

889734

60th

Original

ORIGINAL
No. 889734

ATTESTATION PAPER.

1899 BAT., F.E.C.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- 1. What is your surname? *Oliver Lawrence*
- 1a. What are your Christian names? *Oliver Lawrence*
- 1b. What is your present address? *New Carlisle,*
- 2. In what Town, Township or Parish, and in what Country were you born? *Gospe Basin, Que*
- 3. What is the name of your next-of-kin? *Mrs Oliver Lawrence*
- 4. What is the address of your next-of-kin? *New Carlisle, Que Canada*
- 4a. What is the relationship of your next-of-kin? *Wife.*
- 5. What is the date of your birth? *Aug 22nd 1876*
- 6. What is your Trade or Calling? *Carpenter*
- 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*
- 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*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Oliver Lawrence*, 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.

Oliver Lawrence (Signature of Recruit)

Date *Jan 10* 191*6* *Claude H. Caldwell* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Oliver Lawrence*, 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.

Oliver Lawrence (Signature of Recruit)

Date *Jan 10* 191*6* *Claude H. Caldwell* (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 *New Carlisle* this *10* day of *January* 191*6*.

J. H. Cameron (Signature of Justice)
for District of Gospe

Description of Oliver Lawrence on Enlistment.

Apparent Age 39 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. 10 ins.

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

Complexion Fair

Eyes Grey

Hair Brown

Religious denominations { Church of England C of E.
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Roman Catholic
 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 January 10 1918 W. Maguire

Place Newcastle PZ. W. J.
 Medical Officer.

*Insert here "fit" or "unfit."

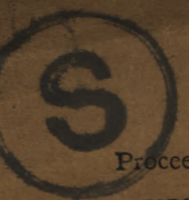
NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Oliver Lawrence 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)
 Lt.-Colonel.
 O. C. 189e Battalion, C. F. F. E. C.

Date 1918 1918



Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

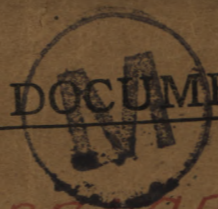
apps 122 - 1

card - 1

cas cards - 2

*2 P
2-11-19*

DISCHARGE DOCUMENTS



Name LAWRENCE OLIVER

Regt. No. 889734 Rank Pte

Corps 189th Bn

Died of Wounds 20-12-16

R. O. No.

H. Q. No.



13905

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL des DOCUMENTS du PERSONNEL

MIL.
CIV.
RE-ENLISTMENT
ORC

Bo 5463



*Pay card
Mondly*

*44 - 19
7 19
6 219
2*

Mx. 30/20

(649-2-4440)

CARD NO.

SURNAME.

Lawrence

CHRISTIAN NAMES

Oliver

F.C.L.

D

REGL. NO.

889434

RANK

Pte.

UNIT

189th.

Bn.

FORMER CORPS

nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Lawrence, Mrs Oliver

RELATIONSHIP TO SOLDIER

R. N. S.

ADDRESS

New Carlisle, Co., Bonaventure
P. Q.

COUNTRY OF BIRTH

Canada, Gaspé Basin, P. Q.

DATE

Aug. 22nd 1876

PLACE OF ATTESTATION

New Carlisle, P. Q.

DATE

Jan. 10th 1916

Sailed from Halifax per S.S. Lapland 23/9/16

549
17

MARRIED

yes

SINGLE

WIDOWER

TRADE OR CALLING

Carpenter

RELIGION

Church of Eng.

DESCRIPTION.

APPARENT AGE

39 YEARS

MONTHS

HEIGHT

5- FEET

10 INCHES

CHEST MEASUREMENT

37 INCHES

EXPANSION

2 INCHES

COMPLEXION

Fair

EYES

Grey

HAIR

Brown

DISTINGUISHING MARKS

nil

MEDICAL EXAMINATION.

PLACE

New Carlisle, P. & Q.

DATE

Jan'y. 10th 1916

Present address: - Not stated

REGT'L NO 889734

H. Q. FILE NO. 649-

NAME

Lawrence, Oliver

RANK AND CORPS

Pte

60th Batta

FOLLOWS

NO.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

C

06704 2312-16

Prev. rep. dang. wounded now reported
died of wounds, No 3 Gen. Hosp. Let report
Dec. 20th, 1916

A. F. B. 2090a

Died of wounds. Dec. 20th 1916.

Rouen 26-12-16

No 3 Gen. Hosp.

Dec 14-3-17.

LIST No	HOSPITAL	DATE OF ADMISSION	REMA
A 214	O.C. No 30. Cas. Clear Station Reports	7-12-16	Dang. wounded (not stated)
A 218.	O.C.	10-12-16	Slight imp but still dang ill
A			
A 221	O.C. Gen. Le Treport. Reports	17-12-16.	Dang ill may be visited
A 225	No. 3. Gen Le Treport	20-12-16	Prev. rep. wounded now died of wounds. G.S.W. Arm & L Leg.

REGT'L NO 884734
H. Q. FILE No. 649-

NAME Lawrence Oliver

RANK AND CORPS Pte. 60th Bn Form 189th Bn

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

No.	DATE	NATURE OF CASUALTY
06110	9-12-16	C Dangerously wounded 30 Casualty Clearing Station Dec. 7. 1916 Nature of wounds not reported yet.
06364	14-12-16	Condition improved 30 Casualty Clearing station Dec 10th 1916 (nature of wounds not reported yet).
06461	18-12-16	Dangerously ill No 3. General Hospital Letreport Dec. 17th. 1916 may be visited. Wounded left leg + arm.

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS



Reg. No. *889734* Name *Lawrence* *W*
Rank *Pfc* Corps *189th* Age *39* Service *86/12*
Ledger No. *270* Serial No.

HOSPITALS

DATE

DIAGNOSIS *6*

Camp Valcartier Quebec

22.6.16

Eczema

back to unit

28.6.16

HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

No. *84*
889734 (Mar Rayhiz)

RANK

2to

NAME

Lawrence Oliver

T. O. S. *10-1-16*

UNIT

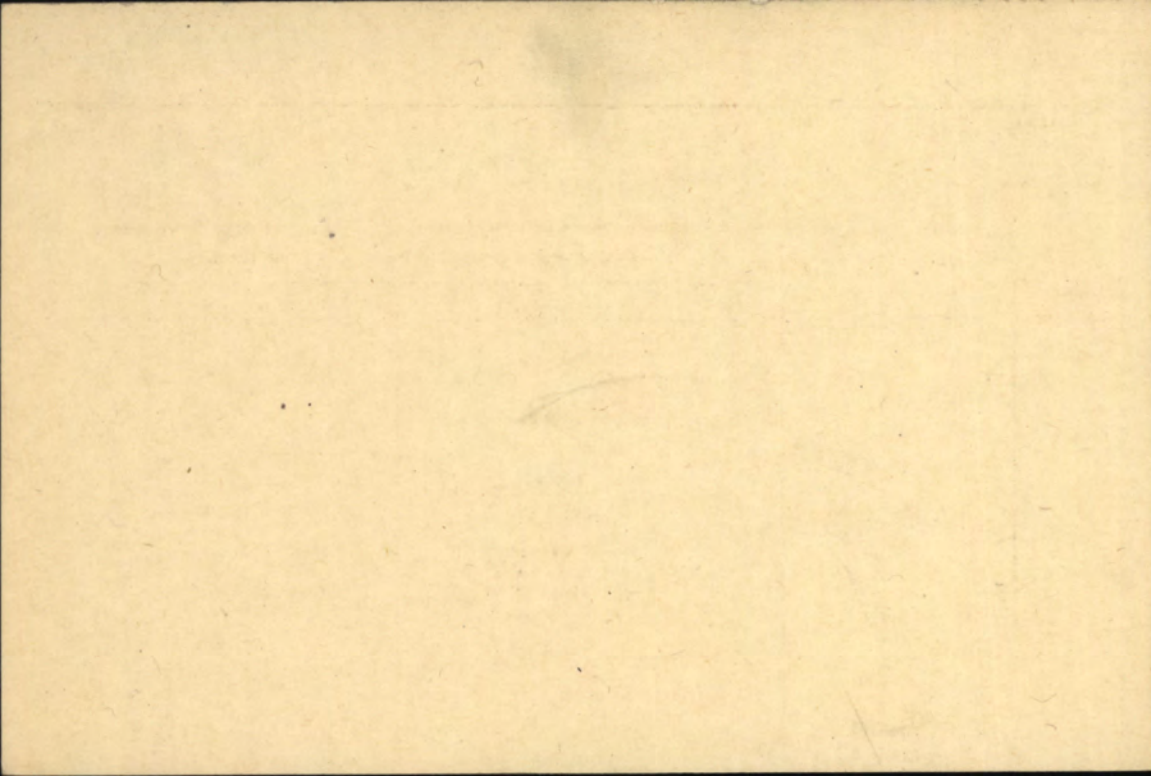
189th Battalion

(*May payroll.*)

M. D. *5*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>Jan 10</i>	<i>1916</i> <i>Jan 31</i>	<i>✓</i>		
	<i>Mar</i>	<i>✓</i>		
	<i>April</i>	<i>✓</i>		
	<i>May</i>	<i>✓</i>		
	<i>June</i>	<i>✓</i>		
	<i>July</i>	<i>✓</i>		
	<i>Aug</i>	<i>✓</i>		
	<i>Sept</i>	<i>✓</i>		
		<i>✓</i>	<i>A. W. L. 3-9-16</i>	<i>D. O. 21487-9-16</i>

UNIT SAILED
SEP 23 1916



Name LAWRENCE Oliver ~~Bank~~ Pte.

Reg. No. 889734

Unit 60TH. BATTALION

R-X-25-L-1362.

Next of Kin CANADA.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916.						
7-12.	O.C.No.30 C.C.STN.REPORTS					
	DANGEROUSLY WOUNDED			A214.	0.6110.	11/12
10-12	do reports Slightly improved but still Dangerously Ill.			A-218	0.6364	
17-12	C.C.No 3 G.H.7e report reports: - by swam Dangerouslly Ill. May be visited. 72. Tely.			A 221	0.6461	
20-12.	do rep. Deed of wounds do (w.o. Tely P. 42845, 21-12-16)			A225	0.6704	23/12

649-K-4740

Lawrence M. Oliver 889734
Not eligible for 14/15 Star. 60th Bn.

Medals & decorations
Widow Mrs. Annie Jane Lawrence
New Carlisle N. C.

JAN 18 1921
Scroll Desp. _____ Reqn. No. 210543 N. C. ✓

~~JAN 20~~ 1921
Plague Desp. _____ Reqn. No. 8260 6309

P. O. widow as above
Serial No. 768097
C. O. widow as above

No information about
mother for over 25 years

Desp MAY 19 1920 67994



de

W

11

7

141

Number. 889734 Rank. Pt

Surname. LAWRENCE

Christian Name. Oliver

Unit. 60th Co. Cavalry Theatre of War. France

Date of Service. 27-10-16

Remarks. Widow

Latest Address. Mrs. Annie Jane Lawrence

New Carlisle, P. D.

Roll No. 13 Page 472

~~128~~ white

B
N

49 8760 Disp

MAY 1 9 1921

Surname *Lawrence* Christian Name or Names *O* Reg. No. *889.734*
 Rank *Pl.* Unit *60 Btt.* Co. Troop Batty
 Hospital *30 C.C. Station* Date of Admission *7-12-16.*
 Transferred *3 Gen Le Depot* Hosp. *17.12.16*

Hosp.

Hosp.

Hosp.

Diagnosis

G. S. W. L. arm & L. leg.

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

04
11-12-16 A214

REMARKS

12.12.16 A218
19.12.16 A221

Dangerously Wounded 7-12-16
SPTG improved 10.12.16.
Dang. ill. may be visited 17.12.16.

A.M.D. 2 Dept.

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

R

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm

1.

2.

3.

4.

5.

6.

7.

J.P.

Rank

Name

~~OLIVER, LAWRENCE~~



Lawrence, Oliver

Reg'l No.

R-122
8401-50,000-21-10-16
889734

Unit 189th Bn.

If in perm. Corps,
What Unit?

Married or Single

Married.

Place and Date of Enlistment

New Carlisle. 10th Jan. 1916

Place of Birth

Gaspe. Basin. Que.

Name and Address, Next-of-Kin

Mrs. Oliver Lawrence.

Relationship

Wife.

New Carlisle. Que. Canada.

Assigned Pay Monthly \$

Payable to

Relationship

Discrepancy

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

25-K-1362

Character

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. St. Lo. France.		6-10-16	
11-10-16	69th	Taken on strength	Submarine	6-10-16	PAT 0248
19-10-16	"	S.O.S. trans to 23rd	"	19-10-16	" 253.
20-10-16	23rd	Iss. from 69th.	"	11-10-16	" 259.
27-10-16	"	S.O.S. To 60th Bn. 6 Seas	"	27-10-16	" 266
6/11/16	60th	Taken on strength.	Field.	7/11/16	90
11-12-16.	"	a.c. # 30 Cas. Clear. Stat. Repts. Dangerously Wounded.		7-12-16	C.L.A. 214. not stated
15-12-16.	"	a.c. # 50 Cas. Clear. Stat. Repts. Slightly Imp. but still Dangerously Ill.		10-12-16	C.L.A. 218. Wounded.
19-12-16.	"	a.c. # 9. Gen. Hosp. Reports Dangerously Ill. May be Visited.	See Report.	17-12-16	C.L.A. 221. G. S. 10. L. arm & L. Leg.
23-12-16.	"	P.W. Repts. Wounded Now. Died of Wounds.	See Report.	20-12-16	C.L.A. 225.



*app 103 checked
20/11/16
WSP*

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.				
26 ¹² / ₁₆	09.60	Died of wounds	#3 Gen Co Hoop. Co report	20 ¹² / ₁₆	Pt II 89 Pt II 89

ORIGINAL

Original

MEDICAL HISTORY SHEET.

8

Surname Lawrence Christian Name Olivier

Examined { on <u>10th</u> day of <u>January</u> 191 <u>6</u> at <u>New Carlisle</u> Birthplace { City or Town <u>Gaspé</u> County <u>Gaspé</u> Apparent age <u>39</u> Trade or occupation <u>Carpenter</u> Height <u>5</u> Feet <u>10</u> Inches. Weight _____ Lbs. Chest measurement { Minimum <u>35</u> inches. Maximum expansion <u>37</u> inches. Physical development _____ Small-Pox Marks _____ Vaccination Marks { Arm _____ Right. _____ Left. _____ Number _____ When Vaccinated last _____ (a) Marks indicating congenital peculiarities or previous disease _____ _____ (b) Slight defects but not sufficient to cause rejection _____ _____ _____	Approved by S. J. McKeon Rank <u>Capt</u> M.O. <hr/> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Date.</th> <th style="width: 10%;">Fit or Unfit.</th> <th style="width: 80%;">EXAMINED FOR RE-ENGAGEMENT.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <hr/> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Date.</th> <th style="width: 10%;">Result.</th> <th style="width: 80%;">VACCINATIONS.</th> </tr> </thead> <tbody> <tr> <td><u>3/7/16</u></td> <td> </td> <td>S. J. McKeon</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <hr/> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Date.</th> <th style="width: 10%;">Result.</th> <th style="width: 80%;">ANTI-TYPHOID INOCULATIONS, ETC.</th> </tr> </thead> <tbody> <tr> <td><u>4/7/16</u></td> <td> </td> <td>S. J. McKeon</td> </tr> <tr> <td><u>13/7/16</u></td> <td> </td> <td> </td> </tr> <tr> <td><u>29/7/16</u></td> <td> </td> <td> </td> </tr> </tbody> </table>	Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.																									Date.	Result.	VACCINATIONS.	<u>3/7/16</u>		S. J. McKeon										Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.	<u>4/7/16</u>		S. J. McKeon	<u>13/7/16</u>			<u>29/7/16</u>		
Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.																																																					
Date.	Result.	VACCINATIONS.																																																					
<u>3/7/16</u>		S. J. McKeon																																																					
Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.																																																					
<u>4/7/16</u>		S. J. McKeon																																																					
<u>13/7/16</u>																																																							
<u>29/7/16</u>																																																							

Enlisted on 10th day of January 1916 at New Carlisle

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>189th C.E.F.</u>	<u>889734</u>		
Transferred to	<u>23rd Bn</u> <u>60th Bn.</u>			<u>11-10-16</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

N. B.—This sheet 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.

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

M. F. W. 54. (A. F. B. 103.)

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. *189e BATT. F.E.C.*

Regimental No. *889734* ✓ Rank *Plt* ✓ Name *Lawrence Bliver Lawrence*

Enlisted (a) *10-1-16* ✓ Terms of Service (a) *D. of War* Service reckons from (a) *10-1-16* ✓

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) *Carpenter*

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				
<i>10-10-16</i>	<i>%60th Bn Det. (A.O. 3796)</i>	<i>Embarked J. O. P. Disembarked Transferred to 69 BATTN C 97</i>	<i>Canada England Dilgate Camp</i>	<i>27-9-16 6-10-16 ✓ 6-10-16</i>	<i>D.P. 11-0-248 ✓</i>
<i>19-10-16</i>	<i>%69th Bn D.O. 3814</i>	<i>Transferred 23 Bn. F.E.F. Dilgate Camp</i>	<i>Dilgate Camp</i>	<i>19-10-16 ✓</i>	<i>D.P. 11-0-255 ✓</i>
<i>27-10-16</i>	<i>23rd. Bn.</i>	<i>Drafted to the 60th. Bn. Field.....</i>		<i>27-10-16</i>	<i>D.P. II O. 266 ✓</i>

CERTIFIED COPY.
 1 NOV. 1916
 CAN. RECORDS, LONDON

Lawrence
Bliver
Lawrence

Asst Adj. 69th Bn.
Edmond Capt.
Adj. 23rd. Bn. C.E.F.

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

CANADIAN FORCES

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				
	O. C. B. D.	Landed in France. Taken on strength 60th Cdn. Bn.		Nom. Roll of Pt II D.O. 3/1/16	
	- do. -	Left for Unit 19/11/16.		Nom. Roll of 19/11/16	
	O. C. Co. Bn.	Arrived " 23/11/16	B213 20/11/16	DCS 183 2/12/16	
9. 12. 16	ocbr.	Wounded in Action.		6. 12. 16 B213 DCS 187 18/12/16.	
9. 12. 16	20663	GSH. (TN). Arm to leg to.	20663	9. 12. 16. Det 61827 DCS 190	
20. 12. 16.	3 Gen Hosp.	GSH. Arm & leg. Lt. <u>Died of Wounds.</u>	3 Gen Hosp.	20. 12. 16. Letter. re 3 Gen Hosp. dt/20/12/16 Ref can sub file No. 137-2598. Pt II of # 89 25/12/16.	
					Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

[Handwritten signature]

[Red stamp]

D. 2. 924

WAR SERVICE GRATUITY

A.P. File No. 10758-01

Register No.

TO

DEPENDENTS OF DECEASED SOLDIERS

Regt'l No. 889734 Name Oliver Lawrence
 (Christian Name) (Surname)
 Unit 189th Bn. Rank Pte. Date of enlistment
 Date of casualty 20.12.16. B.P.C. File No. 10801
 Was service performed overseas? Yes

DEPENDENT

Name Mrs. Fannie J. Lawrence Relationship Widow
 Address New Carlisle P.O.

Amount of Special Pension Bonus \$ 64. Abstracted by A. Quinn

Eligible for Gratuity \$ 180.00
 Less amount of Special Pension Bonus paid \$ 64.00
 Less Debit Balance of S. A. or A.P. \$
 Total deductions \$ 64.00
 Balance due \$ 116.00

Cheque No. 9.1903279 Date issued OCT 19 1920

REMARKS: Pension granted 21.12.16

Clerk J. O. Muller

Audited by
 Geo. Howard
 Date 16.10.20

\$116
 D-20134
 2/10/20

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 _____
 Unit _____
 Original Unit _____
 District where paid _____
 Date of Discharge _____
 P. D. P. Filing Number _____

Address (in full)

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		

Remarks.

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

139

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

Q

To Whom *Mrs. Oliver Lawrence,*
Address *New Carlisle, Que.*

By Whom Assigned *Lawrence, Oliver*
Regtl. No. *889734*
Rank *Pte.*
Corps *189th Batts.*

Rate *15.⁰⁰* **OCT 1916**

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 2px solid red; padding: 10px; display: inline-block;"> <p style="font-size: 2em; font-family: cursive;">Casualties</p> </div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

Died of wounds 20th Dec/16
C.L. (2) 23/12/16 G.D.

Stop payment
3 m 29/12/16 *Jan 1/17*
J.A.M.R.

4. N. 8/1/17

1000

1000

1000

1000



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

140

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Sheet No. 2.

Mrs. O. Lawrence

Name of Soldier Lawrence, Oliver
 889734 Pto. 189th. Bn

L. L. Job 4503.-Req. 6832.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
				15. ⁰⁰ OCT 1916
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		B 24021	15	<div style="border: 2px solid red; padding: 5px; display: inline-block; transform: rotate(-5deg);"> <i>Casualties</i> </div> Account closed - Cas Pension Granted 2/12/16 27/3/17
Nov.		W 29454	15	
Dec.		M 35627	15	
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Handwritten scribbles

total
 E. X. Rend. Date 45
 E. X. " 116/8/17

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

SEPARATION ALLOWANCE

Name Annie J. DeLawrence.Address New Carlisle
C^t Bonaventure
P. 2.Relation to Soldier } Wife
wife, child or mother }Name of Soldier Lawrence, OliverRegtl. No. 889734Rank PACorps 189th BatteryTo what Corps belonging }
when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

ACCOUNT CLOSED
DATE..... PER.....

100

100

100



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2. Annie J. D. Lawrence Wife
PAYMENTS.Name of Soldier Lawrence, Oliver
Pte

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May		03594	60	60	
June		U4315	20	20	
July		K10714	20	20	
Aug.		603969	20	20	
Sept.		V163 69	20	20	
Oct.		M2085	20	20	
Nov.		S. 23304	20	20	
Dec.		S26284	50	20	
Jan.	1917	y 79534	20	20	
Feb.		y 32513	20	20	
March		y 30206	20	20	
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

260⁰⁰Acct. Closed
Pension Granted 21/12/16
2/4/17. W.J.H.

ACCOUNT CLOSED

DATE..... PER.....

Overpayment
#67⁰⁰ Recd. by Pensioners
of
Finally Closed
LW.

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				