

CHALMERS GEORGE ANDERSON

R.C.N.V.R.

V-23121 NAVY
REGIMENTAL No.

V-23121 LDG. SIG.

RANK UNIT OF ENLISTMENT

UNIT AT DATE OF S.O.S.

H.Q. FILE No.

REGIMENTAL DOCUMENTS	NON-EFFECTIVE BY	NON-EFFECTIVE BY
COMBINED DECLARATION FORM OR ATTESTATION AND MEDICAL HISTORY (M.F.M. 1 & 1A) OR (M.F.M.2 & 2A)	DISCHARGE	DISCHARGE
SERVICE AND CASUALTY FORM (M.F.M.4 & 4A) (A.F.B 103)	DATE	DATE
PARTICULARS OF FAMILY (M.F.M.5)	REASON	REASON
FIELD CONDUCT SHEET (M.F.M.6) (A.F.B.122)	AUTHORITY	AUTHORITY
CERTIFICATE OF SERVICE (M.F.M. 8) COPY OF, OR DISCHARGE CERTIFICATE (M.F.M.7) COPY OF.		
FORM OF WILL (M.F.M.10 OR M.F.M.10A)		
DENTAL RECORD (M.F.B. 465)	DISCHARGE	DISCHARGE
MEDICAL REPORT OR CASE HISTORY SHEET (M.F.B. 313) or (P.&N.H.100)	DATE	DATE
MEDICAL BOARD PROCEEDINGS (M.F.B. 227)	REASON	REASON
TRANSFER CLOTHING STATEMENT (M.F.C. 800)	AUTHORITY	AUTHORITY
LAST PAY CERTIFICATE (M.F.D.930A)		
PROCEEDINGS ON DISCHARGE (M.F.M. 23)		
PROCEEDINGS OF COURT MARTIAL (M.F.B. 271)	DESERTION	DEATH
DECLARATION OF COURT OF ENQUIRY (Copy of Record from M.B. 68)	DATE	DATE
PAY SHEETS	AUTHORITY	CAUSE
CARDS	DESERTION	AUTHORITY
SUNDRY	DATE	
	AUTHORITY	

NAVY
DOCS

REGISTERED

AIR - MAIL

N.S. V-23121, PERS.(N)

36

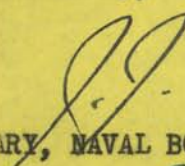
15th February, 1945.

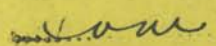
Dear Mrs. Chalmers:


Further to my letter of the 7th of December, 1944, I regret to inform you that in view of the length of time which has elapsed since your husband, George Anderson Chalmers, Leading Signalman, Official Number V-23121, Royal Canadian Naval Volunteer Reserve, was reported missing from H.M.C.S. "SHAWINIGAN", and as no news has since been received to the contrary, the Canadian Naval Authorities have now presumed his death to have occurred on the 24th of November, 1944.


Please allow me to express sincere sympathy with you in your bereavement on behalf of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your husband has helped to maintain.

Yours sincerely,

Despatched by
Sec. N

 SECRETARY, NAVAL BOARD.


 Date 15.2.45
 Time 17 30


 Mrs. Carol Olivia Chalmers,
 997 Wilmer Street,
 VICTORIA, B. C.


 FEB 21 1945

IN.

21

OTTAWA, Ont., 2 December, 4.

N.S. V-23121 PERS.(N)

Dear Sir:

The undermentioned Canadian Naval Casualty is forwarded to you for transmission to the Inspector of Income Tax concerned;

Name.....**CHALMERS**.....**George Anderson**.....
(Surname) (Christian Names)

Rank/Rating ...**Leading Signalmen**.....

Official No....**V-23121 B.C.N.V.R.**.....

Nature of Casualty ...**"MISSING" at sea since 24 Nov., 1944.**

Date of Casualty**Will be reported later**.....

Address at time of Enlistment ...**106 - 51st Avenue**.....

.....**Lachine, Que.**.....

Marital Status at time of Enlistment.....**Single**.....

Occupation.....**Window Dresser**.....

Name & Address of Next of Kin ..**Wife: Mrs. Carol Olivia Chalmers,**
997 Wilmer Street, Victoria, B.C.

Yours truly,

H.B. Money

for

SECRETARY, NAVAL BOARD. *e*

The Deputy Minister (Taxation),
Department of National Revenue,
Ottawa, Ont.

W

*B.T. 2/1/45
PPR/15
e*

REGISTERED

AIR MAIL

FILE NO: N.S. V-23121 PERS. (N)

22

7 December, 1944.

Dear Mrs. Chalmers:

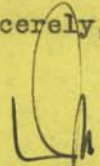
Further to my letter of the 29th November, 1944, details of the disaster in which your husband has been reported missing are now being released.

H.M.C.S. "SHAWINIGAN", a Royal Canadian Navy corvette, was lost while on operational duty at sea. Seven officers, including her Captain, Lieutenant W. J. Jones, R.C.N.R., and seventy-eight ratings are missing. The bodies of five other ratings have been recovered and identified. There are no known survivors.

It is requested that you will regard this information as confidential until an official announcement is made.

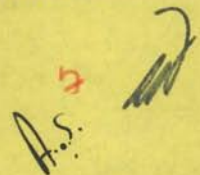
May I again express sincere sympathy with you in your anxiety.

Yours sincerely,



SECRETARY, NAVAL BOARD.

Mrs. Carol Olivia Chalmers,
997 Wilmer Street,
VICTORIA, B.C.

A.S. 



Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE
No. N.S. V-23121 Pers. (N)

FEB 15 1945 194

031898

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

CHALMERS, George Anderson
Leading Signalman,
V-23121, R.C.N.V.R.

Missing, presumed dead when
H.M.C.S. "SHAWINIGAN" was
lost while on operational
duty at sea on 24 November,
1944.

Wife:
Mrs. Carol Olivia Chalmers,
997 Wilmer Street,
VICTORIA, B. C.

ALLOTMENTS IN FORCE

In favor of

Amount

Initials

Mrs. Carol Chalmers
997 Wilmer Street,
Victoria, B.C.

D.A. \$37.20
A.P. 40.00
77.20

sol

Rec. Gen. 7th Victory Loan.

8.40

WILL: Yes. (In possession of Wife)
Mrs. Carol Olivia Chalmers,
997 Wilmer Street, VICTORIA, B.C.
Yours truly,

H. M. M. M. M.

for
SECRETARY, NAVAL BOARD.

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

26
426084 *537

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. "SHAWINIGAN" at Sea

DWPA (G) 19/3/45
Dumont
FD

Name CHALMERS, George Anderson.
(Christian names in full)

Rank of Rating Leading Signaller. Official No. V23121
(If unknown, date of first entry)

Place of Birth Toronto, Ontario
~~21th September 1915~~ Date of Birth 27th September, 1915

Occupation in Civil Life Window Dresser Religion Church of England

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) 25th Nov., 1940 to 24th November, 1944.

Date of Death 24th November, 1944 Place of Death At Sea.

Cause of Death Enemy Action - lost at sea.
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend { Name Carol Olivia Chalmers Relationship Wife
Address 997 Wilmer Street
Victoria, B. C.

Date on which the above was informed by Ship Not known.

Date on which death was registered with local Officials Not known.

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 (if known) Date of Burial (if known)

Location, Number, etc., of grave (if known)

Undertaker employed (if any)

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

H. Regan
Commanding Officer,

11th April 1945

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

*Noted
D. H. P. A.
13.4.45
E. S.*

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.



CANADA

NATIONAL DEFENCE

OCT - 3 1940
113-C 939
N.S. CANADA

60M-4-40 (4636)
N.S. 815-2-207

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

P069368

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

I, the undersigned, have examined..... *George Chalmer*

† candidate for entry as.....
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.

Age (a)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)	Vaccinated or re- vaccinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Skin (l)	Ears and Hearing (m)	Testes, Varicocele, etc. (n)	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Throat, etc. (o)	Anus, Hæmorrhoids, etc. (p)
24 1/2	105	5' 2 3/4"	<i>Good</i>	inches (a) maximum 36 (b) minimum 32 (c) mean 34	right eye (a) 6/9 left eye (b) 6/6 colour vision (c) N.	1. S. Child.	59749 <i>Approved</i> *X-Ray	<i>Normal</i>	"	"	"	"	<i>100 percent</i> <i>6/100</i>	<i>Normal</i>

*Insert either:—NT (not taken) App. (approved) Pos. (positive) or Doubt. (doubtful)

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

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.

G Chalmer

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.

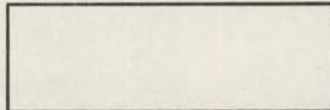
When a Candidate is subject to a defect or disability, the following information is to be inserted:

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 *3rd* of *September* 19 *40*

Examining Medical Officer

(Rank) *Surg Lt R.C.N.V.R.*

IG

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

4
 NAVY

CEASED
 MEMBER'S
 NAME

George Anderson
 (CHRISTIAN NAMES)

CHALMERS
 (SURNAME)

REGISTER NO. 6929
 FILE NO. NS. V-23121
 DATE 10 Apl/45.
 SERVICE NO. V-23121
 FINAL RANK OR RATING A/Ldg. Sig.
 DATE OF DISCHARGE 24 Nov/44

PAYEE
 ADDRESS

Mrs. Carol O. Chalmers,
 997 Wilmer St.,
 Victoria, B.C.

DATE OF TERMINATION OF OVERSEAS SERVICE 24 Nov/44

DATE OF DISCHARGE 24 Nov/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1461 EQUAL TO 48 COMPLETE PERIODS AT \$7.50

\$ 360.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 225 LESS 21 INELIGIBLE DAYS, EQUAL TO 204 DAYS @ 25C. PER DAY

\$ 51.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$ 2.25		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ 1.45		
ADDITIONAL PAY H.L.M.	\$.25		
G.C.B.	\$.05		
	\$		
DEPENDENTS' ALLOWANCE 1/30 OF \$ 37.20	\$ 1.24		
TOTAL	\$ 5.24	X7 = \$	36.68
NO. OF DAYS 204		X\$	36.68
	183		

\$ 40.89

D. WAR SERVICE GRATUITY

\$ 451.89

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
 DEPENDENTS' ALLOWANCE

AND ASSIGNED PAY \$ N11

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

\$ 451.89

G. YOUR PORTION OF GRATUITY IS—

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

-\$ 451.89

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

Cheque - 4093 - 27/16/4-45-

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

SJD

TREASURY

CHECKED BY

DATE

SERVICE REPRESENTATIVE

For Dir. Naval Pay Accting. S

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Cyp

Deceased

Member's Name

George Anderson
(Christian Names)

CHALMERS
(Surname)

Payee

M^{rs} Carol O. CHALMERS

Address

*997 Wilmer St.
Victoria B.C.*

Register No.

6929

File No.

Y23121

9 APL. Date

24 Nov '44

Service No.

Y23121

Final Rank or Rating

A/LDC SIC

Date of Discharge

24 Nov '44

Date of termination of overseas service

24 Nov '44

A. TOTAL QUALIFYING SERVICE

No. of days *1461* equal to *48* complete periods at \$7.50
30

360.00

B. QUALIFYING OVERSEAS SERVICE

No. of days *225* less *21* ineligible days equal to *204* days @ 25¢ per day

51.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay	\$	<i>2.25</i>
Subsistence or Lodging and Provision Allowance	\$	<i>1.45</i>
Additional Pay	H.L.M.	<i>.25</i>
	G.C.B.	<i>.05</i>

Dependents' Allowance 1/30 of \$ *37.20* *1.24*
Total *5.24* x 7 = \$ *36.68*

No. of days *204* x \$ *36.68*
183

40.89

D. WAR SERVICE GRATUITY

451.89

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

OTHER DEDUCTIONS \$

Paul

F. TOTAL AMOUNT PAYABLE

451.89

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ _____ of \$ _____ = \$ *451.89*
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.

		Treasury	
Prepared by	Checked by	Checked by	Date

Service Representative

D.N.P.A. CHECK

- | | | | |
|---|------------|----|------------|
| 1 | <i>500</i> | 6 | <i>100</i> |
| 2 | <i>100</i> | 7 | <i>100</i> |
| 3 | <i>100</i> | 8 | <i>100</i> |
| 4 | <i>100</i> | 9 | <i>100</i> |
| 5 | <i>100</i> | 10 | <i>100</i> |

6929

PARTICULARS OF DEAD OR MISSING PERSONNEL
WITH REGARD TO PAYMENT OF WAR SERVICE GRATUITY

Name of Deceased Member George Anderson CHALMERS Rank or Rating A/LDC-SIG O.No. Y23121

1. Dependents' Allowance and Assigned Pay in force at date of death:
D.A. \$ 37.20 Mrs Carol O. CHALMERS (wife)
A.P. \$ 40.00 997 Wilmer St.
Victoria, B.C.
D.A. -
A.P. -

2. Pension awarded or being awarded to: No record to date

3. War Service Gratuity Application(s) received from: Mrs Carol O. CHALMERS,
997 Wilmer St
Victoria, B.C.

In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under authority of the Minister of Veterans Affairs, application(s) for War Service Gratuity in respect of the service of the above named deceased member may be dealt with as follows:

(X) To be paid to: Mrs Carol O. CHALMERS - wife In the ~~full~~ full proportion of: /
- and -

to: In the proportion of: /

() To be referred to the Dependents' Allowance Board for decision as to dependency within the spirit and intent of the War Service Grants Act, 1944, observing this application(s) is classed under:

Group "B" (ii)
Group "C" of the above mentioned Directive.

Date 6 Apr 45
[Signature]
for D.N.P.A. (G) [Signature]

SERVICE

NAME: *George Anderson Chalmers*

O.N. *V-23121*

PRESSENT RANK/RATING: *1st Lieut. Sig.*

DATE TAKEN ON ACTIVE SERVICE: *25.11.40*

31

SERVICE

<u>SHIP OR ESTABLISHMENT</u>	<u>FROM</u>	<u>TO</u>
<i>Div. Str. Montreal</i>	<i>2. 10. 40</i>	
<i>Deputy Div. Hqtrs.</i>	<i>25. 11. 40</i>	
<i>Naden</i>	<i>19. 12. 40</i>	
<i>Andamara</i>	<i>21. 7. 41</i>	
<i>Naden</i>	<i>19. 6. 42</i>	
<i>Sans Peur</i>	<i>20. 8. 42</i>	
<i>Naden</i>	<i>14. 10. 42</i>	
<i>Port Atkinson (Beard)</i>	<i>13. 12. 42</i>	
<i>Stadacona</i>	<i>29. 5. 43</i>	
<i>Fort Ramsay</i>	<i>10. 6. 43</i>	
<i>Stadacona</i>	<i>29. 2. 44</i>	
<i>Cornwallis</i>	<i>- - -</i>	
<i>St. Hyacinthe</i>	<i>21. 3. 44</i>	
<i>Stadacona</i>	<i>25. 5. 44</i>	
<i>Shawinigan</i>	<i>8. 6. 44</i>	

IMPORTANT

(WILL): *Yes*
(in possession of wife.)

NAME & ADDRESS

OF NEXT OF KIN:

Wife:-
Mrs. Carl Olivia Chalmers
997 Kilmer St.
Victoria, B.C.

HAS DISCHARGE FOR ANY REASON
BEEN PREVIOUSLY APPROVED?

No.

REASON:

DATE:

INITIALED

EG

DATE

6/12/44

SECTION:

T.P.C.M.V.R.

(TO BE COMPLETED IN INK)

N.V. 17
15M-4-40 (4717)
N.S. 815-11-17

CERTIFICATE of the SERVICE of

George Anderson CHALMERS

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
	Montreal	V-23121

Date of Birth..... 27th September, 1915.

Place of Birth..... Toronto, Ontario

Place of Residence..... 5912 Bannantyne Ave. Verdun, Montreal

Trade brought up to..... Window Dresser

Religion..... Church of England.

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

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

Name and Address of Nearest Relative or Friend

(in pencil) 11/2/42

(Wife)
Carol Olivia Sherwood
997 Wilmer St.,
Victoria, B.C.



PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
2 Oct. '40	2 Oct. '40	Duration of Hostilities	Ord. Smn.	4 Feb '44		Ribbon & clasp for Canadian Volunteer Service Medal

PERSONAL DESCRIPTION

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	2 3/4	34	105	Brown	Brown	Fair	Scar on forehead. Scar on right neck.
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

TRANSFER BETWEEN DIVISIONS

TRANSFER—LISTS A AND B

From	To	Date	List	Date	Authority

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

NAME IN FULL CHALMERS GEORGE ANDERSON RANK/RATING A/Ldg. Smm OFF. NO. V 23121 ADDRESS

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS					STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF		
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE				CLASP C.V.S.M.	1915 MEDAL
												1939-45	1	Star
												ATLANTIC		Star
<i>Sans Peur</i>	<i>20.8.42</i>	<i>13.10.42</i>	<i>55</i>	<i>W.C.</i>								FRANCE G.		
<i>Shawinigan</i>	<i>8.6.44</i>	<i>24.11.44</i>	<i>170</i>	<i>Atl. (Lost)</i>								AFRICA		
												PACIFIC		
												BURMA		
												ITALY		
												DEFENCE		1
												C.V.S.M.		2 + clasp
												" CLASP		
												WAR 1945		medal
												WAR 1915		1

*Discharged "Dead" to date.
24.11.44*

VERIFIED BY *AM [Signature]*

Shawmigan 8.6.44 24.11.44 170 Atl. (Lost)

Discharged "Dead" to date.
24.11.44

AFRICA

PACIFIC

BURMA

ITALY

DEFENCE

C.V.S.M. 2 + clasp

" CLASP

WAR 1945 , medals

WAR 1915

VERIFIED BY *AS Macrae*
.....
W/S

VERIFIED BY *AS Macrae*
.....

VERIFIED BY

DIR. OF PERSONNEL RECORDS.

AUG 11 1944

N.S. 113C939
No. 270

ORIGINAL

es

H.Q. File No.

DECLARATION OF ALLOTMENT 102927

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
"NADEN" 5 ² /3016	CHALMERS XXXX	0/Sig.	V-23121	\$1.60
"ANDAMARA" 12 ¹ /2	Surname..... Christian Names } George, Anderson.	R. C. N. V. R.		

Section A ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence Payable on last working day
Surname... Barclays Bank	Savings.	Head Office	\$25.00	August,
Christian Names }	account #2951.	St. James St., Montreal, Que.	Increase	1941.

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

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):
\$15.00	Barclays Bank	as in force	Increased as in Sec. "A".

Allotment Declarations
 Ent'd. on Allotment Ledgers
 Initials: [Signature] Date: 10/8/44

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

Allotter's Signature authorizing charges..... [Signature] Rank or Rating
 Ordinary Signalman

ENTERED IN FAIR LEDGER

ENTERED IN ROUGH LEDGER

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

Assigned Pay to Wives	Object No. 111 \$.....
Assigned Pay to other Dependents	" " 113
Marriage Allowance	" " 115
Dependents Allowance	" " 119
Other Allotments	" " 122 25.00
Total	\$ 25.00

THE NAVAL SECRETARY,

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

Pay Sub. Lieut. R. C. N. V. R.
for Accountant Officer

H.M.C.S. "NADEN" Givenchy

Forwarded August 5, 1944.

**NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET
FOR USE AT HEADQUARTERS ONLY**

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

C. R. D.P.R./5-2
P. A.
 NAVAL TREASURY
 DATE 13/2/45
 INITIAL R Sir:

FORM "B"

FILE: V-23121 Pers. (N)

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

FEB 15 1945

40

(Date)

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.
 CHALMERS, George Anderson Leading Signalman V-23121, R.C.N.V.R.

DATE OF ENLISTMENT - 2nd October, 1940 Active Service: 25th November, 1940

DATE OF DISCHARGE - 24 November, 1944

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

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

Reason for discharge and when and where any disability was incurred, or where death occurred. MISSING, PRESUMED DEAD when the ship in which he was serving, H.M.C.S. "SHAWINIGAN", was lost while on operational duty at sea.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Wife NAME - Mrs. Carol Olivia Chalmers,

ADDRESS - 997 Wilmer Street, VICTORIA, B. C.

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

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

P.A. SCHEDULED IN
 C.R. BY R

REMARKS:.....

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

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
Mrs. Carol O. S. Chalmers, 997 Wilmer Street, Victoria, B.C.	Wife.		

	<u>D. A.</u>	<u>A.P.</u>	<u>TOTAL</u>
<u>Monthly rate:</u>	37.20	40.00	77.20
<u>TO Whom Paid:</u>	As above	<u>Address</u>	As above.

Date of Enlistment:

Date of Discharge:

Inclusive date to which D.A. and/or A.P. was Paid: November 30, 1944.

The final deduction of Assigned Pay for 40.00 has been made for the period from 1st to 30th of November 194 4.

Remarks:

Computed by *m.w.*

Checked by *R. Laboche*

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

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



CANADA

DEPT. NATIONAL DEFENCE N. V. 5
ISM-2-40 (4047)
N.S. 815-11-5

P0693607

113-0939
-3 1940
CANADA

2

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME CHALMERS OFFICIAL NO. V23121
CHRISTIAN NAMES George Anderson MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS 106-51st Ave., Lachine, Que. RELIGION C. of E.

DATE OF BIRTH Sept. 27th, 1915 PLACE OF BIRTH Town Toronto, County Ontario NAME AND ADDRESS OF NEXT OF KIN Father. R.J.A. Chalmers. same as above

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>36</u>	<u>Brown</u>	<u>Brown</u>	<u>Fair</u>	<u>Scar on forehead " on right neck</u>
Inches <u>2 3/4</u>	Deflated <u>32</u>				
<u>105</u>	Mean <u>34</u>				

DATE OF ENROLMENT October 2nd, 1940 RATING ENROLLING FOR Ord. Sea. TRADE OR CALLING AND IN WHOSE EMPLOY Window Dresser. T. Eaton Co. Ltd.
a/s 25.11.40

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

* (b) I served in D.C.R.C.H. 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
<u>D.C.R.C.H.</u>	<u>Trooper</u>	<u>August 1940</u>	<u>September 1940</u>

Personnel Records Division

- 1. Noted in Records J.H.
- 2. Index Card J.H.
- 3. Non-Sup. Card J.H.
- 4. Statistical Card J.H.
- 5. Roneo Strip J.H.
- 6. Pension Card J.H.
- 7. _____
- 8. _____

DATE 4 Oct. 1940

- (c) I have never been rejected from any of His Majesty's Forces on account of unfitness.
- (4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

Handwritten signatures and initials

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

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

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

Dated this 2nd day of October 1940

Signature of applicant *G.A. Chalmers*

(C) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 2nd day of October 1940

M. Baugh
Signature of Commanding Officer.
Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, George Anderson Chalmers 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 *G.A. Chalmers*

Witness *M. Baugh*

Date October 2nd, 1940 Rank Lieutenant, R.C.N.V.R.

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

George Anderson Chalmers having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the Montreal Division of the R.C.N.V.R.

J. McFetrick
Lieutenant, R.C.N.V.R. for Commanding Officer.

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

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

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

AT D OF D 24-11-44

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

(NAVY)

D.D.

WAR SERVICE RECORDS

CHALMERS	George Anderson	V-23121	L/sig.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
<u>WAR SERVICE</u>				
<u>BADGE</u>				
(CLASS)	No.	DATE DESPATCHED:		

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	
	2067

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

R CNVR May 46 "SHAWINIGAN"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON
ENTITLED TO Mrs. Carol Olivia Chalmers - Widow
ADDRESS: 997 Wilmer St.,
VICTORIA, B.C.

(2) MEMORIAL CROSS
WIDOW Mrs. C.O. Chalmers
ADDRESS: 997 Wilmer St., Victoria, B.C.

(3) MEMORIAL CROSS
MOTHER Mrs. R.J.A. Chalmers
ADDRESS: 5912 Bannantyne Ave., Verdun, Montreal, Que.

(1) MEMORIAL BAR

DATE DESP

REGN. NO 334

(2) 26-3-45

(3) 26-3-45

V23121

OFFICIAL NUMBER

FILE NUMBER

113-C-939

OFFICIAL NUMBER

V23121

NAME CHALMERS (Surname) George Anderson (Given Names) DATE OF BIRTH 27 September, 1915

PLACE OF BIRTH Toronto, Ontario OCCUPATION Window dressing

RELIGION Anglican EDUCATION _____

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 106-51st Ave., Town Lachine Province, etc. Quebec

Date (in figures)			Period	DESCRIPTION					PREVIOUS SERVICE		
Day	Month	Year		Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates From To
2	10	40	H.O.	5'2 $\frac{3}{4}$ "	Brown	Brown	Fair	Scar on forehead. Scar on right neck.			

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs. Carol O.S. Chalmers

ADDRESS (in pencil): Street and No. 997 Wilmer St. Town Victoria Province, etc. B.C.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
31	1	44	C.V.S.M. (R.&C.)	4	12	42	Qual. Sig.				

BADGES, G.C. OR G.S.				BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES							
Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year					Day	Month	Year		
25	11	43	1st G.C.B.	Granted							

Date (in figures)			DAYS FORFEITED						O.H.F. Received.	Last Will & Testament in favour of Wife:- Mrs. Carol O.S. Chalmers, 997 Wilmer St., Victoria, B.C. (date of will 1939)
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.		

SECOND CLASS FOR CONDUCT	
From	To



FILM
NO WSA 5332-5
DATE

P.I.B.

V23121 OFFICIAL NUMBER

NAME CHALMERS
(Surname)

Geroge Anderson
(Given Names)

OFFICIAL NUMBER V23121

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Div. S. Montreal	Ord. Smn.	2	10	40		V.C.	Sat.	31	12	40	T.O.V/S	2	11	43			
Duty Div. Hdqtrs.	"	25	11	40		V.C.	Sat.	31	12	41	V/S 3	19	5	44			
Naden	"	19	12	40		V.C.	Sat.	31	12	42							
"	Ord. Sig.	15	2	41		V.C.	Sat.	31	12	43							
Andamara	"	21	7	41		V.C.	Supr.	24	11	44							
Naden	"	19	6	42	DRD												
Sans Peur	"	20	8	42													
Naden	"	14	10	42	DRD #37												
Port Atkinson (Burrard)	"	13	12	42	DRD E-238												
"	Sig.	4	12	42	(249A #12073)												
Stadacona	"	29	5	43	Via Givenchy DRD #1156												
Fort Ramsay	"	10	6	43	DRD H-1763												
Stadacona	"	29	2	44	DL #231-1441												
Cornwallis	"	29	2	44													
St. Hyacinthe	"	21	3	44													
Stadacona	"	25	5	44	No. 166:P#2												
"	A/Ldg. Sig.	1	6	44	Adv. Memo 6/6/44.												
Shawinigan	"	8	6	44	S#189:P#17												
DISCHARGED	"	24	11	44	"Missing" Per Casualty List.												
					Presumed Dead.												

GENERAL REMARKS

AWARDED CANADIAN MEMORIAL CROSS to:
 Mother: Mrs. Roland J.A. Chalmers,
 5912 Bannantyne Ave.,
 Verdun, Montreal 19, P.O.
 March 26, 1945.

Awarded Canadian Memorial Cross to:
 Wife: Mrs. Carol Olivia Chalmers,
 997 Wilmer St.,
 Victoria, B.C. 26-3-45.

DATE OF BIRTH			PLACE		CIVIL OCCU.		RELI-GION	PERM. RESIDENCE			PREV. ENLI DIV.	RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	P.		CTY.	TOWN	SERV.		A	BR	RANK
27	9	15	11	6440		30	x	27	07	0	04	0	08	95
ENLIST. DATE			ACT. SERV. DATE			STR. CAT.	ACT. SERV. DATE			SHIP OR ESTAB.	RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.		DY.	MO.	YR.		A	BR	RANK	
07	10	40	75	11	40					9830	0	11	94	
SERVICITY STR.			NON-SUB		M	CODED			CHECKED					
DY.	MO.	YR.	A	B		ST.								
04	12	42	13	43	00									

W.S.G. Application No. 6929

TO: D.N.P.A. "G"

FILE NO. N.S. V23121

"WAR SERVICE GRATUITY"
COMPUTATION OF SERVICE

<u>CHALMERS</u>	<u>George Anderson</u>	<u>V23121</u>	<u>A/Lieut. Sig.</u>
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: DEAD (HMCS SHAWINIGAN)
Application made by Widow.

TOTAL SERVICE

Date of Active Service 25 Nov 40
 Date of Discharge 24 Nov 44
 Total No. of Days 1461
 # Less non qualifying service _____

Total Days 1461

OVERSEAS SERVICE

% Total No. of Days 225
 # Less non qualifying service _____

Total Days 225

CAREER SERVICE

(2) Record of Service in other Forces (per Naval Records)

Branch of Service _____
 Date of Active Service _____
 Date of Discharge _____

& % Overleaf _____

Computed By [Signature]
 Checked By [Signature]

J.B. McGregor
 (for H.B. Money)
 Payr. Cndr. R.C.N.R.
 Director of Personnel Records

DATE: MAR 2 1945

NON CONFIRMING SERVICE

NON QUALIFYING SERVICE

(#)	Date	Reason	No. of Days
"		"	"
"		"	"
"		"	"
"		"	"
"		"	"
"		"	"
			Total Days

(%) OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
SANS PEUR	20 AUG 42	13 OCT 42	55
SHAWINIGAN	8 JUNE 44	24 NOV 44	170
			<u>225</u>

12	23
30	31
13	31
<u>55</u>	31
	24
	<u>170</u>

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH		Municipal territory		Official name of civil municipality or township		Place an X over the word which applies to this municipality or this territory	
AT SEA						City Town Village Parish Township	
2. LENGTH OF STAY		(a) In hospital or institution		(b) In municipality where death occurred		(c) In Province	
		Years Months Days		Years Months Days		Years Months Days	
3. NAME OF DECEASED		Surname		Given names		Hospital or Institution	
		CHALMERS		George Anderson		Do not write in this space	
4. RESIDENCE		Street		No.		CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH	
		51st Avenue		106		22. Date of death	
Municipal county		Province				November 24 1946	
LACHINE		Quebec				23. I HEREBY CERTIFY that I attended deceased from	
5. SEX		6. NATIONALITY (Citizenship)		7. RACIAL ORIGIN		19 to 19	
Male		Canadian		Married		and last saw him alive on 19	
8. Single, Married, Widowed or Divorced (Write the word)		9. If married give name of wife or husband of deceased				24. CAUSE OF DEATH	
						I	
10. BIRTHPLACE (Province or Country)		11. DATE OF BIRTH				Immediate cause	
Toronto, Ontario		September 27 1915				Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.	
12. AGE OF DECEASED		13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.		14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.		Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	
29 2		Window Dresser,		T. Eaton Co. Ltd.		(a) Missing, presumed dead when H.M.C.S. "SHAWINIGAN" was lost while on operational duty at sea.	
15. Date deceased last worked at this occupation		16. Total years spent in this occupation		17. NAME		(b) due to	
				FATHER		(c)	
				MOTHER (Maiden Name)		II	
						Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	
						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	
21. PLACE OF REGISTRATION OF THIS BURIAL		(a) Name of parish or church		(b) Civil municipality of		28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)	
		(c) Municipal county		(d) Date 19 (Month) (Day) (Year)		29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.	
						Payer, Chief, R.C.M.V.R., Director Personnel Records, Ottawa, Ontario.	
						This signature authorizes the collector to accept this form as authentic.	
						(Voir l'autre côté pour le français)	

1. LIEU DU DÉCÈS	Comté municipal	Nom officiel de la municipalité civile ou du canton	Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire Cité Ville Village Paroisse Canton													
	Rue	No.	Hôpital ou institution													
2. SÉJOUR	(a) dans l'hôpital ou l'institution	Années	Mois	Jours	(b) dans la municipalité du décès	Années	Mois	Jours	(c) dans la province	Années	Mois	Jours	(d) au Canada (s'il s'agit d'un immigré)	Années	Mois	Jours

3. NOM DU DÉFUNT	Nom de famille	N°écrivez pas dans cet espace
	Noms de baptême ou prénoms	

4. RÉSIDENCE	Rue	No.
	Nom officiel de la municipalité civile ou du canton	
	Comté municipal	Province

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

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

10. LIEU DE NAISSANCE (Province ou pays)

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

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

OCCUPATION	13. Métier, profession ou occupation, ex. tisserand, voiturier, employé de bureau, etc.
	14. Genre d'industrie ou d'entreprise, tel que filature de coton, industrie du bois, banque, etc.
	15. Dernière date à laquelle le défunt vaquait à ce travail
	16. Nombre d'années occupées dans cette profession

17. NOM

PÈRE

MÈRE (Nom de fille)

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

20. Date de l'inhumation (jour) (mois) (année)

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE	(a) Nom de la paroisse ou église
	(b) Municipalité civile de
	(c) Commune
	(d) Date (jour) (mois) (année)

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

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

23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le (jour) (mois) (année) jusqu'au (jour) (mois) (année) que je l'ai vu vivant pour la dernière fois le (jour) (mois) (année)

24. CAUSE DU DÉCÈS

I Cause immédiate
Mentionner la maladie, blessure ou complication, causant la mort, non pas son syndrome final, tel: syncope, asphyxie, asthénie, etc.
(a) dû à
(b) États morbides, s'il y en a, ayant produit la cause immédiate (Les indiquer dans l'ordre chronologique inverse de leur apparition).
(c) dû à

II Autres conditions morbides (importantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate.
(a) Date d'éclosion (jours)
(b) Durée de la maladie (jours)

III Si une maladie contagieuse est mentionnée à ce certificat, donner (a) Date d'éclosion (jours) (b) Durée de la maladie (jours)

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

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

Constatations Y a-t-il eu autopsie?

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

Accident, suicide ou homicide (Spécifier) Date

Manière de la blessure (Dans quelle circonstance)

Nature de la blessure

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

Signature M.D.

Adresse Date

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

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

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

(For English see other side)

113 2939

OCCUPATIONAL HISTORY FORM

7

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

Section A—GENERAL INFORMATION

PLEASE LEAVE BLANK

- 1. (a) Print name in full George Anderson CHALMERS (b) Reg'l. No. V.23121
- 2. (a) Arm of service Naval (b) Unit RCNVR (c) Rank Signalman
- 3. (a) Date of birth 27Sep'15 (b) Have you any dependents? 1 (c) Place of residence at time of enlistment Lachine, Que.
- 4. (a) Place of enlistment Montreal (b) Date of enlistment 3 Oct. '40

Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school 19 (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.) 3years high
- 7. If you attended a university, give name of university and standing or degree secured.....
- 8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Com. Artist (c) Did you finish it? no (d) If you did not finish it, how long did you serve at it? 2 years
- 9. (a) What languages do you speak fluently? French & English (b) What languages do you read well? French & English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

- 10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Yes
- (b) At time of enlistment of what trade union or professional society were you a member? no

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

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

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

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

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

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

- 18. Name of employer T. Eaton Co., Ltd. Address Montreal.
- 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Retail Merchants
- 20. (a) Your specific occupation Window dresser (b) Number of years' experience at this occupation with any employer 4 years
- 21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? -- (c) Do you wish to return to your former employment? Yes

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? yes (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? no (c) In what provinces did you have experience?.....

Section G—MISCELLANEOUS

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

12 May, 1941

DATE.....194..... SIGNATURE.....

Pa. RECEIVED O.H.F.

3

Copy To
VWD
ES

JUL 4 1941

ATTESTATION

B. Sq.

NON-PERMANENT ACTIVE MILITIA OF CANADA

~~THE 17th DUKE OF YORK'S ROYAL CANADIAN HUSSARS~~

UNIT 6th D.C.R.C.H. REGTL. No. 960

1. Surname? (Block letters) CHALMERS
2. Christian names? GEORGE ANDERSON
3. Present address? 106 51st DIXIE AVE.
Phone No. Zone - 8-836
4. Date of Birth?* SEPT. 27 / 1915 5. British subject? YES
6. Occupation? WINDOW DRESSER 7. Religion? PROTESTANT
8. Next of Kin R. J. A. CHALMERS 9. Relationship? FATHER
Address Same as above
10. Previous Naval, Military or Air Force Service NONE
(Give particulars, qualifications, etc.)

CERTIFICATE OF MEDICAL EXAMINATION

Height 5'2" Weight 116 Chest max 33 min 30

Descriptive marks Scars right neck & forehead

I have examined the above named man in accordance with instructions laid down in Instructions for the R.C.A.M.C. and C.D.C. 1937 Appendix V and find him fit -Category F

Date July 22/40 Signature [Signature]

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned George Chalmers do sincerely 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.

OATH TO BE TAKEN

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

Signature of Witness [Signature] Signature of Man [Signature]

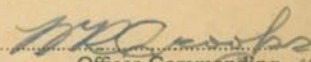
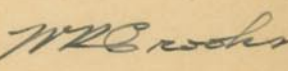
Dated this 22 day of July 19 40 at Montréal

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]
Signature of Magistrate, Justice of Peace, or Attesting Officer

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.....	22/7/40	PTU 27/40	 Officer Commanding Unit <i>6th H.</i>
<i>S.O.S on transfer to R.C.N.</i>	26.8.40	PTU 52/40	
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

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.- 23121 FD. 1009

*W.
30-3-W
Mary*

Mrs. Carol Olivia CHALMERS

997 Wilmer Street

VICTORIA, B.C.

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

24th February

1945



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

CHALMERS, George Anderson Leading Signm.

V-23121 R.C.N.V.R.

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

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

HRW/MJ

J. J. Wade
Commander, R.C.N.V.R.
Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT			
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative	
1	Widow of the Deceased.....	CAROL OLIVIA SHERWOOD CHAMMERS	27	997 WILMER ST VICTORIA BC.	
2	Children of the Deceased and dates of their Births.....	None			
3	Father of the Deceased.....	ROH AND JOHN ANDERSON CHAMMERS	61	5912 BANNANTYNE AVE VERDUN MONTREAL 19 P.Q.	
4	Mother of the Deceased.....	SISSY ANN CHAMMERS	61	5912 BANNANTYNE AVE VERDUN MONTREAL 19 P.Q.	
5	Brothers of the Deceased	Full Blood	LEONARD CHAMMERS JOHN NEVES CHAMMERS	34 24	#4-5652 SHERBROOKE STW. M.P.G. MONTREAL 28 P.Q. CANADIAN ARMY ENGLAND.
		Half Blood			
6	Sisters of the Deceased	Full Blood			
		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.	GEORGE ANDERSON CHALMERS
9	Date of his birth.	SEPTEMBER 27, 1915
10	Place and date of his marriage.	VICTORIA B.C. DECEMBER 5, 1942
11	Place and date of his parents' marriage.	ST. MATTHIAS CHURCH WESTMOUNT QUEBEC SEPT. 26, 1908

PARTICULARS OF DOMICILE

12	Place where deceased was born.	TORONTO, ONTARIO.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) TORONTO, ONT. 1 YEAR. (b) MONTREAL, QUE. 23 YEARS (c) (d)
14	Nature of employment before enlistment.	ARTIST.
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.	DIDN'T KNOW - probably Vancouver B.C.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	YES.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	NO.
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	please see next page. HERE COULD BE A Post Office Account in California but do not know for sure. Also a bank savings account at Bank of Montreal. I DO NOT WANT IT ADMINISTERED with the pay account.
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.	ONE PAYMENT ON A 50 ⁰⁰ BOND being bought thru the NAYY. = 7th Loan.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	SUN LIFE INSURANCE \$1000.00 BENEFICIARY - HIS WIDOW - Carol O S Chalmers.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	LOT and COTTAGE ORFORD LAKE, QUEBEC DON'T KNOW VALUE (OVER)

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.)

DECLARATION

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

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

* widow of the deceased. George Anderson Chalmer

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.

Carol Olivia Sherwood Chalmer } Signature of Informant
997 Helmer St Victoria B.C. } Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Carol Olivia

Sherwood Chalmer { Name of informant } is the* widow of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Victoria this 17th day of March 1945

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

[Signature] Qualification A Notary Public in and for the Province of British Columbia.
 Address 675-701 St. Victoria B.C.

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

PARTICULARS OF ESTATE. (#19)

- ① The deceased and his wife have a joint bank account at Barclays' Bank in Montreal, of about \$300.00 I do not want this administered with his pay account.
- ✓ ② The deceased may have had a small Post Office account in Halifax or Sydney, N. S. He had one at one time but do not know if he still had it or not.
- ✓ ③ There is also a sum of money deposited at P. Eaton & Co, Montreal in his name.
- I would like to have the items marked ② and ③ to be administered with his pay account.

PARTICULARS of ESTATE (#23)

The deceased has an income from England from the firm of Messrs. Parrett & Neves. Information regarding this income may be received from the following—

Wilfred T. Fry Ltd
 Riverdale
 Leatherhead Surrey
 England.