HUGHES, ROBERT
ALEXANDER

O34750

OFFICIAL NUMBER | FILE NUMBER N.S. 103-H-47. | OFFICIAL NUMBER

NAME HUGHES, (Surname) Robert Alexander. (Given Names) DATE OF BIRTH 12th March, 1913.

PLACE OF BIRTH Galt, Waterloo, Ontario. OCCUPATION Reporter.

RELIGION United. EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 42 Albert Street, Apt. #7, Town Hamilton, Province, etc Ontario.

ENGAGEMENTS

Date (in figures) Day	Month	Year	Period
21	11	39	Hostilities Only.

DESCRIPTION

Height	Hair	Eyes	Complexion	Marks or Scars
5' 10"	Black	Grey	Dark	

PREVIOUS SERVICE

Served in	Rank or Rating	Dates From	To

NEXT OF KIN RELATIONSHIP (in pencil) Father NAME (in pencil) Mrs Catherine Hughes

ADDRESS (in pencil): Street and No. Hamilton Ont Town Hamilton Province, etc. Ontario

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

Date (in figures) Day	Month	Year	Particulars

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars
6	7	40	Passed Officers' Disciplinary Course 73.5%.				
13	7	40	Result of Pilotage Exam 63%.				
27	7	40	Result of D/C & M/S Course 84.5%.				
5	4	41	Passed Officers' Command A/S Course 92%.				
14	6	41	Passed Officers' Shor "S" Course.				

BADGES, G.C. OR G.S.

Date (in figures) Day	Month	Year	1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored
				N/D

SECOND CLASS FOR CONDUCT

From	To

BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES

Ship or Establishment	Wt. No.	Date (in figures) Day	Month	Year	Brief Particulars of Offence	Punishment

DAYS FORFEITED

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

O.H.F. received.

W. S. H. APPLICATION 4835 RECEIVED

H.Q. 35—30M—4-42 (4260)
N.S. 815—7-35

V.R. OFFICIAL NUMBER

NAME HUGHES, (Surname) Robert Alexander. (Given Names)

OFFICIAL NUMBER O-3475

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year	Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Re[illegible] Day	Re[illegible] Month	Re[illegible] Year
Div. Str. HAMILTON	A/Lieut. (T)	21	11	39	A.S. 7/6/40.												
H.M.C.S. "STADACONA"	" "	30	7	40	For barracks, per Appt. 5-8-40.												
H.M.C.S. "ASSINBOINE"	" "	19	9	40	Per Appt. 27-9-40.												
H.M.C.S. "STADACONA"	Lieut. (T)	13	1	41	Additional for disposal, per Appt. 18-1-41.												
" "	" "	14	1	41	For R.C.N. Barracks, (Divisional Duties) per Appt. 27-1-41.												
" "	" "	26	5	41	Add'l for training and disposal, per Appt. 11-7-41.												
"AVALON" (SPIKENARD"	" "	27	6	41	As Executive Officer, per Appt. 12-7-41.												
DISCHARGED	" "	10	2	42	"Lost in H.M.C.S. "SPIKENARD", per Casualty List.												

GENERAL REMARKS

MEMORIAL CROSSES SENT TO:-
(Wife)
Mrs. Esther Hughes,
Hamilton Hill,
DUNDAS, Ontario. (1-4-42).
and
(Mother)
Mrs. E.A. Hughes,
Hamilton Hill, (23-4-42).
DUNDAS, Ontario.

Mrs. Mary E. Hughes, widow of Lieut. Robert A. Hughes has been awarded pension in respect of her husband's death with effect from the 11th of February, 1942, with additional allowances for her child per 103-H-47, F.D. #147.

DATE OF BIRTH DY.	MO.	YR.	PLACE OF BIRTH	CIVIL OCCU. MAIN	SUB	RELIGION	ED	PERM. RESIDENCE P.	CTY.	TOWN	PREV. SERV	ENL. DIV.	BASIC OR RATE OF ENLISTMENT $	cts	MONTH
12	3	13	11	703	0	HD	X	1	55	0220		20	1	01	09

ENLIST. DATE DY.	MO.	YR.	ACT. SERV. DATE DY.	MO.	YR.	STR. CAT.									
2	11	39	30	07	40								2615	0	01	09

SENIORITY DY.	MO.	YR.	STR. CAT.	NON-SUB										
												CODED	CHECKED	
13	01	41	09			62	10-02-42							

N. V. 4
500—7-37 (9940)
N.S. 815-11-4

CANADA

28659

DEPARTMENT OF NATIONAL DEFENCE
NOV 23 1939
N.S. 103 H 47
CANADA

ATTESTATION FORM

FOR OFFICERS OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

(A) DESCRIPTION OF APPLICANT

SURNAME: HUGHES	PERMANENT ADDRESS
CHRISTIAN NAME: Robert Alexander	42 Albert Street, Apt. #7
RELIGION: United	Hamilton, Ontario.

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
March 12th, 1913	Town: Galt County: Waterloo Province: Ontario Country:	(Wife) Esther Hughes, same address

PERSONAL DESCRIPTION

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet: 5 Inches: 10	Inflated: 41 Deflated: 37½ Mean: 39	Black	Gray	Dark	Nil

DATE OF ENROLMENT	RANK IN WHICH ENROLLED	MARRIED, SINGLE, OR WIDOWER	TRADE OR CALLING AND IN WHOSE EMPLOY
21st November 1939	Act. Lieutenant	Married	Reporter, Toronto Daily Star.

(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) I served in not applicable 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.

Noted in Service Records by [illegible]

(OVER)

(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 Twenty-first day of November 1939 19

R. A. Hughes.
Signature of Applicant.

The above declaration was made and signed in my presence this Twenty-first

day of November 1939 19.

J. C. Hart.
Signature of Enrolling Officer.

(C) OATH OF ALLEGIANCE

I Robert Alex. Hughes 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 R. A. Hughes

Signature of Witness J. C. Hart

Date 21st November 1939

Rank Lieut R.C.N.V.R

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.

MEMORANDUM FOR P. 64

Mrs. Esther Hughes,
Hamilton Hill,
Dundas, Ontario.

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

THE ADMINISTRATOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. N.S. 103-H-47 FD.9.

102

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

March 9th, 2.
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

Lieutenant Robt. Alex. HUGHES, RCNVR.

H.M.C.S. "SPIKENARD".

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, Local Magistrate, Commissioner for Oaths or Notary Public, 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) Lieut.Cdr.RCNVR,
for (L.M. Firth) Major,

Administrator of Estates.

ESTATES BRANCH MAR 13 1942 H.Q. OTTAWA. NATIONAL DEFENCE

M.F.W. 77
5M—9-41 (1669)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below.

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree 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		Esther Hughes	31	Hamilton Hill Dundas Ont.
2	Children of the Deceased and dates of their Births		Robert Edwin July 6th, 1940	19 months	Hamilton Hill Dundas Ont.
3	Father of the Deceased		Edwin Arthur Hughes	54	Hamilton Hill Dundas Ont.
4	Mother of the Deceased		Isabel Mackilligan Hughes	54	Hamilton Hill Dundas Ont.
5	Brothers of the Deceased	Full Blood	David Anderson Hughes	21	Fleet Mail Office Halifax N. S.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Madeline Isabel Markham	27	1358 Main St. East 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?	Robert Alexander Hughes
11	Give the month and year of his birth.	March 12th, 1913
12	Where and when were his parents married?	29/9/12 Galt Ontario, Canada
13	If deceased was married, state place and date of marriage.	Toledo, Ohio. October 28th, 1938
14	Did he leave a Will? If so, a copy should be attached hereto.	Not that I am aware of.
15	Did he leave a bank account? If so, give full particulars.	No.
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	No
17	State *your own* postal address in full.	Hamilton Hill; Dundas, Ontario

PARTICULARS OF DOMICILE

18	Where was deceased born?	Galt Ontario
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	Ontario Canada 1913 until June 40 - Nova Scotia until June 1940 until H.M.C.S. Sydenham lost.
20	What was the nature of his employment?	Newspaper Reporter and Photographer
21	Did he own the premises in which he lived? If so, where?	No
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	No

OTHER PARTICULARS

23	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	(a) No (b) Not that I am aware of
24	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No

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

(PLEASE TURN OVER)

DECLARATION

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

I hereby declare that 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, Local Magistrate, Commissioner or Notary Public.

Esther Hughes {Signature of Informant}

CERTIFICATE

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

*See above Esther Hughes {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 Hamilton Ont this 17th day of March 19 41

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } Norman Cafe Qualification A Commissioner for administering oaths in the County of Wentworth. My commission expires June 22, 1944.

Address 57 Balmoral ave. North 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 and age of each surviving Relative enquired after is stated in its proper place in the Statement opposite.

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Aug. 42 "SPIKENARD"

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BR

DATE DESP (1)

REGN. NO 2023

1) MEDALS PERSON ENTITLED TO: Mrs. Mary Esther Hughes - Widow

ADDRESS: ~~Hamilton Hill~~, 68 Thorpe, Dundas, Ontario. 4-11-48

(2) MEMORIAL CROSS

WIDOW: Mrs. Esther Hughes

ADDRESS: Hamilton Hill, DUNDAS, Ontario

(2) 1 April 1942

(3) MEMORIAL CROSS

MOTHER: Mrs. E. H. Hughes

ADDRESS: Hamilton Hill, DUNDAS, Ontario

(3) 23 April 1942

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

WAR SERVICE RECORDS

D.D.

DECEASED 10 February 1942

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	FILE No. / C.A.S.F. UNIT
HUGHES	Robert Alexander	0-34750	Lieut	

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	4007
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

OCCUPATIONAL HISTORY FORM

103-H-47

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

41

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full Hyatt, Robert T. (b) Reg'l. No.
2. (a) Arm of service NAVY (b) Unit ACSEA R (c) Rank Lieut (T)
3. (a) Date of birth [illegible] (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Hamilton, Ont
4. (a) Place of enlistment Hamilton, Ont (b) Date of enlistment June 6, 1940

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 21 (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.) Senior 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? No (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 Toronto Star Printing Co. Address Toronto, Ont
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Newspaper Publishers
20. (a) Your specific occupation Reporter-Photographer (b) Number of years' experience at this occupation with any employer 6 Yrs
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? (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? No (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? No (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? Yes
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.) Return to Previous Employment
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form

O.K.

O.H.F. RECEIVED

DATE April 17 1941 SIGNATURE R. Hyatt

Copy to:
U.W.D. } 30-4-41,
E.S. }

No. 1231 PL.

Can. 2041
25M—4-40 (4789)
N.S. 815-9-2041

P055065

103-H-47

ORIGINAL Number

APPLICATION FOR PAYMENT OF MARRIAGE ALLOWANCE

16

List and Number in Ledger	NAME	Rank or Rating	Official No.	Daily Rate of Pay
STADACONA.				
14P 503	Surname Hughes	Lieut.		$5.00
	Christian Names Robert A.	RCNVR		MA 1.00

NAME OF WIFE ~~OR GUARDIAN~~	ADDRESS
Surname Hughes,	127 Kensington Ave. South
Christian Names Mrs Esther	Hamilton.Ont.

CHILD OR CHILDREN

	Name	Sex	Date of Birth	Attains majority
(1)	Robert E.	Male	6 July 1940	6 July 1956
(2)				
(3)				
(4)				

M/A. APPLICATIONS
Ent'd. in Birth Record Ledger — GEB — 26/8/40 Date
Ent'd. on M/A. Card — GEB — 26/8/40
Ent'd in Allotment Ledger — [illegible] 26/8/40

Noted M.P.R. E.D.

I do hereby solemnly declare that the above particulars are correct.

Signed in the presence of:

R.C. Layton
Writer.

Signature R.A. Hughes
Rank or Rating Lieutenant R.C.N.V.R.

Marriage Allowance in force per diem $1.00
Marriage Allowance claimed per diem 1.25

Claim has been supported with the necessary documentary evidence and the above amount has been approved for payment.

Ledger Fair.....
Rough.....

Commander R.C.N.
Commanding Officer.

This amount per day has been credited from 6 July.1940 19

at List No. Ledger ending 30 Sept.1940 19

Allotment of $ ~~100.00~~ 131.00 in force from the month of ~~September~~ July. 19 40 in accordance with regulations.

Paymaster Sub.Lieutenant R.C.N.V.R.
for *Accountant Officer.*

THE NAVAL SECRETARY,
Department of National Defence,
Ottawa.

H. M. C. S. STADACONA.

Forwarded 20/8/40

NOTE

(1) All applications for Marriage Allowance must be supported by Certificate of Marriage, Birth Certificates in the case of children, or other unimpeachable evidences as to marriage, birth or guardianship.

(2) The Allotment should be equivalent to the nearest dollar of 15 days' pay of rank or rating, and the Marriage Allowance based on a thirty day month.

FOR USE AT HEADQUARTERS ONLY	INITIALS	DATE
Application received		
Entered in Birth Record Ledger		
Entered on M/A Card		
Entered in Allotment Ledger		

Can. B. 207

60M—4-40 (4636)
N.S. 815-2-207

CANADA

DUPLICATE

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 HUGHES Robert Alexander

‡candidate for entry as Lieut. R.C.N.V.R.(T)

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 (a)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)	Vaccinated or revaccinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Skin (l)	Ears and Hearing (m)	Testes, Varicocele, etc. (n)	Mouth, Teeth (*No. deficient and No. defective, if any*), Nose, Tonsils, etc. (o)	Anus, Hæmorrhoids, etc. (p)
	lbs.	ft. ins.		inches (a) maximum	right eye									
		5 10		42	6/6	Never	Normal	Normal	Normal	Clear	Normal	Normal	Septum to R. Deviation. Throat clear	Normal
27 3/12	162		Good	(b) minimum 38	left eye 6/6									
				(c) mean 40	colour vision N		*X-Ray							

*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.

Robert A. Hughes

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 Halifax, N.S. the 13 of June 1940

C. S. Ward

Examining Medical Officer

(Rank) SURGEON LIEUT.

QUESTIONNAIRE FOR CANDIDATES

FOR ENTRY IN THE

ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

NATIONAL DEFENCE
OCT 14 1939
N.S. ~~103-2-H~~ 103-H47
CANADA

32385

Name (in full) HUGHES, Robert Alexander

Date and place of birth March 12, 1913 Galt, Ontario.
(Birth certificate, declaration by parents or affidavit as to date of birth must be attached)

Permanent place of residence 43 Albert St., Apt. 7, Hamilton, Ontario

Nearest town to residence (if living in country)

Are you a British subject? Yes.

Are you single, married or a widower? Married.

In what capacity do you wish to enrol? Acting Lieutenant.
(See standards of qualifications in attached pamphlet)

Present occupation or trade Reporter, Toronto Star.
(Attach any testimonials or recommendations)

Do you belong to any Naval, Military, Reserve or Territorial Force? No.

Have you ever served with such forces? Give dates and details No.

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? 165 What is your height? 5' 10½"

What is your chest measurement (not inflated)? 37½"

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.

R. A. Hughes. Signature

Oct 5, 1939. Date

43 Albert St. Hamilton Ont. Address

E. A. Hughes.
(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 certfy his date of birth, according to legal documentary evidence, to be March 12/1913

Signed J. Hart
Commanding Officer

N.V. 3

5M—9-39 (1815)
N.S. 815-11-3

NAVY

DISTRIBUTION OF SERVICE ESTATES

Naval - Military - Air Force

Name HUGHES ROBERT A. No:
Surname Christian Names

: : :
Rank Unit Date of Death

AMOUNT
L. P. C. $

Date Dec. 5, 1942. Other Credits 78.83

Total 78.83

Prev. Dist. 59.53
This Dist. 19.35

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
part	creditor	Beauchamp and How Limited, 91 King Street West, Toronto, Ont.	.47
balance	widow	Mrs. Esther Hughes, Hamilton Hill, Dundas, Ont. (next of kin entitled)	18.88

AUTHORITY

H.Q. F.E. No.	DIV.	EST.	VOTE	PRI	DA OR HQ SUB	OBJ.	AMOUNT
9999			831	00	50	000	19.35

CLASSIFIED BY EXAMINED BY 19.35
FOR TREASURY OFFICER TOTAL

Distribution approved and authorized

L.M. Firth

(L.M. Firth) Lt.-Col.,
Administrator of Estates.

AUDITED FOR PAYMENT

W W per J B

for Chief Treasury Officer

CWD/IM

NS. 103-H-47

51

19th February, 1942.

Dear Madam:

It is with deepest regret that I must confirm the telegram of the 18th February from the Minister of National Defence for Naval Services informing you that your husband, Robert Alexander Hughes, Lieutenant R.C.N.V.R., is missing and must be presumed lost on Active Service.

Your husband was serving in H.M.C.S. "SPIKENARD" which was torpedoed and sunk by enemy action on the 10th February 1942, Details of the action are not, however, available at this time.

The possibility of your husband having been rescued by other ships cannot be estimated but it has been established that he was not among the survivors landed at a United Kingdom port and very little hope is held out for the survival of the remainder. You will be informed immediately should any further information be received.

I wish to express the sincere sympathy of the Chief of the Naval Staff, Officers and men of the Royal Canadian Navy the high traditions of which your husband has helped to maintain.

Yours sincerely,

Secretary, Naval Board.

Mrs. Esther Hughes,
Hamilton Hill,
DUNDAS, Ontario.