

ATTESTATION PAPER.

832695
No. "6" 100

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio. ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? Crawford
- 1a. What are your Christian names? James William
- 1b. What is your present address? St John N.B.
- 2. In what Town, Township or Parish, and in what Country were you born? Stephen St John Co. N.B.
- 3. What is the name of your next-of-kin? Margaret Crawford
- 4. What is the address of your next-of-kin? 64 Blosson St. Nashua New Hampshire U.S.A.
- 4a. What is the relationship of your next-of-kin? wife
- 5. What is the date of your birth? July 6th 1871
- 6. What is your Trade or Calling? metal worker
- 7. Are you married? yes
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
- 9. Do you now belong to the Active Militia? no
- 10. Have you ever served in any Military Force? no
If so, state particulars of former service.
- 11. Do you understand the nature and terms of your engagement? yes
- 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, James Wm Crawford, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date June 9th 1916
J W Crawford (Signature of Recruit)
Harry K. Jack - Sgt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Wm Crawford, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date June 9th 1916
J W Crawford (Signature of Recruit)
Harry Jack - Sgt (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 Moncton this 9th day of June 1916.
D. A. [Signature] (Signature of Justice)

Description of Crawford William James on Enlistment.

Apparent Age 45 years..... months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
 (Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height..... 6 ft. ⁰ ins.
 Chest measurement { Girth when fully expanded..... 44 ins.
 Range of expansion..... 4 ins.

Index finger of left hand missing

Complexion..... medium
 Eyes..... grey
 Hair..... Dark to grey

Religious denominations { Church of England..... yes
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic.....
 Jewish.....
 Other Denominations.....
 (Denomination to be stated)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and declares that he is not subject to fits of any description.

I consider him* fit..... for the **Canadian Over-Seas Expeditionary Force.**

Date..... 9th June 1916
 Place..... by order of B.

Macoullan Capt-conv
 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.

James William Crawford..... 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.

W. E. Forbes..... (Signature of Officer)
 145th "Overseas" Batt. C. E. F.

Date..... June 9th 1916

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

Attestation Papers..... 2-1

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

M. J. W. 67-3

DISCHARGE DOCUMENTS

Name *Crawford James Wain*

Regt. No. *832695* Rank *Pte*

Corps *145th C/S. Batt.*

Medically Unfit!

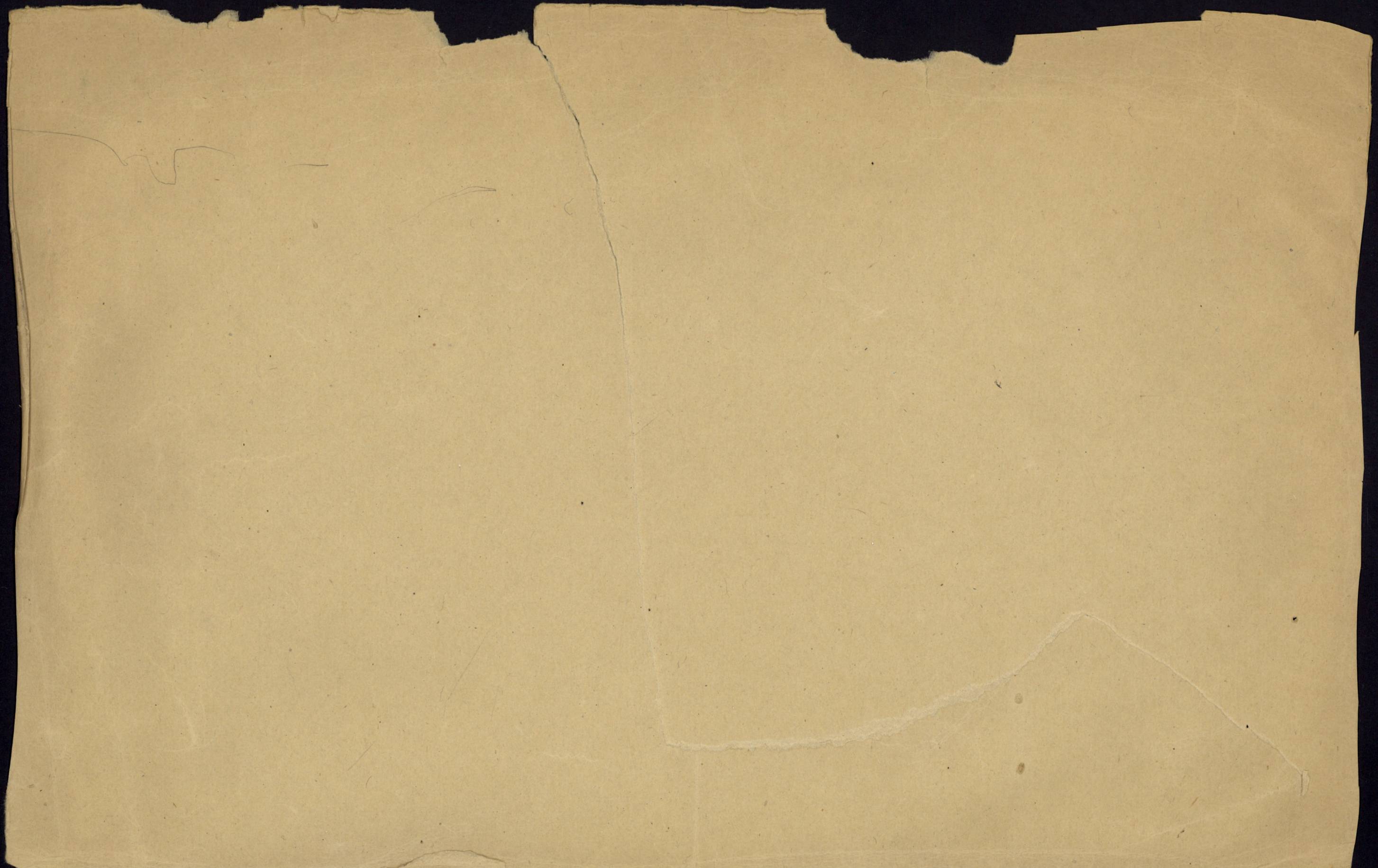
R. O. No.

H. Q. No.



43668





832695

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... *145th Overseas Batt C.F.C.*

(2) Regimental Number

(3) Full Name of Soldier..... *James William Crawford*

(4) Place of Birth..... *St. John N.B. Canada*

(5) Are you married, or not?..... *yes*

(6) If married, state,
 (a) Full name of your wife..... *Margaret Crawford*

(b) Present Postal Address..... *64 Blosson Street*
St. John N.B. Canada

(7) Are you a widower?..... *no*

(8) Have you any children?.....

 If so, give number of boys and girls.....

 Also their names and ages.....

.....

.....

.....

.....

(9) Is your Father alive?.....

If so, state name and address

(10) Is your Mother alive?.....

If so, state name and address.....

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured?.....

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date June 9th 1916

W. E. Forbes LT. COL.
145th Overseas Batt. C. I.

832695

MEDICAL HISTORY SHEET.

Surname Cawford Christian Name James William

Examined { on 9 day of June 1916 at Moncton N.B. Approved by W. A. Sultan
 Birthplace { City or Town St. John Rank Capt. Am. M.O.
 County St. John

Apparent age 45
 Trade or occupation Sheet metal worker M.O.
 Height 6 Feet Inches. M.O.
 Weight 200 Lbs. M.O.
 Chest measurement { Minimum 40 inches. M.O.
 Maximum expansion 44 inches. M.O.
 Physical development good M.O.
 Small-Pox Marks M.O.

Vaccination Marks { Arm Right Left
 Number 1 1
 When Vaccinated last M.O.
 (a) Marks indicating congenital peculiarities or previous disease M.O.
 M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
10-7-16	MAC		M.O.
22-7-16	MAC		M.O.
4-8-16	MAC		M.O.

Enlisted on 9th day of June 1916 at Moncton N.B.

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>145 OS.</u>	<u>832695</u>		
Transferred to	<u>Batt 6th 97.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Valcartier Camp.</u>	<u>8-23-16</u>	<u>Overex: flat feet: Haemorrhoids</u>	<u>Discharge</u> <u>Approved</u> <u>Do Not</u> Lieut. Colonel W. B. Valcartier Camp, P. Q.

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.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 832695 Rank Pte Name Crawford J. W.
145th. Battn. C. E. F.
 Corps..... who was * Discharged
 On 28/8/16 1915, to.....

* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive :—

	DR.	\$	c.		CR.	\$	c.
From <u>1-8-16</u> To <u>28-8-16</u>	Bal. Dr. from previous month.....			From <u>1-8-16</u> To <u>28-8-16</u>	Regimental pay <u>28</u> days at \$ <u>1.00</u>		<u>28</u>
	Total payments during period				Field allowance <u>1/2</u> " \$ <u>1.00</u>		<u>280</u>
	from.....	<u>10</u>			Other allowances.....		
	Assigned Pay.....	<u>15</u>			Other Credits (give particulars) <u>Uniform</u>		<u>10</u>
	Other Charges (give particulars).....				Bal. Dr. on discharge or transfer.....		
	Bal. Cr. on discharge or transfer.....	<u>15</u>	<u>80</u>				
	TOTAL.....	40	80		TOTAL.....		40 80

The amount shewn as Balance Cr. due on discharge or transfer has † been paid.

Monthly stoppage on account of assignment of pay is \$ 15.00, and has been charged in Pay-list for month of August

† Insert "been" or "not been" as case may be.

REMARKS:—

- State (1) date of enlistment..... 9/6/16
- (2) if married and if a Separation Allowance Card has been submitted..... yes
- (3) cause of discharge and authority..... Medically unfit DD 202 (1)

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 28/8/16
 Place Valcartier Camp.
P. P. Ross
 Capt
 Paymaster.

Cancelled
 29-9-16

LAST PAY CERTIFICATE

Handwritten notes:
100
100
100

Handwritten: 100

Handwritten: 100

Handwritten: 100
100

Handwritten: 100

Handwritten: 100

Handwritten: 100

Handwritten: 100

Handwritten: 100

Handwritten: 100

Handwritten: 100

Handwritten: 100

Handwritten: 100

SEPARATION ALLOWANCE 267

Name Margaret Crawford

Name of Soldier Crawford James. Wm

Address 64 Blossom St

Regtl. No. 832695

Maushua

Rank Pte.

New Hampshire U.S.A

Corps 145th Bm.

Relation to Soldier

To what Corps belonging

wife, child or mother

} wife.

when called out

PAYMENTS

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

ACCOUNT CLOSED
 DATE.....PER.....
 W-

1/9
 2nd S
 P

80 1120 1

25 lbs

MILITIA AND DEFENCE

M. F. W. 11a.
50m.-4-16.
1772-89-818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Margaret Crawford

PAYMENTS.

Name of Soldier

Crawford James Wm

L. L. Job 310.-Req. 6574.

Pte 832695

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July		<i>J10558</i>	<i>100</i>	<i>100</i>
Aug.		<i>M12746</i>	<i>20</i>	<i>20</i>
Sept.		<i>X 15221</i>	<i>20</i>	<i>20</i>
Oct.				<i>X 15221 cancelled. Discharged 28/8/16 (PWR 26/8/16)</i>
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED
DATE..... PER *W*.....

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

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				

649-C-5459

CARD NO.

SURNAME. *Crawford,*

CHRISTIAN NAMES *James William,*

S.O.S. Dis. 28/8/16 I

REGL. No. *832695.*

RANK *Pte.*

UNIT *145th.*

Br.

FORMER CORPS *mb.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Crawford, Mrs. Margaret*

RELATIONSHIP TO SOLDIER *Wife.*

ADDRESS *64 Blossom St. Nashua.
New Hampshire, U.S.A.*

COUNTRY OF BIRTH *Canada, St. John, N.B.* DATE *July. 6th. 1871.*

PLACE OF ATTESTATION *Moncton, N. B.* DATE *June 9th 1916.*

20

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

Metal Worker.

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

45.

YEARS

not stated

MONTHS

HEIGHT

6.

FEET

4.

INCHES

CHEST MEASUREMENT

44.

INCHES

EXPANSION

4.

INCHES

COMPLEXION

Medium.

EYES

Grey.

HAIR

Dark to Grey.

DISTINGUISHING MARKS

Index finger left hand missing.

MEDICAL EXAMINATION.

PLACE

Moncton, N.B.

DATE

June 9th, 1916.

Present Address,

St. John, N.B.

No. 32695 RANK *Pte.*

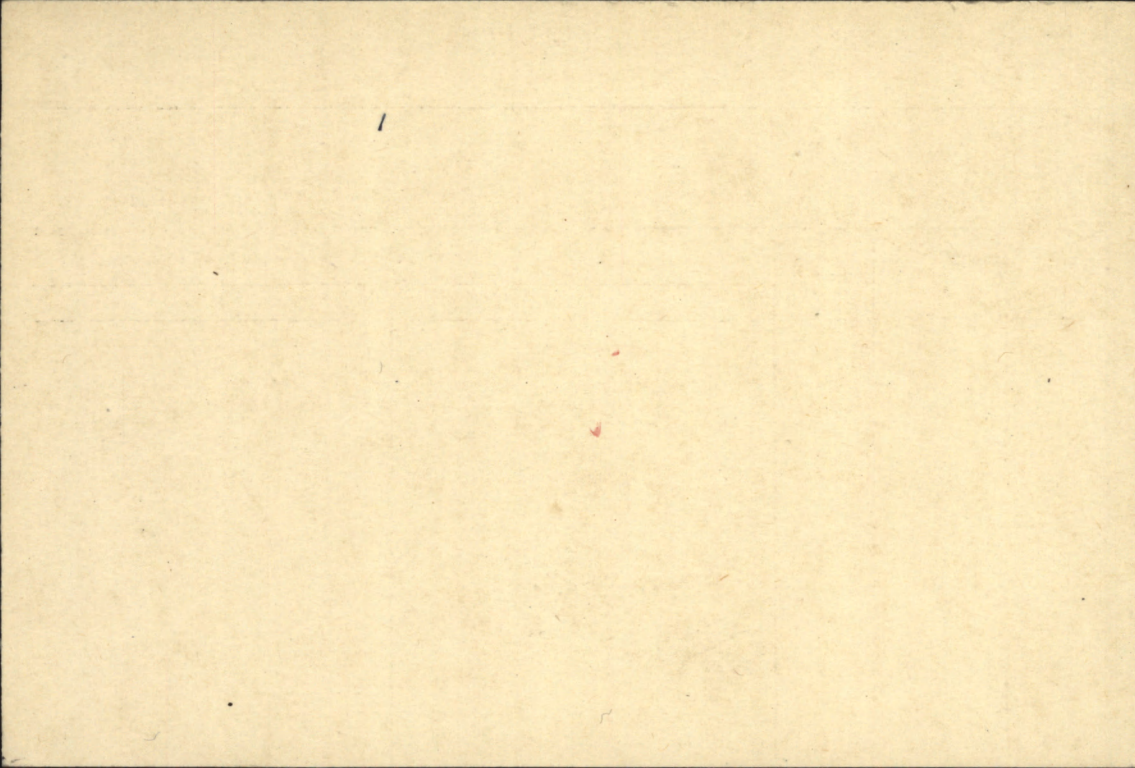
NAME *Crawford Jas. Wm*

T. O. S. 9-6-16 UNIT *145th Battalion*

D.O. 134 of 9-6-16

M. D. 6

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916 June 9</i>	<i>1916 June 30</i>	<i>✓</i>	<i>Dischgd M.U. 28-8-16</i>	<i>DA 202 of 28-8-16</i>
<i>July</i>		<i>✓</i>		
<i>Aug 11</i>	<i>Aug 28</i>	<i>✓</i>		
			<i>etc closed by payment's</i>	<p>UNIT SAILED SEP 25 1916</p>



43668

832695

Crawford

James Wm

I.D. number
No. d'identification

Surname
Nom de famille

Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

Location

Lieu

2122



MEDICAL HISTORY OF AN INVALID.

1. Station. *Valcartier Camp* 8. General remarks on his :—
 2. Regiment or Corps. *145 th. O.R. Bn* (a) Conduct. *Good*
 3. Regimental No. and Rank. (b) Habits. *Good*
832695 Private
 4. Name. *Crawford J.W.* (c) Temperance. *Temperate*
 5. Age last Birthday. (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

DEPT. MILITIA & DEFENCE
 OCT - 1 1916
 H.Q. 649-C-5459
 CANADA

6. Enlisted on *9-6-16*
 at *Moncton*
 7. Former Trade or Occupation. Date. *8-23-16*
Shoe Mice worker

9. Service.	Years.	<i>75</i>	Days.
	PERIODS.		
	FROM.		TO.
<i>145 O.S. Battalion</i>	<i>9-6-16</i>		<i>23-8-16</i>

10. (a) Disease or disability. *(1) Overage. (2) Double flat foot. (3) Haemorrhoids*
 (b) Date of origin. *(1) 20 yrs ago. (3) 20 years*
 (c) Place of origin. *(2) & (3) Mars Hill, Maine.*
 (d) Cause. _____

11. Present Condition. (Most Important)
 (To include full description of present disabling condition or conditions.)
General Condition fair. Some arterio-sclerosis.
Heart and lungs normal. He weighs 210 pounds.
 ① Date of Birth. *July 6. 1863*
 ② Both arches down, cannot raise heels off floor more than 2 inches, when with heels together he rises on toes.
 ③ Marked external haemorrhoids, frequently bleed.

12. (a) Is the disability the result of service or climate? *No.*
 (b) Has it been aggravated by intemperance, vice or misconduct? *No.*

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

None

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

Not applicable

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable

14. Treatment

None

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

①. ②. ③. Not so aggravated

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

*① Permanent.
② Permanent
③ Permanent without operation*

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

Nil

18. State if for discharge on account of unfitness for Service.

Disfit

Masonellon

Capt-Ann

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10.

11.

12.

15.

16.

17.

yes

18. Is he unfit for Military Service. *yes.*

Recommendations :

Discharge

Signatures :—

W. Paulin Cochrane
President.

W. H. Girdell
Capt. M.C.

J. E. Affleck Capt. M.C.

Station. *Valcartier Camp*

Date. *8-23-16.*

Members.

Date.

23/16

F. P. Miles

Asst. Director of Medical Services.

Approved.

Date.

14¹⁰/16

Donald Cameron

Director-General of Medical Services.

*Carded
17/10/16
J.S.*

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Index No.					
Date					
.....					
.....					
.....					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

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.....

Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
150 m-5-16.
H. Q. 1772-89-117.

Station	Corps	Regimental No.	Rank	Name	Disability	Date
Hospital or Station transferred to for final disposal. } Date of final disposal } How finally disposed of }						

The original Report is invariably to accompany the discharge documents of invalids.