

ATTESTATION PAPER.

108554
No. 3723
Folio. ✓

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS).

1. What is your name? St. Lawrence, Alfred. Laurence
 2. In what Town, Township or Parish, and in what Country were you born? Co. of Gaspé, Quebec, P.Q.
 3. What is the name of your next-of-kin? Mrs. D. St. Lawrence
 4. What is the address of your next-of-kin? 8 Mill St, Winchendon, Mass. U.S.A.
 5. What is the date of your birth? 10th. Oct. 1885
 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?
If so, state particulars of former Service. 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
- A. St. Lawrence (Signature of Man).
Frank A. Roberts (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, A. St. Lawrence, 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.

A. St. Lawrence (Signature of Recruit)
Date 1st May 1914 5 Frank A. Roberts (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, A. St. 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.

A. St. Lawrence (Signature of Recruit)
Date 1st May 1914 5 Frank A. Roberts (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 Medicine Hat, Alta. this 1st day of May 1914 5

H. H. Oakes J. P. (Signature of Justice)

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

H. H. Oakes capt (Approving Officer)

teeth must be fixed

Description of alfred A. Lawrence on Enlistment.

Apparent Age 29 years 6 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 1/2 ins.

Chest measurement { Girth when fully expanded 37 1/2 ins.
Range of expansion 3 1/2 ins.

Complexion Dark

Eyes Brown

Hair Dark Brown

Religious denominations. { Church of England.....
Presbyterian.....
Wesleyan.....
Baptist or Congregationalist.....
Other Protestants.....
(Denomination to be stated.)
Roman Catholic..... x
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 May 1st 1915

W. J. [Signature]

Place Medicine Hat

Capt.

Medical Officer.

*Insert here "fit" or "unfit." alla

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.

A. S. 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)

Date 1st May 1915

L. Col.

REGIMENTAL DOCUMENTS

NAME St Lawrence Alfred

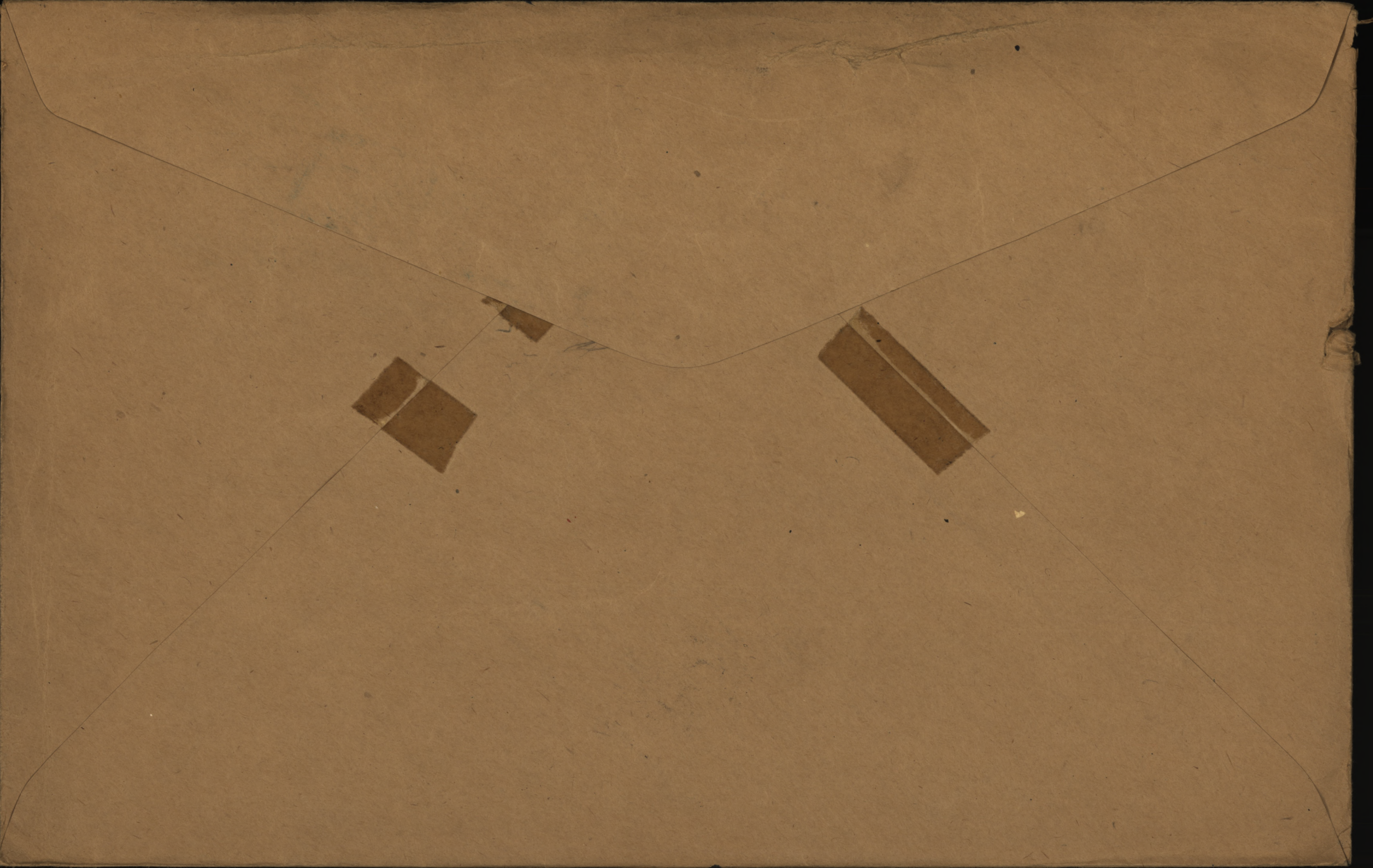
REGT. NO. 108557 UNIT _____

H. Q. FILE NO. _____

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3 S ATTESTATION PAPER (M.F.W. 23, 133, or 51)		M			DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				00767	
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					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)					
3 Misc log with cord 1 P122		H			(1) 18-19 18-19 3-20 1

M + 27-11-20
R.K.

P. m. A.



Surname

Christian Name or Names

Reg. No.

St. Lawrence *A*

Rank

Unit

Co.

Troop

Batty.

108554

Pte

1 C.M.R.

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

Killed in Action 29.3.16

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION

Date

6.2.8.16 #2135

REMARKS

*Reported from Base
29.3.16*

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

FD

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Name ^{St.} Lawrence. A. ^{fred} Rank Pte.

Reg. No. 108557

Unit 1st. Batt. C.M.R.

Next of Kin U.S.A.

FILE

25-5-738.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916.						
Mar. 29	KILLED IN ACTION. Rep. on Base Sheet No. 99 dated April 4th. 1916)			A 135	4999 7/14 7/14	No. 16 12/4
	Burial Rep. on D.C.I. 141- 4/17.6.16.					

St Lawrence.

Sgt on A.P.

HAQ

~~ST. LAURENT~~, Pte. A. #108557. 1st CMR. 649-S-2304.

Medals and
Decorations

Lawrence.
Mrs. N.D. St. ~~Laurent~~, (M)
37 Pond St.,
St. Nichendon, Mass., U.S.A.

M

Plaque and
Scroll

" "

Memorial
Cross

" "

(Ser. # 754127)

Eligible for 14-15 Star Pte. 3rd. C.M.R.

E.. .. V.M. *243733*

E.. .. B.W.M. *MAY 20 1922* *P38338*

R.R.

M 6.34764 DEC 4 1920

849

has
only
Number

108557

Rank

Pte.

Surname

S^{T.} LAWRENCE

Christian Name

Alfred

Units

3C.M.R.

Theatre of War

France

Date of Service

22-9-15.

Remarks

I. mottu

Latest Address

Mrs H. L. St. Lawrence
37 Pond St.

Roll No

St. Nicholas, Mass

U. S. A.

B.
Page 9308

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date _____ Remarks _____

DESP. DEC 2 1911
REGN. NO. 1270

*—Name will be given in full; surname first.

649-8-2304.

CARD NO.

SURNAME.

St Lawrence.

CHRISTIAN NAMES

Alfred.

REGL. No.

108557.

RANK

Pvt.

UNIT

3rd C.M.R.

FORMER CORPS

nil

FOLL.

D

CHANGE OF ADDRESS

NAME

St. Lawrence Mrs. H

RELATIONSHIP TO SOLDIER

ADDRESS

37 Pond St. Winchendon
Mass. U. S. A.

37 Pond St
Winchendon

24-21-38-1-18-12-17.

COUNTRY OF BIRTH

Canada Quebec, P. Q.

DATE

Oct. 10th 1885

PLACE OF ATTESTATION

Medicine Hat, Alta.

DATE

May 1st 1915

9/8.12.6.15

From Montreal

S. 'Meyantio' 12-6-15.

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Roman Catholic.

DESCRIPTION.

APPARENT AGE

29

YEARS

MONTHS

HEIGHT

5

FEET

8 $\frac{1}{2}$

INCHES

CHEST MEASUREMENT

37 $\frac{1}{2}$

INCHES

EXPANSION

3 $\frac{1}{2}$

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Dark brown

DISTINGUISHING MARKS

not stated,

MEDICAL EXAMINATION.

PLACE

Medicine Hat, Alta.

DATE

May 1st, 1915.

Present Address. not stated,

REGT'L NO 108557NAME St. Lawrence, Alfred

H. Q. FILE NO. 649-

RANK AND CORPS Pte 1st C.M.R.

FOLLOWS

No. 16 X

CABLE

NATURE OF CASUALTY (form. 3rd C.M.P.)

FOLLOWS

No. DATE

No.	DATE	NATURE OF CASUALTY
M4999	7-4-16	Killed in action, March 29th.
A. F. B.	2090A	Killed in action. 29-3-16
Rouen.	7-4-16	

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

A135 Rep. from Base.

Killed in action.
29-3-16

FILE NO. 649-S-2304.

NAME Pte. A. St. Lawrence. NO. 108557. BATT. 1st C. M.R.

DATE DISTRIBUTED May 28th, 1917

AMOUNT

RELATIONSHIP OF BENEFICIARIES

WILL

DOMICILE

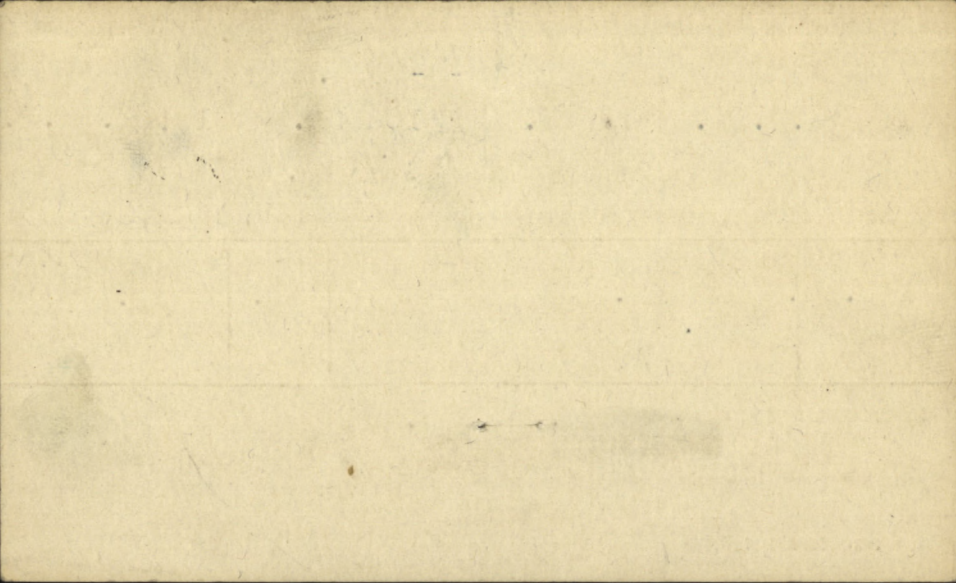
149.59.

Mother.

No.

Mass.

PERSONAL EFFECTS SENT



FILE NO. 649-S-2304

NAME Pte. Alfred St. Laurent. NO. 108557 BATT. 1st. C.M.R.

DATE DISTRIBUTED 13.4.17 191.....

AMOUNT

RELATIONSHIP OF BENEFICIARIES

WILL

DOMICILE

21.37

Mother

No

Mass.

PERSONAL EFFECTS SENT

13.417

MEDICAL HISTORY SHEET.

Surname St. Lawrence Christian Name Alfred

Examined { on <u>1</u> day of <u>May</u> 191 <u>5</u> at <u>Med. Hat</u> Birthplace { City or Town <u>Caspe</u> County <u>Quebec, Can.</u> Apparent age <u>29</u> Trade or occupation <u>Labourer</u> Height <u>5</u> Feet <u>8 1/2</u> Inches. Weight _____ Lbs. Chest measurement { Minimum <u>37 1/2</u> inches. { Maximum expansion _____ inches Physical development _____ Small-Pox Marks _____ Vaccination Marks { Arm <u>Right</u> <u>Left</u> { Number _____ When Vaccinated last <u>16/6/15</u> (a) Marks indicating congenital peculiarities or previous disease _____ (b) Slight defects but not sufficient to cause rejection _____		Approved by <u>H. Orr</u> Rank <u>Capt.</u> M.O. _____	
	Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
	Date	Result	VACCINATIONS.
			M.O.
			M.O.
			M.O.
	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
			M.O.
			M.O.
			M.O.

Enlisted on 1 day of May 1915 at Med. Hat.

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment		<u>108557</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.

Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from : whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
1	1										
2	2										
3	3										
4	4										
5	5										
6	6										
7	7										
8	8										
9	9										
10	10										
11	11										
12	12										
13	13										
14	14										
15	15										
16	16										
17	17										
18	18										
19	19										
20	20										
21	21										
22	22										
23	23										
24	24										
25	25										
26	26										
27	27										
28	28										
29	29										
30	30										
31	31										

1088201

11/10/11

Casualty Form—Active Service.

Regiment or Corps 3rd C. M. R. REGT.

Regimental No. ¹⁰⁸⁵⁵⁷3423 Rank Pte Name Alfred S. Lawrence

Enlisted (a) 1/5/15 Terms of Service (a) DURATION OF WAR Service reckons from (a) 1/5/15

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) _____

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				
			LANDED IN FRANCE	22.9.15	
19-12-15	War Office	Transferred to 1st. Batt: C.M.Rs on re-organisation	Field	27/1/16	121/Overseas/1322 (S.O.2)d/19/12/15.
-do	do	Taken on strength	do	3-1-16	do
1. 4. 16	oc unit	Killed in action	Field	29.3.16	Tele R.C 455 1/4/16 CR. 137/chr/1/16 R.S.
7. 4. 16	A.A.G.	Struck off strength of Batt	do	29.3.16	Doc 99. 4/4/16 P II 15 7.4.16

Blomstone
Lieut.
For Lieut. Col. A.A.G.

(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.]

Rank Name ST. LAWRENCE, Alfred

6 57
Reg'l No. 108564

R-122.

Unit 3rd C.M.R.

If in perm. Corps,
What Unit?

Married or Single Single

Place and Date of Enlistment Medicine Hat, 1st May, 1915

Place of Birth Co. of Gaspé,
Quebec, P.Q.

Name and Address, Next-of-Kin Mrs. D. St. Lawrence, ~~8 Mill St.,~~
87 Pond Street
Winchendon, Mass., U.S.A. (R 429 6/3/16) Relationship

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

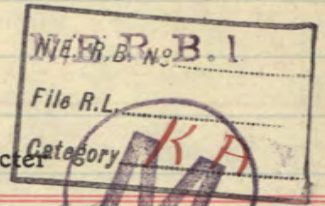
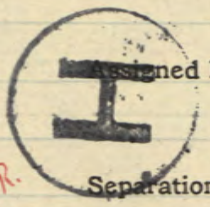
Relationship

Discharge, Date and Place In the Field 29.3.16.

Reason K. A.

Character Category

M.T.
27-11-20
R.R.



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				
		Embarked for France.		2 SEP 1915	
15. 1. 16	3rd C.M.R.	Trans? to 1st Bu C.M.R.	France	2.1.16	R 20 #3
8. 4. 16.	1st C.M.R.	KILLED IN ACTION.	Field		
		Reported from Base		29.3.16	CL. A 135 O.N.
7. 4. 16	1st C.M.R.	Killed in action		29.3.16	PT D.O. # 15.

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				
H 5	Geraldine Geraldine				
	Geraldine				

Rank *1st* Name **ST. LAWRENCE, Alfred** ✓ Reg'l No. 10856497 P-56

Unit ~~3rd~~ **C.M.R.** If in perm. Corps, What Unit? Married or Single **Single**

Place and Date of Enlistment **Medicine Hat, 1st May, 1915** Place of Birth **Co. of Gaspé, Quebec, P.Q.**

Name and Address, Next-of-Kin **Mrs. D. St. Lawrence, 8 Mill St. 34 Pond St. Winchendon, Mass., U.S.A.** Relationship

Assigned Pay Monthly \$ Payable to *X* Relationship

Separation Allowance \$ Payable to Relationship



Discharge, Date and Place **Killed in Action** Reason **2/3/16 D.O.R. 1/4 April 7/16** Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
1.7.15	31.7.15	31	1	31	31	10	310	10	4410			3250			3250	1160	Clothing
									87	87						1247	
1.8.15	31.8.15	31	1	31	31	10	310		3410			2920			2920	1737	
1.9.15	30.9.15	30	1	30	30	10	300		33			943			943	14064	
1.10.15	31.10.15	31	1	31	31	10	310		3410			522			522	6952	
1.11.15	30	30	1	30	30	10	300		33			529			529	9423	
1.12.15	31	31	1	31	31	10	310		3410			1654			1654	11446	
Jan 1916	31	31	1	31	31	10	310		3410			523			523	14363	1-2-16.
Feb 1916	29	29		29	29		290	1087	3190			523			523	19036	
Mar 1916	29	29		29	29		290		3190			5261			5261	12959	Killed in action 2/3/16

Bal on left to N. L. Beck 119.59 *Trans to M. E. Beck*

MONTH PARTICULARS CR.1 CR.2 PARTICULARS DR.1 DR.2 DR.3 DR.4 BALANCE SEP. ALLG. PAY END.

1918 June
Order to pay H. O. Passed to Estates Branch 4/19/19
This Cr. Balance of \$149.59 transferred to Estates Branch 2/1/19
Branch + distributed. Bal Balance
to be listed in Estates Branch.
Lead 2/3/16

Cash found in effects *nr.*

Statement of JUL 28 1918 Account rendered

WILL

in the event of my
Death I give Whole and
property and effects
to my Mother

Mrs St Lawrence
Winchendon Mass
No 8 Mill St.
U. S. A.

Sept 21 / 1915
Pte Alfred St Lawrence
No 108557
"A" Squad 3 C.M.R.

108557. A. St Lawrence.
A. Sqon
3rd C.M.R.

