

JVM



CANADA

N. V. 5

15M-2-40 (4047)
N.S. 815-11-5

5 Nov 458

Bates

P042511

JUL 19 1940

N.S. 113 C730

CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME CHIPMAN OFFICIAL NO. 25456CHRISTIAN NAMES Lawrence Fairn MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
<u>Kentville, N. S. Co., N. S.</u>	<u>Baptist</u>

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>29th May, 1919.</u>	Town <u>Middleton</u> County <u>Annapolis</u> Province <u>N. S.</u>	<u>Mrs. Julia Turner, (Mother)</u> <u>New Minas,</u> <u>Kings Co., N. S.</u>

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet..... <u>5</u>	Inflated..... <u>38½</u>	<u>Brown</u>	<u>Brown</u>	<u>Fair</u>	<u>mark</u> <u>Birth/on right eye</u>
Inches..... <u>8½</u>	Deflated..... <u>36½</u>				
<u>153</u>	Mean..... <u>37½</u>				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>28th June, 1940.</u>	<u>Victualling</u> <u>Probationer (Temp)</u>	<u>Clerk</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	TO
	<u>N I L</u>		

(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.

Personnel Records Division.	
1. Noted in Records.....	<u>Yes</u>
2. Statistical Card.....	<u>Yes</u>
3. Roneo Strip.....	<u>Yes</u>
4. Pension Card.....	<u>Yes</u>
5.	
6.	
7.	
8.	
DATE	<u>July 19, 1940</u>

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

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

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

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training 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 28th day of June, 1940.

Signature of applicant Lawrence Fairn Chipman

(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 28th day of June, 1940.

Walter Giffin
Signature of Commanding Officer.
Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, Lawrence Fairn Chipman 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 Lawrence Fairn Chipman

Witness Walter Giffin

Date 28th June, 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

Lawrence Fairn Chipman 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 Special Service Division of the R.C.N.V.R.

J. Edwards
Commanding Officer.
Commander, R.C.N.

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.

TRUE COPY
OF THE
CERTIFICATE of the SERVICE of

Lawrence Fair CHIPMAN

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number... <i>V 25456</i>
<i>Halifax</i>	<i>Special Service</i>	"
		"

Date of Birth... *29 May 1919* Name and Address of Nearest Relative or Friend (in pencil)

Place of Birth... *Middleton, Cumberland Co., Nova Scotia* *Mother*

Place of Residence... *Kentville, N.S.* *Mrs Julia Turner*

Trade brought up to... *Clerk* *Kentville, Box 102*

Religion... *Baptist* *Kings Co. N.S.*

Can Swim:—P.P.T. () Date..... 19..... Signature.....

P.S.T. () Date..... 19..... Signature.....

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 40</i>	<i>Duration Hostilities</i>	<i>Viet. Prob. C</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>8 1/2</i>	<i>37 1/2</i>		<i>Brown</i>	<i>Brown</i>	<i>Fair</i>	<i>Butt mark on right eye</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
1940	Stadacora		Vic. Sub. (CV)	28 June 40	20 Aug 40	
	Venture (Kootenai)		— — —	31 Aug 40	30 Sep 40	
	— — —		V. A.	1 Oct 40	6 Feb 41	
	Venture		— — —	7 Feb 41	20 June 41	
	— — —		Ldg. WA (CV)	1 July 41	24 Oct 41	
	Stadacora		— — —	25 Oct 41	30 Nov 41	
	Venture		— — —	1 Dec 41	28 Feb 42	
	— — —		L. S. A. (TV)	29 Feb 42	30 Apr 42	
	Stadacora		— — —	1 May 42	30 June 42	
	— — —		Sy. P.O. (CV)	1 July 42	24 Jan 43	Promoted to Probationary Lieutenant to RCNVR to date 25 June 43

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

Date	Details	Captain's Signature
14 Oct 42	Passed Selection Board and recommended for temporary commission as Paymaster Sub Lieutenant, R.C. N.V.R.	

0-13570

OFFICIAL NUMBER

NAME CHIPMAN
(Surname)

Lawrence Fairm
(Given Names)

EX-V-25456

OFFICIAL NUMBER

0-13570

U.I.C.

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Quoted		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
H.M.C.S. Naden	P/Pay.Sb.Lt.T.	25	1	43	addl.												
" "	" " " "	4	2	43	addl. for trng. and disposal												
H.M.C.S. Chatham	P/Pay.Sb.Lt.T.	2	4	43	per Appt. 14-4-43												
H.M.C.S. Chatham	Pay.Lieut. T.	25	1	44	Per Appt. 25.2.44												
" Stadacona	" " "	22	2	45	addl. for disposal-Appt. 8-1-45												
" "	Lieut. (S) T.	12	3	45	Memo. 15-3-45												
" "	" " "	24	4	45	addl. for discharge-Appt. 30-4-45												
DISCHARGED	Lieut. (S) T	8	5	45	"Medically Unfit" Per Sub. of 12-5-45												

GENERAL REMARKS

Memorial Cross sent to Wife:
Mrs. Marjorie Bertha Chipman,
16 Claremont Rd.,
MALDEN 48, Mass., U.S.A.--4-10-45
Memorial Cross sent to Mother:
Mrs. Arch. D. Turner,
Kentville, Box, 132,
Kings County, N.S.---8-11-45.

Annual Leave for 14 days from 11.10.43
Annual Leave for 21 days from 22.1.45
Address: Box 132, Kentville, N.S.

Category "E" approved per let. 24.3.45 (Med. file)
WAR SERVICE BADGE "GENERAL SERVICE" CLASS NO. 167281 issued 24-4-45

DATE OF BIRTH			PLACE BIRTH			CIVIL OCCU.			RELI-ED			PERM. RESIDENCE			PREV ENL.			RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	P.	CTY.	TOWN	SERV.	DIV.	A	BR.	RANK						
29	5	19	14	RRR	0	60	X	1	2	2	X	13	2	04	12					
ENLIST. DATE			ACT. SERV. DATE			STR.			ACT. SERV. DATE			SHIP OR ESTAB.			RANK OR RATE					
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR.	RANK							
25	01	43	25	01	43					9603			04	09						
SENIORITY			STR.			NON-SUB			M			CODED			CHECKED					
DY.	MO.	YR.	CAT.	A	B	ST.														
25	01	44	13							0.7										

OFFICIAL NUMBER

FILE NUMBER

103-C-388

0-13570

OFFICIAL NUMBER

NAME

CHIPLMAN

(Surname)

Lawrence Fairm

(Given Names)

DATE OF BIRTH

29 May, 1919

PLACE OF BIRTH

Middleton, Annapolis, N.S.

OCCUPATION

RELIGION

Baptist

EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

Kentville

Town

Province, etc.

N.S.

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
25	1	43	Hostilities Only						R.C.N.V.R.	Sup.P.O.	28-6-	24-1-
											40	43

NEXT OF KIN RELATIONSHIP (in pencil)

Wife

NAME (in pencil)

Mrs. Marjorie Bertha Chipman

ADDRESS (in pencil): Street and No.

Box 133

Town

Kentville

Province, etc.

N.S. 151148

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	
13	4	44	1939-1943 Star (Ribbon).	26	3	43	Passed Civil Serv.				

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		

FILM

NO. USR-4326-7

DATE

Date (in figures)

DAYS FORFEITED

Day Month Year

Prison

Det'n

Cells

C. Power

W. Trial

In diff. Char.

O.H.F. Received.

Last Will & Testament dated 16-10-43 #14710 rec.

SECOND CLASS FOR CONDUCT

From

To

V25456

OFFICIAL NUMBER

NAME CHIPMAN
(Surname)

Lawrence Fairn
(Given Names)

0-13570
OFFICIAL NUMBER V25456

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
Stadacona	V.A. Prob.	28	6	40		V.G.	Supr.	31	12	40							
Nootka	"	30	8	40		V.G.	Supr.	31	12	41							
Venture	V.A.	7	3	41		V.G.	Supr.	31	12	42							
Venture	Ldg. V.A.	1	7	41		V.G.	Supr.	24	1	43							
Stadacona	" "	25	10	41													
Venture	" "	1	12	41													
"	Ldg. S.A.	1	3	42													
Stadacona	Ldg. S.A.	1	5	42	(134601)												
"	Sy. P.O.	1	7	42	134601												
DISCHARGED	"	24	1	43	Promoted to Com. Rank (Per Appt. of 27/1/43)												

GENERAL REMARKS

Passed Selection Board and recommended for promotion to Com. Rank on 14-10-42. Date 14-10-42. 134601 3739

DATE OF	BY	MO.	YR.	NO.	CIVIL	DECU	INCL	PERM	RESIDENCE	PARL	COL	RANK OR RATE			
29/5	19	14	830	0	60	X	4	11	02	0	19	0	2295		
ENLIST.	DATE	BY	MO.	YR.	NO.	CIVIL	DECU	INCL	PERM	RESIDENCE	PARL	COL	RANK OR RATE		
28/06	40	28	06	40									9820	0	2292
SENIOR	DATE	BY	MO.	YR.	NO.	CIVIL	DECU	INCL	PERM	RESIDENCE	PARL	COL	RANK OR RATE		
01/07	42	09	00	00	130								24-01-43	HR	UK

V25456

OFFICIAL NUMBER

FILE NUMBER

113-C-730

OFFICIAL NUMBER

V25456

NAME CHIPMAN Lawrence Fair DATE OF BIRTH 29 May, 1919
(Surname) (Given Names)

PLACE OF BIRTH Middleton, N.S. OCCUPATION Clerk

RELIGION Baptist EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. Kentville Town Province, etc. N.S.

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	40	H.O.	5'8 $\frac{1}{2}$	Brown	Brown	Fair	Birth mark on rt. eye.				

NEXT OF KIN RELATIONSHIP (in pencil) Mrs. Mary Alice Bertha Chipman NAME (in pencil)
ADDRESS (in pencil): Street and No. 4000 St. Lawrence St. Town Parsons Province, etc. N.S.

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	
				19	5	41	Qual. prof. for L.V.A.				
				18	11	41	Qual. Prof. for V.P.O. & V.C.P.O.				

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



DEPARTMENT OF VETERANS AFFAIRS

CASE DISPOSAL BY C.M.O. ON DISCHARGE FROM FORCES

/KG.

Date 13-4-45

No. 0713570 Rank Pay Lt. Name Chipman, Lawrence F.

Post-Discharge Residence Kentville, N.S.

Disease Diabetes Insepedus

Treatment Required Hospital

DISPOSITION

Admitted prior to discharge To Camp Hill Hospital D.V.A. Place Halifax, N.S. Date

To report for Class 2 (inpatient) on discharge

To report for Class 2 (outpatient) on discharge

To report within 30 days of discharge

Reason if treatment refused

M.F.B. 227 is acknowledged and discharge may be proceeded with.

L. J. Chipman

Signature of Patient

[Signature]

Chief Medical Officer

- One copy to Discharge or Release Centre
- One copy to D.M.S., D.V.A.
- One copy for D.O. file.

DD 8/5/45

By Command of the Honourable the Minister of National Defence
for Naval Services of the Dominion of Canada

To Lieutenant (S) Lawrence F. Chipman, R.C.N.V.R., (Temporary),--

You are hereby appointed

Lieutenant (S), R.C.N.V.R., (Temporary),

of His Majesty's Canadian Ship STADACONA additional for discharge.

Your appointment is to take effect from 24th April, 1945.

Joseph Jeffery

P.A.'S CHECKED IN
C.R. BY *[Signature]*

R.S.
Department of National Defence
Naval Service

Ottawa, 30th April, 1945.

H.Q. 36a STAD. add'l. for dspsl.
20M-9-44 (979)
N.S. 7570-H.Q. 36

Secretary, Naval Board	
Division	
1. Name in Records	<i>[Signature]</i>
2. Index Card
3. Non Sub. Card
4. Statistical Card
5. Roneo Strip
6. Pension Card
7.
8.
DATE	<i>9/5/45</i>

11 November, 1945.

ATTENTION: Director of Records for Adjutant-General

N.S. O-13570,
PERS.(N) "N"/5.

FROM: Naval Secretary,
Department of National Defence
for Naval Services,
Naval Service Headquarters,
OTTAWA, Ont.

TO: Secretary,
Department of National Defence (ARMY),
OTTAWA, Ont.

With reference to your form letter dated the 19th of September, 1945, which was completed and returned to you on the 12th of October, 1945, the following particulars have now been received from the next-of-kin of the late Lieutenant (S) Lawrence Fairn Chipman, R.C.N.V.R.

Name of Cemetery: Unknown.

Location of Cemetery: Nictaux, Annapolis County, N.S.
(Adjoining Nictaux Baptist Church)

Grave location within the Cemetery: In the family lot of Mr. Frederick A. Chipman (Father).

The following also is an excerpt from Mrs. Chipman's letter:

"In the event additional information is required, please contact my husband's uncle, Mr. Frank M. Chipman, Nictaux West, R.R. #3, Annapolis County, N.S.

I wish to call to your attention that my street address is 16 Claremont Street and not 16 Claremont Road. Please correct your records accordingly."

LETTER DISPATCHED BY
PERS. DIV. NAVAL
NOV 12 1945
[Signature]
FOR NAVAL SECRETARY.

REPORT OF A MEDICAL BOARD OF SURVEY

INSTRUCTIONS TO MEDICAL OFFICERS

*Check Done
R.C.C.*

- A. This form will be used for all personnel when a change of Medical Category is indicated, or when an officer or rating presents a disability at time of discharge, where Form Can. B207(B) is not applicable.
- B. The Medical Officer instituting the Board will complete pages 1, 2 and 3. The Medical Board will complete Sections 16 and 17, page 4. Representatives of Department of Pensions and National Health will complete Section 19, page 4.

SHIP OR ESTABLISHMENT R.C.N.H. Halifax Stadacona Date 7/3/45

1. (a) Unit RENUIR (R.C.N., R.C.N.R., R.C.N.V.R.) (b) Pay. Lieut. R.C.N.V.R. (Rank or Rating) (c) 0-13570 (Official Number)
- (d) Name CHIPMAN (Surname—block letters) LAWRENCE FAIRN (Christian Names)
- (e) Home address % Mrs. A. D. Turner, Kentville, Box 132, Nova Scotia (Street) (City) (Province)
- (f) Address after discharge % Mrs. A. D. Turner, Kentville, Box 132, Nova Scotia
- (g) Next of kin WIFE, MARJORIE BERTHA CHIPMAN (h) Relationship Wife
- (i) Address of next of kin % Mrs. A. D. Turner, Kentville, Box 132, Nova Scotia
2. (a) Country and date of birth CANADA, 29th MAY, 1919 (b) Religion Baptist
3. Enlistment or Appointment: (a) Place "STADACONA" (b) Date 28th June, 1940 (Active Service)
4. Personal Description: (a) Height 5' 9" (b) Weight (stripped) 160
- (c) Complexion FAIR (d) Colour of hair BROWN (e) Eyes BROWN
- (f) Identification marks or scars BIRTH MARK OVER LEFT EYE
5. (a) Former Civilian Occupation SALESMAN (b) Occupation in Navy SUPPLY OFFICER
6. Service. (This information should be secured from Service documents if available. If not, a statement from the officer or rating may be taken and noted as such.)

- (a) Length of Service:
1. Former Wars: Former Official No. _____ From Nik to _____
2. In this War: Years 4 Months 8 Days 8
- (b) Theatre of Service:
- (i) In Canada only: 28th June, 1940 (From) 8th March, 1945 (To)
- (ii) Canada and Abroad:
- (a) Afloat: H.M.C.S. "NOOTKA" (Name of Ship) August, 1940 (From) March, 1941 (To)
- (b) Shore Service: _____ (Place) _____ (From) _____ (To)

(Service abroad includes service in any seagoing Ship of War (including training Ships), or in any country outside Canada. Name of one such Ship or Country only is required for pension purposes.)

This information has been obtained from (a) Man's statement Yes No
(b) Service documents Yes No

7. Present Diseases or Injuries:

Present Diseases or Injuries	Code No.	Cause	Place of Origin	Date of Origin
<u>Diabetes Mellitus</u>	<u>0315</u>	<u>unknown</u>	<u>Naden</u>	<u>1943</u>

8. PRESENT CONDITION:

(a) Subjective

(In individual's own words)

I have suffered from thirst and frequent urination for about two years. I find that I tire easily and feel weak.

I also complain of poor vision my glasses haven't been changed for four years.

(Refraction arranged with Surg Lt Com Kelly for 21/3/45)

(b) History of Present Disability: (DETAILED HISTORY of disabling condition, and particularly the time relation of onset to date of enlistment should be recorded here. Name and address of attending physician prior to enlistment should be given when applicable. When a Board of Enquiry has been held, minutes should be attached.)

Increasing thirst and frequency two years. First diagnosed at Prince Rupert Sick Bay April '43. Placed on pitressin from April '43 - Aug '43 with improvement of complaints while pitressin active but increased frequency as drug wore off. Pitressin discontinued voluntarily by patient - Has gradually observed some decrease of symptoms.

Present condition drinks about 6000 c.c /day out put about 7000.

Various attempts at voluntary reduction of intake have led to severe craving symptoms.

(c) History of Previous Illnesses and Injuries

Usual childhood diseases

No severe illnesses or injuries

STATEMENT OF THE OFFICER OR RATING

9. Sections 8 (a), (b) and (c) are to be read and either "satisfied" or "not satisfied" struck out.

I, the undersigned, LAWRENCE FAIRN CHIPMAN having heard the contents of Section 8, am satisfied (or not satisfied) with it. (If dissatisfied, statement follows):

I complain in addition of

L. J. Chipman

Pay. Lt. R. C. N. J. R.

(Signature of Officer or Rating)

(Rank or Rating)

Date

7/3/45

10. PHYSICAL EXAMINATION: (Before completing this section, the subject of the Survey will be stripped and given a complete physical examination. All defects must be recorded. Case history sheets, reports of special examinations and consultants' opinions will be listed and enclosed.)

Hypertensive type, skin smooth of waxy feel, weight steady 160 lbs - complaining of frequency Q2H & ^{nocturia} Nocturia x3x4.

Head & neck - Capillary hemangioma left forehead - upper eyelid - otherwise neg.

Chest - clear Heart neg B.P. 110/80

Abdomen - Hernial sites clear - anal region clear

G.U. - Kidneys not palpable. ^{Colo Vertebral} C.V. angles clear - testes atrophic and of soft consistency.

Neuro-musc - neg

Integumentary - Skin dry waxlike character malar flush with generalized pallor

Average 24 hr intake 5000-6000 cc, output 6000-7000 cc

During period of water restriction S.G. rose from av 1004 B.M.R. (-17) to av 1006.

X Ray of sella turcica - normal.

Trial of pitressin has caused reduction to 4500 cc output in 24 hr period

11. Were diseases or injuries caused or aggravated: ^{Has an iron deficiency anemia - responding slowly to therapy}
- (a) By intemperance or improper conduct..... no
- (b) By unreasonable refusal to accept treatment..... no
12. What is the prognosis and probable duration of disability..... unknown
13. Give nature and probable duration of treatment required..... condition may be controlled to some extent by use of proprieties.
14. Can the former civilian occupation be resumed:
- (a) On discharge..... yes
- (b) Following further treatment..... should have periodic D.V.A. observation
15. Recommendations..... to board for recategorization

Date 7/3/45

A.A. Smith M.D. R.C.N.V.R.
(M.O. by whom case is brought forward)

16. Does the Board concur with the preceding report? If not, give differing opinions with reasons.....

We concur

17. Recommendations of Medical Board:

(a) Medical category.....

F

(b) Treatment required (specify nature and probable duration).....

Periodic check up by D.V.A. Petrossi indefinitely

(c) When treatment is refused, the following statement will be completed and signed:

I, the undersigned,..... understand the nature of the treatment recommended, and I refuse to accept it for the following reasons:.....



Witness.....

Signed.....

Place.....

Halifax N.S.

Date.....

9th March 1945

W. Stoddard

R.C.N.V.R.—President

H. McWilliamson

R.C.N.V.R. } Members

T. Stephen

R.C.N.V.R. }

18. Approved by:

Confirmed by:

R. Blue

Senior Medical Officer.

Medical Director General (R.C.N.)

Date.....

Surgeon Captain R.C.N.V.R. C.M.O. C.A.

Date.....

TO BE COMPLETED BY D.P. & N.H.

19. This Board was referred to D.P. & N.H. at.....

(City)

on.....

(Date)

19

Remarks of P.M.E.....

Pension Medical Examiner.

Remarks of C.M.O.....

To report to Camp Hill H.S. D.V.A. Halifax N.S.

discharge - 1.6.2 attached

Chief Medical Officer.

This case is now cleared by D.P. & N.H. Any further action as may be directed above by P.M.E. or C.M.O. will be implemented after discharge from Naval Service, and the dischargee has been so instructed.

Date.....

District Administrator.

Royal Canadian Naval Hospital, Halifax, N.S.

R.C.N.V.N.

Pay Lieut.

CHIPMAN, Lawrence

CONSULTANT'S REPORT:

6/3/45

Medical Consultant's Report:

Investigation in hospital in the past 10 days has confirmed the previous diagnosis of Diabetes Insipidus. This, according to his report, has come on in the past 2 years and was not present on enlistment 4 years ago. He has responded to pitressin hypodermically which he took for 3 months and gave up because the reaction to it was worse than his Diabetes Insipidus. He certainly should not go to sea again and even ashore will be unable to do all the types of work that might be required of him. Pitressin powder snuff unobtainable in the Service will give him the most convenient form of therapy.

This patient deserves periodic check up under the D.V.A. as Diabetes Insipidus should be considered a symptom rather than a disease. The possibility of an extension of the facial haemangioma along the base of the skull is remote but a possibility.

DIAGNOSIS: Diabetes Insipidus.

Recommendation: Recategorize "E" for discharge and periodic survey under the D.V.A.

Surg.-Cmdr. Alan Ross.

X-RAY REPORTS:

28/2/45

SKULL: Stereoscopic A.P. and right lateral views of the skull show no evidence of abnormality in the bone texture. The sella turcica is not unusual in size and shape and shows no evidence of erosion of its clinoid processes.

SUMMARY: Apparently normal skull with reference to the sella turcica.

Surg.Lt.-Cmdr. J. L. Bouchard.

TESTS:

Urinalysis:

24/2/45	pH.5.5	sp.gr. 1.004	alb. neg.	sugar neg.	straw. Negative.
26/2/45	24 hour specimen - Vol. 810 cc - glucose negative.				
26/2/45	pH.5.3	sp.gr.1.014	alb. neg.	Straw Turb.-	Sed. - Negative.
27/2/45	pH.5.5	sp.gr.1.004	alb. neg.	sugar neg.	Straw.
28/2/45	pH.5.3	sp.gr.1.007	alb. neg.	sugar neg.	Turb. // Sediment //
28/2/45	pH.5.3	sp.gr.1.007	alb. neg.	sugar neg.	Urobilinogen neg. Neg.
1/2/45	pH.5.3	sp.gr.1.011	alb. neg.	sugar neg.	Straw Turb.- Sed.- Neg.
3/3/45	pH.5.0	sp.gr.1.005	alb. Neg.	Neg.	Neg.
3/3/45	pH.5.3	sp.gr.1.006	alb. neg.	sugar neg.	Negative.
4/3/45	pH.5.0	sp.gr.1.004	alb. neg.	sugar neg.	Straw Negative.

Haematology:

25/2/45	Hb.76%	R.B.C.3,860,000	W.B.C.8,300	sed. rate 28	Neutro 28%
					Eosin 4% Mono 1% Lymph 67%
28/2/45	Hb.79%	R.B.C.3,740,000			

Blood Chemistry:

28/2/45	Chloride, Plasma (Cl)	353 mgm%
1/3/45	Specimens	Gl. Urine Gl.
	Fasting	102 neg.
	1/2 hour	165 neg.
	2 hour	98 neg.

Blood Serology:

26/2/45 Wassini negative.

Continued on page 4

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

(1) MEDALS
PERSON Mrs. Marjorie B. Chipman (Widow)
ENTITLED TO

ADDRESS: 16 Claremont Street,
Malden 48, Mass., U.S.A. 26 Sep 51

DATE DESP.....

(1)

REGN. NO.....

577

(2) MEMORIAL CROSS
WIDOW Mrs. Marjorie Bertha Chipman

ADDRESS: 16 Claremont St., Malden 48, Mass., USA.

(2)

4-10-45

(3) MEMORIAL CROSS
MOTHER Mrs. Arch D. Turner

ADDRESS: Kentville, Box 132, Kings Co., N.S.

(3)

8-11-45

13 May 45 Post disch death

AWARDS NAVY

CHIPMAN	Lawrence Fairn	0-13570	Lieut(S)	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

167281

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	2433 27-9-51
C.V.S.M. and Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)