



S-Obrevz Gaboury, Joseph Alphonse
 Paul Henri RCAF
 Sgt Gabryelski, Theodore RCAF
 F/O Gaddess, Andrew RCAF
 Sigmn Gadsdon, George RC Sigs
 AB Gaetano, Valentina Joseph RCNVR
 Tpr Gaffney, Michael John Sher Fus R
 P/O Gage, Donald Irwin RCAF
 Capt Gage, Leney Herbert R Regt C
 Pte Gagné, Claude Guy Rde Mais
 Pte Gagné, Gérard R22°R
 Pte Gagné, Lucien Fus MR
 Tir Gagné, Samuel Joseph QORofC
 F/O Gagnébin, Robert Paul RCAF
 Pte Gagnier, Alvin N Shore R
 Sgt Gagnon, Armand Rde Chaud
 Gnr Gagnon, Charles Aimé RCA
 Sap Gagnon, Ernest RCE
 Tpr Gagnon, Joseph Edward 4 PLDG
 Ai Gagnon, Joseph Robert Henri RCAF
 Pte Gagnon, Joseph Roger Fus MR
 Cpl Gagnon, Léonard R22°R
 Cpl supp Gagnon, Maurice Rde Mais
 Pte Gagnon, Roméo Rde Mais
 Sgt supp Gagnon, Rosaire Rde Chaud
 Cpl Gagnon, Wilbert Rupert 1H
 Pte Gagnon, Wilfred Raymond Seaforth of C
 Pte Gaiashk, Alphose Frank RHLI
 F/L Gaines, Charles Willis RCAF
 P/O Galbraith, Bernard Edwin RCAF
 F/O Galbraith, James Reginald RCAF
 WO2 Galbraith, Thomas Francis RCAF
 Cpl Galbraith, William Dave 14 H
 Cpl Gale, George Mervyn RHC
 L/Sgt Gale, Walter John RCE
 Gnr Galipeau, Joseph Oscar RCA
 Cpl Gall, Alexander Cuthbert Essex Scot
 Lt Gall, Hugh Wilson RHC
 Capt Gall, John Douglas CGG
 Cpl Gall, Roderick McKae GGFG
 Cpl Gallagher, Chester RWpg Rif
 L/Cpl Gallagher, Douglas Peter Regina Rif

Ldg Smn Gallagher, Gerald James RCNVR
 P/O Gallagher, James Cornelius RCAF
 Cfn Gallagher, John Austin RCME
 P/O Gallagher, John Douglas RCAF
 F/O Gallagher, Joseph Patrick RCAF
 WO1 Gallagher, Michael Edmund RCAF
 Pte Gallagher, Patrick Perth R
 Pte Gallan, Clyde Sydney N Shore R
 Pte Gallant, Anthony Helaire Nth NS Highrs
 Pte Gallant, Antoine Hermas West NSR
 Tpr Gallant, Daniel Dona 6th DCRCH
 Pte Gallant, Harold Wilfred Essex Scot
 Pte Gallant, Harry James L Sup R
 Gnr Gallant, Joseph RCA
 Pte Gallant, Joseph Anthony West NSR
 L/Cpl Gallant, Joseph Emanuel Perth R
 Pte Gallant, Joseph Frank Nth NS Highrs
 P/O Gallant, Joseph Lloyd RCAF
 Rfn Gallant, Joseph Stephen RWpg Rif
 Pte Gallant, Laurent Rde Chaud
 Pte Gallant, Martin Nth NS Highrs
 Pte Gallant, Octave R22°R
 Pte Gallant, Robert Gérard RCIC
 Pte Gallant, Théodore Joseph A&SH of C
 L/Cpl Gallant, Thomas John Nth NS Highrs
 P/O Gallaughan, Ralph Clare RCAF
 Pte Gallery, John Arthur RHC
 Pte Gally, Harold Chestly RCASC
 Pte Galligan, Francis Aloysius Seaforth of C
 Lt Gallivan, Redmond Sarsfield Lan & Ren Scot R
 WO1 Gallop, Philip Arthur RCAF
 Rfn Galloway, Bradford James Regina Rif

A5312
GALLAGHER
GERALD JAMES

If a copy of this Form is required, Form C.N.S. 1243 is to be used

O.H.F.

CERTIFICATE of the Service of

Gerald James GALLAGHER

IN THE ROYAL CANADIAN ~~NAVY~~ NAVAL RESERVE

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.

I.C.N.S. - 49533
Official Number A-5312

Esquimaux

Date of birth 19th Aug. 1913

Where born { Province Ont.
Town or county Cobourg

Trade brought up to Wheelman

Religious denomination Roman Catholic

Date passed swimming test _____

Man's signature on discharge to pension _____

Nearest known Relative or Friend (To be noted in pencil)
Name: Mrs. Mary Gallagher
Relationship: Aunt
Address: University Ave. Cobourg, Ont.

All Engagements, including N.C.S., to be noted in these Columns

Date of actually volunteering	Commencement of time	Period volunteered for	Date of actually volunteering	Commencement of time	Period volunteered for
1.	<u>30 Jan '42</u>	<u>Host.</u>	5.		
2.			6.		
3.			7.		
4.			8.		

Medals, Clasps, Etc.

COPIED Archives

Date received or forfeited	Nature of decoration	Date received or forfeited	Nature of decoration
<u>Received 3 Feb 44</u>	<u>Canadian Volunteer Service Medal + clasp Provincial Award</u>		
<u>Received 3 Feb 44</u>	<u>1939-43 Star Provincial Award</u>		

Description of Person	Stature		Chest, In.	Colour of			Marks, Wounds and Scars
	Feet	In.		Hair	Eyes	Complexion	
On entry as a boy.....	<u>5</u>	<u>5</u>	<u>42 1/2</u>	<u>Light Brown</u>	<u>Blue</u>	<u>Fair</u>	<u>Scar on chin</u>
On advancement to man's rating or on entry under 28 years.....							
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....							
Further description if necessary....							

C.N.S. 459
15M-7-40 (5924)
N.S. 815-9-459

CAUTION.—This is an Official document. Any alteration made to it without proper authority will render the offender liable to severe penalties.

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, TORONTO.....

.....Ottawa, Jan. 4th, 1945.

From.....Head Office.....

A-5312 L/SEA. GALLAGHER, Gerald J.

P. & N. H.

660-G

The Department of National Defence, NAVAL SERVICES,

officially reports that the marginally named was reported -

Missing, presumed dead 21 AUG. 1944. He was serving in H.M.C.S.
"ALBERNI" which was sunk in the English Channel,

on the

on service

CANADA & HIGH SEAS.

His next of kin is reported as -

Aunt -

Mrs. Mary Gallagher,
University Ave.,
Cobourg, Ont.

The Addressograph Stencil shows payment of Assigned Pay of

\$ NIL

a month to -

As no D.A. was payable the Commission will not take
any action unless a claim is filed.



E. Clewes,
for

Canadian Pension Commission.

/AS

eH.

MRS. Mary Gallagher

University Ave.,

COBOURG,

Ont.

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

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

and the following number quoted:—

H.Q. NS A-5312-FD-743

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

4 Jan 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

GALLAGHER Gerald James Ldg. Smn.

A-5312 R.C.N.R.

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

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

HRW/bwr



M. W. Wachs
Commander R.C.N.R.
Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	William Gallagher		Deceased. June 1932.
4	Mother of the Deceased.....	Adeline Power		Deceased October 1919
5	Brothers of the Deceased	Full Blood	Charles Douglas Gallagher 30 Jean Powers Gallagher 26. Deceased in August 1919.	R.C.N.V.R. H.M.C.S. Rosiniboin. Home Address. 207 University Ave. Cobourg Ont.
		Half Blood	Francis Murray Gallagher 32 Died 1913. (Deceased)	
		Half Blood	Earnest Gallagher 22. Blarone Gallagher 20. William Gallagher 15	G. Army. Overseas with Canadian Army. at Home Cobourg Capt. 812 Seward Ave. Seward Ave at Woodburna.
6	Sisters of the Deceased	Full Blood	Betty Elizabeth Gallagher Catherine Gallagher 28	Detroit. Michigan
		Half Blood	Elizabeth (Betty) Gallagher 18	Port Hope
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	



ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Gerald James Gallagher
9	Date of his birth.	August 19. 1913
10	Place and date of his marriage.	_____
11	Place and date of his parents' marriage.	Cobourg Ontario 31. October 1911

PARTICULARS OF DOMICILE

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

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	_____
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	_____
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	Unknown
20	Amount of War Savings Certificates held by deceased. Indicate where located.	_____
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	_____
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan Life Ins. Co. In arrears.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	_____

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	✓
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	✓

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

DECLARATION

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

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

* Aunt of the deceased.

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

Mrs Mary Gallagher (Signature of Informant)
207 University Ave Cobourg (Address)

CERTIFICATE

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

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

Dated at Cobourg this 15 day of February 19 45

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

G. J. Maher (Signature) Priest (Qualification)

Address St. Michaels Church, Cobourg Ont.

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE



TFH/JAG

"AIR MAIL"

LETTER dispatched by
PERSONNEL NAVAL
AUG 30 1944

1138128

A-5312 PERS. (N).

28th August, 1944.

29

Dear Mrs. Gallagher:-

Further to my letter of the 23rd August, details of the disaster in which your nephew 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 Gallagher,
University Avenue,
COBOURG, Ontario.



COPIES CHECKED IN

C.R. BY *M*

FILE
ACTION TAKEN

M 2 a



A5312

OFFICIAL NUMBER

FILE NUMBER

123-G-282

OFFICIAL NUMBER A5312

NAME GALLAGHER, Gerald James (Surname) (Given Names) DATE OF BIRTH 19 August, 1913.PLACE OF BIRTH Cobourg, Northumberland, Ontario. OCCUPATION Wheelsman, Upper Lakes & St. Lawrence Trans. Co., Queen's Quay,RELIGION Roman Catholic. EDUCATION Toronto, Ontario.RESIDENCE AT TIME OF ENLISTMENT: Street and No. University Avenue, Town Cobourg, Province, etc. Ontario.

ENGAGEMENTS				DESCRIPTION				PREVIOUS SERVICE				
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
30	1	42	Hostilities only	5'5"	Lt. Brn.	Blue	Fair	Scar on chin.				

NEXT OF KIN RELATIONSHIP (in pencil) Next NAME (in pencil) Mrs. Mary M. GallagherADDRESS (in pencil): Street and No. University Avenue Town Cobourg Province, etc. Ontario

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
3	2	44	Prov. awarded C.V.S.M. & Clasp	2	3	43	Passed Prof. for Ldg. Smn.				
3	2	44	Prov. awarded 1939-1943 Star	29	5	43	Qual. Anti-Gas 1 day (2nd issue)				
				5	5	42	Qual. A/G 2 days.				
				5	5	43					

BADGES, G.C. OR G.S.				BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES							
Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year					Day	Month	Year		
					Alberni	7	5	11	43	Did Negligently perform the duties imposed upon him. (249A # 14968)	Disrated to A.B.

COPIED
Archives
COPY

FILM
NO. W.S.R. 4581-8-
DATE

Date (in figures)			DAYS FORFEITED						O.H.F. Received.	Last Will & Testament Dated--13-1-42--Received.	
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.			

SECOND CLASS FOR CONDUCT

From To

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

DECEASED 21 August 1944

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

D.D.
WAR SERVICE RECORDS

GALLAGHER	Gerald James	A-5312	L/Smn.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:				

ADDRESS:

Popl

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	<p>SENT ENVOYE MAR 15 1988</p> <p>1281</p> <p>5/10/49</p> <p>287646</p>
Fr. Ger. Star & Clasp	
Pacific Star	
C.V.S.M. & Clasp	
War Medal	

21/1/88

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

23/2/88

RCNR Mar.46 "ALBERNI"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON
ENTITLED TO Miss Catherine Gallagher - Sister

FENELON FALLS, Ont

ADDRESS:

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(3) MEMORIAL CROSS
MOTHER

ADDRESS:

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO. 1864

(2)

(3)

1028707

H.M.C.S. "ALBERNI" "

Warrant No. 7, dated 5th November 19 43

[The Warrants are to be numbered consecutively from the Date of the Ship being commissioned.]

For Disrating - - - - - D I S R A T I O N - - - - -

(a) WHEREAS it has been represented to me by Lieutenant Malcolm Seafield Grant, Royal Canadian Naval Volunteer Reserve (Temporary)

that on the 28th day of October 1943 ,
 Name Gerald James GALLAGHER
 Date of Birth 19th August, 1913
 Rating Acting Leading Seaman (Ty)
 Official Number A.5312
 Good Conduct Medal Nil
 Good Conduct Badges Nil
 Date of Entry in Ship 25th June, 1943
 List and Number on Ship's Book 122-47
 Date of First Entry in H.M. Service 30th January, 1942
 Class for Conduct Not Classed
 Character assessed to date, from the last annual assessment, but not including this offence
 Very Good
 Class for Leave First

Did [Insert full particulars of Offence.] negligently perform the duties imposed upon him as Seaman Torpedoman in that he did fire Number 3 thrower whilst cleaning firing gear.

I do hereby adjudge him the said Gerald James Gallagher

Insert below in the proper columns the particulars of the punishment.

†To be imprisoned in			†To be kept in detention in		Confined in Cells on Board		Disrated to	Deprived of Medal	Deprived of Badges, No.	Whether reduced to 2nd Class for Conduct	Days				Whether Reduced to Lower Class for Leave	Grog stopped Days	Other Punishments
Name of Gaol*	For Days	With Days H.L.	Name of Place of detention*	For Days	No. of Days	Diet					10	15	Leave stop-ped	Pay forfeited			
							A.B.			NO							

*The name of the place of confinement is not to be filled in when the Officer ordering the imprisonment or detention is in the presence of a Commander-in-Chief or Senior Officer (see Article 770, Clause 2).
 †See page 4 for proposal to award imprisonment, detention or disrating.

C.N.S. 271
 20M-9-42 (6061)
 N.S. 815-9-271

Alb. Mack 14968

Noted in Service
 Records by *[Signature]*
 21-3-44

Before awarding the foregoing punishment, (b) I did, on the 29th day of October, 1943 personally and publicly, in the presence of the Accuser and Accused, investigate the matter, and having heard the evidence of

Lieutenant Malcolm Seafield Grant, Royal Canadian Naval Volunteer Reserve (Temporary)
Sub. Lieutenant Frank Williams, Royal Canadian Naval Volunteer Reserve, (Temporary)

in support of the charge as well as what the Accused had to offer in his defence, and ~~the evidence~~
~~of~~

he calling no one

~~whom he called~~ on his behalf, I consider the charge to be substantiated against him, and [taking into consideration that this is the first Offence registered against him in the Conduct Book or Conduct Sheet], I adjudge him to be punished as aforesaid (d).

Given under my hand on board His Majesty's Canadian Ship "ALBERNI" at

Saspé, the 5th day of November 1943.

Sar. H. Bell Captain
Lieutenant
Royal Canadian Naval Volunteer Reserve (~~Temporary~~)

[Signature] {Signature and Rank
Lieutenant of Complainant
Royal Canadian Naval Volunteer Reserve (Temporary)}

NOTE.—No avoidable delay should take place in the investigation of the complaint, or in the prompt infliction of the punishment after the investigation is completed. If any substantial delay has taken place the reason thereof is to be stated in the space below.

Ship at sea.

(a) When the Offence has been committed under the immediate observation of the Captain, the Warrant should run—"Whereas I did observe—"

(b) If the Offence has been committed under the immediate observation of the Captain, the Warrant should run thus:—

"I did, on the _____ day of _____, in presence of (insert name of Executive Officer, or of the Watch, as the case may be), and having heard what the Accused had, etc.—"

(c) If the Accused does not call any witnesses the fact should be stated.

(d) If the man is sentenced to imprisonment or detention, and there is not a proper place of confinement to which he can be sent at once, and if it is not intended to keep him in close custody on board until a proper place of confinement is available, the following words are to be added:—

"The said imprisonment (or detention) to take effect from the date on which he is received into a proper place of confinement, subject to the provisions of Section 74, Clause 2, of the Naval Discipline Act."

NOTE.—When under the sanction of the Regulations of the Service, two or more of the foregoing punishments are awarded to the same individual for the same Offence or Offences, one Warrant will suffice; but the greatest care is to be taken in all cases to specify distinctly the nature, duration, or extent of the Punishment ordered.

H.M.C.S. "ALBERNI" Warrant Number 7 dated and read by me onboard
H.M.C.S. "ALBERNI" this 5th day of November, 1943.

Signature *Sar. H. Bell*

Rank . *Lt. R.C.N.V.R.*

H.M.C.S. ALBERNI

5th November 1943

I beg to submit that the offence disclosed on page 1 hereof may be dealt with summarily.

If you approve, the following sentence is considered suitable:—

King's Regulations Art. 707 (1).

* ~~..... days~~ } ~~.....~~ } XX
* ~~..... calendar months~~ } Detention }

~~in addition to the other punishments indicated.~~

Art. 776 (2).

To be disgraced to Able Seaman XX

~~in addition to the other punishments indicated.~~

Art. 752 (2).

*As indicated on page 1.

2. The Accused's Service Certificate and Conduct Sheet are enclosed.

I am,

SIR,

Naval Officer in Charge.....

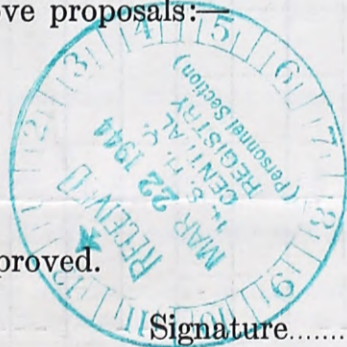
Gaspe, Quebec.....

Your Obedient Servant,

San H. Bell
Lieutenant R.C.N.V.R.
IN COMMAND.

*To be struck out when not applicable.

Remarks as to any excess, undue leniency, or irregularity in the above proposals:—



Approved.

Signature.....

Algunan

The Officer Commanding

Rank

Acting Captain,
Royal Canadian Navy (Temporary)

H.M.C.S. "ALBERNI"

When the necessary approval has been obtained, the particulars should be entered on page 1 of the Warrant, which should then be dated and read to the offender (see Arts. 754 (1) and 755 of the King's Regulations) without any unnecessary delay.



P020222

SECRET
REFERENCE
FEB - 4 1942
123/282

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE

SURNAME..... **GALLAGHER** OFFICIAL No. **A 5312**

CHRISTIAN NAMES..... **GERALD JAMES** MARRIED, SINGLE OR WIDOWER **SINGLE**.

PERMANENT ADDRESS	RELIGION
University Ave., Cobourg, Ont.	R.C.

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
19 August 1913	Town Cobourg, County Northumberland, Province Ontario.	Aunt, Mrs. Mary Gallagher, same address.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet..... 5	Inflated..... 43½	light brown	blue	fair	scar on chin
Inches... 5	Deflated..... 41½				
.....	Mean..... 42½				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
Active Service 30 Jan. 1942	Able Smn.	Wheelsman, Upper Lakes & St. Lawrence Transportation Co.,, Queen's Quay, Toronto, Ont.

(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 Reserve, and that I accept and agree to abide by the rules of the said Force.
- (3) (a) That it is my intention to follow the sea for a period of at least five years from this date.
- (b) That it is my intention to follow the calling of a Fireman, either at sea or on shore, for a period of five years from this date.
- (c) That it is my intention to follow the sea in an Engine-room capacity for a period of five years from this date.

NOTE.—Candidates for enrolment as *Seaman* are to cross out clauses (b) and (c) above.
Candidates for enrolment as *Stoker* are to cross out clauses (a) and (c) above.
Candidates for enrolment as *E.R.A.* are to cross out clauses (a), (b) and (c) above.
Candidates for enrolment as *Engineman* are to cross out clauses (a) and (b) above.

Seaman's Records
Division.
1. Enrolled in Recs. rds. **U.B.**
2. Index Card **U.B.**
3. Staff Card **E.M.**
4. Staff Card **U.B.**
5. Enrolment Card
6. Enrolment Card
7. Enrolment Card
8. Enrolment Card
DATE **6-2-42.**

*Cross out clause not applicable.

(4) That I have never been rejected from any of His Majesty's Forces on account of unfitness.

(5) That (a)* I have never served, and am not serving in any Naval, Military, Reserve or Territorial Force.

(b)* I served in ~~XX~~ for the period shown.

Served in	Rank	From	To
-----	-----	-----	-----

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

(7) On being enrolled as a member of the Royal Canadian Naval Reserve, I undertake and bind myself:— **AND OR DURATION OF HOSTILITIES 8**

(a) To serve from the date thereof for five 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 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 Registrar 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.

(8) I am willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities.

Dated this 30 day of Jan. 1942.

Gerald Gallagher
(Signature of Applicant)

(C) OATH OF ALLEGIANCE

I, Gerald James GALLAGHER 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**

Signature of Applicant *Gerald Gallagher* **ACCORDING TO LAW.**

Witness *C. W. Skerton*

Date 30 Jan. 1942. Rank LIEUTENANT R.C.N.V.R.

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

(D) CERTIFICATE OF ATTESTING OFFICIAL

I hereby certify that all the foregoing statements were made by the man above named, in my presence, and that he has made and signed the above declaration and has taken the oath of

allegiance in my presence this 30 day of Jan. 1942.

C. W. Skerton
(Signature of Officer and rank)
LIEUTENANT R.C.N.V.R.

NOTE.—When this form has been completed it is to be forwarded to Naval Service Headquarters, Ottawa, for custody. This is to acknowledge that I have not been induced to

enter the Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

Gerald Gallagher
Signature

S. 536d. }
 T.S. 34 } Revised—Nov., 1936.)
 10M—6-40 (5717)
 N.S. 815-9-536D.

CERTIFICATE OF PROGRESS OF BOYS AND ORDINARY SEAMEN

(To be used in conjunction with Form S. 399 Divisional Training Progress Book.)

NAME <i>Herald James Gallagher</i>	OFFICIAL No. <i>A. 5312.</i>	Date of Birth <i>19 Aug '13.</i>
---------------------------------------	---------------------------------	-------------------------------------

ON LEAVING HARBOUR TRAINING SERVICE

Subject	Ability	REMARKS (percentages obtained, etc.)	Initials of Instructing Officer
*School.....	<i>Satisfactory</i>	<i>Eng 73%</i> <i>Arith 40%</i>	<i>H.L.S.</i>
Seamanship— Boat work:			
(a) Pulling.....	<i>Moderate</i>		<i>p.w.h.</i>
(b) Sailing.....			
Gunnery and Disciplinary Training.....	<i>Satisfactory</i>		<i>p.w.h.</i>
Shooting.....			
Swimming—P. P. T.....	Failed	Date qualified 3-6-42	
Physical and Recreational Training.....			
Culinary Course.....			
Special qualifications.....			
Call Boy.....			
Bugler (Sea Service).....			
Drummer.....			
Special Remarks		2 DAYS ANTI/GAS 5-5-42	
.....			
.....			

On joining:— Weight *18 1/2* Height *5' 5"* Date *30 Jan '42*

On leaving:— Weight..... Height..... Date.....

* State in remarks column whether G.C.I., II or III, or Advanced Class, or V/S or W/T.

H.M.S. "*York*". Date *26 April 1942* *G. B. Bernard* Captain.

PROGRESS UNDER TRAINING FOR ABLE SEAMAN

Educational Examinations	Date	Ship	Signature and Rank of Divisional Officer
Passed Educationally	Accelerated Advancement.....		
	For Able Seaman (if G.C. III).....		
	Educational Test I.....		
Rated Ordinary Seaman.....			

SEAMANSHIP	Subject	Boat Work	Anchors and Cables	Compass and Wheel Rule of the Road	Rigging Sheers and Derricks	Sounding Machine, Lead and Line	Bends and Hitches, Blocks and Tackles	Part of Ship Evolutions	Signals	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
	Hours											
%		92%				96%	96%					
GUNNERY	Subject	Field Training	Gun Drill	Stripping	Fire Control	Ammunition	Director and Sighting	Machine Gun	LOOKOUTS*	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship <i>A.F. Walsh, Sub-Officer R.C.N.V.R.</i>
	Hours	130/250	153/200	73/125	115/150	80/100	70/100	65/75	SAT.	68.6%	27-5-42	
TORPEDO	Subject	Whitehead	Low Power	High Power	Instruments	Explosives	Paravanes			TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
	Hours											

* In the event of failure to pass any examination, the percentage is to be noted in RED, and the word "FAILED" noted.
 † The letters Q.R. III, L.R. III, C.R. III, A.A. 3, S.T., S.D., etc., are to be entered by the Divisional Officer in the case of men so recommended. If not recommended, the word "NO" is to be entered.

F.W. Danvers
 Divisional Officer's Remarks *S/LT* Recommendation for non-sub. rate†

Ship	Total Period of Practical Experience as Ord. Seaman in part of Ship	Recommended for Advancement to Able Seaman on (Date)

Ordinary Seaman (Special Service).
 Qualified for advancement to Able Seaman (S.S.)
 on.....Date.
Commodore
Depot.Date.

Rated Able Seaman and Recommendations inserted on History Sheet.
 H.M.S.....
Date
Captain.

KIT LIST—MEN DRESSED AS SEAMEN
(REDUCED KIT FOR DURATION OF HOSTILITIES)

GALLAGHER Gerald James

A.B.

A.5312

Name: Gerald James
Rating: A.B.
Official No.: A.5312

Scale Allowed		Article	No.	Forms S.1048 on which issues were made						
R.C.N.	R.C.N.V.R.			Date	* Place					
		Bags, Kit	1							
		Bags, soap	1	lost						
		Belts, Waist	2							
		Boots, half	1							
		Boxes, Cap	1							
		Brushes, Hard								
		" Polishing								
		" Clothes								
		" Hair								
		" Tooth								
		Caps, blue cloth	2							
		Caps, white duck	1							
		Cases, attache	1	lost						
		Combs, horn	3							
		Collars, blue jean	1							
		Coats, oilskin	2							
		Drawers	2							
		Jerseys, naval	1							
		Jerseys, sport	2							
		(b) Knives, with spike	1							
		Lanyards, knife	2							
		Overcoats	1	lost						
		Ribbons, Cap	2							
		Scarves, black silk	2							
		Shoes, black leather	1							
		Shoes, gymnastic	2							
		Shorts, recreational, drill	2							
		Shorts, tropical								
		Singlets, tropical								
		Socks, pairs	2							
		Stockings, pairs	2							
		(a) Suits, blue overall	1							
		Towels	2							
		Type	1							
		Vests, flannel	3							
		Jumpers, serge	2							
		Jumpers, duck working	2							
		Trousers, serge	2							
		Trousers, duck	2							
		Beds	2							
		Blankets	2							
		Bed Covers	2							
		Hammocks	2							
		Clews and Lanyards, sets	1							
		Lashing	1							
		On Loan—Belts, Life	1							
		Manual of Seamanship								

Name: Gerald James

100 15 16 17
48

Description	Winter Issue			
	Year Issued			
	19.....	19 42	19.....	19.....
Caps, Winter		1		
Comforters	1			
Drawers, Woollen		1		
Helmets, Balaclava		1		
Jerseys, Naval	1			
Mitts, leather	1			
Rubbers	1			
Socks				
Stockings				

Description	Gift Clothing received from Organization			
	Year Issued			
	19 42	19.....	19.....	19.....
Comforters				
Helmets, Balaclava				
Gloves or Mitts	1			
Socks	1			
Stockings				
Sweaters				
Wristlets				
Windbreakers				

(a) Note: Stokers issued with 2 Blue Jean Suits. (b) For Seamen's Branch only.

CLOTHING CLASS

APR 30 1942

R.C.N. BARRACKS
ESQUIMALT, - B.C.

Name GALLAGHER, Gerald James
Sub-Rating and Seniority *Able Seaman* Non-Sub.
O.N. *A.5312* S.B. No. W.B. No.
Joined Ship *19th April 1942* from *H.M.C.S. "YORK" Toronto*
Engagement: Period *Hostilities* Expires
Date of Birth *19th August, 1913* Religion *R. C.*
Character *VG* Efficiency *Six* Date *25 June 1942*
Badges *Nil* Class for Conduct *105* Class for Leave *105*

Date due for: Next Badge
Progressive Pay
L.S. & G.C. Recommended

Advancement.	Wishes to Pass?	Recommended?	Date Qualified?
Educ. Test Pt. 1
Higher Educ. Test.
Professional for higher Sud-rating
do Non-Sub.

Any Non-Service Attainments

Swimming Qualification *Failed 3-6-42*

Athletic capabilities

General Remarks (including intelligence, energy, initiative, powers of command).

H.M.C.S. "..... NADEN"

[Signature]
Officer of Division.

Date *22nd. June, 1942.*

- Notes:—(1) This form is to be kept for each rating by the Officer of his Division.
(2) The form is to be completed to date, and signed by the Officer of the Division before the rating changes his Division or Ship.
(3) On a rating changing his Ship or Establishment, Form S.264 is to be transferred with his other papers for the information of the next Officer of Division.

Recommended to Qualify 3RD Class Gunner Rating

To: H.M.C.S. Givenchy . A good type of rating.

Smart, and a good seaman he will make an excellent
L/S if his power of command is developed.

31 December, 1942

H. M. C. S. Prince Robert.

J. G. Macdonell, Lt. R.C.N.R.
Divisional Officer

To: H.M.C.S. Givenchy

As above

H.M.C.S. Prince Robert
6 Feb '43

J. G. Macdonell
for Divisional Officer

Gallagher G A.B. A-5312 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.

I Herewith Declare That I Qualify For:

- (a) Canadian Volunteer Service Medal Ribbon.
 (b) Canadian Volunteer Service Medal Clasp.
 (c) 1939-1943 Star.

To be struck
out if not
applicable.

Details of my qualifications are as follows:

SHIP OR PLACE	DAY, MONTH, YEAR		AREA
	FROM	TO	
H.M.C.S. <i>Nyarb</i>	<i>29/1/42</i>	<i>25/4/42</i>	<i>Toronto</i>
H.M.C.S. <i>Maden</i>	<i>1/5/42</i>	<i>15/5/42</i>	<i>Esquimalt</i>
H.M.C.S. <i>Prince Robert</i>	<i>15/6/42</i>	<i>8/2/43</i>	<i>North Pacific</i>
H.M.C.S. <i>Gipinchy</i>	<i>8/2/43</i>	<i>15/2/43</i>	<i>Esquimalt</i>
H.M.C.S. <i>Maden</i>	<i>15/2/43</i>	<i>10/5/43</i>	<i>Esquimalt</i>
H.M.C.S. <i>Stadacona</i>	<i>24/5/43</i>	<i>26/6/43</i>	<i>Halifax</i>
H.M.C.S. <i>Alberni</i>	<i>26/6/43</i>	<i>31/12/43</i>	<i>North Atlantic</i>

.....
 Signature of Officer or Rating making Declaration

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

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

NAME IN FULL G. M. G. HER Gerald RANK/RATING A. H. 1st Lt OFF. NO. A 3312 ADDRESS

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS					STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF		
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE				CLASP C.V.S.M.	1915 MEDAL
	30.4.42											1939-45	1	<u>None</u>
<u>Dr. Robert</u>	<u>15.6.42</u>	<u>1.1.43</u>	<u>301</u>	<u>NO. 100</u>								ATLANTIC	2	
<u>allier</u>	<u>25.6.43</u>	<u>21.8.44</u>	<u>424</u>	<u>all of France</u>								FRANCE G.	1	<u>Clasp</u>
												AFRICA		
												PACIFIC	1	<u>None</u>
												BURMA		
												ITALY		
												DEFENCE		
												C.V.S.M.		<u>29 Clasp</u>
												" CLASP		
												WAR 1945		<u>Medal</u>
												WAR 1915		

VERIFIED BY [Signature]

VERIFIED BY [Signature] VERIFIED BY DIR. OF PERSONNEL RECORDS.

HB

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

2
NAVYDECEASED
MEMORANDUMNAME **Gerald James**
(CHRISTIAN NAMES)**GALLAGHER**
(SURNAME)REGISTER NO. **14124**FILE NO. **NS A-5312**PAYEE **Director of Estates**
ADDRESS **308 Sparks St.**
Ottawa, Ont.) For service Estate of
) **Gerald J. Gallagher**
N.S. A-5312
21 Aug. 44DATE **16 Jan. 46**SERVICE NO. **A-5312**FINAL RANK OR RATING **A/L/Smn**DATE OF DISCHARGE **21 Aug. 44**

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **935** EQUAL TO **31** COMPLETE PERIODS AT \$7.50\$ **232.50**

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **625** LESS **5** INELIGIBLE DAYS, EQUAL TO **620** DAYS @ 25C. PER DAY**155.00**

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$	2.10
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	1.45
ADDITIONAL PAY	\$	ST .10
	\$	HLM .25
	\$	
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$	

TOTAL \$ **3.90** X7 = \$ **27.30**NO. OF DAYS **625** X \$ **27.30****93.24**

D. WAR SERVICE GRATUITY

480.74E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$OTHER DEDUCTIONS \$ **Nil**

F. TOTAL AMOUNT PAYABLE

480.74

G. YOUR PORTION OF GRATUITY IS—

~~DEPENDENTS' ALLOWANCE IN ISSUE TO YOU~~ \$ _____ OF \$= \$ **480.74**~~TOTAL DEPENDENTS' ALLOWANCE IN ISSUE~~ \$ _____

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

PREPARED BY

J.

CHECKED BY

60

TREASURY

CHECKED BY

M. H. Lewis

DATE

17/Jan/46

SERVICE REPRESENTATIVE

for DIRECTOR NAVAL PAY ACTING



(Information extracted from Naval Service Headquarters' Records.)

Four copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

40

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

Name GALLAGHER Gerald James
(Christian names in full)

Rank of Rating Leading Seaman Official No. A-5912 R.C.N.R.
(If unknown, date of first entry)

Place of Birth Cobourg, Ontario. Date of Birth 19th August, 1913

Occupation in Civil Life Electrician 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) 1 year and 7 months

Date of Death 21 August, 1944 Place of Death AT SEA

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

Nearest known relative or friend { Name Mrs. Mary Gallagher Relationship Aunt
Address University Ave., COBBOURG, Ont.

Date on which the above was informed by Ship Naval Service Headquarters 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, 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 invalidated.....

ENTERED IN
D.N.P.A.'s LOG BOOK
MAR 7 1945
CLTK No. 1

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

Commanding Officer,
OTTAWA, Ont. 28 February 1945
H.B. Money
SECRETARY, NAVAL BOARD.

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.

ESTATES BRANCH

HQ NS A.5312 FD743

March 1, 1945.

Mrs Mary Gallagher,
207 University Ave.,
Cobourg, Ont.

GALLAGHER, Gerald J., Ldg.Smn. (Deceased)
No. A.5312 R.C.N.R.

Dear Mrs. Gallagher:

Receipt is gratefully acknowledged of completed form P.64 herein which appears to be quite in order and I have to advise you that according to the Casualty Notice received at this Directorate your late nephew left a Service Will dated the thirtieth of January, 1942 by which his sister, Miss Catherine Gallagher, is the sole beneficiary and sole executrix. This original Will remains on file in this Directorate and it is noted that the sister, Miss Catherine Gallagher, is now resident in Detroit, Michigan and I would be obliged if you would kindly supply her specific address as it will be necessary for us to communicate with her.

The finalized statement of pay and allowances herein has not yet reached this Directorate to admit of distribution of any available Service estate but as soon as particulars of same are received a further communication will be sent to the beneficiary, Miss Catherine Gallagher.

We do not anticipate receiving any personal effects from any of the casualties of H.M.C.S. "Alberni" in which your late nephew was lost. You might advise in due course whether there is any specific beneficiary mentioned in the Metropolitan Life Insurance Company policy as these claims are often paid although they may be in arrears as to premiums.

Dependents of deceased personnel are apparently entitled to War Service Gratuity and application forms for same may

be obtained at your local Post Office. These should be completed and forwarded direct to the Secretary of the Naval Board, Naval Service Headquarters, Ottawa, Ontario for the attention of the Director of Naval Pay Accounting.

Yours faithfully,

H.W. All.
Director of Estates.

HPW/MK



Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE

N.S. A-5312 Pers.(N).

OTTAWA, Ont.,

DEC 26 16 1944 194

39335



Sir:

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

<u>NAME, RANK/RATING NO,</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
GALLAGHER, Gerald James, Ldg. Seaman, A-5312 R.C.N.R.	Missing, presumed dead on 21 August, 1944, from H.M.C.S. "ALBERNI"	Aunt: Mrs. Mary Gallagher, University Avenue, Cobourg, Ont.,

<u>In favour of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Bank of Nova Scotia George St, Halifax, ✓ Nova Scotia.	Allotment stopped Aug. 31st 1944.	\$40.	A.M.

WILL: Attached.

Yours truly,

J. J. Heard

for
SECRETARY, NAVAL BOARD.

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



U.S. CIVIL SERVICE
CENTRAL REGISTRY
(Personnel Section)

TO: DIRECTOR
U.S. CIVIL SERVICE
WASHINGTON, D.C.

FROM: [Illegible]

SUBJECT: [Illegible]

DATE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

NATIONAL SERVICE
FEB - 7 1942
N.S. 123 H-282
A5312

IN THE NAME OF GOD, AMEN

I, GERALD JAMES GALLAGHER,
Majesty's Ship H.M.C.S. "YORK"
(now a Patient* in

Able Smn. RCNR. of His

*If in Hospital or in Hospital Ship.
Insert the degree of relationship (if of any) and place of residence of the Legatee or Legatees.
See instructions on the back hereof.

being sound of mind, do hereby make this my last Will and Testament: I give and bequeath unto my sister,
Miss Catherine Gallagher,
Fenelon Falls,
Ontario.

12

all such Wages, Prize Money, Allowances, and other Sum or Sums of Money, as now are, or hereafter may be due to me for my service on board the said Ship, or any other Ship or Vessel, of the Royal Navy, together with all other my Estate and Effects whatsoever and wheresoever.

Insert the degree of relationship (if of any) and place of residence of the Executor or Executors.

And I do hereby appoint my sister,
Miss Catherine Gallagher,
Fenelon Falls,
Ontario.

Executors of this my last Will and Testament; and hereby revoking all former Wills by me made, I declare this to be my last Will and Testament.

In Witness whereof I have at Toronto hereunto set my hand,
this thirtieth day of January, in the Year of Our Lord
One Thousand Nine Hundred forty-two.

Gerald Gallagher

Signed by the said Testator, as his last Will and Testament, in the presence of us present at the same time, who in his presence at his request and in the presence of each other have subscribed our names as Witnesses.

Witnesses

C. J. Stewart
R. Aggison

NOTE.—As Wills of Petty Officers, Seamen, and Marines must be executed with the formalities required by the Law of England in the case of other persons, every such Will must be executed in the presence of, and be attested by, two disinterested Witnesses.

Where the Will is made on board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall be a Commissioned Officer, Chaplain, or Warrant or Subordinate Officer belonging to His Majesty's Naval or Marine or Military Force.

Where the Will is made elsewhere than on Board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall be a Commissioned Officer, or Chaplain, or Warrant or Subordinate Officer, or the Governor, Agent, Physician, Surgeon, Assistant-Surgeon, or Chaplain of a Naval Hospital at home or abroad, or a Justice of the Peace, or the Incumbent, Curate, or Minister of a Church or Place of Worship in the Parish where the Will is executed, or a British Consular Officer, or an Officer of Customs, or a Notary Public, or a Solicitor, or in Scotland a Law Agent.

A Will made by any person while serving as a Seaman or Marine will not be valid for any purpose if it is written or contained on or in the same Paper, Parchment, or Instrument with a Power of Attorney.

The Certificate on the back hereof, is to be signed by the person by whom the Will is prepared.

Noted in Service
Records by . . . 287/10

Instructions for filling up the Form

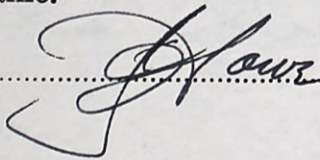
If a special legacy is to be given, the name, residence (and relationship if any) of the person interested is to be inserted in the space after the words "I give and bequeath," or if more than one person, the respective names, &c., also the particulars of the property bequeathed.

Then the words " And I give and bequeath unto " should be inserted together with the names, &c., of the person or persons to whom the residue of the Testator's property is to be given, and the words printed in italics commencing " all such wages," should be struck out.

If, however, the *whole* of the Testator's property is to be given to one person, or between several, all that is necessary is to insert in the space, the names, &c., of the person or persons to be benefited.

CERTIFICATE

I hereby certify that the Will on the other side hereof was previously to its execution read over to the Testator who appeared perfectly to understand the same.

.....


} Signature of the person
by whom the Will was prepared.

FORM 6

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

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of At Sea. Township of

{ If in City, Town or Village..... Street..... House No.....
(Name) (If death occurred in a hospital or institution, give the name instead of street and number)

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

3. PRINT FULL NAME OF DECEASED GALLAGHER Gerald James
(Family name) (Given name or names in usual order)

RESIDENCE No..... Street University Ave. City, Town, Village or Township Cobourg, Province Ontario.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex Male	5. Nationality (Citizenship) Canadian	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word) Single
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8. BIRTHPLACE Cobourg, Ontario.
(Province or Country)

9. DATE OF BIRTH August 19 1913
(Month) (Day) (Year)

10. AGE in { Years 31 Months Days If less than one day old
hrs. or min.

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

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

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

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

FATHER
16. NAME.....
17. BIRTHPLACE.....
(Province or Country)

MOTHER
18. MAIDEN NAME.....
19. BIRTHPLACE.....
(Province or Country)

20. Person giving information H.D.M. 1017
sign here. Paym. Cmr. R.C.N.R. Naval Service Headquarters,
Address Ottawa, Director of Personnel Records.
Relationship to deceased.....

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

22. Burial Permit was issued by.....
Address.....

23. UNDERTAKER.....
(Name and address)

MEDICAL CERTIFICATE OF DEATH

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

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

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

26. If a communicable disease is mentioned on this certificate, give { (a) Date of appearance.....19.....
(b) Duration of disease.....days

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

28. Was there a surgical operation?.....Date of operation.....19.....
State findings.....Was there an autopsy?.....

29. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide?.....Date of injury.....19.....
(State which)

Manner of injury.....(How sustained)

Nature of injury.....
Specify whether injury occurred in industry, in home, or in public place.....

Signed by.....M.D.
Address.....Date.....19.....

30. Division Registrar's Record No.....

31. Filed.....19.....
(Division Registrar)

Every item of information should be carefully supplied. (See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

117

EMC

38

N.S. A-5312 PERS. (N)

3 February, 1945.

THIS IS TO CERTIFY that according to official information Gerald James Gallagher, Leading Seaman, Official Number A-5312, Royal Canadian Naval Reserve, is missing, presumed killed on the 21st of August, 1944, when the ship in which he was serving, H.M.C.S. "ALBERNI", was lost in the English Channel due to enemy action.


SECRETARY, NAVAL BOARD. *e.*





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

..... 25th August, 1944.
(Date)

Sir:

The following casualty has been reported -

23

NAME	RANK or RATING	NAVAL NO.
GALLAGHER, Gerald James	Able Seaman	A-5312 R.C.N.R.

DATE OF ENLISTMENT - 30th January, 1942

DATE OF DISCHARGE - Will be reported later.

HOSPITAL -

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

SERVICE - CANADA & HIGH SEAS

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

Reason for discharge and -
when and where any disability
was incurred, or where death
occurred"MISSING" at sea when the ship in which he was
serving was lost by enemy action in the EnglishChannel: While this casualty is listed as missing, it is impossible to make an
estimate as to his chances of survival. Should no information be received to thecontrary, you will be notified when official presumption of death with date has been set.
Show clearly whether death or disability due to enemy action,
accident or disease, and whether it occurred in Canada, or on the high seas or
elsewhere outside Canada).

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Aunt

NAME -

Mrs. Mary Gallagher

University Ave.

ADDRESS - Cobourg, Ontario

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. e

Secretary, Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ont.Noted, D.N.P.A.
29-12-44
D.P.P.NOTE; Duplicate copies of this form (Form "B") have been forwarded to the
Chief Treasury Officer (Allotment Section), Department of National
Defence, Naval Service, for completion respecting the details of
Marriage Allowance, Dependents Allowance, etc., and subsequent
transmission to you.

(See reverse side for further instructions)

OCCUPATIONAL HISTORY FORM

P020224-1
W23/82

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 INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

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

Section A—GENERAL INFORMATION

1. (a) Print name in full Gerald James GALLAGHER (b) Reg'l. No. A 5312
2. (a) Arm of service navy (b) Unit R.N.C.S. "YORK" (c) Rank A/B. RCNR.
3. (a) Date of birth 19 Aug. 1913 (b) Have you any dependents? no (c) Place of residence at time of enlistment Cobourg, Ont.
4. (a) Place of enlistment Toronto, Ont. (b) Date of enlistment 30 Jan. 1942.

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 (b) Were you attending school or college up to the time of enlistment?.....
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)..... 1 years high school
7. If you attended a university, give name of university and standing or degree secured.....
8. (a) Did you ever enter upon a trade apprenticeship?..... (b) If so, for what occupation?..... (c) Did you finish it?..... (d) If you did not finish it, how long did you serve at it?.....
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) working (b) At time of enlistment of what trade union or professional society were you a member?.....

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

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

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

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

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

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

18. Name of employer U.L. & S.L. T. Co. Address Toronto, Ont.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Transportation
20. (a) Your specific occupation seaman (b) Number of years' experience at this occupation with any employer 4 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? yes

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? 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. to be a moulder.

DATE 30 Jan. 1942

SIGNATURE Gerald Gallagher



AD 2481

NAVAL SERVICE

OFFER OF SERVICE (HOSTILITIES ONLY)

DEFENCE
JAN 16 1942
N.Y. 3a
30M-741 (1262)
AN.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.

A. Personal History—

Name 31 BEVERLY ST, TORONTO, ONT
Gerald Gallagher
Surname (in Block Letters) Christian Names Telephone No.

Address UNIVERSITY AVE, COBOURG, ONT
Number Street Town or City County Province

Date of birth AUG 19 1913 Place of birth COBOURG

Nationality CANADIAN Are you British by birth? — or by Naturalization? —

Birth place of (a) Father COBOURG (b) Mother LINDSAY

Are you (a) Single YES (b) Married — (c) Widower — (d) No. of Children? —

Any physical defects (especially eyesight)? NONE

Height 5' 7" Weight 190 LBS Can you swim? YES M 5705

B. Education—

Highest school grade passed successfully? ENTRANCE Any Matriculation? —

University: (a) Name — (b) Years attended — (c) Course and Degree —

Technical courses taken —

Special studies —

Languages spoken ENGLISH

C. Sea Experience—

Have you ever been employed at sea? YES Give number of years and how employed? 6 YEARS
DECK, DEPT, 18 MONTHS AS WHEELSMAN

Name and number of Mercantile Marine Certificates held NONE

State last position held at sea (with dates) WHEELSMAN, JUNE 17 TO
DEC 15, 1941

State employment since leaving sea NONE

D. Occupation: What is your profession, trade or occupation in civil life? —

Are you (a) Actively pursuing your profession or trade on your own account? —
 (b) Employed; if so, in what capacity and under what employer? —

General experience (with dates) —

Have you ever served in any of His Majesty's Forces? If so, which? How long? NO

No. and Class of any Stationary Engineer's certificates or other certificates of competency NONE

How long would you need to settle up your private affairs? ONE DAY

E. Any other Qualifications that might be of use to the Naval Service (yachting, cadet corps, hobbies, etc.)

F. Branch Applying for: (a) As Officer (b) As Rating (i.e., in the ranks) A.B

If you cannot be accepted as an Officer are you willing to serve as a rating? —

In what capacity do you wish to enrol? ABLE SEAMAN

Date of Application JAN 12/42 Signature GERALD GALLAGHER

RECRUITING CENTRES

Applicants should apply to the nearest centre.

NOVA SCOTIA—

- (a) Royal Canadian Naval Barracks HALIFAX, N.S.
(b) The Registrar, R.C.N.R. Shipping Master's Office or P.O. Box 992, HALIFAX, N.S.

PRINCE EDWARD ISLAND—

- (a) Naval Barracks Simms Building CHARLOTTETOWN, P.E.I.
(b) The Registrar, R.C.N.R. c/o N.A. Life Insurance Co.,
or P.O. Box 271 CHARLOTTETOWN, P.E.I.

NEW BRUNSWICK—

- Naval Barracks 221-223 Prince William St.
Mail Address, P.O. Box 1077 SAINT JOHN, N.B.

QUEBEC—

- (a) Naval Barracks 322 St. John St. QUEBEC, P.Q.
(b) Naval Barracks 1464 Mountain St. MONTREAL, P.Q.
(c) The Registrar, R.C.N.R. Marine Department or P.O. Box 265 QUEBEC, P.Q.
(d) The Registrar, R.C.N.R. 167 Common St. MONTREAL, P.Q.

ONTARIO—

- (a) Naval Barracks 72 Queen St. OTTAWA, ONT.
(b) Naval Barracks Richardson Bldg., Princess St. KINGSTON, ONT.
(c) Naval Barracks 165 Lakeshore Blvd. TORONTO, ONT.
(d) Naval Barracks Cor. Stuart & McNab Sts. HAMILTON, ONT.
(e) Naval Barracks (Carling Block, Richmond St.),
433 Richmond LONDON, ONT.
(f) Naval Barracks 2462 Howard Ave. WINDSOR, ONT.
(g) Naval Barracks 232 Cooke St. PORT ARTHUR, ONT.

MANITOBA—

- Naval Barracks 583 Ellice Ave. WINNIPEG, MAN.

SASKATCHEWAN—

- (a) Naval Barracks The New Armouries REGINA, SASK.
(b) Naval Barracks 1st Ave. and 25th St. SASKATOON, SASK.

ALBERTA—

- (a) Naval Barracks 9722-102nd Avenue EDMONTON, ALTA.
(b) Naval Barracks 337-7th Ave. West CALGARY, ALTA.

BRITISH COLUMBIA—

- (a) Naval Barracks Old Yacht Club, Stanley Park
Mail Address: 408 Marine Bldg. VANCOUVER, B.C.
(b) Royal Canadian Naval Barracks ESQUIMALT, B.C.
(c) The Registrar, R.C.N.R. 337 Federal Building VANCOUVER, B.C.
(d) The Registrar, R.C.N.R. 964-11th Ave. East PRINCE RUPERT, B.C.

F.E.....EST.....VOTE.....PRI.....SUB.....OBJ.....

WARRANT FOR TRANSPORT IN CANADA
PAYABLE BY

THE DEPARTMENT OF NATIONAL DEFENCE
NAVAL SERVICE

2

THIS WARRANT MUST BE EXCHANGED AT THE RAILWAY OR S.S. OFFICE FOR TICKET (EXCEPT OCEAN PASSAGE) BEFORE GOING ON BOARD.

The Canadian National Ry. Company is hereby
requested to provide conveyance for the undermentioned persons belonging to
H.M.C. Naval Service
From Robour To Toronto

NAME See Note (c)	RANK OR RATING	CLASS	SERVICE (Nature to be clearly stated)
<u>Gallagher G.</u>	<u>AB</u>	<u>Seam</u>	<u>ON Duty</u>

Date 27-1 1941 Signature of Issuing Officer Geo. Tolton
Ship, etc. Headquarters Rank 1st Clk.

DESCRIPTION	No. (in words)	TO BE FILLED IN BY RY. OR S.S. CO.			No. of Ticket issued in exchange.
		Miles	Rate	Amount	
TRANSPORTATION:-					Route via.....
1st CLASS.....	<u>ONE</u>				
2ND ".....					Signature of Ticket Agent.
EXCESS LUGGAGE (See Below)..... (weight to be stated if known)		lbs.....			
BERTHS-					Station
STANDARD { Upper..... Lower.....					
TOURISTS { Upper..... Lower.....					
PARLOUR CAR.....					
COMPARTMENT.....					
DRAWING ROOM.....					
MEAL COUPONS.....					
TOTAL.....					

NOTICE to Ticket Agents
By Order in Council, when returns on cheap rate tickets are available, at less than the cost of fares at the Government rate, they are to be issued.

- NOTES—
(a) The shortest route is to be taken for all journeys.
(b) The instructions contained in the Transport Regulations are to be strictly observed.
(c) When a party is travelling it is only necessary to state the name of the Officer in charge and the number of persons forming the party, scheduled according to accommodation allowed.

Certified that Ticket has been received in exchange.

Signature.....

Rank or Rating.....

EXCESS LUGGAGE
Maximum
Weight
Allowed.....lbs.