

ATTESTATION PAPER.

No.

Folio.

ORIGINAL

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name?..... *Alfred Laerov*
2. In what Town, Township or Parish, and in what Country were you born?..... *Lausselle*
3. What is the name of your next-of-kin?..... *Mrs Joseph Laerov*
4. What is the address of your next-of-kin?..... *Dawville Dub*
5. What is the date of your birth?..... *Jan 9th 1895*
6. What is your Trade or Calling?..... *Soldier*
7. Are you married?..... *No*
8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
9. Do you now belong to the Active Militia?..... *No*
10. Have you ever served in any Military Force?.. *Yes. 5th C. M. R.*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Yes*
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... *Yes*

Alfred Laerov (Signature of Man).
J. B. Bantell (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Alfred Laerov*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *Dec 4th* 191*5*. *Alfred Laerov* (Signature of Recruit)
J. B. Bantell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Alfred Laerov*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *Dec 4th* 191*5*. *Alfred Laerov* (Signature of Recruit)
J. B. Bantell (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
 The above questions were then read to the Recruit in my presence.
 I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Dawville* this *4th* day of *December* 191*5*.

Charles Bantell J.P. (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

J. B. Bantell (Approving Officer)

corrected 5-2-17 S.W.

Description of Alfred Lacroix on Enlistment.

Apparent Age 20 years 11 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
 (Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height 5 ft. 8 ins.

Chest measurement { Girth when fully expanded 37 ins.
 Range of expansion 3 ins.

Complexion Dark

Eyes Black

Hair Black

- Religious denominations.
- Church of England
 - Presbyterian
 - Wesleyan
 - Baptist or Congregationalist
 - Other Protestants (Denomination to be stated.)
 - Roman Catholic
 - Jewish

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date Dec 16 1915

R. H. Stevenson

Place Sauville Ave

Lieut. A. M. C. 4th Div.
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

Alfred Lacroix having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Date Dec 13th 1915

[Signature] (Signature of Officer)

ATTESTATION PAPER.

No.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

Lacroix

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your name?..... Alfred Lacroix
- 2. In what Town, Township or Parish, and in what Country were you born?..... Danville Que.
- 3. What is the name of your next-of-kin?..... Marie Lacroix
- 4. What is the address of your next-of-kin?..... Danville Que.
- 5. What is the date of your birth?..... 9th Feb 1898
- 6. What is your Trade or Calling?..... Labourer
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?.. No
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... Yes

Alfred Lacroix (Signature of Man).
 J. Boutelle (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Alfred Lacroix, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date Feb 9th 1914 Alfred Lacroix (Signature of Recruit)
 J. Boutelle (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Alfred Lacroix, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date Feb 9th 1914 Alfred Lacroix (Signature of Recruit)
 J. Boutelle (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
 The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Danville Que this 9th day of Feb 1914

Charles Boutelle (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

J. B. von Loos Meyer (Approving Officer)

Description of Alfred Lacroix on Enlistment.

Apparent Age 20 years 1 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft 8 1/4 ins.

Scar over R. Patella

Chest measurement (Girth when fully expanded 38 1/2 ins.)
 Range of expansion 3 ins.

Complexion doric

Eyes brown

Hair black

Religious denominations:
 Church of England
 Presbyterian
 Wesleyan
 Baptist or Congregationalist
 Other Protestants (Denomination to be stated.)
 Roman Catholic
 Jewish

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date July 9 1915

G. F. M. Keller
Lt. Col.
 Medical Officer.

Place Danville P.A.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Alf. Lacroix having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Date 9 Feb 1915

G. Baker Lt. Colonel (Signature of Officer)

O. C., 5th CANADIAN MOUNTED RIFLES

28/1/18

M. D. Depot Battalion Regiment

Regtl. No. 3155492

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

DUPLICATE

(Class)

1. Surname: Lacroix
2. Christian name: Alfred
3. Present address: Danville Ave.
4. Military Service Act letter and number: 209593 DC
5. Date of birth: February 9th 1895
6. Place of birth: Danville Ave.
7. Married, widower or single: Single
8. Religion: Roman Catholic
9. Trade or calling: Laborer
10. Name of next-of-kin: Joseph Lacroix
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: Danville Ave.
13. Whether at present a member of the Active Militia: NO
14. Particulars of previous military or naval service, if any: 117th BN. 10 Months
15. Medical Examination under Military Service Act: (a) Place (b) Date (c) Category

2009 DEPT. BN. 2009 DEPT. BN. 2009 DEPT. BN.

Sub. Add. 1

Sub. Add. 1

Mobilization Centre M. D. No. 4 JAN 11 1918 MONTREAL, P. Q.

A2

DECLARATION OF RECRUIT

I, Alfred Lacroix, do solemnly declare that the above particulars refer to me, and are true.

Alfred Lacroix

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 23 yrs. mths.
Height: 5 ft 6 1/2 ins.
Chest measurement: fully expanded 35 ins. range of expansion 2 ins.
Complexion: Med.
Eyes: Brown
Hair: Dark

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

R. D. = 20
L. D. = 30
R. EAR
L. EAR

C. Joly, 2nd Depot Btln.

O. C. 2nd Depot Btln.

2nd Nebac Regt.

Place: Montreal Canada Date: January 11th 1918

REGIMENTAL DOCUMENTS

4 1170 Bn

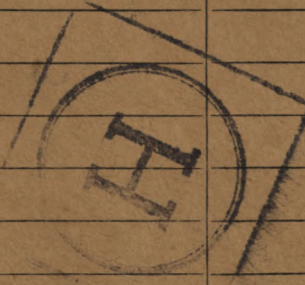
NAME **LACROIX, ALFRED**

REGT. NO. **3/3155493**

UNIT **2/2 Q.R.**

H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
<p><i>3rd</i> 3S ATTESTATION PAPER (M.F.W. 23, 133, or 51)</p>	<p><i>1st encl</i> 3</p>	<p>M</p>			<p>Category</p> <div style="border: 2px solid black; padding: 10px; text-align: center;"> <p>NON-EFFECTIVE BY</p> <p>DEATH</p> </div>
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)	3				Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
/ REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)	/				
/ COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)	/				
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)	2				DISCHARGE
/ DENTAL HISTORY SHEET (M.F.B. 465)				01695	Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)	✓				
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<p><i>1 copy card</i> <i>2 forms of will</i> <i>1 B/22</i></p>	<p><i>M. X 29 2/20 4/3</i> <i>will</i></p>				<p>15-5 18-5 29-5</p>
					3





Surname

Christian Name or Names

Reg. No.

Sacroix

A.
Unit

3155492

Rank
Pte.

24 Bn. Que

Cas. List.

10.9.180315

P.F.B.

Missing after Action 28.8.18

17.9.180321^o

Killed in Action.

28.8.18
10/1

A.M.D. 2 DEPT.

Dep. of D.G.M.S. O.M.F.C. London.

Cas. List.

Alfred

L.2804

Name LACROIX Rank pte

Reg. No. 3155492

Unit 24 Bn.Next of Kin Joseph. Lacroix Danville. Quebec. Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918 28 8	Missing after action	PSE DO. 93. 7.9.18		A 215	A 306	3133.
28-8-18	pre reported missing					
	NOW KILLED IN ACTION			A 321	A 326	3373

Reg. No. 748131 Name Lacroix, A.
 Rank Pte Corps 117. Age 23. Service 6/12.
 Ledger No. 257 Serial No. 762

HOSPITALS

DATE

DIAGNOSIS

HOSPITALS	DATE	DIAGNOSIS
Camp Valcartier Quebec	7. 6. 16	Neural Warts
Dis to Unit	12. 7. 16	
Adm Hosp Valcartier	26. 8. 16	S D I
From Unit Quebec	6. 10. 16	
Dis Duty	11. 10. 16	

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.

50M-6-19.

1772-39-1332.

Lacroix Ste. Alfred - # 31557492-24th Br
Name & Address of Legatee

F

Name & Address of Next of Kin
A. T. O.

*P.S.
95*

Name & Address of Female Next of Kin

JAN 19 1921
Scroll Desp. Regn. No. *210974*
JAN 18 1922
Plaque Desp. Regn. No. *211354*

Lacroix ^vPlalfred ^v 315-5492 649-L-15948
Not Elig for 1914-15 Star. 24th. Bn 259

Medals & Merit
Father Joseph Lacroix
Danville
P. O. 00306

P. & S. Father as above
Serial No 767949

C. & S. Father as above
(mother died subsequently
to soldier)

Not married

Resp. 27 3/4 C3620

Sum.

No. 749131

RANK

Plt

NAME

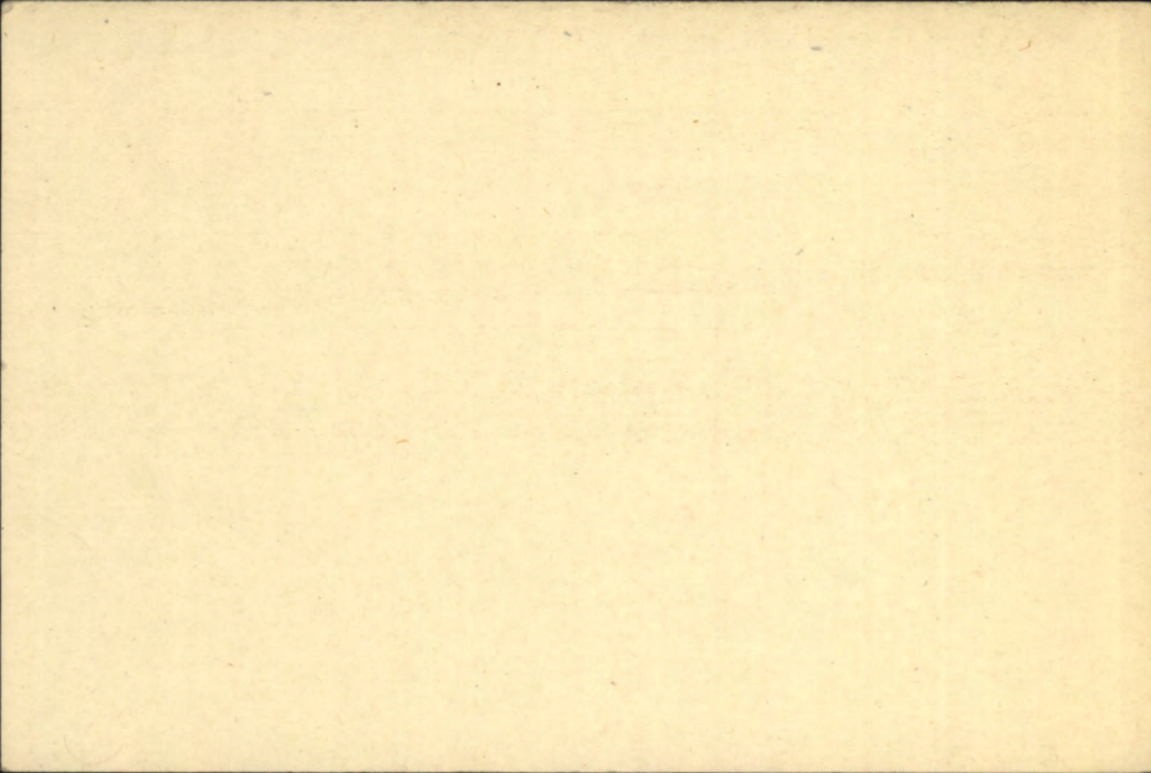
Lacroix, Alfred.

T.O.S. 4-12-15
(D.O. 11 of 14-12-15)

UNIT 117th Battalion.

M. D. 4.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915. Dec. 4	1915. Dec. 31	✓		
	1916. Jan.	✓		
	Feb.	✓		
	Mar.	✓		
	Apr.	✓		
	May	✓		
	June	✓		
	July	✓		
Aug. no	a/c.	✓	Prom. Lt. bpl. 1-3-16. pro. capt. 1-5-16 Reduced to plte 12-7-16 attached to 9th Regt V. of Q S.O.S. as deserter from 15-11-16	D.O. 51 of 1-3-16. D.O. # 111-10-5-16. O.O. # 165-14-7-16. D.O. # 212-17-11-16 (of 9th Regt)
			No 9/c.	UNIT SAILED AUG 14 1916



SURNAME.

La Croix

649-L-3668

S.O.S. Des. ✓

CHRISTIAN NAMES

Alfred

15-11-16 5

REGL. No.

748131

RANK

Pte.

UNIT

117th

Bn.

FORMER CORPS

5th C.M. R.

NEXT OF KIN.

NAMES IN FULL

La Croix, Mrs. Joseph

CHANGE OF ADDRESS

RELATIONSHIP TO SOLDIER

ADDRESS

Danville P.Q.

COUNTRY OF BIRTH

Canada, Quebec

DATE

PLACE OF ATTESTATION

Danville P.Q.

DATE

Dec. 4th 1915.

FE

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

REGT'L. No. 3135492

H. Q. FILE NO 649

NAME

Lacroix Alfred

RANK AND CORPS

Pte 24thBn form 2nd Que Regt

FOLLOWS

No.

2nd Dpo Bn 37th

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

Lacroix Joseph (father) Danville P 2.

#306 ¹¹³⁻⁵ 13-9-18Rept miss Aug 28th/18#326 ²⁸ 19-9-18

Prev rept miss, now rept T in A.

P.A. 1321¹ 17-9-18Aug 28th/18

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

2nd Regt

A315-1 Ref from Base.

28-8-18

miss. after action

No. 3155490 RANK Pte

NAME

Lacroix Alfred,

T. O. S. 11-1-18

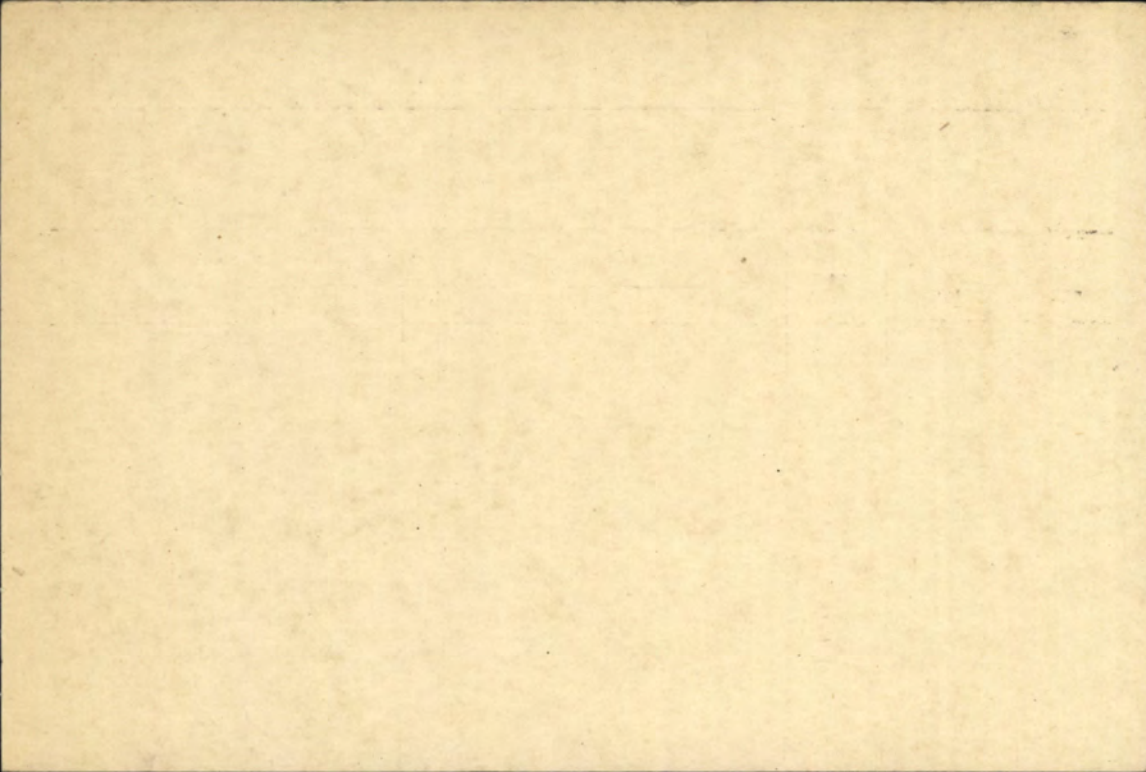
UNIT

2nd Depot Battalion 2nd Quebec Regt.

all 12 of 12-1-18.

M. D. 4,

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Jan 11	1918. Jan 31	✓	Overseas 15-2-18	RD 46 of 15-2-18
Feb 1	Feb 15	✓		



SURNAME.

Lacroix

CARD NO.

X

CHRISTIAN NAMES

Alfred

FOLL.

REGL. No. *3155492*

RANK

Pte

UNIT

2nd Que. Regt. 2nd Dep. Bn (3rd B.R.)

FORMER CORPS

117th Bn. 10 mos.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Lacroix, Joseph W.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Danville, P.Q.

COUNTRY OF BIRTH

Canada. Danville P.Q.

DATE

Feb. 9th 1895.

PLACE OF ATTESTATION

Montreal, P.Q.

DATE

Jan. 11th 1918.

Sis. Sagonia for Halifax 10/2/18

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Name *Lac + 01X. Alfred Rank Pte*Reg. No. *3155492*Unit *24th Battalion*Next of Kin *Canada*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1918 28. 8</i>	<i>"missing"</i>			<i>7315</i>	<i>10/7</i>	<i>3133</i>
	<i>Killed in A</i>	<i>A</i>		<i>A321</i>	<i>17/9</i>	

No. 173

RANK

Pte.

NAME

Lacroix, Alfred

5800 april payroll.

T. O. S. 9-2-15

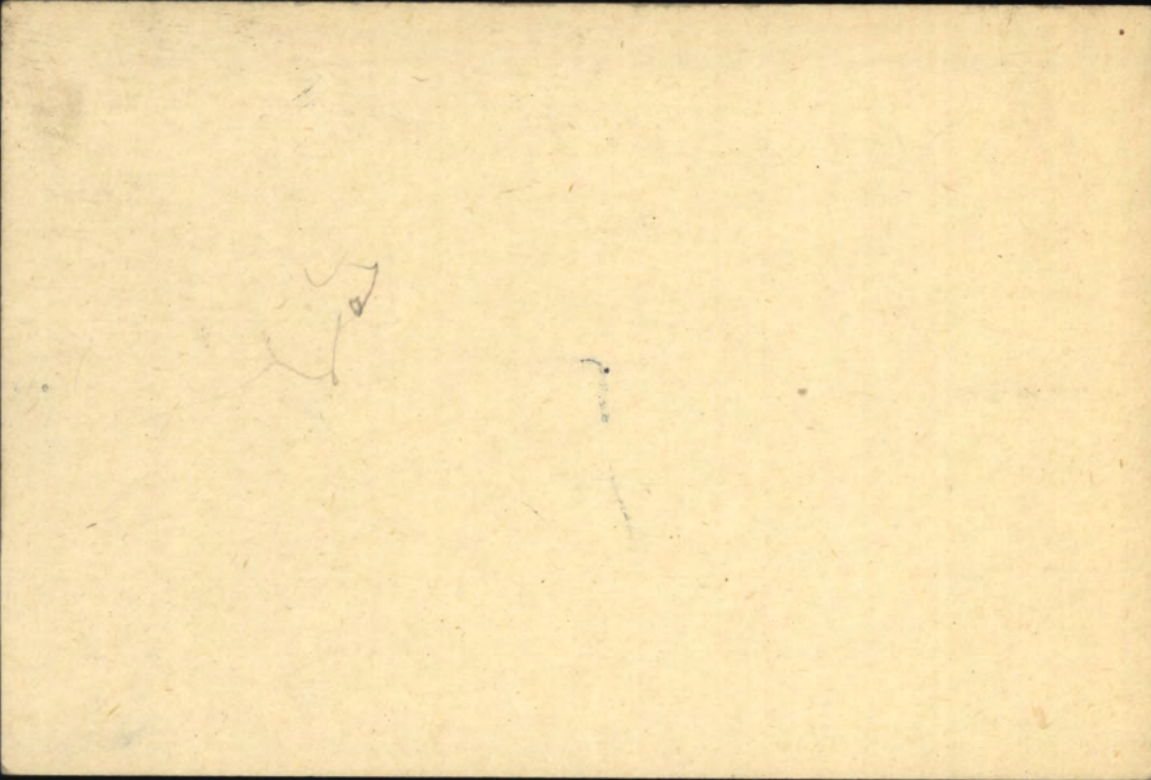
UNIT 5th.

Canadian Mounted Rifles

april payroll.

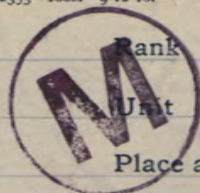
M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Feb. 9	1915 Feb. 24	✓		
Feb. 25	Feb. 28	✓		
mar.		✓		
april		✓		
may 1	may 18	n	Discharged by purchase. 18-5-15	20.0 th 40 - 19-5-15
				UNIT SAILED JUL 18 1915
			Ac. closed by payment n.	



Dft. 2nd Depot BN 2nd Que, REGT

ltr



Name

LACROIX, Alfred

Reg'l No. 3155492

If in perm. Corps, }
What Unit? }

Married or Single Single.

Place and Date of Enlistment

Montreal. Jan, 11th, 1918. Place of Birth Danville Que.

Name and Address, Next-of-Kin

Joseph Lacroix

Danville Que.

Relationship

Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No. 13727
File R.L. 2562804 27/9/18
Category Missing KA

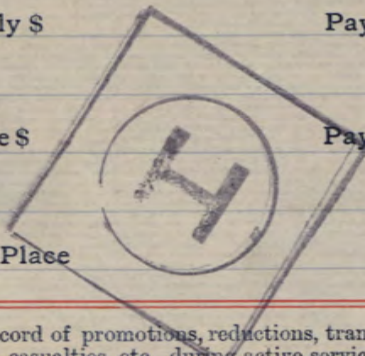
Discharge, Date and Place

Reason

Character

H. W. V., Ld.-9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England		4-3-18	S/S SAXONIA
5-3-18	10 Res.	J. O. S.	Witley	4-3-18	D. O. 57.
9-8-18	-	S.O.S to 23 Res	Bshott	8-8-18	- 187 23 Res 221 9-8-18
9-8-18	23 Res	S.O.S to 24 B ^c	"	"	221 12084-1113m 17-8-18
7-9-18	24 Bn	Missing after action.	Fuld	28-8-18	D.O. 938 Que Ch 2154/10 9/18
17-9-18	Que (24)	now rep to Killed in action He	"	28-8-18	612 221524 115097 1/15 9/18



F. B. 103 CIEGKE 16 JUL 1918

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

117th EASTERN TOWNSHIPS
OVERSEAS BATT., C. E. F.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number..... 748131

(3) Full Name of Soldier..... Alfred Loeroux

(4) Place of Birth..... Danville Pcs Que

(5) Are you married, or not?..... No.

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address..... ~~Danville Pcs Que~~

(7) Are you a widower?.....

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive?.....

Yes

If so, state name and address.....

Joseph Lacroix Danville D 2m

(10) Is your Mother alive?.....

Yes

If so, state name and address.....

*Marea Lacroix
Danville D 2m*

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured?.....

Yes

If so, in what Company?.....

I O Foresters

Have you made arrangements for payment of your Insurance premium.....

Yes

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

A. Whitehead

**CAPT. & ADJ.
FOR O. C. 117th E. T. O/S BATT. C. E. F.**

Officer Commanding.

Date..... **AUG 2 1916**.....

30539
58 B
~~188804~~
1009

FORM OF WILL.

Name in full.

I Alfred Lacroix

Regimental Number 355492 serving in Can Force Bn
of the Canadian Expeditionary Force do hereby revoke all former Wills
made by me and declare this to be my last Will.

Name & Address of
person or persons
to whom it is to go.

I DEVISE and BEQUEATH all my real estate unto

[Signature]

absolutely, and my personal estate I bequeath to

Name & Address of
persons or person
to receive personal
estate (see Note 1.)

Mrs Joseph Lacroix
Sawille P.Q.
Canada

Fill in Date and
Year.

IN WITNESS WHEREOF I have hereunto set my hand this 14
day of March A.D. 1918.

Alfred Lacroix
(Signature)

Signed by the said Testator as his last Will and Testament, the same
having been read over and explained to him, in the presence of us both
present at the same time who at his request and in his presence and in
the presence of each other have subscribed our names as witnesses.

Name of Witness Lucien Beck
Address of Witness 10 Can Force Bn
Occupation of Witness Capt
Name of Witness Al Phacet
Address of Witness PAYMASTER, 10TH. RES. BATT'N.
Occupation of Witness

ESTATES BRANCH
NOV 1 1918
MILITIA DEPT.

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy,
in fact everything except real Estate.

CANADIAN. 16 OCT 1918

FORM OF WILL

1913

[Handwritten signature]

[Faint handwritten text]

[Faint handwritten text]

[Faint handwritten text]

REGISTERED

REGISTERED
WILLS SECTION
27 MAR 1913
ESTABLISHED 1852, LONDON.

ORIGINAL

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

REPORT ON 2ND QUEBEC REGT. 3155492

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

- 1. Surname Lacroix Christian name Alfred
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 209593 DC
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
- 4. Address (including street and number, if any) Danville Que.

ORIGINAL

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 11th day of January 1918, 1917, by the undersigned medical board sitting at Montreal Canada.

- 5. Age as stated 23 Years 0 Months.
- 6. Apparent age 23 Years 0 Months.
- 7. Height 5 Feet 6 1/2 Inches.
- 8. Weight 140 Pounds.
- 9. Chest measurement { Minimum 33 Ins. Maximum 35 Ins.
- 10. Complexion Med Eyes Brown Hair Dark
- 11. Physical development Good { Good Fair Poor
- 12. Smallpox marks None

- 13. Number of vaccination marks { Right arm 1 Left arm 1
- 14. When vaccinated last Child

15. Distinctive marks and marks indicating congenital peculiarities or previous disease _____

16. Slight defects but not sufficient to cause rejection _____
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2
17. (a) Vision R. 20 L. 30 (b) Hearing. R. OK L. OK

H. Ambrey W. J. G. G. G. A. M. Lindsay
Member. President. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>12/1/17</u>	<u>M.O.</u>	<u>Smallpox</u>	<u>12/1/17</u>	<u>THS</u>	<u>M.O.</u>
	<u>M.O.</u>		<u>28/1/18</u>	<u>THS</u>	<u>M.O.</u>
	<u>M.O.</u>		<u>1/2/18</u>	<u>THS</u>	<u>M.O.</u>

Joined 11th day of January 1918 at Montreal Canada.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>2nd Depot Bn.</u>	<u>3155492</u>		
Transferred to.....	<u>2nd Quebec Regt.</u>			<u>11/1/18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

INSPECTING MEDICAL BOARD
STATION M. D. No. 1
FIT
FEB 5 1918
Mess Capt
FCS.

DATE	DISEASE	RESULT

This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

MOBILIZATION CENTRE
M. D. No. 1
JAN 11 1918
MONTREAL, P. Q.
Signature of Man

Casualty Form - Active Service.

Regiment or Corps *2nd Depot. Bn 2nd Quebec Regt*
 Rank *Pte* Surname *Lacroix* Christian Name *Alfred*
 Religion *P.C.* Age on Enlistment *22* years *11* months
 Enlisted (a) *11.1.18* Terms of Service (a) *10 y. 6 m.* Service reckons from (a) *11.1.18*
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended { } Re-engaged { } Qualification (b) *Labour*
 or Corps Trade and rate.....
 Occupation..... Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked ... <i>Canada</i>	<i>18.2.18</i>	
			Disembarked ... <i>England</i>	<i>14.3.18</i>	
<i>5.3.18</i>	<i>10th Can Res Bn, I.O.S. on arriving from Canada</i>		<i>Witley</i>	<i>14.3.18</i>	<i>DO Pt II 57</i>
<i>8-8-18</i>	<i>O.C. 10th. Res. Bn. Transf. to 23rd Bn, C.E.F.</i>		<i>B'sholt</i>	<i>8-8-18</i>	<i>Pt II. O. 187</i>
	<i>on preceding transfer</i>		<i>Ass-Adj. 10th. Can. Res. Battn.</i>		
<i>9-8-18</i>	<i>23rd Can Res Bn.</i>	<i>Taken on Strength on posting from 10th Res Bn</i>	<i>Bramshott</i>	<i>8-8-18</i>	<i>Pt II DO No. 221</i>
<i>9-8-18</i>	<i>23rd Can Res Bn.</i>	<i>Posted to 24th Bn.</i>	<i>do.</i>	<i>8-8-18</i>	<i>Pt II DO 221.</i>

CERTIFIED CORRECT.
17 AUG. 1918
CAN. RECORDS, LONDON.

W.A. Chalme
 Captain & Adjutant,
 23rd, Canadian Reserve Battalion.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing Smith, &c.
 W. 8635-112733 2000m 9/17 (85611) C. P. & S., Ltd., Form B/103 E/1807. P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
					DO. No. 87 of 1918
10.8.18	C. I. B. D.	T. O. S. 27th BN ON ARRIVAL	FRANCE	9.8.18	N. R. 723
13.8.18	C. I. B. D.	S. O. S. TO C. I. B. D.	FIELD	13.8.18	N. R. 1343
	C. C. R. C.	T. O. S.	"		N. R.
	C. C. R. C.	S. O. S. TO UNIT	"		N. R.
16.8.18	UNIT	JOINED UNIT	"	15.8.18	B. 213
20.8.18	24 C.P.M.	Missing after action	"	28.8.18	K.I. 17/1407 P. 2093 of 1918
9.9.18	"	Previously reported missing 28.8.18. now reported killed in action	"	28.8.18	K.I. 17/1407 P. 20.97 of 1918
			Whogan		Major for Lt.-Col. A.A.G.
					Canadian Section G.H.Q. 3rd Echelon B.E.F.

Whogan

Major for Lt.-Col. A.A.G.
Canadian Section G.H.Q. 3rd Echelon B.E.F.

Report to be made from TOE for error
 Report to be made from TOE for error
 Report to be made from TOE for error

* Strike out whichever is inapplicable

ASSIGNED PAY ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.

NAME: **LACROIX Alfred**
NUMBER: **3155492**

EFFECTIVE DATE: **1-2-18** AMOUNT: **2000**
EFFECTIVE DATE: AMOUNT:

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Pte</i>

NAME, ADDRESS, RELATIONSHIP & AUTHORITY WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

*Mr Joseph Lacroix
Dorville (Mother)
P.2.*

UNIT AND TRANSFERS
ORIGINAL UNIT: **2 Que Regt**
DATE ACCOUNT FIRST OPENED: **1-2-18**

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			20 R.D.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
	100	10		

PAY BOOK CHECKED.
Date: **5/12/18**
By: *[Signature]*
S.E. BRANCH.

PARTICULARS OF RENDERING NON-EFFECTIVE:

MONTH	PARTICULARS	Cr 1	Cr 2	PARTICULARS	Dr 1	Dr 2	Dr 3	Dr 4	BALANCE	DEFERRED	SEPARATION
<i>Mar 31/18.</i>	<i>Bla Ford. PP.</i>								1560		
		<i>33</i>		<i>bal.</i>				<i>20</i>	2860		
				<i>ab 58. 10 Res 12/4</i>	<i>487</i>				2373		
				<i>" 153 " 21/4</i>	<i>487</i>				1886		
		<i>33</i>			<i>974</i>			<i>20</i>			
<i>May</i>	<i>OP</i>	<i>9410</i>		<i>ap</i>				<i>20</i>	3296		
				<i>ab 270. 10 Res 15/5</i>	<i>487</i>				2809		
				<i>" 407 " 26/5</i>	<i>487</i>				2322		
		<i>3410</i>			<i>974</i>			<i>20</i>			
<i>JUN 1918</i>	<i>OO</i>	<i>33</i>		<i>bal</i>				<i>20</i>	3622		
				<i>ab 511. " 13/6</i>	<i>487</i>				3135		
				<i>" 565 " 13/6</i>	<i>2133</i>				702		
				<i>" 637 " 26/6</i>	<i>487</i>				215		
		<i>33</i>			<i>3407</i>			<i>20</i>			
<i>July</i>	<i>"</i>	<i>3410</i>		<i>" 794 " 15/7</i>	<i>487</i>						
				<i>ap</i>				<i>20</i>	1138		
				<i>" 92 " 26/7</i>	<i>487</i>				651		
		<i>3410</i>			<i>974</i>			<i>20</i>			
<i>Aug</i>	<i>"</i>			<i>" 1009 " 12/8</i>	<i>487</i>						
		<i>3410</i>		<i>ap</i>				<i>20</i>	164 NE ST 4/14		
		<i>3410</i>			<i>487</i>			<i>20</i>	1574 Bal 15/14		
<i>Sept</i>				<i>D/L 59526 Bal to Canada</i>	<i>1574</i>						<i>1574</i>

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.															
Rank															
Name <i>Macrow</i> <small>NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>															
Corps (Squadron, Battery or Company)															
Date of Discharge															
Place of Discharge															
1. DESCRIPTION AT THE TIME OF DISCHARGE.															
<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-right: 1px solid black; padding: 5px;">Age.....years.....months.</td><td style="padding: 5px;">Descriptive Marks.</td></tr> <tr><td style="border-right: 1px solid black; padding: 5px;">Height.....feet.....inches.</td><td></td></tr> <tr><td style="border-right: 1px solid black; padding: 5px;">Complexion</td><td></td></tr> <tr><td style="border-right: 1px solid black; padding: 5px;">Eyes</td><td></td></tr> <tr><td style="border-right: 1px solid black; padding: 5px;">Hair</td><td></td></tr> <tr><td style="border-right: 1px solid black; padding: 5px;">Trade</td><td></td></tr> <tr><td style="border-right: 1px solid black; padding: 5px;">Intended place of residence. } (To be given as fully as practicable.)</td><td></td></tr> </table>	Age.....years.....months.	Descriptive Marks.	Height.....feet.....inches.		Complexion		Eyes		Hair		Trade		Intended place of residence. } (To be given as fully as practicable.)		
Age.....years.....months.	Descriptive Marks.														
Height.....feet.....inches.															
Complexion															
Eyes															
Hair															
Trade															
Intended place of residence. } (To be given as fully as practicable.)															
2. The above-named man is discharged in consequence of															
<small>N.B.—The causes of discharge must be worded as prescribed in the King's Regulations and be identical with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>															
3. Conduct and character while in the service have been, according to the records, etc.															
<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.</small>															
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)															

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

5. He is in possession of the following number of G. C. Badges :

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Three horizontal dashed lines for listing medals and decorations.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery) and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge.

I hereby acknowledge that I have received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) *Shrobbury* *Alfred Jaeroin* (Signature of Soldier.)

(Date) *May 1875* (Signature of Witness.)

When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his Discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

Alfred Jaeroin (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-name man is hereby confirmed.

(Place).....

(Date).....

(Signature).....

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

nil

Alfred Lacroix

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia Form B. 263.</p> <p>Comp. Conduct Sheet, " B. 263a.</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313.</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Last Pay Certificate, " D. 828.</p> <p style="text-align: center;">*Only if discharged "Medically unfit."</p>	<p>Attestation Militia Form B. 235.</p> <p>Recruit-Sheet " B. 348.</p> <p>Proceedings on Discharge " B. 218.</p> <hr style="border: 0.5px solid black;"/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 20px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 20px;">(b) Attestation.</p> <p style="padding-left: 20px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
--	---

Instructions regarding the despatch of Discharge Documents.

1. When a soldier is to be discharged the documents named above, arranged in the same sequence, are to be put inside this form. Should any of his documents be missing, an explanation of the deficiency, signed by the Commanding Officer, must be substituted, which will remain until such documents are transmitted.

2. Discharge documents are to be transmitted by Commanding Officers to the Secretary Militia Council at Headquarters.

3. Postage need not be paid, and receipts for the documents are not required.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

L

311
780

Feb 12th 1918

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20.00			
-------	--	--	--

Date of Enlistment 11-1-18

PARTICULARS OF SEPARATION ALLOWANCE

No. 3155498
 Rank Pte Promoted Reverted Discharge
 Soldier's Name Alf. Laeroix
 Battalion 2nd Depot Bn, 2nd Quebec Regt
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs Jos Laeroix
 Address Sauville Que
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
Mar 1918	3799 G		40	40
Apr.	12402 K		20	20
May	12553 L		20	20
June	18286 F		20	20
July	29461 P		20	20
Aug	41345 H		20	20
Sept	44051 K		20	20
			160 00	160 00

10491-a-62. (Dup Fyle) REMARKS L-H-6986-26-9-18

R MRO 1^a 23/3/18 spec. ch. P40 ord. 13/4/18. oeb. mailed 15-4-18

AUTHORITY
FOR
NEW ACCT.
M. F. W. 128
4004-6-17-1772-38-1141
L. L. 22220-M. & D. 1183.

Ch by a B. Larmon 1838

KILLED IN ACTION } DATE 28-8-18
 DIED OF WOUNDS }
 G. L. No. 307 F 6 DATE 20-9-18
 M. R. O. 6986 TO DESTROY RENDERED 26-9-18
 B. P. C. FORM 1 & C. F. X. COMPLETED ON FILE
 10491-a-62
 CLERK J. J. Anderson DATE 26-9-18

Pres. Rep. Missing - 28-8-18
 CL-304-1st List Fd-7-
 17-9-18-

EFX-11-4-1976

