

1944

RAMSAY

BALLANTYNE

SEA ISLAND

Lt Philip, Kenneth LD SH(RC) RCAF
 Pte Philip, Robert Mackay CMSC
 Cpl Phillips, Alexander Robert Regina Rif
 P/O Phillips, Cecil RCAF
 Lt Phillips, Charles Edward A&SH of C
 F/O Phillips, Clifford Stanley RCAF
 L/Bdr Phillips, Elmer RCA
 Pte Phillips, Ernest Frederick James C Scot R
 Pte Phillips, George Frederick Alg R
 WO₁ Phillips, George Robert RCA
 Lt Phillips, Harold Cameron Linc & Well R
 O/Smn Phillips, James George RCNVR
 F/O Phillips, James Murray RCAF
 AB Phillips, John David RCNVR
 Cpl Phillips, John Stephen RCAMC
 Tor Phillips, John Thomas Ont R
 O/Smn Phillips, Robert Redhead RCNVR
 O/Smn Phillips, Ronald Keith RCNVR
 P/O Phillips, Ross Joseph RCAF
 F/O Phillips, Samuel Alexander RCAF
 Rfn Phillips, Thomas Regina Rif
 F/O Phillips, Walter RCAF
 P/O Phillips, Winston Spencer Moyses RCAF
 Lt Philp, David Martin RCSigs
 Sgt Philp, George Donald 17 H
 Tor Philp, Harold George Sher Fus R
 P/O Phinney, Charles Garnet RCAF
 Pte Phoenix, Clarence RHC
 Pte Picard, Albert R de Mais
 F/O Picard, Alfred Alexander RCAF
 Lt Picard, Charles R22 R
 Cpl Picard, Marie Jean-Paul RCAF
 Pte Picard, Siméon Fus MR
 WO₁ Picciano, Raymond Daniel RCAF
 Pte Pichard, Jean François Roger R de Chaud
 Sgt Supt Piché, Lawrence Joseph RCAF
 S-Lt/A Piché, Louis Paul-Emile RCAF
 Sgt Pickard, Roy Eugene RCAF
 Pte Picken, Douglas John Nth NS Highrs
 P/O Pickering, David RCAF
 F/O Pickering, Frank Edward RCAF

Sgt Pickering, George In RC
 Fus Pickering, Leonard PL Fus
 F/S Pickering, Robert Gardhum RCAF
 LAC Pickering, Roy Herbert RCAF
 Pte Pickering, Wallace Cameron Nth NS Highrs
 Capt Pickersgill, Frank Herbert Dedrick C Int C
 Pte Pickford, Ernest Stanley Francis RCAMC
 Pte Pictou, Francis Carl & York R
 F/O Pidcock, Charles Trevor Leighton RCAF
 Pte Pidgeon, Frederick George Tor Scot R
 Sgt Pidgeon, George Walker RCAF
 Rfn Pidgeon, Joseph Arthur Eugene RRC
 Pte Pidpryhora, John RHC
 L/Cpl Piedalue, Ralph Nth NS Highrs 12 D
 Tor Pieper, John William RCAF
 F/L Pierce, Allan Arthur 12 D
 Tor Pierce, Charles Douglas Essex Scot
 Pte Pierce, Louis Joseph RCA
 Gnr Pierce, Roy Elgin QOR of C
 Rfn Pierce, Thomas Joseph Regina Rif
 Rfn Piercy, James William RCAF
 Sgt Piers, Roy Spencer PPCLI
 Pte Pietrasz, Antoni RCAF
 P/O Pigeon, John Jerome RCAF
 LAC Pigeon, Leo RCAF
 Pte Piggott, Ernest 4 PLDG
 AB Pike, Brenton James RCNVR
 F/O Pike, Lawrence Elwin RCAF
 Sigmn Pike, Quentin Gerow RCSigs
 Cpl Pike, Reginald Charles 1 H
 F/O Pike, Robert Eric Bowman RCAF
 Sgt Pike, William Earle RAF
 Cpl Pike, William John Dalton RCASC
 Gnr Pilkington, Thomas Christopher RCA
 Cpl Pilling, John Regina Rif
Sto 1/c Pilon, Joseph Germain RCNVR
 Art Pilon, Philippe RCA
 L/Cpl Pilote, Joseph Donat RWpg Rif
 Pte Pinch, Victor Douglas CB Highrs
 Tpr Pinchuk, John BCR

V49934
PILON
JOSEPH

GERMA

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR "ALBERNI" Feb/43

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mr. Felix Pilon - Father

ADDRESS: L'Original, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Sophie Pilon

ADDRESS: L'ORIGINAL, Ontario
(Issued 17 January 1945)

(1)

English

(2)

MEMORIAL BAR

DATE DESP

(3) REGN. NO

2/12

AWARDS NAVY

D.D.

DECEASED 21 August 1944

PILON

Joseph Germain

V-49934

Sto.1

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

Fr. Ger. Star

C.V.S.M. & Clasp

War Medal

8306

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

ESTATES BRANCH

H.Q.N.S.V-49934
FD.757

7th February, 1946.

Miss Laurette Pilon,
684 Gordon Avenue,
Verdun, P.Q.

PILON, Joseph G., Sto.1 (Deceased)
No. V-49934, R.C.N.V.R.

Dear Miss Pilon:

Distribution can now be made of the amount of money here
at credit of your late brother.

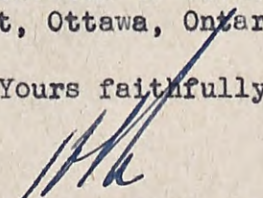
The total amount available to this Branch for distribution
is \$264.57, and is made up as follows:-

Balance of pay and allowances.....	\$ 87.44
Balance withdrawn from Bank of Montreal, Halifax, N.S.....	106.71
Credit for Kit Upkeep Allowance, Hard Lying Money.....	3.22
Refund of 6th Victory Loan.....	<u>67.20</u>
TOTAL.....	\$264.57

Your brother died without having made a Will and his Service
estate is therefore distributable in accordance with the Intestacy Law
of his province of domicile. Accordingly, it is divided equally among
his parents, six brothers and four sisters.

Treasury has been requested to forward to you a cheque in
the amount of \$22.04, and on receipt of same would you kindly sign
and return the enclosed form to the Director of Estates, Department
of National Defence, 308 Sparks Street, Ottawa, Ontario.

Yours faithfully,


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

HRW:MS
Encl.1 ✓

CERTIFICATE of the SERVICE of

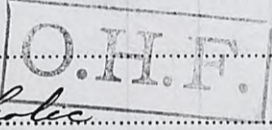
Joseph Germain Pilon

in the Royal Canadian Naval Volunteer Reserve

D. Co. H. S. 75885

Training Headquarters	R.C.N.V.R. Division	Official Number
	<i>H.M.C.S. "Carter"</i>	<i>V-49934</i>
		"
		"

Date of Birth	<i>29 December, 1919</i>	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth	<i>L'Orignal, Ont</i>	
Place of Residence	<i>L'ORIGNAL, ONTARIO</i>	
Trade brought up to	<i>Brakeman</i>	
Religion	<i>Roman Catholic</i>	<i>MOTHER: SOPHIE [SAME ADDRESS]</i>



Can Swim:—P.P.T. Date.....19..... Signature..... Rank.....

P.S.T. Date.....19..... Signature..... Rank.....

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<i>4 Nov '42</i>	<i>Duration of Hostilities Ord. Serv.</i>				

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>4 3/4</i>	<i>35</i>	<i>128 1/2</i>	<i>Black</i>	<i>Brown</i>	<i>Medium</i>	<i>Scar right eyebrow Hereditary scar</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

NAVAL TRAINING and ACTIVE SERVICE

DISCHARGE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				

Aug. 21 Aug 44
 No. 222323
 9. of Aug. 44
 Dead to date
 C. M. D. S. G.
 Dec. 1944

EXAMINATIONS, NOTATIONS, QUALIFICATIONS

RECORD OF RATING

Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
11 Jan 44	Q A/G (1 st issue)	<i>W. L. ...</i>	Sto. 1/2	15 Feb 43	D. E. P.

Signature



CANADA

ATTESTATION FORM
(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME PILON OFFICIAL NO. V-49934
CHRISTIAN NAMES JOSEPH GERMAIN MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS L'Original, Ontario RELIGION Roman Catholic

DATE OF BIRTH 29th December, 1919 *PLACE OF BIRTH Town L'Original NAME AND ADDRESS OF NEXT OF KIN Mother: Mrs Sophie PILON
County Same Address
Province Ontario
*Original Nationality of:
Father Fr.Can.
Mother Fr.Can.

*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>37</u>	<u>Black</u>	<u>Brown</u>	<u>Medium</u>	<u>Scar right eyebrow</u> <u>Herniotomy Scar</u>
Inches... <u>4 1/2</u>	Deflated... <u>33</u>				
<u>128 1/2</u>	Mean... <u>35</u>				

EDUCATIONAL STANDING 11th Grade Commercial TRADE OR CALLING AND IN WHOSE EMPLOY Brakeman
Defence Industries Ltd,
Valleyfield, Que.

DATE OF ENROLMENT Divisional Strength
4th November, 1942 RATING FOR WHICH ENROLLED Ord.Seaman R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED H.M.C.S. "CARTIER"

(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 XXXXXX for the period shown, and attach my record of service in corroboration of this statement.

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
<u>---- NOT APPLICABLE ----</u>			

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

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

(5) On being enrolled as a member of the H.M.C.S. "CARTIER" 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 4th day of November, 1942

Signature of applicant XX Germain Pilon

(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 4th day of November, 1942

P. P. P.
Signature of and rank of Attesting Officer.

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

(D) OATH OF ALLEGIANCE

I, JOSEPH GERMAIN PILON 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 XX Germain Pilon

Witness: P. P. P.

Date 4th November, 1942 Rank Lieutenant, 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

JOSEPH GERMAIN PILON 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. "CARTIER" Division of the R.C.N.V.R. or in the appropriate official documents.

P. P. P.
Attesting Officer.

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

R.C.N.V.R. Division
(or other establishment) H.M.C.S. "CARTIER"

4th November 1942

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 SEAMAN 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.

Germain Pilon
Signature

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

36
DEC 28 1944
(Date)

Sir:

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.
PILON, Joseph Germain Stoker First Class V-49934, R.C.N.V.R.

DATE OF ENLISTMENT - 4th November, 1942 Active Service 8th March, 1943.

DATE OF DISCHARGE - 21st August, 1944

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

SERVICE - Canada & 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 HMCS
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. Sophie Pilon

ADDRESS - L'ORIGINAL, 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.

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

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

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 Sophie Pilon.	Mother.		

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	NIL.	10.00	10.00
To Whom Paid:	Mrs Sophie Pilon.	Address	L'Original, Ont.

Date of Enlistment: See other side.

Date of Discharge: See other side.

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

The final deduction of Assigned Pay for 10.00 has been made for the period from 1st to 31st of August, 1944

Remarks: Allottee is not in receipt of D.A.

Computed by L. Henderson

Checked by Su

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

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



268132

Certificate of Medical Examination of Officers and Ratings

~~WOMEN'S ROYAL CANADIAN NAVAL SERVICE~~
R.C.N. OR RESERVE FORCES

NOTE—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Superintendent, ~~Naval Service~~, Naval Service Headquarters, Ottawa.

I, the undersigned, have examined P. L. O. G. GERMAIN

candidate for entry as 017

and I believe ~~him~~ to be *~~in all respects fit for His Majesty's Service~~ } ~~she~~ has signed the Certificate
{ ~~unfit for His Majesty's Service for the reason stated below~~ }

†Strike out if inapplicable. *Delete one.

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

(a) Age	Yrs.	Mos.	(j) Date of last Vaccination for Smallpox	1936
(b) Height with bare feet	Feet	In.	(k) General Development	good.
(c) Weight without clothes	128 1/2		(l) Nose, Throat and Tonsils	None normal Tonsils present
(d) Ears and Hearing	normal		(m) Heart and Lungs	BP 125/70. normal
(e) Chest Girth	Max.	Min.	Mean	(n) Abdomen Hernia, etc.
(f) Teeth	Deficient	Defective	Dentures	LEFT INGUINAL HERNIOTOMY SCAR.
(g) Vision by Snellens Types	without glasses	Rt.	Lt.	(o) Limbs and Joints
(h) Colour Vision	Ishihara	NORMAL.		(p) Skin
(i) Chest x-ray	not taken approved positive doubtful	15-3410 approved J.P.O.N.H. Montreal		(q) Anus Haemorrhoids
				(r) Prostate TESTES
				(s) Urine

L. I. HERNIOTOMY 1940 & 1941
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.

Germain Pilote
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, ~~she~~ being desirable in other respects.

*Delete one

IF REJECTED
insert here
UNFIT
in block letters

Dated at Montreal the 5 of Nov 1942

W.D. Watt
Examining Medical Officer
(Rank) Sgt. Rcvr

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

NAME IN FULL *Pilon Joseph Germain* RANK/RATING *Sto. 1c* OFF. NO. *V-49934* ADDRESS

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS					STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF	
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE				CLASP C.V.S.M.
	<i>8-3-43</i>											1939-45	<i>1 star</i>
<i>Albani</i>	<i>23-1-44</i>	<i>21-8-44</i>	<i>212</i>	<i>Atl. Ex-cesson</i>								ATLANTIC	
	<i>Death Missing (Presumed dead)</i>											FRANCE G.	<i>1 star</i>
		<i>21-8-44</i>										AFRICA	
												PACIFIC	
												BURMA	
												ITALY	
												DEFENCE	
												C.V.S.M.	<i>2 @ Clasp</i>
												" CLASP	
												WAR 1945	<i>1 Medal</i>
												WAR 1915	

VERIFIED BY *[Signature]*

VERIFIED BY *[Signature]*

VERIFIED BY

DIR. OF PERSONNEL RECORDS.

ESTATES BRANCH

H.Q.N.S.V-49934
FD 757

February 1st, 1946.

E.O. Bertrand, Esq., M.P.,
L'Orignal, Ontario.

PILON, Joseph G., Sto.1 (Deceased)
No. V.49934 R.C.N.V.R.

Dear Sir:

This will acknowledge receipt of your letter of the 26th ult. regarding the estate of the above named deceased and I am able to inform you that distribution of same will be made very shortly.

It is noted that the deceased left no Will and consequently the distribution will be made as an Intestacy for his province of domicile, namely Ontario, which will necessitate distribution in the proportion of one-twelfth to each of the beneficiaries. We had been holding the distribution in anticipation of the receipt of War Service Gratuity to distribute simultaneously but we are now advised that this was paid directly to Mrs. Pilon.

The allotments for the Sixth Victory Loan Bond were included in the amount named in our letter to Mr. Pilon, namely \$157.86, and the sum of \$106.71 was withdrawn from the Bank of Montreal in Halifax, making a total of \$264.57 for distribution in twelve shares.

The father, Mr. Felix Pilon has omitted to give us the specific addresses of three of the adult sisters who apparently live in Montreal, namely Mrs. Bertha Parisien, Miss Marie B. Pilon and Miss Laurette Pilon, and we shall require these before requisitioning a cheque and if you can obtain same for us it will be greatly appreciated.

Yours faithfully,



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

HRW:MC

DISTRIBUTION OF SERVICE ESTATES
NAVY

Estates Form "P. 4"

HG

Name PILON Surname Joseph G. Christian Names No. V.49934

Rank Sto. I Unit R.C.N.V.R.O/S Date of Death 21-8-44

AMOUNT

Date 6-2-46 L.P.C.....\$ 157.86
Other Credits..... 106.71
Total..... 264.57

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/12	Father	Felix Pilon, L'ORIGINAL, Ont. <i>R✓</i>	\$22.05
1/12	Mother	Mrs. Sophie Pilon, (as above) <i>R✓</i>	22.05
1/12	Brother	Arthur Pilon, (as above) <i>R✓</i>	22.05
1/12	Brother	Wilfred Pilon, (as above) <i>R✓</i>	22.05
1/12	Brother	Gerard Pilon, (as above) <i>R✓</i>	22.05
1/12	Brother	Albert Pilon, Hurberdeau, P.Q. <i>R✓</i>	22.05
1/12	Brother	Lionel Pilon, BROWNSBURG, P.Q. <i>R✓</i>	22.05
1/12	Brother	Orila Pilon, VALLEYFIELD, P.Q. <i>R✓</i>	22.05
1/12	Sister	Mrs. Courroune Braylau, (as above)	22.04
1/12	Sister	Mrs. Bertha Parisien, 882 Church Ave., VERDUN, Que. <i>R✓</i>	22.05
1/12	Sister	Marie B. Pilon, 3960 Wellington Ave., VERDUN, P.Q. <i>R✓</i>	22.04
1/12	Sister	Laurette Pilon, 684 Gordon Ave., VERDUN, P.Q. <i>R✓</i>	22.04
		(as next of kin entitled)	

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$264.57
CLASSIFIED BY <i>D</i>			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

[Signature]
(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer

ACCOUNTS OF MEN DISCHARGED



Account of the Balance of Wages, the Sale of Clothes and Effects
and the other Credits of Men Discharged to the
Shore, D. D. or Run

Name **PILON Germaine** Rating **STO.I.**
 Official No. **V 49934 H.M.C.S. NIOBE for ALBERNI** List **12.II/51**
 Who* **Discharged Dead** on the **21st August** 19**44**

	\$	cts.	
Net sum due on ledger on account of Wages.....	87	44	
Proceeds of sale of Effects charged against Wages, brought from the other side.....			
CASH—			
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....			
Found amongst Effects.....			
Debts collected \$.....			
Cash debited in the Accountant Officer's Cash Acct.....			
If in debt in ledger, amount to be stated (in red ink).....			
Rate of allotment (in words) Twenty dollars; Ten Dollars ; Sixteen dollars and eighty cents. charged to 31 Aug.			
Name of ship from which transferred.....			
Total†.....	87	44	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** of **Eighty-Seven** dollars **Forty-four** cents.

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

Approved *[Signature]* **A/Captain, RCNVR.**
[Signature] **A/Commander(S) RCNVR.** Accountant Officer
[Signature] **Lieutenant (S) RCNVR.** Commanding Officer. { Initials of the Assistant Accountant Officer

For Use at Headquarters. \$.....cts.....credited on Inspector's certificate

No.....to.....

Signature.....

Date.....19.....

*State whether discharged on shore, D.D. or Run. †State whether "debtor" or "creditor".
 §Subscriptions for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

Note: The above sum has been recovered by Niobe March cash acc't. receipt voucher N-R-1557.

ACCOUNT OF SALE OF THE EFFECTS

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

TO WHOM SOLD		PARTICULARS	Charged in Ledger	Paid for in Cash
No. Ship's Book in consecutive order	NAME <small>(If any are not sold, state how they are to be disposed of)</small>			
<small>Total proceeds of sale carried to account on the other side</small>				

..... } Lieutenant or Officer who attended at the sale of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.*

.....Signature |Signature
Rank |Rank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "ALBERNI" ending 31 MARCH 1945

List 12-2 No. 52 (Name) PIION, Germaine Rank Rating Sto. 1 No. V-49934

When entered F.B. Date of appearance ----- Whither discharged D.D.

		\$	c.
CREDIT from former account			
	Former Book		87.44
Pay as	(Rank Rating) from _____ to _____ (_____ days at \$ _____ a day)		
"	" " " (" ")		
"	" " " (" ")		
"	" " " (" ")		
"	" " " (" ")		
Kit Upkeep Allowance			
OTHER CREDITS:			
Total credits			87.44

DEBT from former account							
PAYMENTS:--	1st	2nd	3rd	4th	5th	Total	
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.		
1st month	Niobe Mch. Cash Acct. Receipt Vr. NR-1557					87.44	
2nd month						Total	
3rd month						Total	
Allotment							
Pension deduction (Officers) charged to _____ of _____							
Hospital stoppages							
Mulets							
OTHER CHARGES:							
							87.44
							NIL
							(Balance Dr. to be shown in red)

Number of days actually victualled during period mentioned above NIL

Not Victualled	Lent, Sick or Leave	Inclusive Date		No. of Days	Ship, Hospital, etc., in which borne
		From	To		

Date 19 May 1945

[Signature]
Lieut(S) RCNVR, for accountant Officer

Ledgers R.O.
F.

Mrs. Sophie Pilon,
L'Original, 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. 49934 FD 757.

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

PILON, Joseph Germain, Sto. 1st Class,

V. 49934 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

J. W. Wadsworth
Commander R.C.N.V.R.
Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	N / L		
2	Children of the Deceased and dates of their Births.....	N / L		
3	Father of the Deceased.....	Felix Pilon	73	L'Original Out
4	Mother of the Deceased.....	Sophie Pilon	70	" "
5	Brothers of the Deceased	Full Blood	Albert Pilon 47 Arthur Pilon 45 Wilfrid Pilon 43 Lionel Pilon 41 Orila Pilon 39 Gerard Pilon 30	Humberdean P.2. L'Original Out " " Brownsburgh P.2. Valleyfield P.2. L'Original Out.
		Half Blood		
6	Sisters of the Deceased	Full Blood	Bertha Parvise (Pilon) 37 Marie Blanche Pilon 35 Courroun Braylan (Pilon) 33 Lorette Pilon 28	Montreal P.2. " " Valleyfield " P.2. Montreal P.2.
		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	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Joseph Germain Pilon
9	Date of his birth.	X 29 December 1920
10	Place and date of his marriage.	N / h
11	Place and date of his parents' marriage.	20 June 1896 L'Orignal Ont.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	L'Orignal Ont
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ontario, County Prescott (b) until enlistment (c) (d)
14	Nature of employment before enlistment.	war plant at Valleyfield
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.	Nil

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?	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?	No.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	War Certificate \$50.00
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
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.	

OTHER PARTICULARS

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

(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

* Father 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.

L. Pilon {Signature of Informant
L. Original Out Address

CERTIFICATE

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

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

Dated at L. Original this 4th day of January 1945.

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

Address L. Original Out.....

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

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME **Joseph Germain**
 (CHRISTIAN NAMES)
 PAYEE **Mrs. Sophie Pilon**
 ADDRESS **L'Original, Ont.**

PILON
 (SURNAME)

REGISTER NO. **7617**
 FILE NO. **NS. V49934**
 DATE **7 May/45**
 SERVICE NO. **V49934**
 FINAL RANK OR RATING **Sto. 1/C**
 DATE OF DISCHARGE **21 Aug/44**

DATE OF TERMINATION OF OVERSEAS SERVICE **21 Aug/44** DATE OF DISCHARGE

A. TOTAL QUALIFYING SERVICE
 NO. OF DAYS **533** EQUAL TO **17** COMPLETE PERIODS AT \$7.50
 \$ **127.50**

B. QUALIFYING OVERSEAS SERVICE
 NO. OF DAYS **212** LESS **23** INELIGIBLE DAYS, EQUAL TO **189** DAYS @ 25C. PER DAY
 \$ **47.25**

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

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

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ **3.50** X7 = \$ **24.50**
 NO. OF DAYS **189** X \$ **24.50**
183

\$ **25.31**

D. WAR SERVICE GRATUITY

\$ **200.06**

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

\$ **N11**

F. TOTAL AMOUNT PAYABLE

\$ **200.06**

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____ = \$ **200.06**
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

cheque # 15032- 26/5/45

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 **SJD** CHECKED BY *[Signature]*

TREASURY
 CHECKED BY *[Signature]* DATE **11/5/45**

[Signature]
 SERVICE REPRESENTATIVE
 for Dir. Naval Pay Accounting.

4617

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

Name of Deceased Member Joseph Germain PILON Rank or Rating STO 1/c O.No. V49934

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

D.A. -

A.P. \$ 10.00

D.A. -

A.P. -

M^{rs} Sophie PILON - mother
L. Original,
Ont.

2. Pension awarded or being awarded to:

awaiting decision C.P.C.

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

M^{rs} Sophie PILON
L. Original,
Ont.

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

(X) To be paid to:
M^{rs} Sophie PILON - MOTHER
3 May '45.

In the full.
proportion of: /

- and -

to:

In the
proportion of: /

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

X Group "B" (ii)

~~Group "G"~~ of the above mentioned Directive.

Date 3 Apr '45

[Signature]
for D.N.F.A. (G) DNJ

W.S.G. Application No. 7617-

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

FILE NO. N.S. - V-49934-

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>PILON</u>	<u>Joseph Germain</u>	<u>V-49934-</u>	<u>5to 1/c</u>
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: "Missing - presumed dead" (Alberni)
Applicant - Mother (no record of Pension of D.A. or A.P. Take Cochet)

		366
		24
		30
	<u>TOTAL SERVICE</u>	31
Date of Active Service	<u>8 Mch. 43-</u>	30
		31
Date of Discharge	<u>21 Aug. 44 +</u>	21
		<u>533</u>
Total No. of Days	<u>533-</u>	

Less non qualifying service — Total Days 533-

OVERSEAS SERVICE

% Total No. of Days	<u>212</u>	
# Less non qualifying service	<u>—</u>	
		Total Days <u>212-</u>

Record of Service in other Forces (per Naval Records)

Branch of Service _____
 Date of Active Service _____
 Date of Discharge _____

& % Overleaf

Computed By [Signature]
 Checked By [Signature]

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

DATE: MAR 19 1945

CFHC

NON QUALIFYING SERVICE

(#)	Date	Reason	No. of Days
"		"	"
"		"	"
"		"	"
"		"	"
"		"	"
"		"	"
			<u>Total Days</u>

(%)
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
---------------	------	----	-------------

"Alberni"	23 Jan. '44	21 Aug. '44	212
-----------	-------------	-------------	-----

9
 29
 31
 30
 31
 30
 31
 21

 212

DEPENDENTS ALLOWANCE BOARD

DECISION OF THE BOARD IN RESPECT OF THE APPLICATION
FOR DEPENDENTS ALLOWANCE SUBMITTED BY—

Official No. V49934 Rank or Rating Stocker 1/C

36

PILON Joseph Germain
(Surname) (Christian Names)

Military Unit.....

Air Force Establishment or Station.....

Naval Ship or Establishment.....

DECISION OF THE BOARD

Date reported to have died Aug. 1944.....

Assigned Pay \$10..... discontinued... 1-9-44.....

No Dependents' Allowance in pay but authority is hereby granted to pay Allowance in lieu of Assigned Pay to mother..... under Art. 113 A, F.R. & I.

Mrs. Sophie Pilon.....

L'Orignal, Ontario.....

\$0.....

Effective..... 1-9-44..... until advice is received of decision of C.P.C.

SPECIAL PLEASE

Vide precis folio..... 8.....

ARREARS	
D. A.	180 00
A. P.
TOTAL
D. A.
A. P.
TOTAL
CHECKED
LEDGER

Noted
D.P.A.
E.L.
8-3-45

40-57-62

Art 36 F.
para 113 A

[Signature]
(Chairman)

Reviewer M. Thurston.....

[Signature]
(Member)

Date 21-2-45.....

(Member)

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 PILON Joseph Germain
(Family name) (Given name or names in usual order)

RESIDENCE No. _____ Street _____ City, Town, Village or Township ORIGINAL Province Ont.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

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

8. BIRTHPLACE ONTARIO
(Province or Country)9. DATE OF BIRTH December 29 1919
(Month) (Day) (Year)10. AGE in

Years <u>34</u>	Months <u>8</u>	Days	If less than one day old hrs. or min.
--------------------	--------------------	------	--

11. Trade, profession or kind of work as
spinner, teamster, office clerk, etc. Brakeman, Defence Ind.
Valleyfield, Que.12. Kind of industry or business, as cotton-
mill, lumbering, bank, etc.

13. Date deceased last worked at this occupation _____

14. Total years spent in this occupation _____

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

16. NAME _____

17. BIRTHPLACE _____
(Province or Country)

18. MAIDEN NAME _____

19. BIRTHPLACE _____
(Province or Country)20. Person giving information sign here Paymaster Commander, R.C.N.R.Address Naval Service Headquarters, Ottawa, Ont.Relationship to deceased Director of Personnel Records21. Place of Burial, Cremation or Removal No burial

Date of burial or removal _____

22. Burial Permit was issued by _____

Address _____

23. UNDERTAKER _____
(Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH August 21 1944
(Month) (Day) (Year)25. I HEREBY CERTIFY that I attended deceased from:
 _____ 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. due to (a) <u>"Missing", presumed dead. He</u> Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) <u>Was serving in HMCS "ALBERNI"</u> due to (c) <u>which was sunk in the English Channel</u>	Underline the cause to which death should be charged statistically
II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause. <u>Channel</u>	

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

33

(Revised—July, 1938.)

Alberni 23-1-44

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.

NAME		Official Number	Port Division
Surname	Christian		
PILON	Joseph Germain	V-49934	CARTIER

REPORT OF PROGRESS AS STOKER 2ND CLASS UNDER TRAINING

(To be filled in on completion of courses in Depot)

Course	Date of		Class of Certificate awarded on completion*	Remarks	Signature and Rank of Examining Officer
	Commencing	Completing			
New Entry Course					
Field Training Results	22/6/43	6/7/43	71%	Satisfactory	V. Savage Training Lt(E) Commander.
Technical Training at Stokers' Training Establishment:— (1) Marine Engineering (2) Electrical	7/7/43	19/8/43	Satisfactory	Average Student.	D.B. Miller Lt C(E) Engineer Officer.

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

Issued with Stoker's Manual:—Date 3-43 Signature and Rank:—G.R. Hartley Wt. (E)

Entered H.M. Service as Stoker 2nd Class <u>4-11-42</u>	Completed 2 years' training for Mechanician
Advanced to Stoker 1st Class <u>4/11/42</u>	
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.

S. 1246A
20M-7-42 (5184)
N.S. 815-9-1246A

Special Remarks:

STOKER'S Employment and Ability

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

EFFICIENCY:—To be indicated as "Superior," "Satisfactory,"

Date	← Watchkeeper →								← In Charge of →							
	1 Coal Fireman or Burning Oil Fuel, including Boats	2 Engineroom Watch Keeping at Sea	3 Electric Light Engine	4 Distilling Plant	5 Refrigerating Machinery	6 Air Compressing Machinery, including E. A. Plant	7 Internal Combustion Machinery	8 Hydraulic Pumping Machinery	9 Boiler Furnace Bricklaying	10 Electrical Duties (H. P. E.)	11 Steamboat Machinery	12 Motor Boat Machinery	13 Boiler Water Tender	14 Boiler Cleaning Party	15 Engineroom Watch Keeping at Sea	16 General Charge of Firing in a Boiler
H-11-42																
16-6-43																
10-11-43			<i>Barracks Routine - Employed Manual Party</i>													
23-1-44																

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.

"C'est un délit contre la Loi des Secrets Officiels pour toute personne non-autorisée de garder en sa possession ce cahier ou des parties d'icelui, d'en communiquer le contenu de quelque manière que ce soit à aucun autre que ceux qui doivent le connaître pour remplir leurs devoirs, ou pour accomplir une action à la demande ou avec l'approbation d'un officier ou d'un chef de service du Ministère de la Défense Nationale dûment autorisé à cette fin par le Ministère."

MINISTÈRE DE LA DÉFENSE
NATIONALE DU CANADA

N° B.F. 20381

Examen "M" révisé

Nom de famille... *PILON*..... Nom de baptême... *GÉRMAIN*...
 Numéro matricule... *V-*..... Rang... *ORDINARY-SEAMAN*
 Unité... *H.M.C.S. - CARTIER*..... Date... *9/3*..... 19*43*.
 Age... *22*..... Occupation antérieure... *BRAKEMAN*.....
 Scolarité... *MATRICULATION - JUNIOR*..... Langue... *FRANÇAISE*

Instructions

1. N'ouvrez pas ce cahier maintenant. Attendez le signal.
2. Ce cahier contient 9 tests. Vous n'aurez qu'un temps limité pour chacun. Ne commencez pas avant que je vous dise: "Commencez!" Quand je dis "Halte!" cessez aussitôt.
3. Essayez de répondre à chaque question, mais si vous arrivez à une question trop difficile, passez-la et essayez la suivante. **Travaillez vite et bien.** La vitesse et la précision comptent toutes deux dans le résultat. S'il vous reste du temps repassez la page qu'il y a devant vous, mais ne tournez pas les autres pages, ni celles qui précèdent ni celles qui suivent.
4. On vous dira ce que vous avez à faire à chaque page. **Ne tournez pas la page avant qu'on ne vous le dise.**

Scores

Commentaires

	Scores	Commentaires
Test 1	<i>14</i>	
Test 2	<i>14</i>	
Test 3	<i>13</i>	
Test 4	<i>20</i>	
Test 5	<i>17</i>	
Test 6	<i>13</i>	
Test 7	<i>17</i>	
Test 8	<i>28</i>	
Total	<i>137</i>	<i>bgs.</i>
Classement	<i>153</i>	<i>106 C+</i>
Anglais (Test 9)		

Cet examen général, préparé par la Société Canadienne de Psychologie, comprend un choix de matériel déjà publié qui a été traduit et adapté aux besoins présents avec la permission des auteurs: C. E. Kellogg pour les exercices et les tests 1, 2, 3; Harry J. Baker pour les exercices et les tests 4 et 5.



19

142487

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

N.S. V-49934. PERS. (N) 'S CHECKED IN

C.R. BY R.....

My dear Mrs. Pilon:

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. Joseph was an excellent stoker and was very well liked by all the officers and men. He had been with me for some time and had proved his "mettle" on many occasions.

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~~ near your home 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. Sophie Pilon,
L'Orignal Ont.

1138 P 22 85
268135

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 PILON GERMAIN (b) Reg'l. No. V 49934
2. (a) Arm of service NAVY (b) Unit R.C.N.V.R. (c) Rank ORDNAN
3. (a) Date of birth DEC 21 1919 (b) Have you any dependents? YES (c) Place of residence at time of enlistment Valleyfield, Que.
4. (a) Place of enlistment Montreal, Que. (b) Date of enlistment Nov 1st 1942

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (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.) JUNIOR MATRICULATION
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? FRENCH & ENGLISH (b) What languages do you read well? FRENCH & 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? NO

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 D.I.L. Address VALLEYFIELD, QUE.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) AMUNITION PLANT
20. (a) Your specific occupation BRAKEMAN (b) Number of years' experience at this occupation with any employer 3 MONTHS
21. (a) Did your employer promise definitely to give you employment on discharge? YES (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? YES

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? YES (b) Do you feel competent to operate a farm? YES (c) If so, in what kind of farming? DAIRY
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? 11 (c) In what provinces did you have experience? ONTARIO

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.) ASSURED-A-JOB
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. MECHANICAL-DRAFTING



DATE NOVEMBER 4th 1942 SIGNATURE Germain Pilon

Copy To
VWD
ES

NOV 28 1942

V49934 OFFICIAL NUMBER NAME PILON Joseph Germain OFFICIAL NUMBER V49934 P.I.B.
 (Surname) (Given Names)

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS "CARTIER"	Ord. Smn.	4	11	42	Div. Str. Cartier												
" "	"	8	3	43	Active Service D.L. 9-3-43												
" "	Sto. I	15	3	43	Transferred. (249A/34994)												
" Cornwallis	"	16	6	43	D.L. 16-6-43												
" Stadacona	"	11	11	43	DRD H-3171.	V.G.	SAT.	31	12	43.							
" Alberni	"	23	1	44	BRD. S/50 p-4.												
" DISCHARGED.	"	21	8	44	Missing Per Casualty List 249AA 22987												
		21	8	44	Presumed Dead 249AA 59558												

GENERAL REMARKS

Mother: Mrs. Sophie Pilon, I'Orignal, Ont. awarded Cdn Memorial Cross to date the 17th. Jan. 1945.

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		RELI.	ED.	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT			
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION			P.	CTY.	TOWN	SERV.	DIV.	A.	BR.	RANK
29	R	19	11	587	0	10	4	1	4	1	02	0	04	1	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.	SR.	RANK			
			42	08	03	43				1520	0	15	94			
SENIORITY			STR.	NON-SUB		M				CODED	CHECKED					
DY.	MO.	YR.	CAT.	A	B	ST.										
15	03	43	13	00	00											

V49934

OFFICIAL NUMBER

FILE NUMBER

113-P-2285

OFFICIAL NUMBER V49934

NAME PILON (Surname) Joseph Germain (Given Names) DATE OF BIRTH 29 Dec. 1919PLACE OF BIRTH L'Orignal, Ontario OCCUPATION BrakemanRELIGION Roman Catholic EDUCATION Grade 11 CommercialRESIDENCE AT TIME OF ENLISTMENT: Street and No. _____ Town L'Orignal 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
4	11	42	H.O.	5'4 ³ / ₄ "	Black	Brown	Medium	Scar right Eyebrow, Herniotomy scar.				

NEXT OF KIN RELATIONSHIP (in pencil) mother NAME (in pencil) Mrs Sophie Pilon 8/3/43ADDRESS (in pencil): Street and No. _____ Town L'Orignal 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	
				13	8	43	Marked "Tr". 249A-42631.				
				11	1	44	Qual. Anti-Gas (1st Issue)				

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 _____

