V2608
BAIRD
JOHN ALLISO

OCCUPATIONAL HISTORY FORM 113-B-1331

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 10

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full BAIRD, JOHN ALLISON (b) Reg'l. No. V-26085
2. (a) Arm of service NAVY (b) Unit SAINT JOHN DIVISION (c) Rank SQ. II
3. (a) Date of birth 22 DEC 1902 (b) Have you any dependents? NO (c) Place of residence at time of enlistment LORNEVILLE N.B.
4. (a) Place of enlistment SAINT JOHN N.B. (b) Date of enlistment 26 AUG 1940

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 yrs. (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.) Grade IX HIGH
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? No

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 Canadian Pacific Railways Address SAINT JOHN
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) FREIGHT
20. (a) Your specific occupation TRUCKER (b) Number of years' experience at this occupation with any employer 2 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? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Desires Employment

O.H.F. RECEIVED

DATE 1st May 194 SIGNATURE J. A. Baird

MEMORANDUM FOR P. 64

Mrs. Annie Baird,
Lorneville,
Saint John County, N.B.

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

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

and the following number quoted:—

H.Q. N.S.113-B-1331 FD.265

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

October 8 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

BAIRD, John Allison, Sto. I (illegible)

No. V-2608 R.C.N.V.R.

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

H.R. Wade.

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

ESTATES BRANCH OCT 16 1942 H.Q. OTTAWA NATIONAL DEFENCE

M.F.W. 77
3M-5-40 (4995)
H.Q. 1772-39-972

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		John Baird.	52	Lorneville, N.B.
4	Mother of the Deceased.....		Annie Frances Baird	48	Lorneville, N.B.
5	Brothers of the Deceased	Full Blood	Tpr. R.G. Baird. Ronald George	29	VIII Princess Louise Hussars Canadian Army Overseas
			Lgn. A.E. Baird. Arthur Edmund	25	Sydney, N.S.
			Murray Baird	11	Lorneville N.B.
		Half Blood			
6	Sisters of the Deceased	Full Blood	(Mrs) Helen Maguire	26	Lorneville, N.B.
			Yvonne Charlotte	18	Lorneville, N.B.
			Frances Lorraine	10	Lorneville. N.B.
		Half Blood			
	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
7					

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?	John Allison Baird
11	Give the month and year of his birth.	Dec. 20th 1921
12	Where and when were his parents married?	Lomeville, N, B June 26th 1912
13	Was he ever married? If so, state exact place and date of marriage.	no
14	Did he leave a (later) Will? If so, it should be forwarded.	no
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	

PARTICULARS OF DOMICILE

16	Where was deceased born?	St. John West, N, B
17	In what Province, Country or State did he reside, and in which last?	St. John West, & Lomeville Lomeville, N.B.
18	How long in each?	6 months
19	What was the nature of his employment?	C.P.R. Trucker.
20	Did he own the house or homestead in which he lived? If so, where?	no
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	no
22	State your postal address in full.	Lomeville, St. John Co,. N, B.

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).	no

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

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

(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 *Mother of the deceased.

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

Mrs. Annie Baird {Signature of Informant}

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Mrs Annie Baird {Name of Informant} is the *Mother 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.

*See above

Dated at West St John NB this 14 day of October 19 42

Signature of Clergyman, Priest or Magistrate } Percy Fitzpatrick Qualification Clergyman

Address 136 Guelph St West St John NB

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.

P031710

N. V. 5
15M–2–40 (4047)
N.S. 815-11-5

CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

2

SURNAME Baird OFFICIAL NO V2608

CHRISTIAN NAMES John Allison MARRIED, SINGLE or WIDOWER Single

PERMANENT ADDRESS	RELIGION
Lornville Saint John Co NB	United

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
Dec 20 1921	Town West Saint John County Province NB	John Baird (Father) Lornville Saint John Co NB

Attested correct
RBC

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM-PLEXION	WOUNDS, SCARS, MARKS
Feet 5 Inches 10	Inflated 40 Deflated 36 Mean 39	Dark Brown	Brown	Dark	Nil

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
3/12/40	Sto II	Trucker

(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 ~~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

(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 Saint John 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.

For duration of hostilities.

Dated this 3rd day of December 1940

Signature of applicant John Allison Baird

(C) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 3rd day of December 1940

Paul B Cross

Signature of Commanding Officer.

LT. CDR. R.C.N.V.R. (TEMP)

(D) OATH OF ALLEGIANCE

I, John Allison Baird 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 Allison Baird

Witness J Morris Belyea

Date 3/12/40 Rank Pay Sub Lieut V R

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

John Allison Baird 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 Saint John Division of the R.C.N.V.R.

Paul B Cross

Commanding Officer.

LT. CDR. R.C.N.V.R. (TEMP)

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.

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 ..... John Allison Baird .....

‡candidate for entry as ..... Sto. II .....

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)
18. 11	lbs. 150	ft. ins. 5. 10.	Good	inches (a) maximum 40 (b) minimum 36 (c) mean 39	right eye 6.6 left eye 6.6 colour vision N.	1928 1 Mark up left	*X-Ray App. Normal	Normal	Normal	Normal	Normal	Normal	Healthy. 28 Teeth 9 Coreous. 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.	

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.

..... Allison Baird .....
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 ..... Nine coreous teeth to b e cared for

at own expense. .....

*{~~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 ..... Saint John, N. B. ..... the ..... 28th. ..... of ..... November ..... 19 40 .....

..... John R. Nugent .....
Examining Medical Officer

(Rank) ..... Surgeon "Civilian" .....

Inspected [illegible] 1.5.41 [illegible] Received 2.17.41 [illegible]

R. 6/6

S. 6/6

C. V. Nil

21-6-41,

SURGEON LIEUT.

DEPARTMENT OF VETERANS AFFAIRS

D OF D 13-9-42

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

SURNAME (BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
BAIRD	John Allison	Sto. 1/c.	V-2608		

WAR SERVICE BADGE (CLASS) No. nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Atlantic Star C.V.S.M. & Clasp War Medal	7585

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 056

V2608 OFFICIAL NUMBER | NAME BAIRD (Surname) John Allison (Given Names) | OFFICIAL NUMBER V2608

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-Qualified Day	Re-Qualified Month	Re-Qualified Year
Div. Str. St. John	Stoker II	3	12	40		V.G.	Sat.	31	12	41							
Duty Div. Hdqtrs.	" "	30	4	41		V.G.	Sat.	13	9	42							
H.M.C.S. Stad	" "	19	6	41													
"Ottawa"	" "	28	8	41													
	Stoker 1.	30	4	42	Rated. 2Nov42 # 21905												
DISCHARGED	" "	13	9	42	Missing Believed Killed in action C.J. Dead 13-9-42												

GENERAL REMARKS

X-ray App.
AWARDED MEMORIAL CROSS?to
MOTHER: Mrs Annie Baird
Lorneville,
Saint John, N.B.

DATE OF BIRTH DY.	MO.	YR.	PLACE BIRTH	CIVIL OCCU. MAIN	SUB	RELIGION	PERM. RESIDENCE PROV.	CITY, TOWN, RD.	PREV. ENL. MO.	YR.	RANK OR RATE ON ENLISTMENT A	BR.	RANK
20	12	21	15	580	0	40	X	5	11	01	00	2	0 15 05

ENLIST. DATE DY.	MO.	YR.	ACT. SERV. DATE DY.	MO.	YR.	STR. CAT.	SHIP OR ESTAB.	RANK OR RATE ON DISCHG. A	BR.	RANK
03	12	40	30	04	41		0350	0	15	94

SENIORITY DY.	MO.	YR.	STR. CAT.	NON-SUB A	B	M ST.		CONTD ON	CHECKED
30	04	42	09	00	00	20	13-09-42		

V2608 OFFICIAL NUMBER | FILE NUMBER 113-B-1331 | OFFICIAL NUMBER V2608

NAME BAIRD (Surname) John Allison (Given Names) DATE OF BIRTH 20 December 1921

PLACE OF BIRTH West Saint John N.B. OCCUPATION Trucker

RELIGION United EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. Lornville Town Saint John Co. Province, etc N.B.

Engagements				Description					Previous Service			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
3	12	40	H.Q.	5'10"	D.Brown	Brown	Dark	Nil				

NEXT OF KIN RELATIONSHIP (in pencil) Father NAME (in pencil) Mr. John Baird

ADDRESS (in pencil): Street and No. Lornville Town Saint John Co. Province, etc. N.B.

Medals, Clasps, Hurt Certificates, Prize Money			
Date (in figures)			Particulars
Day	Month	Year	

Examinations, Certificates, etc.							
Date (in figures)			Particulars	Date (in figures)			Particulars
Day	Month	Year		Day	Month	Year	

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

FILM NO. WAR 5149-4 DATE

Brief Particulars of Warrant or C.M. Punishments and C.P. Charges						
Ship or Establishment	Wt. No.	Date (in figures)			Brief Particulars of Offence	Punishment
		Day	Month	Year		

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

O.H.F. Received

Second Class For Conduct	
From	To

W.S.G. APPLICATION 593 RECEIVED

H.Q. 35—30M—5-41 (337)
N.S. 815—7-35

VERIFICATION FORM

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

NAME IN FULL BAIRD John Allison RANK/RATING S.To. 1/c OFF.NO. L

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN I				
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFE
St. John Div.	30.4.41	17.6.41	49						
Ottawa.	27.8.41	13.9.42	383	Atlantic.					
Discharged Dead. To Date: 13.9.42.									

VERIFIED BY P. Gadbois

VERIFIED BY .....

VERIFICATION FORM

DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.

NAVAL GENERAL SERVICE MEDAL (1915).

ANK/RATING ..S.To. 1/C.....OFF.NO. V.2608.....ADDRESS .....

REA	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	/	Star
Atlantic.								ATLANTIC	/	Star
								FRANCE G.		
								AFRICA		
								PACIFIC		
								BURMA		
								ITALY		
								DEFENCE		
								C.V.S.M.	2	@ Clasp
								" CLASP		
								WAR 1945	/	Medal
								WAR 1915		

VERIFIED BY .....

.....

FIED BY ..... DIR.OF PERSONNEL RECORDS.

R.C.N.V.R V-2608

3-BA-103

TRUE COPY

OF THE

CERTIFICATE of the Service of

John Allison Baird

IN THE ROYAL CANADIAN NAVY V.R.

The corner of this Certificate is to be cut off if the man is discharged with a "Bad" character or with disgrace, or if specially directed by the Department of National Defence (Naval Service). If the corner is cut off, the fact is to be noted in the Ledger.

Halifax	Saint John, N.B.	Official Number V.2608

Date of birth 20th December 1921

Where born { Province Saint John, N.B.
Town or county Lemville, Saint John Co. N.B.

Trade brought up to Trucker

Religious denomination United

Date passed swimming test

Man's signature on discharge to pension /

Nearest known Relative or Friend
(To be noted in pencil)

Name: John Baird

Relationship: Father

Address: Same address

All Engagements, including N.C.S., to be noted in these Columns

Date of actually volunteering	Commencement of time	Period volunteered for	Date of actually volunteering	Commencement of time	Period volunteered for
1. 14/11/40	3/12/40	Hostilities	5.		
2.	S.to.H.		6.		
3.			7.		
4.			8.		

Medals, Clasps, Etc.

Date received or forfeited	Nature of decoration	Date received or forfeited	Nature of decoration

Description of Person	Stature		Chest, In.	Colour of			Marks, Wounds and Scars
Identification Card #30823	Feet	In.		Hair	Eyes	Complexion	
On entry as a boy							
On advancement to man's rating or on entry under 28 years	5	10	39	dark brown	brown	dark	Nil
On re-entry for C.S. or for Non-C.S. after attaining 28 years			Weight	150 lbs			
Further description if necessary							

C.N.S. 1243
20M—4-41 (241)
N.S. 815-9-1243

CAUTION.—This is an Official document. Any alteration made to it without proper authority will render the offender liable to severe penalties.

Name Baird, John, Allison

Ship's Name (Tenders to be inserted in brackets)	List and No.	Rating	From	To	Cause of Discharge
1941 St. John Div.		Sto. II	30-4-41	17 June '41	
—·— Gradacona		—·—	18 June '41	26 Aug. '41	
—·— Ottawa		—·—	27 Aug. '41	29 Apr. '42	
—·—		Sto I	30 Apr. '42	13 Sep. '42	DD

Date	Wounds received in Action and Hurt Certificate; also any Meritorious Service, Special Recommendations, Prize or other Grants	Captain's Signature
25-4-42	Issued S.C.T.W. 20076	

Ship's
(Tenders to
in brac

Examin

Date	
21 July '41	2

Cause
f Discharge

DD

aptain's
gnature

Service

Ship's Name (Tenders to be inserted in brackets)	List and No.		Rating	From	To	Cause of Discharge

Examinations passed and Notations or Qualifications other than those entered on History Sheets

Date	Particulars	Captain's Signature	Date	Particulars	Captain's Signature
21 July '41	Qualified A/G	1 Aey			

Name Baird, John, Allison

Conduct

Second Class for Conduct (inclusive dates)

From	To

Good Conduct Badges

Date	1st, 2nd, 3rd	Granted, Deprived, Restored

Time forfeited

Date	P., D., C., C.P., W.T.	Number of days Awarded	Number of days Served

Efficiency in Rating—ARTICLE 607—K.R.

3. Definition of Terms—As a guide to Commanding Officers when making their award the following definitions are given of the terms to be used:—

Superior............................A man who performs his duties with more than average efficiency.
to be written Supr.
Satisfactory............................A man who performs his duties with average efficiency.
" Sat.
Moderate............................A man who performs his duties in an efficient manner but with less than average efficiency.
" Mod.
Inferior............................A man who performs his duties in an inefficient manner.
" Inferior.

NOTE.—In these definitions "duties" means the general duties of the substantive rating held, and "average efficiency" means the average efficiency of all men in the Service holding the same substantive rating.

The substantive rating held by the man at the time is to be noted in brackets after each assessment thus: Supr. (A.B.).

Character	Efficiency in Rating, noting substantive rating in brackets	Whether R.M.G. or not	Date	Captain's Signature
V.G.	Sat (Sto 2)		31 Dec '41	
V.G	— (Sto. 1)		13 Sep. 42	

(ORIGINAL) attawa 27-8-41.

S. 1246A. (Revised—July, 1938.)
5M—7-40 (5842)
N.S. 815-9-1246a

HISTORY SHEET FOR STOKER RATINGS

This form is to be kept by the Engineer Officer, and is to be completed:—

(a) When a man leaves a ship after a period of not less than three months' service in her.
(b) Annually on 31st December, unless completed within the previous three months.
(c) As directed under special headings.

To be handed to the man, together with Service Certificate, on discharge to shore. See Art. 609, K.R. & A.I.

NAME: Surname	Christian	Official Number	Port Division
BAIRD	JOHN	V. 2608	HALIFAX

REPORT OF PROGRESS AS STOKER 2ND CLASS UNDER TRAINING

(To be filled in on completion of courses in Depot)

Course	Date of Commencing	Date of Completing	Class of Certificate awarded on completion*	Remarks	Signature and Rank of Examining Officer
New Entry Course	20-6-41	25-7-41			Training Commander.
Technical Training at Stokers' Training Establishment:— (1) Marine Engineering (2) Electrical	20-6-41	25-7-41	69%	Keen & Intelligent	Engineer Officer.

* Insert:—"Superior," "Satisfactory" or "Moderate." (Failure to be noted in RED INK)

Issued with Stoker's Manual:—Date B.R. 77 20-6-41 Signature and Rank:— Lt/E) J. Dodds.

Entered H.M. Service as Stoker 2nd Class 30-4-41
Advanced to Stoker 1st Class 30/4/42. (Alt. Sh. 21908)
Advanced to Leading Stoker
Advanced to Stoker Petty Officer
Advanced to Chief Stoker

Completed 2 years' training for Mechanician
Rated Mechanician 2nd Class
" " 1st Class
Advanced to Chief Mechanician

RECORD OF EXAMINATIONS, QUALIFICATIONS, COURSES, ETC. (see Footnote)

Examinations, etc.	Date	Signature of Engineer Officer	Captain's Initials
Dead 13-9-42 Ottawa.			

Award of Auxiliary Watchkeeping Certificate, and RESULTS of all professional and school examinations, courses and qualifications for promotion are to be inserted in this space.

C.N.S. 264 (S. 536D.)
50M-11-40 (7813)
N.S. 815-9-264

Name . . . Baird John . . . .

Sub-Rating and Seniority Ab 1/c 20.4.41 Non-Sub. . . . . .

O.N. . . V 2608 . . . . S.B. No. . . . . W.B. No. . . . . .

Joined Ship . . . . 18.6.41 . . . . from . . Ahoy . . . . . .

Engagement: Period Hostilities . . . . Expires . . . . . .

Date of Birth . . . . 20.12.21 . . . . Religion . U.C. . . . . .

Character . . . . . Efficiency . . . . . Date . . . . . .

Badges . . . . . Class for Conduct . . . . . Class for Leave . . . . . .

Date due for: Next Badge . . . . . .

Progressive Pay . . . . . .

L.S. & G.C. Recommended . . . . . .

Advancement.	Wishes to Pass?	Recommended?	Date Qualified?
Educ. Test Pt. 1	. . . . .	. . . . .	. . . . .
Higher Educ. Test. Professonal for higher Sud-rating	. . . . .	. . . . .	. . . . .
do Non-Sub.	. . . . .	. . . . .	. . . . .

Any Non-Service Attainments . . Trucker (C.P.R.) . . . . .

. . . . . .

Swimming Qualification . . . yes . . . . . .

Athletic capabilities . . . . . Handball . . . . . .

General Remarks (including intelligence, energy, initiative, powers of command).

H.M.C.S. ". . Stadacona . . . . ." . . . . . .

Officer of Division.

Date . . . . . .

Notes:—(1) This form is to be kept for each rating by the Officer of his Division.
(2) The form is to be completed to date, and signed by the Officer of the Division before the rating changes his Division or Ship.
(3) On a rating changing his Ship or Establishment, Form S.264 is to be transferred with his other papers for the information of the next Officer of Division.

96739

ORIGINAL

A 1640

NATIONAL DEFENCE
MAY -9 1942
N.S. CANADA

H.Q. File No. 13-B-1331

DECLARATION OF ALLOTMENT

11

List and Number in Ledger	ALLOTTOR	Rank or Rating	Official No.	Daily Rate of Pay
H.M.C.S. OTTAWA 54/105	Surname BAIRD, × Christian Names John, A. Alison	Sto.1	V2608 ×	$ 1.60 2.00 N.

Section A — ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname ~~BondBOND~~ CLOTHES SHOP Christian Names	Tailor	1134 Barrington St. Halifax, N.S.	$5.00 × F	May '42 New

Section B — DISPOSAL OF EXISTING ALLOTMENTS (See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):—
$15.00 ✓	Mrs. J.Baird	Lorneville, N.B.	To be continued.

Allotment Declarations — Initials — Date
Ent'd. on Index Card
Ent'd. on Allotment Ledgers
DMW 11/5/42

Note 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.
Note 2:—Write "Increased or reduced as Section A"; "To be stopped (charged to.....)"; "To be continued," etc.

Allottor's Signature authorizing charges John A. Baird
Rank or Rating Sto.1, R.C.N.V.R.

ENTERED IN FAIR LEDGER	ENTERED IN ROUGH LEDGER
L	Gwl

The allotment now declared has been duly entered in the Fair and Rough Ledgers with effect from the appropriate date. The reduction or transfer has been duly approved by the Commanding Officer and the reasons for the alteration are:—

COMMANDING OFFICER No..... APR 11 1942 Init..... H.M.C.S. "OTTAWA"

A. Wright
Paymaster Lieutenant, R.C.N.V.R.
for Accountant Officer

H.M.C.S. "AVALON"

Forwarded MAY 4 1942

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

Assigned Pay to Wives	111 $	-
Assigned Pay to other Dependents	113	-
Marriage Allowance	116	-
Dependents Allowance	119	-
Other Allotments	128	5.00 ✓
Total	$	5.00

S. 63
100M—2-41 (9291)
H.Q. 815-9-63

NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET

FOR USE AT HEADQUARTERS ONLY

	INITIALS	DATE
Declaration received at Headquarters		
Declaration examined		
Approved		
Index card made		
Allotment ledger sheet made		
Allotment ledger sheet checked		
Type plate made		

BOND CLOTHES SHOP,
434 BARRINGTON ST.,
HALIFAX,N.S.

BAIRD,JOHN ALLISON
V-2608

5.00

LA:FMW

File: N.S. 113-B-1331.

- 3 -

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

Ottawa, Canada,

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

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
BAIRD, John Allison	Stoker I	V-2608, R.C.N.V.R.

DATE OF ENLISTMENT - 3 December, 1940. Active Service - 30 April, 1941.

DATE OF DISCHARGE - 15 September, 1942

HOSPITAL - _____
(If discharged in hospital under jurisdiction of D.P. & N.H.)

SERVICE - Canada and High Seas
(Indicate whether in Canada only; or in Canada and on high seas or elsewhere).

Reason for discharge and - when and where any disability was incurred, or where death occurred. "DEAD". Missing, believed killed in action.

He was on board H.M.C.S. "OTTAWA".

(Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada).

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP Mother NAME Mrs. Annie Baird.

ADDRESS LORNEVILLE, Saint John County, N.B.

NOTE: If records indicate that rating was separated from his wife, legally or otherwise, details to be furnished and copy of any Court Order, the Separation Agreement, etc., to be furnished.

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

$ 15.00 PAID TO ~~Stop paid 30th Sept. 1942~~

MARRIAGE ALLOWANCE AT $ Nil PER DIEM PAID TO - Nil

DEPENDENTS ALLOWANCE AT $ Nil PAID TO Nil

TOTAL MONTHLY PAYMENT TO - WIFE $ Nil

Computed by R.L.
Checked by Mears

DEPENDENTS $ _____

Rutherford
SECRETARY,
NAVAL BOARD.
per RA

The Secretary,
The Canadian Pension Commission.

(See reverse side for further instructions.)

Not in receipt of Dependent's Allowance
Copy to: D.P. & N.H.

DJM/IM

NS. 113-B-1331

AIR MAIL

19th September, 1942.

16

Dear Madam:

It is with deep regret that I must confirm the telegram of the 18th September from the Minister of National Defence for Naval Services informing you that your son, John Allison Baird, Stoker 1st Class, R.C.N.V.R., O.N. V.2608, is missing believed killed in action.

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

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

Yours sincerely,

Deputy Secretary, Naval Board.

Mrs. Annie Baird,
LORNEVILLE,
Saint John County, N.B.

The Prudential
INSURANCE COMPANY OF AMERICA
HOME OFFICE: NEWARK, N. J.

ALBERT F. JAQUES, SECOND VICE PRESIDENT
RALPH T. HELLER, SUPERVISOR

INDUSTRIAL CLAIM DEPARTMENT
C. FRED RUFFNER, MANAGER
ASSISTANT MANAGERS
CHESTER D. HAGERMAN ROBERT LEITH
AUGUST B. REINHARDT WILLIAM F. DEHNERT

IN RE J. Allison Baird
Pol. 411220678

December 30, 1942.

AIR MAIL

113-B-1331 / F.D.637
000946
Pers 9-12-42

Naval Secretary,
Department of National Defense,
Naval Service,
Ottawa, Ont., Canada.

Gentlemen:

On November 27, we wrote to you requesting additional information which would enable us to determine the extent of our liability on the insurance which had been presented to us on the above named. Since we have had no reply from you, we have taken this opportunity to inquire again whether you are in a position to answer the following questions. Did the sinking of the H. M. C. S. Ottawa occur beyond the twelve mile limit from the Canadian shore? If it was not beyond the twelve mile limit, was it beyond the three mile limit?

Your cooperation in this matter will be greatly appreciated.

Yours truly,

C. Fred Ruffner

JG:MMcL

Manager.

SHOULD REPLY BE NECESSARY, PLEASE ADDRESS WRITER, MENTION DATE OF THIS LETTER, AND FURNISH POLICY NUMBER.

ID

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
NAVY

DISCHARGED MEMBER'S NAME: John Allison (CHRISTIAN NAMES) BAIRD (SURNAME)

REGISTER NO. 593
FILE NO. NSV-2608
DATE 27 June/45
SERVICE NO. V-2608
FINAL RANK OR RATING Sto.1/c

PAYEE Mrs. Annie Baird,
ADDRESS Lorneville,
St. John Co., N.B.

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

		$	¢
A. TOTAL QUALIFYING SERVICE			
NO. OF DAYS 502/30 EQUAL TO 16 COMPLETE PERIODS AT $7.50		120	00
B. QUALIFYING OVERSEAS SERVICE			
NO. OF DAYS 383 LESS 22 INELIGIBLE DAYS, EQUAL TO 361 DAYS @ 25C. PER DAY		90	25
C. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY RATES AT DISCHARGE			
PAY	$ 2.00		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.45		
ADDITIONAL PAY H.L.M.	$ .13		
	$		
	$		
DEPENDENTS' ALLOWANCE 1/30 OF $ ____	$		
TOTAL	$ 3.58 X7 = $ 25.06		
NO. OF DAYS 383/183	X $ 25.06	52	45
D. WAR SERVICE GRATUITY		262	70
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$		
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$		
OTHER DEDUCTIONS	$ NIL		
F. TOTAL AMOUNT PAYABLE		262	70

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ ____ OF $ ____ TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $ =$ 262.70

Cheque 36020 — 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
DHJ	

TREASURY	
CHECKED BY	DATE
	3/7/45

SERVICE REPRESENTATIVE
for Dir. Naval Pay. Acting.

ΔT

NW

DISTRIBUTION OF SERVICE ESTATES

Naval - Military - Air Force

Name XXXXXXXXXXXXXXXXXXXXXXXX No: _____

Surname: BAIRD | Christian Names: John A. | No: V-2608

Rank: Sto. I | Unit: H.M.C.S. "Ottawa" | Date of Death: 13-9-42

Date: April 17, 1943.

AMOUNT

L. P. C. $

Other Credits 101.67

Total 12.50

114.17

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
½	Father	John Baird, Lorneville, St. John Co., N.B.	57.09
½	Mother	Mrs. Annie F. Baird, (as above) (Next of kin entitled)	57.08

1942-43

AUTHORITY

H.Q. F.E. No.	DIV	EST	VOTE	PRI	DA OR HQ SUB	OBJ	AMOUNT		
9999			831	00	50	000	1	14	17

CLASSIFIED BY

EXAMINED BY Bertrand
FOR TREASURY OFFICER

1 14 17
TOTAL

Distribution approved and authorized

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

AUDITED FOR PAYMENT

E.C. per J.B.
for Chief Treasury Officer