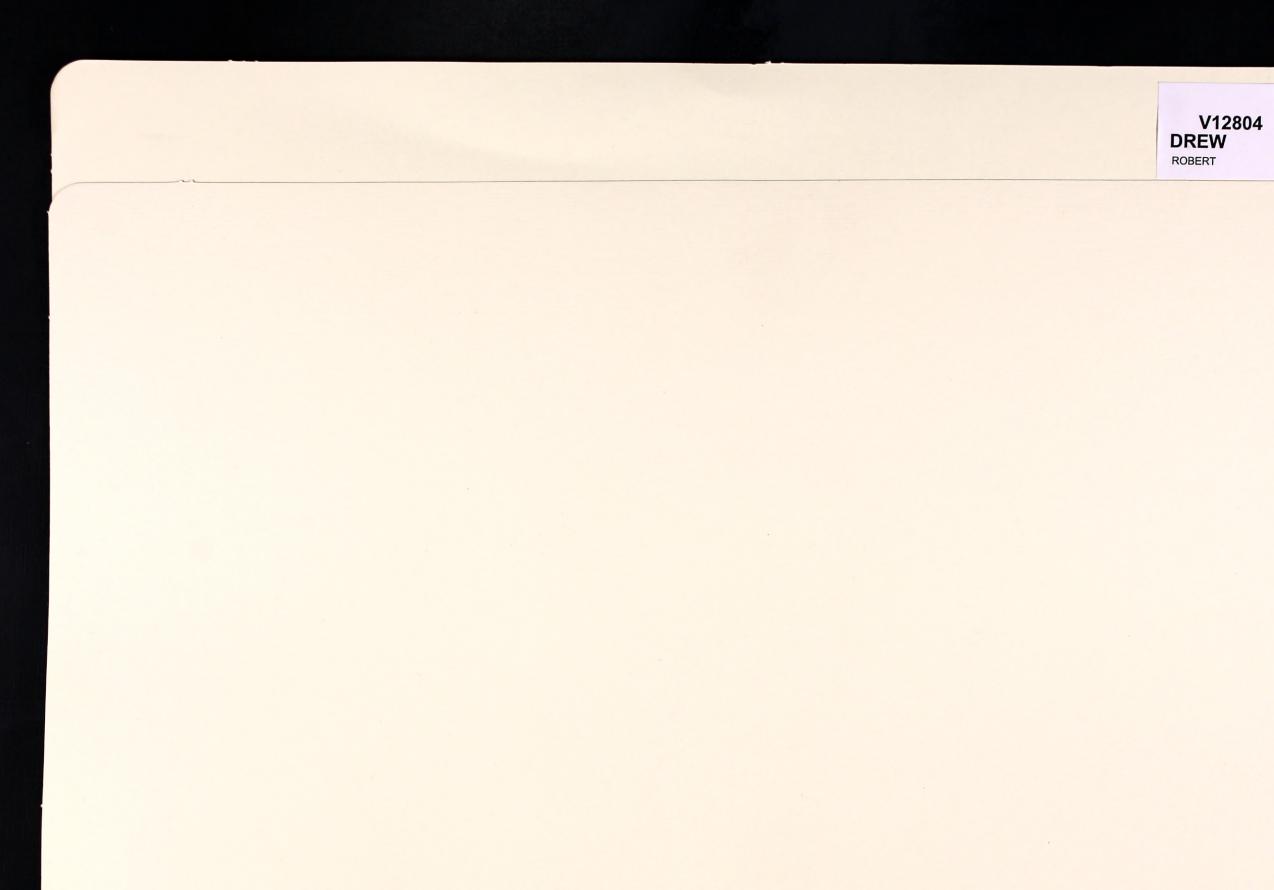
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C Scot R PurthR SSaskR RCAF RCASC Downton, Harley Victor Doxey, Frank Gerald Doyle, Charles Joseph Doyle, George Temple Doyle, Patrick John Doyle, William Andrew Doyne Joseph Doving Pte Cpl Capt Sgt Pte CpteteOtoL Doyle, William Andrew Doyon, Joseph Darius Dozois, John Harry Draganiuk, William Drake, Henry Reginald Drake, James Marshall Drake, John Douglas Drake, Stewart Allen Drampitzke, Eldore Dransfield, Harry Cecil Drapeau, Jules Georges E HLlot West NSR 4 PLDG Tpr P/O Rfn RCAF RWpgRif Pte Drapeau, Jules Georges Ernest Fus MR RHLI Joseph Draper, Charles Leonard Draper, Clarence Oscar Draper, Walter Robert Pte P/O RCAF Pte Linc & Welld R Cpl Dray, Frederick Albert 1 Cdn Para Bn Regina Rif chard RCAF Sgt Dreaver, Harvey Regin WO2 Dreger, Fredrick Richard R P/O Drennan, Alred Wallace Jack RCAF Drever, Roland Armstrong R WpgRif Drew, Charles Cyril, AFC RCAF Drew, Clifford Robert OROF Drew, Donald Alfred Sher Fus R Rfn F/O Drew, Charles Cyril, AFC RCAF Cpl Drew, Clifford Robert QORof C Tor Drew, Donald Alfred Sher Fus R Rfn Drew, Robert Frederick RCNVR Gdsm Drew, Robert Frederick RCNVR Gdsm Drew, Robert Frederick Org F/O Drew, Wendell Pierce RCAF L/Cpl Drew, William Frederick Ont R F/O Drewery, Bertram Ernest RCAF Capt Drewry, Frederick William, MC RCA Tel RCA MC Pte Drillio, Edward Gordon WestNSR Drimmie, Gordon Robert, DFC RCAF Driscoll, Ernest Henry: 48 Highrs Driscoll, George Lawrence F/O Pte Pte 48Highrs RCAF AC1 Driscoll, John Joseph

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FREDE

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CĔŀ	RTIFIC	CAT	E of	the	e SI	ERVI	CE	of		tional Defence (Naval Service). If the cor- ner is cut off, the fact is to be
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an Swim:—P.P			1		/	19		ure		Rank
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NAVAL TRAINING and ACTIVE SERVICE

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MEDALS AND MEMORIALS-DECEASED PERSONNEL RCNVR Mar. 46 "ALBERNI"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS PERSON		*
ENTITLED	TO Mr. William F. Drew - Father	- (1)
ADDRESS:	BOYLE, Alta.	MEMODIAL
	- CROSS	MEMORIAL BAR
WIDOW		DATE DESP
		(2)
ADDRESS:		REGN. NO 303
	Ross Mrs. Sarah Drew	
	Boyle, Alta.	⁽³⁾ 17-1-45
ADDRESS:		

DEPARTMENT OF VETERANS AFFAIRS		NADDC	WAR SERVICE RECOR	
D OF D 28-8-44	A	WARDS NAVY	D.I	
DREW Robert Frede	erick	V-12804	Tel.	FILE No.
SURNAME (IN BLOCK LETTERS) CHRIST	TIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
WAR SERVICE BADGE (CLASS) No. Nil	DATE DES	SPATCHED:		
ADDRESS:				[
		EGISTRATION NUM	BER AND DATE D	ESPATCHED
CAMPAIGN MEDALS	F	EGISTRATION NUM	BER AND DATE D	ESPATCHED 1/0/49
CAMPAIGN MEDALS 1939-45 Star Atlantic Star & Clasp Africa Star & Clasp	7	EGISTRATION NUM	BER AND DATE D	espatched 2/10/49 462
CAMPAIGN MEDALS 1939-45 Star Atlantic Star & Clasp	F	EGISTRATION NUM	BER AND DATE D	ESPATCHED 2/10/49 462



Department of National Defence

Rabal Serbice

OTTAWA, Ont. 116 DEC. 194 4

51

IN REPLY PLEASE QUOTE

N.S. V-12804 PERS. (N)

Sir:

In accordance with Neval Order No. 839, it is notified for your information that the following casualty in the Naval Parent of Gamada has been reported:

PLACE, DATE & CAUSE

Missing, Presumed Dead

on 21 August, 1944 from

OF DEATH

NAME, RANK/RATING

DREW, Robert Fredrick Telegraphist, O.N. V-12804 R.C.N.V.R.

ALLOTMENTS IN FORCE

H.M.C.S. "ALBERNI"

Amount

A.P. 30.00



NEXT OF KIN

Mother: Mrs. Sarah Drew, BOYLE, Alberta.

Initials

NL

In favor of

Mrs. Sarah Drew, (mother) Boyle, Alta.

Stop Paid Aug. 31st./44 DNPA MEMO.

In accordance with last! Order Forwill: it No record. for your information that the following opposity in the hotal Forosa of Gaunda has been reported:

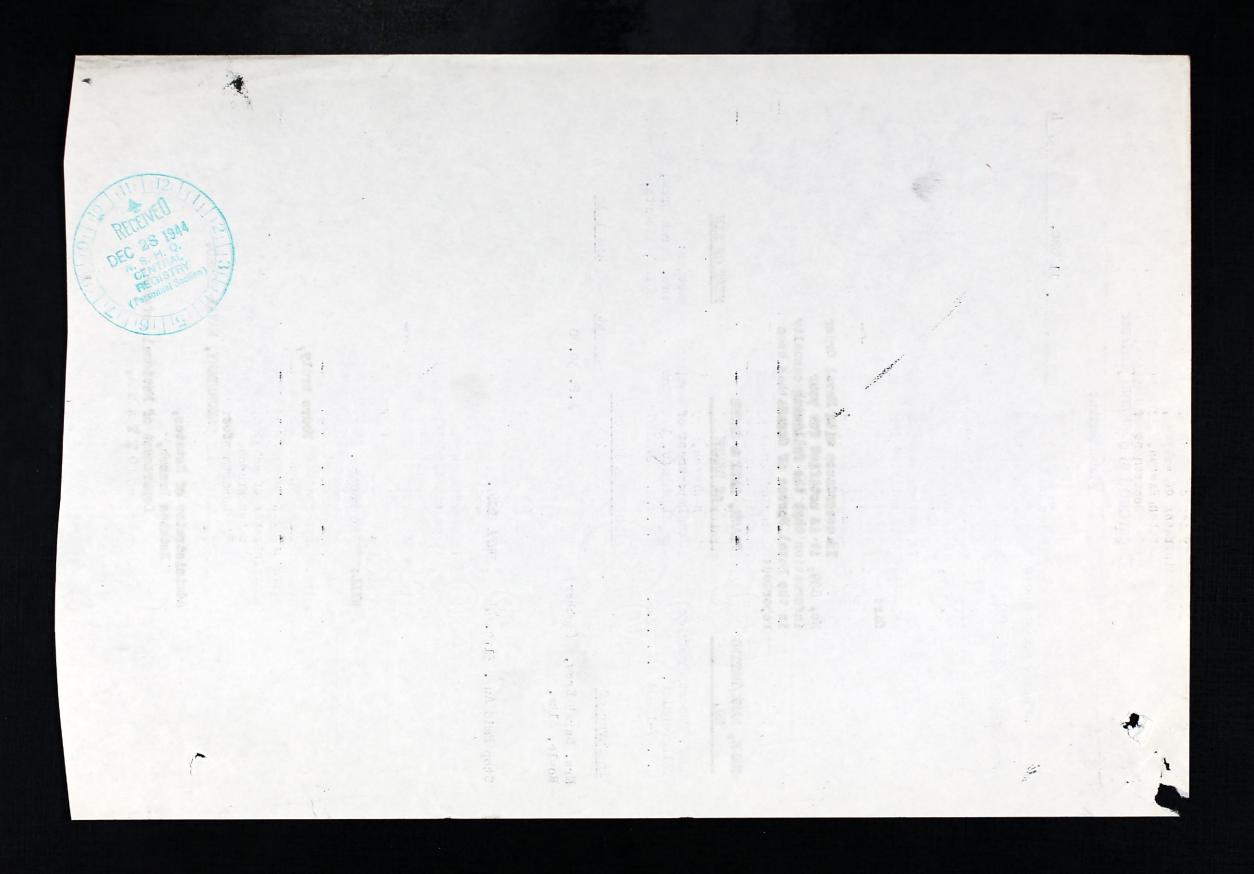
Yours truly,

Man, E.M. /R.PING S - -----

5

for SECRETARY, NAVAL BOARD,

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



(Information extracted from Nevel Service Headquarters! Records.)

Four copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. NAVAL SERVICE HE DOUARTERS at OTTAVA, Ont.

DREW Robert Frederick

Name (Christian names in full) Rank of Rating. Tolegraphics. Official No.V-12804 R.C.N.V.R. (If unknown, date of first entry) Date of Birth 17th April 1916 Place of Birth Edwonton, Alberta Occupation in Civil Life 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. Jeans and 11. sontha Date of Death 21 Marth, 1944 Place of Death AT SEA

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

Nearest known	Name Mrs. Serah Drew	
relative or friend.	AddressBOILEAlta.	
intend.		

.....

Date on which the above was informed by Ship Mayel Service Hendquarterst 23rd 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, accord-

ing to Nationality.....

Place of Burial	No harial (if known)	Date of Burial	(if known)
Location, Number, etc.,		(if known)	(11 110 11)
Undertaker employed			
If borne for discipline o	nly, date D.S.Q. or	invalided	

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

Commanding Officer, OTTAFA, Ont. Tiphin 17 194 PAN SECRETARY, MAVAL POARD.

MAR 10 1945 DAERK No. 1

In all cases this Form is to be sent in addition to the Report by Telegraph required by the Regulations. ENTERED IN N.P.A.'s LOG BOOK

Distribution: File, Imp. W. G. Com., Dom. Stat., Register.

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

ACCOUNTS OF MEN DISCHARGED

40

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

Proceeds of sale of Effects charged against Wages, h CASH— Proceeds of sale of Effects, brought from the side Found amongst Effects	other \$ ct		
Proceeds of sale of Effects, brought from the side	other	s.	
Found amongst Effects			
Debts collected §			
Cash deposited by official Receipt No			-
Cash debited in the Accountant Officer's Cash Acct			
If in debt in ledger, amount to be stated (in red ink			
Rate of allotment (in words) Thirty Dollars	charged to	31 Aug.	
Name of ship from which transferred			
Total†	reditor	128	74
true statement of all wages, Effects, and other Cred for Alberni amounting to a net balan of Cne Hundred and Twenty-eight do	nce† Creal to	9 2 °	
Dated on board H.M.C.S.	s Man		45
Approved		Accountant C)fficer
T d ant Cont	(S) RCHVR		
sahang		{ Initials of the Ass Accountant Off	licer
Comm	anding Onicer.	·····	
For Use at Headquarters. \$cts.	credited of	a Inspector's certi	ficate
Noto			•••••
Signature			
Signature	Date	19	9

ESTATES BRANCH

HQ NS V-12804 FD 742

March 5, 1946.

Mr. and Mrs. William F. Drew, Boyle, Alberta.

DREW, Robert F. Telegraphist (Deceased) No. V-12804 - R.C.N.V.R.

Dear Mr. and Mrs. Drew:

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 \$709.41. made up as follows:

Balance of Pay and Allowances	\$128.74
Credit for Kit Upkeep Allowance and Hard Lying Money	2.62
War Service Gratuity as per award attached	578.05
	\$709.41

Since your son died without leaving a 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 \$354.71 and \$354.70 respectively have been requisitioned from the Treasury Department and on receipt of the same, would you kindly sign and return the enclosed acknowledgements to the Director of Estates, Department of National Defence, 308 Sparks Street, Ottawa, Ontario.

Yours faithfully,

HRW/JB Encls. 3.1

Director of Estates.

 DISTRIBUTION OF SERVICE ESTATES
 Estates Form "P. 4"

 Name
 Robert F.
 No

 Name
 Robert F.
 No

 Surname
 Christian Names
 21-8-44

 Tolegraphist
 R.C.N.V.R. 0/S
 21-8-44

 Mank
 Unit
 Date of Death

 AMOUNT
 V.S.G.
 578.05

 L.P.C.
 \$ 131.36
 Other Credits.

 Date
 Other Credits.
 Total.
 709.40

SHARE	RELA	TIONSH	IP		NAME AI	ND ADDRESS	i.	AMOUNT
1/2		ther			William F Boyle, Al	berta.	R	354.71
1/2	M	lother			Mrs Sarah (as abov		J-	354.70
					(As next of k	in entitle	ed.)	
				P4. T(TREAS. 7-	3-46.	om.	
AUTHO	RITY					DISTRIBU	TION APPROVED	AND AUTHORIZET
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CLASSIFIEI	P BY			INED BY		AUDITED	(L. M. FIRT Director of FOR PAYMENT	4) Colonel Estates

For Chief Treasury Officer

FOR COMPLETION AND RETURN BY

TES

BRANCH

JAN 17 1945

Mrs. Sarah Drew BOYLE, lberta. 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. N.S. V-12804-FD-742

DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH

1

OTTAWA, ONT.

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

DREW Robert Fredrick Ord, Smn, WT.

V-12804 R.C.N.V.E.

it is necessary that certain information regarding the deceased and his relatives should ONA 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.

NUN Director of Estates

br.

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 even had in each of the degrees specified below:

grees			INFORMANT'S S	TATEM	ENT	
of ela- on- hip		TIVES e accounted for	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 I	Deceased	Hol- married	¥.		
2	Children of the dates of their	Deceased and Births				
3	Father of the D	Deceased	William Frederick Drew	82	Boyle	
4	Mother of the l	Deceased	Jarah ann Drew	70	4 4	
5	Brothers of the Deceased	Full Blood	Ed illiam Buds on Drew.	.30	117 Sqan, Kaff H air Command, S. E.	
		Half Blood				
6	Sisters of the Deceased	Full Blood	" hone-			
		Half Blood				
7	Names of brother of the full or t. Deceased, who death of each.	rs or sisters (whether he half blood) of the are dead, and date of	Names and ages of their children (if any)		Address of their children	
	_	_				

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

3.

8	Full names of the deceased.	Robert Frederick Drew
9	Date of his birth	April 17 " 1916
10	Place and date of his marriage.	
1	Place and date of his parents' marriage.	Edmonton Jan 1st 1912
	PARTICULARS OF D	
2	Place where deceased was born.	Edmonton
3	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Alberta, (b) (c) (d)
.4	Nature of employment before enlistment.	Post Office assistant:
5	State whether he owned the premises in which he lived, and, if so, where situated.	ho
6	Name place where deceased stated he intended to make his permanent home.	Boyle
	PARTICULARS OF	FESTATE
7	Did he leave a Will? If in your custody, please forward.	ho
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?	all montain
.9	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?	Imperial Mank. athabasco Le
20	Amount of War Savings Certificates held by deceased. Indicate where located.	none. Raver.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	about 400 -02450 athabasca all
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 PARTICU	JLARS
24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	Rone,
	(Note:-The government pays funeral expenses within th and burial is made Overseas as well as where death occurs and zone, and if a relative has already paid those expenses the Gover authorized in the Regulations. Any amount of such expenses by the Government nor is it chargeable against the service estat	ment will reimburse such relative to the extent of the amount in excess of those authorized in the Regulations is not payable

(PLEASE TURN OVER)

•Insert degree	DECLARATION
of relationship for example, I hereby declar	e that all the particulars shown on this form are correct, and a true and complete relatives that the deceased ever had in the degrees specified; and that I am the <i>Mathew</i> 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	Parah ann Drew Signature of Informant
af His Majesty's Forces.	12 agle alberta Address
	CERTIFICATE
I hereby certify	that to the best of my knowledge and belief. Sarah ann
See above. Drew	{Name of } is the*. Mather of the Deceased
above described.	The above Declaration was made by the Informant and signed in my presence.
Dated at	this 11 day of fancialy 1945
Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Com- missioned Officer of any of His Majesty's Forces.	Unilage Qualification
Addre	758

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



1 25763

NATIONAL 5004-1-41 (8973) N.S. 815-11-5 SEP 113/1171

N. V. 5

4

ATTESTATION FORM

CHRISTIAN N	DREW Robe	rt Fredr:	ick	MA	ARRIED, SINGL	e or widower Single
	PERMA	NENT ADDRESS	5			RELIGION
Boyle,	Alberta	1			Str. N.	A ^w glican
	OF BIRTH	*PI	ACE OF BIR	ГН	NAME AN	D ADDRESS OF NEXT OF KIN
17th Ar Original Nationali Father Eng Mother Eng	glish	Town Edmonton County Province Alberta			Mrs. Sa	(Mother) arah Drew, E, Alberta.
*If not the so (A)	n of natural born Britis PERS				^{xt page} I ENROLM	ENT
HEIGHT	CHEST MEASU	REMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet	Inflated		Brown	Brow	n Medium	nil
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	EDUCATIONAL	STANDING				NG AND IN WHOSE EMPLOY
assed gr	1.	STANDING	3	A	sst. Post	
	1.		which enr	A	sst. Post (Father)	master.
DATE OF	ade XI. FENROLMENT 1941	RATING FOR Ord.S	ea W/T		sst. Post (Father)	master. Mr. W.F. Drew DN, OR OTHER ESTABLISHMENT WHICH ENROLLED
DATE OF th Sept. (B) I hereby de (1) That (2) That Force, and th (3) That	ade XI. FENROLMENT 1941 DEC clare as follows:- : I am a British S : I am desirous of that I accept and a : * (a) I have new Force * (b) I XAXXAX	RATING FOR Ord.S LARATIOI Subject domic being enrolle agree to abide er served, and a	e a W/T N TO BE d as a mem by the rul d am not se	A OLLED I A A OLLED I A A A A A A A A A A A A A A A A A A A	sst. Post (Father) R.C.N.V.R. DIVISIO AT Edmonto DE BY APP e Royal Canad said Force. any Naval, Mi	master. Mr. W.F. Drew DN. OR OTHER ESTABLISHMENT WHICH ENROLLED

(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.

Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service. (b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required. (c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty. (d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities. Dated this 5th September, 1941dav of. ✓ Signature of applicant. (C) CERTIFICATE OF ATTESTING OFFICER I hereby certify that all the foregoing statements were made by the volunteer above named, in my 5th presence, and that he has made and signed the above declaration in my presence on this. September, 1941 day of..... Lieut.R.C.N.V.h Signature of and rank of Attesting Officer. (D) OATH OF ALLEGIANCE Robert Fredrick DREW 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 5th Sept. 1941 R.C.N.V.R. Lieutenant Date Rank The Oath of Allegiance may be administered by a Commissioned Officer of the Naval Service. (E) CERTIFICATE OF ATTESTING OFFICER Robert Fredrick DREW 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 Edmonton recorded in the Record Book of the.....Division of the R.C.N.V.R. or in the appropriate official documents. Lieut.R.C.N.V.R. Attesting Officer. R.C.N.V.R. Division 5th Sept. 1 Edmonton (or other establishment) 194 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.

3

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.

(a) To serve from the date thereof for the duration of hostilities, being subject to the provisions of the

Edmonton

.....Div n of the

CANADA

Can. B. 207

71

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA (R.C.N. OR RESERVE FORCES)

Nore-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 Robert Fredrick Drew. t candidate for entry as 0-d Sea.

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.

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

	© Age (Years Months	© Weight without Clothes	 Height with Bare Feet 	General Development (d)	Chest Girth (e)	S (i) Shellen's Types (ii) Colour Vision	Vaccinated or revac- cinated for Small Date)	3. Lungs, Heart, etc.	⊕ Abdomen, Hernia, etc.	. Limbs and Joints	© Skin	3 Ears and Hearing	 Testes, Varicocele, etc. 	Mouth, Teeth (No. églécient and No. defective, if any), Nose, Tonsils, etc.	a Anus, Hæmorrhoids, etc.
25-	5	137	ft. ins. 5-4 ³ /4	Crood	inches (a) maximum 36/2 (b) minimum 34 (c) mean 35	right eye	child hood	B.P. 14 Normal	Normal	Normal	clear	Nermal	Normal	I deficient Teeth good repair Tomsile absent	No - mal

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

Not taken. Approved. Positive. Doubtful. X-ray 220 up Write in the appropriate notation, and any remarks nec CERTIFICATE TO BE SIGNED BY CANDIDATE I hereby certify that to the best of my belief I have never suffered from Fits, †Incontinence of Urine, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. *I* am willing to undergo, after entry, such dental treatment, vaccination, or inoculations as may be authorized. † The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer. Signature of Candidate When a Candidate is subject to a defect or disability, the following information is to be inserted: This Candidate is the subject of..... (which renders him medically unfit for service, not considered of sufficient importance to cause his rejection, he being desirable in other respects. * Delete one. IF REJECTED UNFIT in block letter Dated at Edmonton Alta the 5th edical Officer (Rank)...

OTTAWA, Ont., 25 August,

N.S. V-12804 PERS. (N)

Dear Sir:

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

Official No. .. Y-12804, R.C. N. V.R.

Nature of CasualtyMissing at sea when ship in which serving was lost by enemy action in English Channel. Date of Casualty .Will be reported later.

Address at time of Enlistment Boyle, Alta.....

Marital Status at time of Enlistment. Single

Occupation....Asst. Postmaster.

Name & Address of Next of Kin Mother: .. Mrs. Sarah Drew, ..

for

.....BOYLE, Alta.

Yours truly,

SECRETARY, NAVAL BOARD. C B-T 30/14/4 NPN/

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

							NA	TICNAL DEFENSE	
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List and Number in Ledger		ALI	LOTTOR			Rank or	Rating	Official No.	Daily Rate of Pay
5-2 650	Surname Christian } Names }	DREW ROBEF	RT F.			0/5	SMN.	✓ V-12804	\$1.25 \$1xxx
Section A	· · ·	ALL	OTME	NT NOW	DECLAR	ED			
FULL 1	NAME OF ALLOTTEE		Relation	ship	AD	DRESS		Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname MRS. SARAH DREW			MOTH	ER	BOYLE, ALBERT/	A.		\$20.00 D	NEW APRIL.
Section B				OF EXIS				(S	ee Note 1 below)
Rate	NAME OF ALL			ADDRESS These allotments are to be disposed of as i below. (See Note 2):					
	N I I.			nt Decl	arations	s	Initi		
		int'd.	on !.		1	-	0	2 Witte	
	E		*****	^{ten} ent	Ledge	rs .	07	13/4/0	2/
	be no existing Allotment, the nereased or reduced as Secti Allott	on A''; "To be	' should be e stopped (c		ection B.		Dr		SMN.RCNVR.
ENTERED IN	FAIR LEDGER				ENTER	ED IN RO	UGH LED	GER	
	B	eg.						Jradien'	oma
The allotn date. The rec are:—	nent now declared luction or transfer	has been has been	duly er duly aj	ntered in th pproved by	the Fair and the Comm	Rough nanding	Ledgers Officer a	with effect from and the reasons f	the appropriate or the alteration
Assigned Pay Assigned Pay Merrisge Allo Dependents Other Allotic	to other Dependents owance Allowance	1 1 1 1	· 113	20.0 20.0 20.0	0	Ú TENAN ^T	V.R. RARC	ountant Officer	
THE NAVAL SI	FORTA DV				H.M.	C.S. " 5	ST.HY	ACINTHE"	
	ment of National I (Naval Service) Ottawa,		+ 15		Forwa	arded	2th	April 6	9.43
						_			

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

FOR USE AT HEADQUARTERS ONLY

the special of the state of the second s	INITIALS	DATE
Declaration received at Headquarters		
Declaration examined		
Approved		
Index card made		
Allotment ledger sheet made		
Allotment ledger sheet checked		
Type plate made		

In/ie ATJA BOLLE WERD HARAS. SAM DREW, ROBERT FREDRICK V-12804

LMENLA *

* 20.00

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Map 1	•R/	5-1

FORM A.

EY

DEPARIMENT OF NATIONAL DEFENCE Ottawa, Canada.

..... 25. August, 1944......

Sir:

..... (Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
DREW, Robert Fredrick	Telegraphist	V-12804, R.C.N.V.R.
DATE OF ENLISTMENT - 5 Septemb	er, 1941. Active Servi	ce: 15 September, 1941.
DATE OF DISCHARGE - will be r	eported later.	
HOSPITAL -		
(If discha	rged in hospital under j	urisdiction of D.P. & N.H.)
SERVICE - CANADA &	HTCH SEAS.	
(Indicate whether elsewhere.)	in Canada only; or in Ca	nada and the high seas or
Reason for discharge and -	"Missing" at sea when	the ship in which he was
when and where any disability was incurred, or where death occurred.	serving was lost by e	nemy action in the English
Channel. While this casualty i	s listed as missing, it	is impossible to make an
estimate as to his chances of s	urvival. Should no info	rmation be received to the
contrary, you will be notified Show clearly whether accident or disease and whether	leath or disability due	to enemy action.

er it occurred in Canada, or on the high seas or elsewhere outside Canada). . . .

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP -	Mother		NAME	-	Mrs.	Sarah	Drew,	
ADDRESS -	Porlo	174-			C			

Note:

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

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

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

for

SECRETARY, NAVAL BOARD.

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

P noted 29.12-44

set

NOTE;

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

(See reverse side for further instructions)

LA/ew.

REGISTERED AIR MAIL

N.S. V-12804 PERS.(N)

1.3

23 August, 1944.

Dear Mrs. Drew:

It is with deepest regret that I must confirm the telegram of the 23rd of August, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Robert Fredřick Drew, Telegraphist, Official Number V-12804, Royal Canadian Naval Volunteer Reserve, is missing at sea.

The only information that can be given at this time is that your son is missing at sea when the ship in which he was serving was lost by enemy action in the English Channel. As soon as further particulars can be released, you will be informed.

Should you know the name of the ship in which he was serving, it is requested that, for security reasons, you will regard this information as confidential until such time as an official announcement is made.

Please accept the sincere sympathy of the Department in your anxiety.

Yours sincerely,

SECRETARY, NAVAL BOARD. 7 - 999.

Mrs. Sarah Drew, BOYLE, Alberta.

	SERVICE	File Mumber.	V12804 .
NAME: DREW, Robert Frederick			0. N. V 12804
PRESENT RANK/RATING: Tel.			14
DATE TAKEN ON ACTIVE SERVICE;	15.9.41.		"
The second se	SERVICE		
SHIP OR ESTABLISHMENT		From	To
Duty Div.Hdqts. St.Hyacinthe		15.9.41	13.1.42. 26.5.42.
Stadacona Alberni		27.5.42 29.5.42	28.5.42.

WILL: NO

:

NAME & ADDRESS OF Mother: Mrs.Sarah Drew, NEXT OF KIN: Boyle, Alta.

DISCHARGED PREVIOUSLY? No

REASON;

DATE:

.

Initialled by: D.B.

Date: 24.8.44.

Section: 111

(TO BE COMPLETED IN INK.)

DEDADTMENT OF MATIONAL DECEMO	Æ
DEPARTMENT OF NATIONAL DEFENCE	
STATEMENT OF WAR SERVICE GRATUITY	
DECEASED MEMBER'S NAME Robert Frederick (CHRISTIAN NAMES) PAYEE Director of Estates, for service Estate of, DATE Address 308 Sparks St., Robert F. Drew, Service NO. Ottawa, Ont. NSV-12804 DREW (SURNAME) REGISTER NO. FILE NO.	NSV-12804 18 Dec/45 V-12804 Tel.
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 1072 EQUAL TO 35 COMPLETE PERIODS AT \$7.50	262.50
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 816 LESS 22 INELIGIBLE DAYS, EQUAL TO 794 DAYS @ 25C. PER DAY	198.50
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE PAY \$2.00 SUBSISTENCE OR LODGING \$1.45 ADDITIONAL PAYT.O.W/T \$.05 H.L.M. \$.25 S DEPENDENTS' ALLOWANCE 1/30 OF \$ NIL \$ TOTAL \$3.75 ×7=\$26.25 NO. OF DAYS 816 ×\$26.25	117.05
D. WAR SERVICE GRATUITY	578.05
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCES \$ AND ASSIGNED PAY \$ OTHER DEDUCTIONS \$	
F. TOTAL AMOUNT PAYABLE	578.05
G. YOUR PORTION OF GRATUITY IS-	578.05

815 STATEMENT OF WAR SERVICE GRATUITY - NAVY De ased Member's Name Robert Inderick DREN (Christian Names) (Surname) for service Shake Prister No. 41890 Director of Estates Payee Robert. J. DREWY File No. V12804 208 Span Date 6 Nec 45 \ Address. Ro N.S. V12804 \ Service No. V 12804 Mawa. Os nal Rank or Rating TEL. Date of Discharge 21 aug 44 Final Rank or Rating Date of termination of overseas service 21 Aug 44 No. of days/072 qual to 35 complete periods at 37.50 262.50 B. QUALIFYING OVERSEAS SERVICE No. of days 816 less 22 ineligible days equal to 794 days @ 25¢ per day C. SUPPLEMENT FOR OVERSEAS SERVICE 198.50 DAILY RATES AT DISCHARGE \$ 2.00 Pay \$ 1.451 Subsistence or Lodging and Provision Allowance Additional Pay To (WT) \$ 35 Hum \$ 25' Dependents' Allowance 1/30 of x 7 = \$ 26.25 Total 3.75 117.05-No, of days 816 26.25 x Ş 578.05-D. WAR SERVICE GRATUITY OVERPAYMENT OF PAY AND ALLOWANCES \$ E. DEDUCTIONS DEPENDENTS ' ALLOVANCE AND ASSIGNED PAY \$ 1: OTHER DEDUCTIONS Š 578.05 F. TOTAL AMOUNT PAYABLE G. YOUR PORTION OF GRATUITY IS = \$ 578.05 of § Dependents' Allowance in issue to you \$ 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 .P.A. CHECK D. ?? 2 3

FORM 5

	PROVINCE	OF ALB	ERTA	Record No	mproper use \$300," and addressed to the d, will pass through the mail "FREE" use of the Department only 	
		REGIST	RAIIO	N OF DI	EATH	
4	1. Name of Deceased in full (Christian name first)	DREN,	Robert 1	rederick	34	
	2. Date of Death	21:	st	day of Augu	st 1944	
	3. Place of Death (Street and No., if any) or	Municipality (Name and Num		At Sea.		
	Name of Hospital	Town or Vill. (Name)	age			
RECORD. reverse side for instructions.)	4. Length of Stay (in years, months and days)	(b) In Provi	(a) In municipality where death occurred			
insi						
le for	5. Regular Residence	(Residence mean	s usual place of abode	If outside the limits of	a city, town or village, give sec., tp. and rge.)	
INTERNATING BEACK INN IANENT RECORD. Bn. (See reverse side for ii	6. Sex (Male or Female)	7. Nationality (Citizenship) Canadian	1 - 1	Racial Origin	9. Single, Married, Widowed or Divorced (Write the word) Single	
IS A PERN must be give	12. Age in {	stry or husines	work as	Days Days	April 17., 1916 (Month, day and year) If less than one day old hrs. or min.	
WKITE FLAU THIS ation asked for 1		ibering, bank, etc	••••••	1 16. Total ve	ars spent in upation	
wk All information	17. Birthplace of Father					
	19. Cause of Death	ALBERNI" wh	ich was su	ink in the Kn	rving in H.M.C.S. glish Channel.	
	21. Name and Address of Undertaker or Person in charge of Funeral			Place of Interment (Name of Cemete	y) No Burial	
	Given under my hand Payr. Commander	oney N.R.	Ontario	this 3rd Naval Serv	awledge and belief. 	
	Registrar's Record No.		of 19.		(Registrar)	

41894 PARTICULARS OF DEAD OR MISSING PERSONNEL WITH REGARD TO PAYMENT OF WAR SERVICE GRATUITY 4. 2 rederich * . NAME of Rank or 0.No. V12804 TEL Deceased Member Kole DREW Rating 1. Dependents' Allowance & DREW (mother) mosara and Assigned Pay in force at date of death: D.A. -A.P. 30.00 elberta D.A. --A.P. 2. Pension awarded or no record being awarded to: Trederick 3. War Service Gratuity Application(s) received hr. Hilles mo Sarah DREW - mother. from: Boyle. ellerta In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under author-ity 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 -In the to: proportion of: (y) 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: X Group "B" (11) Group "C" of the above mentioned Directive. Date 13 Dec 45 for D.N.P.A. (G) DA

NON QUALIFYING SERVICE

~			TAL OVERSEAS VICE SERVICE
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		Total days	N.L

(%) OVERSEAS SERVICE:

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From <u>To</u> <u>No. of Days</u> 29 may 42 21 lug 44 <u>816</u>

1817 1002 815

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*	₩.	S.G. Application No. 4189	34-
TO: D.N.P.A."G"	F	ILE NO. N.S. 112804	
	"WAR SERVICE GH	RATUI TY"	
	COMPUTATION OF	SERVICE	
DREW 4 SURNAME	CHRISTIAN NAMES IN FULL	CHI2804 DUC OFFICIAL RANK OR RATIN NUMBER ON DISCHARGE	G
CAUSE OF DISCHARGE:	lischarged a	tere .	
applicant - MOTWERY	FATNER - A	P. 3000 In favour of	MOTHER
		1817 746 107!	
	TOTAL SERVICE		
Date of Active Service			
Date of Discharge	21 Aug 44		
Total No. of Days	1072		
Less non qualifying service	NiL	Total Days 107	2
<u>c</u>	VERSEAS SERVICE		
5 Total No. of Days	816	1	
Less non qualifying service	NIL	Total Days	<u> </u>
Record of Service in o	ther Forces (per Nava]	1 Records)	
Branch of Service	N		
Date of Active Service			
Date of Discharge	L		
# & % Overleaf			
Computed By Aberly	is a second s		
Checked By H	1 illians	/	
	- 7	halougar,	
	for A/Car	r (R.W. Underhill) ptain (S) R.C.N.V.R.	
DATE: NOV 5 1945	Director	of Naval Pay Accounting.	
DAME, NOVE 5 1940			
DATE:			

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1 25765 NAVAL SERVICE N. V. 3a NATE 35м-3-41 (9824) OFFER OF SERVICE (HOSTILITIES ONLY) N.S. 815-11-3a To be completed in applicant's own handwriting and forwarded to nearest recruiting centre (see back). No papers, testimonials, etc., are to be attached. Completion of this form is in no way binding upon either the applicant or the Naval Service. 113211 A. Personal History-KOBERT FREDERICK Name DREW BOYLE -City Coun Address HPRIL 17/1916Place of birth 1= DMONTO Date of birth. Nationality CANADIANAre you British by birth? YES or by Naturalization? Birth place of (a) Father S. SHIELDS, ENG., (b) Mother LEEDS, YORK. ENG. Are you (a) Single YES (b) Married (c) Widower (d) No. of Children? Any physical defects (especially eyesight)? 140 Height D. f. 5 in WeightCan you swim?..... B. Education-Highest school grade passed successfully?.....X Any Matriculation? University: (a) Name......(b) Years attended.....(c) Course and Degree...... Technical courses taken..... Special studies. Languages spoken C. Sea Experience-Have you ever been employed at sea?.....Give number of years and how employed?..... Name and number of Mercantile Marine Certificates held. State last position held at sea (with dates)...... State employment since leaving sea C. O..... 181 Lab. D. Occupation: What is your profession, trade or occupation in civil life? assestant Postmanter T. Vat present. (General Store clerk.) M. Are you (a) Actively pursuing your profession or trade on your own account?..... (b) Employed; if so, in what capacity and under what employer? yes. and P.M. Employer - W.A. Drew. A. 0. General experience (with dates) From Nov. 1/34 to June /37 clink. Stores June/37 to nov. /37 5 coast worked 3 m . Acgt 1/39 10 Ago 3/ 40 drove truthe. Det 140 R. Corren Ranny a employed 5. 70 Have you ever served in any of His Majesty's Forces? If so, which? How long?......? No. and Class of any Stationary Engineer's certificates or other certificates of competency..... How long would you need to settle up your private affairs? about I mo, from prese E. Any other Qualifications that might be of use to the Naval Service (yachting, cadet corps, hobbies, etc.) wood work and scene painting as hally If you cannot be accepted as an Officer are you willing to serve as a rating?..... In what capacity do you wish to enrol? Ordnary seamon for telegraphic duties Date of Application Dug 20/4/ Signature R. T. Drew

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