



LSA Graham, Douglas George RCNVR
 P/O Graham, Frederick George RCAF
 Pte Graham, Gordon Alexander Ir RC
 L/Cpl Graham, Harry Bamford RWpg Rif
 Pte Graham, Hugh Courtney Perth R
 Pte Graham, Jack Edgar L Sup R
 Pte Graham, Jack Simon Malcolm R Regt C
 P/O Graham, James Craig RCAF
 Cpl Graham, John Cameron Camerons of C
 Rfn Graham, John Wheeler RWpg Rif
 Maj Graham, Kenneth Laurie RCAC
 Cfn Graham, Lawrence Nellis RCEME
 P/O Graham, Lester Cameron RCAF
 Cpl Graham, Lloyd Milton Sask LI
 P/O Graham, Lloyd Thomas RCAF
 Pte Graham, Melvin 48 Highrs
 Cpl Graham, Melvin Robert James CGG
 Sgt Graham, Milford Henry RCAF
 Pte Graham, Ray Stuart Hast & PER
 L/Cpl Graham, Stanley Robert West NSR
 Sgt Graham, Thomas William DCM Lan & Ren Scot R
 Cpl Graham, William C Scot R
 Gdsm Graham, William Alexander GGFG
 Pte Graham, William Edgar Seaforth of C
 L/Cpl Graham, William John C Pro C
 Capt Graham-Browne, William RCA
 SPO Grainger, Roy James RCNVR
 Cpl Grainger, William Alfred Wpg Gren
 ERA3/c Graiss, Donald Borden RCNVR



Cpl Gramme, William Julian RCASC
 P/O Gramson, Walter John RCAF
 P/O Granbois, Wallace Lawrence RCAF
 L/Cpl Grandfield, Stanley Frederick RC Sigs
 E/O Grange, Arthur Hugh RCAF
 Gnr Granger, Mose Clifford RCA
 Sgt Granger, Rinaldo Harvey 1 Cdn Spec Ser Bn
 P/O Grant, Alfred Frederick RCAF
 Pte Grant, Allen Humphry SD & G Highrs
 Lt Grant, Bernard Cameron SD & G Highrs
 P/O Grant, Charles RCAF
 F/L Grant, Charles Donald RCAF
 Pte Grant, Clifford Joseph L Sup R
 S/L Grant, David Donald Spence RCAF
 Pte Grant, Elmer James Calg Highrs
 O/Smn Grant, George William RCNVR
 P/O Grant, James Vallance RCAF
 Lt Grant, Gordon Wilson Lachlan RHC
 Pte Grant, Jean CWAC
 Pte Grant, John Edmund Tor Scot R
 F/O Grant, John Edward RCAF
 P/O Grant, John Joseph RCAF
 L/Cpl Grant, John Raymond QOR of C
 S/L Grant, John Ritchie RAF
 Lt Grant, Malcolm Seafield RCNVR
 P/O Grant, Moriston Carlyle RCAF
 Sig Grant, Robert Grierson RCNVR
 Capt Grant, Robert John Frederick SD & G Highrs
 Pte Grant, Thomas N Shore R
 Bdr Grant, Thomas John Douglas RCA
 Pte Grant, William Calg Highrs
 F/O Grassie, Chesley Reginald RCAF
 L/Cpl Graumann, Elmer Nathaniel HLI of C

V30724
GRAIS
DONALD BORDE

P149300

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..... GRAIS, Donald Borden..... (b) Reg'l. No. V30724
- 2. (a) Arm of service..... Naval..... (b) Unit..... R.C.N.V.R...... (c) Rank..... A/E.R.A. 4th Cl.
- 3. (a) Date of birth..... 15th Sep 11..... (b) I have you any dependents?..... Yes...... (c) Place of residence at time of enlistment..... Nanaimo, B.C.
- 4. (a) Place of enlistment..... Esquimalt, B.C...... (b) Date of enlistment..... 13th Oct. 1941.

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school..... 16..... (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 years Technical High School.
- 7. If you attended a university, give name of university and standing or degree secured..... -
- 8. (a) Did you ever enter upon a trade apprenticeship?..... No..... (b) If so, for what occupation?..... -..... (c) Did you finish it?..... -..... (d) If you did not finish it, how long did you serve at it?..... -
- 9. (a) What languages do you speak fluently?..... English..... (b) What languages do you read well?..... English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

- 10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below)..... Working...... (b) At time of enlistment of what trade union or professional society were you a member?..... 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..... Wall & Bradshaw..... Address..... Nanaimo, B.C.
- 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)..... Wholesale Hardware.
- 20. (a) Your specific occupation..... Service Manager...... (b) Number of years' experience at this occupation with any employer..... 4
- 21. (a) Did your employer promise definitely to give you employment on discharge?..... No..... (b) Did your employer refuse to promise you employment on discharge?..... No..... (c) Do you wish to return to your former employment?..... No

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?..... None.
- 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..... None.

DATE 15th October, 1941. SIGNATURE D. Grais

O.H.F. Received

COPY TO
VWD
ES

NOV 1 1947

P299387 113.4 - 1260

M.F.M. 16A
150M-441 (212-3)
H.Q. 1772-39-1665

15

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

(.....NAVAL.....)
(Service—Military or Air)

APPLICATION FOR DEPENDENT'S ALLOWANCE—FOR DEPENDENTS OTHER THAN THOSE PROVIDED FOR ON FORM M. 16

The names required by Questions 1, 2 & 12 must be shown in block capitals.

Answer required by question 4 is rank for which pay is issuable. When warrant rank, show Class I or II.

Question 6: Should be taken on strength for pay on date of enlistment, or on reporting after being called out for duty. If granted leave of absence Part II Orders should show record.

Question 7: In the case of officers the date of reporting for duty is the date pay commences, and dependents' allowances cannot commence prior to that date.

Questions 9 and 10: Are to determine the degree of eligibility to an allowance where salary or wages continue in whole or in part.

1. Surname of applicant..... **G R A I S**
2. Full Christian name or names..... **DONALD BORDEN**
3. Regimental or Official Number **V-30724**..... **4 ~~XXXX~~ E.R.A. 4/c.**.....
RATING
5. Unit, Station, or Establishment..... **H.M.C.S. "COURTENAY"**
6. (If "other rank") Date of enlistment or called out for duty and taken on strength for pay..... **13th October, 1941**..... D.O. No. --- d/ ---
7. (If "Officer") (a) Date of appointment..... --- D.O. No. --- d/ ---
(b) Date reported for duty..... --- D.O. No. --- d/ ---
8. Are you a member of the permanent forces, military or air? No. **(RCNVR.)**.....
If so, (a) State permanent establishment, unit or station..... ---
.....(b) Are you receiving permanent force rates of pay and allowances?..... **Yes**.....
9. If you are an employee of a Dominion or Provincial Government, Municipality, Board, Commission or other Public Authority, give particulars of such employment.....

10. (a) If your salary or wages or any part thereof are being continued by such public authority during service, state amount per month..... -----
(b) "If you are in receipt of disability pension from any source, state amount per month, pension No., and name of Government paying pension..... -----"
11. Give particulars of your civilian occupation together with total earnings and period of time employed in the six months preceding enlistment. **Total earnings for six months preceding \$750.00..... Employed by Walls & Bradshaw Hardware, Nanaimo, B.C., Blue Line Transit Co., Nanaimo, B.C.**
12. Name of dependent **GRAIS**..... **Ada J.**..... **Mrs.**
Surname..... Christian Name..... Mr. Mrs. or Miss
13. Address..... **Westview, British Columbia**.....

Question 13: Give street name and number or post office box number, R.R. No., city, town or village and province.

13.10.41
A/E R.A. 4d
Country

14. Age of dependent.....56 years..... 15. RelationshipMother.....

Questions 16 to 23:
Have a bearing on
the eligibility for the
allowance and the
amount payable.

16. With whom did the dependent reside in the 6 months' period preceding your enlistment?

2 mos. spent in Vner. Gen. Hosp. and previous with brother
State name, address and relationship to dependent

17. With whom will the dependent make his or her home hereafter? Mr. J. Miller,
(No income derived from (State relationship) Westview, B.C. No relation: Mrs. Grais had been housekeeper for
Mr. Miller) Miller is infirmed and his home provides a domicile for Mrs. Grais. Mr. Miller is the occupant of the house she now resides.

18. Is dependent being maintained in a Public Institution at the public's expense? No
Yes or no

.....
If yes, give name and location of institution

19. Why is dependent unable to provide for his or her own support? If by reason of mental or physical infirmity, give nature and duration of same together with name and address

of family doctor, if any Physically unable. Reference to family doctor, Dr. Day SMITH, Medical Building, Vancouver, B. C.

20. From what date have you been contributing to the support of this dependent?.....

For a year and one half

21. Are you the sole or partial support? Sole
State whether sole support or partial support

22. (a) Give nature and amount of financial assistance (this may include board and room) given by you to this dependent in each of the 6 months prior to enlistment and total of

same for the 6 months During the 2 mons. prior to enlistment, and average of \$50.00 was the assistance, for during this period, my mother became no longer able to support herself (time in hospital). Previously, contributions of \$15.00 per month.

(b) Did your contributions entitle you to board and lodgings in return or did you provide your own board and lodgings?

23. If this dependent became dependent upon you within the six months preceding enlistment, what change in the dependent's financial circumstances has made him or her so

dependent upon you?

24. If dependent is your mother, is your father living? No
Yes or No

If "yes" state extent and nature of his contribution to your mother's support and if he does not fully support her, state reasons.

Question 23:
(If "SOLDIER"
teen days'
month must
signed to d
If 15 days'
month has
signed to
wife and
additional 5
per month
assigned to
pendent.
(If "OFFICER"
days' pay p
must be as
this depende

14

25. If dependent is father or mother, sister or brother, give particulars of your other brothers and sisters.

Name	Address	Age	Occupation	Married or Single
Everett W. Grais	R.G.E. Vancouver, B.C.	36	Accountant	Married (bro)
Mrs. H. Spidell	Granberry Lake, B.C.	33	Wife	Married (sis)

per for
s. Mr.
Mrs. Grais,

26. (a) If any of the above relatives contributed to such dependent's support, state name and nature and amount of contribution in the 6 months preceding your enlistment.

No knowledge of any contribution

(b) In any such instance did the relative contributing receive board and lodgings in exchange for such contributions. If "yes" explain: No

y
C.

27. Give full particulars of the dependent's average monthly income from all sources other than your own contributions, to the best of your knowledge, information and belief under the following headings.

Dependent's Average Monthly Income from:	Dependent's Average Monthly Allowances from:
Personal earnings \$ ---	Workmen's Compensation
Contributions and allowances from other members of family \$ ---	Award \$ ---
Insurance \$ ---	Widow's Pension \$ ---
Dividends from shares, bonds, etc. \$ ---	Other Government or Municipal Allowances. (State nature of allowance and name of Public Authority) \$ ---
Interest on loans or mortgages. \$ --- \$ ---
Rentals \$ --- \$ ---
Other \$ --- \$ ---
Total \$ ---	Total \$ ---

and
period,
me in
nth.

Question 28:
(If "SOLDIER") Fifteen days' pay for month must be assigned to dependent. If 15 days' pay per month has been assigned to dependent wife and child an additional 5 days' pay per month must be assigned to this dependent.
(If "OFFICER") Five days' pay per month must be assigned to this dependent.

28. What amount of pay have you assigned per month on behalf of this dependent?

Five days' pay \$ 16.00

29. Date assigned pay effective January, 1943

30. Have you made a prior assignment of pay. If so, state number of days and to whom

No 15 days' assigned pay to Mrs. D. Grais, 288 Machleary St., Nanaimo, B. C.

[OVER]

31. Have you made a previous claim for dependent's allowance? No

If so, give particulars of previous unit and official number under which applied for and date of application

32. If the allowance is to be paid outside Canada, state the country in which the applicant resided immediately prior to appointment or enlistment

Certified that authorization for assigned pay as stated has been received and that the answers to Questions 1, 2, 3, 4, 5, 6, 7, and 8 are in accordance with records. I certify that the above is a true statement made for the purpose of obtaining dependents' allowance.

[Signature]
.....
(Paymaster or Accountant Officer) (Rank)

[Signature]
.....
Signature of Applicant

Pay'r. Sub. Lieut. R.C.N.V.R. A/E.R.A. 4/c. V.30724
for ACCOUNTANT OFFICER.

[Signature]
.....
Treasury Officer

Date 12th December, 1942

Pay'r. Sub. Lieut. RCNVR.

Establishment, unit or station

Signed in the presence of:

H.M.C.S. "COURTENAY"

Place (Tender to "CHATHAM", Prince Rupert,
B. C.

[Signature]
Writer, Witness V.31940.

NOTES.—Dependents' allowances may not be awarded to more than three dependents of any officer or man. Any special circumstances applying to the applicant and his service, which are not disclosed by above questions and answers, should be explained by additional necessary notations.

Alot. of \$ 16.00 New January '43 declared by this Rating

*Sec II Bellamy
L.R.R.*

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

42

25 August, 1944

Sir:

(Date)

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.
GRAIS, Donald Borden Engine Room Artificer 3/c V-30724, R.C.N.V.R.

DATE OF ENLISTMENT - 13 October, 1941.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - wife NAME - Mrs. Gladys Grais,

ADDRESS - 288 Macleary St., Nanaimo, B.C.

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

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

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

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

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

Noted D.N.P.A. 44
29-12-44 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)

SERVICE

O.N. V30724

41

NAME: GRAIS, Donald Borden

PRESENT RANK/RATING: A/E.R.A.4/c.

DATE TAKEN ON ACTIVE SERVICE: 13.10.41.

SERVICESHIP OR ESTABLISHMENT

	<u>From</u>	<u>To</u>
Naden	13.10.41	16.3.42.
Courtenay	17.3.42	8.4.43.
Givenchy	9.4.43	22.4.43.
Stadacona	23.4.43	30.4.43
Alberni	1.5.43	

WILL: No.

NAME & ADDRESS OF
NEXT OF KIN:Wife: Mrs. Gladys Grais,
288 Machleary St.,
Nanaimo, B.C.

DISCHARGED PREVIOUSLY? No

REASON:

DATE:

Initialed by: D.B.

Date: 24.8.44.

Section:

111

(TO BE COMPLETED IN INK.)

OTTAWA, Ont., 25 August, 4
 N.S. V-30724 PERS. (N)

Dear Sir:

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

Name.. GRAIS..... Donald Borden.....
 (Surname) (Christian Names)

Rank/Rating Engine Room Artificer Third Class.....

Official No.. V-30724, R.C.N.V.R......

Nature of Casualty Missing at sea when ship in which serving was lost by enemy action in English Channel.

Date of Casualty Will be reported later.....

Address at time of Enlistment 288. Macleary St.,
 Nanaimo, B.C......

Marital Status at time of Enlistment... Married.....

Occupation... Mechanic.....

Name & Address of Next of Kin Wife: Mrs. Gladys Crais,
288. Macleary St., NANAIMO, B.C......

Yours truly,

J. B. Money

for

SECRETARY, NAVAL BOARD. *c*

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

in
B 7.30/11/44
NPR/5
c



142493

He

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

N.S. V-30724. PERS.(N)

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

My dear Mrs. Grais:

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. Don was an excellent engineer both reliable and efficient. He has been with me for a long time now and we had become more friends than officer and rating. He was always making things for all the lads and was very well liked by both officers and men.

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 Nanaimo 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,

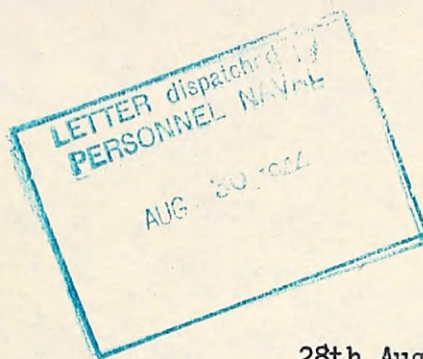
"Ian Bell"

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

Mrs. Gladys Grais,
288 Machleary St.,
MANAIMO, B.C.

TFH/JAG

"AIR MAIL"



1138131

V-30724 PERS. (N).

28th August, 1944.

Dear Mrs. Grais:-

Further to my letter of the 23rd August, details of the disaster in which your husband 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,

P.A.'S CHECKED IN

C.R. BY 37

SECRETARY, NAVAL BOARD. 3

Mrs. Gladys Grais,
288 Macleary Street,
NANAIMO, B.C.

FILE
ACTION TAKEN



LA/ERM

R E G I S T E R E D

A I R M A I L *603*

N.S. V-30724 PERS(N)

26 December, 1944.

Dear Mrs. Grais:

Further to my letter of the 28th of August, 1944, I regret to inform you that in view of the length of time which has elapsed since your husband, Donald Borden Grais, Engine Room Artificer Third Class, Official Number V-30724, Royal Canadian Naval Volunteer Reserve, was reported missing from H.M.C.S. "ALBERNI", and as no news has since been received to the contrary, the Canadian Naval Authorities have now presumed his death to have occurred on the 21st of August, 1944.

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

Yours sincerely,

[Signature]
SECRETARY, NAVAL BOARD.

Mrs. Gladys Grais,
288 Machleary Street,
NANAIMO, B.C.

Despatched by
Sec. N. B.

[Signature]
Date 26.12.44
Time 10 30

*Noted E.N.P.A.
29-12-44
S.P.*

JR/IG

69

OTTAWA, Ont. 14th February 5
NS. V-30724 (Pers. (N) 12)

REGISTERED

Dear Madam:

I wish to advise you that it would appear that you are entitled to receive a proportion of the War Service Gratuity in respect of your late son Donald B. Grais, R.C.N.V.R. It has been noted that you have apparently not applied for this Gratuity and payment therefore cannot be made without such application. It is accordingly requested that you inform the Secretary, Naval Board, Naval Service Headquarters, at the earliest possible date concerning whether or not you wish to file claim for this Gratuity.

Yours truly,
LETTER ^{dispatched}
PERSONNEL NAVAL
FEB 15 1945
[Signature]
for
SECRETARY, NAVAL BOARD.
[Signature]

Mrs. Ada J. Grais,
c/o Royal Bank of Canada,
Davie Street Branch,
Vancouver, B.C.

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

Reg. No. (Office use only)

72

1. PLACE OF DEATH
Name of city or place AT SEA Name of Municipality (if any) _____
Street or road _____ House No. _____
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY
In Municipality where death occurred _____ In Province _____ In Canada (if immigrant) _____
(in years, months and days)

3. PRINT FULL NAME OF DECEASED GRAIS Donald Borden
(Surname or last name) (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place NANAIMO, B.C. Name of Municipality (if any) _____
Street or road 288 Macleary St. House No. 288

5. SEX <u>Male</u>	6. CITIZENSHIP <small>(See marginal note)</small> <u>Canadian</u>	7. RACIAL ORIGIN <small>(See marginal note)</small>	8. Single, Married, Widowed or Divorced <small>(Write the word)</small> <u>Married</u>	9. BIRTHPLACE (Province or Country) <u>Innisfree, Alta.</u>
------------------------------	--	---	---	---

10. Date of Birth Sept. 15 1911 **11. AGE** { Years 32 Months 7 Days 11 If less than one day _____ hrs. or _____ min.

12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc. Mechanic, Blue Line Transit Co.
(b) Kind of industry or business, as paper mill, lumber, bank, etc. _____
(If labourer specify kind of work above)

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

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

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

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

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

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at OTTAWA, Ont., this 3 day of March, 1945.
Signature of informant [Signature] Relationship to deceased Director of Personnel Record
Address Paymaster Commander R.C.N. Naval Service Headquarters.

20. Burial, Cremation or Removal No burial Date 19 _____
(Month by name) (Day) (Year)
Place of Burial _____ Cemetery _____
(Municipality)

21. Undertaker:—
Name _____ Address _____

22. Marginal Notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

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

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

I	CAUSE OF DEATH	DURATION		
		Yrs.	Mos.	Dys.
Immediate cause <small>Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.</small>	(a) <u>"Missing," presumed dead. He was due to serving in H.M.C.S. "ALBERNI" which was sunk in the English Channel.</u>			
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.	_____			

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

26. Was there a surgical operation? _____ Date of operation _____ 19____
State findings _____ Was there an autopsy? _____

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? _____ 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 _____ **Designation** _____ M.D., Coroner, etc.
Address _____ **Date** _____ 19____

28. I hereby certify that the above return was made to me at _____
Dated _____ 19____ (District Registrar)

District Registration No. _____

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

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

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

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

CAM

79

N.S.V-30724, F.D. 308, PERS. (N)

DC 639917 A3

13 March, 1945.

THIS IS TO CERTIFY that according to official information Donald Borden Grais, Engine Room Artificer Third Class, Official Number V-30724, 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.

[Handwritten signatures and initials]

NON QUALIFYING SERVICE

(#)	Date	Reason	No. of Days	Overseas
"	_____	"	_____	_____
"	_____	"	_____	_____
"	_____	"	_____	_____
"	_____	"	_____	_____
"	_____	"	_____	_____
"	_____	"	_____	_____
			Total Days	=====

(%)
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
Courtenay	17 mch '42	8 Apr '43	388
Alberni	1 May '43	21 Aug '44	479
			<u>867</u>

365	366
15	31
8	30
<u>388</u>	31
	21
	<u>479</u>

COMMISSION OF SERVICE
NAVY SERVICE OVERSEAS

STATEMENT OF WAR SERVICE GRATUITY - NAVY

wife
Hyman

Deceased Member's Name **Donald Borden GRAIS**
(Christian Names) (Surname)

Payee **Mr. Gladys GRAIS**
Address **288. Macleary St.
Nanaimo, B.C.**

Register No. **1961**
File No. **V30724**
Date **11 Apr 45**
Service No. **V30724**
Final Rank or Rating **E.R.A. 4c**
Date of Discharge **21 Aug 44**

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

A. TOTAL QUALIFYING SERVICE
No. of days **1044** equal to **34** complete periods at \$7.50 **255.00**

B. QUALIFYING OVERSEAS SERVICE
No. of days **867** less **24** ineligible days equal to **843** days @ 25¢ per day **210.75**

C. SUPPLEMENT FOR OVERSEAS SERVICE
DAILY RATES AT DISCHARGE

Pay	\$	3.05	
Subsistence or Lodging and Provision Allowance	\$	1.45	
Additional Pay H.L.M.	\$.30	
Dependents' Allowance 1/30 of \$ 25.00	\$	2.94	
Total	\$	7.74	$\times 7 = \$ 54.18$
No. of days		843	$\times \$ 54.18$
		183	249.58

D. WAR SERVICE GRATUITY **715.33**

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

F. TOTAL AMOUNT PAYABLE **715.33**

G. YOUR PORTION OF GRATUITY IS
Dependents' Allowance in issue to you \$ **63.12** of \$ = \$ **512.39**
Total Dependents' Allowance in issue \$ **88.12**

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>

Wife & Mother eligible

STATEMENT OF WAR SERVICE GRATUITY - NAVY

mother typed

Deceased Member's Name **Donald Borden** (Christian Names) **GRAIS** (Surname)

Payee **Mrs Ada GRAIS.**
 Address **C/o Royal Bank of Canada, 400 St. Br. Vancouver, BC.**
 Date of termination of overseas service **21 Aug. 44.**

Register No. **1961**
 File No. **V30724**
 Date **11 Apr 45**
 Service No. **V30724**
 Final Rank or Rating **E.R.A. 4/c**
 Date of Discharge **21 Aug 44**

A. TOTAL QUALIFYING SERVICE
 No. of days **1044** equal to **34** complete periods at \$7.50
 30 **255.00**

B. QUALIFYING OVERSEAS SERVICE
 No. of days **867** less **24** ineligible days equal to **843** days @ 25¢ per day **210.75**

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$	3.05	
Subsistence or Lodging and Provision Allowance	\$	1.45	
Additional Pay H.L.M.	\$	36	
Dependents' Allowance 1/30 of \$ 25.00	\$	2.94	
	\$	63.12	
Total	\$	7.74	$\times 7 = \$54.18$
No. of days		843	$\times \$54.18$
		183	249.58

D. WAR SERVICE GRATUITY **715.33**

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

F. TOTAL AMOUNT PAYABLE **715.33**

G. YOUR PORTION OF GRATUITY IS **202.94**
 Dependents' Allowance in issue to you \$ **25.00** of \$ = \$ ~~512.39~~
 Total Dependents' Allowance in issue \$ **88.12**

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>

Wife + mother eligible

IG

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

4
 NAVY

DECEASED
MEMBER'S
NAME

Donald Borden

(CHRISTIAN NAMES)

GRAIS

(SURNAME)

REGISTER NO. 1961 (2)

FILE NO. V-30724

DATE 12 Aug/45.

SERVICE NO. V-30724

FINAL RANK OR RATING E.R.A. 4/C

PAYEE
ADDRESS

Mrs. Ada Grais,
 c/o Royal Bank of Canada,
 Davis St. Branch,
 Vancouver, B.C.

DATE OF TERMINATION OF OVERSEAS SERVICE 21 Aug/44

DATE OF DISCHARGE 21 Aug/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1044 EQUAL TO 34 COMPLETE PERIODS AT \$7.50

\$ 255.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 867 LESS 24 INELIGIBLE DAYS, EQUAL TO 843 DAYS @ 25¢ PER DAY

\$ 210.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 3.05
 SUBSISTENCE OR LODGING
 AND PROVISION ALLOWANCE \$ 1.45
 ADDITIONAL PAY H.L.M. \$.30

DEPENDENTS' ALLOWANCE 1/30 OF \$ 25.00
 63.12 \$ 2.94

TOTAL \$ 7.70 X7 = \$ 54.18
 NO. OF DAYS 843 X\$ 54.18

\$ 249.58

D. WAR SERVICE GRATUITY

\$ 715.33

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
 DEPENDENTS' ALLOWANCE \$ N11
 AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

\$ 715.33

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ 25.00 OF \$ 715.33 = \$ 202.94
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ 88.12

Cheque 5192 - 2/5-45

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 16/4/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

AT

Mrs. Gladys Grais
 288 Machleary St.,
 NANAIMO, B.C.

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

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

and the following number quoted:—

H.Q. NS V-30724-FD-737

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

GRAIS Donald Borden A/E. R.A.

V-30724 P.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.

HRW/bwr

H. H. Wade
 Commander R.C.N.C.
 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.....	GLADYS MARY GRAIS	26	288 MACHLEARY ST NANAIMO B.C.	
2	Children of the Deceased and dates of their Births.....	LARRY DONALD BORN GRAIS AUGUST 5 1935	9	288 MACHLEARY ST NANAIMO B.C. DECEASED AUGUST 8 1935	
		RAYMOND JOSEPH BORN GRAIS JANUARY 12 1939	6	288 MACHLEARY ST NANAIMO B.C.	
3	Father of the Deceased.....	SAMUEL GRAIS	57	Deed MARCH 16, 1936	
4	Mother of the Deceased.....	ADA JEANNETTE GRAIS	58	1213 Barclay St VANCOUVER B.C.	
5	Brothers of the Deceased	Full Blood	EVERETT WESLEY GRAIS	37	2609 W 1st Ave VANCOUVER, B.C.
		Half Blood			
6	Sisters of the Deceased	Full Blood	MRS HAZEL Spidell	35	CRANBERRY LAKE POWELL RIVER B.C.
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children		
	NONE				

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	DONALD BORDEN
9	Date of his birth.	SEPT 15 1911
10	Place and date of his marriage.	POWELL RIVER DECEMBER 11 1934
11	Place and date of his parents' marriage.	AUG 8, 1905 WARWICK ALBERTA.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	INNISFREE ALBERTA
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) 16 years in ALBERTA (b) 6 years in Northern B.C. (c) 5 years in POWELL RIVER - B.C. (d) 3 years in NANAIMO B.C.
14	Nature of employment before enlistment.	MECHANIC
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.	?

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Not that I know of unless done so in the navy
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?	My husband lived only in the West.
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?	NO
20	Amount of War Savings Certificates held by deceased. Indicate where located.	NONE
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	NONE
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	\$1,000 policy with Metropolitan Life Insurance taken out in 1940 and contains a wife clause. Mrs. Gladys Borden as beneficiary
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	NONE

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	
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.)

(PLEASE TURN OVER)

DECLARATION

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

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

* widow 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. Gladys Grais

{Signature of Informant

288 Macleary St. Nanaimo, B.C. Address

CERTIFICATE

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

See above. Gladys Grais { Name of informant } is the widow of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Nanaimo this 5th day of February 19 45

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

J. L. Ward

Qualification Notary Public

Address 626 Millou St. Nanaimo, B.C.

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

my doctor advised an appendix operation & to date haven't been able to afford it. Could anything be done about this.

Could you send any info information as to making a claim for my husband's personal effects.

Mrs. G. Davis
288 Mackleary St.
Waxams B.C.

Dear Sir: —

As regards to my gratuity papers I made a mistake & rated my husband as 4th class C.R.P. instead of 3rd class. Would you kindly make a note of it & have it corrected.

Thank you.

Yours truly
Mrs. G. Davis

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

JG

Name: GRAIS, Donald B. No.: V30724
Surname Christian Names


P.R.A. 3/cl. R.C.N.V.R. O/S 21-9-44
Rank Unit Date of Death

AMOUNT


Date: 10-8-45 L.P.C. \$ 113.48
 Other Credits.....
 Total..... 113.48

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Gladys Grais, 288 Macleary St., Nanaimo, B.C. (1/3 as next of kin entitled) (2/3 benefit of 2 minors)	113.48

P4. TO TREAS. 15-9-45 OW

AUTHORITY					
H.Q. F.E. No.	VOTE	.PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	113.48
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED


 (L. M. FIRTH) Colonel
 Director of Estates

AUDITED FOR PAYMENT

.....
 For Chief Treasury Officer

VERIFICATION FORM

ARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.
 NAVAL GENERAL SERVICE MEDAL (1915).

RANK/RATING *A.P.R.A. 4/c* OFF.NO. *1-30724* ADDRESS

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

VERIFIED BY *[Signature]*
[Signature]

VERIFIED BY DIR. OF PERSONNEL RECORDS.

CERTIFICATE of the SERVICE of

Donald Baden GRAIS

CANCELLED
~~107547133~~

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
	<i>Esquimalt</i>	<i>V30724</i>
		"
		"

Date of Birth	<i>15 September 1911</i>	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth	<i>Linnisflow, Alta</i>	<i>Ellysis</i>
Place of Residence	<i>288 Mackleary St., Nanaimo, B.C.</i>	<i>(wife)</i>
Trade brought up to	<i>Mechanic</i>	<i>same address</i>
Religion	<i>Baptist</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>13 Oct 41</i>	<i>Hostilities</i>	<i>A/ERR 4/2</i>		<i>3 Feb 44</i>	<i>Canadian Volunteer Service Medal & clasp Provincial Award</i>
					<i>3 Feb 44</i>	<i>1929-43 Star Provincial Award</i>

PERSONAL DESCRIPTION								MARKS, WOUNDS, SCARS
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	
	Feet	Inches						
On Entry	<i>5</i>	<i>6</i>	<i>36 1/2</i>		<i>Black</i>	<i>Brown</i>	<i>Dusky</i>	<i>Appendix scar</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



CANADA

42123

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME.....GRAIS, Donald Borden.....OFFICIAL NO.....
CHRISTIAN NAMES.....Donald Borden.....MARRIED, SINGLE OR WIDOWER.....Married

PERMANENT ADDRESS	RELIGION
288 Machleary Street, Nanaimo, B.C.	Baptist.

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
15th September, 1911.	Town Innisfree, County Province Alberta.	Mrs. Gladys (wife) 288 Machleary Street, Nanaimo, B.C.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet.....5.....	Inflated.....33.....	Black	Brown	Dark	Appendix Scar.
Inches.....6.....	Deflated.....35.....				
.....	Mean.....36.....				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
13th October, 1941.	A/E.R.A., Fourth Class, R.C.N.V.R., (Temporary)	Mechanic, Blue Line Transit Co.

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

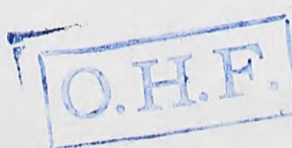
- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That * (a) I have never served, and am not serving in any Naval,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

* (b) ~~I served in~~ 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 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.



LEDGERS

FAIR
ROUGH

mf
2/8
/b

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

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

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

Dated this 15th day of October, 1941.

Signature of applicant D. Grais

(C) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 15th day of October, 1941.

J. P. Ruttan
Signature of Commanding Officer.
Sub Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, Donald Borden GRAIS, 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 D. Grais

Witness J. P. Ruttan

Date 16th October, 1941. Rank Sub Lieutenant, R.C.N.V.R.

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

Donald Borden GRAIS, 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 "NADEN" Division of the R.C.N.V.R.

J. P. Ruttan
Commanding Officer.
Sub Lieutenant, R.C.N.V.R.

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.



CANADA

CRPT
NATIONAL DEFENCE
P149299
SEP 23 1941
N.S. 113-5-1260
CANADA

Can. B. 207

100 M-11-40 (7881)
N.S. 815-2-207

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined GRAIS, Donald Borden
candidate for entry as A/EDAYC RCNVR
and I believe him to be *in all respects fit for His Majesty's Service.
unfit for His Majesty's Service for the reason stated below. He has signed
the Certificate given below in my presence.
† Strike out if inapplicable. * Delete one. White Race Urine: Neg

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

(a) Age (Years / Months)	(b) Weight without Clothes (lbs.)	(c) Height with Bare Feet (ft. ins.)	(d) General Development	(e) Chest Girth (inches)	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or revaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
30 yrs / mth	147	5' 6"	Good	38 (a) maximum 35 (b) minimum 36 1/2 (c) mean	right eye 6/5 left eye 6/6 colour vision N	1929	~	~	~	~	~	~	5 deficient 2 deficient	~

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

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

1. 10. 41

Write in the appropriate notation, and any remarks necessary.

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

Don Grais

Signature of Candidate

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

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

This Candidate is the subject of.....

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

* Delete one.

IF REJECTED
insert here
UNFIT
in block letters

Dated at Esquimalt, B.C. the 1st of October 1941

J. F. Elliott

Examining Medical Officer

(Rank) Lt. RCNVR


DECEASED 21 August 1944

AWARDS NAVY

D.D.

GRAIS	Donald Borden	V-30724	A/ERA.3	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
<u>WAR SERVICE</u>				
<u>BADGE</u>				
(CLASS)	No.	DATE DESPATCHED:		

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	<p><i>MEDALS RET'D. UNDER 17' RD RET'D TO STOCK.</i></p> <p>CANCELLED 7/8/84</p>
Atlantic Star & Clasp	
C.V.S.M. & Clasp	
War Medal	
	<div data-bbox="966 792 1548 1020" style="border: 1px solid black; padding: 5px;"> <p>02-91211 M</p>  <p>P</p> </div>

(THE REVERSE TO BE USED FOR ESTATE)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Sep.45 "ALBERNI"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Gladys Grais - Widow

ADDRESS: ~~288 Machleary St.,~~ c/o Royal Bank of Canada,
~~NANAIMO, B.C.~~ Davie St. Br.
VANCOUVER, B.C.

*Held pending
application 16-6-55*

(2) MEMORIAL CROSS

WIDOW

Mrs Gladys Grais

ADDRESS: 288 Machleary Street
NANAIMO, B.C.

13-1-49

(2) 17 January 1945

(3) MEMORIAL CROSS

MOTHER

Mrs Ada J. Grais

ADDRESS: 1213 Barclay Street
VANCOUVER, B.C.

(3) 17 March 1945

V30724

OFFICIAL NUMBER

FILE NUMBER

113-C-1260

OFFICIAL NUMBER V30724

NAME

GRAIS
(Surname)Donald Dorden
(Given Names)

DATE OF BIRTH

15th September, 1911

PLACE OF BIRTH

Innisfree, Alberta

OCCUPATION

Mechanic

RELIGION

Baptist

EDUCATION

Two Yrs. Technical High

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

288 Machleary St.

Town

Nanaimo

Province, etc.

B.C.

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
13	10	41	H.O.	5'6"	black	brown	dark	appendix scar.				

NEXT OF KIN RELATIONSHIP (in pencil)

Wife (Mrs) 10/15/42

NAME (in pencil)

Mrs Gladys Dorden

ADDRESS (in pencil): Street and No.

288 Machleary St.

Town

Nanaimo

Province, etc.

B.C.

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	C.V.S.M.(R & C) & 1939-1943 Star.								

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			

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

SECOND CLASS FOR CONDUCT

From

To

