REGIMENTAL DOCUMENTS

Pte NAME AXFORD ERNEST GEORGE REGT. NO. 3130911 UNIT 1st Hpo W.R. H. Q. FILE NO. 7971

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	M 5 4/19				DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
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
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1	MEDICAL EXAMINATION (M.F.W. 129)					
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	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					Med Unfit
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1	LAST PAY CERTIFICATE (M.F.W. 44)					
1	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)					
1	M.F.W. 192					
1	Cas Card					
1	M.F.W. 67					
	11 2 22					
						2
						13-11
						20-11
						28-12
						3

W. 2589
100M-11-18
17 29 1377

DUPLICATE

M. D. ..... Depot Battalion 1st Depot Battn., W. O. R. Regiment

Regtl. No. 3130911

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.)

1. Surname ..... AXFORD
2. Christian name ..... Ernest George
3. Present address ..... 306 Talbot St., ST. Thomas, Ont., Can.
4. Military Service Act letter and number ..... 743 422 AC
5. Date of birth ..... 29th December 1895
6. Place of birth (town, township or county and country) ..... South Yarmouth Tp., ElginCo., Ont., Can.
7. Married, widower or single ..... Single
8. Religion ..... Baptist
9. Trade or calling ..... Drug Clerk
10. Name of next-of-kin ..... Richard Axford
11. Relationship of next-of-kin ..... Father
12. Address of next-of-kin ..... R.R.#5, St. Thomas, Ont., Can.
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 London, Ont. (b) Date 3 d Oct. 1917. (c) Category A.2.

DECLARATION OF RECRUIT

I, Ernest George Axford, do solemnly declare that the above particulars refer to me, and are true.

Jan. 5rd 1918. Ernest George Axford (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age ..... 24 yrs. 0 mths.

Height ..... 5 ft. 5 ins.

Chest measurement — fully expanded ..... 34 ins.

Chest measurement — range of expansion ..... 30 ins.

Complexion ..... Ruddy

Eyes ..... Blue

Hair ..... Brown

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

scar - Rt thigh.

RIGHT EYE D $\frac{20}{20}$. LEFT EYE D $\frac{30}{20}$.

HEARING R. - Normal. L. - Normal.

W. L. Mulligan Lieut.-Colonel

O. C. 1st Depot Battalion, W. O. R. Depot Btln.

..... Regt.

Place London Ont. Date JAN 5 - 1918

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

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	3130911	Pte	Axford	E.G.

Year	Unit.	Age.	Service.
1918	18th Can Bn.	24	9/12

Station and Date.	Disease
M.C.H. Epsom 12-9-18	G.S.W. Lt Shoulder (flesh) Wound not healed. Dressings to be changed 3 days. R, C & H
16-9-18	Dressing F.T. D.C.H
23-9-18	Wound not healed. Dressings PT. FV. BA
27-10-18	Wound healed & D BEH

FURLOUGH ADDRESS IN FULL.

12 Victoria Avenue
Edinburgh.

16.1.18 M.H.S
24.1.18

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

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station
and Date.

1. D. 87-2-4

M.S.A. 15.

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 AXFORD Christian name Ernest George

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule ..... 10 SEP. 1918

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

4. Address (including street and number, if any) 306 Talbot St. St Thomas. Ont. Canada

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 3rd day of October 1917, by the undersigned medical board sitting at London, Ont

5. Age as stated 23 Years 10 Months. 6. Apparent age 23 Years 10 Months

7. Height 5 Feet 5½ Inches. 8. Weight ~~123~~ 126 Pounds.

9. Chest measurement { Minimum ~~30~~ 31 Ins. / Maximum ~~34~~ 35 Ins. 10. Complexion Ruddy { Eyes Blue / Hair Brown

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

13. Number of vaccination marks { Right arm 0 / Left arm 0 } 14. When vaccinated last Nil

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar Right thigh

16. Slight defects but not sufficient to cause rejection Nil

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 A II

RIGHT EYE D 20/20 LEFT EYE D 20/20

HEARING R 21+ L 21+

F. J. Dingwall Capt. A.M.C. President.

G. Hyke Lt. Member. F. W. Hall, Capt. A.M.C. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
6/1/18		J G Munro Capt M.O.	6/1/18		J G Munro M.O.
		TAB 24-7-18 2 CM M.O.	14/1/18		Capt Came M.O.
		M.O.	16/1/18		M.O.

Joined ..... day of ..... 191 ... at ...

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment		3130911		
Transferred to.....		4th C.A.N. RES. BATTALION.		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
London Ont.	20-2-1919	Goitre	Cat. B.1. Pres. S.M.B.
London, Ont. L Douglas Capt. A. M. C. Pres.		Resection	Capt. D McFarlane Capt. A. M. C.

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.

LONDON, ONT.

CANADIAN

Surname ..... Christian Name .....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital: Day	Month	Year	Discharge from Hospital: Day	Month	Year	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.
London ont	9 am	17	1	18	21	1	18	Cough	5	Cure Returned to Cat A II	C.W. Sinclair Capt
Gen Mil Hosp Colchester		7	9	18	11	9	18	Gw Shtz Lt flesh	90	Transfer Epsom	
M.C.H.								G.S.W. Lt shoud:		On adm: Wd not healed Dressings	
Epsom		11	9	18.	29 NOV 1918			(flesh)	81	23.9.18 as above & P.T.Z.	
										23.10.18. Healed H & lungs normal.	B.C. Hardman
										Fit for discharge to ~~[illegible]~~ Bett	Capt [illegible]
										Reserve Unit Category "A"	
London	Ont	12	2	19	25	2	19	Goitre (simple)	14	"Thick neck" before enlistment, thinks it slightly large now. B.P. 115-70. Pulse 90 after touching toes 10 min 98. after 2 min. 88. no dyspnoea. Complains only of being started by sudden noises reflexes normal. 227 Cat C I	
										Returned to Unit Cat C I	J.J. Fowler Capt
											G.C.H.

To be made out in duplicate. Duplicate H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins..... 1st Depot Battn., W. O. R.

(2) Regimental Number 3130911

(3) Full Name of Soldier..... Axford Ernest George

(4) Place of Birth..... R Yarmouth Tp Ont

(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.....

M. F. W. 67.
500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

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

If so, state name and address ..... R.R.#5 St Thomas Ont .....

(10) Is your Mother alive ?..... No .....

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

.....

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

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

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

..... ✓ .....

.....

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

..... ✓ .....

.....

.....

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

..... ✓ .....

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

..... W. L. Mellugan Lieut. Colonel .....
Officer Commanding.
1st Depot Battalion C.M.R. C. E.

Date..... 5-1-18 .....

D.M.S. 1375.

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 Lte Name Axford Surname Ernest G.

Unit or Corps W.G.R.D. 4th Res. (If a soldier) Regtl. No. 3130911

Born at St. Thomas Ont on, date Dec 9, 1893

Signature (for identification) Ernest G. Axford.

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe. None.

Weight 125 lbs.

Height 5 ft. 7 ins.

2. **NUTRITION AND DIATHESIS?** good.

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

3. **NERVOUS SYSTEM?** No.

4. **RESPIRATORY SYSTEM.** No.

5. **HEART?** No.

Abnormal Sounds? None.

Abnormal Size? No.

Pulse Rate? 80. Intermittence or irregularity? No.

6. **ARTERIES.**—Any hardening? No.

7. **DIGESTIVE SYSTEM?** No.

8. **GENITO-URINARY SYSTEM?** No.

Urinalysis—S.G.? 1022. Reaction? Acid. Albumen? 0. Sugar? 0.

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

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. None.

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

Examined at Kinmel Park Signed J.G. Locke Capt. M.O.

Date 4.1.19. Signed [illegible] M.O

☛ *If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.*

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Axford E. G.

REGIMENT Co. OR "D" Coy

RANK Pte.

DISTRICT 1

No. 3130911

M.F.B. 465
2 M 1-17
1772-39 950

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) G.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	1918 Jan 8	9 2,3,12 15,18,19 20,21,30								1/10						1/7				J W Ross	1	Cav. 1, 17, 25 30, 31, 32

DENTAL CHART

PATIENT'S NAME

ADDRESS

DATE

DENTIST

1 D. 87-2-4

M.S.A. 15.

A. 11

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 AXFORD Christian name Ernest George

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

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

4. Address (including street and number, if any)... 306 Talbot St. St Thomas Ont. Canada

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 3rd day of October 1917, by the undersigned medical board sitting at London. Ont

5. Age as stated 23 Years 10 Months. 6. Apparent age 23 Years 10 Months

7. Height 5 Feet 5 Inches. 8. Weight ~~123~~ 124 Pounds.

9. Chest measurement { Minimum ~~30~~ 31 Ins. / Maximum ~~34~~ 35 Ins. } 10. Complexion Ruddy { Eyes Blue / Hair Brown }

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

13. Number of vaccination marks { Right arm 0 / Left arm 0 } 14. When vaccinated last nil

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar right thigh

16. Slight defects but not sufficient to cause rejection nil

The man denies having had { Rheumatism / Tuberculosis / Syphilis } (Strike out disease admitted or suspected.)

We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A1

RIGHT EYE D 20/20 LEFT EYE D 30/20

HEARING R 21+ L 21+

L. J. Amyot Capt. A.M.C. President.

G. H. Ry Ru. Le Member. Fraser Capt A.M.C. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
3/10/18		J G Munro Capt M.O.	3/10/18		J G Munro Capt A.M.C. M.O.
		M.O.	10/10/18		M.O.
		M.O.	24/10/18		M.O.

Joined ... day of JAN 5 - 1918 191 ... at LONDON, ONT.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment		3130911		JAN 5 - 1918
Transferred to 1st Depot Battn., W. O. R.				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
London, Ont.	13-1-18	Inf. Arrestation	considered A
L. McDougall Capt A. M. C. Pres.	Crowfoot Capt A. M. C.		D. McFaulane Capt A. M. C.

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.

DUPLICATE

Signature of Man Ernest Geo.

Surname .... Christian Name ....

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				
London Ont	9 a.m.	17	1	18	21	1	18	Cough	5	bronchitis cured, Returned to Cat A ii	C.W. Sinclair Capt

CASE HISTORY SHEET.

Military Hospital, M. D. No. 1
Wolseley Barracks
LONDON, ONT.

..... Hospital. ..... Station.

No. 3130911 Rank Pte Name Axford E G Age 25

Unit DD #1 Completed years of service Where and how long } E2/12 E8/12 F3/12

Date of admission 12-2-19 Date of discharge 25-2-19

Diagnosis Goitre Place of origin Canada

CONDITION ON ADMISSION AND PROGRESS OF CASE. (1) Enlarged thyroid

Complaint (2) Tremor, palpitation

(3) Nervousness.

(4) Nausea & Shortness of breath

Family History. No heart trouble. Lives with family. Is married. 30 years. Has a family.

Past Illness:- Measles, mumps, whooping cough. Has never been seriously ill. Inoculated & vaccinated.

Present condition. Glands enlarged on left side of neck. Teeth & tonsils good. Mouth

Heart 20-2-19. Pulse radial good. Standing. Touching toes 10 times. 98 after 2 minutes 88. No dyspnoea

Lungs - Slight cough. Expansion good. No loss of weight.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Kidneys - No subjective symptoms. Habits: Neither smokes nor drinks, but chews tobacco.

TREATMENT

(Especially any specific or special form) Rest & observation.

Diagnosis, simple goitre, as agreed by Col. McCallum, treatment not deemed advisable.

B. P. 115 - 70 ; Awarding approved 2-2-19

CONDITION ON DISCHARGE, No change.

(and disposal made of case.) Return to unit. 22) Cat C1

Date 25-2-19

John Stuart Capt
Medical Officer i/c case.

M. F. B. 313a.
50M.—3-18.
1772—39-439.

465-92

Form R 122.
2353—100M—9-12-16.

CR Rank Name AXFORD, Ernest George. Reg'l No. 3130911.

Unit 3rd Dft 1st Bn W O Regt. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment London, Ont. Jan. 5th. 1918. Place of Birth S. Yarmouth Tp. Ont.

Name and Address, Next-of-Kin Richard Axford,

R.R. No. 5. St. Thomas, Ont., Canada. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ld.—9546-16.

N/E. R.B. No 5896
File R.L.
Category CAN. CR

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.
C		Arrived in England	16-2-18 S/S GRAMPIAN			
25.2.18	4th RES. TO. S. From CANADA. B'SHOTT 17.2.18, PTii 47					
3.6.18	"	S.O.S. to 18 Bn	Witley	Pk	1.6.18	DO 130 (18 Bn DO 52 D/14 6/18)
3.9.18	WOR (18)	WOUNDED	field	"	27.8.18	CL A 305
18.9.18	18 Bn	SOS to WORD	"	"	7.9.18	Pt II 089 O.C.
30.9.18	WORD	TOS from 18 Bn	Witley	"	8.9.18	" 230
3-12-18	"	S.O.S. to 4th Res.	"	"	29-11-18	" 285 & 4 Res 289 of 6.12.18
2.1.19	4 Res	on Com to Kurnel Pk	"	"	2.1.19	" 1
13.1.19	No 1 MD 6 W	att to Coy	Kurnel Pk		3.1.19	" 11
"	"	Ceases att	"		11.1.19	" 11

CHECKED 7 JUN 1918

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.					
23.1.19	4 Res.	S.O.S. proceeding to Canada	Witley	12.1.19	2019	

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 3-Off 1st Depot Battn., W. O. R.

Regimental No. 3130911 Rank Pte Name Axford Ernest George

C. E. F.

Enlisted (a) ✓ Terms of Service (a) Dof War ✓ Service reckons from (a) ~~5-1-18~~ 5-1-18

Date of promotion to present rank 5-1-18 Date of appointment to lance rank Numerical position on roll of N. C. Os.

Extended Re-engaged Qualification (b) Drug Clerk

Report: Date	Report: 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
3-5-18					
		~~31-1-18. 1st. Depot Transferred Overseas Bn. WOR~~	~~London Ont~~	~~31-1-18~~	~~H. Q. 593-6-7, 8/17-1~~
		EMBARKED	CANADA	4/2/18	H. M. T. "Grampian"
		DISEMBARKED	ENGLAND	16/3/18	H. M. T.
25-2-18	O.C.4th. Res. Bn.	T.O.S.4th.Can.Res.Battn.	Bramshott	17-2-18	Part 2 Order No. 47.
3-6-18	O.C.4th. Can.Bn	Having proceeded o/seas to 18th.Bn is SOS.4th.Res.Bn.	Witley	2-6-18	Pt 2 D.O.130
					[signature] Lieut. A/Adjt.for.O.C.4th.Can.Res.Bn
2-6-18	Can I.B. Depot	Arr from 4 Can Res Bn Eng & T.O.S. 18 Can Bn	~~In the Fld~~ Can. I.B. Depot, ETAPLES.	2.6.18	Nom Roll Pt II Ord 52 d-14.6.18
3-7-18	C.C.R. Camp.	Arrived at Can. Corps Reinf. Camp.		3-7-18	Nom. Roll

CERTIFIED CORRECT. 8 JUN 1918 CAN. RECORDS, LONDON.

(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.

OVER

[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				
17-8-18	18 Bn	Joined 18th Can Bn	In the Fld	13.8.18	AF.B.213
31-8-18	18th Bn	WOUNDED	In the Fld	27.8.18	AF B.213
27-8-18	22 Gen.	GSW. L. shldr. adm.	22 Gen.	27.8-18	W. 3034 (Ext. H.2338)
7-9-18	A.T. Stad Antwerpen	Invalided to England, wounded Posted to Western Ontario Regtl Depot WITLEY		7-9-18	AF.W.3083 (Can. Sect. No 5936) Pt. II Ord. 89, 18/9/18.
30-9-18	W.O.R.D.	T.O.S (Cond) from 18th Bn	Witley	8-9-18	Pt II O 230
6-12-18	4th Can: Res: Bn:	T.O.S. on posting from W.O.R.D.	- do.	29-11-18	Pt 2 D.O No 289.

Major for Lt.-Col. A.A.G.
Canadian Section, 2nd Echelon B.E.F.

LIEUT:
FOR LT: COL: I/C RECORDS C.O.M.F.

D.M.S. 1300-50M-21-11-17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Axford	E G	3130911

RANK	UNIT	CO.	TROOP	BATTY
Pte	W.O. 18			

HOSPITAL	DATE OF ADMISSION
22. G.H. Camiers	27.8.18
Gen Mil Colchester	HOSP. 8.9.18
C.C. Woodcote Pk Epsom	12.9.18
2.	HOSP.
3.	HOSP.
4.	HOSP.

DIAGNOSIS GSW Lt Shl dr. at

1.

2.

3.

DISPOSITION Dis 29.11.18 DATE

Ch 3.9.18 a 305.2

25.9.18 B320 (1-2).

2.12.18 B378.

REMARKS

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

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

*Name AXFORD Ernest George Rank Pte. Regtl. No. 3130911

Fyle Depot IDD 10-A-159

Original unit 1st DB WOR Present unit 18th single M. or S. Age 26 Religion Bapt Ref. H.Q 1D-30-A-495

Port, ship and date of arrival Halifax Empress of Britain 22-1-19

Next of kin Richard Axford (father) R.R. No. 5 St. Thomas, Ont.

Address on leave

Address on discharge 29 Metcalfe St St Thomas Ont

Transportation issued Yes / No Date Character on discharge

Previous occupation Drug Clerk Date and place of enlistment Jan. 5th 1918, London Ont.

Diagnosis Goitre Date of Medical Boards 20-2-19

Date. T.O.S.	Remarks.	Pt. 2 Order No.
12-1-19	No. 1 D.D.	
26-1-19	Posted to Cas. Coy and granted furlough with sub sistance allowance to 10-2-19	32
12-2-19.	Posted to Hospital Section C. H. M. H. CCO 44	44 46

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

(over)

Date.	Remarks	Pt. 2 Order No.
FEB 25 1919	Posted to Casualty Coy.	58 58
28/2/19	Disch from HMS Med Unfit (PDP)	58

M. F. W. 192
150m.—5-18
1772-39-1243

Number 313091 Rank Pte.

Surname AXFORD.

Christian Name Ernest George.

Units 18th Bn. Can Inf. Theatre of War France.

Date of Service 1-6-18.

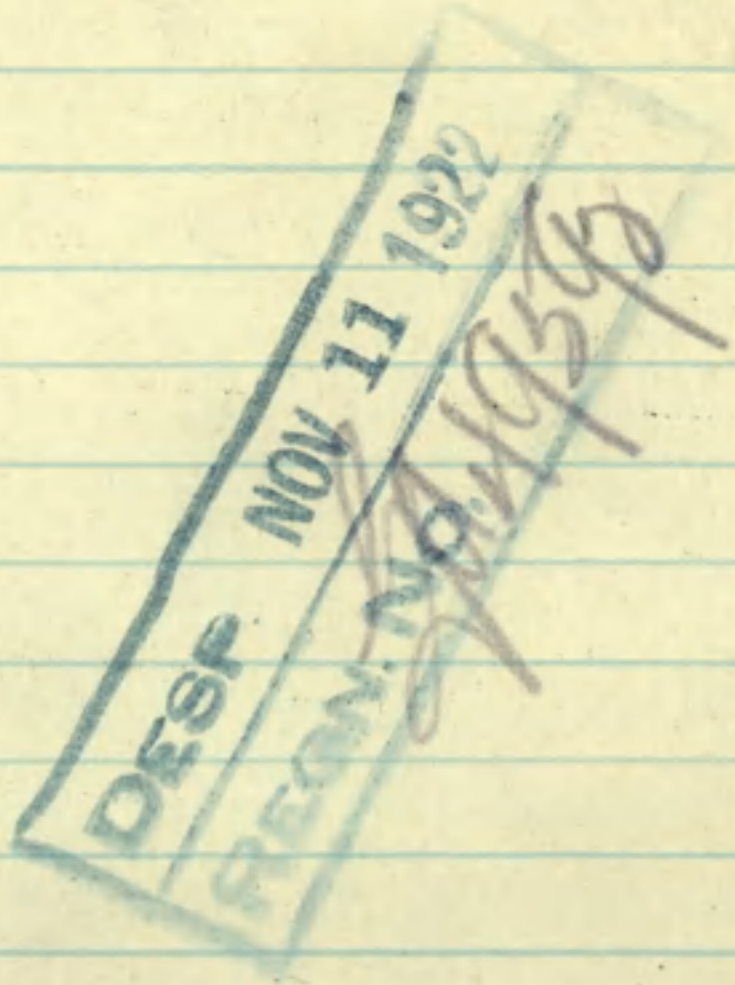
Remarks 402 Sackville

Latest Address ~~29 Metcalfe Street~~

~~Toronto St Thomas Ont~~

Roll No.

10m.-8-21.M. B. Page 20911


DEEP
NOV 11 1922
RECEIVED

77.

REG. NO. 3130911 NAME (SURNAME FIRST) Axford, A. G. 46 42644 46592.

RANK Pte CORPS W.I.O.R.

AGE 18 SERVICE C 2/12 E 8/12 F 3/12

NAME OF HOSPITAL Military L.a.m.b PLACE London

DATE OF ADMISSION 17-1-18

DISEASE Cough H.A.D. (Goitre)

DISCHARGE 1-2-18

OPERATION

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS Adv. Military (W.B) London 12-2-19

Diagn. Goitre — Dch. 25-2-19.

REGT'L No. 3130911

H. Q. FILE No. 649.

NAME Axford, Ernest George

RANK AND CORPS Pte. 18th Bn. Tonn. [illegible] 1st D. Bn

FOLLOWS

No.

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY
N.J.K. Richard		Axford (father) R.R. #5 St Thomas Ont
H 291.	23-2 5-9-18	Adm. #22 Gen. H. Camiers Aug 27th
		Gsw L. Shedr (18)

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 305 (2)	No. 22 Gen Camiers	27-8-18	Gnl Lt Shldr.
B 330.	Gen. Mil: Colchester	8-9-18	" " " "
B 320.	Mil Conv: W Côte Pk. Epsom	12-9-18	" " " "
B 378.	Disc	29-11-18	" " " "

Form R. 149.

Ernest George.

Name AXFORD Rank PTE Reg. No. 3130911

Unit 18 BN

Next of Kin CANADA

Date 1918.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
27-8	22 GH. Camiers	GSW. L. Shldr		H305	H291	3665/2
8-9	Mil Colchester		do	B320		26088
12-9	Wardcote PK Epsom		do	B320		26447
29-11	Discharged		—	B378		9931

RL 29/11/18 SF 29/11/18 to 11/12/18 Report 4th Res Witley

Date	Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

E/N.S.A.

SURNAME. Axford

CHRISTIAN NAMES Ernest George

REGL. No. 3130911 RANK Pte.

UNIT West Ont. Regt. 1st Dpo. Bn (3rd RD)

FORMER CORPS Nil.

2 CARD NO.

Dis 28.2.19. Demob
DD 8 of 29.2.19 # 1DD

NEXT OF KIN.

NAMES IN FULL Axford, Richard

RELATIONSHIP TO SOLDIER Father

ADDRESS R.R. #5, St. Thomas, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada South Yarmouth. Tp., Ont. DATE Dec. 29th 1893

PLACE OF ATTESTATION London, Ont. DATE Jan. 5th 1918

From Halifax Per S.S. Grampian 5/2/18. 1070/2. R/C 25/1/19 256/8. 2 Pte

L. L. 26989 M. & D. 8191. M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

P.878. Extract D.O. No. 4 Unit.- 4th Res Bn Date:-

SAILING LIST:-

Reg. No.	Rank	Name	Struck off Strength of O.M.F. of C. on transfer to C.E.F. Canada.	
313.0911	Pte	AXFORD. E.	12.1.19.	Acted on Ledger Ck.

Canada Lect

Copied by_____ Checked_____ Date_____

Date of Enlistment

MILITIA AND DEFENCE Enlisted 5-1-18 5205

Separation and Assigned Pay Branch A

OVERSEAS CONTINGENTS

Date of Assignment 1.2.18

RATE OF SEPARATION ALLOWANCE

AUTHORITY FOR NEW ACC'T. N.R.

RATE OF ASSIGNMENT

15.00			

PARTICULARS OF SEPARATION ALLOWANCE

No. 3.130.911

Rank Pte Promoted Reverted Discharge

Soldier's Name Axford, Ernest George.

Battalion 1st Depot Batt. W.O. Rgt.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Lila Pressey.

Address Elm Street.

Change of Address St. Thomas, Ont.

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	
Mar 1918	M 76762		30	30	R
April	I 7987		15	15	R
May	C 9357		15	15	D.
June	A 17735		15	15	D.
July	Y 30453		15	15	C
Aug	G 33332		15	15	C
SEP	A 40175		15	15	C.
OCT	A 46797		15	15	a.
NOV	A 54884		15	15	✓
DEC	B 65744 ✓		15	15	✓
Jan/19.	B 73975		15	15	a
Feb					

643-C-4 REMARKS M.D. #1

M.R.O. 65437 = 29 1/19

31/1/19 A/c Closed

Ret'd per Emp. of Britain

Date 22/1/19 F.X. 29/1/19

Clerk J.H. Brown

H. J. Martin 7-3-18

M. F. W. 128.
400M.—8-17—1772 39-1141
L. L. 22329—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
400m.—5-17—1772 39-1141
L. L. 22320—M. & D. 7933.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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 (in the event of such having been prepared.)

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.

War Service Badge
This space to be for numbers Class A No. 82886 Issued

War Service Badge.
Class B No. 52315 Issued.

Proceedings on Discharge.

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

No. 3130911

Rank PRIVATE

Surname AXFORD

Christian Name ERNEST GEORGE

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

Corps (Squadron, Battery or Company) 1ST. DEPOT BATTALION W.O.R., C.O.M.F.

Date of Discharge FEB 28 1919 DD 58 27/2/19

Place of Discharge LONDON, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	25 years months.
Height	5 feet 5½ inches.
Complexion	FAIR
Eyes	BLUE
Hair	DARK BROWN
Trade	DRUG CLERK
Intended place of residence (To be given as fully as practicable.)	29 METCALFE STREET ST.THOMAS ONTARIO.

Descriptive Marks

G.S.W. LEFT SHOULDER.

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

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.

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.
100M.—1-17.
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.....

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).....

(Date).....

Commanding .....

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.

(Place) LONDON, ONT. E. G. Alford .....(*Signature of Soldier.*)

(Date) FEB 28 1919 G Reddon .....(*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.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

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

(Place) LONDON, ONT.

(Date) FEB 28 1919

(*Signature*) J. H. Millard Major

O. C. Discharge Section, No. 1 D. D.

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.)

None

E. G. Alford

(OVER)

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/2/18	EFFECTIVE DATE:-
AMOUNT:- 15-00.	AMOUNT:-

NAME:- AXFORD. Ernest George

NUMBER:- 3130911

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.

Mrs. Lila Tressay
Gen: Dely: St. Thomas, Ont
Stopped Effect 1-1-19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 1st Depot Batt W.O.R.

DATE ACCOUNT FIRST OPENED:- 1/2/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
	1/2/18.		4th Res
52. 7/6/18	1-7-18	3-7-18	18 Bn.
	1/1/19		CANADA. Sect.

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
16.12.18	3490	Witley	24 83				
16.12.18	3564		2 40				
			26 23				
6-12-18.	Do 299 4 Res	Subsistence Allow. 12 days	8 76				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	— 10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Trans to Canada 1-1-19 Auth WR 13. Witley 18/12/18. Disposal L. BC Bal. $16.27

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	Brought Forward								12 53		
April	30 6 26.	32 —		Cap. Can				15 —			
				AR 74 17/4/18 4 Res. ✓	7 30						
				277 27/4 " ✓	7 30				15 93		
		33 -			14 60			15 -			
May	31 P P.	34 10		Cap.				15			
				AR 543 15/5/18. 4 Res ✓	9 73						
				✓ 7446 29/5/18 ✓	✓ 9 73				15 54		
		34 10			19 46			15			
June	30 6 26.	33 —		Cap.				15			
				✓ 785. 6/6/18. 6 I.B.D.	✓ 4 46						
				AR. 935. 21/6/18 " ✓	✓ 4 46				24 65		
		33 -			8 92			15			
July	31 P.P.	34 10		Cap.				15			
				AR 1048 4.7.18 2 CCRC ✓	446						
				1284 16.7. " ✓	3 57				35 72		
		34 10			8 03			15 15			
Aug	31 PP	34 10		Cap							
				1536. 3-8. " ✓	3 57						
				632 19-8 18 Bn ✓	3 57				47 68		
		34 10			7 14			15			
Sept	30 "	33		Cap.				15	65 68		
				AR 2232 12/9. Hos Epsom. ✓	9 73				55 95		
		33.			9 73			15			
Oct	31	34 10		Cab.				15			
				3255. 17/9/18. Clerk Epsom ✓	4 87				70 18		
		34 10			4 87			15			

NUMBER 313091 1 RANK Pte. NAME AXFORD E.G.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct									70 18		
Nov.	Pte. P.	33 -		Car				15 -	146 04		
	S.F. 29/11 - 11/12/18: 12 days @ 2/9 4/12/18. 4 Re.	8 76		AR 1148 17/11/18 Lt Col. Epsom	4 87				129 77		
				- 7352. 29/11/18.	4 8 67						
Dec		34 16		Car.	53 54.			15 -			
				3564 17/12/18 4 Re.	21 90						
				3490 " "	34 33				16 27		
		75 86			99 77			30 -			
				- N 1139. 9/1/19 Rhyl.	4 87				11 40		
				L.P.C. END.	4 87						

Checked 19-12-18

FORM F. 559
8245-1500.-7/5/17

MARRIED OR SINGLE: Single.

PLACE OF BIRTH: South Yarmouth T.P. Elgin Co. Ont. Canada.

NAME OF NEXT OF KIN: Richard Axford. RELATIONSHIP: Father

ADDRESS: R.R. #5. St Thomas, Ontario: Canada.

NAME OF NEXT OF KIN: RELATIONSHIP:

ADDRESS:

APPOINTMENTS.
PROMOTIONS AND REVERSIONS.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

DATE ADMITTED	ADMISSIONS DATE DISCH'D	V. OR A.	TO HOSPITAL, &C. NAME OF HOSPITAL.

SEPARATION ALLOWANCE.

SEPARATION ALLOWANCE MONTHLY $	EFFECTIVE (DATE)	STOPPED EFFECTIVE (DATE)
PAYABLE TO		REASON
	RELATIONSHIP	AUTHORITY
AUTHORITY FOR ISSUE		REMARKS
SEPARATION ALLOWANCE MONTHLY $	EFFECTIVE DATE	STOPPED EFFECTIVE (DATE)
PAYABLE TO		REASON
	RELATIONSHIP	AUTHORITY
AUTHORITY FOR ISSUE		REMARKS
NEW PAYBOOK ISSUED		NEW PAYBOOK ISSUED

REG'L. NO. 3130911. RANK Pte NAME Axford Ernest, George.

PLACE OF ATTESTATION London, Ont: DATE OF ATTESTATION 3/1/18 ORIGINAL UNIT 1st Depot Bn: W.O.R.

PRESENT UNIT 4th Can. Res:

ASSIGNED PAY

(1) PER MONTH $ 15.00 DATE EFFECTIVE 1/2/18 AUTHY.
PAYABLE TO Mrs Lila Fressay. Gen: Dely: St. Thomas, Ont: RELATIONSHIP ✓

(2) PER MONTH $ DATE EFFECTIVE AUTHY.
PAYABLE TO RELATIONSHIP

(3) PER MONTH $ DATE EFFECTIVE AUTHY.
PAYABLE TO RELATIONSHIP

(4) PER MONTH $ DATE EFFECTIVE AUTHY.
PAYABLE TO RELATIONSHIP

DISCHARGE DATE AND PLACE
REASON AND AUTHORITY

(1) STOPPED EFFECTIVE
CAUSE
DATE A3M FORMS REND.

(2) STOPPED EFFECTIVE
CAUSE
DATE A3M FORMS REND.

(3) STOPPED EFFECTIVE
CAUSE
DATE A3M FORMS REND.

(4) STOPPED EFFECTIVE
CAUSE
DATE A3M FORMS REND.

ACCOUNT TRANSFERRED TO N.E. BRANCH (DATE)
ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

PARTICULARS OF TRANSFERS

TO UNIT	EFFECTIVE DATE	AUTHORITY

PERIOD FROM	TO	PAY AND FIELD ALLOWANCE NO. OF DAYS	RATE	$ C.	WORKING PAY NO. OF DAYS	RATE	$ C.	SEPARATION ALLOWANCE $ C.	ASSIGNED PAY CREDITS $ C.	ANY OTHER CREDITS $ C.	TOTAL CREDITS $ C.	SEPARATION ALLOWANCE $ C.	CASH PAYMENTS DURING THE MONTH 1 $ C.	2 $ C.	3 $ C.	4 $ C.	ASSIGNED PAY $ C.	OTHER CHARGES $ C.	TOTAL DEBITS $ C.	BALANCE CARRIED FORWARD CREDIT $ C.	DEBIT $ C.	NUMBER OF ACQUITTANCE ROLLS 1	2	NUMBER OF S.A. AND A.P. CHEQUE	REMARKS. ALL CASUALTIES, PROMOTIONS, &C., TO BE NOTED, ALSO PARTICULARS OF "OTHER CREDITS" OR "OTHER CHARGES"
MONTH 1918	PARTICULARS			CR. 1			CR. 2	PARTICULARS				DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY / RED. ALLOW. / PAY ENC.								
Jan: 31st	Bal: from Can.															11 70									
Feb. 28	CB			30 80												64 90									
																76 60									
March. 31	CB			34 10				C.A.C. Can. Feb & March				30				64 07									
																12 53									
								1834 9/3/18	4 Res		4 87														
								1282 20/2/18	Dep. B'Shott		4 87														
								2133 20/3	4 Res		24 33					12 53									
				64 90							34 07	30													

PERIOD		PAY AND FIELD ALLOWANCE			WORKING PAY			SEPARATION ALLOWANCE	ASSIGNED PAY CREDITS	ANY OTHER CREDITS	TOTAL CREDITS	SEPARATION ALLOWANCE	CASH PAYMENTS DURING THE MONTH				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CARRIED FORWARD		NUMBER OF ACQUITTANCE ROLLS		NUMBER OF S.A. AND A.P. CHEQUE	REMARKS. ALL CASUALTIES, PROMOTIONS, &c., TO BE NOTED. ALSO PARTICULARS OF "OTHER CREDITS" OR "OTHER CHARGES"
FROM	TO	NO. OF DAYS	RATE	$ C.	NO. OF DAYS	RATE	$ C.	$ C.	$ C.	$ C.	$ C.	$ C.	1 $ C.	2 $ C.	3 $ C.	4 $ C.	$ C.	$ C.	$ C.	CREDIT $ C.	DEBIT $ C.	1	2		

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.

Agrees

19. Is the invalid fit for

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

20. It is certified that the invalid
(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(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.)

Placed in Category C1.

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 London Ont

G. E. Clements Capt.

DATE Feb. 20-1919.

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness ..... Signed .....

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

..... President.

PLACE .....

DATE .....

Members

APPROVED BY [signature] Capt. Cam
Assistant Director of Medical Services.
DATE 22-2-19

APPROVED BY .....
Director-General of Medical Services.
DATE .....

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

IKD

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION London Ont. DATE 20-2-1919.

1. 1 (a) Unit D.D. # I (b) Regimental No. 3130911 (c) Rank Pte.
(d) Surname AXFORD (e) Christian name Ernest George.
(f) Home address 29 Metcalfe St. St. Thomas Ont.
(g) Next of Kin Richard Axford (h) Relationship Father
(i) Address of Next of Kin 29 Metcalfe St. St. Thomas Ont.

2. Age last birthday 25 Date of birth 29-12-93

3. Enlistment, or Appointment (if an Officer) (a) Place London Ont. (b) Date 5-1-1918.

4. Personal description:
(a) Height 5' 5½" (b) Weight 122 (stripped) (c) Complexion Fair.
(d) Colour of hair Dk. Brown (e) Colour of eyes Blue. (f) Identification marks, Scars, etc.
3⅛" scar left shoulder G.S.W.

5. Former trade or occupation Drug Clerk

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
	1	46

Casualty Form not available

	Periods From	Periods To
Canada	5-1-18	16-2-18
England	22-1-19. 16-2-18	20-2-19. 2-6-18.
France or other theatres of War	9-9-18. 2-6-18	22-1-19. 9-9-18.

7. Original disease, or injury Goitre

(a) Date of origin prior to enlistment. (b) Place of origin Canada
(c) Cause Unknown

M. F. B. 227.
300M.—8-18.
1772-39-117.

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

Weakness very slight Due to Goitre.

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

Objective. Pulse standing 9 0 touching toes 10 times 98 After two min. 88. No dyspnoea. Slight enlargement middle lobe of thyroid. No tremor Reflexes normal . B.P. 115-70 proving there is no toxic element acting on heart.

SUBJECTIVE. Slightly nervous after being startled i.e. sudden noises No other complaints . Urinalyis report negative.

(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 (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No (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

Soldier states that he had a thick neck before enlistment . and thinks it is a little larger now than at time of enlistment.

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

Had been A.11 man Canada England and France. Boarded in England for return to Canada Jan 1919 in 129, A11 and when befor Medical Board here for final discharge was sent in Hospital for observation.

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).)

None

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

3½" scar left shoulder G.S.W. no disability.

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.)

yes very slightly . but negligible

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

The regimental documents will be referred to.

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

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

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

None

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 as disability is negligible in civil life.

17. Recommendations

Category C.1 .

[signature] Capt

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 Ernest G. Axford 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

[signature]

Ernest G. Axford Pte. Rank.

Signature of invalid examined.

10 - Ax. - 2 3

1737

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

AUDITOR: [illegible] PAYMASTER: [illegible]

M. OR S.

REGT. No. 3130911 RANK Pte NAME (IN FULL) AXFORD. Ernest George

NEXT OF KIN RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE

TO WHOM PAID Nil RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 1st W ORD IF IN P.F. WHAT UNIT? 29 Metcalfe St, St. Thomas, (BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 5-1-18 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY, $ 15.00 Ptle DATE EFFECTIVE 31-1-19.

PAYABLE TO Mrs. Lila Fressay RELATIONSHIP R.S. ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS ~~Elm St~~ St Thomas Ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE London DATE 28-2-19 REASON M.U. AUTHORITY DO 58 IF ENTITLED TO POST DISCHARGE PAY Yes

1.00 .10

RAB

	MONTH	PAY AND F.A. No. of Days	Rate	Amount $	c.	Other Credits $	c.	$	c.	Total Credits $	c.	Acquittance Rolls Col. No. 1 No.	Date	Col. No. 2 No.	Date	Col. No. 3 No.	Date	Cash Payments Col. No. 1 $	c.	Col. No. 2 $	c.	Col. No. 3 $	c.	Assigned Pay $	c.	Regimental Charges $	c.	Other Charges $	c.	$	c.	Total Debits $	c.	Balance Debit $	c.	Credit $	c.	Particulars or Remarks
	E.F.Ple.																																					
Balance from previous account	31-12-18							16	27															15	00			4 / 4 / 30 / 5	87 / 87 / 00 / 00			59	74	43	47			AP Jan On Boat
	1-1-19																											43	47									
	28-2-19	59	110	64	90	35 12	80			112	70	AR. 10	9	P2339	27/2/19			5	00			49	23	15								112	70	Nil				208. 12-1-19. D.O. 32 / Adjs. 26-1-19 D.O.-10-2-19. DO32 / Colo alle

W.R. Mortimore Maj

WAR SERVICE GRATUITY

	MONTH	Amount $	Total Credits $	Cash Payments Col. No. 1 $	Total Debits $	Balance Debit $	Particulars or Remarks
122 days	28-2-19	280	280	70	70	210	# 2645
	28-3-19	210	210	70	70	140	433/20
	4.	140	140	70	70	70	74826.
	28/5/19.	70	70	70	70	0	30/5/19 G86446
		280	280	280	280		

J. Geuret Capt.

60m.-11-18. L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		CCL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	