

LAMB
THOMAS HENRY
21552

M19721

DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)

C.N.S. 2417
3M-1-38
N.S. 815-9-2417

APPLICATION FOR ENTRY IN THE ROYAL CANADIAN NAVY

The Naval Secretary,
Department of National Defence,
OTTAWA.

Victoria (Place)
Aug. 9 1938 (Date)

Sir:—

I hereby make formal application for entry in the Royal Canadian Navy, under a seven years' continuous service engagement as a ENGINE ROOM ARTIFICER 4th CLASS
(Insert rating chosen)

I certify that the following particulars are in my own handwriting and are true in every respect:

1. Name (to be given in full in Block Letters) THOMAS HENRY LAMB
 2. Date of Birth (Birth Certificate or sworn declaration by parent or guardian must be attached) July 26, 1917
 3. Place of Birth. Town Carleton Place, Province York
 4. Permanent Place of Residence. No. 100 Street Hollywood Ave
Town Victoria, Province British Columbia
 5. Are you a British Subject? Yes
 6. How long have you resided in Canada? 18 years
 7. What is your Mother Tongue? English
 8. What other language do you speak? None
 9. Are you of the White Race? Yes
 10. Are you Single, Married or a Widower? Single
 11. How far advanced educationally are you? Technical School
Mac Jarvis's Business College
(Certificates of School Authorities must be attached)
 12. What practical experience have you had?
(Details and certificates from employers, trade credentials, etc., must be attached to substantiate employment reported.)
4 years in a Light Machine Shop
 13. Do you belong to any Naval, Military, Air or Police Force? No
 14. If so, give details. None
 15. Have you ever served in such forces? No
 16. If so, give dates and details. None
 17. Have you ever been discharged from His Majesty's Forces as medically unfit? No
 18. Have you ever offered to serve in His Majesty's Forces and been rejected? No
Why? None
 19. Have you ever been convicted of a criminal offence?
(Enclose two character references, one of which must confirm your answer to Question 19) No
 20. What is your weight? 162 Height 6' Chest Measurement (Not inflated) 40
 21. Have you ever had fits? No
 22. Do you suffer from any deformity? No
 23. Have you suffered the loss of any fingers, toes, etc.? No
 24. Do you suffer from any disease? No
 25. Do you wear glasses? No
 26. Are you subject to any disability which might cause your rejection? No
 27. Give details. None
 28. Are you willing to be vaccinated and inoculated as considered necessary by the appropriate authorities? Yes
- Signature of Witness T. H. Lamb Signature of Applicant

CERTIFICATE TO BE SIGNED BY THE PARENT OR GUARDIAN OF CANDIDATES UNDER 21 YEARS OLD

I agree to refund to the Department of National Defence the expenses incurred by that Department for transportation to a Naval Base of the above applicant, should he, on arrival at such Base, fail to enrol for seven years' continuous Naval Service for reasons which in the opinion of the Department are within his own control. Signed and Sealed at....., this..... day of....., 19....., in the presence of

Signature of Witness

Signature of Parent or Guardian

CERTIFICATE TO BE SIGNED BY CANDIDATES OVER 21 YEARS OF AGE

I agree to refund to the Department of National Defence the expenses incurred by that Department for my transportation to a Naval Base, should I, on arrival at such Base, fail to enrol for seven years' continuous Naval Service for reasons which in the opinion of the Department are within my own control.

Signed and Sealed at Victoria, this 9 day of August, 1938, in the presence of Mrs. T. Lamb Signature of Witness T. H. Lamb Signature of Candidate

Act. E.R.A. 4th Class.

Name LAMB, Thomas Henry Nationality British File F.D. 198

Date of Birth July 26, 1917 Married S Religion

Date of Application Aug. 9, 1938. Medically Examined Aug. 10, 1938. O.K.

Address Hollywood Ave., VICTORIA, B.C.

Education 12yrs. Technical - Bookkeeping Course, Business College.

Previous Experience 4 yrs. Apprenticeship

Remarks 22-8-38 D.N.E. Proceed with entry.

Directions Re Entry 24-8-38 Lr. to applicant re final med. - copy to Cdr.

NAME IN FULL LAMB, Thomas Henry RANK/RATING E.R.A. 41

[illegible]

RATING. E.R.A. 4/c OFF. NO. N. 21552 ADDRESS

BY DIR. OF PERSONNEL RECORDS.

OFFICIAL NUMBER 21552

NAME LAMB Thomas Henry DATE OF BIRTH 26th July 1917.
(Surname) (Given Names)

PLACE OF BIRTH	Carleton, Yorkshire, England.	OCCUPATION	Machinist
----------------	-------------------------------	------------	-----------

RELIGION.....Church of England.....EDUCATION.....1 yrs. Technical--Bookkeeping Course, Business College

RESIDENCE AT TIME OF ENLISTMENT: Street and No. Hollywood Ave. Town Victoria Province, etc. B.C.

[illegible]

NEXT OF KIN RELATIONSHIP (in pencil)..... *Mother* NAME (in pencil)..... *Mrs. Fannie Lamb*

ADDRESS (in pencil): Street and No. Marshall C. C. Town Lebanon, Victoria Province, etc. Blo

[illegible][illegible]

FILM NO. <i>WR 4866-6</i> DATE		Date (in figures) Day Month Year		DAYS FORFEITED Prison Det'n Cells C. Power W. Trial In diff. Char.					W.S.O. APPLICATION 1223
SECOND CLASS FOR CONDUCT From To									

W. S. G.
APPLICATION
1223
RECEIVED

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

21552

OFFICIAL NUMBER

NAME LAMB
(Surname)

Thomas Henry
(Given Names)

OFFICIAL NUMBER

21552

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
Naden	A/E.R.A. 4/c.	1	9	38		V.G.	Sat.	31	12	38							
Fraser	"	2	6	39	Lent Comox 13.4-1.6.39.	V.G.	Sat.	31	12	39							
Margaree	E.R.A. 4/c.	6	11	39	Confirmed.	V.G.	Supr.	22	10	40							
Discharged	"	22	10	40	Dead-Missing presumed dead												
<p>GENERAL REMARKS</p> <p>28.4.41. Memorial Cross issued to Mother: Mrs Fanny Lamb, Marigold P.O. Seaside, B.C.</p>																	



DATE OF BIRTH	PLACE	CIVIL	CED	RELI	ED	RESID	RESIDENCE	PAID	ENGL	RANK OR RATE
26	7	17	22	270	0	30	2	9	05	10
01	09	38	01	09	38					
SENIORITY	STR.	NON-SUB								
06	11	39	09							
20	22	16	40							

DECEASED 22 October 1940

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

D.D.
WAR SERVICE RECORDS

LAMB	Thomas Henry	N-21552	E.R.A. 4/c	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	4725
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCN

HMCS "MARGAREE" July/41

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mr. F.B. Lamb - Father

ADDRESS: Marigold Road,
Saanich, B.C.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. F. Lamb
Marigold P.O.
SAANICH
ADDRESS: VICTORIA, B.C.

MEMORIAL BAR

DATE DESP

REGN. NO

416

(2)

(3) 28 April 1941

MEMORANDUM FOR

P. 64

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

Mrs. Fannie Lamb,

Marigold Road,

Saanich, B.C.

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

and the following number quoted:—

H.Q.N.S. 62-L-203 FD 45

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

June 27, 1941

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

LAMB, Thomas Henry, E.R.A. 4/cl.

No. 21552, H.M.C.S. "MARGAREE"



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.

(L.M. Firth) Major,
Administrator of Estates.ONLY IF NO RELATIVES IN THE DEGREE ABOVE ARE NOW LIVING, THE FOLLOWING
PARTICULARS SHOULD BE GIVEN

ADDRESSES IN FULL	YES	NAME OF THE LIVING

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.....	Benjamin Frank B. Lamb	51	376 Obed Ave Saarich Victoria B.C.
4	Mother of the Deceased.....	Fanny Lamb	49	376 Obed Ave Saarich Victoria B.C.
5	Brothers of the Deceased	Full Blood		6. 22. 40 66. R.C.N. E.A. H.M.S. Vernon.
		Half Blood		Portsmouth Eng
6	Sisters of the Deceased	Full Blood		none
		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	
	none	none	none	

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.....	Mrs. Jane Lamb 48 Williams Road Sutton Surrey Eng	87	48. Williams Road Sutton Surrey Eng
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....	none		

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Thomas Henry Lamb
11	Give the month and year of his birth.	26 th of July 1917 67
12	Where and when were his parents married?	2 nd of November 1914 Carleton, Yorks Eng
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?	No

PARTICULARS OF DOMICILE

16	Where was deceased born?	Carleton Yorks England
17	In what Province, Country or State did he reside, and in which last?	Victoria B.C.
18	How long in each?	4 years
19	What was the nature of his employment?	Engine room Artiller
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?	Victoria B.C.
22	State <u>your</u> postal address in full.	376 Obed Ave. Saanich Victoria B.C.

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	No. expenses lost at sea
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)

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

DECLARATION

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

Sanny Lamb {Signature of Informant

CERTIFICATE

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

*See above { 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.

Dated at Victoria B.C. this 7th day of July 1941

Signature of Clergyman, Priest or Magistrate

H. Pearson

Qualification

Manager

Address

IMPERIAL BANK OF CANADA, VICTORIA, B.C.

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.

19 What was the nature of his employment?

20 Did he own the house or homestead in which he lived? If so, where?

21 Did he ever state verbally, or in writing, where he intended to make his permanent home?

22 State your postal address in full.

PARTICULARS AS TO CLAIMS

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

24 Are there any outstanding claims against the estate? If so, furnish full name and address of each creditor in this space and attach his bill of account. (See Note Below.)

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

1. Name and address of creditor.

2. Detailed statement of particulars of claim with date or dates incurred.

3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments have been made, and that he is not a security creditor; the creditor should then sign and attach the bill and sign same.

OFFICIAL COPY

Records

S. 1320D
10 Mil.-5-40 (5005)
N.S. 815-9-1320D

NAVAL MESSAGE

To:

MRS. FANNY LAMB

MARIGOLD P.O.

SAANICH B.C.

From:

62 L 203

37 A

THE MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO
INFORM YOU THAT YOUR SON THOMAS HARRY LAMB ENGINE ROOM
ARTIFICER R.C.N. OFFICIAL NO. 21552 IS MISSING BELIEVED
KILLED.

-/26

L/T

P/L

REC'D SDO
1600/26

GB

27-10-40

5500

62-L 203.

1st November, 1940.

38A

Dear Madam:


It is with deep regret that I must confirm the telegram sent out by the Minister of National Defence, reporting that your son, Thomas Harry Lamb, E.R.A., O.N. 21552, R.C.N., was missing, believed killed.

Few details are available, but it is known that H.M.C.S. "MARGAREE" was sunk in collision in the North Atlantic whilst steaming without lights, on convoy duty, and in the submarine zone. 142 Officers and ratings are missing and must be presumed lost at sea.

I am requested to express to you the sincere sympathy of the Minister of National Defence for Naval Services and the Chief of the Naval Staff in your bereavement.

Any further information, which is received, will be at once communicated to you.

Yours very truly,


(J. O. Cossette),
Naval Secretary.

Mrs. Fanny Lamb,
Marigold P.O.,
SAANICH, B.C.

Haldane & Campbell

Barristers-at-Law

Solicitors

Notaries Public

W. H. M. HALDANE

J. D. D. CAMPBELL, B.A., CANTAB.

302-3 Pemberton Building

Victoria, B.C.

TELEPHONE GARDEN

44

Nov. 25, 1940.

DEPT.
NATIONAL DEFENCE

NOV 30 1940

NS 62-L-20
CANADA

89067

The Secretary,
Naval Service Headquarters,
Department of National Defence,
Ottawa, Canada.

Dear Sir: Re: Thomas H. Lamb, #21552.

We are acting for Mrs. Fanny Lamb, the
mother of Thomas H. Lamb.

Lamb lost his life when the "Margaree"
was sunk in October. Mrs. Lamb finds that in
order to obtain the release of some insurance
money it is necessary to obtain a Succession
duty release from the Government of the Province
of British Columbia. This necessitates filing
Succession duty affidavits with the Succession
duty office and giving details of the assets
belonging to the deceased.

Mrs. Lamb advises us that she thinks
there is some back pay due to Lamb from the
department and that there might possibly be
some money due him for the loss of his equip-
ment through the sinking of the Canadian Des-
troyer "Fraser."

It also occurs to us that the depart-
ment may have a will of the late Thomas H.
Lamb, a We we will be obliged if you will write
us advising us at your earliest opportunity.

Thank you for your courtesy and
attention herein.

Faithfully yours,

HALDANE & CAMPBELL

PER: *[Signature]*

JDDC:pd



Can. B. 207
2M-1-37
N.S. 815-2-207

NAVAL SECRETARY
AUG 14 1938
N 62-214 L

9

CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND BOYS FOR THE NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

N 19723

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 Thomas Henry LAMB
candidate for entry as Applicant / ERA 5c
and I believe him to be in all respects fit for His Majesty's Service. He has signed the Certificate given below in my presence.

Dated at Esquimaux RC the 10th of Aug 1938

G. H. Morgan Smith
Examining Medical Officer

White Race None - Neg. (Rank) Capt., R.C.A.M.C.

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

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 re- vaccinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (j)	Skin (k)	Ears and Hearing (l)	Testes, Varicocele, etc. (m)	Mouth, Teeth (No. def- icient and No. defective, if any), Nose, Tonsils, etc. (n)	Anus, Hemorrhoids, etc. (o)
21 ⁰ / ₁₂	155	6'0"	Good	inches (a) maximum 38 1/2 (b) minimum 36 1/2 (c) mean 37	right eye 6/6 left eye 6/6 colour vision C.V.N.	Childhood	N.	N.	N.	N.	N.	N.	3 Defects - 2 Deficient	N.

CERTIFICATE TO BE SIGNED BY THE CANDIDATE

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

T. H. Lamb
Signature of Candidate

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

This Candidate is the subject of.....

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

Examining Medical Officer

(Rank).....

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

H. M. C. S. "NADEN", Esquimalt, B.C.

OFFICIAL No. IF KNOWN
Space to be left vacant
if not known21552
OCT 1938
62-203

CONTINUOUS SERVICE ENGAGEMENT, OR RE-ENGAGEMENT

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

CHRISTIAN AND SURNAME IN FULL	NEXT OF KIN	PRESENT RATING
THOMAS HENRY LAMB	Mother - Fannie Name... Marigold P.O. Address... Saanich, B.C.	A/E.R.A. 4 23
DATE OF BIRTH*	PLACE OF BIRTH†	NAME, RANK AND STATION OF RECRUITING OFFICER
26th July, 1917.	Town... Carleton County... Yorkshire Province... England	Commander... J.E.W. Oland, DSC., RCN. RCN. Barracks, Esquimalt, B.C.

Personal Description at the Date of this Document

Height	Chest	Hair	Eyes	Complexion	WOUNDS, SCARS OR MARKS	Religious Denomination	TRADE OR OCCUPATION
6' 0"	38 1/2 36 1/2 37	Fair	Blue	Fresh	Scar L. forearm Scar R. Eyebrow	C of E.	Machinist

Commencing date of Engagement or Re-engagement	1st September, 1938.	Period of Engage- ment or Re- engagement	SEVEN YEARS
Date of actually vol- unteering to en- gage or re-engage	1st September, 1938	Date of entering present ship	1st September, 1938.

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

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

FIRST ENTRY



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

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

- Are the particulars given above of your name and date and place of birth correct?..... Yes
- Are you a British subject?..... Yes
- Nationality of parents—Father..... English..... Mother..... English.....
- Have you ever served in the Navy, Royal Fleet Reserve, Royal Naval Reserve, Army, Army Reserve, Marines, Militia, Volunteers (Naval or Military), Territorial Force, or in His Majesty's Indian or Colonial Military Forces, or in the R. C. Mounted Police?..... No
- Do you now belong to the Militia, Volunteers (Naval or Military), Territorial Force or any Regiment or Corps in His Majesty's Army, or to any established Naval or Army Reserve Force, or to the R. C. Mounted Police?..... No
- Have you ever been rejected as unfit for His Majesty's service, or discharged from it on that account? If so, state reason of rejection or discharge, and date..... No
- Have you ever been discharged from the Navy, Marines, Army or R. C. Mounted Police on account of misconduct?..... No
- Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- Can you swim?..... Yes

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

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

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

C.N.S. 55

2,500—3-38
N.S. 815—9—55

SAI/207 le Rg

27.10.38

(OVER)

B

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

I, THOMAS HENRY LAMB, do solemnly declare that to the best of my knowledge and belief the answers to the questions overleaf are true, and I do hereby agree to serve honestly and faithfully in the Naval Service of Canada*for the term of SEVEN Years from 1st September, 1938, provided my service should be so long required. And I do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty. As witness my hand this 1st day of September, 1938.

Witness to Signature.....Thomas Henry Lamb.....Man's Signature in full

Attested before me this 1st day of September, 1938. 193.....

J. B. [Signature]
LIEUT. COMMANDER, RCN.

{ Signature of a Commissioned
Officer of the Naval Service

Date 1st September, 1938. 193.....

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

[Signature] COMMANDER, RCN. Commanding Officer.....
[Signature] CAPTAIN, RCAMC. Medical Officer

II.—Certificate and Declaration for Boys

Date.....193.....

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

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

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

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

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

.....Boy's Signature in full

Witness to Signature.....

Attested before me this.....day of.....193.....

.....{ Signature of a Commissioned
Officer of the Naval Service

III.—Re-engagement for Continuous Service

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

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

I,....., now serving as a.....
on board H. M. C. S....., who on the.....of.....193.....

engaged to serve in the Naval Service of Canada for a period of §.....years, do hereby engage to serve for a further period**.....from ††.....193.....
provided my services should be so long required.

.....Man's Signature in full
.....193.....

Witness,.....Commanding Officer

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

If a copy of this Form is required, Form C.N.S. 1243 is to be used

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.

CERTIFICATE of the Service of

Thomas Henry LAMB

IN THE ROYAL CANADIAN NAVY

Port Division

Esquimalt, B.C.

Official Number *21552*



Date of birth	<i>26 July, 1907</i>	Nearest known Relative or Friend (To be noted in pencil)
Where born { Province	<i>England</i>	Name: <i>Fannie</i>
born { Town or county	<i>Barleton, Yorkshire</i>	Relationship: <i>Mother</i>
Trade brought up to	<i>Machinist</i>	Address: <i>Marigold Rd</i>
Religious denomination	<i>Church of England</i>	<i>Saanich, B.C.</i>
Date passed swimming test	<i>PPT (Good) 22 Sep 38 J.L.W. Rand</i>	
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>1 Sep. 1938</i>	<i>Seven Years</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>6</i>	<i>0</i>	<i>38 1/2</i> <i>36 1/2</i> <i>37</i>	<i>Fair</i>	<i>Blue</i>	<i>Fresh</i>	<i>Scar L. Forearm</i> <i>Scar R. Eyebrow</i>
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....							
Further description if necessary.....							

Name Thomas Henry LAMB

[illegible][illegible]

(Tender
in

Date _____

29 Aug 31
1 Sep 31

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Archives
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Diagram illustrating the distribution of 1000 cases of infectious diseases in 1900. The diagram is a circular pie chart divided into segments representing different diseases. The legend on the right side identifies the diseases and their corresponding colors:

- Scarlet fever (Red)
- Dysentery (Orange)
- Typhoid (Yellow)
- Cholera (Green)
- Smallpox (Blue)
- Measles (Purple)
- Whooping cough (Pink)
- Polio (Light Blue)
- Scarlet fever (Red)
- Dysentery (Orange)
- Typhoid (Yellow)
- Cholera (Green)
- Smallpox (Blue)
- Measles (Purple)
- Whooping cough (Pink)
- Polio (Light Blue)

[illegible]

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

DECEASED
MEMBER'S
NAME

Thomas Henry
(CHRISTIAN NAMES)

LAMB
(SURNAME)

REGISTER NO. 1223

FILE NO. NS. N-2

DATE 25th A

SERVICE NO. 21552

FINAL RANK OR RATING E.R.A.

DATE OF DISCHARGE 22nd Oct

PAYEE
ADDRESS

Mrs. Fanny Lamb,
376 Obed Ave.,
Saanich, Victoria, B.C.

DATE OF TERMINATION OF OVERSEAS SERVICE 22nd Oct/40

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 409 EQUAL TO 13 COMPLETE PERIODS AT \$7.50

\$ 97.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 409 LESS 19 INELIGIBLE DAYS, EQUAL TO 390 DAYS @ 25C. PER DAY

\$ 97.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$3.05
SUBSISTENCE OR LODGING \$1.45
AND PROVISION ALLOWANCE
ADDITIONAL PAY H.L.M. \$.15

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$4.65 X7 = \$ 32.55

NO. OF DAYS 390 X\$ 32.55

69.37

D. WAR SERVICE GRATUITY

264.37

E. DEDUCTIONS

OVERPAYMENT OF

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

N11

OTHER DEDUCTIONS

\$

F. TOTAL AMOUNT PAYABLE

264.37

G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

= \$ 264.37

Cheque 7996- 11/5-45

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

SJD

CHECKED BY

TREASURY

CHECKED BY

DATE

for Dir. Naval Pay

SERVICE REPRESENTATIVE