

REGIMENTAL DOCUMENTS

NAME *AMUNDSEN. Lauritz*

REGT. NO. *439 256*

UNIT

H. Q. FILE NO.

7544

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

**M. F. W. 2505
REFERENCE**

NON-EFFECTIVE BY

4 ATTESTATION PAPER (M.F.W. 23, 133, or 51) *4*
/ CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
/ TRAINING HISTORY SHEET (M.F.W. 113) *Asheet*
/ FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) *1*
/ REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120) *1*
 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) *1*
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) *2*
 DENTAL HISTORY SHEET (M.F.B. 465)
 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)
 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)
Pay sheet
5 misc cards

M

H

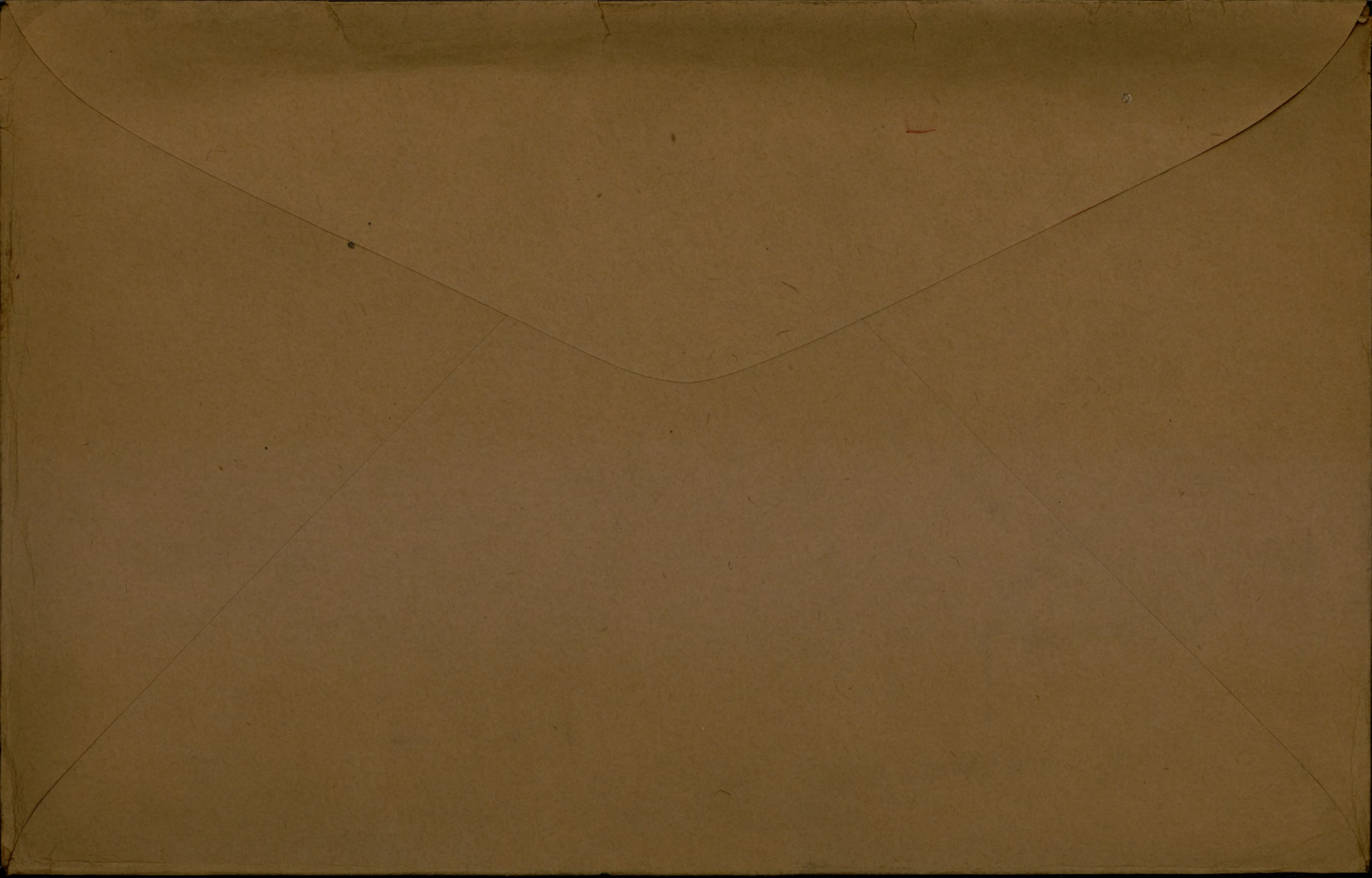
DEATH

Category
Killed in action
16. 9-16

DISCHARGE

Category

DESERTION



ORIGINAL
ATTESTATION PAPER

No. ORIGINAL

Folio. 439256

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS)

1. What is your name? Amundsen, Lauritz
2. In what Town, Township, or Parish, and in what Country were you born? Christiana, Norway
3. What is the name of your next-of-kin? Mr. M. Amundsen (Brother)
4. What is the address of your next-of-kin? Christiana, Norway
5. What is the date of your birth? 18 Nov. 1880
6. What is your trade or calling? Laborer
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

Lauritz Amundsen (Signature of Man.)
E. Field (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Amundsen, Lauritz, 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.

Lauritz Amundsen (Signature of Recruit.)
E. Field (Signature of Witness.)

Date MAY 25 1915 191 .

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Amundsen, Lauritz, 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.

Lauritz Amundsen (Signature of Recruit.)
E. Field (Signature of Witness.)

Date MAY 25 1915 191 .

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 Port Arthur this 25 day of May 191 .

A. W. Hay (Signature of Justice.)

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

A. W. Hay (Approving Officer.)

DESCRIPTION OF Amundsen Savitzky ON ENLISTMENT.

Apparent Age 34 years 0 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. 11 ins.

Chest measurement { Girth when fully expanded 40 ins.
 Range of expansion 2 ins.

Complexion Fair
 Eyes Blue
 Hair Brown

184 lbs.

Religious Denominations { Church of England
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Other Protestants Lutheran
(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 MAY 25 1915 1915.

Place Fort Arthur

G. W. Brown
 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

Amundsen

..... 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 MAY 25 1915 1915.

A. W. Kay (Signature of Officer.)

Man. R.D.

ORIGINAL

439256

MEDICAL HISTORY SHEET. ~~A39256~~

Surname Amundsen Christian Name Laurity

Examined { on 25 day of May 1915
 at Port Arthur
 Birthplace { City or Town Christiania
 County Norway
 Apparent age 34
 Trade or occupation Laborer
 Height 5 Feet 11 Inches.
 Weight 184 Lbs.
 Chest measurement { Minimum 38 inches
 Maximum expansion 40 inches
 Physical development good
 Small-Pox Marks -

Approved by W. H. Cullough
 Rank Capt M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left
 Number 3 1
 When Vaccinated last 1915
 (a) Marks indicating congenital peculiarities or previous disease -
 (b) Slight defects but not sufficient to cause rejection -

Date	Result	VACCINATIONS.
<u>1915</u>	<u>good</u>	<u>W. H. Cullough</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>7/5/15</u>	<u>Good</u>	<u>W. H. Cullough</u> M.O.
<u>19/5</u>		M.O.
<u>5/6</u>		M.O.

Enlisted on 25 day of May 1915 at Port Arthur

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>52nd I.B.</u>	<u>439256</u>		<u>25 May 15</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.

Army Form B. 103.
CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, MILLBANK, S.W.

Casualty Form—Active Service

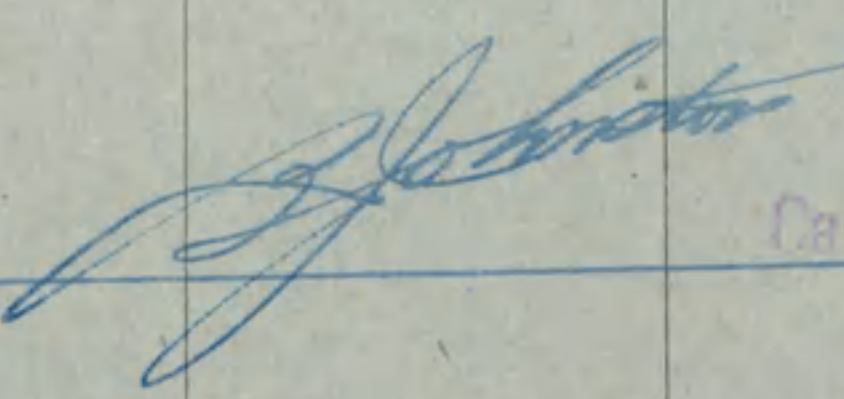
Regiment or Corps 52nd Can'dn Bn

Regimental No. 439356 Rank Pte Name Amundsen Lauritz

Enlisted (a) May 25 Terms of Service (a) mobilization Service reckons from (a) May 25/15

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				
			<u>handed in France</u>	<u>21/2/16</u>	
<u>23.9.16</u>	<u>O.C. 52nd C.Bn</u>	<u>Killed in action</u>	<u>EMBARKED FOR FRANCE</u>	<u>20 2 16</u>	<u>13144. C.M. 1844. P.M. 4.2.</u>
			<u>Fries</u>	<u>16.9.16</u>	<u>B213. = 43. d. 9. 10. 16.</u>
					<u>Lieut. for Lt.-Col., A. A. G.</u> <u>Canadian Section, G. H. O. 3rd Echelon.</u>

(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.]

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				

Rank Pte Name AMUNDSEN, Lauritz,

Reg'l No. 43956 ²

Unit 52nd Bn.

If in perm. Corps,
What Unit?

Married or Single Single

Place and Date of Enlistment Pt. Arthur, 25th May 1915.

Place of Birth Christiania,
Norway.

Name and Address, Next-of-Kin

~~Mr. M. Amundsen,~~ N/K LAURITZ. HOLT. (NEPHEW)

Christiania, Norway.

c/o. Consul General NORWAY

Relationship ~~Brother~~

Assigned Pay Monthly \$



Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E R D N? 9
File R.L.
Category K.A.

Discharge, Date and Place

Reason R.L. 25-A-693. Character

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 Embarked for France.		18 DEC 1915	
9.10.16	OC 52nd	Killed in Action	Field.	20.2.16. N.R. 16.9.16	P II 43. K.A.
13.10.16	" "	" "	" "	" "	C.L.A. 170. "

Rank **Pte**

Name **AMUNDSEN, Lauritz,**

Reg'l No. **43956**

Unit **52nd Bn.**

If in perm. Corps,
What Unit?

Married or Single **Single**

Place and Date of Enlistment **Pt. Arthur, 25th May 1915.**

Place of Birth **Christiania,
Norway.**

Name and Address, Next-of-Kin **Mr M. Amundsen,**

Christiania, Norway.

Relationship **Brother**

Assigned Pay Monthly \$

Payable to

Entered on N.E. Card index...

Separation Allowance

Payable to

Relationship

Checked T.J. Williams

Discharge, Date and Place **16-9-16**

Reason **King's**

Character **13/10/16**

Date		No. of Days	PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To		Rate	Amo	No. of Days	Rate	Amount			No.	Date						
Dec 1	Dec 31	31	1 ⁰⁰	31 00	31	10	3 10	10 00	44 10	17 15-12 64 31-12	26 77 17 03			43 80	30	Clothing Credit	
Jan 1	Jan 31	31	1 ⁰⁰	31 00	31	10	3 10		34 10	111 159	14 60 9 73			24 33	10 07		
Feb. 1	Feb 29	29	1 ⁰⁰	29 00	29	10	2 90		81 90	205 25	7 30 2 61			9 91	32 06		
Mar 1	-31	31		31 -	31		3 10		34 10	64 94	7 61 7 61			5 77	60 94		
		122		122 ⁰⁰			12 ²⁰	10 ⁰⁰	144 ²⁰		83 ²⁶			83 ²⁶	60 ⁹⁴		

Statement of
Feb 17^d-17.
Account rendered

Cash found in
effects **No Rep**

BALANCE TRANSFERRED TO NEW LEAFLET

Checked *[Signature]*

[Signature]

Surname

Christian Name or Names

Reg. No.

Amundson

L Co.

439254

Rank

Unit

Troop

Batty

Pt

52 Batt

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1) Later Diagnosis (if changed)

Killed in Action

(2)

16.9.16

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

REMARKS

13-10-16 A176

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.

Name *Aamundsen* *Pawity* *PFE*
 Rank

Reg. No. 439,256

S.R.-25:Ar-693.

Unit *52nd Bath*Next of Kin *M^r. M. Aamundsen, Christiania, Norway.*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916 16-9	Killed in Action			A/ 140	12/ 10	O 2477

My. x Rtd. 4-9-20 Unclaimed.

In letter written on Sep 19/3/21

D.D. - - - - - Plague. 24/8/21. HC.

363

649-A-2360.

AMUNDSEN, Lauritz. 459256

Pte.

M

52nd Bn. 10151

Not Eligible for 1914-15 Star.

Medals & Decorations Mother Mrs. Eline Amundsen

*40 Consul General
for Norway.*

~~Dannevig Rd., No. 10,~~

~~Kristiania,~~

~~Norway.~~

M

P. & S.

Montreal, P.Q. AS above

Serial No. 791657

Memorial Cross

Scroll Desp.

MAR 21 1921

AS above Regn. No. 2. 30342

Desp JUN 5 1920 610373

AUG 30 1971 P4757

Redesp. 6 12/20

X995

JAS. 5/20



No. A39256 RANK Pte.
439256

NAME Amundsen, L.

T. O. S. 25-5-15 D.O. 59 UNIT 52nd Battalion, C. E. F.
26-5-15.

M. D. 10.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 May 20	1915 May 31	✓	Forfeits 2 dys. pay. a. w. l.	D.O. 1640 of 4-10-15. UNIT SAILED NOV 23 1915
June.		✓		
July.		✓		
Aug.		✓		
Sept.		✓		
Oct.		✓		
Nov.		✓		
Dec.		✓		
		X.		

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A, 70¹¹¹

Rep. from base

Killed in action 16-9-16

NAME

Amundsen Laurity

H. Q. FILE No. 649-

REGT'L. No. 439256

RANK AND CORPS

Pvt. 52nd Bn. V

CABLE

No.

DATE

NATURE OF CASUALTY

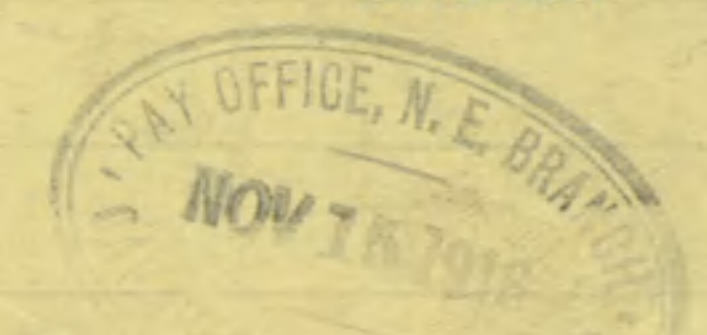
No.	DATE	NATURE OF CASUALTY
O 2777	13-10-16	Killed in action Sept 16 th 1916 ✓
R 2847	21-10-16	" " " " " " ✓
B2090a	9-10-16	" " " " " "
	Rowen	

MARRIED OR SINGLE *Single*
 PLACE OF BIRTH *Christiania, Norway*
 NAME AND ADDRESS OF NEXT OF KIN *W. H. Amundsen, Christiania, Norway*
 RELATIONSHIP OF NEXT OF KIN *Brother*
 NAME AND ADDRESS OF NEXT OF KIN
 RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Killed in Action</i>	<i>16/9/16</i>	<i>Ch 170 13/10/16</i>

REG'L No. *439256* RANK *Pt* NAME *Amundsen, Lauritz*
 IF IN PERM. CORPS WHAT UNIT UNIT *52nd Bn* TRANSFERRED TO *N.E. Br.* DATE *16/9/16* AUTHORITY *Ch 170*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
 PLACE OF ATTESTATION *Fort Arthur* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *25th May 1915* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
 DISCHARGE DATE AND PLACE *Shield 16/4/16* REASON AND AUTHORITY *Killed in Action 16/9/16 Ch 170*
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



RELATIONSHIP
Entered on N.E. Card Index
 Checked by *J. Williams*
 RELATIONSHIP

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
---------------	-----------------	----------	------------------

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE							
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT									
			\$	c.			\$	c.			\$	c.																			No.	DATE	No.	DATE	No.	DATE	No.
<i>Mar 31</i>															<i>144 20</i>																						
<i>1/4 30/4</i>	<i>30</i>	<i>100</i>	<i>30</i>	<i>00</i>	<i>30</i>	<i>10</i>	<i>3</i>	<i>00</i>							<i>33 00</i>	<i>135</i>	<i>15/4</i>	<i>176</i>	<i>30/4</i>					<i>261</i>	<i>261</i>												
<i>1/5 31/5</i>	<i>31</i>	<i>1</i>	<i>1</i>	<i>00</i>	<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>							<i>34 10</i>	<i>209</i>	<i>15/5</i>							<i>255</i>													
<i>1/6 30/6</i>	<i>30</i>	<i>1</i>	<i>0</i>	<i>00</i>	<i>30</i>	<i>10</i>	<i>3</i>	<i>00</i>							<i>33 00</i>		<i>275</i>	<i>15/6</i>							<i>5 11</i>		<i>05</i>	<i>5 10</i>	<i>148 16</i>								<i>Error in transferring April bal. into May 59</i>
<i>1/7 31/7</i>	<i>31</i>	<i>1</i>	<i>1</i>		<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>							<i>34 10</i>	<i>313</i>	<i>30/6</i>							<i>255</i>													
<i>1/8 31/8</i>	<i>31</i>	<i>1</i>	<i>31</i>		<i>31</i>		<i>3</i>	<i>10</i>							<i>34 10</i>	<i>109</i>	<i>31/8</i>	<i>475</i>	<i>15/8</i>					<i>5 23</i>	<i>2 61</i>			<i>15 68</i>	<i>198 13</i>								
<i>1/9 30/9</i>	<i>30</i>	<i>1</i>	<i>30</i>		<i>30</i>		<i>3</i>	<i>00</i>							<i>33 00</i>	<i>141</i>	<i>31/9</i>	<i>556</i>	<i>15/9</i>					<i>2 61</i>	<i>2 62</i>			<i>7 86</i>	<i>223 27</i>								
<i>1/10 31/10</i>															<i>345 50</i>	<i>502</i>	<i>31/10</i>							<i>2 62</i>				<i>15 40</i>	<i>207 87</i>								<i>Killed in Action 16/9/16</i>
																																					<i>14 day overpaid Sep 1/30 15.40</i>
																																					<i>207 87 Ch 10648 1/17 V156</i>

Check *M. Williams*

Cash found in effects *to Reg.*

Statement of *Feb 17-17*
 Account rendered

Small Ledger Sheet

