12 M. D. First Depot Battalion Sask Regiment

Regtl. No. 258116

PARTICULARS OF RECRUIT # 3 Co.

DRAFTED UNDER MILITARY SERVICE ACT, 1917

TRIPLICATE

(Class One)

1. Surname: Swayze
2. Christian name: Murray Freeman
3. Present address: Melville P.O. Sask alchewan Canada Dm
4. Military Service Act letter and number: L. C. 479818
5. Date of birth: Jan 25th 1897
6. Place of birth (town, township or county and country): St Catherines Ontario Canada Dm
7. Married, widower or single: Single
8. Religion: Presbyterian
9. Trade or calling: Locomotive fireman
10. Name of next-of-kin: William Henry Swayze
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: No 2 Welland Ave St Catherines, Ontario Canada Dm
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: None
15. Medical Examination under Military Service Act:—

(a) Place Regina Sask (b) Date May 11th/18 (c) Category A 2

Dec'd 30.12.18 Dm

No 12 District Depot Lieut. & Adjt.

DECLARATION OF RECRUIT

I, Murray Freeman Swayze, do solemnly declare that the above particulars refer to me, and are true.

Murray Freeman Swayze (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	21 yrs.	3 mths.	
Height	5 ft.	7 ins.	
Chest measurement	fully expanded	36 ins.	
	range of expansion	4 ins.	
Complexion	Dark		
Eyes	Brown		
Hair	Black		

Distinctive marks, and marks indicating congential peculiarities or previous disease.

J. H. Warren Major

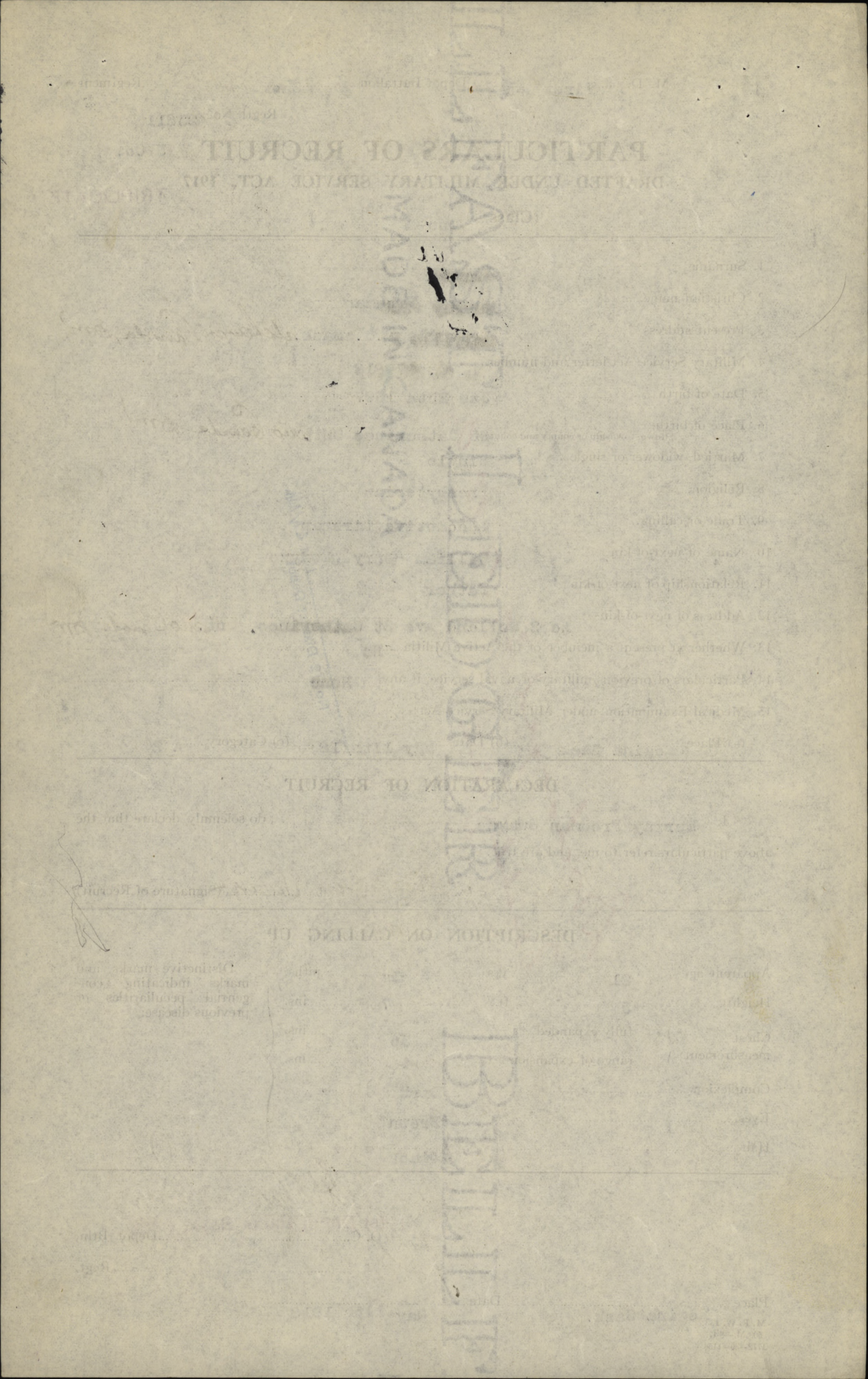
1st Depot Battn. Sask. Regt.

O. C. Depot Btn.

Regt.

Place Regina Sask. Date May 11th 1918

M. F. W. 133.
500 M.—8-17.
1772—39—1158.



Kit 15-1-19

DISCHARGE DOCUMENTS

R. O. No. .....

H. Q. No. .....

Name SWAYZE, MURRAY FREEMAN

Regt. No. 238116 Rank Plt

Corps 1st Dpo. Bn. S.R

Demobilization

51151

483183

Proceedings of Court of Inquiry or on men reported Missing on Active Service	
Attestation Papers	3 & X
Declaration of change of name	
Authority for special enlistments	
Documents of re-enlisted men	
Regimental Conduct Sheet	
Compulsory Stoppages	
Casualty Forms	1
Proceedings on discharge	1
Corps History Sheet	
Date and No. of Deposit Receipt for Purchase Money and Amount	
Retirement Certificate	1
Medical Report for Invalids	
Medical History Sheet	1
Proceedings of ~~Regt. Court Martial~~ Med. Board	1
Copies of Convictions by Civil Power	
Company Conduct Sheet	
Clothing Transfer Certificate	
Inventory of Kit	1
Last Pay Certificate	1
M f W 192	1
M f W 129	1
A f W 3991	1
A f B 179	1
M f B 456	1

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

No. 258116 RANK Pte. NAME Swayze. Murray Freeman.

T.O.S. 24-1-18. UNIT 1st Sask. Depot Bn.

(100.2323-1-18.)

M.D. 12.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Jan 24	1918 Jan 31	[illegible]		

NAME. Swayze Murray Freeman

RANK. Pte (with Gobs M.P.)

REC. FILE. 12

No. 260554

CORPS. 258116

H. Q. FILE.

Sask Regt 1st Dpo Bn

ENLISTMENT, PLACE.

DATE.

DISCHARGE, PLACE,

DATE.

REASON. Auth Trans May 13th 1918 B.O. 133

T. of S. May 11. 1918

D.O. Part II No 130

ADDRESS ON DISCHARGE.

10/5/18.

DOCUMENTS.

WD

L. L. 20496—M. & D. 7908—100m.

CHARGED OUT			RETURNED		CHARGED OUT			RETURNED	
TO	DATE	BY	RECEIVED BY	DATE	TO	DATE	BY	RECEIVED BY	DATE

Surname Swayze

Christian names Murray Freeman

Regtl. No. 258116 Rank Pte

Unit Sask. Regt. 1st Dpo. Bn.

H. Q.

M. D. No. 12 12 2, 30-6-18 18, 7-5-18 M.II

T. O. S. Jan. 24 - 1837 7 21-6-18. 8 2-7-18

D. O. Pt. II 23 of 23/1/18

S. O. S. Dis. 30-12-18 19 12

Reason Demob.

Auth. D.O. 255 of 28-12-18 # 12 D.D.

Next of kin Swayze William Henry Relationship Father

Address #2. Welland Ave. St. Catharines, Ont

Also notify:

BORN—Place Canada, St. Catharines Ont. Date Jan. 25th 1897

ATTESTED—Place Regina, Sask. Date May 11th 1918

O/S 29-7-18 1352/7

R/C 28-11-18. 2/31 154.

W. 22—75M-5-18. 1772-39 839.

MK Flam

Number 258116 Rank Spr.

Surname SWAYZE

Christian Name Murray Freeman

Units Can. Rly. Tps Theatre of War England

Date of Service 15-8-18

Remarks

Latest Address Saskatoon Sask.

Roll No. A Page 2112

200m.-2-21.M.

*Name ....Swayze, M.F.... Rank ...Spr.. Regtl. No. ..258116.....

Fyle Depot .....

Original unit ..DBSR..... Present unit ..C.R.T..... M or S. Age 21.. Religion Pres... Ref. H.Q. .....

Port, ship, and date of arrival....Quebec, Aquitania 28-11-18.....

Next of kin .....W. H. Swayze. (Father) No. 2 Welland Ave. St.Catherines, Ont.....

Address on leave .....G.P.R. Nutana, Saskatoon, Sask.....

Address on discharge .....

Transportation issued Yes / No Date..... Character on discharge ..V. Good.....

Previous occupation Locomotive Fireman Date and place of enlistment ..11-5-18 Regina.....

Diagnosis ..... Date of Medical Boards .....

Date.	Remarks.	Pt. 2 Order No.
6-12-18	Posted to Casualty Coy.	233/1018.
	Granted leave from 6-12-18 to 20-,2-18	233/1018.
	Entitled to wear Chefrons (1 Blue).	
	Leave extended from ~~20-12-18 to 27-12-18~~	240-1056

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

(over)

Date.	Remarks.	Pt. 2 Order No.
28-12-18	Posted from Casualty Company to Discharge Section	255/1122
30-12-18	Discharged from C.E.F. (Demobilization)	255/1121

M.F.W. 192.
60M-3-18 (D.P.) 353.
1772-39-1243.

PUBLIC ARCHIVES RECORDS CENTRE

War Veterans Allowance District Authority

Address Victoria

Mark your reply:

For attention of:

Head,
Reference Section,
Public Archives Records Centre,
Ottawa 3, Ontario.

Re: SWAYZE, Murray Freeman. 258116
(Surname) (Christian Names) Service No.

Veteran is stated to have served during WW I.
(State War or Wars)

in the following Units 1 Dft Bn S.R

To enable this WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine the eligibility of the above-named, will you kindly furnish the following particulars concerning his services:

1. THEATRES OF SERVICE

(1) South African War
Date and port of embarkation for S.A.

Date and port of disembarkation in S.A.

(2) World War I -- (If Canada only, state if with territorial limitations).

Canada - Britain
Date(s) embarked for U.K. 29 July - 1918

If Canada and U.K. Only
Date(s) disembarked in Canada 28 Nov - 1918

Period(s) of desertion in U.K.

PUBLIC ARCHIVES RECORDS CENTRE
APR 5 1962
OTTAWA, ONT., CANADA

(3) World War II -- (If Canada only, state if with territorial limitations).

Date of embarkation

2. Date and place of all enlistments. 11 May - 1918 - Regina, Sask.

3. Date of all discharges and reason. 30 Dec - 1918 - Demob.

4. Date and place of birth as per attestation paper. 25 Jan - 1897 - St Catharines, Ont.

5. Marital status; if married, name in full of wife. Single

6. Any other military service. Nil.

7. Decorations, if any. Nil

ARC-94(WVA-18)

Head, Reference Section.

Form R 122.
10287—65M—28-7-17

95th Dft. C. R. T. to, C. R T, D

BT

Rank | Name SWAYZE, Murray Freeman. | Reg'l No. 258116

Unit | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Regina, 11th May 1918 | Place of Birth St. Catherines, Can

Name and Address, Next-of-Kin Mr. William Henry Swayze

No.2. Welland Ave, St.Catherines, Ontario, | Relationship Father.

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. No. 3909
Fils R.L.
Category O R CAN

Report. 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
		Arrived in England		15-8-18	S/S CA[illegible]
16.8.18	CRTC	To Sarnia from Can Sqn Quebec		15.8.18	SOS 226
22.11.18.	"	SOS on tracks from Bmty to the B.E.F. in Canada	"	22.11.18	Pte II 32nd

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.					

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps: 1st Depot Pr Sask Reg

Regimental No. 258116 Rank Pte. Name Swayze Murray Freeman

Enlisted (a) 3-1-18 11.5.18 Terms of Service (a) D. of War C.E.F. Service reckons from (a) 3-1-18. 11.5.18.

Date of promotion to present rank: Date of appointment to lance rank: Numerical position on roll of N. C. Os.: Loco Fireman

Extended: Re-engaged: Qualification (b) Marksman Inf

M.S.1.

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				
15-5-18	1st Depot Batt.	Tfr. to Eng. & Ry. Coy, Corps	Regina	15-5-18	B.O.135 p.1172. Lt. Officer i/c Records.
		EMBARKED CANADA			
		DISEMBARKED ENGLAND			
		Embarked	Montreal	29-7-18	
		Disembarked	Liverpool	15-8-18	
16-8-18	C.R.T. Depot.	Taken on strength on arrival from Canada.	Purfleet.	15-8-18	Parte 2 D.O.226.

(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				
		S.O.S. C.R.T.D. - 27 NOV 1918 ON EMBARKATION TO CANADA Dis Embarked 29-11-18.			
		D.D.O. Part II T.O.S. No. 12 DISTRICT DEPOT REGINA 233/1018 From Clearing Depot			
22-11-18					
28.12.18		Can Coy Discharged on De-mobilization	Regina	30.12.18	DSO 757-1121

for O.C. Canadian Railway Troops Depot.

Lieut,

Capt.
D.O. Casualty Company, No. 12 District Depot

Lieut. & A/ Adjt.
No. 12 District Depot

C.A.D.C.5009. 50M-3-5-18.

CANADIAN ARMY DENTAL CORPS.

DENTAL CERTIFICATE.

NOTE:- This form will be attached to the Medical History sheet of each Other Rank being returned to Canada for disposal.

REGTL. No.	* NAME	RANK	UNIT
2358116	SWAYZE. M. F.	Spr.	C.R.C.D.

Date of Examination	18-11-18
Present Dental Condition	fit
In case of loss, or decay of teeth, is the loss due to wounds, injury, or disease, directly attributable to Active Service?	no
Has he ever declined Dental Treatment?	no
Recommendation	

Date 18-11-18

Station Purfleet. Essex

CANADIAN RAILWAY TROOPS DEPOT SENIOR DENTAL OFFICER 18 NOV. 1918 PURFLEET

Signature of Examining Officer Gilbert Honsinger Capt. C.A.D.C.

* Name should be entered in block letters.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 10

NAME OF SOLDIER Swanzie W. E. Murray Freeman

REGIMENT Sig. RANK Pte No. 258116

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

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

Date	Amalgam	Temporary Filling (a) C. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination June 10/18.	1 30.									1 3									D. Young Lieut.	10.	Cav. 17.18.31.

ORIGINAL

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Swayze Christian name Murray Freeman

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 479818 L.C.

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) Melville Saskatchewan Canada

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 11 day of May 1918, by the undersigned medical board sitting at Regina Sask.

5. Age as stated 21 Years 3 Months. 6. Apparent age 21 Years 3 Months

7. Height 5 Feet 7 Inches. 8. Weight Pounds.

9. Chest measurement { Minimum 36 Ins. / Maximum 4 Ins. } 10. Complexion Dark { Eyes Brown / Hair Black }

11. Physical development. Good { Good / Fair / Poor } 12. Smallpox marks Nil

13. Number of vaccination marks { Right arm 1. / Left arm } 14. When vaccinated last Childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

17.
(a) Vision R. 20/20 L. 20/20
(b) Hearing. R. N. L. N.

R.B. Jenkins Capt President.

A.D. Mercer Lieut Member. D. Goodeve Major A.M.C. Member.

Date	Result	Vaccinations		Date	Result	Anti-Typhoid Inoculations, Etc.	
3/7/18			M.O.	3/7/18 5/6/18	+	U.W.U.C.	M.O.
			M.O.	15/7/18			M.O.
			M.O.	20/7/18			M.O.

Joined 11 day of May 1918 at Regina Sask, Canada

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st. Depot Batt	56116.		
Transferred to	Sask. Regt			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Niagara Camp	July 11/18		A2 Capt Res. S.M.R.
Overseas	23/8/18	Chronic Tonsilitis	Boarded for Dominion Canada
"	30/8/18	"	Boarded for Dominion Canada

N.B.—This sheet is 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.

Signature of Man

M. F. B. 313.
300M.—10-17.
1772-39-439.

Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF Admission into Hospital			DATES OF Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

M. F. W. 129.
100m.—6-18.
1772—39—1142.

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

☞ Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Sapper. Name Swayze. Surname Murray Freeman

Unit of Corps 12th DD. (If a soldier) Regtl. No. 258116.

Born at St. Catherines, Ont. on, (date) Jan 25/1897.

Signature (for identification) M.F.Swayze.

The examination is to be made by one Medical Officer.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight: 155. lbs.

Colour of eyes: Brown.

Height: 5 ft. 7 in.

Identification Marks, Scars, etc.:

2. NUTRITION AND DIATHESIS?

Good.

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability?

No.

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

No.

5. HEART ?

Abnormal Sounds ? No.

Abnormal Size ? No.

Pulse Rate ? No. Intermittence or irregularity ? No. Muscular Tone ? No.

6. ARTERIES.—(a) Any hardening or nodulation ? No.

(b) Blood Pressure. No.

7. DIGESTIVE SYSTEM ? (Condition of teeth and tonsils to be included). No.

8. GENITO-URINARY SYSTEM ?

Urinalysis—S.G. ? 1018 Reaction ? Acid Albumen ? No. Sugar ? No.

9. SKIN, MIDDLE EAR, EYE or any other part ? No.

Vision: Hearing:

Rt. Eye..... Rt. Ear.....

L. Eye..... L. Ear.....

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. Chronic synols (?) left knee prior to enlistment.

11. Opinion as to the health and physical condition of the one examined ? Good.

Examined at Regina, Signed W.J.Turrill, Capt. M. O.

Date Dec. 27/18. M.F.Swayze. Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report must be sent at once to the O. C. concerned and the Officer or Soldier brought before a Medical Board.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 250116 Rank Pte Name Anna. H. F.

Corps No. 12 District Depot, who was* Discharged

On 30-12-18 191..., to ...

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-12-18 191...,

to 30-12-18 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	1	00
Advances by Cheques No.			Regt'l. Pay 30 days at $ 1 c.	30	
Advances by Cheques No.			Field Allow. 30 days at $ c. 10	3	
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances* C.C.Allce.	55	25
Payment on transfer or discharge No. 301	140	75	Other Credits* Rmn Allce. Subs.	17	50
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	55	
Total	140	75	Total	140	75

*Give particulars. Qr. 1st P.D.P. paid

A monthly stoppage of $ Nil (†) has (‡) been paid on account of Assigned

Pay for the month of 191...
and Sep'n Allce. for month of 191... } (to) Assignee

(Address)

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Out Allowance of $ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment

(2) if married and if a Separation Allowance Card has been submitted No

(3) cause of discharge D.O. 205 authority

(4) authority for transfer

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date 30-12-18

Place Regina, Sask.

Geo. Kenney Captain
No. 12 District Depot. *Paymaster.*

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

Saskatoon Sask

m.D 12

FORM OF WILL.

I, Murray Freeman Swayze (Name in full)

Regimental Number 260554 serving in 1st Depot Battn. Sask. Regt.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto my mother

(Mrs) Margaret Swayze
No 2 Welland Ave
St Catharines Ont

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Same as above

Name and Address of person or persons to receive personal estate* *(See note).*

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 11 day of May A. D. 1916

Murray Freeman Swayze Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness A B Bulsenger

Address of Witness 1st Depot Battn. Sask. Regt.

Occupation of Witness Soldier

Signature of Second Witness E J O'Hara

Address of Witness 1st Depot Battn. Sask. Regt.

Occupation of Witness Soldier

F. W. 82
00M-5-16.
1772-39-983.

DVA: 95-7 Vol. 12 WSR 7(b) /CC

DEPARTMENT OF VETERANS AFFAIRS

RECORD OF SERVICE

IN THE

CANADIAN ARMED FORCES

THIS REPORT IS NOT VALID WITHOUT THE IMPRINT OF THE OFFICIAL STAMP OF THE DEPARTMENT

Service Rank and/or Number: 258116 Name: Murray Freeman SWAYZE

1. Branch of Service: CANADIAN EXPEDITIONARY FORCE
2. Date and Place of Birth: 25th January, 1897 St. Catharines, Ont.
3. Date and Place of Appointment, Enlistment or Enrolment: 11th May, 1918 Regina, Saskatchewan.
4. Unit on Appointment, Enlistment, or Enrolment: 1st Depot Battalion, 1st Sask. Regiment.
5. Theatres of Service: CANADA--ENGLAND.
6. Date and Place of Retirement or Discharge: 30th December, 1918 Regina, Saskatchewan.
7. Reason for Retirement or Discharge: "Demobilization"
8. Rank on Retirement or Discharge: Private
9. Medals and Decorations: BRITISH WAR MEDAL.
10. Remarks: Nil

DESCRIPTION AT TIME OF RETIREMENT OR DISCHARGE

Sex: Male Age: 21 Years 11 Months. Height: 5 Feet 7 Inches.

Eyes: Brown Hair: Black Complexion: Dark

Marks or Scars: Nil

DEPARTMENT OF VETERANS' AFFAIRS
APR 18 1952
WAR SERVICE RECORDS
OTTAWA - CANADA

Ottawa, Ont., Canada April 17th, 19 52.

Director, War Service Records

DVA 812 (REV. 7-51)

DEPARTMENT OF
VETERANS' AFFAIRS
APR 18 1952
WAR SERVICE RECORDS
OTTAWA - CANADA

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 258116 (Rank) Private.

Name (in full) Murray Freeman Swayze, enlisted in

the 1st. Depot Battalion, Sask.

CANADIAN EXPEDITIONARY FORCE at Regina, on the 11th.

day of May 19 18.

HE served in England

and is now discharged from the service by reason of xxxxxxxx On Demobilization.

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

Age 22 years.

Height 5 feet 7 inches.

Complexion Dark.

Eyes Brown.

Hair Black.

Marks or Scars -----

M. F. Swayze
Signature of Soldier

E. E. Stovel Major
Issuing Officer

Lt-Col.,
Rank

O.C. #12 District Depot.
Appointment

Date of Discharge 30-12-18.

Signed at Regina, this 30th. day of December 19 18.

in Military District No. 12.

File Reference No. 186-S-12 D.D.

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.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 2[illegible]116 (Rank) Private Name M. P. Swayze.

Unit No. 12 District Depot.

Address on Discharge Saskatoon, Sask.

Character and Conduct Very Good.

Former Occupation Locomotive Fireman.

Special Qualifications of Value in Civil Life xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Medals and Decorations xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Remarks Local Casualty in England.

Signed at Regina, this 30th. day of December 1918.

E E Stovel Major
Name of Officer

By
Rank Lt-Col.,

O.C. #12 District Depot.
Appointment

Discharge Section
DEC [illegible]
NO. 12 [illegible]

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

E.dlo.

Name Swayze, Murray F.
Surname Christian Name

Regimental Number 258116 Rank Pte.

Unit 1st D.B.S.R.

Original Unit

District where paid M.D.12.

Date of Discharge 30-12-18

P. D. P. Filing Number

Address (in full)
Melville, Sask.

Rates:—Regimental pay $ per diem: Field Allowance $ per diem. Separation Allowance $ per month.

L. L. 46038—M. & D. 9245.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127.
25M.—8-18.
1772-39-1140.

Remarks: Account opened Jan. 6th 1919.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Dec'n No ... W. S. G. File No .....
Award ... days at $ ... per day $
S. A. .....months at $ .... per mo. $..... $
Less F. D. P. Credited $
$
Less further debit balance $
Net due paid as below
TO SOLDIER DEPENDENT
Date | ou | Ch No | mount

Reg. No. .....
Name.....
Address.....

Pay Soldier $.....

Clerk .....

Dependent.....
Address.....

Pay Dependent $.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal. or overpayment.....

Net.....

Date	Ck. Order	Ck. No.	Amount		Remarks.	Date	Ck. Order	Ck. No.	Amount.	
1						1				
2						2				
3						3				
4						4				
5						5				
6						6				

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:–	EFFECTIVE DATE:–
AMOUNT:–	AMOUNT:–

NAME:– SWAYZE Murray Freeman

NUMBER:– 258116

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.)	
L.S. Bal.	79.18
Ldb "	71.88

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
C.P.C. Can.	1.8.18	Spr.

UNIT AND TRANSFERS

ORIGINAL UNIT:– 95 Dft. Can. Rly. Troops Depot.

DATE ACCOUNT FIRST OPENED:– 1.8.18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C.R.T.D

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
13/11/18	3489	C.R.T.D	7 30			Ledger Bal 79.18	
						L.D.C. " 71.88	

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSIS'CE ALL'CE
	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:– Disch Canada 30/11/18 C.R.T.D N.R.14

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31-7-18	Bal from Can								33 50		
Aug	P P	34 10							67 60	15	
		34 10									
Sept	P P	33		24005 J194 27/8 C.R.T.D 2	39				10 06		
				1759 14/9 " 1	48 67				51 54		
				5 days Pay 14/9 to 18/9 & 5 1/2 days A.W.L. 10255 14/9/18 C.R.T.	49 06	8 80			42 74		
				2344 26/9 C.R.T.D 10	12 17				30 57	26	
		33			61 23	8 80					
Oct	P P	34 10			4				64 67		
				2816 14/10/18 C.R.T.D 18	7 30				57 37		
				31560 26/10/18. " 28	9 73				4 7 64		
				24005 P 275 24/10/18 " 46	17 63 / 1 46				46 18		
Nov.	P P	33		C.R.T.D	18 49				79 18		
		67 10									
Nov.				L.D.N. A.R. 3489 14/11/18. C.R.T.D	7 30				71 88		
					7 30						

CANADIAN ASSIGNED PAY AUDITED
Jul
AUDIT CLERK
DATE 17 6 19

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION

Form R. & O 6045
1238-180M-29/11,16.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Purfleet Essex 23.8.16 1916.

No. 258116 Rank SPR Name SWAIZE A.F.

Local Unit CRYO Overseas Unit ..... Age 21

Examination held at C.R.Y.D.

DISABILITY.
Overseas—Local.
(scratch one out)

Chr. Synovitis LT KNEE

PRESENT CONDITION.

General cond Satisfactory.
LT Knee. History of dislocation of Patella (repeated). Exam shows limitation Extension 10° limitation. Limited flexion 20°. Some chronic thickening. No fluid. Slight lateral movement of joint.
He is able to walk at least four miles

BOARD RECOMMENDS:—

1. Fit for Duty .....
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks.
4. Fit for Permanent Base Duty Base
5. Discharge .....

Signatures:—

Members { ..... President.
..... Capt R.A.M.C.
.....

APPROVED

28 AUG 1916

Dated at ..... 1916.

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

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 1918.

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY.
Overseas—Local
(Strike out one)

PRESENT CONDITION.

BOARD RECOMMENDS—

1. Fit for Duty .....

2. Fit for duty after ..... weeks' physical training.

3. Fit for Temporary Base Duty ..... weeks.

4. Fit for Permanent Base Duty .....

5. Discharge .....

Signatures:

President .....

Members .....

.....

.....

APPROVED

Dated at ..... 1918.

For A.D.M.S.

Reserved for M.H.C.

Regt. No. 258116 Rank. Spr Surname. SWAYZE Christian Name. MURRAY FREEMAN

Unit or Corps—(a) Overseas from United Kingdom. NIL (b) in United Kingdom. C.R.T.D.

Born at—Town. ST CATHARINES County or Province. ONTARIO Country. CANADA

Date of Birth—Day. 25 Month. JANUARY Year. 1897 Age. 21 yrs. 10 months.

Joined at. REGINA SASK. Date. MAY 11 1918

Former trade or occupation. Loco. Fireman

Permanent Marks or any peculiarity that will serve for future identification :—

Height—feet. 5 inches. 7 Colour of eyes. Dark Brown.

Signature of Soldier (*for identification purposes*) M. F. Swayze

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*): SYNOVITIS - LEFT KNEE CHRONIC

Disabilities Group (*b*): Nil

Disabilities Group (*c*): Nil

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	CONDITIONS OF CIVIL LIFE	Prior to enlistment	
(*ii.*) As to Group (*b*) above.	Nil.	—	—
(*iii.*) As to Group (*c*) above.	Nil.		

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(*i.*) As to Group (*a*) above ? Yes If yes, has Active Service aggravated it ? No

(*ii.*) As to Group (*b*) above ? Nil. If yes, has Active Service aggravated it ? —

(*iii.*) As to Group (*c*) above ? Nil. If yes, has Active Service aggravated it ? —

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(*i.*) As to Group (*a*) above ? No

(*ii.*) As to Group (*b*) above ? Nil.

(*iii.*) As to Group (*c*) above ? Nil.

PART I. (continued).

5. MEDICAL HISTORY.

Embarked Can 29/7/18 Not been in
Disembarked Eng 15/8/18 France,
Boarded 23/8/18 By Chr. Synovitis Rt-Knee

Seven years ago dislocated left patella. This has happened 12 or 15 times since, once since coming to Eng. It is always sore for three ~~days~~ weeks after.

6. PRESENT CONDITION.

Subjective. Can dislocate patella very easily by fully extending the knee joint. General condition good.

Objective. Slight tenderness on inside of joint. Moderate thickening of tissue about joint. No fluid at present. Movements are not limited altho' he holds the knee slightly flexed as support.

All other systems normal.

7. OPERATION. (i.) Was one performed? No (ii.) If so, state what.

(iii.) Was one advised and declined?

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? No

(ii.) If so, describe.

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) B 1

(b) Invalid to Canada?

(c) Discharge from the Service as permanently unfit?

Date of Report 20 Nov 1918

Station Portland

Signed H. W. Baker Capt RAMC
Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

..... {Officer i/c Hospital / S.M.O. / Brigade} Strike out one of these

Dated at ..... Station, on ..... 191.....

*Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the diasbility fully described in Part I. (1)?
If not, describe it. Yes

11. Is the cause of the disability fully described in Part I. (2)?
If not, describe it. Yes

12. From the medical information now adduced, was the disability caused or aggravated by:—
(a) Negligence of the Soldier — Caused? no; Aggravated? no
(b) Misconduct of the Soldier — Caused? no; Aggravated? no

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.) fifteen percent

14. THE DISABILITY DUE TO SERVICE.—(*See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.*)
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.) ~~Half~~ None

15. Permanency of the Disability due to Service estimated next above in (14).
(*i.*) Is it permanent? no
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? no

17. Can the former trade or occupation be resumed? Yes

18. REMARKS:—

Authority A.G. Tel 9083 10.11.18

19. RECOMMENDATION:—
(a) Fit for duty? (*state category*) Base
(b) Invalid to Canada? no
(c) Discharge from Service as permanently unfit? no

Date of Board 20/11/18

Station Perfateas

Signatures of the Board — President. Frederick Shaw; L. Johnson Capt

Approved Frederick Shaw A.D.M.S.

Dated at Perfateas Station 20 11 1918

PART III.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned..2581.16. Sjt. Swayze, M. E. ..have heard the description of my disability read, and am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.) ~~I complain in addition of :~~

.....M. Swayze Sjt.....
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

This space to be for numbers.

M

15-S-267

C. R.
JAN 7 1919
Mil. Dist. No. 12

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. 258116

Rank Private

Surname Swayze

Christian name Murray Freeman

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 1st Depot Bn Sask.

Date of discharge 30th December 1918

Place of discharge Regina

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 22 years — months.

Height 5 feet 7 inches.

Complexion Dark

Eyes Brown

Hair Black

Trade Loc. Foreman

Intended place of residence (To be given as fully as practicable.) Saskatoon

Descriptive marks

2. The above-named man is discharged in consequence of

Demobilization

Authority for discharge DDO 25-1121

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Very Good Ees

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

—

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges

✓

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations ..... Local Casualty in England

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, *(Squadron or Battery*, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Regina ..... E. E. Stovel Major Lt. Col.

(Date) 30.12.18 ..... *Officer Commanding*

Commanding No. 12 District Depot

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Regina M. F. Swayze ..... *(Signature of Soldier.)*

(Date) 30.12.18 J. K. Rueeen ..... *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... *(Signature of Soldier.)*

10. Statement of Service.

Service toward Engagement to.... (the date to which the Record of Service is completed) ... years 232 days.

Total ... years 232 days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Regina

(Date) 30.12.18 ..... *(Signature)* E. E. Stovel Major Lt. Col.

Officer Commanding

No. 12 District Depot

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

I hereby certify that there are no reservations.

W. T. Swayze

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.