

LAWRENCE, RALPH MILES

O40930



C O P Y

89

"Officer in Charge, "Frobisher Cadets",  
Royal Naval College,

Dartmouth.

To

The Secretary,

Canada House.

I am pleased to inform you that Cadet R.M. Lawrence, R.C.N., has been awarded the King's Dirk for high qualities of influence and leadership. The entry here being what it is, I can assure you that the standard is no mean one, and Cadet Lawrence should prove to be a very capable young officer.

(Sgd.) Richard C. Pedder, Lieut. Comdr. R.N.



JOBL/JAT

N.S. 60-L-49

(Naval Service)

7th August, 1940.

83

Sir:

I am pleased to advise you that your son, Cadet R.M. Lawrence, has been awarded the King's Dirk.

This Dirk is presented by His Majesty to the Cadet showing the best all-round influence during the period he is under instruction in the training establishment.

I have noted his success with gratification.

Yours truly,

*John*

Rear-Admiral, R.C.N.,  
Chief of the Naval Staff.

Frederick B. Lawrence, Esq.,  
NASHWAAKSIS, N.B.

*FM*



JPP.

H.M.C.S. "SAGUENAY"

22nd. January,

40

27

Sir,

I have the honour to submit that my name may be forwarded as an applicant for a Cadetship in the Royal Canadian Navy.

I have been very keen on the Navy as a career since doing my first training period as a Cadet, R.C.N.V.R., in H.M.C.S. "SATADACONA" during the summer of 1938. I wanted to join the Royal Canadian Navy after completing two years at the Royal Military College in Kingston, but my parents desired that I graduate from that institution, which meant that I would then be over age for the Navy. When war was declared and it was made known that my class would not be able to finish its normal course at Royal Military College, I applied, with my parent's consent, for the Royal Canadian Navy with the view of proceeding to England in January, but my application did not go through, so I asked for an appointment to the Royal Canadian Naval Volunteer Reserve, on leaving Royal Military College in December, 1939.

I believe that I am still within the age limit for the entry of Officers to the Royal Canadian Navy, as my 20th. birthday is not until March 17th, 1940.

I have the honour to be,

Sir,

Your obedient servant,

*R.M. Lawrence*

(R.M. Lawrence)  
Acting Sub Lieutenant, R.C.N.V.R.

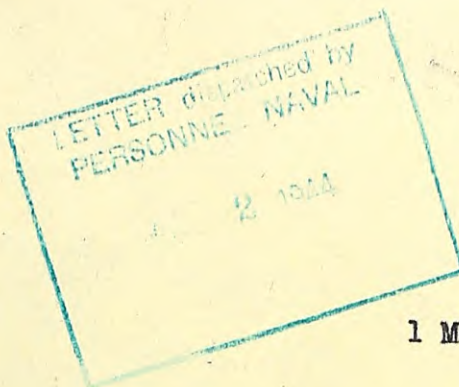
The Commanding Officer,  
H.M.C.S. "SAGUENAY"



TFH/JM

R E G I S T E R E D

N.S. O-40930 Pers.(N)



206

1 May, 1944.

Dear Mrs. Lawrence:




It is with deepest regret that I must confirm the telegram of the 1st of May, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Lieutenant Ralph Miles Lawrence, Royal Canadian Navy is missing from H.M.C.S. "Athabaskan".

According to the report received from overseas, your son's loss occurred when H.M.C.S. "Athabaskan" was torpedoed and sunk by enemy action on the 29th of April, 1944, in the English Channel. Further particulars of this Naval disaster are being published in the newspapers.

While Lieutenant Lawrence is reported as "missing", there is a possibility of his survival. It is understood that a number of the crew have been taken prisoners of war by the enemy. The Red Cross have been informed and are attempting to obtain from the German Government a list of those taken. Please be assured that as soon as any further information respecting your son has been received you will be informed.

Please allow me to express the sincere sympathy of the Minister of National Defence for Naval Services, the Chief of the Naval Staff and the Officers and men of the Royal Canadian Navy, the high traditions of which your son has helped to maintain.

Yours sincerely,

  
SECRETARY, NAVAL BOARD.  

Mrs. Frances B. Lawrence,  
NASHWAAKSIS, York Co.,  
N.B.



FORM C-3

# PROVINCE OF NEW BRUNSWICK—CERTIFICATE OF REGISTRATION OF DEATH

REG.  
No.

1. PLACE OF DEATH { Sub-Health District..... AT SEA ..... Area (City, Town or Civil Parish).....  
If in City, Town or Village..... Street..... House No.....  
(Name) (If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)  
(a) In City, Town or Civil Parish where death occurred..... (b) In Province..... (c) In Canada (if immigrant).....

3. NAME OF DECEASED..... LAWRENCE ..... Ralph Miles .....  
(Surname) (Given name or names)

RESIDENCE No..... Street..... City, Town, Village or Civil Parish New Brunswick ..... Province N.B. .....  
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>Male</u>	5. Nationality (Citizenship) <u>Canadian</u>	6. Racial Origin <u>British</u>	7. Single, Married, Widowed or Divorced (write the word) <u>Married</u>
-----------------------	---	------------------------------------	--

8. BIRTHPLACE..... New Brunswick .....  
(Province or Country)

9. DATE OF BIRTH..... March ..... 17 ..... 1920 .....  
(Month) (Day) (Year)

10. AGE in	Years	Months	Days	If less than one day old
	<u>24</u>	<u>1</u>		hrs. or min.

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Student  
12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. Royal Military College  
13. Date deceased last worked at this occupation..... 14. Total yrs. spent in this occupation.....

15. If married give name of wife or husband of deceased..... Mrs. Agnes C. Lawrence .....  
(Agnes Cumming Young Lawrence)

16. NAME.....

17. BIRTHPLACE..... Canada .....  
(Province or Country)

18. MAIDEN NAME.....

19. BIRTHPLACE..... N.B. .....  
(Province or Country)

20. Name of informant..... Paymaster Commander, R.C.N.R. .....  
Address..... NAVAL SERVICE HEADQUARTERS, Ottawa, Ont. .....  
Relationship to deceased..... Director of Personnel Records. .....

21. Place of Burial, Cremation or Removal..... No burial .....  
Date of burial or removal.....

22. UNDERTAKER.....  
(Name and address)

## MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH..... April ..... 29 ..... 1944 .....  
(Month) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from:  
..... 19..... to..... 19.....  
and last saw h..... alive on..... 19.....

## CAUSE OF DEATH

I  
Immediate cause (a) Missing, presumed dead, when H.M.C.S. "ATHABASKAN" was torpedoed and sunk by enemy action in the English Channel.  
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.  
due to  
Morbidity conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).  
(b).....  
(c).....  
II  
Other morbidity conditions (if important) contributing to death but not causally related to immediate cause. {

25. If a woman, was the death associated with pregnancy?.....

26. Was there a surgical operation?..... Date of operation..... 19.....  
State findings..... Was there an autopsy?.....

27. If death was due to external causes (violence) fill in also the following:—  
Accident, suicide or homicide?..... Date of injury..... 19.....  
(State which)  
Manner of injury..... (How sustained)  
Nature of injury.....  
Specify whether injury occurred in industry, in home, or in public place.....

Signed by..... M.D.  
Address..... Date..... 19.....

28. S.D.R. No.....

29. Filed..... 19.....  
(Sub-Deputy Registrar)

VITAL STATISTICS, REGULATION 210,

MAKES IT THE DUTY OF THE UNDERTAKER OR PERSON ACTING AS UNDERTAKER TO OBTAIN ALL THE PARTICULARS REQUIRED IN THE "CERTIFICATE OF REGISTRATION OF DEATH" AND TO FILE THE SAME WITH THE SUB-DEPUTY REGISTRAR WHO SHALL ISSUE THE BURIAL PERMIT. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

Every item of information should be carefully supplied. (See reverse side for instructions.)



FOR COMPLETION AND RETURN BY

1. Return to:  
Naval Estates Officer (Overseas) Form P. 64  
Canadian Naval Mission Overseas,  
Kings House, 10 Haymarket, London, S.W.1.  
Any further communication on this subject should  
be addressed to:—

Mrs. Ann Lawrence,  
Alderwood House, Kennishead Avenue,  
Thornliebank, Glasgow, Scotland.

THE ADMINISTRATOR OF ESTATES,  
DEPARTMENT OF NATIONAL DEFENCE,  
OTTAWA, ONTARIO

and the following number quoted:—

~~NO~~ C. S. - 9-40930

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

16th January 1945

For the purpose of record and in the event of there being any Service estate  
available for distribution (according to law) on account of the late

Lieutenant Ralph Miles LAWRENCE, R.C.N.

it is necessary that certain information regarding the deceased and his relatives should  
be furnished the Estates Branch. You are asked therefore to read the enclosed  
memorandum before completing pages 2 and 3 of this form. The particulars required  
are to be carefully filled in and the Declaration on page 4 should then be signed in the  
presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary  
Public or a Commissioned Officer of any of His Majesty's Forces who should be asked  
to complete and sign the Certificate. This form should then be returned to the above  
address.

If there is insufficient space for complete particulars to be given opposite any  
question on pages 2 and 3 of this form, the space under "additional remarks" on  
page 4 should be used.

It is requested that this Form may be completed as far as  
information is available and returned to Naval Estates Officer,  
c/o C.N.M.O., 10 Haymarket, London, S.W.1.

*J. H. Cleveland*

A/Paymaster Lieutenant Commander, RCNVR

for Director ~~Naval Estates~~ of Estates.



M.F.W. 77  
5M-1-44 (3371)  
H.Q. 1772-39-972



## ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ~~over~~  
had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	ANN LAWRENCE	22	ALDERWOOD HOUSE KENNISHEAD AVE THORNHIEBANK GLASGOW SCOTLAND
2	Children of the Deceased and dates of their Births.....	NONE		
3	Father of the Deceased.....	FREDRICK BYRON LAWRENCE		NASHWARRKISS YORK COUNTY, CANADA
4	Mother of the Deceased.....	FRANCIS LAWRENCE		NASHWARRKISS YORK COUNTY, CANADA
5	Brothers of the Deceased	Full Blood	PAUL BYRON LAWRENCE	NASHWARRKISS YORK COUNTY CANADA —
		Half Blood	—	
6	Sisters of the Deceased	Full Blood	—	
		Half Blood	—	
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
		—	—	



ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	RALPH MILLES LAWRENCE
9	Date of his birth.	14 MARCH 1920
10	Place and date of his marriage.	EASTWOOD PARISH CHURCH GLASGOW — 14 APRIL 1944
11	Place and date of his parents' marriage.	

PARTICULARS OF DOMICILE

12	Place where deceased was born.	
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) (c) (d)
14	Nature of employment before enlistment.	
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	YES
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	NO
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	BANK OF MONTREAL
20	Amount of War Savings Certificates held by deceased. Indicate where located.	NOT KNOWN
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	NOT KNOWN
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	NOT KNOWN
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	NOT KNOWN

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	NO
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	NO

(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)



## DECLARATION

\*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

\* Widow of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Ann Lawrence

{ Signature of Informant

Olderwood House, Kennished, Penge Address

## CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs. Ann

\*See above.

Lawrence { Name of informant } is the\* widow of the Deceased

above described, and I believe the above Declaration and the Statement of Relatives and of Particulars made by the Informant and signed in my presence to be complete and correct.

Dated at London England this 24<sup>th</sup> day of May 19 45

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

J. S. G. Cleveland

A/LIEUT. COMMANDER (S) RCNVR.

Qualification Commissioned Officer

Address Canadian Naval Mission Officers

10 Haymarket London SW1

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE



## VERIFICATION FORM

NAME IN FULL

RANK/RATING

OFF. NO.

SHIP	SERVICE			AREA	QUALIFYING PERIODS			
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC
	5-1-40							
Lagueray	5-1-40	14-2-40	40	atl				
Sheena	15-2-40	4-4-40	51	atl.				
Britanna	17-4-40	21-5-40	35	UK.				
Nelson	22-5-40	18-8-40	88	at				
Royal Sovereign	19-8-40	14-1-41	136	med of med at.				
Ambuscade	5-1-41	3-7-41	181	at				
Magna	4-7-41	19-10-41	106	at				
Nelson	20-10-41	4-6-42	226	at				
Excellent	5-6-42	9-9-42	94	UK				
Buxton	13-10-42	10-12-43	59	atl				
Mahe	11-12-42	3-2-43	54	UK				
Achabascar	4-2-43	29-4-44	451	atl.				
Dutch Dead 29-4-44								

VERIFIED BY

Roger Sequin

VERIFIED BY



VERIFICATION FORM

GN STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.  
NAVAL GENERAL SERVICE MEDAL (1915).

.....RANK/RATING ..... *Leut.* ..... OFF. NO. *0-40930* ..... ADDRESS .....

AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
							1939-45	1	Star
atl							ATLANTIC	1	Star
atl.							FRANCE G.		
UK.							AFRICA	1	Star
at							PACIFIC		
med of med at.							BURMA		
at							ITALY		
at							DEFENCE	1	meda
at							C.V.S.M.	2	clasp
UK							" CLASP		
atl							WAR 1945	1	meda
UK							WAR 1915		
atl.									
<u>Dead</u> 79-4-44							VERIFIED BY ..... <i>sl</i> .....		

DIR. OF PERSONNEL RECORDS.

DIR. OF PERSONNEL RECORDS.



DECEASED 29 April 1944

D.D.

P

DEPARTMENT OF VETERANS AFFAIRS

## AWARDS

(NAVY)

WAR SERVICE RECORDS

LAWRENCE Ralph Miles	0-40930	Lieut.	FILE No.	
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

### WAR SERVICE

#### BADGE

(CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star,	156 14/10/49
Atlantic Star,	
Africa Star,	
Defence Medal,	
C.V.S.M. & Clasp,	
War Medal.	

03-09038 M



P

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)



RCN Oct. 45 "Athabaskan"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON

JOHNSON (REMARIED)

ENTITLED TO ~~Mrs. Ann C. Y. Lawrence~~ -- Widow  
Alderwood House, Kennishead Ave,  
ADDRESS: Thornliebank,  
Glasgow, Scotland.

MEMORIAL BAR

DATE DESP

(2) MEMORIAL CROSS

WIDOW

Mrs. A. C. Lawrence  
Alderwood House  
Kennishead Avenue

ADDRESS: THORNLIEBANK, GLASGOW, Scotland

REGN. CANCELLED 258

(2)

19 February 1945

(3) MEMORIAL CROSS

MOTHER

Mrs. F. B. Lawrence

ADDRESS: NASHWAAKSIS  
York Co., N.B.

(3) 19 February 1945







1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

OFFICIAL NUMBER

NAME **LAWRENCE**  
(Surname)

**Ralph Miles**  
(Given Names)

OFFICIAL NUMBER

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Quoted		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Stadacona	Cadet	17	4	40	For passage to England and training in R.N.												
"	Cadet (E)		5	40													
HMS. Britannia	Midshipman	1	9	40													
" Nelson	"	14	9	40													
" Royal Sovereign	"	13	7	41													
" Ambuscade	"	16	9	41													
" Nigeria	"	8	12	41													
" Nelson	"	30	12	41													
" Excellent	"	4	5	42	add'l. for crses. 1027-1-10												
"	A/Sub. Lieut.	1	5	42	60-2.49												
Stadacona	"	10	9	42	Add'l for Foreign Service Leave.												
HMS Buxton	"	13	10	42	(Temporary).												
Stadacona	"				Add'l for passage to United Kingdom.												
Niobe-Athabaskan	"				on Comm												
Athabaskan	"																
Athabaskan	Lieutenant	16	4	43	per Appt. 22-4-43.												
"	"	19	7	43	As Executive Officer (Temporary)												
DISCHARGED	"	29	4	44	Missing.. Presumed Dead.												

GENERAL REMARKS											
19.2.45 Canadian Memorial Cross issued to -i											
Wife - Mrs. Agnes C. Lawrence, Kennishead, Ave., Thornliebank, Glasgow, Scotland.											

DATE OF BIRTH		PLACE OF BIRTH		CIVIL	OCCU.	REL.	ED.	PERM.	RESIDENCE	PREV. ENL.	RANK OR RATE ON ENLISTMENT				
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	P	CTV.	TOWN	SERV.	DIV.	A	BR	RANK	
17	3	20	15	753	0	30	8	5	15	00	0	19	0	01	
ENLIST. DATE		ACT. SERV. DATE		STR.	ACT. ENL. DATE	SHIP	CR	RANK OR RATE							
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	PR.	PL.	YR.	ESTAB.	A	DR.	RANK		
17	04	40	17	04	40					02	30	0	01	09	
SENIORITY		STR.		NON-SUB		CODED									
DY.	MO.	YR.	CAT.	A	B	ST.	CHECKED								
16	04	43	09	00	00	61	29.04-44								





CANADA

DEPARTMENT OF NATIONAL DEFENCE  
(NAVAL SERVICE)

APPLICATION FOR CADETSHIP  
IN THE  
ROYAL CANADIAN NAVY

RECEIVED  
MAR 19 1940  
CANADA

11224

38

Halifax, Nova Scotia

(Place)

March 4, 1940

(Date)

THE NAVAL SECRETARY,  
DEPARTMENT OF NATIONAL DEFENCE,  
OTTAWA.

SIR:—

I hereby make application for entry in the Royal Canadian Navy as a Naval Cadet. I understand that I am required to make a first choice between the Executive and Engineering Branch. My first choice is the Engineering Branch.

I declare that I am a British subject, and the son of a natural born or naturalized British subject, and that I have resided in Canada for the past two years. I understand that I must pass the Cadetship entrance examinations, and also that I will be required to undergo a strict medical examination by Departmental Medical Authorities before final acceptance, and must be accepted by an Interview Committee appointed by the Department.

I wish to write the examination in the \*English language, and I choose the following subjects for examination:—  
\*Cancel word not applicable.

Part I—

To be taken by all candidates:

(a) English; (b) General Knowledge; (c) One of the following subjects:—

Modern Language (\*.....),  
or General History, or  
Everyday Science.

NOTE.—Cross out subjects not chosen.

\*Insert language chosen.

Part II—

Any three of the following subjects of which Lower Mathematics must be one:—

(a) Latin or Greek; (b) French or German; (c) Modern History; (d) Lower Mathematics; (e) Higher Mathematics; (f) Physics (state whether Schedule A or Schedule B chosen) or Chemistry; or Biology.

Schedule—(State whether Schedule A or Schedule B chosen).  
(Cross out subjects not chosen.)

NOTE.—No candidates are allowed to offer similar subjects in Parts I and II, i.e., a candidate taking a Modern Language in Part II may not offer a Modern Language in Part I; a candidate taking Physics, Chemistry, or Biology, may not offer Everyday Science; a candidate taking Modern History, may not offer General History.

The following questions are to be answered by the applicant in his own handwriting, in ink:—

Name in full Ralph Miles Lawrence

(Block letters)

Address in full Nashwaakasis York County New Brunswick

(City or town, Province)

NOTE.—In case of change in address the Department should be immediately notified.

Date of birth March 17<sup>th</sup> 1920

(Certificate of birth, or sworn declaration to be attached)

Place of birth Dumfries York Co. N.B.

How far advanced educationally 2 1/2 years Royal Military College

(Certificate from School Authorities to be attached)

Character:—Attach two certificates of character from persons well known, and of standing in locality.

Ability to swim:—Attach certificate of ability to swim 50 yards, signed by a responsible person.

Height 5' 10"

Chest measurement 36"

(Normal)

Colour of hair Brown

Colour of eyes Grey

Complexion Fair

Wounds, scars or distinguishing marks N.I.

Religious denomination Anglican

Are you in all respects physically fit for naval service? Yes.

(Attach certificate from family physician)

NOTE.—This medical certificate is provisional only, and applicant will be required to pass a medical examination before a Medical Officer of the Department before final acceptance.

C.N.S. 2419  
1M—10-39 (2630)  
N.S. 815-9-2419



Declaration to be signed by Candidate—

I T.M. Lawrence do hereby

declare that I have carefully considered the regulations for the entry of Cadets in the Royal Canadian Navy, and that I consent to abide by the same in every particular, as well as to observe and follow all such orders and directions as I shall from time to time receive from the naval authorities, and to conform in every respect to His Majesty's regulations, and to the rules and discipline of the service. I also declare that all answers to questions and other information given are true and correct.

Dated at Halifax N.S. T.M. Lawrence  
Signature of Candidate.

this 4 day of March 1940

II

Information required to be supplied by Parent or Guardian:—

Name, in full, of Father Frederick B. Lawrence

Address of Father Nashwaaksis N.B.

Occupation and Profession of Father Carpenter

Nationality of Father Canadian

How long domiciled in Canada Life

Domicile Permanent or Temporary Permanent

Nationality of Paternal Grandfather Canadian

Nationality of Paternal Grandmother Canadian

Name of Mother Frances Miles

Nationality of Mother British (Maiden name to be given)

Nationality of Maternal Grandfather British

Nationality of Maternal Grandmother British

Name and address of Guardian\*

Occupation and Profession\*

\*To be given only if both parents are deceased.

Do you know of any disability from whatever cause which would debar the applicant from entry as a Cadet in the Royal Canadian

Navy? No

DECLARATION BY PARENT OR GUARDIAN

I hereby declare that I consent to the admission of Ralph Miles Lawrence  
Son the above-signed Candidate for admission to the Royal Canadian Navy, and that it is my intention that he should adopt the Royal Canadian Navy as his profession in life.

I consent to withdraw him upon receipt of an official request to do so in accordance with the regulations prescribed, and to fully abide by the conditions as contained in the regulations (outlined in "Conditions of Entry, Service, etc., of Officers of the Royal Canadian Navy").

NOTE.—The usual causes requiring withdrawal are misconduct, lack of application to study, unsuitability for commission as Naval Officer, and physical disability.

I agree to accept the decision of the Department in case of non-compliance with the regulations for entry and discipline by the candidate.

I undertake, on behalf of my Son that he is prepared to serve in any branch of the Royal Canadian Navy for which he may be selected.

I understand that Naval Officers are appointed during pleasure and that the Governor in Council has authority to relieve any officer from duty.

I am prepared to pay \$20 when called on, for the expenses of the educational examination.

F.B. Lawrence  
Signature of Parent or Guardian.

Dated March 8th 1940

this day of , 19



# ATTESTATION

## NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT U.N.B. Ont. C.O.T.C. REGT. No. ....

1. What is your surname? (Block letters) Lawrence L-652
2. What are your Christian names? Rolph Myles
3. What is your present address? Hoshwoksiss Phone No. 396-11
4. Employer's name and address? — Phone No. —
5. Date of Birth 17/3/206 (a) Country of Birth Can (b) Nationality Can
7. Are you Single? Yes Married? — Widower? —
8. What is your trade or calling? Student 9. Religious persuasion? Anglican
10. Previous Naval, Military or Air Force Service No  
Give particulars, qualifications, etc. 309038
11. Name, Relationship and Address of Next of Kin F.B. Lawrence  
Hoshwoksiss N.B.

### CERTIFICATE OF MEDICAL EXAMINATION

Height..... Weight..... Chest max..... min.....  
Descriptive marks.....

I have examined the above named man in accordance with instructions laid down in Regulations for the Canadian Medical Services and find him..... Category.....

Date..... Signature.....

### DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned Rolph Myles Lawrence do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, my employer or my next of kin to my Commanding Officer.

### OATH TO BE TAKEN

I, Rolph Myles Lawrence do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Jak. Leger Rolph M. Lawrence  
Signature of Witness Signature of Man  
Dated this first day of October 1936 at 15th N.B.

### CERTIFICATE OF ATTESTING OFFICER

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. 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 and replied to, and the said recruit has made and signed the declaration and taken the oath.

M.F.B. 235d.  
50M-2-35  
H.Q. 1772-39-1545

Jak. Leger  
Signature of Magistrate, Justice of Peace, or  
Attesting Officer



# Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from.....  1 - 10 - 36	$\frac{1}{10}$ 36	Pt. II Orders	W. J. Jones Maj. Officer Commanding  Unit U. R. B. Comtg
Efficient 1936-37 S. O. S. 11037		Pt. II Orders	J. O. Campbell Adj. J. O. Campbell Adj.
Medals and Decorations			

NOTE:—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.



NAVAL SERVICE

31st July, 1940.

MEMORANDUM TO THE MINISTER (NAVAL SERVICE)-

Information has just been received that Cadet R.M. LAWRENCE, R.C.N., who joined the R.C.N. 1st of May this year and is now completing his term in the Shore Training Establishment of the Royal Navy employed for training Direct Entry Cadets, has been awarded the King's Dirk in that establishment.

2. This Dirk is presented by His Majesty to the Cadet showing the best all-round influence during the period he is under instruction in the training establishment.

3. This is the fourth King's Dirk which has been awarded to Cadets of the R.C.N. in the past few years, previous recipients being Lieutenant-Commander H.F. PULLEN, Lieutenant M.A. MEDLAND and Lieutenant (E) V.B. CALDWELL.

*Rear Admiral*

Rear Admiral, R.C.N.,  
Chief of the Naval Staff.



## Naval Service

26th March, 1940.

## MEMORANDUM:

49

With reference to Headquarters' Memorandum N.S. 103-L.12 of the 21st March, 1940, with regard to arrangements for the entry of Acting Sub-Lieutenant R.M. Lawrence, R.C.N.V.R. as a Naval Cadet R.C.N., it is notified for information that this Officer should join the Royal Naval College, Dartmouth on the 2nd May, 1940. His passage should be arranged on or about the 16th April. He is to be directed to report to the Office of the High Commissioner for Canada in London, England. The High Commissioner will arrange his transportation to the Royal Naval College, Dartmouth.

BY ORDER.

*J.O. Cossette*  
(J.O. Cossette)  
NAVAL SECRETARY.

Commanding Officer,  
R.C.N. Barracks,  
(D) HALIFAX, N.S.

*B.F.*  
*14-4-40*  
*g/H*



# ACTIVE MILITIA OF CANADA

READ INSTRUCTIONS ON BACK

H.Q. ....

M.D. ....

RMC. 2584.

\*Recommendation for {Appointment to Promotion in Transfer to} \* {Squadron, Battery or Company} \* Royal Canadian Navy ..... Regiment

Headquarters at ..... Province of ..... Date ..... 193.....

1	2	3	4	5	6	7	8 MILITARY QUALIFICATION		10	11	12
Present Rank	(The Whole name in full, Surname last) (IN BLOCK CAPITALS)	Profession or Occupation	Residence and Post Office Address <u>IN FULL</u>	Native Country (If born abroad state if British Subject)	Date of Birth	Married or Single	Qualified for rank of	Branch of Service Number and Date of Certificate	Rank for which Recommended	Appointment to date from	How Vacancy was caused
No. 2584 G.C. (CSM)	ROBERT MILES LAWRENCE	Student	c/o F.B. Lawrence, Esq., Nashwaaksis, York County, N.B.	Canada	17th March 1920	S					
13 Particulars of Education	Colleges or Schools Attended		DATES		Nature of Course		Degrees or Educational Certificates Obtained				
	Fredericton High School University of New Brunswick Royal Military College of Canada.		From To 1933 1936 1936 1937 1937 1939		Engineering						
14 Particulars of active service. (See instructions on reverse side of Form.)	MEDALS AND DECORATIONS										

15	<p>I certify that I am a British Subject and that the above particulars of myself are correct.</p> <p>I am willing to accept this appointment.</p> <p><i>R.M. Lawrence</i> (Signature of Appointee)</p> <p>Date <i>23rd November 1939</i></p>		<p>{Signature of O.C.} <i>[Signature]</i> Brigadier, {Sqn., Bty. or Coy.} Commandant, R. M. C.</p> <p>Date <i>20th December, 1939</i></p> <p>{Signature of} <i>[Signature]</i> {O. C. Regt.}</p> <p>Date .....</p>	<p>Recommended and Forwarded.</p> <p>..... District Officer Commanding</p> <p>Military District No. ....</p> <p>Place .....</p> <p>Date .....</p>	<p>Date .....</p> <p>Canada Gazette No. ....</p> <p>Date .....</p> <p>Extract No. ....</p> <p>This space for use at National Defence Headquarters only</p>
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# INSTRUCTIONS

## READ THE INSTRUCTIONS CAREFULLY

†\*Strike out the term not applicable. The Squadron, Battery, Company or similar formation to which the appointee is to be posted, transferred, etc., should be shown in all cases where units of the Regiment or Brigade, etc., are not centralized.

Under appropriate Columns information in accordance with the following must be inserted.

COLUMN No. 1—Whether holding any rank in the Canadian Militia, the Military or Air Forces of the British Empire. If so, rank, unit and force to be shown.

No. 2—Christian name (or names) and surname to be clearly inserted in full (surname last), particular attention to be given to correct spelling.

No. 3—The actual profession or occupation to be stated.

No. 5—If a naturalized British subject, how naturalization was obtained to be stated.

No. 6—Accuracy is essential as to the day, month and year of birth; verification may be necessary at a later date.

Nos. 8 and 9—All qualifications to be inserted.

No. 10—If a provisional or supernumerary appointment, it must always be so stated.

No. 11—Except under very special circumstances, appointments will not be antedated prior to the date of recommendation. If an antedate is recommended the reason therefor must accompany this Form.

No. 12—How vacancy was caused must be given, i.e., vice "—" promoted, transferred or retired as the case may be. "To complete establishment" is not correct after the establishment has once been completed.

No. 14—Particulars of active service. To include information as to actual theatre of war in which services were performed, with dates.

No. 15—The person recommended must sign his name, showing that he consents to the appointment or promotion.

No. 16—Medical Certificate to be completed in compliance with paragraph 126 K.R. (Canada), 1926.

*a*—In all instances this recommendation must be sent direct by the Squadron, Battery or Company Commander to the Officer Commanding the Regiment for his recommendation to the Officer Commanding Division or District.

*b*—In all instances "Transfer Receipt" of Stores must accompany the recommendation for promotion, or the resignation of an Officer Commanding a unit.

*c*—For full instructions see "The King's Regulations and Orders for the Canadian Militia, 1926".

## MEDICAL CERTIFICATE

CERTIFIED that the Candidate has been medically examined in accordance with instructions laid down in Appendix No. 6, Regulations for the Canadian Medical Service,

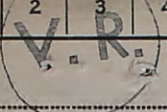
1923, and has been found fit for Category *A*

Date *28-11-29*

*Chenard Capote*  
Signature of Medical Officer



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37



OFFICIAL NUMBER

NAME **LAWRENCE.**  
(Surname)

**Ralph M.**  
(Given Names)

OFFICIAL NUMBER

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
H.M.C.S. "STADACONA"	A/Sub-Lt.(T)	5	1	40													
H.M.C.S. "SAGUENAY"	" " "	7	1	40	("SKEENA" 23-3-41 to 31-3-41).												
H.M.C.S. "SKEENA"	Sub-Lieut(T)	1	4	40													
H.M.C.S. "STADACONA"	" " "	6	4	40													
DISCHARGED	" " "	17	4	40	"Transferred to R.C.N. on Appt. as Cadet for passage & training in R.N."												
GENERAL REMARKS																	

DATE OF BIRTH		PLACE	CIVIL	OCCU.	REL.	ED	PERM	RESIDENCE	PRV.	ENI.	RANK OR RATE	
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	P.	CTY.	TOWN	SERV.	DIV.	A. BR. RANK
ENLIST. DATE		ACT. SERV. DATE		BYR.	ALL SERV. DATE		SHIP. CR.		RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A.	BR. RANK
05	01	40	05	01	40					9710	0	01/12
SENIORITY		SIR	NON-SUB	M			CODED		CHECKED			
DY.	MO.	YR.	SIR	2	3	10						
01	04	40	09				6517-04-40		AL		HK	







# WILL

(1) I, **Ralph Miles Lawrence Lieutenant R.C.N.**, of His Majesty's Canadian Ship **Athabaskan** do hereby revoke all former wills by me made and declare this to be my last will.

(2) I GIVE, DEVISE AND BEQUEATH unto **my wife, Agnes Cumming Young Lawrence** of **Alderwood House Kennishead Ave Thornliebank Glasgow**

Relationship, names and addresses of beneficiaries, and what each is to receive.

" all my estate"

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto

Relationship, names and addresses of residuary beneficiaries.

(4) I appoint **Mr. F.B. Lawrence** **Nashwaaksis York County N.B.** to be the **Executor** of this my Last Will.  
(Name) (Address)  
(Civil Occupation)

IN WITNESS WHEREOF I have hereunto set my hand this **21st** day of **April** 19**44**

Signed, published and declared by the above-named testator as and for his last will and testament in the presence of us both present at the same time, who at his request and in his presence have hereunto subscribed our names as witnesses.

*R.M. Lawrence*

**R.M. Lawrence Lieut R.C.N.**

(Rank or Rating)

Official No.

First witness sign here.

(5) Signature

Civil Address

Civil Occupation

Second witness sign here.

Signature

Civil Address

Civil Occupation

(Beneficiaries are not to be Witnesses.)

[OVER]



#### NOTE

- (1) Example: I, John Charles Jones, of H.M.C.S. *Snowberry*.
- (2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate", in which event, strike out clause (3) entirely.  
If *more than one* beneficiary, set out in clause (2) what each is to receive, such as  
"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., \$.00, and my household goods and effects,"  
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., \$.00,"  
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., \$.00,"  
"my friend John Smith, 60 LaSalle St., Winnipeg, Man., \$.00,"  
and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.
- (3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont."  
Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally" or as desired.
- (4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman", or if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.
- (5) The testator will date the Will and sign same. Two witnesses must sign in the presence of the testator, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

#### GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, an officer or rating immediately upon his marriage must make a new Will in order that in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.





Margin reserved for binding. Write plainly with unfading ink. This is a Permanent Record.

N.B. case of more than one child at birth, a Separate Return must be made for each, and the number of each, in order of birth, stated.

RACIAL ORIGIN will be described by stating to what people or race each of the parents belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian (Ruthenian), etc. The words "Canadian" or "American" should not be used, as they express nationality or citizenship but not a race or people.

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use \$300," and properly addressed to the Sub-Deputy Registrar, will pass through the Mail "FREE"

FORM C-1.

PROVINCE OF NEW BRUNSWICK  
DEPARTMENT OF HEALTH

Registered No. ....  
For use of Registrar General only.

CERTIFICATE OF REGISTRATION OF BIRTH

BY PARENT OR OTHER PERSON PRESENT AT BIRTH

1. PLACE OF BIRTH { Sub-Health District of YORK Sub-Deputy Registrar area of Dumfries  
If in City, Town or Village Prince William Street                      House No.                       
(Name) (If birth occurred in a hospital, give its name instead of Street and Number)

2. FULL NAME OF CHILD LAWRENCE Ralph Miles  
(Surname) (Given name)

3. Sex of child <u>Male</u>	4. Single, twin, triplet or other <u>-</u>	5. Was the child born alive? <u>Yes</u> (Answer, yes or no)	6. Are parents married? <u>Yes</u> (Answer, yes or no)	7. Date of birth <u>March 17, 1920</u> (month) (day) (year)
--------------------------------	---	---	--	---

FATHER

MOTHER

8. Full Name Fred B. Lawrence

14. Full Maiden Name Frances Miles

9. Residence Dumfries  
(Usual place of abode. If non-resident, give place and province)

15. Residence Dumfries  
(Answer only if different from that of father of child)

10. Racial origin English 11. Age last birthday 31 years

16. Racial origin English 17. Age last birthday 31 years

12. Birthplace Dumfries  
(City or place, province or country)

18. Birthplace Surrey Co. Eng.  
(City or place, province or country)

13. Occupation:—  
(a) Trade or profession Farmer  
(b) Business in which employed                     

19. Children of this mother (including the present birth)—  
(a) Number born alive 1 (b) Number now living 1  
(c) Number stillborn (born dead after twenty-eight weeks' pregnancy)                     

20. Was this a premature birth? - If so, how many weeks pregnant?                     

21. Name of Doctor and of Nurse or other person in attendance at birth W.A. MacKenzie, M.D.

I certify the foregoing to be true and correct to the best of my knowledge and belief.

Given under my hand at Prince William this 18th day of March 1920

Fred B. Lawrence  
Signature of Informant  
(See notice on back of this form)

I hereby certify that the above return was made to me at                       
on the                      day of                      1920

A. Hilda Allan  
Sub-Deputy Registrar

Sub-Deputy Registration No.                     

I hereby certify that this is a true copy of certificate of birth on file at this office.

Ann. Cameron M.D.  
For Acting Registrar-General

March 9, 1940



NOTICE.—This return must be made by the Father, Mother, Occupier of house, or other responsible person having knowledge of the birth, who will *sign this certificate as informant* and then send it to the Sub-Deputy Registrar within ten days after the birth.

Neglect to comply with the Act relating to the Registration of Births is subject to a penalty of \$200. (Secs. 34 and 48, Public Health Act, 1927.)



Copies to:—

Col. Elliot.

FERRY DESPATCH



CANADA

Department of Mines and Resources

IMMIGRATION BRANCH

IN YOUR REPLY REFER TO

No. A-16796

IJ.

DIRECTOR OF IMMIGRATION

OTTAWA, August 29th, 1945.

Commissioner, London, England.

Your File 19-6-3327

The settlement arrangements are satisfactory for:—

NAME Mrs. Agnes Cumming Young Lawrence,

ADDRESS Alderwood House, Kennishead, Thornliebank, Glasgow, Scotland.

DEPENDENTS OF 0-50903 40930 Lieut(RGN) Ralph Miles Lawrence, (deceased)  
(Number) (Rank) (Name)

PROCEEDING TO Mr. Frederick B. Lawrence, father-in-law,  
(Name) (Relationship)

ADDRESS Nashwaaksis, New Brunswick.

REMARKS

A. L. JOLLIFFE,  
DIRECTOR.





Can. B. 207  
20M-8-38  
N.S. 815-2-207

RECEIVED  
NOV 30 1939  
N.S. 103-212  
CANADA

# CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND BOYS FOR THE NAVAL SERVICE OF CANADA

29271

(R.C.N. OR RESERVE FORCES)

NOTE—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Naval Secretary, Department of National Defence, Ottawa.

I, the undersigned, have examined LAWRENCE Ralph Miles  
candidate for entry ~~xxx~~ R.C.N.  
and I believe him to be in all respects fit for His Majesty's Service. He has signed the Certificate given below in my presence.

Dated at Kingston, Ont. the 20th. of November 1939.

*Chuaud*

Examining Medical Officer

(Rank) Captain R.C.A.M.C.

This examination has been made in accordance with the Instructions for Recruiting.

Age { Years Months	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or re- vaccinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. def- icient and No. defective, if any), Nose, Tonsils, etc.	Anus, Hæmorrhoids, etc.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)
19 years 8 months	lbs. 141	ft. ins. 5' 10"	Fair	inches (a) maximum 37 (b) minimum 33½ (c) mean 35	right eye 15/15 left eye 15/10 colour vision N	1936	N.A.D.	N.A.D.	N.A.D.	N.A.D.	W.V. 20' (R) W.V. 20' (L)	N.A.D.	Satisfactory	N.A.D.

## CERTIFICATE TO BE SIGNED BY THE CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, \**Incontinence of Urine*, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. I am willing to undergo, after entry, such dental treatment as may be authorized.

*R.M. Lawrence*

Signature of Candidate

When a Candidate is passed, notwithstanding a slight defect or disability, the following Certificate is to be filled up

This Candidate is the subject of.....

.....  
not considered of sufficient importance to cause his rejection, he being desirable in other respects.

Examining Medical Officer

(Rank).....

\* The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.





JPP.

Department of National Defence

IN REPLY PLEASE QUOTE

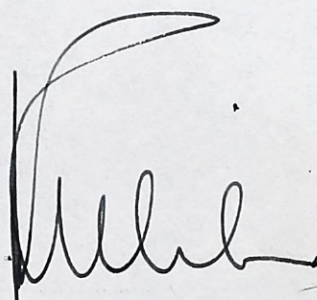
NO. ....

H.M.C.S. "SAGUENAY"

8th. March, 193<sup>40</sup>.....

TO WHOM IT MAY CONCERN:

This is to certify that Sub Lieutenant  
Ralph M. LAWRENCE, R.C.N.V.R. (T), is able to swim  
50 yards.

  
\_\_\_\_\_  
COMMANDER. R.C.N.  
COMMANDING OFFICER.



DISTRIBUTION OF SERVICE ESTATES  
NAVY

Estates Form "P. 4"  
HG

Name LAWRENCE Ralph M. No.....  
Surname Christian Names  
Lieut. R.C.N. 10/3 29-4-44  
Rank Unit Date of Death

AMOUNT  
L.P.C.....\$ 1534.12  
Date 28-9-45 Other Credits.....  
Total..... 1534.12

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Anne C.Y. Lawrence, Alderwood House, Kennishead Ave., THORNLIBANK, Glasgow. SCOTLAND.  (Sole beneficiary under will)	\$1534.12

P4. TO TREAS. 18-10-45, QW

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$1534.12
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel  
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer



10

DEPARTMENT OF NATIONAL DEFENCE  
NAVY        ARMY        AIR FORCE  
STATEMENT OF WAR SERVICE GRATUITY

4  
NAVY

DECEASED  
MEMBER'S  
NAME

Ralph Miles

LAWRENCE

(CHRISTIAN NAMES)

(SURNAME)

REGISTER NO. 10766

FILE NO. NS.O-40930

DATE 17th July '45.

SERVICE NO. R.O.N.

FINAL RANK OR RATING Lieut.

DATE OF DISCHARGE 29th Apr '44.

PAYEE

Mrs. Ann Lawrence

ADDRESS

Alderwood House, Kennishead,  
Thornliebank, Glasgow Scotland.

DATE OF TERMINATION OF OVERSEAS SERVICE

29th Apr '44.

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1577 EQUAL TO 52 COMPLETE PERIODS AT \$7.50

\$ 390.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 1532 LESS 17 INELIGIBLE DAYS, EQUAL TO 1515 DAYS @ 25c. PER DAY

\$ 378.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 6.00  
SUBSISTENCE OR LODGING \$ 1.70  
AND PROVISION ALLOWANCE  
ADDITIONAL PAY \$ .35

DEPENDENTS' ALLOWANCE 1/30 OF \$ 52.80 \$ 1.74

TOTAL \$ 9.79 X 7 = \$ 68.53

NO. OF DAYS 1532 X \$ 68.53

\$ 573.70

D. WAR SERVICE GRATUITY

\$ 1342.45

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$  
DEPENDENTS' ALLOWANCE  
AND ASSIGNED PAY \$

N11

OTHER DEDUCTIONS

F. TOTAL AMOUNT PAYABLE

\$ 1342.45

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ OF \$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

= \$ 1342.45

Cheque 45915- July 27/45

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY

CHECKED BY

JSB

191

TREASURY

CHECKED BY

DATE

R Kanarup

20/7/45

1st Mr. Naval Pay Accounting



W.S.G. Application No. 107667

TO: D.N.P.A. "G"

FILE NO. N.S. 0-409304

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>LAWRENCE</u> <sup>1</sup>	<u>RALPH MILES</u> <sup>1</sup>	<u>0-409304</u>	<u>LIEUT.</u> <sup>1</sup>
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: DEAD (ATHABASCAN)

..APPLICANT..WIDOW..(PENSION..AWARDED)..

TOTAL SERVICE

Date of Active Service 5 JAN/40

Date of Discharge 29 APR/44

Total No. of Days 1572 1577gw

# Less non qualifying  
service

NIL

Total Days 1577gw  
1572

OVERSEAS SERVICE

% Total No. of Days 1532

# Less non qualifying  
service

NIL

Total Days 1532

Record of Service in other Forces (per Naval Records)

Branch of Service

Date of Active Service

Date of Discharge

# & % Overleaf

Computed By Mawinapate

Checked By Williams

DATE: JUL 3 1945

2 Heath  
for (H.B. Money)  
Payr. Cmdr. R.C.N.R.  
Director of Personnel Records



# NON QUALIFYING SERVICE

(#) Date	Reason	No. of Days
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"
Total days		

## (%) OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
SAGUENAY } SKEENA }	5 JAN/40	4 APR/40	91
STAD. FOR PASS. } BRITANNIA } NELSON } ROYAL SOVEREIGN } AMBUSCADE } NIGERIA } NELSON } EXCELLENT }	17 APR/40	9 SEPT/42	876
BUXTON } STAD. FOR PASSAGE } NIOBE } ATHABASCAN }	13 OCT/42	29 APR/44	565 1532

27	730	365
29	14	19
31	31	30
4	30	31
	31	31
	31	29
	31	31
	9	29
	876	565



Ottawa, July 31, 1940.

282

My dear Colleague:

Information has just been received that Cadet R.M. Lawrence of Naskwaaksis, York County, N.B., an ex-cadet of the Royal Military College, Kingston, Ont., who joined the R.C.N. 1st of May this year and is now completing his term in the Shore Training Establishment of the Royal Navy employed for training Direct Entry Cadets, has been awarded the King's Dirk in that establishment.

This Dirk is presented by His Majesty to the Cadet showing the best all-round influence during the period he is under instruction in the training establishment.

This is the fourth King's Dirk which has been awarded to Cadets of the R.C.N., in the past few years, previous recipients being Lieutenant-Commander H.F. Pullen, Lieutenant M.A. Medland and Lieutenant (E) N.B. Caldwell.

Yours very truly,

Minister of National Defence  
for Naval Services.

The Honourable J.L. Ralston,  
Minister of National Defence,  
Ottawa.



Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. NAVAL SERVICE HEADQUARTERS, Ottawa, Ont.

Name..... LAWRENCE, Ralph Miles  
(Christian names in full)  
Rank or Rating..... Lieutenant..... Official No..... Unit..... (R.C.N. R.C.N.R. R.C.N.V.R.)  
Place of Birth..... Dunfries, N.B..... Date of Birth..... 17th March, 1920  
Occupation in Civil Life..... Student..... Religion..... Anglican  
Number of years service in the Navy (Long Service R.C.N. or mobilized service in case of R.C.N. Previous Service R.C.N.V.R. 5-1-40 to 15-1-40 (Temporary) or Reserve ratings)..... From 17 April, 1940 to 29th April, 1944  
Date of Death..... 29th April, 1944..... Place of Death..... At Sea  
Cause of Death..... Missing, presumed dead, when H.M.C.S. "ATHABASKAN" was torpedoed and sunk by enemy action in the English Channel.  
(If due to accident, violence, or enemy action, particulars to be stated briefly)

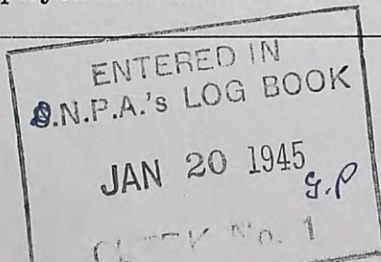
Nearest known relative or friend. { Name..... Mrs. Agnes C. Lawrence..... Relationship..... Wife  
Address..... Alderwood House, Kennishead Ave., Thornliebank, GLASGOW, Scotland.

Date on which the above was informed by Ship..... 1 May, 1944  
Date on which death was registered with local Officials.....

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality.....

If applicable { Place of Burial..... No burial..... Date of Burial.....  
Location, Number, etc., of grave.....  
Undertaker employed.....

The SECRETARY, NAVAL BOARD  
Department of National Defence,  
Ottawa, Canada.



H.B. Money  
(Commanding Officer)  
for SECRETARY, NAVAL BOARD.

Date..... 12 January, 1945. EMC

In all cases this Form is to be sent in addition to the Report by Telegraph required by the Regulations.

Distribution: File, Imp. W. G. Com., Dom. Stat., Register, Sec. C.P.C., Dir. of Records.





Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE

No. 0-40930 PERS(N).....

OTTAWA, Ont., JAN 12 1945 194

409184

Sir:

In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:

NAME, RANK/RATING NO.	PLACE, DATE & CAUSE of DEATH	NEXT OF KIN
Lieutenant Ralph Miles <u>Lawrence</u> , R.C.N.	Missing, presumed dead, to date 29th April, 1944, when H.M.C.S. "ATHABASKAN" was torpedoed and sunk by enemy action in the English Channel.	Wife: Mrs. Agnes C. Lawrence, Alderwood House, Kennishhead Ave., Thornliebank, GLASGOW, Scotland.

In Favor Of	ALLOTMENTS IN FORCE Amount	Initials
Receiver-General of Canada for Naval Pensions, OTTAWA, Ontario.	\$13.04	P.F.
Mrs. Agnes C. LAWRENCE, see Above----- Bank of Montreal 9 Waterloo Place, LONDON, England.	D.A. amounting to \$24. 36. paid Apr. 17th - 30th./44. \$50.00	P. F. P.F.

All allotments stopped April 30th. 1944. Re: Memo DNPAT  
WILL: Attached (2)

Yours truly,

*H. B. Moncrief*  
for  
SECRETARY, NAVAL BOARD.

Administrator of Estates,  
Estates Branch,  
Department of National Defence,  
O T T A W A.







250

10th October, 1944.

Dear Mrs. Lawrence:

I must regretfully inform you that since your son was reported missing no further information has been received of his survival or that he is a prisoner of war.

I wish to assure you, however, that the Department makes every endeavour to discover the fate of missing men and draws upon all likely sources of information about them.

In the case of men who are believed to be prisoners of war continuous efforts are made to speed up the machinery whereby their names and camp addresses can reach this country. The official means is by lists of names prepared by the enemy government. These lists take some time to compile, especially if there is a long journey from the place of capture to a prisoners of war camp. Consequently "capture cards", filled in by the prisoners themselves soon after capture and sent home to their relatives, are often the first news received in this country that a man is a prisoner of war.

Very slight hope is now held, however, that your son is a prisoner of war as the total number of names of men who are known to be prisoners from H.M.C.S. "ATHABASKAN" coincides with the number which the Germans claim to have captured from this ship.

Even if no news is received that a missing man is a prisoner of war, endeavours to trace him do not cease. Enquiries are pursued, not only among those who were serving with him, but also through diplomatic channels and the International Red Cross Committee at Geneva. The moment reliable news is obtained from any of these sources it is sent to the Department and is immediately passed on to the next of kin.

Should no information be received to the contrary your son will be presumed dead by the Canadian Naval Authorities at a later date.

May I extend my sincere sympathy in this time of anxiety.

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Frances B. Lawrence,  
Nashwaaksis,  
York Co.,  
N.B.

Despatched by  
Sec. N. B.

Date 10/10/44  
Time 1830



LA/JM

REGISTERED

AIR MAIL

N.S. O-40930 Pers.(N)

262

15<sup>th</sup> January, 1945.

Dear Mrs. Lawrence:

Further to my letter of the 10th October, 1944 I regret to inform you that in view of the length of time which has elapsed since your son, Lieutenant Ralph Miles Lawrence, Royal Canadian Navy, was reported missing from H.M.C.S. "ATHABASKAN", and as no news has since been received to the contrary, the Canadian Naval Authorities have now presumed his death to have occurred on the 29th of April, 1944.

May I again express sincere sympathy with you in your bereavement on behalf of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy.

Yours sincerely,

Deputy

SECRETARY, NAVAL BOARD.

Mrs. Frances B. Lawrence,  
Nashwaaksis,  
York Co., N.B.

Despatched by  
Sec. N. B.

Date 15/1/45  
Time 1500