V79825
RATTRAY
ALEXANDER HENRY

RCNVR Nov.45

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON ENTITLED TO: Mr. Alfred Rattray - Father -Benef.

ADDRESS: 920 Calumet Place, MONTREAL, QUE.

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(3) MEMORIAL CROSS
MOTHER: Mrs. Grace Rattray

ADDRESS: 920 Calumet Place, Montreal, Que.

MEMORIAL BAR
(1)
DATE DESP
REGN. NO 872

(2)

(3)
4-6-45

D OF D 23-1-45

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

D.D.
WAR SERVICE RECORDS

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
RATTRAY	Alexander Henry William	V-79825	O.Smn.		

WAR SERVICE
BADGE
(CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
War Medal	3813 15/10/49
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: NEWFOUNDLAND

Official name of civil municipality or township: ST. JOHN'S

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

Street ..... No. .....

Hospital or Institution: Royal Canadian Naval Hospital

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: RATTRAY. (Block letters)

Given names: Alexander Henry William

Do not write in this space

4. RESIDENCE

Street: Calumet Place No. 920

Official name of civil municipality or township: Montreal, Quebec.

Municipal county ..... Province .....

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

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

10. BIRTHPLACE (Province or Country): Montreal, Quebec.

11. DATE OF BIRTH: November (Month) 26. (Day) 1925. (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	19	2		.....hrs. or.....min.

OCCUPATION

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

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

15. Date deceased last worked at this occupation .....

16. Total years spent in this occupation .....

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER		
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Joint Services Cemetery, St. John's, Newfoundland. Section A, Plot 3, Grave C.

20. Date of burial: 25 January, 1945. Undertaker: Carnell's Funeral Home.

21. PLACE OF REGISTRATION OF THIS BURIAL

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

(b) Civil municipality of .....

(c) Municipal county .....

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: January (Month) 23 (Day) 1945. (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) Gunshot wound of the brain,

due to

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

(b) Apparently accidental.

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 ..... Date ..... 19.....
(State which)

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**.....

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

H.D. Money

Paymr. Commander, R.C.N.R.,

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

NAVAL SERVICE HEADQUARTERS, Ottawa, Ont.

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

Director of Personnel Records.

(Voir l'autre côté pour le français)

V79825 OFFICIAL NUMBER | FILE NUMBER V79825 | OFFICIAL NUMBER V79825

NAME RATTRAY (Surname) Alexander Henry William (Given Names) DATE OF BIRTH 26 Nov. 1925.

PLACE OF BIRTH Montreal, Que. OCCUPATION Shipper

RELIGION Presbyterian EDUCATION 7th yr. Public School

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 920 Calumet Place, Town Montreal, Province, etc. Que.

ENGAGEMENTS

Date (in figures) Day	Month	Year	Period
24	2	44	H.O.

DESCRIPTION

Height	Hair	Eyes	Complexion	Marks or Scars
5' 4"	red	blue	ruddy	Birthmark on side

PREVIOUS SERVICE

Served in	Rank or Rating	Dates From	To

NEXT OF KIN RELATIONSHIP (in pencil) Father NAME (in pencil) Mr Alfred Rattray

ADDRESS (in pencil): Street and No. 920 Calumet Place, Town Montreal, Province, etc. Que. 20/10/44

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

Date (in figures) Day	Month	Year	Particulars

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures) Day	Month	Year	Particulars
22	6	44	Qual. Anti-Gas 1 day.
3	8	44	Marked "TR"

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

FILM NO MIC 6219-2
DATE

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
HMCS Cornwallis	728	20	11	44	1.Did improperly leave(2)Did improperly leave (3)Did improperly leave(4)Did improperly leave	42 days Detention (249A/A68790) 11 days Remission

DAYS FORFEITED

Date (in figures) Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.
20	11	44		3 days				

O.H.F. Received
Last Will and Testament # 21319 Rec.

W.D. APPLICATION 7133 RECEIVED

H.Q. 35—60M—6-43 (609)
N.S. 815—7-35

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

V79825 OFFICIAL NUMBER | NAME RATTRAY (Surname) Alexander Henry William (Given Names) P.I.B. | OFFICIAL NUMBER V79825

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year
HMCS Donnacona	Ord.Smn.	24	2	44	Div.Str. Montreal	Fair	Sat	31	12	44
"	"	28	2	44	Act.Service DL.28.2.44	V.G.	Sat.	23	1	45
Cornwallis	"	17	5	44	DL.18-5-44--					
Scotian	"	23	12	44	DRD S# 411 P.3					
Avalon	"	4	1	45	DRD # 370 P.20					
DISCHARGED.	"	23	1	45	"Dead"(apparently Accidental) per W/T 232109 Z/1/45					

Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Re-Qualified Day	Re-Qualified Month	Re-Qualified Year

GENERAL REMARKS

Can. Memorial Cross Awarded to Mother:
Mrs. Grace Rattray,
920 Calumet Place,
Montreal, Que. 4 June, 1945.

Service cert checked

DATE OF BIRTH DY	MO.	YR.	PLACE OF BIRTH	CIVIL OCCU. MAIN	SUB	RELIGION	ED	PERM. RESIDENCE P.	CTY.	TOWN	PREV. SERV.	ENL. DIV.	RANK OR RATE ON ENLISTMENT A	BR	RANK
26	X	25	12	T40	0	50	8	2	23	02	0	09	0	08	95

ENLIST. DATE DY.	MO.	YR.	ACT. SERV. DATE DY.	MO.	YR.	STR. CAT.		ACT. SERV. DATE DY.	MO.	YR.	SHIP OR ESTAB.	RANK OR RATE A	BR	RANK
24	02	44	28	02	44						9640	0	08	95

SENIORITY DY	MO.	YR	STR. CAT.	NON-SUB A	NON-SUB B	M ST		CODED	CHECKED
28	02	44	13	00	00				

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

WILL

C.N.S. 545
60M—7-43 (866)
N.S. 815-9-545

Rattray V-79825

(1) I, Alexander Henry Williams, of the City
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County District of
Province of Quebec, Shipper
(Civil Occupation)

at present serving in His Majesty's Canadian Ship Donnacona
do hereby revoke all former wills by me made and declare this to be my LAST WILL.

2313

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

(2) I GIVE, DEVISE AND BEQUEATH unto my father Mr. Alfred Rattray of 920 Calumet Place, Montreal, Quebec, all my estate

(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~~

Relationship, names and addresses of residuary beneficiaries.

(4) I appoint Mr. Alfred Rattray, as above
(Name) (Address)
Machinist, to be the Executor ~~Executrix~~ of this my Last Will.
(Civil Occupation)

IN WITNESS WHEREOF I have hereunto set my hand this 24 day of February
1944

Signed, published and declared by the above-named testator as and for his last will and testament in the presence of us both present at the same time, who at his request and in his presence have hereunto subscribed our names as witnesses.

Alexander Henry Rattray Williams
(Name)
O.S.
(Rank or Rating) (Official No.)

First witness sign here.

(5) Signature Tom Hanson

Civil Address 5970 Monkland Avenue, Montreal, Que.

~~Civil~~ Occupation Writer, RCNVR

Second witness sign here.

Signature W. Guerard

Civil Address 1442 Sherbrooke St. West, Montreal, Que.

~~Civil~~ Occupation Writer, RCNVR

(Beneficiaries are not to be Witnesses.)

[OVER]

Noted in Service Records by

FOR COMPLETION AND RETURN BY

Form P. 64

Mr. Alfred Rattray,
920 Calumet Place,
Montreal, Quebec.

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. 79825 FD 925

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

February 1 194 5

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

RATTRAY, Alexander Henry William, O/Smn.

V. 79825 R.C.N.V.R.

ESTATES BRANCH
FEB 7 1945
H.Q.
OTTAWA.
NATIONAL DEFENCE

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.

H. R. Wade
Commander R.C.N.V.R.
Director of Estates.

HRW/JL

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		Alfred Rattray	42	920 Callemet Pl Montreal Que
4	Mother of the Deceased.....		Grace Wells	40	Separated Address Unknown
5	Brothers of the Deceased	Full Blood	Alfred Rattray Jr	15	920 Callemet Pl Montreal Que
		Half Blood			
6	Sisters of the Deceased	Full Blood	Nancy Helen Rattray	7	920 Callemet Pl Montreal Que
		Half Blood			

7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.	Names and ages of their children (if any)	Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Alexander Henry William Rattray
9	Date of his birth.	Nov 26th 1926
10	Place and date of his marriage.	Single
11	Place and date of his parents' marriage.	Montreal

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec (b) (c) 14 years 3 months (d)
14	Nature of employment before enlistment.	Student
15	State whether he owned the premises in which he lived, and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	Montreal

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No
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?	Single
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.	None
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Prudential Insurance Co of Canada $330 (subject to war clause) Father.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No
	(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)	

(PLEASE TURN OVER)

DECLARATION

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

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

* Father of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Alfred. Rattray — Signature of Informant

920. Calumet. P.Q. Montreal — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Alfred Rattray

See above. 920 Calumet Place {Name of informant} is the Father of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Montreal this 5th day of Feb. 1945

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

Address 4 Th (R) Divisional Signals. R.C. Sigs.

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

H.M.C.S. "CORNWALLIS"

Warrant No. 728, dated 20th NOVEMBER 1944

[The Warrants are to be numbered consecutively from the Date of the Ship being commissioned.]

55

For DETENTION

(a) WHEREAS it has been represented to me by Lieutenant Commander George Archibald Campbell SCARTH, Royal Canadian Naval Volunteer Reserve,

that on the 6th, 7th / 9th, 11th day of November 1944,

Name	Alexander Henry William RATTRAY
Date of Birth	26th November, 1925
Rating	Ordinary Seaman
Official Number	V-79825
Good Conduct Medal	Nil
Good Conduct Badges	Nil
Date of Entry in Ship	17th May, 1944
List and Number on Ship's Book	List 5/2, Number 4891
Date of First Entry in H.M. Service	28th February, 1944
Class for Conduct	First Class

Character assessed to date, from the last annual assessment, but not including this offence

Very Good

Class for Leave First Class

DID improperly leave His Majesty's Canadian Ship "Cornwallis" at Cornwallis, Nova Scotia, at about 1900 on 6th November, 1944, returning on board at 0030 on 7th November, 1944, thereby remaining absent without leave five hours and thirty minutes. (2) DID improperly leave His Majesty's Canadian Ship "Cornwallis" at Cornwallis, Nova Scotia, at about 1500 on 7th November, 1944 returning on board at 0100 on 8th November, 1944, thereby remaining absent without leave ten hours. (3) DID improperly leave His Majesty's Canadian Ship "Cornwallis" at Cornwallis, Nova Scotia, at about 1900 on 9th November, 1944, returning on board at 1800 on 10th November, 1944, thereby remaining absent without leave twenty-three hours. (4) DID improperly leave His Majesty's Canadian Ship "Cornwallis" at Cornwallis, Nova Scotia, at about 1200 on 11th November, 1944, being apprehended by the Naval Patrol at Digby, Nova Scotia, at 1215 on 13th November, 1944, thereby remaining absent without leave forty-eight hours and fifteen minutes.

of Gaol*	Days	Days H.L.	detention*	Days	of Days	Diet		Depri	Depri Bad	Wheth to 2 Con	10	15	stop-ped	forfeited	Leave	Days	ments
---	---	---	Sussex Military Detention Barracks	42	---	---	---	---	---	No	---	---	29	18	No	---	

*The name of the place of confinement is not to be filled in when the Officer ordering the imprisonment or detention is in the presence of a Commander-in-Chief or Senior Officer (*see* Article 770, Clause 2).

†*See* page 4 for proposal to award imprisonment, detention or disrating.

C.N.S. 271
50M—7-5-43 (9952)
N.S. 815-9-271

11 days mulcts of pay remitted in accordance with K.R. & A.I. Article 578, Paragraph 5.

Noted in Service Records by .....

SIGNED IN BY ....

Before awarding the foregoing punishment, (b) I did, on the...16th...day of November, 1944 personally and publicly, in the presence of the Accuser and Accused, investigate the matter, and having heard the evidence of Lieutenant-Commander George Archibald Campbell SCARTH, Royal Canadian Naval Volunteer Reserve

in support of the charge as well as what the Accused had to offer in his defence, and ~~the evidence of (c)~~ he calling no one

~~whom he called~~ on his behalf, I consider the charge to be substantiated against him, and [taking into consideration that this is the Ninth, Tenth and Eleventh .....Eighth /.....Offences registered against him in the Conduct Book or Conduct Sheet], I adjudge him to be punished as aforestated (d).

Given under my hand on board His Majesty's Canadian Ship ".....CORNWALLIS....." at

Cornwallis, Nova Scotia, the.....20th.....day of.....November,.....1944..

J. Edwards
.....Captain.....
CAPTAIN, ROYAL CANADIAN NAVY

W. A. Scarth
.....{Signature and Rank of Complainant
LIEUTENANT COMMANDER, ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

NOTE.—No avoidable delay should take place in the investigation of the complaint, or in the prompt infliction of the punishment after the investigation is completed. If any substantial delay has taken place the reason thereof is to be stated in the space below.

(a) When the Offence has been committed under the immediate observation of the Captain, the Warrant should run—"Whereas I did observe—"

(b) If the Offence has been committed under the immediate observation of the Captain, the Warrant should run thus:—

"I did, on the day of , in presence of *(insert name of Executive Officer, or of the Watch, as the case may be)*, and having heard what the Accused had, etc.—"

(c) If the Accused does not call any witnesses the fact should be stated.

(d) If the man is sentenced to imprisonment or detention, and there is not a proper place of confinement to which he can be sent at once, and if it is not intended to keep him in close custody on board until a proper place of confinement is available, the following words are to be added:—

"The said imprisonment (*or* detention) to take effect from the date on which he is received into a proper place of confinement, subject to the provisions of Section 74, Clause 2, of the Naval Discipline Act."

NOTE.—When under the sanction of the Regulations of the Service, two or more of the foregoing punishments are awarded to the same individual for the same Offence or Offences, one Warrant will suffice; but the greatest care is to be taken in all cases to specify distinctly the nature, duration, or extent of the Punishment ordered.

Warrant Number 728 dated and read by me this 20thday of November, 1944.

A. D. Lamer
Lt (D) RCNVR.

FORMER OFFENCES

[Enter in 1st Warrant for any Man in each quarter, all Offences during the last 6 months (if he has been in Ship); for any previous time only Offences punished by Warrant. If a Man is punished by Warrant more than once in any quarter, only Offences committed after date of 1st Warrant need appear, a reference being given to date of 1st Warrant.]

No. of Punishment.....	3	4	6	7	8	10	11	12	13	14	15	16	17			
	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX

Nature of Offence	Date of Punishment 1944	No. of Days Imprisoned, specifying whether with or without Hard Labour	No. of Days detention	Disrated to	Deprived of Medal or Badges—No.	Whether Reduced to 2nd Class for conduct	No. of Days confined in Cell on Board, specifying Diet	Extra Work—14 days — Days	Leave stopped — Days	Reduction to a Lower Class for Leave	Pay forfeited for improper Absence — Days	Grog stopped — Days	Extra Work or Drill—7 days — Days	Reprimand by Captain	Extra Guard (Marines only) — Days	Birching (Boys only) — Number of cuts	Cuts with a cane — Number
Did create a disturbance Was insolent	6 July							14									
Did remain absent over leave	3 August								15		8						
Absent from place duty								5									
Absent from place duty								5									
Did create a disturbance Slovenly in appearance	13 October							7	14								

H.M.C.S.....

.....19.....

I beg to submit that the offence disclosed on page 1 hereof may be dealt with summarily.

If you approve, the following sentence is considered suitable:—

King's Regulations Art. 707 (1).

*..... { days / calendar months } { Imprisonment with hard labour / Detention } in addition to the other punishments indicated.

Art. 776 (2).

To be disrated to.....in addition to the other punishments indicated.

Art. 752 (2).

*As indicated on page 1.

2. The Accused's Service Certificate and Conduct Sheet are enclosed.

I am,

SIR,

Your Obedient Servant,

.....

.....

.....

*To be struck out when not applicable.

Remarks as to any excess, undue leniency, or irregularity in the above proposals:—

Approved.

Signature.....

The Officer Commanding

Rank

H.M.C.S.....

When the necessary approval has been obtained, the particulars should be entered on page 1 of the Warrant, which should then be dated and read to the offender (*see* Arts. 754 (1) and 755 of the King's Regulations) without any unnecessary delay.

N.V. 17
60M—9-42 (5943)
N.S. 815-11-17

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.

CERTIFICATE of the SERVICE of

Alexander Henry William RATTRAY

in the Royal Canadian Naval Volunteer Reserve

P/C #NS106214

Training Headquarters	R.C.N.V.R. Division	Official Number V-79825
	Hms Donnacona	"
		"

Date of Birth 26 November 1925

Place of Birth Montreal - Que.

Place of Residence 920 Salaberry Place-Montreal

Trade brought up to Shipper

Religion Presbyterian

Name and Address of Nearest Relative or Friend (in pencil)

Father

Alfred

(Same address)

Can Swim:—P.P.T. Date ..... 19..... Signature ..... Rank .....

P.S.T. Date ..... 19..... Signature ..... Rank .....

PARTICULARS OF SERVICE

Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment
	24 Jet '44	Duration of Hostilities	O/Smn

MEDALS, DECORATIONS, etc.

Date of Award	Date of Presentation	Nature of Decoration

PERSONAL DESCRIPTION

—	Height Feet	Height Inches	Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
On Entry	5	4	33½	137	Red	Blue	ruddy	Birthmark on side
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

TRANSFER BETWEEN DIVISIONS

From	To	Date

TRANSFER—LISTS A AND B

List	Date	Authority

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
	Donnacona		O/Smn	24 Jet '44	27 Jet '44	
			On Active Service 28 Jet '44			
	Donnacona		O/Smn	28 Jet '44	16 May '44	
	Cornwallis		—"—	17 May '44	22 Dec '44	
	Scotian		—"—	23 Dec '44	28 Dec 44	
	Avalon		—"—	29 Dec '44	23 Jan '45	"D.D."

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

Date	Details	Captain's Signature

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE

EXAMINATIONS, NOTATIONS, QUALIFICATIONS

Date	Particulars	Captain's Signature
18 May '44	N.V. Normal	N.O. 2986
22 June '44	Qual A/C 1 day Issued A/C app	D.D. Lockhart
3 Aug 44	"TR"	F. Meredith

RECORD OF RATING

Rated	Date	Authority for Advancement or Reason for Disrating to be stated

Name Alexander Henry William RATTRAY Conduct

SECOND CLASS FOR CONDUCT (Inclusive Dates)		CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED			
From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
–		Fair	Sat (A/Sea)	31 Dec 1944	[signature]
		V.G.	Sat (A/Sea)	23 Jan 1945	[signature]

R.C.N.V.R.
GOOD CONDUCT AND GOOD SERVICE BADGES

Date	G.S.B. or G.C.B.	1st, 2nd, 3rd	Granted, Deprived Restored

TIME FORFEITED

Date	P., D.C., C.P., or W.T.	No. of Days	
		Awarded	Served
20 Nov '44	"D"	42	

Poss[illegible]es Unemployment ins. book
N.S.S[illegible] questionnaire completed

No record
M M

N. V. 5
100M—12-42 (7804)
N.S. 815-11-5

CANADA

016160
V-79825

ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME RATTRAY OFFICIAL No. V-79825

CHRISTIAN NAMES Alexander Henry William MARRIED, SINGLE OR WIDOWER single

PERMANENT ADDRESS	RELIGION
920 Calumet Place, Montreal, Quebec	Presbyterian

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
26 November 1925	Town Montreal County Province Quebec	FATHER: Mr. Alfred RATTRAY same address
*Original Nationality of: Father Scot Mother Nfld		

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet 5 Inches 4 137	Inflated 34 Deflated 33 Mean 33½	Red	Blue	ruddy	Birthmark on side

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
7th yr Public School	Shipper: General Foods Limited Montreal - Quebec

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
Divisional strength 24th February 1944	ORDINARY SEAMAN	Donnacona

(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, Air Force, Reserve or Territorial Force.

* (b) I served in ..... 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 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.

Personnel Records Division.
1. Note in Records
2. Index Card
3. Nominal Card
4. Statistical Card
5. Roneo Strip
6. Pension Card
7.
DATE 6.3.44

(5) On being enrolled as a member of the Royal Canadian Naval Volunteer Reserve, I undertake and 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 when called and 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 naval establishment 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, until called into active service, 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) I have not been induced to enter as Ordinary Seaman by the prospect of being transferred at some future date to any other branch or rating.

Dated this 24th day of February 1944

Signature of applicant Alexander Rattray

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this 24th day of February 1944

My authority for attestation is .....

Frank Stan

Signature and rank of Attesting Officer.
Lieutenant (SB) RCNVR

(D) OATH OF ALLEGIANCE

I, Alexander Henry William RATTRAY 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 Alexander Rattray

Witness Frank Stan

Date 24 Feb 1944 Rank Lieutenant (SB) RCNVR

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

NOTE.—Attestation Form in duplicate, Certificate of Medical Examination (B-207) in duplicate, Occupational History Form in triplicate and certificates of previous service are to be forwarded to Naval Service Headquarters **immediately** after attestation.

Certificates of previous service will be returned after examination.

RECEIVED
FEB 28 1944
N.S. H.Q.
CENTRAL
REGISTRY

VERIFICATION FORM
CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.
NAVAL GENERAL SERVICE MEDAL (1915).

NAME IN FULL Rattray - Alexander Henry RANK/RATING O/Smn OFF.NO. V. 19825 ADDRESS

SHIP	SERVICE FROM	SERVICE TO	SERVICE DAYS	AREA	QUALIFYING PERIODS IN DAYS FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL	STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
Connaconce	28.2.44	23.1.45	300									1939-45		
												ATLANTIC		
	Desch. "Dead" (accidental)													
												FRANCE G.		
		23.1.45												
												AFRICA		
												PACIFIC		
												BURMA		
												ITALY		
												DEFENCE		
												C.V.S.M.		
												" CLASP		
												WAR 1945	1	medal
												WAR 1915		

VERIFIED BY [signature]

VERIFIED BY [signature]

VERIFIED BY

DIR. OF PERSONNEL RECORDS.

NAME: Kattray Alexander Henry William

PRESENT RANK/RATING: Ord Smn

DATE TAKEN ON ACTIVE SERVICE: 28/2/44

SERVICE

SHIP OR ESTABLISHMENT	FROM	TO
H.M.C.S. "Donnacona" (Dir Ste Montreal)	24/2/44	
" Donnacona (Act Service)	28/2/44	
Cornwallis	17/5/44	
Scotian		
Avalon		23/12/44

9

Canada & High Seas
DPB 24.1.45

IMPORTANT

(WILL): #21319

NAME & ADDRESS OF NEXT OF KIN: (Father)

Mr. Alfred Kattray
920 Calumet Place
Montreal, Quebec

HAS DISCHARGE FOR ANY REASON BEEN PREVIOUSLY APPROVED? No REASON: Nil DATE: Nil

INITIALLED JMS DATE 24/1/45 SECTION: III

(TO BE COMPLETED IN INK)

N.[redacted]./5-1. FORM "A" File: N.S. V-79825 PERS.(N)

DEPARTMENT OF NATIONAL DEFENCE OTTAWA, Canada.
- NAVAL SERVICE -

25 January, 1945.
(Date)

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO., UNIT
RATTRAY, Alexander Henry William	Ordinary Seaman	V-79825, R.C.N.V.R.

DATE OF ENLISTMENT - 24th February, 1944. Active Service: 28th February, 1944.

DATE OF DISCHARGE - 23rd January, 1945.

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

SERVICE - Canada & High Seas
(Indicate whether in Canada only; or in Canada and the High seas or elsewhere)

Reason for discharge and - when and where any disability was incurred, or where death occurred. "DEAD". Death occurred due to gunshot wound to the brain apparently accidental. Further particulars will be forwarded when received. Report received from H.M.C.S. "AVALON", ST. JOHN'S, Newfoundland.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Father NAME - Mr. Alfred Rattray.

ADDRESS - 920 Calumet Place, Montreal, Quebec.

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

Copies Form "B" fwd.
to Allots. (N) on

.....N.P.R./5

H.B. Monell.

For SECRETARY, NAVAL BOARD.

Secretary,
Canadian Pension Commission,
Room 228, Daly Building,
Ottawa, Ont.

ENTERED IN D.N.P.A.'s LOG BOOK
FEB 5 1945
CLERK No. 1.

NOTE: Duplicate copies of this form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Section), Department of National Defence, Naval Service, for completion respecting the details of Marriage Allowance, Dependents Allowance, etc., and subsequent transmission to you.

(See reverse side for further instructions)

D.P.R./5-2

P. A.
L TREASURY
25/1/45
L 2 1 R

FORM "B"

FILE: N.S. V-79825, PERS.(N)

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

25 January, 1945.
(Date)

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
RATTRAY, Alexander Henry William	Ordinary Seaman	V-79825, R.C.N.V.R.

DATE OF ENLISTMENT - 24th February, 1944, Active Service: 28th February, 1944.

DATE OF DISCHARGE - 23rd January, 1945.

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

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

Reason for discharge and - when and where any disability was incurred, or where death occurred.

"DEAD". Death occurred due to gunshot wound of the brain apparently accidental. Further particulars will be forwarded when received. Report received from H.M.C.S."AVALON", ST.JOHN'S, Newfoundland.

P.A. CHECKED IN
INIT. BY

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Father NAME - Mr. Alfred Rattray,

ADDRESS - 920 Calumet Place, Montreal, Quebec.

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

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

REMARKS:.....

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

Names of Dependents	Relationship	Maiden name of wife	Date of marriage and/or date of birth of children
NIL.			
		NIL.	
			NIL.

	D. A.	A.P.	TOTAL
Monthly rate:	NIL.	NIL.	NIL.

TO Whom Paid: NIL. Address NIL.

Date of Enlistment: SEE OTHER SIDE.

Date of Discharge: SEE OTHER SIDE.

Inclusive date to which D.A. and/or A.P. was Paid: NIL.

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

Remarks:

Computed by L. Pandora

Checked by .....

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

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

ACCOUNTS OF MEN DISCHARGED

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 RATTRAY, Alexander *Rating* Ord.Seaman

Official No. V 79825 *H.M.C.S.* "AVALON"(W/T Station) *List* 12-2 152

*Who** Discharged Dead *on the* PM 23 January *1945*

	$	cts.
Net sum due on ledger on account of Wages	Nil	
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
Proceeds of sale of Effects, brought from the other side		
Found amongst Effects		
Debts collected §		
Cash deposited by official Receipt No.	Nil	
Cash debited in the Accountant Officer's Cash Acct.	Nil	
If in debt in ledger, amount to be stated (in red ink)	Nil	
Rate of allotment (in words) ..... charged to	Nil	
Name of ship from which transferred H.M.C.S." AVALON "		
Total†	Nil	

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 H.M.C.S. " AVALON" amounting to a net balance† Nil of Nil dollars Nil cents.

Dated on board H.M.C.S. " AVALON" at St. John's Nfld. this Fifth day of February 1945

Approved

A/ CAPTAIN R.C.N.
Commanding Officer.

Pay Lieut.Commander R.C.N.V.R.
Pay Sub.Lieutanant.RCNVR { Initials of the Assistant Accountant Officer

Accountant Officer

Rough
Fair

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

5M—2-42 (3601)
H.Q. N.S. 815-9-45

CREDIT BALANCE RECOVERED FROM LEDGER BY OFFICIAL RECEIPT No. 172 - 097308

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)					
		Total proceeds of sale carried to account on the other side				

.....{Lieutenant or Officer who attended at the sale of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.*

.....Signature

.....Rank

.....Signature

.....Rank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.

STATEMENT OF ACCOUNT

35

True extract from the ledger of H.M.C.S. "AVALON" ending 31 March 19 45

List 12-2 No. 152 (Name) RATTRAY, Alexander for W/T Station Rank Rating O.Smn No. V 79825

When entered PM 11 Jan Date of appearance PM 11 Jan Whither discharged D.D.

	$	c.
CREDIT from former account		
Pay as O.Smn (Rank Rating) from 23 Dec to 31 Dec (9 days at $ 1.25 a day)	11	25
" O.Smn " 1 Jan " 31 Jan (31 " 1.25 ")	38	75
" " " " (" " ")		
" " " " (" " ")		
" " " " (" " ")		
Kit Upkeep Allowance Dec Qtr 11.00 1-23 Jan 2.75	13	75
OTHER CREDITS:		
Total credits	63	75
DEBT from former account (Cornwallis)	21	91
PAYMENTS:— 1st month / 2nd month 31.84 (Official Receipt No.172-097308) / 3rd month — Total	31	84
Allotment		
Pension deduction (Officers) charged to of		
Hospital stoppages		
Mulcts		
OTHER CHARGES: AVALON CASUAL	10	00
Total debits	63	75
Balance Cr. or Dr.		NIL
(Balance Dr. to be shown in red)		

Rough Fair

Number of days actually victualled during period mentioned above 12

NOT VICTUALLED

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

Date 5 February 19 45

Pay Sub Lieutanant.R.C.N.V.R.

ACCOUNTANT OFFICER

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

File No. N.S. V-79825... PERS. (N)

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

N.C.R.

Pay

WAR MEMORIAL CROSS

Issued to:-

Wife:-

& Mother:-

Mrs. Grace Rattray,
920 Calumet Place,
MONTREAL, Que.

Date forwarded:- JUN 4 1945

Registered Mail No:- O-1862

26

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
NAVY

ID

DECEASED MEMBER'S NAME: Alexander Henry William (CHRISTIAN NAMES) RATTRAY (SURNAME)

REGISTER NO. 7133
FILE NO. NSV-79825

PAYEE: Director of Estates for service Estate of
ADDRESS: 308 Sparke St., Ottawa, Ont. — Alexander H.W. Rattray NSV-79825

DATE 11 June/45
SERVICE NO. V-79825
FINAL RANK OR RATING Ord. Smn.
DATE OF TERMINATION OF OVERSEAS SERVICE nil
DATE OF DISCHARGE 23 Jan/45

	$	¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 300/30 EQUAL TO 10 COMPLETE PERIODS AT $7.50	75.00	
B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS ____ LESS ____ INELIGIBLE DAYS, EQUAL TO ____ DAYS @ 25C. PER DAY	NIL	

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	$	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$	
ADDITIONAL PAY	$	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $ ____	$	
TOTAL	$	×7 = $
NO. OF DAYS ____/183		× $ NIL

D. WAR SERVICE GRATUITY	75.00
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
OTHER DEDUCTIONS $ NIL	
F. TOTAL AMOUNT PAYABLE	75.00

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ ____ OF $ ____ =$ 75.00
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

Voucher 695 20-6-45

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

PREPARED BY	CHECKED BY	TREASURY CHECKED BY	TREASURY DATE
YN	[signature]	[signature]	13.6.45

[signature]
SERVICE REPRESENTATIVE
for Dir. Naval Pay. Acctng.

ΔT

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name: Alexander Henry William RATTRAY
(Christian Names) (Surname)

Payee: Director of Estates } for service Estate of
Address: 308 Sparks St. Ottawa. Ont } Alexander. H. W. RATTRAY. N.S. V 79825.

Register No. 7133
File No. V-79825
Date Mar 9'45
Service No. V-79825
Final Rank or Rating O. Smn.
Date of termination of overseas service NIL
Date of Discharge 23 Jan'45

	$	¢
A. TOTAL QUALIFYING SERVICE No. of days 300/30 equal to 10 complete periods at $7.50	75	00
B. QUALIFYING OVERSEAS SERVICE No. of days NIL less — ineligible days equal to — days @ 25¢ per day		
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE Pay 1.50 ✓ Subsistence or Lodging and Provision Allowance 1.25 ✓ Additional Pay Dependents' Allowance 1/30 of $ — Nil Total 2.75 x 7 = $ No. of days 183 x $		
D. WAR SERVICE GRATUITY	75	00
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE	75	00

✓ OK. Checked with S.C. Rls

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance ~~in issue~~ to you $ _____ of $ = $ 75 00
Total Dependents' Allowance in issue $

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

Prepared by	Checked by

Treasury	
Checked by	Date

Service Representative

D.N.P.A. CHECK

1		6	
2		7	
3		8	
4		9	
5		10	

CANADA

Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE
No. N.S. V-79825, PERS.(N)

OTTAWA, Ontario, 25 January, 1945

018704

ESTATES BRANCH
FEB 1 1945
H.Q.
OTTAWA.
DEPARTMENT OF NATIONAL DEFENCE

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.	PLACE, DATE & CAUSE of DEATH	NEXT OF KIN
RATTRAY, Alexander Henry William Ordinary Seaman, V-79825, RCNVR.	Death occurred due to gunshot wound on the 23rd of January, 1945. Report received from H.M.C.S. "AVALON", St. John's, Newfoundland.	Father: Mr. Alfred Rattray, 920 Calumet Place, MONTREAL, Quebec.

ALLOTMENTS IN FAVOUR OF

IN FAVOUR OF	AMOUNT	INITIALS
NIL.	NIL.	NIL. LV

WILL: Attached.

Yours truly,

for
SECRETARY, NAVAL BOARD.

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

D 2258 A
1000M—11-40 (7829)
N.S. 815-5-2258

RECEIVED
JAN 29 1945
N. S. H. Q.
CENTRAL
REGISTRY
(Personnel Section)

TO: N.C.R.

PLEASE MAKE OUT FALSE DOCKET AND FORWARD WITH ATTACHED LETTER TO ADMINISTRATOR OF ESTATES.

THE FOLLOWING IS A LIST OF THE PERSONEL EFFECTS OF:-

A. RATTRAY, O/SEA, V-79825

P/S:- AVALON. DISCHARGED DEAD.

One (1) Comb with Case.

One (1) Cigarette Card, No.104878

The sum of Two Dollars and Forty-One Cents ($2.41)

One (1) Face Cloth

One (1) Pr Bathing Trunks

One (1) Pr Black Leather ~~Shoes~~ XXXXX Gloves

One (1) Blood Donors Registration Card

One (1) Blue Sleeveless Sweater

Five (5) Lucky Strike Cigarett es

Eleven (11) Socks

One (1) Yard Bias Tape

MUSTERED AND WITNESSED BY THE FOLLOWING:-

.....J.D.Smith.....
(S/LT. J.D. SMITH
OFFICER OF THE DAY)

.....John S Dillon.....
(L/SEA JOHN S. DILLON, 3777)

.....John H Hann.....
(R.P.O. JOHN HANN) 2232.

MUSTERED ON WEDNESDAY, JANUARY 24th, 1945.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY HG

Name RATTRAY Alexander H.W. No. V.79825
Surname Christian Names

O/S R.C.N.V.R.O/S 23-1-45
Rank Unit Date of Death

AMOUNT

L.P.C. $ 74.47

Date 7-11-45 W.S.G. ~~Other Credits~~ 75.00

Total 149.47

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Alfred Rattray, 920 Calumet Place, MONTREAL, P.Q. (Sole beneficiary under will)	$149.47

P4. TO TREAS. 16-11-45, RM.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831 ~~751~~	00 ~~00~~	50 ~~00~~	000 ~~001~~	$149.47

CLASSIFIED BY

D

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

40M—8-45 (7876)
H.Q.1772-45-27

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. ~~Cavalier~~ RATTRAY at St. John's, Nfld.

Name Alexander Henry William Duffney
(Christian names in full)

V-79825

Rank of Rating Ordinary Seaman Official No. Vessel. RCNVR.
(If unknown, date of first entry)

Place of Birth Montreal, Canada Date of Birth 26th November, 1926.

Occupation in Civil Life Shipper Religion Presbyterian

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) under one year

Date of Death 23rd January, 1945. Place of Death R.C.N. Hospital, St. John's, Nfld.

Cause of Death Fracture wound of the brain, apparently accidental.
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend.
Name Alfred Duffney. Relationship Father
Address 889 Cathcart Place
Montreal, Quebec.

Date on which the above was informed by Ship 23rd January, 1945 by the Commanding Officer, HMCS "Cavalier".

Date on which death was registered with local Officials 23rd January, 1945.

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

Place of Burial Joint Services Cemetery, St. John's Nfld. (if known) Date of Burial 30th January, 1945. (if known)

Location, Number, etc., of grave Section A Plot 5 Grave 6 (if known)

Undertaker employed Cornell's Funeral Home (if any)

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

A/CAPTAIN, RCN.
Commanding Officer,

30th January, 1945.

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

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

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

C.N.S. 1121
15M—6-41 (831)
N.S. 815-9-1121

noted D.N.P.A.
mms
6-9-45

Can. B. 207
150M—9-42 (6269)
N.S. 815-2-207

CANADA

GEC

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

3

NOTE—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Secretary of the Naval Board, Department of National Defence, Ottawa.

I, the undersigned, have examined RATTRAY, Alexander

‡candidate for entry as ORD./SEAMAN R.C.N.V.R.

and I believe him to be *{in all respects fit for His Majesty's Service / unfit for His Majesty's Service for the reason stated below} He has signed the Certificate given below in my presence.

‡Strike out if inapplicable. *Delete one.

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

(a) Age	Yrs. 18 Mos. 2	(j) Date of last Vaccination	Childhood
(b) Height with bare feet	Feet 5 In. 4	(k) General Development	Good
(c) Weight without clothes	137	(l) Nose, Throat and Tonsils	Normal
(d) Ears and Hearing	Rt. Normal Lt. Normal	(m) Heart and Lungs	Slight wheeze in left lung. base. BP 128/84.
(e) Chest Girth	Max. 34 Min. 33 Mean 33½	(n) Abdomen Hernia, etc.	Normal
(f) Teeth	Deficient Defective Dentures Good	(o) Limbs and Joints	Normal
(g) Vision by Snellens Types — without glasses	Rt. 6/9 Lt. 6/9 Both 6/9	(p) Skin	Clear
(g) Vision by Snellens Types — with glasses where worn	Rt. Lt. Both	(q) Anus Haemorrhoids	Normal
(h) Colour Vision	Ishihara Normal R.C.N. Lantern	(r) Testes Varicocele	Normal
(i) Chest x-ray {~~not taken~~ / approved / ~~positive~~ / ~~doubtful~~}	223997 O.P.N.H.	(s) Urine	Not taken

CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, †*Incontinence of Urine*, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. ‡I am willing to undergo, after entry, such dental treatment, vaccination, or inoculations as may be authorized.

Alexander Rattray
Signature of Candidate

†The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.
‡Strike out if inapplicable.

When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of.....

.....

*{which renders him medically unfit for service, / not considered of sufficient importance to cause his rejection, he being desirable in other respects.

*Delete one.

IF REJECTED insert here UNFIT in block letters

Dated at MONTREAL the 14th of February 19 44

Romeo M. Fyfe
Examining Medical Officer

(Rank) SURG. LIEUT. R.C.N.V.R.

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: Alexander Henry Wm. RATTRAY (b) Reg'l. No. V-79825
2. (a) Arm of service: navy (b) Unit: RCNVR (c) Rank: ord smn
3. (a) Date of birth: 26 Nov 1925 (b) Have you any dependents? no (c) Place of residence at time of enlistment: Montreal
4. (a) Place of enlistment: Montreal (b) Date of enlistment: 24 Feb 1944

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 16 (b) Were you attending school or college up to the time of enlistment? no
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.): 7th grade public
7. If you attended a university, give name of university and standing or degree secured: no
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? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below): not working (b) At time of enlistment of what trade union or professional society were you a member? None

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: fitter shipper (b) State how long you had worked at this trade or occupation: 6 mths 2 mths
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: Dec 1943 to Feb 1944
15. Give details of last employer, if any: Name: General Foods Limited Address: Montreal
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): food distributors
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? mixed
25. (a) Were you born on a farm? no (b) How many years' actual farming experience have you had? 2 yrs (c) In what provinces did you have experience? Quebec

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: train as engineer on train

O.H.F. RECEIVED

DATE: 24 Feb 4 ....194.... SIGNATURE: Alexander Rattray

Copy To
VWD1
ES

MAR 4

K.McG/M-S.

CANADA

IN REPLY PLEASE QUOTE

NO.....

Department of National Defence

Naval Service

January 24th 1945

From: Officer of the Guard,
St. John's, Nfld.

To: S.O.S.P.,
St. John's, Nfld.

Ref: Rattrey A. O/D V-79825

Submitted:

1. Enclosed reports and statements re; accident which occurred at W.T. Station, resulting in the death of Alexander Rattrey O/D V-79825.

2. I was informed that this had occurred at approx. 1410. Accompanied by the Chief Gunner's Mate, I immediately proceeded to R.C.N.H.#I, where the ambulance arrived at approx. 1500. We remained there until it was fairly certain that the operation would be unsuccessful, then carried on to the W.T. Station where inquiry was conducted.

3. It is my opinion, Sir, that the affair was quite accidental; the rating concerned, having previously displayed his irresponsibility in this regard.

4. Funeral arrangements have been completed in conjunction with the Gunnery Officer and a letter will be forwarded to the rating's next-of-kin.

Lieutenant R.C.N.V.R.
Officer of the Guard,
St. John's, Nfld.

The Commanding Officer
HMCS "Avalon"

Submitted. The statements of the witnesses having knowledge of this unfortunate shooting have already been forwarded to you. Proper Training and Precautions cannot prevent cases of this nature occurring when the human element cannot be controlled.

JHK
24/1.

D 2258 A
1000M—11-40 (7829)
N.S. 815-5-2258

S. 1320 D
20000M-11-43 (2867-8-9-70)
N. S. 815-9-1320-D.
K. P. 95440

NAVAL MESSAGE

To: NSHQ (R) FONF

From: AVALON

IMPORTANT 2-7 89 12 22 36 LOGS

REGRET TO REPORT THE DEATH OF ALEXANDER RATTREY ORD/SMN V-79825 AT 1525 JAN 23RD. DUE TO GUN SHOT WOUND OF THE BRAIN APPARENTLY ACCIDENTAL. BOARD OF ENQUIRY WILL BE CONVENED. NEXT OF KIN IS BEING INFORMED.

232108Z/1/45

TEL P/L TOR 231900/1/45