

1944

· BEAGUN HEAD ·

· SAVIO RIVER ·

· BURN ·

Pte Wagner, Ivan Samuel RRegt C
 Sgt Wagner, James Shoup SALta R
 Tpr Wagner, Joseph Vincent 8 NBH
 Pte Wagner, Lawrence Grenville RHC
 Pte Wagner, Nelson Howard RCR
 L/Cpl Wagstaff, Douglas Elmo SD&G Highrs
 LAC Wahlers, Edward RCAF
 Pte Wainwright, Gordon Willis HLI of C
 P/O Waite, Allan Halford RCAF
 Sgt Waite, Frederick Richard 1 H
 Pte Waito, Harold Martin 4 PLDG
 AB Waitson, Maurice RCNVR
 Spr Wake, Louis Ernest RCE
 Sgt Wakefield, John RCAF
 Cpl Wakefield, John Herbert 4 PLDG
 AB Wakeley, Stanley Gordon RCNVR
 Pte Wakely, Eric Abbott RHC
 P/O Wakely, Leo Paul RCAF
 P/O Wakely, Wilfred George RCAF
 F/O Wakeman, Harold Frederick RCAF
 Gnr Walden, Francis Henry RCA
 Capt Waldie, Ernest Reginald RCA
 Pte Waldorf, Joseph Edgar RHC
 Lt Waldron, Arthur Griffith Three Riv R
 Sgt Waldron, Weston RCAF
 Rfn Wales, Douglas RWp & Rif
 Pte Wales, Valmar Tennyson C Scot R
 Pte Walesiak, Victor Thomas RCASC
 Pte Walker, Alexander Brown Perth R
 Lt Walker, Alfred Robert Clark RCR
 Pte Walker, Alfred Ross 4 PLDG
 F/O Walker, Bruce Douglas AFM RCAF
 Sgt Walker, Craik Donald RCAF
 Pte Walker, David Frank CH of O
 F/O Walker, Donald Edward RCAF
 Sgt Walker, Donald Forbes RCA
 Pte Walker, Douglas Richard NShore R
 WO1 Walker, Douglas Victor RCAF
 Cpl Walker, Earl Carl BCD
 Cpl Walker, Frank Walter RWp & Rif

Pte Walker, Frederick William VGC
 F/O Walker, George Sharpe RCAF
 Pte Walker, Grenville Oliver Merle Calg Highrs
 Gnr Walker, Harvey Lloyd RCA
 Pte Walker, Hugh Edward 48 Highrs
 Lt Walker, Hugh MacMillan 1 Cdn Para Bn
 AB Walker, James RCNVR
 P/O Walker, James Arthur RCAF
 W/C Walker, James Elmslie DFC & 2 Bars RCAF
 Pte Walker, John CB Highrs
 Rfn Walker, John Charles Creer QOR of C
 L/Cpl Walker, John Ernest NShore R
 Pte Walker, Joseph Edward RHC
 F/L Walker, Kenneth Alexander RCAF
 Cpl Walker, Leo Bernard RRegt C
 Cpl Walker, Malcolm Three Riv R
 Rfm Walker, Norman Stanley Regina Rif
 L/Cpl Walker, Robert William C Scot R
 AB Walker, Robert Thomas RCNVR
 LAC Walker, Ronald Gerrard RCAF
 P/O Walker, Stanley Clarkson RCAF
 F/L Walker, Stewart Kitchener RCAF
 F/O Walker, Wallace RCAF
 Pte Walker, Wayne William CB Highrs
 P/O Walker, William Arthur RCAF
 L/Bdr Walker, William Heird RCA
 Gnr Walker, William Young RCA
 Gnr Walkley, Frank RCA
 P/O Wall, Adolph LeRoy RCAF
 Sgt Wall, Alexander 1 Cdn Spec Ser Bn
 Pte Wall, Alfred Arthur Linc & Well R
 F/O Wall, Charles Douglas RCAF
 Pte Wall, Francis Henry RCASC
 Gnr Wall, Frank Benedict RA
 L/Sgt Wall, Frederick Vrooman RRegt C
 L/Cpl Wall, John Henry NShore R
 Rfn Wall, Raymond Arthur RWp & Rif
 F/O Wall, Walter Douglas RCAF
 L/Cpl Wall, William Hast & PER

V17999
WALKER
JAMES

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Nov. 45 "ALBERNI"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Agnes Walker - Mother

ADDRESS: R.R. #2,
Lakeside, Ont.

MEMORIAL BAR

(1)
DATE DESP

REGN. NO 2031

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Agnes Walker

ADDRESS: RR # 2, Lakeside, Ont.

(3)

17-3-45

D OF D 21-8-44

AWARDS NAVY

378243

D. D.

WALKER James		V-17999	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star

Atlantic Star & Clasp ^{F+G}

Africa Star & Clasp ^{N.A.}

C.V.S.M. & Clasp

War Medal

6637

17-10-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MAY 20 1992

13/04/92

V17999

OFFICIAL NUMBER

FILE NUMBER

113-W-1572

OFFICIAL NUMBER V17999

NAME

WALKER,

(Surname)

James

(Given Names)

DATE OF BIRTH

12 February, 1924.

PLACE OF BIRTH

St. Mary's, Perth Co., Ontario.

OCCUPATION

Labourer.

RELIGION

Presbyterian.

EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

R.R. 1,

Town

Thamesford,

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
3	3	42	Hostilities Only	5'10 $\frac{1}{2}$ "	Brown	Blue	Medium	Burn on right fore-arm.	Perth Rgt.	Pte.		

NEXT OF KIN RELATIONSHIP (in pencil)

NAME (in pencil)

ADDRESS (in pencil): Street and No.

Town

Province, etc.

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	
3	2	44	C.V.S.M. (R.&C.) 1939-1943 Star. 249A (1939/4)	11	9	42	Passed P.S.T. (V.G.)				
				26	9	42	Marked Tr.				

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		

FILM
NO. WSR-5369-2
DATE

Date (in figures)			DAYS FORFEITED					
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.

Last Will & Testament-3-3-42 Received.

O.H.F. Received.

SECOND CLASS FOR CONDUCT

From

To



V17999

OFFICIAL NUMBER

NAME

WALKER

James

(Surname)

(Given Names)

P.I.B.

V17999

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 "Prevost"	Ord. Smn.	3	3	42	Div. Str. London.	V.G.	Sat.	31	12	42							
" "	" "	8	4	42	Active Service.	V.G.	Sat.	31	12	43							
Cornwallis	" "	7	6	42		V.G.	Sat.	21	8	44							
Stadacona	" "	22	7	42	DR												
Prevost	" "	22	7	42	DRD												
Cornwallis	" "	22	9	42	DRD												
Alberni	" "	6	10	42	DRD <i>via Stada.</i>												
"	A.B.	8	4	43	Rated. 249A(14938)												
DISCHARGED	"	21	8	44	"Missing" per Casualty List.												
					"Presumed Dead" Sub. 15-2-45.												

GENERAL REMARKS

Awarded Canadian Memorial Cross to
 Mother: Mrs. Agnes Walker,
 R.R. #2,
 Lakeside, Ontario. 17-1-45.

DATE OF BIRTH			PLACE BIRTH		CIVIL OCCU.		RELI-ED	PERM. RESIDENCE			PREV. ENL.		RANK OR RATE		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	P.	CTY.	TOWN	SERV.	DIV.	A	BR	RANK	
12	2	24	11	900	0	50	X	1	36	00	0	16	0	08 93	
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		
03	03	42	08	04	42					1520	0	08	94		
SENIORITY			STR.	NON-SUB		M	CODED			CHECKED					
DY.	MO.	YR.	CAT.	A	B	ST.									
08	04	43	13	00	00		TF			013 700					

820 200

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
 (Family name) (Given name or names in usual order)

RESIDENCE No. Street City, Town, Village or Township R.R.#1, THAMESFORD Province Ontario
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>Male</u>	5. Nationality (Citizenship) <u>Canadian</u>	6. Racial Origin <u>British</u>	7. Single, Married, Widowed or Divorced (Write the word) <u>Single</u>
8. BIRTHPLACE <u>Ontario</u> (Province or Country)			
9. DATE OF BIRTH <u>February 18</u> 19 <u>37</u> (Month) (Day) (Year)			
10. AGE in { Years Months Days If less than one day old <u>20</u> <u>6</u> hrs. or min.			
OCCUPATION			
11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. <u>Labourer Coronation Dairy</u>			
12. Kind of industry or business, as cotton-mill, lumbering, bank, etc.			
13. Date deceased last worked at this occupation.....		14. Total years spent in this occupation.....	
15. If married give name of wife or husband of deceased.....			
FATHER			
16. NAME.....			
17. BIRTHPLACE (Province or Country)			
MOTHER			
18. MAIDEN NAME.....			
19. BIRTHPLACE..... (Province or Country)			
20. Person giving information sign here <u>H.B. Money</u> Address <u>Paymaster Commander R.C.N.R., Naval Service Headquarters, Ottawa, Ont.</u> Relationship to deceased <u>Director of Personnel Records</u>			
21. Place of Burial, Cremation or Removal <u>No Burial</u> 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

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

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

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

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

PHYSICIAN

Underline the cause to which death should be charged statistically

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

60436

NATIONAL 1942
113-W-72

IN THE NAME OF GOD, AMEN

I, JAMES WALKER.....Ord. Seaman.....of His Majesty's Ship H.M.C.S. PREVOST.....
(now a Patient* in)

*If in Hospital or in Hospital Ship.
Insert the degree of relationship (if of any) and place of residence of the Legatee or Legatees.
See instructions on the back hereof.

being sound of mind, do hereby make this my last Will and Testament: I give and bequeath unto my Mother, Mrs. Agnes Walker, R. R. #1, Thamesford, Ontario.....

all such Wages, Prize Money, Allowances, and other Sum or Sums of Money, as now are, or hereafter may be due to me for my service on board the said Ship, or any other Ship or Vessel, of the Royal Navy, together with all other my Estate and Effects whatsoever and wheresoever.

Insert the degree of relationship (if of any) and place of residence of the Executor or Executors.

And I do hereby appoint My Mother, Mrs. Agnes Walker, R. R. #1, Thamesford, Ontario.....

Executors of this my last Will and Testament; and hereby revoking all former Wills by me made, I declare this to be my last Will and Testament.

In Witness whereof I have at London, Ontario hereunto set my hand, this 3rd. day of March, in the Year of Our Lord One Thousand Nine Hundred and forty two.

James Walker

Signed by the said Testator, as his last Will and Testament, in the presence of us present at the same time, who in his presence at his request and in the presence of each other have subscribed our names as Witnesses.

Witnesses { [Signatures] Pay-Lieutenant R. C. N. V. R.

NOTE.—As Wills of Petty Officers, Seamen, and Marines must be executed with the formalities required by the Law of England in the case of other persons, every such Will must be executed in the presence of, and be attested by, two disinterested Witnesses.

Where the Will is made on board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall be a Commissioned Officer, Chaplain, or Warrant or Subordinate Officer belonging to His Majesty's Naval or Marine or Military Force.

Where the Will is made elsewhere than on Board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall be a Commissioned Officer, or Chaplain, or Warrant or Subordinate Officer, or the Governor, Agent, Physician, Surgeon, Assistant-Surgeon, or Chaplain of a Naval Hospital at home or abroad, or a Justice of the Peace, or the Incumbent, Curate, or Minister of a Church or Place of Worship in the Parish where the Will is executed, or a British Consular Officer, or an Officer of Customs, or a Notary Public, or a Solicitor, or in Scotland a Law Agent.

A Will made by any person while serving as a Seaman or Marine will not be valid for any purpose if it is written or contained on or in the same Paper, Parchment, or Instrument with a Power of Attorney.

The Certificate on the back hereof, is to be signed by the person by whom the Will is prepared.

Noted in Service Records by [Signature]

Mrs. Agnes Walker
 R.R. # 2
 LAKESIDE, Ontario.

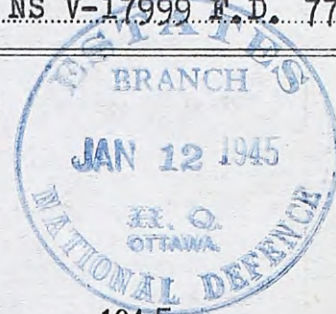
Any further communication on this subject should be addressed to:—

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

and the following number quoted:—

H.Q. NS V-17999 F.D. 772

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.



3 January 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

WALKER JAMES A.B.

V-17999 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/DW

H. W. Wade
 Commanding Officer
 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.....	None		
2	Children of the Deceased and dates of their Births.....	None		
3	Father of the Deceased.....	James Walker	60	RR 2 Lakeside Ontario
4	Mother of the Deceased.....	Agnes Sharp Walker	59	RR 2 Lakeside Ontario
5	Brothers of the Deceased	Full Blood	Archibald Mcghee Walker	29 Science Hill Ontario
		Half Blood	None	
6	Sisters of the Deceased	Full Blood	Mary Rae Gounlay Agnes Sharp Cousins Jhanina Russell Lottie Beatrice Walker	38 RR 5 St. Marys Ontario 35 St. Marys Ontario 33 St. Marys Ontario 30 Mitchell Ontario
		Half Blood	None	
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.	None	Names and ages of their children (if any)	Address of their children
		None		

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	James Walker
9	Date of his birth.	12 February 1924
10	Place and date of his marriage.	not married
11	Place and date of his parents' marriage.	at Irvine, Ayrshire, Scotland 15 June 1905

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Usborne Township County of Huron, Prov. of Ontario
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Usborne Township 2 years. } Perth County (b) Fullarton Township 6 years. } (c) Blanshard Township 8 years. } (d) East Missouri Township 2 years. } Oxford County all prov. of Ontario
14	Nature of employment before enlistment.	farmer
15	State whether he owned the premises in which he lived, and, if so, where situated.	lived with his father
16	Name place where deceased stated he intended to make his permanent home.	at home with his father

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	—
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No
20	Amount of War Savings Certificates held by deceased. Indicate where located.	\$ 25 at maturity. located with his mother at home.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	\$ 50 bond at home. Bearer. \$ 100 bond with the Navy.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	London Life Insurance Co. — 1 policy — payable to his mother.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	none, except rum ration money still held by Navy.

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 no
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	no

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

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relation 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.

James Walker

{Signature of Informant

RR # 2 Lakeside Ontario Address

CERTIFICATE

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

See above. James Walker { 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 St. Marys this 6th day of January 1945

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

R. W. Harstone

Qualification Notary Public in and for Ontario

Address St. Marys Ontario.

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

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

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

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

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

CERTIFICATE of the SERVICE of

James WALKER

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
<i>Halifax N.S.</i>	<i>London, Ont.</i>	<i>V 17999</i>
		"
		"

Date of Birth..... *12 February 1924*

Place of Birth..... *St. Mary's, Ontario*

Place of Residence..... *4441 Thamesford Ont.*

Trade brought up to..... *Labourer*

Religion..... *Presbyterian*

Name and Address of Nearest Relative or Friend (in pencil)
Mother
Agnes Walker
same address

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

P.S.T.(V) Date *11 September* 19 *43* 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>3 Mch '42</i>	<i>Hostilities</i>	<i>Ord. Smm.</i>		<i>3 Feb '44</i>	<i>Canadian Volunteer Service Medal & Clasp Provisional Award</i>
					<i>3 Feb '44</i>	<i>1939-43 Star Provisional Award</i>

PERSONAL DESCRIPTION								MARKS, WOUNDS, SCARS
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	
	Feet	Inches						
On Entry.....	<i>5</i>	<i>10 1/4</i>	<i>34</i>	<i>152</i>	<i>Brown</i>	<i>Blue</i>	<i>Medium</i>	<i>Burn on right fore-arm.</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

CONSENT PAPER

(This paper is required in all cases where the Candidate is under the age of 18 years, in addition to the Certificate of Birth or Declaration.)

*Strike out "son" or "ward" as the case may be.

I hereby certify that my ~~son,*~~ James Walker has my full consent (being himself willing) to enter the Naval Service of Canada for a period of seven years' continuous and general service, from the age of 18, in addition to whatever period may be necessary until he attains that age, agreeably to the King's Regulations.

He has not been in a Reformatory, nor has he been sentenced to imprisonment.

I declare that he has never had fits.

† No alteration or erasure is to be made in the date of birth given.

The date of the boy's birth is † 12th of February 1924

His Religious persuasion is Presbyterian

Witness my hand at R R 1 Thamesford

15 day of November 1941

†† Strike out "Parent's" or "Guardian's" as the case may be.

Parent's ~~Guardian's~~ Signature in full James Walker

‡ Must be signed by the Father, if alive, or satisfactory explanation made.

Parent's ~~Guardian's~~ Address R R 1 Thamesford Ont

In the case of a Guardian see other side.

I, the above named James Walker do consent to enter the Naval Service of Canada.

§ The Boy and Parent or Guardian must sign in the presence of the witness to their signatures.

§ Boy's signature in full James Walker

Signed by the said [Here write boy's name] James Walker

And [Here write Parent's or Guardian's name] James Walker

In the presence of { Wm H May Witness to signature of Boy, and Parent or Guardian
St Marys Address. [OVER]
Ont

CERTIFICATE

§ Strike out "Parent" or "Guardian" as the case may be.

** Strike out "he" or "she" according to sex of Parent or Guardian.

† The assertion of the boy himself should not be taken as sufficient warrant for this statement.

I certify that I am personally acquainted with this Boy's § Parent, and am † aware** he/she has consented to the Boy's entry as above, and I believe the particulars stated herein to be true.

.....Clergyman of the Parish

or.....Resident Householder }

.....Occupation..... }

.....Address

.....19.....

Particulars to be stated, if possible, in the case of a Boy whose Father is dead

Date of Father's death.....

Place of death.....

Signed.....Mother

Particulars to be stated, if possible, in the case of a Boy whose Parents are both dead

Date of Father's death.....

Place of death.....

Date of Mother's death.....

Place of Mother's death.....

Signed.....Guardian

ORIGINAL



CANADA

N. V. 5

50M-1.41 (8973)
N.S. 815-11-5

40019

NATIONAL DEFENCE

MAR - 5 1942

W-113W1572

2

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Walker, OFFICIAL NO. V-17999
CHRISTIAN NAMES James MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
R. R. 1 Thamesford, Ontario	Presby.

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
12 February 1924	Town St. Mary's County Perth Province Ontario	Mrs. Agnes Walker, (Mother) Same Address

*Original Nationality of:
Father British
Mother British

*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 5	Inflated 37	Brown	Blue	Med	Burn on right forearm.
Inches 10 1/4	Deflated 33				
152	Mean 34				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
Entrance - Rannock Public School Near St. Mary's, Ont.	Labourer - Coronation Dairy St. Mary's, Ont.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
Divisional Strength 3rd March, 1942	Ord. Smn.	H.M.C.S. "Prevost" LONDON

(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 N.P.A.M. 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
Perth Regiment	Private		Personnel Records Division

1. Noted in Records	2. Index Card	3. Non-Sub. Card	4. Statistical Card	5. Photo Strip	6. Pension Card	7.	8.
DATE 11/3/42							

ENTERED IN PAY LEDGERS
H. M. C. S. "BYTOWN"
FAIR and belief
MAY - 4 1942
ROUGH

(c) I have never been rejected for or discharged from any account of unfitness.
(4) That the particulars contained above are correct and true according to the best of my knowledge

(5) On being enrolled as a member of the London 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 3rd day of March 1942

Signature of applicant x James Walker

(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 3rd day of March, 1942

R. E. Malkin
Signature of and rank of Attesting Officer.
Sub-Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, James WALKER 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 x James Walker

Witness R. E. Malkin

Date 3rd March, 1942 Rank Sub-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

James WALKER 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 London Division of the R.C.N.V.R. or in the appropriate official documents.

R. E. Malkin
Sub-Lieutenant, R.C.N.V.R. Attesting Officer.

3rd March, 1942 R.C.N.V.R. Division London
(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.

Unemployment Insurance Book— Yes

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.

x James Walker
Signature

CAMPAIGN STARS, DEFENSE
 NAVAL GENERAL SERVICE MEDAL (1915).

NAME IN FULL *Walker James* RANK/RATING *A-B* OFF. NO.

SHIP	SERVICE			AREA	QUALIFYING PERIODS		1939-45	ATLANTIC
	FROM	TO	DAYS		FROM	TO		
	<i>8-4-42</i>							
<i>Albani</i>	<i>6-10-42</i>	<i>21-8-44</i>	<i>68</i>	<i>Atl. Med. Wp.</i>				
	<i>Disch (Dead)</i>			<i>Ex. Ser. (lost)</i>				
	<i>21-8-44</i>							

VERIFIED BY *J. G. Collins*

VERIFIED BY

IGN STARS, DEFENCE CLASP.

NAVAL GENERAL SERVICE MEDAL (1915).

RANK/RATING *A-B* OFF. NO. *V-17999* ADDRESS

YS	AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
		FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
								1939-45	1	<i>star</i>
	<i>Sp. Atl. Med. Aps. Ex. Gen. (Last)</i>							ATLANTIC	1	<i>C. Clasp</i>
								FRANCE G.	2	
								AFRICA	2	<i>clasp C. Clasp</i>
								PACIFIC		
								BURMA		
								ITALY		
								DEFENCE		
								C.V.S.M.	2	<i>C. Clasp</i>
								" CLASP		
								WAR 1945	1	<i>Medal</i>
								WAR 1915		

VERIFIED BY *J. J. Allwin*
PA

VERIFIED BY DIR. OF PERSONNEL RECORDS



DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
	Surname..... WALKER	Ord. Smn.	V17999	\$1.25
	Christian Names } James			

Section A ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname..... London Life Insurance Co.		<i>Richmond St.</i> London, Ontario	\$9.00	New May 1942
Christian Names } Policy #373061				

Section B DISPOSAL OF EXISTING ALLOTMENTS

(See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):—
	NIL		
	Ent'd on Index Card		Initials Date <i>M.S. 13/5/42</i>
	Ent'd on Allotment Ledgers		

NOTE 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.

NOTE 2:—Write "Increased or reduced as Section A"; "To be stopped (charged to.....)"; "To be continued," etc.

Witness

Allotter's Signature authorizing charges.....

James Walker
Rank or Rating

Writer

ENTERED IN FAIR LEDGER

Plencher

ENTERED IN ROUGH LEDGER

S.M. West

The allotment now declared has been duly entered in the Fair and Rough Ledgers with effect from the appropriate date. The reduction or transfer has been duly approved by the Commanding Officer and the reasons for the alteration are:—

J. Albert Blair
Pay. Lieut. Commander - R.C.N.V.R.
Accountant Officer
Accountant Officer

H.M.C.S.

By town

Forwarded.....

MAY 12 1942

THE NAVAL SECRETARY,
Department of National Defence,
(Naval Service)
Ottawa, Ont.

S. 63

NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET

FOR USE AT HEADQUARTERS ONLY

	INITIALS	DATE
Declaration received at Headquarters.....		
Declaration examined.....		
Approved.....		
Index card made.....		
Allotment ledger sheet made.....		
Allotment ledger sheet checked.....		
Type plate made.....		

9.00

J

P.#373061

V-17999

WALKER, JAMES

LONDON, ONT.

RICHMOND ST.

LONDON LIFE INS. CO.

OCCUPATIONAL HISTORY FORM

113-24-1572

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..... (b) Reg'l. No. V 17999
2. (a) Arm of service..... (b) Unit..... (c) Rank O1D
3. (a) Date of birth..... (b) Have you any dependents?..... (c) Place of residence at time of enlistment.....
4. (a) Place of enlistment..... (b) Date of enlistment.....

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... (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.)..... ENTRANCE SINCE
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?..... (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..... Address.....
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....
20. (a) Your specific occupation..... (b) Number of years' experience at this occupation with any employer.....
21. (a) Did your employer promise definitely to give you employment on discharge?..... (b) Did your employer refuse to promise you employment on discharge?..... (c) Do you wish to return to your former employment?.....

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?..... (b) Do you feel competent to operate a farm?..... (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?..... NO
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)..... NO PLANS
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form..... MACHINIST

DATE MAY 4 44 194

SIGNATURE James Walker



Copy To
VWD
ES

MAY 25 '942

NAVAL MESSAGE

To:

MRS AGNES WALKER
R R #2
LAKE-SIDE ONTARIO

From:
NSHQ

V.17999

10

CNP THE MINISTER OF NATIONAL DEFENCE FOR NAVAL SERVICES DEEPLY
REGRETS TO REPORT THAT YOUR SON JAMES WALKER ABLE SEAMAN
OFFICIAL NO V-17999 IS MISSING AT SEA LETTER FOLLOWS

/24

(DELIVERY CONFIRMED)

L/T

P/L

24/8/44

SW

05483

DRAFTED BY NPR
(PAY LIEUT T F HEARD)
FILE NS V-17999 PERS (N)

LA/CM

REGISTERED
AIR MAIL

N.S. V-17999, PERS.(N)

23 August, 1944.

Dear Mrs. Walker:

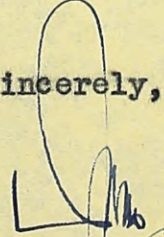
It is with deepest regret that I must confirm the telegram of the 23rd of August, 1944, from the Minister of National Defence for Naval Services, informing you that your son, James Walker, Able Seaman, Official Number V-17999, Royal Canadian Naval Volunteer Reserve, is missing at sea.

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. Agnes Walker,
R. R. # 2,
LAKESIDE, Ontario.







SERVICE

File Number. V17999

NAME: WALKER, James

O.N. V-17999

13

PRESENT RANK/RATING: A.B.

DATE TAKEN ON ACTIVE SERVICE: 8-4-42

SERVICE

SHIP OR ESTABLISHMENT

From

To

HMCS Prevost
Cornwallis
Stadacona
Prevost
Cornwallis
Alberni

8-4-42
7-6-42
22-7-42
22-7-42
22-9-42
6-10-42

6-6-42
21-7-42
21-9-42
5-10-42

WILL: Yes.

NAME & ADDRESS OF Mother: Agnes Walker
NEXT OF KIN: R.R. # 2,
Lakeside, Ont.

DISCHARGED PREVIOUSLY? N o.

REASON:

DATE:

Initialed by: A.E.

Date: 28-8-44

Section: 3

(TO BE COMPLETED IN INK.)

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

14

.....28 August, 1944.....

Sir:

(Date)

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
<u>WALKER, James</u>	<u>Able Seaman</u>	<u>V-17999, R.C.N.V.R.</u>

DATE OF ENLISTMENT - 3 March, 1942. Active Service: 8 April, 1942.

DATE OF DISCHARGE - Will be reported later.

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" at sea when ship in which he was serving
when and where any disability was lost by enemy action in the English Channel.
was incurred, or where death occurred.

While this casualty is listed as missing, it is impossible to make an estimate as to his chances of survival. Should no information be received to the contrary, you will be notified when official presumption of death with date has been set.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Mother NAME - Mrs. Agnes Walker,

ADDRESS - R.R.# 2, Lakeside, Ont.

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

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

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

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

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

Noted D.N.P. 2-1-45 L.P.

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

(See reverse side for further instructions)

REMARKS:.....

NOTES:

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

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

26
DEC 16 1944

Sir:

.....
(Date)

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
<u>WALKER, James</u>	<u>Able Seaman</u>	<u>V-17999, R.C.N.V.R.</u>

DATE OF ENLISTMENT - 3 March, 1942 Active Services: 8 April, 1942.

DATE OF DISCHARGE - 21 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 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.)

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - MOTHER: NAME - Mrs. Agnes Walker,

ADDRESS - R. R. #2, LAKESIDE, 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, DEPENDENTS ALLOWANCE, etc.

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

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>
----------------------------	---------------------	----------------------------	--

Nil

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	Nil	\$20.00	
To Whom Paid:	Mrs. Agnes Walker		Address R.R. # 2, Lakeside, Ontario.

Date of Enlistment: (See other side)

Date of Discharge: (See other side)

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

The final deduction of Assigned Pay for _____ has been made for the period from 1st to _____ of _____ 194

Remarks:

Computed by..... ^{DMD}.....

Checked by..... *DMD*.....

Alec J. Boswell

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

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

File No. N.S. V-17999, Pers. (N) ✓

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

WAR MEMORIAL CROSS

Issued to:-

Wife:-

Mother:-

Mrs. Agnes Walker,
R.R. #2,
LAKESIDE, Ont.



Date forwarded:- JAN 17 1945

Registered Mail No: 3517

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



Department of National Defence

Naval Service

OTTAWA, Ont.,

IN REPLY PLEASE QUOTE
No. N.S. V-17999 Pers. (N)

26
DEC 18 1944 194

39381

Sir:

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



<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
WALKER, James Able Seaman, V-17999, R.C.N.V.R.	Missing, presumed dead on 21 August, 1944, from H.M.C.S. "ALBERNI".	MOTHER: Mrs. Agnes Walker, R.R. #2, LAKESIDE, Ont.

<u>In Favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
London Life Ins. Co.	London, Ontario P#373061	\$9.00	AMP.
Mrs. Agnes Walker	R. R. #2, Lakeside, Ontario	\$20.00	AMP.
Rec. Gen. of Canada	6th. Victory Loan, Ottawa, Ontario	\$16.80	AMP.

Allot\$ stopped Aug. 31/44

AMP. WILL: ATTACHED.

13/12/44

Yours truly,

for
SECRETARY, NAVAL BOARD.

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



0111-111
Personnel Section
General Registry
Personnel Section

PERSONNEL PART 501

11/11/44

11/11/44

11/11/44

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11/11/44

11/11/44

11/11/44



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..... **WALKER, James** Rating..... **A.B.**
 Official No. **V17999** H.M.C.S. **NIOBE for ALBERNI** List **12.II/5**
 Who* **Discharged Dead** on the **21st August** 19**44**

Net sum due on ledger on account of Wages.....	\$	cts.
	82	93
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—	\$	cts.
Proceeds of sale of Effects, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No.....		
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words) Twenty dollars; Nine Dollars; Sixteen dollars and eighty cents. charged to.....		
Name of ship from which transferred.....		
Total†..... Creditor	82	93

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-two** - - - dollars **Ninety-three** 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 Accountant Officer
[Signature] Lieutenant (S) RCNVR { Initials of the Assistant Accountant Officer
[Signature] A/CAPTAIN RCNVR Commanding 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".
 §Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

C.N.S. 46 Note: The above sum has been recovered by Niobe March cash acct. receipt voucher N-R-1532.
 10M-3-43 (8719)
 H.Q. N.S. 815-9-45

Six 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 WALKER, James (Christian names in full)

Rank or Rating Able Seaman Official No. V-17999 Unit R.C.N. R.C.N.R. R.C.N.V.R.

Place of Birth St. Mary's, Ontario Date of Birth 12th February, 1924

Occupation in Civil Life Labourer Religion Presbyterian

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) From 3rd March, 1942 to 21st August, 1944.

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. "ALBERNI" was lost in the English Channel due to enemy action.

Nearest known relative or friend Name Mrs. Agnes Walker Relationship Mother Address R.R. # 2 LAKESIDE, Ont.

Date on which the above was informed by Ship Naval Service Headquarters: 23 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.

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

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

ENTERED IN NPA'S LOG BOOK MAR 10 1945 Clerk No. 1

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

Date OTTAWA, Ont. February 28 1945

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

Distribution: File, Imp. W. G. Com., Dom. Stat., Register, Sec. C.P.C., Dir. of Records.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

LL

Name.....WALKER.....Jane s......No. 7.17999
Surname Christian Names

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

AMOUNT

Date.....5 Nov 45.....
 L.P.C.....\$ 153.35
 Other Credits.....
 Total.....153.35

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Agnes Walker, R.R. #1, Thamesford, Ont. (Sole beneficiary under will)	153.35

PA. TO TREAS.

19-11-45 QW

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	153.35
CLASSIFIED BY			EXAMINED BY		
<i>[Signature]</i>			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

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

AUDITED FOR PAYMENT

.....
 For Chief Treasury Officer

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

4
NAVY

DECEASED
MEMBER'S
NAME

James
(CHRISTIAN NAMES)

WALKER
(SURNAME)

REGISTER NO. 9470
FILE NO. NSV-17999
DATE 12 Sep/45
SERVICE NO. V-17999
FINAL RANK OR RATING A.B.
DATE OF DISCHARGE 21 Aug/44

PAYEE **Mrs. Agnes Walker,**
ADDRESS **R.R.# 2,
Lakeside, Ont.**

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

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **867** EQUAL TO **28** COMPLETE PERIODS AT \$7.50

\$ **210.00**

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **686** LESS **27** INELIGIBLE DAYS, EQUAL TO **659** DAYS @ 25C. PER DAY

164.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ **1.85**
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ **1.45**
ADDITIONAL PAY **H.L.M.** \$ **.25**

DEPENDENTS' ALLOWANCE 1/30 OF \$ **N11**

TOTAL \$ **3.55** X7 = \$ **24.85**
NO. OF DAYS **686** X \$ **24.85**

93.16

D. WAR SERVICE GRATUITY

467.91

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE \$
AND ASSIGNED PAY \$
OTHER DEDUCTIONS \$ **N11**

F. TOTAL AMOUNT PAYABLE

467.91

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____ = \$ **467.91**
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

Cheque 74209 - Sept. 18/45

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 **13/9/45**

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

STATEMENT OF WAR SERVICE GRATUITY - NAVY

top

Deceased Member's Name **James WALKER**
 (Christian Names) (Surname)

Payee **Mrs. Agnes WALKER**
 Address **R.R. # 2 Lakeside, Ontario.**

Register No. **9470**
 File No. **V17999**
 Date **25 June 45**
 Service No. **V17999**
 Final Rank or Rating **A-3**
 Date of Discharge **21 Aug '44**

Date of termination of overseas service **21 Aug '44**

A. TOTAL QUALIFYING SERVICE
 No. of days $\frac{867}{30}$ equal to **28** complete periods at \$7.50 210.00

B. QUALIFYING OVERSEAS SERVICE
 No. of days **686** less **27** ineligible days equal to **659** days @ 25¢ per day 164.75

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$	1.85			
Subsistence or Lodging and Provision Allowance	\$	1.45			
Additional Pay <i>H.L.M.</i>	\$.25			
Dependents' Allowance 1/30 of \$ <i>NIL</i>					
		Total	3.55	x 7 =	\$ 24.85
		No. of days	$\frac{686}{183}$	x	\$ 24.85
					93.16

D. WAR SERVICE GRATUITY 467.91

E. DEDUCTIONS

OVERPAYMENT OF PAY AND ALLOWANCES	\$			
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	\$			
OTHER DEDUCTIONS	\$			<i>NIL</i>

F. TOTAL AMOUNT PAYABLE 467.91

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ _____ of \$ _____ = \$ **467.91**
 Total Dependents' Allowance in issue \$ _____

CERTIFICATE: I certify that the amount has been correctly computed and is payable in accordance with the terms of the War Service Grants Act, 1944 and the regulations issued thereunder.

		Treasury	
Prepared by	Checked by	Checked by	Date

Service Representative

D.N.P.A. CHECK

1	<i>AWG</i>	6	<i>[Signature]</i>
2	<i>AWG</i>	7	<i>[Signature]</i>
3	<i>AWG</i>	8	<i>[Signature]</i>
4	<i>[Signature]</i>	9	<i>[Signature]</i>
5	<i>[Signature]</i>	10	<i>[Signature]</i>

40020



ORIGINAL NATIONAL DEFENCE

Can. B. 207
100 M-11-40 (7881)
N.S. 815-2-207

MAR -5 1942
113 W 15-72

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 WALKER

‡ candidate for entry as O.D. for Gunnery

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

‡ Strike out if inapplicable. * Delete one.

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

(a) Age (Years / Months)	(b) Weight without Clothes (lbs.)	(c) Height with Bare Feet (ft. ins.)	(d) General Development	(e) Chest Girth (inches)	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or revaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(j) Limbs and Joints	(k) Skin	(l) Ears and Hearing	(m) Testes, Varicocele, etc.	(n) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(o) Anus, Hemorrhoids, etc.
17 11 mos	152	5' 10 1/4"	Good	maximum 37" minimum 33" mean 34"	right eye 6/6 left eye 6/6 *colour vision Ish N.	Never	Normal	Normal	slightly low arches good flexibility	Clear.	T.M.'s intact. Hearing good	Normal.	1 deficient 0 defective Tonsils hypertrophied	A. external tag. not significant

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

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

6/1/42 # 8-6244

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.

James Walker

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

Signature of Candidate

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

This Candidate is the subject of.....

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

* Delete one.

IF REJECTED
insert here
UNFIT
in block letters

Dated at London, Ontario the 6th of January 19 42

R. S. Ward

Examining Medical Officer

(Rank) Surg. Lieutenant R.C.N.V.R.

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, LONDON ONT.

Ottawa, January 9th, 1945

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

V-17999 A.S. WALKER, James

P. & N. H. 1769-J

The Department of National Defence, Navy

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

~~xxxxxx~~ Date of death ~~xxx~~ service Canada & High Seas.
on the 21st Aug., 1944 on

His next of kin is reported as - Mother -
Mrs. Agnes Walker,
R.R. #2,
Lakeside, Ont.

The Addressograph Stencil shows payment of Assigned Pay of

\$ 20.00 a month to -
Mrs. Agnes Walker,
R.R. #2,
Lakeside, Ont.

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

/FD

E. Clewes,
for
Canadian Pension Commission.

c.l.