

V25531  
BOLITHO

Mrs. Edith H, Bolitho,

Box 22,

Dalhousie, N.B.

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.25531 FD 665

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

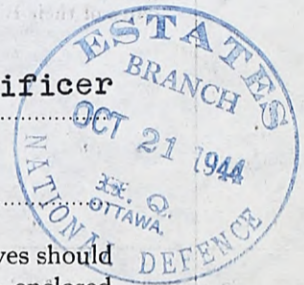
October 16 1944

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

Bolitho, Samuel Symonds, Engine Room Artificer

R.C.N.V.R.

NO. V.25531



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.

HO

*A. W. W. W.*  
Comin under No. 1111  
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.....   | Edith Henrietta Bolitho  | 29  | P.O.Box 22-<br>Dalhousie, N.B.  |
| 2                       | Children of the Deceased and dates of their Births.....  | Charles Samuel Bolitho<br>Born May 29, 1941                    |   | Died June 25-1941.  |
| 3                       | Father of the Deceased.....  | John Henry Bolitho   | Unknown   | Deceased<br>(See Remarks.)  |
| 4                       | Mother of the Deceased.....  | Elizabeth Bolitho  | "   | "   |
| 5                       | Brothers of the Deceased   | Full Blood   | Sydney Bolitho<br>Symonds Bolitho                           | "<br>" Address Unknown<br>" "   |
|                         |  | Half Blood   |   |   |
| 6                       | Sisters of the Deceased  | Full Blood   | Mrs. Jane Williams<br>Mrs. May Rashleigh<br>Mrs. Grace Hill | "<br>" Cornwall, England.<br>" " "  |
|                         |  | 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.              | Samuel Symons Bolitho          |
| 9  | Date of his birth.                       | Sept. 9-1905                   |
| 10 | Place and date of his marriage.          | Dalhousie, N.B. Sept. 16, 1938 |
| 11 | Place and date of his parents' marriage. | Unknown                        |

PARTICULARS OF DOMICILE

|    |  |  |
|----|--|--|
| 12 | Place where deceased was born.   | Cornwall, England.   |
| 13 | State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. | (a) England<br>(b) Ontario, Canada<br>(c) New Brunswick<br>(d) |
| 14 | Nature of employment before enlistment.  | Roll Grinder   |
| 15 | State whether he owned the premises in which he lived, and, if so, where situated.                                       | Yes, Dalhousie, N.B.   |
| 16 | Name place where deceased stated he intended to make his permanent home.   | Dalhousie, N.B.  |

PARTICULARS OF ESTATE

|    |  |   |
|----|--|---|
| 17 | Did he leave a Will? If in your custody, please forward.   | Yes, the regular service will, not in my possession.                |
| 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? |   |
| 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?   | Joint Account \$274.00<br>No  |
| 20 | Amount of War Savings Certificates held by deceased. Indicate where located.   | \$10. in my possession  |
| 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.   | Metropolitan Life Ins.- \$2500.00<br>Manufacturer's " " - \$4867.46 |
| 23 | Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.  |   |

OTHER PARTICULARS

|    |  |    |
|----|--|----|
| 24 | Did the deceased after enlistment incur any debts for:—<br>(a) His own separate board and lodging while on service.<br>(b) Service clothing and equipment.<br>An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars. | NO |
| 25 | Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.  | NO |

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

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

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

\* Widow 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.

Edith H Bolitho

{ Signature of Informant

P.O. Box 22, Dalhousie, N. B.

Address

CERTIFICATE

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

\*See above. { 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 Dalhousie, N. B. this 19th day of October-1944. 19

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

A. D. Tanvers.

Qualification

Justice of the Peace for the County of Pictou

Address

Dalhousie, 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

The information regarding my late husband's Parents and Brothers and Sisters is unknown to me. Please advise if it is necessary for me to obtain this information from England.

1204



P052136

N. V. 5  
5M-10-39 (2365)  
N.S. 815-11-5

5A/5H7 R/W  
F/L

### ATTESTATION FORM

#### FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME..... **BOLITHO** ..... OFFICIAL NO. **V 25531**

CHRISTIAN NAMES **Samuel Symonds** MARRIED, SINGLE or WIDOWER **Married**

113 B 957  
113 B 957

| PERMANENT ADDRESS               | RELIGION                       |
|---------------------------------|--------------------------------|
| <b>Box 22, Dalhousie, N. B.</b> | <b>United Church of Canada</b> |

| DATE OF BIRTH          | PLACE OF BIRTH   | NAME AND ADDRESS OF NEXT OF KIN   |
|------------------------|--|---|
| <b>9th Sept., 1905</b> | Town <b>Cornwall, Porekellis,</b><br>County <b>Cornwall,</b><br>Province <b>England.</b> | <b>Mrs. Edith H. Bolitho, (Wife)</b><br><b>Box 22, Dalhousie, N. B.</b> |

#### PERSONAL DESCRIPTION ON ENROLMENT

| HEIGHT               | CHEST MEASUREMENT   | HAIR         | EYES         | COM- PLEXION | WOUNDS, SCARS, MARKS           |
|----------------------|---------------------|--------------|--------------|--------------|--------------------------------|
| Feet..... <b>5</b>   | Inflated.....       | <b>Brown</b> | <b>Brown</b> | <b>Fair</b>  | <b>Scar on right shoulder.</b> |
| Inches..... <b>6</b> | Deflated.....       |              |              |              |                                |
|                      | Mean..... <b>36</b> |              |              |              |                                |

| DATE OF ENROLMENT      | RATING ENROLLING FOR            | TRADE OR CALLING AND IN WHOSE EMPLOY |
|------------------------|---------------------------------|--------------------------------------|
| <b>19th July, 1940</b> | <b>A/E.R.A. 4th Cl., (Temp)</b> | <b>Rool Grinder, and Millwright.</b> |

#### (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.

\* ~~XXXXXX~~ .....

\* Cross out Clause not applicable.

| SERVED IN | RANK     | FROM     | TO |
|-----------|----------|----------|----|
| <b>N</b>  | <b>I</b> | <b>L</b> |    |

- (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.....  
2. Index Card.....  
3. Non-Su. Card.....  
4. Statistical Card.....  
5. Roneo Strip.....  
6. Pension Card.....  
7. ....  
8. ....  
DATE **Aug 15, 1940**

(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 27th day of July, 1940

Signature of applicant Sam S. Bolitho

(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 27th day of July, 1940

Sam S. Bolitho  
Signature of Commanding Officer. ✓

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

(D) OATH OF ALLEGIANCE

I, Samuel Symonds Bolitho 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 Sam S. Bolitho ✓

Witness [Signature]

Date 27th July, 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

Samuel Symonds Bolitho 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.

[Signature]  
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.

## AWARDSNAVY

D OF D 7-5-44

D.D.

|                            |                 |          |                   |               |
|----------------------------|-----------------|----------|-------------------|---------------|
| BOLITHO                    | Samuel Symonds  | V-25531  | ERA.3             | FILE No.      |
| SURNAME (IN BLOCK LETTERS) | CHRISTIAN NAMES | REG. No. | RANK ON DISCHARGE | C.A.S.F. UNIT |

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

| CAMPAIGN MEDALS  | REGISTRATION NUMBER AND DATE DESPATCHED |
|------------------|---|
| 1939-45 Star     |   |
| Atlantic Star    |   |
| C.V.S.M. & Clasp |   |
| War Medal        |   |
|                  | 7931                                    |
|                  |   |
|                  |   |

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)



MEDALS AND MEMORIALS—DECEASED PERSONNEL  
RCNVR Jan. 45 "VALLEYFIELD"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO Mrs. Edith H. Bolitho - Widow

Box 22,  
ADDRESS: DALHOUSIE, N.B.

(2) MEMORIAL CROSS

WIDOW Mrs. Edith H. Bolitho

Box 22  
ADDRESS: Dalhousie, N.B.

(3) MEMORIAL CROSS

MOTHER Deceased

ADDRESS:



(2)

22-9-44

(3)

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

NAME IN FULL BOLITHO Samuel Synonds RANK/RATING E.R.A. 3/c OFF.NO. V-255.3/ ADDRESS .....

| SHIP               | SERVICE        |                |            | AREA        | QUALIFYING PERIODS IN DAYS |    |         |          |         | STARS MEDALS | ✓<br>1<br>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       |
| <i>Rampusa</i>     | <i>19-7-40</i> |                |            |             |                            |    |         |          |         |              |             |                        |                |            |
|                    | <i>30-9-40</i> | <i>2-12-40</i> | <i>64</i>  | <i>atl.</i> |                            |    |         |          |         |              |             | ATLANTIC               | 1              | star       |
| <i>Bittersweet</i> | <i>4-2-41</i>  | <i>25-3-43</i> | <i>780</i> | <i>at.</i>  |                            |    |         |          |         |              |             | FRANCE G.              |                |            |
| <i>Valleyfield</i> | <i>7-12-43</i> | <i>7-5-44</i>  | <i>153</i> | <i>at.</i>  |                            |    |         |          |         |              |             | AFRICA                 |                |            |
|                    |                |                |            |             |                            |    |         |          |         |              |             | PACIFIC                |                |            |
|                    |                |                |            |             |                            |    |         |          |         |              |             | BURMA                  |                |            |
|                    |                |                |            |             |                            |    |         |          |         |              |             | ITALY                  |                |            |
|                    |                |                |            |             |                            |    |         |          |         |              |             | DEFENCE                |                |            |
|                    |                |                |            |             |                            |    |         |          |         |              |             | C.V.S.M.               | 2              | + clasp    |
|                    |                |                |            |             |                            |    |         |          |         |              |             | " CLASP                |                |            |

*Disch. dead 7-5-44*  
*(H.M.C.S. Valleyfield)*

WAR 1945

1 medal

WAR 1915

VERIFIED BY .....

*A. Seguin*  
*sp.*

VERIFIED BY ..... *A. Seguin* .....

VERIFIED BY .....

DIR. OF PERSONNEL RECORDS.

*Card made*

N.V. 17  
3M-12-39 (3289)  
N.S. 815-11-17

DURATION OF HOSTILITIES

CERTIFICATE of the SERVICE of

Samuel Symonds B O L I T H O

in the Royal Canadian Naval Volunteer Reserve

|                           |                     |                                 |
|---------------------------|---------------------|---------------------------------|
| Training Headquarters     | R.C.N.V.R. Division | Official Number <i>V. 25531</i> |
| <i>H A L I F A X, N S</i> | SPECIAL SERVICE     | "                               |

Date of Birth *9th September, 1905* Name and Address of Nearest Relative or Friend  
 Place of Birth *Porkellis, Cornwall County, England*  
 Place of Residence *Box 22, Nalnessie, N.B.*  
 Trade brought up to *Tool Grinder and Millwright*  
 Religion *United Church*  
 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 | Period Volunteered for                  | Rating on Enrolment or Re-enrolment | Date of                   |                  | Nature of Decoration  |
|                             |                   |   |                                     | Award                     | Presentation     |   |
| <i>19th July, 1940</i>      |                   | <i>Duration of A/E.R.A. Hostilities</i> | <i>IV (T)</i>                       | <i>8 Incl 44</i>          | <i>8 Incl 44</i> | <i>Canadian Volunteer Service Medal with Clasp. Provi. Grad. 39-43 Star. Pro. Grad.</i> |

| PERSONAL DESCRIPTION                   |          |          |              |        |              |              |             | MARKS, WOUNDS, SCARS          |
|--|----------|----------|--------------|--------|--------------|--------------|-------------|-------------------------------|
|  | Height   |          | Chest (mean) | Weight | Hair         | Eyes         | Complexion  |                               |
|  | Feet     | Inches   |              |        |              |              |             |                               |
| On Entry.....                          | <i>5</i> | <i>6</i> | <i>36</i>    |        | <i>Brown</i> | <i>Brown</i> | <i>Fair</i> | <i>Scar on right shoulder</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  | LEDGER |     | RATING     | FROM         | TO                       | CAUSE OF DISCHARGE |
|------|------------------------|--------|-----|------------|--------------|--------------------------|--------------------|
|      |                        | List   | No. |            |              |                          |                    |
| 1940 | "Stadacona"            | -      | -   | 9/E.R. 94  | 19 July      | 29 Sep                   |                    |
| "    | Rampura                | -      | -   | "          | 30 Sep       | 2 Dec 40                 |                    |
| "    | Stadacona              | -      | -   | "          | 3 Dec 40     | 3 Feb '41                |                    |
| 1941 | Bittersweet            | -      | -   | "          | 4 Feb '41    | 26 March '43             |                    |
| 1943 | Avalon                 | -      | -   | "          | 26 March '43 | 18 Aug '43<br>18 Sep '43 |                    |
|      | "                      | -      | -   | E.R.A. 4/c | 19 Aug '43   | 25 Sep '43               | 4335Y              |
|      | "                      | -      | -   | E.R.A. 3/c | 19 Sep '43   |                          |                    |
|      | Stadacona              | -      | -   | "          | 26 Sep '43   | 4 Nov '43                |                    |
|      | Chalmer H              | -      | -   | "          | 5 Nov '43    | 6 Dec '43                |                    |
|      | Stadacona (Wallyfield) | -      | -   | "          | 7 Dec '43    | 29 Feb '44               |                    |
|      | Avalon (---)           | -      | -   | "          | 17 Mar '44   | 7 May '44                | "D.D."             |

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

| Date       | Details                 | Captain's Signature |
|------------|-------------------------|---------------------|
| 23 Oct '42 | Issued S.C.T.W. #B44259 |                     |
| 4 Oct '43  | S.C.T.W. # 1393795      |                     |



Name Samuel Symonds B.O.L.T.H.O

Conduct

| SECOND CLASS FOR CONDUCT<br>(Inclusive Dates) |    | CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED |  |            |                     |
|---|----|--|--|------------|---------------------|
| From  | To | Character  | Efficiency in Rating<br>Noting Substantive<br>Rating in Brackets | Date       | Captain's Signature |
|   |    | Y.G.   | Sat (96 2/4)   | 31 Dec '40 | J. Edwards          |
|   |    | V.G.   | Sat (9 3/4)  | 31 Dec '41 | J. Woods            |
|   |    | V.G.   | Sat (A.E.R.A. 1/6)   | 31 Dec '42 | F. Brooks, Hill     |
|   |    | V.G.   | SAT. (ERA 4/6)   | 31 Dec '43 | L. Ridout           |
|   |    | V.G.   | Sat. (ERA 3/6)   | 7 May '44  | [Signature]         |

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

| Date        | G.S.B.<br>or<br>G.C.B. | 1st,<br>2nd,<br>3rd | Granted,<br>Deprived,<br>Restored |
|-------------|------------------------|---------------------|-----------------------------------|
| 19 July '43 | G.C.B.                 | 1st                 | Granted 43016                     |

TIME FORFEITED

| Date | P.,<br>D.C.,<br>C.P.,<br>or<br>W.T. | No. of Days |        |
|------|-------------------------------------|-------------|--------|
|      |                                     | Awarded     | Served |
|      |                                     |             |        |

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

24

Sir: ..... 10th May, 1944 .....  
(Date)

The following casualty has been reported -

| NAME                    | RANK or RATING                 | NAVAL NO.         |
|-------------------------|--------------------------------|-------------------|
| BOLITHO, Samuel Symonds | Engineroom Artificer 4th Class | V25531 R.C.N.V.R. |

DATE OF ENLISTMENT - 19th July, 1940

DATE OF DISCHARGE - Will be reported later

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 - "Missing" at sea when the ship in which he was serving  
when and where any disability was incurred, or where death was lost by enemy action. While this casualty is  
occurred. 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- Wife NAME- Mrs. Edith H. Bolitho

ADDRESS- Box 22, DALHOUSIE, 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. *eme*

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

*B 2  
18/11/44  
NPR/5  
C*

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)



REMARKS:

.....

(Date)

The following details have been reported:

NAME OF VESSEL

DATE OF INCIDENT

NAME OF CAPTAIN

NAME OF OFFICER IN CHARGE

NAME OF SURVIVORS

(Indicate whether in Canada or elsewhere and the date of discharge)

Reason for discharge and where and when any disability was incurred, if any.

NOTES:

This form to be accompanied by documents only in cases of (a) discharge "medically unfit" (b) Death in Canada (c) Death anywhere if question of misconduct arises. Report of Board of Inquiry to be forwarded if disability or death is due to accidental injury in Canada or possible misconduct -- If Documents are not readily available this form should be sent at once with advice that documents will follow as soon as possible.

If records indicate that injury was reported from the vessel, details of accident or discharge, details to be furnished and copy of any report, the registration agreement, etc., to be furnished.

Copies Form 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

Department of Canadian Overseas Fisheries Commission  
 990, Queen Street West, Toronto, Ont.

Approved copies of this form (Form 10) have been forwarded to the Chief Executive Officer (Department of Fisheries, Department of Fisheries and Forestry), Ottawa, Ontario, for information and to the appropriate authorities in the various countries where the vessel was registered.

(See reverse side for further instructions)

MEMORANDUMTO: Allotments (N)Attention Mr. Rozon

*Samuel Symonds BOLITHO, E.R.A. 4/pl. S.N. V-25531.  
Missing D.D. May, 1944 "Valleyfield"*

(1) Has the above named at any time had an allotment in favour of the Receiver General of Canada for purchase of War Savings Certificates? *No*

If so, please fill in information as requested by (a) and (b) of Minute II below.

(2) Has the above named at any time had an allotment in favour of the Receiver General of Canada for purchase of Victory Loan Bonds? *No*

If so, please fill in information as requested by (b) and (c) of Minute II below.

*Chas. F. G. Hill*

(C.F.G. Hill)  
A/Pay. Captain, R.C.N.V.R.  
Director of Naval Pay Accounting.

*Lo*  
*17-5-44*

II

TO: D.N.P.A.

(a) Monthly rate of allotment  
\$ from month of 19 to month of 19

(b) Name & Address of Registered holder of Certificates

(c) Monthly rate of allotment  
\$ from month of 19 to month of 19

(d) Name and address to whom Victory Bond is payable

*Noted - D.N.P.A.  
16.4.44 - E.J.*

33

- NAVAL SERVICE -

N.S.....

MEMORANDUM TO D.N.I.  
&  
V.C.N.S.

This is to certify that -

.BOLITHO, Samuel Symonds, E.R.A., 3rd class  
V-25531, R.C.N.V.R.  
was serving in ...H.M.C.S. "VALLEYFIELD"..... as at 0210Z..  
7th May, 1944.

*[Handwritten signature]*  
.....  
Chief of Naval Personnel

This rating lost his life as the result of enemy action while  
serving aboard H.M.C.S. "VALLEYFIELD" on the high seas.

The above mentioned rating is, therefore,

.....Missing..Presumed Dead.....

Concurred:-  
*[Handwritten signature]*  
.....  
Dir. Naval Intelligence.

*[Handwritten signature]*  
.....  
A/Captain, R.C.N.,  
DIRECTOR OF OPERATIONS DIVISION.

*[Handwritten signature]*  
.....  
Approved for Staff.

O t t a w a, ..... 1943.


FM

36

N.S. V-25531 PERS (N)

30th August, 1944.

THIS IS TO CERTIFY that according to official information Samuel Symonds Bolitho, Engine Room Artificer Third Class, Official Number V-25531, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 7th of May, 1944. He was serving in H.M.C.S. "VALLEYFIELD" which was torpedoed and sunk by enemy action whilst on Convoy Escort duty in the North Atlantic.



Deputy ~~SECRETARY~~, NAVAL BOARD.





# METROPOLITAN LIFE INSURANCE COMPANY

CLAIM DIVISION

JOHN B. NORTHROP  
Manager of Claim Division  
J. EDWIN DOWLING  
Assistant Manager  
GEORGE W. SMITH  
General Supervisor

FREDERICK H. ECKER, *Chairman of the Board*  
LEROY A. LINCOLN, *President*

NEW YORK CITY September 26, 1944



59

Secretary  
Naval Board  
Department of National Defence, Naval Service  
Ottawa, Can.

154817

|                 |                                  |                |                       |
|-----------------|----------------------------------|----------------|-----------------------|
| Re: Name:       | SAMUEL SYMONDS BOLITHO           | Born:          | 9-9-05                |
| Rank or Rating: | Engineroom Artificer<br>3d Class | Organization   | RCNVR                 |
| Service Number: | V-25531                          | or Ship:       | H.M.C.S. V alleyfield |
| Our Policy No.: | 1864-G, Serial 25481             | Date of Death: | 5-7-44                |

Sir:

We have been advised of the death of our above-named insured.

In order to assist us in making payment of our claim, may we ask you kindly to furnish us with a copy of the official certificate of death issued by your Department.

Yours very truly,

Manager of Claim Division.

GC

It is the policy of the Department to issue to the recipient of a document a copy of the document in the original language in which it was prepared.

CC

Division of State Relations

Department of State

Mr. Tolson, Mr. E. A. Tamm, Mr. Clegg, Mr. Glavin, Mr. Ladd, Mr. Nichols, Mr. Rosen, Mr. Tracy, Mr. Carson, Mr. Egan, Mr. Gurnea, Mr. Hendon, Mr. Pennington, Mr. Quinn, Mr. Nease, Mr. Gandy

Enclosed for the Bureau of Investigation are three copies of a letterhead memorandum dated and captioned as above.

Very truly yours,

John Edgar Hoover, Director



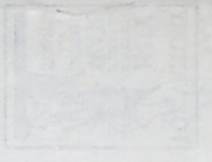
Mr. Tolson  
Mr. E. A. Tamm  
Mr. Clegg  
Mr. Glavin  
Mr. Ladd  
Mr. Nichols  
Mr. Rosen  
Mr. Tracy  
Mr. Carson  
Mr. Egan  
Mr. Gurnea  
Mr. Hendon  
Mr. Pennington  
Mr. Quinn  
Mr. Nease  
Mr. Gandy

John Edgar Hoover

Mr. Tolson  
Mr. E. A. Tamm  
Mr. Clegg  
Mr. Glavin  
Mr. Ladd  
Mr. Nichols  
Mr. Rosen  
Mr. Tracy  
Mr. Carson  
Mr. Egan  
Mr. Gurnea  
Mr. Hendon  
Mr. Pennington  
Mr. Quinn  
Mr. Nease  
Mr. Gandy

John Edgar Hoover

Department of State  
Washington, D. C.



U.S. GOVERNMENT PRINTING OFFICE: 1943

~~TRUE COPY OF~~  
ORIGINAL.

*Valleyfield*  
*6/12/43*

Form S. 1233g (Revised—March, 1938)  
6M-3-42 (4014)  
N.S. 815-9-1233g

### Engine Room Artificer's History Sheet

Name Samuel Symonds BOLITHO  
Port Division Stadacona Official Number V-25531  
Served apprenticeship \_\_\_\_\_ for \_\_\_\_\_ years at the trade of Tool Grinder & Millwright.  
E.R.A. V. in H.M.S. "\_\_\_\_\_" for \_\_\_\_\_ years  
Date rated Acting E.R.A. IV 19th. July 1940.

I. Certified as capable of taking charge of a Watch in the Boiler Room, and, having proved an efficient workman, is recommended for confirmation.

Date 1st. March 1942 Engineer Officer *R. H. H. Haus* Captain *S. Davis*  
S/LIEUT. (E) R.C.N.V.R. COMMANDER R.C.N.  
Confirmed E.R.A. IV \_\_\_\_\_

II. Certified as capable of taking charge of a Watch in the Engine Room, and able to calculate readily the H.P. developed (from Torsiometer/Indicator), and recommended in all respects for the rating of Chief Petty Officer.

Date 19 SEPT 43 Engineer Officer *W. M. ...* Captain *S. Davis*  
LIEUT (E) RCNVR COMMANDER R.C.N.  
Rated E.R.A. III \_\_\_\_\_  
Rated E.R.A. II \_\_\_\_\_  
Rated E.R.A. I \_\_\_\_\_

III. Certified as being in all respects capable of taking charge of the Machinery of a Small Ship; is considered fit for the rating of C.E.R.A., and is recommended for this advancement.

Date \_\_\_\_\_ Engineer Officer \_\_\_\_\_ Captain \_\_\_\_\_  
Rated Acting C.E.R.A. II \_\_\_\_\_  
Confirmed C.E.R.A. II \_\_\_\_\_  
Rated C.E.R.A. I \_\_\_\_\_

IV. Certified as being in all respects capable of taking charge of the Machinery of a Small Ship; is considered fit in every respect for advancement to Warrant Rank, and is recommended for this advancement.

Date \_\_\_\_\_ Engineer Officer \_\_\_\_\_ Captain \_\_\_\_\_

NOTE.—Certificates I, II, III and IV, when granted, are to be noted on Service Certificate. The Depot is to be informed as soon as each Certificate is granted.

NECESSARY ACTION COMPLETED  
*A/S 4339v*

S. 1233g

*B*





OTTAWA 4, September 21st, 1956.

DVA: V.25531 (WSR 5A)

M. L. MacIvor, Esq., LL.B.,  
Barrister, Solicitor, Notary Public, & Etc.,  
William Street,  
Dalhousie, N. B.

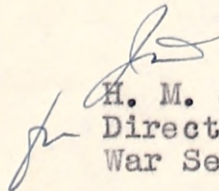
V.25531, E.R.A. 3C1 Samuel Symonds BOLITHO

Dear Sir:

Your letter of September 14th addressed to the Department of National Defence concerning the above-named deceased Naval rating has been referred to this office for attention, as records of those who have ceased to be members of the Canadian active forces are in custody here.

In reply, kindly note there is correspondence on this ex-rating's file dated June 28th, 1950, from the widow, Mrs. Edith Bolitho, Dalhousie, New Brunswick, in which she makes a similar request. This Department, on July 7th, 1950, informed her that a thorough search of documents relating to her late husband reveals no trace of, or reference to, any Will executed by him during his Naval service.

Yours truly,

  
H. M. Jackson,  
Director,  
War Service Records.

/PG

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

43

H.M.C.S. VALLEYFIELD at SEA

Name: Samuel Synonds (Christian names in full)

Rank or Rating: S.P.A. 3rd Class Official No. 2533 RCNVR

Place of Birth: POKEBBIG, ENGLAND Date of Birth: 9th Sep; 1905

Occupation in Civil Life: Tool Grinder and Millwright Religion: U.C.

Number of years in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings): 3 yrs 10 mos

Date of Death: 7th May, 1944 Place of Death: AT SEA

Cause of Death: Enemy action: Torpedoing of H.M.C.S. 'VALLEYFIELD' (If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend Name: Mrs Edith Dolingo Relationship: WIFE Address: Box 22, Dalhousie, N.B.

Date on which the above was informed by Ship: Informed by N.S.H.C.

Date on which death was registered with local Officials: Not registered

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 invalided:

A/Captain, R.C.N. Commanding Officer H.M.C.S. 'AVALON' 17th MAY 1944

The Naval Secretary, Department of National Defence, Ottawa, Canada.

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

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

Kid

#69  
55

Person 2/9/44 142552

# ACCOUNTS OF MEN DISCHARGED

Account of the Balance of Wages, the Sale of Clothes and Effects and the other Credits of Men Discharged to the Shore, D. D. or Run

Name BOLITHO, Samuel S. Rating ERA, 3/c  
Official No. V. 25531 H.M.C.S. AVALON " VALLEYFIELD" List 12<sup>1</sup>/15  
Who\* DISCHARGED DEAD on the 7 May 1944.

|  | \$ | cts. |
|--|----|------|
| Net sum due on ledger on account of Wages.....   | N  | I L  |
| Proceeds of sale of Effects charged against Wages, brought from the other side                   |    |      |
| CASH—  |    |      |
| Proceeds of sale of Effects, brought from the other side.....                                    |    |      |
| Found amongst Effects.....   |    |      |
| Debts collected \$.....  |    |      |
| Cash deposited by official Receipt No. <u>25181</u> Administrator of Naval Estates (Present War) | 56 | 95   |
| Cash debited in the Accountant Officer's Cash Acct.....  |    |      |
| If in debt in ledger, amount to be stated (in red ink).....                                      |    |      |
| Rate of allotment (in words) <u>AP EIGHTY-ONE -DOLLARS</u> charged to <u>31 May 1944</u>         |    |      |
| Name of ship from which transferred <u>HMCS. "VALLEYFIELD"</u>                                   |    |      |
| Total† <u>CREDITOR</u>   | 56 | 95   |

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of AVALON for "VALLEYFIELD" amounting to a net balance† CREDITOR of FIFTY-SIX - - - - - dollars - NINETY-FIVE - - - cents.

Dated on board H.M.C.S. AVALON at ST. JOHN'S NFLD this FIFTH day of JUNE 19 44

Approved PAY LIEUT. CDR., R.C.N.V.R. Accountant Officer  
[Signature] { Initials of the Assistant Accountant Officer  
[Signature] Commanding Officer.  
A/CAPTAIN. RCN

For Use at Headquarters. \$.....cts..... credited on Inspector's certificate No.....to.....  
Signature.....  
Date.....19.....

\*State whether discharged on shore, D.D. or Run. †State whether "debtor" or "creditor".  
Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

C.N.S. 46 AUTHORITY: AVALON'S CNS. 249A #A13926 dated 19 May, 1944.  
5M-2-42 (3801) LEDGER: [Signature]  
H.Q. N.S. 815-9-45 AUDIT: [Signature]



# STATEMENT OF ACCOUNT

54

True extract from the ledger of H.M.C.S. "AVALON" VALLEYFIELD" ending 30 June 19 44

List 12<sup>1</sup> No. 15 (Name) BOLITHO, Samuel S. Rank Rating ERA.3. No.V.25531

When entered F.B. Date of appearance F.B. Whither discharged DEAD

|   |       | \$    | c.    |       |       |                                  |        |
|---|-------|-------|-------|-------|-------|----------------------------------|--------|
| CREDIT from former account.....   |       | 38    | 05    |       |       |                                  |        |
| Pay as ERA.3. (Rank Rating) from 1 Apl to 31 May (61 days at \$ 3.15 a day)                       |       | 192   | 15    |       |       |                                  |        |
| Adjustment ERA.3. " 19 Sep 42 " 31 Meh 195 " .10 " )  |       | 19    | 50    |       |       |                                  |        |
| " ER. Wk. Cert. " 1 Apl " 31 May (61 " .25 " )  |       | 15    | 25    |       |       |                                  |        |
| " 1 GCB " 1 Apl " 31 May (61 " .05 " )  |       | 3     | 05    |       |       |                                  |        |
| " " " " " " " " )   |       |       |       |       |       |                                  |        |
| Adjustment March, 1944  |       |       | 33    |       |       |                                  |        |
| Kit Upkeep Allowance 1 Apl - 7 May  |       | 6     | 50    |       |       |                                  |        |
| OTHER CREDITS:  |       |       |       |       |       |                                  |        |
| Total credits.....  |       | 274   | 83    |       |       |                                  |        |
| DEBT from former account.....   |       |       | N I L |       |       |                                  |        |
| PAYMENTS:—  | 1st   | 2nd   | 3rd   | 4th   | 5th   |                                  |        |
|   | \$ c. | \$ c. | \$ c. | \$ c. | \$ c. |                                  |        |
| 1st month.....  | 38.00 | 17.88 |       |       |       | Total.....                       | 55 88  |
| 2nd month.....  |       |       |       |       |       | Total.....                       |        |
| 3rd month.....  |       |       |       |       |       | Total.....                       |        |
| Allotment AP 81.00 charged Apl & May  |       |       |       |       |       |                                  | 162 00 |
| Pension deduction (Officers) charged to..... of.....  |       |       |       |       |       |                                  |        |
| Hospital stoppages.....   |       |       |       |       |       |                                  |        |
| Mulcts.....   |       |       |       |       |       |                                  |        |
| OTHER CHARGES: Official Receipt No. 25181 Payable to Administrator of Naval Estates (Present War) |       |       |       |       |       |                                  | 56 95  |
|   |       |       |       |       |       | Total debits                     | 274 83 |
|   |       |       |       |       |       | Balance Cr. or Dr.               | N I L  |
|   |       |       |       |       |       | (Balance Dr. to be shown in red) |        |

LEDGER: *Yes*  
 AUDIT: *Yes*

Number of days actually victualled during period mentioned above 37

| NOT VICTUALLED | LENT, SICK OR LEAVE | INCLUSIVE DATE |    | No. OF DAYS | SHIP, HOSPITAL, etc., IN WHICH BORNE |
|----------------|---------------------|----------------|----|-------------|--------------------------------------|
|                |                     | FROM           | TO |             |                                      |
|                |                     |                |    |             |                                      |
|                |                     |                |    |             |                                      |
|                |                     |                |    |             |                                      |

Date 5 June 19 44

*[Signature]*  
 PAY LIEUT. CDR., R.C.N.V.R.  
 ACCOUNTANT OFFICER

ESTATES BRANCH

H.Q.NS. V-25531 FD.665

January 16, 1945.

Mrs. Edith H. Bolitho,  
Box 22,  
Dalhousie, N.B.

BOLITHO, Samuel S., ERA/3 (Deceased)  
No. V.25531, R.C.N.V.R.

Dear Mrs. Bolitho:

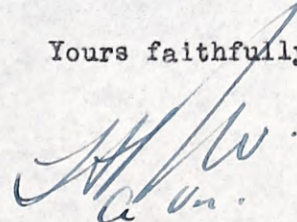
Distribution can now be made of the amount of money here  
at credit of your late husband.

The total amount available for distribution is \$56.95, made  
up entirely of balance of pay and allowances.

Your husband died without having made a Will and his Service  
estate is, therefore, payable to you as the next of kin entitled under  
the Intestacy Laws of his province of domicile.

Treasury has been requested to send you direct a cheque  
payable to your order in the above amount of \$56.95, and on receipt  
of same will you kindly sign and return the enclosed form of acknow-  
ledgment to the Director of Estates, Department of National Defence,  
308 Sparks Street, Ottawa, Ontario.

Yours faithfully,



(L.M.Firth) Colonel,  
Director of Estates.

HRW/JN  
Encl. ✓

Department of National Defence

Ottawa, Canada

Date January 29 1945



Received this day from the Treasury Branch cheque for the sum of

FIFTY SIX - - - - - 95 Dollars (\$ 56.95 )  
100

being in connection with my husband's Service estate.

BOLITHO, Samuel S., ERA/3 (Deceased)  
No. V.25531, R.C.N.V.R.

Edith H. Bolitho

Signature



Department of National Defence

Naval Service

161509

16-9-44

OTTAWA, Ontario, 30 August, 1944.

IN REPLY PLEASE QUOTE

N.S. V-25531 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:

| NAME, RANK/RATING,<br>Official No., UNIT   | PARTICULARS RE<br>DEATH   | NEXT OF KIN   |
|--|---|---|
| <u>BOLITHO Samuel Symonds</u><br>Engine Room Artificer,<br>Third Class<br>Official Number V25531<br>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. | Wife:<br>Mrs. Edith H. Bolitho<br>Box 22, Dalhousie, N.B. |



ALLOTMENTS IN FORCE

| <u>In favor of</u>       | <u>Amount</u> |
|--------------------------|---------------|
| Mrs. Edith Bolitho       | 37.20         |
| Box # 22 Dalhousie, N.B. | 81.00         |
|                          | <u>118.20</u> |

*True*

Will: No Record.

Yours truly,

*A.B. Money*

for SECRETARY, NAVAL BOARD.

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





RECEIVED  
OCT 6 1944  
N.S.H.Q.  
CENTRAL  
REGISTRY  
(Personnel Section)

RECEIVED  
OCT 6 1944  
N.S.H.Q.  
CENTRAL  
REGISTRY  
(Personnel Section)

11.2

TO GOVT

TO GOVT

RECEIVED  
OCT 6 1944  
N.S.H.Q.  
CENTRAL  
REGISTRY  
(Personnel Section)

RECEIVED  
OCT 6 1944  
N.S.H.Q.  
CENTRAL  
REGISTRY  
(Personnel Section)

RECEIVED  
OCT 6 1944  
N.S.H.Q.  
CENTRAL  
REGISTRY  
(Personnel Section)

RECEIVED  
OCT 6 1944  
N.S.H.Q.  
CENTRAL  
REGISTRY  
(Personnel Section)

RECEIVED  
OCT 6 1944  
N.S.H.Q.  
CENTRAL  
REGISTRY  
(Personnel Section)

11.2

ORIGINAL

NATIONAL DEFENCE  
AUG 30 1940  
113-15-957  
CANADA  
H.Q. File No. ....

# DECLARATION OF ALLOTMENT P057990

| List and Number in Ledger     | ALLOTOR  | Rank or Rating | Official No. | Daily Rate of Pay |
|-------------------------------|--|----------------|--------------|-------------------|
| STADACONA<br>Sec 4<br>5A1/547 | <i>049004</i><br>Surname <u>Bolitho,</u><br>Christian Names } <u>Samuel S.</u> | ERA 4<br>RCNVR | N.K.         | \$3.05<br>.75     |

## 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 <u>Bond Clothes Shop</u><br>Christian Names } | Naval<br>Outfitters | Barrington St.<br>Halifax, N.S. | \$5.00                                 | September<br>Noted in Service<br>Records by <i>[Signature]</i> |

## 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):— |
|---------|-------------------|----------------|---|
| \$10.00 | Mrs Edith Bolitho | Dalhousie N.B. | to be continued.  |

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 Sam Bolitho  
ERA 4 Rank or Rating

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               | , , 116.....           |
| Dependents Allowance             | , , 119.....           |
| Other Allotments                 | , , 122... 5.00.....   |
| Total                            | \$ 5.00                |

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

*Bussatfield*  
Paymaster Sub. Lieutenant RCNVR  
for Accountant Officer

H.M.C.S. STADACONA

Forwarded 28/8/40

ORIGINAL

DECLARATION OF ALLOTMENT

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.....                      |          |      |

M

X

AN

410

OTTAWA, Ontario, 30 August, 4.

V-25531 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,<br/>Official No., UNIT</u>   | <u>PARTICULARS RE<br/>DEATH</u>   | <u>NEXT OF KIN</u>  |
|--|---|---|
| BOLITHO Samuel Symonds<br>Engine Room Artificer<br>Third Class<br>Official Number V25531<br>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. | Wife:<br>Mrs. Edith H. Bolitho<br>Box 22, Dalhousie, N.B. |

| <u>In favor of</u> | <u>ALLOTMENTS IN FORCE</u> | <u>Amount</u>                   | <u>Initials</u> |
|--------------------|----------------------------|---------------------------------|-----------------|
| Mrs. Edith Bolitho | Box # 22 Dalhousie, N.B.   | 37.20<br>81.00<br><u>118.20</u> | <i>mm</i>       |

Will: No Record.

Yours truly,

*A.B. Money*

for SECRETARY, NAVAL BOARD.

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

*AD*

Walhousie N.B.

P.O. Box 22

Feb 26, 1945

Department of National Defence  
Naval Service, Ottawa.

420726

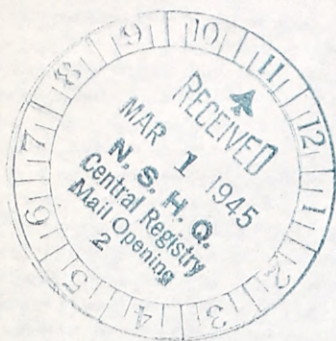
Dear Sir:

Would you kindly give me  
the necessary information to complete the  
enclosed application form for War Service  
Gratuity of my husband Samuel S Bolitho  
(deceased) V25531 R.C.N.V.R.

an Oblige

Yours truly

Edith H Bolitho



| ENCLOSURES CHECKED<br>IN N. C. R. |            |       |
|-----------------------------------|------------|-------|
| SECTION                           | NO.        | INIT. |
| Mail                              | 1          | g     |
| Index                             |            |       |
| Routing                           |            | J.P.  |
| Remarks:                          |            |       |
|                                   | [initials] |       |

DC

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

4  
 NAVY

DECEASED  
 MEMBER'S  
 NAME

**Samuel Symonds**  
 (CHRISTIAN NAMES)

**BOLITHO**  
 (SURNAME)

REGISTER NO. 6932  
 FILE NO. NSV-25531  
 DATE 19 Mch/45  
 SERVICE NO. V-25531  
 FINAL RANK OR RATING ERA. 3/o  
 DATE OF DISCHARGE 7 May/44

PAYEE **Mrs. Edith H. Bolitho,**  
 ADDRESS **P.O. Box 22,  
 Dalhousie, N.B.**

DATE OF TERMINATION OF OVERSEAS SERVICE **7 May/44**

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **1389** EQUAL TO **46** COMPLETE PERIODS AT \$7.50

\$ **345.00**

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **997** LESS **9** INELIGIBLE DAYS, EQUAL TO **988** DAYS @ 25C. PER DAY

\$ **247.00**

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

|   |     |       |               |
|---|-----|-------|---------------|
| PAY   | \$  | 3.15  |               |
| SUBSISTENCE OR LODGING<br>AND PROVISION ALLOWANCE | \$  | 1.45  |               |
| ADDITIONAL PAY <b>1 B<br/>Cert.</b>               | \$  | .05   |               |
|   | \$  | .25   |               |
|   | \$  |       |               |
| DEPENDENTS' ALLOWANCE 1/30 OF \$ <b>37.20</b>     | \$  | 1.25  |               |
| TOTAL   | \$  | 6.15  | X7 = \$ 43.05 |
| NO. OF DAYS <b>988</b>                            | X\$ | 43.05 |               |
|   |     | 183   |               |

\$ **232.42**

D. WAR SERVICE GRATUITY

\$ **824.42**

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

F. TOTAL AMOUNT PAYABLE

\$ **824.42**

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ \_\_\_\_\_ OF \$ \_\_\_\_\_  
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ \_\_\_\_\_

= \$ **824.42**

**Cheque - 120067 - 29/3-45**

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

|             |  |                    |  |                    |  |         |  |
|-------------|--|--------------------|--|--------------------|--|---------|--|
| PREPARED BY |  | CHECKED BY         |  | TREASURY           |  | DATE    |  |
| SJD         |  | <i>[Signature]</i> |  | <i>[Signature]</i> |  | 24/3/45 |  |

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

*lypd*

Deceased Member's Name

*Samuel Symonds BOLITHO*  
(Christian Names) (Surname)

Payee

*Mrs. Edith H. Bolitho,*

Register No. *6932*  
File No. *V25531*  
Date *12-3-45*

Address

*P.O. Box 22,  
Dalhousie, N.B.*

Service No. *V25531*  
Final Rank or Rating *E.R.A. 3/c*  
Date of Discharge *7 May 44*

Date of termination of overseas service *7 May 44*

A. TOTAL QUALIFYING SERVICE  
No. of days  $\frac{1389}{30}$  equal to *46* complete periods at \$7.50 \$ *345.00*

B. QUALIFYING OVERSEAS SERVICE  
No. of days *997* less *9* ineligible days equal to *988* days @ 25¢ per day \$ *247.00*

C. SUPPLEMENT FOR OVERSEAS SERVICE  
DAILY RATES AT DISCHARGE

|  |                               |                   |
|--|-------------------------------|-------------------|
| Pay  | \$ <i>3.15</i>                |                   |
| Subsistence or Lodging and Provision Allowance | \$ <i>1.45</i>                |                   |
| Additional Pay                                 | \$ <i>1.13</i>                |                   |
| Additional Pay                                 | \$ <i>cert .25</i>            |                   |
| Dependents' Allowance 1/30 of \$ <i>37.20</i>  | \$ <i>1.25</i>                |                   |
| Total  | $\frac{6.15}{183} \times 7 =$ | \$ <i>43.05</i>   |
| No. of days                                    | $\frac{988}{183}$             | x \$ <i>43.05</i> |

*232.62*

D. WAR SERVICE GRATUITY \$ *824.42*

E. DEDUCTIONS

|  |    |
|--|----|
| OVERPAYMENT OF PAY AND ALLOWANCES      | \$ |
| DEPENDENTS' ALLOWANCE AND ASSIGNED PAY | \$ |
| OTHER DEDUCTIONS                       | \$ |

*nil*

F. TOTAL AMOUNT PAYABLE \$ *824.42*

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ \_\_\_\_\_ of \$ \_\_\_\_\_ = \$ *824.42*  
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.E.P.A. CHECK

|   |                    |    |                    |
|---|--------------------|----|--------------------|
| 1 | <i>W</i>           | 6  | <i>[Signature]</i> |
| 2 | <i>W</i>           | 7  | <i>[Signature]</i> |
| 3 | <i>[Signature]</i> | 8  | <i>[Signature]</i> |
| 4 | <i>[Signature]</i> | 9  | <i>[Signature]</i> |
| 5 | <i>[Signature]</i> | 10 | <i>[Signature]</i> |



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 BOLITHO (Surname) Samuel Symonds (Given name or names)

RESIDENCE No..... Street Box 22 City, Town, Village or Civil Parish Dalhousie 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..... 7. Single, Married, Widowed or Divorced (write the word) Married

8. BIRTHPLACE England (Province or Country)

9. DATE OF BIRTH September 9th 1905  
 (Month) (Day) (Year)

|            |                 |                 |      |  |
|------------|-----------------|-----------------|------|--|
| 10. AGE in | Years <u>38</u> | Months <u>8</u> | Days | If less than one day old<br>hrs. or.....min. |
|------------|-----------------|-----------------|------|--|

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Rool Grinder &

12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. Millwright

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 Payor, Cdr. R.C.N.R.  
 Address Officer i/c, Naval Personnel Records, Naval Service Headquarters, Ottawa, Ont.  
 Relationship to deceased.....

21. Place of Burial, Cremation or Removal Body not recovered.  
 Date of burial or removal.....

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

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH..... 19.....  
 (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 H.M.C.S. "VALLEYFIELD" was due to torpedoes and sunk by enemy action in the Atlantic.  
 Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).  
 (b).....  
 (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. Every item of information should be carefully supplied. (See reverse side for instructions.)

42

## INSTRUCTIONS

(1) The present form of certificate has been drawn up after consultation between the Dominion Bureau of Statistics and representatives of leading bodies in the medical profession. It has been approved by the Vital Statistics Section of the Canadian Public Health Association and also by the Deputy Registrar of births, deaths and marriages of each province.

(2) **Nationality.**—Nationality is defined as the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of every person who has rights of citizenship in Canada. Every person born in Canada should be entered as "Canadian" unless he or she has subsequently become a citizen of another country.

(3) **Racial Origin.**—Racial Origin will be described by stating to what people or race the deceased person belonged, whether English, Irish, Scottish, French, German, etc. (The term "American" or "Canadian" should not be used, as they express citizenship but not a race or people.)

(4) **Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits may be known. An entry should be made in this section for every person aged 10 years or over. If the deceased has retired from business, the occupation prior to retirement should be reported. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, the entry should be housewife. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation the entry should be none.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. The particular kind of work done should be stated clearly as spinner, weaver, etc.

In stating the industry or business the use of such general terms as "store," "factory," "mill," etc., should be avoided. The particular kind of store, factory, mill, etc., should be stated as grocery store, soap factory, cotton mill, etc.

The different kinds of engineers should be carefully distinguished by giving the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. The term "labourer" should be avoided when a more precise statement of the occupation can be secured. The word "mechanic" should not be used but the exact occupation, as carpenter, painter, machinist, etc. A careful distinction should be made between retail merchants and wholesale merchants. The term "clerk" without qualification should always be avoided. A person who sells goods should be called a salesman. A stenographer, typist, accountant, book-keeper, cashier, etc., should be reported as such, never as a "clerk".

(5) **Physician's Statement of Cause of Death.**—The morbid conditions relating to death are divided on the certificate into two groups. In Group I are those related to the "Immediate Cause" of death, and in Group II, those not causally related thereto. In most cases a statement of cause under Group I will suffice. Detailed certification is not desired, the entry of a single cause being preferable in all cases where this can be regarded as adequate (see Example I), but where the physician finds it necessary to record more than one cause it is important that these be stated in the position provided on the form as indicative of their mutual relationship. This information is sought so that the selection of the cause for tabulation may be made in the light of the certifier's viewpoint:—

- (a) Name first the "Immediate Cause" of death, i.e. the disease, injury or complication which caused death (not mode of dying or terminal condition).
- (b) Then give other morbid conditions (if any) of which it was the consequence, in order of causal relationship (due to) stating the most recent one first and then others in order.
- (c) Entries under Group II should be reserved for "other important contributory morbid conditions" in those instances particularly in which death was due to a combination of maladies, none of which would have been fatal alone. In such cases the physician's judgment alone can afford guidance to the tabulator.
- (d) Use always accepted terms for morbid conditions and never record mere symptoms.
- (e) **Maternal Deaths.**—Qualify all diseases resulting from childbirth, miscarriage or abortion by the word "Puerperal," e.g., puerperal septicaemia. Distinguish between septicaemia originating in abortion and in childbirth.
- (f) **Cancer.**—In all cases the organ or part first affected should be specified.
- (g) **Violent Deaths.**—Coroners, medical examiners and physicians who certify to deaths from violent causes should always clearly indicate the fundamental distinction of whether the death was due to accident, suicide or homicide, and then state the manner and nature of injury. The circumstances of each accident should be stated as fully as possible, e.g., an automobile accident should always be designated as such.

The following examples illustrate the essential principles in the use of the form.

| I.   | Example 1           | Example 2                  | Example 3              | Example 4                        | Example 5             |
|--|---------------------|----------------------------|------------------------|----------------------------------|-----------------------|
| Immediate Cause.....   | (a) Lobar pneumonia | (a) Pulmonary tuberculosis | (a) Acute peritonitis  | (a) Bronchopneumonia             | (a) Uraemia           |
| Morbid Conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). | due to _____        | due to _____               | due to _____           | due to _____                     | due to _____          |
|  | (b) _____           | (b) _____                  | (b) Acute appendicitis | (b) Operation                    | (b) Chronic nephritis |
|  | due to _____        | due to _____               | due to _____           | due to _____                     | due to _____          |
|  | (c) _____           | (c) _____                  | (c) _____              | (c) Strangulated inguinal hernia | (c) _____             |
| II.  | II.                 | II.                        | II.                    | II.                              | II.                   |
| Other morbid conditions (if important) contributing to death but not causally related to immediate cause.              | _____               | _____                      | _____                  | Chronic interstitial nephritis   | Chronic bronchitis    |

V25531 OFFICIAL NUMBER NAME (Surname) BOLITHO (Given Names) Samuel Symonds OFFICIAL NUMBER P.I.B. V25531

| 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             | A/E.R.A. 4/c | 19   | 7     | 40   |  | V.G.      | Sat.       | 31       | 12    | 40   |                 |           |       |      |              |       |      |
| H.M.S. Rampura        | " " " "      | 1    | 10    | 40   |  | V.G.      | Sat.       | 31       | 12    | 41   |                 |           |       |      |              |       |      |
| Stadacona             | " " " "      | 3    | 12    | 40   |  | V.G.      | Sat.       | 31       | 12    | 42   |                 |           |       |      |              |       |      |
| H.M.S. Bittersweet    | " " " "      | 4    | 2     | 41   |  | V.G.      | Sat.       | 31       | 12    | 43   |                 |           |       |      |              |       |      |
| Avalon                | "            | 25   | 3     | 43   | DRD Avalon #977                            | V.G.      | Sat.       | 7        | 5     | 44   |                 |           |       |      |              |       |      |
|                       | E.R.A. //C   | 19   | 8     | 43   | Confirmed (2422-433)                       |           |            |          |       |      |                 |           |       |      |              |       |      |
| Stadacona             | " " " "      | 25   | 9     | 43   | Avalon DRD #819. Rated E.P.A. 3/c          |           |            | 19/9/43. |       |      |                 |           |       |      |              |       |      |
| Chaleur 11            | " " " "      | 5    | 11    | 43   | DRD H-3116.                                |           |            |          |       |      |                 |           |       |      |              |       |      |
| Valleyfield           | " " " "      | 8    | 12    | 43   | Chaleur 11 WRD 69.                         |           |            |          |       |      |                 |           |       |      |              |       |      |
| DISCHARGED            | " " " "      | 7    | 5     | 44   | Missing Casualty List (249A.A13926)        |           |            |          |       |      |                 |           |       |      |              |       |      |
|                       |              |      |       |      | Presumed Dead. (Per Correction Sheet P#94) |           |            |          |       |      |                 |           |       |      |              |       |      |

GENERAL REMARKS  
 Hosp. 1-8-40 to 8-8-40  
 AWARDED CANADIAN MEMORIAL CROSS to:  
 Wife: Mrs. Edith H. Bolitho,  
 Box 22,  
 Dalhousie, N.B.  
 September 22, 1944.

| DATE OF BIRTH |     |     | PLACE BIRTH     |         | CIVIL OCCU. |      | RELIED          | PERM. RESIDENCE |      |         | PREV. ENL.   | RANK OR RATE |      |     |      |
|---------------|-----|-----|-----------------|---------|-------------|------|-----------------|-----------------|------|---------|--------------|--------------|------|-----|------|
| DY.           | MO. | YR. | BIRTH           | MAIN    | SUB.        | GION |                 | P.              | CTY. | TOWN    | SERV.        | DIV.         | A    | BR. | RANK |
| 09            | 05  | 22  | 263             | 0       | 40          | X    | 510             | 02              | 0    | 19      | 1            | 35           | 95   |     |      |
| 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 |     |      |
| 19            | 07  | 40  | 19              | 07      | 40          |      |                 |                 |      | 1220    | 0            | 35           | 95   |     |      |
| SENIC.        |     |     | STR.            | NON-SUB |             | M    |                 |                 |      | CODED   |              | CHECKED      |      |     |      |
| DY.           | MO. | YR. | CAT.            | A       | B           | ST.  |                 |                 |      |         |              |              |      |     |      |
| 19            | 08  | 43  | 12              | 00      | 00          |      |                 |                 |      |         |              |              |      |     |      |

V25531

OFFICIAL NUMBER

FILE NUMBER

113-B-957

OFFICIAL NUMBER

V25531

NAME

BOLITHO  
(Surname)Samuel Symonds  
(Given Names)

DATE OF BIRTH

Sept. 9, 1905.

PLACE OF BIRTH

Porkeelis, Cornwall, England.

OCCUPATION

Rool Grinder &amp; Millwright

RELIGION

United

EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

Box 22,

Town

Dalhousie,

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 |
| 19                | 7     | 40   | H.O.   | 5'6"        | Brown | Brown | Fair       | Scar on rt. shoulder. |                  |                |       |    |

NEXT OF KIN RELATIONSHIP (in pencil)

NAME (in pencil)

ADDRESS (in pencil): Street and No.

Town

Province, etc.

| 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 |             |
| 8  | 3     | 44   | C.V.S.M. (R&C) (219A, A2203) | 1                                | 3     | 42   | Granted Boiler Room W/K Cert.       |                   |       |      |             |
| 8  | 3     | 44   | 1939-1943 Star (219A, A2203) | 1                                | 5     | 43   | Failed to Pass Prof. ERA 4/C (Conf) |                   |       |      |             |
|  |       |      |                              | 19                               | 8     | 43   | Qual. Prof. E.R.A. 4/C (Conf.)      |                   |       |      |             |
|  |       |      |                              | 19                               | 9     | 43   | Granted Engine Room W/K Cert.       |                   |       |      |             |

| 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 |                              |            |  |
| 19                   | 7     | 43   | 1st GCB                      | Granted                   |   |         |                   |       |      |                              |            |  |

| Date (in figures) |       |      | DAYS FORFEITED |       |       |          |          |                |
|-------------------|-------|------|----------------|-------|-------|----------|----------|----------------|
| Day               | Month | Year | Prison         | Det'n | Cells | C. Power | W. Trial | In diff. Char. |
|                   |       |      |                |       |       |          |          |                |

SECOND CLASS FOR CONDUCT

From

To

