

ORIGINAL.
ATTESTATION PAPER.

Original

No. 674729

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Edwards*
- 1a. What are your Christian names?..... *Edwards*
- 1b. What is your present address?..... *Sweaburg, Ont.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *London Eng.*
- 3. What is the name of your next-of-kin?..... *Mrs. George*
- 4. What is the address of your next-of-kin?..... *8 Ambleside Gardens, Greenwich, S.W., London Eng.*
- 4a. What is the relationship of your next-of-kin?..... *Aunt*
- 5. What is the date of your birth?..... *March 20th 1896*
- 6. What is your Trade or Calling?..... *Farm Laborer*
- 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, *Edward Edwards*, 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 *Feb 9th* 191*6* *Edward Edwards* (Signature of Recruit)
Cap Kenneth Bottoms (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Edward Edwards*, 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 *Feb 9th* 191*6* *Edward Edwards* (Signature of Recruit)
Cap Kenneth Bottoms (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 *Womblesley* this *9th* day of *March* 191*6*

D. E. Francis (Signature of Justice)

J. P. in and for the County of ...

Description of Edward Edwards on Enlistment.

Apparent Age 19 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 5 ft. 5 ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Dark Auburn

2 circular scars posterior left thigh.

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 he declares that he is not subject to fits of any description.

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

Date Feb 9th 191 6

Place Woodstock, Ont

W. H. Coates Col
 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.

E. Edwards 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.

MAR 11 1916

W. H. Coates Lt. Col.
 (Signature of Officer)
 O. C. 168th O. S. Bn., C. E. F.

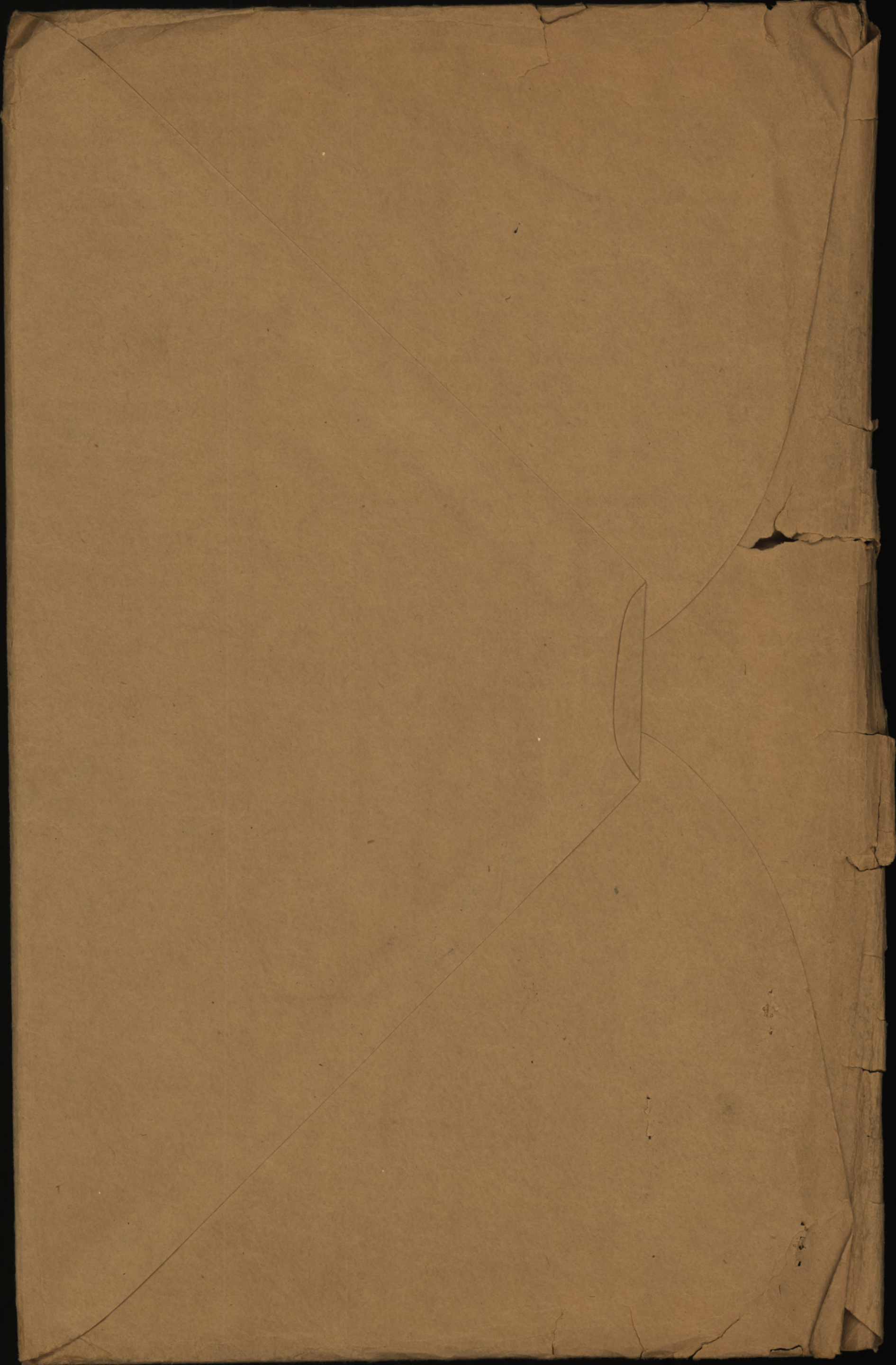
Date 191 ..

REGIMENTAL DOCUMENTS

NAME Edwards Edward (Prof) REGT. NO. 675729 INIT 168th Sn H. Q. FILE NO. 9-2-20

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)				02300	
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
7 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)		(M)			
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category
3 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Wemot.
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)		(H)			DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
7 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
10 C. P. 10					
4 W. rap. cert					
7 M. F. W. 67					
4 a 4-1-1237					
5 a 4-181					
Pass card					
1 A 122					
7 P. R.					
					4
					15-12
					15-12
					3-13
					4

Box # 2835



To be made out in duplicate.

12
51-21-20-53
DUPLICATE

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..... 168th. Battalion C.E.F.

(2) Regimental Number..... 675729

(3) Full Name of Soldier..... EDWARDS, Edward

(4) Place of Birth..... London, England

(5) Are you married, or not?..... No.

(6) If married, state,

(a) Full name of your wife.....

(b) Present Postal Address.....

(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?..... **No.**.....

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

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

If so, state name and address..... **Mrs. Edwards, Ambleside Gardens, London, England**

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

Are you her sole support, or not?..... **No.**.....

(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?..... **No.**.....

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.

[Handwritten Signature]
.....
Officer Commanding.

Date..... **October 9th. 1918**.....




EYE, EAR, NOSE AND THROAT CLINIC.

Witley Camp, Surrey.

Date 18-4 1919.

Reg No. 675-729 Rank Pvt Name Edwards E
Unit

WITHOUT GLASSES

WITH GLASSES
(As per prescription below)

SPH. CYL. AXIS.

Visual acuity Rt. 4/6 with

Visual acuity Lt. 4/60 with

Category recommended is B1
Glasses not ordered.

Original disease or injury.

Date of origin.

Place of origin.

Cause.

Present Disability.

Remarks.

*childhood
congenital - Strabismus
Amblyopia*

CONDITION WAS PRESENT PREVIOUS TO ENLISTMENT AND HAS
BEEN CAUSED BY SERVICE HAS BEEN AGGRAVATED BY SERVICE

Wm. A. Macdonald
Captain, J.A.M.C.
etc and Ear Specialist.
Witley Camp, Surrey.

Long

-2-

II. WATER STERILIZATION.

The method of water sterilization at present in use in the British Army is by the addition of Chloride of Lime to the water cart.

The following details are furnished for the information of Medical Officers with especial reference to the method of determining the amount of bleaching powder necessary to sterilize a given water in mark V or VI. water cart.

1. APPARATUS.

THE apparatus supplied with each cart consists of a rectangular box having two let-down sides. This box contains six white enamelled mugs (each of which when filled to within one quarter of an inch from the top has a capacity of 186 c.c.) one black Mug (which when filled to within one quarter of an inch from the top has a capacity of 250 c.c.) six pipettes each delivering a drop of 1/20 c.c. four glass stirring rods, two stock bottles of test solution (consisting of zinc iodide and soluble starch boiled together) two drop bottles for test solution, two chloride of lime measures (two grams each) and a package of pipe cleaners for cleaning the pipettes.

NOTE. As soon as a small quantity of water has been pumped through the clarifying cylinder into the cart the test should be started, in order that it may be finished when the cart is full. Only water from the cart should be used in performing the test.

2. PROCEDURE.

- (a) See that all the apparatus is scrupulously clean.
- (b) Set the white mugs in the grooves in the let-down sides, numbering them from left to right, 1, 2, 3, 4, 5. Place the Black mug on top of the box.
- (c) Fill the white mugs to within a quarter of an inch of the top, with water from the cart.
- (d) Place one measure full (2 grammes) of the chloride of lime in the black mug, mix to a paste with water from the cart and, stirring constantly, gradually fill the mug with water to within one quarter of an inch of the top.
- (e) Stir the contents of the Black mug thoroughly and introduce one drop of this solution, holding the pipette perpendicularly, into Mug No. 1. two drops into Mug No. 2, 3, drops into Mug No. 3, and so on up to six drops into Mug No. 6, taking care that the drops from the pipette are uniform.
- (f) Stir the contents of the white mugs, reading from left to right, with the glass stirring rod and let stand for fifteen minutes.

ORIGINAL MEDICAL HISTORY SHEET.

675729
Original

Surname Edwards Christian Name Edward 1232

Examined { on 9th day of February 1916
at Woodstock, Ont

Birthplace { City or Town London
County Eng

Approved by R. W. Weston
Rank Capt M.O.

Apparent age 18

Trade or occupation Farm Labourer

Height 5 Feet 5 Inches

Weight 130 Lbs.

Chest measurement { Minimum 33 inches
Maximum expansion 36 inches

Physical development good

Small-Pox Marks none

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		27 NOV 1917 M.O.
<u>24.6.18</u>	<u>Q</u>	<u>Bechamne</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left -
Number 0 2

When Vaccinated last 1897

Date.	Result.	VACCINATIONS.
<u>1916</u> <u>Apr. 19</u>	<u>neg</u>	<u>R. W. Weston</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease not strabismus

(b) Slight defects but not sufficient to cause rejection poor sight in left eye
left varicella

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1916</u> <u>May 18</u>	<u>Good</u>	<u>R. W. Weston</u> M.O.
<u>May 28</u>	<u>Good</u>	M.O.
<u>IAK</u> <u>2</u>	<u>12.6.18</u> <u>27.6.18</u>	<u>EB</u> M.O.

Enlisted on 9th day of February 1916 at Woodstock, Ont

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>168 Battalion</u>	<u>675 729</u>		<u>9-2-16</u>
Transferred to	<u>6th Fus. Bn</u>			<u>4-1-17</u>
	<u>21st Bn</u>			<u>3-5-17</u>
	<u>21st Bn</u>			<u>SEP 4 1918</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Witley</u>	<u>20-4-19</u>	<u>Def vision - (myopia)</u>	<u>BT</u> <u>Col. Strain</u> <u>Capt. ...</u>
<u>Bransford</u>	<u>24-5-19</u>	<u>do</u>	<u>BT</u> <u>W. H. ...</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.

CANADIAN

Surname Edward Christian Name Edward

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				
4th C.F.A.		8	7	17	10	7	17	P.U.O.		Discharged to duty.	A577-A577 HH
1st SOUTHERN GENERAL HOSPITAL R. A. M. C. KINGS HEATH SECTION BIRMINGHAM.		21	11	17	4	2	18	Trench Feet.	76	Discoloration of great toe of rt. foot. abrasions on gt toe - feet painful on sole - Improved. Fit for convalescent camp. Epsom 7-2-18.	A. Muir CAPT. R.A.M.C. FOR ADMINISTRATOR 1st SOUTHERN GENERAL HOSPITAL
M.C.H. Epsom		21	2	8	21	2	18	Lousillitis	18	21-2-18 Complaining of sore throat & not feeling well his tongue is coated & breath is foul & there are whitish patches on his tonsils somewhat Temp: 100.2 Pulse 112 Irregular. Transfer to an active treatment hospital. Cat III	
Maun War, Epsom		21	2	18	27	APR	1918	Diphtheria Articular rheumatism		Louillae pseudomembranous. Swab positive. Vacc. diph. 6000 units antitoxin injected. 24-4-18. Pain improving. General health much better. Fit for Woodcote.	W. Campbell A. J. Lucas A. J. Lucas M.D.
M.C.H. Epsom		27	4	18	3	JUL	1918	Diphtheria. (Conv)	68	On Admission: - Arrived 5.2.18 Rheumatic fever. Sent out 21.2.18 Suspected diphtheria. Negative. In bed only a few days. No complaints now. Heart and lungs neg. Recovered Wood. Fit for Cat A	Beuhanne Cap Dank

A.D.
P

Number

675729

Rank



Surname

EDWARDS

Christian Name

Edward

Units

21st Bu Cavalry Theatre of War France

Date of Service

4-5-17

Remarks

Latest Address

Marshall, Ont

Roll No.

200 Bellem St
Welland, Ont

200m.-2-21.M.

Page 17265

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date	Remarks

DEPT. SEP 30 1922
REG. NO. 11756
[Handwritten signature]

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

NAME

Edwards, Edward.

3
Sold Demol 24-5-19
DO 148-28-5-19 3RD
675729.

RANK & No.

Pte.

CORPS

168th

Batt.

ENLISTMENT, PLACE

Woodstock Ont.

DATE

Mar. 9th, 1916.

FORMER CORPS

Nil.

COUNTRY OF BIRTH

England. London.

NEXT OF KIN

Pearce, Mrs. (Aunt.)

ADDRESS OF NEXT OF KIN

8 Ambleside Gardens
Streatham S. W. London, Eng.

DISCHARGE, PLACE

DATE



Previously enlisted with 168th Bn. at Woodstock on Dec. 9th 1916 with number 675481.

RIC 22-5-19 326
M. F. W. 22. 100 m.-9-15.
125. Pte.
H. Q. 1772-39-839.

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MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Farm Labourer.

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

19.

YEARS

0.

MONTHS

HEIGHT

5,

FEET

5.

INCHES

CHEST MEASUREMENT

36.

INCHES

EXPANSION

3.

INCHES

COMPLEXION

Fair.

EYES

Blue.

HAIR

Dark Auburn.

DISTINGUISHING MARKS

2 Circular scars posterior Lt. thigh.

MEDICAL EXAMINATION.

PLACE

Woodstock Ont.

DATE

Feb. 9th. 1916.

REMARKS:

Waiver from Robert for Lt. thigh
30/10/16

Name **Edwards.**

Rank **Pte.**

Reg. No. **675729**

Unit **21st Bm.**

E dwards.

Next of Kin **Mrs. Peate. 8 Ambleside Gardens. Streatham Ldn. S.W. Eng.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
13-11	11 C.F.A.	Chilled Feet.		269		8254
15-11	2 C.G.H. Le treport	Do		271		16373/2
22-11	1 B.G.H. Kings Heath. B'ham	Do		373		6735
5-2-18	Mil. Con.) H. Epsom.	DO		322		11952
22-2	manor (cot L) Epsom	Tonsillitis.		8118		13102
28-4	M (con.) H. Epsom	DO		8109		17075
	(Accep. diag. 8-5)	Tonsillitis + Diphtheria.		8217		7486
3-7-18	Discharged	254	Do	B257		6304
20-2-19	667 Amb	2 Lt Side T.		2458		42516
24-2	Discharged	Do		2459		42574

No. 675729 RANK *Pte.*NAME *Edwards Edward*T. O. S. *9/2/16*
(D.O. 37) of *10/2/16*UNIT *168th. Battalion*M. D. */*

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Feb. 9</i>	<i>Feb. 29</i>	<i>n.</i>		
<i>Mar. 1</i>	<i>Mar. 31</i>	<i>n.</i>		
<i>April</i>		<i>v</i>		
<i>May</i>		<i>v</i>		
<i>June</i>		<i>n</i>		
<i>July</i>		<i>n</i>		
<i>Aug.</i>		<i>n.</i>		
<i>Sept</i>		<i>n</i>		
<i>Oct.</i>		<i>n.</i>		
<i>Nov.</i>		<i>n</i>		

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UNIT SAILED
OCT 30 1916

7.

NAME

Edwards E.

REG'TL No.

675-729

H. Q. FILE No. 649.

RANK AND CORPS

Pte 21st Bn

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 577	No 4 Can Fld Amb	8-7-17	P. U. O
a 577	" " " "	10-7-17	" Disc to Duty
a 69	No 11 Can Fld Amb	13-11-17	Chilled feet
A 71-1	No. 2 Can Gen. Le Treport	15-11-17	" " (E. O. R)
B. 73.	1st South. Gen. King's death section Birmingham	22-11-17	" " "
B 132	Mil Cow. W. Gate Pk Epsom	5-2-18	" "
B 148. 2	to Manor Co of Lon Woor Epsom	22-2-18	Tonsillitis (Cast Ant)
B 199	to Mil Cow. W Gate Pk Epsom Surrey	28-4-18	" & Diphtheria B. 257
B 257	Discharge " " "	3-7-18	" & Diphtheria
B 458	6 Can. Fld. Amb.	20-2-19	H. J. L. Side
9459	Disch.	24-2-19	" " "

Surname *Edwards* Christian Name or Names *C.* Reg. No. *675729*
 Rank *Plt* Unit *C.* Co. *13v.* Troop *1* Batty. *1*
 Hospital *40. 21. 13v.* Date of Admission *8.7.17.*
4. C. F. Amb. Hosp. *13.11.17*
 Transferred *11. 1st. S. G. H. King's Heath. Sec. Birmingham* Hosp. *15. 11. 17.*
Woodcote Rd. Epsom Hosp. *5. 2. 18*
Manor Ciy Lon. Epsom Hosp. *22. 2. 18*

Diagnosis *P.M.D. 2w*
 (1) *Chilled Feet*
 Later Diagnosis (if changed) *sw*
 (2)
 (3) *Tonsillitis & Diphtheria*
 Additional Diagnosis: if more than one state present
J.C.T.L. Side at

DISPOSITION *Dis. 3.7.18* Date

675729 *10.7.17* REMARKS
22.11.17 A710
24. 11. 17 A710
27.11.17 B. 73. (1)
7.2.18 B134 (1)
26.2.18 B148.2
29.4.18 B199(a)
8.7.18 B257.2
3.3.19 A458
4.3.19 A459.
Note. Rep. to ent. on B199. Diag. changed to Tonsillitis & Diphtheria
Disc. 24.2.19

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.	<i>Mid woodcote Park. Examin.</i>	<i>28. 4. 18.</i>
2.	<i>G. C. F. Amb</i>	<i>20. 2. 19.</i>
3.		
4.		
5.		
6.		
7.		

Group 12

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block letters) EDWARDS EDWARD
REGIMENT 2nd Bn. C.A.M.C. RANK plg. No. 675729

Date of Examination in England Date of Examination in France



1. This form will be made out for each individual at the time of demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 4, 13, 14, 17, 18, 19, 32

2. EXTRACTIONS

3. CROWNS

4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower



HAS HE EVER REFUSED DENTAL TREATMENT ?

HAS HE EVER RECEIVED DENTAL TREATMENT ? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England
- (c) In France Yes

Signature of Dental Officer M. R. Thomas
capt.

UNITED STATES ARMY
DENTAL CERTIFICATE FOR DEMOBILIZATION

THIS IS TO CERTIFY THAT
[Name] [Rank] [Branch]
[Address]
[City] [State] [Zip]
[Date]

THE FOLLOWING DENTAL WORK
HAS BEEN COMPLETED
ON [Date]



MILITARY WILL.

Will extracted from Pay Book and forwarded to the
Paymaster, Canadian Troops, Seaford Area, on April
7th, 1917.

675729 Private. Edward Edwards.

.....*H. Kennedy*..... Captain.
Paymaster, 6th. Can. Reserve Battalion.

20

Perforated sheet for Will from Pay Book of Reg.

No. *675729*

Name *Edward E. Edwards*

Unit *6 Canadian Res. Batts*

110012

Military Will

I bequeath all the money
I receive from the Government
to Mrs Mary Pearce
& Ambleside Gardens
Sreatham
London, S. W.

Signature *E. E. Edwards*

Rank and Regt. *Private*

Date *6/4/17*



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W.S.B. CLASS. "A"

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

M. F. W. 54,
150M. 10-15,
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 16th Battalion C.E.F.
 Regimental No. 75729 Rank Pte Name Edwards Edward
 C. E. F. C.E.F.
 Enlisted (a) 9-2-16 Terms of Service (a) 6 Yrs Service reckons from (a) 9-2-16
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }
 Re-engaged _____ Qualification (b) Farmer

Report Date	From whom received	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.
-------------	--------------------	---	-------	------	--

5-12-16	<u>168th Bn. O.C.</u>	<u>Embarked</u> <u>Disembarked</u> <u>Transferred 39th Battn</u>	<u>Halifax</u> <u>Liverpool</u> <u>W. Sandling</u>	<u>1-11-16</u> <u>11-11-16</u> <u>5-12-16</u>	<u>D.O. 125</u>
---------	-----------------------	--	--	---	-----------------

W. G. Gellan Capt'n
Adjutant, 168th Bn., C. E. F.

6-12-16	<u>O.C. 39th</u>	<u>Taken on strength 39th</u>	<u>W. Sandling</u>	<u>5-12-16</u>	<u>Part II 290</u>
4-1-17	<u>O.C. 39th</u>	<u>Transferred 6th Bn.</u>	<u>W. Sandling</u>	<u>4-1-17</u>	<u>Part II 3</u>

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4-1-17	<u>O.C. 6th</u>	<u>Taken on strength 6th Bn.</u>	<u>W. Sandling</u>	<u>4-1-17</u>	<u>Part II 14</u>
3-5-17	<u>O.C. 21st Bn.</u>	<u>DRAFTED</u> <u>TRANSFERRED TO</u>	<u>Seafood</u>	<u>3-5-17</u>	<u>PART II No. 102</u>

R. R. Munro Capt
OFFICER i/c RECORDS 6th CAN. RES. BN

21st BATTALION	<u>C.B.D.</u>	<u>Arrived & Taken on strength 21st Bn.</u>	<u>C.B.D.</u>	<u>4-5-17</u>	<u>Part II O. 53 d/ 11-5-17.</u>
	<u>Do</u>	<u>Left to join unit</u>	<u>Mt. Field</u>	<u>17/5</u>	<u>N.R.</u>
	<u>Do</u>	<u>Joined unit</u>	<u>21st BATTALION</u>	<u>31/5</u>	<u>B-213 46.</u>
	<u>Do</u>	<u>Sick</u>	<u>to Fld Amb</u>	<u>17/9/17</u>	<u>B-213</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. (P.T.O)

675729

Edwards. E

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				
14/17	21 st Bn 4CFA	at duties from Fld Amb P. h o. adm	Field	10/17	B-213 { D.C. 8.321 d/4-8-17.
16/11	21 st BATTALION 2 Can Gen Do	Sick to Chilled feet. adm. Invalided Sick Posted to Eastern Ontario Regtl. Depot, Seaford, per H.S. "Essequibo"	4 CFA Fld. Amb. 2 Can. Gen. England	8/17 11-12/11/17 15-11-17 20-11-17	a36 5/17 B-213. W. 3034. W. 3083 P.C. 10.105 d/4-12-17.
		<p>Whogau Major for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon B. E. F.</p>			
26 1/14	60 R	Adm. 5th Gun Corp ^{King's Health Section}	Birmingham	22 1/14	Placed Chilled feet.
29 1/14	60 R D	Posted from 21 st Bn of Seaford	Seaford	22 1/14	Placed to 262
		<p>at Donaldson for Lt. Col i/c Records. O.M.F.C.</p>			
5	69 1918 CAN. RECORDS, LONDON.	Ob. 6th. Res. 20. S. 6th. Res. on posting from 60 R D	Seaford	3.7.18	Placed 158 173 d/8/7/18 E.O.A.D.
		<p>DRAFTED TO 21st Bn SEAFORD. 4-SEP 1918 PART II No. 210</p>			
		<p>Geo. Beeston Major OFFICER i/c RECORDS 6th CAN. RES. BN.</p>			

CERTIFIED COPY
 6 SEP 1918
 CAN. RECORDS, LONDON.

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Casualty Form—Active Service.

21st Canadian Battalion

Regiment or Corps.....
 Rank *Pte* Surname *Edwards* Christian Name *Edward*
 Religion..... Age on Enlistment..... years..... months
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended {.....} Re-engaged {.....} Qualification (b).....
 or Corps Trade and Rate.....
 Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
	<i>C.D.B.D.</i>	<i>Arrived & Taken on Strength 21st Canadian Battalion.</i>	<i>C.D.B.D.</i>	<i>Part II 5-9-18</i>	<i>Ord. 69 412-9-18</i>
	<i>C.I.B.D.</i>	<i>Left for C.C. Rein. C.</i>	<i>Field</i>	<i>9-9-18</i>	<i>NR.</i>
	<i>C. C. Rein. C.</i>	<i>Arrived. Can. Corps</i>	<i>Rein. Camp.</i>	<i>7-9-18</i>	<i>NR</i>
		<i>Left for Unit</i>	<i>Field</i>	<i>10-9-18</i>	<i>NR.</i>
<i>14/9</i>	<i>21st BATTALION</i>	<i>Arrived</i>	<i>Field</i>	<i>11-9-18</i>	<i>B-213.</i>
	<i>607.A.</i>	<i>203 side S Adm</i>	<i>607.A.</i>	<i>20-2-19</i>	<i>N. 3178.</i>
	<i>Do</i>	<i>Discharged to</i>	<i>Duty</i>	<i>24-2-19</i>	<i>N. 8760.</i>
<i>28-2-19</i>	<i>21st Battr.</i>	<i>REJOINED UNIT</i>	<i>Belgium</i>	<i>24-2-19</i>	<i>B-213.</i>
	<i>Cdn Embarkation Camp.</i>	<i>Proceeded To</i>	<i>England.</i>	<i>8 APR 1919</i>	

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RECEIVED
21st BATTALION

Went
Lt Col., A.A.G.,
Canadian Section
P.T.O.

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, & (17591.) Wt. W 1887-P 1124. 1,000,000. 618. D & S. Form B/103. (E. 1256.)

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

227

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 8165), dated 21st December, 1918.

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 out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

- 1. Christian names Edward 2. Surname Edward
- 3. Rank Private 4. Original Unit 168th Inf Bn Reg. No. 675729
- 6. Address, in full, to which future payments of gratuity are to be forwarded
Post Office, Marshville, Ontario
- 7. Date of enlistment in the C.E.F. 9th February 1916
- 8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. Not Applicable
- 9. Relationship of such dependent. Not Applicable
- 10. Address, in full, of such dependent. Not Applicable
- 11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? Not Applicable
- 12. 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:—
39th Btn 5-12-16 - 4-1-17
- 13. 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? _____
- 14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service. _____
- 15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served. 3 Years 3 Months 24 Days
168th Bn transferred to 2105 Battalion
- 16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department. No
- 17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No



5-313-6-5-8
289

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *no*



19. 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 and by whom paid. *no*

20. Have you been issued with a War Service Badge? If so what class? *no*

21. Have you, during the present war, served in the Imperial Forces? *no*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *no*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *no*

24. Are you now serving in the C.E.F.? *no* If not, give:—(a) Date of discharge *24th 5 19* (b) Reason for discharge *Demot*



25. 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

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit *21st Btn = 4. 5. 17. 3. 7. 18*

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) If so, are you in receipt of full pay and allowances from that Department?

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 in virtue of the Canadian Evidence Act.

Signature of Applicant: *Edward Edwards*

Place of Residence: *Marquette Ontario*

Declared before me at: *Witley*

This *5th* day of *April* 19*19*.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

[Handwritten Signature]

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....

Certified Correct.

District Paymaster

CANADIAN EXPEDITIONARY FORCE

WAR SERVICE BADGE

DISCHARGE CERTIFICATE

CLASS "A" No. 279767

THIS IS TO CERTIFY that No. 675779 (Rank) Private

Name (in full) Edward Edwards enlisted in the 168th Battalion

CANADIAN EXPEDITIONARY FORCE at Woodstock on the 9th day of March 1916

HE served in England and France in 21st Bn.

Demobilization.

and is now discharged from the service by reason of

Medical Unfitness

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

Age 7/3

Marks or Scars

Height 5 ft. 5 in.

Two scars on left

Complexion Fair

right

Eyes Blue

Hair Dk. Auburn



Edwards

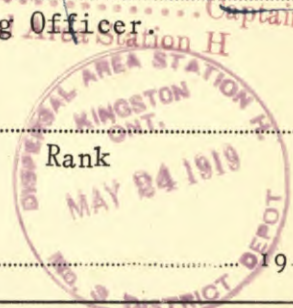
Signature of Soldier.

J. A. Healey Lt. C. Issuing Officer

Date of Discharge



Rank



Date

NB- 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.



GHS Rank Name ^{WA} EDWARDS Edward ✓ Reg'l No. 675729 ✓

Unit 168th. Bn. If in perm. Corps, } Married or Single Single ✓
What Unit? }

Place and Date of Enlistment Woodstock. Feb. 9th. 1916. ✓ Place of Birth London. England. ✓

Name and Address, Next-of-Kin Mrs Pearce ✓
8 Ambleside Rd Gardens, Steatham. London. S.W. England. ✓ Relationship Aunt. ✓

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character



1203/
File R.L.
Category Can O.R.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England.		11-11-16	per S.S. "Lafland"
3-12-16	168 th Bn	S.O.S. to 39 th Bn	Walsingham	5-12-16	Pt. 80. # 126
6-12-16	0e39 ^o	Taken on strength.	"	5-12-16	" 290
4-1-17	39 ^o	S.O.S. to 6 th Res Bn	"	4-1-17	" 3 ✓
4, 1, 17	6th Res Bn	Taken on Strength	Shorncliffe		Ht. II. O. 1 ✓
3. 5. 17	"	S.O.S. to 21 st Bn	Beafoord	3-5-17	Pt. 90. 102 21 st Bn. D.O. 53. 21. 11. 17.
8 th 17.	21 st Bn.	Adm. No. 4. Can.Fld. Amb.	Field.	8 th 17.	C.L.F. 577. P.U.O.
8 th 17.	-	Discharged to Duty.	"	10 th 17.	577. "
21 st 17.	Loth.	Adm. No. 11. Can. Fld. Amb.	"	13 th 17.	69. chilled feet.
23 rd 17.	-	Trans. to: No. 2. Can. Gen. Hosp.	Le Treport.	15 th 17.	71. "



103 CHECKED
 1917 MAY 6 - 9 MAX 1917

Date.	Report. From whom received.	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.
26 th 11-17.	Col. Adm. 1 st Sth. Gen. Hosp.	Kings Health Section	Birmingham	22 nd 11-17.	Chilled Feet. C. L. 15-73.
29 th 11-17.	Roots	Posted from 21 st Bn. Pears.	Seaforth	22 nd 11-17.	21 st Bn. Pears. 1054/11 th 17.
6-4-18.	6 th Bn. posted from 21 st Bn. Pears.	60.H. 8	" "	3-4-18	pt # 1584 5/18-4-18. 21 st Bn. Pears.
5-9-18	✓	posted to 21 st Bn. Pears	✓	11-9-18	pt # 1584 5/18-4-18. 21 st Bn. Pears.
5-4-19	21 st Bn. promoted to Eng.	60.H. 8	Field	3-4-19	19.
9-4-19	c.c.c. P. Wong	T.O.S. from 21 st Bn.	Witley	4-4-19	- 2
13-5-19	-	S.O.S. To Canada	-	13-5-19	- 28
3-5-19	-	awarded 4 dys pay 28 4.19 forfeits 2 dys pay by 17 9 for Q.W.L. from 23 5 9. 25/4 till 2000/17/9	-	28.4.19	- 20.

13 CHECKED
 1918



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom

Address

Rate

By Whom Assigned

Regtl. No.

Rank

Corps

Stephen Cassy^E
John Heck
Marshallville
Ont.

Rate
 20⁰⁰
 ① June 1/17

~~NOV 1 1916~~

Uncle

By Whom Assigned *Edwards Ed.*

Regtl. No. *675729*

Rank *Pte*

Corps *164 Balts. C.-E.-F*

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.

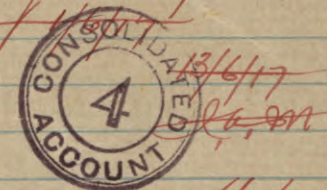
Dec.

Jan. 1916

Feb.

March

Wrong use of money by assignee
~~*Stop payments*~~
3 m 3/5/17



① 2 m

*14/6/17**6/7/17*
2 m



MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Sheet No. 2.

L. L. Job 4503. - Req. 6832.

OVERSEAS CONTINGENTS

Uncle
 PAYMENTS.

Name of Soldier

Edwards Ed.
 675729 168 Balm. Pte

Month.	Year.	Cheque No.	Amt.	Remarks.
				20 ⁰⁰ June 1/17
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		30652	20	
Jan.	1917	35268	20	
Feb.		37616	20	
March		43981	20	20 P.
April		50393	20	20 W.
May		6409	20	20 L
June		68169	20	
July		14014	20	20 L 14014 loan Jan 16
Aug.		N26809	20	20 to adv N 26809 loan 16
Sept.		B33225	20	20 future.
Oct.		X 38350	20	20
Nov.		E 41328	20	20
Dec.		V 46610	20	
Jan.	1918	H 57623	20	20
Feb.				
March				
April				
May				
June				
July				

Stephen Casey
John Duck

7/2

Ch

7/2

280

NOV 1 1916

MILITIA AND DEFENCE
ASSIGNED PAY
 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.				

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:- 1.6.17		EFFECTIVE DATE:-	
AMOUNT:- 20 ^{xx}		AMOUNT:-	
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	
Stephen basey Marshville of (unale)		a 2A 3/5/17	
Stopped 1/5/19			

NAME: EDWARDS Edward A

NUMBER: 675729

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- 168 POC

DATE ACCOUNT FIRST OPENED:- 1.11.16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
			2020 Canada

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
2/3/19	5558	21 POC	373				
6/4/19	118	apl.	73				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
	1.00	1.00		

PARTICULARS OF RENDERING NON-EFFECTIVE: *trans. to Canada 1/5/19 - P.B. 6431 POC 9/4/19 POC 11.03 = J.P.C. 855*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918											
Mar 31	bal. forward.								97.38		
Apr	???	33						20			
				a 2A 1/2 from 18.4.18.	487						
				" 5646 " 29.4.18	487				100.64		
May	P/P.	33	10		974			20			
		34	10					20			
				a R. 57.6 - Epsom. 29.5.18.	487				109.87		
June	P/P.	33			487			20			
				c. a. p.				20			
				R. 18.69 - Lon. 17.6.18.	487				74.20		
July	P.P.	33	10		487			20			
		34	10					20			
	Granted Sick Leave from 3.7.18 to 7pm. 15.7.18 (12 days) (B.D. 158.6 Res. 6.7.18)	8	76		487						
				a P. 2.30. Epsom. 3.7.18.							
				profits 3 days P/A R.W. for Overtaking leave from 7PM-15/7/18 to 8PM. 11/7/18 (B.D. 171-6 Res. 22.7.18)			3	30			
				a R. 2453. 6 Res. 27.7.18.	2	43			42.66		
Aug	???	42	10		51	10	3	30			
		34	10	bal.				20			
				2961. 15/8/18	9	73					
				3562 " 29.8.18	7	30			39.73		
		34	10		17	03		20			
Sept	"	33			487						
				3923 " 3.9.18	4	87					
		33		Mar 1209 1918 24.9.18	3	57			11.24		
					8	44		20			
Oct	P.P.	34	10					20			
				bal.							
				1345 15/10 1918	3	73					
				1560. 24/10. 21st. Bathn	3	73			50.93		
		34	10		7	46		20			
Nov.	✓	33						20			
				bal.							
				92. 2/11 21	3	73					
				808. 22/11 ✓	9	33					
		33			13	06		20			

NUMBER 675729. RANK

NAME EDWARDS. E.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Brookford.	33			1306			20	5093		
Dec.	P.P.	3410		562. 16/11 210	373			20			
Jan '19		3410		cat.				20	7534		
		10120			1679			60			
Feb	✓	3080		cat.				20			
Mar	✓	3410		1792 military ✓	130						
				1342. 14/2/18 ✓	649						
				2235. 8/1/19 ✓	377						
				2858 ✓	373						
				3472 7/2 ✓	373						
				cat.				20			
				4706. 26/2 ✓	2239						
				4658 6-3 ✓	365				5518		
		6490			4506			40			
				118. 6-4 P. Wing. C.C.C.	7300						
				6558 20-3. 409 B	368						
Apr.	✓	33		cat.				20			
				2241 Entor. 9-5 P. Wing. C.C.C.	973						
				Awk. 235923-4 to 200025-4. C.C.C.							
				forfeiture & comp. pay. 20.35.19. B. Wing. Entor.							
		33			8638	660		70	2450		

10.5 Canada 13/5/4. 5.5/6. C.C.C.

55.18
 33
 88.18
 70
 76.73
 96.73
 8.55

Group 12

WAR SERVICE BADGE CLASS "A" No

D. A. H.
O. G. 23.

SHORT FORM.
PROCEEDINGS ON DISCHARGE.

(Demobilization.)

War Service Badge Class... A...

1. No.	675729	(M)	No. 279767	(H)
2. Rank.	Private			
3. Name.	EDWARDS Edward			
4. Unit.	21st Battalion			
5. Date of Discharge	24.5.19	Place	Kingston Ont.	
6. Reason for Discharge	Demobilization			
7. Authority.	P.O. 1420.			
8. Proposed Residence after Discharge	Marshall Ont			



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.? 1339

E. Edwards

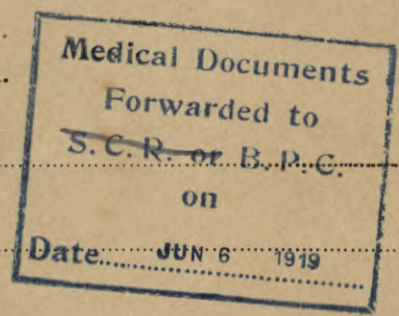
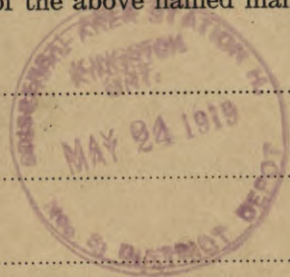
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.....

Date.....

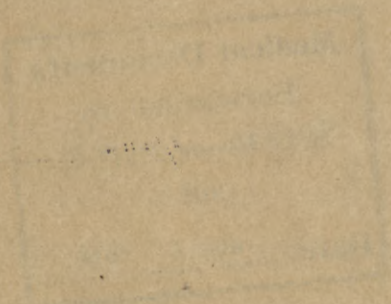


Signature.....

J. F. Hickney
for O. C. Dispersing Unit.
Captain
(O. C. Discharging Unit.)

66

REPORT FORM
NO. 1
RECORDS ON DISCHARGE



LIST OF REPRODUCED DOCUMENTS

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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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 89) (enclosed in special envelope (260M)),
9. Copy of Discharge Certificate (M.F.W. 89a),
10. Personal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851), & dup.
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... *B*

Checked by No..... *148*

.....

Date..... *30-4-19*

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 Hilley DATE 17-4-19.

1. 1 (a) Unit 1st Batt (b) Regimental No. 675729 (c) Rank Pvt.

(d) Surname EDWARDS (e) Christian name Edward

(f) Home address Hainfleet Ont.

(g) Next of Kin Mrs. Pearce (h) Relationship Neph. Ego.

(i) Address of Next of Kin 8 Andlesede Gardens Sheppham London

2. Age last birthday 73 Date of birth 20th March 1896.

3. Enlistment, or Appointment (if an Officer) (a) Place Woodstock (b) Date 9-3-16.

4. Personal description:

(a) Height 5-8 (b) Weight 106 lb (c) Complexion Fair
(stripped)

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

scar left arm tattoo: Grueset dorsum of Rt forearm.

5. Former trade or occupation Farm Laborer.

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
	<u>3</u>	<u>74</u>

	PERIODS	
	From	To
Canada	<u>9-7-16.</u>	<u>1-11-16.</u>
England	<u>11-11-16.</u>	<u>3-5-17.</u>
France or other theatres of War	<u>4-5-17.</u>	<u>3-4-19.</u>

7. Original disease, or injury STRABISMUS CONVERGENT. IT.

(a) Date of origin Congenital (b) Place of origin England

(c) Cause Congenital

APPROVED
24-5-19
A. M. C.
For A. D. M. S. No. 3
KINGSTON ONT
R. M. F. Phoebe Major
M. H.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—light, 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.)

Defective vision of Strabismus convergent (left).

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.)

Visual acuity rt 6/6
lt 6/60

Lat B7
Lat of origin childhood
Course Divergent Strabismus
Present disability Anabliopia
Wm A Macdonald

Copy of special report 18-4-191
Capt Lane

(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).)

Has always had slight squint
& defective vision.

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).)

RICO 4-8-17, sick 7-7-17 Cas form.
chilled feet 12-11-17 Cas form. Gravel feet 21-11-17
6.4-2-18 MTS Gonorrhea 2-18 to 21-2-18 MTS
ophthemia articular rheumatism 21-2-18 to 27-4-18 3-7-18
sun 47 MTS

11.—(a) Did the disabling condition have its origin before enlistment? *yes*

(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.) *No*

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *a and b*

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? *Permanent*

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

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) *No*

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

17. Recommendations

J. J. Ritcheval
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, *Edward Edwards*, 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. Edwards Jr 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.

Concurs.

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.)
- (b) Service abroad, not general service, (" B) (Yes or No.)
- (c) Home service (Canada only), (" C) (Yes or No.)
- (d) Temporarily unfit. (" D) (Yes or No.)
- (e) Unfit for service in Categories A, B and C (" E) (Yes or No.)

yes BT

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.)

- (b) Does not require treatment.
- (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.)

R.T.C. Ant. a.g. Jul 9083 9/11/18

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.

[Signature]
President.

PLACE

Witley

DATE

April 20/19.

[Signature]
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

DATE

Members

APPROVED BY

APPROVED BY

For, *[Signature]*
Assistant Director of Medical Services.

[Signature]
Director-General of Medical Services.

DATE April 19th 1919.

DATE

23 APR. 1919

L.A.H.



MEDICAL CASE SHEET.*

14

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	675729	Pte.	Edwards	E
Year	Unit.		Age.	Service.
1918	21 Can. Bns.			

Station and Date.
5-2-18.

Disease *Trench feet & Rheumatic Fever.*
Came over with Trench feet. after coming over took Rheumatic fever which affected his arms & legs chiefly, was in bed a month with this. Still complains of pains & aches in his joints brass + N.D.
J. D. Campbell, C.A.M.D., M.O., No. 2 Division.

Convalescent Hospital,
 Woodcote Park, Epsom.

11-2-18.

N.D. Co
 19-2-18. *N.D. Co.* Not much improvement still pain in knees and ankles.

21-2-18. Complaining of sore throat and not feeling well. His tongue is coated and breath foul and there are whitish patches in his tonsils. Temperature 100.2. Pulse 112 and somewhat irregular. Transfer to Manor.
J. D. Campbell, C.A.M.D., M.O., No. 2 Division.

Station
and Date.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	675729	Pte	Edward	E
Year	Unit.	Age.	Service.	
1918	21st Canadians	20	2 1/2	
Station and Date	Disease			
Manor War Hosp 21/2/18	Has had rheumatism of all joints, in bed one month, febrile at onset. Three weeks at Woodcote. Sore throat 3 days. Swab for bac. diph. positive. A. J. Turner			


* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

Admitted

21-11-17

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
6249	675729	Pte	Edwards	Edward
Year 1917	Unit.		Age.	Service.
	21 st Canadian		20	23 mth
Station and Date.	Disease			
Nov 22. 17	Lunch Chilled Feet			
	Onset 13/11/17. Discoloration of great toe of rt foot. Two slight abrasions on gt toe. Feet painful in sole.			
23.11.17	ATS 1500 U6			
29.11.17.	Complains of great pain down right shoulder & arm.			
Dec 2. 17.	Has pain in arms & legs T. 103. Pain & stiffness in joints. Wash w/ Sal & quin tid. Rel			
12.1.18.	Rec. Massage for feet & legs. mola			
22.1.18.	Rec. Caud. A. & H. m.s.p.			
	Harborne Hall			
	Epson. HQ. 4.2.18.			

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

E

Date of Assignment

1-11-16

706

June 1/17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

20			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 675-729
 Rank Pte Promoted _____ Reverted _____ Discharge _____
 Soldier's Name Ed. A. Edwards
 Battalion 168th Battrn. C.E.F.
 Beneficiary _____
 Relationship _____
 Address _____

PARTICULARS OF ASSIGNMENT

(Uncle)
 Name Stephen Casey
 Address Marshville, Ont.
 Change of Address
 1 _____
 2 _____
 3 _____
 4 _____

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31 1917			2.80	2.80	
Jan 18	X 65915		20	20	
Feb	E 100609		20	20	
Mar	A 129654		20	20	
Apr	A 9640		20	20	
May	D 13341		20	20	
June	K 24216		20	20	
July	O 30148		20	20	
Aug	M 38881		20	20	
Sept	R 42788		20	20	
Oct	2 53047		20	20	
Nov	K 61200		20	20	
Dec 1917	T 68857		20	20	
Jan 1918	2 69267		20	20	
Feb	21 76678		20	20	
Mar	J 89791		20	20	
APR	O 758		20	20	
May	6408		20	20	
			620	620	

5-313 8-58

Assignee was John Speck from Nov-16 to May 31-1917.
 transferred to Stephen Casey - 1-6-17
 @ 2.00 - 14-6-17. p.a.m. 1/17

3519
 A/c Closed
 Ret'd per Caronia
 Date 3/5/19
 Clerk Spensley
 104574 2 29519
AUDITED.



M. F. W. 128.
 400M-17-1772 30.1141
 L. L. 22320-M. & D. 7993.

