



Pte McGee, Murray McNeil C ScotR  
 P/O McGee, Robert Cecil Stuart RCAF  
 Spr McGee, Vincent Anthony RCE  
 Ldg Ck(S) McGettigan, Emmett Patrick RCNVR  
 Pte McGhee, Emerson Emmet PPCLI  
 F/S McGibbon, James Edmund RCAF  
 O/Smn McGibbon, John Donald RCNVR  
 F/O McGibbon, Reginald Stewart RCAF  
 F/L McGill, George Edward RCAF  
 L/Cpl McGill, Harold Emelaw Fort Garry's  
 Capt McGill, Hugh Roddick Camerons of C  
 F/O McGill, Jack Lawrie RCAF  
 Pte McGill, Ray Warren 48 Highrs  
 F/O McGill, Robert Smith RCAF  
 Cpl McGillion, William John 1st RC  
 L/Cpl McGillivray, Borden SD&G Highrs  
 L/Cpl McGillivray, Donald Gordon SD&G Highrs  
 Pte McGilvray, Philip Royal West NSR  
 Sgt McGimsie, Bruce Reginald RCAF  
 Gnr McGinn, Francis RCA  
 Pte McGinnis, William Joseph Nth NS Highrs  
 Pte McGinnis, William Joseph Wpg Gren  
 Capt McGivney, Raymond George A & SH of C  
 Cpl McGlade, James Michael RHLI  
 Pte McGlone, Frank William RCOC  
 Rfn McGookin, Cecil James RWpg Rif  
 Pte McGorman, Harvey Anson RRegt C  
 Pte McGouey, John Patrick RHLI  
 Sgt McGovern, Joseph Theodore RCAF  
 LAC McGovern, Patrick Joseph RCAF  
 Lt McGovern, Peter Hast & PER  
 Pte McGowan, Archibald RCIC  
 Cpl McGowan, John Arthur RHC  
 F/S McGowan, John Douglas RCAF  
 L/Cpl McGowan, John Francis PPCLI  
 Pte McGowan, Ross Alan RHC  
 F/O McGowan, Thomas Campbell RCAF  
 Rfn McGown, Laughlin Leslie RWpg Rif  
 Sgt McGrath, Anthony William RCAF  
Ldg Smn McGrath, James Donald RCNVR  
 Gnr McGrath, John Hamilton RCA

Pte McGrath, John Joseph CB Highrs  
 F/O McGrath, Joseph Earl RCAF  
 Pte McGrath, Patrick Joseph RHC  
 F/O McGrath, Samuel James RCAF  
 Bdr McGraw, Andrew Francis RCA  
 P/O McGraw, Anthony Emsley RCAF  
 Pte McGraw, Henri Joseph Nth NS Highrs  
 P/O McGregor, Alexander Morvan RCAF  
 Sgt McGregor, Bruce Walter RCAF  
 Cfn McGregor, D'Arcy Donald RCEME  
 F/S McGregor, George RCAF  
 Pte McGregor, Harold Joseph Nth NS Highrs  
 Capt McGregor, James E Yorks  
 P/O McGregor, James Bruce RCAF  
 Cpl McGregor, Joseph Charles Camerons of C  
 Pte McGregor, Kenneth SD&G Highrs  
 Pte McGregor, Leslie David Linc & Well'd R  
 Sgt McGregor, Reginald Rothwell RCAF  
 P/O McGregor, Robert Edward RCAF  
 Cpl McGregor, Ross James RRegt C  
 F/O McGregor, Walter Roy RCAF  
 Gnr McGregor, William RCA  
 Ldg Sto McGregor, William RCNVR  
 L/Cpl McGuey, Edilore Graham Dennis QOR of C  
 S/L McGuffin, William Chester, DFC RCAF  
 S/L McGugan, Francis Richard RCAF  
 Pte McGuigan, David West NSR  
 F/O McGuigan, Samuel Kellington RCAF  
 Sgt McGuigan, William Henry RCAF  
 Gnr McGuire, Gordon Berry RCA  
 Tpr McGuire, John King Sher Fus R  
 L/Sgt McGuire, John Lloyd GGFG  
 WO1 McGuire, Michael James Doran RCAF  
 F/L McGuire, Michael Kidston RCAF  
 F/O McGuire, Patrick Gregory RCAF  
 Rfn McGuire, Wilson George RWpg Rif  
 Bdr McGunigal, Philip Arthur RCA  
 F/O McHale, Thomas Patrick RCAF  
 Rfn McHardy, Clifford Scanlon QOR of C



V652  
MCGRATH

JAMES

DONAL



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 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 DONALD JAMES MCCANN (b) Reg'l. No. V1682  
 2. (a) Arm of service ARMY (b) Unit R.C.M.P. (c) Rank Sergeant  
 3. (a) Date of birth 1914 (b) Have you any dependents? No (c) Place of residence at time of enlistment Winnipeg  
 4. (a) Place of enlistment Winnipeg, Man. (b) Date of enlistment 10-1-42

PLEASE LEAVE BLANK

2

**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.) Grade 10  
 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 Bank of Montreal Address Winnipeg  
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Chartered Bank  
 20. (a) Your specific occupation Immortalist (b) Number of years' experience at this occupation with any employer 12  
 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? No (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? \_\_\_\_\_ (b) How many years' actual farming experience have you had? \_\_\_\_\_ (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? \_\_\_\_\_  
 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. Stay in Army

DATE 10 February 1942 SIGNATURE D. J. McCann





COPY TO  
VWD  
ES

FEB 27 1942



ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	James Donald McEzrath
9	Date of his birth.	Jan. 15, 1924
10	Place and date of his marriage.	— nil
11	Place and date of his parents' marriage.	Winnipeg, April 4, 1905

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	Winnipeg, Manitoba
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) all his life in (b) (c) Manitoba, Canada (d)
14	Nature of employment before enlistment.	Junior clerk Bank of Nova Scotia
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.	—

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	—
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?	— nil
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?	— nil
20	Amount of War Savings Certificates held by deceased. Indicate where located.	none - unless taken out through navy pay.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	none - unless taken out through navy pay.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	\$500 Policy with the Prudential Life Isabella P. McEzrath, beneficiary
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.	nil

(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.

Isabella P. McGrath {Signature of Informant}
110 Carleton St. Winnipeg Manitoba Address

CERTIFICATE

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

See above. McGrath {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 Winnipeg this 9th day of January 1945

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

Batharine Bayley Qualification Commissioner of Patents
my commission expires March 25/45
Address 1/273 Maryland Street Winnipeg Man

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



Mrs. Isabella P. McGrath,

110 Cauchon Street,

Winnipeg, Man.

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. 652 FD 738

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

January 3 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

MC GRATH, James Donald, Ldg. Smn.

V.652

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.

HRW/JL

*A. A. W. W. W.*  
Commander Powell  
for 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 McGrath	60	110 Cauchon St. Winnipeg, Manitoba
4	Mother of the Deceased.....	Isabella Percy McGrath	64	110 Cauchon St. Winnipeg, Manitoba
5	Brothers of the Deceased	Full Blood	Gilbert Patrick McGrath 36 John Bernard McGrath 34 Laurence Edward McGrath 30	1021 Waller Ave. Fort Garry, Manitoba Royal Can. Engineers Overseas H.M.C.S. Carlton Ottawa
		Half Blood		
6	Sisters of the Deceased	Full Blood	(Mrs) Margaret Nordstrom 39 (Mrs) Nora Evelyn Ford 38 (Mrs) E. Lorraine Phernambucg 24	Jenlon, Manitoba Brighouse, B.C. 110 Cauchon St. Winnipeg, Manitoba
		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	
	W.O. Denis Bryan McGrath, Presumed to have died April 29-1942 Sgt Robert Kenneth McGrath " " " " July 21-1942			

REG. 110



0030125



CANADA

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

FEB 16 1942  
N/370345T  
CANADA

ATTESTATION FORM  
(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME McGRATH OFFICIAL NO. V652  
CHRISTIAN NAMES James Donald MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS 110 Cauchon St., Winnipeg, Manitoba. RELIGION United

DATE OF BIRTH 15th January, 1924. \*PLACE OF BIRTH  
Town Winnipeg,  
County  
Province Manitoba.  
NAME AND ADDRESS OF NEXT OF KIN  
Isabella P. McGrath (Mother),  
110 Cauchon Street,  
Winnipeg, Manitoba.

\*Original Nationality of:  
Father Irish  
Mother English

\*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>33 1/2</u>	<u>Auburn</u>	<u>Hazel</u>	<u>Fair</u>	<u>Scar on calf of left leg.</u>
Inches <u>8 3/4</u>	Deflated <u>30 1/2</u>				
Mean <u>32</u>					

EDUCATIONAL STANDING Grade 10 TRADE OR CALLING AND IN WHOSE EMPLOY  
Bank Clerk, Bank of Nova Scotia,  
245 Portage Ave.,  
Winnipeg, Manitoba.

DATE OF ENROLMENT Divisional Strength  
10th February, 1942. RATING FOR WHICH ENROLLED Ordinary Seaman R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED H.M.C.S. CHIPPAWA

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

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

ENTERED IN PAPERS  
H. M. C. S. "BYTOWN"  
SERVED IN  
FAIR  
ROUGH  
MAY 1942

RANK	FROM	TO
<u>---</u>		

Personnel Records Division.  
1. Noted in Reports  
2. Index Card  
3. ...  
4. Statistical Card  
5. ...  
6. Pension Card  
7. ...  
8. ...  
DATE 2/2/42

- (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.....H.M.C.S. CHIPPAWA.....Division of 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.....10th.....day of.....February, 1942.....

Signature of applicant.....Donald McGrath.....

(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.....10th.....day of.....February, 1942.....

W. B. Zinsman  
Signature of and rank of Attesting Officer.  
Sub-Lieut., R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I,.....James Donald McGRATH.....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.....Donald McGrath.....

Witness.....W. B. Zinsman.....

Date.....10th February, 1942..... Rank.....Sub-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

.....James Donald McGRATH.....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. CHIPPAWA.....Division of the R.C.N.V.R. or in the appropriate official documents.

W. B. Zinsman  
Sub-Lieut., R.C.N.V.R. Attesting Officer.

.....10th February, 1942..... R.C.N.V.R. Division (or other establishment).....H.M.C.S. CHIPPAWA.....

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.....Seaman.....Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

Donald McGrath  
Signature





CANADA

0030126  
670136

Can. B. 207  
NATIONAL 100 M-11-40 (7881)  
N.S. 815-2-207  
FEB 10 1942  
N. 213773455  
CANADA

# Certificate of Medical Examination of Officers, Men and Boys

## NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined..... **James Donald McGRATH**.....

‡ candidate for entry as..... **Ordinary Seaman**.....

and I believe him to be \* (in all respects fit for His Majesty's Service. He has signed the Certificate given below in my presence. ~~unfit for His Majesty's Service for the reasons stated below.~~)

† Strike out if inapplicable. \* Delete one. **Urine Alb. & Sugar Negative.**

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

Age (Years / Months)	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by Snellen's Types / Colour Vision	Vaccinated or re-vaccinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	Other (Hæmorrhoids, etc.)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(k)	(l)	(m)	(n)	(o)	(p)
18 / 0	125 lbs.	5 ft. 8 3/4 ins.	Fair.	33 1/2 inches (a) maximum 30 1/2 inches (b) minimum 32 inches (c) mean	right eye 20/15 left eye 20/20 *colour vision N.	Left arm schoolage	Normal	Normal	Normal	Normal	Normal	Normal	3 defective 0 deficient	N & T Normal Cryptic Tonsillitis Hæmorrhoids, etc. No rmal.

\*If colour vision is not normal by Ishihara test. degree of colour blindness to be indicated.

Pupils react to L & BA Reflexes normal.

X-ray { Not taken. Approved. Positive. Doubtful.

X-RAY APPROVED FEB 9 1942 FILM No. B. 2039

Write in the appropriate notation, and any remarks necessary.

### 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.

*Don McGrath*

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:

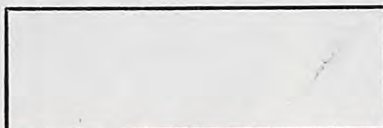
This Candidate is the subject of..... *15 lbs underweight*.....

*Good chest measurement*

\* (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..... **WINNIPEG, MAN.**..... the **6th.** of **February**..... 19 **42.**

*J. H. [Signature]* SURGEON LIEUT. R. C. N. V. R.  
Examining Medical Officer

(Rank).....



RCNVR Oct. 45 "ALBERNI"  
MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEMORIAL BAR

PERSON

ENTITLED TO

Mr. John McGrath - Father

ADDRESS:

110 Cauchon Street, *same address*  
Winnipeg, Man.

DATE DESP.....

(1)

REGN NO. 232.....

**CANCELLED**

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER

Mrs. I. P. McGrath  
110 Cauchon Street  
WINNIPEG, Mand.

ADDRESS:

(3) 17 January 1945



L DECEASED 21 August 1944

D.D.

DEPARTMENT OF VETERANS AFFAIRS

# AWARDS (NAVY)

WAR SERVICE RECORDS


McGRATH	James Donald	V-652	L.Smn.	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	<div data-bbox="1099 901 1774 1125" data-label="Complex-Block"> <p>03-15589 M</p>  <p>P</p> </div>
Atlantic & Clasp	
C.V.S.M & Clasp	
War Medal	
	8850

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)



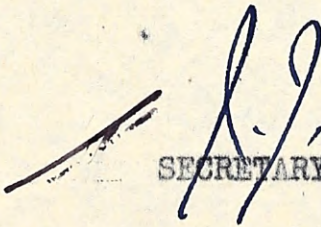
CC

37

N.S. V-652, F.D. 310, PERS (N)

19 March, 1945.

THIS IS TO CERTIFY that according to official information James Donald McGrath, Leading Seaman, Official Number V-652, 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. *e*







V652

OFFICIAL NUMBER

FILE NUMBER

113-M-3455

OFFICIAL NUMBER

V652

NAME McGRATH (Surname) James Donald (Given Names) DATE OF BIRTH 15th January, 1924.PLACE OF BIRTH Winnipeg, Man. OCCUPATION Bank Clerk.RELIGION United. EDUCATION Grade 10.RESIDENCE AT TIME OF ENLISTMENT: Street and No. 110 Cauchon Street. Town Winnipeg. Province, etc. Man.

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
10	2	42	H.O.	5' 8 $\frac{3}{4}$	Auburn	Hazel	Fair	Scar on calf of left leg.				

NEXT OF KIN RELATIONSHIP (in pencil) Mother 10.42 NAME (in pencil) Mrs. Isabella P. McGrathADDRESS (in pencil): Street and No. 110 Cauchon St. Town Winnipeg Province, etc. Man.

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	
5	7	44	C.V.S.M. (R&C).	22	4	42	Passed P.T. (V.G).				
				4	4	43	Marked "Tr" (24183)				
				25	4	44	Qual. Prof. for Idg. Smn. (Good)	249A	(40777)		

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		
					Nipigon.	18	15	9	43	Did steal. (249A #27525).	28 days detention.*

**FILM**  
NO. WAR 5177-2  
**DATE**

Date (in figures)			DAYS FORFEITED					O.H.F. Received.	
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial		In diff. Char.
15	9	43		28					* Granted remission of 4 days on sentence. 249A 10279

SECOND CLASS FOR CONDUCT

From To





V652 OFFICIAL NUMBER NAME **McGRATH** James Donald (Surname) (Given Names) OFFICIAL NUMBER V652 **P.I.B.**

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 "Chippawa"	Ord. Smn.	10	2	42	Winnipeg Div. Str.						P/R.D.F.2c.	27	4	43	(26096)			
"	"	12	4	42	Active Service.						Radar 3/c	27	4	43	249A-A	6649		
Stadacona	"	19	4	42	D.													
NOIC Quebec	"	2	5	42	D.R.D.													
Maccin	"	6	9	42	D.R.D.													
Chaleur 11	"	14	10	42	W.R.D. Q-12													
Fort 11	"	18	11	42	W.R.D. #17													
Chaleur 11	"	14	12	42	W.R.D. Q.20													
Cornwallis	"	1	2	43	DRD H-571													
Stadacona	"	10	4	43	DRD H-1151													
"	A/Able Smn.	12	4	43	249A #28122													
Nipigon	"	28	4	43	DRD H-1294													
Stadacona	"	11	10	43	DRD H-2853													
Chelsea	"	12	10	43	DRD H-2859													
Stadacona	"	14	12	43	DRD S#11, P#4.													
HMS Loring	"	14	1	44	#-41, P-26													
Niobe	"	17	2	44	DRD N-417													
Alberni	"	9	5	44	DRD N-500													
DISCHARGED	"	21	8	44	"MISSING" PER CASUALTY LIST. 249A #A22987.													

GENERAL REMARKS  
 Hospital-1-8-42..-4-8-42 DRD  
 AWARDED: Canadian Memorial Cross,  
 MOTHER: Mrs. Isabella P. McGRATH,  
 110 Cauchon St.,  
 WINNIPEG, Man.

21 8 44 Presumed Dead, per C.L. #115.  
 A/Ldg. Smn. 1.6.44 Memo of 30.5.44.

DATE OF BIRTH			PLACE	CIVIL OCCU.		RELI.	ED.	PERM. RESIDENCE			PREV.	ENL.	RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GIOW		P.	CTY.	TOWN	SERV.	DIV.	A	BR	RANK
15	1	24	16	830	0	70		3	6	06	06	0	06	0	08 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		
10	02	42	12	09	42					9830	1	08	94		
SENIORITY			STR.	NON-SUB		M				CODED		CHECKED			
DY.	MO.	YR.	CAT.	A	B	ST.									
12	04	43	23	62	00										















(5) On being enrolled as a member of the..... **H.M.C.S. CHIPPAWA.** ..... 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..... **10th** ..... day of..... **February, 1942.** .....

Signature of applicant..... *Donald McGrath* .....

(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..... **10th** ..... day of..... **February, 1942.** .....

..... *W. B. Kinsman* .....  
Signature of and rank of Attesting Officer.  
**Sub-Lieut., R.C.N.V.R.**

(D) **OATH OF ALLEGIANCE**

I,..... **James Donald McGRATH** ..... 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..... *Donald McGrath* .....

Witness..... *W. B. Kinsman* .....

Date..... **10th February, 1942.** ..... Rank..... **Sub-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**

..... **James Donald McGRATH** ..... 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. CHIPPAWA.** ..... Division of the R.C.N.V.R. or in the appropriate official documents.

..... *W. B. Kinsman* .....  
**Sub-Lieut., R.C.N.V.R.** Attesting Officer.

..... **10th February,** ..... 194..... **2.** R.C.N.V.R. Division **H.M.C.S. CHIPPAWA.**  
(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..... *seaman* ..... Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

..... *Donald McGrath* .....  
Signature











**CERTIFICATE of the SERVICE of**

*James Donald McGRATH*

**in the Royal Canadian Naval Volunteer Reserve**

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V-652</i>
	<i>Chippawa</i>	"
		"

Date of Birth <i>15th January 1924</i>	Name and Address of Nearest Relative or Friend (in pencil) <i>11/11/43</i>
Place of Birth <i>Winnipeg, Manitoba</i>	<i>Mother - Isabella P.</i>
Place of Residence <i>110 Burchon St. Winnipeg, Man.</i>	<i>McGrath</i>
Trade brought up to <i>Bank Clerk</i>	<i>Same address</i>
Religion <i>United</i>	
Can Swim:—P.P.T. Date <i>16 April 1942</i> Signature <i>J. P. Hyman</i> Rank <i>Lieut</i>	
—"—Good. <i>7 February '43</i> Signature <i>W. A. R.</i> Rank <i>Lt</i>	
P.S.T. Date 19	



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>10 Feb 42</i>	<i>Hostilities</i>	<i>Sub. Sea</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>8 3/4</i>	<i>32</i>	<i>125</i>	<i>Auburn</i>	<i>Grey</i>	<i>Fair</i>	<i>Scar on calf of left leg.</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







# SEAMAN BRANCH

## Application for, and report of result of, PROFESSIONAL EXAMINATION

for the rating of..... LEADING SEAMAN.

### I.—APPLICATION FOR EXAMINATION

H.M.C.S..... "NIOBE"

Name of Candidate (in full)..... James Donald McGRATH

Present Rating..... Able Seaman..... O.N..... V. 652

Port Division..... Winnipeg.

Date of Application for Examination.....

Date and Particulars of Previous Failures:—

- (i) The Candidate has served the requisite period of time, he is fully eligible for examination, and has the necessary recommendations required by the Regulations.
- (ii) He has carried out the duties of helmsman satisfactorily.
- (iii) I am satisfied that he possesses the necessary qualities which with further experience will fit him to make an efficient Petty Officer/Leading Seaman, and I consider that he has a reasonable chance of passing.

To..... The President,

..... Squadron Board.

*Eustace Brock.*

Captain RCNR

#### NOTES—

(a) This application is to be submitted (in duplicate) to the Administrative Authority, together with the Service Certificate, history sheet and Form S. 264 written up specially for the examination and signed by the Commanding Officer.

(b) On completion of the examination, Form S. 441, in duplicate, is to be forwarded to the candidate's ship, the Commanding Officer of which is to insert the basic date of passing the examination. One copy of the Form is then to be forwarded to the Administrative Authority, the other being forwarded to the Depot. In the case of failure, one copy is to be forwarded to the Administrative Authority, the other being retained with the candidate's papers for future reference. Failures are to be noted on Form S. 264 (Divisional Record Sheet).



II.—RESULT OF EXAMINATION

SECTION I

Whether "Passed" or "Failed" Passed Good 80%

(If passed state whether "V.G." (85% and above), "Good" (70% to 85%), or "Fair" (below 70%))

(See A.F.O. 9/39)

SECTION II

Subject	Maximum Marks		Marks Required to Pass		Marks obtained	
	P.O.	L. Sea.	P.O.	L. Sea.	On Examination	On re-Examination
Rigging.....	<del>50</del>	<del>50</del>	<del>25</del>	<del>25</del>	26	
Anchor Work.....	<del>60</del>	60	<del>30</del>	30	32	
<del>Boat Work.....</del>	<del>80</del>	<del>80</del>	<del>40</del>	<del>40</del>		
Boat Work.....	80	80	<del>40</del>	<del>40</del>	60	
General Duties.....	<del>80</del>	<del>80</del>	<del>40</del>	<del>40</del>	72	
Organization.....	40	20	20	10	15	
Signals.....	30	30	15	15	24	
Watertight Fittings.....	<del>20</del>	<del>20</del>	<del>10</del>	<del>10</del>	12	
Duties in Part of Ship and Mess.....		<del>20</del>		<del>10</del>	13	

REMARKS—

The Candidate has:—

- (i) Passed a ~~V.G.~~/Good/~~Fair~~ Examination. 75%  
(V.G.—85% and above, Good—70% to 85%, Fair—below 70%)
- (ii) Failed as indicated above.

He is recommended for re-examination by his own Ship's Officers in the subjects indicated above in accordance with K.R. Appendix XII, Part 22A, Clause 8 (b).

Date 25<sup>th</sup> April 1944

DAD. Abody Lt-Com RN.  
President of Board

Candidate's Signature (in full) James Donald McGrath

Basic date of passing professionally for.....  
(K.R. and A.I. Appendix XII, Part 22A, Clauses 7 and 8)

is.....

Re-examined by Ship's Officers in relevant subjects of Section II on board

H.M.C.S. "....." on.....193.....

Date.....

Forwarded, the necessary notation has been made on the Service Certificate.

The Commanding Officer,  
R.C.N. Barracks,

.....  
Captain

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

Date.....



Name Mc Grath James Donald <sup>Active Service 12<sup>th</sup> April 42</sup>  
 Sub-Rating and Seniority A/B Non-Sub RDF3  
 O.N. ✓-652 S.B. No. \_\_\_\_\_ W.B. No. \_\_\_\_\_  
 Joined Ship 13<sup>th</sup> Jan/44 from Stadecona  
 Engagement: Period Hostilities Expires \_\_\_\_\_  
 Date of Birth Jan 15, 1924 Religion C. of E.  
 Character V.G. Efficiency Sat Date 13<sup>th</sup> April/44  
 Badges Nile Class for Conduct \_\_\_\_\_ Class for Leave \_\_\_\_\_

Date due for: Next Badge 12<sup>th</sup> April 45  
 Progressive Pay \_\_\_\_\_  
 L.S. & G.C. Recommended \_\_\_\_\_

Advancement.	Wishes to Pass?	Recommended?	Date Qualified?
Educ. Test Pt.1	_____	_____	<u>April/42</u>
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 \_\_\_\_\_

Swimming Qualification April 1942 Passed  
 Athletic capabilities Golf

General Remarks (including intelligence, energy, initiative, powers of command). Education Grade XI  
This rating true. Hard and is overcoming previous handicaps. Good power of command. Recommended for Leading Seaman.

H.M.C.S. "Nile" \_\_\_\_\_  
 Date 13<sup>th</sup> April 1944  
 \_\_\_\_\_  
J.M. Guthrie Leit RENVR  
Training Officer of Division.  
E. Brock

Notes:—(1) This form is to be kept for each rating by the Officer of his Division. **CAPTAIN R.C.N.V.R.**  
 (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.



















# KIT LIST—MEN DRESSED AS SEAMEN

(REDUCED KIT FOR DURATION OF HOSTILITIES)

*McGrath James*  
Name

*o/Sea*  
Rating

*V 652*  
Official No.

\* State where issue made.

Name

*W. Fox P.O.*

Scale Allowed		Article	No. Date * Place	Forms S.1048 on which issues were made			
R.C.N.	R.C.N.V.R.			24/5/42 <i>Halifax</i>	3rd <i>Aug 1942</i>	K.M. 6/2/43	
		Bags, Kit	1	1	1		
		Bags, soap	1	1	1		
		Belts, Life	1	1	1		
		Belts, Waist	1	1	1		
		Boots, half	2	1	2		
		Boxes, Cap	1	1	1		
		Brushes Hard	1	1	1		
		“ Polishing	1	1	1		
		“ Clothes	1	1	1		
		“ Hair	1	1	1		
		“ Tooth	1	1	1		
		Caps, blue cloth	2	2	2		
		Caps, white duck	1	1	1		
		Cases, attache	1	1	1		
		Combs, horn	1	1	1		
		Collars, blue jean	3	3	3		
		Coats, oilskin	1	1	1		
		Drawers	2	2	2		
		Jerseys, naval	1	1	1		
		Jerseys, sport	2	2	2		
		(b) Knives, with spike	1	1	1		
		Lanyards, knife	3	3	2		
		Overcoats	1	1	1		
		Ribbons, Cap	2	1	2		
		Scarves, black silk	2	2	2		
		Shoes, black leather					
		Shoes, gymnastic	1	1	1		
		Shorts, recreational, drill	2	2	2		
		Shorts, tropical					
		Singlets, tropical					
		Socks, pairs	2	2	2		
		Stockings, pairs	2	2	2		
		(a) Suits, blue overall	1	1	1		
		Towels	2	2	2		
		Type	1	1	1		
		Vests, flannel	3	3	3		
		Jumpers, serge	2	2	2		
		Jumpers, duck working	2	2	2		
		Trousers, serge	2	2	2		
		Trousers, duck	2	2	2		
		Beds	1	1	1		
		Blankets	2	2	2		
		Bed Covers	2	2	2		
		Hammocks	2	2	2		
		Clews and Lanyards, sets	1	1	1		
		Lashing	1	1	1		
		(b) Manual of Seamanship					

Description	Winter Issue			
	19 42	K.M. 19 43	19	19
Caps, Winter	1	1		
Comforters	1			
Drawers, Woollen				
Helmets, Balaclava				
Jerseys, Naval				
Mitts, leather	1			
Rubbers	1	1		
Socks				
Stockings				

Description	Gift Clothing received from Organization			
	19 42	19	19	19
Comforters				
Helmets, Balaclava				
Gloves or Mitts				
Socks	1			
Stockings				
Sweaters	1			
Wristlets				
Windbreakers				

(a) Note: Stokers issued with 2 Blue Jean Suits.

(b) For Seamen's Branch only.



FORM 5

PROVINCE OF MANITOBA

OFFICIAL REGISTRATION OF DEATH

31

1. PLACE OF DEATH { If in Rural Municipality..... AT SEA ..... Sec..... Twp..... Rge.....  
 (Name)  
 If in City, Town or Village..... Street..... House No.....  
 (Name) (If in hospital or Institution, give name instead of street and number)

2. LENGTH OF STAY | In Municipality where death occurred | In Province | In Canada (if immigrant)  
 (in years, months and days)

3. PRINT FULL NAME OF DECEASED..... McGRATH ..... James Donald  
 (Surname) (Given name or names in usual order)  
 RESIDENCE..... 110 Caughon Street, WINNIPEG, Manitoba  
 (Usual place of abode—If urban, give street and number and name of city, town or village. If rural, sec., tp. and rge.)

4. SEX Male	5. NATIONALITY (Citizenship) Canadian	6. RACIAL ORIGIN British	7. Single, Married, Widowed or Divorced (Write the word) Single	8. BIRTHPLACE (If in Manitoba, give exact location; if in Canada, province, city, town, village or nearest post office; if foreign, state the country and post office address) Winnipeg, Manitoba
----------------	---	-----------------------------	---	--

9. DATE OF BIRTH Month January (Write the word)	Day 15	Year 1924	10. AGE IN Years 20	Months 7	Days	If less than one day hrs. or.....min.
--	-----------	--------------	---------------------------	-------------	------	--

OCCUPATION

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc..... Bank Clerk - Bank of Nova Scotia

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, widowed or divorced give name of husband or maiden name of wife of deceased.....

PARENTS

16. Name of father.....

17. Birthplace of father..... (same as item No. 8)

18. Maiden name of mother.....

19. Birthplace of mother..... (same as item No. 8)

The above stated particulars are true, to the best of my knowledge and belief.

20. Signature of informant.....  
 Address..... Naval Service Headquarters, OTTAWA, Ontario  
 Director of Personnel Records

21. Relationship to deceased.....

22. Place of burial, cremation or removal..... No Burial..... Date of burial.....

23. Burial Permit was issued by..... Address.....

24. Signature of Undertaker or person acting as Undertaker..... Address.....

MEDICAL CERTIFICATE OF DEATH

25. DATE OF DEATH..... 21 ..... August ..... 1944  
 (Hour) (Day) (Month) (Year)

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

CAUSE OF DEATH

I

Immediate cause { (a) Missing, presumed dead. He was serving in H.M.C.S. "ALBATROSS" which was sunk in the English Channel.  
 Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). { (b) due to  
 (c) due to

II

Other morbid conditions (if important) contributing to death but not causally related to immediate cause. {

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.....

I HEREBY CERTIFY that the particulars and cause of death above written are true to the best of my knowledge and belief.

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

30. Registered number..... filed this..... day of..... 19.....

31. .... (Signature of Division Registrar)

SEC. 45, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker, to obtain all the particulars required in the "Official Registration of Death" and to file the same with the Division Registrar who shall issue the Burial Permit. The Undertaker obtains the Medical Certificate from the Physician last in attendance, who is required by Section 41 to fill in all the particulars.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. (See reverse side for instructions.)



IG

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

4  
 NAVY

DECEASED  
MEMBER'S  
NAME

James Donald

McGRATH

(CHRISTIAN NAMES)

(SURNAME)

EMPLOYEE

CLASS

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

 for Service Estate of  
 James D. McGrath,  
 NS. V-652  
 21st Aug '44.

REGISTER NO.

6615

FILE NO.

NS. V-652

DATE

12th July '44

SERVICE NO.

V-652

FINAL RANK OR RATING

Ldg. 3mn.

DATE OF TERMINATION OF OVERSEAS SERVICE

21st Aug '44.

DATE OF DISCHARGE

21st Aug '44.

## A. TOTAL QUALIFYING SERVICE

 NO. OF DAYS 835 EQUAL TO 27 COMPLETE PERIODS AT \$7.50

\$ 202.50

## B. QUALIFYING OVERSEAS SERVICE

 NO. OF DAYS 461 LESS 25 INELIGIBLE DAYS, EQUAL TO 436 DAYS @ 25c. PER DAY

\$ 109.00

## C. SUPPLEMENT FOR OVERSEAS SERVICE

## DAILY RATES AT DISCHARGE

PAY	\$ 2.10
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ 1.45
ADDITIONAL PAY	\$ .10
Badar III	\$ .25
H.L.M.	\$ .25

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL	\$ 3.90	X 7 = \$ 27.30
NO. OF DAYS	<u>461</u>	X \$ 27.30
	183	

\$ 68.77

## D. WAR SERVICE GRATUITY

\$ 380.27

## E. DEDUCTIONS

OVERPAYMENT OF

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

N11

OTHER DEDUCTIONS

\$

## F. TOTAL AMOUNT PAYABLE

\$ 380.27

## G. YOUR PORTION OF GRATUITY IS—

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

=\$ 380.27

Voucher 1353- July 26/45

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

DHJ

CHECKED BY

[Signature]

TREASURY

CHECKED BY

[Signature]

DATE

17/7/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

AT



45

# STATEMENT OF ACCOUNT

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

List 12.2 No. 72 (Name) McGRATH, James Rank Rating A/L/SMN. No. V 652

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

		\$	c.
CREDIT from former account.....		66	30
Pay as <u>A/A.B.</u> from <u>1 July</u> to <u>30th June</u> (..... days at \$ <u>1.85</u> a day).....		--	--
" <u>Adj./A/L/SMN.</u> " <u>1 June</u> " <u>30 June</u> ( <u>30</u> " <u>.25</u> " ).....		7	50
" <u>A/L/SMN.</u> " <u>1 July</u> " <u>31 Aug.</u> ( <u>62</u> " <u>2.10</u> " ).....		136	40
" <u>RADAR III</u> " <u>1 July</u> " <u>31 Aug.</u> ( <u>62</u> " <u>.10</u> " ).....			
" " " " ( " " " ).....			
Kit Upkeep Allowance.....		7	32
OTHER CREDITS: <u>H.L.M.</u> .....		13	00
Total credits.....		230	52

### DEBT from former account.....

PAYMENTS:—	1st		2nd		3rd		4th		5th		Total
	\$	c.	\$	c.	\$	c.	\$	c.	\$	c.	
1st month.....											
2nd month..... <u>4th Aug. '44 Pay List \$35.76</u>											35 76
3rd month.....											
Allotment..... <u>\$20.00 chg'd July &amp; Aug. St.Pd. 31st Aug.</u>											40 00
Pension deduction (Officers) charged to..... of.....											
Hospital stoppages.....											
Mulcts.....											
OTHER CHARGES:.....											
Total debits											75 76
Balance Cr. or Dr.											154 76

(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		

Date 14th MAY 1945 A.E. Bell Lieutenant (S) for Supply ACCOUNTANT OFFICER

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

Ledgers: R: [initials]  
P: [initials]



**C.R. P.A.**  
**NAVAL TREASURY**  
 DATE: 10/11/44  
 INITIAL: MS

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

DEC 26 1944

(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
McGRATH, James Donald	Idg. Seaman	V-652, R.C.N.V.R.

DATE OF ENLISTMENT - 10 February, 1942      Active Service: 12 April, 1942

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.

(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. Isabella P. McGrath,

ADDRESS - 110 Cauchon Street, WINNIPEG, Man.

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, DEPENDENTS ALLOWANCE, etc.

P.A.'S CHECKED IN  
 C.R. BY.....



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 Isabella McGrath	Mother		

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	NIL	\$15.00	\$15.00

To Whom Paid: Mrs Isabella McGrath Address 110 Cauchon St. Winnipeg, Man.

Date of Enlistment: see other side

Date of Discharge: see other side

Inclusive date to which D.A. and/or A.P. was Paid:

The final deduction of Assigned Pay for \$15.00 has been made for the period from 1st to 31st of Aug. 1944

Remarks:

Computed by... S.P. ....

Checked by... *[Signature]* .....

*Alec J. Bonwell*

for  
Chief Treasury Officer,  
DEPARTMENT OF NATIONAL DEFENCE,  
(Naval Service).

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



V-652

REGISTERED  
AIR MAIL

13

23 August, 1944.

Dear Mrs. McGrath:

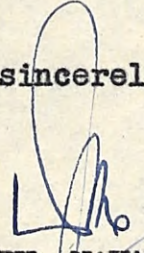
It is with deepest regret that I must confirm the telegram of the 23rd of August, 1944, from the Minister of National Defence for Naval Services, informing you that your son, James Donald McGrath, Able Seaman, V-652, Royal Canadian Naval Volunteer Reserve, is missing at sea.

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.

Mrs. Isabella P. McGrath  
110 Cauchon St.  
Winnipeg, Man.



H.M.C.S. "....."

NIPIGON

Noted on "STADACONA" 243

folio No. 27525 dated 17/9/43

Warrant No. 18, dated 15<sup>th</sup> September 1943

[The Warrants are to be numbered consecutively from the Date of the Ship being commissioned.]

207219

113.M.3455

9

For..... DETENTION

(a) WHEREAS it has been represented to me by Lieutenant Edward Ross O'KELLY, Royal Canadian Naval Volunteer Reserve

that on the 4th day of September, 1943,

Name..... James Donald MCGRATH

Date of Birth..... 15th January, 1924

Rating..... Acting Able Seaman, Royal Canadian Naval Volunteer Reserve.

Official Number..... V-652

Good Conduct Medal..... No

Good Conduct Badges..... Nil

Date of Entry in Ship..... 28th April, 1943

List and Number on Ship's Book..... 12<sup>2</sup> 12<sup>4</sup> 176

Date of First Entry in H.M. Service..... 10th February, 1942

Class for Conduct..... First

Character assessed to date, from the last annual assessment, but not including this offence..... Very Good

Class for Leave..... First

Did [Insert full particulars of Offence.] steal a quantity of rum, the property of His Majesty

2. Was guilty of an act to the prejudice of good order and naval discipline in that he did steal a quantity of gin, the property of the Wardroom Mess Officers of His Majesty's Canadian Ship "NIPIGON".

I do hereby adjudge him the said James Donald MCGRATH

Insert below in the proper columns the particulars of the punishment.

†To be imprisoned in			†To be kept in detention in		Confined in Cells on Board		† Disrated to	Deprived of Medal	Deprived of Badges, No.	Whether reduced to 2nd Class for Conduct	Days				Whether Reduced to Lower Class for Leave	Grog stop-ped Days	Other Punish-ments
Name of Gaol*	For Days	With Days H.L.	Name of Place of detention*	For Days	No of Days	Diet					10	15	Leave stop-ped	Pay forfeited			
			Military Detention Barracks, Aldershot, Nova Scotia	28						NO				NO			

\*The name of the place of confinement is not to be filled in when the Officer ordering the imprisonment or detention is in the presence of a Commander-in-Chief or Senior Officer (see Article 770, Clause 2).

†See page 4 for proposal to award imprisonment, detention or disrating.

Noted in Service Records by [Signature]



Before awarding the foregoing punishment, (b) I did, on the...7th....day of September, 1943 personally and publicly, in the presence of the Accuser and Accused, investigate the matter, and having heard the evidence of Lieutenant Edward Ross O'KELLY, Royal Canadian Naval Volunteer Reserve and Gabriel GAUTHIER, Acting Leading Seaman, Official Number V16294, Royal Canadian Naval Volunteer Reserve

in support of the charge as well as what the Accused had to offer in his defence, ~~and the evidence of (c)~~

he calling no one

~~whom he called~~ on his behalf, I consider the charge to be substantiated against him, and [taking into consideration that this is the...4th...&...5th...Offence registered against him in the Conduct Book or Conduct Sheet], I adjudge him to be punished as aforesaid (d).

Given under my hand on board His Majesty's Canadian Ship ".....NIPIGON....." at

....., the...15<sup>th</sup>...day of...September,.....1943.

*W. P. Pinsky*  
..... Captain.....  
Lieutenant, R.C.N.R.

*E. R. O'Kelly*  
..... {Signature and Rank  
Lieutenant, R.C.N.V.R. of Complainant

NOTE.—No avoidable delay should take place in the investigation of the complaint, or in the prompt infliction of the punishment after the investigation is completed. If any substantial delay has taken place the reason thereof is to be stated in the space below.

(a) When the Offence has been committed under the immediate observation of the Captain, the Warrant should run—"Whereas I did observe—"

(b) If the Offence has been committed under the immediate observation of the Captain, the Warrant should run thus:—"I did, on the \_\_\_\_\_ day of \_\_\_\_\_, in presence of (insert name of Executive Officer, or of the Watch, as the case may be), and having heard what the Accused had, etc.—"

(c) If the Accused does not call any witnesses the fact should be stated.

(d) If the man is sentenced to imprisonment or detention, and there is not a proper place of confinement to which he can be sent at once, and if it is not intended to keep him in close custody on board until a proper place of confinement is available, the following words are to be added:—"The said imprisonment (or detention) to take effect from the date on which he is received into a proper place of confinement, subject to the provisions of Section 74, Clause 2, of the Naval Discipline Act."

NOTE.—When under the sanction of the Regulations of the Service, two or more of the foregoing punishments are awarded to the same individual for the same Offence or Offences, one Warrant will suffice; but the greatest care is to be taken in all cases to specify distinctly the nature, duration, or extent of the Punishment ordered.

Warrant No. 18 dated and read by me this 5 day of September, 1943.

Signature *B. P. Louis*..... Rank *St.*...



FORMER OFFENCES

[Enter in 1st Warrant for any Man in each quarter, all Offences during the last 6 months (if he has been in Ship); for any previous time only Offences punished by Warrant. If a Man is punished by Warrant more than once in any quarter, only Offences committed after date of 1st Warrant need appear, a reference being given to date of 1st Warrant.]

No. of Punishment.....	3	4	6	7	8	9	11	12	13	14	15	16	17	18	19		
	10	11	12	13	14	15	16	17	18	19							
Nature of Offence	Date of Punishment	No. of Days Imprisoned, specifying whether with or without Hard Labour	No. of Days detention	Disrated to	Deprived of Medal or Badges—No.	Whether Reduced to 2nd Class for conduct	No. of Days confined in Cell on Board, specifying Diet	Extra Work—14 days	Leave stopped	Reduction to a Lower Class for Leave	Pay forfeited for improper Absence	Grog stopped	Extra Work or Drill—7 days	Reprimand by Captain	Extra Guard (Marines only)	Birching (Boys only)	Cuts with a cane
Absent from place of duty, as quartermaster.	19th May						7										
Absent from place of duty as quartermaster.	1st July						5										
Did improperly leave His Majesty's Canadian Ship "NIPIGON".	23rd July						14	2	2								
							Examined by me and found medically fit to undergo the foregoing punishment.										
							Surgeon Lieutenant, RCMVR. Date.										

8

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H.M.C.S. .... NIPIGON .....

9th September, 1943

I beg to submit that the offence disclosed on page 1 hereof may be dealt with summarily.

If you approve, the following sentence is considered suitable:—

King's Regulations Art. 707 (1).

\* 28 { days { Imprisonment with hard labour }  
\* { calendar months { Detention DETENTION } XIX

addition to the other punishments indicated.

Art. 776 (2).

To be disgraced to ..... XIX

addition to the other punishments indicated.

Art. 752 (2).

\*As indicated on page 1.

2. The Accused's Service Certificate and Conduct Sheet are enclosed.

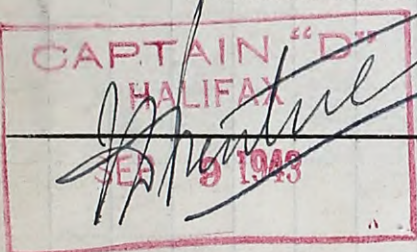
I am,

SIR,

The Commodore, Halifax, .....  
H.M.C. Dockyard, .....  
Halifax, Nova Scotia. ....

Your Obedient Servant,

W. Pursey, Lt.  
Lieutenant, R.C.N.R.



\*To be struck out when not applicable.

Remarks as to any excess, undue leniency, or irregularity in the above proposals:—

Approved.

Signature..... [Signature]

The Officer Commanding

Rank COMMODORE SECOND CLASS ROYAL CANADIAN NAVY

H.M.C.S. .... "NIPIGON" .....

When the necessary approval has been obtained, the particulars should be entered on page 1 of the Warrant, which should then be dated and read to the offender (see Arts. 754 (1) and 755 of the King's Regulations) without any unnecessary delay.



Four copies to be rendered to Naval Service Headquarters

30

### REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

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

Name McGRATH James Donald  
(Christian names in full)

Rank of Rating Leading Seaman Official No. V-652 R.C.N.V.R.  
(If unknown, date of first entry)

Place of Birth Winnipeg, Manitoba Date of Birth 15th January, 1924

Occupation in Civil Life Bank Clerk 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) 2 years and 6 months

Date of Death 21 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. "ALBATROSS" was lost in the English Channel due to enemy action.

Nearest known relative or friend { Name Mrs. Isabella McGrath Relationship Mother  
Address 110 Cauchon St., WINNIPEG, Man.

Date on which the above was informed by Ship Naval Service Headquarters 29th Aug. 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.....

Place of Burial No burial Date of Burial.....  
(if known) (if known)

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

Undertaker employed.....  
(if any)

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

Commanding Officer,

OTTAWA, Ont. 28 February 1945

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

for H.B. Money  
SECRETARY, NAVAL BOARD.

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

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

C.N.S. 1121  
2M-5-40 (4893)  
N.S. 815-9-1121

NOTED  
ESTATES CARD  
JUN 7 1945  
B.N.P.A. SECT. 11  
E.L.



ACCOUNTS OF MEN DISCHARGED

47

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..... **McGRATH, James** ..... Rating. **A/Ildg. Smn.**  
 Official No. **V 652** ..... HMCS. **Niobe for ALBERNI** ..... List. **12.2/72**  
 Who... **Discharged Dead** ..... on the **21st August** ..... 19 **44**

Net sum due on ledger on account of Wages.....	\$	cts.	
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).....			
charged to... <b>31st August</b> .....			
Name of ship from which transferred.....			
Total..... <b>Creditor</b>	<b>154</b>	<b>76</b>	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, fifty-four** dollars **Seventy-six** cents.

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

Approved **[Signature]** **A/Commander (S) RCNVR**, Supply Officer  
**[Signature]** **Lieutenant (S) RCNVR**, Asst. Supply Officer  
**[Signature]** **A/CAPTAIN, RCNVR**, Commanding Officer.

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

NOTED  
 ESTATES CARD  
 C.N.S. 46  
 JUN 7 1945  
 D.N.P.A. SECT. 11  
**[Signature]**

Note: The above sum has been recovered by Niobe March cash acc't receipt voucher N-R-1569.









Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE

NO. N.S. V-652 Pers. (N)

OTTAWA, Ontario, DEC 16 1944

39334



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:

NAME, RANK/RATING NO.

PLACE, DATE & CAUSE of DEATH

NEXT OF KIN

McGRATH, James Donald Ldg. Seaman, V-652, R.C.N.V.R.

Missing, presumed dead on 21 August, 1944, from H.M.C.S. "ALBERNI".

MOTHER: Mrs. Isabella P. McGrath, 110 Cauchon Street, WINNIPEG, Man.

ALLOTMENTS IN FORCE

In Favor of

Amount

Initials

(Mother)

Mrs Isabella McGrath, 110, Cauchon St. Winnipeg, Man.

A.P. 15.00

S.P.

Maurice Pollack, 75-79 St-Joseph St. Quebec.

5.00

S.P.

WILL: No Record.

Yours truly,

G. J. Heard

for SECRETARY, NAVAL BOARD.

Administrator of Estates, Estates Branch, Department of National Defence, OTTAWA.



NOV 1944

1944

1944

In accordance with Order  
No. 870, it is notified for your  
information that the following community  
groups in the Local Union of Canada have been  
recognized:

NAME OF CLUB

ADDRESS

LOCAL NO.

1. [Illegible Name] [Illegible Address] [Illegible Local No.]  
2. [Illegible Name] [Illegible Address] [Illegible Local No.]  
3. [Illegible Name] [Illegible Address] [Illegible Local No.]  
4. [Illegible Name] [Illegible Address] [Illegible Local No.]  
5. [Illegible Name] [Illegible Address] [Illegible Local No.]  
6. [Illegible Name] [Illegible Address] [Illegible Local No.]  
7. [Illegible Name] [Illegible Address] [Illegible Local No.]  
8. [Illegible Name] [Illegible Address] [Illegible Local No.]  
9. [Illegible Name] [Illegible Address] [Illegible Local No.]  
10. [Illegible Name] [Illegible Address] [Illegible Local No.]  
11. [Illegible Name] [Illegible Address] [Illegible Local No.]  
12. [Illegible Name] [Illegible Address] [Illegible Local No.]  
13. [Illegible Name] [Illegible Address] [Illegible Local No.]  
14. [Illegible Name] [Illegible Address] [Illegible Local No.]  
15. [Illegible Name] [Illegible Address] [Illegible Local No.]  
16. [Illegible Name] [Illegible Address] [Illegible Local No.]  
17. [Illegible Name] [Illegible Address] [Illegible Local No.]  
18. [Illegible Name] [Illegible Address] [Illegible Local No.]  
19. [Illegible Name] [Illegible Address] [Illegible Local No.]  
20. [Illegible Name] [Illegible Address] [Illegible Local No.]

Administrative and financial records  
of these clubs should be maintained  
in accordance with the following  
instructions:

Administrative records should be  
maintained in accordance with the  
following instructions:



Department of Labour  
Ottawa