

McLEOD, IAN STANLEY

O50300

OCCUPATIONAL HISTORY FORM

103-M-15
26

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

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

Section A—GENERAL INFORMATION

PLEASE LEAVE BLANK

1. (a) Print name in full HOLBOD, Ian (b) Reg'l. No. _____
2. (a) Arm of service RCNVR (b) Unit _____ (c) Rank Lieut.
3. (a) Date of birth SEP 27 1913 (b) Have you any dependents? YES (c) Place of residence at time of enlistment 187 BARRON CRT
4. (a) Place of enlistment Kingston (b) Date of enlistment SEPT 2 1940

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 YEARS (b) Were you attending school or college up to the time of enlistment? NO
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Jr MATRICULATION
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? _____ (b) If so, for what occupation? _____ (c) Did you finish it? _____ (d) If you did not finish it, how long did you serve at it? _____
9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING (b) At time of enlistment of what trade union or professional society were you a member? NONE

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

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

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

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

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

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

18. Name of employer Importing Business Sales Co Ltd Address 111 BARRON CRT
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) TOBACCO
20. (a) Your specific occupation Sales Representative (b) Number of years' experience at this occupation with any employer 2 years
21. (a) Did your employer promise definitely to give you employment on discharge? YES (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? YES

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? _____ (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? _____
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 _____



DATE April 15 1941 SIGNATURE Ian Holbod

Copy To
VWD
ES

MAY 17 1941

MEMORANDUM FOR

P. 64

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

Mrs. Anne McLeod,

Box 146,

Haileybury, Ont.

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

and the following number quoted:—

H.Q. 103-M-125 FD. 270

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

October 8, 1942. 194.....

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

McLEOD, Ian Stanley.

Lieut., 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) Lt.-Cdr.,
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.....	Anne O. McLeod	30	811 King St. E., Hamilton, Ont.	
2	Children of the Deceased and dates of their Births.....	Jan Douglas McLeod Born May 26/42	4 mths	811 King St. E., Hamilton, Ont.	
3	Father of the Deceased.....	Robert S. McLeod Deceased.	36	Jan. 31/27	
4	Mother of the Deceased.....	Lillian M. McLeod	53	811 King St. E., Hamilton, Ont.	
5	Brothers of the Deceased	Full Blood	Stewart Smith McLeod	33	167 Wilson St., Hamilton, Ont.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Charlotte Adelen McLeod	32	811 King St. E., Hamilton, Ont.
		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		

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).....	Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	<i>Jan Stanley McLeod</i>
11	Give the month and year of his birth.	<i>Sept. 19th, 1914.</i>
12	Where and when were his parents married?	<i>Hamilton, 1908.</i>
13	Was he ever married? If so, state exact place and date of marriage.	<i>Yes. In Peterborough, Nov. 23/40.</i>
14	Did he leave a (later) Will? If so, it should be forwarded.	— — —
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	— — —

PARTICULARS OF DOMICILE

16	Where was deceased born?	<i>Hamilton</i>
17	In what Province, Country or State did he reside, and in which last?	<i>Ontario</i>
18	How long in each?	
19	What was the nature of his employment?	<i>Travelling Salesman</i>
20	Did he own the house or homestead in which he lived? If so, where?	
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	
22	State <u>your</u> postal address in full.	

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	
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).	

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.

(PLEASE TURN OVER)

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

* Widow of the deceased.

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

(Mrs) Anne McLeod {Signature of Informant

CERTIFICATE

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

*See above McLeod {Name of Informant} is the * Widow of 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 the city of Hamilton this 22nd day of October 1942.

Signature of Clergyman, Priest or Magistrate } A. C. Eddy Qualification Minister of United Church of Canada
Address 932 King St. E. Hamilton, Ont

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

P054888 N. V. 4
IM-9-39 (2097)
N.S. 815-11-4
NATIONAL DEFENCE
AUG 21 1940
NO 103-71121
CANADA

ATTESTATION FORM

FOR OFFICERS OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

(A) **DESCRIPTION OF APPLICANT**

SURNAME..... McLEOD	PERMANENT ADDRESS
CHRISTIAN NAME..... IAN	811 King St. East, Apt. I
RELIGION..... Protestant	Hamilton, Ontario.

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
Sept. 19th, 1913	Town Hamilton County Ontario. Province Country	Mrs. L. McLeod, (Mother) 811 Kings St. E. Hamilton, Ontario.

PERSONAL DESCRIPTION

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet..... 5	Inflated..... 38½	Fair	Blue	Clear	NIL
Inches..... 9	Deflated..... 36½				
	Mean..... 37				

DATE OF ENROLMENT	RANK IN WHICH ENROLLED	MARRIED, SINGLE, OR WIDOWER	TRADE OR CALLING AND IN WHOSE EMPLOY
August 20th, 1940	Act. Lieut.	Single	Salesman, Imperial Tobacco Co.

(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 an Officer of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and will 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) ~~Crossed out~~ for the period shown, and attach my record of service.

* Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

- (c) I have never been rejected for 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.

(OVER)

m.p.p.
e.p.

(5) On being enrolled as an Officer of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:—

(a) To serve from the date thereof for as long as my services may be required, being subject to the provisions of the Naval Service Act, and of the regulations made in pursuance thereof for the governing 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 provide myself with the necessary uniform as laid down in R.C.N.V.R. Regulations.

Dated this 20th day of AUGUST 19 40

Ian McLeod
Signature of Applicant.

The above declaration was made and signed in my presence this 20th
day of AUGUST 19 40

W. P. Thomas
Signature of Enrolling Officer.

(C) OATH OF ALLEGIANCE

I Ian McLeod 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 *Ian McLeod*

Signature of Witness *W. P. Thomas*

Date 20.8.40

Rank *Lieut. Royal Naval Volunteer Reserve*

The Oath of Allegiance may be administered by any commissioned officer of the Naval Service.

NOTE.—This form when completed is to be forwarded to Naval Service Headquarters, Ottawa, together with Certificate of medical examination B-207, and record of any previous service.

The record of previous service will be returned after examination at Naval Service Headquarters.



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..... **IAN McLEOD**

†candidate for entry as..... **LIEUTENANT**

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

†Strike out if inapplicable. * Delete one.

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

Age { Years Months	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or re-vac- inated 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, Hæmorrhoids, etc.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(k)	(l)	(m)	(n)	(o)	(p)
27 yrs. 11 mos.	lbs. 153	ft. 5 ins. 9	GOOD	inches (a) maximum 38½ (b) minimum 36½ (c) mean 37	right eye 6/12 left eye 6/12 colour vision Normal	1920	Normal *X-Ray APP. 6960	Normal	Normal	Clear	Normal	Normal	Normal	Normal

*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.

Urinalysis - Neg.

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

Ian S. Lech
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 **KINGSTON ONTARIO** the **19th** of **AUGUST** 19 **40**

Re-examined 8/1/41
and found as above.
A. M. Glover
RCAN

A. M. Glover
Examining Medical Officer
(Rank) *St. R. name*

R
L
C.V.

R 6/12
L 5/12
ED N

JAN 16 1941

W. H. H. H. H.
MEDICALLY *fit*
SURGEON LIEUT.

DEPARTMENT OF VETERANS AFFAIRS

DECEASED 13 September 1942

AWARDS

(NAVY)

WAR SERVICE RECORDS

m-243 D.D.

MCLEOD

Ian Stanley

0-50330

Lieut

FILE No.

317911

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON DISCHARGE

C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star

Atlantic Star

C.V.S.M. and Clasp

War Medal

5772

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL
RCNVR June 43 "OTTAWA"

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP

(1)

REGN. NO 1826

(1) MEDALS
PERSON

Hermiston (Re-married)

ENTITLED TO Mrs. Anne O. McLeod - Widow

~~Box 146,~~ Box 485, COBALT, Ont.

ADDRESS: ~~HAILEYBURY, Ont.~~

26-11-49

(2) MEMORIAL CROSS

WIDOW

Mrs. Anne McLeod

Box 146

ADDRESS: HAILBURY, Ontario

(2) 25 November 1942

(3) MEMORIAL CROSS

MOTHER

Mrs. Lillian McLeod

811 King Street East

ADDRESS: HAMILTON, Ontario

(3)

5 January 1943

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

Ottawa, Canada,

29 September, 1942.
.....
(Date)

49

Sir:

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
<u>McLEOD, Ian Stanley</u>	<u>Lieutenant</u>	<u>R.C.N.V.R.</u>
<u>DATE OF ENLISTMENT</u> -	<u>20 August, 1940. Active Service - 30 September, 1940.</u>	
<u>DATE OF DISCHARGE</u> -	<u>13 September, 1942</u>	
<u>HOSPITAL</u> -	<u>(If discharged in hospital under jurisdiction of D.P. & N.H.)</u>	
<u>SERVICE</u> -	<u>Canada and High Seas</u>	
	<u>(Indicate whether in Canada only; or in Canada and on high seas or elsewhere).</u>	

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 Wife NAME Mrs. Anne McLeod,
ADDRESS Box 146, HAILEYSBURY, Ont.

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

\$ 140.00 PAID TO Still in force
MARRIAGE ALLOWANCE AT \$ 42.00 PER DIEM PAID TO Still in force
DEPENDENTS ALLOWANCE AT \$ Nil PAID TO Nil
TOTAL MONTHLY PAYMENT TO - WIFE \$ 140.00

Computed by BT 11/10/42 DEPENDENTS \$ Nil
Checked by ED 1-10-42

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

The Secretary,
The Canadian Pension Commission.

(See reverse side for further
instructions.)

Copy to: D.P. & N.H.

By Command of the Honourable the Minister
of National Defence of the Dominion of Canada

6

To Mr. Ian McLeod,--

The Minister of National Defence hereby appoints you

Acting Lieutenant (Temporary)

of the Royal Canadian Naval Volunteer Reserve for duty with the
.....KINGSTON..... Division.

Your appointment is to take effect from 2nd September, 1940

This appointment is for formal entry in the R.C.N.V.R., with seniority as shown. It does NOT put the appointee on duty with pay. For that, an appointment to a ship or R.C.N. Establishment is necessary and will be issued when required.

Acting Captain R.C.N.,
for Chief of the Naval Staff

88716
Department of National Defence,
Ottawa, 29th August, 1940.
Shore

Personnel Records Division.	
1. Noted in Records	E.D.
2. Index Card	E.D.
3. Non-Su. Card	
4. Statistical Card	E.D.
5. Roneo Strip	E.D.
6. Pension Card	
7.	
8.	
DATE 30 August 1940	

12
By Command of the Honourable the Minister
of National Defence of the Dominion of Canada.

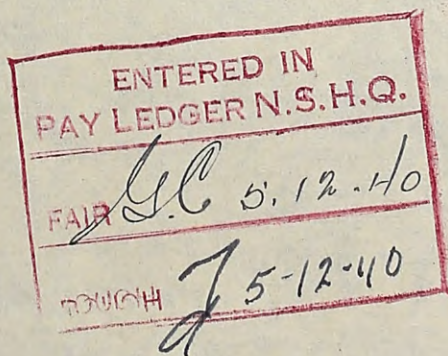
To Lieutenant Ian McLeod, R.C.N.V.R., (Temporary),--

The Minister of National Defence hereby appoints you

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

of His Majesty's Canadian Ship STADACONA additional for duty at Divisional Headquarters, Kingston.

Your appointment is to take effect from (a) September 30th +
October 7th, 1940
(b) 28th October, 1940



Rear-Admiral,
Chief of Naval Staff

W.C.
Department of National Defence,

Ottawa, 26th November, 1940.

Kingston

Personnel Record
Division

1. Noted in Records..
 2. Index Card
 3. Non-Sup Card
 4. Statistical Card
 5. Roneo Strip
 6. Pension Card
 7.
 8.
- DATE 27 Nov

By Command of the Honourable the Minister
of National Defence of the Dominion of Canada.

17

To Lieutenant Ian McLeod, R.C.N.V.R., (Temporary),--

The Minister of National Defence hereby appoints you

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

of His Majesty's Canadian Ship

STADACONA additional (a) for travelling
time;
(b) for training and
disposal.

Your appointment is to take effect from (a) 15th January, 1941;
(b) 16th January, 1941.

ENTERED IN PAY LEDGER N.S.H.Q.	
FAIR	<i>GLB 13.1.41</i>
ROUGH	<i>J 13-1-41</i>

Personnel Records Division.	
1. Noted in Record	<i>med</i>
2. Index Card	
3. Non-Sub. Card	
4. Statistical Card	<i>med</i>
5. Roneo Strip	<i>med</i>
6. Pension Card	
7.	
8.	
DATE	<i>10-1-41</i>

Rear-Admiral,
Chief of Naval Staff.

me
Department of National Defence,
Ottawa, 3rd January,

194

*Stad. duty
Div. N.C. Kingston*

23
By Command of the Honourable the Minister
of National Defence of the Dominion of Canada.

To Lieutenant Ian McLeod, R.C.N.V.R., (Temporary),--

The Minister of National Defence hereby appoints you

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

of His Majesty's Canadian Ship HOCHELAGA II additional for BARRIE, as Executive Officer.

Your appointment is to take effect from 28th April, 1941.

Rear-Admiral,
Chief of Naval Staff.

MC
Department of National Defence,
Ottawa, 1st May, 1941.

*Stad. for
t+d*

Personnel Records Division.	
1. Noted in Records	✓
2. Index Card	
3. Non-Sub. Card	
4. Statistical Card	
5. Rango Slip	✓
6. Pension Card	
7.	
8.	
DATE	5.5.41. <i>RP</i>

AMENDED APPOINTMENT.

103.70-126

P020608 DEPT NATIONAL DEFENCE
FEB 1942
N.S.

By Command of the Honourable the Minister
of National Defence of the Dominion of Canada

37

To Lieutenant Ian McLeod, R.C.N.V.R., (Temporary),--

The Minister of National Defence hereby appoints you

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

of His Majesty's Canadian Ship **KINGS** additional for training,
(Long (N) Course).

Your appointment is to take effect from 16th January, 1942.

Vice-Admiral,
Chief of the Naval Staff

Ion
Department of National Defence

Ottawa, 27th January, 1942.

H.Q. 36a
N. S. 815-7-36a
10M-7-41 (1117)

Samuel J. ...

Personnel Records Division.	
1. Noted in Records	<i>E. D.</i>
2. Index Card	
3. Non-Sub. Card	
4. Statistical Card	
5. Roneo Strip	<i>E. D.</i>
6. Pension Card	
7.	
8.	
DATE <i>10-2-42</i>	

103-N-125

P011938

DEPT. NATIONAL DEFENCE

JAN 20 1942

N.S. CANADA

35

By Command of the Honourable the Minister
of National Defence of the Dominion of Canada

To

Lieutenant Ian McLeod, R.C.N.V.R., (Temporary),--

The Minister of National Defence hereby appoints you

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

of His Majesty's Canadian Ship

STADACONA additional for training,
(Long (N) Course).

Your appointment is to take effect from

16th January, 1942.

Chief of the Naval Staff

Personnel	
1. Name	S.M.
2. Inscr. Card	
3. Photo Card	
4. Civil Card	
5. R. Card	S.M.
6. Pension Card	
7.	
8.	
DATE	22.1.42

Department of National Defence

Ottawa,

194

13th January, 1942

H.Q. 36a
N. S. 815-7-36a
10M-7-41 (1117)

Barrie, as
Ex. O.

84093

103-M-175

By Command of the Honourable the Minister
of National Defence of the Dominion of Canada

38

To Lieutenant Ian McLeod, R.C.N.V.R., (Temporary),--

The Minister of National Defence hereby appoints you

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

of His Majesty's Canadian Ship OTTAWA, (Temporary), for "N" duties.

Your appointment is to take effect from 20th April, 1942.

Department of National Defence

Ottawa, 20th April, 1942.

H.Q. 36a
N. S. 815-7-36a
10M-7-41 (1117)

Keegan for try

Vice-Admiral,
Chief of the Naval Staff

Personnel Records Division	
1. Noted in Records	<i>LB</i>
2. Index Card	
3. Non-Sub. Card	
4. Statistical Card	
5. Roneo Strip	<i>LB</i>
6. Pension Card	
7.	
8.	
DATE	<i>27/4/42</i>

OFFICIAL NUMBER

FILE NUMBER

103-M-125

0-50300

OFFICIAL NUMBER

NAME

McLEOD
(Surname)Ian Stanley
(Given Names)

DATE OF BIRTH

19 September 1913

PLACE OF BIRTH

Hamilton, Ontario

OCCUPATION

Salesman

RELIGION

EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

811 King St., East, Apt. 1

Town

Hamilton

Province, etc

Ontario

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
2	9	40	Hostilities only	5'9"	Fair	Blue	Clear	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	
				18	2	41	Passed Short Torpedo Crse. 81.5%				
				25	4	41	Passed Off. Pilotage Crse. 93%				
				5	4	41	Passed Off. Signal Course				
				11	4	42	Long Navigation Crse. 91%				

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. WAR 4455-1-
DATE

Date (in figures)
Day Month Year

DAYS FORFEITED

Prison Det'n Cells C. Power W. Trial In diff. Char.

SECOND CLASS FOR CONDUCT

From

To



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

4
NAVY

DECEASED MEMBER'S NAME **Ian Stanley**
(CHRISTIAN NAMES)

McLEOD
(SURNAME)

REGISTER NO. **10022**
FILE NO. **NS.0-50300**
DATE **28 Jun/45**
SERVICE NO. **R.C.N.V.R**
FINAL RANK OR RATING **Lieut.**
DATE OF DISCHARGE **13 Sep/42**

PAYEE **Mrs. Anne McLeod,**
ADDRESS **Box 146,**
Halleybury, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE **13 Sep/42**

DATE OF DISCHARGE **13 Sep/42**

A. TOTAL QUALIFYING SERVICE		\$
NO. OF DAYS	EQUAL TO	
714	23	
30	COMPLETE PERIODS AT \$7.50	172.50
B. QUALIFYING OVERSEAS SERVICE		\$
NO. OF DAYS	LESS	
396	24	
372	DAYS @ 25C. PER DAY	93.00
C. SUPPLEMENT FOR OVERSEAS SERVICE		\$
DAILY RATES AT DISCHARGE		
PAY	\$ 6.00	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ 2.35	
ADDITIONAL PAY SPEC(n)	\$.25	
	\$	
	\$	
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$ 2.00	
TOTAL	\$ 10.60 X 7 = \$ 74.20	
NO. OF DAYS	396 X \$ 74.20	160.56
183		
D. WAR SERVICE GRATUITY		426.06
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES \$	
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$	Nil
	OTHER DEDUCTIONS \$	
F. TOTAL AMOUNT PAYABLE		426.06

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____ = \$ 426.06
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

Cheque 36009 - July 10/45

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	
YN	<i>[Signature]</i>	CHECKED BY	DATE
		<i>[Signature]</i>	<i>12/7/45</i>

[Signature]
SERVICE REPRESENTATIVE
for Dir. Naval Pay Acct'g.

AT

C E R T I F I C A T E

I HEREBY CERTIFY that the following is an
excerpt from the war service record of

0-50300, Lieutenant Ian Stanley McLEOD

Reported missing September 13, 1942, when
the ship in which he was serving, H.M.C.S.
"OTTAWA", was torpedoed and sunk by enemy
action while on operational duty at sea,
and no further information concerning him
having become available he is, for official
purposes, presumed to have died on that date.

and that I have compared the excerpt with the original
documents to assure myself that it is a true copy.

T.A.M.

T. A. Murray,
Supervisor,
War Service Records Division.

JBR
OTTAWA, March 7, 1963.

LA:JV

N.S. 105-M-125

- Naval Service -

20th January, 1943.

Sir:

The attached Form C.N.S. 1121,
"Report of Death" respecting

H.M.C.S. "OTTAWA" casualties,

is forwarded for completion of your records.

Yours truly,

H.S. Money

For
SECRETARY, NAVAL BOARD,

Encl.

The Secretary,
The Canadian Pension Commission,
Room 404, Daly Building,
OTTAWA, Ont.

The Dominion Statistician,
Bureau of Statistics,
OTTAWA, Ont.

The Secretary,
Imperial War Graves Commission,
Room 312, Transportation Building,
OTTAWA, Ont.

The Director of Records,
Daly Building,
OTTAWA, Ont.

77
N.C.R.



Department of National Defence

Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

No. N.S. 103-M-125.

235516

29 September, 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>
Lieutenant Ian Stanley McLEOD, 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".	Wife: Mrs. Anne McLeod, Box 146, HAILEYBURY, Ont.

ALLOTMENTS IN FORCE

<u>In favour of:</u>	<u>Amount</u>	<u>Initials.</u>
Mrs. Anna McLeod,	Box 146 Hail ^{ey} bury Ont. \$140.00	Bh 11/10/42

WILL: No record.

Yours truly,

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

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

103-M-125

DRAFTED BY NPR PER NBM

NAVAL MESSAGE

S. 1320D
10 Mil. 12-41 (2799-2800)
N.S. 815-9-1320D

To: MRS. ANNE MCLEOD,
BOX 146,
HALLEYBURN, ONT.

From:
N.S.H.Q. OTTAWA ONT.

OFFICIAL COPY

CNP
NPR
PDG
MINISTER

THE MINISTER OF NATIONAL DEFENCE FOR NAVAL SERVICES
DEEPLY REGRETS TO INFORM YOU THAT YOUR HUSBAND LIEUTENANT
IAN STANLEY MCLEOD ROYAL CANADIAN NAVAL VOLUNTEER RESERVE
IS MISSING, BELIEVED KILLED IN ACTION.

/ 17

45

(DELIVERY CONFIRMED)

L/T

P/L

19/9/42

NR

LA:FMW

October, 1942.

103-M-125.

55

THIS IS TO CERTIFY that according to official information Lieutenant Ian Stanley McLeod, Royal Canadian Naval Volunteer Reserve, is missing, believed killed in action to date the 13th of September, 1942. He was on board H.M.C.S. "OTTAWA", which has been reported lost.

DR

Deputy SECRETARY, NAVAL BOARD.

DR HAW

19th September, 1942.


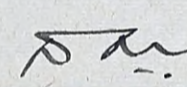
Dear Madam:

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 husband, Lieutenant Ian Stanley McLeod, R.C.N.V.R., 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 husband 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 husband has helped to maintain.

Yours sincerely,

 
Deputy Secretary, Naval Board.

Mrs. Anne McLeod,
Box 146,
HAILEYBURY, Ont.

