

1944

SARK

BARNIERES-SUR-MER

FINOAL

F/O Smith, Lawrence Lindsay RCAF  
 Capt Smith, Lawson Mitchell  
 Seaforth  
 Lt Smith, Leland Archibald  
 CB Highrs  
 F/O Smith, Leonard Joseph RCAF  
 Pte Smith, Leslie C Scot R  
 Spr Smith, Leslie George RCE  
 P/O Smith, Lloyd Henry RCAF  
 Pte Smith, Lorne Paisley AlgR  
 Gnr Smith, Matthew Donald RCA  
 Pte Smith, Maxwell Andrew Clifford  
 AlgR  
 Lt Smith, Murdo RCNR  
 Pte Smith, Murray Rde Chaud  
 Sgt Smith, Neil Lauretz RCAF  
 Sgt Smith, Norman RCAF  
 Cpl Smith, Norman RCE  
 P/O Smith, Norman Alfred RCAF  
 F/O Smith, Norman Frank RCAF  
 F/O Smith, Norman Owen RCAF  
 Sgt Smith, Orville Duncan RWpgRif  
 Pte Smith, Peter William CB Highrs  
 P/O Smith, Philip Seagar RCAF  
 Lt Smith, Ray Clarke SAlta R  
 P/O Smith, Raymond Michael RCAF  
 Pte Smith, Reginald Alfred RRegtC  
 L/Cpl Smith, Reginald Clayton  
 QORofC  
 F/L Smith, Reginald Shirley, DFC  
 RCAF  
 Sto 1/c Smith, Richard Alfred RCNVR  
 Rfn Smith, Richard George RWpgRif  
 F/S Smith, Richard Nathaniel RCAF  
 P/O Smith, Richmond Wesley RCAF  
 Pte Smith, Robert SD & G Highrs  
 F/S Smith, Robert Alexander RCAF  
 Cpl Smith, Robert Daniel Perth R  
 F/O Smith, Robert Harry RCAF  
 Pte Smith, Robert Leonard SSaskR  
 AC2 Smith, Robert Linn RCAF  
 L/Sgt Smith, Robert Louis Linc & WellR  
 Pte Smith, Robert Walter Westmr R  
 Pte Smith, Robert William  
 Seaforth of C  
 Pte Smith, Ronald Frederick  
 Hast & PER  
 Sgt Smith, Ronald Richard RCA

P/O Smith, Ronald Ward RCAF  
 F/S Smith, Roy RCAF  
 L/Cpl Smith, Roy RHC  
 P/O Smith, Roy Stanley RCAF  
 P/O Smith, Royal Joseph RCAF  
 Cpl Smith, Russel Charles HLI of C  
 Pte Smith, Russell Roland  
 Linc & WellR  
 Lt Smith, Sandford Galt 48 Highrs  
 Cpl Smith, Stanley Edgar C Scot R  
 Cpl Smith, Stanley Hall Beck  
 Hast & PER  
 F/O Smith, Stanley William RCAF  
 Rfn Smith, Stuart Alfred Regina Rif  
 Pte Smith, Sydney HLI of C  
 Cpl Smith, Sydney RHC  
 F/O Smith, Sydney Emmington  
 Fern Higgs RCAF  
 Sgt Smith, Sydney James RCAF  
 Sgt Smith, Sydney William RC Sigs  
 Ldg Ck(S) Smith, Thomas Alfred  
 RCNVR  
 Lt Smith, Thomas Angus McCoy  
 S Staffords  
 L/Cpl Smith, Thomas John RRegt C  
 Gnr Smith, Thomas Joseph RCA  
 Pte Smith, Thomas Samuel RHC  
 Sigmn Smith, Thomas Turner RC Sigs  
 Pte Smith, Vernon Angus Westmr R  
 Pte Smith, Victor Gordon Wpg Gren  
 L/Cpl Smith, Victor Roy A & SH of C  
 Pte Smith, Walter Leroy RCASC  
 F/S Smith, Walter Perry RCAF  
 L/Cpl Smith, Wellan Anthony HLI of C  
 Cpl Smith, Wilfred James Perth R  
 F/O Smith, Wilfred James RCAF  
 L/Cpl Smith, William SSaskR  
 Rfn Smith, William QOR of C  
 Rfn Smith, William Adnett  
 Regina Rif  
 Pte Smith, William Alan RCASC  
 L/Cpl Smith, William Allan QOR of C  
 Cpl Smith, William Arthur Ont R  
 Pte Smith, William Bruce C Scot R  
 Pte Smith, William Charles  
 Seaforth of C  
 Pte Smith, William David Tor Scot R  
 F/O Smith, William Francis RCAF

V24481  
**SMITH**  
THOMAS                      ALFRE

APR 13 1941

# OCCUPATIONAL HISTORY FORM

CANADA

13-81348 p 39769

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 THOMAS ALFRED SMITH (b) Reg'l. No. V-217
- 2. (a) Arm of service Infantry (b) Unit 4th Canadian Infantry (c) Rank Sergeant
- 3. (a) Date of birth 1908 (b) Have you any dependents? no (c) Place of residence at time of enlistment 234 Dundas St. W. Toronto, Ont.
- 4. (a) Place of enlistment Windsor (b) Date of enlistment 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.) Grade 11 Public School Windsor
- 7. If you attended a university, give name of university and standing or degree secured University of Toronto
- 8. (a) Did you ever enter upon a trade apprenticeship? no (b) If so, for what occupation? no (c) Did you finish it? no (d) If you did not finish it, how long did you serve at it? no
- 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? no

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

## 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 J. L. Smith Address 231 Academy St. Windsor
- 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) retailer
- 20. (a) Your specific occupation cash (b) Number of years' experience at this occupation with any employer 2 years
- 21. (a) Did your employer promise definitely to give you employment on discharge? did not say (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 no (b) Where was it located? no
- 23. (a) Number of years engaged in this business no (b) Have you made, or will you make plans to return to the same or a similar business on discharge? no

## Section F—PARTICULARS OF FARMING EXPERIENCE

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

## 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.) no plans as yet
- 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. would like to do civil work

DATE 7 April 1941 SIGNATURE T.A.S.



Copy to:

V. W. D.

E. S.

15 April,  
1941

Mrs. Letitia Smith  
 P.O. Box 101  
 Gaspé, P.Q.

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-24481 F.D. 766

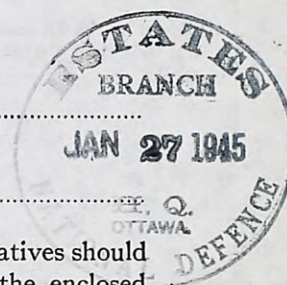
DEPARTMENT OF NATIONAL DEFENCE  
 ESTATES BRANCH  
 OTTAWA, ONT.

3 January 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

SMITH THOMAS ALFRED LDG. COOK

V-24481 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/DW

*M. Wade*  
 Commandant  
 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.....	Letitia J. Smith.	39	Gaspe. Quebec.	
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....	Thomas Alfred Smith	60	178 Highfield St	
4	Mother of the Deceased.....	Louise Smith	61	Northwood Manitoba	
5	Brothers of the Deceased	Full Blood	Donald B B Smith	22	H.M.C.S. Complex F.M.O. Halifax.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Marjorie E Martin	37	239 Brooklyn st. Manitoba
		Full Blood	Ada G Burnham	36	214 Kitson St. Manitoba
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)		Address of their children	

ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Thomas Alfred Smith
9	Date of his birth.	Feb. 22 1915.
10	Place and date of his marriage.	Dec. 14 1944. Sherbrooke. Que.
11	Place and date of his parents' marriage.	Sept. 6 th. 1906 Rotherham YorkShire.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	parkgate Yorkshire 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) Norwood Manitoba (b) 21 years (c) (d)
14	Nature of employment before enlistment.	Restaurant Manager.
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	Gaspe, Quebec.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	N o
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	no
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	no
20	Amount of War Savings Certificates held by deceased. Indicate where located.	
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

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

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

(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.

*Letitia Jane Smith* {Signature of Informant  
*151 Gaspé Ave* Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief.....*that I have* <sup>seen</sup>

\*See above. *Letitia J. Smith* { Name of informant } is the\* *Wielslaw* of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at *Gaspé* this *24* day of *January* 19*45*

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

*Thomas McCallum* Qualification *J.P.*

Address *Gaspé*

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





CANADA

N. V. 5  
25M-9-40 (6793)  
N.S. 815-11-5

P 39767

NATIONAL ID CARD  
NO. 209041  
113-11348  
CANADA

# ATTESTATION FORM

## (HOSTILITIES FORM)

### FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME SMITH OFFICIAL NO. V. 24481

CHRISTIAN NAMES Thomas Alfred MARRIED, SINGLE OR WIDOWER Single.

PERMANENT ADDRESS	RELIGION
254 Dubuc St., Norwood, Manitoba.	United

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
22nd Feb., 1915	Town <u>PARK GATE,</u> County <u>Yorkshire,</u> Province <u>England</u>	(MOTHER) <u>Louisa SMITH</u> <u>254 Dubuc St., Norwood, Man.</u>
*Original Nationality of:		
Father <u>English</u>		
Mother <u>English</u>		

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

### PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet..... <u>5'</u>	Inflated..... <u>39½</u>	<u>Dark</u>	<u>Brown</u>	<u>Medium</u>	<u>Scar on left hip.</u> <u>Scar on right knee,</u> <u>and two scars on</u> <u>right shin.</u>
Inches..... <u>6½"</u>	Deflated..... <u>35</u>				
	Mean..... <u>36</u>				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>7th April, 1941.</u>	<u>Asnt. Cook</u>	<u>Short Order Cook.</u> <u>Green Gables, 431 Academy Rd.,</u> <u>Winnipeg, Man.</u>
R.C.N.V.R. Division (or other establishment) at which enrolled.....	<u>WINNIPEG</u>	

### (B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

\* (b) ~~I served in \_\_\_\_\_ for the period shown and at \_\_\_\_\_~~  
~~\_\_\_\_\_~~

\*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

ENTERED IN  
PAY LEDGER N.S. 11-5  
and believed  
75-6-41

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

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

Personnel Records Division.

1. Noted in Records *[initials]*

2. Index Card *[initials]*

3. Non-Sub. Card *[initials]*

4. Statistical Card *[initials]*

5. Roneo Strip *[initials]*

6. Pension Card

7. \_\_\_\_\_

8. \_\_\_\_\_

DATE 14-4-41

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

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

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

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

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

Dated this 7th day of April, 1941.

Signature of applicant J. A. Smith

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 7th day of April, 1941.

Lieut. Ray L. Deane  
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Thomas Alfred SMITH 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 J. A. Smith

Witness Ray L. Deane

Date 7th April, 1941. Rank Lieut. R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

Thomas Alfred SMITH 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 WINNIPEG Division of the R.C.N.V.R. or in the appropriate official documents.

Lieut. Ray L. Deane  
Attesting Officer.

7th April, 1941. R.C.N.V.R. Division WINNIPEG  
(or other establishment)

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

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

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



39768  
 Can. B. 207  
 100-M-11-40 (7881)  
 N.S. 815-2-207  
 APR 13 1941  
 N.S. 113-81348  
 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 Alfred Smith,

† candidate for entry as Cook.

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.

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

a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p
Age (Years / Months)	Weight without Clothes (lbs.)	Height with Bare Feet (ft. ins.)	General Development	Chest Girth (inches)	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or revaccinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Teeth (No. deficient and No. defective, if any)	Nose, Tonsils, etc.	Anus, Hemorrhoids, etc.
<i>26 yrs. 1 mo.</i>	138	5 6 1/2	Good	(a) maximum 39 1/2 (b) minimum 35 (c) mean 36	right eye 20/20 left eye 20/60 *colour vision N.	Vacc. left arm in 1923	Normal	Normal	Scar over lt hip. Scar rt knee.	Psoriasis	Normal	Normal	Partial upper jaw 13 deficient 0 defective	N. & T. Normal.	Normal.

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

Pupils react to L & A. Reflexes Normal.

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

Negative. Approved. 27-3-41. Film #A-2314

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.

*J. A. Smith*  
 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 Patches of dermatitis.

\* (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 Winnipeg, Man. the 27th of March 1941.

*H. J. Hall*  
 Examining Medical Officer  
 (Rank) Surg. Lieut. R.C.N.V.R.

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

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO Mrs. Leitia Smith - Widow

~~P.O. Box 101,~~  
ADDRESS: Gaspé, P.Q.

(2) MEMORIAL CROSS

WIDOW Mrs. Letitia Smith

P.O. Box 101, Gaspé, Que.  
ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. T.A. Smith

178 Highland St., Norwood, Man.  
ADDRESS:

MEMORIAL B R

(1)

DATE DESP.....

REGN. NO.....

754

(2)

17-1-45

(3)

31-1-45

D OF D 21-8-44

## AWARDS NAVY

D.D.

SMITH	Thomas Alfred	V-24481	L/Ck.	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	5630
Atlantic Star & Clasp	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

#7

Gaspe, Que.,

June 28th/45

Sectarary, Navel Board,  
Department of National Defence,  
Navel Service.

924750

Dear Sir:

In reply to your letter of 8th inst. concerning paymeny of war service gratuity. As wife and sole heir of the late Thomas Alfred Smith, Leading cook (S), Official number V-24481, R.C.N.V.R. I wish to apply for same,

Until the time of his death I had been receiving an assignment of pay and am now receiving war widows pension.

Would appreciate advice on how to obtain this war service gratuity.

I Remain,

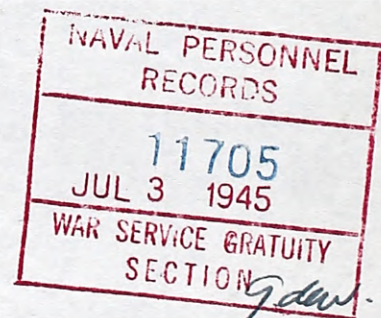
Sincerely

*Letitia Smith*

L. Smith,

Gaspe, Que.

LS/NM



077150

11702  
JUL 1 1945  
N. S. H. Q.  
Central Registry  
Mail Opening  
3

RECEIVED  
JUL 1 1945  
N. S. H. Q.  
Central Registry  
Mail Opening  
3





VERIFICATION FORM

1. AIGNS STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.  
 2. NAVAL GENERAL SERVICE MEDAL (1915).

.....RANK/RATING *E/CK*.....OFF.NO. *V 24481*.....ADDRESS .....

DAYS	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>
<i>38</i>	<i>79. atl</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 *C. M. ...*  
*GD*

.....VERIFIED BY .....

DIR. OF PERSONNEL RECORDS.

## CERTIFICATE of the SERVICE of

.....  
Thomas Alfred SMITH  
.....

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V-24481</i>
ESQUIMALT	WINNIPEG	"
		"

Date of Birth <i>22nd February, 1915.</i>	Name and Address of Nearest Relative or Friend <small>(in pencil)</small>
Place of Birth <i>PARK GATE, Yorkshire, England.</i>	<i>Mother - Mrs Louisa</i>
Place of Residence <i>254 Dubuc St, Newwood, Man</i>	<i>Smith</i>
Trade brought up to <i>Short order cook.</i>	<i>254 Dubuc St,</i>
Religion <i>United.</i>	<i>Newwood, Man</i>
Can Swim:—P.P.T. <i>yes</i> Date <i>Passed 6 June (Mar.) 1941</i>	Signature <i>[Signature]</i> Rank <i>Lieut.</i>
P.S.T. Date .....	Signature .....



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>7 Apl. 41</i>	<i>Hostil.</i>	<i>Asst. Cook</i>		<i>3 Feb 44</i>	<i>Canadian Volunteer Service Medal + resp. Provisional Award.</i>
					<i>3 Feb 44</i>	<i>1939-43 Star. Provisional Award</i>

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>6½</i>	<i>36</i>	<i>138</i>	<i>Dark</i>	<i>Brown</i>	<i>Medium</i>	<i>Scar on left hip, rt. knee, and two scars on right shin.</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

# NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
1941	Winnipeg Division			Asst. Cook	30 Apr 41	15 Jun 41	Active Service
	Stadacona			"	16 June 41	8 Sept '41	
	Gaspé Base			"	9 Sept '41	8 Sep '41	
1941	"	-	-	CK (S)	9 Sep '41	30 Apr 42	
	St. John's Port Ramsay			"	1 May 42	29 May '42	
	St. John's (Petit Rocher)			"	30 May '42	5 Jul 42	
	Port Sydney			"	6 Jul 42	10 June 43	
	Chaleur II (Albany)			"	11 June 43	14 June 43	
	"			L/Ck.	15 June 43	5 Jul 43	
	Stadacona (Albany)			"	6 Jul 43	21 Apr '44	
	Niche (-"-)			"	22 Apr '44	31 Aug '44	Reported Missing CNMO's 222323/8 + 0 231129/8
				Presumed "DEAD" to date 21 <sup>st</sup> August, 1944.			
				Auth: - CNMO's signal 271839 of Dec. '44. Niche's A 15 #A-59557.			

**Wounds Received in Action, Hurt Certificates, Meritorious Service, Special Recommendations, Prizes or other Grants**

Date	Details	Captain's Signature
20/12/42	5 CTW No 3 33294, 9/12/42	

30 Apr  
3 July







Department of National Defence  
Naval Service

IN REPLY PLEASE QUOTE  
NO. N.S. V-24481 PERS. (N)

OTTAWA, Ont. DEC 26 18 1944 194

39346



Sir:

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

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE &amp; CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
SMITH, Thomas Alfred, Leading Cook (s), V-24481, R.C.N.V.R.	Missing, presumed dead on 21 August, 1944, from H.M.C.S. "ALBERNI".	Wife: Mrs. Letitia Smith, P.O. Box 101, GASPE, P. Q.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Mrs. L. J. Smith (Wife)	P. O. Box 101, Gaspé, Que.	D.A. 37.20 A.P. 35.00 <u>72.20</u>	AMP.
Rec. Gen. of Canada	6th Victory Bond, Ottawa, Ontario	\$8.40	AMP.

WILL: No. record.

Note Both allots. stopped  
August 31, 1944

AMP.

12/12/44

Yours truly,

*G. G. Heard*

for  
SECRETARY, NAVAL BOARD.

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

TO:

DEC 16 1944

N.C.R.

PLEASE MAKE OUT FALSE

DOCKET AND FORWARD WITH

ATTACHED LETTER TO ADMIN-

ISTRATOR OF ESTATES.

37

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

Sir:

26  
DEC 28 1944  
(Date)

The following casualty has been reported -

NAME SMITH, Thomas Alfred RANK or RATING Leading Cook (s) NAVAL NO. V-24481 R.C.N.V.R.

DATE OF ENLISTMENT - 7 April, 1941 Active Service: 30 April, 1941.

DATE OF DISCHARGE - 21 August, 1944.

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

SERVICE - CANADA & HIGH SEAS  
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

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

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

NEXT OF KIN & RELATIONSHIP -  
RELATIONSHIP - Wife NAME - Mrs. Letitia Smith  
ADDRESS - P.O. Box 101, GASPE, P. Q.

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

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

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MARRIAGE ALLOWANCE, DEPENDENT'S ALLOWANCE, etc.

C. R.  
P. A.  
NAVAL TREASURY  
DATE 28/12/44  
INITIAL JK



REMARKS:.....

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

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
----------------------------	---------------------	----------------------------	--

Mrs. L.J. Smith	Wife		
-----------------	------	--	--

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	\$37.20	\$35.00	\$72.20

To Whom Paid: Wife Address P.O. Box 101, Gaspé, P.Q.

Date of Enlistment: (See other side)

Date of Discharge: (See other side)

Inclusive date to which D.A. and/or A.P. was Paid: August 31st, 1944.

The final deduction of Assigned Pay for \_\_\_\_\_ has been made for the period from 1st to \_\_\_\_\_ of \_\_\_\_\_ 194

Remarks:

Computed by..... DMD .....

Checked by..... DMD .....

for Alec J. Boswell  
 Chief Treasury Officer,  
 DEPARTMENT OF NATIONAL DEFENCE,  
 (Naval Service).

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

CAM


53




N.S. V-24481, F.D.140, PERS.(N)

Policy No. 2403035.

13 March, 1945.

THIS IS TO CERTIFY that according to official information Thomas Alfred Smith, Leading Cook (S), Official Number V-24481, 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.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

GL

Name SMITH Surname Thomas Christian Names No. V-24481


Ldy/Ck Rank RCNVR O/S Unit 21-8-44 Date of Death

AMOUNT

Date Nov. 3rd/45 L.P.C. ....\$ 159.87  
 Other Credits.....  
 Total..... 159.87

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Letitia Smith P.O. Box 101 Gaspe, P.Q.  ( as next of kin entitled)	\$159.87

P4. TO TREAS. 10-11-45 CW

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	\$31	00	50	000	\$159.87
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

FORM 5

PROVINCE OF MANITOBA  
OFFICIAL REGISTRATION OF DEATH

43

1. PLACE OF DEATH { If in Rural Municipality..... AR SEA..... Sec..... Twp..... Rge.....  
(Name)  
If in City, Town or Village..... Street..... House No.....  
(Name) (If in hospital or institution, give 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..... S M I T H..... Thomas Alfred  
(Surname) (Given name or names in usual order)

RESIDENCE..... 251 Duane St. Winnipeg, Manitoba  
(Usual place of abode. If urban, give street and number and name of city, town or village. If rural, sec., tp. and rge.)

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 (If in Manitoba, give exact location; if in Canada, province, city, town, village or nearest post office; if foreign, state the country and post office address) <u>Park Gate, Yorkshire, ENGLAND</u>
-----------------------	--	------------------------------------	--	--

9. DATE OF BIRTH Month <u>February</u> (Write the word)	Day <u>22</u>	Year <u>1915</u>	10. AGE IN } Years <u>29</u>	Months <u>6</u>	Days	If less than one day hrs. or..... min.
--	------------------	---------------------	------------------------------------	--------------------	------	---

OCCUPATION

11. Trade, profession or kind of work as  
spinner, teamster, office clerk, etc. Short Order Cook

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

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.....

PARENTS

16. Name of father.....

17. Birthplace of father..... (same as item No. 8)

18. Maiden name of mother.....

19. Birthplace of mother..... (same as item No. 8)

The above stated particulars are true, to the best of my knowledge and belief.

20. Signature of informant..... W.A. Money  
Address..... Paymr. Commander, RCNVR, Naval Service Headquarters, Ottawa

21. Relationship to deceased..... Director of Personnel Records

22. Place of burial, cremation or removal..... No burial

Date of burial..... 19.....

23. Burial Permit was issued by..... Address.....

24. Signature of Undertaker or person acting as Undertaker..... Address.....

MEDICAL CERTIFICATE OF DEATH

25. DATE OF DEATH..... (Hour)..... (Day) 21..... (Month) August..... 19..... (Year) 1914

26. 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, asthma, etc.

(a)..... Missing, presumed dead.  
due to He was serving in H.M.C.S. "ALBERNI" which  
was sunk in the English Channel.

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).  
(b).....  
due to  
(c).....

II

Other morbid conditions (if important) contributing to death but not causally related to immediate cause.

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**.....

I HEREBY CERTIFY that the particulars and cause of death above written are true to the best of my knowledge and belief.

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

30. Registered number..... filed this..... day of..... 19.....

31. .... (Signature of Division Registrar)

SEC. 45, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker, to obtain all the particulars required in the "Official Registration of Death," and to file the same with the Division Registrar who shall issue the Burial Permit. The Undertaker obtains the Medical Certificate from the Physician last in attendance, who is required by Section 41 to fill in all the particulars.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.  
Every item of information should be carefully supplied. (See reverse side for instructions.)

BF

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

4  
 NAVY

DECEASED  
 MEMBER'S  
 NAME

Thomas Alfred

SMITH

(CHRISTIAN NAMES)

(SURNAME)

PAYEE

Mrs Letitia SMITH,

ADDRESS

P.O. Box 101,  
 Gaspé, P.Q.

REGISTER NO.

11705

FILE NO.

NS V-24481

DATE

17 Aug./45

SERVICE NO.

V-24481

FINAL RANK OR RATING

L/CK.

DATE OF TERMINATION OF OVERSEAS SERVICE

21 Aug./44

DATE OF DISCHARGE

21 Aug./44

## A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1210 EQUAL TO 40 COMPLETE PERIODS AT \$7.50

\$ 300.00

## B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 438 LESS 10 INELIGIBLE DAYS, EQUAL TO 428 DAYS @ 25C. PER DAY

\$ 107.00

## C. SUPPLEMENT FOR OVERSEAS SERVICE

## DAILY RATES AT DISCHARGE

PAY	\$	2.25	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	1.45	
ADDITIONAL PAY	\$	.25	
	\$	.05	
	\$		
DEPENDENTS' ALLOWANCE 1/30 OF \$ <u>37.20</u>	\$	1.24	
TOTAL	\$	5.24	X7 = \$ 36.68
	\$	438	X\$ 36.68
		183	

\$ 87.79

## D. WAR SERVICE GRATUITY

\$ 494.79

## E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$  
 DEPENDENTS' ALLOWANCE \$

OTHER DEDUCTIONS

\$ Nil

## F. TOTAL AMOUNT PAYABLE

\$ 494.79

## G. YOUR PORTION OF GRATUITY IS—

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

\$ 494.79

Cheque 59675 - Aug. 23/45

**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 YN CHECKED BY [Signature]

TREASURY  
 CHECKED BY H. Lafleur DATE 21/11/45

[Signature]  
 for Dir Naval Pay Acctg. SERVICE REPRESENTATIVE

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member Name Thomas Alfred SMITH  
 (Christian Names) (Surname)

*Kep*

Payee Mrs. Letitia SMITH

Register No. 11705  
 File No. V-24481  
 Date 10/18/45  
 Service No. V-24481

Address P.O. Box 101,  
Gaspi, P.G.

Final Rank or Rating R/C.R.  
 Date of Discharge 21 Aug '44

Date of termination of overseas service 21 Aug '44

A. TOTAL QUALIFYING SERVICE  
 No. of days 1210 equal to 40 complete periods at \$7.50  
30

300.00

B. QUALIFYING OVERSEAS SERVICE  
 No. of days 438 less 10 ineligible days equal to 428 days @ 25¢ per day

107.00

C. SUPPLEMENT FOR OVERSEAS SERVICE  
 DAILY RATES AT DISCHARGE

Pay	\$	<u>2.25</u>	
Subsistence or Lodging and Provision Allowance	\$	<u>1.45</u>	
Additional Pay	\$	<u>.25</u>	
	\$	<u>.02</u>	F
Dependents' Allowance 1/30 of \$ <u>37.20</u>	\$	<u>1.24</u>	✓
<b>Total</b>		<u>5.24</u>	<u>7 = \$36.68</u>
No. of days	<u>438</u>	x	<u>\$36.68</u>
	<u>183</u>		

87.79

D. WAR SERVICE GRATUITY

494.79

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

OTHER DEDUCTIONS \$

30

F. TOTAL AMOUNT PAYABLE

494.79

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ \_\_\_\_\_ of \$ \_\_\_\_\_ = \$ 494.79  
 Total Dependents' Allowance in issue \$ \_\_\_\_\_

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

Prepared by		Checked by		Treasury	
				Checked by	Date

Service Representative

D.N.P.A. CHECK

- 1 SA
- 2 SA
- 3 SA
- 4 SA
- 5 SA

*[Handwritten signatures and initials]*

**P.I.B.**

V24481 OFFICIAL NUMBER

NAME SMITH Thomas Alfred  
(Surname) (Given Names)

OFFICIAL NUMBER V24481

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. Winnipeg	Asst. Cook	7	4	41		V.G.	Sat.	31	12	41							
Duty Div. Hdqtrs.	" "	30	4	41		V.G.	Sat.	31	12	42							
Stadacona	" "	16	6	41		V.G.	Supr.	31	12	43							
M.O.I.C. Gaspé	" "	10	9	41	A.O.V. 4-20	V.G.	Sat.	21	8	44							
Gaspé Base	Cook (S)	9	9	41	Rated.												
Patricia McQueen	" "	30	5	42	(1-9-42)												
Fort Ramsay	" "	6	12	42	WRD #20												
Alberni	" "	11	6	43	WRD #47												
"	Ldg. Ck. S)(ty)	15	6	43	Adv. Memo 18/6/43.												
<b>DISCHARGED</b>	"				"Missing" per Casualty List. Presumed Dead 21/8/44. (per S.C.)												

GENERAL REMARKS

X-ray App.  
 AWARDED CANADIAN MEMORIAL CROSS to:  
 Wife: Mrs. Letitia Smith,  
 P.O. Box 101,  
 GASPE, Quebec.  
 17th January, 1945.  
 AWARDED CANADIAN MEMORIAL CROSS to:  
 Mother: Mrs. T. A. Smith,  
 178 Highfield St.,  
 NORWOOD, Man.  
 January 31/1945.

DATE OF BIRTH			PLACE		CIVIL OCCU.		RELIED		PERM. RESIDENCE			PREV. ENL.		RANK OR RATE ON ENLISTMENT			
DY	MO	YR	BIRTH	MAIN	SUB	GRON	P	CTV	TOWN	SERV	DIV.	A	BR	RANK			
22	2	15	22	7	7	9	0	40	X	6	06	46	0	06	0	18	95
ENLIST. DATE			ACT. SERV. DATE			STR.		ACT. SERV. DATE			SHIP OR ESTAB.		RANK OR RATE				
DY	MO	YR	DY	MO	YR	CAT.	DY	MO	YR	ESTAB.	A	BR	RANK				
07	04	41	30	04	41					152	0	18	93				
SENIORITY			STR.		NON-SUB		M		CODED		CHECKED						
DY	MO	YR	CAT.	A	B	ST.											
15	06	43	13	00	00												

*Handwritten signatures and initials at the bottom right of the form.*

OFFICIAL NUMBER 115-S-1348 FILE NUMBER 115-S-1348 OFFICIAL NUMBER V24481

NAME SMITH (Surname) Thomas Alfred (Given Names) DATE OF BIRTH 22 February 1915

PLACE OF BIRTH Park Gate Yorkshire England OCCUPATION Cook

RELIGION United Church EDUCATION \_\_\_\_\_

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 254 Dubuc St. Town Norwood Province, etc. Man.

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
7	4	41	H.O.	5'6 1/2"	Dark	Brown	Med.	Scar on left hip Scar on right knee 2 scars on right shin				

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs. J. Smith

ADDRESS (in pencil): Street and No. P.O. Box 101 Town London Province, etc. Man.

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	41	C.V.S.M. 2 (R.&C.) (2472-2575)	2	6	43	Qual. Prof. for Idg. Cook (S)				
3	2	41	1939/43 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.	

**FILM**  
NO. 447-5464-6  
**DATE**

SECOND CLASS FOR CONDUCT  
From \_\_\_\_\_ To \_\_\_\_\_

**W.S.G.**  
APPLICATION  
11765  
RECEIVED  
8/6/45