



Tpr Corner, Lloyd Atkinson SALta R  
 F/O Corney, Leslie Russell RCAF  
 WO2 Cornfield, Edward Albert RCAF  
 Pte Corning, Philip George NShore R  
 Gnr Cornish, Frank James RCA  
 Gnr Cornish, John Edwin RA  
 Sgt Cornish, Lloyd George RCA  
 AB Cornwall, James Anthony RCNVR  
 Pte Cornwall, Ronald Tatlow PPCLI  
 Rfn Cornwall, Stanley Leslie QOR of C  
 Pte Cornwell, Charles Walter CScot R  
 F/L Cornwall, George Francis RCAF  
 Pte Corran, Fred Malcolm RHC  
 Pte Corrie, William James RCIC  
 F/O Corriveau, Arthur Jeffrey RCAF  
 S-O brev 2 Corriveau, Joseph Thomas  
 Raymond RCAF  
 Rfn Corvec, Medrick Joseph QOR of C  
 Pte Cory, Willis Leigh PPCLI  
 Lt Cosby, Craufurd Stuart RCE  
 Pte Cosby, Wallace Clifford RHII  
 Pte Cosens, William John Alg R  
 F/S Cosgrave, Francis William  
 George RCAF  
 AB Cosgrove, Canniff Timothy John RCNVR  
 Sgt Cosgrove, Francis Dernier  
 1 Cdn Para Bn  
 Pte Cosgrove, Harold James L Edmn R  
 P/O Cosgrove, Joseph Patrick RCAF  
 Lt/Cdr Cosh, Digby Rex Bell, DSC  
 Men in D RCNVR  
 F/O Cosman, William Nathan,  
 DFC RCAF  
 P/O Cosoff, Joseph RCAF  
 F/O Costello, George Arnold RCAF  
 Rfn Costello, Michael RWpg Rif  
 Sgt Costello, William John LD SHIRO  
 Pte Costello, Wilson Adison RCAMC  
 Pte Côté, Albert Joseph Alg R  
 L/Cpl Côté, Cecil Alexander 1 Cdn Para Bn  
 Pte Côté, Cecil James Calg Highrs  
 Sgt Côté, Charles Edouard RCAF  
 Pte Cote, Emmerson A & SH of C  
 Pte Cote, John HLI of C  
 Pte Côté, Paul Alphonse RCR  
 Lt Côté, Paul Leclerc Ir RC  
 L/Sgt Cottel, Clifford Thomas Perth R

F/L Cotterill, Stanley Herbert Ross,  
 DFC RCAF  
 P/O Cotton, David Neville RCAF  
 Wtr Cotton, Stanley Llewellyn RCNVR  
 Pte Cottreau, George Louis Rde Mais  
 Pte Cottrell, Leslie W. RWK  
 AB Cottrell, Sydney Alexander  
 RCNVR  
 F/S Couch, Albert Thomas RCAF  
 Pte Coughlan, Kenneth James  
 Carl & York R  
 Lt/Cdr Coughlin, Clifton Rexford,  
 DSC Men in D RCNVR  
 P/O Coughlin, Gerald Philip RCAF  
 Sgt Coughlin, James Thomas 14 H  
 Pte Couillard, Alphonse N Shore R  
 Pte Couling, Kenneth William  
 C Scot R  
 L/Cpl Coull, Leslie Holland RWpg Rif  
 Tpr Coulombe, Albert André Calg R  
 P/O Coulson, Frank RCAF  
 Pte Coulson, George Scott Fraser  
 Calg Highrs  
 L/Cpl Coulter, Alan Douglas QOR of C  
 WO2 Coulter, Everett Malcolm RCAF  
 Sgt Coulter, Robert Earl RCAF  
 Sgt Coulter, Robert Leslie RCAF  
 Capt Coulthard, Leonard Horn RCA  
 Pte Counahan, Edward John Ir RC  
 Maj Counsell, Ronald Rainey, MC  
 Camerons of C  
 P/O Countess, Ray Edgerton RCAF  
 Lt Couper, John Stanley CH of O  
 P/O Couper, Mungo William RCAF  
 Pte Courage, Donald Graham RCR  
 Sgt Courage, William Roy RCAF  
 Sgt Cournoyer, Joseph Jacques Omer  
 RCAF  
 Pte Courtice, Lawrence Stuart RCASC  
 P/O Courtis, Ernest Edward RCAF  
 Cpl Courtney, Albert Frederick  
 C Scot R  
 L/Cpl Courtney, Clarence Verdun  
 RCASC  
 Maj Courtney, Francis Bernard, ED  
 SSask R  
 Capt Courtright, Joseph William  
 CH of O

V64451  
COSGROVE

CANNIFF

TIMOTH

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Sept. 45 "ALBERNI"

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

(1) MEDALS  
PERSON

ENTITLED TO Mrs. Violet Cosgrove - Mother

ADDRESS: 2302 Oxford Ave.,  
MONTREAL, 28, Que.

DATE DESP

(1)

REGN. NO

889

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. V. Cosgrove

ADDRESS: 2302 Oxford Ave., Montreal, Que.

(3)

17-1-45

DEPARTMENT OF VETERANS AFFAIRS

D OF D 21-8-44

AWARDS

(NAVY)

WAR SERVICE RECORDS

D.D.

COSGROVE . Canniff Timothy John		V-64451	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

CLASS) No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	6558
Atlantic Star	
G.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

# OCCUPATIONAL HISTORY FORM

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

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

## Section A—GENERAL INFORMATION

1. (a) Print name in full..... COSGROVE Canniff Timothy John (b) Reg'l. No. V-64451
2. (a) Arm of service..... NAVY (b) Unit..... R. C. N. V. B. (c) Rank..... ORD. SEAMAN
3. (a) Date of birth..... 15 Sep 1924 (b) Have you any dependents?..... No (c) Place of residence at time of enlistment..... Montreal, Que.
4. (a) Place of enlistment..... Montreal, Que. (b) Date of enlistment..... 21st June, 1943

PLEASE LEAVE BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... 15 (b) Were you attending school or college up to the time of enlistment?..... No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)..... First Year high 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)..... WORKING (b) At time of enlistment of what trade union or professional society were you a member?.....

## 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..... Canadian National Railways Address..... Montreal, Que
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)..... Transportation.
20. (a) Your specific occupation..... Office Clerk (Sorter) (b) Number of years' experience at this occupation with any employer..... 3 yrs.
21. (a) Did your employer promise definitely to give you employment on discharge?..... YES (b) Did your employer refuse to promise you employment on discharge?..... NO (c) Do you wish to return to your former employment?..... YES

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

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

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war?..... NO (b) Do you feel competent to operate a farm?..... NO (c) If so, in what kind of farming?..... //
25. (a) Were you born on a farm?..... NO (b) How many years' actual farming experience have you had?..... // (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?.....
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..... would like to return to former job

DATE 21st June, 1943

194.....

SIGNATURE.....





Copy To  
VWD  
MES  
MAR 3 1943

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

NAME IN FULL COSGROVE, Leanniff RANK/RATING AB OFF. NO. 164451 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.
	7/2/43											1939-45	1 star
<u>Albani</u>	22/12/43	21/8/44	244	<u>acc.</u>								ATLANTIC	<del>1 star</del>
<u>Blisch "Head"</u>	21/8/44			<u>Fr. Ger.</u>	6.6.44	21.8.44						FRANCE G.	1 star
												AFRICA	
												PACIFIC	
												BURMA	
												ITALY	
												DEFENCE	
												G.V.S.M.	2 @ clasp
												" CLASP	
												WAR 1945	1 Medal
												WAR 1915	

VERIFIED BY [Signature]

VERIFIED BY [Signature]

VERIFIED BY .....

DIR. OF PERSONNEL RECORDS.



113-6-4795

**ATTESTATION FORM**  
 (HOSTILITIES FORM)

124780

**FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE**

SURNAME COSGROVE OFFICIAL No. 7-64451  
 CHRISTIAN NAMES Canniff, Timothy, John MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
<u>2302 Oxford Ave., N.D.G., Montreal, P. Q.</u>	<u>Roman Catholic</u>

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>15 Sept 1924</u>	Town <u>Montreal, Que.</u>	Father: <u>Mr. Walter Cosgrove,</u> <u>Same address.</u>
*Original Nationality of: Father <u>Irish</u> Mother <u>Irish</u>	County Province	

\*If not the son of natural born British parents, particulars to be given at foot of next page.

(A) **PERSONAL DESCRIPTION ON ENROLMENT**

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>36</u>	<u>Brown</u>	<u>Blue</u>	<u>Medium</u>	<u>None</u>
Inches <u>8 1/2</u>	Deflated <u>34</u>				
<u>136</u>	Mean <u>35</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>First Year High School</u>	<u>Office Clerk:</u> <u>Canadian National Railways,</u> <u>Montreal, Que.</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
<u>21st June, 1943</u>	<u>ORDINARY SEAMAN</u>	<u>H.M.C.S. MONTREAL</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, Air Force, Reserve or Territorial Force.

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

\*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
<u>//</u>	<u>//</u>	<u>//</u>	<u>Personnel Records Division</u>

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

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

1. Noted in Records <u>✓</u>
2. Index Card <u>✓</u>
3. Non Sub. Card <u>✓</u>
4. R neo Strip <u>✓</u>
5. R neo Strip <u>✓</u>
6. <u>✓</u>
7. <u>✓</u>
8. <u>✓</u>
DATE <u>3/7/43</u>

*will*



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

(a) To serve from the date thereof for the duration of hostilities, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service 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.....21st.....day of.....June, 1943.....

Signature of applicant X Canniff Cosgrove

(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.....21st June 1943..... day of.....

My authority for attestation is.....

Dr DeLark  
Signature and rank of Attesting Officer.

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

(D) OATH OF ALLEGIANCE

I,.....Canniff Timothy John COSGROVE.....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.....Canniff Cosgrove.....

Witness.....Dr DeLark.....

Date.....21st June, 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.

N.V. 17  
COM-9-42 (3943)  
N.S. 815-11-17

A

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

*Canniff Timothy John COSGROVE*  
ICNS 103813

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V-64451</i>
	<i>H.M.C.S. Montreal</i>	"
		"

Date of Birth	<i>15th September 1924</i>	<b>O.H.F.</b>	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth	<i>Montreal, Quebec</i>		<i>Father</i>
Place of Residence	<i>2302 St. Hubert St. Montreal, Que.</i>		<i>Walter</i>
Trade brought up to	<i>Office Clerk</i>		<i>same address</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>2 June 43</i>	<i>Duration 14 1/2 months</i>	<i>Ord. Smn.</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>8 1/2</i>	<i>35</i>	<i>136</i>	<i>Brown</i>	<i>Blue</i>	<i>Medium</i>	<i>None</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









109M-12-12 (8897)  
 ENTERED IN PAY LEDGERS  
 H.M.C.S. "  
 FAIR  
 ROUGH

**ATTESTATION FORM  
 (HOSTILITIES FORM)**

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME COSGROVE OFFICIAL No. V-  
 CHRISTIAN NAMES Canniff Timothy John MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
<u>2302 Oxford Ave., N.D.G., Montreal, P. Q.</u>	<u>Roman Catholic</u>

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>15 Sept 1924</u>	Town <u>Montreal, Que.</u>	Father: <u>Mr. Walter Cosgrove,</u> <u>Same address.</u>
*Original Nationality of:	County	
Father <u>Irish</u>	Province	
Mother <u>Irish</u>		

\*If not the son of natural born British parents, particulars to be given at foot of next page.

(A) **PERSONAL DESCRIPTION ON ENROLMENT**

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>36</u>	<u>Brown</u>	<u>Blue</u>	<u>Medium</u>	<u>None</u>
Inches <u>8½</u>	Deflated <u>34</u>				
<u>136</u>	Mean <u>35</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>First Year High School</u>	<u>Office Clerk:</u> <u>Canadian National Railways,</u> <u>Montreal, Que.</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
<u>DIVISIONAL STRENGTH</u> <u>21st June, 1943</u>	<u>ORDINARY SEAMAN</u>	<u>H.M.C.S. MONTREAL</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, Air Force, Reserve or Territorial Force.

\* (b) I served in ~~the Royal Canadian Naval Volunteer Reserve Force~~ for the period shown, and attach my record of service, in corroboration of this statement.

\*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
<u>//</u>	<u>//</u>	<u>//</u>	<u>//</u>

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

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

(5) On being enrolled as a member of the 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 21st day of June, 1943

Signature of applicant X Canniff / Cosgrove

(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 21st June 1943 day of .....

My authority for attestation is .....

D. H. DeLark

Signature and rank of Attesting Officer.

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

(D) OATH OF ALLEGIANCE

I, Canniff Timothy John COSGROVE do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty, His heirs and successors according to law.

Signature of Applicant X Canniff / Cosgrove

Witness D. H. DeLark

Date 21st June, 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.



Department of National Defence  
Naval Service

IN REPLY PLEASE QUOTE  
NO. N.S.V-64451 PERS.(N)

26  
DEC 16 1944 194

39353



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 &amp; CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
<i>File</i> Canniff Timothy John Cosgrove, Ordinary Seaman, Official Number V-64451, R.C.N.V.R.	"Missing" presumed dead. He was serving in HMCS "ALBERNI" which was sunk in the English Channel.	Father: Mr. Walter Cosgrove 2302 Oxford Ave., N.D.G. MONTREAL, Que.

Allotments in Force

<u>In Favor Of</u>	<u>Amount</u>	<u>Initials</u>
--------------------	---------------	-----------------

N i l.

WILL: Attached

Yours truly,

for  
SECRETARY, NAVAL BOARD.

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



UNITED STATES DEPARTMENT OF JUSTICE

In accordance with Federal Order No. 67, it is notified that the following information in the Naval Service of Officers has been received:

NAME, GRADE, SERVICE NUMBER, BRANCH, DATE OF BIRTH, DATE OF DEATH

1. NAME, GRADE, SERVICE NUMBER, BRANCH, DATE OF BIRTH, DATE OF DEATH

2. NAME, GRADE, SERVICE NUMBER, BRANCH, DATE OF BIRTH, DATE OF DEATH



NS:113-M-7857

113-C-4795

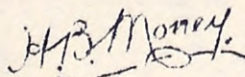
6th July, 1943.

## MEMORANDUM:

The enrolment of the undermentioned ratings  
in the MONTREAL Division, R.C.N.V.R., is approved:

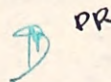
<u>NAME</u>	<u>RATING</u>	<u>O.N.</u>	<u>DATE</u>
MOSER, Werner Josef	E.R.A.4/c(S)	V64679	22 June '43
COSGROVE, Canniff Timothy J.	Ord.Smn.	V64451	21 June '43
TRUSSELL, Reginald Philip	Shpt.5/e	V64452	23 June '43
EVANS, Trevor Armitage	Ord.Smn.	V64453	23 June '43
WILLIAMS, Bertram	Stoker 1/c	V64454	23 June '43
HARWOOD, Wesley Edward	A/E.R.A.4/c(S)	V64455	23 June '43
HALLINAN, Francis Gerald	Ord.Smn.	V64457	23 June '43
SHEPPARD, Harold Douglas	Ord.Smn.	V64458	23 June '43
STAPELS, Frank Leon	A/Shpt.4/c	V64459	23 June '43
WINKWORTH, Francis William	Ord.Smn.	V64504	22 June '43
PETTS, William Harry	Ord.Smn.	V64505	22 June '43

BY ORDER,



for  
SECRETARY, NAVAL BOARD.

The Commanding Officer,  
H.M.C.S. "MONTREAL".



GFM

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

CASUALTY NO.  
FILE NO.: N.S. <sup>664</sup> V-64451 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 **Canniff Timothy John Cosgrove, Ordinary Seaman, Official Number V-64451, 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. Walter Cosgrove,  
2302 Oxford Ave.,  
N.D.C., Montreal, P.Q.

*H. B. Money*

(H. B. Money),  
Paymr. Commander, R.C.N.R.,  
Officer i/c, Naval Personnel Records. *C*

Ottawa, Ont.,  
DATE: 28 August, 1944.

D.A.	A.P.	NAME	RELATIONSHIP	ADDRESS
------	------	------	--------------	---------

Certified that Ledger Action has been taken

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

LA/HS

REGISTERED *24*

AIR MAIL

N.S. V- 64451, PERS. (N)

<sup>26</sup>  
15 December, 1944.

Dear Mr. Cosgrove:

Further to my letter of the 29th of August, 1944, I regret to inform you that in view of the length of time which has elapsed since your son, Canniff Timothy John Cosgrove, Ordinary Seaman, Official Number V-64451, Royal Canadian Naval Volunteer Reserve, was reported missing from H.M.C.S. "ALBERNI", and as no news has since been received to the contrary, the Canadian Naval Authorities have now presumed his death to have occurred on the 21st of August, 1944.

Please allow me to express sincere sympathy with you in your bereavement on behalf of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your son has helped to maintain.

Yours sincerely,

*[Signature]*  
SECRETARY, NAVAL BOARD.

Mr. Walter Cosgrove,  
2302 Oxford Avenue,  
N.D.G., MONTREAL, Que.

*[Initials]*  
Despatched by  
Sec. N. B.

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

*[Signature]*  
Date 26.12.44  
Time 1100

EMC

46

N.S. V-64451, F.D. 502 PERS(N)

8 February, 1945.

THIS IS TO CERTIFY that according to official information Canniff Timothy John Cosgrove, Able Seaman, Official Number V-64451, Royal Canadian Naval Volunteer Reserve, is missing, presumed killed on the 21st of August, 1944, when the ship in which he was serving, H.M.C.S. "ALBERNI", was lost in the English Channel due to enemy action.

Deputy

*L.H.H.*  
SECRETARY, NAVAL BOARD.

*SW*

*W*

File No. N.S. V-64451 PERS(N)

DEPARTMENT OF NATIONAL DEFENCE  
- Naval Service -

WAR MEMORIAL CROSS



Issued to:-

Wife:-

Mother:-

Mrs. Veronica Cosgrove,  
2302 Oxford Ave.,  
N.D.G., MONTREAL, Que.

Date forwarded: JAN 17 1945

Registered Mail No: 3506

CR BY [red mark]

19

R No. <sup>26</sup> 6978

57

March 20th, 1945.

Department of National Defence,  
Naval Service,  
Ottawa, Ontario.

P602088

Attention: Secretary, Naval Board

Your File No. N.S. V-64451 (PERS.(N)(18))

Dear Sirs:-

Thank you for your letter of March 12th, 1945. I presume that I am correct in writing to the Naval Board rather than to the Dependents' Allowance Board.

May I bring to your attention the fact that my wife is in bad health, suffering from nervous shock as a result of our son's death.

The physician consulted with respect to her condition, namely Dr. David Raff of 5652 Sherbrooke St. West, Montreal, has advised us that my wife is suffering from a serious heart ailment which he attributes to the nervous shock mentioned above.

I would bring this condition of affairs to your attention and your sympathetic appreciation inasmuch as I am advised that my wife's condition is not likely to improve but to grow progressively worse, and that as a consequence we may be faced with heavy medical expenses.

Yours very truly,

*Walter Cosgrove*

Walter Cosgrove

2302 Oxford Avenue  
N.D.G., Montreal, Que.

*Notes  
copy for Bob.  
24/3/45  
A. (S)  
24/3/45*

RECEIVED  
MAR 21 1945  
F.M.O.  
N.S.H.Q.





12th. March, 1945  
N.S. V-64451 (PERS. (N) (18))

Dear Sir:

I am directed to inform you that your application for the War Service Gratuity in respect of your late son has been referred to the Dependents' Allowance Board for decision concerning whether you may be classed as dependent as provided under the War Service Grants Act, 1944.

This procedure is required in all cases where records at Headquarters disclose the fact that you were not in receipt of Dependents' Allowance as at the death of your late son.

Immediately upon receipt of a decision from the Dependents' Allowance Board, steps will be taken to place your claim in line for payment, if eligible.

In the meantime, would you kindly inform this department of any change of address.

Yours truly,

SECRETARY, NAVAL BOARD

Mr. Walter Cosgrove,  
2302 Oxford Avenue,  
N.D.G. Montreal, Que.



IN REPLY PLEASE QUOTE

No. N.S. V-64451,.....  
PERS.(N) "N" 5.

DEPARTMENT OF NATIONAL DEFENCE

OTTAWA, Ontario, /5th August, 1949

Dear Sir:

The Director of Navy Accounts, Branch 3B, Admiralty, Bath, England, has referred to this Department for reply, an application from you for Campaign Stars and Naval Prize Money on behalf of your son, the late Canniff Timothy Cosgrove.

According to the records at Naval Headquarters, it is hoped to issue to you and Mrs. Cosgrove, some time during the month of October, the under-mentioned Campaign Stars and Medals earned by your son.

The 1939-45 Star - The Atlantic Star -  
The Canadian Volunteer Service Medal with  
Clasp - The War Medal 1939-45.

A separate communication will be forwarded concerning the question of Naval Prize Money.

Yours very truly,

NAVAL SECRETARY.

Mr. H.W. Cosgrove,  
2302 Oxford Avenue,  
MONTREAL 28, Quebec.

*Re-written and  
re-dated 17 Aug 1949*  
*[Signature]*

Mr. Walter Cosgrove.  
 2302 Oxford Ave., N.D.G.,  
 Montreal, P. Q.

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. 64451 FD 756

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

COSGROVE

Canniff T.J. *A.B.* *TS*

V. 64451 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.



*M. W. Wade*  
 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.....	Never married.		
2	Children of the Deceased and dates of their Births.....	No children		
3	Father of the Deceased.....	Henry Walter Cosgrove	46.	2302 Oxford Ave MONTREAL.
4	Mother of the Deceased.....	Veronica Cosgrove nee Ganiff	41.	Same as above.
5	Brothers of the Deceased	Full Blood		None.
		Half Blood		None.
6	Sisters of the Deceased	Full Blood	15	} Same as above.
			10	
		Half Blood		None.
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
	None.	None.		

ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	<i>Canniff &amp; Mathy John Cosgrove.</i>
9	Date of his birth.	<i>15<sup>th</sup> Sept. 1924.</i>
10	Place and date of his marriage.	<i>Never married.</i>
11	Place and date of his parents' marriage.	<i>Oct 20<sup>th</sup> 1923 Montreal St Thomas Aquinas Parish Church.</i>

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	<i>Montreal Que. Canada.</i>
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) <i>Always lived in Montreal</i> (b) <i>Que. upto time of enlistment</i> (c) <i>Que. upto time of enlistment</i> (d) <i>0</i>
14	Nature of employment before enlistment.	<i>Clerk C.N.Ry. Montreal.</i>
15	State whether he owned the premises in which he lived, and, if so, where situated.	<i>No.</i>
16	Name place where deceased stated he intended to make his permanent home.	<i>Montreal Que.</i>

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	<i>No.</i>
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?	<i>Not married.</i>
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	<i>Not known to me.</i>
20	Amount of War Savings Certificates held by deceased. Indicate where located.	<i>Not known to me.</i>
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	<i>Not known to me.</i>
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	<i>Canadian Order of Investors. 2acc. value \$1000 benefit return of premiums policy: Veronica Cosgrove.</i>
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	<i>None.</i>

## 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.	<i>70.</i>
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.	<i>High Mass &amp; Burial Service \$35.00</i>

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

DECLARATION

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

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

\* father of the deceased.

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

M. Cosgrove {Signature of Informant  
2302 Oxford Ave. G. P. G. Address

CERTIFICATE

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

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

Dated at Montreal this 8<sup>th</sup> day of Jan. 19 45

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

Stanley M. Petersen Qualification Commissioner of the Superior District of Montreal  
Address 1004 Dominion Square Bldg Montreal

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

Read 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, Canniff Timothy John Caspove, of His Majesty's Canadian Ship Montreal do hereby revoke all former wills by me made and declare this to be my last will.

5872

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

(2) I GIVE, DEVISE AND BEQUEATH unto my Mother Mrs Violet Caspove of 2302 Oxford Ave. N.D. & Montreal  
2, my entire estate

(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~~

Relationship, names and addresses of residuary beneficiaries.

(4) I appoint Mrs V. Caspove as above  
House wife, to be the Executor of this my Last Will.  
(Name) (Address)  
(Civil Occupation) Executrix

IN WITNESS WHEREOF I have hereunto set my hand this 21<sup>st</sup> day of June 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.

Canniff Caspove  
(Name)

0/s.

(Rank or Rating)

164451  
Official No.

First witness sign here.

(5) Signature J. E. O'Brien

Civil Address McMasterville, P. Q.

Civil Occupation STOKER II, Engineer's Writer

Second witness sign here.

Signature Tom Hansen

Civil Address 5970 Monkland Ave., Montreal, P. Q.

Civil Occupation WRITER, RC.NVR

(Beneficiaries are not to be Witnesses.)

[OVER]

Noted in Service  
Records by Miss D

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.



# 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 **COSGROVE, Canniff** ~~COSGROVE~~ Rating **A.B.**  
 Official No. **V 64451** H.M.C.S. **NIOBE** for **ALBERNI** List **12.II/44**  
 Who\* **Discharged Dead** on the **21st August** 19 **44**

Net sum due on ledger on account of Wages.....	\$	cts.	
Proceeds of sale of Effects charged against Wages, brought from the other side.....	89	20	
CASH—			
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....	\$	cts.	
Found amongst Effects.....			
Debts collected \$.....			
Cash debited in the Accountant Officer's Cash Acct.....			
If in debt in ledger, amount to be stated (in red ink).....			
Rate of allotment (in words) <b>Twenty Dollars</b> charged to <b>31 Aug</b>			
Name of ship from which transferred.....			
Total†..... <b>Creditor</b>	89	20	<b>Note:</b>

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of **Niobe** for **ALBERNI** amounting to a net balance†..... **Creditor** of..... **Eighty-Nine** dollars..... **Twenty** cents.

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

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

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

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

Signature.....

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

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

**C.N.S. 46**

2M-10-39(2369)  
 H.Q. N.S. 815-9-45

**Note: The above sum has been recovered by Niobe March cash acc't. receipt voucher N-R-1553.**

89 20  
 262  
 91 82



**DISTRIBUTION OF SERVICE ESTATES**

AM Estates Form "P. 4"

NAVY

Name: GOSGROVE, Canniff T.J., No.: V-61451  
Surname Christian Names

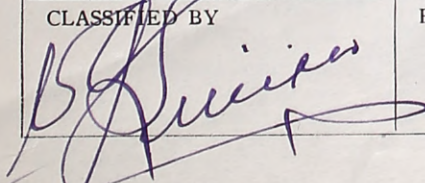
A/B R.C.N.V.R. O/S 21-8-44  
Rank Unit Date of Death

<u>AMOUNT</u>	<u>W.S.G.</u>	<u>184.27</u>
	L.P.C.....\$	<u>91.82</u>
	Other Credits.....	
	Total.....	<u>276.09</u>


Date: 23 Aug 45

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Violet Gosgrove, 2302 Oxford Avenue, N.D.G. Montreal, P.Q.  (Sole beneficiary under will)	276.09

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

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	<u>81</u>	00	50	000	276.09
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

  
 (L. M. FIRTH) Colonel  
 Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

OTTAWA, Ontario 28 August,

N.S. V-64451 PERS. (N)

Dear Sir:

The undermentioned Canadian Naval Casualty  
is forwarded to you for transmission to the Inspector of  
Income Tax concerned:

Name..... **Ordinary Seaman** .....  
(Surname) (Christian Names)  
**V-64451 R.C.N.V.R.**

Rank/Rating .....  
Official No. .... **Missing at sea when ship in which serving  
was lost by enemy action in English Channel.  
Will be reported later.**

Nature of Casualty .....  
**2302 Oxford Ave., N.D.G.**

Date of Casualty .....  
**Montreal, P.Q.**

Address at time of Enlistment .....  
**Single**

.....  
**Office Clerk**

Marital Status at time of Enlistment.....  
**Father: Mr. Walter Cosgrove,**

Occupation.....  
**2302 Oxford Ave., N.D.G., Montreal, P.Q.**

Name & Address of Next of Kin .....

.....

Yours truly,

*H.B. Money*

for

SECRETARY, NAVAL BOARD. c

The Deputy Minister (Taxation),  
Department of National Revenue,  
Ottawa, Ont.

*B7  
30/11/44  
N.P.R./S  
e*

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

021940

26

DEC 18 1944

Sir:

(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
COSGROVE, Canniff Timothy John	Ordinary Seaman	V-64451, R.C.N.V.R.

DATE OF ENLISTMENT - 21st June, 1943. Active Service 7th July, 1943

DATE OF DISCHARGE - 21st August, 1944

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

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

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

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

F.A. CHECKED IN

NEXT OF KIN & RELATIONSHIP -  
RELATIONSHIP - Father NAME - Mr. Walter Cosgrove

C.R. BY

ADDRESS - 2302 Oxford Ave., N.D.G., MONTREAL, Que.

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

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

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

REMARKS:.....

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

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

Mrs. Veronica Cosgrove, 2302 Oxford Ave., Montreal, P.Q.	Mother.		
----------------------------------------------------------------	---------	--	--

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	Nil.	20.00	20.00

To Whom Paid: As above Address As above.

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 20.00 has been made for the period from 1st to August 31, of 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.

## DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

1. PLACE OF DEATH	Municipal county	AT SEA		Official name of civil municipality or township					Place an X over the word which applies to this municipality or this territory City   Town   Village   Parish   Township								
	Street				No.				Hospital or Institution								
2. LENGTH OF STAY	(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days	
3. NAME OF DECEASED	Surname	COSGROVE (Block letters)			Do not write in this space				CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH								
	Given names	Ganniff Timothy John							22. Date of death..... August 21 19 44 (Month) (Day) (Year)								
4. RESIDENCE	Street	2302 Oxford Ave.			No.					23. I HEREBY CERTIFY that I attended deceased from .....19..... to..... 19..... and last saw h..... alive on..... 19.....							
	Official name of civil municipality or township	N.D.G., MONTREAL							24. CAUSE OF DEATH								
Municipal county				Province	QUE.			I Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. (a) "Missing", presumed dead. He was serving in RCMS "ALBERNI" which was sunk in the English Channel. (b) Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (c) Other morbid conditions (if important) contributing to death but not causally related to immediate cause.									
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)														
Male	Canadian	Irish	Single														
9. If married give name of wife or husband of deceased																	
10. BIRTHPLACE (Province or Country) Montreal, Que.																	
11. DATE OF BIRTH September 15 1924 (Month) (Day) (Year)																	
12. AGE OF DECEASED 19 19 11 If less than one day old .....hrs. or.....min.																	
OCCUPATION	13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc. Clerk, C.N.R.																
	14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.																
15. Date deceased last worked at this occupation																	
16. Total years spent in this occupation																	
17. NAME																	
18. BIRTHPLACE (Province or Country)																	
FATHER																	
MOTHER (Maiden Name)																	
19. Place of burial, cremation or removal No burial																	
20. Date of burial..... 19.....																	
21. PLACE OF REGISTRATION OF THIS BURIAL	(a) Name of parish or church.....																
	(b) Civil municipality of.....																
	(c) Municipal county.....																
	(d) Date..... 19..... (Month) (Day) (Year)																
28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.) Paymaster Commander, RCNR This signature authorizes the collector to accept this form as authentic.																	
29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made. (Voir l'autre côté pour le français)																	

Do not write in this space

Director of Personnel Records Naval Service Headquarters, OTTAWA

1. LIEU DU DÉCÈS		Comté municipal		Nom officiel de la municipalité civile ou du canton				Hôpital ou institution				Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire Cité   Ville   Village   Paroisse   Canton					
2. SÉJOUR		(a) dans l'hôpital ou l'institution	Années	Mois	Jours	(b) dans la municipalité du décès	Années	Mois	Jours	(c) dans la province	Années	Mois	Jours	(d) au Canada (s'il s'agit d'un immigré)	Années	Mois	Jours
3. NOM DU DÉFUNT		Nom de famille.....					Noms de baptême ou prénoms.....					N'écritez pas dans cet espace					
4. RÉSIDENCE		Rue..... No.....					Nom officiel de la municipalité civile ou du canton.....					Comté municipal..... Province.....					
5. SEXE		6. NATIONALITÉ (Citoyenneté)		7. ORIGINE RACIALE		8. Célibataire, marié, veuf ou divorcé (Ecrire l'un de ces mots)				CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS							
9. Si le défunt était marié, nom de son conjoint		10. LIEU DE NAISSANCE (Province ou pays)		11. DATE DE NAISSANCE		(jour)		(mois)		(année)		22. Date du décès.....		19.....		(jour) (mois) (année)	
12. ÂGE DU DÉFUNT		Années	Mois	Jours	Si âgé de moins d'un jour		hrs. ou min.		23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le		19.....		jusqu'au.....		19.....		
13. Métier, profession ou occupation, ex. tisserand, voiturier, employé de bureau, etc.		14. Genre d'industrie ou d'entreprise, tel que filature de coton, industrie du bois, banque, etc.		15. Dernière date à laquelle le défunt vaquait à ce travail		16. Nombre d'années occupées dans cette profession		17. NOM		18. LIEU DE NAISSANCE (Province ou pays)		24. CAUSE DU DÉCÈS		I Cause immédiate		Mentionner la maladie, blessure ou complication, causant la mort, non pas son syndrome final, tel: syncope, asphyxie, asthénie, etc.	
OCCUPATION		États morbides, s'il y en a, ayant produit la cause immédiate (Les indiquer dans l'ordre chronologique inverse de leur apparition).		II Autres conditions morbides (importantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate.		Si une maladie contagieuse III est mentionnée à ce certificat, donner		(a) Date d'écllosion.....		19.....		(b) Durée de la maladie.....		jours			
PÈRE		MÈRE (Nom de fille)		19. Lieu de l'inhumation, de l'incinération ou destination du transport		20. Date de l'inhumation.....		19.....		25. S'il s'agit d'une femme, y avait-il état puerpéral?.....		26. Y a-t-il eu intervention chirurgicale?.....		Date de l'opération.....		19.....	
21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE		(a) Nom de la paroisse ou église.....		(b) Municipalité civile de.....		(c) Comté municipal.....		(d) Date.....		19.....		Constatactions.....		Y a-t-il eu autopsie?.....		27. Dans les cas où le décès est attribuable à des causes extérieures (violence):—	
28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)		29. Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.		Cette signature autorise le collecteur à accepter la formule comme authentique.		(For English see other side)		Accident, suicide ou homicide.....		Date.....		19.....		(Spécifier)		Manière de la blessure.....	
Adresse.....		Date.....		19.....		Nature de la blessure.....		Indiquer si la blessure a été infligée au lieu du travail, dans l'habitation ou dans un endroit public.....		Signature.....		M.D.		28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)		29. Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.	



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

4  
 NAVY

DECEASED  
 MEMBER'S  
 NAME

Canniff Timothy

COSGROVE

REGISTER NO.

4388  
 NS. V-64451

PAYEE  
 ADDRESS

(CHRISTIAN NAMES)  
 Director of Estates,  
 308 Sparks St.,  
 Ottawa, Ont.

(SURNAME)  
 for Service Estate of  
 Canniff T. Cosgrove,  
 NS. V-64451  
 21st Aug 44.

FILE NO.

6th July '45

DATE

V-64451

SERVICE NO.

A.B.

FINAL RANK OR RATING

21st Aug '44

DATE OF TERMINATION OF OVERSEAS SERVICE

DATE OF DISCHARGE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 412 EQUAL TO 13 COMPLETE PERIODS AT \$7.50

\$ 97.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 244 LESS 22 INELIGIBLE DAYS, EQUAL TO 222 DAYS @ 25C. PER DAY

55.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85  
 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ 1.25  
 ADDITIONAL PAY H.L.M. \$ .25  
 \$  
 \$  
 DEPENDENTS' ALLOWANCE 1/30 OF \$ 3.35 23.45  
 TOTAL \$ 244 X7 = \$ 23.45  
 NO. OF DAYS 183 X5

31.27

D. WAR SERVICE GRATUITY

184.27

E. DEDUCTIONS

OVERPAYMENT OF

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

Nil

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

184.27

G. YOUR PORTION OF GRATUITY IS—

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

184.27

Voucher cheque 1124 13/7-45

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

PREPARED BY DHJ CHECKED BY [Signature]

TREASURER [Signature] DATE July 10/45  
 CHECKED BY [Signature]

for Dir. Naval Pay Acctg. SERVICE REPRESENTATIVE

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name **Canniff, Jim COSGROVE**  
 (Christian Names) (Surname)

Payee **Director of Estates, ) for service estate of**  
 Address **308 Sparks Street, ) Canniff, J. COSGROVE**  
**Ottawa, Ont. ) N.S. V 64451**  
 Register No. **4388**  
 File No. **V64451**  
 Date **4 July 45**  
 Service No. **V64451**  
 Final Rank or Rating **A-B**  
 Date of termination of overseas service **21 Aug '44** Date of Discharge **21 Aug '44**

A. TOTAL QUALIFYING SERVICE  
 No. of days **412** equal to **13** complete periods at \$7.50  
 30

99.50

B. QUALIFYING OVERSEAS SERVICE  
 No. of days **244** less **22** ineligible days equal to **222** days @ 25¢ per day

55.50

C. SUPPLEMENT FOR OVERSEAS SERVICE  
 DAILY RATES AT DISCHARGE

Pay	\$	1.85	
Subsistence or Lodging and Provision Allowance	\$	1.25	
Additional Pay <b>H.L.M.</b>	\$	.25	
Dependents' Allowance 1/30 of \$	\$	-	
Total	\$	3.35	x 7 = \$ 23.45
No. of days		<b>244</b>	x \$ 23.45
		183	

31.27

D. WAR SERVICE GRATUITY

184.87

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

F. TOTAL AMOUNT PAYABLE

184.27

G. YOUR PORTION OF GRATUITY IS  
 Dependents' Allowance in issue to you \$ \_\_\_\_\_ of \$ \_\_\_\_\_ = \$ **184.27**  
 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	6	
2	7	
3	8	
4	9	
5	10	

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name Canniff, J. COSGROVE  
 (Christian Names) (Surname)

Payee Director of Estates, for service estate of Register No. 4388  
 Address 308 Sparks St. Ottawa, Ont. Canniff, J. COSGROVE File No. V64451  
 N.S. V64451 Date 20 June '45  
 Service No. V64451 Final Rank or Rating O-SMN A, B  
 Date of termination of overseas service 21 Aug '44 Date of Discharge 21 Aug '44

A. TOTAL QUALIFYING SERVICE  
 No. of days 412 equal to 13 complete periods at \$7.50  
30 97.50

B. QUALIFYING OVERSEAS SERVICE  
 No. of days 244 less 22 ineligible days equal to 222 days @ 25¢ per day 55.50

C. SUPPLEMENT FOR OVERSEAS SERVICE  
 DAILY RATES AT DISCHARGE

Pay	\$	<u>1.50</u>	<u>1.85</u>		
Subsistence or Lodging and Provision Allowance	\$	<u>1.25</u>			
Additional Pay <u>H.L.M.</u>	\$	<u>.25</u>			
Dependents' Allowance 1/30 of \$	\$				
Total		<u>3.00</u>	<u>x 7</u>	= \$	<u>21.00</u>
No. of days		<u>244</u>	<u>x \$</u>		<u>21.00</u>
		<u>183</u>			<u>28.00</u>

D. WAR SERVICE GRATUITY 181.00

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

F. TOTAL AMOUNT PAYABLE

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

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

Treasury	
Prepared by _____	Checked by _____
Checked by _____	Date _____

Service Representative

D.N.P.A. CHECK

1	<u>51.9</u>	6	_____
2	<u>0.0</u>	7	_____
3	<u>0.0</u>	8	_____
4	<u>0.0</u>	9	_____
5	<u>0.0</u>	10	_____

V64451

OFFICIAL NUMBER

FILE NUMBER

113-C-4795

OFFICIAL NUMBER

V64451

NAME

COSGROVE  
(Surname)Canniff Timothy John  
(Given Names)

DATE OF BIRTH

15th Sept. 1924

PLACE OF BIRTH

Montreal, Que.

OCCUPATION

Office Clerk

RELIGION

Roman Catholic

EDUCATION

1 yr. High School

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

2302 Oxford Ave. N.D.G.

Town

Montreal

Province, etc

P.Q.

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
21	6	43	H.O.	5'8 $\frac{1}{2}$ "	Brown	Blue	Medium	None				

NEXT OF KIN RELATIONSHIP (in pencil)

Mother

NAME (in pencil)

Mrs Veronica Canniff

ADDRESS (in pencil): Street and No.

2302 Oxford Ave. N.D.G.

Town

Montreal

Province, etc

P.Q.

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	
				18	10	43	Qual. Anti-Gas, 1 day, 249A A17464				
				19	11	43	Marked Tr.				

BADGES, G.C. OR G.S.				BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES							
Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year					Day	Month	Year		

**FILM**  
NO. MSR 6027-4  
**DATE**

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

O.H.F. received,  
Last Will & Testament #5872 Rec.

SECOND CLASS FOR CONDUCT

From

To



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

PIB

V64451

OFFICIAL NUMBER

NAME COSGROVE  
(Surname)

Canniff Timothy John  
(Given Names)

OFFICIAL NUMBER

V64451

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 Montreal	Ord. Smn.	21	6	43	Div. Str. Montreal	V.G.	Sat.	31	12	43							
" (Est.)	"	7	7	43	D.L. 9-7-43. Act. Svce.	V.G.	SAT.	21	8	44.							
" Cornwallis	"	24	8	43	D.L. 26-8-43. "Caribou" 6/11/44 to 12/11/44)												
" Stadacona	"	18	12	43	DRD #15 P.#6												
" Alberni	"	22	12	43	DRD S.#18 P.#4												
	A.B.	7	7	44	Rated. 249A/A22934.												
DISCHARGED	"	21	8	44	"Missing" Presumed Dead" Sub. 16/1/45												

GENERAL REMARKS

Canadian Memorial Cross Awarded  
To/MOTHER. Mrs. Veronica Cosgrove  
2302 Oxford Ave.,  
N.D.G. Montreal, Que.  
to dated. 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.	BIRTH	MAIN	SUB.	GION		P.	CTY.	TOWN	SECT.	DIV.	A	BR.	RANK
15	9	24	12	S20	0	10	2	7	72	02	0	09	0	05	95
E.N.L. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR	RANK OR RATE				
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR.	RANK		
21	06	43	07	07	43					520	0	08	95		
SENIORITY			STR.	NON-SUB		M	CODED			CHECKED					
DY.	MO.	YR.	CAT.	A	B	ST.									
07	07	43	13	00	00		AC			EW					

KA