



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 Scaforth 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 Humphrey 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/I Grant, John Ritchie RAF
 Lt Grant, Malcolm Scafield 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



GRANT, MALCOLM SEAFIELD

O28760



P 30426

N. V. 4
10M-4-40 (4718)
N.S. 815-11-4
DEPT.
NATIONAL DEFENCE
MAR 14 1941
N.S. 103-988
CANADA

ATTESTATION FORM

FOR OFFICERS OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

(A) DESCRIPTION OF APPLICANT

SURNAME.....GRANT.....	PERMANENT ADDRESS
CHRISTIAN NAME.....Malcolm Seafield.....	350 King Street West.....
RELIGION.....C. of E.	Brockville, Ont.....

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
26th Oct. 1914	Town Bristol, County Province Country England	Helen Graham GRANT (Wife) 350 King St. West, Brockville, Ont.

PERSONAL DESCRIPTION

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet.....6.....	Inflated.....42½.....	Light	Grey	Fair	Nil Scar on upper
Inches.....2.....	Deflated.....37.....	Brown			lip.
166	Mean.....39¾.....				

DATE OF ENROLMENT	RANK IN WHICH ENROLLED	MARRIED, SINGLE, OR WIDOWER	TRADE OR CALLING AND IN WHOSE EMPLOY
8th March, 1941	Prob. - Sub. Lieutenant. (Temp)	Married.	Sales Engineer: Phillips Electrical Works.

(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 an Officer of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and will 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.~~

* Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
-----NTL-----			

- (c) I have never been rejected for 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.

Noted in Service
Records by *Med.*

(OVER)

(5) On being enrolled as an Officer of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:—

(a) To serve from the date thereof for as long as my services may be required, being subject to the provisions of the Naval Service Act, and of the regulations made in pursuance thereof for the governing 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 provide myself with the necessary uniform as laid down in R.C.N.V.R. Regulations.

Dated this Eighth day of March, 19 41

Malcolm Grant
Signature of Applicant.

The above declaration was made and signed in my presence this Eighth
day of March 19 41

W. R. Spence
Signature of Enrolling Officer.
Sub-Lieut. R.C.N.V.R.

(C) OATH OF ALLEGIANCE

GRANT

I Malcolm Seafield 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 Malcolm Grant

Signature of Witness W. R. Spence

Date 8th March, 19 41

Rank Sub-Lieut. R.C.N.V.R.

The Oath of Allegiance may be administered by any commissioned officer of the Naval Service.

NOTE.—This form when completed is to be forwarded to Naval Service Headquarters, Ottawa, together with Certificate of medical examination B-207, and record of any previous service.

The record of previous service will be returned after examination at Naval Service Headquarters.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

0-28760

OFFICIAL NUMBER

NAME GRANT
(Surname)Malcolm Seafield
(Given Names)

OFFICIAL NUMBER 0-28760

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
Div. Str. Montreal	Pro. Sub-Lt.(T)	8	3	41													
Duty DHQ Montreal	Pro. Sub-Lt.(T)	18	8	41													
Royal Roads	Pro. Sub-Lt.(T)	2	9	41													
Royal Roads	Pro. Sub-Lt.(T)	21	12	41	for leave and travelling time												
Kings	Sub-Lieut.(T)	4	1	42	as Divisional Officer												
H.M.C.S. Kings	Lieut. T.	18	8	42	as Divisional Officer	Per Appt.	26-8-42										
H.M.C.S. Cornwallis	Lieut. T.	7	9	42	for training and disposal (Short a/s Course)	Per Appt.	22-9-42										
Stadacona (Truro)	Lieut. T.	17	9	42	Per Appt.	2-10-42											
H.M.C.S. Alberni	Lieut. T.	15	10	42	Per Appt.	29-10-42											
H.M.C.S. Alberni	Lieutenant T	9	10	43	as Executive Officer	Per Appt.	17-11-43				Amended	per Appt.	23-11-43				
H.M.C.S. Alberni	Lieutenant T.	15	10	42													
H.M.C.S. Alberni	Lieutenant T.	9	10	43	as Executive Officer) per Appt.	23-11-43											
DISCHARGED	Lieutenant T	21	8	44	Missing on Active Service	Per Casualty List of 24-8-44	Presumed										

Dead-List 68/45

GENERAL REMARKS

254 King West, Brockville, Ont.
sent 17-1-45

350 King West,
BROCKVILLE, Ont.
sent 17-1-45

Memorial Cross sent to Mother:

Mrs. Lawford Grant,
347A Kenniston Apt., Elgin St.,
Ottawa, Ontario.

31-1-45

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCUPATION		RELIGION		PERMANENT RESIDENCE		ENLISTMENT		RANK OR RATE ON ENLISTMENT	
DY.	MO.	YR.	BIRTH	MAIN	SUB	TOIC			CTY.	TOWN	SER.	DIV.	A	BR.
26	6	14	22	630	0	30	X	1	26	02	0	09	2	01
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	
08	03	41	18	08	41					15	20	0	01	09
SENIORITY			STR.		NON-SUB		M		CODED		CHECKED			
DY.	MO.	YR.	CAT.	S	B	ST.								
18	08	45	13											

MEDALS AND MEMORIALS—DECEASED PERSONNEL
RCNVR Sept. 45 "ALBERNI"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Helen L. Grant - Widow
c/o Mrs. Geo. E.P. Graham,
350 King St. W.,
ADDRESS: BROCKVILLE, Ont.

(2) MEMORIAL CROSS

WIDOW Mrs. H. L. Grant
c/o Mrs. G. Graham
ADDRESS: 350 King Street West
BROCKVILLE, Ontario

(3) MEMORIAL CROSS

MOTHER Mrs. L. Grant
347A Kenniston Apts., Elgin Street
ADDRESS: OTTAWA, Ontario

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO.....

48

(2)

17 January 1945

(3)

31 January 1945

AWARDS NAVY

DECEASED 21 August 1944

D.D.

GRANT

Malcolm Seafield

O-28760

Lieut

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

1939-45 Star

Atlantic Star and Clasp

Africa Star and Clasp

C.V.S.M. and Clasp

War Medal

M. In D.

REGISTRATION NUMBER AND DATE DESPATCHED

46

7 - 10 - 49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

Mrs. Helen Lois Grant

c/o Mrs. George E.P. Grant

350 King St. W.,

BROCKVILLE, 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 0-28760-FD-733

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

GRANT Malcolm Seafield Lieut.

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.

HRW/bwr

H. H. Meade
Commander
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.....	Helen Lois Grant,	29	350 King St. West, Brockville, Ontario.
2	Children of the Deceased and dates of their Births.....	Perry Seafield Grant Daughter - born June 28, 1940, Hunter Seafield Grant, Son - born July 25, 1942,	4	350 King St. West, Brockville, Ontario. 350 King St. West, Brockville, Ontario.
3	Father of the Deceased.....	Lawford S. F. Grant,	66	347A Elgin Street, Ottawa, Ontario.
4	Mother of the Deceased.....	Nancy Grant,	61	347A. Elgin Street, Ottawa, Ontario.
5	Brothers of the Deceased	Donald Seafield Grant,	38	R.C.A.F. St. Huberts, Montreal, Que.
		Kingsley Seafield Grant,	35	87 Heman Street, Mimico, Ontario.
6	Sisters of the Deceased	Margaret Grant Brown,	37	Moosup Conn. U.S.A.
		Barbara Grant Beck,	33	Brunton Park, Newcastle-on-Tyne, England.
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.	Dorcas Grant MacNaughton,	27	Hartley Street, Brockville, Ontario.
		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	MALCOLM SEAFIELD GRANT.
9	Date of his birth.	October 26, 1914,
10	Place and date of his marriage.	Brockville, Ontario - May 14, 1938.
11	Place and date of his parents' marriage.	Bristol, England - November 4, 1905.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Bristol, England.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Bristol, England - 3 months. (b) Lachine, P. Q., - 17 years, (c) Liverpool England - 1 year, (d) Ontario 7 years - Quebec 2 years.
14	Nature of employment before enlistment.	Salesman and Engineer (Electrical)
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.	Brockville, Ontario.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Yes.
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?	Married in Ontario.
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?	Bank of Montreal, Halifax, N. S., Savings Account No. 5936 for \$51.87 Yes.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Two \$5.00 Certificates.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	London Life Insurance Company, \$5495.00 Helen Grant - widow,
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.	NO.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	Died at Sea.

(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

* 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.

Helen Lois Grant

{ Signature of Informant

350 King Street West, Brockville, Ontario. Address

CERTIFICATE

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

See above. Helen Lois Grant { 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 Brockville, Ontario, this 29th. day of January 19 45.

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

J. MacLaren

Qualification.....

A. Courte

Address Fulford Building, Brockville, Ontario.

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

THIS IS THE LAST WILL AND TESTAMENT of me,
MALCOLM SEAFIELD GRANT, of the Town of Brockville, in the County of
Leeds, and Province of Ontario, Lieutenant R.C.N.V.R.

1. I HEREBY REVOKE all former Wills or other
Testamentary Dispositions by me at any time heretofore made and
DECLARE this only to be and contain my last Will and Testament.

2. I DIRECT that all my just debts and funeral and
Testamentary expenses be paid and satisfied by my Executrix
hereinafter named as soon as conveniently may be after my decease.

3. I GIVE, DEVISE and BEQUEATH all my estate both
real and personal of which I may die possessed unto my wife Helen
Lois Grant but in case she should predecease me then to my children
in equal shares.

AND I NOMINATE and APPOINT my said wife Helen Lois
Grant to be the Executrix of this my Will and, in case she should
predecease me, then I NOMINATE and APPOINT Malcolm MacNaughton,
Brockville, Ontario, to be the Executor of this my Will.

DATED this 16th day of July

A. D. 1943.

SIGNED, PUBLISHED and DECLARED
by the said Malcolm Seafield
Grant, the Testator, as and for
his last Will and Testament in
the presence of us who both
present together at the same
time in his presence at his
request and in the presence of
each other have hereunto
subscribed our names as
witnesses.

Robert L. Wilson,

J. MacNaughton

Malcolm Grant

IN WITNESS
WHEREOF
LAST SIGNED

WITNESSES

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA CANADA

The reverse side of this paper is hereby certified to be a true photostatic copy of a Will on file at this Branch of Malcolm Seafield Grant named therein, who died on the 21st day of August 1944, while serving in the Canadian Navy on Active Service.

Dated at Ottawa, this
21st day of February, 1945.

N.O. Seagram

.....
(N.O. Seagram) W/C

Notary Public in and for
the Province of Ontario.

(Information extracted from Naval Service Headquarters' Records.)

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

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

Name..... Lieutenant Malcolm Seafield GRANT, R.C.N.V.R.
(Christian names in full)
Rank or Rating..... Official No..... Unit { R.C.N.
R.C.N.R.
R.C.N.V.R.
Place of Birth..... Bristol, England Date of Birth..... 26th October, 1914
Occupation in Civil Life..... Sales Engineer Religion..... Church of England
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 8th March, 1941 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. "ALBERTI" was lost in the English Channel due to enemy action.

Nearest known relative or friend. { Name..... Mrs. Helen Lois Grant Relationship..... Wife
Address..... c/o Mrs. George F.P. Graham
350 King Street West, BROCKVILLE, Ontario.

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

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

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

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

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

for

H.B. Money
SECRETARY, NAVAL BOARD.
(Commanding Officer)

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

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.

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..... (b) Reg'l. No.....
2. (a) Arm of service..... (b) Unit..... (c) Rank.....
3. (a) Date of birth..... (b) Have you any dependents?..... (c) Place of residence at time of enlistment.....
4. (a) Place of enlistment..... (b) Date of enlistment.....

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

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

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)..... (b) At time of enlistment of what trade union or professional society were you a member?.....

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

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

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

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

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

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

18. Name of employer..... Address.....
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....
20. (a) Your specific occupation..... (b) Number of years' experience at this occupation with any employer.....
21. (a) Did your employer promise definitely to give you employment on discharge?..... (b) Did your employer refuse to promise you employment on discharge?..... (c) Do you wish to return to your former employment?.....

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?..... (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?..... (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?.....
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.....

DATE..... 194..... SIGNATURE.....



Copy To
VWD
ES

AUG 27 1947

WRITE PLAINLY WITH
UNFADING INK
THIS IS A PERMANENT
RECORD

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

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

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

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

3. PRINT FULL NAME OF DECEASED GRANT (Family name) Malcolm Seafield (Given name or names in usual order)

RESIDENCE No. 350 Street King St. West City, Town, Village or Township Brockville Province Ontario
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>Male</u>	5. Nationality (Citizenship) <u>English</u>	6. Racial Origin <u>English</u>	7. Single, Married, Widowed or Divorced (Write the word) <u>Married</u>
-----------------------	---	------------------------------------	--

8. BIRTHPLACE Bristol, England
(Province or Country)

9. DATE OF BIRTH October 26 1914
(Month) (Day) (Year)

10. AGE in { Years 29 Months 10 Days If less than one day old
hrs. or min.

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

12. Kind of industry or business, as Phillips Electrical
mill, lumbering, bank, etc. Works

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

15. If married give name of wife Mrs. Helen Lois Grant
or husband of deceased.....

16. NAME.....

17. BIRTHPLACE
(Province or Country)

18. MAIDEN NAME.....

19. BIRTHPLACE
(Province or Country)

20. Person giving information
sign here..... Paymaster Commander, RCNVR.
Address Naval Service Headquarters, Ottawa, Ont.
Relationship to deceased Director of Personnel Records.

21. Place of Burial, Cremation or Removal.....
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 1914
(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

I. Immediate cause
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.
(a) Missing, presume dead. He was serving in H.M.C.S. "ALBERNI" which was sunk in the English Channel.
due to
Morbidity conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
(b)
due to
(c)

II. Other morbidity conditions (if important) contributing to death but not causally related to immediate cause.
(a)
(b)

PHYSICIAN

Underline
the cause
to which
death
should be
charged
statistically

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

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

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

29. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide?..... Date of injury..... 19.....
(State which)
Manner of injury..... (How sustained)
Nature of injury.....
Specify whether injury occurred in industry, in home, or in public place.....

Signed by..... M.D.

Address..... Date..... 19.....

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

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

Can. 7041
A-40 (4789)
N.S. 818-9-2041

Taken on Active Service
18th August, 1941

NATIONAL DEFENCE

SEP - 2 1941

CANADA

ORIGINAL

Number 116270

APPLICATION FOR PAYMENT OF MARRIAGE ALLOWANCE

List and Number in Ledger	NAME	Rank or Rating	Official No.	Daily Rate of Pay
	Surname..... GRANT	Prob. Sub. Lieut.	R.67NR	\$4.00 M.A. \$1.25
	Christian Names..... Malcolm Seafield			

NAME OF WIFE OR GUARDIAN	ADDRESS
Surname..... Grant	350 King Street, West. Brockville, Ontario.
Christian Names..... Helen Lois	

CHILD OR CHILDREN			
Name	Sex	Date of Birth	Attains majority
(1) Perry Seafield	F	28th June 1940	1957
(2)			
(3)			
(4)			

I do hereby solemnly declare that the above particulars are correct.
Signed in the presence of:

E. Schroder
Writer

Signature..... Malcolm Grant
Rank or Rating..... Sub. Lieut. R.C.N.V.R.

Marriage Allowance in force per diem.....
Marriage Allowance claimed per diem..... \$1.25
Date of Marriage/ 14th May, 1938

Claim has been supported with the necessary documentary evidence and the above amount has been approved for payment.

Marriage & Birth Certificates produced.

L.R. Lyon

Lieutenant R.C.N.V.R. for Commanding Officer.

This amount per day has been credited from..... Aug 18, 1941 absent on leave

at List..... No..... Ledger ending..... Montreal Division Ledger 19 41

Allotment of \$..... 95.00 in force from the month of..... Sept. 19 41 in accordance with regulations.

ENTERED IN PAY LEDGERS H. M. C. S. "BYTOWN"
ROUGH L.R. Lyon Ottawa H. M. C. S.

THE NAVAL SECRETARY
Department of National Defence
Ottawa

Pay Lieut. R.C.N.V.R. Accountant Officer.

H. M. C. S. Bytown

Forwarded..... 30-8-41

Noted in Service
Records by.....



DEPT. Can. B. 207
NATIONAL DEFENCE
100 M-11-40 (7881)
N.S. 815-2-207
MAR 14 1941
P 30427
N.S. 102-888
CANADA

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined Malcolm J. Grant
candidate for entry as Prob. S/Lt. RCNVR
and I believe him to be * in all respects fit for His Majesty's Service. He has signed
the Certificate given below in my presence. unfit for His Majesty's Service for the reason stated below.

† Strike out if inapplicable. * Delete one.

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

Age (Years Months)	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or revac- cinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	Anus, Hemorrhoids, etc.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(k)	(l)	(m)	(n)	(o)	(p)
26 5/10	166	6' 0 1/2"	Good.	inches (a) maximum 42 1/2 (b) minimum 37 (c) mean 39 3/4	right eye 6/6 left eye 6/6 *colour vision N.	1 SL A child	72263 app.	appendix scar.	Normal.	✓	✓	minor oncocyte	o deficient o defective	clear.

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

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

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.

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

Signature of Candidate

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

This Candidate is the subject of.....

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

* Delete one.

IF REJECTED
insert here
UNFIT
in block letters

Dated at Montreal the 3 of March 1941

Examining Medical Officer

(Rank) Sgt. RCNVR

OFFER OF SERVICE (NAVAL)

DEPT.
NATIONAL DEFENCE

DATE OF APPLICATION Oct. 29th, 1940.

P 30429

MAR 14 1941

NAME: Malcolm Grant.
(Please print)

N.S. _____
ADDRESS: 14 Ellesdale Rd.
(Street No. Hampstead
and City) Que.

Place of Birth: Bristol, Eng.

PHONE NO: #1: 3227

DATE OF BIRTH: Oct. 26th, 1914

AGE: 26

SUMMARY OF NAVAL OR MERCANTILE MARINE EXPERIENCE:

ANY PHYSICAL DEFECTS (ESP. EYESIGHT): No.

LANGUAGES SPOKEN:

PROFESSION, TRADE OR OCCUPATION IN CIVIL LIFE: Sales Engineer
(Wire and Cable)
IF EMPLOYED, WHERE AND HOW? Phillips Electrical Works.

ARE YOU APPLYING FOR ENTRY AS AN OFFICER OR AS
A RATING (that is, in the ranks)? Officer.

BRANCH OF SERVICE DESIRED: Executive.

IF YOU CANNOT BE ACCEPTED AS AN OFFICER
(OR NOT IMMEDIATELY) ARE YOU WILLING TO ENTER AS A RATING?
No.

EDUCATION: McGill matriculation, Bishops College School
One year Liverpool Tech. College.

ANY OTHER SPECIAL QUALIFICATIONS LIKELY TO BE OF VALUE TO
THE NAVY: 4 Summers - inland sailing.
6 years cadets, Bishops College School.
1 year, Automatic Telephony.
5 years, Manufacturing of all types of Copper and
wire cables.

NATIONALITY OF PARENTS:

NAME OF FATHER: Lanfred GRANT.

AGE OF FATHER: 62

OCCUPATION OF FATHER: Retired Pres. and Managing Director
Phillips Electric Co.
IF DECEASED, LAST OCCUPATION:

YOUR EDUCATION:

Matriculation Junior: -

Senior: -

COLLEGE DEGREES: One year Engineering.

EVIDENCE OF MEMBERSHIP: Head prefect: B.S.C.
Captain Football, Basketball and Cricket Teams.

YACHTING EXPERIENCE: 4 years inland sailing.
Brockville and vicinity.

YACHT CLUB MEMBERSHIP: None.

EFFICIENCY:

SUITABILITY: 5

OFFICERS RECORDS

Grant
return 10 x 0

Date: Jan. 13/42

MC-82

Surname: GRANT.

Christian Names: Malcolm Seafield

Rank: Sub. Lieut.

Home Address: 350 King St. W. Brockville, Ont.

Date of Birth: Oct. 26 1914 Place of Birth: Bristol, Eng.

Education: Matriculation: Senior
Junior

University Degrees: —

Mercantile Marine Certificates: —

No. —

Precis Mercantile or Yachting Experience:

Dinghy Sailing Only.

Precis of Business Experience:

5 yrs. Refining + Rolling Copper.

2 yrs. Copper wire & Cable manufacturing

Sports: Interested in all

Other Hobbies or Interests:

Previous Naval or Military Training:

Bishop's College School Cadet Corps.

Languages spoken fluently: —

Languages understood:

Place of Birth of Father: Swansea, Wales Place of Birth of Mother: Bristol, Eng.

Father's Occupation: Brass Controller, Dept. Man. & Supply.

Next of Kin: Wife

Surname GRANT.

Christian Names: Helen Lois Graham

Full Address: 350 King St. W. Brockville, Ont.

Have you been rejected by any other of the Armed Forces? No

If so give details: —

Religion: Anglican

Naval Identity Card No. N.S. 35501

Married or Single Married

Dependents: Wife & 1 child

Height: 6'1"

Weight: 170 lbs.

AMENDED APPOINTMENT

103-G-88

By command of the Honourable the Minister of National Defence

for Naval Services of the Dominion of Canada

To Lieutenant Malcolm S. Grant, R.C.N.V.R., (Temporary),--

You are hereby appointed

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

of His Majesty's Canadian Ship (1) ALBERNI;
(2) ALBERNI as Executive Officer.

Your appointment is to take effect from (1) 15th October, 1942;
(2) 9th October, 1943.

R. A. Lenington

Secretary, Naval Board

DA
Department of National Defence
Naval Service

Ottawa, 23rd November, 1943.

H.Q. 36a
15M-2-43 (8622)
N.S. 815-7-36

TRURO.

Personnel Records Division	
1. Noted in Records	<i>SLR</i>
2. In's Card	
3. Non Sub. Card	
4. S. & S. Card	<i>SLR</i>
5. Re-Entry Card	
6. Pension Card	
7.	
8.	
DATE	<i>1.12.43</i>

P.A.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

GL

Name GRANT Surname Malcolm S. Christian Names No.

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


AMOUNT

Date 13-2-46

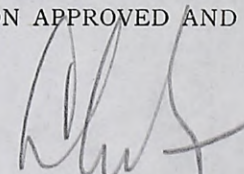
L.P.C.....\$	300.47
Other Credits.....	104.97
Total.....	405.44
Prev dist.	352.72
This dist.	52.72

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs Helen L. Grant Executrix of will of Malcolm S. Grant (dec'd) c/o Messrs Driver, & MacLaren Barristers Solicitors etc., Fulford Bldg., Brockville, Ont.	52.72

P4. TO TREAS. 22-2-46, 9m

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	52.72
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

IG

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

4
NAVYDECEASED
MEMBER'S
NAMEMalcolm Searfield
(CHRISTIAN NAMES)GRANT
(SURNAME)

REGISTER NO.

3420

FILE NO.

NS. O-28760

DATE

20 Mch/45.

SERVICE NO.

R.C.N.V.R.

FINAL RANK OR RATING

Lieut.

DATE OF DISCHARGE

21 Aug/44

PAYEE
ADDRESSMrs. Helen Grant,
350 King St. West,
Brookville, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE

21 Aug/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1100 EQUAL TO 36 COMPLETE PERIODS AT \$7.50

\$ 270.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 705 LESS 20 INELIGIBLE DAYS, EQUAL TO 685 DAYS @ 25C. PER DAY

\$ 171.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$ 6.00
SUBSISTENCE OR LODGING	\$ 1.70
AND PROVISION ALLOWANCE	\$.43
ADDITIONAL PAY	\$.43

DEPENDENTS' ALLOWANCE 1/30 OF \$	<u>78.12</u>	\$ 2.60
TOTAL	\$ 10.73	\$ 75.11
NO. OF DAYS	<u>685</u>	X7 = \$ 75.11
	183	

\$ 281.15

D. WAR SERVICE GRATUITY

\$ 722.40

E. DEDUCTIONS

OVERPAYMENT OF

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

NIL

OTHER DEDUCTIONS

F. TOTAL AMOUNT PAYABLE

\$ 722.40

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 722.40

Cheque - 120085 - 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

H. A.

TREASURY

CHECKED BY

R. S. Hoblyn

DATE

2/3/45

for Dir. Naval Pay Accting.

SERVICE REPRESENTATIVE

LA/C

REGISTERED

AIR MAIL
N.S. 0-28760 Pers. "N"

23 August, 1944.

33

Dear Mrs. Grant:

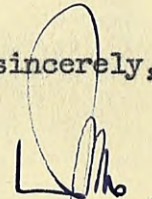
It is with deepest regret that I must confirm the telegram of the 23rd of August, 1944, from the Minister of National Defence for Naval Services, informing you that your husband, Lieutenant Malcolm Seafield Grant, Royal Canadian Naval Volunteer Reserve, is missing at sea.

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

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

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

Yours sincerely,



SECRETARY, NAVAL BOARD.

Mrs. Helen Lois Grant,
c/o Mrs. George E.P. Graham,
350 King St., West,
BROCKVILLE, Ont.

89.

COPY



142494

F.M.O., Halifax, N.S.,

August 26th, 1944.

41

N.S. ~~Y~~ 0-28760. PERS.(N)

My dear Helen:

I am sitting here to-night Helen and my mind is in a turmoil. I thought so much of Curly. I was so very fond of him that I just can't express what I feel. God alone knows what you must have gone through these last few days. I will try and do my best to tell you what happened.

It all happened so quickly that it seems unreal. One moment we were sailing along and the next our ship was gone and most of the crew. I can't seem to believe that it is true.

It was around noon Helen. I was in my cabin, Curly was on the upper deck forward of my cabin. Suddenly there was a terrific explosion, almost immediately we were in the water. Most of the men never had a chance to get off the ship she sank so quickly. Curly did get clear of the ship. I saw him and waved to him. We were drifting apart and I never saw him again. We were all struggling in the rough seas to hold out. You have no idea how difficult it is. It seems so peaceful to die, you are so tired and weary. I passed out just as we were going to be picked up and was rescued by Frank Williams who was with me hanging to the same board. I was out for about three hours but the Officers who picked us up assured me that they searched the whole area very carefully. I know now that drowning is a very easy way to die.

I have told you the facts Helen as I remembered them but there is something else I want you to know. No man ever lived who worshipped his wife and children more than did Curly. Many times we sat and talked about home and his eyes would light up as he spoke of you and the children.

I hope to get home soon and I will do my very best to see you. If there is any way in which I can help you, please do not hesitate to write to you.

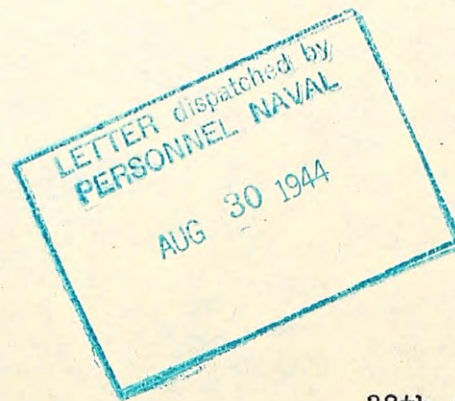
Sincerely,

Mrs. *Grant*
Hamilton

"Ian"

Mrs. Helen Lois Grant,
c/o Mrs. George E.P. Graham,
350 King St.,
BROCKVILLE, Ont.

TFH/JM



0-28760 Pers. (N)

123575

H2

28th August, 1944.

Dear Mrs. Grant:

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,

SECRETARY, NAVAL BOARD.

Mrs. Helen Lois Grant,
c/o Mrs. George E.P. Graham,
350 King Street West,
BROCKVILLE, Ont.

FILE
ACTION TAKEN

CHECKED IN
R. BY... R

7 a

LA/CM

R E G I S T E R E D

AIR MAIL

N.S. 0-28760. PERS.(N)

26 December, 1944.

55

Dear Mrs. Grant:

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, Lieutenant Malcolm Seafeld Grant, 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,

SECRETARY, NAVAL BOARD.

Mrs. Helen Lois Grant,
c/o Mrs. George E.P. Graham,
350 King Street West,
BROCKVILLE, Ontario.

Despatched by
Sec. N. B.

Date 26.12.44
Time 1600

Noted DMPA
29-12-44
LP.