V5490
CREANEY
THOMAS

S/C

OCCUPATIONAL HISTORY FORM

113-6-400

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.

12

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 CREANEY, TITUS (b) Reg'l. No. V 52410
2. (a) Arm of service NAVY (b) Unit (c) Rank AB
3. (a) Date of birth JAN 16 1920 (b) Have you any dependents? YES (c) Place of residence at time of enlistment MONTREAL
4. (a) Place of enlistment MONTREAL (b) Date of enlistment SEPT 1/39

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 (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.) 7 YRS PUBLIC SCHOOL
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? FRENCH, ENGLISH (b) What languages do you read well? FRENCH, 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) NOT WORKING (b) At time of enlistment of what trade union or professional society were you a member?

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

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

11. Had you ever been employed fairly regularly since leaving school? YES
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked SHIPPER (b) State how long you had worked at this trade or occupation 1½ YRS
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 MAY, 1939
15. Give details of last employer, if any: Name C. HOFFMAN Address ST HILAIRE ST, MONTREAL
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) BUTTON FACTORY
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

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

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

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

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

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? NO
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form "I feel steady"

O.H.F. RECEIVED

DATE APRIL 15 1941 SIGNATURE Thomas Creaney

Copy To
VWJ
ES
6-5-41

17894

Can. B. 207
2M—1-37
N.S. 815-2-207

CANADA

CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND BOYS FOR THE 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 Thomas Creaney

candidate for entry as O.S.

and I believe him to be in all respects fit for His Majesty's Service. He has signed the Certificate given below in my presence.

Dated at Montreal the 30th of November 1938

Houston

Examining Medical Officer

(*Rank*) Surg-Lieut R.C.N.V.R.

This examination has been made in accordance with the Instructions for Recruiting.

(a) Age { Years / Months	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re-vaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (*No. deficient and No. defective, if any*), Nose, Tonsils, etc.	(p) Anus, Hæmorrhoids, etc.
18 9/12	lbs. 136	ft. ins. 5' 7½"	Fair	inches (a) maximum 36½ (b) minimum 34½ (c) mean 35½	right eye 6/6 left eye 6/9 colour vision N.	1 left cicatrix	N	N	N	N	N	N	Moderate caries 2 Bad Teeth Clear	N.

CERTIFICATE TO BE SIGNED BY THE 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 as may be authorized.

Thomas Creaney

Signature of Candidate

When a Candidate is passed, notwithstanding a slight defect or disability, the following Certificate is to be filled up

This Candidate is the subject of.....

.....

not considered of sufficient importance to cause his rejection, he being desirable in other respects.

.....

Examining Medical Officer

(*Rank*).....

* The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.

SERVICE CERTIFICATE

N. V. No. 17
3M—9-37
N.S. 815-11-17

OF

Name in full Thomas CREANEY ~~Company~~ Montreal Division

ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Training Headquarters	H A L I F A X, N.S.	Official Number V.5490

Date of Birth Jan. 18, 1920.

Place of Birth Glasgow, Scotland.

Usual Place of Residence 708 Vitre St. W., Montreal, P.Q.

Trade brought up to Labourer

O.H.F.

Name and Address of next of Kin Mother - Mrs. T. Creaney - same address

Religious Denomination Roman Catholic

Can Swim P.P.T (Good) 20 June 1939.

PARTICULARS OF SERVICE

Date of Actual Volunteering	Date of Enrolment	Period Volunteered for	Rating on Enrolment	Medals, Decorations, Etc.	
				Date Received	Nature of Decoration
Dec. 14/38	Dec.21/38	3 years	Ord. Smn.		

PERSONAL DESCRIPTION

	Height		Complexion	Hair	Eyes	Marks, Wounds, Scars
	Feet	Inches				
On Entry	5	7½	Fresh	Fair	Hazel	Scar front of right thigh.
On attaining 28 years						
Further Description if necessary						

NAVAL TRAINING A

Year	Ship's Name	List and No.		Rating	From	To	Character	Ability	Total No. of Drills
1939	"Stadacona"	–	–	O. Sea.	12 June	23 June	} O.G.	Sat.	
1939	Stadacona (Fundy)			— " —	24 ~~July~~ June	8 July			
1939	Montreal Division			Ord Sea	Jan. 1/39	Sept. 17/39	V.G.	Sat	

EXAMINATIONS AND NOTATIONS OTHER THAN THOSE

Date	Wounds and Hurt Certificate. Meritorious Service. Special Recommendations	Captain's Signature	Date
			6 July '4
			17 Sept '4
			5 Nov '4

TRAINING AND DRILLS

	Ability	Total No. of Drills	Bounties — Date	Bounties — Amount	Efficient	Cause of Discharge—Remarks	Captain's Signature
	Sat-				yes.	Completion of N.T. & D.S.	D.P. Beer
t	Sat				Yes.	Active service Sept. 17/39 Annual Discontinued	E.K. Brock

OTHER THAN THOSE ENTERED ON G. AND T. HISTORY SHEET

in's Signature	Date	Particulars	Captain's Signature	Date	Particulars	Captain's Signature
		Passed professionally	J.J. Edwards	DEC	1940 Issued Ident. Card No. 13329	
	6 July '40	for Able Seaman				
		Seaman				
	17 Sept '40.	Rated Acting Able	A/Lieut. i/c for Capt.			
	5 Nov '41	Q & R. L.R. III	A Chaindlaw			

ACTIVE SERVICE

Ship's Name	List and No.		Rating	From	To	Character	Ability	Captain's Signature
Montreal Division			Ord. Sea.	Sept. 17/39	Dec. 31/39	V. G.	Sat.	E. R. Brock
Montreal Division			Ord Sea	Jan 1/40	May 28/40	V. G.	Sat.	E. R. Brock
"Stadacona"	—	—	—..—	29 May 40	16 Sep '40. 23 Sep '40			
"	—	—	A/A.B.	17 Sep '40.				
Columbia	✓	—	—"—	24 Sep '40	31 Dec '40	V. G.	Sat.	[illegible]
~~Columbia~~ Stadacona	✓	—	—..—	1 Jan '41	6 Jan 41			
Stadacona	—	—	—..—	7 Jan 41	7 Nov. 41			
Hochelaga II			—"—	8 Nov. '41	18 Nov. 41			
Venture (Goderich)	✓		—"—	19 Nov. '41	31 Dec '41	V G.	Sat	R. R. Kenney
Stadacona			—..—	1 Jan 42	4 Feb. 42			
Avalon			—"—	5 Feb. 42	8 July '42			
Ottawa	✓		—..—	9 July '42	13 Sep 42	D. D. VG	—	[illegible]

Good Conduct Badges			Service Badges		Second Class for Conduct		Time Forfeited			
Date	1st, 2nd, 3rd	Granted, Deprived. Restored	Date	Number	From	To	From	P.D.G. C.P. W.T.	Days	To
							6 May '42	C.P.	1	

COPY

N. V. 5
5M—10-39 (2365)
N.S. 815-11-5

CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME ~~XXXXXX~~ CREANY OFFICIAL NO. V. 5490

CHRISTIAN NAMES Thomas MARRIED, SINGLE or WIDOWER Single

PERMANENT ADDRESS	RELIGION
726 Vitre Street, Montreal, P. Q.	R.C.

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
Jan. 18th, 1920.	Town / County / Province: Glasgow, Scotland.	Mother: Mrs. Creany, Same address as above.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM-PLEXION	WOUNDS, SCARS, MARKS
Feet 5	Inflated 36½	Fair	Hazel	Fresh	Scar front of right thigh.
Inches 7½	Deflated 34½				
131½	Mean 35½				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
December 21st, 1938.	Ord. Sea.	Labourer.

(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 XXXXXXXXXXXXXXXXXXXXXXXXXXXX for the period shown, and attach my record of service in corroboration of this statement.~~

* Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

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

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

Recruiting Office
MAY 30 1940
R. C. N. BARRACKS
HALIFAX, N. S.

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

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

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

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

Dated this Twenty-first day of December, 1938.

Signature of applicant.....

(C) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 21st, day of December, 1938.

.....
Signature of Commanding Officer.

(D) OATH OF ALLEGIANCE

I, Thomas Creany 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.....

Witness.....

Date Dec. 21st, 1938. Rank.....

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

Thomas Creany 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 Montreal. Division of the R.C.N.V.R.

.....
Commanding Officer.

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.

VERIFICA

CAMPAIGN STARS, DEFENCE MEDAL,
NAVAL GENERAL SERVI

NAME IN FULL C.R.E.A.N.E.Y....Thomas.....RANK/RATING ...A.A

SHIP	SERVICE			AREA		
	FROM	TO	DAYS		FROM	
Montreal	17-9-39	28.5.40	255			
Columbia	24-9-40	6.1.41	105	Atlantic		
Goderich	19-11-41	31-12-41	43	Atlantic		
Avalon	5-2-42	8.7.42	154	C.P.1 NF		
Ottawa	9.7.42	13-9-42	67	Atlantic		
Discharged Dead						
to Date 13 Sept 42						

VERIFIED BY .....L Blanchet.....

VERIFIED BY .....

VERIFICATION FORM

DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.

AL GENERAL SERVICE MEDAL (1915).

/RATING ...A.A.B.....OFF.NO. V-5490.....ADDRESS .....

	QUALIFYING PERIODS IN DAYS							STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL			
								1939-45	/	Star
nli								ATLANTIC	/	Star
inli								FRANCE G.		
F								AFRICA		
lan								PACIFIC		
								BURMA		
								ITALY		
								DEFENCE		
								C.V.S.M.	2	@ Medal
								" CLASP		
								WAR 1945	/	Medal
								WAR 1915		

VERIFIED BY ..... F.M. Sharpe

ED BY .....

.....
DIR.OF PERSONNEL RECORDS.

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

V5490 OFFICIAL NUMBER | NAME CREANEY (Surname) Thomas (Given Names) | OFFICIAL NUMBER V5490

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year	Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Re-Qualified Day	Re-Qualified Month	Re-Qualified Year
Montreal Div. Str.	Ord. Smn.	21	12	38	--Tr.	V.G.	Sat.				L.R. 3	5	11	41			
Stadacona	" "	11	6	39		"	"	31	12	40							
						"	"	31	12	41							
Duty Div. Hdqs.	" "	17	9	39		"	"	13	9	42							
Stadacona	" "	29	5	40													
"	A/A.B.	17	9	40													
Columbia	"	25	9	40													
Stadacona	"	7	1	41													
Hochelaga	"	8	11	41													
Goderick	"	20	11	41													
Stadacona	"	2	1	42													
Avalon	"	4	2	42													
Orillia	"	Cancelled.															
Avalon	"	5	2	42.													
Ottawa	"	8	7	42	(208033)												
DISCHARGED	"	13	9	42	Missing, believed killed in action. C.L.												

GENERAL REMARKS

From Hal. Mil. Hosp. 18-9-41
Memorial Cross to His Mother.
Mrs. Rose Creaney,
548 Inspector St.,
Montreal, Que. Sub. 9-11-42

SERV. NO.	PREV. SERV.	ORIG. ENTRY	TRADE	CLASS	REMUNERATION	PERM. REGIMEN. NO.	CAT.	TRADE	TOUR	SERV.	ENTRY	RANK OR RATE ON ENLISTMENT		
												A	DR	RANK
18	1	20	22	900	0	10	K	223	020	09	0	08	96	

ENLIST. DATE DY	MO.	YR.	TRADE	SERVICE	TRADE	YR.	SHIP OR ESTAB.	RANK OR RATE ON PROM. A	DR	RANK
21	12	38	17	09	39		0350	1	08	96

SENIORITY DY	MO.	YR.	S.R. CAT	MUSTER A	B	OT.	CODED	CHECKED
17	09	40	09	08	00	20	13-09-42	B	

V5490 OFFICIAL NUMBER | FILE NUMBER 113-C-400 | OFFICIAL NUMBER V5490

NAME CREANEY (Surname) Thomas (Given Names) DATE OF BIRTH 18 January, 1920

PLACE OF BIRTH Glasgow, Scotland OCCUPATION Labourer

RELIGION Roman Catholic EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 726 Vitre St. W., Town Montreal Province, etc Quebec.

ENGAGEMENTS

Date (in figures) Day	Month	Year	Period
21	12	38	3 yrs. and Duration of Host.

DESCRIPTION

Height	Hair	Eyes	Complexion	Marks or Scars
5' 7 1/2"	Fair	Hazel	Fresh	

PREVIOUS SERVICE

Served in	Rank or Rating	Dates From	To

NEXT OF KIN RELATIONSHIP (in pencil) mother NAME (in pencil) Rose Greaney

ADDRESS (in pencil): Street and No. 548 Inspector Street Town Montreal Province, etc. Quebec

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

Date (in figures) Day	Month	Year	Particulars

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures) Day	Month	Year	Particulars
21	4	42	Qualified Prof. for Ldg. Smn.

Date (in figures) Day	Month	Year	Particulars

BADGES, G.C. OR G.S.

Date (in figures) Day	Month	Year	1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored

SECOND CLASS FOR CONDUCT

From	To

BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES

Ship or Establishment	Wt. No.	Date (in figures) Day	Month	Year	Brief Particulars of Offence	Punishment
Avalon		6	5	42	Convicted by Civil Power	1 day Time

Date (in figures) Day	Month	Year	Days Forfeited: Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.
6	5	42				1 day		

O.H.F. Rec.

FILM NO. WSR-5262-7 DATE

W.S.G. APPLICATION 526 RECEIVED

H.Q. 35—30M—5-41 (337)
N.S. 815—7-35

CONDUCT SHEET

NAME CREANEY, Thomas RATING PORT DIVISION AND OFFICIAL NUMBER V5490

Date of Offence 1942	OFFENCE	PUNISHMENT AWARDED	By whom awarded, Ship and date	REMARKS
6 May	Arrested by Civil Power at 0200, 6 May, 1942 and charged before Magistrate's Court, St. John's, Newfoundland with (1) Drunkeness (2) Damage to property, namely breaking a window. Pleaded guilty to both charges Fined $2.00 for drunkeness and made restitution for damage to window, $1.00 Fines Paid. Returned on board at 1150, 6 May, 1942.	Consequential Naval Penalty One Day's Pay & Time.	S.273 KR & AI 598, cl. 3	

S. 239a. (Revised—April, 1937)
50M—2-41 (9504)
N.S. 815-9-239A

(Authority—Art. 603, King's Regulations, 1936)

CONDUCT SHEET

NAME CREANEY, Thomas RATING A/B. PORT DIVISION AND OFFICIAL NUMBER V5490

NAME OF SHIP	Date of Entry	No. of G.C. Badges held	Date of Commencement of "very good" conduct. (Art. 527, cl. 4 and 5) — If conduct is not "very good" insert "Nil"	Class for Conduct: If in 2nd class, insert (1) Date of reduction. (2) Date of proposed restoration.	Class for Leave: If in 2nd class, insert date from which entitled to restoration to 1st class (Art. 573, cl. 2)	Character since last assessment on Service Certificate or Conduct Sheet (Art. 605, cl. 5 and 8): From	To	Character Assessment	Efficiency (Art. 607)	For Art. 413 ratings only (See Notes 5, 6 and 7): Whether recommended for advancement (Must be fit for immediate advancement and fully qualified)	Whether recommended with a view to accelerated advancement (Must also be fit for immediate advancement but not necessarily fully qualified)	Ship Discharged to (Giving date, if it differs from date of assessment of character, and, in the case of an N.C.S. Steward or Cook discharged to Shore, the cause of discharge)	In red ink—Whether recommended for (a) Boys' Training Service. (b) Other Instructional Duties. (See Note 9)	R.M.G. or R.R. (where applicable)	Commanding Officer's Signature
Avalon	5 Feb'42	—													

NOTES

1. **Destruction of Conduct Sheet.**—Attention is directed to Art. 603, cl. 3, K.R., which provides for the destruction, after the next assessment of character, of a Conduct Sheet shewing the record of offences in a previous ship. But the Conduct Sheet of a man joining a shore or harbour establishment may (and for Leading Seamen, Leading Signalmen, Able Seamen and Signalmen *must*) be kept in use and accompany him to his next sea-going ship.
2. **Date of Commencement of "very good" Conduct.**—When the date of commencement of "very good" conduct differs from that which would normally appear from the Service Certificate, the date is to be inserted in red.
3. **Class for Conduct.**—The date of proposed restoration may be any date not less than 3 months and not more than 6 calendar months from date of reduction. See Art. 567, K.R.
4. **Good Conduct Medal and Gratuity.**—Recommendations are to be made according to the instructions in Arts. 534, cl. 3, and 606, cl. 4, K.R. If the recommendation is intentionally withheld, a statement to that effect should be inserted. (See Art. 534, cl. 15.)
5. **Whether Recommended for Advancement.**—To be completed in respect of all Art. 413 ratings by inserting "Yes," "Not Yet" or "No" (but see notes (1), (2) and (3) below:
   (1) "Yes"—Recommended for advancement. To be followed by (N.Q.) if not fully qualified; this, if awarded in a sea-going ship, will count as a sea-going recommendation for men who require this qualification, although such men are not qualified for recommendation on Form S. 507.
   (2) "Not Yet"—To be used for ratings not yet recommended for advancement owing to their inexperience. To be followed by (N.Q.) if not fully qualified.
   (3) "No"—Not recommended, whether qualified or not.
   For Leading Seamen, Leading Signalmen, Able Seamen and Signalmen insert also "S.G.R." or "H.R." according as the ship is or is not a "sea-going" ship (Appendix XVII, Part 1, para. 10) in relation to the individual rating concerned.
6. **Whether Recommended for Confirmation.**—Notations, in red ink, are to be made across both the "Recommendation for Advancement" columns, after completion of a minimum period of three months' acting time, as to whether or not a rating is recommended for confirmation in the ordinary course. The abbreviations to be used are "R.C.O.C." or "N.R.C.O.C.".
7. **Accelerated Advancement.**—Recommendations are not to be made in this column unless the rating was likely to have been recommended for accelerated advancement on the next return S. 507 had he remained in the ship. This column is intended merely to assist the Captain of the ship to which the rating is discharged in rendering S. 507 at the end of the half-year, by bringing to his notice ratings of more than ordinary merit, who should be specially considered when making the special recommendations on S. 507 for the accelerated advancement of a limited proportion of the ship's company. When recommending Leading Seamen, Leading Signalmen, Able Seamen and Signalmen add "S.G.R." or "H.R." as directed for previous column.
8. **Offences and Punishments.**—To be recorded on page 2.
9. **Training Service.**—This column is always to be completed for E.R.As, E.As, O.As, C.P.Os, P.Os and Leading Ratings of the Seamen, Signal W/T and Stoker branches, irrespective of whether or not the rating is a volunteer for the Training Service. If recommended, the word "Yes" should be inserted; if not recommended, the word "No".

S. 239a. (Revised—April, 1937) N.A.
20M—8-40 (6733)
N.S. 815-9-239A

(Authority—Art. 603, King's Regulations, 1936)

CONDUCT SHEET

Page 1

NAME Thomas CREANEY RATING a/AB. PORT DIVISION AND OFFICIAL NUMBER U5490

NAME OF SHIP	Date of Entry	No. of G.C. Badges held	Date of Commencement of "very good" conduct. (Art. 527, cl. 4 and 5) If conduct is not "very good" insert "Nil"	Class for Conduct. If in 2nd class, insert (1) Date of reduction. (2) Date of proposed restoration.	Class for Leave. If in 2nd class, insert date from which entitled to restoration to 1st class (Art. 573, cl. 2)	Character since last assessment on Service Certificate or Conduct Sheet (Art. 605, cl. 5 and 8) From	To	Character Assessment	Efficiency (Art. 607)	For Art. 413 ratings only (See Notes 5, 6 and 7) Whether recommended for advancement (Must be fit for immediate advancement and fully qualified)	Whether recommended with a view to accelerated advancement (Must also be fit for immediate advancement but not necessarily fully qualified)	Ship Discharged to (Giving date, if it differs from date of assessment of character, and, in the case of an N.C.S. Steward or Cook discharged to Shore, the cause of discharge)	In red ink—Whether recommended for (a) Boys' Training Service. (b) Other Instructional Duties. (See Note 9)	R.M.G. or R.R. (where applicable)	Commanding Officer's Signature
Stadacona	1 Jan. 41	NIL	14 Dec. 38	1st	1st	7 Jan. 41	7 Nov. 41	V.G.	Sat.	R.C.O.C.	No	Hochelaga II			J. Edwards
Hochelaga II	8 Nov. 41	—	— " —	1	1	8 Nov. 41	19 Nov. 41	V.G.	Sat	R.C.O.C.	NO	Venture (Goderich)			[illegible]
Goderich	20 Nov. 41	—	— " —	1	1	20 Nov. 41	31 Dec. 41	V.G.	Sat	RCOC	No.	Stadacona			R. Kenney
Stadacona	1 Jan. 42	— " —	— " —	1	1	1 Jan. 42	4 Feb. 42	V.G.	Sat.	R.C.O.C.	No	Avalon			[illegible]

NOTES

1. **Destruction of Conduct Sheet.**—Attention is directed to Art. 603, cl. 3, K.R., which provides for the destruction, after the next assessment of character, of a Conduct Sheet shewing the record of offences in a previous ship. But the Conduct Sheet of a man joining a shore or harbour establishment may (and for Leading Seamen, Leading Signalmen, Able Seamen and Signalmen *must*) be kept in use and accompany him to his next sea-going ship.
2. **Date of Commencement of "very good" Conduct.**—When the date of commencement of "very good" conduct differs from that which would normally appear from the Service Certificate, the date is to be inserted in red.
3. **Class for Conduct.**—The date of proposed restoration may be any date not less than 3 months and not more than 6 calendar months from date of reduction. See Art. 567, K.R.
4. **Good Conduct Medal and Gratuity.**—Recommendations are to be made according to the instructions in Arts. 534, cl. 3, and 606, cl. 4, K.R. If the recommendation is intentionally withheld, a statement to that effect should be inserted. (See Art. 534, cl. 15.)
5. **Whether Recommended for Advancement.**—To be completed in respect of all Art. 413 ratings by inserting "Yes," "Not Yet" or "No" (but see notes (1), (2) and (3) below:
   (1) "Yes"—Recommended for advancement. To be followed by (N.Q.) if not fully qualified; this, if awarded in a sea-going ship, will count as a sea-going recommendation for men who require this qualification, although such men are not qualified for recommendation on Form S. 507.
   (2) "Not Yet"—To be used for ratings not yet recommended for advancement owing to their inexperience. To be followed by (N.Q.) if not fully qualified.
   (3) "No"—Not recommended, whether qualified or not.
   For Leading Seamen, Leading Signalmen, Able Seamen and Signalmen insert also "S.G.R." or "H.R." according as the ship is or is not a "sea-going" ship (Appendix XVII, Part 1, para. 10) in relation to the individual rating concerned.
6. **Whether Recommended for Confirmation.**—Notations, in red ink, are to be made across both the "Recommendation for Advancement" columns, after completion of a minimum period of three months' acting time, as to whether or not a rating is recommended for confirmation in the ordinary course. The abbreviations to be used are "R.C.O.C." or "N.R.C.O.C.".
7. **Accelerated Advancement.**—Recommendations are not to be made in this column unless the rating was likely to have been recommended for accelerated advancement on the next return S. 507 had he remained in the ship. This column is intended merely to assist the Captain of the ship to which the rating is discharged in rendering S. 507 at the end of the half-year, by bringing to his notice ratings of more than ordinary merit, who should be specially considered when making the special recommendations on S. 507 for the accelerated advancement of a limited proportion of the ship's company. When recommending Leading Seamen, Leading Signalmen, Able Seamen and Signalmen add "S.G.R." or "H.R." as directed for previous column.
8. **Offences and Punishments.**—To be recorded on page 2.
9. **Training Service.**—This column is always to be completed for E.R.As, E.As, O.As, C.P.Os, P.Os and Leading Ratings of the Seamen, Signal W/T and Stoker branches, irrespective of whether or not the rating is a volunteer for the Training Service. If recommended, the word "Yes" should be inserted; if not recommended, the word "No".

CONDUCT SHEET

NAME Thomas CREANEY RATING a/B.S. { PORT DIVISION AND OFFICIAL NUMBER US 490

Date of Offence	OFFENCE	PUNISHMENT AWARDED	By whom awarded, Ship and date	REMARKS

R. C. N. V. R.

TRAINING REPORTS, 1939.

12063
JUL 28 1939
N.S. 113 6400
CANADA

5

Name Thomas CREANEY. Rate Ord Sea. O.N. 5490.

Division MONTREAL. P.Q. Training Headquarters HALIFAX. N.S. Period No. 3.

ANNUAL TRAINING

			No. of days
Entered for N.T.	12th June 1939.	Completed N.T. 26th June 1939	14
Entered for V.S.	27th June 1939	Completed V.S. 8th July 1939	13
Final Discharge	8th July 1939	Total No. of Days	27

INSTRUCTION

	Training Establishment "Stadacona" From 12/6/39 To 25/6/39			Service Afloat H.M.C.S. "Fundy" From 27/6/39 To 8/7/39		
Subject	**No. of Hours**	**Efficiency**	**Remarks**	**No. of Hours**	**Efficiency**	**Remarks**
1. Seamanship		Sat	1st Year N.T			
2. Boatwork		Sat			Employed in General Ship's Duties	
3. Signals						
4. W/T						
5. Gunnery		Sat				
6. Torpedo						
7. Minesweeping						
8. P. & R.T.		Sat				
9. Swimming						
10. Kit and Medical		Sat			M. Nettl for S.N.O.	
11.						
12.						
Character	V.G	Efficiency	Sat	Character		Efficiency

Qualified as Efficient **Yes**

E.T. Part I ..... Passed / Failed } Date .....

Passed professionally for ..... Date .....

Recommended for Advancement .....

Recommended for Confirmation .....

Qualified for Advancement to .....

Recommended for Special Branch .....

General Remarks Did well throughout. Cheerful and willing worker.

Noted by Senior Rating by E.W. 2.8.39

Signature W.H. Corde

Lieut-Commander R.C.N.V.R.
RESERVE TRAINING OFFICER

N. V. 27
5M—3-38
N.S. 815—11-27

17895

DEPT OF NATIONAL DEFENCE
DEC 23 1938
113 C 400
CANADA

QUESTIONNAIRE FOR CANDIDATES

FOR ENTRY IN THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

1

Name (in full) Thomas Creaney

Date and place of birth Jan. 18th. 1920. Scotland.
(Birth certificate, declaration by parents or affidavit as to date of birth must be attached)

Permanent place of residence 726 Vitre St. W. Montreal Que.

Nearest town to residence (if living in country)

Are you a British subject ? Yes

Are you single, married or a widower ? Single

In what capacity do you wish to enrol ? O. S.
(See standards of qualifications in attached pamphlet)

Present occupation or trade Laborer
(Attach any testimonials or recommendations)

Do you belong to any Naval, Military, Reserve or Territorial Force ? No

Have you ever served with such forces ? Give dates and details

Have you ever been discharged from any of H. M. Forces as medically unfit ? No

Have you ever offered to serve in any of H. M. Forces and been rejected ? No

What is your weight ? 136 What is your height ? 5'9"

What is your chest measurement (not inflated) ? 36"

Are you free from all physical defects or malformation, and not subject to fits ? Yes

Are you willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities ? Yes

I hereby declare that the above answers are true in every respect.

Thomas Creaney ..... Signature

Dec. 14 - 1938 ..... Date

726 Vitre St. W. ..... Address

Stephen Creaney
(Witness to Signature)

This is to certify that I have personally seen the birth certificate of this applicant, or a sworn declaration as to his date of birth.

I certify his date of birth, according to legal documentary evidence, to be Jan 18th - 1920

Signed A R Coleman Lt Cdr
for
Commanding Officer

N. V. 3

3M—4-36
N.S. 815-11-3

P 86392

DECLARATION OF ALLOTMENT.

NO. A 939

ACCOUNTANT OFFICER
CORRESPONDENCE OFFICE
(2)
H.JUFILE NO. 1941
R. C. N. BARRACKS
HALIFAX, N.S.

LIST	ALLOTTOR.	RANK.	O.N.	RATE OF PAY
"Stadacona" Div.I. Sec.I. 5-2/2315	Surname...CREANEY. Christian Names.....Thomas.....	Acting Able Seaman.	V-5490 RCNVR.	$1.85

DEPT. NATIONAL DEFENCE JUL 11 1941 CANADA

N93-C-400

SECTION A. ALLOTMENT NOW DECLARED.

NAME OF ALLOTTEE	RELATIONSHIP.	ADDRESS.	AMOUNT	MONTH
Surname...CREANEY, Christian Names.Mrs. Rose.....	Mother 099004	708 Vitre St West MONTREAL, Quebec	$28.00	Increased JULY, 1941.

SECTION B. DISPOSAL OF EXISTING ALLOTMENTS.
The following allotments are in force.

RATE	NAME OF ALLOTTEE	ADDRESS	DISPOSAL.
$25.00	Mrs. Rose Creaney	708 Vitre St West MONTREAL, Quebec	Increased as per Sec."A".
6.00	Bond Clothes Shops	HALIFAX, NS	To be continued.
2.00	Hon. Rec. Gen (WAR SAV)	OTTAWA, Ont	To be continued.

Allotment Declarations.	Initials	Date
Ent'd. on Index Card		14/7/41
Ent'd. on Allotment Ledgers		14/7/41

Allotters signature authorizing charges
X Thomas Creaney X
Acting Able Seaman.

ENTERED IN FAIR LEDGER. ENTERED IN ROUGH LEDGER.

The allotment now declared has been duly entered in the Fair and Rough ledger with effect from the appropriate date. The reduction or transfer has been duly approved by the Commanding Officer and the reasons for the alteration ~~xx~~ are.

Assigned pay to Wives.	111	$
Assigned pay to Dependents	113	$
Marriage Allowance	116	$
Dependents Allowance	119	$
Other Allotments	128	$ 28.00
TOTAL		28.00

Paymaster Sub. Lieutenant R.C.N.V.R.
for ACCOUNTING OFFICER.

H.M.C.S. "STADACONA".

Forwarded.....9.....JULY 1941

Stencil of S 63

P 79497
NATIONAL DEFENCE
JUN 27 1941
CANADA

Mrs Rose Creaney
708 Victoria St W
Montreal Q

Dear Sir

I am sorry I did not give you my son address but he is in (R.C.N.V.R. O.N. 5490) & he is stationed at Halifax but he is living out of the Barracks. with Mrs Mc Jarvish. 283½ Maynard St Halifax. N.S. his full name is Thomas Creaney R.C.N.V.R. O.N. 5490.

099006

My old address was 726 Victoria St. W.

Allotment Branch
Card on Index
Allotment Branch

Note new address.
AB.

Noted in Service Records by ...

noted 11/7/41 [illegible]

Encl.

P. A. & A. P. OFFICE
JUN 17 194
Comptroller of the Treasury.

Mother

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Name THOMAS (Christian Names) CREANEY (Surname)

Address 924 STE. CECILE ST. MONTREAL, QUE. MRS ROSE CREANEY

Register No. 526
File No. V-5490
Date 30-10-44
Service No. V-5490
Final Rank or Rating A/A.B.
Date of Discharge 13 SEP 42

Date of termination of overseas service 13 SEP 42

		$	¢
A. TOTAL QUALIFYING SERVICE			
No. of days 1092/30 equal to 36 complete periods at $7.50			270.00
B. QUALIFYING OVERSEAS SERVICE			
No. of days 215 less 12 ineligible days, equal to 203 days @ 25¢ per day			50.75
	SUB TOTAL		320.75
C. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY RATES AT DISCHARGE			
Pay		$ 1.85	
Subsistence or Lodging and Provision Allowance		$ 1.45	
Additional Pay	HLM	$ .13	
Dependents' Allowance 1/30 of		$ .65	
	Total	$ 4.08 x 7 =	$ 28.56
No. of days 203/183		x $ 28.56	31.68
D. WAR SERVICE GRATUITY			352.43
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $			
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $			
OTHER DEDUCTIONS $			
F. AMOUNT PAYABLE			
(This amount is payable in monthly instalments of $ each)			
G. MONTHLY INSTALMENT NOT TO EXCEED Daily rate of pay and allowances		$ 4.08 x 30	$ 122.40

Instalm. Payable	1	2	3	4	5	6	7	8	9
AMOUNT									
Cheque No.									
DATE									

Instalm. Payable	10	11	12	13	14	15	16	17	18
AMOUNT									
Cheque No.									
DATE									

D.N.D.A. CHECK

1 ✓ 6
2 7
3 8
4 9
5 10

In receipt of pension.

Estate form prepared. ✓

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased
Member's Name Thomas (Christian Names) CREANEY. (Surname)

Payee Mrs Rose CREANEY.

Address 926. St Cecile Street. Montreal. Que.

Register No. 526
File No. V 5490
Date 30. 10. 44
Service No. V 5490
Final Rank or Rating A/A. B
Date of termination of overseas service 13 Sep 42. Date of Discharge 13 Sep 42.

	$	¢
A. TOTAL QUALIFYING SERVICE No. of days 1092/30 equal to 36 complete periods at $7.50	270	00
B. QUALIFYING OVERSEAS SERVICE No. of days 215 less 12 ineligible days equal to 203 days @ 25¢ per day	50	75
C. SUPPLEMENT FOR OVERSEAS SERVICE		

DAILY RATES AT DISCHARGE

Pay		$	1.85		
Subsistence or Lodging and Provision Allowance		$	1.45		
Additional Pay	H.L.M	$	.13		
Dependents' Allowance 1/30 of	$	$	.65		
Total			4.08	x 7 = $	28.56
No. of days 203/183				x $ 28.56	31. 68

D. WAR SERVICE GRATUITY		352. 43
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $		
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE		352. 43
G. YOUR PORTION OF GRATUITY IS		
Dependents' Allowance in issue to you $ _____ of $	= $	352. 43
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	Treasury Date

Service Representative

D.N.P.A. CHECK

1		6	
2		7	
3		8	
4		9	
5		10	

P290499 113-C-400

ACCOUNTS OF MEN DISCHARGED

10

Account of the Balance of Wages, the Sale of Clothes and Effects and the other Credits of Men Discharged to the Shore, D. D. or Run

Name Creaney, Thomas *Rating* A.B.

Official No. V-5490 *H.M.C.S.* OTTAWA *List* 5II-563

*Who** D.D. *on the* 13 Sep *19* 42.

	$	cts.
Net sum due on ledger on account of Wages	65	92
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
Proceeds of sale of Effects, paid for in Cash, brought from the other side		
Found amongst Effects		
Debts collected §		
Cash debited in the Accountant Officer's Cash Acct		
If in debt in ledger, amount to be stated (in red ink)		
Rate of allotment (in words) Forty-eight, six and Two dollars charged to 30 Sep		
Name of ship from which transferred HMCS Ottawa		
Total† creditor	65	92

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of HMCS Ottawa amounting to a net balance† creditor of Sixty-five dollars Ninety-two cents.

Dated on board H.M.C.S. AVALON at ST. JOHN'S NFLD. this thirteenth day of November 19 42.

Approved .....Accountant Officer

A/Pay Lieut, Commander, RCNVR

.....{ Initials of the Assistant Accountant Officer

Pay Lieut, RCNVR

.....Commanding Officer.

Lieut, Commander, RCN

For Use at Headquarters. $.....cts.....credited on Inspector's certificate

No.....to.....

Signature.....

Date.....19.....

*State whether discharged on shore, D.D. or Run. †State whether "debtor" or "creditor".

§Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

C.N.S. 46

10M—10-40 (7450)
H.Q. N.S. 815-9-45

ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the.....day of.....19.....

TO WHOM SOLD		PARTICULARS	Charged in Ledger		Paid for in Cash	
No. Ship's Book in consecutive order	NAME (If any are not sold, state how they are to be disposed of)					

DISTRIBUTION OF SERVICE ESTATES

Naval - Military - Air Force

Name _____ No: _____
Surname Christian Names

Rank	Unit	Date of Death
	H.M.C.S. "Ottawa"	

AMOUNT

L. P. C. $ 65.92

Other Credits ~~62.09~~

Total 128.01

Date March 22, 1943.

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Rose Creaney, 548 Inspector St., Montreal, Que. (next-of-kin entitled)	~~65.92~~ 128.01 Q

AUTHORITY

H O F. F. No.	DIV	EST	VOTE	PRI	DA-OR H O SUB	OBJ.	AMOUNT
9999			831	00	50	000	128 01 ~~65 92~~ Q

CLASSIFIED BY

EXAMINED BY
Bertrand
FOR TREASURY OFFICER

128 01
~~65 92~~ Q

TOTAL

Distribution approved and authorized

L M Firth

(L.M. Firth) Lt.-Col.,
Administrator of Estates.

AUDITED FOR PAYMENT

E.C. per W.B.

for Chief Treasury Officer

C.T. 248

TREASURY OFFICE

DEPARTMENT OF NATIONAL DEFENCE
NAVAL SERVICE

COPY 2

NO ACKNOWLEDGMENT IS NECESSARY.
PLEASE QUOTE CHEQUE NUMBER WHEN REFERRING TO THIS REMITTANCE.

THE ENCLOSED OFFICIAL CHEQUE IS IN PAYMENT OF YOUR CLAIM AS DETAILED HEREUNDER.

NAVAL SERVICE
OTTAWA, Ont.
(SOURCE 26)
SOURCE 18
SEP 23 1943

To Mrs. Rose Creaney,

DATE

CHEQUE NO.	PARTICULARS	AMOUNT
	Adjustment of payments to mother of the Late Thomas Creaney, A.B.,O.No. 5490, under Amendment 144 to Article 383 of Canadian Naval Regulations as per attached statement.	131 05
46105		
	Cheque and file to D.N.P.A.	

N.D.H.Q.-F.E. No. (4)0000	DIV. (2)00	ESTAB. (3)000	VOTE (3)000	PRI. (2)00	DIST. ALT. OR H.Q. SUB. ALT. (2)00	OBJECT (3)000	AMOUNT		DIST. SUB. AL. (2)00	DIST. F.E. No. (4)0000
33955			400	02	44		120	00		
9999			400	02	33		11	05		
						TOTAL	131	05		

NA LC SEPT. 23/43

GP/ML

PERS.(N)
113-C-400

REGISTERED

27th September, 1943

Dear Madam:

Thomas Creaney, A.B., O.No. V-5490 (Deceased)

Under Amendment 144 to Article 383, paragraph 4 of Canadian Naval Regulations, in all cases where a state of dependency exists, the mother of a deceased Naval rating is entitled, for the first six months following the date of casualty to an authorized monthly payment of $60.00. All such payments are to be recovered from any pension awarded to the extent of the amount of pension payable for the period during which these payments are made. However, if the pension when granted, is found to be for a lesser amount than this monthly payment a remittance for the difference is made to the party entitled thereto.

You will, therefore, find enclosed Official Cheque No. 46105 in your favour for One Hundred and Thirty-One Dollars and Five Cents, ($131.05), made up as follows:

Authorized Payments for 6 months @ $60.00 a month (Monthly payment to a rating's mother as per Amend.144 to Art. 383, para.4)		360.00
Pension 6 mos. @ $40.00 per mo.		240.00
Repayment of previously deducted Dependents' Allowance		11.05
Adjustment by cheque	131.05	
	$ 371.05	$371.05

Encl.

Yours truly,

(C.F.G. Hill)
A/Pay. Commander, R.C.N.V.R.
Director of Naval Pay Accounting.

Mrs. Rose Creaney,
548 Inspector St.,
Montreal, P.Q.

W D OF D 13-9-42

D.D.

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

WAR SERVICE RECORDS

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
CREANEY	Thomas	V-5490	A.B.	FILE No.

WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	
Atlantic Star	
C.V.S.M. & Clasp	6559
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

RCNVR Apr.43 "OTTAWA"

MEDALS AND MEMORIALS—DECEASED PERSONNEL REGISTRATION No. DATE OF DESPATCH

(1) **MEDALS**
PERSON ENTITLED TO Mrs. Rose Creaney - Mother

ADDRESS: ~~548 Inspector St.~~, 926 St. Cecile St., MONTREAL, Que.

(1)

(2) **MEMORIAL CROSS**
WIDOW

ADDRESS:

(2)

(3) **MEMORIAL CROSS**
MOTHER Mrs. Rose Creaney

ADDRESS: 548 Inspector St., Montreal, Que.

(3) 9-11-42

MEMORIAL BAR
DATE DESP
REGN. NO 843

MEMORANDUM FOR

Mrs. Rose Creaney,
548 Inspector St.,
Montreal, P.Q.

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. N.S. 113-C-400 FD.219

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

October 5, 1942. 194

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

CREANEY, Thomas, A/A/S, O.N.

No. V.5490, R.C.N.V.R.

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.

(H.R. Wade) Lt.-Cdr.,
for (L.M. Firth) Lt.-Col.,
Administrator of Estates.

ESTATES BRANCH OCT 8 1942 H.Q. 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.....		Stephen Creaney.	65	Died. May 29th, 1941
4	Mother of the Deceased.....		Rose Creaney	46	548 Inspector St. Montreal P. Q.
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.....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Thomas Creaney.
11	Give the month and year of his birth.	January 18th, 1920.
12	Where and when were his parents married?	Govan, Glasgow St. Anthony's Church, April 25th, 1919.
13	Was he ever married? If so, state exact place and date of marriage.	he was unmarried.
14	Did he leave a (later) Will? If so, it should be forwarded.	He made no will here.
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	War Savings Certificates - $45.00

PARTICULARS OF DOMICILE

16	Where was deceased born?	Govan, Glasgow
17	In what Province, Country or State did he reside, and in which last?	Scotland and later Quebec.
18	How long in each?	nine years in Scotland. thirteen years in Montreal, Quebec.
19	What was the nature of his employment?	Laborer.
20	Did he own the house or homestead in which he lived? If so, where?	———
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	Montreal.
22	State <u>your</u> postal address in full.	548 Inspector Street. Montreal, Quebec. Canada.

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	No funeral expenses. body lost at sea.
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 <u>creditor</u> should then sign same, and if <u>you</u> admit that the claim is correct, then <u>you</u> "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

*.....Mother.....of the deceased.

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

.....Mrs Rose Creaney..... {Signature of Informant

CERTIFICATE

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

*See above .....Creaney..... {Name of Informant} is the *.....mother.....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.....Montreal, P.Q.....this.....6th.....day of.....October.....1942.

Signature of Clergyman, Priest or Magistrate } .....James R. Danaher..... Qualification.....Priest.....

Address.....460 Dorchester St. West Montreal, Que.

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.

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "OTTAWA" ending 30 Sep 1942

List 5-2 No. 563 (Name) CREANEY, Thomas Rank Rating A.B. No V-5490

When entered Avalon P.M. 8 July Date of appearance Whither discharged D.D. 13 Sep '42

	$	c.
CREDIT from former account		
Pay as A.B. (Rank Rating) from 9 July to 30 Sep (84 days at $1.85 a day)	155.	40
" L.R.3 " " " " " (84 " .10 ")	8.	40
" D.A. " " " " " (84 " .65 ")	54.	60
" H.L.M. " 9 July " 13 Sep (67 " .13 ")	8.	71
" " " " " (" " ")		
Kit Upkeep Allowance 1/10/42		
OTHER CREDITS:		
Total credits	227.	11
DEBT from former account	24.	19

PAYMENTS:—

	1st	2nd	3rd	4th	5th	
	$ c.	$ c.	$ c.	$ c.	$ c.	
1st month						Total
2nd month	25.00					Total 25. 00
3rd month						Total

Allotment	46.00	6.00	2.00	Charged Aug Sep	112. 00
Pension deduction (Officers) charged to				of	
Hospital stoppages					
Mulcts					
OTHER CHARGES:					
Total debits					161. 19
Balance Cr. or ~~Dr~~					65. 92

(Balance Dr. to be shown in red)

LEDGERS R F

Number of days actually victualled during period mentioned above 67

NOT VICTUALLED

LENT, SICK OR LEAVE	INCLUSIVE DATE FROM	INCLUSIVE DATE TO	No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE

Date 13 Nov 1942

ACCOUNTANT OFFICER

PAY LIEUT RCNVR For

C.N.S. 2426
25M—10-40 (7514)
N.S. 815-9-2426

ORIGINAL

DEC 24 1939
113-C-400
CANADA

H.Q. File No.....

DECLARATION OF ALLOTMENT

6

List and Number in Ledger	ALLOTTOR	Rank or Rating	Official No.	Daily Rate of Pay
	099806	24509		
	Surname Creaney	Ord Sea	5490	$I.50
	Christian Names Thomas Joseph			

Section A — ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname Creaney	Mother	726 Vitre St., W	$25.00	Oct. I/39
Christian Names Rose		Montreal		

Section B — DISPOSAL OF EXISTING ALLOTMENTS (See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):— Initials	Date
	Nil	Nil		

Allotment Declarations
Ent'd. on Index Card
Ent'd. on Allotment Ledgers

Note 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.
Note 2:—Write "Increased or reduced as Section A"; "To be stopped (charged to.....)"; "To be continued," etc.

Allottor's Signature authorizing charges Thomas Creaney O.D.
Rank or Rating

ENTERED IN FAIR LEDGER	ENTERED IN ROUGH LEDGER

The allotment now declared has been duly entered in the Fair and Rough Ledgers with effect from the appropriate date. The reduction or transfer has been duly approved by the Commanding Officer and the reasons for the alteration are:—

THE NAVAL SECRETARY,

Department of National Defence,
(Naval Service)
Ottawa, Ont.

D. N. A. *Accountant Officer*

H.M.C.S. H Qrs

Forwarded 23/10/39

N.P.A.
L.K.

S. 63
4M—3-39
N.S. 815-9-63

NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET

FOR USE AT HEADQUARTERS ONLY

	INITIALS	DATE
Declaration received at Headquarters.....	.....	.....
Declaration examined.....	.....	.....
Approved.....	.....	.....
Index card made.....	.....	.....
Allotment ledger sheet made.....	.....	.....
Allotment ledger sheet checked.....	.....	.....
Type plate made.....	.....	.....

MAIN FILE
CHARGED TO
SINCE
REC'D. CENTRAL REGISTRY
OCT 24 1939
REFERRED TO