

Original

91785

# ATTESTATION PAPER.

No. 91785

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Balet Lawton
2. In what Town, Township or Parish, and in what Country were you born?..... Montreal, Que
3. What is the name of your next-of-kin?..... M<sup>r</sup> Joseph W<sup>m</sup> Lawton
4. What is the address of your next-of-kin?..... #30 Sebastopol St<sup>e</sup> Montreal Que
5. What is the date of your birth?..... 17<sup>th</sup> Jan 1895
6. What is your Trade or Calling?..... Blacksmith asst.
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

B. Lawton.....(Signature of Man).  
W<sup>m</sup> H. Johnson J<sup>r</sup>.....(Signature of Witness).

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Balet Lawton, 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 2<sup>nd</sup> July 1915 B. Lawton.....(Signature of Recruit)  
W<sup>m</sup> H. Johnson J<sup>r</sup>.....(Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Balet Lawton, 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 2<sup>nd</sup> July 1915 B. Lawton.....(Signature of Recruit)  
W<sup>m</sup> H. Johnson J<sup>r</sup>.....(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 Montreal this 2<sup>nd</sup> day of July 1915

[Signature].....(Signature of Justice)

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

[Signature].....(Approving Officer)



Description of Babel Lawton on Enlistment.

Apparent Age 19 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. 7 1/2 ins.

Chest measurement { Girth when fully expanded ..... 34 3/4 ins.  
 Range of expansion ..... 32 1/2 ins.

Complexion ..... Dark

Eyes ..... Blue

Hair ..... Brown

Religious denominations. { Church of England .....  
 Presbyterian .....  
 Wesleyan .....  
 Baptist or Congregationalist ..... Yes  
 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 ..... 2nd July ..... 1915

Place ..... Montreal

J. R. [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.

Babel Lawton ..... 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)  
 O. C. No. 1 Heavy Battery Depot

Date ..... 9th Sept ..... 1915



S

- 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.....

DISCHARGE DOCUMENTS

R. O. No. ....  
H. Q. No. ....

Name Lawton C. C. B.  
Regt. No. 91785 Rank Private  
Corps 9th Sige Bty

*Killed in action 31.7.16*

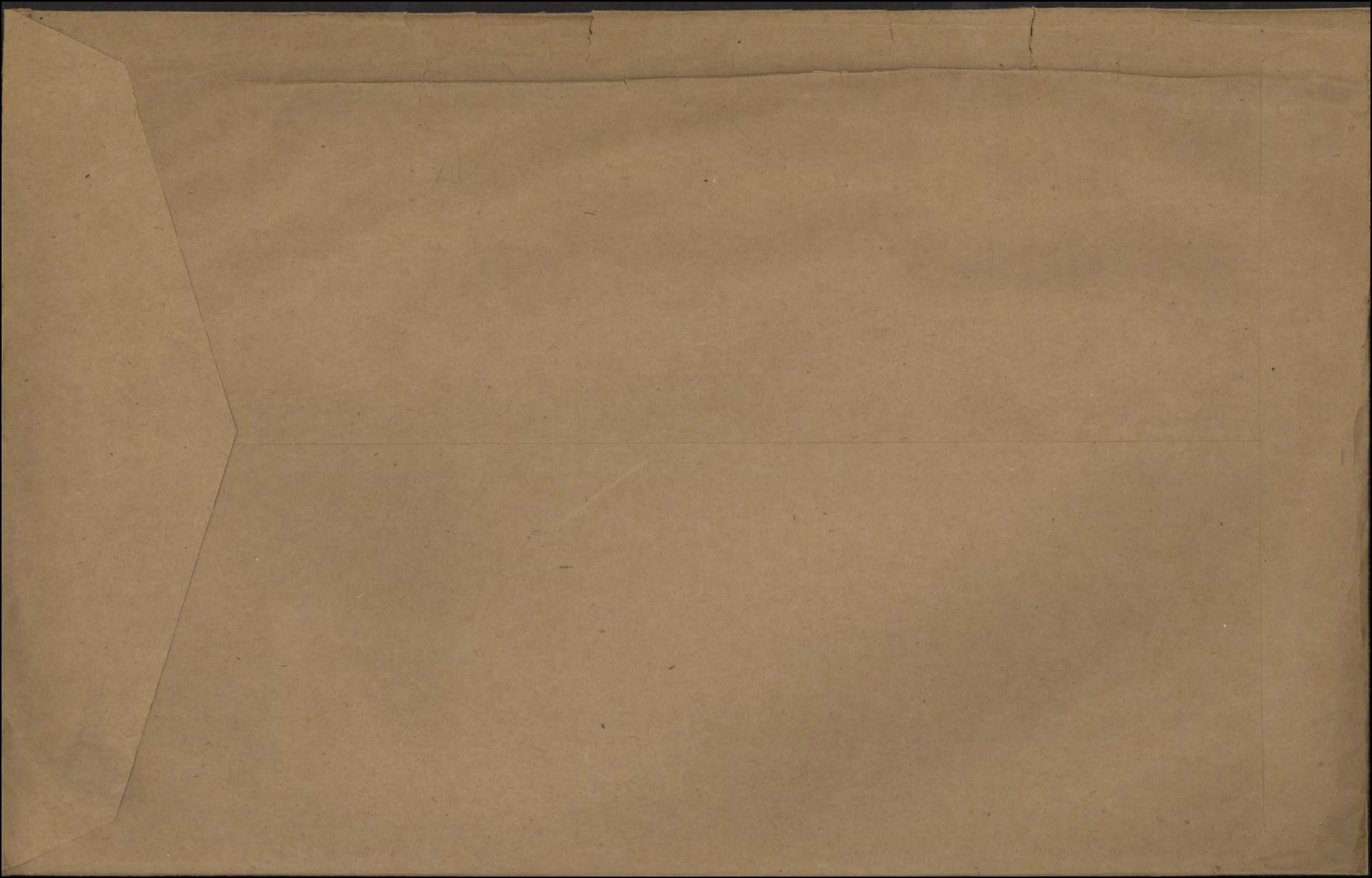
14504

*M-t 23/12-9A*



*Pay last*  
*1/20/16*















Surname *Sawton* Christian Name or Names *C.* Reg. No. *91785*  
 Rank *Env.* Unit *97<sup>th</sup> Can. S. Art.* Co. Troop Batty.  
 Hospital Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

- (1) Later Diagnosis (if changed)
- (2)
- (3)

Additional Diagnosis: if more than one state present

*Killed in Action 31-7-16*

DISPOSITION

Date

REMARKS

*62.10-8-16<sup>711</sup>*

*Rpt. from Base*

A.M.D. 2 DEPT.  
 Bch. of D.G.M.S. O.M.F.C. London.

*R*

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



SURNAME.

Lawton - (649-L-2444)

CARD NO.

D  
FOLL.

CHRISTIAN NAMES

Caleb

REGL. No. 91785

RANK

Gnr.

UNIT

~~401~~ 97<sup>th</sup> Bty Siege Art.

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Lawton, Joseph William

RELATIONSHIP TO SOLDIER

P.M.S.

ADDRESS

~~35 Sebastopol St, Montreal,  
180 Congregation St P.Q.~~

Auth. L. 8-12-14

COUNTRY OF BIRTH

(File) Canada Montreal, P.Q.

DATE

PLACE OF ATTESTATION

Montreal, P.Q.

DATE

July 2<sup>nd</sup> 1915



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



NAME *Lawton Caleb.*

H. Q. FILE No. 649-

REG'T L. No. *917.8.5.*

RANK AND CORPS

*Gnr.*

*97<sup>th</sup> Siege Batt.*

CABLE

NO.

DATE

NATURE OF CASUALTY

*M. 10968 9-8-16*

*Killed in action July 31<sup>st</sup> 1916*

*A. F. B. 2090a*

*Killed in action 31 - 7-16.*

*Rouen 7-8-16:*



LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
all.	Rep from Base	31-7-16	Killed in action



Name **LAWTON, Caleb.** Rank **Gnr.** Reg. No. **91785.**

Unit **97th. Battery, Can. Siege Artillery.**

Next of Kin **Canada.** **25-L-796.**

Date <b>1916.</b>	Movement	Place	Casualty	List No.	Notified N/K. O.	W.O. List
<b>31-7.</b>	<b>Reported from Base KILLED IN ACTION.</b>			<b>All.</b>	<b>M10968.</b>	







JCH

B  
V

Number..... 91785 ..... Rank..... *Yms.*

Surname..... *LAWTON*

Christian Name..... *Caleb*

Unit..... *C. Y. A.* Theatre of war..... *France*

Date of Service..... *14/6/16*

Remarks..... *Letter*

Latest address..... *Mr. Joseph W. Lawton  
18's Congregation St.*

Roll No. *B. Page # 90 St. Charles  
Montreal, Que.*



b. a 9619 *Wasp* MAY 2 3 1921



649-I-2444

✓ ✓ ✓ *hurr.*  
LAWTON, Caleb No. 92785 (~~Pte~~) 97th ~~B.~~ *Batty*

Medals and Decorations (Father) Joseph W. Lawton, Esq. ✓  
180 Congregation St.,  
Pte. St. Charles  
Montreal, Que.

Scroll Desp. *FEB 14 1921* Reqn No. *2. 19236*

Plaque Desp. *SEP 17 1921* Reqn No. *7582*

Plaques and Scroll (Father) Joseph W. Lawton, Esq.,  
address as above. ✓

*(Serial no. 780478.)*

Memorial Cross. (Mother) Mrs. M.E. Lawton,  
address as above.

*not eligible for 14-15 Star*

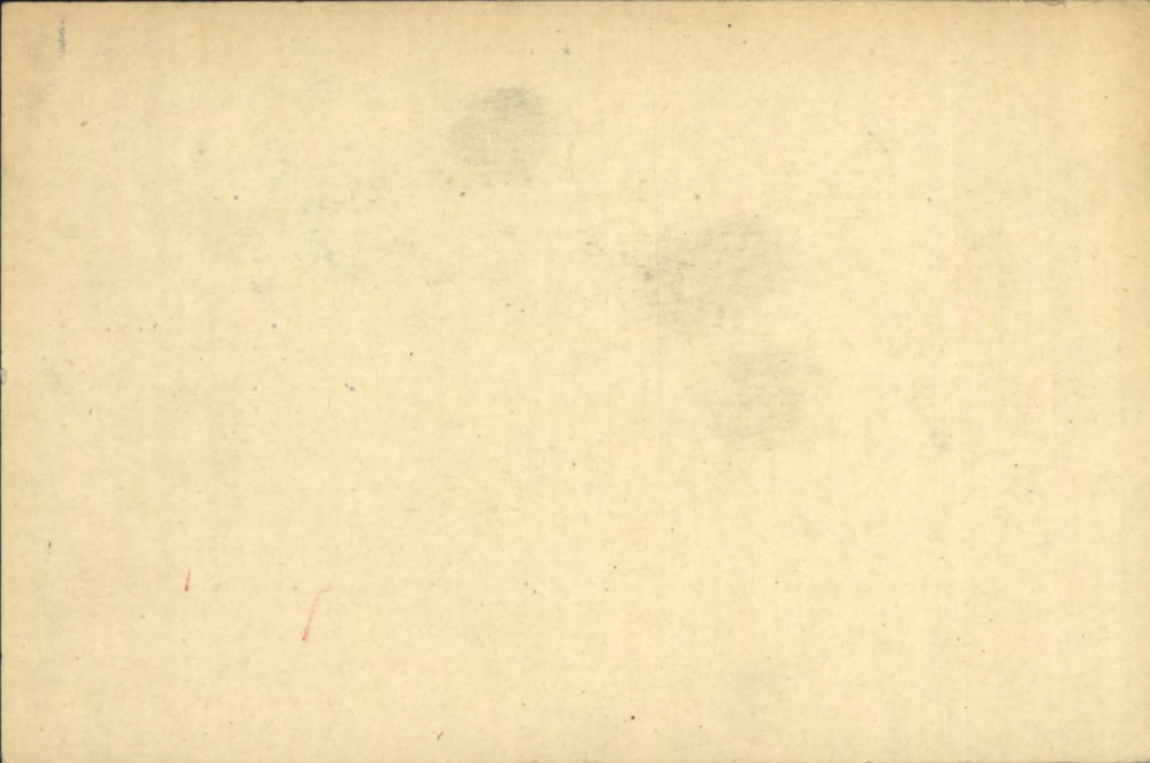
*E - " " N.M*

*E - " " B.W.M. Desp. 7/2/20 (m) C. 35021.*

*40658*

*R.R.*







No. 91785 RANK Pte.

NAME Laurton. Caleb.

T. O. S. 2-7-15  
aug. pay list.

UNIT # 1 Heavy Battery Depot (Montreal Detachment)

M. D. 6

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1915 aug 1	1915 Aug 31	✓		
	Sept.	✓		
	Oct.	✓		
	Nov.	✓		







# ORIGINAL.

## MEDICAL HISTORY SHEET.

Surname Lawton Christian Name Caleb

<p>Examined { on <u>2<sup>nd</sup></u> day of <u>July</u> 191<u>5</u>                  at <u>Montreal</u></p> <p>Birthplace { City or Town <u>Montreal</u>                  County <u>Quebec</u></p> <p>Apparent age <u>19</u></p> <p>Trade or occupation <u>Blacksmith asst</u></p> <p>Height <u>5</u> Feet <u>7 1/2</u> Inches.</p> <p>Weight <u>135</u> Lbs.</p> <p>Chest measurement { Minimum <u>32 1/2</u> inches.                  Maximum expansion <u>34 3/4</u> inches.</p> <p>Physical development <u>Good</u></p> <p>Small-Pox Marks</p> <p>Vaccination Marks { Arm Right Left                  Number <u>1</u></p> <p>When Vaccinated last</p> <p>(a) Marks indicating congenital peculiarities or previous disease</p> <p>(b) Slight defects but not sufficient to cause rejection</p>	<p>Approved by <u>[Signature]</u>                  Rank <u>Capt. A.M.C.</u> M.O.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Fit or Unfit</th> <th>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> <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> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Result</th> <th>VACCINATIONS.</th> </tr> </thead> <tbody> <tr> <td><u>28/2/16</u></td> <td><u>Good</u></td> <td><u>W. H. Fobbie</u></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> <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> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Result</th> <th>ANTI-TYPHOID INOCULATIONS, ETC.</th> </tr> </thead> <tbody> <tr> <td><u>21 7/15</u></td> <td><u>Good</u></td> <td><u>[Signature]</u></td> </tr> <tr> <td><u>30 7/15</u></td> <td><u>Good</u></td> <td><u>[Signature]</u></td> </tr> <tr> <td><u>25 9-15</u></td> <td><u>Good</u></td> <td><u>[Signature]</u></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> <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>	Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,																																											Date	Result	VACCINATIONS.	<u>28/2/16</u>	<u>Good</u>	<u>W. H. Fobbie</u>																																								Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	<u>21 7/15</u>	<u>Good</u>	<u>[Signature]</u>	<u>30 7/15</u>	<u>Good</u>	<u>[Signature]</u>	<u>25 9-15</u>	<u>Good</u>	<u>[Signature]</u>																																				
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Enlisted on    day of    191   at   

	CORPS.	REG'T NUMBER.	RANK.	DATE.
Joined on enlistment	<u>97<sup>th</sup> Regt Bay of Artillery</u>	<u>91785</u>		
Transferred to.. ..				

**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.

M. F. B. 313.  
 100M.—5-16.  
 H. Q. 1772-89-439.







## Casualty Form—Active Service.

CERTIFIED CORRECT.

Canadian Record Office,  
Westminster House,  
7, Millbank, S.W.

Regiment or Corps

97th Canadian Siege Battery

Regimental No. 91785

Rank

Gunner

Name

Lawson, Ralph

Enlisted (a)

2/4/15

Terms of Service (a)

Duration of  
wa

Service reckons from (a)

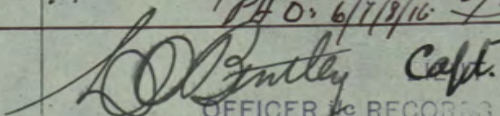
2/4/15

Date of promotion  
to present rankDate of appointment  
to lance rankNumerical position on  
roll of N.C.Os.

Extended

Re-engaged

Qualification (b)

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				
		Arrived in England Embarked for France.		30-11-15 14 JUN 1916	ss. Saxonia
1/8/16	DC unit	Killed in Action	Field	31-7-16	Autty GC Unit. Letter dated 1/8/16. Ref file 137/700/deleted PHO. 6/7/16. 5/8-16
 OFFICER IN CHARGE CANADIAN SECTION C.H.Q. 3RD ECHELON					

(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.]



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				
<del> </del>					



Rank **Gnr** Name **LAWTON Caleb**

*✓* *Gnr 97 Sp. Art*  
Reg'l No. **91785** R-122.

Unit **97th Bty Siege Arty** If in perm. Corps, } **Single**  
What Unit? } Married or Single

Place and Date of Enlistment **Montreal, 2 July 1915.** Place of Birth **Montreal, Que**

Name and Address, Next-of-Kin **Mr Joseph Wm Lawton**  
**No.30 Sebastopol St, Montreal, Quebec** Relationship *✓*

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

*M-X*  
*23-12-20*  
*R.R*

Discharge, Date and Place Reason 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				
		<i>Arrived in England</i>		<i>30 NOV 1915</i>	<i>S.S. Saponia</i>
<i>7-8-16</i>	<i>99th S Batty</i>	<i>Embarked for France.</i>	<i>1.4 JUN 1916</i>	<i>31/7/16</i>	<i>A.F.B. 103 CKD. 14-7-16</i>
<i>10-8-16</i>	<i>97th S Batty</i>	<i>KILLED IN ACTION 505</i>	<i>Field</i>	<i>31-7-16</i>	<i>62. # A11.</i>







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MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

2nd Contingent

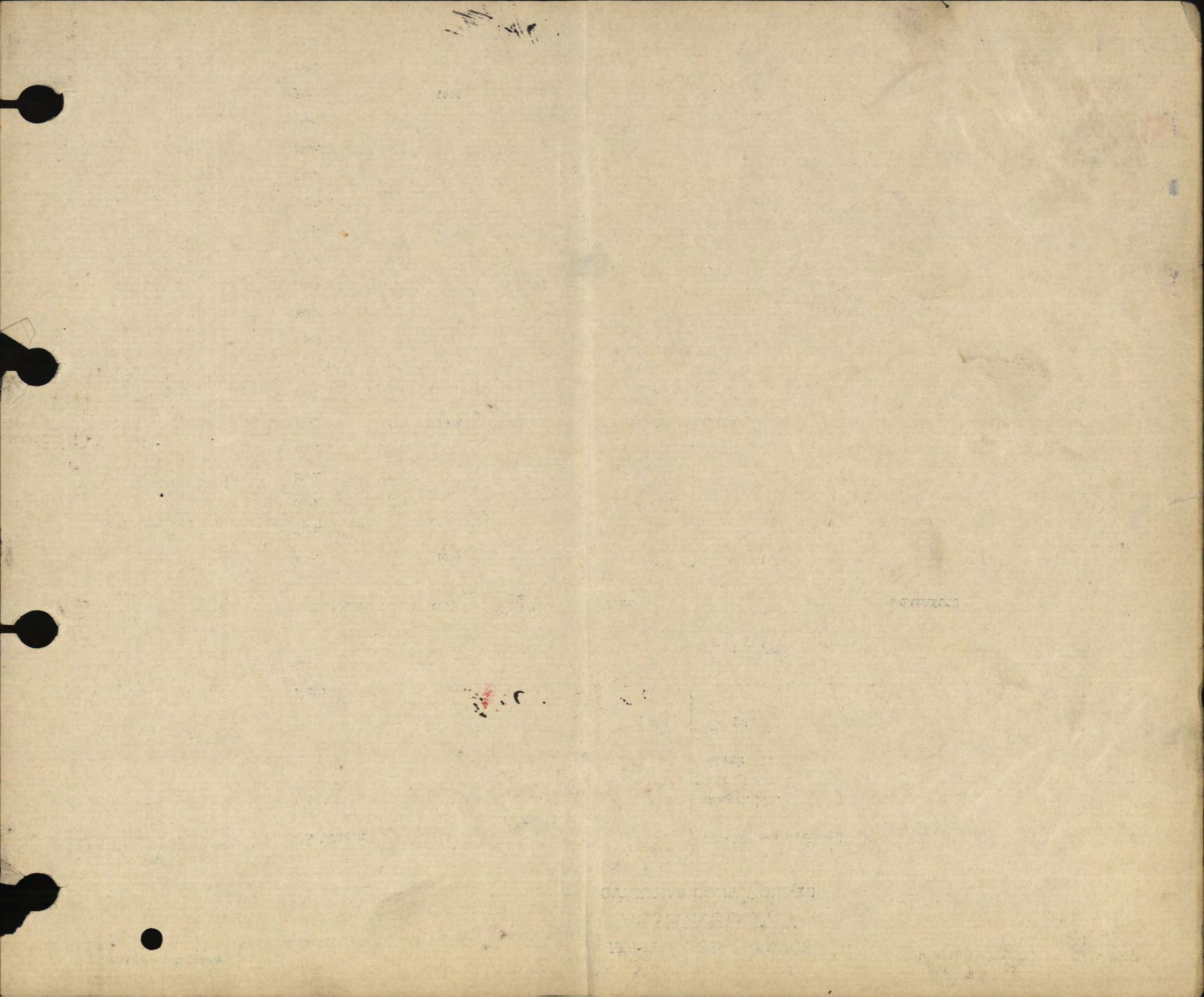
To Whom *Mrs. Lawton,*  
Address *30 Sebastopol St.,  
Montreal, Que.*By Whom Assigned *Lawton, C*Regtl. No. *91185*Rank *Enr.*Corps *No: 1 Batt'y, Siege Artillery, C. E. F.*Rate *\$20<sup>00</sup>*

DEC 1-1915

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 1px solid black; padding: 10px; display: inline-block;">Casualties</div>  <i>Killed in action July 31<sup>st</sup> 16</i> <i>C.E.F. 9-8-16</i> <i>oef</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		<i>K6339</i>	<i>20</i>	
Jan.	1916	<i>P13286</i>	<i>20</i>	
Feb.		<i>Q14449</i>	<i>20</i>	
March		<i>R14673</i>	<i>20</i>	







MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

227 M. F. W. 12a.  
 60m.-12-15.  
 1772-39-819.

Sheet No. 2. Mrs. Lawton

Name of Soldier Lawton. G.  
91785 1st Battery

L. L. Job 8902.—Req. 6213.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
				20 <sup>00</sup>
April	1916	Y 183	<del>20</del> <sup>20</sup>	Casualties
May		23097	20 -	
June		A 3619	20 -	
July		210175	20	
Aug.		<del>Y 14865</del>	<del>20</del>	<del>Account closed - cas.</del> Also 3 <sup>rd</sup> Aug 28/16 (Killed in Action) now 160. <sup>00</sup> of P.X. 24-1-12 pm
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier.....

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.				



Rank **Gnr** Name **LAWTON Caleb**

Reg'l No. **91785**

Unit **97th Bty Siege Arty** If in perm. Corps, }  
What Unit? }

Married or Single **Single**

Place and Date of Enlistment **Montreal, 2 July 1915.**

Place of Birth **Montreal, Que**

Name and Address, Next-of-Kin **Mr Joseph Wm Lawton**  
**No.30 Sebastopol St, Montreal, Quebec**

Relationship

Assigned Pay Monthly \$ **20<sup>00</sup>**

Payable to *Mr Lawton 30 Sebastopol St Montreal P.Q.*

Relationship

Separation Allowance

Payable to

Relationship

Discharge, Date and Place **31-7-16.**

Reason *K in A*. Character



Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher No. Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amo	No. of Days	Rate	Amount									
	Nov 30/15							70	10						10	<i>L.L. Clothing Co.</i>
	1 Dec 31	31	1 <sup>00</sup>	31	31	10	3 10		34 10		53 26	20		43 36	74	
	1 Jan 31	31	1 <sup>00</sup>	31	31	10	3 10		34 10		9 98	20		29 98	486	
	1 Feb 29	29	1 <sup>00</sup>	29	29	10	2 91		31 91		7 79	20		27 79	8 97	
	1 Mar 31	31	1	31	31	10	3 10		34 10		9 98	20		29 98	13 09	
					122		12 20	10	144 20		51 18	80		131 18	13 09	<i>An. Bal.</i> <i>Settled</i>

*Checked*

**CASH FOUND IN  
EFFECTS \$ 15<sup>90</sup>**

**BALANCE TRANSFERRED TO NEW LEDGER.**

Statement  
**NOV 23 1916**  
Account rendered



