

1944

THE LIZARD SASKATCHEWAN DAVIDSON

Cpl Hall, Robert Cameron
1 Cdn Para Bn

Pte Hall, Roy Lester West NSR

Rfn Hall, Samuel John QORofC

F/O Hall, Stanley George RCAF

Pte Hall, Thomas Ora Elmer NB Rang

Pte Hall, Victor William RCASC

Pte Hall, Vincent Stanley Alg R

P/O Hall, Warren Douglass RCAF

L/Cpl Hall, Wilbur Thomas Lan & Ren Scot R

P/O Hall, William Churchill RCAF

Sto 1/c Hall, William Oliver RCNVR

Pte Hallaby, Stanley Oliver L Edmn R

Pte Halladay, William SSask R

F/S Hallam, George Theodore RCAF

Spr Halldorson, Bjarni RCE

Pte Haller, Alvin Nth NS Highrs

Pte Haller, Harold William 1 Cdn Spec Ser Bn

Pte Hallett, Lawrence Garry Wpg Gren

L/Cpl Hallett, Robert Ernest RCEME

F/S Hallett, Wilfred Archibald RCAF

F/O Hallett, William Alfred Martin RCAF

Capt Halley, Paul Vladimir Gen List

Lt Halliday, Douglas Matheson RCA

P/O Halliday, Frederick Ernest RCAF

Pte Halliday, George Alexander A & SH of C

Sgt Halliday, James Gordon RCOC

L/Bdr Halliday, Matthew John RCA

L/Cpl Halliday, Robert Harmon RWpg Rif

Cpl Halliday, William James RWpg Rif

F/L Hallihan, Thomas Hubert Oscar RCAF

Tpr Hallmark, Albert BCR

WO2 Halloran, William Richard RCAF

Sgt Halls, Philip Ashley Patrick RCR

Pte Haluik, Mike Essex Scot

Tpr Halvorson, Frank Sher Fus R

Spr Halvorson, Ivan Kenneth RCE

Pte Ham, James Abraham SSask R

Tpr Hamalock, Adam Michael Fort Garry's

L/Cpl Hambley, Reginald Frank RCIC

F/O Hamblin, Maurice Jack RCAF

Pte Hamblin, David Wesley RHC

WO1 Hambrooke, Linton Arthur Sidney RCAF

P/O Hamel, Charles RCAF

Pte Hamelin, Paul Rosario R22e R

Cpl Hamelin, Samuel CPC

Cpl Hames, Eric Winston Nth NS Highrs

P/O Hamilton, Alexander RCAF

Pte Hamilton, Alfred Edward A & SH of C

Pte Hamilton, Charles Joseph R22e R

P/O Hamilton, Dale McGowan RCAF

SPO Hamilton, Delmar RCNVR

Pte Hamilton, Enoch David Alg R

Rfn Hamilton, Frederick Taylor QORofC

Tpr Hamilton, George Downing 1H

Gdsm Hamilton, Harry Roland CGG

Sgt Hamilton, Hill RWpg Rif

P/O Hamilton, Hugh Brannan RCAF

P/O Hamilton, Ian McCallum RCAF

P/O Hamilton, Ian McKenzie RCAF

L/Cpl Hamilton, James RHC

Pte Hamilton, James Logan Nth NS Highrs

F/S Hamilton, John RCAF

P/O Hamilton, John Henry RCAF

Lt Hamilton, John Peter RCNVR

Pte Hamilton, Lloyd George 1r RC

L/Cpl Hamilton, Primrose Hilton RCR

Rfn Hamilton, Sterling RRC

Cpl Hamilton, Thomas RCE

Pte Hamilton, Thomas Barry RHLI

O/Smn Hamilton, Wilfred Lawrence RCNVR

Gnr Hamilton, William RCA

WO2 Hamilton, William Percy RCAF

HAMILTON, JOHN PETER

O30360



CANADA

APR 28 1942
NS 1034240
N. V. 4
10M-4-40 (4718)
N.S. 815-11-4

ATTESTATION FORM

89897

FOR OFFICERS OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

3

(A) DESCRIPTION OF APPLICANT

SURNAME <u>HAMILTON</u>		PERMANENT ADDRESS
CHRISTIAN NAME <u>John Peter</u>		<u>4667 Belmont Ave.,</u>
RELIGION <u>Church of England</u>		<u>Vancouver, B. C.</u>
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>2nd January, 1922</u>	Town <u>Vancouver</u> County Province <u>B. C.</u> Country	Father: <u>James Herbert HAMILTON,</u> <u>4227 Belmont Ave.,</u> <u>Vancouver, B. C.</u>

PERSONAL DESCRIPTION

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet <u>6'</u>	Inflated <u>40</u>	<u>Brown</u>	<u>Hazel</u>	<u>Fair</u>	<u>Scar on third finger - right hand.</u>
Inches	Deflated <u>34.5</u>				
	Mean <u>37</u>				
DATE OF ENROLMENT	RANK IN WHICH ENROLLED	MARRIED, SINGLE, OR WIDOWER	TRADE OR CALLING AND IN WHOSE EMPLOY		
<u>14th April, 1942</u> DIVISIONAL STRENGTH	<u>Prob. Sub. Lieutenant, R. C. N. V. R. (Temp)</u>	<u>Single</u>	<u>Articled Student to C. A. Frederick Field & Co., C. A.'s Vancouver, B. C.</u>		

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject, domiciled in Canada.
- (2) That I am desirous of being enrolled as 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
-----	-----	<u>-NIL-</u>	-----

- (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.

In possession of U.I. Book

Yes.

(OVER)
Noted in Service
Records by M.R.
14/5/42

(5) On being enrolled as an Officer of the Royal Canadian Naval Volunteer Reserve, I understand 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 14th day of April, 1942

J. Hamilton

Signature of Applicant.

The above declaration was made and signed in my presence this 14th day of April, 1942

A. Grady

Lieut. RCNVR.

Signature of Enrolling Officer.

(C) OATH OF ALLEGIANCE

John Peter HAMILTON

Ido 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.....*J. Hamilton*

Signature of Witness.....*A. Grady*

Date.....14th April, 1942

Rank.....Lieut. RCNVR.

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.

OFFICIAL NUMBER _____ FILE NUMBER 0 - 30360 103-H-240 OFFICIAL NUMBER _____
 NAME HAMILTON John Peter DATE OF BIRTH 2 January 1922
 (Surname) (Given Names)
 PLACE OF BIRTH Vancouver, B. C. OCCUPATION articled student to C. A.
 RELIGION C of E EDUCATION _____
 RESIDENCE AT TIME OF ENLISTMENT: Street and No. 4667 Belmont Ave. Town Vancouver Province, etc. B. C.

ENGAGEMENTS			Period	DESCRIPTION					PREVIOUS SERVICE		
Date (in figures)				Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates
Day	Month	Year								From	To
14	4	42	Hostilities only	6'	Brown	Hazel	Fair	Scar 3rd finger rt. hand			

NEXT OF KIN RELATIONSHIP (in pencil) father NAME (in pencil) James Herbert Hamilton
 ADDRESS (in pencil): Street and No. Beaufort Ave. Town Sidney Province, etc. B. C.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.			
Date (in figures)			Particulars	Date (in figures)			Particulars
Day	Month	Year		Day	Month	Year	
10	1	45	C.V.S.M. (R&C) <u>10/1/45</u>				

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 _____

FILM
 NO. WRA 4749-1
DATE

W.S.G.
 APPLICATION
 3615
 RECEIVED

0-30360

OFFICIAL NUMBER

NAME **HAMILTON,**
(Surname)

John Peter
(Given Names)

OFFICIAL NUMBER **0-30360**

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. Vancouver	P/Sub Lt. T.	14	4	42	per appt. 7-5-42												
H.M.C.S. Discovery	P/Sub Lt. T.	9	11	42	Per Appt. 16-11-42												
H.M.C.S. Kings	P/Sub-Lt. T.	19	11	42	addl. for training and disposal												
H.M.C.S. Fort Ramsay	Sub-Lieut T.	1	3	43	for duty with N.O.I.C. Gaspe	Confirmed											
H.M.C.S. Alberni	Sub-Lieut. T.	25	1	44	per Appt. 7-2-44												
" "	A/Lieut. T.	15	1	44	(Prom. anti-dated)												
DISCHARGED	A/Lieut. T.	21	8	44	Missing on Active Service												

GENERAL REMARKS

Annual leave from 22-3-43
per Appt. 16-11-42
Address: 4172 Beaconfield
1104 Montreal

Leave for 28 days
20-12-43
Address: 930 Chilco St.
Vancouver, B.C.

Memorial Cross sent to Mother:
 Mrs. J.H. Hamilton,
 Ste. 201, 930 Chilco St.,
 Vancouver, B.C. 31-1-45

DATE OF BIRTH			PLACE OF BIRTH	CIVIL OCCU.	RELI-ED	PERM. RESIDENCE	PREV. ENLI	RANK OR RATE ON ENLISTMENT								
DY.	MO.	YR.	BIRTH	MAIN	SUB	CITY	TOWN	SERV.	DIV.	A	BR.	RANK				
02	1	22	18	XXX	0	30	X	9	04	10	0	08	2	0	1	12
ENLIST. DATE			ACT. SERV. DATE			SHIP OR ESTAB.			RANK OR RATE							
DY.	MO.	YR.	DY.	MO.	YR.	CAT.			A	BR.	RANK					
14	04	42	09	11	42				1520	10	1	09				
SENIORITY			STR.	NON-SUB		M	CODED			CHECKED						
DY.	MO.	YR.	CAT.	A	B	ST.										
15	01	44	13				8976					J E-w				

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

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mr. James H. Hamilton - Father.

ADDRESS: ~~930 Chilco St,~~ **SIDNEY**
~~VANCOUVER, B.C.~~ **B.C. #17-11-47.**

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. J. Hamilton

ADDRESS: Beaufort Avenue
SIDNEY, B.C.

MEMORIAL BAR

(1)

DATE DESP.

REGN. NO. 669

(2)

(3)

31 January 1945

DECEASED 21 August 1944

D.D.

HAMILTON	John Peter	0-30360	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	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Fr. Ger. Star and Clasp	6530 27/3/50
C.V.S.M. and Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

.....Mr. James Herbert Hamilton.....
930 Chilco St.,.....
VANCOUVER, 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. 0-30360-FD-750.....

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

.....HAMILTON John Peter 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.

br

M. A. Weir
 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.....	none		—
2	Children of the Deceased and dates of their Births.....	none		—
3	Father of the Deceased.....	James Herbert Hamilton	65	302 - 930 Chilco St Vancouver B.C.
4	Mother of the Deceased.....	Marjorie Valerie Scott formerly Hamilton, divorced by J.W. Hamilton in 1925	56	address unknown
5	Brothers of the Deceased	Full Blood		—
		Half Blood		—
6	Sisters of the Deceased	Full Blood	Mrs. Marjorie Joan Tyler (née Hamilton)	26 c/o J.W. Hamilton 302 - 930 Chilco St Vancouver BC
		Half Blood	none	—
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	none	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	John Peter Hamilton
9	Date of his birth.	Jan. 2 nd 1922
10	Place and date of his marriage.	none
11	Place and date of his parents' marriage.	Seattle, Wash. U.S. Dec 27. 1915 1915

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Vancouver B.C.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Vancouver B.C. continuously (b) (c) (d)
14	Nature of employment before enlistment.	Articled pupil to Redd Field & Company, Chartered Accountants
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.	Vancouver B.C.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Yes. Certified copy enclosed
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	—
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	Not to my knowledge
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None - so far as I am aware
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None - so far as I am aware
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Royal Insurance Co. Ltd. for \$11,428 - less loan & interest \$507.67 = Nett \$10,920. ³³ / ₁₀₀
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Common Income Tax - unpaid Amount \$67.

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.	no

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

DECLARATION

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

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

* Father 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.

J. H. Hamilton } Signature of Informant
930 Chilco St. Vancouver B.C. } Address

CERTIFICATE

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

*See above.

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

Dated at Vancouver B.C. this 12 day of January 1945

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

A. J. Glynne Qualification Notary Public
Address 602 - Hastings St. W. Vancouver, 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

I, JOHN PETER HAMILTON, of 930 Chilco Street
of the City of Vancouver in the Province of British Columbia,
hereby revoke all testamentary dispositions heretofore made by
me and declare this to be my last Will.

I GIVE, DEVISE and BEQUEATH all my estate both
real and personal whatsoever and wheresoever situate, of or to
which I shall be seized, possessed or entitled at the time of
my death or over which I shall then have a general power of
appointment or disposition by Will, unto my Father, JAMES
HERBERT HAMILTON, and I APPOINT my said Father to be the
sole Executor of this my Will.

IN WITNESS WHEREOF I, JOHN PETER HAMILTON, the
Testator, have to this my last Will and Testament, set my hand
at the City of Halifax in the Province of Nova Scotia, this
3rd day of January, One thousand nine hundred and
forty-three.

SIGNED, PUBLISHED and DECLARED
by JOHN PETER HAMILTON, the
Testator as and for his last Will
and Testament in the presence of
us both present at the same time
who in his presence at his request
and in the presence of each other
have hereunto subscribed our
names as witnesses:

John Peter Hamilton

*M. J. McCormick
28 Scarborough Ave.
Calgary Alta.*

*R. D. Knowles
Okotoks.
Alberta.*

M

(Information extracted from Naval Service Headquarters' Records,)

Four copies to be rendered to Naval Service Headquarters

43

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

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

Name Lieutenant John Peter HAMILTON
(Christian names in full)

Rank of Rating Official No. R.C.N.V.R.
(If unknown, date of first entry)

Place of Birth Vancouver, B.C. Date of Birth 2nd January 1922

Occupation in Civil Life Articled Student to 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) 2 year and 4 months

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

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

Nearest known relative or friend { Name Mr. James Herbert Hamilton Relationship Father
Address 930 Chilco Street, VANCOUVER, B.C.

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

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

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

Place of Burial No burial Date of Burial
(if known) (if known)

Location, Number, etc., of grave.....
(if known)

Undertaker employed.....
(if any)

If borne for discipline only, date D.S.Q. or invalided.....

*Noted
D.N.P.A.
8-3-45
C.L.*

~~Commanding Officer~~

OTTAWA, Ont. 28 February 1945.

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

H.B. Money
SECRETARY, NAVAL BOARD.

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

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

OCCUPATIONAL HISTORY FORM

898 22 1812
183 H 240

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

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

Section A—GENERAL INFORMATION

1. (a) Print name in full **John Peter HAMILTON** (b) Reg'l. No. _____
2. (a) Arm of service **Navy** (b) Unit **HMCs "DISCOVERY"** (c) Rank **P/Sub.Lieut.**
3. (a) Date of birth **2nd Jan. '22** (b) Have you any dependents? **No.** (c) Place of residence at time of enlistment **Vancouver, B. C.**
4. (a) Place of enlistment **Vancouver, B. C.** (b) Date of enlistment **14th April, 1942**

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.) **Senior Matriculation.**
7. If you attended a university, give name of university and standing or degree secured **University of British Columbia.**
8. (a) Did you ever enter upon a trade apprenticeship? **Yes** (b) If so, for what occupation? **Articled to Chartered Acct.** (c) Did you finish it? **No.** (d) If you did not finish it, how long did you serve at it? **18 mos.**
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? **Institute of Chartered Accountants of B. C. Students Society.**

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 **Fredrick Field & Co. C.A.** Address **Vancouver, B. C.**
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) **Chartered Accountants.**
20. (a) Your specific occupation **Article to C.A.** (b) Number of years' experience at this occupation with any employer **18 mos.**
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? _____ (c) Do you wish to return to your former employment? **Yes.**

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? _____ (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? **No.**
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) _____
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form **NIL.**



DATE **14th April,** 194**2**

SIGNATURE *J.P. Hamilton*

MAY 2 2 1942

COPY TO:
VWD
ES

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

Reg. No. (Office use only)

44

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).

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 HAMILTON, John Peter
 (Surname or last name) (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
 Name of city or place VANCOUVER, B.C. Name of Municipality (if any) _____
 Street or road Belmont Avenue, House No. 4667

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

10. Date of Birth January 2nd 1922 **11. AGE** } Years 22 Months 7 Days _____ If less than one day _____ hrs. or _____ min.

12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc. Articled student to Chartered Accountant.
(b) Kind of industry or business, as paper mill, lumber, bank, etc. Frederick Field & Co., C.A.'s, Vancouver, B.C.
 (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, Ontario, this 3 day of March, 1945.
 Signature of informant Paymaster-Commander R.C.N.R. Relationship to deceased Director of Personnel Records
 Address Naval Service Headquarters, Ottawa, Ontario.

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

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 him _____ alive on _____ 19____

I Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.	CAUSE OF DEATH	DURATION		
		Yrs.	Mos.	Dys.
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(a) <u>Missing, presumed dead. He was</u> due to			
	(b) <u>-serving in H.M.C.S. "ALBERNI" which</u> due to			
	(c) <u>was sunk in the English Channel.</u>			
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____
 Manner of injury _____ (State which)
 (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. _____

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



CANADA

DEFENCE
APR 23 1942
NS 103H240

Can. B. 207

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

89898

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 John Peter Hamilton
‡ candidate for entry as R. Sub-Lieut 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. White Race Male: - neg
‡ Strike out if inapplicable. * Delete one.

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

(a) Age (Years / Months)	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(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.
20 1/2	155	6 1	Good.	(a) maximum 40 (b) minimum 34.5 (c) mean 37	right eye 6/6 left eye 6/6 *colour vision N.	Childhood	normal 110/60	normal	normal	normal	normal	normal	0 deflection 0 deflection not normal	normal normal

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

X-ray { Not taken. Approved. Positive. Doubtful. }
Approved Rate 36104
Write in the appropriate notation, and any remarks necessary. Sig no. 06192/B

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.

John Peter Hamilton
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 Vancouver B.C. the 30 of January 1942

John P. Hamilton
Examining Medical Officer
(Rank) Surg Lieut RCNVR (T)

Hamilton
NS 112-1-44 of 14 Oct 42

PRO/VR/H/216

0-30360

OFFICIAL RECORDS

21 Nov 1942 DATE

Surname: *HAMILTON* Christian Name: *JOHN PETER*

Rank: *PROB. SUB. LIEUT.*

Home Address: *"302, 930 CHILCO ST. VANCOUVER, B.C.*

Date of Birth *2nd JAN. 1922* Place of Birth *VANCOUVER, B.C.*

Education: Matriculation: Senior
Junior

University Degrees: *NIL*

Mercantile Marine Certificates: No:

Precis Mercantile or Yachting Experience: *6 months decking on large tugboat - catboat sailing*

Precis of Business Experience: *articles to Chartered Accountant for 2 yrs and 2 mos.*

Sports: *rugby, tennis, badminton, swimming*

Other Hobbies or Interests: *yachting*

Previous Naval or Military Training: *Sea Scouts - 2 years.*

Languages spoken fluently: *English*

Languages understood: *"*

Place of Birth of Father: *London, Eng* Place of Birth of Mother: *London, Eng*

Fathers Occupation: *Pacific Coast Repr. Canadian Shipping Board*

Next-of-kin:

Surname: *HAMILTON* Christian Names: *JAMES HERBERT*

Full Address: *#302, 930 Chilco St. Vancouver, B.C.*

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

If so give details:

Religion: *Anglican* Naval Identity Card No: *43421*

Married or Single: *Single* Dependents *NIL*

Height: *6'1"* Weight: *160*

023917

0-30360

By command of the Honourable the Minister of National Defence
for Naval Services of the Dominion of Canada

16

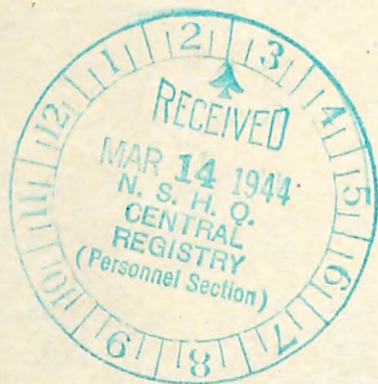
To Sub-Lieutenant John P. Hamilton, R.C.N.V.R., (Temporary), --

You are hereby appointed promoted and re-appointed

Acting Lieutenant, R.C.N.V.R., (Temporary),

of His Majesty's Canadian Ship ALBERNI (Temporary).

Your ^{promotion} appointment is to take effect from 15th January, 1944.



R. A. Hamilton

Secretary, Naval Board

Department of National Defence
Naval Service

Ottawa, 24th February, 1944.

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

re-apptd

Personnel Records Division	
1. Note in Records.	<i>W.R.</i>
2. Index Card
3. Non Sub. Card
4. Statistical Card
5. Report Strip	<i>W.R.</i>
6. Pension Card
7.
8.
DATE	<i>11. 3. 44</i>

P.A.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

HG

Name..... HAMILTON John P. No.....
Surname Christian Names

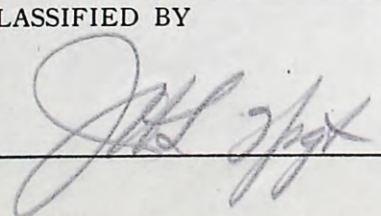
..... Lieut. R.C.N.V.R.O/3 21-8-44
Rank Unit Date of Death

<u>AMOUNT</u>	<u>W.S.G.</u>	<u>269.81</u>
	L.P.C.....\$	<u>165.50</u>
	Other Credits.....	_____
	Total.....	<u>435.31</u>

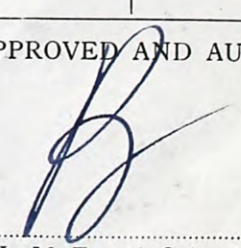
Date..... 19-10-45

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	James H. Hamilton, Executor of the will of John P. Hamilton (dec'd), c/o Messrs. MacRae, Montgomery & Clyne, Barristers & Solicitors, Bank of Nova Scotia Bldg., VANCOUVER, B.C.	\$435.31

P4. TO TREAS. 30-10-45, a.m.

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$435.31
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

DC

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

4
 NAVY

DECEASED
MEMBER'S
NAME

John Peter
 (CHRISTIAN NAMES)

HAMILTON
 (SURNAME)

REGISTER NO. **3615**
 FILE NO. **NSO-30360**
 DATE **7 July '45**
 SERVICE NO. **RCNVR**
 FINAL RANK OR RATING **Lieut.**
 DATE OF DISCHARGE **21 Aug '44**

PAYEE **Director of Estates,**
 ADDRESS **308 Sparks St.,**
Ottawa, Ont.

for Service Estate of
John P. HAMILTON,
N.S.O-30360

DATE OF TERMINATION OF OVERSEAS SERVICE

21 Aug '44

DATE OF DISCHARGE

21 Aug '44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **652** EQUAL TO **21** COMPLETE PERIODS AT \$7.50
30

157.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **210** LESS **22** INELIGIBLE DAYS, EQUAL TO **188** DAYS @ 25c. PER DAY

47.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ **6.00**
 SUBSISTENCE OR LODGING
 AND PROVISION ALLOWANCE \$ **1.70**
 ADDITIONAL PAY **H.L.M.** \$ **.43**

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ **8.13** X7 = \$ **56.91**
 NO. OF DAYS **210** X \$ **56.91**
183

65.31

D. WAR SERVICE GRATUITY

269.81

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

F. TOTAL AMOUNT PAYABLE

269.81

G. YOUR PORTION OF GRATUITY IS—

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

=\$ 269.81

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

Voucher cheque 1124 13/7-45

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		CHECKED BY		TREASURY		DATE	
<i>DRJ</i>		<i>B. Laflamme</i>		<i>B. Laflamme</i>		<i>July 10/45</i>	

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

LA/CM

R E G I S T E R

AIR MAIL

N.S. 0-30360. PERS.(N)

23 August, 1944.

Dear Mr. Hamilton:

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

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




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

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

Yours sincerely,


SECRETARY, NAVAL BOARD.

Mr. James Herbert Hamilton,
930 Chilco Street,
VANCOUVER, B.C.

COPY

N.C.R.

142455
F.M.O., Halifax, N.S.,
August 26th, 1944. 26

N.S. 0-30360.PERS.(N)

My dear Mrs. Hamilton:

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

It all happened so quickly it seems unreal. One moment we were sailing along and the next our ship was gone with most of the crew. It was just before noon when it happened and Peter was having his lunch in the Wardroom. He was to have relieved the officer of the watch at noon. The ship sank almost immediately and I am afraid that no one had a chance in the Wardroom.

Peter was a very good Officer and as soon as we got back to Canada I was recommending him for a job as First Lieutenant. He was very well liked by all the officers and men.

There is one thing I would like you to know and that is that Peter thought far more of his parents than most men. We had many talks about home and Peter always had something nice to say about his father and mother.

As soon as I get back to Vancouver please allow me to call on you.

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

Yours sincerely,

"Ian Bell"

Mr. James Herbert Hamilton,
930 Chilca St.,
VANCOUVER, B.C.

721

TFH/JM

LETTER dispatched by
PERSONNEL NAVAL
AUG 30 1944

AIR MAIL

0-30360 Pers. (N)

123576

28th August, 1944.

Dear Mr. Hamilton:

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

FILE
ACTION TAKEN

Mr. James Herbert Hamilton,
930 Chilco Street,
VANCOUVER, B.C.

CHECKED IN
BY.....

W

7

28

~

LA/C

33

REGISTERED

AIR MAIL

FILE: N.S.O-30360 PERS. (N/

²⁶
18 December, 1944.

Dear Mr. Hamilton:


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 son, Lieutenant John Peter Hamilton, 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.

It would be appreciated if I might be informed as to whether Lieutenant Hamilton's mother is living. If so, a Memorial Cross will be forwarded to her as a memento of her personal loss and sacrifice.

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 son has helped to maintain.

Yours sincerely,

Despatched by
Sec. N. B.


SECRETARY, NAVAL BOARD.

.....
Date 26.12.44
Time 1030.

Mr. James Herbert Hamilton,
930 Chilco St.,
Vancouver, B.C.

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