



F/O Broadfoot, Clifford McNeil RCAF
 Pte Broadfoot, James George 1 Cdn Para Bn
 P/O Broadfoot, James Graham RCAF
 Pte Broadhead, Harold Terrence C Scot R
 AB Broadley, Harry RCNVR
 Cpl supp Brochu, Joseph RCASC
 Pte Brochu, Paul RCASC
 OP Brochu, Victorien Armand Gilbert RCAF
 Sgt Brock, Edward Irvin RCAF
 O/Smn Brock, George Melbourne RCAF
 Cpl Brock, George Willis LD SHIRO
 L/Cpl Brock, Orval Earl 48 Highrs
 P/O Brock, Robert George, DFC RCAF
 Pte Brockbank, Harold Matthew S Sask R
 P/O Brockway, George William RCAF
 F/L Broder, John Gordon RCAF
 L/Cpl Broderick, Neil L Edmn R
 Spr Brodeur, Arthur Ernest RCE
 AB Brodie, Clarence RCNVR
 F/L Brodie, John McAndrew RCAF
 F/O Brodie, Robert Gerald Campbell RCAF
 Sigmn Brodie, Stanley Francis RC Sigs
 Pte Brogan, Burtis James RHLI
 Pte Broker, Alfred A&SH of C
 Pte Bromilow, James Alg R
 Gdsm Bromley, Douglas Clifford CGG
 Pte Bromley, Gerald Garnnar RHLI
 F/L Bromley, Roger Arthur RCAF
 L/Cpl Brooker, Joseph George S Sask R
 P/O Brooks, Alfred RCAF
 Pte Brooks, Basil Richard RCR
 F/O Brooks, Clare Edward RCAF
 Pte Brooks, Earl Dixon Camerons of C
 P/O Brooks, Glenn Wesley RCAF
 L/Cpl Brooks, Henry Maxwell Nth NS Highrs

Gnr Brooks, James Harry RCA
 P/O Brooks, John Philip RCAF
 Pte Brooks, Joseph Cecil RCASC
 F/O Brooks, Keith Bishop RCAF
 Gnr Brooks, Kenneth Van RCA
 Gnr Brooks, Lawrence Orlo RCA
 Pte Brooks, Louis Peter RCR
 F/O Brooks, Reginald Maurice RCAF
 Pte Brooks, Robert Lan & Ren Scot R
 P/O Brooks, Ronald Douglas RCAF
 Rfn Brooks, Roy William RWpg Rif
 Pte Brooks, William Charles HLI of C
 Sgt Brophey, Burton Orval RCAF
 Tpr Brophy, Gerald Ross 6H
 Capt Brophy, John Purcell PPCLI
 F/O Brosko, Peter Paul RCAF
 Pte Bross, Carl Joseph Wpg Gren
 Lt Brosseau, Albert Edmond R de Mais
 Maj Brosseau, Léon Joseph, ED R de Mais
 S/Sgt Brotherton, William Elmer 1 Cdn Spec Ser Bn
 LAC Brotherston, William Morley RCAF
 Pte Brouard, Joseph Wilfrid Fus MR
 S-Lt/A Brouillette, Joseph Ross Eugène RCAF
 Sgt Bround, Earl Douglas RCAF
 WO Brouse, David Lorne RCAF
 Cpl Brousseau, Gabriel R22° R
 Sgt Browett, Norman Albert Warden RCA
 F/O Brown, Alan Francis RCAF
 Tpr Brown, Albert Ernest 1H
 Lt Brown, Albert Homer RCA
 Tpr Brown, Alfred Lorne Broddy 1H
 Lt Brown, Angus George Steel RC Sigs
 Capt Brown, Basil Francis RWpg Rif
 F/O Brown, Charles Davis RCAF
 Rfn Brown, Charles Hubert Regina Rif
 L/Bdr Brown, Charles Thomas RCA
 Tpr Brown, Charles William Fort Garry's

V67695

BROCK

GEORGE

MELBO

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRY 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 **BROCK, George Melbourne** (b) Reg'l. No. **V67695**
2. (a) Arm of service **Navy** (b) Unit **RONVR** (c) Rank **Ord. Gun**
3. (a) Date of birth **21 Aug 1925** (b) Have you any dependents? **no** (c) Place of residence at time of enlistment **St. Catharines, Ont.**
4. (a) Place of enlistment **Hamilton, Ont.** (b) Date of enlistment **6th Aug 1943**

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school **17** (b) Were you attending school or college up to the time of enlistment? **yes**
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) **Junior matriculation**
7. If you attended a university, give name of university and standing or degree secured **xxx**
8. (a) Did you ever enter upon a trade apprenticeship? **no** (b) If so, for what occupation? **xx** (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**

10

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) **Student Not 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 **Ridley College,** Address **St. Catharines, Ont.**
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) **school**
20. (a) Your specific occupation **student** (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? **no** (b) Do you feel competent to operate a farm? **xx** (c) If so, in what kind of farming?.....
25. (a) Were you born on a farm? **xx** (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? **xx**
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.) **Might return to school.**
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. **or remain in Navy.**



6th Aug 1943

DATE.....194..... SIGNATURE *G. Brock*

COPY TO
VWD
ES

AUG 14 1943

VWD
ES

AUG 14 1943

Mrs. Gladys Brock,
 27 Ridley Rd.,
 St. Catherines, Ont.

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

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

and the following number quoted:—

H.Q. NS.V.67695 FD 764

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.

Jan 3 1945

For the purpose of record and in the event of there being any Service estate
 available for distribution (according to law) on account of the late

BROCK George M.

V.67695

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/JR

J. P. Widen
 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.....	None		
2	Children of the Deceased and dates of their Births.....	None		
3	Father of the Deceased.....	George Melbourne Brock	56	27 Ridley Rd St. Catharines. Ont
4	Mother of the Deceased.....	Eladys Ansell Brock	49	↑ Do.
5	Brothers of the Deceased	Full Blood		None
		Half Blood		None
6	Sisters of the Deceased	Full Blood		None
		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		

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	George Melbourne Brock, Jr.
9	Date of his birth.	August 21 st , 1925
10	Place and date of his marriage.	_____
11	Place and date of his parents' marriage.	St Catharines, August 8 th , 1923

PARTICULARS OF DOMICILE

12	Place where deceased was born.	St. Catharines
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ontario } all his life (b) Lincoln } (c) } (d) }
14	Nature of employment before enlistment.	School boy.
15	State whether he owned the premises in which he lived, and, if so, where situated.	_____
16	Name place where deceased stated he intended to make his permanent home.	_____

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	So far as we know, only Will was the one made out at H.M.C.S. STAR upon enlistment
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?	None
20	Amount of War Savings Certificates held by deceased. Indicate where located.	\$ 35 ⁰⁰ / ₁₀₀ Held in Bk of Montreal St Catharines in Sept. by. boy
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	None
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None

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.	None
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.	None.

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

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that ~~from~~ the

Mother and Father of the deceased.

GMB
G. B.

Gladys Brock
G. Brock

{ Signature of Informant

27 Ridley Rd. St. Catharines Address

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.

CERTIFICATE

I hereby certify that to the best of my knowledge and belief *Gladys Brock*

*See above. *and G. Brock* { Name of informant } *are* is the* *mother and father* of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at *St. Catharines* this *7th* day of *February* 19 *45*

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

R. C. Good

Qualification *Clergyman C.F.S.*

Address *Ridley College St. Catharines, Ont.*

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

Unemployment Insurance - No
ED: 124
PD: PO



RdeP

N. V. 5
100M-12-42 (7804)
N.S. 815-11-5

113-B-6088

F157401

ATTESTATION FORM
(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME..... BROCK OFFICIAL No. V67695
CHRISTIAN NAMES..... George Melbourne MARRIED, SINGLE OR WIDOWER..... Single

PERMANENT ADDRESS	RELIGION
27 Ridley Road, St. Catharines, Ontario	Church of England

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
21st August, 1925	Town St. Catharines County Lincoln Province Ontario	(Mother) Mrs. Gladys Brock Same Address
*Original Nationality of: Father Canadian Mother Canadian		

*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>6</u>	Inflated <u>37</u>	Dark Brown	Blue	Fair	Scars on left femur and right palm
Inches <u>1 1/2</u>	Deflated <u>34</u>				
<u>153 1/2</u>	Mean <u>35 1/2</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
Grade XII	Student Ridley College St. Catharines, Ontario

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
6th August, 1943 - Div.	Str. Ordinary Seaman	"STAR"

(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, Air Force, Reserve or Territorial Force.

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

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	PERSONNEL RECORDS DIVISION	TO
		NOT APPLICABLE		

(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.

Personnel Records Division

1. Notes in Records
2. Index Card
3. Non Sub. Card
4. Statistical Card
5. Honors
6. Pension Card
7.
8.
DATE 14/8/43

(5) On being enrolled as a member of the Royal Canadian Naval Volunteer Reserve, I undertake and 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 when called and 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 naval establishment 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, until called into active service, 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.

(e) I have not been induced to enter as.....Ordinary Seaman.....by the prospect of being transferred at some future date to any other branch or rating.

Dated this.....6th.....day of.....August, 1943.....

Signature of applicant.....George Melbourn Brock.....

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this.....6th.....

day of.....August, 1943.....

My authority for attestation is.....XX.....

Signature and rank of Attesting Officer.....W.D. Douglas.....

Sub-Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I.....George Melbourn Brock.....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.....George Melbourn Brock.....

Witness.....W.D. Douglas.....

Date.....6th August, 1943..... Rank.....Sub-Lieutenant, R.C.N.V.R......

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

NOTE.—Attestation Form in duplicate, Certificate of Medical Examination (B-207) in duplicate, Occupational History Form in triplicate and certificates of previous service are to be forwarded to Naval Service Headquarters **immediately** after attestation.

Certificates of previous service will be returned after examination.

Recheck AUG - 6 1943



Can. B. 207
150M-9-42 (6269)
N.S. 815-2-207

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 Secretary of the Naval Board, Department of National Defence, Ottawa.

I, the undersigned, have examined BROCK, George Melbourne 7
candidate for entry as ORO/SEA
and I believe him to be * $\left\{ \begin{array}{l} \text{in all respects fit for His Majesty's Service} \\ \text{unfit for His Majesty's Service for the reason stated below} \end{array} \right\}$ He has signed the Certificate given below in my presence.

†Strike out if inapplicable. *Delete one.

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

(a) Age	Yrs. 17	Mos. 10	(j) Date of last Vaccination	CHILD.		
(b) Height with bare feet	Feet 6	In. 1 1/2	(k) General Development	FAIR.		
(c) Weight without clothes	153 1/2		(l) Nose, Throat and Tonsils	# T-NIL NORMAL		
(d) Ears and Hearing	Rt. NORMAL	Lt.	(m) Heart and Lungs	NORMAL		
(e) Chest Girth	Max. 37	Min. 34	Mean 35 1/2	(n) Abdomen Hernia, etc.	NORMAL	
(f) Teeth	Deficient 1	Defective 0	Dentures 0	(o) Limbs and Joints	<i>sl. pro planus right.</i>	
(g) Vision by Snellens Types	without glasses	Rt. 6/6	Lt. 6/6	Both 6/6	(p) Skin	SCARS ON LEFT FEMUR AND RIGHT PALM.
	with glasses where worn	Rt.	Lt.	Both	(q) Anus Haemorrhoids	NORMAL.
(h) Colour Vision	Ishihara NORMAL R.C.N. Lantern			(r) Testes Varicocele	NORMAL	
(i) Chest x-ray	not taken approved positive doubtful <i>in accordance with NS. 62-21-5-"B" FD 12492 of July 27/43.</i>			(s) Urine Sugar	<i>All.</i> NORMAL	

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.

George Melbourne
Signature of Candidate

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

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

This Candidate is the subject of.....

* $\left\{ \begin{array}{l} \text{which renders him medically unfit for service,} \\ \text{not considered of sufficient importance to cause his rejection, he being desirable in other respects.} \end{array} \right.$

*Delete one.

IF REJECTED
insert here
UNFIT
in block letters

Dated at SICK BAY the of 19.....

JUN 11 1943
H. M. C. S. "STAR"
HAMILTON - ONT.

H. M. C. S.
Examining Medical Officer
(Rank)..... **EUROBON-LIEUTENANT R.C.N.V.R.**

PIB

V67695

OFFICIAL NUMBER

NAME BROCK
(Surname)

George Melbourne
(Given Names)

OFFICIAL NUMBER V67695

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 "Star"	Ord. Smn.	6	8	43	Div. Str. Hamilton	V.G.		31	12	43	S.T.	17	4	44			
"	"	1	9	43	Active Service (DL.#38 7.9.43.)												
Cornwallis	"	2	11	43	DL. 1.11.43. (Beaver 15-1-44 to 21-1-44)												
Stadacona	"	27	2	44	DRD S.#79 P.#3.												
Alberni	"	21	4	44	DRD S. 139 P. 17	V.G.	Sat.	21	8	44							
DISCHARGED	"	21	8	44	"Presumed Dead" Sub. 19-2-45												

GENERAL REMARKS

CANADIAN MEMORIAL CROSS SENT TO:-
 Mother, Mrs. Gladys Brock,
 27 Ridley Road,
 ST. CATHARINES, Ontario. (17-1-45).

DATE OF BIRTH			PLACE OF BIRTH	CIVIL OCCU.	RELI-ED	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT					
DY.	MO.	YR.		MAIN	SUB.	GION	P.	CTY.	TOWNSHIP	SCM.	DIV.	A	BR.	RANK	
21	8	25	11	XXX	0	30	8	1	28	05	0	20	0	08	95
E. LIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR ESTAB.		RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.			A	BR.	RANK	
06	08	43	01	09	43					7830		0	08	95	
SENIORITY			STR.	NON-SUB		M				CODED		CHECKED			
DY.	MO.	YR.	CAT.	A	B	ST.									
01	09	45	13	00	00					8 I					

V67695

OFFICIAL NUMBER

FILE NUMBER

113-B-6088

OFFICIAL NUMBER

V67695

NAME BROCK George Melbourne DATE OF BIRTH 21 August, 1925
(Surname) (Given Names)PLACE OF BIRTH St. Catharines, Ontario OCCUPATION StudentRELIGION C of E EDUCATION Grade XIIRESIDENCE AT TIME OF ENLISTMENT: Street and No. 27 Ridley Road Town St. Catharines Province, etc. Ontario

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
6	8	43	H.O.	6'1 $\frac{1}{8}$ "	Dark Brown	Blue	Fair	Scars on left femur & rt. Palm				

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs. Gladys BrockADDRESS (in pencil): Street and No. 27 Ridley Road Town St. Catharines Province, etc. Ontario

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				16	12	43	Qual. Anti-Gas 1 day.				
				28	1	44	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		

Date (in figures)			DAYS FORFEITED						In diff. Char.
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial		
									O.H.F. Rec.
									Last Will & Testament #9397 Rec.

SECOND CLASS FOR CONDUCT	
From	To



D OF D 21-8-44

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

D.D.
WAR SERVICE RECORDS

BROCK	George Melbourne	V-67695	O.S.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	<i>640-</i>
Fr. Ger. Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNVR Jan. 46 "ALBERNI"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Gladys Brock - Mother

ADDRESS: 27 Ridley Road,
ST. CATHERINES, Ont.

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(3) MEMORIAL CROSS
MOTHER Mrs. Gladys Brock

ADDRESS: 27 Ridley Road,
St. Catharines, Ont.

MEMORIAL BAR

DATE DESP.....

REGN. NO. 2299.....

(2)

(3) 17-1-45

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

IN FULL BROCK George Melbourne RANK/RATING O. Sqn OFF. NO. V-67695 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.
	1/9/43											1939-45	1 Star
<i>Beaver</i>	15/1/44	21/1/44	7	<i>Atla.</i>								ATLANTIC	
<i>Alberni</i>	21/4/44	21/8/44	123	<i>Atla - Fra Ger</i>								FRANCE G.	1 Star
												AFRICA	
												PACIFIC	
												BURMA	
												ITALY	
												DEFENCE	
												C.V.S.M.	2 + clasp
												" CLASP	

Dis "Dead (Alberni)" to date 21 Aug 44.

WAR 1945 1 Medal

WAR 1915

VERIFIED BY *JMA*.....

sr.

BY *JMA*.....

VERIFIED BY

.....
DIR. OF PERSONNEL

CONDUCT SHEET

NAME George Melbourne Brock

RATING 0/5

PORT DIVISION AND
OFFICIAL NUMBER

V-67695-

Date of Offence	OFFENCE	PUNISHMENT AWARDED	By whom awarded, Ship and date	REMARKS
<u>2 Aug '44.</u>	<u>Did remain absent over leave 50 minutes, namely from 1830 until 1920, 2nd August, 1944, thereby missing his ship.</u>	<u>1 day #14. 21 days #12.</u>	<u>CO — 'Alberni'</u>	

CONDUCT SHEET

Page 1

NAME

George Melbourne Brock

RATING

3rd mn.

{ PORT DIVISION AND
OFFICIAL NUMBER

V-67695

NAME OF SHIP	Date of Entry	No. of G.C. Badges held	Date of Commencement of "very good" conduct. (Art. 527, cl. 4 and 5) If conduct is not "very good" insert "Nil"	Class for Conduct If in 2nd class, insert (1) Date of reduction. (2) Date of proposed restoration.	Class for Leave If in 2nd class, insert date from which entitled to restoration to 1st class (Art. 573, cl. 2)	Character since last assessment on Service Certificate or Conduct Sheet (Art. 605, cl. 5 and 8)			Efficiency (Art. 607)	For Art. 413 ratings only (See Notes 5, 6 and 7)		Ship Discharged to (Giving date, if it differs from date of assessment of character, and, in the case of an N.C.S. Steward or Cook discharged to Shore, the cause of discharge)	In red ink—Whether recommended for (a) Boys' Training Service. (b) Other Instructional Duties. (See Note 9)	R.M.G. or R.R. (where applicable)	Commanding Officer's Signature
						From	To	Character Assessment		Whether recommended for advancement (Must be fit for immediate advancement and fully qualified)	Whether recommended with a view to accelerated advancement (Must also be fit for immediate advancement but not necessarily fully qualified)				

NOTES

1. **Destruction of Conduct Sheet.**—Attention is directed to Art. 603, cl. 3, K.R., which provides for the destruction, after the next assessment of character, of a Conduct Sheet shewing the record of offences in a previous ship. But the Conduct Sheet of a man joining a shore or harbour establishment may (and for Leading Seamen, Leading Signalmen, Able Seamen and Signalmen *must*) be kept in use and accompany him to his next sea-going ship.
2. **Date of Commencement of "very good" Conduct.**—When the date of commencement of "very good" conduct differs from that which would normally appear from the Service Certificate, the date is to be inserted in red.
3. **Class for Conduct.**—The date of proposed restoration may be any date not less than 3 months and not more than 6 calendar months from date of reduction. See Art. 567, K.R.
4. **Good Conduct Medal and Gratuity.**—Recommendations are to be made according to the instructions in Arts. 534, cl. 3, and 606, cl. 4, K.R. If the recommendation is intentionally withheld, a statement to that effect should be inserted. (See Art. 534, cl. 15.)
5. **Whether Recommended for Advancement.**—To be completed in respect of all Art. 413 ratings by inserting "Yes," "Not Yet" or "No" (but see notes (1), (2) and (3) below):
 - (1) "Yes"—Recommended for advancement. To be followed by (N.Q.) if not fully qualified; this, if awarded in a sea-going ship, will count as a sea-going recommendation for men who require this qualification, although such men are not qualified for recommendation on Form S. 507.
 - (2) "Not Yet"—To be used for ratings not yet recommended for advancement owing to their inexperience. To be followed by (N.Q.) if not fully qualified.
 - (3) "No"—Not recommended, whether qualified or not.
For Leading Seamen, Leading Signalmen, Able Seamen and Signalmen insert also "S.G.R." or "H.R." according as the ship is or is not a "sea-going" ship (Appendix XVII, Part 1, para. 10) in relation to the individual rating concerned.
6. **Whether Recommended for Confirmation.**—Notations, in red ink, are to be made across both the "Recommendation for Advancement" columns, after completion of a minimum period of three months' acting time, as to whether or not a rating is recommended for confirmation in the ordinary course. The abbreviations to be used are "R.C.O.C." or "N.R.C.O.C."
7. **Accelerated Advancement.**—Recommendations are not to be made in this column unless the rating was likely to have been recommended for accelerated advancement on the next return S. 507 had he remained in the ship. This column is intended merely to assist the Captain of the ship to which the rating is discharged in rendering S. 507 at the end of the half-year, by bringing to his notice ratings of more than ordinary merit, who should be specially considered when making the special recommendations on S. 507 for the accelerated advancement of a limited proportion of the ship's company. When recommending Leading Seamen, Leading Signalmen, Able Seamen and Signalmen add "S.G.R." or "H.R." as directed for previous column.
8. **Offences and Punishments.**—To be recorded on page 2.
9. **Training Service.**—This column is always to be completed for E.R.As, E.As, O.As, C.P.Os, P.Os and Leading Ratings of the Seamen, Signal W/T and Stoker branches, irrespective of whether or not the rating is a volunteer for the Training Service. If recommended, the word "Yes" should be inserted; if not recommended, the word "No".

1504

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

George Melbourne Brock

in the Royal Canadian Naval Volunteer Reserve

NS 111498

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V-67695</i>
H.M.C.S. STAR		"
		"

Date of Birth *21 August, 1925*

Place of Birth *St. Catharines, Ontario*

Place of Residence *27 Poplar Rd. St. Catharines, Ontario*

Trade brought up to *Student*

Religion *Church of England*

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

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

Name and Address of Nearest Relative or Friend (in pencil)
Mother
Mr. George Brock
Same address

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>6 AUG '43</i>	<i>21 AUG '43</i>	<i>duration hostilities</i>	<i>Ord. Comm.</i>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>6</i>	<i>1 1/2</i>	<i>35 1/2</i>	<i>153 1/2</i>	<i>dark brown</i>	<i>blue</i>	<i>fair</i>	<i>Scars on left femur and right palm</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

2
NAVY

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

DECEASED
MEMBER'S
NAME

George Melbourne
(CHRISTIAN NAMES)

BROCK
(SURNAME)

REGISTER NO. 10412
 FILE NO. NSV-67695
 DATE 31 Oct '45
 SERVICE NO. V-67695
 FINAL RANK OR RATING O. Smn.
 DATE OF DISCHARGE 21 Aug '44

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

for Service Estate of
 George M. BROCK,
 N.S.V-67695

DATE OF TERMINATION OF OVERSEAS SERVICE 21 Aug '44

DATE OF DISCHARGE 21 Aug '44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 356 EQUAL TO 11 COMPLETE PERIODS AT \$7.50

\$ 82.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 130 LESS 26 INELIGIBLE DAYS, EQUAL TO 104 DAYS @ 25C. PER DAY

26.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.50
 SUBSISTENCE OR LODGING
 AND PROVISION ALLOWANCE \$ 1.25
 ADDITIONAL PAY H.L.M. \$.20
 S.T. \$.10

DEPENDENTS' ALLOWANCE 1/30 OF \$ NIL

TOTAL \$ 3.05 x 7 = \$ 21.35
 NO. OF DAYS 130 x \$ 21.35

15.17

D. WAR SERVICE GRATUITY

123.67

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

F. TOTAL AMOUNT PAYABLE

123.67

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 123.67

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.

AT

PREPARED BY *YV* CHECKED BY *YV*

TREASURY
 CHECKED BY *Wayne* DATE *2/11/45*

SERVICE REPRESENTATIVE
 for Dir. Naval Pay Accting



JV NPA 187

FORM 6

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use \$300," and properly addressed will pass through the mail "FREE"

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of AT SEA Township of _____
 { If in City, Town or Village _____ Street _____ House No. _____
 (Name) (If death occurred in a hospital or institution, give the name instead of street and number)

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

3. PRINT FULL NAME OF DECEASED BROCK
 (Family name) George Melbourne
 (Given name or names in usual order)

RESIDENCE No. 27 Street Ridley Road City, Town, Village or Township ST. CATHARINES Province Ontario.
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

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

8. BIRTHPLACE ST. CATHARINES, Lincoln, Ontario.
(Province or Country)9. DATE OF BIRTH August, 21st 1925.
(Month) (Day) (Year)10. AGE in { Years Months Days If less than one day old
19 0 0 hrs. or min.11. Trade, profession or kind of work as Student
spinner, teamster, office clerk, etc.12. Kind of industry or business, as Ridley College.
mill, lumbering, bank, etc.

13. Date deceased last worked at this occupation _____ 14. Total years spent in this occupation _____

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

16. NAME _____

17. BIRTHPLACE _____
(Province or Country)

18. MAIDEN NAME _____

19. BIRTHPLACE _____
(Province or Country)20. Person giving information sign here H.D. Money
Paymaster Commander, R.C.N.R.Address Naval Service Headquarters, Ottawa, Ont.Relationship to deceased Director Personnel Records.21. Place of Burial, Cremation or Removal No burial

Date of burial or removal _____

22. Burial Permit was issued by _____

Address _____

23. UNDERTAKER _____
(Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH August 21 1944.
(Month) (Day) (Year)25. I HEREBY CERTIFY that I attended deceased from:
_____ 19 _____ to _____ 19 _____
and last saw h. _____ alive on _____ 19 _____

CAUSE OF DEATH

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

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

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, bookkeeper, 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 (b) —	due to (b) Acute appendicitis	due to (b) Operation	due to (b) Chronic nephritis
	due to (c) —	due to (c) —	due to (c) —	due to (c) Strangulated inguinal hernia	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

(Information extracted from Naval Service Headquarters' Records.)

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

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

35

Name..... BROCK George Melbourne.....
(Christian names in full)

Rank or Rating..... Ordinary Seaman..... Official No. V-57695..... Unit (R.C.N.
R.C.N.R.
R.C.N.V.R.)

Place of Birth..... St. Catharines, Ont..... Date of Birth..... 21st August, 1925.....

Occupation in Civil Life..... Student..... Religion..... Church of England.....

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 6th August, 1943 to 21 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. Gladys Brock..... Relationship Mother.....
Address..... 27 Ridley Road, St. Catharines, 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.....

Noted D. D. M. 15/2/45 for

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

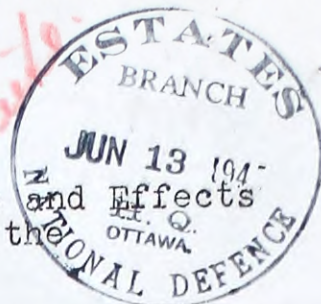
The SECRETARY, NAVAL BOARD
Department of National Defence,
Ottawa, Canada.

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.

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..... **BROCK, George** Rating..... **O/Smm.**
 Official No. **V 67695** HMCS. **NIOBE for ALBERNI** List. **12.2/70**
 Who..... **Discharged Dead** on the **21st August** 19**44**.....

	\$	cts.
Net sum due on ledger on account of Wages.....	173	13
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)..... Nil.		
charged to.....		
Name of ship from which transferred.....		
Total. Creditor	173	13 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 **One Hundred; seventy-three** dollars..... **Thirteen** cents.

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

Approved *DP Dawson* Supply Officer
A/Commander(S) RCNVR Initials of the
S. Wahang **Lieutenant(S) RCNVR** Asst. Supply Officer
A/CAPTAIN, RCNVR Commanding Officer.

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

STATEMENT OF ACCOUNT

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

List 12-2 No. 70 (Name) BROCK, George Rank Rating O'Sea. No. V-67695

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

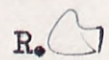

		\$	c.
CREDIT from former account			
	Former Book		
Pay as (Rank Rating) from	to (days at \$ a day)		
"	" (")		
"	" (")		
"	" (")		
"	" (")		
Kit Upkeep Allowance			
OTHER CREDITS:			
Total credits			<u>173.13</u>


DEBT from former account		1st		2nd		3rd		4th		5th			
PAYMENTS:-		\$	c.	\$	c.	\$	c.	\$	c.	\$	c.		
1st month												Total	
2nd month												Total	
3rd month												Total	<u>173.13</u>
Allotment													
Pension deduction (Officers) charged to												of	
Hospital stoppages													
Mulcts													
OTHER CHARGES:													
													<u>173.13</u>
													<u>Nil</u>
													(Balance Dr. to be shown in red)

Number of days actually victualled during period mentioned above Nil

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

Date 19 May 1945

Ledgers
 R. 
 F. 


 Lieut(S) RCNVR, for Accountant Officer



Department of National Defence

Naval Service

OTTAWA, Ont. DEC 26 18 1944 194.....

IN REPLY PLEASE QUOTE

N.S. V-67695. PERS. (N)

39349



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>
BROCK, George Melbourne V-67695, R.C.N.V.R., Ordinary Seaman.	Missing, presumed dead on the 21 August, 1944, from H.M.C.S. "ALBERNI".	Mother: Mrs. Gladys Brock, 27 Ridley Road, ST. CATHARINES, Ont.

ALLOTMENTS IN FORCE

<u>IN FAVOUR OF</u>	<u>AMOUNT</u>	<u>INITIALS</u>
N I L.		<i>bot</i>

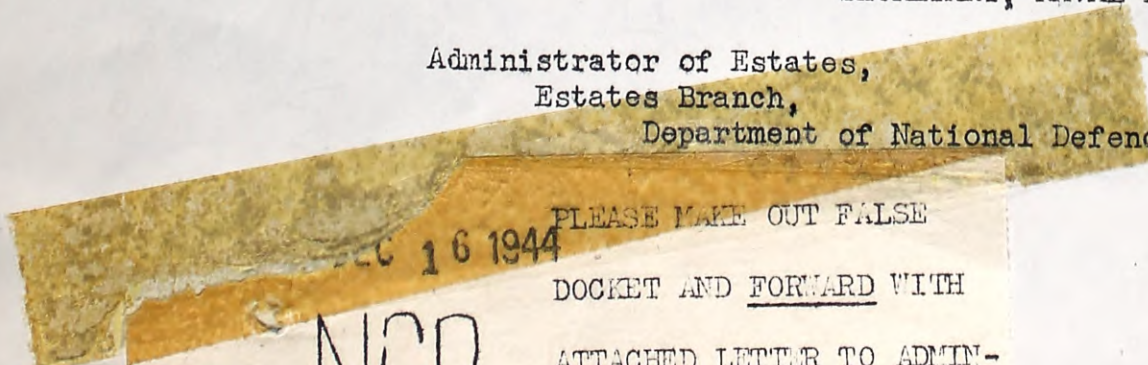
WILL: Attached.

Yours truly,

G. J. Heard

for
SECRETARY, NAVAL BOARD,

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



N.C.R.

PLEASE MAKE OUT FALSE
DOCKET AND FORWARD WITH
ATTACHED LETTER TO ADMIN-
ISTRATOR OF ESTATES.



RECEIVED
DEC 28 1944
U. S. C. R. C.
CENTRAL
REGISTRY
(Personnel Section)

[Faint, mostly illegible typed text, possibly a memorandum or letter, with some words like 'TO:', 'FROM:', and 'SUBJECT:' visible.]

This whole Form and Instructions on other side before commencing to complete.

Can. S. 545
30M-1-43 (8044)
N.S. 815-9-545

WILL

(1) I, George Melbourne Brock, Junior, of His Majesty's Canadian Ship H.M.C.S. "STAR" do hereby revoke all former wills by me made and declare this to be my last will.

Relationship, names and addresses of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto my father, George Melbourne Brock, 27 Ridley Road, St. Catharines, Ontario; one gold ring with the family crest, the second gold ring with City of London crest.

9397

Relationship, names and addresses of residuary beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto my mother, Gladys Brock, 27 Ridley Road, St. Catharines, Ontario.

(4) I appoint Mr. George Melbourne Brock, 27 Ridley Rd. St. Catharines Schoolmaster, to be the Executor of this my Last Will.
(Name) (Address) (Civil Occupation) ~~Executor~~

IN WITNESS WHEREOF I have hereunto set my hand this 6th day of August 1943

Signed, published and declared by the above-named testator as and for his last will and testament in the presence of us both present at the same time, who at his request and in his presence have hereunto subscribed our names as witnesses.

George Melbourne Brock
(Name)

Ordinary Seaman
(Rank or Rating)

V67695
Official No.

First witness sign here.

(5) Signature MD Douglas
Civil Address H.M.C.S. "STAR"
Civil Occupation Sub-Lieutenant, RCNVR.

Second witness sign here.

Signature H Hayman
Civil Address H.M.C.S. "STAR"
Civil Occupation Writer, RCNVR.

(Beneficiaries are not to be Witnesses.)

[OVER]

Noted in Service
Records by [Signature]

NOTE

- (1) Example: I, John Charles Jones, of H.M.C.S. *Snowberry*.
- (2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate", in which event, strike out clause (3) entirely.
If *more than one* beneficiary, set out in clause (2) what each is to receive, such as
"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., \$.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., \$.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., \$.....00,"
"my friend John Smith, 60 LaSalle St., Winnipeg, Man., \$.....00,"
and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.
- (3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally" or as desired.
- (4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman", or if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.
- (5) The testator will date the Will and sign same. Two witnesses must sign in the presence of the testator, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, an officer or rating immediately upon his marriage must make a new Will in order that in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.

LA/ ew

R E G I S T E R E D

AIR MAIL

N.S. V-67695 PERS. (N)

23 August, 1944.

16

Dear Mrs. Brock:

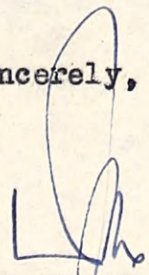
It is with deepest regret that I must confirm the telegram of the 23rd of August, 1944, from the Minister of National Defence for Naval Services, informing you that your son, George Melbourne Brock, Ordinary Seaman, Official Number V-67695, Royal Canadian Naval Volunteer Reserve, is missing at sea.

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. Gladys Brock,
27 Ridley Road,
ST. CATHARINES, Ont.

