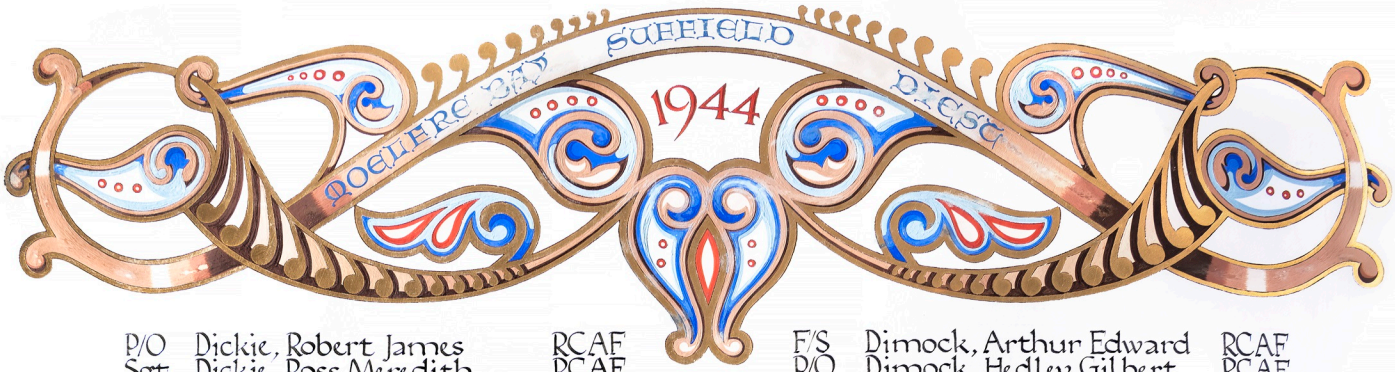

P/O Dickie, Robert James RCAF
Sgt Dickie, Ross Meredith RCAF
F/S Dickie, William James RCAF
Lt Dickin, Glen Dodsworth Regina Rif
Maj Dickin, Leonard Lloyd S Sask R
P/O Dickinson, Alfred John RCAF
Gnr Dickinson, Allan Herbert RCA
LAC Dickinson, Francis RCAF
Pte Dickinson, Kenneth SD&G Highrs
Pte Dickinson, Leslie Walter Camerons of C
F/O Dickinson, Robert Harry RCAF
Cpl Dickinson, Ronald Clifford Carl & York R
F/O Dickson, Cecil Alexander, AFC RCAF
Lt Dickson, Chester Stuart Ont R
Rfn Dickson, Daryl Russell Regina Rif
WO II Dickson, George Merle·SD&G Highrs
Capt Dickson, Harry Edward RCAMC
Sgt Dickson, Robert James Perth R
Cpl Dickson, William Rodger RCAF
P/O Dieno, Gustaf Adolph RCAF
Pte Dietch, John Joseph Alg R
Pte Dietrich, Everett Albert L Edmn R
Pte DiFalco, Vincent Hast & PER
LAC DiFilippo, Adam Matthew · RCAF
Pte Dignard, Charles Arthur Carl & York R
F/L Digney, Roderick Joseph RCAF
Pte Dikes, Jack Seaforth of C
Pte DiLallo, Nicholas Anthony Joseph RHLI
Pte Dillabough, Lawson 4 PLDG
Stwd Dillen, Stewart Casselman·RCNVR
Pte Dillon, Claude Victor RCASC
Lt Dillon, Emmett Joseph·A&SH of C
Pte Dillon, James William Michael Hast & PER
Pte Dilworth, Herman Clifton C Scot R
Pte Dilworth, James Robert Camerons of C
F/O DiMarco, Leo John David RCAF
Pte Dimick, Harold William·C Scot R
P/O Dimma, Thomas William, DFM RCAF
F/S Dimock, Arthur Edward RCAF
P/O Dimock, Hedley Gilbert RCAF
Sgt Dingley, Edward Samuel CGG
Pte Dingman, Harold Russell·R Regt C
L/Cpl Dingman, Reginald Lenz 48 Highrs
Pte Dingman, Wallace Kenneth Lan & Ren Scot R
Rfn Dingwall, George R Wpg Rif
WO1 Dingwall, John RCAF
Pte Dingwell, Raymond Wesley Calg Highrs
Spr Dinicol, Louie RCE
Ldg Sto Dion, Albert Jean Germain RCNVR
Pte Dion, Alcide R 22e R
Pte Dion, Joseph Germain Robert R 22e R
Sgt Dion, Joseph Jacques Louis-Philippe RCAF
Pte Dion, Laurence Joseph R de Mais
O/P Dionne, François Roger RCAF
Cpl Dionne, Maurice Fus MR
Spr Dionne, Robert Charles RCE
Pte Dionne, Roger R 22e R
Pte Dionne, Willie R de Chaud
F/S DiPesa, Arthur RCAF
Pte DiPietro, Tanferio Thomas·4 PLDG
Sgt Dipinto, John Henry RCAF
Capt Dirks, William Mervin RCA
P/O Dissing, Jens Lawrence RCAF
Pte Ditchburn, Kenneth Aymer L Edmn R
Pte Dithurbide, Michael Nth NS Highrs
Sto 1/c Dittloff, William RCNVR
F/S Dittmer, Donald Franklin·RCAF
WO2 Divitcoff, Alexander RCAF
Pte Diwell, Arthur James Perth R
Gnr Dix, John Charles RCA
F/O Dixon, Arthur Allen RCAF
F/O Dixon, Elton Lascelles RCAF
P/O Dixon, Ernest Alexander SD & G Highrs
F/O Dixon, Frederick Allan RCAF
L/Cpl Dixon, Graham Horace RCEMC
Pte Dixon, Harold Norman·L Edmn R
Sgt Dixon, John RCAF

K 601672

DIVISIONAL REGISTRAR
ADMINISTRATIVE DIVISION "K"
DEC 15 1941
National War Services
VANCOUVER, B.C.

DO NOT FORWARD THIS FORM TO OTTAWA

This completed form MUST be returned immediately to the Divisional Registrar concerned.

(See man's "Notice-Medical Examination" for Registrar's address)

MEDICAL EXAMINATION AND CERTIFICATE FORM

DEPARTMENT OF NATIONAL WAR SERVICES

NATIONAL RESOURCES MOBILIZATION ACT, 1940

240

Notice of Call Serial No:— K23111

IMPORTANT—EXAMINING PHYSICIAN. Please see man's "Notice-Medical Examination" and insert serial number here

This form to be used by divisional registrars for copies of original medical examination and certificate forms.

PART I

Name in full (Print in block letters) DITTLOFF William (Surname) (Given Names)

Born: Place Regina (City, town or village) Canadian Province (or other country) Sask Date July 31/20

Permanent Postal Address Wildwood Heights (Street and Number) Powell River (Rural Route and Post Office) B. C. (Town or City) (Province)

The following questions must be answered "Yes" or "No".

Have you ever suffered from any of the following:—

Rheumatism no Tuberculosis no Bronchitis or Asthma no Heart Disease no

Kidney or Bladder Disease no Stomach or Intestinal Trouble no Rupture no Varicose Veins no

Trouble with feet no Nasal Trouble no Ear Trouble no Eye Disease no Fits no

Nervous or Mental Disease no Syphilis no Gonorrhoea no Have you ever worn Glasses? no

Have you ever been rejected for Military Service? no Are you in receipt of disability pension or compensation? no ("Yes" or "No") If so, from whom?

Place Powell River (City, town or village) Province B. C. Date Dec. 8/41

(Signed): Wm. Dittloff

Man examined must sign here in presence of examining physician: → **Signature of man.**

PART II

Examiner's remarks. Give a clear and concise history of any of the above conditions where the answer is "Yes"

No serious illness or accident

Physical examination (the man must be stripped)

1. Height 5 feet 6 inches. 2. Weight 157 pounds
3. Complexion dark Colour of eyes hazel Colour of hair dark 4. Development good {good / fair / poor} Strike out inapplicable words.
5. Chest measurement—Girth on full expansion 39 inches
   Range of expansion 4 inches
6. (a) Vision without glasses—Right eye 20/20 left eye 20/20
   (b) If in possession of glasses: Vision with glasses—Right eye left eye
7. Hearing, right ear cv 20' left ear cv 20'
8. Mouth and teeth fair, three molars gone
   Describe dentures, if any none
9. If the above named man suffers from any disability, whether congenital or pathological, which places him in a category lower than "A", a clear and concise description of such disability is to be given here:—
   Category A This man has been accepted by the Navy as evidenced by the letter I herewith enclose.
   (Reported 9-1-42)

PART III

I have examined the man in accordance with the "Physical Standards and Instructions for the Medical Examination of Recruits" and certify that he is fit for:—

Category "A" A
" "B I"
" "B II"
" "C I"
" "C II"
" "D"
" "E"

(Signed): Signature O. O. Lyons (Examining Physician)

Address Powell River, B. C.

Date Dec. 8/41

(Important: See other side)

N.W.S. Form No. 1AR

INSTRUCTIONS

1. Only a duly qualified and licensed medical practitioner in Canada who has been appointed by the Minister of National War Services as an " examining physician," in accordance with the National War Services Regulations, 1940 (Recruits), may examine the man and complete this form and certificate.

2. The " examining physician " must examine the man and complete this form and certificate herein contained in accordance with the " Physical Standards and Instructions for the Medical Examination of Recruits ", copy of which will be supplied to each " examining physician ".

3. The " examining physician," immediately upon completing this form and certificate must mail or deliver it in person to the Divisional Registrar of the Administrative Division of the Department of National War Services in which the man resides. The address of the Divisional Registrar appears in the upper left hand portion of the man's " Notice-Medical Examination."

4. Payment for the examination of each man will be made by the Department of National War Services, Ottawa, to the duly appointed examining physician concerned. Examining physicians will not submit any other account; this properly completed form and certificate will serve in lieu of an account. Payment will be made as soon as possible after the end of the month.

5. The Divisional Registrar of the Administrative Division in which the man examined resides, immediately upon receipt of this form properly completed, will stamp hereupon the date the form has been received by him and will prepare or have prepared, four exact and typewritten copies of this original, showing upon the four copies the date the original was received from the examining physician. Each such copy will be certified as a true and correct copy by the Divisional Registrar or by a person duly appointed by him for this purpose.

The Divisional Registrar will retain the first typewritten copy. He will attach a copy to the original form and certificate received from the examining physician and will immediately forward both original form and certificate and the copy to the Department of National War Services, Ottawa. He will forward a copy to the representative of the Department of National Defence; and the last copy, if the man has been found fit for military training and is being notified to report to a military training centre, to the Officer Commanding the military training centre to which the man has been instructed to report. If the last typewritten copy is not so disposed of, it shall be retained by the Divisional Registrar.

6. No copy of this form is to be in the possession of any unauthorized person.

Section 12 (3) of the National War Services Regulations, 1940 (Recruits), reads as follows:—

" (3) In any case in which any doubt arises as to the accuracy of the examining physician's certificate of unfitness for military training of any man so certified by him, the Divisional Registrar may give the man concerned another notice requiring him to submit himself for another examination, in which case the man shall report at such place and time as will be indicated to him by the Divisional Registrar for examination by three examining physicians appointed by the Minister. Such three examining physicians will examine the man, and if they do not confirm the certificate given in the case of the man concerned by the examining physician who first examined him, shall issue another certificate which will be final and conclusive."

Section 36 of the National War Services Regulations, 1940 (Recruits), reads as follows:—

" Any examining physician who, in furnishing information under these regulations, knowingly makes any inaccurate statement or signs an inaccurate certificate shall be guilty of an offence and liable on summary conviction to imprisonment for a term not exceeding six months or to a fine not exceeding one hundred dollars or to both such imprisonment and such fine."

(See National War Services Regulations, 1940 (Recruits).)

I hereby certify this to be a true and correct copy.

NOT FOR EXAMINING PHYSICIAN

The space below is reserved for Training Centre Medical Officer

Record in detail any disease or disability not previously described:—

Cat A-1

Signature W Kingwater, Capt
Training Centre Medical Officer.

110 C.A.(B.)T.C.

Training Centre No. or Name.....

N.P.A.M. No.....

Station	Admission to Hospital			Discharged from Hospital			Disease	Remarks: If mild or severe; if completely recovered from. If an accident, state whether Court of Inquiry was held. Date of issue of surgical appliances supplied.
	Day	Month	Year	Day	Month	Year		

(To be completed in triplicate)

M.F.M. 103
200M—5-41 (442) (971)
H.Q. 1772-39-1828

MILITIA ACT

THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

DUPLICATE

N.R.M.A. PERSONNEL

ENROLMENT FORM

N.R.M.A. Serial Number of Notice of Call K23111 Regimental Number K601632

1. Taken on Strength of NXI N.R.M.A. Clearing Depot VANCOUVER BRITISH COLUMBIA
2. Surname (Block Letters) DITTLOFF
3. Christian Names (in full) WILLIAM
4. Present Address WILDWOOD HEIGHTS POWELL RIVER BRITISH COLUMBIA CANADA
5. Place of Birth CANADA (Country) SASKATCHEWAN (County or Province) REGINA (Town or Township)
6. Date of Birth July 31st, 1920 7. Religion—Denomination ROMAN CATHOLIC
8. Physical Description: Height 5' 6" Weight 157 lbs Eyes Hazel Hair DARK
   Complexion DARK Identification marks SCAR ON WRIST AND THUMB RIGHT HAND
9. Married, Single, Widower? SINGLE
10. Next-of-Kin MARY DITTLOFF (Name) Relationship MOTHER
    WILDWOOD HEIGHTS POWELL RIVER BRITISH COLUMBIA CANADA (Address)
11. Trade or Occupation MILL WORKER
12. Previous Naval, Military or Air Service Nil. (State Units and Dates of Service)
13. Preference, if any, for, R.C.N. Yes. Stocker Army Nil. (Arm of Service) R.C.A.F.? Nil.
14. Employment in War Industry, if any Nil.

Wm Dittloff
(Signature of Man)

Hogarth Capt.
(Signature and Rank of Enrolment Officer)
ADJUTANT CA (RF) TC No. 110

8th of Jan., 1942.
(Date of Signature)

TRAINING CENTRE PARTICULARS

A. Attached to Basic T.C. No. ~~110~~ 110 A4 at ~~Vernon, B.C.~~ Brandon Man Date ~~8th of Jan., 1942.~~ 12-1-42
   Completed ~~Nil.~~ 48 Days Basic Training.
   ~~10-1-42.~~ 6-3-42 Hogarth Capt. ADJUTANT CA (RF) TC No. 110 Lieutenant Captain
   (Date, Signature, and Rank of Recording Officer)

B. Attached to Advanced T.C. No. ~~C.I.T.C.~~ A14 at WINNIPEG, Manitoba, Canada Date MAR 12 1943
   Completed 40 Days Advanced Training.
   Qualities of Leadership, Positive Yes Becoming Evident? Yes Dormant? No
   Transferred to Dischraged R.O. 1029 (13) to R.C.N. (R.C.N., formation or unit of the C.A., R.C.A.F.) Date 21-4-42
   Lieut.
   (Date, Signature and Rank of Recording Officer)

C. Medical Category on acceptance at Basic Training Centre "A-1".

For R R Counsell Lieut
ADJUTANT
A 15. CANADIAN INFANTRY TRAINING CENTRE

RECORD OF SERVICE of [redacted] (Surname) [redacted] (Christian Names) Regimental Number K601672

QUALIFICATIONS

1. Naval, Military, or Air [redacted]
2. Business or Professional [redacted]
3. Trade or Civil [redacted]
4. Technical [redacted]
5. Languages, etc. [redacted] (mother tongue) Can speak? [redacted] Can read and write? [redacted] Can drive a car? [redacted] Repair a motor? [redacted] Cooking experience? [redacted] Hobby? [redacted]

EDUCATIONAL QUALIFICATIONS

6. High School or Collegiate [redacted] (years completed) Graduation or Matriculation [redacted] (specify)
7. *College [redacted]
8. *University [redacted]

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All N.R.M.A. Personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Joined on TRANSFER from N.R.M.A. Clearing Depot No. 11						
		~~[redacted]~~						
		~~[redacted]~~						
		ATTACHED FOR ALL PURPOSES R.C.A.T.C. A4	11	9 #20 ~~8~~-1-42			#12	18-1-42
		~~Ceases to be attached N.R.M.A. Clearing Depot to A15 ITC~~	Private	11 ~~10~~-3-42	A4 C. Arty.T.C.	Brandon	# 48	9-3-42.
		T. O. S. A 15. Canadian Infantry Training Centre F. A. P.	"	12-3-42	A 15. ~~R.T.C.~~	Winnipeg	Part II 50	12-3-42
		Cease to be attached to A15 CITC MD 10. and SOS #11 CD NRMA Discharged R.O. 1029 (13)	"	21-4-42	"	"	" 83	21-4-42

(For the purpose of enlisting in another Force.)

Regtl. No. 1601678 Rank Pte. Surname DITTLOFF Christian Names WILLIAM

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief Details and Signature	Date	Brief Details and Signature	Date	Brief Details and Signature
24-1-42	TABT/1 7 Kaw Da Davidson Lt				
14-2-42	TABT/2 Da Davidson Capt				
9-1-42	X Ray Neg Plate No. 358 Da Davidson Capt				

STATION	Date of Arrival at Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

CANADIAN ARMY ("R" RECRUIT)

[redacted]

M.F.M. 7
400 M—8-39 (1704)
H.Q. 1777-45-18

DISCHARGE CERTIFICATE

This is to Certify that No. K 601672 (Rank) Private

Name (in full) WIlliam D I T T L O F F XXXXXXX ~~enlisted in~~

XXWas enrolled under the National Resources Mobilization Act. 1940

[redacted] at VERNON B.C. on the Eignth

day of January 19 42

He served in C A N A D A A15 Cdn.Inf.Trg.Centre Winnipeg Man.

and is now discharged from the service by reason of Enlisted in the Royal Cahadian Navy R.O. 1029 (13) Authority W.44-D-2084 d/25-3-42

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 21 Years 8 Months

Height 5 Feet 6 Inches

Complexion Dark

Eyes Hazel

Hair Dark

W. Dittloff
Signature of Soldier

Marks or Scars Scars on wrist and right thumb.

Conduct in Service; Good

Qualifications; None

Issuing Officer

Lieut.-Colonel.,
Rank

A15 Cdn.Inf.Trg.Centre M.D. 10.

Date April 21st 19 42

Date of Discharge

21st A P R I L 1942

WINNIPEG Ma nitoba Canada

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Record Office, Department of National Defence, Ottawa, Canada.

DUPLICATE FOR FILE

(P.T.O.)

1.—That discharge certificate must be carried when wearing uniform;

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing; and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

CANCELLED

A. 15. C. I. T. C.

"R" RECRUITS

CANADIAN ARMY (A.F.) AND R.C.A.F. ON ACTIVE SERVICE
CANADA

M. F. D. 930A
500M—11-41 (2441)
H.Q. 1772-39-1548

LAST PAY CERTIFICATE

D.R.O

Regtl. or Official No. K 601672 Rank and Name Pte. Ditloff W.

of ..... Company, etc. A 15. C. I. T. C. N. R. M. Act 1940 Regiment, etc., on .....

~~(Transfer, Posting or Discharge)~~ Discharged to R.C. Navy (Unit and Station) on 21-4-42 194

~~Reason~~ Auth. for discharge W-44-D-2084 d/25-3-42 Authority: DO #83 d/21-4-42

On TRANSFER OF OFFICER or WARRANT OFFICER, Class I

Outfit allowance of $..... has been paid by the Treasury Officer, Military District No..... or..... Air Command.

REMARKS:

State (1) Date of appointment or enlistment 1300 hrs. 9-1-42

(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? N/A

(3) Has assignment of pay been made? Yes If so, amount $20.00 effective date 1-2-42

(4) In the case of Officers in receipt of a Service (P. F.) Pension state monthly deduction $.....

The following is a statement of the account of the above named from 1-4 to 21-4-42 194 the inclusive date of transfer, posting or discharge.

Dr. PARTICULARS	AMOUNT		Cr. PARTICULARS	AMOUNT	
Balance Dr. from last account			Balance Cr. from last account		
First Monthly Payment AR #14	10	00	Regimental Pay 21 days at 1.30 $	27	30
Casual Payments			Tradesmen's Pay days at $		
Payment on ~~Transfer, Posting or~~ Discharge AR #21		86	Additional Pay (Give particulars)		
Assigned Pay	14	00	days at $		
Regimental Charges	1	70	Allowances (Give particulars) days		
Public Stoppages (Give particulars):			at $		
MFC # 512		74			
To Balance Cr. (To be paid by new unit)			By Balance Dr. (To be deducted by new unit)		
Total	27	30	Total	27	30

I certify that the above is a true and correct statement of the account of the above named on transfer, posting or discharge.

WINNIPEG, MANITOBA, CANADA
(Place)

21-4-42
(Date)

CAPT. R. CHATWIN Paymaster or Accountant Officer.

To be made out in duplicate

M.F.M. 110
200M—2-41 (9404)
H.Q. 1772-39-1800

PARTICULARS OF FAMILY OF A RECRUIT ON REPORTING FOR TRAINING UNDER THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

INSTRUCTIONS.

(*a*) This form is to be completed immediately a recruit reports for training at a Basic Training Centre.

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the training centre for each recruit, to the Paymaster. The latter will transmit one copy, through the District, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the training centre; when transferred to another training centre the copy retained by the Paymaster will be sent to the Paymaster of the individual's new training centre.

---

(1) Name DITTLOFF WILLIAM.
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number and Rank K601672 PTE.

(3) Basic Training Centre 110. C.A.(BASIC) T.C.VERNON B.C.

(4) Are you married? NO.

(5) If married, state,

(*a*) Full name of your wife N.A.

(*b*) Present postal address of wife N.A.

(6) If married, have you been regularly supporting your wife? If not—state reasons N.A.

(7) Are you a widower? NO.

(8) Have you any children? NO. Number of boys N.A. Girls N.A

Names and ages N.A.

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them N.A.

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name N.A

Postal Address N.A.

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to enlistment? NO.

If so, state her full name and Postal Address

N.A.

(11) Is your father alive? YES.

If so, state name and address, occupation EDWARD BRUNO DITTLOFF. (MACHINIST)

WIDWOOD HEIGHTS POWELL RIVER. B.C.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? N.A.

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to enlistment

N.A.

Also state reason he has no other means of support—if partially supported by you, what is your reason for not providing full support? N.A.

(14) Is your mother alive? YES.

If so, state name and address MARY DITTLOFF

WILDWOOD HEIGHTS POWELL RIVER B.C.

(15) If your mother is a widow, are you her sole or partial support? N.A.

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to enlistment N.A.

Also state reason why she has no other means of support—if partially supported by you what is your reason for not providing full support? N.A.

(17) Are you contributing to the support of any dependents, other than those shown above? YES.
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your enlistment.

If so, state the following particulars:—

Relationship	BROTHER	SISTER.
Full Name	EDWARD MAX DITTLOFF.	FLORENCE ROSE DITTLOFF
Postal Address	WILDWOOD HEIGHTS POWELL RIVER B.C.	

Amount contributed monthly during the past six months $55.00 per month receiving board.

(18) Are you insured? N.A.

If so, in what Company? N.A.
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? N.A.
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

Wm Dittloff
(Signature of recruit)

Date 9-1-42

Hogarth Lt

Officer Commanding A.HAMILTON GRANT. LT.COL.
110 .C.A.(BASIC) T.C.

Date 9-142

N.B. If parent(s) of the recruit concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

N. V. 5
2M—10-37
N.S. 815-11-5

CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Dittloff OFFICIAL NO. .....

CHRISTIAN NAMES William MARRIED, SINGLE or WIDOWER Single

PERMANENT ADDRESS	RELIGION
143 Melrose Ave W. Transcona	R. C

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
July 31st 1920	Town Regina County Province Sask	Father William Dittloff Same Address

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM-PLEXION	WOUNDS, SCARS, MARKS
Feet 5 Inches 4	Inflated 36 Deflated 32 Mean 33	Dark	Hazel	Ruddy	Scar Right Wrist

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
24/3/38	Ord Sea	Unemployed

(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 Wpg Sea Cadets 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
Winnipeg Sea Cadets	Cadet	Feb 1937	Feb 1938

(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.

(5) On being enrolled as a member of the..... 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.

(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.....day of.....

Signature of applicant.....

(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..... day of.....

.....
Signature of Commanding Officer.

(D) OATH OF ALLEGIANCE

I,.....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.....

Witness.....

Date..... Rank.....

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

.....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.....Division of the R.C.N.V.R.

.....
Commanding Officer.

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.

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Mar. 46 "ALBERNI"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mr. Edward B. Dittloff - Father

ADDRESS: Wildwood Heights, POWELL RIVER, B.C.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. M. Dittloff,

ADDRESS: Wildwood Heights, Powell River, B.C.

MEMORIAL BAR

(1) DATE DESP.

REGN. NO 676

(2)

(3) 17-1-45

DEPARTMENT OF VETERANS AFFAIRS

D OF D 21-8-44

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
DITTLOFF	William	V-9536 K-601672	Sto.1 Pte.		

WAR SERVICE BADGE CLASS) No. Nil

DATE DESPATCHED:

ADDRESS:

cards combined.

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
~~Atlantic Star & Clasp~~	
~~Africa Star & Clasp~~	94/5/10/49
~~C.V.S.M. & Clasp~~	
~~War Medal~~	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 056

VERIFICAT

CAMPAIGN STARS, DEFENCE MEDAL, W

NAVAL GENERAL SERVIC

NAME IN FULL BITTLOFF, William ..... RANK/RATING ...Sto...

SHIP	SERVICE			AREA		
	FROM	TO	DAYS		FROM	T
Chippawa	22.4.42	10.6.42	50			
Alberni	9.10.42	21.8.44	683	Atlantic		
				Africa		
Discharged Dead				To Germany.		
To Date 21 Aug 44						

VERIFIED BY .....W Blanchet.....

VERIFIED BY .....

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

K/RATING ...Sta...1/c.....OFF.NO. ..V-9536.....ADDRESS .....

A	QUALIFYING PERIODS IN DAYS							STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL			
								1939-45	/	Star
ntic								ATLANTIC	/	@ Clasp
ica										
many.								FRANCE G.	2	
								AFRICA	2	@ Clasp
								PACIFIC		
								BURMA		
								ITALY		
								DEFENCE		
								C.V.S.M.	2	@ Clasp
								" CLASP		
								WAR 1945	/	Medal
								WAR 1915		

VERIFIED BY .....

ED BY .....

.....
DIR.OF PERSONNEL RECORDS.

Can. B. 207

100 M—11-40 (7881)
N.S. 815-2-207

CANADA

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

NOTE—This Certificate is to be completed by the Examining Medical Officer and **forwarded to the Naval Secretary, Department of National Defence, Ottawa.**

I, the undersigned, have examined William DITTLOFF

‡candidate for entry as Stoker II

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

‡ Strike out if inapplicable. * Delete one.

Urine Sugar & Albumin Negative

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

Age {Years Months (a)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)	Vaccinated or revaccinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Skin (l)	Ears and Hearing (m)	Testes, Varicocele, etc. (n)	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc. (o)	Anus, Hæmorrhoids, etc. (p)
	lbs.	ft. ins.		inches (a) maximum	right eye									
21 8	148	5 5	Fairly good	37½ (b) minimum 34½ (c) mean 36	6/6 left eye 6/6 *colour vision N.	1942 left arm	Normal	Normal	Normal	Normal	Normal	Normal	3 deficient 0 defective N & T Normal	Normal

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

Pupils react to L & A Reflexes normal

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

X-RAY APPROVED APR 22 1942 FILM No. D. 1779

Write in the appropriate notation, and any remarks necessary.

CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, †*Incontinence of Urine*, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. ‡I am willing to undergo, after entry, such dental treatment, vaccination, or inoculations as may be authorized.

Wm Dittloff
Signature of Candidate

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

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

This Candidate is the subject of .....

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

* Delete one.

IF REJECTED insert here UNFIT in block letters

Dated at WINNIPEG, MAN the 22 of April 19 42

J. B. Lyle
Examining Medical Officer

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

Checked JUN 4 1942
Surg. Lt R C. N. V. R.

Compiled from Headquarters' records & file 113-D-257 - 27th August, 1943. Hm

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

William DITTLOFF

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number V 9536
Esquimalt B.C.	Winnipeg Man	"
		"

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

Mother
Winny
same address

Date of Birth 31 January 1920

Place of Birth Regina, Sask.

Place of Residence Nelson Heights Powell River B.C.

Trade brought up to Mill worker

Religion Roman Catholic

Can Swim:—P.P.T. FAIR Date 16 February 1942 Signature ..... Rank .....

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

PARTICULARS OF SERVICE

Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment
	22 Apl 42	Hostilities	Sto 2/c

MEDALS, DECORATIONS, etc.

Date of Award	Date of Presentation	Nature of Decoration
	3 Feb 44.	Canadian Volunteer Service Medal & Clasp. Provisional Award
	3 Feb 44	1939-43 Star. Provisional Award

PERSONAL DESCRIPTION

—	Height Feet	Height Inches	Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
On Entry	5	5	36	148	Brown	Hazel	Dark	Scar on right thumb and right wrist.
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

TRANSFER BETWEEN DIVISIONS

From	To	Date

TRANSFER—LISTS A AND B

List	Date	Authority

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
	On Active Service: 22 April '42					
1942	Chippawa		Sto 2/c	22 Apl '42	10 June '42	
	Naden		—"—	11 June '42	31 July '42	
	Stadacona		—"—	1 Aug '42	8 Oct '42	
	Alberni		—"—	9 Oct '42	31 Oct '42	
	Niobe (Alberni)		—"—	1 Nov '42	6 FEB '43.	A6705
	" (" ")		STO 1/c	7 FEB. '43.	15 Mch '43	
	Stadacona (—"—)		—"—	16 Mch '43	20 May '43	
	Chaleur II (—"—)		—"—	21 May '43	5 Nov '43	
	Stadacona (—"—)		—"—	6 Nov '43	21 Apl '44	
	Niobe (—"—)		—"—	22 Apl '44	21 Aug '44	Reported missing A22988 CNMO'S SIGS. 222323 and 231129 AUG. 44 Presumed Dead A59558 CNMO'S SIG. 271839 DEC. 1944

Wounds Received in Action, Hurt Certificates, Meritorious Service, Special Recommendations, Prizes or other Grants

Date	Details	Captain's Signature
11 Oct '43	Issued LCTW #B65H85	

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE

EXAMINATIONS, NOTATIONS, QUALIFICATIONS			RECORD OF RATING		
Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated

Name William DITTLOFF 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/c)	31 Dec '42	Sam H. Bell
		V.G.	Sat (Sto 1/c)	31 Dec '43	Sam H. Bell
		V G	Sat (Sto 1/c	21 Aug '44	[illegible]

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

TIME FORFEITED

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

William DITTLOFF	Sto. T/c	Y 9536	ALBERNI
NAME (Print)	RANK OR RATING	O.N.	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.

Issued on "STADACONA" 2492 for Nominal Roll dated 3-2-44

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 FROM	DAY, MONTH, YEAR TO	AREA
Chippawa	April 22/42	June 10/42	Winnipeg Man.
Naden I	June 11/42	July 31/42	Victoria B.C.
Stadiona	Aug 1/42	Oct. 8/42	Halifax N.S.
Alberni	Oct. 9/42	Dec 31/43	North Atlantic and Mediterranean Sea.

William Dittloff

Signature of Officer or Rating making Declaration

To E.O.

VR ORIGINAL

Alberni 8-10-42 (Stad.)

S. 1246A. (Revised—July, 1938.)
10M—4-41 (190)
N.S. 815-9-1246a

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.

Name: Surname	Christian	Official Number	Port Division
DITTLOFF	William	V-9536	ESQUIMALT

REPORT OF PROGRESS AS STOKER 2ND CLASS UNDER TRAINING

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

Course	Date of Commencing	Date of Completing	Class of Certificate awarded on completion*	Remarks	Signature and Rank of Examining Officer
New Entry Course PRELIMINARY WEEK RECEIVED D.T.G. AT D.H.Q.	10-6-42	19-6-42	Good		[illegible] Lt RCNVR for Training Commander.
Technical Training at Stokers' Training Establishment:— (1) Marine Engineering (2) Electrical	22-6-42	31-7-42	SAT.		H.E. Talbot Lt Eng R.C.N. Engineer Officer.

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

Issued with Stoker's Manual:—Date_____ Signature and Rank:—_____

Entered H.M. Service as Stoker 2nd Class 22/4/42
Advanced to Stoker 1st Class_____
Advanced to Leading Stoker_____
Advanced to Stoker Petty Officer_____
Advanced to Chief Stoker_____

Completed 2 years' training for Mechanician_____
Rated Mechanician 2nd Class_____
" " 1st Class_____
Advanced to Chief Mechanician_____

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

Examinations, etc.	Date	Signature of Engineer Officer	Captain's Initials
Passed provisional swimming test	16/6/42	H.E. Talbot.	RPK
~~Granted Auxiliary Watch. Certificate~~			

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.

S. 1246A

Special Remarks :

STOKER RATING
Employment and Ability

NOTE:—When a Stoker rating has become a Mechanician the words "Refitting and
are to be inserted over columns 3, 4, 5, 6, 7 and 8.

EFFICIENCY:—To be indicated as "Superior," "Satisfactory,"

Date	← Watchkeeper →									← In Charge of —						
	1 Coal Fireman or Burning Oil Fuel, including Boats	2 Engineroom Watch Keeping at Sea	3 Electric Light Engine	4 Distilling Plant	5 Refrigerating Machinery	6 Air Compressing Machinery, including E. A. Plant	7 Internal Combustion Machinery	8 Hydraulic Pumping Machinery	9 Boiler Furnace Bricklaying	10 Electrical Duties (H. P. E.)	11 Steamboat Machinery	12 Motor Boat Machinery	13 Boiler Water Tender	14 Boiler Cleaning Party	15 Engineroom Watch Keeping at Sea	16 General Charge of Firing in a Boiler Room
31 July 42				Completed new entry Training & classes												
1942																
6-8				BARRACKS ROUTINE.				EMPLOYED DOCKYARD WORKING PARTIES								
8-10																

1770/672

STOKER RATING

nent and Ability Record

NAME _____

Mechanician the words "Refitting and Maintenance"
, 4, 5, 6, 7 and 8.

Official Number _____

"Superior," "Satisfactory," "Moderate," or "Inferior."

In Charge of →						19	20	21	22	23	24	25
13 Boiler Water Tender	14 Boiler Cleaning Party	15 Engineroom Watch Keeping at Sea	16 General Charge of Firing in a Boiler Room	17 Double Bottom Party	18 Regulating Duties	Engineer's Writer	Charge of Engineers' Stores and Tools	Power of Command	Present Rating	REMARKS (including experience in Engineer's Office or in any special duties)	SHIP	Signature of Engineer Officer, if of Lieutenant's Rank or above, otherwise Captain of Ship
									Sto 1/c		"Radin"	H.E. Talbot
KING	PARTIES								STO 3/c		STADACONA	
											ALBERNI	

RIFLE PRACTICES

(To be filled in immediately on completing Course)

Date	Ship	Practice carried out	Signature

VOCATIONAL TRAINING CERTIFICATE

(To be filled in on completion of a Vocational Training Course, other than a Correspondence Course)
(Vocational Training is Optional)

VOCATION _____

We certify that (name) _____

Residence _____

has satisfied us that he possesses a ‡ _____

knowledge of the vocation mentioned, and we consider that § _____

_____

Examiners:— _____

Business and Business Address:— _____

_____

Date of Examination:— _____

Signed:— _____ President.

_____ Vocational Training Committee.

‡ Here insert qualification. § Special notations as applicable.

TO BE FILLED UP ONLY ON FINAL DISCHARGE

His character during service was * _____

His general efficiency in carrying out his duties was * _____

His efficiency on discharge was assessed as * _____

* See Article 610, clauses 3 to 7 K.R. & A.I.

N. 3401/38.

Signature and Rank _____

A pamphlet entitled "His Majesty's Naval Service: A Brief Description of the Qualifications and Abilities of Men of the Naval Service," is distributed to the Employment Exchanges under the Ministry of Labour, in order to assist the Employment Exchanges in dealing with the cases of discharged Naval ratings.

ESTATES BRANCH

HQ NS V-9536 FD
740

March 8, 1946.

Mr. and Mrs. Edward B. Dittloff,
Wildwood Heights,
Powell River, B.C.

DITTLOFF, William, STO. I (Deceased)
No. V-9536 - R.C.N.V.R.

Dear Mr. and Mrs. Dittloff:

Distribution can now be made of the amount of money here at credit for your late son.

The total amount available to this Branch for distribution is the sum of $181.53, made up as follows:

Balance of Pay and Allowances	$178.31
Credit for Kit Upkeep Allowance, Hard Lying Money, and Grog Money	3.22
	$181.53

Since your son left no Will, his estate is distributed in accordance with the Intestacy Laws of his province of domicile, and as such, is equally divided between you as next-of-kin entitled.

Cheques in the sum of $90.76 and $90.77 respectively have been requisitioned from the Treasury Department and on receipt of the same, would you kindly sign and return the enclosed forms of acknowledgement to the Director of Estates, Department of National Defence, 308 Sparks Street, Ottawa, Ontario.

Yours faithfully,

HRW/JB
Encls. 2.

Director of Estates.

49

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 DITTLOFF, William *Rating* STO.I

Official No. V 9536 *H.M.C.S.* NIOBE for ALBERNI *List* 12.II/10

*Who** Discharged Dead *on the* 21st August *19*44

	$	cts.
Net sum due on ledger on account of Wages	178	31
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
Proceeds of sale of Effects, brought from the other side		
Found amongst Effects		
Debts collected §		
Cash deposited by official Receipt No.		
Cash debited in the Accountant Officer's Cash Acct.		
If in debt in ledger, amount to be stated (in red ink)		
Rate of allotment (in words) Twenty Dollars charged to 31 Aug.		
Name of ship from which transferred		
Total† Creditor	178	31

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 and Seventy-eight dollars Thirty-one cents.

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

Approved A/Commander(S) RCNVR D D Dawson Accountant Officer

Lieutenant (S)RCNVR { Initials of the Assistant Accountant Officer

for A/CAPTAIN RCNVR D. O. Aang Commanding Officer.

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

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

Signature.....

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

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

C.N.S. 46
10M—3-43 (8719)
H.Q. N.S. 815-9-45

Note: The above sum has been recovered by Niobe Mess Cash Acct. Receipt voucher N-R-1534.

ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the.....day of.....19.....

TO WHOM SOLD		PARTICULARS	Charged in Ledger		Paid for in Cash	
No. Ship's Book in consecutive order	NAME (If any are not sold, state how they are to be disposed of)					
		Total proceeds of sale carried to account on the other side				

.....{Lieutenant or Officer who attended at the sale of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.*

.....Signature	.....Signature
.....Rank	.....Rank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.

(Information extracted from Naval Service Headquarters' Records)

43

Four copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

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

Name DITTLOFF William
(Christian names in full)

Rank of Rating Stoker 1st Class Official No. V-9563 R.C.N.V.R.
(If unknown, date of first entry)

Place of Birth Regina, Sask. Date of Birth 31st of January, 1920

Occupation in Civil Life Mill Worker 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) 2 years and 4 months

Date of Death 21st August, 1944 Place of Death At Sea

Cause of Death Missing, presumed killed when the ship in which he was serving, H.M.C.S. "ALBERNI", was lost in the English Channel due to enemy action.
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend.
Name Mrs. Mary Dittloff Relationship Mother
Address Wildwood Heights, Powell River, B.C.

Date on which the above was informed by ~~Ship~~ XXX Naval Service Headquarter's Ottawa, Ont. 23 Aug. 1944.

Date on which death was registered with local Officials

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

Place of Burial No burial. Date of Burial
(if known) (if known)

Location, Number, etc., of grave
(if known)

Undertaker employed
(if any)

If borne for discipline only, date D.S.Q. or invalided

~~Commanding Officer,~~

OTTAWA, Ont. 28 February 5. 194

H.B. Money

for SECRETARY, NAVAL BOARD.

The NAVAL SECRETARY, ~~XXXX~~ Naval Board.
Department of National Defence,
Ottawa, Canada.

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.

C.N.S. 1121
2M—5-40 (4893)
N.S. 815-9-1121

Noted D.N.P.A.
M.M.O. 17/3/45

STATEMENT OF ACCOUNT

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

List 12/2 No. 10 (Name) DITTLOFF, William Rank Rating Sto.1 No. V 9536

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

	$	c.
CREDIT from former account	69	87
Pay as STO. 1 (Rank Rating) from 1st July to 31 Aug. (62 days at $ 2.00 a day)	124	00
" " " " (" ")		
" " " " (" ")		
" " " " (" ")		
" " " " (" ")		
Kit Upkeep Allowance	7	32
OTHER CREDITS: H.L.M.	12	00
L.A.	2	00
G.M.	3	12
Total credits	218	31
DEBT from former account		
PAYMENTS:— (1st / 2nd / 3rd / 4th / 5th; $ c.)		
1st month Total		
2nd month Total		
3rd month Total		
Allotment 20.00 Charged July & Aug. Stpd. 31 Aug.	40	00
Pension deduction (Officers) charged to of		
Hospital stoppages		
Mulcts		
OTHER CHARGES:		
Total debits	40	00
Balance Cr. or ~~Dr.~~	178	31

(Balance Dr. to be shown in red)

Number of days actually victualled during period mentioned above 52

NOT VICTUALLED

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

Date 7th May 1945

Lieutenant (S), RCNVR, for ~~ACCOUNTANT~~ OFFICER SUPPLY

LEDGERS: R: 6 F: 5

C.N.S. 2426
25M—4-44 (543)
N.S. 815-9-2426

Mrs. Mary Dittloff
Wildwood Heights,
Powell River B.C.

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-9536 F.D. 740

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

3 January 1945

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

DITTLOFF WILLIAM STO. 1/C

V-9536 R.C.N.V.R.

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

ESTATES BRANCH JAN 17 1945 H.Q. OTTAWA NATIONAL DEFENCE

HRW/DW

H. Meade.
Commander
for R.C.N.V.R.
Director of Estates.

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased		None		—
2	Children of the Deceased and dates of their Births		None		—
3	Father of the Deceased		EDWARD BRUNO DITTLOFF	62	WILDWOOD HEIGHTS POWELL RIVER B.C.
4	Mother of the Deceased		MARY DITTLOFF	51	WILDWOOD HEIGHTS POWELL RIVER. B.C.
5	Brothers of the Deceased	Full Blood	EDWARD. MAXWELL DITTLOFF	18	WILDWOOD HEIGHTS. POWELL RIVER. B.C.
		Half Blood	None		—
6	Sisters of the Deceased	Full Blood	MRS LENA MOZEL	32	395 POWELL ST VANCOUVER. B.C.
			MRS JENNIE. M. LOUKES.	30	BOX 611 POWELL RIVER B.C.
			MISS FLORENCE DITTLOFF	16	WILDWOOD HEIGHTS POWELL RIVER. B.C.
		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
	WILLIAM DITTLOFF NOV 9/18 LEO DITTLOFF NOV 11/18 OLGA DITTLOFF APRIL 9/19		None		—

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	WILLIAM DITTLOFF
9	Date of his birth.	JULY 31st/1920
10	Place and date of his marriage.	none
11	Place and date of his parents' marriage.	WINNIPEG FEB 7/1911

PARTICULARS OF DOMICILE

12	Place where deceased was born.	REGINA SASK.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) REGINA SASK. 2 yrs (b) CAMPER MAN. 4 yrs (c) TRANSCONA MAN. 12 yrs (d) POWELL RIVER B.C. 3 yrs
14	Nature of employment before enlistment.	MILL. WORKER.
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.	? not stated

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?	NO
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	HE SPOKE OF OPENING A POST OFFICE SAVINGS. ACCOUNT IN HALIFAX. IF ANY. YES.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	none
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	none
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	none
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	none

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	none
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	no

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

(PLEASE TURN OVER)

DECLARATION

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

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

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

Edward Bruno Dittloff } Signature of Informant

Wildwood Heights Powell River B.C. Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Edward Bruno Dittloff {Name of informant} is the* father of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Powell River this 11th day of January 1945

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

E. Stroper Qualification B.C.

Address Powell River B.C.

A Notary Public in and for the Province of British Columbia.

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

CANADA

Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE
No. N.S. V-9536 Pers. (N)

OTTAWA, Ont. DEC 16 1944 194

39355

ESTATES BRANCH JAN 2 1945 H.Q. OTTAWA NATIONAL DEFENCE

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:

NAME, RANK/RATING NO.	PLACE, DATE & CAUSE of DEATH	NEXT OF KIN
DITTLOFF, William Stoker First Class V-9536, R.C.N.V.R.	Missing, presumed dead on 21 August, 1944, from H.M.C.S. "ALBERNI"	Mother: Mrs. Mary Dittloff, Wildwood Heights, Powell River, B.C.

ALLOTMENTS IN FORCE

In favor of	Amount	Initials
Mother: Mrs. Mary Dittloff, Wildwood Heights, Powell River, B.C.	$20.00 A.P.	Y.M.

WILL: No record.

Yours truly,

G. G. Heard

for
SECRETARY, NAVAL BOARD.

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

D 2258 A
1000M—11-40 (7829)
N.S. 815-5-2258

Mrs. E. B. Dittloff
P.O. Box 766
Powell River B.C.
Nov. 4/49

Senior Naval Liaison Officer
United Kingdom Services
Liaison Staff
Imrs Building
10 Albert Street
Ottawa, Ontario.

Dear Sirs,

Will you please give me some information, if I am able to get any help thru this course. (R.N. Plan Prize money Distribution) My son was in R.C.N.V.R. for a few years on ~~the~~ H.M. the Corvette Alberni, fought on the Mediterranean, North Africa, Invasion on the coast of Normandy and was lost off South Ampton.

My husband & I are both over 60 year, my husband is 68 years old, no position; & both of us under his care and no income and neither one of us able to work, we could do with some help and wondered if we were

eligible to help thru this add
in the papers.
This is the write up I'm
referring to.
Between 16 and 20 million dollars
to Royal Navy Personnel,
claims by former members,
and next of kin of deceased
personnel, should be made
direct to the director of naval
accounts, admiralty, London,
S.W. 1 England, on special forms
which can be obtained from you.
He was in service during
the time you specify,
Please give me any
information you can in
reference to this
Thanking you
Yours truly
Mrs. E. B. Dittloff
P.O. Box 611
Powell River
B.C.

MG

4
NAVY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: William E (CHRISTIAN NAMES) DITTLOFF (SURNAME)

REGISTER NO. 11181
FILE NO. NSV-9536
DATE 12 Sep/45
SERVICE NO. V-9536
FINAL RANK OR RATING Stoker 1/c
DATE OF DISCHARGE 21 Aug/ 44

PAYEE Mrs. Mary Dittloff,
ADDRESS Wildwood Heights,
Powell River , B.C.

DATE OF TERMINATION OF OVERSEAS SERVICE 21 Aug/44

		$ ¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 853 / 30 EQUAL TO 28 COMPLETE PERIODS AT $7.50	210.00
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 683 LESS 13 INELIGIBLE DAYS, EQUAL TO 670 DAYS @ 25c. PER DAY	167.50
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY	$ 2.00	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.45	
ADDITIONAL PAY H.L.M.	$ .25	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $ Nil	$	
TOTAL	$ 3.70 ×7 = $ 25.90	
NO. OF DAYS 683 / 183	× $ 25.90	96.67
D. WAR SERVICE GRATUITY		474.17
E. DEDUCTIONS — OVERPAYMENT OF	PAY AND ALLOWANCES $	
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
OTHER DEDUCTIONS	$ Nil	
F. TOTAL AMOUNT PAYABLE		474.17

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ _____ OF $ _____ = $ 474.17
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

Cheque 75847 - Sept. 20/45

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

PREPARED BY	CHECKED BY
	EM

TREASURY	
CHECKED BY	DATE
RJ Hendry	17/9/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Acctng.

11181

PARTICULARS OF DEAD OR MISSING PERSONNEL
WITH REGARD TO PAYMENT OF WAR SERVICE GRATUITY

NAME of Deceased Member William DITTLOFF Rank or Rating STO. 1/C. O.No. V9536

1. Dependents' Allowance and Assigned Pay in force at date of death:

D.A. Nil. Mrs. Mary DITTLOFF (mother)
Wildwood Heights
A.P. 20.00 Powell River, B.C.

D.A. _____

A.P. _____

2. Pension awarded or being awarded to: NO RECORD.

3. War Service Gratuity Application(s) received from: mother above.

In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under authority of the Minister of Veterans Affairs, application(s) for War Service Gratuity in respect of the service of the above named deceased member may be dealt with as follows:

( ) To be paid to: In the proportion of:

- and -

to: In the proportion of:

(✓) To be referred to the Dependents' Allowance Board for decision as to dependency within the spirit and intent of the War Service Grants Act, 1944, observing this application(s) is classed under:

~~Group~~ "B" (ii)

~~Group "C"~~ of the above mentioned Directive.

Date 2 Aug '45

for D.N.P.A. (G)

W.S.G. Application No. 11181

TO: D.N.P.A. "G"

FILE NO. N.S. V-9536

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE
DITTLOFF	William	V-9536	STOKER I/c

CAUSE OF DISCHARGE: Dead (Alleged)

~~Applicant - Mother ... A.P. 20.00 monthly~~

TOTAL SERVICE

731
9
31
30
31
21
853

Date of Active Service 22 Apl. 42

Date of Discharge 21 Aug. 44

Total No. of Days ~~852~~ 853 Kew.

Less non qualifying service nil

Total Days ~~852~~ 853 Kew

OVERSEAS SERVICE

% Total No. of Days ~~692~~ 683

Less non qualifying service nil

Total Days ~~692~~ 683

Record of Service in other Forces (per Naval Records)

Branch of Service —

Date of Active Service —

Date of Discharge —

& % Overleaf

Computed By G. Chabot

Checked By R. Lalonde

JUL 4 1945

DATE:

for (H.B. Money)
Payr. Cmdr. R.C.N.R.
Director of Personnel Records

D.D. 007

NON QUALIFYING SERVICE

(#)

Date	Reason	No. of Days	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
		Total days	

(%)

OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
Alberni	9 Oct. 42	21 Aug. 44	~~692~~ 683 Rcw.

2 yrs. 731
48
hes. 10 683
30
8
48

Form 6

PROVINCE OF BRITISH COLUMBIA
PROVINCIAL BOARD OF HEALTH—DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH

Reg. No. (Office use only) 44

1. PLACE OF DEATH
Name of city or place: AT SEA — Name of Municipality (if any):
Street or road: — House No.:
(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) — In Municipality where death occurred: — In Province: — In Canada (if immigrant):

3. PRINT FULL NAME OF DECEASED DITTLOFF (Surname or last name) William (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place: Powell River, B. C. — Name of Municipality (if any):
Street or road: Wildwood Heights — House No.:

5. SEX	6. CITIZENSHIP (See marginal note)	7. RACIAL ORIGIN (See marginal note)	8. Single, Married, Widowed or Divorced (Write the word)	9. BIRTHPLACE (Province or Country)
Male	Canadian	Roumanian	Single	Regina, Saskatchewan

10. Date of Birth: January (Month by name) 31st (Day) 1920 (Year)

11. AGE: Years 24 | Months 6 | Days | If less than one day ... hrs. or ... min.

OCCUPATION

12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc.: Mill Worker
(b) Kind of industry or business, as paper mill, lumber, bank, etc.: Powell River Company.
(If labourer specify kind of work above)

13. Date deceased last worked at this occupation:

14. Total years spent in this occupation:

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

16. Name of father: (Surname or last name) (Given or Christian names)

17. Maiden name of mother: (Surname or last name) (Given or Christian names)

18. Birthplace:—
Father: (Province or Country) Mother: (Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at Ottawa, Ontario, this 3 day of March 1945.
Signature of informant: Paymaster Commander, RCNR. Relationship to deceased: Director of Personnel Records.
Address: Naval Service Headquarters, Ottawa, Ont.

20. Burial, Cremation or Removal: Date (Month by name) (Day) 19 (Year)
Place of Burial (Municipality): Cemetery:

21. Undertaker:—
Name: Address:

22. Marginal Notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

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

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

I — CAUSE OF DEATH			Duration Yrs.	Mos.	Dys.
Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) Missing, presumed dead. He was serving in H.M.C.S. "ALBERNI" which was sunk in the English Channel.				
	due to				
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b)				
	due to				
	(c)				
II					
Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**					

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? (State which) Date of injury 19
Manner of injury (How sustained)
Nature of injury
Specify whether injury occurred in **industry**, in **home** or in **public place**

Signed by **Designation** M.D., Coroner, etc.
Address **Date** **19**

28. I hereby certify that the above return was made to me at
Dated 19 (District Registrar)
District Registration No.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.

RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

In case of Stillbirth consult reverse side before making out certificate.

31

142447

N.C.R.
P.A.

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

N.S. V-9536. PERS.(N)

P.A. 'S CHECKED IN
C.R. BY 2

My dear Mrs. Dittloff:

I was the captain of H.M.C.S. "Alberni" and I know there is nothing I can say that will help you in your great loss. I just wanted you to know that you have my sincerest sympathy. Your son was an excellent stoker both reliable and efficient. He has been with me for some time and has always done a very good job of work. He was very well liked by all the officers and men and appeared to be very happy aboard.

The only minor comfort I can give you is that he was down below at the time the ship was hit and as the ship sank instantly I am sure he did not suffer any pain.

I hope that if I am ever in Powell River you will give me the pleasure of allowing me to call on you.

If there is any way in which I can help you, do not hesitate to write me.

Yours sincerely,

"Ian Bell"
Lieutenant Commander, R.C.N.V.R.

Mrs. Mary Dittloff,
Wildwood Heights,
Powell River, B.C.

Wildwood Heights
Powell River B.C.
August 29/44

HS

Department of National Defence
Naval Service
Ottawa, Canada

124381
Pers III N.P.R.
23-8-44

Dear Sir:

I received the telegram and also the letter you sent informing me that my son William Dittloff Stoker 1/c No. V-9536 is missing at sea.

I would appreciate very much if you could supply me with additional details or information regarding the prospects of his survival as a prisoner of war.

Yours truly
Mrs. E. B. Dittloff
Wildwood Heights
Powell River
B.C.

TFH/JM

AIR MAIL

29

V-9536 Pers. (N)

123557

29th August, 1944.

Dear Mrs. Dittloff:

Further to my letter of the 23rd August, details of the disaster in which your son has been reported missing are now being released.

H.M.C.S. "ALBERNI" was sunk while on invasion duties in the English Channel. Four officers and fifty-five ratings are missing, with three officers and twenty-eight ratings having survived.

It is regretted that the position of the loss cannot be given, but it is considered unlikely that prisoners of war will be taken.

It is requested that you will keep this information in confidence until an official announcement is made.

May I again express sincere sympathy with you in your anxiety.

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Mary Dittloff,
Wildwood Heights,
POWELL RIVER, B.C.

SN
ORIGINAL

P170359

DEPT. OF NATIONAL DEFENCE
JUL 16 1942
V.S. 1138257

H.Q. File No. 17

DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTTOR	Rank or Rating	Official No.	Daily Rate of Pay
"NADEN"				
SX 5A²/~~3691~~ 239	Surname DITTLOFF, Christian Names William	Sto.2/c	V.9536 RCNVR	$1.35

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 DITTLOFF Christian Names Mary	Mother	Wildwood Heights Powell River, B.C.	$20.00	New July 1942

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):—

Allotment Instructions
Entd. on Index Card
Entd. on Allotment Ledgers
Initials
Date
24/7/1942

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 W. Dittloff
Stoker 2/c Rank or Rating

ENTERED IN FAIR LEDGER	ENTERED IN ROUGH LEDGER
R R [illegible]	[illegible]

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	Object No. 111	$ --
Assigned Pay to other Dependents	,, 113	--
Marriage Allowance	,, 116	--
Dependents Allowance	,, 119	--
Other Allotments	,, 122	20-00
Total		$ 20-00

A R Carter
Pay Lieut., R.C.N.V.R.
Accountant Officer

H.M.C.S. "NADEN"

Forwarded JUL 10 1942

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

S. 63
100M—2-41 (9291)
H.Q. 815-9-63

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

FOR USE AT HEADQUARTERS ONLY

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

TWENTY * *20.00

DITTLOFF,WILLIAM V-9536

MRS.MARY DITTLOFF,
WILDWOOD HEIGHTS,
POWELL RIVER,B.C.

M.S.M.

TAC/MC

113-D-257

113-D-257

15

26th, May, 1942.

MEMORANDUM:

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

NAME	RATING	O.N.	DATE.
DITTLOFF, William	Sto. 11	V9536	28-4-42
MCLEAN, Gordon A.	Ord. Sman.	V36637	8-5-42
MC CAINE, Gordon R.	Elect.	V36638	9-5-42
GAMBLE, Herbert C.	S.B. Prob.	V36639	14-4-42
SAVOIE, Lionel J.C.	Ordl. Sman.	V36640	8-5-42
CANCILLA, Fredrick C.	Ord. Sman.	V36641	8-5-42
MILLAR, Charles W.	Stoker, 11	V36643	12-5-42
BALLENTINE, Allenby K.	Ord. Sman.	V36644	12-5-42
STEVENSON, Julius	Stoker 11	V36645	12-5-42
PAYNE, Donald W.	Ord. Coder	V36642	8-5-42
MICHAUD, Albert L.E.	Sto. 11	V36740	14-5-42
WALKER, James H.	Ord. Sman.	V 36741	20-4-42
ZIOLKOWSKI, Cyril J.	Sto. 11	V36742	15-5-42
WILLIAMSON, John L.	Sto. 11	V36743	14-5-42

BY ORDER

for

SECRETARY, NAVAL BOARD.

The Commanding Officer,
H.M.C.S. "CHIPPAWA"
583 Ellice Avenue,
WINNIPEG, Man.

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

PLEASE LEAVE BLANK

11

Section A—GENERAL INFORMATION

1. (a) Print name in full WILLIAM PITTLOFF (b) Reg'l. No. 9536
2. (a) Arm of service NAVAL (b) Unit R.C.N.V.R. (c) Rank Sto II
3. (a) Date of birth July 31/20 (b) Have you any dependents? No (c) Place of residence at time of enlistment Transcona Man
4. (a) Place of enlistment Winnipeg Man (b) Date of enlistment 7 April 42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 18 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Grade 9
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? Pulp Sulphite Papers makers Local 76

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 Powell River Company Address Powell River B.C.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Pulp & Paper mill
20. (a) Your specific occupation mill worker (b) Number of years' experience at this occupation with any employer 12 years
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment? I definit

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? Yes (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience? —

Section G—MISCELLANEOUS

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

DATE 22 April 1942 SIGNATURE W. Pittloff

BRITISH COLUMBIA PROVINCIAL POLICE

COPY

DIVISION: "E"
DISTRICT: VANCOUVER
DETACHMENT: POWELL RIVER

DATE: 12-9-41.

UNORGANIZED TERRITORY (Powell River)

REPORT.

Re: DITTLOFF, William - Wildwood Heights, Powell River.

1. With reference to letter of Sept. 8-41, from Inspector i/c C.I.B. to the Officer Commanding "E" Divc. in above connection, the following respectfully submitted:-

2. Please be advised that confidential enquiries were made in this area concerning the status and character of above named and his family and I am pleased to report that they bear a very good reputation and are well respected by their neighbors.

3. I am informed by reliable sources that Edward E. Dittloff (father) is of Roumanian birth but Austrian descent. His wife is Polish born. In April of 1904 they arrived at Halifax, Canada, on board the S.S. Arcadia and shortly afterwards proceeded direct to Winnipeg and from then on till about three years ago they resided on farms in and around Winnipeg, Regina, and other places. The father was naturalized in April of 1914 at Winnipeg. The family have resided on a small acreage of land at their present address for the past three years, and have several children.

4. William Dittloff, on whose behalf this enquiry was made, was born in Regina, and I am informed he was in the Sea Cadets there and later transferred to the Naval Dept. in which he served for more than a year before coming west with his parents. At present he is employed at the Powell River Pulp and Paper Mills and his employers do not hesitate in recommending him for the service he now seeks in the Navy.

5. Other members of this Police Detachment as well as myself know this youth personally, and his parents generally, and there is no reason in our minds to doubt his loyalty and sincerity to the Country he wishes to serve.

6. Extra copies of this Report submitted.

(SGD) M.T. Phipps Cpl. #446.
i/c Powell River Detach.

To the N.C.O. i/c.
Vancouver District,
B.C.P. Vancouver, B.C.

COPY

B.C.P. AGUCONVEY, B.C.
AGUCONVEY DISTRICT,
To the M.C.O. i\c.

Capt. Pace.
(SGD) M.T. Phipps
i\c Powell River Detach.

3. Extra copies of this report submitted.

2. Other members of the Police Department as well generally, and there is no reason in our minds of doubt the loyalty and sincerity of the country in matters of serve.

1. With reference to letter of Sept. 8-41, from Inspector i\c C.I.B. of the Officer commanding "E" Div. in above connection, the following respectively submitted:-

2. I am informed by letter sources that Edward H. Diffloff (father) is of Norwegian birth but naturalized British subject. His wife is Polish born. In April of 1941 they moved to the B.C. Alberta and B.C.P. Agucovey, Cranbrook, on Bristol Mountain and from there they moved to Lethbridge, Alberta, and other places. The father was stopped Mounted Mounties, Regina, and other places. The family have established in April to late as Mounties. The father resides on a small acreage to that is their present address for the past three years, and have several children.

4. William Diffloff, on whose behalf this enquiry was made, was born in Regina, and I am informed he was in the Sea Cadets there and later transferred to the Naval Dept. in which he served for more than a year before coming west with his parents. At present he is employed at the Powell River Pulp and Paper Mills and his employers do not desire it recommending him for the service on which seeks in the Navy.

3. Please be advised that confidential enquiries made in this area concerning the arrest and character of above named and his family and I am pleased of report that they are well respected and are law abiding citizens and are loyal to Canada.

5. Extra copies of this report submitted.

Re: DIFFLOFF, William - Mitchwood Heights, Powell River.

REPORT.

(Powell River)

UNORGANIZED TERRITORY

DETACHMENT: POWELL RIVER
DISTRICT: AMNCOVER
DIVISION: "E"

DATE: 15-8-41.

BRITISH COLUMBIA PROVINCIAL POLICE

R. C. N. V. R.

TRAINING REPORTS, 1938

Name DITTLOFF, William Rate Ord. Sea. O.N. 9536

Division Winnipeg Training Headquarters Esquimalt Period No. 9

ANNUAL TRAINING No. of days

Entered for N.T. 29-8-38 Completed N.T. 10-9-38 14

Entered for V.S. 11-9-38 Completed V.S. 24-9-38 14

Final Discharge 24-9-38 Total No. of Days 28

7

INSTRUCTION

	Training Establishment R.C.N.B.			Service Afloat H.M.C.S. "ARMENTIERES"		
	From 29-8-38 17-9-38 To 2-9-38 24-9-38			From 3-9-38 To 16-9-38		
Subject	No. of Hours	**Efficiency**	**Remarks**	No. of Hours	**Efficiency**	**Remarks**
1. Seamanship		Sat.	1st Yr.N.T.		Sat.	
2. Boatwork		Sat.			Sat.	
3. Signals		Sat.				
4. W/T						
5. Gunnery		Sat.				
6. Torpedo						
7. Minesweeping						
8. P. & R.T.		Sat.				
9. Swimming						
10. Kit and Medical		Completed.				
11. Part of ship		Sat.				
12.					First time afloat. Satisfactory progress.	

Character V.G. Efficiency Sat. | Character V.G. Efficiency Sat.

Qualified as Efficient Yes.

E.T. Part I Passed / Failed Date | Passed / Failed Date

Passed professionally for Date | Date

Recommended for Advancement

Recommended for Confirmation

Qualified for Advancement to

Recommended for Special Branch

General Remarks Average.

Entered on History Card by R.M.

Signature M.A. Wood.

Lieutenant-Commander, R.C.N.
RESERVE TRAINING OFFICER

N. V. 27
5M—3-38
N.S. 815—11-27

14108

APPLICATION FOR DISCHARGE FROM R.C.N.V.R. AND REPORT ON RETURN OF KIT

5

R.C.N.V.R. ~~Company~~ Div. Headquarters at Winnipeg, Manitoba.

12th October 1938.

MEMORANDUM—

It is recommended that DITTLOFF, William (Name) O.Sea (Rating) 9536. (Official number)

should be discharged from the Winnipeg Division ~~Company~~ of the R.C.N.V.R.

in view of Change of Residence.

(Summary of reasons)

2. The following information is submitted with respect to the kit of this rating:—

(i) Condition of kit when issued: New Yes. Part worn

Per cent serviceability 100.

(ii) Has full kit been returned complete? Yes.

(iii) If not, state shortages

(iv) Condition of articles returned Good.

(v) Bounty pay due to this rating, $ 1.75

(vi) Explanation given by man for shortages or damages

(vii) Is blame attributable? If not, why?

(viii) Action in hand in accordance with Section V, Articles 516-519, V.R.O.I.—

(a) Was (~~will be~~) interviewed by P.O. Instructor on 12th October 1938;

(b) Registered letter was (will be*) sent on 193;

(c) Information was (will be*) laid with Police on 193;

(d) Further action which it is proposed to take

Return of kit noted 30/10/38

(ix) C. C. O's additional remarks:—

(*) Cross out words not applicable.

N.V. 15
1500—3-35
N.S. 815-11-15

Company Commanding Officer

QUESTIONNAIRE FOR CANDIDATES

FOR ENTRY IN THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Name (in full) William Dittloff

Date and Place of Birth July 31st 1920 Regina Sask.
(Birth certificate, declaration by parents or affidavit as to date of birth must be attached)

Permanent Place of Residence 143 Melrose ave W. Transcona Man

Nearest Town to Residence (if living in country)

Are you a British Subject? Yes

Are you single, married or a widower? Single

In what capacity do you wish to enrol? bugler
(See standards of qualifications in attached pamphlet)

Present occupation or trade student
(Attach any testimonials or recommendations)

Do you belong to any Naval, Military, Reserve or Territorial Force? Yes

Have you ever served with such forces? Give dates and details Sea Cadets Wpg.
March 36 to Nov 37

Have you ever been discharged from any of H. M. Forces as medically unfit? no

Have you ever offered to serve in any of H. M. Forces and been rejected? no

What is your weight? 120 What is your height? 5' 6"

What is your chest measurement (not inflated)?

Are you free from all physical defects or malformation, and not subject to fits? Yes

Are you willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities? Yes

I hereby declare that the above answers are true in every respect.

William Dittloff — Signature

Nov 4th 1937 — Date

143 Melrose Ave W. — Address

Chas. Hillaby
(Witness to Signature)

This is to certify that I have personally seen the birth certificate of this applicant, or a sworn declara- as to his date of birth.

I certify his date of birth, according to legal documentary evidence, to be July 31/20

Signed [illegible] Lieut. R.C.N.V.R.
Company Commanding Officer

V.3
2-34
5—11-3

V9536 OFFICIAL NUMBER | FILE NUMBER 113-D-257 | OFFICIAL NUMBER V9536

NAME DITTLOFF (Surname) William (Given Names) DATE OF BIRTH 31 January, 1920

PLACE OF BIRTH Regina, Sask. OCCUPATION Mill worker

RELIGION R.C. EDUCATION Grade 1X

RESIDENCE AT TIME OF ENLISTMENT: Street and No. Wildwood Heights Town Powell River Province, etc. B.C.

Engagements				Description					Previous Service			
Date (in figures) Day	Month	Year	Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates From	To
22	4	42	H.O.	5'5"	brown	hazel	dark	Scar on rt. thumb	A15 Cdn Inft. Trg	Pte	8.1.	21.4
								Scar on rt. wrist.	Centre Wpg, Man.		42	42
									R.C.N.O.R.	O/Seaman	24/3/45	12/1/46

NEXT OF KIN RELATIONSHIP (in pencil) Mother 19/10/42 NAME (in pencil) Mrs Mary Dittloff

ADDRESS (in pencil): Street and No. Same Town Province, etc.

Medals, Clasps, Hurt Certificates, Prize Money				Examinations, Certificates, etc.							
Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars
3	2	44	C.V.S.M.(R.&C.)&1939-1943 Star (12498-8544)	16	6	42	P.P.T. Fair				

Badges, G.C. or G.S.					Brief Particulars of Warrant or C.M. Punishments and C.P. Charges					
Date (in figures) Day	Month	Year	1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	Ship or Establishment	Wt. No.	Date (in figures) Day	Month	Year	Brief Particulars of Offence	Punishment

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

O.H.F. Received

Second Class For Conduct

From	To

FILM NO. WSR 5268-8
DATE

W.S.G. APPLICATION 11181 RECEIVED 8/6/45

H.Q. 35—15M—10-41 (2177)
N.S. 815—7-35

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

V9536 OFFICIAL NUMBER

NAME DITTLOFF (Surname) William (Given Names)

P.I.B. OFFICIAL NUMBER V9536

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year	Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Re-Qualified Day	Re-Qualified Month	Re-Qualified Year
HM.C.S. Chippawa	Stoker 11	22	4	42	Div. S.r. Wpg.--re-entry	V.G.	Sat.	31	12	42							
"	"	22	4	42	Active Service	V.G.	Sat.	31	12	43							
Naden	"	11	6	42	D.R.D. 40955	V.G.	Sat.	21	8	44							
Stadacona	"	1	8	42	D.R.D.												
Alberni	"	9	10	42	D.R.D.												
"	Stoker I	7	2	43	Rated(249A-6705)												
DISCHARGED	"	21	8	44	Missing (per Casualty List)												
					Presumed "DEAD"(Sub.16-1-45)												

GENERAL REMARKS

Discharged "Changed Place of Residence" 12-10-38.
Can. Memorial Cross awarded to:
Mother: Mrs. Mary Dittloff,
Wildwood Heights,
Powell River, B.C.
on 17-1-45.

DATE OF BIRTH DY.	MO.	YR.	PLACE OF BIRTH	CIVIL OCCU. MAIN	SUB	RELIGION	ED	PERM. RESIDENCE PR.	CTY.	TOWN	PREV. SERV.	ENL. DIV.	RANK OR RATE ON ENLISTMENT A	BR.	RANK
31	1	20	19	900	0	10	2	9	07	00	9	06	0	15	95

ENLIST. DATE DY.	MO.	YR.	ACT. SERV. DATE DY.	MO.	YR.	STR. CAT.		ACT. SERV. DATE DY.	MO.	YR.	SHIP ON ESTAB.	RANK OR RATE A	BR.	RANK
22	04	42	22	04	42						1520	0	15	94

SENIORITY DY.	MO.	YR.	STR. CAT.	NON-SUB A	SUB B	M ST.		CODED	CHECKED
07	02	43	13	00	00		C.L.4		