

A1041
KEATING
WILLIAM

DOUGA

DECEASED 19 October 1940

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

D.D.
WAR SERVICE RECORDS

KEATING	William Dougall	A-1041	A.B.	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	6627
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNR Aug.41 "BRAS D'OR"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mr. Henry K. Keating - Father

Grosse Isle,
ADDRESS: Magdelene Island, P.Q.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. M. Keating
Grosse Isle
ADDRESS: Magdalene Islands, Qu.e

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO.....

175

(2)

(3) 8 May 1941

OFFICIAL NUMBER.....A.....1041

RESIDENCE AT TIME OF ENLISTMENT: Street and No. Grosse Isle, Town Magdalene Islands Province, etc. P. Q.

NEXT OF KIN RELATIONSHIP (in pencil) mother
 ADDRESS (in pencil): Street and No. Roose Isle
 NAME (in pencil) Mrs Mary Stecher
 Town Magdalen Islds Province, etc. B. I.

BADGES, G.C. OR G.S.

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

[illegible]

H.Q. 35-30M-4-42 (4260)
N.S. 815-7-35.

4/6/45

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
Stadacona	A.B.	27	11	39		V.G.	Sat	31	12	39							
Bras D'Or	"	1	12	39		V.G.	Supr.	19	10	40							
DISCHARGED	"	19	10	40	"Missing, presumed dead" (Bras D'Or Casualty List)												
<p align="center">GENERAL REMARKS</p> <p>8/5/41 - Canadian Memorial Cross issued to Mother: Mrs. Mary Keating, Grosse Isle, Magdalene Islands, P.Q.</p>																	

DATE OF BIRTH			PLACE	CIVIL	OCCU.	RELI.	ED	PERM. RESIDENCE	PREV. ENL.	RANK OR RATE ON ENLISTMENT						
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION		P.	CIV.	TOWN	SERV.	DIV.	A	BR	RANK	
17	X	19	12	100	0	30	X	2	46	00	0	19	0	08	94	
ENLIST. DATE			ACT. SERV. DATE			SHIP OR			RANK OR RATE							
DY.	MO.	YR.	DY.	MO.	YR.	SHIP OR							A	BR	RANK	
27	11	39	27	11	39								2936	0	08	94
SENIORITY			STR.	NON-SUB			CODED			CHECKED						
DY.	MO.	YR.	CAT.	A	B	ST.										
27	11	39	19										20	19-10-40	2011	Smk B

Mrs. Mary Keating,

Grosse Isle,

Magdalen Islands, P.Q.

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

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

and the following number quoted:—

H.Q. NS A-1041

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

February 13, 1946

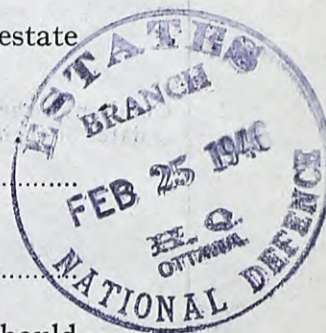
For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

KEATING, William D. A.B. (Deceased)

A-1041

-

R.C.N.V.R.



it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

(L.M. Firth) Colonel,

Director 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 specified	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.....	Henry K. Keating		
4	Mother of the Deceased.....	Mary J. Keating		
5	Brothers of the Deceased	Kenneth Kenneth Keating	19	Grosse Isle Magdalen Islds. P. 2.
		Harry	18	" " " "
		Delbert	15	" " " "
		Bennie	10	" " " "
	Full Blood			
	Half Blood			
6	Sisters of the Deceased	Margaret. (Mrs Gordon Mont)	24	352, Pimise St Luro N.S.
		Julia. (Mrs E. A. Chappell)	22	Grosse Isle Magd. Islds.
		Sybil. (Mrs H. W. Cummings)	21	Lansdowne, Ont. P. 2.
		Maryl. Keating	12	Grosse Isle
		Jean	6	Magdalen Island
		Shirley	5	" " " "
		Marlene	1 year	" " " "
	Full Blood			
	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	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased. <i>Wm Douglas</i>	
9	Date of his birth. <i>Nov. 17. 1919</i>	
10	Place and date of his marriage.	
11	Place and date of his parents' marriage. <i>Nov. 14. 1904</i>	<i>Gosse Isle Magdalen Islands.</i>

PARTICULARS OF DOMICILE

12	Place where deceased was born. <i>Gosse Isle</i>	<i>Magdalen Islands.</i>
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) <i>Gosse Isle M.P.</i> (b) (c) (d)
14	Nature of employment before enlistment.	<i>fishing</i>
15	State whether he owned the premises in which he lived, and, if so, where situated.	<i>None</i>
16	Name place where deceased stated he intended to make his permanent home.	

PARTICULARS OF ESTATE

17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	<i>None</i>
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19	(a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased.	
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	
21	(a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they?	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

24	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.	
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(PLEASE TURN OVER)

DECLARATION

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

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

* *Mrs Henry Keating* of the deceased.
Mother.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Signature
of
Informant

Address

CERTIFICATE

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

See above. { Name of informant } is the..... of the Deceased
above described. The above Declaration was made by the Informant and signed in my presence.

Dated at..... this..... day of..... 19 *46*

Signature of Clergyman,
Priest, Magistrate,
Commissioner or
Notary Public or Com-
missioned Officer of any
of His Majesty's Forces.

Qualification.....

Address.....

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 specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

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

MAR - 6 1946

QH

N. R. 5
1500-11-39
N. S. 8 15-12 5**ATTESTATION FORM****FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE**Surname **KEATING,** Official No.Christian Names **William Dougal.** Married, Single or Widower **Single.**

Permanent Address	Religion
Grosse Isle, Magdelene Is.	C. of E.

Date of Birth	Place of Birth	Name and Address of Next of Kin
17th November, 1919.	Town Grosse Isle. County Magdelene Is. Province P.Q.	Mrs. Mary Keating, (Mother) Grosse Isle, M.I.

PERSONAL DESCRIPTION ON ENROLMENT

Height	Chest Measurement	Hair	Eyes	Complexion	Wounds, Scars, Marks
Feet 5	Inflated				
Inches 9	Deflated 34	Brown	Blue	Medium	Nil
	Mean.....				

Date of Enrolment	Rating Enrolled for	Trade or Calling and in whose Employ
27th November 1939.	A.B. (T)	Fisherman

(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 member of the Royal Canadian Naval Reserve, and that I accept and agree to abide by the rules of the said Force.
- (3) (a) That it is my intention to follow the sea for a period of at least five years from this date.
(b) ~~That it is my intention to follow the calling of a Fireman, either at sea or on shore, for a period of five years from this date.~~
(c) ~~That it is my intention to follow the sea in an Engine room capacity for a period of five years from this date.~~

NOTE.—Candidates for enrolment as *Seaman* are to cross out clauses (b) and (c) above.Candidates for enrolment as *Stoker* are to cross out clauses (a) and (c) above.Candidates for enrolment as *E. R. A.* are to cross out clauses (a), (b) and (c) above.Candidates for enrolment as *Engineman* are to cross out clauses (a) and (b) above.

(4) That I have never been rejected from any of His Majesty's Forces on account of unfitness.

*Cross out
clause not
applicable

(5) That (a)* I have never served, and am not serving in any Naval, Military, Reserve or Territorial Force.

(b)* I served in NIL for the period shown.

Served in	Rank	From	To
	NIL		

(6) That the particulars contained above are correct and true according to the best of my knowledge and belief.

(7) On being enrolled as a member of the Royal Canadian Naval Reserve, I undertake and bind myself:—

AND/OR DURATION OF HOSTILITIES.

- (a) To serve from the date thereof for five 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 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 Registrar 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.

(8) I am willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities.

Dated this 27th day of November, 1939.

Dougal Keating
(Signature of Applicant)

(C)

OATH OF ALLEGIANCE

I, William Dougal Keating do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty.

Signature of Applicant Dougal Keating

Witness John H. Ingham

Date 27th November, 1939. Rank Payr. Lieutenant R.C.N.R.

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

(D)

CERTIFICATE OF ATTESTING OFFICIAL

I hereby certify that all the foregoing statements were made by the man above named, in my presence, and that he has made and signed the above declaration and has taken the oath of allegiance in my presence this 27th day of November, 1939.

John H. Ingham
(Signature of Officer and rank)

Payr. Lieutenant R.C.N.R.

NOTE.—When this form has been completed it is to be forwarded to Naval Service Headquarters, Ottawa, for custody.

Medically fit.
A. McCallum
Surgeon General V.R.

APPROVED:—

John H. Ingham
Commander R. C. N.

SERVICE CERTIFICATE

3M-9-37
N.S. 815-11-17

123-734

ROYAL CANADIAN NAVAL ~~VOLUNTEER~~ RESERVE

Official Number A-1041

Can Swim

[illegible]

	HEIGHT		COMPLEXION	HAIR	EYES	MARKS, WOUNDS, SCARS
	FEET	INCHES				
On Entry _____	5	9	Medium	Brown	Blue	----Nil----
On attaining 28 years _____						
Further Description if necessary _____						

[illegible]

NAME IN FULL KEATING William Douglas RANK/RATING A.B.

VERIFIED BY Robert Stephen

VERIFIED BY

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

RATING A.B. OFF. NO. A-1041 ADDRESS

[illegible]

BY DIR. OF PERSONNEL RECORDS.

No. 159
ORIGINAL

P028334

MAY 20 1940
H.Q. File No. A-34

DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
VENTURE BRAS D'OR 12-2/24	<div>Surname KEATING</div> <div>Christian Names William Dougald</div>	A.B.	A-1040 NR(T)	1.85

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
<div>Surname GREATB WEST LIFE</div> <div>Christian Names ASSURANCE CO.</div>	Assurance	P.O. Box 3048 Winnipeg Manitoba	5.00	June 1940

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):—
45.00 ✓	Mother	Grosse Isle Magdeline Is. P.Q.	To be continued

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.

ENTERED IN FAIR LEDGER	ENTERED IN ROUGH LEDGER
<div>Philippe</div>	<div>William D. Dougald Keating</div>

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.	Pay. Lieut. Comdr. RCN Accountant Officer H.M.C.S. VENTURE
---	---

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.....		

MAIN FILE
CHARGED TO
SINCE
REC'D. CENTRAL REGISTRY
MAY 29 1940
REFERRED TO

NO....162.....

STOP NOTICE

(Navy Allotments)

FO81C17

10
ORIGINAL

DEPT
NATIONAL DEFENCE

NOV -9/1940

N.S. 123-A-34
CANADA

LIST NUMBER	ALLOTOR'S SURNAME	CHRISTIAN NAME	RANK OR OFF. No.
VENTURE FOR BRAS D'OR 12-2/24	KEATING	WILLIAM D .	A.B. A-1041 RCNR(T)

PARTICULARS OF ALLOTMENT BEING STOPPED

RATE PER MONTH	DATE (Inclusive to which) Allotment is to be paid	NAME OF ALLOTTEE	RELATIONSHIP TO ALLOTOR	ADDRESS
\$5.00	31ST OCTOBER 1940	NOT KNOWN	NOT KNOWN	NOT KNOWN NOT KNOWN

Entered in:—

Fair Ledger.....

Rough Ledger.....

NOT AVAILABLE

Signature of Allotor

Cause of Stoppage

(When an Allotment in favour of an Allottee, on whose account M.A. is credited has to be stopped, information regarding the stoppage of M.A. should be also inserted here.)

THIS RATING IS DISCHARGED DEAD 19 OCTOBER 1940

THE FINANCIAL SUPERINTENDENT
DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)
OTTAWA, CANADA

PAY LIEUT-COMMANDER RCNR.

Accountant Officer

"VENTURE".

H.M.C.S.

Date forwarded.....

NOV 7 1940

FOR USE AT HEADQUARTERS ONLY

1. Index Card Destroyed.....
2. Noted in Birth Record Ledger.....
3. M./A. Card Destroyed.....
4. Ledger Account Closed.....

INITIALS	DATE
hlm	12/1/40

Assigned Pay to Wives
Assigned Pay to other Dependents
Marriage Allowance
Dependents Allowance
Other Allotments

Object No. 111 \$.....
" " 113
" " 115
" " 117
" " 122
Total \$ 5.00

INSTRUCTIONS FOR ACCOUNTANT OFFICERS

When an Officer or Rating has two or more allotments in force they are not to be combined but treated as two or more allotments, and therefore Stop Notices should be dealt with accordingly.

A Stop Notice form should be filled out immediately an allotment has to be stopped, numbered consecutively and despatched at once to Headquarters.

A night-letter giving the Stop Notice number and other required particulars should be sent when it is impossible to forward this form in time to reach Headquarters by the 16th of the month.

This night-letter should be immediately confirmed by a Stop Notice form.

Canadian Allotments, if any, of R.N. ranks or ratings returning to R. N. should be stopped and debited prior to discharge.

Allotments continue to be paid by Headquarters until a Stop Notice is received. A Stop Notice should, therefore, be sent whenever an allotment has to be discontinued for reasons such as discharge, etc.

MAIN FILE
CHARGED TO <i>N.P.R.</i>
SINCE <i>8-11-40</i>
REC'D. CENTRAL REGISTRY
NOV 9 1940
REFERRED TO

P084418

16

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

NATIONAL DEFENCE

NOV 16 1940

N.S. CANADA

G.P.B. 12/11

H.M.C.S. BRAS D'OR at

Name KEATING, William Dougal
(Christian names in full)Rank of Rating Able Seaman (T) R.C.N.R. Official No. A-1041
(Magdelene Island) (If unknown, date of first entry)

Place of Birth Grosse Isle, P. Q. Date of Birth 17th November, 1919.

Occupation in Civil Life Fisherman Religion Church of England.

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N.
(Temporary) or Reserve ratings) 1 year.

Date of Death 19th October, 1940 Place of Death

Cause of Death Lost at Sea - Foundering of H.M.C.S. BRAS D'OR
(If due to accident, violence, or enemy action, particulars to be stated briefly)Nearest known relative or friend { Name Mrs. Mary Keating Relationship Mother
Address Grosse Isle,
Magdelene Island, P. Q.

Date on which the above was informed by Ship

Date on which death was registered with local Officials 19th October, 1940.

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the
prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, accord-
ing to Nationality

Place of Burial (if known) Date of Burial (if known)

Location, Number, etc., of grave (if known)

Undertaker employed (if any)

If borne for discipline only, date D.S.Q. or invalidated

COMMANDER, R.C.N. Commanding Officer,
COMMANDER IN CHARGE.

12th November 1940.

The NAVAL SECRETARY,
Department of National Defence,
Ottawa, Canada.In all cases this Form is to be sent in addition to the Report by Telegraph required by the
Regulations.

Distribution: File, Imp. W. G. Com., Dom. Stat., Register.

MAIN FILE	
CHARGED TO	<i>C.P.C.</i>
SINCE	<i>12-11-40</i>
REC'D, CENTRAL REGISTRY	
NOV 16 1940	
REFERRED TO	

УОЗ ДО НАМ, АЗІТРО НА ДО ПІТАГО АНІ ДО ПІТІКА

ПРОТ-А. ОН НАМ. (1) НАМ. АНІ ДО ПІТАГО АНІ ДО ПІТІКА

• СІСЛ. НАМ. АНІ ДО ПІТАГО АНІ ДО ПІТІКА

• НАМ. АНІ ДО ПІТАГО АНІ ДО ПІТІКА

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• НАМ. АНІ ДО ПІТАГО АНІ ДО ПІТІКА

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• НАМ. АНІ ДО ПІТАГО АНІ ДО ПІТІКА

File No. *N.S. 123-K-34*

DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)

WAR MEMORIAL CROSS

23

Issued to:-

Wife:-

Mother:-

Mrs. Mary Keating,
Grosse Isle,
Magdalon Islands, P. Q.

Date forwarded:-

8-5-41

Registered Mail No:-

2818

ACCOUNTS OF MEN DISCHARGED

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 KEATING, WILLIAM DOUGLAS Rating ABLE SEAMAN
Official No. A-7041 H.M.C.S. VENTURE FOR "BRAS D'OR" List 12-2/24
RCNR(T)
Who* DISCHARGED DEAD on the 19TH OCTOBER 1940 1940

Net sum due on ledger on account of Wages.....
Proceeds of sale of Effects charged against Wages, brought from the other
side.....

\$ cts.

13. 87

CASH—

Proceeds of sale of Effects, paid for in Cash, brought
from the other side.....

Found amongst Effects.....

Debts collected \$.....

\$

cts.

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) (1) FORTY-FIVE 00/100 DOLLARS
(2) FIVE 00/100 DOLLARS charged to.....

Name of ship from which transferred.....
H.M.C.S. "BRAS D'OR".

LEDGERS

Total†.....

13. 87

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.
"VENTURE", amounting to a net balance† — CREDITOR —

of THIRTEEN dollars EIGHTY-SEVEN cents.

Dated on board H.M.C.S. "VENTURE" at HALIFAX

NOVA SCOTIA this SEVENTH day of NOVEMBER 1940

Approved

PAYMASTER W. Brown Accountant Officer

PAYMASTER Sub-Lieut RGNVR (Initials of the Assistant Accountant Officer)

Commanding Officer.

COMMANDER R.O.N.

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".
§Subscriptions 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

2M-10-39 (2369)
H.Q. N.S. 815-9-45

ACCOUNT OF SALE OF THE EFFECTS

[illegible]

{ Lieutenant or Officer who
attended at the sale of
the Effects.

.....SignatureSignature
.....RankRank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.



DISTRIBUTION OF SERVICE ESTATES **GMW**

Estates Form "P. 4"

XIX
NAVY

Name **KEATING,** **William D.** No. **A1041**
Surname Christian Names
Rank **A.B.** Unit **HMCS Bras D'Or** Date of Death **19-10-41**

AMOUNT **W.S.G.** **193.00**
L.P.C.....\$ **13.87**
Date **19-3-46** Other Credits.....
Total..... **206.87**
Prev. Dist. **13.87**
This Dist. **193.00**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
12/20	Father	Henry K. Keating Grosse Isle Magdalen Islands, P.Q. ($\frac{1}{4}$ for own use) (7/20 for benefit of 7 minors)	115.80
$\frac{1}{4}$	Mother	Mrs. Mary J. Keating (As above)	48.25
1/20	Sister	Mrs. Margaret Mount, 352 Prince St., Truro, N.S.	9.65
1/20	Sister	Mrs. Julia Chappell Grosse Isle, Magdalen Islands, P.Q.	9.65
1/20	Sister	Mrs. Sybil Runnings Lansdowne, Ont.	9.65
		(As next of kin entitled)	
		<i>P. J. Jones</i> <i>1/4/46</i>	WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	.OBJ.	AMOUNT
9999	831	00	50	000	193.00
CLASSIFIED BY <i>[Signature]</i>			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED
[Signature]
(L. M. FIRTH) Colonel
Director of Estates
AUDITED FOR PAYMENT

MG

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

4
NAVYDECEASED
MEMBER'S
NAMEWilliam Dougal
(CHRISTIAN NAMES)KEATING
(SURNAME)

REGISTER NO. 11973
FILE NO. NSA-1041
DATE 31 Oct/45
SERVICE NO. A-1041
FINAL RANK OR RATING A.B.
DATE OF DISCHARGE 19 Oct/40

PAYEE Director of Estates,
ADDRESS 308 Sparks St.,
Ottawa, Ont.

for Service Estate of
William D. Keating,
NSA-1041

DATE OF TERMINATION OF OVERSEAS SERVICE 19 Oct/40

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 328 EQUAL TO 10 COMPLETE PERIODS AT \$7.50

\$ 75.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 324 LESS 28 INELIGIBLE DAYS, EQUAL TO 296 DAYS @ 25C. PER DAY

\$ 74.00

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. \$.25

DEPENDENTS' ALLOWANCE 1/30 OF \$ N11

TOTAL \$3.55 X7 = \$ 24.85
NO. OF DAYS 324 X\$ 24.85
183

\$ 44.00

D. WAR SERVICE GRATUITY

\$ 193.00

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$ N11

F. TOTAL AMOUNT PAYABLE

\$ 193.00

G. YOUR PORTION OF GRATUITY IS—

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

\$ 193.00

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

DM

CHECKED BY

CHECKED BY

TREASURY

DATE

2/11/45

for Dir. Naval Pay Acctng.

SERVICE REPRESENTATIVE

AT

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased

Member's Name WILLIAM DOUGAL
(Christian Names)

KEATING
(Surname)

Payee

Director of Estates

Address

308 Sparks St.

Ottawa, Ont.

for Service Estate of William D. KEATING
N.S. A1041

Register No. 11973

File No. A1041

Date 12 July '45

Service No. A1041

Final Rank or Rating A.B.

Date of termination of overseas service 19 Oct '40

Date of Discharge 19 Oct '40

A. TOTAL QUALIFYING SERVICE

No. of days 328 equal to 10 complete periods at 37.50
30

75.00

B. QUALIFYING OVERSEAS SERVICE

No. of days 324 less 28 ineligible days equal to 296 days @ 25¢ per day

74.00

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. \$.25

Dependents' Allowance 1/30 of \$ Nil

Total 3.55 x 7 = \$ 24.85

No. of days 324 x \$ 24.85
183

44.00

D. WAR SERVICE GRATUITY

193.00

E. DEDUCTIONS

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

OTHER DEDUCTIONS \$

Nil

F. TOTAL AMOUNT PAYABLE

193.00

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ _____ of \$ _____ = \$ 193.00
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.

Prepared by		Checked by		Treasury	
				Checked by	Date

Service Representative

D.N.P.A. CHECK

1 [Signature] 6 [Signature]
2 [Signature] 7 [Signature]
3 [Signature] 8 [Signature]
4 [Signature] 9 [Signature]
5 [Signature] 10 [Signature]



CANADA

Can. B. 207
2M-5-35
N. S. 815-2-207

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

(R.C.N. OR RESERVE FORCES)

NOTE—This Certificate is to be completed by the Examining Officer and forwarded to the Naval Secretary, Department of National Defence, Ottawa.

I, the undersigned, have examined KEATING William Douglas
candidate for entry as O.B. - RCN R.
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 Halifax N.S. the 28th of November 1937

Phelan
Examining Medical Officer

(Rank) Surgeon

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

(a) Age { Years Months	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re- vaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(j) Limbs and Joints	(k) Skin	(l) Ears and Hearing	(m) Testes, Varicocele, etc.	(n) Mouth, Teeth (No defec- tent and No defective, if any), Nose, Tonsils, etc.	(o) Anus, Hæmorrhoids, etc.
20 yrs	142	5' 7 1/2"	Good	inches (a) maximum 34 (b) minimum 31 (c) mean 32 1/2	right eye 6/12 left eye 6/12 colour vision N (Sph)	Vacc Oxide	Good Systolic	N	N	Good	Good Nov. 20th	N	Good	Good

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.

William Douglas Keating
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.

Phelan
Examining Medical Officer

(Rank)

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

OFFICIAL COPY
NAVAL MESSAGE

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

To: MRS. MARY KEATING

From: N.S.H.Q.

GROSSE ISLE

MAGDALEN IS.

QUEBEC.

123-K-34

8

THE MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO
INFORM YOU THAT YOUR SON WILLIAM A. KEATING A.B. R.C.N.R.
O.N. A 1041 IS STILL MISSING AND MUST NOW BE ASSUMED LOST
AT SEA.

-/2

L/T

P/L

REC'D SDO
1348/2

AB

2-11-40

1287