

ATTESTATION PAPER.

97th OVERSEAS BATTALION C.E.F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- 1. What is your surname?..... **Crawford,**
- 1a. What are your Christian names?..... **Angus**
- 1b. What is your present address?..... **North Hotel, Edmonton Alta.**
- 2. In what Town, Township or Parish, and in what Country were you born?..... **Massina N.Y. USA**
- 3. What is the name of your next-of kin?..... **Duncan Crawford,**
- 4. What is the address of your next-of-kin?..... **Winthrop N.Y.**
- 4a. What is the relationship of your next-of-kin?..... **Brother**
- 5. What is the date of your birth?..... **Aug. 1, 1884**
- 6. What is your Trade or Calling?..... **Rivet Heater**
- 7. Are you married?..... **No**
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... **Yes**
- 9. Do you now belong to the Active Militia?..... **No**
- 10. Have you ever served in any Military Force?..... **No**
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... **Yes**
- 12. Are you willing to be attested to serve in the } **Yes**
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }



DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Angus Crawford..... (Signature of Recruit)

Date..... **December 17th**..... 191 *5*..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Angus Crawford..... (Signature of Recruit)

Date..... **December 17th**..... 191 *5*..... (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at..... **Toronto Ont**..... this..... **17th**..... day of..... **December**..... 191 **5**.

W. Clark St. C...... (Signature of Justice)

Description of Crawford, Angus on Enlistment.

Apparent Age.....29.....years.....months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5 ft 9 ins.

Chest measurement { Girth when fully expanded.....36 ins.
Range of expansion.....3 1/2 ins.

Complexion.....Fair

Eyes.....Brown

Hair.....Dark

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

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

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....December 16.....1915

Place.....Edmonton Alta

ORIGINAL EXAMINATION BY

E. LLOYD GARNER

THIS DUPLICATE MADE BY

B. S. Hutchison

M. O. 97th BATTALION O.E.F.

Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....Angus Crawford.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

B. S. Hutchison.....(Signature of Officer)
Lieut. Col.
COMMANDING 97th. BATTALION C. E. F.

Date.....December 22 17th 1915

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

Attestation Papers..... *45*

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... *1*

Compulsory Stoppages.....

Casualty Forms..... *1*

Proceedings on discharge..... *1*

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... *2*

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... *1*

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... *1*

pay card - 1

DISCHARGE DOCUMENTS

Name *Crawford Angus*

Regt. No. *20717* Rank *Pvt.*

Corps *97th O.S. Batt.*

Medically unfit

mis batt

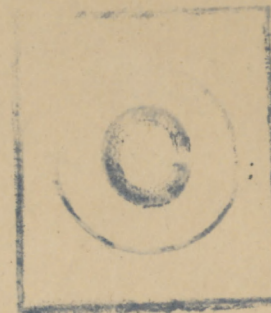
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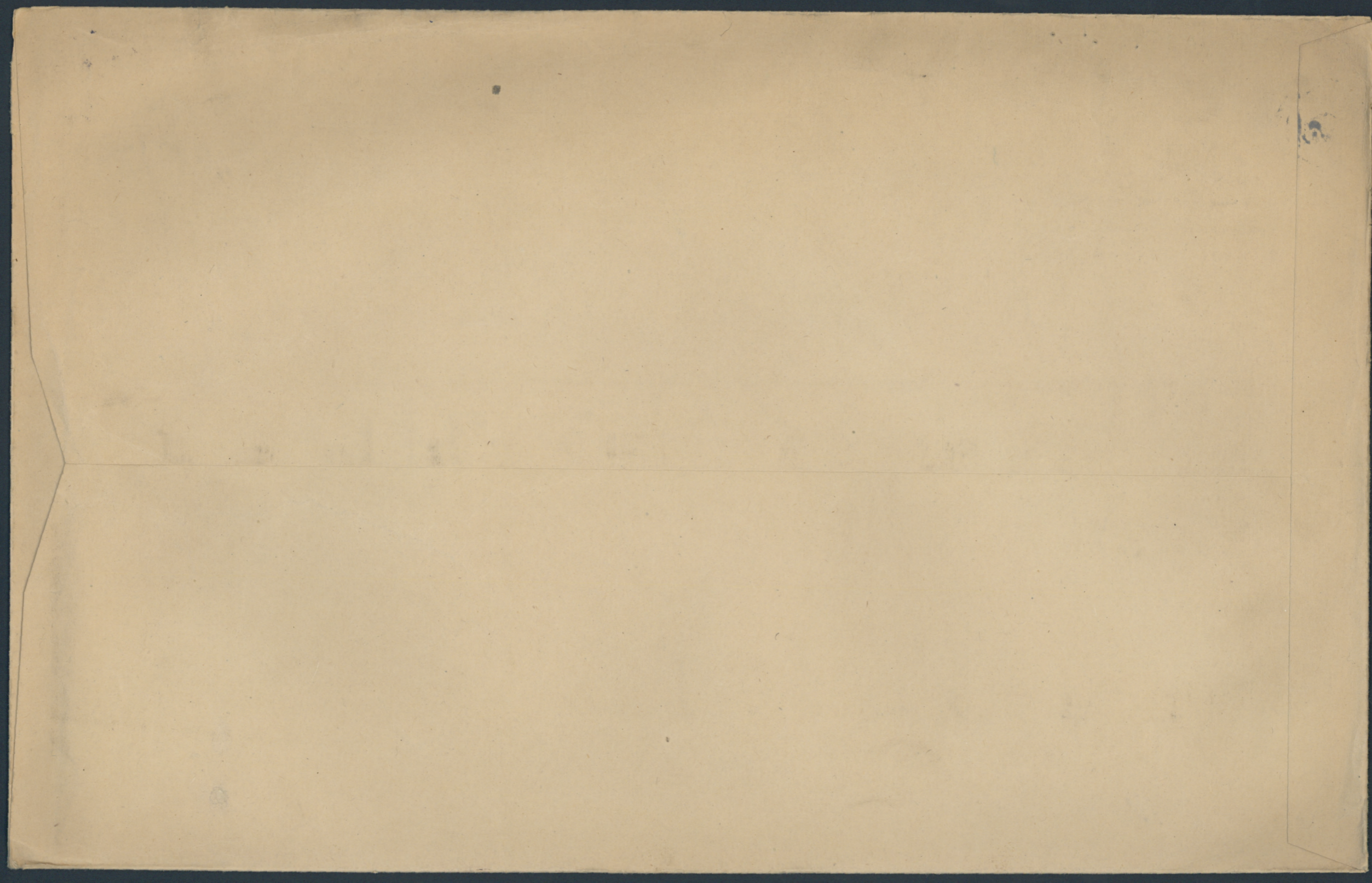
R. O. No.....

H. Q. No.....



43441





No. 207117

RANK

Pte

NAME

Crawford Angus

T. O. S.

UNIT

97 Battalion C. C. F.

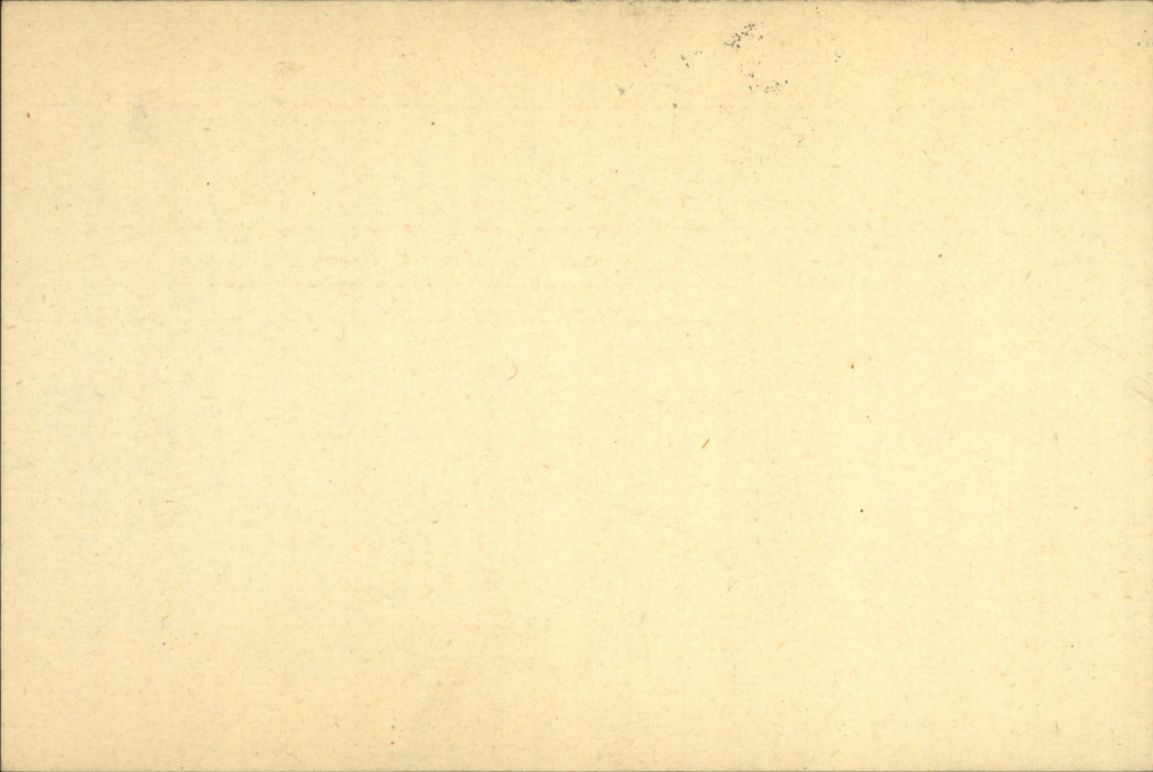
M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915. Dec. 17.	1915. Dec. 31.	✓		
1916. Jan. 1.	1916. Jan. 31.	✓	14 days O.B.	DD. 36 of 25-1-16.
Mar. 1.	Feb. Mar. 24.	✓	Dischgd. 24-3-16 Med. Unfit	DD. 88 of 24-3-16.
		✓		

UNIT SAILED

SEP 18 1916

a/c Closed by Payment. '85



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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 97th Battalion
 Regimental No. 207117 Rank Pte Name Crawford, Angus
C. E. F.
 Enlisted (a) 17-12-15 Terms of Service (a) 10 of W. Service reckons from (a) 17-12-15
 Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }
 Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
24-3-16	97 th Bn.	S.O.S. "Med. Unfit."	Toronto, Ont.	24-3-16	p ^h . III Order # 88 <i>M. H. [Signature]</i> for 10 of W.

(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.

Form B 213, Army Form A 36, or other official documents.

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				

207117

MEDICAL HISTORY SHEET.

Surname Crawford Christian Name August

Examined { on 23 Dec day of 1915
at Edmonton Alta
Birthplace { City or Town Massena N.Y.
County U.S.A.

Approved by E. Lloyd Garner
ORIGINAL EXAMINATION BY
THIS DUPLICATE MADE BY
B. J. Hutcherson
Rank 1st Lt. M.O.

Apparent age 29
Trade or occupation _____
Height 5 Feet 9" Inches. M.O.
Weight 158 Lbs. M.O.
Chest measurement { Minimum 36 inches. M.O.
Maximum expansion 39 1/2 inches. M.O.
Physical development Good M.O.
Small-Pox Marks none M.O.
Vaccination Marks { Arm Right Yes Left Yes
Number One M.O.
When Vaccinated last 1915 M.O.
(a) Marks indicating congenital peculiarities or previous disease _____ M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,

(b) Slight defects but not sufficient to cause rejection
On joining 97th Batten train in left eye 20/120
and in rt. eye 20/20

Date	Result	VACCINATIONS.

Enlisted on 16 December day of 1915 at Edmonton Alta

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>97th Batten</u>			
Transferred to.. ..	<u>C.E.F.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective ; the date and cause being stated on next page.

79

This space to be for numbers.

Proceedings on Discharge.



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

No. 207117	
Rank Private	
Name Angus Crawford <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) 97th O.S. Battn., C.E.F., Base Co.	
Date of Discharge March 24th, 1916	
Place of Discharge Exhibition Camp, Toronto, Ont.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....31.....years.....7.....months.	Descriptive Marks NIL
Height.....5.....feet.....9.....inches.	
Complexion Fair	
Eyes Brown	
Hair Dark	
Trade Rivet Heater	
Intended place of residence (To be given as fully as practicable.)	
Edmonton, Alta.	
2. The above-named man is discharged in consequence of being "MEDICALLY UNFIT"	
<small>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.</small>	
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. <i>Fair.</i> <i>[Signature]</i>
	<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) Rivet Heater	

*Received
9/3-16
20.6.16*

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

NIL

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

6. Medals and Decorations.....

NIL

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) Ex. Camp, Toronto, Ont.,

Wadsworth Lieut-Col.,

(Date) March 24th, 1916

Commanding 97th O.S. Battn., C.E.F.

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) Ex. Camp, Toronto, Ont., *Angus Crawford* (Signature of Soldier.)

(Date) March 24th, 1916 *Sharp* (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.99days.

Total.....years.99days.

11. Confirmation of Discharge.

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

(Place) Exhibition Camp, Toronto, Ont.,

Wadsworth Lieut-Col.,
(Signature) Commanding 97th O.S. Battalion. C.E.F.

(Date) March 24th, 1916

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.)

NIL

Angus Crawford

R. O. 26-6-16

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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."	

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.

Next of Kin - Brother - J. Crawford
 Winthrop,
 N.Y.

MEDICAL HISTORY SHEET OF AN INVALID
 -o-o-o- 0-o-o-

1 - Station *Exhibitor Camp, Toronto*

8 - General remarks on his

2 Regiment of Corps *97th Bn. C.E.F.*

(a) Conduct

3 Regimental No. *207117*

and Rank *Private*

(b) Habits

4 Name *Crawford, Angus.*

(c) Temperance

3 Age last Birthday *31*

(For this purpose the Company defaulters sheets will be obtained from the man's Company Commander.)

6 Enlisted (On *Dec. 17-15*)
 (At *Edmonton*)

7 Former trade or Occupation *Mechanic*

Date

March - 17 - 14

9 Service	Years	
	from	To
<i>97th Bn. C.E.F.</i>	<i>Dec. 21-15</i>	<i>Mar. 17-14</i>

10 Disability or disease

*Chr. Articular rheumatism.
 Defective vision*

11 Date of origin, cause, present condition and whether same is the result of service or climate.

Four years ago had first attack of rheumatism. Present condition Pain and tenderness in joints of feet knees + wrists. No swelling or redness apparent. Left foot flat. Unable to dull since Jan 15/16 account of pain in feet. Refused hospital treatment. Vision R $\frac{20}{60}$, L $\frac{20}{200}$

Has it been aggravated by intemperance, vice, or misconduct.

No

*dated 30/3/16
 m.m.*

12 In gunshot wounds or other injuries, state how sacuse, whether received in action or in Field Service off duty, If not received in action, was a Court of enquiry held?



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

Not attributed to exposure on duty.

14 If aggravate through no primarily caused by his service as a soldier, explain how it has been so aggravated.

*temporarily
ailment aggravated by drill +
Exposure.*

15 Is the disability permanent? if not, state its probable duration To what extent will it prevent his earning a full livelihood?

Not permanent, judging from his previous experiences. Probably last four or five months. During its existence disability will cut down his ability to earn livelihood about 2/3.

16 Full particulars of medial treatment of case up to date of invaliding.

rest.

Massage, Aspirin + sodii Salicylati, +

17 If previously propose for discharge on medical grounds state the date, the disability for which recommend for discharge and the cause of remand of corps.

Not previously proposed for discharge

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

yes

P. M. M. M. M.

Capt.

M.O., 97th Overseas Battalion C.F.F.

M.O., by whom case if brought forw'd.

OPINION OF THE MEDICAL BOARD

(In which it should be stated how the board concurs in above report)

The Board concurs fully in the above report. No treatment recommended.

Signatures:-

Geo. C. C. C. C.

President

Station

Whitby Camp

H. H. H. H. H.

Members

Date

17/3/16

R. P. P. P. P.

Date

22-3-16

C. C. C. C. C.

Asst. Director of Medical Service.

Approved

Date

Director of Medical Services

APPROVED
MAR 31
W. W. W. W. W.
17/D.G.M.S.

(At Station or Hospital where finally disposed of)

Station & Hospital) Arrived from)

Date _____

If admitted Index No.	If under treatment: From	disease From	how fully disposed	date of dischge etc.
Date	:	:	:	:
:	:	:	:	:
:	:	:	:	:
:	:	:	:	:

Summary of causes of invaliding or remarks as to remand to Regiment station of Depot.

Date of Final Medical Board decision))

Administrative M.O.,

DETAILED MEDICAL HISTORY

OF INVALID

Form B. 227

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

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

Last Pay
Certificate
sent to. A. P. G.

26.6.16.

E. B.

