

unemployment insurance  
office veneer plant  
Saint John N.B.

N. V. 5  
50M-8-42 (5715)  
N.S. 815-11-5



CANADA

113-M-7912

**ATTESTATION FORM**  
(HOSTILITIES FORM)

W 400 129776

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME M<sup>c</sup>GIBBON OFFICIAL NO. 765055  
CHRISTIAN NAMES JOHN DONALD MARRIED, SINGLE OR WIDOWER SINGLE

PERMANENT ADDRESS <u>GAGETOWN. QUEENS. CO. N.B.</u>	RELIGION <u>CHORCH OF ENGLAND.</u>
--	---------------------------------------

DATE OF BIRTH <u>14 MARCH 1925</u>	*PLACE OF BIRTH Town <u>GAGETOWN.</u> County <u>QUEENS.</u> Province <u>N.B.</u>	NAME AND ADDRESS OF NEXT OF KIN <u>FATHER,</u> <u>GEORGE ARNOLD M<sup>c</sup>GIBBON,</u> <u>GAGETOWN. QUEENS CO.</u> <u>N.B.</u>
---------------------------------------	---	--

\*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 <u>5</u>	Inflated <u>36</u>	<u>BROWN.</u>	<u>BLUE</u>	<u>MED.</u>	<u>NONE.</u>
Inches <u>7 3/4</u>	Deflated <u>34</u>				
	Mean <u>35</u>				

EDUCATIONAL STANDING <u>GRADE VIII &amp; PART OF IX.</u>	TRADE OR CALLING AND IN WHOSE EMPLOY <u>LABOR.</u> <u>VENEER PLANT.</u> <u>SAINT JOHN. N.B.</u>
---	--

DATE OF ENROLMENT <u>28 JUNE 1943.</u>	RATING FOR WHICH ENROLLED <u>O/SMN.</u>	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED <u>H.M.C.S. BRUNSWICKER</u>
---	--	---

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

\*Cross out Clause not applicable.

SERVED IN	RANK	FROM

Personnel Division. *M.G.P.*

1. Noted in Records TO *M.G.*

2. Index Card

3. Non-Sub. Card. *J.M.*

4. Statistical Card

5. Roneo Strip

6. Pension Card

DATE 13-7-43

(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.

(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 O/S.M.N. by the prospect of being transferred at some future date to any other branch or rating.

Dated this 28<sup>th</sup> day of JUNE 1943

Signature of applicant Donald M<sup>c</sup> Gibbon ✓

(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 28<sup>th</sup>

day of JUNE 1943

My authority for attestation is RD 7-3-1 RD 5-3-2 2 JUNE 1943

Thos L. Peckitt Lt. R.C.N.V.R.  
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, John Donald M<sup>c</sup> Gibbon 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 Donald M<sup>c</sup> Gibbon ✓

Witness Thos L. Peckitt

Date 28 June 1943

Rank Lieut. R.C.N.V.R. (Temp.)

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.



CANADA

Can. B. 207  
150M-9-42 (6289)  
N.S. 815-2-207

4

# Certificate of Medical Examination of Officers, Men and Boys

## NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined.....McGIBBON, John Donald.....  
candidate for entry as.....Ord. Sea. RCNVR. (Temp).....  
and I believe him to be \*~~unfit for His Majesty's Service~~ <sup>in all respects fit for His Majesty's Service</sup> 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. 3	(j) Date of last Vaccination	Childhood.
(b) Height with bare feet	Feet 5 In. 7 3/4	(k) General Development	Fair
(c) Weight without clothes	141	(l) Nose, Throat and Tonsils	Tonsils large but healthy
(d) Ears and Hearing	Rt. Normal Lt. Normal	(m) Heart and Lungs	Normal B.P. 122-86
(e) Chest Girth	Max. 36 Min. 34 Mean 35	(n) Abdomen Hernia, etc.	Normal
(f) Teeth	Deficient 1 Defective 1 Dentures 0	(o) Limbs and Joints	Normal
(g) Vision by Snellens Types	without glasses Rt. 6/4 Lt. 6/4 Both 6/4	(p) Skin	Normal
	with glasses where worn Rt. Lt. Both	(q) Anus Haemorrhoids	Normal
(h) Colour Vision	Ishihara R.C.N. Lantern normal.	(r) Testes Varicocele	Normal
(i) Chest x-ray	not taken approved positive doubtful Approved.	(s) Urine	S.G. 1015 Sug. neg Alb. neg.

### 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.

John Donald McGibbon  
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...Saint John, N.B....the 28th...of June 19 43.

Paul Leresque  
Examining Medical Officer

(Rank).....Surg. Lieut. RCNVR......

5

# 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

## Section A—GENERAL INFORMATION

1. (a) Print name in full McGIBBON, John Donald (b) Reg'l. No. 265053
2. (a) Arm of service Navy (b) Unit R.C.N.V.R. (c) Rank Ord. Sqn.
3. (a) Date of birth 14th Nov/25 (b) Have you any dependents? No (c) Place of residence at time of enlistment Cagetown, N.B.
4. (a) Place of enlistment Saint John, N.B. (b) Date of enlistment 28th June, 1943

PLEASE  
LEAVE  
BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 yrs (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.) Grade IX
7. If you attended a university, give name of university and standing or degree secured.....
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation?..... (c) Did you finish it?..... (d) If you did not finish it, how long did you serve at it?.....
9. (a) What languages do you speak fluently? 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) 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?.....
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 Vencer Plant Address Saint John, N.B.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Lumber mill
20. (a) Your specific occupation Laborer (b) Number of years' experience at this occupation with any employer 2 months
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? No

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

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

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war?..... (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? None
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience? None

## 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 None



DATE 28th June, 1943 194..... SIGNATURE Donald M. Gibbon

..... Mr. George Arnold McGibbon, .....

..... Gagetown, Queens' County, .....

..... New Brunswick .....

.....

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. V-65055 FD. 546 .....

**DEPARTMENT OF NATIONAL DEFENCE**  
**ESTATES BRANCH**  
**OTTAWA, ONT.**

..... September 12 ..... 194.....

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

..... MCGIBBON John Donald Ordinary Seaman, .....

..... Official Number V-65055 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.



*A. V. Wachs.*  
*Commander R.C.N.V.R.*  
*J.* Director of Estates.

GC/

## ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased 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.....	George Arnold M <sup>c</sup> Gibbon	41 yrs	Gagetown New Brunswick
4	Mother of the Deceased.....	Bessie Emma M <sup>c</sup> Gibbon	37	Gagetown New Brunswick
5	Brothers of the Deceased	Full Blood	James Alexander M <sup>c</sup> Gibbon Harry Frank M <sup>c</sup> Gibbon	31 1 Gagetown N. B. Gagetown N. B.
		Half Blood	Nil	
6	Sisters of the Deceased	Full Blood	Jean Elizabeth M <sup>c</sup> Gibbon Margaret Emma M <sup>c</sup> Gibbon Nora Louise M <sup>c</sup> Gibbon	12 yrs 8 yrs 5 yrs Gagetown N. B. Gagetown N. B. Gagetown N. B.
		Half Blood	Nil	
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	
	full Blood Sister	Joyce Irene Ester M <sup>c</sup> Gibbon died October 14 <sup>th</sup> 1941	Gagetown N. B.	

ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	John Donald M <sup>c</sup> Gibbon
9	Date of his birth.	14 March 1928.
10	Place and date of his marriage.	nil
11	Place and date of his parents' marriage.	St John N.B. 1927 Jan

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	Gagetown New Brunswick
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) New Brunswick (b) 16 years (c) (d)
14	Nature of employment before enlistment.	School High Gagetown
15	State whether he owned the premises in which he lived, and, if so, where situated.	nil
16	Name place where deceased stated he intended to make his permanent home.	nil

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	nil
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?	nil
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?	nil
20	Amount of War Savings Certificates held by deceased. Indicate where located.	1 Certificate
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	nil
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	nil
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	nil

## 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.	nil
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.	nil

(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

\*Indicate 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.

George Mc Gibbon

{Signature of Informant

Gagetown New Brunswick

Address

CERTIFICATE

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

\*See above. Mc Gibbon { 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 Gagetown N.B. this 6<sup>th</sup> day of October 1944.

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

Herbert J. Hoyt

Qualification Rector  
Parish of Gagetown

Address Gagetown, Queens Co. N.B.

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

You will notice age of the deceased on other side is correct.



N.V. 17  
 COM-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

*John Donald McGIBBON*

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V. 65055</i>
	<i>HMCS "Brunswick"</i>	"
		"

<b>O.H.F.</b>	Date of Birth..... <i>14 March, 1925</i>	Name and Address of Nearest Relative or Friend (in pencil) <i>Mother</i> <i>Bainie</i> <i>same address</i>
	Place of Birth..... <i>Yagetown, N.B.</i>	
	Place of Residence..... <i>Yagetown, Queen's Co. N.B.</i>	
	Trade brought up to..... <i>Labourer</i>	
	Religion..... <i>Church of England</i>	
Can Swim:—P.P.T. Date..... 19..... Signature..... Rank.....		
P.S.T. Date..... 19..... Signature..... Rank.....		

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	
	<i>28 June '43</i>	<i>Duration of Hostilities</i>	<i>Ord Smm</i>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>7 3/4</i>	<i>35</i>	<i>141</i>	<i>Brown</i>	<i>Blue</i>	<i>Med</i>	<i>None</i>
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

# NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
	<i>Divisional Strengths</i>					
	<i>Brunswick</i>		<i>Ordnance</i>	<i>28 June '43</i>	<i>4 July '43</i>	
	<i>On Active Service</i>					
	<i>Brunswick</i>			<i>5 July '43</i>		
	<i>Cornwallis</i>		<i>— " —</i>	<i>25 Aug '43</i>	<i>22 Oct '43</i>	
	<i>— " — (Beaver)</i>		<i>— " —</i>	<i>23 Oct '43</i>	<i>29 Oct '43</i>	<i>U/D</i>
	<i>Cornwallis</i>		<i>— " —</i>	<i>30 Oct '43</i>	<i>7 Nov '43</i>	
	<i>Stadacona</i>		<i>— " —</i>	<i>6 Nov '43</i>	<i>26 Nov '43</i>	
	<i>Hochelaga</i>		<i>— " —</i>	<i>27 Nov '43</i>	<i>7 Dec '43</i>	
	<i>Stadacona (Valleyfield)</i>		<i>— " —</i>	<i>8 Dec '43</i>	<i>29 Feb '44</i>	<i>A13913</i>
	<i>AYALON (VALLEYFIELD)</i>		<i>— " —</i>	<i>1 MARCH '44</i>	<i>7 May '44</i>	<i>"D.D."</i>

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

Date	Details	Captain's Signature

28  
27  
5  
8





V65055

OFFICIAL NUMBER

FILE NUMBER 113 - M - 7912

OFFICIAL NUMBER V65055.

NAME **McGibbon** **John Donald** DATE OF BIRTH **14th March, 1925.**  
(Surname) (Given Names)PLACE OF BIRTH **Gagetown, N.B.** OCCUPATION **Labourer.**RELIGION **Church of England** EDUCATION **Grade VIII & Part of IX.**RESIDENCE AT TIME OF ENLISTMENT: Street and No. Town **Gagetown, Queens Co.** Province, etc. **N.B.**

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
28	6	43	H.O.	5' 7 $\frac{3}{4}$ "	Brown	Blue	Medium	None				

NEXT OF KIN RELATIONSHIP (in pencil) *Sister* NAME (in pencil) *Theresa Arnold Mc Gibbon*ADDRESS (in pencil): Street and No. Town *Gagetown* Province, etc. *N.B.*

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	
				27	9	43	Qual. Anti-Gas 1 day 249A 7651				
				5	11	43	Marked TR 249A A17524				

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		

Date (in figures)				DAYS FORFEITED						O.H.F. RECEIVED.
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.		

SECOND CLASS FOR CONDUCT	
From	To

H.Q. 35-35M-2-43 (8309)  
N.S. 815-7-35

FILM

NO. *WAR 5931-8*

DATE



V65055

OFFICIAL NUMBER

NAME **McGIBBON**  
(Surname)

**John Donald**  
(Given Names)

**P.I.B.** OFFICIAL NUMBER **V65055.**

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified	
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Month	Year
HMCS "BRUNSWICKER"	ORD. SMN.	28	6	43	Div. Str. St. John.	V.G.	Sat.	31	12	43						
" "	"	5	7	43	Act. Serv. D.L. #96 5-7-43	V.G.	Sat.	7	5	44						
Cornwallis	"	25	8	43	D.L. 25-8-43 (Beaver 23/10/43)											
Stadacona	"	6	11	43	DRD #3122											
HMCS "Hochelaga 11"	"	27	11	43	DRD # H-3345											
Valleyfield	"	8	12	43	Service Certificate.											
DISCHARGED		7	5	44	"Missing" Casualty List											

Presumed dead (Casualty List Page-101.)

GENERAL REMARKS

Can. Memorial Cross received by mother, to date 9-11-44

DATE OF BIRTH			PLACE	CIVIL OCCU.		RELI-ED	PERM. RESIDENCE			PREV. ENLI	RANK OR RATE ON ENLISTMENT			
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	P.	CTY.	TOWN	SERV.	DIV.	A	BR.	RANK.
14	3	25	15	900	0	30	2	5	09	60	0	02	0	08 75
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR	RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR.	RANK.	
28	06	43	05	07	43					9690	0	08	75	
SENIORITY			STR.	NON-SUB		M				CODED	CHECKED			
DY.	MO.	YR.	CAT.	A	B	ST.								
05	07	43	13	00	00	21								

09

07-05-44

718 210



VERIFICATION FORM

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

RANK/RATING *Ord. / Seaman* OFF. NO. *V-65855* ADDRESS .....

AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
							1939-45	/	<i>star</i>
							ATLANTIC		
							FRANCE G.		
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
<i>.44</i>							C.V.S.M.	<i>2 ✓ clasp</i>	
							" CLASP		
							WAR 1945		<i>medal</i>
							WAR 1915		

VERIFIED BY *KM.* .....

*GW*

VERIFIED BY ..... DIR. OF PERSONNEL RECORDS



HD2

Name..... McGIBBON, John Donald.....

Sub-Rating and Seniority *0/5mm 5-7-43* Non-Sub.....

O.N. *V-65055* S.B. No. .... W.B. No. ....

Joined Ship *25 Aug '43* from *H.M.C.S. Brunswick*.....

Engagement: Period Duration Hostilities Expires.....

Date of Birth *14 Mch 1925* Religion *C. of E.*.....

Character *V.G.* Efficiency *SAT.* Date *15/11/43*.....

Badges *None* Class for Conduct *1st* Class for Leave *1st*.....

Date due for: Next Badge.....

Progressive Pay *6 mos. 5-1-44*.....

L.S. & G.C. Recommended.....

Advancement. Wishes to Pass? Recommended? Date Qualified?

Educ. Test Pt.1 ..... ..

Higher Educ. Test. .... ..

Professional or higher Sub-rating ..... ..

do Non-Sub. .... ..

(For ordinary Seamen Form T.S.34 (S.536D) must be used in addition).

Any Non-Service Attainments..... *NONE*.....

Swimming Qualification..... *CAN SWIM*.....

Athletic capabilities..... *HOCKEY*.....

General Remarks (including intelligence, energy, initiative, powers of command). *Grade 9 Public School*

*nervous and a day delouse.  
of fair ability, but lacks initiative  
Requires strict supervision.*

"M" Test -- *139 2.44*  
*3.51*

H.M.C.S. "..... BRUNSWICKER....."

*R. D. [Signature]*

LIEUTENANT. *Officer of Division.* R.C.N.V.R.

Date..... *AUG 25 1943*.....

- Notes:—(1) This form is to be kept for each rating by the Officer of his Division.
- (2) The form is to be completed to date, and signed by the Officer of the Division before the rating changes his Division or Ship.
- (3) On a rating changing his Ship or Establishment, Form S.264 is to be transferred with his other papers for the information of the next Officer of Division.

An average rating of fair  
intelligence - worked hard - Keen  
next appearance - Good favor of Command

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

Date Oct - 21 - 43.....

George C Gould.....  
Sub Lt. U.K. Officer of Division.

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

Date.....

.....  
Officer of Division.

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

Date.....

.....  
Officer of Division.

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

Date.....

.....  
Officer of Division.

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

Date.....

.....  
Officer of Division.

## CERTIFICATE OF PROGRESS OF ORDINARY SEAMEN

(To be used in conjunction with Form S. 399 Divisional Training Progress Book.)

NAME McGIBBON, John Donald	OFFICIAL No. V- 65055	Date of Birth 14' Mch 1925
-------------------------------	--------------------------	-------------------------------

### ON LEAVING HARBOUR TRAINING SERVICE

Subject	Ability	REMARKS (percentages obtained, etc.)	Initials of Instructing Officer
*School.....	<i>Fair</i>		<i>SEM</i>
Seamanship— Boat work:			
(a) Pulling.....	<i>Fair</i>		
(b) Sailing.....	<i>Fair</i>		
Gunnery and Disciplinary Training.....	<i>Fair</i>		
Shooting.....			
Swimming—P. P. T. ....	<i>Average</i>	Date qualified.....	
Physical and Recreational Training.....	<i>Post reported in Logbook P. R.</i>		
Special qualifications.....			
Call Boy.....			
Bugler (Sea Service).....			
Special Remarks			
e.g., C. W. Candidate.....			
.....			
.....			
.....			

On joining:— Weight..... 141..... Height 5' 7<sup>3</sup>/<sub>4</sub>"..... Date 28' June 1943.....

On leaving:— Weight..... Height..... Date.....

\* State in remarks column whether Normal, Advanced Class or V/S or W/T.

H.M.C.S. "BRUNSWICKER....."

Date AUG. 25 1943

*Henry W. Brown* Captain.  
 A/LIEUT. CDR. R. C. N. V. R.

**PROGRESS UNDER TRAINING FOR ABLE SEAMAN**

Educational Examinations	Date	Ship	Signature and Rank of Divisional Officer
Passed Educationally { Accelerated Advancement..... For Able Seaman..... Educational Test I.....			
Rated Ordinary Seaman.....			

SEAMANSHIP	Subject	Boat Work	Anchors and Cables	Compass and Wheel Rule of the Road	Rigging Sheers and Derricks	Locking Soldering Machine, Lead and Dye	Bends and Hitches, Blocks and Tackles	Part of Ship Evolutions	Signals	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
	Hours											
%		75	75	75	75	75	80		78	75.5	27/10/43	George C Gould Sub Lieut V.R. Cornwallis
%												
GUNNERY	Subject	Field Training	Gun Drill	Stripping	Fire Control	Ammunition	Director and Sighting	Machine Gun	A.A.	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
	Hours											
%		65	50		82	78				68%	Sept 20 43	George C Gould Sub Lieut V.R. Cornwallis
%												
TORPEDO	Subject	Whitehead	Low Power	High Power	Instruments	Explosives	Paravanes	Depth charges		TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
	Hours											
%										64%	Oct 1 - 43	George C Gould Sub Lieut V.R. Cornwallis
%												

\* In the event of failure to pass any examination, the percentage is to be noted in RED. and the word "FAILED" noted.  
 † The letters Q.R. III, L.R. III, C.R. III, A.A. 3, S.T., S.D., etc., are to be entered by the Divisional Officer in the case of men so recommended. If not recommended, the word "NO" is to be entered.

Ship	Total Period of Practical Experience as Ord. Seaman in part of Ship	Recommended for Advancement to Able Seaman on (Date)

Divisional Officer's Remarks	Recommendation for non-sub. rate†
Trained Nov 5-43	No

Ordinary Seaman  
 Qualified for advancement to Able Seaman  
 on.....Date.  
 .....Commodore  
 .....Depot .....Date.

Rated Able Seaman and Recommendations inserted on History Sheet  
 H.M.C.S.....  
 .....Date  
 .....Captain.

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

13 May, 1944

Sir:

(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
McGIBBON, John Donald	Ordinary Seaman	V-65055, R.C.N.V.R.
DATE OF ENLISTMENT -	28 June, 1943	Active Service: 5 July, 1943
DATE OF DISCHARGE -	Will be reported later	
HOSPITAL -	(If discharged in hospital under jurisdiction of D.P. & N.H.)	
SERVICE -	Canada and 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" at sea when the ship in which he was serving was lost by enemy action. While this casualty is listed as missing, it is impossible to make an estimate as to his chances of survival. Should no information be received to the contrary, you will be notified when official presumption of death with date has been set.	
	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. George Arnold McGibbon,
ADDRESS -	Gagetown, Queens Co., N.B.	

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. Money*  
for  
SECRETARY, NAVAL BOARD.

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

BF.  
12/18/44  
NPR/5  
16

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)



Department of National Defence

124033

Naval Service

AUG 30 1944

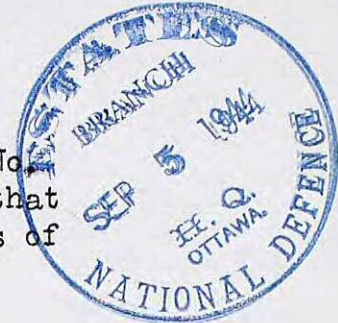
194.....

IN REPLY PLEASE QUOTE

N.S. O.N. V-65055 PERS (N).

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:



<u>NAME, RANK/RATING, Official No., UNIT</u>	<u>PARTICULARS RE DEATH</u>	<u>NEXT OF KIN</u>
MCGIBBON John Donald Ordinary Seaman, Official Number V-65055 R.C.N.V.R.	Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.	Father; Mr. George Arnold McGibbon Gagetown, Queens' County, New Brunswick.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Nil	Nil	Nil	DMD

*YHM  
30/8/44*

Will: No. Record.

Yours truly,

*H.B. Money*

for SECRETARY, NAVAL BOARD.

Administrator of Estates,  
Estates Branch,  
Department of National Defence,  
Ottawa, Ont.



PLEASE MAKE OUT FALSE  
DOCKET AND FORWARD WITH  
ATTACHED LETTER TO ADMIN-  
ISTRATOR OF ESTATES.

DECEASED 7 May 1944

NAVY

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

D.D.  
WAR SERVICE RECORDS

MCGIBBON	John Donald	V-65055	O.S,	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	8556
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNVR  
HMCS "VALLEYFIELD" Mar. /45.  
MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON  
ENTITLED TO Mr. George A. McGibbon - Father

ADDRESS: Gagetown,  
Queens' County, N.B.

(2) MEMORIAL CROSS  
WIDOW

ADDRESS:

(3) MEMORIAL CROSS  
MOTHER Mrs. G. A. McGibbon

ADDRESS: GAGETOWN,  
Queens Co., N.B.

MEMORIAL BAR

DATE DESP

REGN. NO. 524

(2)

(3) 9 November 1944



FORM C-3

PROVINCE OF NEW BRUNSWICK—CERTIFICATE OF REGISTRATION OF DEATH

REG. No.

1. PLACE OF DEATH { Sub-Health District At Sea Area (City, Town or Civil Parish).....  
 { If in City, Town or Village..... Street..... House No.....  
 (Name) (If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)  
 (a) In City, Town or Civil Parish where death occurred..... (b) In Province..... (c) In Canada (if immigrant).....

3. NAME OF DECEASED McCIBBON (Surname) John Donald (Given name or names)

RESIDENCE No..... Street..... City, Town, Village or Civil Parish Capetown, Queens Co. Province New Brunswick  
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex Male 5. Nationality (Citizenship) Canadian 6. Racial Origin Scotch 7. Single, Married, Widowed or Divorced (write the word) Single

8. BIRTHPLACE New Brunswick (Province or Country)

9. DATE OF BIRTH March 14th 1925  
 (Month) (Day) (Year)

10. AGE in { Years 19 Months 2 Days ..... If less than one day old  
 hrs. or ..... min.

OCCUPATION 11. Trade, profession or kind of work as laborer  
 spinner, teamster, office clerk, etc.....  
 12. Kind of industry or business, as cotton-mill, lumbering, bank, etc.  
Vener Plant St. John  
 13. Date deceased last worked at this occupation..... 14. Total yrs. spent in this occupation.....

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

FATHER 16. NAME.....  
 17. BIRTHPLACE..... (Province or Country)

MOTHER 18. MAIDEN NAME.....  
 19. BIRTHPLACE..... (Province or Country)

20. Name of informant H.B.M.  
 Address Naval Service Headquarters, Ottawa, Ont.  
 Relationship to deceased Officer i/c, Naval Personnel Records

21. Place of Burial, Cremation or Removal No burial  
 Date of burial or removal.....

22. UNDERTAKER..... (Name and address)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH May 7th 1944  
 (Month) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from:..... 19..... to..... 19.....  
 and last saw h..... alive on..... 19.....

CAUSE OF DEATH

I Immediate cause (a) Missing, presumed dead when  
 Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. H.M.C.S. "VALLEYFIELD" was  
 due to torpedoed and sunk by enemy  
action in the Atlantic.

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

II Other morbid conditions (if important) contributing to death but not causally related to immediate cause. {.....

25. If a woman, was the death associated with pregnancy?.....

26. Was there a surgical operation?..... Date of operation..... 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 of injury..... 19.....  
 (State which)  
 Manner of injury..... (How sustained)  
 Nature of injury.....  
 Specify whether injury occurred in industry, in home, or in public place.....

Signed by..... M.D.  
 Address..... Date..... 19.....

28. S.D.R. No.....  
 29. Filed..... 19..... (Sub-Deputy Registrar)

VITAL STATISTICS, REGULATION 210, MAKES IT THE DUTY OF THE UNDERTAKER OR PERSON ACTING AS UNDERTAKER TO OBTAIN ALL THE PARTICULARS REQUIRED IN THE "CERTIFICATE OF REGISTRATION OF DEATH" AND TO FILE THE SAME WITH THE SUB-DEPUTY REGISTRAR WHO SHALL ISSUE THE BURIAL PERMIT. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. (See reverse side for instructions.) Every item of information should be carefully supplied.