

V6513

NEIL

PERCY

THOMA

AWARDS NAVY

D.D.

~~DECEASED~~ 13 September 1942

NEIL

Percy Thomas

V-6513

A.B.

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICEBADGE

CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

1939-45 Star

Atlantic Star

C.V.S.M. & Clasp

War Medal

REGISTRATION NUMBER AND DATE DESPATCHED

8659

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

HMCS "OTTAWA"

Apr./43. R.C.N.V.R.

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BOOK

(1) MEDALS
PERSON

ENTITLED TO Mr. Thomas Neil - Father

ADDRESS: Woodroffe, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

ADDRESS:

DATE DESP

(1)

REGN. NO. 1648

(2)

(3)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

V6513

OFFICIAL NUMBER

NAME

NEIL

Percy Thomas

OFFICIAL NUMBER

V6513

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 Div. Str.	Ord. Smn.	10	6	40		V.G.	Sat.	31	12	40	Qual. and	28	9	40			
Duty Div. Hdqts.	Ord. Smn.	12	8	40		V.G.	Sat.	31	12	41	rated S.T.						
Stadacona	Ord. Smn.	21	8	40		V.G.		13	9	42							
Prince Henry	Ord. Smn.	1	1	41													
Stadacona	Ord. Smn.	26	5	41													
	A.B.	12	5	41													
Venture for Sudbury	A.B.	2	6	41													
Stadacona	A.B.	11	7	41													
Ottawa	A.B.	22	8	41													
DISCHARGED	"	13	9	42	Missing Believed Killed (Ottawa Casualty List)												

GENERAL REMARKS

DATE OF BIRTH		PLACE		CIVIL OCCU.		REL. ED. YRS.		ROSTERED		ENL.		RANK OR RATE	
DY.	MO.	YR.	BIRTH	MAIN	SUB.	GION.	P.	CTV.	TOWN	STR.	DIV.	A.	OR
11	5	18	11	280	0	30	X	1	05	00	0	03	0
ENLST. DATE		ACT. SERV. DATE		STR.		ACT. SERV. DATE		SHIP		CR		RANK OR RATE	
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A.	BH.	RANK
10	06	40	12	08	40					0350	0	08	95
SENIORITY		STR.		NON-SUB		M		CODED		CHECKED			
DY.	MO.	YR.	CAT.	A	B	ST.			EP				
12	05	41	09	00	00	20	13	09	42	GR			

V6513

RESIDENCE AT TIME OF ENLISTMENT: Street and No. Town Woodroffe Province, etc. Ont.

NEXT OF KIN RELATIONSHIP (in pencil)..... *Father*
 ADDRESS (in pencil): Street and No..... *P.O.*
 NAME (in pencil)..... *Mrs. Thomas Hill*
 Town..... *Woodville* Province, etc. *Ont.*

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

FILM	NO.	DATE
	WSR-5187-5	

W. S. G.
APPLICATION
10271
RECEIVED
5/26/75

P034940

00829

NATIONAL DEFENCE

JUN 20 1940

N.S.

QUESTIONNAIRE FOR CANDIDATES

FOR ENTRY IN THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Name (in full)..... *Percy Thomas Neil* 1918?
Date and place of birth..... *Woodroffe Ontario*
(Birth certificate, declaration by parents or affidavit as to date of birth must be attached)
Permanent place of residence..... *Woodroffe*
Nearest town to residence (if living in country).....
Are you a British subject?..... *yes*
Are you single, married or a widower?..... *Single*
In what capacity do you wish to enrol?..... *Seaman*
(See standards of qualifications in attached pamphlet)
Present occupation or trade..... *Service station operator*
(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.....
.....
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?..... *150 lbs* What is your height?..... *6 ft*
What is your chest measurement (not inflated)?..... *38"*
Are you free from all physical defects or malformation, and not subject to fits?..... *No*
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.

..... *Percy T. Neil* Signature
..... *May 29 1940* Date
..... *Woodroffe* Address

P. G. Chance
.....
(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 *May 11/18*

Signed..... *P. G. Chance*
Commanding Officer

N. V. 3

5M-839
N.S. 815-11-3

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

Name in full NEIL, Percy Thomas ~~Company~~ Ottawa Division

Training Headquarters	H A L I F A X	Official Number <u>V-6513</u>
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Can Swim

[illegible]

	HEIGHT		COMPLEXION	HAIR	EYES	MARKS, WOUNDS, SCARS
	FEET	INCHES				
On Entry	5	10 $\frac{1}{4}$	Fresh	Brown	Blue	Scar upper lip
On attaining 28 years						
Further Description if necessary						

NAVAL TRAINING AND DRILL

[illegible]

EXAMINATIONS AND NOTATIONS OTHER THAN THOSE ENTERED ON G. AND

DATE	WOUNDS AND HURT CERTIFICATE. MERITORIOUS SERVICE. SPECIAL RECOMMENDATIONS	CAPTAIN'S SIGNATURE	DATE	PARTICULARS
25-4-42	Present S. E. T. W. 20095		28 Sep '40.	"TR"
			16 Nov '40.	G. + R. "S.T."
			12 May '41	Rated A. B.

[illegible]

CAPTAIN'S SIGNATURE	DATE	PARTICULARS	CAPTAIN'S SIGNATURE	DATE	PARTICULARS	CAPTAIN'S SIGNATURE
	28 Sep '40.	"TR"	<i>[Signature]</i>	10/12/40	Identity Card No 15932	
	16 Nov '40.	Q. + R. S.T.	<i>[Signature]</i>			
	12 May '41	Rated A. B.	<i>[Signature]</i>			

ACTIVE SERVICE

[illegible][illegible]

MEMORANDUM FOR

P. 64

Richard

Mr. Thomas Neil,

WOODROFFE,

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. 113-N-118 FD. 149

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

NEIL, Percy Thomas, A.B.

No. V-6513, 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, 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
for (H. R. Wade) Lt. Cdr., RCNVR
(L. M. Firth) Lt.-Col.,
Administrator of Estates.



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.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	RICHARD THOMAS NEIL	67	7 MC EWEN AVE. WOODROFFE ONT.
4	Mother of the Deceased.....	IDA JANE NEIL	64	" "
5	Brothers of the Deceased	Full Blood	CECIL SMITH NEIL 33 RICHARD ELMER NEIL 28	KIATLAND LAKE, ONT. KINGSTON, NOVA SCOTIA
		Half Blood		
6	Sisters of the Deceased	Full Blood	ADA MAY NEIL 36	7 MC EWEN AVE. WOODROFFE ONT.
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the De- ceased, 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	

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

* Father of the deceased.

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

Richard T. Neil

{ Signature of Informant

CERTIFICATE

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

*See above Richard T. Neil { Name of Informant } is the * Father 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 McKellar this 19th day of October 1942

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public

W. B. Morgan Qualification Clergyman

Address 21 Ave McKellar - Westboro. Ontario

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

ALL CORRESPONDENCE RECEIVED FROM NATIONAL DEFENCE DEPT. HAS BEEN ADDRESSED THOMAS NEIL. THIS SHOULD BE RICHARD THOMAS NEIL, RICHARD BEING THE NAME COMMONLY USED.

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	PERCY THOMAS NEIL
11	Give the month and year of his birth.	MAY 12, 1918
12	Where and when were his parents married?	NOVEMBER 16, 1904 STANLEY'S CORNERS ONTARIO
13	If deceased was married, state place and date of marriage.	
14	Did he leave a Will? If so, a copy should be attached hereto.	Not to my knowledge
15	Did he leave a bank account? If so, give full particulars.	" " " "
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.	7 MCLEWEN AVE WOODROFFE, ONTARIO

PARTICULARS OF DOMICILE

18	Where was deceased born?	7 MCLEWEN AVE WOODROFFE ONT.
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.	
20	What was the nature of his employment?	
21	Did he own the premises in which he lived? If so, where?	
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	

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.	
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. (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)

2/11/8

(See K.R. & A.I., Article 609.)

To be attached to the rating's Service Certificate until final discharge from the Service, when this History Sheet is to be given to the man, together with his Service Certificate.

Surname	NEIL	Christian Names	PERCY T.	Port Division	R.C.N.V.R.	Official Number	6513
---------	------	-----------------	----------	---------------	------------	-----------------	------

Record of Torpedo Examinations.

Information is to be inserted when a rating qualifies in torpedo for A.B. and as regards examinations for acting as well as confirmed torpedo ratings.

Marks obtained in each subject are to be shown as a fraction of the possible total, thus $\frac{115}{150}$

[illegible]

Surname NEIL

Christian Names PERCY T.

PERCY T.

4

Award, reduction in, and cancellation of Torpedo Ratings

Date	Ship or School	Torpedo Rating	If torpedo rating reduced or cancelled, state reason briefly	Captain's Initials
16/11/40	STADACONA	S.T.	AWARDED	JSW

Special Courses

[illegible]

Field Training

Date	Ship or School	Rating	Q., R., or F.	Percentage obtained	Captain's Initials

Recommendations for Higher Torpedo Ratings (and for S.T., Torpedo Lieutenant's Writer and Torpedo Coxswain)

To be inserted *immediately* any rating is considered deserving of a recommendation.

Recommendation to be forwarded subsequently on Form S. 1303 in accordance with the instructions on that form.

[illegible]

Annual Musketry Course

[illegible]

R. C. N. V. R.

V-6513

~~3-712-24~~

TRUE COPY

OF THE

CERTIFICATE of the Service of

Neil, Percy, Thomas

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.

Official Number V-6513

Ottawa Riv. Halifax, N.S.

Date of birth *May 11th, 1918*

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

Where born { Province *Woodroffe, Ont.*

Name: *Richard*

Town or county *Woodroffe, Ont.*

Relationship: *Father*

Trade brought up to *Service Str. Attendant*

Address: *same address*

Religious denomination *C. of E.*

Date passed swimming test

Man's signature on discharge to pension }

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. <i>10/6/40</i>	<i>Of Sea</i>	<i>Hospitalities</i>	5.		
2.			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
	Feet	In.		Hair	Eyes	Complexion	
On entry as a boy.....							
On advancement to man's rating or on entry under 28 years.....	<i>5</i>	<i>10 1/4</i>		<i>Brown</i>	<i>Blue</i>	<i>Fresh</i>	<i>Scar upper lip</i>
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....							
Further description if necessary.....							

Name Neil Percy Thomas

(Tend

Dat

28 Sep
16 Nov
12 May

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

[illegible]



P034938

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

NATIONAL DEFENCE
JUN 20 1940
NLS 113-11-118
CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME NEIL OFFICIAL NO. 6513
CHRISTIAN NAMES Percy Thomas MARRIED, SINGLE or WIDOWER Single

PERMANENT ADDRESS		RELIGION
Woodroffe, Ontario.		C. of E.
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
May 11th, 1918	Town Woodroffe, County Carleton Province Ontario.	Mother: Mrs. Ida Neil Same address

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>36</u>	Brown	Blue	Fresh	Scar upper lip
Inches <u>10 1/4</u>	Deflated <u>31 1/2</u>				
Mean <u>33</u>					
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
June 10th, 1940.	Ord. Sea.	Service Station Attendant Sunlight Oil Company Ottawa.			

(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 Not applicable 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.

Personnel Records Division.

1. Noted in Records	<u>l. 2</u>
2. Index Card	<u>l. 2</u>
3. Service Card	<u>l. 2</u>
4. Roneo Strip	<u>l. 2</u>
5. Pension Card	<u>l. 2</u>
6.	
7.	
8.	
DATE	<u>June 24, 1940</u>

(5) On being enrolled as a member of the..... O T T A W A 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, for duration of hostilities.

(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 10th day of JUNE, 1940.

Signature of applicant *Percy T. Neil*

(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 10th day of JUNE, 1940.

Percy Thomas Neil
Signature of Commanding Officer.
Act. Lieut. R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, Percy Thomas Neil 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 *Percy T. Neil*

Witness *Percy Thomas Neil*

Date June 10th, 1940. Rank Act. Lieut. R.C.N.V.R.

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

Percy Thomas Neil 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 O T T A W A Division of the R.C.N.V.R.

Percy Thomas Neil
Act. Lieut. R.C.N.V.R. 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.

NAME IN FULL NEIL Percy Thomas RANK/RATING PO

[illegible]

VERIFICATION FORM

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

RANK/RATING 23 OFF. NO. 6513 ADDRESS

[illegible]

VERIFIED BY DIR. OF PERSONNEL RECORDS.

ORIGINAL

FEB 23 1918
N.S. 113-8-118
CANADA

H.Q. File No.

DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
5-2 168	Surname <u>NEIL</u> Christian Names <u>PERCY</u>	O.SMN. S.T.	V-6513	\$1.25 .10

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 <u>NEIL</u> Christian Names <u>R.T.</u>	FATHER	Woodroffe, Ont.	\$20.	New. Feb.

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):—
			Alotment Declarations
			Ent'd. on Index Card
			Ent'd. on Allotment Ledgers

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

Percy J. Neil
Rank or Rating
O.Smn.

ENTERED IN FAIR LEDGER

ENTERED IN ROUGH LEDGER

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:—

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

John H. Logg
Accountant Officer
PAYMASTER LIEUT. CDR. R.C.NR.
H.M.C.S. PRINCE HENRY

Forwarded

19th September, 1942.

Dear Sir:

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, Percy Thomas Neil, Able Seaman, O.N. V6513, R.C.N.V.R., is missing believed killed in action.

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

Mr. Thomas Neil,
WOODROFFE, Ont.

Deputy

Secretary, Naval Board.

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.
NEIL, Percy Thomas **Able Seaman,** **V.6513, R.C.N.V.R.**

DATE OF ENLISTMENT - **10 June, 1940. Active Service: 12 August, 1940.**

DATE OF DISCHARGE - **15 September, 1942.**

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

SERVICE - **Canada & 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 **Father** NAME **Mr. Thomas Neil**

ADDRESS **WOODROFFE, Ontario.**

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

\$ 20.00 PAID TO Still in force

MARRIAGE ALLOWANCE AT \$ nil PER DIEM PAID TO nil

DEPENDENTS ALLOWANCE AT \$ nil PAID TO nil

TOTAL MONTHLY PAYMENT TO - WIFE \$ nil

Computed by 11/10/42 DEPENDENTS \$ 20.00
 Checked by 1-10-42

The Secretary,
 The Canadian Pension Commission.

Copy to: The Sec., D.P. & N.H.

R. A. Smith
 SECRETARY,
 NAVAL BOARD.

(See reverse side for further
 instructions.)

Not in receipt of Dependents All

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

4
NAVY

DECEASED
MEMBER'S
NAME

AVA

Percy Thomas
(CHRISTIAN NAMES)

NEIL
(SURNAME)

REGISTER NO.

10271

FILE NO.

NSV-6513

DATE

14 Nov '45

SERVICE NO.

V-6513

FINAL RANK OR RATING

A.B.

DATE OF DISCHARGE

13 Sep '42

PAYEE
ADDRESS

Mr. Thomas Neil
Woodroffe, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE

13 Sep '42

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 763 EQUAL TO 25 COMPLETE PERIODS AT \$7.50

\$ 187.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 512 LESS 13 INELIGIBLE DAYS, EQUAL TO 559 DAYS @ 25C. PER DAY

139.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85
SUSTINENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.45
ADDITIONAL PAY HLM \$.13
ST \$.10

DEPENDENTS' ALLOWANCE 1/30 OF \$ NIL

TOTAL \$ 3.53 X 7 = \$ 24.71
NO. OF DAYS 572 X \$ 24.71
183

77.23

D. WAR SERVICE GRATUITY

404.48

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$ NIL

F. TOTAL AMOUNT PAYABLE

404.48

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 404.48

Cheque 116450 - Nov. 20/45

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY CHECKED BY

TREASURY

CHECKED BY

DATE

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accounting

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased
Member's NamePercy Thomas
(Christian Names)NEIL
(Surname)

Payee

~~Miss Gola M. NEIL~~

Address

Mr. Thomas NEIL
Woodroffe, Ont.

Register No. 10271

File No. V6513

Date 20-6-45

Service No. V6513

Final Rank or Rating A-13

Date of termination of overseas service 13 Sep. 42

Date of Discharge 13 Sep. 42

A. TOTAL QUALIFYING SERVICE

No. of days $\frac{763}{30}$ equal to 25 complete periods at \$7.50

\$ 187.50

B. QUALIFYING OVERSEAS SERVICE

No. of days 572 less 13 ineligible days equal to 559 days @ 25¢ per day

\$ 139.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay	\$1.85
Subsistence or Lodging	\$1.45
and Provision Allowance	
Additional Pay H.L.M.	\$.13
S.T.	\$.10

Dependents' Allowance 1/30 of \$

Total 3.53 x 7 = \$24.71

No. of days $\frac{572}{183}$ x \$24.71

\$ 77.23

D. WAR SERVICE GRATUITY

\$ 404.48

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE
AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

\$ 404.48

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ of \$ = \$404.48
Total Dependents' Allowance in issue \$

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

		Treasury	
Prepared by	Checked by	Checked by	Date

Service Representative

D.N.P.A. CHECK

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



Department of National Defence

Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

No. N.S.113-N-118

235511

29 September, 1942.

Sir:

In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:



<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
NEIL, Percy Thomas Able Seaman, V.6513, R.C.N.V.R.	Missing, believed killed in action on the 13th of September, 1942. He was on board H.M.C.S. "OTTAWA".	Father: Mr. R. Thomas Neil, WOODROFFE, Ont.

ALLOTMENTS IN FORCE

<u>In favour of</u>		<u>Amount</u>	<u>Initials</u>
Mr. R. THOMAS NEIL WOODROFFE, ONTARIO.	NIL	\$20.00	<i>RF 11/10/42</i>

WILL: No record.

Yours truly,

R. A. ...
SECRETARY, NAVAL BOARD.
per (LA)

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

14

When entered.....F.B.....Date of appearance.....Whither discharged.....D.D. 13 Sep.

LEDGERS

NOT
VICTUALLED

Date.....13 Nov.....19⁴².....

ACCOUNTANT OFFICER

ACCOUNTS OF MEN DISCHARGED

F299379

Account of the Balance of Wages, the Sale of Clothes and Effects
and the other Credits of Men Discharged to the
Shore, D. D. or Run

Name.....NEIL, Percy.....Rating.....A.B.
Official No.V-6513.....H.M.C.S.....OTTAWA.....List 5-2/454
Who*.....D.D.....on the.....13 September.....1942

Net sum due on ledger on account of Wages.....	\$	cts.
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....	\$	cts.
Found amongst Effects.....		
Debts collected \$.....		
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words) Twenty dollars charged to 30 Sep		
Name of ship from which transferred.....		
Total†.....Creditor.....	98	99

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of.....H.M.C.S.OTTAWA.....amounting to a net balance†.....CREDITOR.....of Ninety-eight.....dollars.....ninety-nine.....cents.

Dated on board H.M.C.S.....AVALON.....at.....St. Johns.....Newfoundland.....this.....thirteenth.....day of.....November.....1942

Approved.....
Pay. Lieutenant RCNVR
Lieutenant Commander, RCN
Commanding Officer.

For Use at Headquarters. \$.....cts.....credited on Inspector's certificate
No.....to.....
Signature.....
Date.....19.....

*State whether discharged on shore, D.D. or Run.
†State whether "debtor" or "creditor".
§Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

C.N.S. 46

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

DISTRIBUTION OF SERVICE ESTATES

Naval - Military - Air Force

Name WEIL Surname WEIL Christian Names Raymond No: 7-4513

1st Rank 1st Lt. Unit H.M.C.B. "OTTAWA" Date of Death 11-9-42

AMOUNT
L. P. C. \$ 92.99
Date March 19, 1943 Other Credits _____
Total 95.99

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/5	Father	Richard T. Weil, 7 McQueen Ave., Woodville, Ont. ✓	R 19.80
1/5	Mother	Mrs. Ida J. Weil, (as above) ✓	R 19.80
1/5	Brother	Cecil S. Weil, Hirkland Lake, Ont. ✓	R 19.80
1/5	Brother	Richard M. Weil, Kingston, Ont. R ✓	R. 19.80
1/5	Sister	Ada M. Weil, 7 McQueen Ave., Woodville, Ont. ✓ (next of kin entitled)	R 19.79

Distribution approved and authorized

AUDITED FOR PAYMENT

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

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

over

[illegible]



P034939

Can. B. 207

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

NATIONAL DEFENCE

JUN 20 1940

M.S. CANADA

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 Percy Thomas Neil
candidate for entry as Ord. Seaman, R.C.N.V.R.
and I believe him to be * in all respects fit for His Majesty's Service.
unfit for His Majesty's Service for the reason stated below. He has signed
the Certificate given below in my presence.

†Strike out if inapplicable. *Delete one.

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

Age (Years / Months)	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or re-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, Hemorrhoids, etc.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(k)	(l)	(m)	(n)	(o)	(p)
22 yrs. 1 mo.	138 lbs.	5' 10 1/4"	fair	inches (a) maximum 36 (b) minimum 31 1/2 (c) mean 33	right eye 6/6 left eye 6/6 colour vision normal	1932.	*X-Ray N.T.	neg	neg	lean upper lip. Clean.	neg	neg	31 teeth. 1 defective. Not neg.	neg. Urinalysis: - alb. o. sugar. o.

*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.

†The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.
‡Strike out if inapplicable.

Signature of Candidate

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

This Candidate is the subject of 1. defective teeth

* 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 Ottawa the 10th of June 1940

Examining Medical Officer

(Rank)...Act. Surg. Lieut. R.C.N.V.R.