



Ldg Ck (S) Agar, Robert James RCNVR  
 Pte Agnew, Earl Linc & Wellld R  
 Pte Agnew, Frank N Shore R  
 AB Agnew, John RCNVR  
 Pte Ahier, Lionel Thomas N Shore R  
 LAC Ahlskog, Victor Edward RCAF  
 Pte Ahlstrom, Knute Emanuel C Scot R  
 Tpr Ahrens, Mervin Ont R  
 F/L Ahrens, Walter Colin RCAF  
 P/O Aiken, Douglas Earl RCAF  
 Pte Aiken, Norman VGC  
 Pte Aikens, Harry Alfred RHC  
 Cpl Ainsworth, Jack Clarence R Regt C  
 FO Aird, John Smith Seaton RCAF  
 Cpl Airhart, Wilbert Russell RCAC  
 Lt Airth, William Alexander

1 Cdn Spec Ser Bn  
 F/L Aistrop, Charles Sidney AFC RCAF  
 Rfn Aitken, Edward Carleton RRC  
 Capt Aitken, Henry Gordon RCASC  
 Lt Aitken, John Alexander Gordons  
 Pte Aitkenhead, Lloyd Duncan

SD&G Highrs  
 Pte Akeroyd, Robert Calg Highrs  
 FO Akey, Ross Wellington RCAF  
 Sgt Akey, Stanley Harris RHLI  
 Rfn Alanen, Sulo William R Wpg Rif  
 Pte Albert, Alexis N Shore R  
 OP Albert, Joseph Henri Yvon RCAF  
 Pte Albert, Joseph Jean Julien R 225 R  
 Pte Albert, Joseph Louis Lake Sup R  
 Pte Albert, Saul 48 Highrs  
 Art Albert, Valmont Joseph RCA  
 PO Alberts, Edward Lloyd RCAF  
 Pte Albertson, Herman Essex Scot  
 Sgmn Albrecht, Oscar R C Sigs  
 PO Albrecht, Oscar Jacob RCAF  
 PO Alder, William Latham RCAF  
 PO Aldred, William Murray RCAF  
 Pte Aldridge, Kenneth Charles RCASC  
 S/L Alexander, Edward Sudbury, DFC, DEM RCAF

Pte Alexander, Eustace Keane Perth R  
 Rfn Alexander, George R Wpg Rif  
 Pte Alexander, Gilbert Essex Scot  
 FO Alexander, Ian Sutherland RCAF  
 FO Alexander, James Richard RCAF  
 F/L Alexander, Orlin Ronald RCAF

S/L Alexander, Robert Wilfred, DFC RCAF  
 Pte Alexander, Selena Pearl CWAC  
 Pte Alexander, William Charles Calg Highrs  
 FO Alexander, William Wilson RCAF  
 L/Cpl Alexis, Alexander R Wpg Rif  
 Sgt Algar, John Arthur RCA  
 Pte Alger, Lloyd Camerons of C  
 Gnr Alix, Raymond RCA  
 Pte Allain, Joseph Félix Edmond

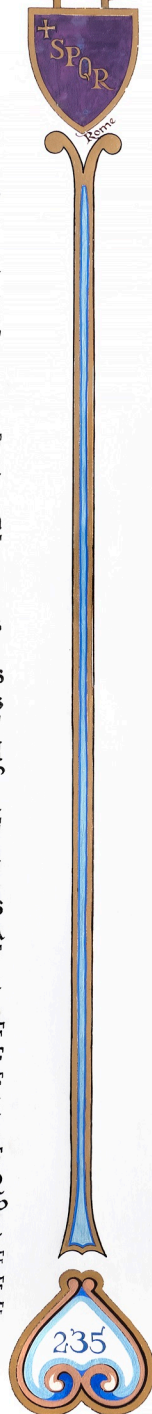
R de Mais  
 Sgt Allaire, Maurice Carl & York R  
 Cpl Allaire, Réal Francis Fus MR  
 FO Allan, Alexander RCAF  
 LAC Allan, Charles Melvin RCAF  
 PO Allan, Francis Frederick

George RCAF  
 Pte Allan, James Camerons of C  
 FO Allan, James Huxwellyn DFC RCAF

**AB Allan, John Mulholland RCNVR**  
 Pte Allan, Kenneth Duncan Hast & PER  
 PO Allan, Robert RCAF  
 Pte Allan, Robert S Sask R  
 PO Allan, Robert Edward RCAF  
 Pte Allan, Robert Joseph RCASC  
 Lt Allan, Vaughan Stuart PPCLI  
 Pte Allan, William Alexander 48 Highrs  
 PO Allan, William Bruce RCAF  
 Cpl Allan, William John C Scot R  
 Bdr Allard, Denis RCA  
 Pte Allard, Paul Camerons of C  
 Lt Allard, Rheel Edward S Sask R  
 Gnr Allbright, Bach Bernard RCA  
 FO Allcroft, Frederick Charles

DFC RCAF  
 Pte Alldread, Donald Alfred IRRC  
 Cpl Allemang, Harvey Elmer Alg R  
 Pte Allen, Alfred Harry SD&G Highrs  
 L/Cpl Allen, Arthur Percy RCE  
 Pte Allen, Carl Warren Carl & York R  
 Lt Allen, Carleton BCR  
 Pte Allen, Clifford George Albert

Lorne Scots  
 Pte Allen, Donald Lewis Linc & Wellld R  
 L/Sgt Allen, Edsel Herbert 48 Highrs  
 FO Allen, Ernest James RCAF  
 FO Allen, Ethan, DFC RCAF









# CERTIFICATE of the SERVICE of

John Mulholland ALLAN

in the Royal Canadian Naval Volunteer Reserve

I.C.N.V. 3 - ~~3770#~~

Training Headquarters <i>Esquimalt</i>	R.C.N.V.R. Division <b>WINNIPEG</b>	Official Number <b>V-24900</b>
		“
		“

Date of Birth 12th April, 1920.

Place of Birth WINNIPEG, Manitoba.

Place of Residence 270 Glenwood Crescent, Winnipeg.

Trade brought up to Shipping clerk.

Religion R. C.

Can Swim:—P.P.T. Yes Good Date Oct 1 1941 Signature H. Shroy Rank Lieut

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

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

*Father - David M  
143 Lynton St  
Winnipeg Man.*



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	
	<u>31 Jul '41</u>	<u>Hostil.</u>	<u>O'Smn.</u>		<u>3 Feb 44</u>	<u>Canadian Volunteer Award medal &amp; clasp. Provisional Award</u>
					<u>3 Feb 44</u>	<u>1939-43 Star. Provisional Award.</u>

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<u>5</u>	<u>9½</u>	<u>37</u>	<u>146</u>	<u>Dark Brown</u>	<u>Blue</u>	<u>Fair</u>	<u>Scar on left calf of leg</u>
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

















CANADA

107234

N. V. 5  
50M-1-41 (8973)  
N.S. 815-11-5

DEPT  
NATIONAL DEFENCE

AUG -8 1941

N.S. 1134-620  
CANADA

# ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME ALLAN OFFICIAL NO. V. 24900  
CHRISTIAN NAMES John Mulholland MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
270 Glenwood Crescent, WINNIPEG, Manitoba.	R.C.

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
12th April, 1920	Town WINNIPEG County Province Manitoba.	Mother ( Mary ALLAN ) 270 Glenwood Cresc., WPG.? Manitoba.
*Original Nationality of: Father <u>Scottish</u> Mother <u>Irish</u>		

\*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>39</u>	Dark Brown	Blue	Fair	Scar on left calf of leg.
Inches <u>9 1/2"</u>	Deflated <u>35</u>				
	Mean <u>37</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
Grade 10.	Shipping Clerk. GYPSUM LIME & ALABASTINE CANADA LIMITED, WINNIPEG, Manito ba.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
Divisional Strength 31st July, 1941.	O' Smn.	WINNIPEG DIVISION.

## (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) ~~XXXXXX~~

~~XXXXXX~~

\*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
			Personnel Records Division.

(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.

1. Noted in Records	<input checked="" type="checkbox"/>
2. Index Card	<input checked="" type="checkbox"/>
3. Non Sub. Card	<input checked="" type="checkbox"/>
4. Statistical Card	<input checked="" type="checkbox"/>
5. Roneo Strip	<input checked="" type="checkbox"/>
6. Pension Card	<input checked="" type="checkbox"/>
7. ....	<input type="checkbox"/>
8. ....	<input type="checkbox"/>
DATE	20/8/41



(5) On being enrolled as a member of the.....WINNIPEG, MAN......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.....31st.....day of.....July, 1941......

Signature of applicant.....J M Allan.....

(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.....31st.....day of.....July, 1941......

.....R. Mackenzie.....  
Signature of and rank of Attesting Officer.  
LIEUTENANT R. C. N. V. R.

(D) OATH OF ALLEGIANCE

I,.....John Mulholland ALLAN.....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.....J M Allan.....

Witness.....R. Mackenzie.....

Date.....31st July, 1941......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

.....John Mulholland ALLAN.....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.....WINNIPEG, MAN......Division of the R.C.N.V.R. or in the appropriate official documents.

.....R. Mackenzie.....  
LIEUTENANT R. C. N. V. R. Attesting Officer.

.....31st July,.....194.....1......R.C.N.V.R. Division  
(or other establishment).....WINNIPEG, MAN......

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.





Can. B. 207

100 M-11-40 (7881)

N.S. 815-2-207

NATIONAL DEFENCE

107235

AUG - 2 1941

N.S. 134623

# 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..... **John M. ALLAN**.....

‡ candidate for entry as..... **Ord. Sea.**.....

and I believe him to be \* (in all respects fit for His Majesty's Service. } He has signed  
(unfit for His Majesty's Service for the reason stated below.) } 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 Snellen's Types (i) Colour Vision (ii) Colour Vision	(g) Vaccinated or revaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
21 / 4	146	5 / 9 1/2	Good.	39 (a) maximum 35 (b) minimum 37 (c) mean	right eye 20/20 left eye 20/20 *colour vision N.	Vacc 1st arm, school age.	Normal	Normal	Normal	Normal	Normal	Normal	O deficient O defective N&T Normal	Normal

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

Pupils react to L&A. Reflexes Normal

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

**AUG 2 - 1941**  
X-RAY APPROVED ..... FILM No. **D 70-9**

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.

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

*John M. Allan*  
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..... **WINNIPEG, MAN.**..... the..... **31st**..... of..... **July 1941**..... 19.....

*L. D. Jacks*  
Examining Medical Officer

(Rank)..... **SURGEON LIEUT. R. C. N. V. R.**.....



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

NAME IN FULL ALLAN John Mulholland RANK/RATING A. B. OFF. NO. V-24900 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.	1915 MEDAL
												1939-45	1	Star
												ATLANTIC	1	Star
<i>Mootila</i>	<i>5/6/42</i>	<i>12/2/43</i>	<i>253</i>	<i>atl.</i>								FRANCE G.		
<i>Hamilton</i>	<i>24/2/43</i>	<i>8/7/43</i>	<i>135</i>	<i>atl.</i>								AFRICA		
<i>Albatross Albemarle</i>	<i>13/6/43</i>	<i>21/5/44</i>	<i>375</i>	<i>atl.</i>								PACIFIC		
<i>Disch "Dead"</i>	<i>21/8/44</i>											BURMA		
												ITALY		
												DEFENCE		
												C.V.S.M.	2	Clasp
												" CLASP		
												WAR 1945	1	Medal
												WAR 1915		

VERIFIED BY J. P. King

*JK*

VERIFIED BY J. P. King

VERIFIED BY .....

DIR. OF PERSONNEL RECORDS.



Mr. David Miller Allan  
143 Genthon Street,  
ANORWOOD, 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-24900 F.D. 746

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

ALLAN JOHN MULHOLLAND A.B.

V-24900 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

*A. J. Wachs*  
Commander R.C.N.V.R.  
Director of Estates.



ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	David Miller Allan	69	89 Essex Ave St Vital Man
4	Mother of the Deceased.....	Mary Mulholland	<del>69</del>	December 3rd 1941 <del>deceased</del>
5	Brothers of the Deceased	Full Blood	James Allan 37 David Allan 28	467 Craig St Winnipeg, Man 95 Lache Ave Horwood, Man
		Half Blood	None	
6	Sisters of the Deceased	Full Blood	Agnes Dall 38 Mary Senff 35 Flora Cox 34	148 Gention St Horwood Man Hulton P. Q. St Vital Man 89 Essex Ave St Vital Man
		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.	Names and ages of their children (if any)	Address of their children	
	None	None		

8  
9  
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24  
25



ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	John Mulholland Allan
9	Date of his birth.	April 12 <sup>th</sup> 1920
10	Place and date of his marriage.	unmarried
11	Place and date of his parents' marriage.	June 20 <sup>th</sup> 1906 Pollockshaw, Glasgow, Scotland

## PARTICULARS OF DOMICILE

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

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	I don't know
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?	No
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?	I don't know
20	Amount of War Savings Certificates held by deceased. Indicate where located.	I don't know
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	I don't know.
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.	only his Navy pay and what he had on his person

## OTHER PARTICULARS

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

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

(PLEASE TURN OVER)



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.

David Miller Allan {Signature of Informant  
89 Essex St Vital, Man Address

CERTIFICATE

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

\*See above Miller Allan { 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 Boniface Man this 12 day of January 1945  
Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Arthur Bevent Qualification Jurist Preside  
Address 242 Dubuc St, St Boniface, Man

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

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

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

He said he was saving part of his pay so that he could get married on his return to Canada whether he banked the money in Britain or else - where I don't know but if you have his will made according to service regulations I would like to have a copy of it to see what disposition he made of his assets



# STATEMENT OF ACCOUNT

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

List 12.2 No. 24 (Name) ALLAN, John Rank Rating A.B. No. V 24900

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

	\$	c.
CREDIT from former account.....	102	12
Pay as <u>A.B.</u> from <u>1 July</u> to <u>31 Aug.</u> ( <u>62</u> days at \$ <u>1.85</u> a day).....	120	90
(Rank Rating)		
<u>L.R. III</u> " <u>1 July</u> " <u>31 Aug.</u> ( <u>62</u> " <u>10</u> " ).....		
" " " " ( " " " ).....		
" " " " ( " " " ).....		
" " " " ( " " " ).....		
Kit Upkeep Allowance.....	7	32
OTHER CREDITS: <u>HLM</u> .....	12	00
<u>IA</u> .....	2	00
Total credits.....	244	34

DEBT from former account.....

PAYMENTS:—	INCLUSIVE DATE					
	1st	2nd	3rd	4th	5th	
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	
1st month.....						Total.....
2nd month <u>4th Aug. Pay List</u> <u>\$ 53.64</u> .....						Total..... 53 64
3rd month.....						Total.....
Allotment.....						
Pension deduction (Officers) charged to..... of.....						
Hospital stoppages.....						
Mulcts.....						1 95
OTHER CHARGES:.....						
.....						
.....						
Total debits						55 59
Balance Cr. <del>Dr.</del>						188 75

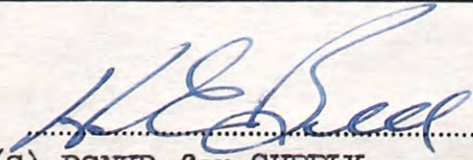
(Balance Dr. to be shown in red)

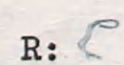
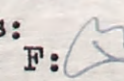
Number of days actually victualled during period mentioned above 52

NOT VICTUALLED

LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
	FROM	TO		
Leave	11 Aug	14 Aug	4	

Date 10th May 1945

  
 Lieutenant (S) RCNVR for SUPPLY      ACCOUNTANT OFFICER

C.N.S. 2426  
 25M-4-44 (543)  
 N.S. 815-9-2426  
 R:   
 Ledgers:  
 F: 



Six copies to be rendered to Naval Service Headquarters

33

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

~~H.M.C.S.~~ Naval Service Headquarters, OTTAWA, Ontario.

Name..... ALLAN John Mulholland  
 (Christian names in full)

Rank or Rating Able Seaman Official No. V-24900 Unit R.C.N. (R.C.N.V.R.)

Place of Birth Winnipeg, Manitoba. Date of Birth 12th April, 1920.

Occupation in Civil Life Shipping Clerk Religion Roman Catholic

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 31 July, 1941 to 21 August, 1944.

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

Cause of Death Missing, presumed killed, when the ship in which he was serving,  
 (If due to accident, violence, or enemy action, particulars to be stated briefly)

H.M.C.S. "ALBERNI", was lost in the English Channel due to enemy action.

Nearest known relative or friend. { Name..... Relationship.....  
 Address.....

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

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

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

If applicable { Place of Burial..... Date of Burial.....  
 Location, Number, etc., of grave.....  
 Undertaker employed.....

ENTERED IN  
 B.N.P.A.'s LOG BOOK  
 MAR 9 1945  
 Z.L.  
 CLERK No. 1

*H.B. Money*  
 (Commanding Officer)

for SECRETARY, NAVAL BOARD.

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

Date OTTAWA, Ont., 28 Feb., 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.





# 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 **ALLAN, John** Rating **A.B.**  
 Official No. **V24900** H.M.C.S. **NIOBE** for **ALBERNI** List **12.II/24**  
 Who\* **Discharged Dead** on the **21st August** 19**44**

	\$	cts.	
Net sum due on ledger on account of Wages.....	188	75	
Proceeds of sale of Effects charged against Wages, brought from the other side			
CASH—			
Proceeds of sale of Effects, brought from the other side.....	\$	cts.	
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)..... <b>Nil.</b> ..... charged to.....			
Name of ship from which transferred.....			
Total†..... <b>Creditor</b>	188	75	<b>Note:</b>

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 **One Hundred, eighty-eight** dollars **seventy-five** cents.

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

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

*[Signature]*  
**CAPTAIN RCNVR**

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.

**Note: The above sum has been recovered by Niobe March cash acc't. receipt voucher N-R-1544.**







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

4  
 NAVY

DECEASED  
 MEMBER'S  
 NAME

**John Mulholland** **ALLAN**  
 (CHRISTIAN NAMES) (SURNAME)

REGISTER NO. 10540  
 FILE NO. V-24900  
 DATE 27 Nov '45  
 SERVICE NO. V-24900  
 FINAL RANK OR RATING A.B.  
 DATE OF DISCHARGE 21 Aug. '44

PAYEE  
 ADDRESS

Director of Estates for Service Estate  
 308 Sparks St. of John M. Allan  
 Ottawa, Ont. N.S.V-24900

DATE OF TERMINATION OF OVERSEAS SERVICE  
 A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1056 EQUAL TO 35 COMPLETE PERIODS AT \$7.50

\$ 262.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 763 LESS 6 INELIGIBLE DAYS, EQUAL TO 757 DAYS @ 25c. PER DAY

189.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$	1.85	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	1.45	
ADDITIONAL PAY	\$	.25	
	\$	.10	
	\$		
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$	Nil	
TOTAL	\$	3.65	X7 = \$ 25.55
		763	X\$ 25.55
		183	

106.53

D. WAR SERVICE GRATUITY

558.28

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

OTHER DEDUCTIONS \$ Nil

F. TOTAL AMOUNT PAYABLE

558.28

G. YOUR PORTION OF GRATUITY IS--

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ \_\_\_\_\_ OF \$ \_\_\_\_\_ = \$ 558.28  
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ \_\_\_\_\_

*E Voucher 3811 - Dec 6/45*

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

PREPARED BY  
 CHECKED BY

TREASURY  
 CHECKED BY  
 DATE

SERVICE REPRESENTATIVE

For Dir. Naval Pay Acct'ing



J. M. Allan  
NAME (Print)

A.B.  
RANK OR RATING

V 24900  
O.N.

ALBERN  
SHIP

## QUALIFICATIONS FOR AWARD

### CANADIAN VOLUNTEER MEDAL AND CLASP (N.O. 3275)

- (a) **MEDAL** Persons of any rank or rating who have voluntarily served on Active Service and have honourably completed eighteen months' total voluntary Service, whether in the Navy, Army or Air Forces of CANADA and whether continuous or not. *Time for which pay is not allowed will not be reckonable.*
- (b) **CLASP** A minimum of sixty days voluntary Service on duty beyond the territorial boundaries of Canada. Such period need not be continuous. Duty outside the boundaries of Canada in transit from one Canadian point to another Canadian point will not count as qualifying Service.

## QUALIFICATIONS FOR AWARD

### 1939-1943 STAR (N.O. 3287)

1. Six months' service afloat in areas of active operations during the period from the 3rd of September, 1939, to the 31st of December, 1943, inclusive. Service after the 31st of December, 1943, will not be reckoned.

These areas are:

- (a) From the 3rd of September, 1939, the Atlantic Ocean, including the United Kingdom waters and the North Sea; the Baltic; the Arctic Ocean between Greenland and longitude 70° E., and that part of the Indian Ocean lying South of 15° S., and West of 55° E.
- (b) From the 1st of June, 1940, as in (1) above with the addition of the Pacific Ocean and the rest of the Indian Ocean.
- (c) From the 10th of June, 1940, anywhere at sea.

2. Personnel granted an Honour, Decoration or Mention in Despatches for Service afloat prior to the 31st of December, 1943, will be eligible for the 1939-43 Star irrespective of the length of sea service.

I Hereby Declare That I Qualify For:

- (a) Canadian Volunteer Service Medal Ribbon.  
(b) Canadian Volunteer Service Medal Clasp.  
(c) 1939-1943 Star.

To be struck  
out if not  
applicable.

Details of my qualifications are as follows:

SHIP OR PLACE	DAY, MONTH, YEAR		AREA
	FROM	TO	
Winnipeg Div.	1 Oct. 41	30 Dec. 41	Winnipeg
Naden (N.D.K.A.)	31 Dec. 41	2 Jan. 42	Victoria
Stadacona	18 Apr. 42	30 Apr. 42	Halifax
Nootka	5 June 42	12 Feb. 43	Western Atlantic
Stadacona	13 Feb. 43	23 Feb. 43	Halifax
Hamilton	24 Feb. 43	8 July. 43	North Atlantic
Albernie	13 Aug. 43	31 Dec. 43	North Atlantic

J. M. Allan  
Signature of Officer or Rating making Declaration

Placed on "STADACONA" 24900

dated 3-2-44



#2364

N.S. 113 - A. 623.

Nootka

## Passing Certificate

### This is to Certify

that ..... John Mulholland ALLAN .....

Rating Ordinary Seaman, R.C.N.V.R. Official Number ..... V.24900 .....

has passed

### THE EDUCATIONAL TEST, I, R.C.N.

held on ..... 17th March, 1942. ....

For advancement to Petty Officer

.....  
Naval Secretary  
A/Commander, R.C.N.V.R.,  
Director of Education.

Department of National Defence,

Ottawa, this 1st day of April, 1942.



Name John Mulholland ALLAN  
 Sub-Rating and Seniority A.B. Non-Sub L.R. III  
 O.N. V-24900 S.B. No. - W.B. No. -  
 Joined Ship 24 Feb 1943 from Stadcona  
 Engagement: Period Hostilities Expires -  
 Date of Birth 12th April 1920 Religion R.C.  
 Character V.G. Efficiency Lat Date 7/7/43  
 Badges N.I.L. Class for Conduct 1st Class for Leave 1st

Date due for: Next Badge 1st Oct 1944  
 Progressive Pay -  
 L.S. & G.C. Recommended -

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

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

Any Non-Service Attainments.....

Swimming Qualification.....

Athletic capabilities.....

General Remarks (including intelligence, energy, initiative, powers of command). Above average. Intelligent, bright, keen, and industrious.

H.M.C.S. "Hamilton"

L.H. Edwards  
 Officer of Division.

Date 7/7/43

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



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

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

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

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

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



FORM 5

PROVINCE OF MANITOBA

OFFICIAL REGISTRATION OF DEATH

34

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

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

3. PRINT FULL NAME OF DECEASED ALLAN John Mulholland  
 (Surname) (Given name or names in usual order)

RESIDENCE 370 Glenwood Crescent, WINNIPEG, Man.  
 (Usual place of abode—If urban, give street and number and name of city, town or village. If rural, sec., tp. and rge.)

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

9. DATE OF BIRTH Month <u>April</u> (Write the word)	Day <u>12</u>	Year <u>1920</u>	10. AGE IN } Years <u>24</u>	Months <u>4</u>	Days	If less than one day hrs. or.....min.
---	------------------	---------------------	------------------------------------	--------------------	------	--

OCCUPATION  
 11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Shipping Clerk, Gypsum Lime & Alabastine Canada Limited, WINNIPEG, Man.  
 12. Kind of industry or business, as cotton-mill, lumbering, bank, etc.  
 13. Date deceased last worked at this occupation  
 14. Total years spent in this occupation

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

PARENTS  
 16. Name of father  
 17. Birthplace of father (same as item No. 8)  
 18. Maiden name of mother  
 19. Birthplace of mother (same as item No. 8)

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

20. Signature of informant A.B. Money  
 Address Naval Service Headquarters, OTTAWA  
 21. Relationship to deceased Director of Personnel Records.

22. Place of burial, cremation or removal No burial  
 Date of burial 19.....

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

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

MEDICAL CERTIFICATE OF DEATH

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

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

CAUSE OF DEATH

I  
 Immediate cause 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 HMCS "ALBERNI", which was sunk in the English Channel  
 due to  
 Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b).....  
 due to (c).....  
 M  
 Other morbid conditions (if important) contributing to death but not causally related to immediate cause.

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

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

29. If death was due to external causes (violence) fill in also the following:—  
 Accident, suicide or homicide?..... Date of injury..... 19.....  
 (State which)  
 Manner of injury..... (How sustained)

Nature of injury.....  
 Specify whether injury occurred in industry, in home, or in public place

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

Signed by..... M.D.

Address..... Date..... 19.....

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

31. (Signature of Division Registrar)

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

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



## INSTRUCTIONS

(1) The present form of certificate has been drawn up after consultation between the Dominion Bureau of Statistics and representatives of leading bodies in the medical profession. It has been approved by the Vital Statistics Section of the Canadian Public Health Association and also by the Deputy Registrar of births, deaths and marriages of each province.

(2) **Nationality.**—Nationality is defined as the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of every person who has rights of citizenship in Canada. Every person born in Canada should be entered as "Canadian" unless he or she has subsequently become a citizen of another country.

(3) **Racial Origin.**—Racial Origin will be described by stating to what people or race the deceased person belonged, whether English, Irish, Scottish, French, German, etc. (The term "American" or "Canadian" should not be used, as they express citizenship but not a race or people.)

(4) **Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits may be known. An entry should be made in this section for every person aged 10 years or over. If the deceased has retired from business, the occupation prior to retirement should be reported. Children not gainfully employed may be returned as **at school or at home**. For a woman whose only occupation was that of home housework, the entry should be **housewife**. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation the entry should be **none**.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. The particular kind of work done should be stated clearly as **spinner, weaver**, etc.

In stating the industry or business the use of such general terms as "store," "factory," "mill," etc., should be avoided. The particular kind of store, factory, mill, etc., should be stated as **grocery store, soap factory, cotton mill**, etc.

The different kinds of engineers should be carefully distinguished by giving the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. The term "labourer" should be avoided when a more precise statement of the occupation can be secured. The word "mechanic" should not be used but the exact occupation, as **carpenter, painter, machinist**, etc. A careful distinction should be made between **retail merchants and wholesale merchants**. The term "clerk" without qualification should always be avoided. A person who sells goods should be called a **salesman**. A stenographer, typist, accountant, book-keeper, cashier, etc., should be reported as such, never as a "clerk".

(5) **Physician's Statement of Cause of Death.**—The morbid conditions relating to death are divided on the certificate into two groups. In Group I are those related to the "Immediate Cause" of death, and in Group II, those not causally related thereto. In most cases a statement of cause under Group I will suffice. Detailed certification is not desired, the entry of a single cause being preferable in all cases where this can be regarded as adequate (see Example I), but where the physician finds it necessary to record more than one cause it is important that these be stated in the position provided on the form as indicative of their mutual relationship. This information is sought so that the selection of the cause for tabulation may be made in the light of the certifier's viewpoint:—

- (a) Name first the "Immediate Cause" of death, i.e. the disease, injury or complication which caused death (not mode of dying or terminal condition).
- (b) Then give other morbid conditions (if any) of which it was the consequence, in order of causal relationship (due to) stating the most recent one first and then others in order.
- (c) Entries under Group II should be reserved for "other important contributory morbid conditions" in those instances particularly in which death was due to a combination of maladies, none of which would have been fatal alone. In such cases the physician's judgment alone can afford guidance to the tabulator.
- (d) Use always accepted terms for morbid conditions and never record mere symptoms.
- (e) **Maternal Deaths.**—Qualify all diseases resulting from childbirth, miscarriage or abortion by the word "Puerperal," e.g., puerperal septicaemia. Distinguish between septicaemia originating in abortion and in childbirth.
- (f) **Cancer.**—In all cases the organ or part first affected should be specified.
- (g) **Violent Deaths.**—Coroners, medical examiners and physicians who certify to deaths from violent causes should always clearly indicate the fundamental distinction of whether the death was due to accident, suicide or homicide, and then state the manner and nature of injury. The circumstances of each accident should be stated as fully as possible, e.g., an automobile accident should always be designated as such.

The following examples illustrate the essential principles in the use of the form.

	Example 1	Example 2	Example 3	Example 4	Example 5
I.					
Immediate Cause.....	(a) Lobar pneumonia	(a) Pulmonary tuberculosis	(a) Acute peritonitis	(a) Bronchopneumonia	(a) Uraemia
Morbid Conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	due to (b) _____ due to (c) _____	due to (b) _____ due to (c) _____	due to (b) Acute appendicitis due to (c) _____	due to (b) Operation due to (c) Strangulated inguinal hernia	due to (b) Chronic nephritis due to (c) _____
II.	II.	II.	II.	II.	II.
Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	_____	_____	_____	Chronic interstitial nephritis	Chronic bronchitis



D of D 21-8-44

## AWARDS NAVY

D.D.

ALLAN	John Mulholland	V-24900	A.B.	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	
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

*Medals Ret'd under N.R.  
Ret'd to Stock*

02-53258 M



P

(THE REVEI



MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Sept. 45 "ALBERNI"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO Mr. David Miller Allan - Father

ADDRESS: ~~143 Genthon St.,~~ 89 Essex Ave.,  
~~NORTHWOOD, Ont.~~ ST. VITAL, Man.  
*NORWOOD, Man.* Corres. on file.

(2) MEMORIAL CROSS:

WIDOW

*143 Genthon St.  
5-1-45*

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Died 3-12-41

ADDRESS:

*MEDALS RET'D UNDELIVERED RET'D TO STOCK 18/7/56*

(1)

(2)

(3)



"A"

# ATTESTATION

## NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT The Fort Garry Horse REGT. No. 1147

1. What is your surname? (Block letters) ALLAN
2. What are your Christian names? John Mullholland
3. What is your present address? 270 Glenwood Crescent Phone No. 501 416
4. Employer's name and address? Phone No.
5. Date of Birth 12-4-19 6. (a) Country of Birth Canada (b) Nationality Can.
7. Are you Single? Yes Married? No Widower? No
8. What is your trade or calling? Student 9. Religious persuasion? P. C.
10. Previous Naval, Military or Air Force Service None  
Give particulars, qualifications, etc.  
F.G.H. Cadets 2 years (Sgt.)
11. Name, Relationship and Address of Next of Kin Father  
D.M. Allan, 270 Glenwood Cres. Winnipeg, Man.

### CERTIFICATE OF MEDICAL EXAMINATION

Height 5-10 1/2 Weight 145 Chest max. 36 1/2 min. 34  
Descriptive marks

I have examined the above named man in accordance with instructions laid down in Regulations for the Canadian Medical Services and find him fit Category 1  
Date 23/6/37 Signature [Signature]  
Capt Keane

### DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned John Mullholland Allan do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, my employer or my next of kin to my Commanding Officer.

### OATH TO BE TAKEN

I, John Mullholland Allan do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

[Signature] Signature of Witness J. M. Allan Signature of Man  
Dated this 23<sup>rd</sup> day of June 1937 at Winnipeg

### CERTIFICATE OF ATTESTING OFFICER

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly entered and replied to, and the said recruit has made and signed the declaration and taken the oath.

[Signature]  
Signature of Magistrate, Justice of Peace, or Attesting Officer









V-24900. PERS.(N)

142464  
F.M.O., Halifax, N.S.,  
August 26th, 1944.

P.A.'S CHECKED IN

C.R. BY L

My dear Sir:

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. John was an excellent man in every respect and was well liked by all the officers and men. He was both a good gunner and seaman and was the regular handy man about the ship.

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 Norwood 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.

Mr. David Miller Allan, 143 Genthon Street, Norwood, Man.

Re: J.M. Allan, A.B., V24900



113-G-623

# OCCUPATIONAL HISTORY FORM

107236

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

PLEASE LEAVE BLANK

- 1. (a) Print name in full JOHN M. ALLAN (b) Reg'l. No. V 24900
- 2. (a) Arm of service NAVAL (b) Unit R.C.N.V.R. (c) Rank O'Storm
- 3. (a) Date of birth April 12/1920 (b) Have you any dependents? No (c) Place of residence Winnipeg, Man.
- 4. (a) Place of enlistment Winnipeg, Man. (b) Date of enlistment July 31/41

## Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school 18 (b) Were you attending school or college up to the time of enlistment? No
- 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Grade 11
- 7. If you attended a university, give name of university and standing or degree secured —
- 8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
- 9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

- 10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? 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? No
- 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 Superior Plastics Ltd. Address St. James St. Wpg.
- 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Plastic manufacturing
- 20. (a) Your specific occupation Shipping Clerk (b) Number of years' experience at this occupation with any employer 3 years
- 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? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? —
- 25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? No (c) In what provinces did you have experience? —

## Section G—MISCELLANEOUS

- 26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
- 27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) —
- 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. Continue Present Work

DATE

July 31, 1941

SIGNATURE

J M Allan





Copy To  
VWD  
ES

AUG 22 1941



V24900

OFFICIAL NUMBER

FILE NUMBER 113-A-623

OFFICIAL NUMBER V24900

NAME ALLAN (Surname) John Mulholland (Given Names) DATE OF BIRTH 12 April, 1920

PLACE OF BIRTH Winnipeg, Man OCCUPATION Shipping Clerk

RELIGION R.C. EDUCATION Grade 10

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 270 Glenwood Crescent, Town Winnipeg Province, etc Man.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
31	7	41	H.O.	5'9½	D. Br.	Blue	Fair	On left calf leg.				

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs David Miller Allen

ADDRESS (in pencil): Street and No. 143 Dunlop St Town Dorwood Province, etc Manitoba

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.)	2	2	42	Passed P.P.T. (Good)				
3	2	44	1939/43 Star.	17	3	42	Passed E.T. 'One' R.C.N.				
			Atlantic Star & Clasp	28	3	42	Qual. "TR" (249A, #5332)				
			War Medal 1939-45								

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. Rec.	
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial		In diff. Char.

SECOND CLASS FOR CONDUCT	
From	To



FILM NO. WSR-5389-3  
DATE



