



PO Cleaver, John Barry RCAF
 F/L Cleeton, Barrington Farr RCAF
 FO Clegg, Frank Peter RCAF
 Ldg Wren Sig. Clegg, Olive Irene WRCNS
 Sgt Cleghorne, Howard Herbert RCAF
 Pte Cleghorn, George Arthur RCR
 P/O Cleland, Andrew McNeill RCAF
 FO Clement, James MacVicar RCAF
 Cpl Clément, Jean-Paul Rde Mais
 Tpr Clement, John Henry 14H
 Lt Clements, Alfred John Perth R
 F/O Clements, John Earle RCAF
 Spr Clements, Peter Donald RCE
 Sgt Clendinning, William Henry M M BCR
 F/O Clerc, Jacques Robert Olivier RCAF
 S-Lt/A Clermont, Justin Gérard RCAF
 P/O Clifford, Nicholas Hugh RCAF
 Pte Cline, Richard Alfred Essex Scot
 L/Cpl Cline, Robert Stanley Louis N Shore R
 Sgt Cline, Wesley Reuben RCAF
 F/O Clinkskill, James Thomas RCAF
 Ldg Sto Clinton, Elmer Joseph RCMVR
 Rfn Cusby, Melvin Oliver RWpg Rif
 P/O Clode, Gordon Elmore RCAF
 F/O Clogg, Alan Leslie RCAF
 Pte Close, Keith Carlyle, M M Hast & PER
 Tpr Closs, Raymond Grey & Sim Fors
 P/O Clough, George Frederick RCAF
 Sjt Clough, John G.W. RAC
 Gnr Clough, Maynard Acton RCA
 Cpl Clough, Robert Theodore Calg Highrs
 Rfn Clough, Walter James QORofC
 Sgt Clouston, Murns Sydney N Shore R
 F/O Clouston, Ross Cuthbert RCAF
 Pte Clout, Harry Crow SSask R
 Pte Clouthier, Aldège Joseph R 22e R
 Sgt Cloutier, Albert Edward RCAF
 Pte Cloutier, Arthur RCASC
 Cpl Cloutier, Auguste R 22e R
 Pte Cloutier, Fernand Fus MR
 Cav Cloutier, Henri Magloire 14 H



O/P Cloutier, Joseph Fernand Oscar RCAF
 L/Cpl Cloutier, Paul R 22e R
 Sgt Cloutier, Rudolph RCR
 Lt/S Cloutier, William Blaise Burke DFC RCAF
 WO1 Clow, Charles Bernard Everett RCAF
 Pte Clow, Eugene Austin HLI of C
 Pte Clowater, James Perth R
 Tpr Clueit, Christopher Valentine LD SH(RC)
 P/O Cluff, Robert Fraser RCAF
 L/Cpl Cluney, David Walter West NSR
 L/Cpl Clute, Wallace Stanley 48 Highrs
 Pte Clutesi, Edward John Calg Highrs
 Pte Clutterbuck, Eugene Perth R
 Pte Clyde, John McGregor Perth R
 Pte Clyde, William James SSask R
 F/S Coady, Francis Anthony RCAF
 Cpl Coan, Robert Melville CH of O
 Rfn Coates, Harry James QORofC
 Lt Coates, Kenneth KOSB
 WO2 Coathup, Clifford Harvey RCAF
 WO1 Coathup, George Richard RCAF
 Pte Coats, Vernon Charles Tor Scot R
 L/Cpl Cobb, Frank Howard N Shore R
 P/O Cobbett, Bernard Victor RCAF
 Sgt Cobbett, John Arthur RCAF
 Cpl Cobean, William George Perth R
 Sigmn Cobley, James Owen RC Sigs
 Sgt Coburn, Callum George HLI of C
 Gnr Coburn, Gordon Ross RCA
 Pte Coburn, John Carrwon 1 Cdn Para Bn
 L/Cpl Cochius, Rudolph Albert CH of O
 Rfn Cochrane, George Alexander RWpg Rif
 Pte Cochrane, Harold Hast & PER
 P/O Cochrane, James Raymond Henry RCAF
 Pte Cochrane, Kenneth Gordon Essex Scot
 Sigmn Cochrane, Leo John RC Sigs
 Sgt Cochrane, Thomas John Essex Scot
 Pte Cockaday, George Douglas HLI of C
 LAC Cockbain, Henry RCAF



V1290
CLINTON

ELMER

JOSEP

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Sept. 45 "ALBERNI"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mr. Luke Clinton - Father

343 Grafton St.,

ADDRESS:

CHARLETTETOWN, P.E.I.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. E. Clinton

343 Grafton St.,

ADDRESS: Charlottetown, P.E.I.

MEMORIAL BAR

(1) DATE DESP

REGN. NO 211

(2)

(3)

17-1-45

DEPARTMENT OF VETERANS AFFAIRS

D OF D 21-8-44

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

CLINTON	ELmer Joseph	Ldg.Sto.	V-1290	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	7. 5.10.49
Atlantic Star & Clasp	
Africa Star & Clasp	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

V1290

OFFICIAL NUMBER

FILE NUMBER

113-C-628

OFFICIAL NUMBER

V1290

NAME CLINTON (Surname) Elmer Joseph (Given Names) DATE OF BIRTH 22nd March, 1922PLACE OF BIRTH Charlottetown, P. E. I. OCCUPATION LabourerRELIGION Roman Catholic EDUCATIONRESIDENCE AT TIME OF ENLISTMENT: Street and No. 343 Grafton Street Town Charlottetown Province, etc. P. E. I.

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
30	4	40	H.O.	5' 9 $\frac{1}{2}$ "	Blonde	Blue	Ruddy	Nil.				

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Luke Clinton
ADDRESS (in pencil): Street and No. 343 Grafton Street Town Charlottetown Province, etc. P. E. I.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
3	2	44	C.V.S.M. (R. & C.) 1939-1943 Star.	30	9	42	Passed Aux. W/K. Cert.				

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		
4	11	43	1st GCB	Granted	249A 10165						

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. WSP-5215-3
DATE



Mr. Luke Clinton,

 343 Grafton Street,

 Charlottetown, P.E.I.

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. 1290 FD. 765.....

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.



..... 3rd 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

..... CLINTON

..... Elmer J., D/S

..... V. 1290 Royal Canadian Naval Voluntary Reserve

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.

H. H. Beach
 Commanding Officer
 Director of Estates.

HRW/BGS

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.....	Single		
2	Children of the Deceased and dates of their Births.....	no children		
3	Father of the Deceased.....	Luke Clinton	63	yes
4	Mother of the Deceased.....	Sara Elizabeth	45-	-
5	Brothers of the Deceased 4 Brothers yes	Full Blood	James (Arthur)	25-
		Half Blood	(Lorne) William Charles (Earl) (Lloyd) Patrick	17- 15- 8-8 yes
			all full blood	
6	Sisters of the Deceased 5 sisters yes	Full Blood	(Mary) Eleanor (Doris) Dorothy Margaret Gris Patricia (Jean) Avis	28- 19- 10- 6-
		Half Blood	Gladys & Ruth	4-
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
		Louis Edward April 9) 1921 Maurice Edmund Dec 9) 1924 John Walter Oct 18) 1932		Single all 8 children living at 3439 Grafton St.

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Joseph Edmes Joseph
9	Date of his birth.	March 20 1922
10	Place and date of his marriage.	Single
11	Place and date of his parents' marriage.	CHARLOTTE COVON 26 July 1916

PARTICULARS OF DOMICILE

12	Place where deceased was born.	343 Grafton St
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) (c) (d) Charlotte town
14	Nature of employment before enlistment.	
15	State whether he owned the premises in which he lived, and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	Montreal

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	put some money in - St Dunstons CREDIT UNION in his name Book No 943) amt put in \$260, Mrs his mother Elizabeth Clinton
20	Amount of War Savings Certificates held by deceased. Indicate where located.	cant say
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	" "
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	No.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	
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.)

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

* The Mother of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Mrs Luke Clinton
343 Grafton St.

{Signature of Informant
Address

CERTIFICATE

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

*See above.

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

Dated at Charlottetown this 22 day of January 1945.

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

J. W. McCordle Qualification Clergyman

Address Bishop's Residence
Charlottetown, P.E.I.

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

Mary E. Leanon Clinton (married)
now
Mrs Herbert John Datway
783 Le Champagne Ave.
Outremont (8) Quebec.

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 PRINCE EDWARD ISLAND—CERTIFICATE OF REGISTRATION OF DEATH

1. **PLACE OF DEATH** { County of At Sea Registration District of _____ Registered No. _____
 (For use of Registrar General only)
 { If in City or Town _____ 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. **NAME OF DECEASED** CLINTON (Surname) Elmer Joseph (Given name or names)
RESIDENCE No. 543 Street Grafton St. City, Town or Township CHARLOTTETOWN Province P.E.I.
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex Male 5. Nationality Canadian (Citizenship) 6. Racial Origin _____ 7. Single, Married, Widowed or Divorced Single (write the word)

8. BIRTHPLACE Charlottetown, P.E.I. (Province or Country)

9. DATE OF BIRTH March 22 1922
 (Month) (Day) (Year)

10. AGE in { Years Months Days If less than one day old
 { 22 5 _____ hrs. or _____ min.

11. Trade, profession or kind of work as Labourer
 spinner, teamster, office clerk, etc.

12. Kind of industry or business, as cotton-
 mill, lumbering, bank, etc.

13. Date deceased last worked at this occupation _____ 14. Total yrs. 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. Signature of informant _____
Paym. Cdr., R.C.N.R.
Naval Service Headquarters, Ottawa
 Address _____
 Relationship to deceased Director of Personnel Records

21. Place of Burial, Cremation or Removal No Burial
 Date of burial or removal _____

22. UNDERTAKER _____ (Name and address)

MEDICAL CERTIFICATE OF DEATH

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

24. I HEREBY CERTIFY that I attended deceased from: _____ 19____ to _____ 19____
 and last saw h. _____ alive on _____ 19____

CAUSE OF DEATH

I
Immediate cause (a) Missing, Presumed Dead.
 Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). { (b) He was serving in H.M.C.S
 due to
 (c) "ALBERNI" which was sunk

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

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

26. Was there a surgical operation? _____ Date of operation _____ 19____
 State findings _____ Was there an autopsy? _____

27. 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____

28. District Registrar's Record Number _____

29. Filed _____ 19____ (District Registrar) 5

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 "CERTIFICATE OF REGISTRATION OF DEATH" AND TO FILE THE SAME WITH THE DISTRICT REGISTRAR WHO SHALL ISSUE THE BURIAL PERMIT. 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.

I.	Example 1	Example 2	Example 3	Example 4	Example 5
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	due to	due to	due to	due to
	(b) _____	(b) _____	(b) Acute appendicitis	(b) Operation	(b) Chronic nephritis
	due to	due to	due to	due to	due to
	(c) _____	(c) _____	(c) _____	(c) Strangulated inguinal hernia	(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

CONDUCT SHEET

Page 1

NAME Elmer Joseph CLINTON RATING Stoker II { PORT DIVISION AND OFFICIAL NUMBER V-1290

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)				
<i>Stadacona</i>	<i>20 Nov 40</i>	<i>nil</i>	<i>30 April 40</i>	<i>1st</i>	<i>1st</i>	<i>1 Jan 41</i>	<i>22 Jan 41</i>	<i>V.G.</i>	<i>Sat</i>	<i>NY(NQ)</i>	<i>NO</i>	<i>Ventura (Sunbeam)</i>			<i>J. H. Hannaford</i>
<i>Ventura (Sunbeam)</i>	<i>23 Jan 41</i>	<i>Nil</i>	<i>— " —</i>	<i>1st</i>	<i>1st</i>	<i>23 Jan 41</i>	<i>30 April 41</i>	<i>V.G.</i>	<i>Sat</i>	<i>(N.Q)</i>	<i>—</i>	<i>Ventura (Alberici)</i>			<i>J. H. Hannaford</i>
<i>Ventura (Sunbeam)</i>	<i>23 Jan 41</i>	<i>Nil</i>	<i>— " —</i>	<i>1st</i>	<i>1st</i>	<i>30 April 41</i>	<i>5 June 43</i>					<i>Avalon (Alberici)</i>			

NOTES

- 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.
- 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.
- 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.
- 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.)
- 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):
 - "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.
 - "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.
 - "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.
- 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."
- 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.
- Offences and Punishments.**—To be recorded on page 2.
- 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".

S. 1246A. (Revised—July, 1938.)

5M-7-40 (5842)
N.S. 815-9-1246a

Alberni (ORIGINAL)

Alberni
1-5-41
(Stud)

HISTORY SHEET FOR STOKER RATINGS

This form is to be kept by the Engineer Officer, and is to be completed:—

- (a) When a man leaves a ship after a period of not less than three months' service in her.
- (b) Annually on 31st December, unless completed within the previous three months.
- (c) As directed under special headings.

To be handed to the man, together with Service Certificate, on discharge to shore. See Art. 609, K.R. & A.I.

Surname	NAME Christian	Official Number	Port Division
CLINTON	JOSEPH E.	111 -V/290	HALIFAX

REPORT OF PROGRESS AS STOKER 2ND CLASS UNDER TRAINING

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

Course	Date of		Class of Certificate awarded on completion*	Remarks	Signature and Rank of Examining Officer
	Commencing	Completing			
New Entry Course	21-11-40	11-1-41		<i>Good Rating</i>	<i>JBR Keelson</i> Training Commander. <i>J.E.</i>
Technical Training at Stokers' Training Establishment:— (1) Marine Engineering (2) Electrical					Engineer Officer.

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

Issued with Stoker's Manual:—Date 29-11-40 Signature and Rank: *JBR Keelson*

Entered H.M. Service as Stoker 2nd Class <u>30-4-40</u>	Completed 2 years' training for Mechanician
Advanced to Stoker 1st Class <u>23-5-1941</u>	
Advanced to Leading Stoker <u>(A) 1-10-1942</u>	Rated Mechanician 2nd Class _____
Advanced to Stoker Petty Officer _____	" " 1st Class _____
Advanced to Chief Stoker _____	Advanced to Chief Mechanician _____

RECORD OF EXAMINATIONS, QUALIFICATIONS, COURSES, ETC. (see Footnote)

Examinations, etc.	Date	Signature of Engineer Officer	Captain's Initials
Granted Auxiliary Watchkeeping Certificate	30-9-42	<i>J. Rodds</i>	<i>W.H.B.</i>

Award of Auxiliary Watchkeeping Certificate, and RESULTS of all professional and school examinations, courses and qualifications for promotion are to be inserted in this space.



CANADA

P022530

N. V. 5
5M-10-39 (2365)
N.S. 815-11-5

DEPT. OF DEFENSE
MAY - 6 1940
H.Q. 113-C-628
CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Clinton OFFICIAL NO. 1290

CHRISTIAN NAMES Elmer Joseph MARRIED, SINGLE or WIDOWER Single

PERMANENT ADDRESS 343 Grafton Street, Charlottetown, P.E.I. RELIGION R.C.

DATE OF BIRTH March 22, 1922. PLACE OF BIRTH Charlottetown, P.E.I. NAME AND ADDRESS OF NEXT OF KIN (7) Luke Clinton, Same address.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>39</u>	<u>Blonde</u>	<u>Blue</u>	<u>Ruddy</u>	<u>None.</u>
Inches <u>9 1/2</u>	Deflated <u>35</u>				
Mean <u>37 1/4</u>					
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
<u>30th April 1940</u>	<u>Seaman</u>	<u>Labourer.</u>			

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

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

* Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

- (c) I have never been rejected 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.

**ENTERED IN
PAY LEDGER N.S.H.Q.**

FAIR: D. J. 15-11-40

ROUGH: J. 15-11-40

**Personnel Records
Division.**

1. Noted in Records E.D.

2. Index Card E.D.

3. Non-Sub Card E.D.

4. Statistical Card E.D.

5. Roneo Strip E.D.

6. Pension Card

7.

8.

DATE May 9, 1940

(5) On being enrolled as a member of the Charlottetown Division, of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:—

(a) To serve from the date thereof for three consecutive years, 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. *for duration of war*

(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.

Dated this 30th day of April, 1940

Signature of applicant Elmer Clinton

(C) CERTIFICATE OF DIVISIONAL COMMANDING 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 30th day of April, 1940.

J. J. Kennedy
Signature of Commanding Officer.
Lieut. Commander R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, Elmer J. Clinton, 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 Elmer Clinton

Witness Ordnance

Date 30th April, 1940 Rank a / Lieut

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

Elmer J. Clinton 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 Charlottetown Division of the R.C.N.V.R.

J. J. Kennedy
Commanding Officer.
Lieut. Commander R.C.N.V.R.

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.

How

N.V. 17
60M-9-42 (5943)
N.S. 815-11-17

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

CERTIFICATE of the SERVICE of

Elmer Joseph CLINTON

-in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
<i>Halifax N.S.</i>	<i>Charlottetown P.E.I.</i>	<i>V 1290</i>

Date of Birth	<i>22 March 1912</i>	Name and Address of Nearest Relative or Friend (in pencil)		
Place of Birth	<i>Charlottetown, P.E.I.</i>			
Place of Residence	<i>343 Drayton St. Charlottetown P.E.I.</i>			
Trade brought up to	<i>Labourer</i>			
Religion	<i>Roman Catholic</i>			
Can Swim:—P.P.T.	Date	19	Signature	Rank
P.S.T.	Date	19	Signature	Rank

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<i>30 April '40</i>	<i>Hostilities</i>	<i>Ord. Smm.</i>		<i>3 Feb 44</i>	<i>Canadian Volunteer Service Medal + clas. Provisional award.</i>
					<i>3 Feb 44</i>	<i>1939-41 Star. Provisional award.</i>

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>9 1/2</i>	<i>37 1/4</i>	<i>162</i>	<i>Blonde</i>	<i>Blue</i>	<i>Ruddy</i>	<i>Nil</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

Name Elmer Joseph CLINTON Conduct

SECOND CLASS FOR CONDUCT (Inclusive Dates)		CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED			
From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
		V.G.	Sat (Sto 2)	31 Dec 40	
		V.G.	Sat (Sto 2)	31 Dec 41	
		V.G.	Sat (9/10y Sto)	31 Dec 42	
		V.G.	Sat (A/10y Sto)	31 Dec 43	Jan H. Bell
		V.G.	Sat (A/10y Sto)	29 Aug 44	W. H. Egan

R.C.N.V.R. GOOD CONDUCT AND GOOD SERVICE BADGES			
Date	G.S.B. or G.C.B.	1st, 2nd, 3rd	Granted, Deprived, Restored
4 Nov 43	G.C.B.	1st	Granted

TIME FORFEITED			
Date	P., D.C., C.P., or W.T.	No. of Days	
		Awarded	Served

OCCUPATIONAL HISTORY FORM

113-6-628

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

Section A—GENERAL INFORMATION

1. (a) Print name in full Clinton Joseph Brown (b) Reg'l. No. V 1290
2. (a) Arm of service Army (b) Unit 1st CGNVR (c) Rank SG 11
3. (a) Date of birth 24/3/1922 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Charlottetown PEI
4. (a) Place of enlistment Charlottetown (b) Date of enlistment 30/4/40

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 yrs (b) Were you attending school or college up to the time of enlistment?
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.) 6th grade Public school
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) Yes (b) At time of enlistment of what trade union or professional society were you a member? No

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked. (b) State how long you had worked at this trade or occupation.
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified.
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment.
15. Give details of last employer, if any: Name J.J. Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business. (b) Date of discontinuing it.

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

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

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

22. (a) State nature of business, or professional practice. Fishing (b) Where was it located? Charlottetown PEI
23. (a) Number of years engaged in this business. 12 yrs (b) Have you made, or will you make plans to return to the same or a similar business on discharge? Yes

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. Fishing



DATE 17/4 1941 SIGNATURE Clinton Joseph Brown

Copy To
VWD
ES
6-5-41

B-1238
ORIGINAL

ACCOUNTANT OFFICER
HMCS "AVALON"
FEB 28 1942
ST. JOHNS, Newfoundland
FILE LOG

NATIONAL DEFENCE
MAR 10 1942
No. 113C-628

DECLARATION OF ALLOTMENT

42775 9

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
"AVALON" for "ALBERNI" 12 ³²	Surname..... CLINTON Christian Names } Joesph Elmer	Sto.1 ✓	V1290 ✓	\$2.00 ✓

Section A ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname..... CLINTON Christian Names } Mrs. Elizabeth	Mother	343 Grafton St., Charlottetown, P.E.I.	\$35.00 \$35.00 ✓	NEWXX INCREASED MARCH ✓

Section B DISPOSAL OF EXISTING ALLOTMENTS (See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):—
\$20.00	Mrs. Elizabeth Clinton	Charlottetown, PEI	Increased as In Sec A ✓

NOTE 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.
NOTE 2:—Write "Increased or reduced as Section A"; "To be stopped (charged to.....)"; "To be continued," etc.

Allottor's Signature authorizing charges *Joseph E. Clinton*
Rank or Rating

ENTERED IN FAIR LEDGER	ENTERED IN ROUGH LEDGER
<i>[Signature]</i>	<i>[Signature]</i>

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

Assigned Pay to Wives
Assigned Pay to other Dependents
Marriage Allowance
Dependents Allowance
New Allotments

311
312
316
319
324
35.00
35.00


[Signature]
PAY. SUB. LIEUT., R. C. N. V. R.
Accountant Officer

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

H.M.C.S. *Avalon*
MAR 4 1942
Forwarded.....

NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET
FOR USE AT HEADQUARTERS ONLY

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


 CHARLOTTE TOWN, P.E.I.
 343 GRAFTON ST.,
 MRS. ELIZABETH CLINTON,
 CLINTON, JOSEPH E.
 V-1290
 * 3 5 . 0 0 *
 THIRTY FIVE *

THIS CERTIFICATE IS TO BE COMPILED IN DUPLICATE, THE SECOND COPY BEING
FORWARDED TO THE MAN'S DEPOT

10

AUXILIARY MACHINERY COURSE FOR STOKER RATINGS

CERTIFICATE OF QUALIFICATION

250807

H.M.C.S. "CORNWALLIS"

113-6-628

This is to certify that..... Joseph CLINTON.....

First Class Stoker, Official Number..... V 1290..... serving in H.M.C.S.

"ALBERNI"..... has successfully passed through the
Auxiliary Machinery Watchkeeping Course, as laid down in K.R. and
A.I. Appendix XVII, Part I, No. 39 (F), and notations have been made
on his History Sheet accordingly.

Shedd

LIEUT. CDR.,
Engineer Officer (E) R.N.

Whelan

COMMANDER,
Commanding Officer R.C.N.

DRAFTING and ADVANCEMENT DEPT	
1 History Card	<i>ASh</i>
2 Index Card	
3 Ronoo Card	
4 Advancement	<i>ASh</i>
5 A. A. Card	
6 Training	
7	
8	
DATE	<i>6-10-42</i>

Date..... September 30th 1942.

S. 443
5M-2-41 (9290)
N.S. 815-9-443

Noted in Service
Records by.....*ja*

REPORT OF PARTICULARS OF PERSONNEL REPORTED
DEAD, MISSING, PRISONER OF WAR OR INTERNEE.

CASUALTY NO. 663
FILE NO: N.S. V-1290 PERS. (N)

NAVAL INFORMATION

D. N. P. A.
C.T.O. (N), (N. ALLOTS.)
C.T.O. (N) Re: Dependents' Allowance

It is notified for your information that Elmer Joseph Clinton, Leading Stoker, Official Number V-1290, Royal Canadian Naval Volunteer Reserve, is missing at sea when the ship in which he was serving was lost by enemy action in the English Channel.

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

Next of kin as recorded in this office is:

Father:
Mr. Luke Clinton
343 Grafton St.,
CHARLOTTETOWN, P.E.I.

H. B. Money

(H. B. Money),
Paymr. ~~Lieut.~~ Cdr., R.C.N.R.,
Officer i/c, Naval Personnel Records. *e*

Ottawa, Ont.,
Date - 25 August, 1944.

CURRENT	
D.A.	
A.P.	
TOTAL	
CHECKED	
LEDGER	

Certified that Ledger Action has been taken

.....
for C. T. O. (N)

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

19

24 August, 1944

(Date)

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
CLINTON, Elmer Joseph	Leading Stoker	V1290 R.C.N.V.R.

DATE OF ENLISTMENT - 30 April, 1940 Active Service 4 November, 1940

DATE OF DISCHARGE - Will be reported later

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

SERVICE - Canada & High Seas
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and when and where any disability was incurred, or where death occurred. "Missing" at sea when the ship in which he was serving was lost by enemy action in the English Channel. While this casualty is listed as missing, it is impossible to make an estimate as to his chances of survival. Should no information be received to the contrary, you will be notified when official presumption of death with date has been set.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP -	NAME -
Father	Mr. Luke Clinton
ADDRESS -	343 Grafton Street, CHARLOTTETOWN, P.E.I.

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

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

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

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

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

*Noted D.N. P.A
29-12-44
J.P.*

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

(See reverse side for further instructions)

REMARKS:

NOTES:

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

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

021879

36

DEC 28 1944

(Date)

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
CLINTON, Elmer Joseph	Leading Stoker	O.N. V-1290 R.C.N.V.R.

DATE OF ENLISTMENT - 30 April, 1940 Active Service: 4 November, 1940

DATE OF DISCHARGE - 31 August, 1944.

HOSPITAL -

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

SERVICE -

CANADA & HIGH SEAS

(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and when and where any disability was incurred, or where death occurred. - Missing, presumed dead. He was serving in H.M.C.S. "ALBERTI" which was sunk in the English Channel.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Father

NAME - Mr. Luke Clinton

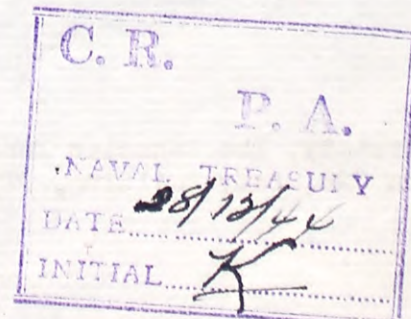
ADDRESS - 343 Grafton St., Charlottetown, P.E.I.

P.A.'S CHECKED IN

C.R. BY.....

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

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



REMARKS:

THIS PORTION OF FORM COMPLETED BY CHIEF TREASURY OFFICER, DEPARTMENT OF NATIONAL DEFENCE, NAVAL SERVICE.

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
----------------------------	---------------------	----------------------------	--

Mrs. Elizabeth Clinton, 343 Grafton St., Charlottetown, P E I.	Mother.		
--	---------	--	--

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	Nil.	\$35.00	\$35.00

<u>To Whom Paid:</u>	<u>As above</u>	<u>Address</u>	<u>As above.</u>
----------------------	-----------------	----------------	------------------

Date of Enlistment:

Date of Discharge:

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

The final deduction of Assigned Pay for 35.00 has been made for the period from 1st to 31st of August 1944.

Remarks:

Computed by m.w.

Checked by R. Labochelle

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

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

File No. N.S. V-1290 PERS. (N)

37

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

WAR MEMORIAL CROSS



Issued to:-

Wife:-

Mother:-

Mrs. Elizabeth Clinton,
343 Grafton St.,
CHARLOTTETOWN, P.E.I.

Date forwarded:- JAN 17 1945

Registered Mail No:- 3518

P.A. 'S CHECKED IN

BY



Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE

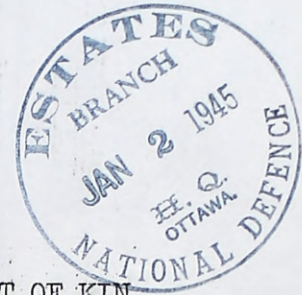
NO. N.S. V-1290
Pers. (N)

OTTAWA, Ont. DEC 16 1944 194

39363

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>
CLINTON, Elmer Joseph Leading Stoker V-1290, R.C.N.V.R.	Missing, Presumed Dead on 21 August, 1944, from H.M.C.S. "ALBERNI".	Father: Mr. Luke Clinton 343 Grafton St., Charlottetown P.E.I.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Mrs. Elizabeth Clinton, 343 Grafton St., Charlottetown, P.E.I.		\$35.00 Stopped Aug. 31/44	<i>ELC</i>

WILL: No Record.

Yours truly,

J. J. Heard

for
SECRETARY, NAVAL BOARD.

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

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..... **CLINTON, Elmer** Rating... **A/I dg. Sto.**
 Official No. **V 1290** HMCS **NIOBE for ALBERNI** List **12.2/73**
 Who..... **Discharged Dead** on the **21st August** 19 **44**

	\$	cts.
Net sum due on ledger on account of Wages.....	132	18
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) Thirty-five dollars. charged to 31 Aug.		
Name of ship from which transferred.....		
Total... Creditor	132	18

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 & Thirty-two** dollars **Eighteen** cents.

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

Approved *D.P. Dawson* Supply Officer
A/Commander (S) RCNVR Initials of the
D. Hanson **Lieutenant (S) RCNVR** Asst. Supply Officer
 **Commanding Officer.**

For Use at Headquarters. \$..... cts..... credited on

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

Signature.....

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

C.N.S.46

Note: The above sum has been recovered by Niobe March cash acc't receipt vouchre N-R-1570.

INFORMATION EXTRACTED FROM NAVAL SERVICE HEADQUARTERS' RECORDS

Six copies to be rendered to Naval Service Headquarters

46

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

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

Name..... CLINTON, Elmer Joseph
(Christian names in full)

Rank or Rating. Leading Stoker Official No. V-1290 Unit { R.C.N.
R.C.N.R.
R.C.N.V.R.

Place of Birth..... Charlottetown, P.E.I. Date of Birth. 22nd March, 1922.

Occupation in Civil Life. Labourer 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 30 April, 1940 to 21 August, 1944.

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

Cause of Death. Missing, presumed dead, 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..... Mr. Luke Clinton, Relationship. Father
Address..... 343 Grafton Street, Charlottetown, P.E.I.

Date on which the above was informed by Ship. Naval Service Headquarters: 23 Aug.,/44.

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.....

H.B. Money

(Commanding Officer)

for SECRETARY, NAVAL BOARD.

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

Date. OTTAWA, Ont., 3 March, 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.

C.N.S. 1121
10M-6-44 (774)
N.S. 7570-S-1121

*Noted D.M.P.
S.M.O.
17/3/45*

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

Name: CLINTON Surname Elmer J. Christian Names No.: V-1290

L/STO. Rank R.Q.N.V.R. O/S. Unit Date of Death 21-8-44

AMOUNT

Date: 3-8-45
 L.P.C. \$ **133.98**
 Other Credits.....
 Total..... **133.98**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
$\frac{1}{2}$	Father	Luke Clinton, 343 Grafton St., CHARLOTTETOWN, P.E.I.	66.99
$\frac{1}{2}$	Mother	Mrs. Elizabeth Clinton, (as above)	66.99
		(as next of kin entitled)	

P4. TO TREAS. 12-9-45, Q.W

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	133.98
CLASSIFIED BY			EXAMINED BY		
<i>J. H. Sutton</i>			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

- Navy
- Army
- Air Force

(Mark X opposite Force in which you last served.)

DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441
1 Mil. 9-44 (5449)
H.Q. 1772-39-2326

Application for War Service Gratuity

(Canadian Armed Forces)

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

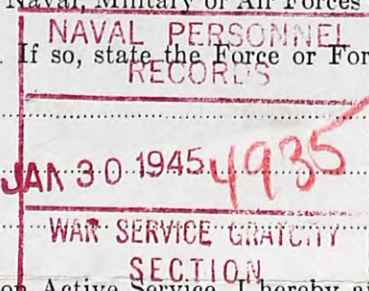
1. Surname on termination of service..... (Print) _____
2. Christian Names ELMEY, J. CLINTON (Print) _____
3. Service No. V-1290 4. Paid rank or rating at date of termination of Service LEADING Stoker
5. Address, in full, to which payments of gratuity are to be forwarded Mother
Mrs. BAYA, ELIZABETH CLINTON
343 GRAFTON Street
CHAYLOTTE TOWN P.E.I.

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
<u>NAVY</u>	<u>V-1290</u>	<u>L/Stoker</u>	<u>NOV 18 1940</u>	<u>21 AUG 1944</u>

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty? NA If so, state name of Force or Forces _____

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? NA If so, state the Force or Forces, with dates of commencement and termination of service. _____



Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

DIED AUG 21 1944
(Date)

Mother
(Signature of Applicant)

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

Mrs Elizabeth Clinton

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz: Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)
Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.
Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

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

4
 NAVY

DECEASED
 MEMBER'S
 NAME

Elmer Joseph
 (CHRISTIAN NAMES)

CLINTON
 (SURNAME)

REGISTER NO.

4935

FILE NO.

NSV-1290

DATE

12 Apl/45

SERVICE NO.

V-1290

FINAL RANK OR RATING

A/Ldg. Sto.

DATE OF TERMINATION OF OVERSEAS SERVICE

21 Aug/44

DATE OF DISCHARGE

21 Aug/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1387 EQUAL TO 46 COMPLETE PERIODS AT \$7.50

345.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 1313 LESS 7 INELIGIBLE DAYS, EQUAL TO 1306 DAYS @ 25C. PER DAY

326.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 2.25
 SUBSISTENCE OR LODGING
 AND PROVISION ALLOWANCE \$ 1.45
 ADDITIONAL PAY H.L.M. \$.25

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.95 X 7 = \$ 27.65
 NO. OF DAYS 1306 X \$ 27.65
183

197.33

D. WAR SERVICE GRATUITY

868.83

E. DEDUCTIONS

OVERPAYMENT OF

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

NIL

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

868.83

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____ = \$ 868.83
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

Cheque 5156 - 2/5-45

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

PREPARED BY
 SJD

CHECKED BY

TREASURY
 CHECKED BY

DATE

[Signature]
 SERVICE REPRESENTATIVE
 For Dir. Naval Pay Accting.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name

Elmer Joseph CLINTON
(Christian Names) (Surname)

lypd

Payee

Mrs Sara Elizabeth CLINTON.

Register No. 4935
File No. V1290

Address

343. Grafton St.
Charlottetown, P.E.I.

9 APR. '45 Date ~~21 Aug. 44~~
Service No. V1290

Final Rank or Rating A/Ldg. Sto.

Date of termination of overseas service 21 Aug. 44 Date of Discharge 21 Aug. 44

A. TOTAL QUALIFYING SERVICE
No. of days $\frac{1387}{30}$ equal to 46 complete periods at \$7.50 \$ 345.00

B. QUALIFYING OVERSEAS SERVICE
No. of days 131 less 7 ineligible days equal to 130 days @ 25¢ per day 326.50

C. SUPPLEMENT FOR OVERSEAS SERVICE
DAILY RATES AT DISCHARGE

Pay \$ 2.25
Subsistence or Lodging and Provision Allowance \$ 1.45
Additional Pay H.L.M. \$.25

Dependents' Allowance 1/30 of \$ $\frac{3.95}{183} \times 7 = \$ 27.65$
OK. $\frac{1306}{183} \times \$ 27.65 = 197.33$

D. WAR SERVICE GRATUITY 868.83

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

F. TOTAL AMOUNT PAYABLE 868.83

G. YOUR PORTION OF GRATUITY IS
Dependents' Allowance in issue to you \$ _____ of \$ = \$ 868.83
Total Dependents' Allowance in issue \$ _____

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

Prepared by	Checked by	Treasury	
		Checked by	Date

Service Representative

D.N.P.A. CHECK

1 *W* 6
2 *Da* 7
3 *Da* 8
4 *Da* 9
5 *Da* 10

Estate

E. J. CLINTON

NAME (Print)

A L/S TO

RANK OR RATING

V-1290

O.N.

ALBERNI

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	
Charlottetown	Nov. 4, 40	Nov. 20, 40	P.C.I.
Stadacona	" 25, 40	Jan 16, 41	Halifax
Sunbeam	Jan 13, 41	" 22, 41	" Harbour
Ventures	" 23, 41	Apr. 30, 41	
" Sunbeam	May 1, 41	May 31, 41	North Atlantic
" Alberni	June 1, 41	July 3, 41	Mediterranean
Avalon	Aug 4, 41	May 18, 43	
" "	May 19, 43	Dec. 31, 43	

E. J. Clinton
Signature of Officer or Rating making Declaration

Based on "STADACONA" 249a
folio No. 117 dated 3-2-44