

GORDON

DI	EPA	RTM	1EN	T OF VETERANS A	FFAIRS
	D	OF	D	25-10-44	

AWARDS NAVY

WAR SERVICE RECORDS D.D.

DAVIDSON	ordon	V-55130	A. B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

ADDRESS:

BADGE

(CLASS)

No.

DATE DESPATCHED:

CAMPAIGN MEDALS

1939-45 Star

Fr. Ger. Star & Clasp

C.V.S.M. & Clasp

War Medal

6408

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

2ND REGIMENT

D-403911 ATTESTATION





N-PERMANENT ACTIVE MILITIA OF CANADA

UNIT 17TH D.Y.R.C. HUSSARS REGTL. No.
1. Surname? (Block letters) MI DAUID80N
2. Christian names? GORDON
3. Present address? 52 50 GRENIE
Phone No. 26 9544
4. Date of Birth?* April 234 19245. British subject? BRITISH
6. Occupation? Fund Glerk 7. Religion? 6
8. Next of Kin # 6 DAVIDSIN 9. Relationship? 717 HK 18
Address de Mosse
10. Previous Naval, Military or Air Force Service
DI ONC
CERTIFICATE OF MEDICAL EXAMINATION
Height 5 . 3 . Weight 105 . Chest max 32 . min. 30
Descriptive marks
the R.C.A.M.C. and C.D.C. 1937 Appendix V and find him
Date OCI 37/40 Signature MOUm Major
DECLARATION TO BE MADE ON ATTESTATION I, the undersigned Sould Sound Sincerely and solemnly declare
I, the undersigned Socioles Society and solemnly declare
that to the best of my knowledge and belief, the above answers (made by me) to the foregoing questions are true; that I am willing to be attested for the term of three years or until legally discharged, and do
understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, or my next of kin to my Commanding Officer.
myself, or my next of kin to my Commanding Officer. OATH TO BE TAKEN I, Jordan Sovedson do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty. Signature of Microscopic Management of Manag
I, Gordan Naue desan do sincerely promise and swear
(or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.
Signature of Witness Signature of Man
Bulling Signature of Vitness Dated this
CERTIFICATE OF 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 by law. The above questions 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 and replied to, and the said recruit has made and signed the declaration and taken
the oath.
Signature of Magistrate, Justice of Peace, or Attesting Officer.
M.F.B. 235d *To be shown day, month, year—Example:—25-8-39.

Fix A Tumpeter

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from	24/4/4/	30	Officer Commanding Unit 17 - DYRCH
Promotes all/ghe.	23.5.41	R027	1 4/
Camp 1941	24-7-41	KO 43	
Camp. 1942		D- 1/13	Thos. J. Stoken of
5.0.5. (abene Parades)	>6JAN13	, C. S. 4/4	
Medals and Decorations			

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from			Officer Commanding
			Unit

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Accepted for Service with effect from			Officer Commanding
•••••••••••••••••••••••••••••••••••••••			Unit

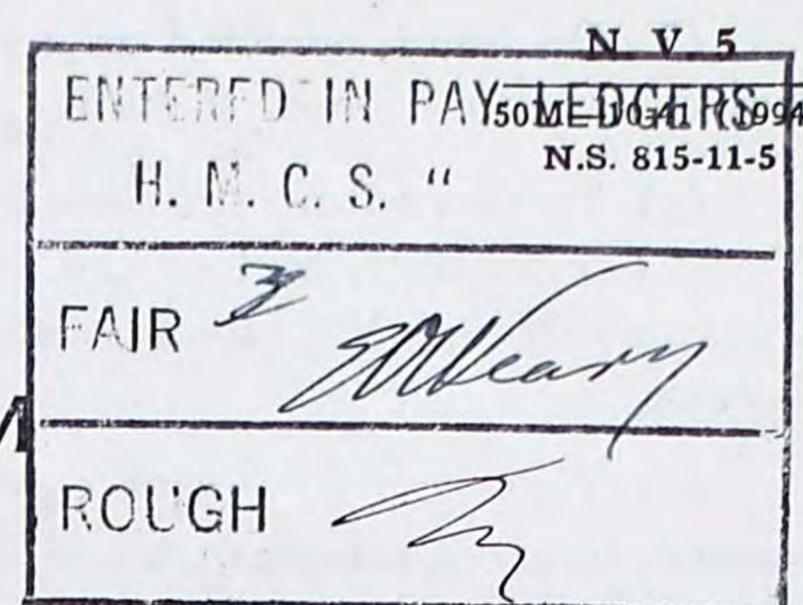
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ATTESTATION FORM

(HOSTILITIES FORM)



SURNAME	DAVII				OF	FICIAL NO.	
CHRISTIAN NA	AMES	ordon		M	ARRIED, SINGL	E OR WIDOWER Single	
	PERMAI	NENT ADDRE	ESS	18		RELIGION	
5255	Grenier Av	re. MOI	TTREAL,	UE		Church of England	
	OF BIRTH	•	PLACE OF BIRT	`H	NAME AND	ADDRESS OF NEXT OF KIN	
nd April 1	1925	Town	lverpool		Father:		
*Original Nationality Father Inc. Mother	Lish	County Province	England		dam		
*If not the son (A)	of natural born British PERSC				N ENROLM	ENT	
HEIGHT	CHEST MEASUR	REMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS	
Feet	Inflated		olc. Brown	Gree	n Fair	None	
107 108	Mean						
	ars High Sc	hool			Cartiervil	viation Ltd.	
DATE OF 1	ENROLMENT	RATING FO	R WHICH ENRO	DLLED	LED R.C.N.V.R. DIVISION, OR OTHER ESTABLISH AT WHICH ENROLLED		
IVISIONAL 19th Febru	STREMGTH 1ary 1943	ORD/SEAMAN			H.M.C.S."MONTREAL"		
(B)	DECL	ARATIC	N TO BE	MAL	E BY APPI	ICANT	
I hereby dec	lare as follows:-						
	am a British Su						
(2) That I Force, and that	am desirous of let I accept and ag	peing enroll gree to abid	led as a member the by the rule	er of the	e Royal Canadi said Force.	an Naval Volunteer Reserv	
(3) That *	(a) I have never Force.	r served, a	nd am not ser	ving in	any Naval, Mili	tary, Reserve, or Territoria	
*						iod shown, and attach my	
*Cross out Claus	record se not applicable.	of service,	in corroborat	ion of t	his statement.		
SERVEI	D IN	RA	NK		FROM	то	
17th Duke rk Royal Hussa	Canadian	Corpo	ral	Nove	nber 1939	November 1942	

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

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

Dranafured to Seamon Branch as A/A.B. to date 11th apl 44. St. Hy. all. St. # 48038 of 12 apl 44.

- (5) On being enrolled as a member of the Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:—
- (a) To serve from the date thereof for the duration of hostilities, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.
- (b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.
- (c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training Head-quarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.
- (d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

e...19th repruary 1742

Rank Sub. Lieutenant, R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the H.M.C.S. "MONTREAL"

Division of the R.C.N.V.R. or in the appropriate official documents.

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

19th February 194

R.C.N.V.R. Division (or other establishment)...

H.M.C.S. "MONTREAL"

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.

This is to SEAWAN edge that I have not been induced to enter the _______Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

Yordon Variolson Signature

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

NAVAL GENERAL SERVICE MEDAL (1915).

CITTE	SE	ERVICE			QUALIFYING PERIODS IN DAYS						1			
SHIP	FROM	TO	DAYS	AREA	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAT.	STARS	1 2 F(ELIGIBLE FOR AWARDS
	22-5-43											1939-45	1	Slar
St. Clair	24-7-4:	327-7-43	4	æll								ATLANTIC	2	
Skeena	19-4-44	24-10-44	189	atl7-9-9.								FRANCE G.	1	Star @-
												AFRICA		
Dis, Dead Drowning Icela												PACIFIC		
todate		24-10-44										BURMA		
												ITALY		
												DEFENCE		
	(2 % 00 H140											C.V.S.M.	2	& Clash
	000											" CLASP		
												WAR 1945	/	Medal
												WAR 1915		
												VERIFIED B	Υ.	C. M. Cener
														Ec.
									7					

FORM 6	DOMINION	BUREAU OF S	TATISTICS	QUEBEC DEATH TRANSCRIPT					
1. PLACE OF	Muni- cipal county	civil n	l name of nunicipali- township	Place an X over the word which applies to this municipality or this territory					
DEATH	Street	No.		Hospital or Institution City Town Village Parish Township					
2. LENGTH OF STAY	(a) In hospital Years Months I	Days (b) In municipality where	Years Months	Days Years Months Days (d) In Canada Years Months Days					
3. NAME	Surname DAVIDSON		Do not	CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH					
DECEASED	(E	Block letters)	write in	22. Date of death October 25					
Street Official na	Grenier Street	No	5255	23. I HEREBY CERTIFY that I attended deceased from (Year)					
4. a civil munity or town	nship								
Municipal county	***************************************	Province Deco	30	and last saw halive on					
5. SEX 6.	NATIONALITY (Citizenship) 7. RACIAL ORI	Widowed or Div	orced	Immediate cause Give disease, injury or complica- (a) Died due to drowning					
Male	Canadian Englis	h Single		tion which caused death, not the mode of dying, such as heart failure, due to					
9. If married gi name of wife or hu band of deceased	us-			asphyxia, asthenia, etc. Morbid conditions, if any, giving (b)					
10. BIRTHPLAC (Province or Cour	The state of the s		25	order proceeding backwards from due to (c)					
11. DATE OF BIRTH	April (Month)	2 15 (Dow) (V		Other morbid conditions (if important) contributing to death but not					
12. AGE OF DECEASED	Years Months Days	(Day) (Y	old	causally related to immediate cause.					
19	19 7	hrs. or	min.	III mentioned on this certificate, (a) Date of appearance					
a kind of w	ade, profession or work, as spinner, stock of the control of the c	aser		(b) Duration of diseasedays					
5	nd of industry or	Aviation Ltd.		25. If a woman, was there a puerperal condition?					
business,	as cotton-mill, cartiery	ille, Que.		26. Was there a surgical operation?					
o 15. Date	e deceased last t this occupation	spent in this							
	17. NAME	18. BIRTHPL (Province of Country)	or	State findings					
FATHER		Country		Accident, suicide or homicide					
MOTHER (Maiden Name)				Manner of injury					
19. Place of buris	al, cre- emoval Possveogu Cemet	ery, Reykjavil	9	Nature of injury					
00 70 4 61	1001 Cotoboo 1044	Iceland							

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

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

(a) Name of parish or church.....

(c) Municipal

Civil muni-cipality of.....

Do not write in this space

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



Department of National Defence

No. N.S. V-55130 PERS.(N)

Naval Service

OTTAWA, Ont., 7 November, 1944.

2027459

Sir:

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



NAME, RANK/RATING NO.

DAVIDSON, Gordon, Able Seaman, O.N. V-55130, R.C.N.V.R.

PLACE, DATE & CAUSE of DEATH

Died due to drowning on the 25th of October, 1944. Body recovered near Reykjavik Harbour, Iceland. NEXT OF KIN

Father: Mr. Herbert C. Davidson, 5255 Grenier Ave., Montreal, Que.

ALLOTMENTS IN FORCE

In favour of

Amount

Initials

Mrs. Janet Davidson, 5255 Grenier Av e., Montreal, P.Q.

\$25.00

Allotment stopped October 31st, 1944.

WILL: No Record.



Yours truly,

for SECRETARY, NAVAL BOARD.

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

AR A W - C I I WOULD and a principle of the special ----some a manufacture of the section of the section of at the Francisco Section and the Section of the Sec Edd Lang. Medical Colle . TOTAL TOTAL TOTAL TOTAL CHARLES TO CHARLES . Mile Leanner, THE LIE TO ME THE ----THE DIRECTION DESIGNATION OF LEGISLATION OF STREET THE REPORT OF THE PARTY OF THE PARTY OF THE PARTY.



File No. N.S. V-55130 PERS. (N)

DEPARTMENT OF NATIONAL DEFENCE - Naval Service -

WAR MEMORIAL CROSS

Issued to: -

Wife: -



Mother: -

Mrs. Janet Davidson, 5255 Grenier Avenue, Montreal, Que.

C.R. BY

Date forwarded:- DEC 20 1944
Registered Mail No:- 0-5228



PERSONAL EFFECTS OF G. DAVIDSON, A.B., V55130

__ L sterling silver ring

1 "Meda" wrist watch with brown leather strap No. 1192, inscribed on reverse "To Gordon from Mom and Dad".



193/1

13/1/45 13/1/45 ADHON



N. S. V-55130 PERS. (N)

3 February, 1945.



THIS IS TO CERTIFY that according to official information the death of Gordon Davidson. Able Seaman. Official Number V-55130, Royal Canadian Naval Volunteer Reserve. occurred due to drowning on the 25th of October, 1944, as the result of severe weather conditions. His body was recovered and identified near Reykjavik Harbour, Iceland.

SECRETARY, WAVAL BOARD.

XM.

NAVY



 Name:
 DAVIDSON.
 Gordon.
 No.: V-55130

 Surname
 Christian Names
 25-10-144

 Rank
 Unit
 Date of Death

 AMOUNT
 L.P.C.
 \$ 354.11

Date: 25 June 45 Other Credits....

Total........... 358, 42

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
13/28	Father	Herbert C. Davidson, 5255 Grenier Avenue, Montreal, Quebec.	166.41
		(1 as next-of-kin entitled) (3/14 for benefit of 3 minors)	
1	Mother	Mrs. Janet Davidson, (as above)	89.61
1/14	Brother	Alan Davidson. (as above)	25.60
1/14	Sister	Mrs. Jean Moore, (as above)	25.60
1/14	Brother	Herbert Davidson, 250 Lansdowne Avenue, Westmount, Montreal, Quebec.	25.60
1/14	Sister	Joyce Davidson, 5255 Grenier Avenue, Montreal, Quebec.	25.60
		As next-of-kin entitled	
		P4. TO TREAS. 67 QN	

H.Q. F.E. No.	WOTE					
	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT	
9999	831	00	50	000	358.42	
CLASSIFIED B	Y		EXAMINED BY			

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Lt.-Colonel

(L. M. Firth) Lt.-Colonel Administrator of Estates

AUDITED FOR PAYMENT

D.P.S.N.H CLINIC MONTREAL, 17-2-43

DAVIDSON, G. Recruit for the RCHVR (age 17).

He is small and thin.

The pulse is 80, regular, artery wall not thickened. B.P. 105/70. The apical impulse is not visible or palpable. The heart dullness is within normal limits. The sounds at the apex are normal. The sounds at the base are normal. After t.t. 5 t., the pulse becomes 100, and a soft systolic murmur can be heard at the apex. Two minutes later the pulse is 80.

This man's B.P. is low but I do not find evidence of organic heart disease.

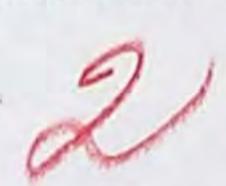
C.A. PETERS, M.D.



nM. . Y. . .

(Rank) Surg /Lieutenant - RCNVR

Can. B. 207 100M-3-42 (3733) N.S. 815-2-207



Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

	(R.C.N. OR RESERVE	FORCES)	
Note—This Certificate is to be completed	by the Examining Medical Officer and forwarded to the	Naval Secretary, Department of Nation	al Defence, Ottawa.
tcandidate for entry as	all respects fit for His Majesty's Service for the	(400°	s signed the Certificate
This examination has	been made in accordance with the cu	rrent Instructions as to Me	dical Standards.
(a) Age	Yrs. Mos. 6	(j) Date of last Vaccination for Smallpox	Childhood
b) Height with bare feet	Feet In. 5	(k) General Development	Slight
c) Weight without clothes		(l) Nose, Throat and Tonsils	Normal
d) Ears and Hearing	Normal	(m) Heart and BP	Systolic murmur Tolerance good
(e) Chest Girth	Max. Min. Mean 313 313	(n) Abdomen Hernia, etc.	Normal
r) Teeth	Deficient Defective Dentures 4 3 0		Normal
Vision by Snellens	without Rt. Lt. glasses 6/9 6/9 6/6	(p) Skin	Normal
Types	with glasses Rt. Lt. where worn	(q) Anus Haemorrhoids	Normal
n Colour Vision	Ishihara Normal R.C.N. Lantern	(r) Testes Varicocele	Normal
i) Chest x-ray approved positive doubtful	APPROVED & D.P. & N.H.		Not done
ter entry, such dental treat	certificate to be signed of the best of my belief I have never so disease likely to render me unfit for ment, vaccination, or inoculations as a splained to the Candidate by the Examining Medical Off andidate is subject to a defect or disability, the	uffered from Fits, †Incontine His Majesty's Service. ‡I may be authorized.	am willing to undergo, Signature of Candidate
This Candidate is the	subject of		
Dated atMONT.RE.	UNFIT in block letters AL thethe	Mucey	camining Medical Officer

OCCUPATIONAL HISTORY FORM

THIS FOR TO BE COMPLETED FOR FACH 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

1	Section A—GENERAL INFORMATION (a) Print name in full DAVIDSON Gordon (b) Reg'l. No. V. 55/30	PLEASE LEAVE BLANK
3.	(a) Arm of service	
4.	(a) Place of enlistment	
5.	Section B—EDUCATION AND TRAINING (a) State age on (b) Were you attending school	
6.	(a) State age on (b) Were you attending school finally leaving school	
	(for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)	
	If you attended a university, give name of university and standing or degree secured.	
8.	(a) Did you ever (b) If so, enter upon a trade for what (c) Did you finish it, how long apprenticeship? did you serve at it?	
9.	apprenticeship?	
_	Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT	
10.	(a) State whether you were	
	ING at time of enlistment.	
	(Enter here only "Work- ing" or "Not Working", as case may be: particu- professional society	
	as case may be; particu- lars are asked for below)	
	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)	
	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.	at which you actually worked trade or occupation	
	If you had been employed after leaving school, state when you last worked fairly regularly before enlistment.	
15.	Give details of last	
16.	employer, if any: Name	
17.	(a) If your last employment was	
	nature and address of businesscontinuing it	
	Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT	
Q	UESTIONS 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	
18.	Name of employer	
19.	Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) (a) Your (b) Number of years' experience at	
20.	(a) Your specific occupation (b) Number of years' experience at this occupation with any employer.	
21.	(a) Did your employer promise (b) Did your employer (c) Do you wish	1
	definitely to give you refuse to promise you to return to your employment on discharge? 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	
00	/-> Clate and a file a	
23.	(a) State nature of business, or professional practice	
_	Section F—PARTICULARS OF FARMING EXPERIENCE	
24.	(a) Do you wish to engage (b) Do you feel competent (c) If so, in what in farming after the war? to operate a farm? kind of farming?	
25.	in farming after the war?	
1	Section G—MISCELLANEOUS	
	Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?	
	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 would like office administrative work may have, other than indicated elsewhere in this form.	
<u></u>		

19th February 3
TE SIGNATURE

MAR 6 1940

COPY TO VWD VES

NOTE:	10	BE	AT	TACHED	10
	SER	VIC	E	DOCUMEN	ITS

Personnel Selection

PERSONAL HISTORY SHEET

(1)	
(2)	

Log #271

(LAST NAME)	(FIRST NAMES)	(RATE)	(O.N.)
DAVIDSON	Gordon	A/A.B.	V-55130
		(3)——	

(LAST NAME)

19 Feb. '43

Liverpool, England

(DATE OF ENTRY)

"MONTREAL"

(RESERVE DIVISION ENTERED)

VA R6/6 L6/6 B6/6

(FIRST NAMES)

(PLACE OF BIRTH)

(MARITAL STATUS)

(NO. OF DEPENDENTS)

(MEDICAL CATEGORY)

AA FD

11 18 16 142 "M" SCORE (FORM A (YOTAL) (GRADE) (23 Mar. 43) SUB-TOTALS 6,7,8 Torp. Smnshp. N.E. Trg. Marks Gunry. 83% 80% 72% OTHER TEST SCORES:

Montreal - finished Grade 1X - stopped at age 14 and went to work because he though he'd like to work.



V OCCUPATIONAL HISTORY:

May - June '40 - Univ. of Montreal - working on plant and geological specimens - preparation of material for classes.

June '40 - Aug. '42 Ins. Co. as Jr. Clerk - kept cards up to date.

Learned quite a number of jobs in office.

Aug. '42 - Feb. '43 - Noorduyn Aviation: stock chasing - responsible job (shift work - didn't like that).

V SERVICE HISTORY: 19 Feb. '43 - 21 Mar. '43 - "MONTREAL" - Div. strength.

A.S. - 22 Mch. - 18 May '43 - "MONTREAL" - as OS, Basic trg.

19 May - 3 Sep. '43 - "CORNWALLIS" - N.E. trg. "TR" 26 July '43.

Requested transfer to W/Tcourse.

4 Sep. - 7 Sep. '43 - "STADACONNA" - waiting draft. 8 Sep. - 29 Nov. '43 - "FORT RAMSEY" - main guard.

30 Nov. '43 - "ST. HYACINTHE" - for W/T course.

28 Mar. '44 - Failed in 13th week of course on theory and morse.

Small build, slight chap (5'54", 120 lbs), who has put on some weight since in Navy and feels better for it. Says he is in good health - no worries.

Played on class teams - hockey and swimming. Follows sports on radio and in paper. Main hobby woodwork - lathe, etc., at home as father in contracting business. (5 boys, 3 girls in family). Lived home until joined Navy. He now has 1 brother overeseas, 1 in Ferry command, sister in Wrens - always had good time at home. Lot of parties - dances likes getting out and having a good time. Reads some, but mostly newspaper few long books.

Had difficulty getting morse - is left handed and finds it hard to keep up with speed due to writing. Learned code O.K. but just couldn't get it down fast enough. Got bogged down on theory - couldn't understand it at all - found compulsory morse interfered with study of theory but tried hard. Anxious to get course - disappointed he didn't make grade.

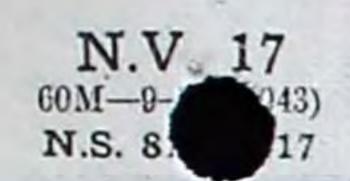
Of about average learning ability, he has a pleasant, assured manner and appears to be very well motivated.

VII RECOMMENDATIONS

Keen on going to sea - would like to take gunnery non-sub. before going to sea.

Recommend transfer to Seaman Br. It appears likely that he would do satisfactorily in Gunnery Non-shb course.

DATE: 29 Mch. '44 SHIP: "ST. HYACINTHE" Edwin Swikelya Lt. (SB)RCNVR



CERTIFICATE of the SERVICE of

Gordon DAVIDSON

The corner of this Certificate is to be cut off if the man is discharged with a "Bad" character or with disgrace, or if specially directed by the Department of National Defence (Naval Service). If the corner is cut off, the fact is to be noted in the Ledger.

in the Royal Canadian Naval Volunteer Reserve

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H.M.C.S. "SKIMA" 8th November 1944.

Dear Mrs. Davidson: -



Please accept my sincere sympathy and condollence in the loss of your very gallant son Gordon.

On the nights of the 24th and 25th October, 1944, H. W. C. S. "S MA" stranded on the rocks during a very severe gale. Your son was one of those who lost his life while trying to get a line ashore from the ship and thus permit the remainder of his shipmates to leave the ship in safety. The example of heroism and sacrifice he gave to us is an inspiration to carry on to the end - and may it be so to were also.

During recent months it has been my privilege to have your son serving under my command in several actions with the enemy forces. He has been a great credit to you, h mself and his country.

Gordon was interred in a military cenetery with full military honours by his shipmates and friends from other ships of his flotilla. Photo raphs of the procession and service will be sent to you as soon as they are ready.

A parcel containing some personal effects will be sent to you separately.

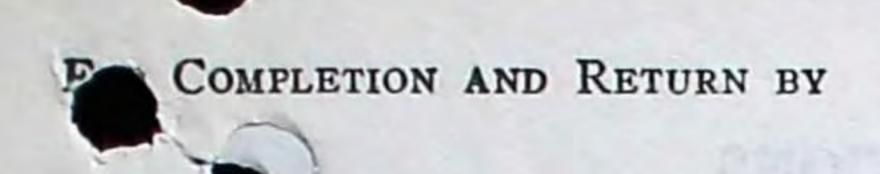
I should also like you to know that those of us in "akt Ma" and the other Canadian ships of our flotilla will send a contribution to financially saist you. There is so very little we can do to help you in your great loss, but this we hope you will accept as a token in honour of your son.

Yours sincerely,

(P.F.X. RUSSELL)

A/LIEUT. COMMANDER (A/S) B.C.N.

J. Davidson, 5255 Grenter Avenue,



Mr. Herbert C. Davidson, 5255 Grenier Ave.,

Montreal, Que.

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

THE DIRECTOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:-

H.Q. NS. V-55130 FD-696

DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH OTTAWA, ONT.

Nov. 23, 1944

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

DAVIDSON Gordon

Able Seaman

V-55130

R. C. V. N. R.

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.



Commounds Rosse,
Director of Estates.

HS

ANSWER IN FULL ALL APPLICABLE QUESTIONS



STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

			INFORMANT'S ST	ATEME	ENT
of Rela- tion- ship	RELAT required to be	The state of the s	NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Do	eceased			
2	Children of the dates of their	Births	O STANTANTON OF THE PARTY OF TH	1,000	
3	Father of the De	eceased	Herbert Cecil Davidson.	50	11010111211
4	Mother of the D	eceased	Janet Cheoney bavedoau.	11 11 11 11 11 11 11 11	11/1/11/11/11/11/11/11/11
5	Brothers of the Deceased	Full		21	5255 Grenier aun MONTREAL P 250 Dans downe a Westmon MONTREAL P.Q MONTREAL P.Q
		Half Blood			
6	Sisters of the Deceased	Full Blood	Jean Moore. ? Joyce Davidson S Doreen Hart.	26 24 18.	5255 Grencer and MONTREAL PQ 5255 GRencer an Interest P.G
		Half Blood			
7	Names of brothers of the full or the Deceased, who as death of each.	or sisters (whether e half blood) of the re dead, and date of	Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Gordon Davidson
9	Date of his birth.	april 2 ud 1925.
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Tiverpool England.
	PARTICULARS OF D	OMICILE
12	Place where deceased was born.	Tiverpool. Bugland.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) Quebec. 15 years. (c) (d)
14	Nature of employment before enlistment.	Machine That helper.
15	State whether he owned the premises in which he lived, and, if so, where situated.	lo.
16	Name place where deceased stated he intended to make his permanent home.	Montreal. P.Q.
	PARTICULARS OF	ESTATE
17	Did he leave a Will? If in your custody, please forward.	Not Kuaww.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	O STANDON O O O O O O O O O O O O O O O O O O
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No
20	Amount of War Savings Certificates held by deceased. Indicate where located.	In possession of father
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	home none
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	\$1440. Standard Tife ass
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	hone.
	OTHER PARTICU	JLARS
24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	ho.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	ho.
	(Note:—The government pays funeral expenses within the and burial is made Overseas as well as where death occurs and zone, and if a relative has already paid those expenses the Government authorized in the Regulations. Any amount of such expenses is by the Government nor is it chargeable against the service estate	nment will reimburse such relative to the extent of the amount

(PLEASE TURN OVER)

DECLARATION *Insert degree of relationship I hereby declare that all the particulars shown on this form are correct, and a true and complete for example, "Widow", statement of all the relatives that the deceased ever had in the degrees specified; and that I am the "Father", "Brother", etc. of the deceased. Signature N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any Informant of His Majesty's Forces. CERTIFICATE

above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Montreal this 29th day of November 1944

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

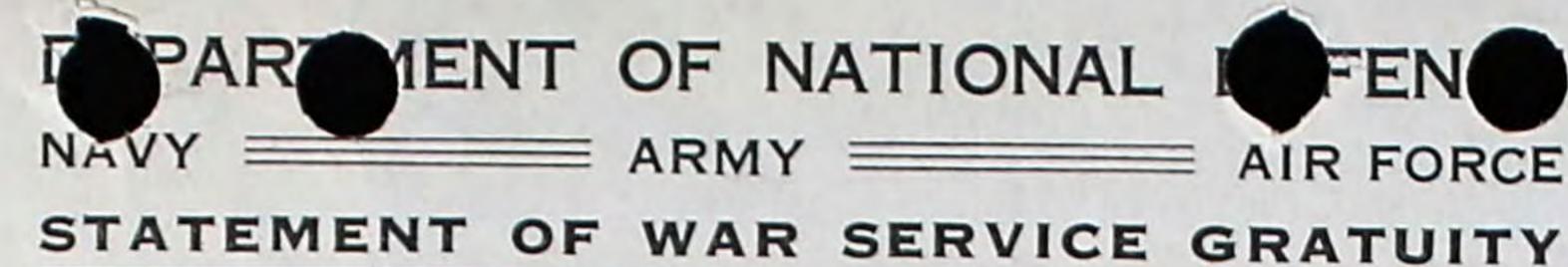
Address 4637 CLANLANAN AVF. Montreal, Qualification

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE







DAVIDSON Gordon REGISTER NO. 2863 FILE NO. NS. V-55130 (CHRISTIAN NAMES) (SURNAME) Director of Estates, for Service Estate of DATE 24th May 145 308 Sparks St., Gordon Davidson, SERVICE NO. V-55130 ADDRESS N.S. V-55130 Ottawa, Ont. FINAL RANK OR RATING A/A.B. DATE OF TERMINATION OF OVERSEAS SERVICE 24 Oct 44. DATE OF DISCHARGE 24 Oct 44. A. TOTAL QUALIFYING SERVICE NO. OF DAYS 583 EQUAL TO 19 COMPLETE PERIODS AT \$7.50 142.50 B. QUALIFYING OVERSEAS SERVICE 13 SEE PAR. 2 OVERLEAF FOR EXPLANATION NO. OF DAYS 45.00 C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE \$1.85 PAY SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE ADDITIONAL PAY H.L.M. DEPENDENTS' ALLOWANCE 1/30 OF \$ 22.61 \$3.23 TOTAL SEE REVERSE SIDE 22.61 22.24 NO. OF DAYS 180 X\$ FOR EXPLANATION OF ITEMS A, B & C 209.74 D. WAR SERVICE GRATUITY E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE Nil AND ASSIGNED PAY \$ OTHER DEDUCTIONS F. TOTAL AMOUNT PAYABLE 209.74 G. YOUR PORTION OF GRATUITY IS-

I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH CERTIFICATE THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

TREASURY CHECKED BY PREPARED BY DNJ

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$.

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

Naval Pay Accounting REPRESENTATIVE

OF \$

=\$ 209.74

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