

V42839
GRAHAM
ALVIN

JOHN

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Sep.45 "ALBERNI"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Scammell (Re-married)
Mrs. Ada M. Graham - Widow

ADDRESS: ~~80 Murray St.,~~ 1746 Francis Rd.,
~~CHATHAM,~~ WINDSOR,
Ont.

8-12-49

MEMORIAL BAR

DATE DESP

REGN. NO. 2161

(2) MEMORIAL CROSS

WIDOW Mrs Ada M. Graham

ADDRESS: 80 Murray Street
CHATHAM, Ontario

(2) 17 January 1945

(3) MEMORIAL CROSS

MOTHER Mrs E. A. Graham

ADDRESS: R. R. #7
CHATHAM, Ontario

(3) 31 January 1945

DECEASED 21 August 1944
DEPARTMENT OF VETERANS AFFAIRS

WAR SERVICE RECORDS

AWARDS NAVY

D.D.

GRAHAM	Alvin John	V-42839	Sig.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Atlantic Star & Clasp	
G.V.S.M. & Clasp	
War Medal	
	3696

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

OCCUPATIONAL HISTORY FORM

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

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

Section A—GENERAL INFORMATION

1. (a) Print name in full John Joseph Gagnon (b) Reg'l. No. U42839
2. (a) Arm of service Army (b) Unit 2nd Canadian Infantry Bn (c) Rank 2nd Lt
3. (a) Date of birth May 1, 1922 (b) Have you any dependents? No (c) Place of residence at time of enlistment St. Catharines, Ont.
4. (a) Place of enlistment Windsor, Ont. (b) Date of enlistment July 1945

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 yrs old (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 2 year High School
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? Canadian (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? None

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 Limited Sign Stores Address Windsor
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Retail Sign Stores
20. (a) Your specific occupation clerk (b) Number of years' experience at this occupation with any employer
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? No (c) If so, in what kind of farming?
25. (a) Were you born on a farm? yes (b) How many years' actual farming experience have you had? 1933 (c) In what provinces did you have experience? Ontario

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) I have been assured of a job
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form None

DATE July 23/ 194

SIGNATURE A. Gagnon

O.H.F. Received

181804

11381980

Copy To
VWD
ES

AUG 7 1942

20

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

26 August, 1944
(Date)

Sir:

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.
GRAHAM, Alvin John Signalman V-42839 R.C.N.V.R.

DATE OF ENLISTMENT - 22nd July, 1942 Active Service: 2nd September, 1942.

DATE OF DISCHARGE - Will be reported later.

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

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

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

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Wife NAME - Mrs. Ada M. Graham

ADDRESS - 80 Murray Street, Chatham, 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

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

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

*Noted DMPA
29-12-44
R.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)

N. *Graham Alvin John*
PRESENT RANK/RATING: *Signalman*
DATE TAKEN ON ACTIVE SERVICE: *2-9-42*

SERVICE

SHIP OR ESTABLISHMENT

From

To

<i>HMC & Hunter</i>	<i>22-7-42</i>
<i>St. Hyacinthe</i>	<i>11-11-42</i>
<i>Stadacra</i>	<i>21-4-43</i>
<i>Albani</i>	<i>28-4-43</i>

WILL:

no

NAME & ADDRESS OF
NEXT OF KIN:

*Wife: Mrs Ada M. Graham
80 Murray St. Chatham, Ont.*

DISCHARGED PREVIOUSLY?

no

REASON:

DATE:

Initialed by:

M.P.G.

Date:

26-8-44

Section: *RCNVR*

(TO BE COMPLETED IN INK.)



142454 ²²

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

1277
N.S. V-42839. PERS.(N)

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

My dear Mrs. Graham:

I was the captain of H.M.C.S. "Alberni" and I know there is nothing I can say that will help you in your great loss. I just wanted you to know that you have my sincerest sympathy. Alvin was an excellent signalman both reliable and efficient and ever since joining my ship he has done an excellent job of work. Once when he was on duty at night he saved our ship from serious damage by shining his light on another ship who was headed right for us. He was very well liked by both officers and men and appeared to be very happy aboard.

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

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

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

Yours sincerely,

"Ian Bell"

Lieutenant Commander, R.C.N.V.R.

Mrs. Ada M. Graham,
80 Murray St.,
CHATHAM, Ont.

42

C.R. P.A.
 NAVAL TREASURY
 Sir: 11/1/45
 DATE: 11/1/45
 INITIAL: JMS

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

001959

DEC 16 1944

(Date)

The following casualty has been reported -

NAME GRAHAM, Alvin John RANK or RATING Signalman NAVAL NO. V-42839 R.C.N.V.R.

DATE OF ENLISTMENT -22nd July, 1942 Active Service: 2nd September, 1942.

DATE OF DISCHARGE - 21st August, 1944.

HOSPITAL -

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

SERVICE - CANADA & HIGH SEAS

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

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

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Wife NAME - Mrs. Ada M. Graham

ADDRESS - 80 Murray Street, Chatham, 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.

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

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

REMARKS:.....

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

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
Mrs. Ada Mabel Graham	Wife	N.K.	N.K.

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	\$51.12	\$30.00	\$81.12

To Whom Paid: Mrs. Ada Mabel Graham Address 83 Landsdowne Ave., Chatham, Ont.

Date of Enlistment: See other side.

Date of Discharge: See other side.

Inclusive date to which D.A. and/or A.P. was Paid:

The final deduction of Assigned Pay for 30.00 has been made for the period from 1st to 31st of August 1944

Remarks:

Computed by.....
Checked by.....

Alec L. Bonnell

for (R.C. Playfair)
Chief Treasury Officer,
DEPARTMENT OF NATIONAL DEFENCE,
(Naval Service).

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

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 GRAHAM Alvin John
(Family name) (Given name or names in usual order)

RESIDENCE No. _____ Street R.R. #7 City, Town, Village or Township CHATHAM Province ONT.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex Male	5. Nationality <small>(Citizenship)</small> Canadian	6. Racial Origin British	7. Single, Married, Widowed or Divorced <small>(Write the word)</small> Married
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8. BIRTHPLACE ONTARIO
(Province or Country)9. DATE OF BIRTH May 4 1922
(Month) (Day) (Year)10. AGE in

Years	Months	Days	If less than one day old
22	5		hrs. or min.

11. Trade, profession or kind of work as stores.
spinner, teamster, office clerk, etc. Clerk-United Cigar12. Kind of industry or business, as cotton-
mill, lumbering, bank, etc.

13. Date deceased last worked at this occupation _____

14. Total years spent in this occupation _____

15. If married give name of wife or husband of deceased Mrs. Ada M. Graham

16. NAME _____

17. BIRTHPLACE _____
(Province or Country)

18. MAIDEN NAME _____

19. BIRTHPLACE _____
(Province or Country)

20. Person giving information sign here _____

Address Paymaster Commander, R.C.N.R.
Naval Service Headquarters, OTTAWA, Ont.Relationship to deceased Director of Personnel Records.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
<p>I. Immediate cause <small>Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.</small></p> <p>Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).</p> <p>II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.</p>	<p><u>Missing, presumed dead.</u></p> <p>due to <u>He was serving in H.M.C.S.</u></p> <p>due to <u>"ALBERNI" which was sunk in the English Channel.</u></p>
<p>26. If a communicable disease is mentioned on this certificate, give</p> <p>(a) Date of appearance _____ 19____</p> <p>(b) Duration of disease _____ days</p>	<p>Underline the cause to which death should be charged statistically</p>

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

DR/JL

44

N.S. V-42839 Pers. (N)

20th January, 1945.

Sir:

With reference to your letter of the 15th January, 1945, regarding John Alvin GRAHAM, Stoker, the following information is forwarded.

John Alvin GRAHAM, Signaller, Official Number V-42839 was discharged "Presumed Dead" to date 21st August 1944. There is no record in Naval Service Headquarters of his having been employed by your company.

John Augustine GRAHAM, Acting Stoker First Class, Official Number V-43048, at present serving in H.M.C.S. "FREDERICTON", c/o Fleet Mail Office, HALIFAX, N.S., has shown the Ford Motor Company of Canada as his previous employer. As his next of kin is given as mother, Mrs. Blanche Graham, it is presumed that he is the man concerned in your enquiry.

If your records confirm this presumption, your Form DU 501 - 5/44 will be completed and forwarded to you.

Yours truly,

H.B. Money

for
SECRETARY, NAVAL BOARD. 17

The Ford Motor Company of Canada, Limited,
Personnel Department,
WINDSOR, Ontario.

ATTENTION N.P.R./5.

N.S. V-42839 PERS(N).....

41075

47

Secretary, Naval Board,
Department of Naval Services.

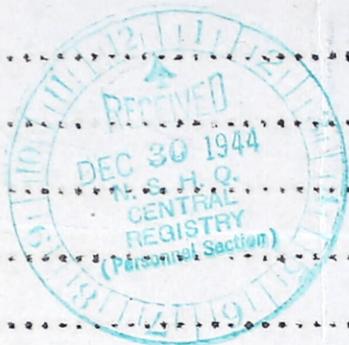
Sir:

I beg to inform you that Mrs.
.....*Emma Alberta Graham*.....
the mother of the late *Sig. A. J.*.....
Graham.....*V-42839*.....
is living and residing at
.....*Rural Route 7 Chatham*.....
.....*Ontario*.....

Signed.....*Emma A. M. Graham*

Noted, 12/1/45
D.P.R./5

BY AIR



TO: STAFF, U.S. AIR FORCE

FROM: WASHINGTON, D.C.

RE: [Illegible]

ATTN:

INSTRUCTIONS OF [Illegible] [Illegible]
[Illegible] [Illegible]

[Illegible]

[Illegible]

6317

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

Name of Deceased Member Alvin John GRAHAM Rank or Rating SIC O. No. V42839

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

D.A.	<u>51.12</u>	<u>Mr Ada. M. GRAHAM (wife)</u>
A.P.	<u>30.00</u>	<u>80 Murray Street</u>
D.A.	<u>-</u>	<u>Chatham.</u>
A.P.	<u>-</u>	

2. Pension awarded or being awarded to: no record to date

3. War Service Gratuity Application(s) received from: Mr Ada. M. GRAHAM.
83. Lansdowne Ave.
Chatham. Ont.

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

To be paid to: Mr Ada. M. GRAHAM - wife In the ~~the~~ full proportion of: 1

- and -

to: In the proportion of: 1

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

Group "B" (ii)

Group "C" of the above mentioned Directive.

Date 16 March '45.

[Signature]
for D.N.P.A. (G) DNJ.

W.S.G. Application No. 6317

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

FILE NO. NS √42839

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>GRAHAM, Alvin John</u>	<u>√42839</u>	<u>SIG.</u>
SURNAME	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE
CHRISTIAN NAMES IN FULL		

CAUSE OF DISCHARGE: DEAD (H.M.C.S. ALBERIXI)

Application made by Widow: - False Oath: - no record of... DA, AP, or pension.

TOTAL SERVICE

Date of Active Service 2 SEP 42

Date of Discharge 21 AUG 44

Total No. of Days 720

Less non qualifying service —

368
366
734
11 less
720

Total Days 720

OVERSEAS SERVICE

% Total No. of Days 482

Less non qualifying service —

Total Days 482

Record of Service in other Forces (per Naval Records)

Branch of Service —

Date of Active Service —

Date of Discharge —

& % Overleaf

Computed By gw
Checked By [Signature]

DATE: FEB 19 1945

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

CFHC

NON QUALIFYING SERVICE

Overseas

(#) Date	Reason	No. of Days		
"	"	"		
"	"	"		
"	"	"		
"	"	"		
"	"	"		
"	"	"		
		Total Days		

(%)
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
ALBERNI-	28 APR 43	21 AUG 44	482

366
33
33
30
21

482

CHARACTER OF DISCIPLINE

REMARKS

REMARKS

REMARKS

COMPLETION OF SERVICE

DATE OF COMPLETION

DATE OF DISCHARGE

DATE OF DISCHARGE

410

NAVAL PERSONNEL
RECORDS
FEB 19 1945 6317
WAR SERVICE GRATUITY
SECTION

83 Lansdowne Ave.,
Chatham, Ontario.
February 12, 1945.

The Secretary Naval Board,
Naval Services Headquarters,
Ottawa, Ontario.

414873

Dear Sirs:

I am the widow of Signalman Official
Number V-42839 Alvin John Graham, who lost his life
while on duty with his ship "H.M.C.S. Alberni" on
August 21, 1944.

I was advised to make application for
my husband's War Service Gratuity Allowance, which I
understand I should receive, being his next of kin.

Alvin reported for duty at Windsor
the end of September or the first of October of 1942,
where he trained until November tenth or eleventh of
the same year, when he was sent to St. Hyacinthe to
be trained as a Signalman, he finished his training
there, and was sent to H.M.C.S. Cornwallis where he
was stationed for a very short time, and in April of
1943, he was assigned to his ship the "H.M.C.S. Alber-
ni". He served on this ship out of Halifax up until
February 1944, when he was sent with his ship overseas.
where he served until August 21, 1944, when he was
lost at sea with his ship.

I hope this is the information that is
necessary for your files, but if you are in need of
anything more, or if there are any forms in which I
have to make out for you, would you be kind enough to
forward them on to me, and I will fill them out and
return to you as soon as possible.

I remain as ever,

Yours very truly,

Miss M. Graham



I remain as ever,
Yours truly,
[Signature]

I hope this is the immediate first
news you hear of me.

lost at sea with his ship.
where he served until August 31, 1944 when he was
reassigned to the ship on the 1st of September.
1943, he was assigned to his ship the U.S.S. Albatross
was stationed for several months, and in April of
there, and was sent to H.M.S. Generalia where he
he trained as a Signalman, he finished his training
the same year, when he was sent to St. Francis to
where he remained until November 1944 of eleven months or
the end of September or the first of October, 1944.

which reported for duty at Kings
understand I should receive, being a part of the
my husband's service gratuity allowance, which I
I was advised to make application for

August 31, 1944.
number 1-43833 with his ship U.S.S. Albatross on
I am the widow of Albatross Officer

Dear Sir:
Office, Ontario,
Naval Services Headquarters,
The Secretary Naval Board,

WICKS

September 13, 1945
Captain, Ontario
100 Lansdowne Ave.

4
NAVY

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

DECEASED
MEMBER'S
NAME

Alvin John
(CHRISTIAN NAMES)

GRAHAM
(SURNAME)

REGISTER NO. 6317

FILE NO. NBV-42839

DATE 21 Mch/45

PAYEE **Mrs. Ada M. Graham,**
ADDRESS **83 Lansdowne Ave.,**
Chatham, Ont.

SERVICE NO. V-42839

FINAL RANK OR RATING sig.

DATE OF TERMINATION OF OVERSEAS SERVICE

21 Aug/44

DATE OF DISCHARGE

21 Aug/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 720 EQUAL TO 24 COMPLETE PERIODS AT \$7.50

\$ 180.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 482 LESS nil INELIGIBLE DAYS, EQUAL TO 482 DAYS @ 25c. PER DAY

120.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 2.00
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.25
ADDITIONAL PAY H.L.M. \$.25

DEPENDENTS' ALLOWANCE 1/30 OF \$ 51.12 \$ 1.70

TOTAL \$ 5.20 X7 = \$ 36.40

NO. OF DAYS 482 X \$ 36.40

183

95.87

D. WAR SERVICE GRATUITY

396.37

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

OTHER DEDUCTIONS \$ NIL

F. TOTAL AMOUNT PAYABLE

396.37

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$

= \$ 396.37

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

Cheque 120545 - 29/3-45

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

PREPARED BY SJD CHECKED BY [Signature]

TREASURY
CHECKED BY [Signature] DATE 24/3/45

[Signature]
SERVICE REPRESENTATIVE

for Dir. Naval Pay. Accting.

AT

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Name **Alvin John GRAHAM.**
 (Christian Names) (Surname)

Payee **M^{rs} Ada. M. GRAHAM.**

Address **83. Lansdowne Ave.,
Chatham, Ont.**

Register No. **6317**
 File No. **V42839**
 Date **19 mch '45**
 Service No. **V42839**
 Final Rank or Rating **S16.**

Date of termination of overseas service **21 Aug '44** Date of Discharge **21 Aug 44**

A. TOTAL QUALIFYING SERVICE
 No. of days $\frac{720}{30}$ equal to **24** complete periods at \$7.50 **180.00**

B. QUALIFYING OVERSEAS SERVICE
 No. of days **482** less **NIL** ineligible days equal to **482** days @ 25¢ per day **120.50**

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$	2.00	
Subsistence or Lodging and Provision Allowance	\$	1.25	
Additional Pay H.L.M.	\$.25	
Dependents' Allowance 1/30 of \$ 51.12	\$	1.70	
Total		5.20	x 7 = \$ 36.40
No. of days $\frac{482}{183}$			x \$ 36.40
			95.87

D. WAR SERVICE GRATUITY **396.37**

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

F. TOTAL AMOUNT PAYABLE **396.37**

G. YOUR PORTION OF GRATUITY IS
 Dependents' Allowance in issue to you \$ _____ of \$ = **\$ 396.37**
 Total Dependents' Allowance in issue \$ _____

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

Prepared by	Checked by	Treasury	
		Checked by	Date

Service Representative

D.N.P.A. CHECK

1 <i>[Signature]</i>	6 <i>[Signature]</i>
2 <i>[Signature]</i>	7 <i>[Signature]</i>
3 <i>[Signature]</i>	8 <i>[Signature]</i>
4 <i>[Signature]</i>	9 <i>[Signature]</i>
5 <i>[Signature]</i>	10 <i>[Signature]</i>

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

NAME IN FULL G. RAHAM. Alvin. John RANK/RATING Ltjg OFF. NO. V. 42839 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
												1939-45	1	<i>Star</i>
	<i>7-9-02</i>											ATLANTIC	1	<i>Star & Clasp</i>
												FRANCE G. 2		
<i>Albani</i>	<i>28-4-43</i>	<i>21-8-44</i>	<i>482</i>	<i>Atl. Africa</i>	<i>Clasp</i>							AFRICA		<i>Clasp</i>
	<i><u>Demerit Award (HMCS Albani)</u></i>											PACIFIC		
												BURMA		
												ITALY		
												DEFENCE		
												C.V.S.M.		<i>2 Clasp</i>
												" CLASP		
												WAR 1945	1	<i>medal</i>
												WAR 1915		

VERIFIED BY *mlc*
Sgt.

VERIFIED BY VERIFIED BY DIR. OF PERSONNEL RECORDS.

S.—1246 (late S.—1326).
T.S.—97.

To be kept attached to the Service Certificate until final discharge from the Service.

SIGNAL HISTORY SHEET.

(Established—July, 1901.)
(Revised—May, 1938.)
5M—4-42 (4317)
N.S. 815-9-1246

Name GRAHAM, A. J.

I. EXAMINATION RECORD.

To be filled up according to the result obtained after examination.

Official No. V. 42839

9421/D5234 4250/7/39 Wt & Sons Ltd 221c*/64315/

Date	Nature of Examination Qualifying or Requalifying		Fleet Work		Miscellaneous		Procedure		Coding		W/T Paper	Buzzer		Flashing	Morse Flag	Semaphore		Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
			Paper	Mast and Marching Manœuvres	Paper	Oral	Paper	Practical	Paper	Practical		T	R			Mechan- ical	Hand Flags			
	FOR T.O. (V/S)	% Required	80 (oral)	—	—	80	—	80	—	80	—	80	90	97	96	98	98	—	—	—
<i>Repltd</i>	(Provisional)	% Obtained	<i>60</i>			<i>60</i>		<i>57.5</i>		<i>87</i>		<i>93</i>	<i>86</i>	<i>97</i>	<i>96</i>		<i>98</i>	<i>fail</i>	<i>S.T.C. Halifax</i>	
	FOR T.O. (V/S)	% Required	80 (oral)	—	—	80	—	80	—	80	—	80	90	97	96	98	98	—	—	—
	(Final)	% Obtained																		
	FOR V/S 3	% Required	80	—	—	80	80	—	80	80	75	80	90	97	96	98	98	—	—	—
	State whether after a qualifying course	% Obtained																		
	FOR V/S 2	% Required	80	80	80	80	80	80	80	80	75	80	90	97	96	98	98	—	—	—
		% Obtained																		
	FOR V/S 1	% Required	80	85	80	80	80	85	80	80	80	85	90	97	96	98	98	—	—	—
		% Obtained																		

II. Date of Granting of Non-Substantive Rate.

Rate	Date	Initials of Captain	Rate	Date	Initials of Captain	Rate	Date	Initials of Captain	Rate	Date	Initials of Captain
T.O. (V/S)			V/S 3			V/S 2			V/S 1		

S.—1246.
T.S.—97.

III. Boys Examinations.

(I.) ON PASSING OUT OF TRAINING ESTABLISHMENT.

Date		Paper	Oral	School	Pro- cedure Pract.	Buzzer		Flashing	Morse Flag	Semaphore		Passed or Failed	Training Establishment	Initials of Examining Officer
						T	R			Mech.	H.F.			
	% Required	75	65	40	75	75	85	90	88	90	90	—	—	—
	% Obtained													

(II.) FOR ACCELERATED ADVANCEMENT TO ORDINARY SIGNALMAN.

Date		Paper	Oral	Coding Pract.	Buzzer		Flash- ing	Morse Flag	Semaphore		Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
					T	R			Mech.	H.F.			
	% Required	75	75	70	75	85	95	92	96	96		—	—
	% Obtained												
	% Obtained												

IV. Examination for Ordinary Signalman (S.S).

Date		Fleet Work		Oral	Procedure		Co- ding Pract.	W/T Paper	Buzzer		Flash- ing	Morse Flag	Semaphore		Passed or Failed	Initials of Examining Officer
		Paper	Mast		Paper	Pract.			T	R			Mech.	H.F.		
	% Required	65	90	80	65	80	65	75	75	85	90	88	90	90	—	
15/1/43	% Obtained	81									95	100	100	96	P.	

V. Training Class Certificate.

No Ordinary Signalman is eligible for advancement to the rating of Signalman until this Certificate has been obtained.

Date of Completion	Subject	% Required	% Obtained	Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
	Seamanship	75				
	Field Training	70				
	W/T	75				

VI. Examination for Signalman.

Date		Fleet- work Paper *	Misc. Oral	Pro- cedure Paper *	Coding Pract.	Buzzer		Flash- ing	Morse Flag	Semaphore		Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
						T	R			Mech.	H.F.			
	% Required	75	75	75	75	75	85	95	92	96	96			
20/1/43	% Obtained	80.5		79.5				100	100	100	100	P	ST. HYACINTHE	
	% Obtained													
	% Obtained													

* One combined Paper.

For Directions for completing this part of the Form, see Article 610, K.R. & A.I.

X. Vocational Training Certificate.

(To be filled up on completion of a Vocational Training Course.)

Vocation _____

We certify that (name) _____
(residence) _____

has satisfied us that he possesses a * _____ knowledge of the vocation
mentioned, and we consider that † _____

Examiners _____

Business and Business Address _____

Date of Examination _____

(Signed) _____ *President.*

*Vocational Training
Committee. ‡*

* Here insert qualification.

† Special notation as applicable.

‡ **Vocational Training is optional.**

To be filled up by Ship or Establishment from which rating is sent to Depot for final discharge.

XI. Special Remarks.

(Include power of command, intelligence, initiative, energy, and any qualification not otherwise recorded.)

XII. To be filled in only on Final Discharge.

His character during service was * _____

His general efficiency in carrying out his duties was * _____

His efficiency on discharge was assessed as * _____

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

Captain.

Date.

HOSTILITIES *V/S*

WEEKLY TEST AND FINAL RESULTS

NAME A. J. GRAHAM

O. N. V-42839

CLASS "CT" Cataract

WEEK ENDING	MF X	DFX	MF	SEMAPHORE		PAPER	BUZZER	REMARKS
				H. F.	MECH.			
23 23-12-42		89.5	76	96	98	19.3		3 rd week
30-12-42		78	80	88	92	36		
13-1-43	78.7	92	84	88	90	47		Very slow indeed but interested.
27-1-43	5	84	5	5	5	5		Worth keeping
3-2-43	5	81	85	92	90	36.5		
10-2-43		79	76	94	88	46		
17-2-43	91.5	82	78	96	92	54		
24-2-43	93.5	82		90	86	53		
3-3-43	94	92	89	94	90	51		body
10-3-43	92	96	84	92	94	58		
17-3-43		97	80	96	98	74		body instructions

DATE <u>15/1/43</u>	COMB- INED PAPER	COD- ING	FLAS- HING	MORSE FLAG	SEMAPHORE		BUZZER		P. or F.	REMARKS
					H. F.	MECH.	TRANS.	RECG.		
%age REQUIRED	75	75	95	92	96	96	75	85		
%age OBTAINED	81		95	100	96	100			P	0/sig
<u>2/4/43</u>	80.5	79.5	100	100	100	100			P	sig

(Information extracted from Naval Service Headquarters' Records.)

Six copies to be rendered to Naval Service Headquarters

40

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

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

Name..... **GRAHAM Alvin John**
(Christian names in full)

Rank or Rating..... **Signalman** Official No..... **V-42839** Unit { **R.C.N.**
R.C.N.R.
R.C.N.V.R.

Place of Birth..... **Chatham, Ontario** Date of Birth..... **4th May 1922**

Occupation in Civil Life..... **Clerk (Store)** Religion..... **United Church**

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings)..... **From 22nd July 1942 to 21 August 1944.**

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. "ALBERNI" was lost in the English Channel due to enemy action.

Nearest known relative or friend. { Name..... **Mrs. Ada M. Graham** Relationship..... **Wife**
Address..... **80 Murray Street, CHATHAM, Ontario.**

Date on which the above was informed by Ship..... **Naval Service Headquarters: 23 Aug. 1944.**

Date on which death was registered with local Officials.....

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

If applicable { Place of Burial..... **No burial.** Date of Burial.....
Location, Number, etc., of grave.....
Undertaker employed.....

for *H.A. Money*
(Commanding Officer)
SECRETARY, NAVAL BOARD.

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

Date..... **OTTAWA, Ont. February 28 1945.**

In all cases this Form is to be sent in addition to the Report by Telegraph required by the Regulations.

Distribution: File, Imp. W. G. Com., Dom. Stat., Register, Sec. C.P.C., Dir. of Records.

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

ENTERED IN
D.N.P.A.'s LOG BOOK
E.L. MAR 21 1945
CLERK No. 1

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

HC

Name: **GRAHAM** **Alvin J.** No.: **V.42839**
Surname Christian Names

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

AMOUNT

Date: **10-6-44**

L.P.C.....\$ **122.62**
 Other Credits.....
 Total..... **122.62**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow,	Mrs. Ada M. Graham, 83 Lansdowne Ave., CHATHAM, Ont. (as next of kin entitled)	\$122.62

P4. TO TREAS. 10-9-45, Q.M.

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$122.62
CLASSIFIED BY			EXAMINED BY		
<i>D</i>			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

L. M. Firth
 (L. M. FIRTH) Colonel
 Director of Estates

AUDITED FOR PAYMENT

.....
 For Chief Treasury Officer

Mrs. Ada M. Graham

80 Murray St.,

CHATHAM, 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 V-42839-FD-734

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

GRAHAM Alvin John Semn.

V-42839 R.C.N.V.R.



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

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

br

M. W. Adams
Commander Percival
for 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.....	ADA MABLE GRAHAM	20	83 LANSLOWNE CHATHAM
2	Children of the Deceased and dates of their Births.....	JOHN ROBERT THOMAS GRAHAM.	21 months	83 LANSLOWNE
3	Father of the Deceased.....	WILLIAM GEORGE GRAHAM	44	RR 7. CHATHAM.
4	Mother of the Deceased.....	EMMA ALBERTA GRAHAM.	44	RR 7 CHATHAM
5	Brothers of the Deceased	Full Blood	MURRAY ELMER GRAHAM 16	" "
		Half Blood	nil	
6	Sisters of the Deceased	Full Blood	MARJORIE MAY GRAHAM 23 BETTY JUNE G. GRAHAM 19	" " "
		Half Blood	nil	
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	
		nil		

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	ALVIN JOHN GRAHAM.
9	Date of his birth.	4. MAY 1922.
10	Place and date of his marriage.	WINDSOR NOV 8 1942
11	Place and date of his parents' marriage.	CHATHAM 27 OCTOBER 1920

PARTICULARS OF DOMICILE

12	Place where deceased was born.	DOVER TOWNSHIP KENT COUNTY 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) ONTARIO, DOVERTOWNSHIP, KENT COUNTY (b) ONTARIO ESSEX COUNTY WINDSOR-3YRS. (c) (d)
14	Nature of employment before enlistment.	CLERK
15	State whether he owned the premises in which he lived, and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	WINDSOR-ESSEX-ONT

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	NOT SO FAR AS I KNOW.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	No.
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	DONT KNOW OF ANY
20	Amount of War Savings Certificates held by deceased. Indicate where located.	DONT KNOW OF ANY
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	DONT KNOW OF ANY
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	YES. \$100000 MONTREAL LIFE MOTHER - EMMA A. GRAHAM.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	NIL.

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.	NIL
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No

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

DECLARATION

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

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

* THE WIDOWof 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.

Signature of Informant: Mrs. Ada Mable Graham
Address: B. Lansdowne Ave. Chatham

CERTIFICATE

I hereby certify that to the best of my knowledge and belief ADA MABLE

See above. GRAHAM, { Name of informant } is the WIDOWof the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at CHATHAM ONT. this 8th day of January 1945

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces: [Signature]
Qualification: Notary Public
Address: 118 St. W. Chatham 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

OTHER PARTICULARS

Passing Certificate

This is to Certify

that Alvin John GRAHAM

Rating..... Ord. Smn. (V/S), RCNVR Official Number V.42839

has passed

THE EDUCATIONAL TEST, I , ,R.C.N.

held on..... 3rd November, 1942.

For advancement to Petty Officer



..... Instr. Cdr., R.C.N.
Director of Naval Education

Naval Service Headquarters

Ottawa, this..... 1st day of December, 1942.

C.N.S. 2431

10M-5-42 (4453)
N.S. 815-9-2431

GRAHAM

NAME (Print)

SIG

RANK OR RATING

V 42839

O.N.

ALBERNI

SHIP

QUALIFICATIONS FOR AWARD

CANADIAN VOLUNTEER MEDAL AND CLASP (N.O. 3275)

- (a) **MEDAL** Persons of any rank or rating who have voluntarily served on Active Service and have honourably completed eighteen months' total voluntary Service, whether in the Navy, Army or Air Forces of CANADA and whether continuous or not. *Time for which pay is not allowed will not be reckonable.*
- (b) **CLASP** A minimum of sixty days voluntary Service on duty beyond the territorial boundaries of Canada. Such period need not be continuous. Duty outside the boundaries of Canada in transit from one Canadian point to another Canadian point will not count as qualifying Service.

QUALIFICATIONS FOR AWARD

1939-1943 STAR (N.O. 3287)

1. Six months' service afloat in areas of active operations during the period from the 3rd of September, 1939, to the 31st of December, 1943, inclusive. Service after the 31st of December, 1943, will not be reckoned.

These areas are:

- (a) From the 3rd of September, 1939, the Atlantic Ocean, including the United Kingdom waters and the North Sea; the Baltic; the Arctic Ocean between Greenland and longitude 70° E., and that part of the Indian Ocean lying South of 15° S., and West of 55° E.
- (b) From the 1st of June, 1940, as in (1) above with the addition of the Pacific Ocean and the rest of the Indian Ocean.
- (c) From the 10th of June, 1940, anywhere at sea.

2. Personnel granted an Honour, Decoration or Mention in Despatches *for Service afloat* prior to the 31st of December, 1943, will be eligible for the 1939-43 Star irrespective of the length of sea service.

I Hereby Declare That I Qualify For:

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

To be struck
out if not
applicable.

Details of my qualifications are as follows:

SHIP OR PLACE	DAY, MONTH, YEAR		AREA
	FROM	TO	
H.M.C.S. Hunter	2nd Sept. 1942	10th Nov. 1942	
H.M.C.S. ST. Hyacinthe	11th Nov. 1942	19th April 1943	
STADACONA H.M.C.S.	20th April 1943	27 April 1943	
Alberni H.M.C.S.	28th April 1943	1st April 1944	

A. J. Graham

Signature of Officer or Rating making Declaration

Noted on "STADACONA" file No. 12487 dated 11/1/44



CANADA

ATTESTATION FORM
(HOSTILITIES FORM)

*52-1516
R / def
F / cats
Lodgers.*

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME GRAHAM OFFICIAL NO. V-42839
CHRISTIAN NAMES Alvin John MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
<u>R. R. # 7, Chatham, Ontario.</u>	<u>United</u>

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>4th May 1922</u>	Town <u>Chatham</u> County <u>Kent</u> Province <u>Ontario.</u>	<u>Mrs. Emma Graham - mother-same address.</u>
*Original Nationality of:		
Father <u>British</u>		
Mother <u>British</u>		

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>37½</u>	<u>Brown</u>	<u>Brown</u>	<u>Fair</u>	<u>None.</u>
Inches <u>10</u>	Deflated <u>35½</u>				
	Mean <u>36</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>Two years of High School.</u>	<u>United Cigar Stores - Windsor. Clerk.</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
<u>Divisional Strength 22nd July 1942.</u>	<u>Ordinary Seaman for V/S</u>	<u>Windsor, Ontario.</u>

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

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

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

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

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

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

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

(b) To report for active service 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.....22nd.....day of.....July 1942.....

Signature of applicant X *A. Graham*

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 22nd

day of.....July 1942.....

A. R. Baker S/L, R.C.N.V.R.
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

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

Signature of Applicant X *A. Graham*

Witness *A. R. Baker*

Date.....22nd July 1942..... Rank.....S/L, R.C.N.V.R.....

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

(E) CERTIFICATE OF ATTESTING OFFICER

.....Alvin John GRAHAM.....having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the.....WINDSOR, ONTARIO.....Division of the R.C.N.V.R. or in the appropriate official documents.

A. R. Baker S/L, R.C.N.V.R.
Attesting Officer.

.....22nd July 1942..... R.C.N.V.R. Division WINDSOR, ONTARIO
(or other establishment)

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

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

This is to acknowledge that I have not been induced to enter the *Signal* Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

X *A. Graham*
Signature

LA/CM

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N.S. V-42839. PERS.(N)

Policy No. 83,425.

26 December, 1944.

THIS IS TO CERTIFY that according to official information Alvin John Graham, Signalman, Official Number V-42839, Royal Canadian Naval Volunteer Reserve, is missing, presumed killed on the 21st of August, 1944, when the ship in which he was serving, H.M.C.S. "ALBERNI", was lost in the English Channel due to enemy action.


SECRETARY, NAVAL BOARD.   

V42839

OFFICIAL NUMBER

FILE NUMBER

113-G-1980

OFFICIAL NUMBER

V42839

NAME GRAHAM (Surname) Alvin John (Given Names) DATE OF BIRTH 4 May 1922

PLACE OF BIRTH Chatham, Ont. OCCUPATION United Cigars Store. Clerk.

RELIGION United EDUCATION Two yrs. High.

RESIDENCE AT TIME OF ENLISTMENT: Street and No. R.R. #7. Town Chatham, Province, etc. Ont.

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
22	7	42	H.O.	5'10	Brn.	Brn.	Fair	None				

NEXT OF KIN RELATIONSHIP (in pencil) *Wife* NAME (in pencil) *Mrs Ada M. Graham*
ADDRESS (in pencil): Street and No. *83 Lansdowne Ave.* Town *Chatham* Province, etc. *Ont.*

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	
11	4	44	Awarded C.V.S.M. (R&C) 249AA 4487	3	11	42	Passed E.T. 1. R.C.N. <i>CNS 2431</i>				
11	4	44	" 1939-1943 Star "	21	1	43	Qual. Anti-Gas 1 day (249A/25266)				
				15	1	43	Qual. Ord. Sig. 249A-41731				
				2	4	43	Qual. Sig. 249A-41731				
				18	4	44	Failed to qual. T.O.V/S 'AA 4767				

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

FILM
NO. *WAP-5669-4*
DATE

O.H.F. Received.

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

SECOND CLASS FOR CONDUCT

From

To



V42839

OFFICIAL NUMBER

NAME

GRAHAM

Alvin John

(Surname)

(Given Names)

OFFICIAL NUMBER

V42839

P.I.B.

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS Hunter	Ord. Smn. V/S	22	7	42	Div. Str. Hunter.	V.G.	Sat.	31	12	42							
" "	"	2	9	42	Active Service D.L. 2	V.G.	Sat.	31	12	43							
St. Hyacinthe	"	11	11	42	D.L. 88	V.G.	Sat.	21	8	44							
	Ord. Sig.	15	1	43	Trans. 249A-41731.												
Stadacona	" "	21	4	43	D.R.D. #H-1237.												
Alberni	" "	28	4	43	D.R.D. #H-1295.												
"	Sig.	2	9	43	249A/14939												
DISCHARGED	"	21	8	44	"Presumed Dead" Sub. 16.1.45												

GENERAL REMARKS

Canadian Memorial Cross awarded to:
 WIFE: Mrs. Ada M. Graham,
 80 Murray Street, CHATHAM, Ont
 to date 17th Jan., 1945.
 Canadian Memorial Cross awarded to:
 Mother: Mrs. Emma Alberta Graham,
 R.R. #7, Chatham, Ont.
 to date Jan. 31., 1945.

DATE OF BIRTH			PLACE	CIVIL OCCU.		RELI-ED	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT			
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	P.	CTV.	TOWN	SERV.	DIV.	A	BR	RANK
04	5	22	11	660	0	403	1	36	03	0	11	0	08	25
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR	RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR	RANK	
22	07	42	02	09	42					1520	0	11	24	
SENIORITY			STR.	NON-SUB		M	8 9 76			CODED		CHECKED		
DY.	MO.	YR.	CAT.	A	B	ST.	E P			R W		J B		
22	09	42	13	00	00									

CERTIFICATE of the SERVICE of

O.H.F.

Alvin John GRAHAM

IC-NS-13250

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V-42839</i>
	<i>H.M.C.S. "Hunter"</i>	"
		"

Date of Birth <i>4 May, 1922</i>	Name and Address of Nearest Relative or Friend (in pencil) <i>William George Graham Teacher. Same address</i>
Place of Birth <i>Chatham, Ontario</i>	
Place of Residence <i>R.R. #1, Chatham Ont.</i>	
Trade brought up to <i>Clerk</i>	
Religion <i>United Church</i>	

Can Swim:—P.P.T. Date.....19..... Signature..... Rank.....
P.S.T. Date.....19..... Signature..... Rank.....

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<i>22 July 42</i>	<i>Duration of Hostilities</i>	<i>Ord. S. 1/3</i>		<i>11 April 44</i>	<i>Can Volunteer Service Medal and Class. Brod Award 1939-43 Star</i>

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>10</i>	<i>36</i>	<i>144</i>	<i>Brown</i>	<i>Brown</i>	<i>Fair</i>	<i>Fine</i>
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

TRANSFER BETWEEN DIVISIONS			TRANSFER—LISTS A AND B		
From	To	Date	List	Date	Authority

