

ATTESTATION PAPER.

No. 03781

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname?.....Edmondson
- 1a. What are your Christian names?.....George Albert
- 1b. What is your present address?.....Oshawa, Ont.
2. In what Town, Township or Parish, and in what Country were you born?.....Oshawa Ont.
3. What is the name of your next-of-kin?.....J.C. Edmondson
4. What is the address of your next-of-kin?.....Oshawa, Ont.
- 4a. What is the relationship of your next-of-kin?.....Father
5. What is the date of your birth?.....June 8, 1896.
6. What is your Trade or Calling?.....Electrician
7. Are you married?.....No
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, George Albert Edmondson, 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.

George Albert Edmondson (Signature of Recruit)

Date Jan 7 1916 H. S. Hill (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, George Albert Edmondson 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.

George Albert Edmondson (Signature of Recruit)

Date Jan 7 1916 H. S. Hill (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 Kingston this 7 day of January 1916.

[Signature] (Signature of Justice)

Description of George Albert Edmondson on Enlistment.

Apparent Age...21...years..7.....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.)

1271b.

Height.....5..ft..4 $\frac{1}{2}$..ins.

Chest measurement. { Girth when fully expanded.....34..ins.
Range of expansion.....4..ins.

Complexion...Fair.....

Eyes.....Blue.....

Hair....Lt. Brown.....

Religious denominations

Church of England.....

Presbyterian.....

Methodist.....Yes.....

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.....Jan 7.....1916

Place...Kingston, Ont......

OM Madden

Lieut. A.M.C.

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.

.....George Albert Edmondson.....naving 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. B. Biggs.....(Signature of Officer)

Date...12th Feby.....1916

REGIMENTAL DOCUMENTS

NAME Edmondson George Albert REGT. NO. 03781 UNIT #2 Det C.E. 3 FILE NO. _____

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DESERTION

2

41	27
8	27
5	27
<u>2</u>	

01973

Med. Ampt.

H

Bot
2830

Rt 11-10-20
Rt 3-11-20

S

70

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

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)

cas card
122
M. 39. 192



03781 535431	1973 Edmondson	George Albert
I.D. number	Surname	Given names
No. d'identification	Nom de famille	Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu

Box-2830

“CONTENTS CONFIDENTIAL”
“CONTENU CONFIDENTIEL”



George Albert

Name EDMONDSON Rank 1/cpl

Reg. No. 535431

Unit C A M C 7 Gen.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
17-1	1 Can Gen	Etobicoke	Ch. Infl	A	118	18646
11-2	moose Park	Preston	Antrum			
	aff. G. M. Whalley	Empress		B 136		12456
20-3	West Cliff E.E.	Falton		B 166		14746
28-6	Quinn Hor.	Sidcup	Empress Antrum	B 249	dp	20671
11-5-19	166 G.P. Orkington	do		B 514		16519
21-5-19	Survival	Canada	Corp's Party	B 518		2003
	Sl 503	m 82				
	Wanted Spec. for lunch	under A.B.F. 905				1918
1216	399 G.F.W 3016	20-4-19	10-18-5-19			
	Address whilst on	10 General Post Office				
	leave	Inverness				

[illegible]

Wae
Number, 535431 Rank, 2/cpl

Surname, E. D. MONASON

Christian Names, George Albert

Unit, C. A. M. C. Theatre of War, France

Date of Service, 1-6-16

Remarks,

Latest Address, 309 Centre St.

Oshawa, Ont.

Roll No. B. Page 2266 No 7 Gen Hosp

9. a 25 1/2 km

JUL 26 1921

PA 44234 1/2 km

OCT 11 1921

Name EDMONDSON Rank Pte.

Reg. No. 535431

Unit George Albert
No.7 Can.Gen.Hosp.

Next of Kin CANADA.

1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
July 31.	No.7 Can.Gen.Hos.	Le Treport.	Influenza.	A307.	E	
Aug. 15.	Discharged to Duty:-	do.	do.	A317.	E	
22-2-17	No.& Can Gen Hosp	Etaples	Influenza	Slt A474.	E	
12-3	Discharged to Duty:-	Do.	Do.	A490.	E	

[illegible]

SURNAME.

Edmondson

CHRISTIAN NAMES

George, Albert.

REGL. NO.

0378153543/

RANK

Pte.

UNIT

No. 7 Gen. Hospital (Queen's) Draft

FORMER CORPS

Nil.

NEXT OF KIN.

NAMES IN FULL

Edmondson J. C.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Oshawa Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada. Oshawa Ont.

DATE

June 8th 1896

PLACE OF ATTESTATION

Kingston Ont.

DATE

Jan. 7th 1916

CARD NO.

FOLL.

RIC 30-5-19 33824pl.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Electrician

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

21

YEARS

7

MONTHS

HEIGHT

5

FEET

4 1/2

INCHES

CHEST MEASUREMENT

34

INCHES

EXPANSION

4

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Lt. Brown

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Kingston Ont.

DATE

Jan. 7th 1916

WEST CLIFF CANADIAN EYE AND

EAR HOSPITAL, FOLKESTONE.

HOSPITAL.

0.
A. & D.
CARD

AT

A. & D. No. 7455 PL. OF ACTION 538 431.
RANK S/C UNIT Came. SICK OR
NAME Edmondson Geo. Albert AGE 23 RELIGION Meth.
PLACE IN HOSPITAL 26.
DIAGNOSIS Empyema of tumbum.
ADMITTED 19/3/18. FROM Queen Mary Hpt Whalley.
DISCHARGED _____ TO _____
TRANSFERRED 28. 6. 18. Queens Mil Lp Didsup
SERVICE AT HOME 6/12. IN FIELD 21/12.
RESULTS _____

(See Document Card for M.H. Sheet and other Documents.)

(P.T.O.)

REMARKS.

J C Edmondson (Fr.

309 Centre St

Ohawa

Ont.

LEDGER No. _____ SERIAL No. _____

REG. No. 535431 NAME Edmondson G. A.

RANK 2/C CORPS AD 4 C.A.M.C. AGE 34 SERVICE 65-27/12

HOSPITALS _____ DATE OF ADMISSION _____

1 Q/Sgt. M. H. St. Anne de Bellevue 1-6-19

2

3

DIAGNOSIS Infl. lb. Catarrh

TRANSFERRED TO W.O.M.H. Toronto 1-12-19,

DISPOSITION Sw Unit 11-8-20 CATEGORY _____

M.F.W. 2553.

1126-D.P.-50M-12-18.

1772-39-1332.

P.T.O.

REMARKS:

NAME

RANK AND CORPS

CABLE

No.

DATE

NATURE OF CASUALTY

REGT'L NO

H. Q. FILE No. 649-

FOLLOWS

No.

FOLLOWS

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
a 307	Wt. Can. Gen. Le. Support-	31-7-16	Influenza
a 317	" " " " " Discharge to duty	15-8-16.	"
a 474	Wt. Can. Gen. & Staples	22-2-17	Influenza slt
a 490	" " " "	12-3-17	" - Disc to Duty
a 118	Wt. " " " "	17-1-18	Chr Infl Antrum
B136.	Moore Park. Preston (Off. Queen Mary's & Halley	11-2-18	Emp. pneumonia. (C. A. M. C.)
B166	to W. Bluff Can. & E. Folkestone	20-3-18	"
B249	Queen's Sidcup	28-6-18	Emp. pneumonia Antrum
B514	W. Can. Gen. & Kingston	11-5-19	"
B518	Invalided to 225-035 m. 22	21-5-19	"

Surname

Christian Name or Names

Reg. No.

Rank

Unit

Co.

Troop

Batty

Hospital

Date of Admission

no 7 Can. Gen. L. Lefort. 31-7-16
 Transferred # 7 Can. Gen. Staples Hosp. 22-2-17

Hosp. 17-1-18

Hosp. 11-2-18

Hosp. 20-3-18

Diagnosis

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

Influenza (1)

Influenza (2)

the inf. Antrum

Empyema at

Invalided to Canada 21.5.19.10

DISPOSITION

Disch. to duty 15-8-16.
 " " " 12.3.17

Date

REMARKS

C.L. 11-8-16 A307.

Ch. 23.8.16 A314.

- 23.17. A474.

N. 3.17 A490

23-1-18 A118.

15.2.18 B136
 22.3.18 B166
 3.7.18 B249.

21.5.19. B513

27.5.19. B517.

A.M.D. 2 Dept.

Beh. of D.G.M.S. O.M.F.C. London

B.
Rw.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

- | | | |
|----|-------------------------|------------|
| 1. | Queens Sidecup T.P. | 28. 6. 18. |
| 2. | 16. Can. Gen. Arpington | 11. 5. 19 |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

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 *Name. EDMONDSON, Geo. Albert. Rank L/Cpl. Regtl. No. 535431
 Original unit #5 Sta. Hosp. Present unit D.D.#4 M. or S. S Age 23 Religion Meth. Fyle Depot 19-E.207
 Ref. H.Q.
 Port, ship, and date of arrival H.M.H.T. "ARAGUAYA" Portland, Me.
 Next of kin (F) Mr. J.C. Edmondson, 309 Center St, Oshawa, Ont.
 Address on leave As above.
 Address on discharge Same as above.
 Transportation issued Yes Character on discharge
 Previous occupation Electrician. Date and place of enlistment Kingston, 7-1-16. D.D.
 Diagnosis Inflammation of Antrum Date of Medical Boards 11-8-20

Date.	Remarks	Pt. 2 Order No.
2-6-19	T.O.S. from O/S 21-5-19. Posted to Hosp. Sect. 1-6-19	
	Granted Fur. w-s to 16-6-19	153.

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

(over)

Date.

Remarks.

Pt. 2 Order No.

20-6-19.	Leave W/S. From 16-6-19. till 16-7-19.	171-p.
20-8-19	Furlough W/S. 30-8 to 30-9-19. Authy. RO. 1542	241-3
21-11-19	Furlough W/S. 21-11 to 21-12-19	325
3-12-19	S.O.S. D.D. 4 on transfer to D.D. 2 effect 1/12/19 R.O. 1091	337
1-12-19	T.O.S. #2 D.D. on Trans. from #4 D.D. & Posted to Hosp. Sect. (To be Trans. to #4 D.D. on completion of treat't.)	343
1-12-19	D.D. #4. to D.O.H.	H.S. 339
21-12-19	Subs. to 21-1-20. (D.O.H.)	H.S. 353
2-12-19	Subs. to 21-12-19.	353

D.O. 353 date of subs. amended to read 22-12-19 to 21-1-20. 354

20-6-20. S.O.S. #2 on transfer to General List C.B. 7 182 apdsc

19-8-20. T.O.S. General List C.B. 7 #2 Det
Discharged as med. Unfit with effect 11.8.20 memo I/H
n # 40M.F. 99
1504-6-18.
1772-39-1243.

MEDICAL HISTORY SHEET.

Surname Edmondson Christian Name George Albert

16 FEB 1918

Examined { on 7 day of January 1916
at Kingston, Ont.

Birthplace { City or Town Oshawa
County Ont.

Apparent age 21

Trade or occupation Electrician

Height 5 Feet 4 1/2 Inches.

Weight 127 Lbs.

Chest measurement { Minimum 34 inches.
Maximum expansion 4 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right Left.
Number

When Vaccinated last 1908

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection

Slight Tendency to Flatfootness

Otherwise O.K.

Approved by

Jm Madden

Rank Lieut. A.M.C. M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		15 FEB 1918 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date	Result	VACCINATIONS.
9.2.16		R.M.F. M.O.
Feb 29	N.G.	jc M.O.
		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
20.1.16	D.K.	R.M.F. M.O.
30.1.16	O.K.	R.M.F. M.O.
		M.O.

Enlisted on 7 day of January 1916 at Kingston, Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>No. 9. Gen. Hosp.</u>	<u>535431</u>		
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
No. 78 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON, KENT.	9 MAY 1919	Partial destruction left upper alveolar and left anterior	Invalid W. S. G. Capt. Gaird

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.

Surname Edmondson Christian Name George Albert

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
No 7 Can Gen Hos. Le Port.		31	7	16	15	8	16	Influenza	15	Dis to duty	A 307-317.
No 7 Can. Gen. Hosp. Etaples		22	2	17	12	3	17	do. (slt)		Discharged to duty	A 474-A490 WH
		11	2	18	18	3	18	(Cav Duff) 19 271 In/C of Internal	37.	x Ray shows C antrum very dense' suggesting fungus 26-2-18 Anterior 3 rd of Inferior turbinate. removed. 18-3-18. Transferred to Westcliffe. Canon. Eye & Ear Hosp Folkestone. Mucosa of antrum unhealthy. Apparently some bone removed & whole chamber from 2nd canal backward quite movable. Cilia mucosa curled. Buccal opening not closed Cilia unhealthy in spite of repeated washing. Soft all portion of nasal bone come away. Transfer to Queen's Hosp. Sidcup Further treatment.	
		19	3	18	28	6	18	Empyema of Antrum (Ref.)	103		

Queen Mary's Military Hospital,
WESTCLIFFE, LANCES.

WESTCLIFF CANADIAN EYE AND
EAR HOSPITAL, FOLKESTONE.

Small Medical History Sheet
posted to here. 1/1/18

H. J. Martin, M.D.
for M.O. 1/1/18.

1/1/18

Cont. C.A.M.

Queen Mary's Military Hospital,
WHALLEY, LANC.

WEST CLIFF CANADIAN EYE AND
EAR HOSPITAL, FOLKESTONE.

Adj. & Regr for Officer Commanding
WEST CLIFF CANADIAN EYE & EAR HOSPITAL,
FOLKESTONE, KENT.

12 DUPLICATE. MEDICAL HISTORY SHEET.

Surname Edmondson Christian Name George Albert

Examined { on 7 day of January 1916
 at Kingston
 Birthplace { City or Town Oshawa
 County Ont.

Approved by J. M. Madden
 Rank Lieut. A.M.C. M.O.

Apparent age 21
 Trade or occupation Electrician
 Height 5 Feet 4 1/2 Inches.
 Weight 127 Lbs.
 Chest measurement { Minimum 34 inches.
 Maximum expansion 4 inches.
 Physical development Good
 Small-Pox Marks none

Vaccination Marks { Arm Right Left
 Number 1

When Vaccinated last 1908
 (a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection
Slight tendency to
flat footness
Otherwise O.K.

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

Date	Result	VACCINATIONS.
<u>22.10</u>		<u>R.M.F.</u> M.O.
<u>29.2.16</u>	<u>N.G.</u>	<u>jc</u> M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>20.1.16</u>	<u>D.K.</u>	<u>R.M.F.</u> M.O.
<u>30.1.16</u>	<u>O.K.</u>	<u>R.M.F.</u> M.O.
		M.O.

Enlisted on 7 day of Jan 1916 at Kingston Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>No. 7. Gen.</u>	<u>535431</u>		
Transferred to..	<u> Hosp.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>North</u> <u>Lombto</u>	<u>Aug 4</u> <u>1920</u>	<u>S.Q. 4 lead</u> <u>Fract. sup. max.</u>	<u>Impaired</u> <u>Gettendon</u> <u>msd</u>

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.

Surname *Edmondson* Christian Name *George Albert*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from : whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
No 7 Can. Gen. Hosp. Etaples		31	7	16	15	8	16.	Influenza	15	Dis to duty	A 307-317.
No 7 Can. Gen. Hosp. Etaples		22	2	17	12	3	17	do. (slt)		Discharged to duty	A474-A490
Ste. Anne de Bellevue Mil.		1	6	19	DEC - 1	1919		G.S.W. Face Left antrum infection.	184	Transferred to Dominion Orthopaedic Hospital, with Facial Section.	
D.O.H		1	12	19						MFB 227	

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge

Class. *A*No. *119202*THIS IS TO CERTIFY that No. *--535431*..... (Rank) *L/Cpl*.....Name (in full) *EDMONDSON, George Albert*..... enlisted inthe *A. M. C.*.....CANADIAN EXPEDITIONARY FORCE at *Kingston, Ontario* on the *7th*.....day of *January*..... 19 *16*HE served in *CANADA, ENGLAND & FRANCE*.....and is now discharged from the service by reason of ~~DISABILITY~~
Medical Unfitness.

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:

Age *25 yrs 2 mos*.....Height *5 ft 6 ins*.....Complexion *Fair*.....Eyes *Blue*.....Hair *Brown*.....Marks or Scars *Vacc. scar left arm*....Tattoo *rt. forearm "Sword thro Heart"**G. A. Edmondson*
Signature of Soldier

Date of Discharge

2 Det., C. E. F.
August 11th., 1920.
*Toronto..... Ontario**Lt. Col.*
Issuing Officer*W. J. ...*
Officer administering # *2 Det. C. E. F.*
RankDate *August 11th., 1920.*

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

MEDICAL CASE SHEET (OPHTHALMOLOGY)

MILITARY HOSPITAL

DATE

2011
May 21/20

NAME

Edmondson GA

RANK

L/Capt

NUMBER

535-431

UNIT

204

AGE

20

HISTORY

SYMPTOMS

Came for eye exam.

GLASSES WORN

OBJECTIVE EXAMINATION

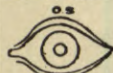
EXTERNAL APPEARANCE

OD



normal

OS



normal

RETINOSCOPY AND OPHTHALMOMETER

OD

0

OS

0

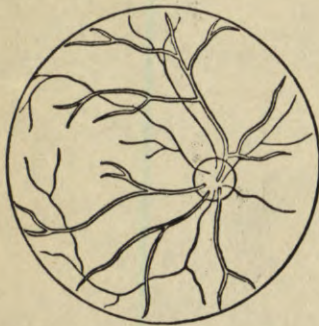
OPHTHALMOMOSCOPE

FUNDUS

LENS

CORNEA

normal



FIELDS

DIAGNOSIS. me
DURATION.
DISABILITY.
DUE TO SERVICE

MUSCLE BALANCE

TENSION

SUBJECTIVE EXAMINATION

TRIAL CASE

OD

BEFORE

SPH.

CYL.

AX.

V

AFTER

OS

V

P.P.

P.R.

A. ACC.

PRESBYOPIA

GLASSES PRESCRIBED

OD

OS

TREATMENT:—

M. F. W. 144

10M-3-18

1772-39-1173

W. H. Lowry L. Col

MEDICAL CASE SHEET (OPHTHALMOLOGY)

MILITARY HOSPITAL

DATE

AGE

UNIT

NUMBER

RANK

NAME

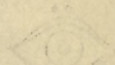
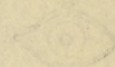
HISTORY

SYMPTOMS

GLASSES WORN

OBJECTIVE EXAMINATION

EXTERNAL APPEARANCE



RETINOSCOPY AND REFRACTOR

OD

OS

OPHTHALMOSCOPIC

CORNEA

LENS

GLASS

FIELD



TENSION

MUSCLE BALANCE

SUBJECTIVE EXAMINATION

TRIAL CASE

AX

AX

AX

AX

RETINOSCOPY

GLASSES PRESCRIBED

TREATMENT

BY

DATE

M. F. W. 54.
(A. F. B. 103)

CASUALTY FORM ACTIVE SERVICE.

REG. No.	RANK	NAME	UNIT
535431	L/Cpl	EDMONDSON.Geo.A.	C.A.M.C

Date	Place	Record of transfer	Place	Effective	Authy. D.O. Part 2.
2-6-19	Montreal	T.O.S.DD.4. from Overseas	Montreal	21-5-19	No. 153.
1-22-19	Montreal	S.O.S.DD.4. on transfer to DD.2. as per R.O. No. 1091.	Montreal Toronto	1-12-19	No. 337.

CERTIFIED CORRECT FOR DISTRICT DEPOT No. 4.

Howe
Captain.
A/Officer Commanding:
District Depot No. 4.
Montreal, Dec. 3rd, 1919.

RECEIVED
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C.

UNIT

MAILED
JUN 12 1942

MAIL

JUN 12 1942

RECEIVED
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C.

RECEIVED
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C.

MAIL

JUN 12 1942

RECEIVED
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C.

RECEIVED
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C.

RECEIVED
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C.

CASE HISTORY SHEET.

Ste Anne de Bellevue Hospital. Ste Anne de Bellevue, P.Q. Station.
No. 535431 Rank L/C Name Edmundson, Geo. Age 23
Unit CAMC Completed years of service 27/12 Where and how long }
Date of admission JUN 1 1919 Date of discharge DEC - 1 1919
Diagnosis Empyema of Antrum Place of origin France.

CONDITION ON ADMISSION AND PROGRESS OF CASE.

13/8/19 OPERATION. Gen. Anaes. Capt. Grant - Surgeon, Major C.W. Waldron.
The remaining perforation into the left maxillary sinus was closed by hinging inwards a flap from the cheek beneath previously elevated alveolar palatal margin. There remained a small opening anteriorly which was closed by sewing over the cheek margin of the original flap incision to the margin of the palate. Mattress sutures of chronic catgut. C.W. Waldron, Major CAMC. T.

Aug. 12-19 Acid. - Sugar. O. - Albumin. O. - Micro:- Nil. Capt. Grant.

Aug. 13-19 Acid. 1030 - Sugar. O. - Albumin. O. Capt. Grant.

Aug. 24-19 Small recurrence of perforation at anterior - end of last operation closure.

Proceeding on leave. Major Waldron.

P.M. 30.8.19: One month's leave of absence granted.

Dec. 2. 19: Transferred to Dom. Othopaedic Hospital, Toronto, with Facial Division.

FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.)

TREATMENT.

(Especially any specific or special form.)

CONDITION ON DISCHARGE.

(and disposal made of case.)

Date.....

W. A. Sleeper, Capt
Medical Officer i/c case.

CASE HISTORY SHEET.

Ste Annes Military Hospital. Ste Anne de Bellevue, P.Q. Station.
 No. 535431 Rank L/C Name Edmundson., Geo. Age 23
 Unit C.A.M.C. Completed years of service 27/12.
 Date of admission JUN 1 1919 Date of discharge DEC - 1 1919
 Diagnosis Empyema of Antrum. Place of origin France.

CONDITION ON ADMISSION AND PROGRESS OF CASE

8-6-18. Admitted to Canadian Section, Queen's Hospital, Sidcup, Kent.
 October 1916 abscess in left 1st Molar.
 History of several operations on left antrum with resulting perforation & fracture.
 28-6-18 EXAMINATION by Major C.W. Waldron CAMC
 Opens mouth normally. There is some downward displacement and mobile fracture of entire left side of upper jaw. There is a very large opening into left maxillary sinus extending from the lateral to the 2nd molar region, through which the finger can readily be inserted. Through this opening a large opening from the left maxillary sinus into the left side of the nose can be seen.
 PHARYNX - Congested. NOSE Free space left. Hypertrophy right inferior turbinate. EARS - drums intact.
 29-6-18 Wasserman test to be taken at Woolwich on Monday next.
 General Examination. Reflexes normal - no periostitis over crest of tibia no areas found on body where there had been ulcers previously. Skin clear, and on questioning no information elicited that would lead one to suspect specific diseases. EFR
 1-7-18 Sent to Royal Herbert Hospital, Woolwich for Wasserman test.
 5-7-18. X-Ray 4508 shows obscure antrum left, negative right; also loss of bone from outer wall of antrum, Loss of portion of inferior turbinate EFR.
 7-7-18. Roots of upper left cuspid and bicuspid are seen exposed and necrotic area round the left. EFR
 27-7-18 Uppers left 2,3,4,5,6, extracted by Capt. Campbell about 10 days ago and the roots were denuded and roughened. Certain amount of alveolar process was removed. There is still considerable mobility of molars and tuberosity - it was decided to remove the remaining molars C.W.W.
 8-8-18 Mouth much cleaner. Large piece of bone from outer wall of antrum has been separated.
 15-8-18 Small pieces of bone removed
 8-31-18 To have temp. dental appliances to close opening into antrum. refer Capt. C.C.W. Sept. 6, 18
 11-2-19 OPERATION Under Genl. Anæes given by Capt. Henderson, CAMC Surgeon Capt. E.F. Risdon, CAMC Flap was taken from the left half of the palate extending up to the incisor teeth as the teeth on the upper left side had been extracted. The flap was slid over ridge and united to the mucous membrane of the cheek. It will be necessary to force this flap to a higher level with some mechanical appliance as soon as healed. Raw area was left in the palate. EFR
 19-2-19 All stitches out - small hole posteriorly where pedicle of flap was not advanced. To have appliance made to press flap up.

1/6/19. Admitted Ste Anne de Bellevue Hospital.
 Six weeks furlough.
 CONDITION ON DISCHARGE Returned 16/7/19.
 (and disposal made of case.) There is medium sized opening into antrum in left molar region. Ready for operation. T.W. Bleakley, Capt. CAMC.

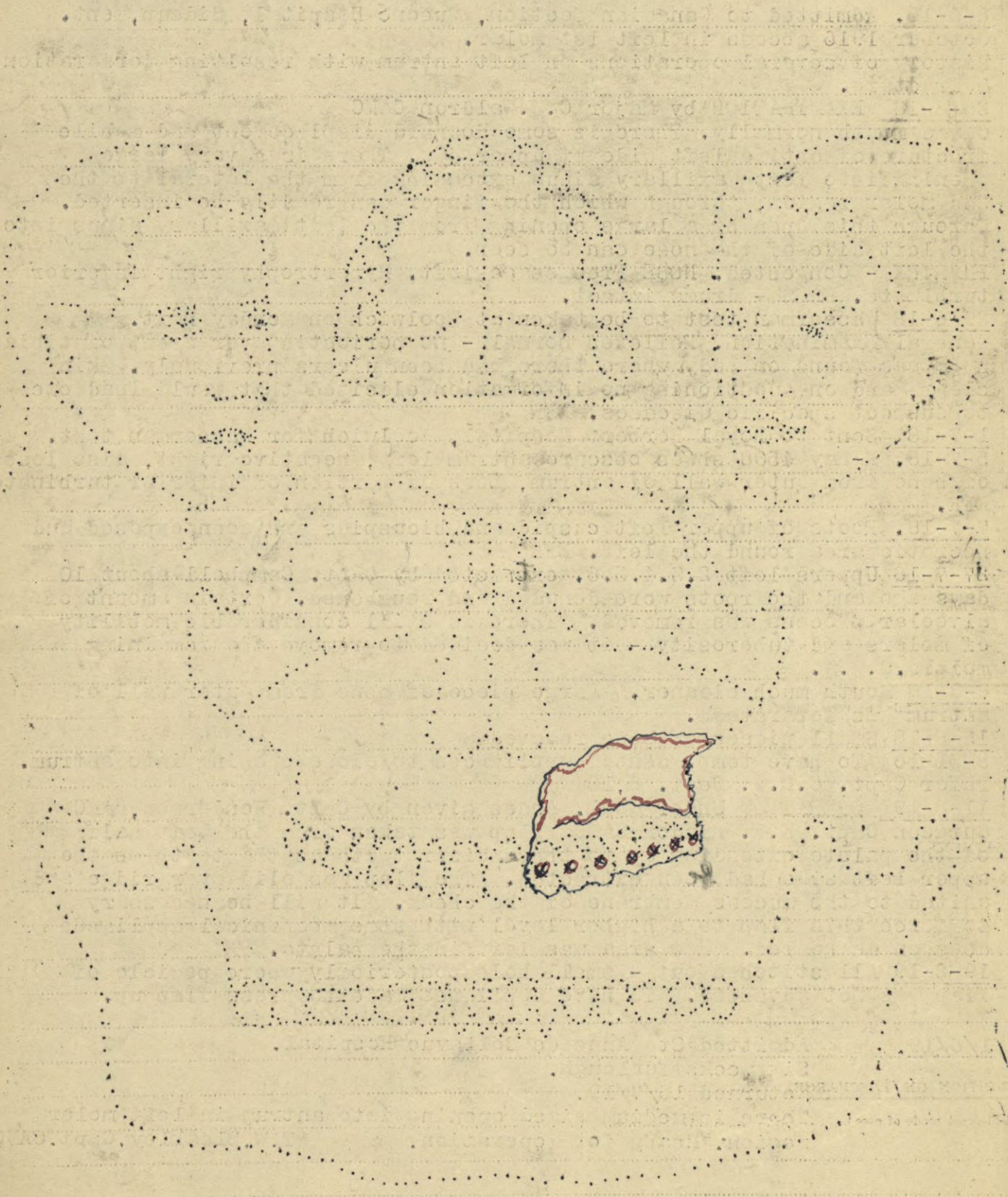
Date

Medical Officer i/c case.

CASE HISTORY SHEET

23

10-1-31



CASE HISTORY SHEET.

Home orth. Hospital. Toronto Station.
 No. 5354 31 Rank Lt. Col. Name Edmundson Age 25
 Unit Came Completed years of service Where and how long
 Date of admission Apr. 400 12/4/20 Date of discharge
 Diagnosis Tonsillitis (subacute) Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaints: Headache
 Pain in back. 24 hrs.
 Feverishness
 Slight soreness of throat
History: In bed 400 (gun section) for operation on
 palate for inflammation left antrum operated on
9/4/20.
F.N. M. aow F. aow B. a. i. unknown S. d. i. unknown
P.N. Born in Canada. Left school 15 yrs of age
 Plumber apprentice for 5 yrs. Plumber until
 enlistment. Lived mostly in a house.
 Suffered venereal disease.
 Enlisted Jan 7/16 Over seas Feb 29/16 In France
 23 hrs. Not wounded. Vaccinated Jan 2/20 Good teeth.
Past illnesses:

Prior Enlistment - Diphtheria at 7 yrs of age.
 Since Enlistment - Influenza 1917 2 wks. 1 wk.
 Feb 1916 Contracted alveolar abscess left side
 Jan 7/1918 Operated on for antrum trouble. Reached
 England Feb 11 & has been in hospital ever since.

FAMILY HISTORY Present illness - 2 days ago headache began
 (Tuberculosis, mental or nervous diseases) with pain in back & feverishness

Slight sore throat
Exam. Congestion fauces & pharynx. Slight infection
 around alveoli Left alveolar margin

TREATMENT

(Especially any specific or special form) 14-4-20 Temperature normal
 apparently no operative indication.
 To return to former ward.

CONDITION ON DISCHARGE

(and disposal made of case.)

Date

Medical Officer i/c case.

CASE HISTORY SHEET

Location

Room

Age

Sex

Occupation

Marital Status

Education

Religion

Presenting Complaint

History of Present Illness

History of Past Illnesses

Family History

Physical Examination

Vital Signs

Neurological Examination

Psychiatric Examination

Diagnostic Tests

Immunization Status

Current Medications

Review of Systems

Assessment

Plan

Follow-up

Discharge Instructions

Referral

Notes

Signature

Date

Time

Place

Initials

Comments

Signature

Date

Time

Place

Initials

Comments

Signature

Date

Time

Place

Initials

Comments

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
112846	535431	Lt	Edmundson	G.
Year.	Unit.		Age.	Service.
1919.	Can. Co.		23	4 1/2
Station and Date.	Disease Erysipelas of Antrum			
No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL. 10/5/19 WILKINGTON, ONT.	Admitted to 16 th Can. Gen. Hosp. pending departure, to Canada. Boarded Steamer at Sidsbury.			
	J. H. H. H. H.			

Station
and Date.

CERTIFIED CORRECT.

Fill in Only.—Unit, Number, Rank and Name.

Canadian Record Office
Westminster House, 10-15
H.B. 172-39-420.

Casualty Form—Active Service.

Unit, Regiment or Corps

No. 5 Stationary Hospital, Reinforcements

Regimental No. 03781

Rank

Name

EDMONDSON, George Albert

C. E. F.

Enlisted (a) Terms of Service (a) Service reckons from (a)

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				
<i>Sandgate 16/3/16 To Moore Barracks</i>					TRANSFERRED FROM C.A.M.C. TRAINING SCHOOL <i>H. Clarke</i> CAPT. C.A.M.C., COMMANDING C.A.M.C. TRAINING SCHOOL,
<i>Paraker Camp Sibgate 3/4/16</i>					TRANSFERRED FROM C.A.M.C. TRAINING SCHOOL <i>Overseas</i> <i>J.H. Ford</i> CAPT. C.A.M.C., COMMANDING C.A.M.C. TRAINING SCHOOL,
11.6.16.	Ob. 76 G.H.	taken on strength on arrival from England and reinforcement.	Ge. report.	1/4/16	B213 p/1101d No 125 d/21/4/16.
31.7.16	"	admitted Influenza	"	31/7/16	A3034 No 52.
20.8.16	"	discharged	"	1/8/16	B213. D 6 d. No 17.
22/2/17	"	Adm (Influenza)		22/2/17	W3034/279
12/3/17	"	To duty (")		12/3/17	" / 303.
3/10/17	DMS	App'd. Lance Corporal		1/8/17	CO230/1293 P411

(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

9/12/17	7CG/11	Granted 14 days leave	6/12/17	Bn3 Pk 72	13/12/17
23/12/17	"	Returned Unit.	21/12/17	Bn3	
20/1/18	"	Adm (Ch. Inflm of Antrum)	17/1/18	" W3034	
11-2-18	Princina Elizabeth	Sick posted to 64th B. Depot - Shorncliffe.	11-2-18	W3083/4807	P.O. 7 d/11-2-18.

Hackristie

Capt. for Lt.-Col., A. A. G.
Canadian Section, G. H. O. 3rd Echelon, B. E. F.

1-12-19 T.O.S. No. 2 District Depot on transfer from
No. 4 District Depot, Part II, D. O. No. 343

S.O.S. No 2 Dist. Depot on transfer to Captain & Adjutant
General List, CEF (No 2 Det. Toronto 30-6-20 Appen. D.O. 182 d/30-6-20

T.O.S. No 2 Det., General List, Toronto 1-7-20 #2 Det., CEF Memo #1
C.E.F. with effect 1-7-20 dated 1-7-20

Discharged as Medically Toronto 11-8-20 #2 Det. CEF. Memo #40
Unfit with effect 11-8-20 dated 9-8-20

R. R. [Signature]
.....Major,
O.C. Cas. Sec., No 2 Det., C.E.F.

VES

Rank

Name

EDMONDSON George Albert

Reg'l No. 535431

Unit Dft. No. 7. Gen. Hos. to What Unit? If in perm. Corps, }

03741
Married or Single SingleC.A.M.C.
Place and Date of Enlistment Kingston, 7 Jan. 1916.Place of Birth Oshawa, Ont.,
Canada.Name and Address, Next-of-Kin J.C. Edmondson
Oshawa, Ont., Canada.

Relationship

Father

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No. 10557

File R.L.

Category Mulbar

Discharge, Date and Place

Reason

Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
13.3.16.		Arrived in England Via S.S. Scandinavia		13.3.16.	
16-3-16	B.A.M.B.T.S.	Taken on strength on transfer from Canada Landgate		13-3-16	Pt. II Order 79.
22.3.16	Do	Struck off S.L. to Moore B.A.M.B.T.S.		16.3.16	" " 86.
21.3.16	Moore B.A.M.B.T.S.	Taken on strength	Shoroucrafts	"	" " 81
3.6.16	"	Trans to Came-75.	"	30.5.16	" " 155
31.5.16	B.A.M.B.T.S.	Taken off from H. B.A.M.B.T.S. Libgate		30.5.16	" " 155
31-5-16	"	Taken off from H. B.A.M.B.T.S. Libgate proceeding Overseas	"	31-5-16	" " 155
21.6.16	7 Gen.	Taken on strength on arrival from England	Le Treport	1/6/16	Pt. II Order 125

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.				
11-8-16	C. L. A. 307 L of C.	Adm. No 7 Can Gen. Corp. Le Treport	31-7-16	C. L. A 307.	Influenza.
23-8-16	do	Discharged to duty	do	15-8-16	CLA 317 do
2-3-17.	do	Adm. No 7 Can Gen. Corp. Elders	22-2-17.	CLA 474.	Influenza Rlt
21-3-17.	do	Discharged to Duty	do	12-3-17	CLA 490. do
9-10-17	1 Gen. Hq. do	Apptd. Ppl	Re do	1-8-17	PTD DO. 58.
16-2-18	1 Gen. Hq.	" Sick" Posted to same Dept. 11-2-18	"	11-2-18	same Dept - 7 PTD. 51 d/20-2-18.
9-5-18	same	" To S from same Dept. " 5-18	"	9-5-18	same Dept - 1 PTD. 12 d/5-5-18.
27-5-19	Came	Arrived to Canada 21-5-19	MD 2	21-5-19	OB. 518
23-6-19	BAH 666.	S.O.S to Canada	1/2 Cpl Willey	21-5-19	DO 146.

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
20m.—9-15.
H. Q. 1772-39-819.

2nd. Contingent

To Whom

Address

Miss E. Edmondson
309 Centre St.
Oshawa
Ont.

By Whom Assigned

Regtl. No.

Rank

Corps

Edmondson E.A.
03781 (*535431*)
Pt.
No. 7. Gen Hospital

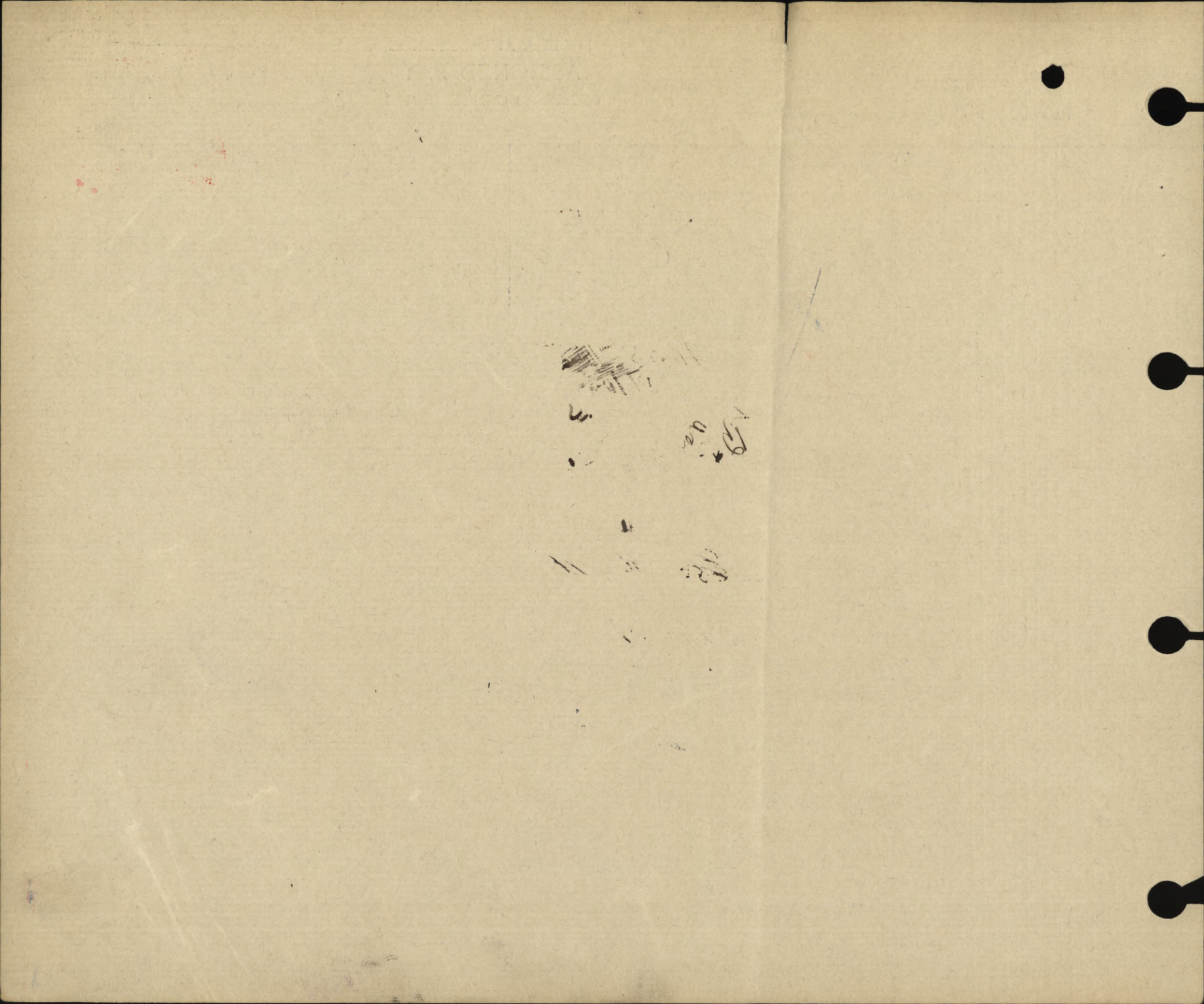
Rate

\$ 15.00
20.00 Oct 1st. 16
MAR 1 - 1916
2m. 26 5/8 W.B. 9 1/2

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		<i>W 16853</i>	<i>15 -</i>	





MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.

60m.-12-15.

1772-39-819.

Sheet No. 2.

L. L. Job 89002.-Req. 6213.

Name of Soldier

03781

7th Gen Hospital

2nd. Contingent

Month.

Year.

Cheque No.

Amt.

Remarks.

MAR 1 1916

April

1916

Q 1089

15

May

R 3833

15

June

A 7229

15

July

H 7984

15

Aug.

O 63677

15

Sept.

S 17055

15

Oct.

S 22155

15

Nov.

Z 25519

15

Dec.

B 36008

30

Jan.

1917

S 37517

20

Feb.

J 43682

20

March

J 57291

20

April

Q 1307

20

May

B 8068

20

June

C 13914

20

July

J 21577

20

Aug.

Q 28254

20

Sept.

P 14888

20

Oct.

E 41216

20

Nov.

V 46579

20

Dec.

L 57534

20

Jan.

1918

Feb.

March

April

May

June

July

15⁰⁰ 20⁰⁰ Oct 1630⁰⁰ Dec cgt to adj.
20⁰⁰ Jan & future.

20 P

20 W

20 L

E 80 68 Remailed 30 7/2 b-L

20 L

Pa

J

J

405-8

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier

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

Rank

Name

EDMONDSON George Albert

Reg'l No. 535431

P-56

Unit Dft. No. 7. Gen. Hos. to If in perm. Corps,
C.A.M.C. What Unit?

Married or Single Single

Place and Date of Enlistment Kingston, 7 Jan. 1916.

Place of Birth Oshawa, Ont.,
Canada.Name and Address, Next-of-Kin J.C. Edmondson
Oshawa, Ont., Canada.

Relationship

Father

Assigned Pay Monthly \$ 15⁰⁰ / 13/16

Payable to Miss Ethel Edmondson Oshawa, Ont.

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
1916																	
Jan 15	15	15	100	15 00	15	10	1 50	10 00	26 50				15		15	11 50	Credit Clothing
16	31	16		16	16		1 60	11 50	29 10			14 59			14 59	14 51	to m. A. K. 10081 m. A. K.
				31 00			3 10	10	44 10			14 59	15		29 59	14 51	mm Checked from m. A. K.

BALANCE TRANSFERRED TO NEW LEDGER.

[illegible]

* Strike out whichever inapplicable.

[illegible]

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED
BY INSERTION OF DATE CHARGED IN RED INK.

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
26/4	CP	London	48 67			ledge Bal	65 86
8/5	CP	-	14 60			SLV	77 87
10/5	3521	16 Gen	14 60			LPC Bal <i>Dr</i>	12 01
			<u>77 87</u>				

PARTICULARS OF RENDERING NON-EFFECTIVE:-

Trans to Canada. Hosp. List. Ory

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS
1918				
Mar 31	Bal Bwd			
Apr	L/c Pay.	34 50		
				AK 182 ^{ETE} Wb. 124
				" 360 " 254
May	L/c P.	34 50		
		35 65		
				533. " 145
				841. " 29/5
June	L/c P.	35 65		
		34 50		
				945. do 14/6. C
July	L/c P.	34 50		
		35 65		
				68 1448 London 4/7
				68 17119 " 18/7
		35 65		
Aug	L/c P.	35 65		
				b. a. P.
				b. P. London 3/9
				24373. Abbey bridge Street. 17/9
				29231. " 31/9
Sept	L/c P.	35 65		
		34 50		
				b. a. P.
				32407. C.P. Lon. 10/9
		34 50		
		34 50		

NUMBER 535431

RANK

L/Cpl.

NAME

EDMONDSON

G. A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.
1918								
Oct.	L/Cpls Pay	35 65		G. A. P.				20
	Sick pay 22/10 - 26/11/18. 35 days @ 734	25 55						
		61 20						20
Nov.	L/Cpls P.	34 50		Cap				20
Dec.	"	35 65		G. A. P.				20
				62586. G. P. London 16/11 17 48 67 ✓				
				73917 " 30/11 32 4 87 ✓				
				82392 " 16/12 61 14 60 ✓				
Jan 19.	" P.	35 65		G. A. P.	68 14			20
		105 80			68 14			60
Feb.	"	32 20		G. A. P.				20
				9472 " 18/1 22 9 73				
				3662 " 4/2 62 4 87				
Mar	✓	35 65		G. A. P.	14 60			20
				47170 " 11/3 126 9 73				
				55438 " 27/3 186 4 87				
				LOT P1015 2000 Hops 6/6/4 112				
		67 85			30 32			40
Apr	"	34 50						20
May	"	35 65						20
				CP 65171. 26/4 31 48 67				
				67770 8-5 58. 14 60				
				3521 10-5 70. 14 60				40
		70 15			77 87			40

S.O.S. Cam.

SL #503 21-5-19

NAME EDMONDSON G. A.

CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
						19 32	Nil	
	C.A.P.				20	34 97		
						60 52	✓	
	$\$10$ 16/11/19	=			20			
	C.A.P.				20	75 02		
	C.A.P.				20	90 67		
	62586. C.P. London 16/11 17	48 67	✓			42.00		
	73917 " 30/11 32	4 87	✓			37 13	9c agreed 30/11 25.	
	82392 " 16/12 61	12 60	✓			22 53		
	C.A.P.	68 14			20	38 18		
		68 14			60			
	C.A.P.				20	50 38		
	9472 " 18/1 22	9 73				40 65		
	3662 " 4/2 62	4 87				35 78		
	C.A.P.	12 60			20	51 43		
	47170 " 11/3 126	9 73				41 70		
	55438 " 27/3 156	4 87				36 83		
	LOT P1015 2mm Hwp C/64	1 12				35 71		
		30 32			40			
					20	50 21		
					20	65 86		
	CP 65171. 8/5 26/4 31	48 67						
	67770 PM 8-5 58	14 60						
	3521 12-5 70	14 60			40	12 01		
		77 87			40			

S.O.S. Can.

SL #503 21-5-19

MARRIED OR SINGLE *Single*
PLACE OF BIRTH *Oshawa Ont*
NAME AND ADDRESS OF NEXT OF KIN *J.B. Edmondson*
Oshawa Ont
RELATIONSHIP OF NEXT OF KIN *Father*
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	AUTHOR
<i>App'd Lcp.</i>	<i>1-8-17</i>	<i>D.O. 58</i>

ADMISSIONS TO HOSPITAL, &c.

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

Checked *Edmondson*

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS				RATE	AMOUNT		1		2		3	
			\$	C.			\$	C.						\$	C.	NO	DATE	NO.	DATE	NO.	DATE
1916																					
Mar 31			31			3 10					10	44 10									
1/4-30/4	30	1	30 00	30	10	3 00						33 00	355 7/4	382	29/4						
1/5-31/5	31	1	31 00	31	10	3 10						34 10	433 15/5	474	30/5						
1/6-20/6	20		20	20		2 00						22 00									
21-30	10		10	10		1						11		173	14/6						
July 1-31	31		31	31		3 10						34 10	137 29/6	154	13/7						
Aug 1-31	31		31	31		3 10						34 10	173 29/7	198	16/8						
Sept 1-30	30		30	30		3						33	209 29/8	237	14/9						
Oct 1-31	31		31	31		3 10						34 10	248 29/9	267	13/10						
Nov 1-30	30		30	30		3						33	293 28/10								
Dec 1-31	31		31	31		3 10						34 10	320 27-11								
1917			30 60										317 17-11								
Jan 1-31	31	1 10	34 10									34 10	426 22/12	418	12/12	524	8/1				
Feb 1-28	28		30 80									20 80	533 30/1								
			401 50								10	411 50									

[illegible]

NAME OF HOSPITAL

REG'L No. 535431	RANK <i>1st Lt</i>	NAME <i>Edmondson (G. A.) George Albert</i>
IF IN PERMT. CORPS WHAT UNIT	UNIT <i>MB Hosp</i>	Transferred to <i>7 Gen Hosp</i> DATE <i>21/6/16</i> AUTHORITY <i>Do 125 21/6/16</i>
PERMANENT FORCE ALLOWANCES	Transferred to	DATE AUTHORITY
PLACE OF ATTESTATION <i>Kingston Out</i>	Transferred to	DATE AUTHORITY
DATE OF ATTESTATION <i>7th January 1916</i>	Transferred to	DATE AUTHORITY
ASSIGNED PAY MONTHLY \$ <i>20.00</i>	DATE EFFECTIVE <i>1/10/16</i>	
PAYABLE TO <i>Miss Ethel Edmondson, 309 Centre St, Ashauk, Ouh.</i>	RELATIONSHIP	
ASSIGNED PAY MONTHLY \$	DATE EFFECTIVE	
PAYABLE TO	RELATIONSHIP	
STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)	EFFECTIVE	REASON
DISCHARGE DATE AND PLACE	REASON AND AUTHORITY	
ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)		
ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)		

ACQUITTANCE ROLLS						CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2		3		4		1	2	3	4				CREDIT	DEBIT			
NO.	DATE	NO.	DATE	NO.	DATE												
								1459		15		2959	1451				
382	29/6					487	973			15 00		2960	1791				
474	30/5					487	973			15 00		2960	2241				
										15		1500	2941				
123	14/6						426					426	3615				
154	13/7					426	436			15		2362	4663				
198	16/8					426	436			15		2372	5701				
237	14/9					436	436			15		2372	6629				
267	13/10					436	436			20		2872	7167				
						436				20		2436	8031			8031	
						1308											
						436				20		3744	7697				
524	8/1					436				20		3308	7799				
						436	436			20		2436	8443				
						6196	4552	1459		205		32707	8443				

53545 1 ^{Lych^l} ~~Ed~~ "Edmondson" George Albert.

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT					1		2		3		4		1	2	3	4	
			\$	C.			\$	C.			\$	C.				No.	DATE	No.	DATE	No.	DATE	No.	DATE					
1917																												
28 Feb			401	50									10	411	50								61	96	45	52	14	59
Mar 31	110		34	10										34	10	580 14 1/2	760 22 1/3					4	36	4	36			
																633 26 1/4	685 9 1/3					4	36	4	36			
April 1/30	110		33											33														
May 31			34	10										34	10	67 30/4						4	36					
																5 16/4						4	36					
June 30			33	-										33	-	142 14/5						4	46					
																217 30/5						4	46					
July 31	"		34	10										34	10													
																301 12/6						4	47					
Aug 31	"		34	10										34	10	402 21/6						4	46					
																368 23/6						4	46					
Sept 30	"		33	00										33	00	407 9/4	526 24/8					4	46	4	46			
																447 18/9	486 7/8					4	47	4	47			

[illegible]

CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4					CREDIT	DEBIT			
4552	1459			205		32407	8443				
436				20		3744	8109				
				20		20	9409				
				20		2872	9947				
				20		2892	10355				
				20		20 ⁰⁰	11765				
				20		3339	11836				
446				20		3486	11350				
447											

DEBIT	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER- -RD. ALLGE PAY ENG
								3407	
	3565		AR 1038.7 ⁶¹ Gen 10/2	892					
			888 C36					20 6912	
			3446 W. B. 22/3	243				3135	
3565				1135				20 3837	

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Rom. Orthopaedic Hosp DATE Aug 4 1920

1. 1 (a) Unit Op #2 (b) Regimental No. 535431 (c) Rank 2nd Lt
 (d) Surname EDMONDSON (e) Christian name George Albert
 (f) Home address 399 Centre St Oshawa Ont
 (g) Next of Kin J. B. Edmondson (h) Relationship Father
 (i) Address of Next of Kin 309 Centre St Oshawa Ont

2. Age last birthday 25 Date of birth 8-6-94

3. Enlistment, or Appointment (if an Officer) (a) Place Kingston (b) Date 7-1-16

4. Personal description:

(a) Height 5'6" (b) Weight 150 (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc.

Tattoo right forearm "Sword thro heart"

5. Former trade or occupation Plumber

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

Years

Days

4

210

PERIODS

From

To

Canada <u>Carmc</u>	<u>Jan 1916</u>	<u>Feb 1916</u>
England <u>"</u>	<u>Feb 1916</u>	<u>May 1916</u>
France or other theatres of War <u>"</u>	<u>May 1916</u>	<u>Jan 1918</u>
<u>Eng</u>	<u>Jan 1918</u>	<u>June 1919</u>
<u>Can</u>	<u>June 1919</u>	<u>Present</u>

7. Original disease, or injury Inflammation left ear drum

(a) Date of origin Oct 1916 (b) Place of origin France

(c) Cause Infection

1. Partial destruction of Left antrum and alveolar process.
Communication from oral cavity to antrum.

2. Masticatory disability.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

1. There is a partial destruction (by necrosis) of Left Antrum and Alveolar process, and a communication from oral cavity into antrum. (see photographs) Discharge from nose runs into mouth. Crusting & drying in nose (see special report)

2. Loss of 7 upper left teeth. (see Dental sheet) Occlusion of remaining teeth good. Masticatory power of sound side good. Owing to sinus into left antrum and the difficulty of applying unilateral denture, the left side is of no use in mastication.

Subjective:—Complains of a certain amount of pain & discomfort from antrum and inability to use left side of mouth in chewing.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System.....No Cardio-Vascular System.....No Genito-Urinary System.....No
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses.....No Respiratory System.....No Integumentary System.....No
Disturbances of Mentality.....No Digestive System.....No Muscular System.....No
Osseous and Joint Systems.....No Any other general condition.....No

10. (a) History (of the condition referred to in Section 9 (a).)

Pat Statement. Onset insidious in origin October 1916.

At No 7 Can. Gen. Hosp. in Febr. 1918 - radical antrum operation done. At Preston Anstr. Hosp. 11-2-18 to 13-3-18. operation on septum & antrum. At Queen Mary's Hosp. 13-3-18 to 18/3/18.

Westcliffe 19-3-18 to 28/6/18 - several operations for removal necrosed bone and exposed teeth. At Queens Hosp. Edinb., 28/6/18.

Whole alveolar process from 2nd canine backwards movable. Invalidated to Canada June '19. At St. Anne de Bellevue and finally D.O.H. A denture is being fitted to cover the opening into Left antrum.

Diphtheria in Canada while child (4 years)
Influenza 31/7/16 to 13/8/16 No 7. Can Gen.

(c) (Here give a description of wounds, scars and deformities.)

see section 4 f.

11.—(a) Did the disabling condition have its origin before enlistment? No 1 & 2.

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Not applicable.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? No

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1 & 2 Permanent

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

see case sheets & reports

Hospitalization & Dental treatment as m
10. a.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes.
(If not, briefly state why)

17. Recommendations. For discharge as medically unfit and
for treatment as out patient under DSCR

H. H. Morrison

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of.

E. A. Edmondson L.C. Rank.
Signature of invalid examined.

g. y. R.

DATE May 20-1920NAME Edmondson GRADE 1st Lt. NO. 325431 UNIT 2 D.D. AGE 25Diagnosis... Left Maxillary SinusitisHistory... Left ear pains at times - no discharge - duration about 1 year.
Was knocked out in France - Jan. 1918. Fracture of Sup. Maxilla. Operations
done often for removal carious bone & dentures etc.RIGHTLEFT

Ext. Nares.....

Nasal Septum..... irregular deviation to leftInf. Turbs..... +

Mid Turbs.....

Nas. Pharynx..... ✓

Pharynx.....

Tonsils..... ✓Accessory Sinuses..... Left upper gum margin recessed
and sinus running up to Anter. left.

Larynx.....

Ext. Aud. Canal..... Clear ClearTamb. Temp..... normal Normal

Mastoid.....

X-Ray.....

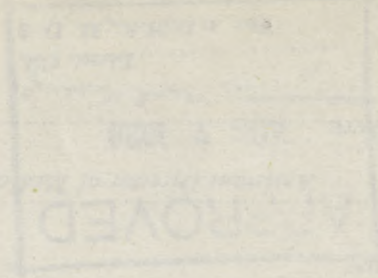
Right... 21 feetHearing..... HCV. v. Air Bone Reber + +Left... 21 feet.Treatment and Progress:- No treatment recommended for ear pain
probably due to some other condition - anten?
No disability as regards Ear. V.H.K. Mowbray

STATEMENT OF THE INVALID

Sections 17, 18 and 19 are to be read with the several "entire" or "not entire" marks on

In the foregoing statement, the invalid has stated that he is suffering from the disease of the

I certify in addition to



[Faint, mostly illegible handwritten text and signatures across the middle of the page. Some words like 'H. H. H.' and 'H. H. H.' are visible.]

[A series of approximately 15 horizontal lines, each starting with a small, faint, illegible word or phrase followed by a dotted line, suggesting a list or form. The text is too faded to transcribe accurately.]

CASUALTIES

19-16-34

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

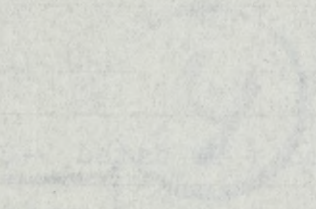
War Service Badge
Class. A
No. 119202

1. No.	535431		
2. Rank	L/Cpl.		
3. Name	EDMONDSON, George Albert		
4. Unit	A.M.C. (No 2 Det. C. E. F.)		
5. Date of Discharge	August 11th., 1920	Place	TORONTO, ONT.
6. Reason for Discharge	Medically Unfit		
7. Authority	No 2 Det. C.E.F. Memo # 40 dated 9-8-20		
8. Proposed Residence after Discharge	309 Centre St., Oshawa, Ontario.		
9.	CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ? <i>G. G. Edmondson</i> Signature of Soldier.		
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place <u>TORONTO, ONT</u> Date <u>August 11th., 1920</u> <i>[Signature]</i> Signature <u>Lieut.-Colonel.</u> (O.C. Discharging Unit.) Officer administering # 2 Det., C.E.F.		

1917

RECEIVED

U.S. DEPT. OF AGRICULTURE



WASHINGTON

OFFICE OF THE SECRETARY

WASHINGTON

DECEMBER 15

1917

1917

1917

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M.F.W. 129 or D.M.S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 235, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written in.

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Reg. No. 535431 2. Rank Lt 3. Original C.E.F. Unit C.A.M.C.
 4. Christian Names George Albert 5. Surname Edmondson
 6. Address, in full, to which future payments of gratuity are to be forwarded
309 Centre St. Oshawa Ontario

7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

	Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)
1st Enl.	<u>535431</u>	<u>Pt</u>	<u>C.E.F. 7th B. G. N. CANAD</u>
2nd Enl.	<u>Not applicable</u>		
3rd Enl.	<u>Not applicable</u>		
4th Enl.	<u>Not applicable</u>		
Imp. Enl.	<u>Not applicable</u>		

	Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged	Place of Discharge.	Reason for Discharge.
1st Enl.	<u>6/1/18</u>			<u>CANADIAN SERVICE.</u>		
2nd Enl.		<u>Not applicable</u>				
3rd Enl.		<u>Not applicable</u>				
4th Enl.		<u>Not applicable</u>				
Imp. Enl.		<u>Not applicable</u>		<u>IMPERIAL SERVICE.</u>		

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? *not applicable* (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency *not applicable*
9. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:
C. A. M. C. Feb 29-16
Casualty Feb 11-18
10. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *not applicable*
11. Have you been issued with a War Service Badge? If so, give number and class *not applicable*
12. Are you at present a member of and in receipt of pay and allowances from any Canadian Naval or Land Forces? If so, give unit *att. D D 4*
13. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received, from where paid, and on what dates *not applicable*
14. Are you entitled to receive, or have you received any payment in the nature of Post Discharge Gratuity from the Imperial Forces? If so, state amount received, or to which you are entitled *not applicable*
15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service *not applicable*
16. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-Establishment? *No*
(b) If so, are you in receipt of full pay and allowances from that Department? *No*
17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *not applicable*
18. Relationship of such dependent *not applicable*
19. Present address, in full, of such dependent *not applicable*
20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name *not applicable*

REMARKS

Original No. 03781 changed to
535431 before proceeding to France

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Signature of applicant: Lieut. J. A. Edmondson #

Place of Residence: 309 Centre St. Oshawa Ontario

Declared before me at: St. Anne de Bellevue

This 31st day of October 1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

J. J. Bidman
Justice of the Peace
St. Anne de Bellevue

NOTICE.—If the dependent has not forwarded a Statutory Declaration to Ottawa, in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Directors Pay Service, or the Patriotic Fund. Guardian forms must be completed by the present guardian.

Space below this line to be used only by the Assistant Directors Pay Service.

POST DISCHARGE PAY.

Dates paid.	Amounts paid soldier.	Amount paid dependent.
-------------	-----------------------	------------------------

REMARKS

Certified correct.

Assistant Director Pay Services, Mil. Dist. No.

Date

of the same, and that the same is not to be used for any other purpose than the one for which it was intended.

It is the policy of the Government to encourage the use of the same for the purpose of the same.

The same is to be used for the purpose of the same.

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The same is to be used for the purpose of the same.

The same is to be used for the purpose of the same.

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID.

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

No. 18 CANADIAN GENERAL (ONTARIO) HOSPITAL.
STATION.....ORPINGTON, KENT.....DATE.....9-5-19
535431 1919
1. 1 (a) Unit.....C.A.M.C. (b) Regimental No..... (c) Rank.....1/cpl.
(d) Surname.....EDMONDSON (e) Christian name.....GEORGE ALBERT.
(f) Home address.....309 CENTRE STREET. OSHAWA? ONT.
(g) Next of Kin.....J.C. EDMONDSON, (h) Relationship.....FATHER
(i) Address of Next of Kin.....309 CENTRE STREET. OSHAWA. ONT.
2. Age last birthday.....24 Date of birth.....8.6.94
3. Enlistment, or Appointment (if an Officer) (a) Place.....Kingston. (b) Date.....7-1-16
4. Personal description:
(a) Height.....5' 6". (b) Weight.....150 (est) (c) Complexion.....Fair.
(stripped)
(d) Colour of hair.....Brown (e) Colour of eyes.....Blue (f) Identification marks, Scars, etc.
Tattoo right forearm dorsum "Sword through heart"
MECHANIC.
5. Former trade or occupation.....

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days

PATIENTS STATEMENT.	PERIODS	
	From	To
Canada	7-1-16	29-2-16
England.....Previous to France 29-2-16 to 28-5-16. In Hospital 11-2-18.	28-5-16	11-2-18
France or other theatres of War.....		

7. Original disease, or injury.....
INFLAMMATION (LEFT) ANTRUM.
(a) Date of origin.....OCT. 1916 (b) Place of origin.....TRE
EXPORT, FRANCE.
(c) Cause.....
INFECTION.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

PARTIAL DESTRUCTION (LEFT) UPPER ALVEOLAR PROCESS AND LEFT ANTRIM,
LEFT ANTRUM COMMUNICATES WITH ORAL CAVITY)

With weakness of jaw therefrom.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

OBJECTIVE. Left alveolar process gone, oval communicating sinus with left antrum.

X-RAY REPORT OF ANTRUM, 3-7-18. SIDCUP. Left antrum shows evidence of old injury to antero-external wall and is less transparent than normal.

(Sgd) H.W. Johnson LLT.
RADIOGRAPHER.

SUBJECTIVE. Weakness of jaw and inability to masticate food properly
Communication between nasal and oval cavities through sinus.

- (b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System.....	NO	Cardio-Vascular System.....	NO	Genito-Urinary System.....	NO
		(If pulse rate is abnormal, B. P. will be taken.)		(Albumen and Sugar will be excluded.)	
Special Senses.....	NO	Respiratory System.....	NO	Integumentary System.....	NO
Disturbances of Mentality.....	NO	Digestive System.....	NO	Muscular System.....	NO
Osseous and Joint Systems.....	NO	Any other general condition.....	NO		

10. (a) History (of the condition referred to in Section 9 (a).)

PATIENTS-STATEMENT. Onset Insidious in origin Oct. 1916 Jan. 7th 1918
at No. 7 Canadian General Hospital till 11th Feb. 1918.

MCS. DOCUMENTARY. Preston Aux. Hosp. 11-2-18 to 13-3-18 evidence of
empyema of left atrum. Queen's Mary's Hospital 13-3-18 to 18-3-18. West-
Cliff Can eye and ear. 19-3-18 to 28-6-18 empyema of antrum (left) with
internal ear inflammation. Queen's Hosp. Sidcup. 28-6-18 empyema lt. antrum
Westcliff Hosp. 19-3-18. Whole alveolar process from 2nd canine back-
wards moveable with empyema of antrum.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Diphtheria in Canada while child at 4 years of age, Influenza 3I-7-I6
I5-8-I6, No 7 Canadian Hosp.

(c) (Here give a description of wounds, scars and deformities.

Refer Sec. 9a.

11.—(a) Did the disabling condition have its origin before enlistment? No

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Not Applicable.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? No

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 18 Months

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

No 7 Can. Gen. Hosp. Curettage of Lt. Antrum. Hospitalization.
Preston Aux. Hosp. Anterior 1/3 of inferior turbinate removed.
Westcliff. Curettage Lt antrum.

Sidcup Queen's Hosp. Upper left 2.3.4.5.6. teeth extracted and portion necrotic alveolar process removed. Several small sequestra removed.
II-2-I8 Plastic palate operation.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

12 Months. Palate Plastic.

16. Can the former trade or occupation be resumed? Yes, on completion of treatment.
(If not, briefly state why)

17. Recommendations
Invalided to Canada.

R.H. Sher Capt & Surgeon
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, L/cpl. Edmondson, G.A. have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

wife

L. A. Edmondson L.C. Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

We Concur.

See X-Ray report.

19. Is the invalid fit for

- (a) General service,
(b) Service abroad, not general service,
(c) Home service (Canada only),
(d) Temporarily unfit.
(e) Unfit for service in Categories A, B and C

(Category A) (Yes or No.)
(" B) (Yes or No.)
(" C) (Yes or No.)
(" D) (Yes or No.)
(" E) (Yes or No.)

No.
No.
Yes: ITC.
No.

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

Partial destruction of left alveolar (upper) Process wound left antrum.

- (b) Does not require treatment. 6 Months Plastic surgery with dentures.
(c) Should pass under his own control.
(d) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Patient invalidated to Canada.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

No. 18 CANADIAN GENERAL (ONTARIO) HOSPITAL,
ORPINGTON, KENT.

W. H. Eby, Capt. C. A. M. C.
A. E. Morgan, Capt. C. A. M. C.

President.

PLACE

DATE

9 MAY 1919

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness

Signed

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President

PLACE

CERTIFIED TRUE COPY

DATE

Members

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.
Captain, C. A. M. C.

ASSISTANT DIRECTOR OF
MEDICAL SERVICES
CANADIANS, LONDON AREA.

Director-General of Medical Services.

for A. D. M. S., Canadians, London Area.

DATE
MAY 10 1919

13, BERNERS ST. LONDON, W.1

Hospital.

(In pads of 50.)

Ward 7

No. of Bed _____

Date 3/7/18

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
535431	Edmondson J. H.	Came	PA for Antra

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case.)

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate 1508

left antura shows evidence of old injury to antura + normal bone and is somewhat less transparent than normal.

Signature of M.O.

Date 3/7/18

Signature of Radiographer

Date 3/7/18



Received for 2020

1000 000000
1000 000000
1000 000000

NO 16 CANADIAN GEN. HOSPITAL.
ORPINGTON, KENT.

No 535431 L/cpl. Edmondson, G. A.
C.A.M.C..

X-RAY REPORT.

"Left antrum shows evidence of old injury to
antero-external wall and is less transparent
than normal.

(Sgd) H. W. Johnson, LT.
RADIOGRAPHER.

5-7-18

Uterine: etc.—continued

PATIENTS, PERSONAL HOSPITAL EQUIPMENT

No. K 2

Army Book 42.

PATIENTS' PERSONAL HOSPITAL EQUIPMENT.Required for No. 1175180/646Corps 433admitted into 2180/646Ward 433

Hospital

at

on (date) 22/5/19

Bedding.		Utensils, &c.—continued.	
Case, slip, pillow, large	One	Towel, hand, hospital	One
Sheets, hospital	Two	„ Turkish*	1
Utensils, &c.		Clothing.	
Basin, sores*		Chevrons, bars*†	
„ soup	One	Crowns*	
Comb, small tooth*		Drawers, cotton*	
Cover, tin, for basin, soup*		„ flannel*	
„ „ for mug or tumbler*		Gown, serge*	
Cup, spitting, earthen*		Handkerchief	One
Dish, butter, enamelled	One	Jacket, sleeping*	1
Fork	One	Neckerchief	One
Knife, table	One	Shirt, cotton	One
Label, tin, for denoting religious belief	One	„ flannel, white	One
Mug, drinking	One	Socks, worsted	One pair
Plate, dinner, G.S.	One	Slippers	One pair
Pot, chamber, earthen*		Trousers, serge	One pair
Spoon	One	„ pyjama, sleeping*	1
		Waistcoat, serge	One

* Only when necessary.

† Insert number of bars.

Received the above.

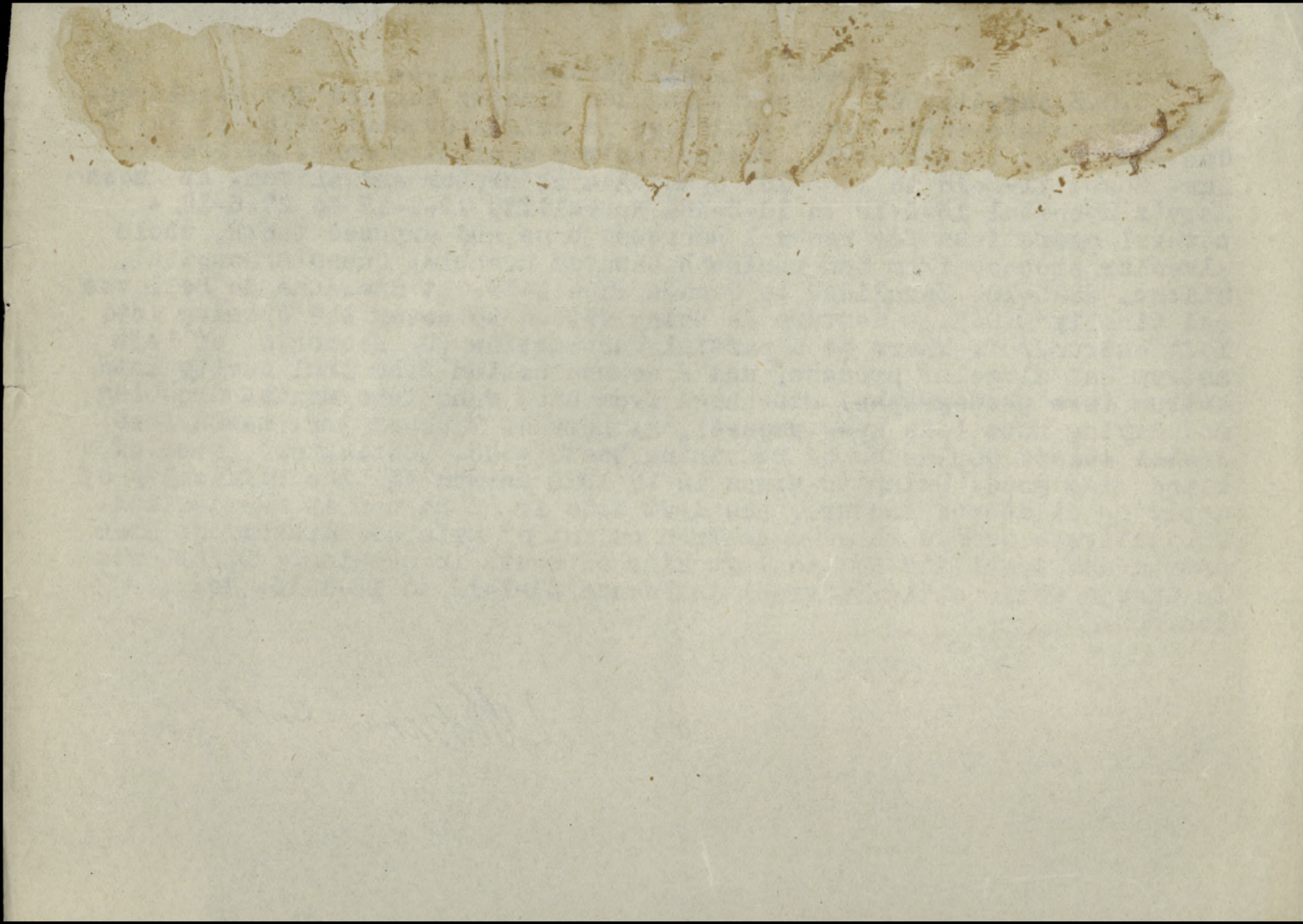
 { Signature of
 Patient or
 Ward Orderly.

#535431, L/Cpl. Edmondson, G.A.

D.O.H. Aug. 4th/20. Condition when finally boarded for discharge.

Patient's Statement:- Onset insidious in origin October 1916. At No. 7 Can. Gen. Hosp. in Feb. 1918, radical antrum operation done. At Preston Aux. Hosp. 11-2-18 to 13-3-18. Operation on septum and antrum. At Queen Mary's Hospital 13-3-18 to 18-5-18. Westcliffe 19-5-18 to 28-6-18 - several operations for removal necrosed bone and exposed teeth, whole alveolar process from 2nd canine backwards movable. Queen's Hospital, Sidcup, 28-6-18. Invalided to Canada June 1919. At Ste. Anne de Bellevue and finally D.O.H. A denture is being fitted to cover the opening into left antrum. / 1. There is a partial destruction (by necrosis) of left antrum and alveolar process, and a communication from oral cavity into antrum (see photographs) Discharge from nose runs into mouth. Crusting and drying nose (see spec. report). 2. Loss of 7 upper left teeth (see dental sheet) Occlusion of remaining teeth good. Masticatory power of sound side good. Owing to sinus in to left antrum and the difficulty of applying unilateral denture, the left side is of no use in mastication. Subjective:- Complains of a certain amount of pain and discomfort from antrum and inability to use left side of mouth in chewing. / Diphtheria in Canada while child (4 yrs.) Influenza 31-7-16 to 15-8-16. No. 7 Can. Gen.

L. Edmondson Capt



#535431, L/Cpl. Edmondson, G.A.

D.O.H. Aug. 4th/20.

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J. B. Edmondson
Capt.

Original
~~DUPLICATE.~~
MEDICAL CASE SHEET.*

SERVICE OF ORAL & FACIAL
Army Form I. 1237. 327
SURGERY, CANADIANS.

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

535431

L/cpl.

Edmondson.

Geo.

Unit.

Age.

Service.

Canadian Army Medical Corps.

23

27/12.

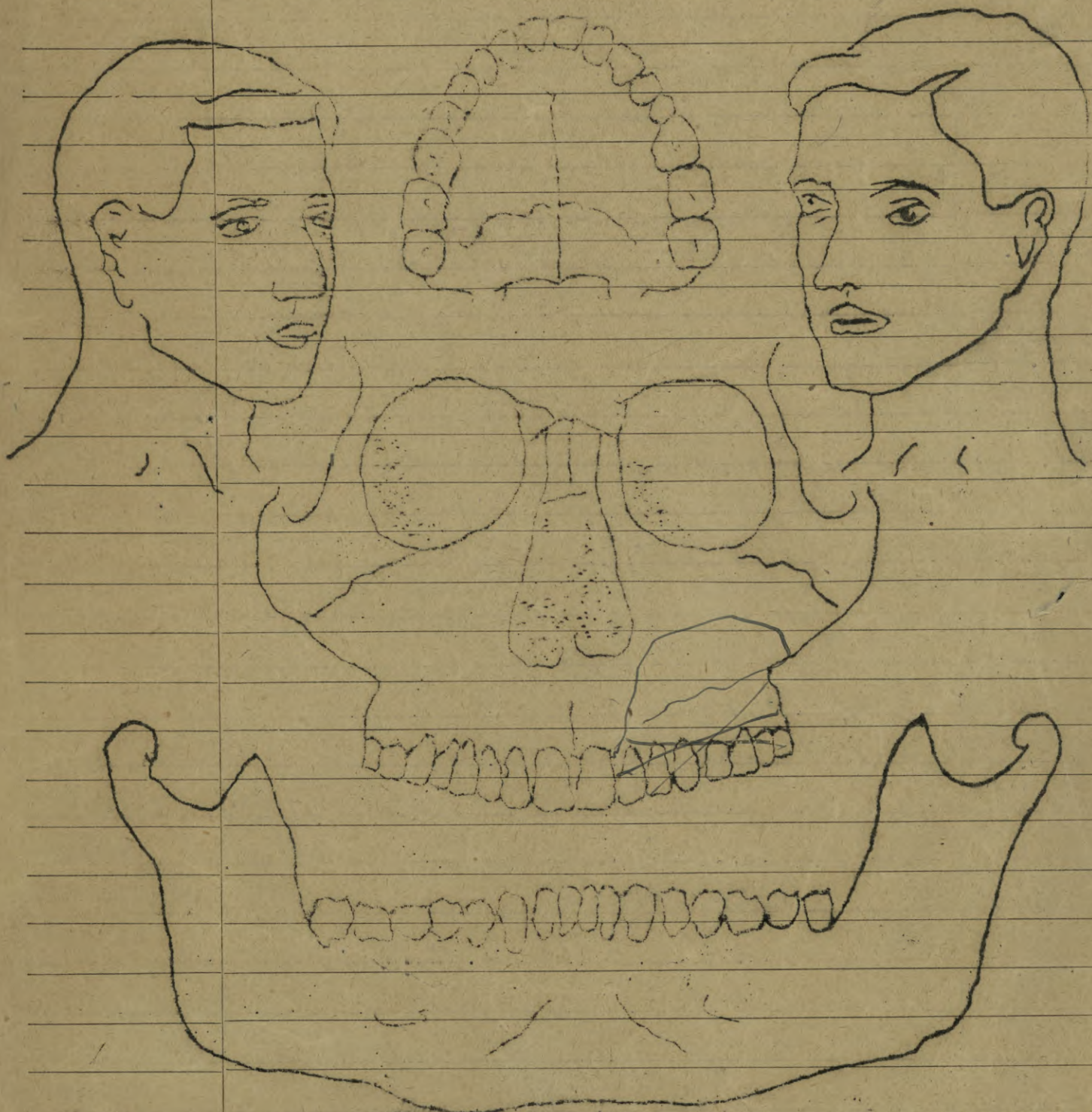
Year

Can 183

Station
and Date.

Disease

Empyema of Antrum.



8/6/18.

Admitted to Canadian section, Queens Hospital, Sidcup. Kent.
October 1916 abscess in left 1st Molar.

History of several operations on left antrum
with resulting perforation & fracture.

A

Station
and Date.

28/6/18.

EXAMINATION by Major. C.W. Waldron. CAMC.

Opens mouth normally. There is some ^{down} outward displacement and ~~mobile~~ fracture of entire left side of upper jaw. There is a very large opening into left maxillary sinus extending from the lateral to the 2nd. molar region, through which the finger can readily be inserted. Through this opening a large opening from the left maxillary sinus into the left side of the nose can be seen.

PHARYNX - Congested.

NOSE. - Free space left. *Hyperstrophy* right inferior turbinate.

EARS. - Drums intact.

29/6/18.

Wasserman test to be taken at Woolwich on Monday next.

General examination. Reflexes normal - no periostitis over crest of tibia - no areas found on body where there had been ulcers previously. Skin Clear, and on questioning no information elicited that would lead one to suspect specific diseases. EFR.

1/7/18.

Sent to Royal Herbert Hospital, Woolwich for Wassermann test.

5/7/18.

X-Ray 4508 Shows obscure antrum left, negative right, also loss of bone from outer wall of antrum. Loss of portion of inferior turbinate. EFR.

7/7/18.

Roots of the upper left cuspid and bicuspid are seen exposed and necrotic area round the left. EFR.

28/7/18.

Uppers left 2.3.4.5.6. extracted by Capt. Campbell about 10 days ago and the roots were denuded and roughened. Certain amount of alveolar process was removed. There is still considerable mobility of molars and tuberosity - it was decided to remove the remaining molars. CWW.
For transfer to Abbey Lodge, Chislehurst.

8/8/18

Mouth much cleaner -

Major. C.

Large piece of bone from outer wall of antrum has separated. EFR

15/8/18

Small pieces of bone removed. EFR

Aug 31/18

To have temp dental appliance to close opening ^{antrum}
Refer Capt C & M. Sept 6/18 ↑ OK Ready for leave

Sept. 10/18

6 weeks extended furlough AC/1372 CWW.

26-11-18

Retd to Queen's Hosp

28-11-18

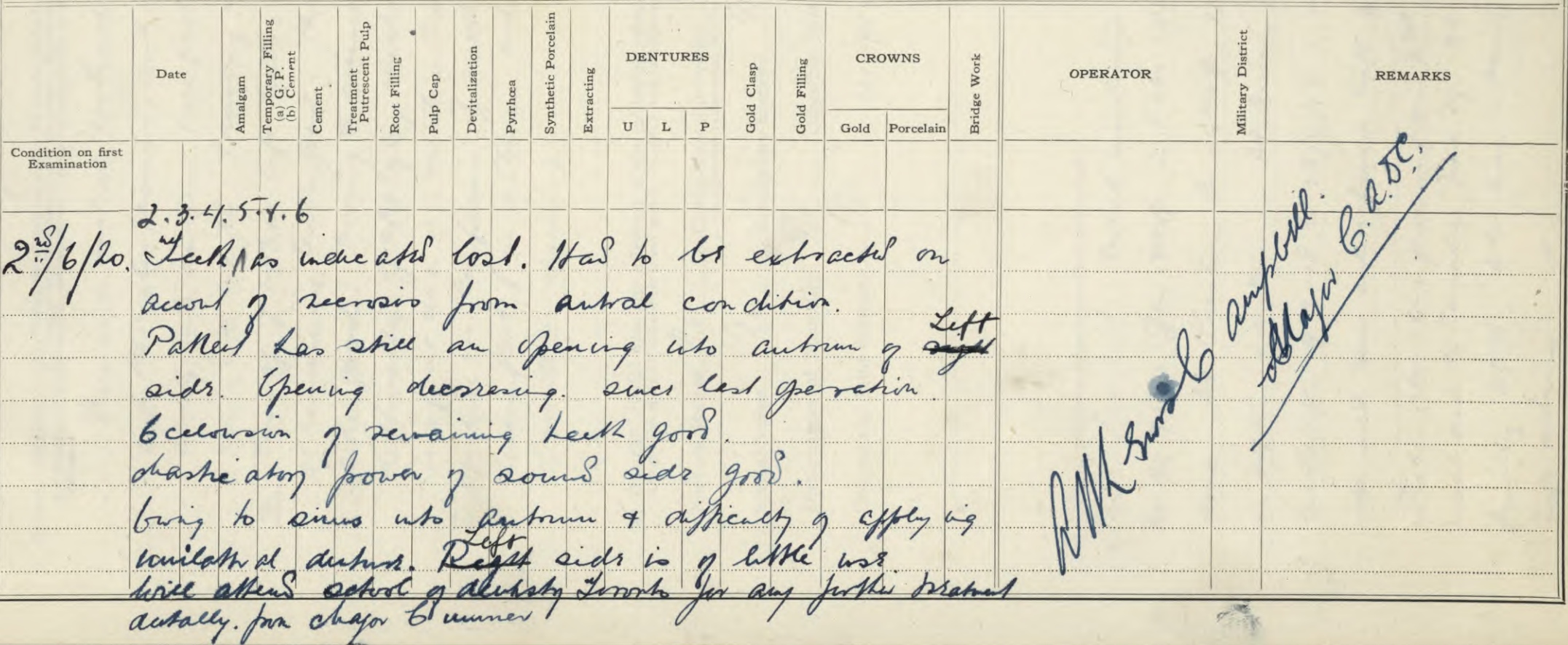
Transfer to Brickley.

24/12/18

Returned to Queen's Hosp.

D.D.

~~P#~~ L/CORP. No. 535431



1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

E

002

Oct 1/16.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

20			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 03781. (535431)
 Rank Pte Promoted Reverted Discharge
 Soldier's Name G. A. Edmondson
 Battalion No 7. Gen. Hosp.
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name Miss E. Edmondson
 Address 309 Centre St., Oshawa
 Change of Address Ont.

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					5304 1.22
Dec 31			405 -	405 -	
1918 Jan 31	65822 V		20 -	20 -	P assignment increased from \$15.00 to 20.00 Oct 1st 1916.
Feb	100507 E		20	20	2M 26 16.
Mar	129552 A		20	20	
Apr	8542 A		20	20	\$15 from 1/16.
May	13235 Q		20	20	
June	24117 K		20	20	
July	30050 O		20	20	
Aug	38781 K		20	20	
Sept	42686 R		20	20	
Oct	52948 2		20	20	
Nov	61104 K		20	20	
Dec.	68790 J		20	20	
1919 Jan	69176 Q		20	20	
Feb	76597 U		20	20	
Mar	89711 G.		20	20	
APR	701 0		20	20	
May	63502		20	20	
			745	745	

31/5/19

A/c Closed

Ret'd per

Date

Clerk

AUDITED.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

No.			
Rank	Promoted	Reverted	Discharge
Soldier's Name			
Battalion			
Beneficiary			
Relationship			
Address			

PARTICULARS OF ASSIGNMENT

Name	
Address	
Change of Address	
1	
2	
3	
4	

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

CASE HISTORY SHEET.

Dominion Orthopedic Hospital. Toronto Station.

No. 5-33-2431 Rank L/Cpl Name Edmondson Geo. Age 23-

Unit DD#2 Completed years of service F 2 1/2 F 1 8/12 B 5/12 Where and how long

Date of admission 1-12-19 Date of discharge 11-8-20

Diagnosis Inf. L. Antrum Place of origin Amiens 7-7-18

CONDITION ON ADMISSION AND PROGRESS OF CASE

21-1-20 - Returned from Furlough. Condition good.

20-2-20 - Awaiting the clearing up of pus

17-3-20 -

9-4-20 - Local operation to close sinus from mouth into antrum

10/4/20 - Patient doing well

13-4/20 - developed temp - pain in back & headache

14-4/20 - Removed to isolation ward.

July 22. MFB 227.

FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.)

TREATMENT.

(Especially any specific or special form.)

CONDITION ON DISCHARGE.

(and disposal made of case.)

Date

V.H.K. Monahan
Medical Officer i/c case.

CASE HISTORY SHEET

Station

Hospital

Name

Age

Sex

Occupation

Religion

Marital Status

Education

Previous Illnesses

Family History

Present Illness

Physical Examination

Diagnosis

Prognosis

Treatment

Follow-up

Comments

Signature

Date

Initials

Referral

Admission

Discharge

Death

Autopsy

Other

Remarks

Notes

History

Physical

Diagnosis

Prognosis

Ref. 2 - 5 -Ed

The D.G.M.S., Ottawa.

#535431,
L/Cpl. Edmondson, E

Case Sheets for man boarded at
Dominion Orthopaedic Hospital,
Toronto, on 4-8-20

4 Case Sheets.

JRL.
Encls.

R. H. Mill
Major C.A.M.C. & Registrar
for Officer Commanding.

1944
1944

FOR OFFICIAL USE ONLY
U.S. GOVERNMENT PRINTING OFFICE

1944 1944

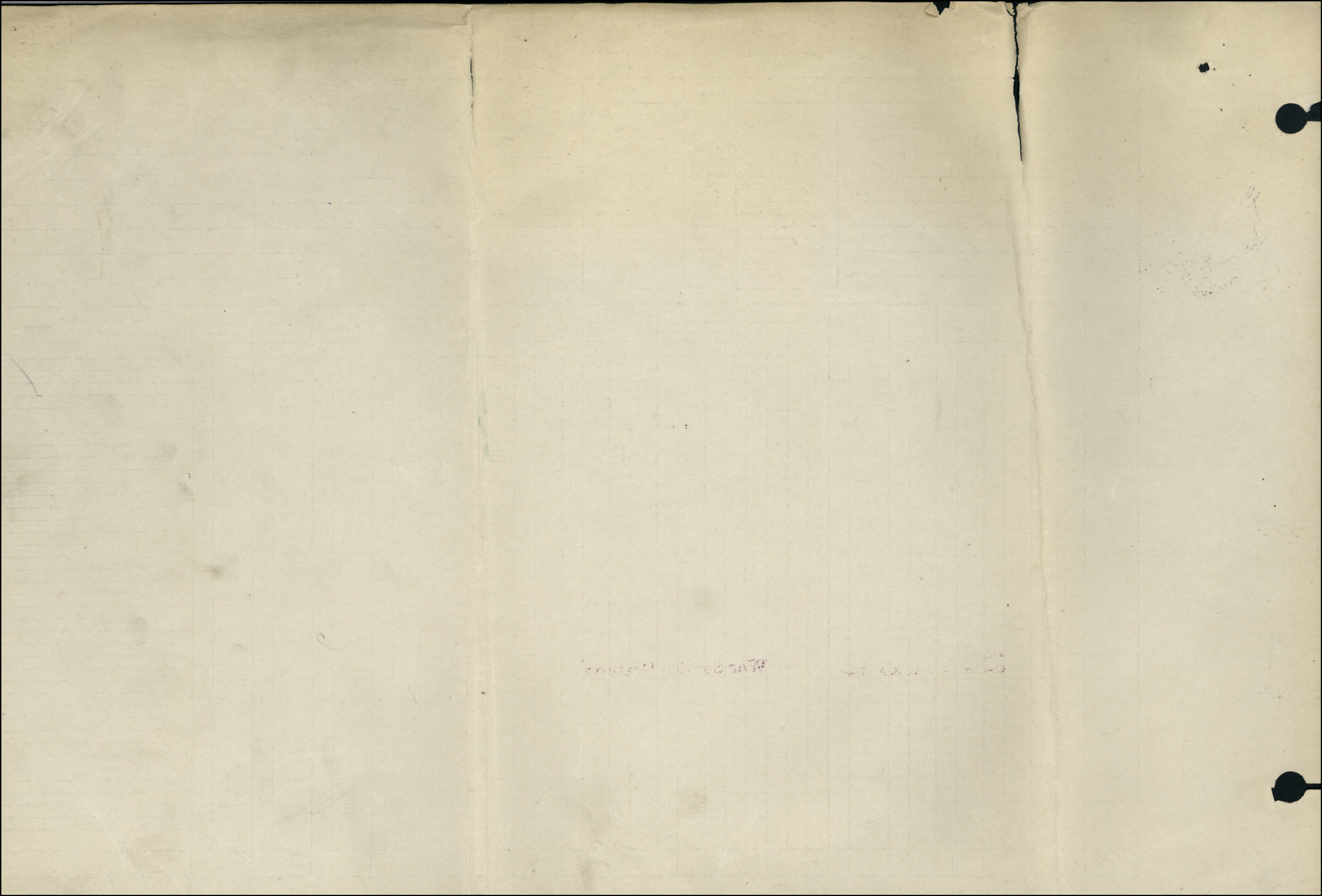
1944 1944 1944 1944
1944 1944 1944 1944
1944 1944 1944 1944

1944 1944 1944 1944

1944 1944 1944 1944

No. in Admission and Discharge Book.	Regimental No. 535431	Rank. L/Cpl.	Surname. Edmundson	Christian Name. George.
Year.	Unit. C. A. M. C.	Age. 23	Service. 27/12	
Station and Date.	Disease <u>Empyema of antrum.</u>			
11-2-19	OPERATION. Under genl. anaes. given by Capt. Henderson, CAMC. Surgeon Capt. E. F. Risdon, CAMC. Flap was taken from the left half of the palate extending up to the incisor teeth as the teeth on the upper left side had been extracted. The flap was slid over ridge and united to the mucous membrane of the cheek. It will be necessary to force this flap to a higher level with some mechanical appliance as soon as healed. Raw area was left in the palate. EFR.			
19.2.19	All stitches out - small hole posteriorly where pedicle of flap was not advanced. To have appliance made to press flap up. Transfer to Abbey Lodge			
31/3/19	Rtd Ques Tran Parkwood W			
25.4.19	Returned to Queens. Granted Extended Furl to May 15 th 1919.			
8.5.19	Rtd to Queens M.B. 227 complete Transfer to Dep. Mfr. C. F. Risdon Capt. Cam			

Station
and Date.



No. 2 DISTRICT DEPOT

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCES

REGT. NO. 53431

RANK L/C.

NAME (IN FULL)

EDMONDSON, GEORGE ALBERT.

M. OR S.

NEXT OF KIN

RELATIONSHIP

PARTICULARS

EFFECTIVE DATE

AUTHORITY

ORIGINAL UNIT C.E.F.

C.A.M.C.

IF IN P.F. WHAT UNIT?

(BLOCK LETTERS SURNAME FIRST)

ADDRESS

PLACE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY \$

DATE EFFECTIVE

No. 2 DETACHMENT, C.E.F.
56

IS SEPARATION ALLOWANCE PAID?

DATE EFFECTIVE

TO WHOM PAID

RELATIONSHIP

PAYABLE TO

RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

ADDRESS

STOP PAYMENT FORM
ASSIGNED PAY
RENDERED, DATE

EFFECTIVE

DISCHARGED

PLACE

DATE

REASON

AUTHORITY

IF ENTITLED TO
POST
DISCHARGE
PAY

BALANCE
FROM
PREVIOUS
ACCOUNT

MONTH	N C D A	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI- MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
		RATE	AMOUNT	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	DEBIT	CREDIT	
1-12-19	31	15	34 50			34 50		177 555			5 00							34 21		39 21		4 71		34 21 Bal
Jan	31	15	35 65	40 80		76 45		218 18 12			31 74		4 71	40 -						71 74				TOS FROM #4 DD. 1-12-19
Feb.	29	15	33 38			33 38		257 28 1		181 80 5				20 -						33 38				D.O. 343.
Mar	31	15	35 65			35 65		270 19 2		243 19 1		13 35		20 -						35 65				On 2-12-19 to 21-1-20 DD 353
Apr	30	15	34 50			34 50		327 68 5		300 28 3		14 50		20 -						34 50				
May	31	15	35 65			35 65		328 82 7		327 68 5		15 65		20 -						35 65				
June	30	15	34 50			34 50		330 44 3		327 68 5		14 50		20 -						34 50				
See below								66 22 6		33 71 2														
Dec.	182	15				420 -														210 -		210 -		210 - Nil
																				70 -		280 -		140 -
																				70 -		350 -		70 -
																				70 -		420 -		Complete
July	31	15	35 65			35 65		321 26 7		14 17 7		15 65		20 -						35 65				
Aug.	11	15	12 65	35 -		47 65		333 23 4		333 23 4										47 65				
			290-10	75-80		367-90					158-04	15 65		160 -				34 21		367-90				
																							M. M.	

CAPTAIN,
PAYMASTER, No. 2 DETACHMENT, C.E.F.

