D106855
ASHWORTH
VICTOR LAWRE

Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

File No. 405-A-1548

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D106855 Name ASHWORTH VICTOR LAWRENCE

Rank on Discharge Pte Date of Discharge 1-5-41

Authority for Discharge or Retirement Deceased

Served in: Non-qualifying service

Canada from 17-7-40 to 20-4-41

from to

AT SEA ~~United Kingdom~~ from 21-4-41 to 1-5-41 Torpedoed at Sea.

from to

Italy from :- to

Northwest Europe from to

--------- from to

--------- from to

Eligible for award of:

~~1939 - 45 Star~~

~~Italy Star~~

~~France-Germany Star~~

Defence Medal NE

War Medal OK

Canadian Volunteer Service Medal OK

with Clasp OK

M

Verified by [illegible]

Date 3-6-46

Carded JUN 3 1946

NRD

HA 165

MH

Estates Form "P. 4"

DISTRIBUTION OF SERVICE ESTATES

ARMY

Name: ASHWORTH, (Surname) Victor L. (Christian Names) No.: D-106855

PTE. (Rank) C.A. O/S (Unit) 1-5-41 (Date of Death)

AMOUNT W.S.G. 68.40

L.P.C. $ 33.45

Date: 3-8-45

Other Credits

Total 101.85

Prev.dist 33.45

This dist. 68.40

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Lawrence H. Ashworth, 465 Richard Ave. VERDUN, Que. (Sole beneficiary per will) P4 TO TREAS. 7/8	68.40

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$68.40

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

T.J.K.G.

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

Beau :- Father

Lawrence Haworth Ashworth

465 Richard Ave.,

Verdun, Que

25M-12-44 (6215)
H.Q. 1064-81-3

WSG 116
2518

2
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Victor Lawrence (CHRISTIAN NAMES) ASHWORTH (SURNAME)

REGISTER NO. D-3953
FILE NO. 405-A-1548
DATE 6-7-45
SERVICE NO. D-106855
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 1-5-41

PAYEE: Director of Estates.

ADDRESS:

DATE OF TERMINATION OF OVERSEAS SERVICE 1-5-41

		$ ¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 289/30 EQUAL TO 9 COMPLETE PERIODS AT $7.50		67.50
B. QUALIFYING OVERSEAS SERVICE — No. of Days 11 LESS 19 INELIGIBLE DAYS, EQUAL TO Nil DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)		-----
C. SUPPLEMENT FOR OVERSEAS SERVICE		67.50
DAILY RATES AT DISCHARGE: PAY $ 1.30		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ .85		
ADDITIONAL PAY $		
$		
$		
DEPENDENTS' ALLOWANCE 1/30 OF $ ____ $		
TOTAL $ 2.15 X7 = $ 15.05		
NO. OF DAYS 11/183 X$ 15.05		.90
D. WAR SERVICE GRATUITY		68.40
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $		
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE		68.40

G. YOUR PORTION OF GRATUITY IS— 100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $____ OF $ = $

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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
KRM	

TREASURY	
CHECKED BY	DATE
J. Grace	18-7-45

SERVICE REPRESENTATIVE

25M-12-44 (6215)
H.Q. 1064-81-3

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Victor Lawrence (CHRISTIAN NAMES) ASHWORTH (SURNAME)

REGISTER NO. D-3953

FILE NO. 405-A-1548

PAYEE: Director of Estates.

DATE 6-7-45

ADDRESS

SERVICE NO. D-106855

FINAL RANK OR RATING Pte.

DATE OF TERMINATION OF OVERSEAS SERVICE 1-5-41

DATE OF DISCHARGE 1-5-41

		$ ¢
A. TOTAL QUALIFYING SERVICE 270	NO. OF DAYS 289/30 EQUAL TO 9 COMPLETE PERIODS AT $7.50	67.50
B. QUALIFYING OVERSEAS SERVICE	No. OF DAYS 11 LESS 19 INELIGIBLE DAYS, EQUAL TO Nil DAYS @ 25c. PER DAY	-----
	SEE PAR. 2 OVERLEAF FOR EXPLANATION	
		67.50
C. SUPPLEMENT FOR OVERSEAS SERVICE		
	DAILY RATES AT DISCHARGE	
	PAY $ 1.30	
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ .85	
	ADDITIONAL PAY $	
	$	
	$	
	DEPENDENTS' ALLOWANCE 1/30 OF $ ____ $	
	TOTAL $ 2.15 X7 = $ 15.05	
	NO. OF DAYS 11/183 X$ 15.05	.90
D. WAR SERVICE GRATUITY		68.40
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $	
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
	OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE		68.40

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

RECEIVED
JUL 16 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

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
KRH	

TREASURY	
CHECKED BY	DATE
Grace	18.7.45

Kurkin Lt
SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME VICTOR LAWRENCE ASHWORTH (Christian Names) (Surname)

Register No. P-3953

File No. 405-A-1548

PAYEE'S NAME DIRECTOR OF ESTATES, (Christian Names) (Surname)

Date 30-6-45

ADDRESS

Service No. P-106855

Final Rank PTE

DATE OF TERMINATION OF OVERSEAS SERVICE 1-5-41

Date of Discharge 1-5-41

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of days ~~289~~ 19 / 30 = 9 Periods @ $7.50	67	50
B. QUALIFYING OVERSEAS SERVICE No. of days 11 less 19 Ineligible days, equal ✓ Days @ 25c per day		
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 1.30 Subsistence Allowance $ .85 Additional Pay $ — Dependents' Allowance 1/30 $ ..... $ — TOTAL $ 2.15 × 7 = $ 15.05 No. of Days 11 / 183 × $ 15.05	67	50
		.90
D. WAR SERVICE GRATUITY Computed By Manley	68	40
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $..... (2) D.A. & A.P. $..... Other Deductions $..... Entered By		
F. AMOUNT PAYABLE (This amount is payable in 1 monthly instalments of $ 68.40 each)	68	40

G. Monthly instalment not to exceed *daily rate* of Pay & Allowances per (C)

$..... × 30 = $.....

REMARKS

100M-11-44 (6087)
H.Q. 1764-81-3

1558

CASUALTIES ONLY
For purposes of W.S.G.
Casualties include death
subsequent to discharge

Register No. D3953

File No. H.Q.405-A-1548

WAR SERVICE GRANTS ACT 1944

OTTAWA January 11th 1945

TO: Chief Treasury Officer,
Dependents' Allowance and Assigned Pay Branch

Service No. D106855

Name V.L. ASHWORTH
Christian Name Surname

Please supply the following information in respect of the marginally named at the time of his discharge or death and return this form in duplicate along with the file to the undersigned.

K.W. Rice
(K.W. Rice) Lieutenant,
for (A. E. Mortimore) Brigadier,
Paymaster-General.

	Name	Amount
Names of persons in receipt of D.A. and amount of monthly award		$
If no D.A. in issue, list names of persons in receipt of A.P., who may be classed as dependents under W.S.G. Act, 1944 and amount of monthly assignment.	MRS CLARA ASHWORTH MOTHER. DISC 1/6/41	20.00
Names of persons to whom assigned pay was continued by supplementary award after death.		
Amount of overpayment of dependents allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.		

JAN 23 1945 194

For Chief Treasury Officer,
D.A. & A.P. Branch

C.T.O., D.A. & A.P.

Overpayments of D.A. and/or A.P. recovered from W.S.G. $

194

for C.T.O.

Form No. 1

Register No. D 3953

Nominal Roll No. D 80

H.Q. File No. 405 A 1548

TO: P.M.G.,

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
D 106855	PTE	ASHWORTH	VICTOR LAWRENCE

Reason for Termination of Service:

1st Enlistment Died at Sea CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 17 July 40	T.O.S.	T.O.S.
S.O.S. 1 May 41 MD o/s	S.O.S. MD	S.O.S. MD
Total Days 289	Total Days	Total Days

TOTAL SERVICE 289 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	278	—	278
OVERSEAS SERVICE	11	—	11
Totals	289	—	—
Add Non-qualifying Service			—
TOTAL SERVICE			289

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 1 May 41 2. Date S.O.S. Overseas

REMARKS:

DIED WHILST IN SERVICE 1 May 41

Computer's Signature Joe Kelloore

Checker's Signature E. Richer Sgt

Date Computed 16 Jan 45

The above dates are right according to documents. EL

Certified that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein.

(C.L. Laurin) Colonel
Director of Records.

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Total

D3953

465 Richard Ave.

Verdun. Que.

11/15/44

Dear Sir,

I am writing to you regarding the Soldiers War Gratuity, my only child Pte Victor Lawrence Ashworth D.106855 C.M.S.C. who was lost at sea on the Narisa, May 1st 1941, he enlisted in June 1940.

Before proceeding overseas he assigned $20 a month to me his mother I only recieved it once on account of his death.

I now wish to apply for the Gratuity due to my son.

Yours truly

Mrs C. Ashworth

RECEIVED
NOV 17 1944
PAYMASTER GENERAL
W.S.G. Branch

MEMORANDUM FOR

P. 64

Mr. Lawrence Ashworth,
465 Richard Ave.,
Verdun, Quebec.

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

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO

ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q. 405-A-1548 FD 256

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

June 25, 1941

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

ASHWORTH, Victor Lawrence, Pte. (Deceased)

No. D-106855, No. 4 Det. C.M.S.C.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest or Local Magistrate, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

(LM. Firth) Major,
Administrator of Estates.

ESTATES BRANCH JUL 8 1941 OTTAWA NATIONAL DEFENCE

M.F.W. 77
3M-5-40 (4995)
H.Q. 1772-39-972

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 inquired for	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.....		—	—	—
2	Children of the Deceased and dates of their Births.....		—	—	—
3	Father of the Deceased.....		Lawrence Haworth Ashworth	50	465 Richard Ave Verdun
4	Mother of the Deceased.....		Clara Ashworth	47	465 Richard Ave Verdun
5	Brothers of the Deceased	Full Blood	—		—
		Half Blood	—		—
6	Sisters of the Deceased	Full Blood	—		—
		Half Blood	—		—
	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
7	—		—		—

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

	—	NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased.....	Annie Ashworth	76	64 Emely St Burnley Lancashire England
			Age	
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....	Harry Ashworth Edgar Ashworth Milton Victor Ashworth John Ashworth Gertrude ~~Ashworth~~ Grimshaw Florie Thornton Annie Harwood		21 Manchester Rd Burnley England 116 Hallam Rd Nelson England São Paulo Caixa Postal 2810 Brazil 1102 Grafton Blvd T. Montreal 64 Emily St Burnley Lanc England 5142 Coolbrooke St Snowdon Montreal 2160 Trutch St Vancouver B.C.

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Victor Lawrence Ashworth
11	Give the month and year of his birth.	July 31st 1919
12	Where and when were his parents married?	St Clements. Verdun. Quebec Can.
13	Was he ever married? If so, state exact place and date of marriage.	— No.
14	Did he leave a (later) Will? If so, it should be forwarded.	None other than a Military Will
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	— No.

PARTICULARS OF DOMICILE

16	Where was deceased born?	Evelyn St Verdun Que. Can.
17	In what Province, Country or State did he reside, and in which last?	Quebec
18	How long in each?	21 years in Quebec. Can.
19	What was the nature of his employment?	Clerk
20	Did he own the house or homestead in which he lived? If so, where?	— No.
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	— No.
22	State your postal address in full.	465 Richard Ave. Verdun. Que. Can.

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	—
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	—

NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.

(PLEASE TURN OVER)

DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

*.....Father.....of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest or Local Magistrate

.....Lawrence H Ashworth..... {Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief.....Lawrence H. Ashworth

*See above .....{Name of Informant} is the *.....Father.....of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at.....Verdun.....this.....5th.....day of.....July.....1941

Signature of Clergyman, Priest or Magistrate } .....F. F. Norman..... Qualification.....Clergyman.....

Address.....St Clements Church, Cor. Gordon & Wellington Sts. Verdun Quebec

---

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 of each surviving Relative enquired after is stated in its proper place in the Statement opposite.

D.F.

To be made out in duplicate

M.F.M. 5
60M—7-40 (6140)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the C.A.S.F. or R.C.A.F. (ON ACTIVE SERVICE).

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

---

(1) Name of Officer of Other Rank ASHWORTH VICTOR LAWRENCE
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank D-106855 Pte.

(3) Unit 2 Div'l RCASC

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife N/A

(*b*) Present postal address of wife N/A

(6) If married, have you been regularly supporting your wife? If not—state reasons N/A

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys N/A Girls N/A

Names and ages N/A

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them N/A

Give particulars of Guardian to whom Dependents' Allowance should be paid—if authorized.

Name N/A

Postal Address N/A

CERTIFIED TRUE COPY

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? NO

If so, state her full name and Postal Address N/A

(11) Is your father alive? YES

If so, state name and address, occupation Lawrence Ashworth 465 Richard Ave., Verdun Montreal Quebec Canada, Machinist.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? NO

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment. N/A

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support? N/A

(14) Is your mother alive? YES

If so, state name and address Clara Ashworth 465 Richard Ave., Verdun Montreal Quebec Canada.

(15) If your mother is a widow, are you her sole or partial support? No

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment N/A

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support? N/A

(17) Are you contributing to the support of any dependents, other than those shown above? NO
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so. state the following particulars:—

Relationship N/A

Full Name N/A

Postal Address N/A

Amount contributed monthly during the past six months N/A

(18) Are you insured? YES

If so, in what Company? Unknown Coy
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? Yes
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

V.S. Ashworth
(Signature of officer or man)

Date 17 July 1940

H.C. Bates, Major

Officer Commanding No.4 District Depot CASF.

Date 17 July 1940

N.B. If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

405-A-1548 (D.R.)

RP

- ARMY -

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.106855, Private Victor Lawrence ASHWORTH, of the Corps of Military Staff Clerks, Canadian Army, who was previously reported "missing at sea", is now for official purposes presumed to have died at sea on the 1st of May, 1941,--enemy action.

F.B. Rading

for W.E.L. Coleman, Lieut.-Col.,
Officer in Charge of Records,
for Adjutant-General.

Department of National Defence,
Ottawa, Canada.
August 15th, 1941.

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: At sea en route to United Kingdom.

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname: ASHWORTH

(*Block letters*)

Given names: Victor Lawrence

4. RESIDENCE

Street: Richard Avenue No. 465

Official name of civil municipality or township: Verdun,

Municipal county: Province: Quebec

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (*Write the word*)
M			Single

9. If married give name of wife or husband of deceased

10. BIRTHPLACE (Province or Country): Province of Quebec

11. DATE OF BIRTH: July (Month) 31st (Day) 1919 (Year)

12. AGE OF DECEASED

Years	Months	Days	If less than one day old
21	9	1	....hrs. or ....min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Stenographer

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.:

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Lawrence Ashworth	
MOTHER (Maiden name)		

19. Place of burial, cremation or removal:

20. Date of burial: ....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

(d) Date: ....19.... (Month) (Day) (Year)

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: May (Month) 1st (Day) 19 41 (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

and last saw h.... alive on ....19....

24. 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) Presumed to have Died at sea as a

due to result of enemy action.

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.**

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance ....19....

(b) Duration of disease ....days

25. If a woman, was there a puerperal condition?

26. Was there a surgical operation? Date of ....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 (State which) Date ....19....

Manner of injury (How sustained)

Nature of injury

Specify whether injury occurred in **industry, in home, or in public place**

Signed ....**M.D.**

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

OVERSEAS CASUALTY CANADIAN ARMY

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

J.B. Reding for Lt. Col.

This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

Officer in Charge of Records

(Voir l'autre côté pour le français)

Dept. of National Defence.

FORMULE 6

BUREAU FÉDÉRAL DE LA STATISTIQUE—COPIE DU BULLETIN DE DÉCÈS—QUÉBEC

N'écrivez pas dans cet espace

1. LIEU DU DÉCÈS

Comté municipal | Nom officiel de la municipalité civile ou du canton | *Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire* — *Cité* | *Ville* | *Village* | *Paroisse* | *Canton*

Rue | No. | Hôpital ou institution

2. SÉJOUR

(a) dans l'hôpital ou l'institution	*Années*	*Mois*	*Jours*	(b) dans la municipalité du décès	*Années*	*Mois*	*Jours*	(c) dans la province	*Années*	*Mois*	*Jours*	(d) au Canada (s'il s'agit d'un immigré)	*Années*	*Mois*	*Jours*

3. NOM DU DÉFUNT

Nom de famille ..... (*Lettres moulées*)

Noms de baptême ou prénoms .....

4. RÉSIDENCE

Rue ..... No. .....

Nom officiel de la municipalité civile ou du canton .....

Comté municipal ..... Province .....

5. SEXE	6. NATIONALITÉ (Citoyenneté)	7. ORIGINE RACIALE	8. Célibataire, marié, veuf ou divorcé (Ecrire l'un de ces mots)

9. Si le défunt était marié, nom de son conjoint

10. LIEU DE NAISSANCE (Province ou pays)

11. DATE DE NAISSANCE ..... (jour) ..... (mois) ..... (année)

12. ÂGE DU DÉFUNT	Années	Mois	Jours	Si âgé de moins d'un jour
				.....hrs. ou.....min.

OCCUPATION

13. Métier, profession ou occupation, ex. **tisserand, voiturier, employé de bureau**, etc. .....

14. Genre d'industrie ou d'entreprise, tel que **filature de coton, industrie du bois, banque**, etc. .....

15. Dernière date à laquelle le défunt vaquait à ce travail

16. Nombre d'années occupées dans cette profession

	17. NOM	18. LIEU DE NAISSANCE (Province ou pays)
PÈRE		
MÈRE (Nom de fille)		

19. Lieu de l'inhumation, de l'incinération ou destination du transport

20. Date de l'inhumation ..... 19.....

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église .....

(b) Municipalité civile de .....

(c) Comté municipal .....

(d) Date ..... (jour) ..... (mois) ..... 19..... (année)

N'écrivez pas dans cet espace

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

22. Date du décès ..... (jour) ..... (mois) ..... 19..... (année)

23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le .....19.....jusqu'au.....19.....

que je l'ai vu vivant pour la dernière fois le.....19.....

24. CAUSE DU DÉCÈS

I

Cause immédiate Mentionner la maladie, blessure ou complication, causant la mort, **non pas** son syndrome final, tel: syncope, asphyxie, asthénie, etc.

(a) .....

dû à

États morbides, s'il y en a, ayant produit la cause immédiate (Les indiquer dans l'ordre chronologique inverse de leur apparition).

(b) .....

dû à

(c) .....

II

Autres conditions morbides (importantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate.

.....

.....

III Si une maladie contagieuse est mentionnée à ce certificat, donner

(a) Date d'éclosion.....19.....

(b) Durée de la maladie.....jours

25. S'il s'agit d'une femme, y avait-il état puerpéral?.....

26. Y a-t-il eu intervention chirurgicale?.....Date de l'opération.....19.....

Constatations.....Y a-t-il eu autopsie?.....

27. Dans les cas où le décès est attribuable à des causes extérieures (violence):—

Accident, suicide ou homicide.....Date.....19.....
(Spécifier)

Manière de la blessure.....
(Dans quelle circonstance)

Nature de la blessure.....

Indiquer si la blessure a été infligée **au lieu du travail, dans l'habitation ou dans un endroit public**.....

Signature.....**M.D.**

Adresse.....**Date**.....**19**.....

28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)

.....

Cette signature autorise le collecteur à accepter la formule comme authentique.

29. Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.

.....

(For English see other side)

PL

405-A-1548
(D.R.)

- A R M Y -

May 20th, 1941.

Mr. Lawrence Ashworth,
465 Richard Avenue,
Verdun, P.Q.

Dear Mr. Ashworth:

With reference to my telegrams of the 4th and 8th May, 1941, I regret to inform you that no further information has been received in connection with your son who was officially reported as Missing at Sea, and, in view of evidence of senior surviving Military and Ship's Officers, it is regretted hope cannot be held out for his survival.

It is with deepest regret I must inform you that your son D106855, Private Victor Lawrence Ashworth previously reported "Missing at Sea" is now for official purposes "Missing, Believed Lost at Sea".

The date of presumed death is officially recorded as 1st May, 1941.

I am desired to express to you the sincere sympathy of the Minister and Members of Defence Council in your bereavement.

Yours very truly,

(W.E.L. Coleman), Lt.-Col.,
Officer i/c Records,
for Adjutant-General.

M.F.M. 23
35M—9-40 (7259-60)
H.Q. 1772-39-1677

CANADIAN ACTIVE SERVICE FORCE

PROCEEDINGS ON DISCHARGE

(These proceedings should be accompanied by the documents specified on fourth page)

Regimental No. D-106855 | Rank Pte.

Surname Ashworth

Christian name Victor Lawrence

NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Unit or Corps C.M.S.C.

Date of discharge 1-5-41.

Place of discharge Mil. Dist. No. O.S.

C.A.A.

1. DESCRIPTION AT DATE OF DISCHARGE

Age 20 years months

Height 5 feet 8¾ inches

Complexion Fair

Eyes Blue

Hair Brown

Trade Stenographer, Typist

Descriptive marks 1 vaccination left arm

Intended place of residence (To be given as fully as practicable; *i.e.*, mailing address)

Street and Number

P.O., City or Town, etc.

Province

2. The above-named man is discharged in consequence of

Authority for discharge Missing at sea.

N.B.—The cause of discharge must be worded in accordance with C.A.S.F. Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the discharge certificate and initial them.

3. Conduct while in the service has been, according to the records, etc.

N.B.—See K.R. Can. 385. This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (*Vide* 384, K.R. Can.)

(OVER)

5. He is in possession of the following number of G.C. Badges:

5A. Service Button (Class and number.....)
(If and when authorized)

No reference to G.C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations..... .....
.....
.....
.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. I have impartially enquired into all matters concerning this soldier's discharge brought before me in accordance with Regulations.

(Place)..... .....

(Date)..... *Commanding*.....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances, and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place).....*(Signature of Soldier)*

(Date).....*(Signature of Witness)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Statement of Service**

(Date of enlistment—C.A.S.F.).....

(Date of discharge—C.A.S.F.).....

(Total Service—C.A.S.F.).....years.....days

10. **Confirmation of Discharge**

The discharge of the above-named man is hereby confirmed.

(Place)..... *(Signature)*.....

(Date)..... *Commanding*.....

Reservations referred to at Para. 8

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

(Date).....

.....
(Signature of Soldier)

ORIGINAL
DUPLICATE
TRIPLICATE

M.F.M. 2
A.F.B. 271
450M—5-40 (523.
H.Q. 1772-39-1645

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

Unit 2nd Div. R.C.A.S.C. Regimental Number D 106855

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname ASHWORTH
2. Christian Names Victor Lawrence
3. Present address 465 Richard Ave., Verdun, Que. Canada.
4. Date of birth 31st July, 1919
5. Place of birth Canada (Country) Quebec (County or Province) Verdun (Town or Township)
6. Religion (state denomination) Church of England
7. Trade or Calling Stenographer
8. Married, Widower or Single Single
9. Name of next of kin Mr. Lawrence Ashworth
10. Relationship Father
11. Address of next of kin 465 Richard Ave., Verdun, Que. Canada.
12. Do you belong to, or have you served in the Active Militia of Canada? NIL
(If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) The Canadian Active Service Force? NIL (Yes or No) (*b*) Any other Naval, Military, or Air Force? NIL
(If Yes, Give Regimental No. and Unit)
14. Did you serve during the Great War 1914-1918? NIL
(Yes or No) (If Yes, specify Unit and Period of Service)
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, VICTOR LAWRENCE ASHWORTH do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

WITNESS: J.C.Larkin

Date 17 Jul 40 V.L. Ashworth
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, VICTOR LAWRENCE ASHWORTH do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

V.L. Ashworth (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at Montreal, Que. this 17th day of July 1940

W.W. Bates, Major — Signature of Magistrate, Justice or Attesting Officer.

Commanding No. 4 District Depot CASF — Office or Rank and Unit or appointment.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

Record of Service of ASHWORTH (Surname) Victor Lawrence (Christian Names) Regimental Number D 106855

QUALIFICATIONS

Military: NO

Business or Professional: NO

Trade or Civil: Stenographer, Typist

Technical: NO

Languages: English

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: 2 Yrs. H.S. (years completed)

Graduation or Matriculation: NO (specify)

*College: NO

*University: NO

7 Years Public Schooling

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Joined on appointment						
17 July 40	D.R.O.	No. 4 District Depot .C.A.S.F.	Pte.	17 Jul 40	4 D.D.	Montreal	180	17 Jul 40
		Posted to H.Q. M.D. 4	"	18-7-40	"	"	182	19-7-40
		Transferred to 4 Det. CMSC - Montreal	"	11-4-41	"	"	85	10-4-41
		T.O.S. on transfer from D.D. 4	"	12-4-41	4 Det. CMSC	"	10	14-4-41
		SOS on reposting to CMSC Corps Hqtrs for duty with an active service formation	"	19-4-41	"	"	12	21-4-41
		TOS of CMSC corps headquarters	"	20-4-41	C.M.S.C.	Ottawa	175	23-4-41
		Absorbed into the CMSC Home War establishment	"	20-4-41	"	"	175	23-4-41
		EMBARKED CANADA - SAILING LIST No. 650 - 20-4-41 S/S Nerissa						
		missing at sea (E/a) C/L M48-1/7 5/41. May 1st 1941 - Cable Trans. 156						
		PRESUMED DIED AT SEA.				O.C. L.A.C. O.M. 63A	17/5/1	

For additional entries use M.F.M. 1 and 2 (a)

Name in f

Pa

1. Age

a. Rheu

b. Tube

c. Bronc

d. Heart

e. Kidne

f. Gastr

g. Rupt

h. Varic

i. Flat c

j. Nasal

Colo

Pa

1. Ident

2. Heig

4. Com

6. Ches

7. Visio

9. Conc

10. The

Par

reported

and Inst

Special r

And

Date

CERTIFICATE OF MEDICAL EXAMINATION

Name in full ASHWORTH, Victor Lawrence Date 12th July, 1940

Part 1. Information obtained from the recruit.

1. Age 20 2. Have you ever suffered from any of the following diseases?

a. Rheumatism NO
b. Tuberculosis NO
c. Bronchitis or asthma NO
d. Heart disease NO
e. Kidney or bladder disease NO
f. Gastro-intestinal NO
g. Rupture NO
h. Varicose veins NO
i. Flat or deformed feet NO
j. Nasal trouble NO
k. Ear disease NO
l. Eye disease NO
m. Epilepsy NO
n. Nervous or mental disease NO
o. Syphilis NO
p. Gonorrhoea NO
q. Have you ever worn glasses? Wear glasses at times
r. Are you now or have you in the past received disability pension or compensation? If so, give details NO

V.L. Ashworth
Signature of Applicant

Color vision Ishihara C.W. Ears Normal Urine N.
Reflexes N. B.H. Cragg X-Ray

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Identification marks or scars. (If operative obtain history.)
1 Vac. l. arm

2. Height 5 feet 8¾ inches. 3. Weight 140 pounds.

4. Complexion Fair Eyes Blue Hair Brown 5. Development Good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 35 inches.
Range of expansion 4 inches.

7. Vision, right 20-15 left 20-15 8. Hearing, right WV 20 left WV 20

9. Condition of mouth and teeth Good

10. The abnormalities (congenital and pathological) found on examination are as follows

Part 3. We, the examiners find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category A

Special remarks when category lower than A

Andrew Turnbull, Capt. (President) W. Tremblay, Lt.-Col. (Member) J. Arseneau, Capt. (Member)

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature

CERTIFIED TRUE COPY

Regtl. No. D106855 Rank Pte Surname Ashworth Christian Name Victor Lawrence

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
6 M S b.								missing at sea (E/9) C/L M48 - d/7 5/41. May, 1st 1941 - Trans. 156 Cable			
								PRESUMED DIED AT SEA.		O.C.L. No. M_63A j7/9/41	

For additional entries use M.F.M. 1 and 2 (b)

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full Victor Lawrence Ashworth (b) Reg'l. No. D-106855
2. (a) Arm of service CMSC (b) Unit CMSC (c) Rank Pte.
3. (a) Date of birth 31/7/19 (b) Have you any dependents? No (c) Place of residence at time of enlistment Montreal, P.Q.
4. (a) Place of enlistment Montreal, P.Q. (b) Date of enlistment July 17, 1940

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? Yes
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.) 2nd High School (Year)
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? Yes (b) If so, for what occupation? Stenographer (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? 6 mths.
9. (a) What languages do you speak fluently? English (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) Yes 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?
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 Bell Telephone Co. of Can. Address Montreal
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 Clerk (b) Number of years' experience at this occupation with any employer 3½ years
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? No.

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? (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.) Return to school.
28. State any employment preference or ambition you may have, not indicated elsewhere in this form Industrial & Vocational Psychologist
29. Not Discharged.

DATE April 1st 1941. 194

SIGNATURE V L Ashworth

17-9-41
(O.C.L.-63A)

AWARDS C.A.S.F.

M 1342

50M—5-40 (5079)
H.Q. 1772-45-8

FILE NO. 405-A-1548

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
ASHWORTH, Victor Lawrence	D.106855	Pte.	C.M.S.C.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
War Medal CVSM & Clasp	
Defence Medal (Awards	Board - d/14-1-48)
	4922.
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Lawrence ASHWORTH (FATHER)

ADDRESS: 465 Richard Ave.,
VERDUN, P.Q.

MEMORIAL BAR

(1) DATE DESP.

REGN. NO. 395

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Clara Ashworth

ADDRESS: 465 Richard Ave., Verdun, Montreal, P.Q.

(3)

DESP. OCT 31 1941
REGN No. 739

No D.106855 Rank Private Name ASHWORTH, Victor Lawrence

Unit C.M.S.C. Date of death 1st May, 1941.

Died at

Cause Missing, believed lost at sea from S.S. "Nerissa".

Death occurred on strength of Forces.H.Q. 405-A-1548 d 2-5-41

N/K Mr. Lawrence Ashworth Relationship Father

Address 465 Richard Avenue, Verdun, P.Q.

Remains buried in Cemetery

Grave location

CHK ✓ HALIFAX MEMORIAL

DEATH CERT. TO N/K	15-8-41
BUR. REPORT TO N/K.	--------
RETURN TO BUR. STAT.	15-8-41
ROYAL MESSAGE DESP'D.	26-8-41
CAN. MESSAGE DESP'D.	13-6-41

Read this whole Form and Instructions on other side before commencing to complete.

WILL

M.F.M. 10
60M—3-40 (4386)
H.Q. 1772-39-1656

(1) Victor Lawrence ASHWORTH (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Verdun, in the County / District of Hochelaga,

Province of Quebec, Stenographer (Civil Occupation)

Regimental No D- 106855, Unit 2 Div'l RCASC, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto " My Father Lawrence ASHWORTH residing at 465 Richard Ave., Verdun Montreal Quebec Canada all my ESTATE".

V. L. A.

Relationship, names and address of residuary beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto

V. L. A.

(4) I appoint ..... (Name) ..... (Address)

....., to be the Executor / Executrix of this my Last Will.
(Civil Occupaton)

IN WITNESS WHEREOF I have hereunto set my hand this 17 day of July

19 40

Signed and acknowledged by the Testator, in the presence of us 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.

V. L. Ashworth
(Signature of soldier)

First witness sign here.

(5) Signature F. A. Warren Snr.

Civil Address 8034 St Denis St Montreal Que

Civil Occupation Clerk

Second witness sign here.

Signature T T French Pte.

Civil Address 88 2nd Ave Verdun Que

Civil Occupation Clerk.

(Witnesses are not to be beneficiaries.)

[OVER]