

MILBURN
JOHN ROBERT
N40939

113-M-918

2/22

OCCUPATIONAL HISTORY FORM

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

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

Section A—GENERAL INFORMATION

PLEASE LEAVE BLANK

- 1. (a) Print name in full JOHN R. MILBURN (b) Reg'l. No. V 7737
- 2. (a) Arm of service NAVY (b) Unit RCNVR (c) Rank P.O.
- 3. (a) Date of birth JAN 5 1940 (b) Have you any dependents? YES (c) Place of residence at time of enlistment Toronto Ont.
- 4. (a) Place of enlistment Toronto (b) Date of enlistment JAN 5 1940

Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school 16 (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.) 2 year diploma
- 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?

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 MACHINE SHOP (b) State how long you had worked at this trade or occupation 4 1/2 years
- 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 Raye Address Wesley
- 16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) MACHINE SHOP
- 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 M. J. Raye Machine Shop Address Wesley
- 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) MACHINE SHOP
- 20. (a) Your specific occupation machinist (b) Number of years' experience at this occupation with any employer 4 1/2 years
- 21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? NO

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

- 24. (a) Do you wish to engage in farming after the war? (b) Do you feel competent to operate a farm? (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 1944 194

SIGNATURE J. R. Milburn



ES
CMA
V
A
Copy to
ES

MAY 30 1941

MEMORANDUM FOR

P. 64

Mrs. Silvia L. Milburn,
20 Sebastian Place,
HALIFAX, N.S.

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. 62-M-782 FD. 160

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

MILBURN, John Robert, Ord. Art./4

No. 40939, R. C. N.

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., 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..... | Sylvia Lorraine Milburn | 24 | 1246A Bloor St., West. | |
| 2 | Children of the Deceased and dates of their Births..... | | | | |
| 3 | Father of the Deceased..... | Robert Milburn. M.P. | 52 | 1246A Bloor St. W. | |
| 4 | Mother of the Deceased..... | Susan Ann Milburn | 52 | 1246A Bloor St. W. | |
| 5 | Brothers of the Deceased | Full Blood | Douglas Raymond Milburn | 22 | H M C S Station Halifax N.S. |
| | | Half Blood | | | |
| 6 | Sisters of the Deceased | Full Blood | Mrs Olive Underwood Mrs Muriel Crawford Margaret Thelma Milburn | 32 28 16 | 65 Pharmacy Ave. Jones Ave. 305 1246A Bloor St. W. |
| | | 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>John Robert Milburn</i> |
| 11 | Give the month and year of his birth. | <i>20th January 1919</i> |
| 12 | Where and when were his parents married? | |
| 13 | Was he ever married? If so, state exact place and date of marriage. | <i>20th April 1940, Midland Ont</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? | <i>no</i> |

PARTICULARS OF DOMICILE

| | | |
|----|--|--|
| 16 | Where was deceased born? | <i>Toronto Ont.</i> |
| 17 | In what Province, Country or State did he reside, and in which last? | <i>Ontario, Nova Scotia (Halifax)</i> |
| 18 | How long in each? | <i>Ont (20 yrs 11 months) Nova Scotia (2 yrs 3 months)</i> |
| 19 | What was the nature of his employment? | <i>Ordinance Artificer</i> |
| 20 | Did he own the house or homestead in which he lived? If so, where? | <i>no</i> |
| 21 | Did he ever state verbally, or in writing, where he intended to make his permanent home? | <i>no</i> |
| 22 | State <u>your</u> postal address in full. | <i>1246 A Bloor St., West Toronto Ont.</i> |

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.

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

Robert McIlwain M.M. Signature of Informant

CERTIFICATE

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

*See above { Name of Informant } is the * 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 Toronto, Ontario this 29th day of October 19 42

Signature of Clergyman, Priest or Magistrate } George F. Innes Qualification H/Capt. & Chaplain

Address Vocational Training School 200 Huron St Toronto, 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.



ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Millburn OFFICIAL NO.

CHRISTIAN NAMES John Robert MARRIED, SINGLE or WIDOWER Single

| | |
|--------------------------------------|-----------------|
| PERMANENT ADDRESS | RELIGION |
| <u>133 Silverbirch Ave, Toronto.</u> | <u>C. of E.</u> |

| | | |
|-----------------------|---|--|
| DATE OF BIRTH | PLACE OF BIRTH | NAME AND ADDRESS OF NEXT OF KIN |
| <u>Jan. 20, 1919.</u> | Town <u>Toronto</u> County <u>York</u> Province <u>Ont.</u> | Mother: <u>Susan Ann Millburn,</u> <u>133 Silverbirch Ave.</u> |

PERSONAL DESCRIPTION ON ENROLMENT

| HEIGHT | CHEST MEASUREMENT | HAIR | EYES | COM- PLEXION | WOUNDS, SCARS, MARKS |
|-----------------------|-------------------|-------------|------------|-----------------|--------------------------|
| Feet..... <u>5</u> | Inflated..... | <u>Blk.</u> | <u>Bru</u> | <u>Fresh</u> | <u>Scar between eyes</u> |
| Inches..... <u>5½</u> | Deflated..... | | | | |
| Mean..... | | | | | |

| | | |
|----------------------|--|--------------------------------------|
| DATE OF ENROLMENT | RATING ENROLLING FOR | TRADE OR CALLING AND IN WHOSE EMPLOY |
| <u>Jan. 8, 1940.</u> | <u>Bandsman</u> <u>O. Sea.</u> <u>R. C. N. V. R.</u> | <u>Musician.</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 Militia Band for the period shown, and attach my record of service, in corroboration of this statement.

* Cross out Clause not applicable.

| SERVED IN | RANK | FROM | TO |
|-----------------|-----------------|-------------|------------------------|
| <u>O. O. R.</u> | <u>Musician</u> | <u>1937</u> | <u>Decr. 23, 1939.</u> |

- (c) I have never been rejected from any of His Majesty's Forces on account of unfitness.
- (4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

(5) On being enrolled as a member of the Toronto 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 8th day of January, 1940

Signature of applicant * John Robert Millburn

(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 8th day of January, 1940

F.W. Lucas
For Signature of Commanding Officer.

(D) OATH OF ALLEGIANCE

I, John Robert Millburn 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 * John Robert Millburn
Witness F.W. Lucas

Date Jan 8, 1940 Rank Lieutenant

The Oath of Allegiance may be administered by a Commissioned Officer of the Naval Service.

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

John Robert Millburn 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 Toronto Division of the R.C.N.V.R.

[Signature]
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.



CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND BOYS FOR THE 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 Milburn, John Robert
candidate for entry as Ord. Seaman Bandsman RCNVR
and I believe him to be in all respects fit for His Majesty's Service. He has signed the Certificate given below in my presence.

Dated at Toronto Division the 26th of December 1939

C. W. Wake

Examining Medical Officer

(Rank) Surgeon Lieutenant

This examination has been made in accordance with the Instructions for Recruiting.

| a | b | c | d | e | f | g | h | i | j | k | l | m | n | |
|--------------------|------------------------|-----------------------|---------------------|---|--|--|--------------------|-----------------------|------------------|--------|------------------|--------------------------|---|--------------------------|
| Age | Weight without Clothes | Height with Bare Feet | General Development | Chest Girth | Vision by— (i) Snellen's Types (ii) Colour Vision | Vaccinated or re-vaccinated 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, Haemorrhoids, etc. |
| 20 $\frac{11}{12}$ | 125 | 5-5 $\frac{1}{2}$ | good | inches (a) maximum 34 $\frac{1}{2}$ (b) minimum 32 (c) mean 33 | right eye 20/20 left eye 20/20 colour vision defective | in childhood | normal | normal | normal | normal | normal | normal | one defective Two deficient | normal |

CERTIFICATE TO BE SIGNED BY THE 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 as may be authorized.

John Robert Milburn

Signature of Candidate

When a Candidate is passed, notwithstanding a slight defect or disability, the following Certificate is to be filled up

This Candidate is the subject of.....

not considered of sufficient importance to cause his rejection, he being desirable in other respects.

SICK BAY
JAN 7 1940
R.C.N. BARRACKS

C. W. Wake

Examining Medical Officer

(Rank) Surgeon Lieutenant

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

Partial upper denture.
12/Jan/40

DJM/DG

N.S.62-M-782

AIR MAIL

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, John Robert Milburn, Ordnance Artificer 4th Class, O.N. 40939, R.C.N., 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.

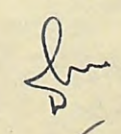
Please allow me to express sincere sympathy with you in your bereavement on behalf of the Minister of National Defence for Naval Services, Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your husband has helped to maintain.

Yours sincerely,


Deputy


Secretary, Naval Board.

Mrs. Silvia L. Milburn,
20 Sebastian Place,
HALIFAX, N.S.



DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

Ottawa, Canada,

5 October, 1942,
(Date)

Sir:

The following casualty has been reported -

| <u>NAME</u> | <u>RANK or RATING</u> | <u>NAVAL NO.</u> |
|--|--|----------------------|
| <u>MILBURN, John Robert</u> | <u>Ordnance Artificer 4/c</u> | <u>40939, R.C.N.</u> |
| <u>1942. Transferred to R.C.N. 10 January, 1942.</u> | | |
| <u>DATE OF ENLISTMENT</u> | <u>Previous service R.C.N.V.R. from 8 January, 1940 to 10 January,</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> | | |
| <u>Reason for discharge and when and where any disability was incurred; or where death occurred:</u> | <u>"DEAD". Missing, believed killed in action.</u> | |
| | <u>He was on board H.M.C.S. "OTTAWA".</u> | |

(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. Silvia L. Milburn,
ADDRESS 20 Sebastian Place, HALIFAX, N.S.

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

\$ 100.00 PAID TO Still in force
MARRIAGE ALLOWANCE AT \$ 1.15 PER DIEM PAID TO Still in force
DEPENDENTS ALLOWANCE AT \$ nil PAID TO nil
TOTAL MONTHLY PAYMENT TO - WIFE \$ 100.00

Computed by EL 5/10/42 DEPENDENTS \$ nil
Checked by BA 3/10/42

The Secretary,
The Canadian Pension Commission.

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

(See reverse side for further instructions.)

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

54

REMARKS:

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.

(Faint, mostly illegible text and markings, possibly bleed-through or ghosting from the reverse side of the page)

NON-PERMANENT ACTIVE MILITIA OF CANADA

CERTIFICATE OF DISCHARGE

Duplicate.

This Certifies that #1824 PFM. J. R. MILBURN
(Rank and Name)
of TORONTO County of YORK
Province of ONTARIO served continuously in the
QUEEN'S OWN RIFLES OF CANADA
(Regt. or Corps) of the Non-Permanent Active Militia of
Canada, from the 14 day of DECEMBER 1936, to
the 3 day of JANUARY 1940, and is now discharged
therefrom, and that he attended and completed Annual Training for the years
1937-38-39
(Each year separately, in figures)

THREE YEARS, ELEVEN MONTHS, NINETEEN DAYS
(Total number of years, in words)

J. R. Milburn
(Signature of soldier)

Place TORONTO

Date MAY 20 1940

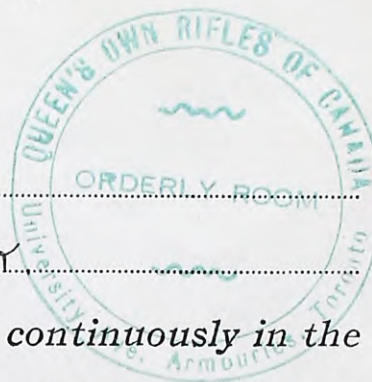
Commanding [Signature]
(Sqn. Bty. or Coy.)

† Commanding **QUEEN'S OWN RIFLES OF CANADA**
(Regt. or Corps)

† NOTE—Not required in the case of an Independent or Detached Squadron, Battery or Company.

M. F. B. 350

4M-12-38
H.Q. 1772-39-62



52554

QUESTIONNAIRE FOR CANDIDATES

FOR ENTRY IN THE

ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

R.C.N.V.R. BAND

MILBURN

DEPT. NATIONAL DEFENCE
DEC 31 1939
113-2170
113-72918

Name (in full) John Robert Milburn

Date and place of birth 20th Jan. 1919 Toronto
(Birth certificate, declaration by parents or affidavit as to date of birth must be attached)

Permanent place of residence 133 Silverbirch Ave.

Nearest town to residence (if living in country) Toronto

Are you a British subject? Yes

Are you single, married or a widower? single

In what capacity do you wish to enrol? Ord. Seaman Bandsman RCNVR
(See standards of qualifications in attached pamphlet)

Present occupation or trade musician
(Attach any testimonials or recommendations)

Do you belong to any Naval, Military, Reserve or Territorial Force? Queens Own Rifles

Have you ever served with such forces? Give dates and details. USED TO SERVE AS

BANDSMAN IN QUEENS OWN RIFLES. ENTERED DEC 23/36 DISCHARGE DEC 23/39

Have you ever been discharged from any of H. M. Forces as medically unfit? No

Have you ever offered to serve in any of H. M. Forces and been rejected? No

What is your weight? 125 LBS What is your height? 5' 5 1/2"

What is your chest measurement (not inflated)? 33

Are you free from all physical defects or malformation, and not subject to fits? Yes

Are you willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities? Yes

I hereby declare that the above answers are true in every respect.

John Robert Milburn Signature

Dec. 26 1939 Date

133 Silverbirch Ave. Address

J. B. Bensley
(Witness to Signature)

This is to certify that I have personally seen the birth certificate of this applicant, or a sworn declaration as to his date of birth.

I certify his date of birth, according to legal documentary evidence, to be Jan 20 1919

Signed F. W. Lucas Lt
For Commanding Officer

THIS MAN CLAIMS HE DID NOT SIGN ANY PAPERS WITH THE QUEENS OWN RIFLES.

| | |
|-------------------------------------|--------------------|
| MAIN FILE | |
| CHARGED TO | <i>D.M.E.</i> |
| SINCE | <i>30/12/39</i> |
| REC'D. CENTRAL REGISTRY | |
| DEC 31 1939 | |
| REFERRED TO | <i>[Signature]</i> |
| <i>D.M.P. - mh-4.1.40 & 1/2</i> | |
| <i>N. Sectry - [Signature]</i> | |

BOARD OF CANDIDATES FOR THE
 NATIONAL EXAMINATIONS
 FOR THE DEGREE OF B.A.
 UNIVERSITY OF CAMBRIDGE

H. M. C. S.

OFFICIAL No. IF KNOWN
Space to be left vacant
if not known

62-71-782

40939

CONTINUOUS SERVICE ENGAGEMENT, OR RE-ENGAGEMENT

To be forwarded to the Naval Secretary, Department of National Defence, with Form S. 59

| | | | | |
|-------------------------------|-----------------|---------------------------|--|------------------------|
| CHRISTIAN AND SURNAME IN FULL | | NEXT OF KIN | | PRESENT RATING |
| John Robert Milburn | | Name..... Address..... | | Ordnance Artificer 4/c |
| DATE OF BIRTH* | PLACE OF BIRTH† | | NAME, RANK AND STATION OF RECRUITING OFFICER | |
| 20th January, 1919 | Town..... | Toronto | 64 | |
| | County..... | | | |
| | Province..... | Ontario | | |

Personal Description at the Date of this Document

| Height | Chest | Hair | Eyes | Complexion | WOUNDS, SCARS OR MARKS | Religious Denomination | TRADE OR OCCUPATION |
|--------|-------|------|------|------------|------------------------|------------------------|---------------------|
| | | | | | | | |

| | | | |
|---|--------------------|---------------------------------------|-------------|
| Commencing date of Engagement or Re-engagement | 10th January, 1942 | Period of Engagement or Re-engagement | SEVEN YEARS |
| Date of <i>actually</i> volunteering to engage or re-engage | | Date of entering present ship | |

Particulars of former Continuous Service Engagements, if any, but, if none, and the person engaging has had previous Service, the date of his First Entry should be given. If the person has not previously served, write the words "First Entry" here.

RCNVR 8/1/40-9/1/42

If an Engagement is ante-dated for any period, the man's services for such period should be forwarded in to office, with the Engagement, on Form S.-1243.

Declaration of Entry or Re-Entry from Shore for Continuous Service

The following questions are to be put by the Commanding Officer to the person about to engage for Continuous Service, whose answers are to be recorded hereon:—

- Are the particulars given above of your name and date and place of birth correct?.....
- Are you a British subject?.....
- Nationality of Parents—Father..... Mother.....
- Have you ever served in the Navy, Royal Fleet Reserve, Royal Naval Reserve, Army, Army Reserve, Marines, Militia, Volunteers (Naval or Military), Territorial Force, or in His Majesty's Indian or Colonial Military Forces, or in the R.C. Mounted Police?.....
Yes, RCNVR 8/1/40-9/1/42
- Do you now belong to the Militia, Volunteers (Naval or Military), Territorial Force or any Regiment or Corps in His Majesty's Army, or to any established Naval or Army Reserve Force, or to the R.C. Mounted Police?.....
- Have you ever been rejected as unfit for His Majesty's service, or discharged from it on that account? If so, state reason of rejection or discharge, and date.....
- Have you ever been discharged from the Navy, Marines, Army, or R.C. Mounted Police on account of misconduct?.....
- Are you willing to be vaccinated or re-vaccinated and inoculated?.....
- Can you swim?.....

* When evidence of age is obtained on First Entry, it should be attached to this Form.

† Foreigners are not to be entered. On the entry of a person born out of the British Empire, it should be ascertained that he is (and in the case of a boy, that his father is) a British Subject, and evidence of the fact should be attached to the "Entry Papers."

‡ Particulars of service in the Army, Army Reserve, Naval Reserve, Marines, Militia, or H.M. Indian or Colonial Military Forces, or in the Merchant Service should be forwarded in to office with this Engagement. If a member of the Royal Fleet Reserve, the man's Registrar is to be immediately informed of his entry (Royal Fleet Reserve Instructions). If an R.N.R. man, state number of R.V.2.

(OVER)

C.N.S. 55

10M-10-40 (7363)
N.S. 815-9-55

I.—Declaration and Certificate for Men newly entered and Men who have been out of the Service since the expiration of the previous C. S. Engagement

I, **John Robert MILBURN**, do solemnly declare that to the best of my knowledge and belief the answers to the questions overleaf are true, and I do hereby agree to serve honestly and faithfully in the Naval Service of Canada* **for SEVEN YEARS** from † **10th January,** 19 **42**, provided my service should be so long required. And I do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty. As witness my hand this..... day of..... 19.....

.....Man's Signature in full
Witness to Signature.....

Attested before me this..... day of..... 19.....

Signature of a Commissioned Officer of the Naval Service

Date..... 19.....

This is to certify that we have examined the person named on the other side hereof as to his fitness for the Naval Service of Canada, and we find as follows:—He is of perfectly sound and healthy constitution, free from all physical malformation, active and intelligent; and we consider him in all respects fit for His Majesty's Service.

.....Commanding Officer
.....Medical Officer

II.—Certificate and Declaration for Boys

Date..... 19.....

This is to certify that we have examined the boy named on the other side hereof as to his fitness for the Naval Service of Canada, and we find as follows:—He is a well grown, stout, intelligent lad, of perfectly sound and healthy constitution, and free from all physical malformation, and we consider him in all respects fit for His Majesty's Service.

The consent of his parents or guardian has been obtained in writing, and they are willing and desirous that the boy should be entered for..... years' continuous and general service from the age of 18, in addition to whatever period may be necessary till he attains that age.

.....Commanding Officer
.....Lieutenant
.....Medical Officer

I declare that to the best of my knowledge or belief the answers to the questions on the other side of this form are true and that I am not indentured as an apprentice.

I am willing to enter and serve in the Naval Service of Canada for..... years' continuous and general service from the age of 18, provided my service should be so long required, in addition to whatever period may be necessary till I attain that age. And I do sincerely promise and swear, (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

.....Boy's Signature in full
Witness to Signature.....

Attested before me this..... day of..... 19.....

{Signature of a Commissioned Officer of the Naval Service

III.—Re-engagement for Continuous Service

To be executed by men who have not been out of the Service since the expiration of their first engagement

The particulars indicated on the other side are also required when this Form is used.

I,....., now serving as a..... on board H.M.C.S....., who on the..... of..... 19.....

engaged to serve in the Naval Service of Canada for a period of §..... years, do hereby engage to serve for a further period**..... from ††..... 19..... provided my services should be so long required.

.....Man's Signature in full
..... 19.....

Witness..... Commanding Officer

* Insert "for the term of (number in words) years," or "to complete (number) years for pension" or until I attain the age of..... years."
† Insert the date from which the engagement commences.
‡ The document conveying the consent to be attached to this paper. (N.B.—Not required in the case of youths over 17 years of age.)
§ To be written in words.
** Insert as follows:—"Of (number) years," or "to complete time for pension," or "until I attain the age of..... years," as the case may be.
†† Insert the date of commencement of the re-engagement, which must either be coincident with, or (when the re-engagement is ante-dated) earlier than the date of execution.

HOSTILITIES *V/S*

WEEKLY TEST AND FINAL RESULTS

NAME J.R. MILBURN

O.N. V- nk

CLASS "CR" Crescent

| WEEK ENDING | NFX | DFX | MF | SEMAPHORE | | PAPER | BUZZER | REMARKS |
|----------------------------------|-------------|-------------|------------|-------------|-------------|-------------|--------------------|------------------------|
| | | | | H.F. | MECH. | | | |
| <i>Thurs Dec 3rd</i> | | | | | | <i>54.5</i> | | |
| <i>" " 10th</i> | <i>79.5</i> | <i>94.5</i> | <i>96</i> | <i>90</i> | <i>96</i> | <i>60.7</i> | | |
| <i>" " 18th</i> | <i>86</i> | <i>93</i> | <i>100</i> | <i>98</i> | <i>95.5</i> | <i>62</i> | | |
| <i>" Jan 4th 1943</i> | <i>85.2</i> | <i>98</i> | <i>82</i> | <i>79</i> | <i>79</i> | <i>72</i> | | |
| <i>" " 14th</i> | <i>88.3</i> | <i>81</i> | <i>89</i> | <i>74</i> | <i>82</i> | <i>64</i> | | |
| <i>" " 21st</i> | <i>89</i> | <i>91</i> | <i>98</i> | <i>76.2</i> | <i>88</i> | | | <i>Sick 25/1</i> |
| <i>" " 28th</i> | <i>89</i> | | | | | | | <i>Sick on shore</i> |
| <i>" Feb 4th</i> | <i>91</i> | <i>80</i> | <i>90</i> | <i>77</i> | <i>82</i> | <i>55</i> | | |
| <i>" " 10th</i> | <i>89.5</i> | <i>84.5</i> | <i>92</i> | <i>96</i> | <i>93</i> | <i>60</i> | <i>70 (Coding)</i> | |
| <i>" " 18th</i> | <i>88</i> | <i>83</i> | <i>86</i> | <i>47</i> | <i>77</i> | <i>64.9</i> | | <i>To CT Mar 22/43</i> |
| | | | | | | | | |
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| | | | | | | | | |

| DATE | COMBINED PAPER | CODING | FLASHING | MORSE FLAG | SEMAPHORE | | BUZZER | | P. or F. | REMARKS |
|----------------------|----------------|-----------|-------------|------------|------------|------------|-----------|-----------|----------|--------------|
| | | | | | H.F. | MECH. | TRANS. | RECG. | | |
| <i>3/12/42</i> | | | | | | | | | | |
| <i>%age REQUIRED</i> | <i>75</i> | <i>75</i> | <i>95</i> | <i>92</i> | <i>96</i> | <i>96</i> | <i>75</i> | <i>85</i> | | |
| <i>%age OBTAINED</i> | <i>75</i> | | <i>96</i> | <i>96</i> | <i>90</i> | <i>98</i> | | | <i>P</i> | <i>O/Sig</i> |
| <i>2/4/43</i> | <i>86.5</i> | <i>93</i> | <i>96.5</i> | <i>92</i> | <i>100</i> | <i>100</i> | | | <i>P</i> | <i>Sig</i> |

SERVICE CERTIFICATE

N. V. No. 17
3M-10-39 (2176)
N.S. 815-11-17

OF

Name in full MILBURN, John Robert Company Toronto Division

ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

| | | |
|-----------------------|-------------------|------------------------------------|
| Training Headquarters | Toronto, Ontario. | Official Number <u>V 7736 7737</u> |
|-----------------------|-------------------|------------------------------------|

Date of Birth Jan. 20th, 1919

Place of Birth Toronto, York, Ontario

Usual Place of Residence 133 Sherbick Ave., Toronto Ont.

Trade brought up to Musician O.H.F.

Name and Address of next of kin Wife, Sylvia Corning, 9 Sebastian Place
71-10-41 Hfx NB

Religious Denomination C. of E.

Can Swim _____

PARTICULARS OF SERVICE

| DATE OF ACTUAL VOLUNTEERING | DATE OF ENROLMENT | PERIOD VOLUNTEERED FOR | RATING ON ENROLMENT | MEDALS, DECORATIONS, ETC. | |
|----------------------------------|-------------------|-------------------------|---------------------|---------------------------|----------------------|
| | | | | DATE RECEIVED | NATURE OF DECORATION |
| | 8-1-40 | Duration Hostilities | O.D. Bandsm. | | |
| <u>Previous Service:</u> | | | | | |
| <u>Q. O. Rifles--Musician--</u> | | | | | |
| <u>1937-December 23rd, 1939.</u> | | | | | |
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PERSONAL DESCRIPTION

| | HEIGHT | | COMPLEXION | HAIR | EYES | MARKS, WOUNDS, SCARS |
|----------------------------------|--------|--------|------------|-------|------|----------------------|
| | FEET | INCHES | | | | |
| On Entry | 5 | 5½ | Fresh | Black | Brn. | Scar between eyes |
| On attaining 28 years | | | | | | |
| Further Description if necessary | | | | | | |

Can. S. 1246C.
200-12-39 (3426)
N.S. 815-9-1246C.

ORDNANCE ARTIFICER'S HISTORY SHEET

Etod

Name **MILBURN J. R.**

Official No. ~~V-7731~~ **V-7737**

Port Division **HALIFAX, N.S.**

GUNNERY SCHOOL RECORD

To be filled up on discharge from Gunnery School

| DATE | SHIP | RATING | SCHOOL | *ABILITY IN | | | | | ABILITY TO TAKE CHARGE | CAPTAIN'S INITIALS |
|------------------------|-------------|------------------------------|--------|-----------------|-----------------|---------------------|-------------------------------|----------|------------------------|--------------------|
| | | | | General Gunnery | Woolwich Course | Hydraulic Machinery | Fire Control and Rangefinders | Workshop | | |
| 9 th /5/41. | "Stadacona" | A/O.A. 4 th class | Pama | Sar | Sar | | Supr | Sar | unac training | <i>h.j.h.</i> |
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*Exceptional, Superior, Satisfactory or Fair.

S.—1246 (late S.—1326).
T.S.—97.

To be kept attached to the Service Certificate until final discharge from the Service.

SIGNAL HISTORY SHEET.

(Established—July, 1901.)
(Revised—May, 1938.)
5M—442 (4317)
N.S. 815-9-1246

Name MILBURN, J. R.

I. EXAMINATION RECORD.

To be filled up according to the result obtained after examination.

Official No. N-48939

9421/D5234 4250/7/39 Wt & Sons Ltd 221c*/64315/

| Date | Nature of Examination Qualifying or Requalifying | | Fleet Work | | Miscellaneous | | Procedure | | Coding | | W/T Paper | Buzzer | | Flashing | Morse Flag | Semaphore | | Passed or Failed | Ship or Establishment where examined | Initials of Examining Officer |
|------|--|------------|------------|-----------------------------------|---------------|------|-----------|-----------|--------|-----------|--------------|--------|----|----------|---------------|-----------------|---------------|---------------------|---|-------------------------------------|
| | | | Paper | Mast and Marching Manœuvres | Paper | Oral | Paper | Practical | Paper | Practical | | T | R | | | Mechan- ical | Hand Flags | | | |
| | FOR T.O. (V/S) (Provisional) | % Required | 80 (oral) | — | — | 80 | — | 80 | — | 80 | — | 80 | 90 | 97 | 96 | 98 | 98 | — | — | — |
| | | % Obtained | | | | | | | | | | | | | | | | | | |
| | FOR T.O. (V/S) (Final) | % Required | 80 (oral) | — | — | 80 | — | 80 | — | 80 | — | 80 | 90 | 97 | 96 | 98 | 98 | — | — | — |
| | | % Obtained | | | | | | | | | | | | | | | | | | |
| | FOR V/S 3 | % Required | 80 | — | — | 80 | 80 | — | 80 | 80 | 75 | 80 | 90 | 97 | 96 | 98 | 98 | — | — | — |
| | State whether after a qualifying course | | | | | | | | | | | | | | | | | | | |
| | | % Obtained | | | | | | | | | | | | | | | | | | |
| | FOR V/S 2 | % Required | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 75 | 80 | 90 | 97 | 96 | 98 | 98 | — | — | — |
| | | % Obtained | | | | | | | | | | | | | | | | | | |
| | FOR V/S 1 | % Required | 80 | 85 | 80 | 80 | 80 | 85 | 80 | 80 | 80 | 85 | 90 | 97 | 96 | 98 | 98 | — | — | — |
| | | % Obtained | | | | | | | | | | | | | | | | | | |

II. Date of Granting of Non-Substantive Rate.

| Rate | Date | Initials of Captain | Rate | Date | Initials of Captain | Rate | Date | Initials of Captain | Rate | Date | Initials of Captain |
|------------|------|---------------------|-------|------|---------------------|-------|------|---------------------|-------|------|---------------------|
| T.O. (V/S) | | | V/S 3 | | | V/S 2 | | | V/S 1 | | |

S.—1246.
T.S.—97.

III. Boys Examinations.

(I.) ON PASSING OUT OF TRAINING ESTABLISHMENT.

| Date | | Paper | Oral | School | Pro- cedure Pract. | Buzzer | | Flashing | Morse Flag | Semaphore | | Passed or Failed | Training Establishment | Initials of Examining Officer |
|------|------------|-------|------|--------|--------------------------|--------|----|----------|---------------|-----------|------|------------------------|---------------------------|-------------------------------------|
| | | | | | | T | R | | | Mech. | H.F. | | | |
| | % Required | 75 | 65 | 40 | 75 | 75 | 85 | 90 | 88 | 90 | 90 | — | — | — |
| | % Obtained | | | | | | | | | | | | | |

(II.) FOR ACCELERATED ADVANCEMENT TO ORDINARY SIGNALMAN.

| Date | | Paper | Oral | Coding Pract. | Buzzer | | Flash- ing | Morse Flag | Semaphore | | Passed or Failed | Ship or Establishment where examined | Initials of Examining Officer |
|------|------------|-------|------|------------------|--------|----|---------------|---------------|-----------|------|------------------------|---|-------------------------------------|
| | | | | | T | R | | | Mech. | H.F. | | | |
| | % Required | 75 | 75 | 70 | 75 | 85 | 95 | 92 | 96 | 96 | | — | — |
| | % Obtained | | | | | | | | | | | | |
| | % Obtained | | | | | | | | | | | | |

IV. Examination for Ordinary Signalman (S.S).

| Date | | Fleet Work | | Oral | Procedure | | Co- ding Pract. | W/T Paper | Buzzer | | Flash- ing | Morse Flag | Semaphore | | Passed or Failed | Initials of Examining Officer |
|----------|------------|------------|------|------|-----------|--------|-----------------------|--------------|--------|----|---------------|---------------|-----------|------|------------------------|-------------------------------------|
| | | Paper | Mast | | Paper | Pract. | | | T | R | | | Mech. | H.F. | | |
| | % Required | 65 | 90 | 80 | 65 | 80 | 65 | 75 | 75 | 85 | 90 | 88 | 90 | 90 | — | |
| 31/12/42 | % Obtained | 75 | | | | | | | | | 96 | 96 | 98 | 90 | P | ST |

V. Training Class Certificate.

No Ordinary Signalman is eligible for advancement to the rating of Signalman until this Certificate has been obtained.

| Date of Completion | Subject | % Required | % Obtained | Passed or Failed | Ship or Establishment where examined | Initials of Examining Officer |
|-----------------------|----------------|------------|------------|---------------------|---|-------------------------------------|
| | Seamanship | 75 | | | | |
| | Field Training | 70 | | | | |
| | W/T | 75 | | | | |
| | | | | | | |
| | | | | | | |
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VI. Examination for Signalman.

| Date | | Fleet- work Paper | Misc. Oral | Pro- cedure Paper | Coding Pract. | Buzzer | | Flash- ing | Morse Flag | Semaphore | | Passed or Failed | Ship or Establishment where examined | Initials of Examining Officer |
|-----------|------------|-------------------------|---------------|-------------------------|------------------|--------|----|---------------|---------------|-----------|------|---------------------|--|-------------------------------------|
| | | | | | | T | R | | | Mech. | H.F. | | | |
| | % Required | 75 | 75 | 75 | 75 | 75 | 85 | 95 | 92 | 96 | 96 | | | |
| 2 Apr. 43 | % Obtained | 86.5 | | | 93 | | | 96.5 | 92 | 100 | 100 | P | ST. HYACINTHE | |
| | % Obtained | | | | | | | | | | | | | |
| | % Obtained | | | | | | | | | | | | | |

* One combined Paper.

DECEASED 13 September 1942

D.D.

DEPARTMENT OF VETERANS AFFAIRS

AWARDS NAVY

WAR SERVICE RECORDS

| | | | | |
|----------------------------|-----------------|----------|-------------------|---------------|
| MILBURN | John Robert | N-40939 | O.A. 4. | FILE No. |
| SURNAME (IN BLOCK LETTERS) | CHRISTIAN NAMES | REG. No. | RANK ON DISCHARGE | C.A.S.F. UNIT |

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

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

P. 3729.

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

File "OTTAWA" Aug. 43 R.C.N.

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

(1) MEDALS

PERSON

ENTITLED TO Mrs. Kenneth Boyle - Widow (Re-married)

ADDRESS: KAPUSKASING, Ont.

18-8-49

DATE DESP

(1)

REGN. NO. 2162

(2) MEMORIAL CROSS

WIDOW

Mrs. S. L. Milburn

ADDRESS: 65 Pharmacy Avenue
TORONTO, Ontario

(2) 21 November 1942

(3) MEMORIAL CROSS

MOTHER

Mrs. S. Milburn

ADDRESS: 1246A Bloor Street
TORONTO, Ontario

(3) 25 November 1942

VERIFICATION FORM

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

Text RANK/RATING *O.A. He* OFF. NO. *N 40939* 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. | 1915 MEDAL | | | |
| | | | | | | | | 1939-45 | | 1 star |
| <i>sd</i> | | | | | | | | ATLANTIC | | 1 star |
| | | | | | | | | FRANCE G. | | |
| | | | | | | | | AFRICA | | |
| | | | | | | | | PACIFIC | | |
| | | | | | | | | BURMA | | |
| | | | | | | | | ITALY | | |
| | | | | | | | | DEFENCE | | |
| | | | | | | | | C.V.S.M. | | 2 clasps |
| | | | | | | | | " CLASP | | |
| | | | | | | | | WAR 1945 | | 1 medal |
| | | | | | | | | WAR 1915 | | |

VERIFIED BY *[Signature]*

sd.

VERIFIED BY DIR. OF PERSONNEL RECORDS.

40939

OFFICIAL NUMBER

NAME MILBURN
(Surname)

John Robert
(Given Names)

OFFICIAL NUMBER

40939

| 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 |
| Ottawa | O.A.4/c. | 10 | 1 | 42 | | V.G. | | 13 | 9 | 42 | | | | | | | |
| Discharged | " | 13 | 9 | 42 | DEAD-Missing-Believed Killed in Action. | | | | | | | | | | | | |

GENERAL REMARKS

24/11/42- Canadian Memorial Cross issued to Mother:
Mrs. Susan Milburn,
1246A Bloor St. W.,
TORONTO, Ont.

24/11/42- Canadian Memorial Cross issued to Wife:
Mrs. Silvia L. Milburn,
65 Pharmacy Ave.,
TORONTO, Ont.

| | | | | | | | | | | | | | | | |
|---------------|-------|--------|-----|------|----|------|-----------|------|------|----------------------------|-------|--------------|---|----|----|
| DATE OF BIRTH | PLICE | CIVIL | OCU | ARM | ED | PERM | RESIDENCE | PROV | CAN. | RANK OR RATE ON ENLISTMENT | | | | | |
| BY MO. YR. | BIRTH | PROVIN | SUS | CLON | 9 | CTY | TOWNSHIP | DIV | 4 | BR | TRANK | | | | |
| 30 | 1 | 19 | 11 | 7 | 18 | 0 | 30 | X | 156 | 14 | 3 | 03 | 1 | 36 | 95 |
| ENLIST. DATE | BY | MO. | YR. | | | | | | | | | RANK OR RATE | | | |
| 10 | 0 | 1 | 42 | | | | | | | | | 0350 | | | |
| SENICRITY | BY | MO. | YR. | | | | | | | | | CHECKED | | | |
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40939

OFFICIAL NUMBER

FILE NUMBER

62-11-782

OFFICIAL NUMBER 40939

NAME MILBURN (Surname) John Robert (Given Names) DATE OF BIRTH 20th January, 1919.PLACE OF BIRTH Toronto, Ont. OCCUPATION Musician.RELIGION Church of England. EDUCATIONRESIDENCE AT TIME OF ENLISTMENT: Street and No. 133 Silverbirch Ave., Town Toronto Province, etc. Ont.

| 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 |
| 10 | 1 | 42 | Seven Years. | | | | | | RCNVR. ON. V7730- | 8/1/40- | 9/1/42. | |

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs Sylvia Le MilburnADDRESS (in pencil): Street and No. 65 Pharmacy Ave 1/2/42 Town Toronto Province, etc. Ont

| 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 | |

| 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. WV 8B-5044-1

DATE

Approved to count 1 year, 355 days!
RCNVR. time towards G.C. Badges.

SECOND CLASS FOR CONDUCT

From

To

O.H.F. Received.

W.S.G.
APPLICATION4206
FIVE

V7737

OFFICIAL NUMBER

NAME

MILBURN

John Robert

OFFICIAL NUMBER V7737

N-40939

(Surname)

(Given Names)

| 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. Toronto | Ord. Smn. Bands | 8 | 1 | 40 | | V.G. | Sat. | 31 | 12 | 40 | | | | | | | |
| "Stadacona" | Able Bands | 20 | 1 | 40 | | V.G. | Sat. | 31 | 12 | 41 | | | | | | | |
| " | O.A. 4cl. | 12 | 12 | 40 | | V.G. | | 9 | 1 | 42 | | | | | | | |
| Ottawa | " " " | 16 | 8 | 41 | | | | | | | | | | | | | |
| " | O.A. 4 cl. | 13 | 12 | 41 | Confirmed 249A-21714 | | | | | | | | | | | | |
| DISCHARGED | " " " | 9 | 1 | 42 | Trans. to R.C.N. see file | ON 40939 | | | | | | | | | | | |

GENERAL REMARKS

| | | | | | | | | |
|---------------|----------|-------------|------------|-----------|---------|---------|------|--------------|
| DATE OF BIRTH | PLACE | CIVIL | OCCUPATION | RESIDENCE | DATE | REMARKS | DATE | RANK OR RATE |
| 20 1 19 11 | 718 | 0 30 X 1 | 56 | 40 9 23 | 0 01 94 | | | |
| ENLIST. DATE | BY | BY | BY | BY | BY | BY | BY | BY |
| 08 01 40 | 20 01 40 | | | | | | | |
| SENIORITY | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE |
| 13 12 41 | 09 00 50 | 13 09 01 42 | | | | | | |

V7737

OFFICIAL NUMBER

FILE NUMBER

113-M-918

OFFICIAL NUMBER V7737

NAME MILBURN (Surname) John Robert (Given Names) DATE OF BIRTH 20th January, 1919.PLACE OF BIRTH Toronto, Ontario. OCCUPATION Musician.RELIGION Church of England. EDUCATIONRESIDENCE AT TIME OF ENLISTMENT: Street and No. 133 Silverbirch Ave., Town Toronto, 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 |
| 8 | 1 | 40 | H.O. | 5' 5 $\frac{1}{2}$ " | Black | Brown | Fresh | Scar between eyes. | Q.O.R. | Musician | 1937-12-39 | |

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mary Sylvia J. Milburn
ADDRESS (in pencil): Street and No. 9 Sebastiaan Place, Town Halifax Province, etc. N.S.

| MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY | | | | EXAMINATIONS, CERTIFICATES, ETC. | | | | | | | |
|--|-------|------|-------------|----------------------------------|-------|------|-------------|-------------------|-------|------|-------------|
| Date (in figures) | | | Particulars | Date (in figures) | | | Particulars | Date (in figures) | | | PARTICULARS |
| Day | Month | Year | | Day | Month | Year | | Day | Month | Year | |

| 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 | | |
| 24 | 1 | 41 | 1st. | Granted. | | | | | | | |
| 9 | 2 | 42 | | | | | | | | | |

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

Approved to count 2yrs. 349 dys.
N.P.A.M Service towards G.S.B.

SECOND CLASS FOR CONDUCT
From To

