

ATTESTATION PAPER.

No. A2.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... LACROIX.
- 1a. What are your Christian names?..... Joseph Olivier.
- 1b. What is your present address?..... 26 1/2 St Patrick St. Quebec. P.Q.
- 2. In what Town, Township or Parish, and in what Country were you born?..... St Raymond, Portneuf Co. P.Q.
- 3. What is the name of your next-of kin?..... Alice Roy Lacroix.
- 4. What is the address of your next-of-kin?..... 26 1/2 St Patrick St. Quebec P.Q.
- 4a. What is the relationship of your next-of-kin?..... Wife.
- 5. What is the date of your birth?..... March 30th 1884.
- 6. What is your Trade or Calling?..... Electrician.
- 7. Are you married?..... Yes
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... 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
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No
- 14. If so, what was the nature of the disability? .. Not Applicable
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. No
- 16. If so, what was the reason?..... Not Applicable

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Joseph Olivier Lacroix., do solemnly declare that the above are answers made by me to the above questions and that they 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 February 22nd. 1919. Joseph Olivier Lacroix (Signature of Recruit)
Sept. N. Mulvena (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph Olivier 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 February 22nd 1919. Joseph Olivier Lacroix (Signature of Recruit)
Sept. N. Mulvena (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 Quebec P.Q. this 24th day of February 1919.
Stephen Capt. (Signature of Justice)

Description of Joseph Olivier Lacroix. on Enlistment.

Apparent Age 35 years 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 5 $\frac{3}{4}$ ins.

Chest measurement { Girth when fully expanded..... 36 $\frac{1}{2}$ ins.
 Range of expansion..... 3 $\frac{1}{2}$ ins.

Complexion Medium.

Eyes Blue

Hair Slightly Gray

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic Yes
 Jewish.....
 Other denominations.....
 (Denomination to be stated.)

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 February 22nd 191 9

Place Citadel Quebec P.Q.

[Signature]
 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.

Joseph Olivier 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.

[Signature] (Signature of Officer)

Date February 24th 191 9

O. G. Co. No. 5 Engineer Depot.

2738050

I.D. number
No. d'identification

LACROIX

Surname
Nom de famille

JOSEPH OLIVIER

Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

Location
Lieu

5292



NAME LACROIX. Joseph Olivier.

REGIMENTAL NO. 2738050

RANK Sapper

ENLISTED AT Citadel Quebec P.Q.

PROMOTIONS, &c.
AND DATE

DATE 22-2-19

IF SERVED PREVIOUSLY, STATE UNIT, &c.

N I L

MARRIED, WIDOWER, OR SINGLE

Married

NEXT OF KIN Alice Roy LARCROIX.

RELATIONSHIP

Wife

ADDRESS OF 26 $\frac{1}{2}$ St Patrick St, Quebec P.Q.

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &C.
	No.	DATE	
T.O.S.	55	22-2-19	on Attestation.
Subsistence	67	8-3-19	From 22-2-19
Eng Pay	55	24-2-19	4 Rate
S.O.S on Transfer to. D.D. No 5.	271	29-9-19	

Reg. No. 2438050 Name Lacroix J O
Rank Spr Corps SD Age Service
Ledger No. Serial No.

HOSPITALS

DATE

DIAGNOSIS

Unit Quebec
Dep L&R

25-9-19

T B Lung

17-10-19

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.

50M-6-19.

1772-39-1332.

S.O.S. Med. unfit 17.10.19. M.D. 4. T

FRENCH

DUPLICATE

297-L-28

LACROIX, Jos. ^{Olivier} No. 2738050 Spr. ^{to Engineer Dep.}

M & D. widow Mrs. Alice Roy Lacroix,
26 1/2 St. Patrick St., Quebec, P.Q.

P & # 987665
Ser. # 987665
Memorial X "

also mother Mrs. Delphine Lacroix,
36 rue St. Leon, St. Sauveur,
Quebec, P.Q.

Not Eligible for 14.15 Star
" " " V.M.
" " " B.D.M.

Death due to ...
Auth: B.P.C.
M.S.

Scroll Desp. 14/5/24 Reqn. No. 57543

SEP 1.1 1924

Plaque Desp. _____ Reqn. No. 1107

290

Register No.

DL 758

WAR SERVICE GRATUITY

TO

DEPENDENTS OF DECEASED SOLDIERS

A.P. File No.

10496 J-148

Regt'l No.

2738050

Name

Jos. Olivier Lucrow

(Christian Name)

(Surname)

Unit

C. E.

Rank

Wt. Spt.

Date of enlistment

24-2-19

Date of casualty

8-1-20

B.P.C. File No.

192800

Was service performed overseas?

No.

DEPENDENT

Name

Mrs. Alice Roy Lucrow

Relationship

Widow

Address

*26 1/2 St. Patrick St.
Quebec*

Que.

Amount of Special Pension Bonus \$

80.

Abstracted by

M. Wilson

Eligible for Gratuity

Not Eligible

\$

Less amount of Special Pension Bonus paid

\$

Less Debit Balance of S. A. or A.P.

\$

Total deductions \$

Balance due \$

Cheque No.

Date issued

Clerk

A. H. ...

REMARKS:

*soldier discharged 17-10-19
and transferred to D.S.C.P.
for treatment. Query as to
W.S.G.
Dis after 1/10/19. Eligible for W.S.G.*

Audited by

Date

M.F.W. 2652
25M-6-20.
H.Q. 1772-39-1473

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$

per diem; Field Allowance \$

per diem.

Separation Allowance \$

per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. P	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
300M-1-19
1772-33-1140

Remarks.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2738050 (Rank) Major

Name (in full) LACROIX, Joseph Olivier enlisted in
the No. 5 Engineer Depot

CANADIAN EXPEDITIONARY FORCE at Quebec, P.Q. on the 24th
day of February 1919

HE served in CANADA

and is now discharged from the service by reason of Part two Order 290 of 17-10-19
R.O. 1420 (2)A of 12-12-18 MEDICALLY UNFIT For Further Treat-

ment with S.C.R.

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 35yrs. 6ft.

Height 5ft 5in.

Complexion Medium

Eyes Blue

Hair Slightly Grey

J. Lacroix
Signature of Soldier

Marks or Scars


Captain

O.C. Casualty Company, D.D. 5

17-10-19

Date of Discharge

Rank

Quebec, P.Q.

17th

Appointment

October

19

Signed at _____ this _____ day of _____ 19____

in Military District No. _____

File Reference No. _____

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

Fill in only.—Unit, Number, Rank and Name.

Casualty Form—Active Service.

m. f. g. Hill, 23

Unit, Regiment or Corps. *No 5 Engineer Depot Coy*

Regimental No. *2738050* Rank *Sapper* Name *LACROIX, Joseph, Olivier.*
C. E. F.

Enlisted (a) *22-2-19* Terms of Service (a) *Cant Exod Force* Service reckons from (a) *22-2-19*

Date of promotion to } present rank } Date of appointment } to lance rank } Numerical position on } roll of N. C. Os. }

Extended. Re-engaged. Qualification (b) *Electrician*

Report		Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		T.O.S. on Attestation Part II Orders No 55 of the 24-2-19			
		S.O.S. on Transfer To D.D. No. 5. Part II orders No 271 of the 29-9-19.			
17-10-19		Discharged from H.M. Service with eff. 17-10-19 under R.O. 1420 (2) A of 12-12-18 MEDICALLY UNFIT FOR FURTHER TREATMENT WITH S.C.R. Part two Order 290 of 17-10-19			

(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) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

Copy.

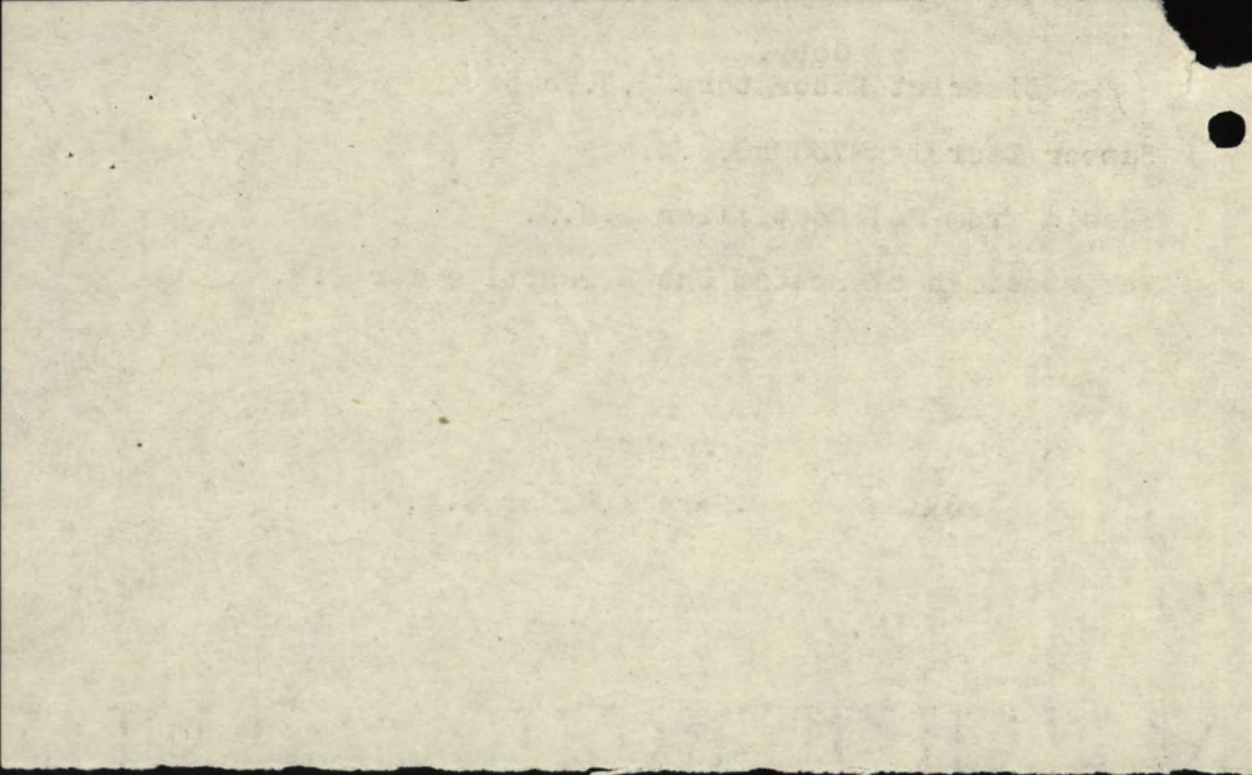
District Laboratory M.D.No 5

Sapper Lacroix 2738050,C.E.

Rec'd from Maj Boutillier A.M.C.

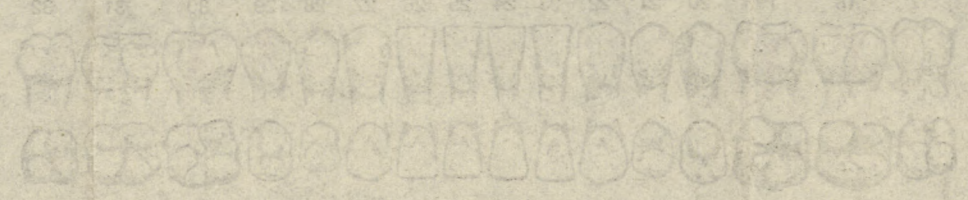
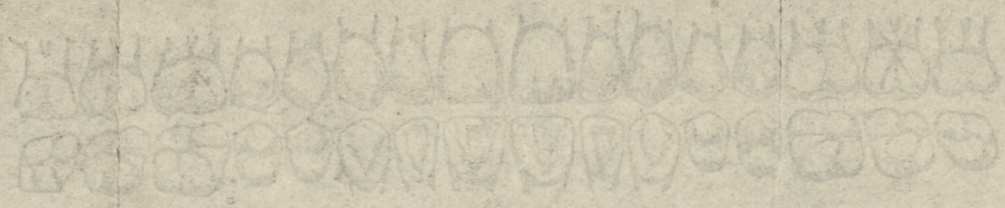
The specimen of Sputum shows Positive for T.B.

Examined by H.Morell, Major C.A.M.C.



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first date of report record of same to be made in red ink. Only such entries to be made on this sheet as will show:
 1. Condition on examination (in red)
 2. Condition on leaving Canada.
 3. Condition on returning.



MADE IN CANADA

THE DENTAL LABORATORY SHEET

MA

DUPLICATE

AUDITOR PAYMASTER

S.C.R. Mh 565 No Form

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 2738050 RANK Spi

NAME (IN FULL) Lacroix J O.

NEXT OF KIN Mrs A.R. Lacroix ADDRESS 26 1/2 St Patrick St. Quebec Que	RELATIONSHIP wife	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
IS SEPARATION ALLOWANCE PAID? yes	DATE EFFECTIVE 22-2-19				PLACE OF ATTESTATION Quebec	TRANSFERRED TO W.D. M.D. 5	DATE 1-10-19
TO WHOM PAID As Above	RELATIONSHIP				DATE OF ATTESTATION 22-2-19	TRANSFERRED TO	DATE
ADDRESS					ASSIGNED PAY \$ 20 00	DATE EFFECTIVE 22-2-19	
					PAYABLE TO Mrs A.R. Lacroix	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS 26 1/2 St Patrick St Quebec P.Q.		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED Quebec	PLACE	DATE 17-10-19
						REASON S.C.R.	AUTHORITY D.O. 290.
							IF ENTITLED TO POST DISCHARGE PAY

12

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES		OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3		REGIMENTAL CHARGES	OTHER CHARGES		DEBITS		DEBIT	CREDIT	
			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.					\$	C.			
Sept. 30	10	1.33	24	30	96				30	26		50			96		10		From 5 Aug 29-9-19 D.O. 273		
Oct. 1	17	1.18	70	35	80	539	180	35	539	180	35	28	17	80	70			Clothing Allowance Sep Allow - C.K. 539781			
																			W.S.G. S.A.		
																			W.S.G. S.A.		
																			Died 4-1-20 - at S.C. (7)		
																			Orig Ledger Sheet given to Attorney for adv.		

Pa

ask 30-8-20 to H.

26 1/2 Ave St. Patrick
Larch

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 2738050 RANKSAPPER. NAME (IN FULL) LACROIX, J.O.

M. OR S. *W*

NEXT OF KIN *Mrs A. Q. Lacroix* RELATIONSHIP *Wife*

ADDRESS *26 1/2 St Patrick St*
Quebec P.Q.

IS SEPARATION ALLOWANCE PAID? *Yes* DATE EFFECTIVE *22-2-19*

TO WHOM PAID *As above* RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Regtl Pay \$1.00		
Sub allow .10		
Subsid .30		
Engineer Pay .30		

ORIGINAL UNIT C.E.F. IF IN P.F. WHAT UNIT? (BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION *Quebec P.Q.* TRANSFERRED TO *NW 2415* DATE *30-9-19* AUTHORITY *730 271*

DATE OF ATTESTATION *22-2-19* TRANSFERRED TO

ASSIGNED PAY, \$ *20 00* DATE EFFECTIVE *22-2-19*

PAYABLE TO *Mrs Alex Roy Lacroix* RELATIONSHIP *Wife* ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *26 1/2 St. Patrick St*
Quebec P.Q.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

1919

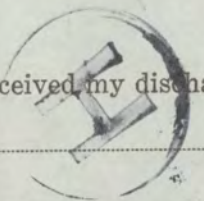
MONTH	PAY AND F. A.			OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT			
																			\$	C.
1919																				
Balance from previous account					10 00															<i>see Bal. sheet pay list</i>
April	30	1 ¹⁰	33 00	SA 24 00 E.P. 9 00 P 30 00	96 00	212 15	223 0	15 00	✓	31 00	50 00	✓	96 00							<i>10 00</i>
May	31	1 ¹⁰	34 10	24 80 9 30	98 20	235 15		15 00	✓	33 20	50 00	✓	98 20							<i>10 00</i>
June	30	1 ¹⁰	33 00	24 00 9 00	96 00			20 00	✓	26 00	50 00	✓	96 00							<i>10 00</i>
July	31	1 ¹⁰	34 10	24 80 9 30	98 20			20 00	✓	28 20	50 00	✓	98 20							<i>10 00</i>
Aug	31	1 ¹⁰	34 10	24 80 9 30	98 20			20 -	✓	28 20	50 -	✓	98 20							<i>10 00</i>
Sept	30	1 ¹⁰	33 -	24 - 9 -	96 -			20 -	✓	26 -	50 -	✓	96 -							<i>10 - admitted wrap 25-9-19</i>

MONTH	PAY AND F. A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS			
	NO. OF DAYS	RATE	AMOUNT		NO.	DATE	CCL. NO. 1	CCL. NO. 2	CCL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE		NO.	DATE	
			\$	C.																						\$

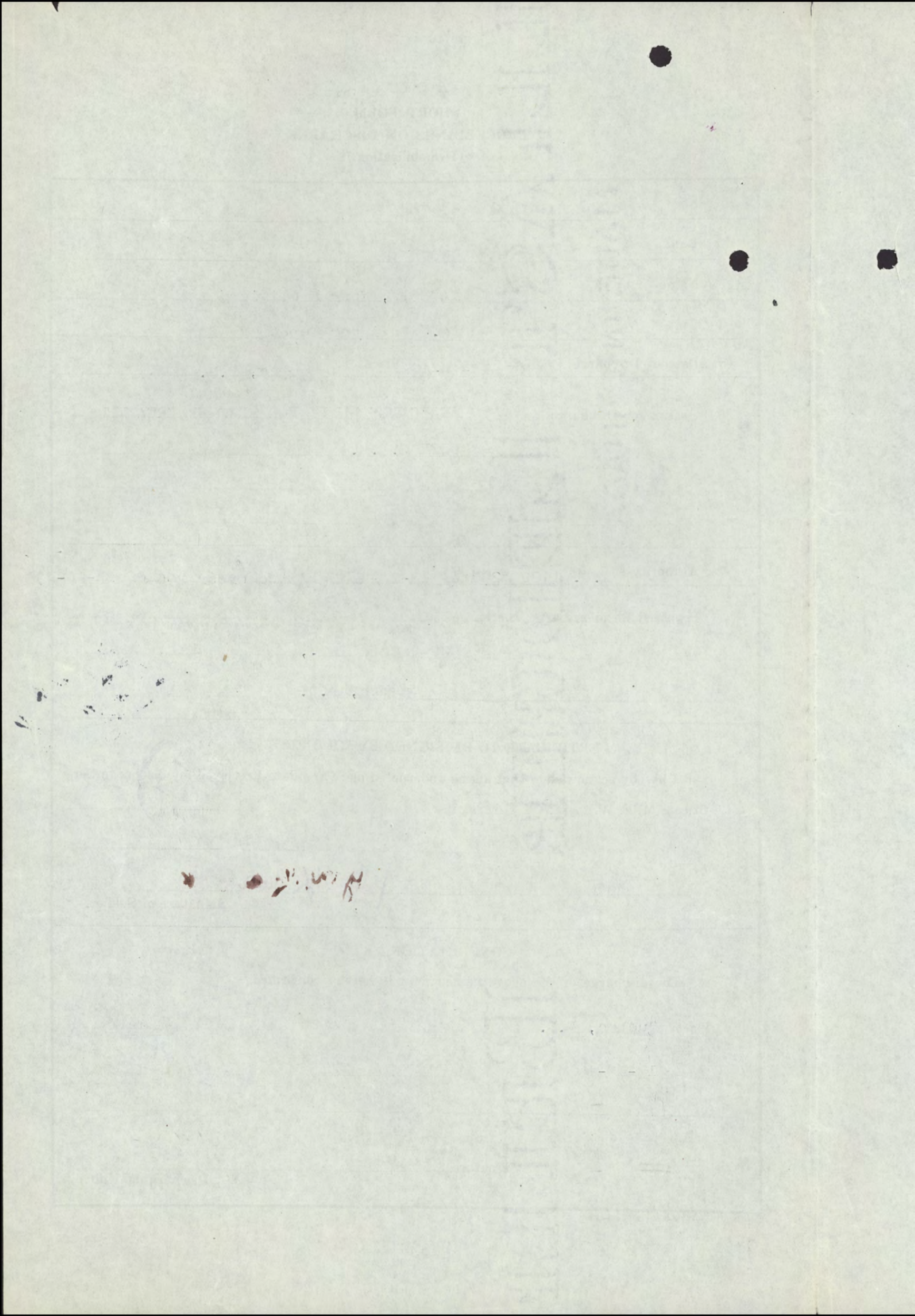
1590
61

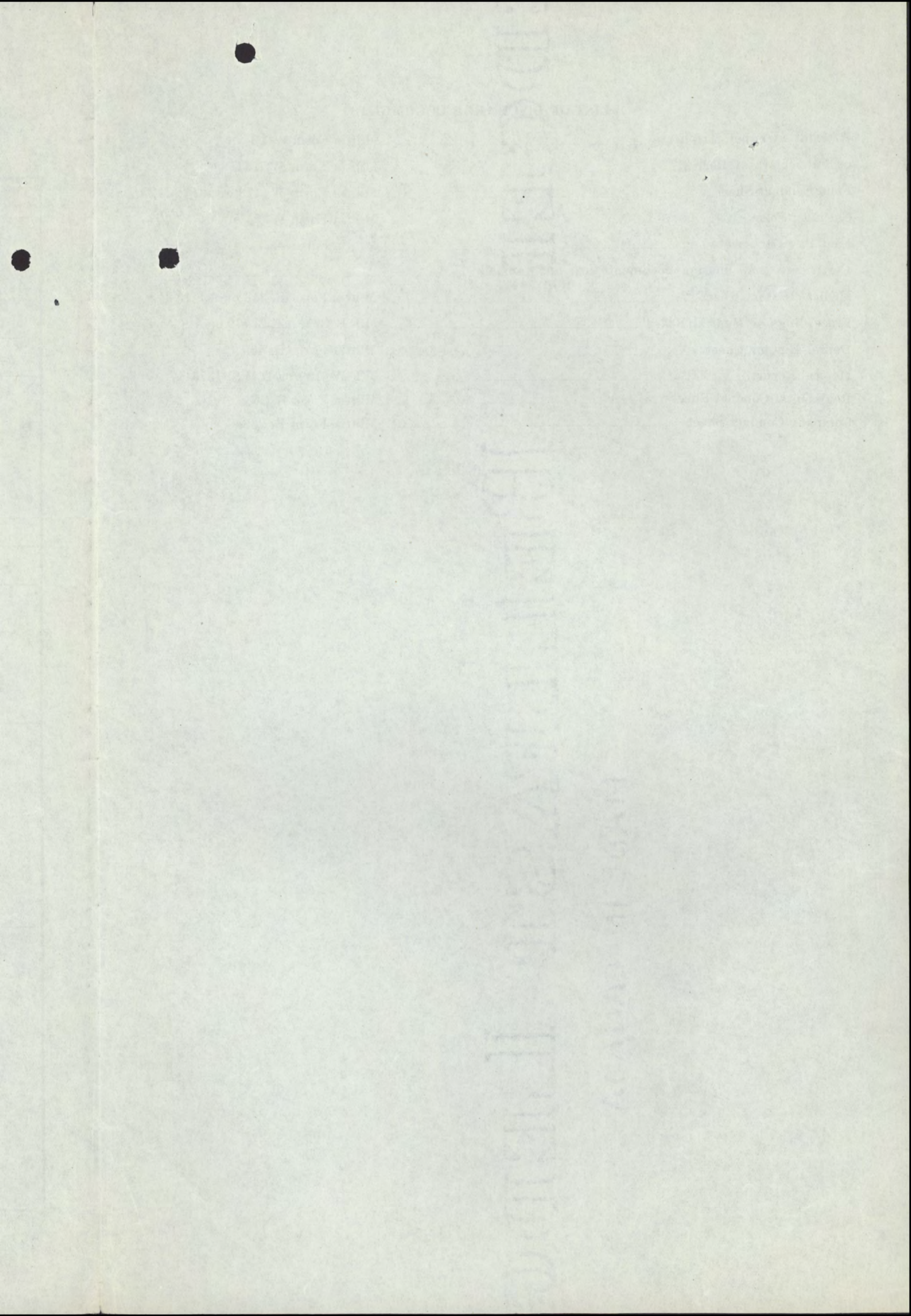
SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No.	2738050		
2. Rank	Sapper		
3. Name	LACROIX, Joseph Olivier		
4. Unit	No. 5 Engineer Depot		
5. Date of Discharge	17-10-19	Place	Quebec, P.Q.
6. Reason for Discharge	MEDICALLY UNFIT FOR FURTHER TREATMENT WITH S.C.R.		
7. Authority	R.O. 1420 (2)A of 12-12-18 Part two Order 290 of 17-10-19		
8. Proposed Residence after Discharge	26 1/2 St Patrick St., Quebec, P.Q.		
9.	CERTIFICATE TO BE SIGNED BY SOLDIER.		
	I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ? 39		
	<i>J. B. Lacroix</i>		Signature of Soldier.
10.	CONFIRMATION.		
	The discharge of the above named man is hereby confirmed.		
	Place	Quebec, P.Q.	
	Date	17-10-19	
	Signature	<i>[Signature]</i> CO.C. (Discharging Unit.)	



Medical Documents
Forwarded to
S. C. R.
on *17* *1919*





LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M.F.W. 129 or D.M.S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a