V22015
WATSON
SIDNEY

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

V22015 OFFICIAL NUMBER | NAME WATSON (Surname) Sidney R. (Given Names) | OFFICIAL NUMBER V22015

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year
Div.Str.Toronto	Ord. Smn.	5	7	40						
Duty Div. Hdqtrs.	"	8	7	40	Active Service					
HMCS "Stadacona"	"	13	7	40						
HMS "Revenge"	"	24	7	40						
HMS "Bonaventure"	"									
DISCHARGED	"	2	4	41	"Killed in Action" Form "A" on File.					

Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Qualified Day	Qualified Month	Qualified Year

GENERAL REMARKS

Memorial Cross to mother -16/6/41.

COPIED Archives COPIE

DATE OF BIRTH DY.	MO.	YR.	PLACE OF BIRTH	CIVIL OCCUP.	CLASS	RELIGION	ED.	PERM. RESIDENCE P.	C.T.V.	TOWN	PREV. SERV.	ENL. DIV.	RANK OR RATE ON ENLISTMENT A	BR	RANK
12	X	19	11	XXX	0	40	X	1	38	03	0	23	0	08	95

ENLIST. DATE DY.	MO.	YR.	ACT. SERV. DATE DY.	MO.	YR.	PROB. CAT.	ACT. SERV. DATE BR.	MO.	YR.	SHIP OR ESTAB.	RANK OR RATE A	BR.	RANK
05	07	40	08	07	40					7830	0	08	95

SENIORITY DY.	MO.	YR.	STR. CAT.	NOK. S.B. I.T. A	B	I.T.		CODED	CHECKED
08	07	40	09			20	3103.41		

EOC 26-1-42.

V22015 OFFICIAL NUMBER | FILE NUMBER 113-W-549 | OFFICIAL NUMBER V22015

NAME WATSON (Surname) Sidney R. (Given Names) DATE OF BIRTH 17th November, 1919

PLACE OF BIRTH Port Credit, Ont. OCCUPATION Law Student.

RELIGION United Church EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. R.R. #1 Town Port Credit Province, etc Ont.

ENGAGEMENTS

Date (in figures) Day	Month	Year	Period
5	7	40	H.O.

DESCRIPTION

Height	Hair	Eyes	Complexion	Marks or Scars
5'10"	Blonde	Blue	Fair	Appendix scar. small scar above it.

PREVIOUS SERVICE

Served in	Rank or Rating	Dates From	To

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Ethel M. Watson

ADDRESS (in pencil): Street and No. R.R.1 Town Port Credit Province, etc. Ont.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

Date (in figures) Day	Month	Year	Particulars

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures) Day	Month	Year	Particulars

Date (in figures) Day	Month	Year	Particulars

BADGES, G.C. OR G.S.

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

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

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

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

SECOND CLASS FOR CONDUCT

From	To

FILM NO. WSR-5426-6
DATE

COPIED Archives

W.S.G. APPLICATION 2021 RECEIVED 5/6/45

H.Q. 35—30M—4-42 (4260)
N.S. 815—7-35

N.S.113-W-549

73
74

~~28~~ 28th February, 1942.

THIS IS TO CERTIFY that according to official information Sidney Russell Watson, Ordinary Seaman, Official Number V-22015, Royal Canadian Naval Volunteer Reserve, died at the 64th General Hospital, Alexandria, Egypt, on the 2nd of April, 1941, of wounds received when the ship in which he was serving, H.M.S. "BONAVENTURE", was torpedoed and sunk by enemy action. He was buried on the 3rd of April, 1941, in the Military Cemetery, Alexandria, lot "O", Number 1380.

Secretary, Naval Board.

* Held pending authorization to sign.

DEPARTMENT OF VETERANS AFFAIRS

D OF D 2-4-41

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
WATSON	Sidney Russel	V-22015	O/S.	FILE No.

WAR SERVICE BADGE (CLASS) No. Nil DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Africa Star	
C.V.S.M. & Clasp	
War Medal	
	2589 16-1-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Feb. 46

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mr. Melville H. Watson - Father

ADDRESS: R.R. # 1, Port Credit, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. M.H. Watson

ADDRESS: RR # 1, Port Credit, Ont.

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO 2191

(2)

(3) 16-6-41

VERIFICAT

CAMPAIGN STARS, DEFENCE MEDAL, W

NAVAL GENERAL SERVIC

NAME IN FULL WATSON, Sidney Russell ... RANK/RATING .... A/S

SHIP	SERVICE			AREA		
	FROM	TO	DAYS		FROM	T
	8-7-40					
Overseas (Bonaventure)	23-7-40	2-4-41	254	afr.		
Des. Dead (Bonaventure)						
to date		2-4-41				

FICATION FORM

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

ENERAL SERVICE MEDAL (1915).

ING ....A/Sman.....OFF.NO. ..V22015..ADDRESS .....

QUALIFYING PERIODS IN DAYS							STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL			
							1939-45	1	Star
							ATLANTIC		
							FRANCE G.		
							AFRICA	1	Star
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	& Clasp
							" CLASP		
							WAR 1945	1	Medal
							WAR 1915		

VERIFIED BY Overright

.....

.....DIR.OF PERSONNEL RECORDS.

Can. B. 207

60M—4-40 (4636)
N.S. 815-2-207

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 Sidney R. Watson.....

‡candidate for entry as Seaman.....

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.

(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 revaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (*No. deficient and No. defective, if any*), Nose, Tonsils, etc.	(p) Anus, Hæmorrhoids, etc.
20 - Nutt	lbs. 158½	ft. ins. 5'10"	Good	inches (a) maximum 38½ (b) minimum 34½ (c) mean 36½	right eye 20/15 left eye 20/15 colour vision Normal	Neg	*X-Ray O'RMAL	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	Normal	NORMAL

*Insert either:—NT (not taken) App. (approved) Pos. (positive) or Doubt. (doubtful)

If colour vision is not normal by Ishihara test, degree of colour blindness to be indicated.

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

Sidney R Watson.....
Signature of Candidate

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

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

This Candidate is the subject of.....

.....

*{which renders him medically unfit for service, / not considered of sufficient importance to cause his rejection, he being desirable in other respects.

*Delete one.

IF REJECTED insert here UNFIT in block letters

Dated at Toronto the 17th of June 19 4 0

J. F. McCormack.....
Examining Medical Officer

(Rank) Surgeon Lieut.

N. V. 5
15M–2–40 (4047)
N.S. 815-11-5

CANADA

ATTESTATION FORM

V–

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME WATSON OFFICIAL NO.....

CHRISTIAN NAMES SIDNEY RUSSELL MARRIED, SINGLE or WIDOWER SINGLE

PERMANENT ADDRESS	RELIGION
RR#1 PORT CREDIT ONTARIO	UNITED CHURCH

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
NOV 17 1919	Town PORT CREDIT County Province ONTARIO	M. H. WATSON RR#1 PORT CREDIT ONTARIO

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM-PLEXION	WOUNDS, SCARS, MARKS
Feet 5' Inches 10"	Inflated 38 1/2 Deflated 34 1/2 Mean 36 1/2	BLONDE	BLUE	FAIR	APPENDIX SCAR + SMALL SCAR ABOVE IT

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
JULY 5/40	ORDINARY SEAMAN	LAW STUDENT OSGOODE HALL QUEEN ST TORONTO

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

(1) That I am a British Subject domiciled in Canada.

(2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.

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

* (b) I served in.....for the period shown, and attach my record of service, in corroboration of this statement.

* Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

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

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

(5) On being enrolled as a member of th[illegible] NTO, ONT. Division of the Royal Canadian Naval Volunteer Reserve, I u[illegible] and bind myself:—

AND OR DURATION OF HOSTILITIES

(a) To serve from the date thereof for th[illegible] utive years, being subject to the provisions of the Naval Service Act, and of the Regulations ma[illegible] ursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

Dated this 5th day of July 1940

Signature of applicant Sidney R Watson

(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 5th day of July 1940

D G Mackenzie
Signature of Commanding Officer.

LIEUTENANT R. C. N. V. R.

(D) OATH OF ALLEGIANCE

I, SIDNEY RUSSELL WATSON 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 Sidney R Watson

Witness D G Mackenzie

Date July 5/40 Rank LIEUTENANT 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

Sidney R Watson 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 TORONTO, ONT. Division of the 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.

AH

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
NAVY

RELEASED
NUMBER'S
NAME Sidney Russell (CHRISTIAN NAMES) WATSON (SURNAME)

REGISTER NO. 20217
FILE NO. NS V-22015
DATE 3 Nov.'45
SERVICE NO. V-22015
FINAL RANK OR RATING O.Smn.
DATE OF DISCHARGE 2 Apl.'41

PAYEE Director of Estates, for service Estate of
ADDRESS 308 Sparks St., Sidney R. WATSON
Ottawa, Ont. NS V-22015

DATE OF TERMINATION OF OVERSEAS SERVICE 2 Apl.'41

		$	¢
A. TOTAL QUALIFYING SERVICE			
	NO. OF DAYS 269 (30) EQUAL TO 8 COMPLETE PERIODS AT $7.50		60.00
B. QUALIFYING OVERSEAS SERVICE			
NO. OF DAYS 254 LESS 29	INELIGIBLE DAYS, EQUAL TO 225 DAYS @ 25c. PER DAY		56.25
C. SUPPLEMENT FOR OVERSEAS SERVICE			
	DAILY RATES AT DISCHARGE		
	PAY	$ 1.50	
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.45	
	ADDITIONAL PAY	$	
		$	
		$	
DEPENDENTS' ALLOWANCE 1/30 OF $ nil		$ nil	
	TOTAL	$ 2.95 ×7 = $ 20.65	
	NO. OF DAYS 254 (183)	×$ 20.65	28.66
D. WAR SERVICE GRATUITY			144.91
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES	$	
	OVERPAYMENT OF DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
	OTHER DEDUCTIONS	$ nil	
F. TOTAL AMOUNT PAYABLE	J.V. NPA-194 Nov 19/45		144.91

G. YOUR PORTION OF GRATUITY IS

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ _____ OF $ _____ =$ 144.91
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
YH	[illegible]

TREASURY

CHECKED BY	DATE
R.D. Pennycuick	8 Nov 45

SERVICE REPRESENTATIVE
For Dir. Naval Pay Acct'ng.

△T

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY 27

~~HMCS~~ Naval Service Hdqrs. at OTTAWA, Canada.

Name WATSON, Sidney Russell.
(Christian names in full)

Rank of Rating Ordinary Seaman. Official No. V.22015, R.C.N.V.R.
(If unknown, date of first entry)

Place of Birth Port Credit, Ont. Date of Birth 17 November, 1919.

Occupation in Civil Life Law Student. Religion United Church.

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) From 5th July, 1940 to 2nd April, 1941.

Date of Death 2nd April, 1941. Place of Death 64th General Hospital Alexandria, Egypt.

Cause of Death Died of wounds received in action.
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend. Name Mr. M.H. Watson. Relationship Father.

Address R. R. No. 1, Port Credit, Ontario.

Date on which the above was informed by Ship 3rd April, 1941.

Date on which death was registered with local Officials

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, according 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 invalided

Commanding Officer,

....., 194.....

(J. O. Cossette),
NAVAL SECRETARY.

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.

C.N.S. 1121
15M—7-40 (5849)
N.S. 815-9-1121

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Sidney Russell Watson
11	Give the month and year of his birth.	November 17th 1919
12	Where and when were his parents married?	Islington. Ontario August 22nd 1917
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?	~~yes~~. No.

PARTICULARS OF DOMICILE

16	Where was deceased born?	Port Credit R. R. 1
17	In what Province, Country or State did he reside, and in which last?	Province of Ontario County of Peel
18	How long in each?	all his life
19	What was the nature of his employment?	Student
20	Did he own the house or homestead in which he lived? If so, where?	no
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	no
22	State your postal address in full.	Port Credit R. R. 1

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	Killed on active service buried at Alexandria Egypt.
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	no.

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

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

(PLEASE TURN OVER)

DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

*Father of the deceased.

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

Mal. H. Watson — Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Melville H. Watson {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.

*See above

Dated at Dixie this 11th day of September 1941

Signature of Clergyman, Priest or Magistrate Thos. W Neal Qualification Clergyman

Address 99 Homewood Ave. Toronto

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.

MEMORANDUM FOR

Mr. M.H. Watson,
R.R. No. 1
Port Credit,
Ontario.

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

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO

ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q. NS.113-W.549 FD.21

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

AUGUST 5th, 194-1

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

WATSON, Sidney Russell, Ord. Smn.,

No. V-22015, R.C.N.V.R.

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

Administrator of Estates.

ESTATES BRANCH
SEP 15 1941
H.Q.
OTTAWA.
NATIONAL DEFENCE

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

STATEMENT of the Names, Ages and Addresses, or Dates of Death, of all the relatives that the 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.....		unmarried		~
2	Children of the Deceased and dates of their Births.....		none	~	~
3	Father of the Deceased.....		Melvill H Watson	49	Port Credit R. R. I.
4	Mother of the Deceased.....		Ella May Watson	44	do.
5	Brothers of the Deceased	Full Blood	Ross M. Watson Robert H. Watson	19 15	do do
		Half Blood	none	~	~
6	Sisters of the Deceased	Full Blood	none	~	~
		Half Blood	none	~	~
	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children
7	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.....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	

CANADA

IN REPLY PLEASE QUOTE
No. N.S. 113-W-549.

Department of National Defence
Naval Service
Ottawa, Canada.

P 37664

8th April, 1941.

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:

NAME	RANK/ RATING	NO.	PLACE & DATE OF DEATH	NEXT OF KIN
Watson, Sidney Russell.	Ord. Smn.	V.22015.	Died in the 64th General Hospital, Alexandria, Egypt, of wounds received in action on the 2nd of April, 1941.	Father: Mr. M.H. Watson, R. R. No. 1, Port Credit, Ontario.

WILL: No Record.

Yours truly,

J. O. Cossette

(J. O. Cossette)
NAVAL SECRETARY.

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

ESTATES BRANCH
APR 9 194
H.Q.
OTTAWA.
NATIONAL DEFENCE

H.Q. 1010A
75M-9-40 (6812)
N.S. 815-7-1010

N.S. 113-W-549.

February 2, 1942.

THIS IS TO CERTIFY that according to official information Sidney Russell Watson, Ordinary Seaman, Official Number V-22015, Royal Canadian Naval Volunteer Reserve, died at the 64th General Hospital, Alexandria, Egypt, on the 2nd of April, 1941, of wounds received when the ship in which he was serving, H.M.S. "BONAVENTURE", was torpedoed and sunk by enemy action. He was buried on the 3rd of April, 1941, in the Military Cemetery, Alexandria, lot "O", Number 1380.

(J.O. Cossette),
NAVAL SECRETARY.

S.—1121. (Established—October, 1904.) (Revised—January, 1936.)

* REPORT of the Death of an Officer, Man or Boy

117609

~~XXXX~~ Office of Rear-Admiral ..... at .... Alexandria.

N.S 1132-5-49

Date.... 20th April, 1941.

Name (Christian Names in full) ...	Sydney WATSON.
Rank or Rating	Ord.Sea. R.C.N.V.R., ex H.M.S. BONAVENTURE.
Port Division and Official No. (if unknown, date of first entry) ...	Toronto/V.22015. 40
Date of Death	2nd April, 1941.
Place of Death	64th General Hospital, Middle East Forces.
Cause of Death (If due to accident or violence, particulars to be stated briefly.)	Ruptured Colon - battle casualty.
Whether reported to Registrar General of Births, Deaths, &c., on Form S.—544 (see Note 2) ...	No.
Nearest known Relative or Friend :— Name and Relationship ...	Mrs Watson, Mother.
Nearest known Relative or Friend :— Address ...	Post Dredit, Ontario, Canada.
Whether informed by Ship ...	Naval Secretary, Headquarters, Ottawa informed by Rear-Admiral, Alexandria.
State whether the body was sent to the relatives for burial. If not, give date of burial, name and address of cemetery, section or plot, row and number of grave ... (If the body is not recovered the fact is to be stated.)	No. Buried on 3rd April, 1941. Military Cemetery, Alexandria. Lot. O. No 1380. (If this information cannot be given without delaying the rendering of this report, it is to be furnished at the end of the month on S. 51.)
Religion (if known)	Church of England.
If retained in hospital, &c., after cessation of pay on invaliding, date invalided	----------

The Naval Secretary, Headquarters, Ottawa, Canada.

(Copy to:- O.C. 2nd Echelon, G.H.Q.M.E.)

R. Bruce
Commanding Officer

for REAR-ADMIRAL

The Secretary of the Admiralty.

* N.B.—(1) This Form is to be rendered in accordance with the directions laid down in clauses 4 and 7, Article 1135, King's Regulations, and Article 412, Instructions for Naval Hospitals.

(2) Whenever a death occurs on board, or amongst the members of a special active service expedition, care is to be taken that a Return on Form S. 544 is forwarded to the Registrar-General of Births, Deaths and Marriages as directed by Article 869. This is not applicable to deaths occurring on board Hospital Ships or other non-commissioned ships, which are reported by the Master to the Registrar-General of Shipping and Seamen.

(3) Form S. 46, showing the balance of pay, detailed list of effects, and whether a Will has been found (*vide* Art. 1769, King's Regulations) should be forwarded, together (in the case of an Officer) with a statement of account for the current quarter, as soon as possible after death. If the effects are not retained on board ship, particulars of disposal should be furnished.

Sta. 118/37.

(4/5/39) (2503) Wt. 28316/D5825 20M 9/39 S.E.R. Ltd. Gp. 671.

S.—1121.

113-W-549

GAY/IM

29th July, 1941.

Sir:

With reference to your letter of 9th July, 1941, it is regretted that financial credit for what your son might have accomplished had he lived cannot be given.

Your point of view is seen, that certain credits he might have earned, would have referred to dates prior to his death, but the fact remains that he had not yet earned them and it is regretted the argument for their payment cannot be accepted. It might equally be argued that if he had not been killed he would have been on full pay for the remainder of hostilities and that therefore the pay he would have received should be issued to you month by month until the war ends, which you will no doubt allow to be beyond reason.

While having every sympathy with you in your sad loss, and fully appreciating that there is a material financial aspect to it, in addition to the immeasurably greater personal one, the Government must nevertheless abide by the rules of the ordinary law, the Statutes relating to pensions, etc., in their financial settlement of such cases, and under those rules no such payment as you suggest can be made.

Yours truly,

(J.O. Cossette),
Naval Secretary.

Mr. M.H. Watson,
R.R. 1,
PORT CREDIT, Ont.

PG/RD

NS.113-W-549

S 063

2,500—3-39
N.S. 815—9-2063

ORIGINA

DEPT. NATIONAL DEFENCE
APR 15 1941
N.S. 113 W 549
CANADA

P 40774

STOP NOTICE

(Navy Allotments)

LIST NUMBER	ALLOTTOR'S SURNAME	CHRISTIAN NAME	RANK OR OFF. No.
Overseas	WATSON H69031	SIDNEY R.	Ord.Smn. O.No.V-22015

PARTICULARS OF ALLOTMENT BEING STOPPED

RATE PER MONTH	DATE (Inclusive to which) Allotment is to be paid	NAME OF ALLOTTEE	RELATIONSHIP TO ALLOTTOR	ADDRESS
$10.00	30th April 1941 X X	Mr. Melville H. ~~as is~~ Water	Father	Port Credit, Ont. ~~as is~~

Entered in:—

Fair Ledger.....

Rough Ledger.....

Noted in Deferred 15-4-41 Pay Ledger

Discharged Dead 2nd April, 194
Signature of Allottor

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.)

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

F. C. Livingstone
D.N.A. Accountant Officer
H.M.C.S. N.S.H.Q.

Date forwarded 15/4/41

FOR USE AT HEADQUARTERS ONLY

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

Allotment Declaration
Ent'd. on Index Card
Ent'd. on Allotment Ledgers
Initials JR
Date 15/4/41

L

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

File No.
N.S. 113-7-349.

Ottawa, Canada,

BM/MM ..... 8th April, 1941.

Sir:

The following casualty has been reported -

13

NAME	RANK or RATING	NAVAL NO.
Watson, Sidney Russell.	Ord. Sea.	V.20078, R.C.N.V.R.

DATE OF ENLISTMENT - 6th July, 1940.

DATE OF DISCHARGE - 2nd April, 1941.

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

SERVICE - Canada, High Seas and Overseas.
(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. - Died in the 64th General Hospital, Alexandria, Egypt, of wounds (received in action) on the 2nd of April, 1941.

(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. H.T. Watson.

ADDRESS R. R. No. 1, Port Credit, 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 -

$ Nil PAID TO Nil

MARRIAGE ALLOWANCE AT $ Nil PER DIEM PAID TO - Nil

DEPENDENTS ALLOWANCE AT $ Nil PAID TO - Nil

TOTAL MONTHLY PAYMENT TO - WIFE $ Nil
DEPENDENTS $ Nil

Note. This rating had an allot of $10 00 forfeited

Computed by _____

Checked by _____

Copy to Sec. D.P. & N.H.

The Secretary,
The Canadian Pension Commission.

(J. O. Cossette)
NAVAL SECRETARY.

(See reverse for further instructions).

BM/MM

N.S. 113-W-549.

8th April, 1941.

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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:

NAME	RANK/ RATING	NO.	PLACE & DATE OF DEATH	NEXT OF KIN
Watson, Sidney Russell.	Ord. Smn.	V.22015.	Died in the 64th General Hospital, Alexandria, Egypt, of wounds received in action on the 2nd of April, 1941.	Father: Mr. M.H. Watson, R. R. No. 1, Port Credit, Ontario.

WILL: No Record.

Yours truly,

(J. O. Cossette)
NAVAL SECRETARY.

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

B F (8/5/41 - Report of Death)