

V4291
MASSON
ANDRE

OCCUPATIONAL HISTORY FORM

113-22-1506

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

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

Section A—GENERAL INFORMATION

1. (a) Print name in full ANDRE MASSON ROYER CARTIER (b) Reg'l. No. V-4291
 2. (a) Arm of service NAVY (b) Unit RCNVR (c) Rank ORD-5MN
 3. (a) Date of birth July 17 1922 (b) Have you any dependents? NO (c) Place of residence at time of enlistment MONTRÉAL
 4. (a) Place of enlistment MONTRÉAL (b) Date of enlistment OCT 3 1941

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 (b) Were you attending school or college up to the time of enlistment?
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 8 years Public School
 7. If you attended a university, give name of university and standing or degree secured
 8. (a) Did you ever enter upon a trade apprenticeship? YES (b) If so, for what occupation? Upholsterer (c) Did you finish it? no (d) If you did not finish it, how long did you serve at it? 8 months
 9. (a) What languages do you speak fluently? French - English (b) What languages do you read well? French - English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Not Working (b) At time of enlistment of what trade union or professional society were you a member?

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

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

11. Had you ever been employed fairly regularly since leaving school? yes
 12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked Upholstering (b) State how long you had worked at this trade or occupation 8 months
 13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
 14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment 5 months before enlisted
 15. Give details of last employer, if any: Name J. de la Upholstering Address 401 MARIE V
 16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Upholstering
 17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

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

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

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

18. Name of employer..... Address.....
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
 20. (a) Your specific occupation..... (b) Number of years' experience at this occupation with any employer.....
 21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming?
 25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

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

DATE August 7 1941 SIGNATURE A. Masson



Copy To
VWD
ES

SEP 28 1941

P253660

113-77-1506

MEMORANDUM FOR

P. 64

Mrs. Rose Masson,
2025 Bellechasse Street,
MONTREAL, P.Q.

Any further communication on this subject should be addressed to:—

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO
ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q. N.S. 113-M-1506 FD. 73

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

October 13, 1942

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

MASSON, Andre, Ord. Smn.

O.N. V-4291, R. C. N. V. R.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest or Local Magistrate, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

H. R. Wade

(H. R. Wade) Lt.-Cdr., RCNVR
for (L. M. Firth) Lt.-Col.,
Administrator of Estates.



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 inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	_____		
2	Children of the Deceased and dates of their Births.....	/		
3	Father of the Deceased.....	E. Masson dead		
4	Mother of the Deceased.....	Mrs Rose Masson	59 ans	2025 Bellechasse Montreal
5	Brothers of the Deceased	Full Blood		
		Half Blood		
6	Sisters of the Deceased	Full Blood		
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
8	Grand-Parents of the Deceased.....	Dead		
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....	/		

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

	NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased.....		
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Joseph, Albert, Andre Masson
11	Give the month and year of his birth.	17 July 1922
12	Where and when were his parents married?	St-Vincent-de Paul Montreal 17 Sept- 1900
13	Was he ever married? If so, state exact place and date of marriage.	no
14	Did he leave a (later) Will? If so, it should be forwarded.	no
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	no

PARTICULARS OF DOMICILE

16	Where was deceased born?	Sault-Recallot Montreal
17	In what Province, Country or State did he reside, and in which last?	Quebec Montreal
18	How long in each?	life long in Montreal
19	What was the nature of his employment?	Upholstering
20	Did he own the house or homestead in which he lived? If so, where?	no
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	no
22	State <u>your</u> postal address in full.	Mrs Rose Masson 2025 Bellechance

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	not yet, but soon will be
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	no

NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.

DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

* Motherof the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest or Local Magistrate

Mde Rose Masson.....

{Signature of Informant

CERTIFICATE

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

*See above Rose Masson {Name of Informant} is the * Motherof the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Montrealthis 15^{eme} day of October1942.

Signature of Clergyman, Priest or Magistrate } J. S. Lamin - pte Qualification Vicaire

Address 1471 Bvd Rosemont, Montreal

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 of each surviving Relative enquired after is stated in its proper place in the Statement opposite.



CANADA

P070302

N. V. 5

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

DEPT. NATIONAL DEFENCE

OCT - 5 1940

N.S. 113-M-1506
CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME.....MASSON,.....OFFICIAL NO.....14291

CHRISTIAN NAMES.....Andre.....MARRIED, SINGLE OR WIDOWER.....Single

PERMANENT ADDRESS		RELIGION
2025 Belkchasse St., Montreal, P.Q.		R.C.
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
July 17, 1922	Town <u>Montreal</u> County Province <u>Quebec</u>	Mother: <u>Rose Masson</u> Same address

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated..... <u>35</u>	<u>Brown</u>	<u>Brown</u>	<u>Fair</u>	<u>Nil</u>
Inches <u>6 1/2</u>	Deflated..... <u>33</u>				
	Mean..... <u>32 1/2</u>				
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
<u>October 3, 1940</u>	<u>Ord. Sea.</u>	<u>Unemployed X</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 XXXXXXXXXXXXXXXXXXXXXXXXXXXX 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

Personnel Records Division.

Noted in Records J.F.

Index Card J.F.

Non-Sub. Card J.F.

Statistical Card J.F.

5. Roneo Strip.....J.F.

3. Pension Card.....

7.

8.

DATE 8 Oct. 1940

(c) I have never been rejected from any of His Majesty's Forces on account of unfitness.

(4) That the particulars contained above are correct and true according to the best of my knowledge

and belief.

no
48
no

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

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

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

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

Dated this 3rd day of October 1940.

Signature of applicant Andre Masson

(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 3rd day of October 1940

P.S. Major Lieutenant RCNVR
Signature of Commanding Officer.

(D) OATH OF ALLEGIANCE

I, Andre Masson 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 Andre Masson

Witness J. Gagnon

Date October 3 1940 Rank A/Sub-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

Andre Masson 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 Cartier Division of the R.C.N.V.R.

P.S. Major Lieutenant RCNVR
Commanding Officer.

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

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

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



CANADA

Can. B. 207

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

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined Masson, Andre

† candidate for entry as ord. sea

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

†Strike out if inapplicable. * Delete one.

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

Age { Years Months	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or revac- cinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	Anus, Hemorrhoids, etc.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(k)	(l)	(m)	(n)	(o)	(p)
	lbs.	ft. ins.		inches (a) maximum	right eye									
				35	6/9									
				33	6/6									
				32 1/2	colour vision									

Handwritten entries in table:
 Age: 18 9/12
 Weight: 135
 Height: 5'6 1/2
 General Development: Good.
 Chest Girth: 35 (max), 33 (min), 32 1/2 (mean)
 Vision: right eye 6/9, left eye 6/6, colour vision G.
 Vaccinated: ic
 Lungs, Heart, etc.: 6316 Haffner
 Abdomen, Hernia, etc.: H.
 Limbs and Joints: H.
 Skin: H.
 Ears and Hearing: H.
 Testes, Varicocele, etc.: H.
 Mouth, Teeth, etc.: 2 defici, 1 defici.
 Anus, Hemorrhoids, etc.: H.

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

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

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

Andre Masson

Signature of Candidate

†The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer

‡Strike out if inapplicable.

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

This Candidate is the subject of.....

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

*Delete one.

IF REJECTED
insert here
UNFIT
in block letters

Dated at Montreal the 3rd of October 1940
Recheck 6/8/41 cem

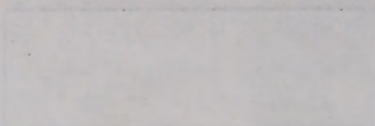
Examining Medical Officer

(Rank) Sgt J. R. C. N. V. R.

R 6/9
L 6/6
C.V. N.

AUG 14 1941

E. A. [Signature]
SURGEON LIEUT.



DECEASED 13 September 1942

AWARDS NAVY

D.D.

MASSON	Andre	V-4291	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	7488
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

HMCS "OTTAWA" Apr./43. R.C.N.V.R.

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. R. Masson - Mother

ADDRESS: 2025 Bellechasse St.,
Montreal, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

ADDRESS: Mrs. R. Masson
2025 Belleshasse Street
MONTREAL, Que.

MEMORIAL BAR

(1) DATE DESP.

REGN NO.

503

(2)

(3)

25 November 1942

VERIFICATION FORM

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

...RANK/RATING *A.B.* OFF.NO. *4291* ADDRESS

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

VERIFIED BY *[Signature]*

Montreal 4 janvier 1943

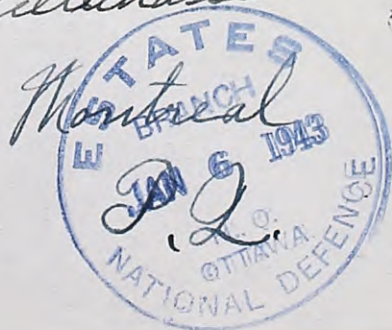
Form P. 64

Monsieur
Je regrette de vous rappeler que vous
avez oublié de m'envoyer l'argent qui
me revient par la mort de mon fils
qui a péri sur le bateau Ottawa le
13 Sept. j'ai rempli les formules
que j'ai reçu le 13 Octobre je n'ai
encore rien reçu j'ai emprunter
l'argent pour le service et acheter
~~mon~~ des vêtements noir je voudrais
remettre cet argent j'espère recevoir
ce qui me revient en toute justice
une rémunération qui ne peut pas
payer pour la perte de mon fils
mais pour répondre a mes besoin
present je ne suis pas riche.

Mde Rose Masson Mère
2025-Bellechasse

André Masson, Ord. S.M.

No. V. 4291. R.C.N.V.R.



HBM/FB.

113 - L. 663.

113 - M. 1506.

- NAVAL SERVICE -

10 October, 1940.

From: The Director of Naval Personnel,
Naval Service Headquarters.

To: The Commanding Officer,
Cartier Division, R.C.N.V.R.,
1057 Mountain St.,
MONTREAL, P.Q.

The enrolment of the undermentioned
ratings in the **Cartier** Division, R.C.N.V.R.,
is approved:

<u>NAME</u>	<u>RATING</u>	<u>O.N.</u>	<u>DATE</u>
LESSARD, Remi	Ord. Sea.	V.4290	3 Oct./40.
MASSON, Andre	" "	V.4291	" " "
MERETTE, Gerald	" "	V.4292	" " "
ST. JACQUES, Paul Emile	" "	V.4293	" " "
TARDIF, Henri	" "	V.4294	" " "
THIBODEAU, Emile	" "	V.4295	30 Sept./40.

H.T.W. Grant
(H.T.W. Grant),
Captain, R.C.N.,
Director of Naval Personnel.

am

K

18th September, 1942. 12

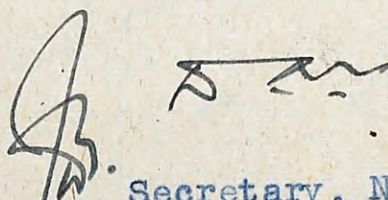
Dear Madam,-

It is with deep regret that I must confirm the telegram of the 18th September from the Minister of National Defence for Naval Services informing you that your son Andre Masson, Ordinary Seaman, R.C.N.V.R., O.N. V-4291, is missing believed killed in action.

It is in the public interest that the name of his ship and the fact that she has been in action should not find its way to the enemy until such time as it is decided to publish the fact in a Naval Casualty List. It is therefore requested that this news, other than the fact that your son is missing, may be treated as confidential.

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

Yours truly,


Deputy Secretary, Naval Board.

Mrs. Rose Masson,
2025 Bellechasse St.,
MONTREAL, P.Q.



LA/VD

File: N.S. 113-M-1506

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

Ottawa, Canada,

6th October, 1942.
(Date)

16

Sir:

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
MASSON, Andre	Ordinary Seaman	V-4291, R.C.N.V.R.
<hr/>		
<u>DATE OF ENLISTMENT</u>	3rd October, 1940. (Active Service 17th February, 1941.)	
<u>DATE OF DISCHARGE</u>	13th September, 1942.	
<u>HOSPITAL</u>	(If discharged in hospital under jurisdiction of D.P. & N.H.)	
<u>SERVICE</u>	Canada and High Seas. (Indicate whether in Canada only; or in Canada and on high seas or elsewhere).	

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

"DEAD" -- Missing, believed killed in action.
He was on board H.M.C.S. "OTTAWA".

(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 Mother NAME Mrs. Rose Masson,
ADDRESS 2025 Bellechasse Street, MONTREAL, P.Q.

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.

OFFICER'S OR RATING'S MONTHLY PAY ALLOTTED TO WIFE AND/ OR DEPENDENT

\$ nil PAID TO nil
MARRIAGE ALLOWANCE AT \$ nil PER DIEM PAID TO nil
DEPENDENTS ALLOWANCE AT \$ nil PAID TO nil
TOTAL MONTHLY PAYMENT TO - WIFE \$ nil

Computed by 11/6/42 DEPENDENTS \$ nil
Checked by SMX 6/10/42

R. A. ...
SECRETARY,
NAVAL BOARD.

The Secretary,
The Canadian Pension Commission.
Copy to the Sec. D.P. & N.H.

(See reverse side for further instructions.)

15

October 6th, 1942.

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 NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
MASSON, Andre Ordinary Seaman, O.N. V-4291, R.C.N.V.R.	Missing, believed killed in action on the 13th of September, 1942. He was on board H.M.C.S. "OTTAWA".	Mother: Mrs. Rose Masson, 2025 Bellechasse Street, MONTREAL, P.Q.

ALLOTMENTS IN FORCE.

<u>In favour of:</u>	<u>Amount</u>	<u>Initials</u>
NIL	NIL	NIL

WILL: No record.

Yours truly,

R. C. ...
SECRETARY, NAVAL BOARD
per 20

Administrator of Estates,
Estates Branch,
Department of National Defence,
OTTAWA.

DISTRIBUTION OF SERVICE ESTATES

DME

Estates Form "P. 4"

NAVY

Name..... **MASSON** **Andre** No. **V4291**
 Surname Christian Names

A B **HMCS OTTAWA** **13-9-42**
 Rank Unit Date of Death

<u>AMOUNT</u>	W.S.G.	259.51
	L.P.C.....\$	202.97
Date..... 14-11-45		
	Other Credits.....	
	Total.....	462.48
	Prev. dist.	202.97
	This dist.	259.51

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	mother	Mrs. Rose Masson, 2025 Bellechasse MONTREAL, P.Q.	129.76
1/12	brother	Henri Masson, 7479 Chateaubriant St., MONTREAL, P.Q.	21.63
1/12	sister	Mrs. Gabrielle Charbonneau, 9866 Rancour St., MONTREAL, P.Q.	21.63
1/12	sister	Mrs. Jeanne Martineau, 5900 Premiere Ave., Rosemount, MONTREAL, P.Q.	21.63
1/12	sister	Mrs. Simonne Edmond, 5869 Bordeaux St., MONTREAL, P.Q.	21.62
1/12	sister	Mrs. Helene Martel, 1562 Beaubien St., MONTREAL, P.Q.	21.62
1/12	sister	Mrs. Madeleine Rousseau, 2162 Omer St., MONTREAL, P.Q.	21.62
		(As next of kine entitled)	WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$259.51
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

[Signature]
 (L. M. FIRTH) Colonel
 Director of Estates
 AUDITED FOR PAYMENT



Department of National Defence

Naval Service

Ottawa, Canada.

ESTATES BRANCH

OUR FILE..... HQ NS V-4291 FD 73

YOUR FILE.....

November 3, 1945.

Mrs. Rose Masson,
2025 Rue Bellechasse,
MONTREAL, P.Q.

MASSON, Andre A.B. (Deceased)
No. V-4291 - R.C.N.V.R.

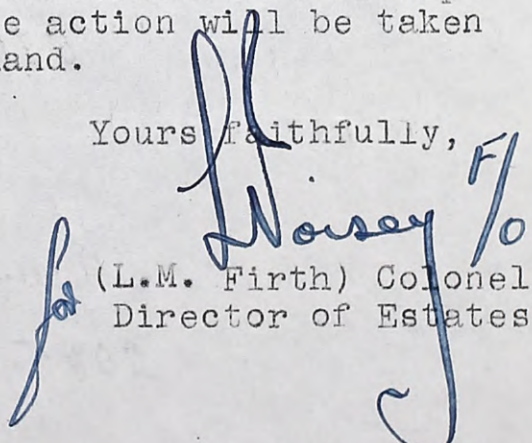
Dear Mrs. Masson:

The War Service Gratuity in respect of your late son has been passed to this Branch for distribution as part of his Service Estate.

Your son died without having made a Will, therefore, this amount is distributable in accordance with the Intestacy laws of his Province of domicile which provide that this amount be distributed in proportion of one-half to yourself and one-twelfth to each of his brothers and sisters.

Before distribution can be effected it will be necessary for this Branch to receive the present addresses of all concerned. On receipt of this information, immediate action will be taken to distribute the amount on hand.

Yours faithfully,


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

ELV/GM

13
File HQ. NS. V-4291 FD 73

Masson, A B.

Montreal 7 Novembre 1945

En réponse a cette lettre je vous envoie
du frère et soeurs d'André Masson



Henri Masson 7479 rue Chateaubriant Montreal P.Q.

Gabrielle Masson (Mme V. Charbonneau) 9866 rue Parcours
Jeanne Masson (Mme R. Martineau) Montreal P.Q.

5900 1^{re} avenue Rosemont Montreal

Helene Masson (Mme M. Martel 1562 Beaubien est

Madeline Masson (Mme R. Roussau) Montreal P.Q.

2162 rue Omer Montreal

Simone Masson (Mme L. Enonard)

5869 rue Bordeaux Montreal P.Q.

Mme Rose Masson

2025 Belleshasse

Montreal

P.Q.

N.V. 17
16M-4-40 (4717)
N.S. 815-11-17

CERTIFICATE of the SERVICE of

MASSON, Andre *AC*

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
HALIFAX, N.S.	CARTIER	V-4291

Date of Birth..... 17 July 1922

Place of Birth..... Montreal, P.Q.

Place of Residence..... 2025 Bellechasse St. Montreal P.Q.

Trade brought up to.....

Religion..... R.C.

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

Mother

Rose Masson

(Same address)

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

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

PARTICULARS OF SERVICE

MEDALS, DECORATIONS, etc.

Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
4 July 40	3 Oct. 40	Duration	Ord. Smn.			

PERSONAL DESCRIPTION

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	6 1/2	32 1/2		Brown	Brown	Fair	Nil
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.				

EXAMINATIONS, NOTATIONS, QUALIFICATIONS			RECORD OF RATING		
Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
	<i>Naval Identity Card.</i>				
	<i>9.8.1543</i>				
<i>8-9 July '41</i>	<i>Passed E.T. One</i>	<i>J. Martin</i>			
<i>17 Oct '41</i>	<i>Rated "A/S.D."</i>	<i>D. Kelly</i>			
<i>16 Feb '42</i>	<i>Tn</i>	<i>D. Kelly</i>			

113-m-1506

ACCOUNTS OF MEN DISCHARGED

P290395

26

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..... MASSON, Andrew Rating..... A.B.

Official No. V-4291 H.M.C.S. "OTTAWA" List..... 5/2/517

Who*..... Discharged Dead on the 13th September 19 42

Net sum due on ledger on account of Wages.....	\$	cts.	202	97
Proceeds of sale of Effects charged against Wages, brought from the other side				
CASH—	\$	cts.		
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....				
Found amongst Effects.....				
Debts collected \$.....				
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>N I L</u> charged to.....				
Name of ship from which transferred..... <u>Ottawa</u>				
Total†..... <u>creditor</u>			202	97

Handwritten notes:
In the
DNPALM
20/6/45

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.....

..... "OTTAWA" amounting to a net balance†..... Creditor

of Two hundred and two dollars..... ninety seven cents.

Dated on board H.M.C.S. "AVALON" at St. John's,

Newfoundland this Thirteenth day of November 19 42

Approved..... *[Signature]* for Accountant Officer

[Signature] Pay. Lieutenant, R.C.N.V.R. Initials of the Assistant Accountant Officer

Lieut. Commander, R.C.N. Commanding Officer.

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.



Department of National Defence

Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

No. NS: 113-M-1506

October 6th, 1942.

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 NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
MASSON, Andre Ordinary Seaman, O.N. V-4291, R.C.N.V.R.	Missing, believed killed in action on the 13th of September, 1942. He was on board H.M.C.S. "OTTAWA".	Mother: Mrs. Rose Masson, 2025 Bellechasse Street, MONTREAL, P.Q.

ALLOTMENTS IN FORCE.

<u>In favour of:</u>	<u>Amount</u>	<u>Initials</u>
NIL	NIL	NIL



WILL: No record.

Yours truly,

R. A. ...
SECRETARY, NAVAL BOARD.
per RA

Administrator of Estates,
Estates Branch,
Department of National Defence,
OTTAWA.

4
NAVY

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

DECEASED
MEMBER'S
NAME

Andre
(CHRISTIAN NAMES)

MASSON
(SURNAME)

REGISTER NO. 10425

FILE NO. NS V-4291

DATE 25-Sep. '45

PAYEE
ADDRESS

Director of Estates) for service Estate of
308 Sparks Street) Andre MASSON
OTTAWA, Ont.) NS V4291

SERVICE NO. V-4291

FINAL RANK OR RATING A.B.

DATE OF TERMINATION OF OVERSEAS SERVICE

13 Sep. '42

DATE OF DISCHARGE 13 Sep. '42

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 574 EQUAL TO 19 COMPLETE PERIODS AT \$7.50

\$ 142.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 305 LESS 4 INELIGIBLE DAYS, EQUAL TO 301 DAYS @ 25C. PER DAY

75.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.45
ADDITIONAL PAY H.L.M. \$.13
A/S.D. \$.15

DEPENDENTS' ALLOWANCE 1/30 OF \$ Nil

TOTAL \$ 3.58 X 7 = \$ 25.06
NO. OF DAYS 305 X \$ 25.06

41.76

D. WAR SERVICE GRATUITY

259.51

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE
AND ASSIGNED PAY \$

OTHER DEDUCTIONS

\$ Nil

F. TOTAL AMOUNT PAYABLE

259.51

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 259.51

Voucher 2633 - Oct. 1/45

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.

AT

PREPARED BY W CHECKED BY [Signature]

TREASURY
CHECKED BY [Signature] DATE 28/9/45

For Dir. Naval Pay Accounting. SERVICE REPRESENTATIVE

STATEMENT OF WAR SERVICE GRATUITY - NAVY

up
French

Deceased Member's Name André MASSON
(Christian Names) (Surname)

Payee Director of Estates, } for service estate of
308 Sparks Street, } André MASSON
Ottawa, Ont } N.S. V4291

Register No. 10425
File No. V4291
Date 21-6-45
Service No. V4291
Final Rank or Rating A.B.
Date of Discharge 13 Sep. 42

Date of termination of overseas service 13 Sep. 42

A. TOTAL QUALIFYING SERVICE \$ 142.50
No. of days 574 equal to 19 complete periods at \$7.50
30

B. QUALIFYING OVERSEAS SERVICE \$ 75.25
No. of days 305 less 4 ineligible days equal to 301 days @ 25¢ per day

C. SUPPLEMENT FOR OVERSEAS SERVICE
DAILY RATES AT DISCHARGE

Pay	\$ 1.85	
Subsistence or Lodging and Provision Allowance	\$ 1.45	
Additional Pay		
H.L.M.	\$.13	
A/S.D.	\$.15	
Dependents' Allowance 1/30 of \$		
Total	<u>3.58</u>	x 7 = \$25.06
No. of days	<u>305</u>	x \$25.06
	<u>183</u>	

\$ 41.76

D. WAR SERVICE GRATUITY \$ 259.51

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$
OTHER DEDUCTIONS \$ h/c

F. TOTAL AMOUNT PAYABLE \$ 259.51

G. YOUR PORTION OF GRATUITY IS
Dependents' Allowance in issue to you \$ _____ of \$ = \$ 259.51
Total Dependents' Allowance in issue \$ _____

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

Prepared by	Checked by	Treasury	
		Checked by	Date

Service Representative

D.N.P.A. CHECK

1	<u>W</u>	6	<u> </u>
2	<u>W</u>	7	<u> </u>
3	<u>W</u>	8	<u> </u>
4	<u>W</u>	9	<u> </u>
5	<u>W</u>	10	<u> </u>

V4291

OFFICIAL NUMBER

FILE NUMBER

113-M-1506

OFFICIAL NUMBER

V4291

NAME MASSON (Surname) Andre (Given Names) DATE OF BIRTH 17th July, 1922PLACE OF BIRTH Montreal, Quebec OCCUPATION Upholstering apprenticeRELIGION Roman Catholic EDUCATIONRESIDENCE AT TIME OF ENLISTMENT: Street and No. 2025 Bellechasse St. Town Montreal Province, etc. P.Q.

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
3	10	40	H. O.	5'6 $\frac{1}{2}$ "	Brown	Brown	Fair	Nil				

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	
				8-9	7	41	Passed E.T. 1 R.C.N.V.R.				

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. WSR-5203-1
DATE

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

O.H.F. received

SECOND CLASS FOR CONDUCT

From

To



V4291

OFFICIAL NUMBER

NAME MASSON
(Surname)

Andre
(Given Names)

OFFICIAL NUMBER

V4291

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Div. Str. Cartier	Ord. Smn.	3	10	40		V.G.	Sat.	31	12	41	A/S.D.	17	10	41			
Duty Div. Hdqs.	" "	17	2	41		"	"	31	12	40							
Stadacona	" "	12	8	41		"	"	13	9	42							
Niobe	" "	13	11	41	Rated A/A.B. 17-2-42 249A#22245												
Ottawa	" "	21	2	42	Confirmed A.B. 17-2-42 249A#22245												
DISCHARGED	" "	13	9	42	Missing, believed killed in action. Ottawa Casualty List.												

GENERAL REMARKS

X-Ray Approved 63164
 Memorial Cross send to his mother
 Mrs. Rose Masson,
 2025 Bellechasse St.
 Montreal, Quebec. 24-11-42

DATE OF BIRTH			PLACE	CIVIL	OCCU.	RELIED	PERM. RESIDENCE	PREV. ENL.	RANK OR RATE BY ENLISTMENT					
DY.	MO.	YR.	BIRTH	MATR.	SUB.	SIGN.	D.	CTV.	TOWN.	SER.	DIV.	A.	BR.	RANK
17	7	22	12	3340	10X	22302	0	14	0	08	95			
ENLIST. DATE			ACT. SERV. DATE	STR.	NON-SUB.	BY	BY	BY	ESTAB.	RANK OR RATE				
DY.	MO.	YR.	DY.	MO.	YR.	BY	BY	BY	ESTAB.	A.	BR.	RANK		
03	10	40	17	02	41				0350	0	08	95		
SENIORITY			STR.	NON-SUB.	BY	CODED		CHECKED						
DY.	MO.	YR.	CAT.	A.	B.	ST.	EPO		UW					
17	02	41	09	32	00	20	13	09	42					

ACCOUNTS OF MEN DISCHARGED

25

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 MASSON, Andrew Rating A.B.
 Official No. V-4291 H.M.C.S. "OTTAWA" List 5/2/517
 Who* Discharged Dead on the 13th September 19 42

Net sum due on ledger on account of Wages.....	\$	202.97
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—	\$	cts.
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
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>N I L</u> charged to.....		
Name of ship from which transferred..... <u>Ottawa</u>		
Total† <u>creditor</u>		202.97

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.....
"OTTAWA" amounting to a net balance† Creditor
 of Two hundred and two dollars ninety seven cents.

Dated on board H.M.C.S. "AVALON" at St. John's,
Newfoundland this Thirteenth
XXXXXXXXXX day of November 19 42

Approved [Signature] Accountant Officer
[Signature] Pay. Lieutenant, R.C.N.V.R. { Initials of the Assistant Accountant Officer
[Signature] **PAY. LIEUTENANT R.C.N.V.R.**
 Lieut. Commander, R.C.N. Commanding Officer.

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

10M-10-40 (7450)
 H.Q. N.S. 815-9-45