
Mulcts.....							
OTHER CHARGES:.....							
Total debits						80	22
Balance Cr. of XXX						185	78
(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	15 Aug.	18 Aug.	4	

Date 14th MAY 19 45

H. E. Bell
Lieutenant (S) for Supply ACCOUNTANT OFFICER

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

Ledgers: R: *8*
F: *3*

FORM 6

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.....
 If in City, Town or Village..... Street..... House No.....
 (Name) (If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)
 (a) In City, Town or Township where death occurred..... (b) In Province..... (c) In Canada (if immigrant).....

3. PRINT FULL NAME OF DECEASED GRIFFITHS Edward Steward
 (Family name) (Given name or names in usual order)

RESIDENCE No. 9 Street Chestnut Street City, Town, Village or Township St. Catharines Province Ontario.
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>Male</u>	5. Nationality (Citizenship) <u>Canadian</u>	6. Racial Origin <u>British</u>	7. Single, Married, Widowed or Divorced (Write the word) <u>Single</u>
-----------------------	--	------------------------------------	---

8. BIRTHPLACE St. Catharines, Ontario.
 (Province or Country)

9. DATE OF BIRTH March 31 1922
 (Month) (Day) (Year)

10. AGE in	Years	Months	Days	If less than one day old
	<u>22</u>	<u>4</u>	<u>21</u>	hrs. or min.

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Machine Operator

12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. Hayes Steel Products

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.....

16. NAME.....

17. BIRTHPLACE.....
 (Province or Country)

18. MAIDEN NAME.....

19. BIRTHPLACE.....
 (Province or Country)

20. Person giving information sign here. H.B.M.
Payor, Comptroller, R.C.N.R.
 Address Naval Service Headquarters, Ottawa.
 Relationship to deceased Director of Personnel Records.

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

22. Burial Permit was issued by.....
 Address.....

23. UNDERTAKER.....
 (Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH August 21 19 44
 (Month) (Day) (Year)

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

CAUSE OF DEATH		PHYSICIAN
I. Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) <u>Missing, presumed dead</u> due to (b) <u>He was serving in H.M.C.S.</u> due to (c) <u>"ALBERNI" which was sunk in the English Channel.</u>	Underline the cause to which death should be charged statistically
II. Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).		
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.....
 (State which)
 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

ESTATES BRANCH

HQ NS V-42952

June 4, 1946.

Mr. Arthur Ainsworth,
1338 Park Ave.,
ROCHESTER, N.Y.,
U. S. A.

GRIFFITHS, Edward S. STO. 1/c (Deceased)
No. V-42952 - R.C.N.V.R.

Dear Mr. Ainsworth:

In accordance with the provisions of the War Service Grants Act, the War Service Gratuity due to the late Stoker 1st Class Edward S. Griffiths, is now available for distribution as part of his Service Estate. This amount has been computed as outlined in the enclosed award form.

As the late Edward S. Griffiths died without having made a Will, this amount is distributable in accordance with the Intestacy laws of his Province of domicile which provide that it be shared equally by his parents, brothers and sisters. His nephew and niece, Lorne and Barbara, are entitled to share in their mother's share of her brother's Estate.

In the previous distribution of Edward S. Griffith's Estate, Lorne and Barbara, were omitted and this distribution has, therefore, been adjusted accordingly.

As Lorne and Barbara have not, as yet, attained their majority, their shares of the War Service Gratuity and Service Estate of the late Edward S. Griffiths are being paid to you for their use and benefit.

(Over)

A cheque has been requisitioned from Treasury payable to your order and on receipt of same, will you kindly sign and return the enclosed forms of undertaking and acknowledgment.

Yours faithfully,

(L.M. Firth) Colonel,
Director of Estates.

Enc.
HLV/DVS