Original

ATTESTATION PAPER.

No. 652168

~~160th O. S. Battalion, C. E. F.~~ Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Crawford
1a. What are your Christian names?	David Russel
1b. What is your present address?	Purple Valley Ont
2. In what Town, Township or Parish, and in what Country were you born?	Albermarle Twp. Bruce Co. Ont.
3. What is the name of your next-of kin?	Robert Crawford
4. What is the address of your next-of-kin?	Purple Valley Ont
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	April 13, 1898
6. What is your Trade or Calling?	Farmer
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? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, David Russel 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.

D R Crawford (Signature of Recruit)

Date April 7th 1916. J. E. McEachen (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, David Russel 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.

D R Crawford (Signature of Recruit)

Date April 7th 1916 J. E. McEachen (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 Wiarton Ont. this 7th day of April 1916.

A O Bauer (Signature of Justice)

M. F. W. 23.
600M.—8-16.
H. Q. 1772-89-841.

Description of David Russel Crawford on Enlistment.

Apparent Age 19 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 3½ ins.

Chest measurement.
- Girth when fully expanded 35 ins.
- Range of expansion 2 ins.

Complexion Fair

Eyes Blue

Hair Red

Religious denominations
- Church of England Yes
- Presbyterian
- Methodist
- 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 April 7th 1916.

Place Wiarton, Ont.

R. A. Fisher
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.

David Russel 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.

(Signature of Officer)

Lt. Col

Date April 7th 1916

REGIMENTAL DOCUMENTS

NAME CRAWFORD David Russell REGT. NO. 65-2168 UNIT 18th Bn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE 43518	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	14-6-19				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
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
1	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					43-12
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					15-12
	PARTICULARS OF CHARACTER (A.F.W. 3226)					11-12
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Dental Cert					
1	Dispersal Cert					
1	M.F.W. 67					
1	Pass card					
1	Pay Card					

Deceased 28-1-60

3.

ASSIGNED PAY.

L. L. Job 4503.—M. & D. 3832.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Mrs Robert Crawford

Address Wiarton RR # 4. Ont

Relation to Soldier wife, child or mother Rate 20.00

MAY 1- 1917

Name of Soldier Crawford D. R.

Regtl. No. 652168

Rank Pte

Corps 153 Battn

To what Corps belonging when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Mrs Robert Crawford
(Assignee)

Name of Soldier Crawford D.R. Pte 652168 153 Batt'n

L. L. Job 5470—Req. 6888.

MAY 1 - 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		B12858	20	
June		O16356	20	W.
July		D21330	20	Ba
Aug.		J28515	20	D
Sept.		I35194	20	W
Oct.		Y47219	20	
Nov.		QJ2720	20	
Dec.		J53810	20	160
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE.
CLASS "A" No.

THIS IS TO CERTIFY that No. 652168 (Rank) Pte

Name (in full) David Russell Crawford enlisted in

the 160th Battalion

CANADIAN EXPEDITIONARY FORCE at Wiarton on the 7th

day of April 1916.

HE served in England and France with 18 Bn R

and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness~~.

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

Age 21 years

Height 5'3½"

Complexion Fair

Eyes Blue

Hair Red

Marks or Scars Nil

Signature of Soldier.

W. W. MacGregor
Issuing Officer.

Lieut.
Rank
for O.C. Dispersal Area Stn. K.

Date Date of Discharge

DISCHARGE SECTION
MAY 24 1919
No. 1 District Depot

Date ..... 19.....

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.B. 39A.

Form R 122.
2353—100M—9-12-16

MK

Rank Name CRAWFORD$ David Russel Reg'l No. 652168

WEST ONT. Regt

Unit 153Bn to 1Cent Ont Regt If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Wiarton Ont. April 7th 1916 Place of Birth Albermarle Twp Ont

Name and Address, Next-of-Kin Robert Cwawford.

Purple Valley Ont Canada Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 7621
File R.L.
Category CAN.OO

H. W. & V., Ld.—9546-16.

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 7 5 17 SS OLYMPIC.			
2-6-17	25 Res.	Taken on strength.	B'Shott	7-5-17	Pte O 154
15/2.18	25Res	S.O.S. To 4.ResBN, B'shott	15.2.18	DO, SS&4ResDO 89	
29.3-18	4th ResBn	Posted to 18th Bn	— —	28-3-18	18th Bn DO 23 of 5-4-18 Pte DO 75
9-4-19	PW ccc	S O S from 18th Bn	Witley Pte	5-4-19	" 2
		60-Vc-		15.5.19	
13 5 19	P Wing	S O S To Canada Witley	13 5 19	DO 28	

AUG. 103 CHECKED 29 APR 1919

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.					

Group #23

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

NAME OF SOLDIER (Block letters) CRAWFORD D.R

REGIMENT 18th Battalion RANK Pte No 652168

Date of Examination in England ..... | Date of Examination in France .....

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

   (*a*) Full Upper

   (*b*) Part Upper

   (*c*) Full Lower

   (*d*) Part Lower

CONTENTS COPIED
C. A. D. C., M. D. No. 1.

1655

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

(*a*) In Canada

(*b*) In England

(*c*) In France

Signature of Dental Officer A R Hynes Capt.

25M.—12-18.
H.Q. 1772-39-950

Gront 423

P.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

CRAWFORD

No. 652168 Rank Pte Surname Crawford

(Given name in full) David Russell

Unit or Corps 18th Battalion Birthplace Colpoys Bay Ont.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. **GENERAL DESCRIPTION:**

Physique Good Weight 147 lbs. Height 5 ft. 4 in. Colour of Eyes Blue

Nutrition Good

Pulse 74 Regular

Condition of arteries Soft

Vision Rt. 6/12 Left 6/12

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)

Birthmark Lt. shoulder
One vac. mark Lt. arm.

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Influenza 14-8-18 - (A.F.B. 103)
Recovered

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Aldershot (Overseas)

Date 28-4-49 Signed [signature] M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature R. Crawford

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at ..... (Canada)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

Form R. 149.

David Russel.

Name Crawford Rank Pte Reg. No. 652168

Unit 18th Bn.

Next of Kin Canada.

Date 1918.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
15-8	16 Gt. Le Treport.		Influenza	A293.		3308/18
DOW						
25-8.	3 CS Le Treport		"	A301		3506/16
28-8	13 C.D. Etaples		"	A306		3696/13.
19-9	Dis to Reinforcements		"	A324		4279/5

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

SURNAME. Crawford.

CHRISTIAN NAMES David Russell

REGL. NO. 652168 RANK Pte

UNIT ~~160 th~~ 153rd. Bn

FORMER CORPS Nil

I.K. CARD NO.

S.O.S. Dis 24-5-19 FOLL. Demob

1001480/28-5-19 #1200

NEXT OF KIN.

NAMES IN FULL Crawford Robert.

RELATIONSHIP TO SOLDIER Father

ADDRESS Purple Valley Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Albermarle Tp. Ont DATE Apr: 13th 1898

PLACE OF ATTESTATION Wiarton Ont DATE Apr: 7th 1916

Trans. from 160th to 153rd Bn. Auth. 153rd Bn. N.R. 24/4/17. 329/49 Pte

P.I.C. 22-5-19

L. L. 94504. M. & D. 6512. O/S. 29-4-17. 810/4

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

From Halifax per SS "Olympic" 29 30/4/17.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Farmer RELIGION Church of England

DESCRIPTION.

APPARENT AGE 18 YEARS — MONTHS

HEIGHT 5 FEET 3 1/2 INCHES

CHEST MEASUREMENT 35 INCHES EXPANSION 2 INCHES

COMPLEXION Fair EYES Blue HAIR Red

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Wiarton Ont DATE Apr: 7th 1916

Present Address: — Purple Valley, Ont:

NAME Crawford. W. R.

REGT'L. No. 65-2168.

H. Q. FILE No. 649

RANK AND CORPS Pte. 18th. Bn.

FOLLOWS NO.

FOLLOWS

CABLE

NO. | DATE

NATURE OF CASUALTY

L. L. 31493. M. & D. 8476.

M. F. W. 42 100M.—28-11-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 293.	16 Gen. Le Treport	14 15-8-18	Influenza
A 301	#3 Count Depot Le Treport	25-8-18	(18)
A 306 (4)	15 Conv. Dep. Le Treport	28-8-18	Influenza
A 324 (2)	Disch to Reinforcements	19-9-18	P.U.O.

No. 65-2168 RANK Pte. NAME Crawford. D. R.

T. O. S. 18 UNIT 153rd Battalion C. E. F.

Transf. from Casualties 18-11-16, D.O. 271 of 18-11-16

M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1916	1916			
Nov. 18	Nov. 30	✓		
Dec.		✓		
1917				
Jan.		✓		
Feb.		✓		
Mar		✓		
Apr		✓		

No. 6521680 RANK Pte NAME Crawford, D. R.

T. O. S. UNIT Casualties C E F

Trans. from 160 Bn
15.10.16 DO 3 of 11.11.16

M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1916 Oct. 15	1916 Nov. 17	n.	Trans. to 153rd Bn. 17.11.16	DO 6 of 17.11.16

No. 65216 8 RANK Pte. NAME Crawford D. R.

T. O. S. 7/4/16 UNIT 160th. Battalion
D.O. 83) of 8/4/16

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Apr. 7	Apr. 30	✓		
May		✓		
June		✓		
July		M.		
Aug.		✓		
Sept.		✓		
Oct. 1	Oct. 14	M.	Transf. to Casualties M.D.1	(D.O. 246)

REG. NO. 652168. NAME (SURNAME FIRST) Crawford W. R.

RANK Pte. CORPS 153 Batt.

AGE 19. SERVICE 1

NAME OF HOSPITAL Military PLACE London

DATE OF ADMISSION 23.2.17.

DISEASE Otitis Media.

DISCHARGE 21.3.17.

OPERATION

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS

com.

Number 652168. Rank Pte.

Surname CRAWFORD

Christian Name David Russel.

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

Date of Service 28. 3. 18.

Remarks

Latest Address R.R. No 4 Wiarton Ont.

Roll No.

Page 18608

200m.-6-21.M.

REGT. NO. ..... RANK ..... NAME .....

UNIT ..... AGE ..... SERIAL NO. IN A. AND D.

TOTAL SERVICE WHERE AND HOW LONG ..... DATE AND PLACE OF OR

DISEASE OR INJURY .....

OPERATIONS .....

RESULT OF OPERATIONS .....

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION .....

(B) AS A TRANSFER (STATE WHERE FROM) NAME OF HOSPITAL .....

DATE OF DISCHARGE TO UNIT ..... IN CA

DATE OF DISCHARGE AS AN INVALID .....

DATE OF DEATH .....

DATE OF TRANSFER (STATE WHERE TO) NAME OF HOSPITAL .....

OTHER INDEPENDENT CONDITIONS DIAGNOSED .....

DESP. FEB 17 1933 REGISTRATION

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

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Crawford.	D. R.	652168.

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

HOSPITAL	DATE OF ADMISSION
16 G. R. Le Treport.	15. 8. 18
1. 3 Condal. Le Treport	HOSP. 25-8-18
13. Conv. Depot Le Treport	28-8-18
2.	HOSP.
3.	HOSP.
4.	HOSP.

DIAGNOSIS Influenza Rv.

1.

2.

3.

DISPOSITION

	DATE
Cl 20. 8. 18.	a 293 1. Dis to Reinf. 19.9.18
29-8-18	@ 301
4-9-18.	a/306/4
25.9.18 a 324-2.	

REMARKS

EPITOME OF HOSPITAL TREATMENT

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

Duplicate

To be made out in 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 ..... 160th Bruce Battalion .....

(2) Regimental Number ..... 652168 .....

(3) Full Name of Soldier ..... CRAWFORD, David Russell .....

(4) Place of Birth ..... Colpoys Bay, 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.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? Yes

If so, state name and address Robert Crawford, Purple Valley, Ont.

(10) Is your Mother alive ? Yes

If so, state name and address Jean Crawford, Purple Valley, Ont.

(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.

C. Mac Lt.Col.
Officer Commanding.

Date June 6th 1916.

160th Os. B'n. C.E.F.

Original
652168

MEDICAL HISTORY SHEET.

Surname Crawford *Christian Name* David Russel

Examined { on 7th day of April 1916 / at Wiarton Ont.

Birthplace { City or Town Twp. Albemarle / County Bruce Ont

Apparent age 18

Trade or occupation Farmer

Height 5 Feet 3½ Inches.

Weight 134 Lbs.

Chest measurement { Minimum 33 inches. / Maximum expansion 35 inches.

Physical development Fairly Good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left. / Number None

When Vaccinated last Never

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

R.E.V. 20/20
L.E.V. 20/20

Approved by [signature]

Rank Capt M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
10/6/16	Pos	[signature] M.O.
		M.O.
TAB 8.6.17 / 15.6.17		[signature] M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
22/8/16	Good	[signature] M.O.
30/8/16	"	[signature] M.O.
7/9/16	"	[signature] M.O.

June 1918 TAB. R.L. 23-1.

Enlisted on 7th *day of* April 1916 *at* Wiarton, Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	160th Os Bn			7.4.16
Transferred to	C.E.F. 153rd Bn 18 Bn	652168 25th RESERVE BATTALION C.E.F.		16.11.16 - 7 MAY 1917

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
London Ont	4.X.16.	Med Board	Fit
London, Ont.	21.3.17	S. Med Board	L. J. Scherl Capt A.M.C. Fit (sgnd) F H Sutherland Capt A.M.C.

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.

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-439.

Surname Crawford Christian Name Daniel Russell

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of 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.

Duplicate 652168

MEDICAL HISTORY SHEET.

Surname Crawford Christian Name David Russel

Examined on 7th day of April 1916 at Wiarton, Ont

Birthplace City or Town Albemarle Tp. County Bruce Ont

Apparent age 18

Trade or occupation Farmer

Height 5 Feet 3½ Inches.

Weight 134 Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 35 inches.

Physical development Fairly good

Small-Pox Marks None

Vaccination Marks Arm Right. Left. Number none

When Vaccinated last Never

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Approved by [signature]

Rank Captain M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
10/6/16	Pos.	[signature] M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
22/8/16	Good	[signature] M.O.
30/8/16	"	[signature] M.O.
7/9/16	"	[signature] M.O.

REV. 20/20 LEV. 20/20

Enlisted on 7th day of April 1916 at Wiarton, Ont

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment 160th O. S. Battalion, C. E. F.		652168		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
London Ont	4/10/16	Med Bd	Fit L. J. Gilbert Capt a.m.c
London Ont	21/3/17	S. Med. Board	Fit Fitt Sutherland Capt a.m.c

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.

M. F. B. 313.
200M—11-15.
H. Q. 1772 39-439.

Certified True Copy
R T Pulchard Lieut. Col.
O. C. 153rd Battalion, C. E. F.

Surname Crawford Christian Name David Wood

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of 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		12	10	16	16	11	16	Lumbago	36	Improved	D. D. Livingstone
London		19	1	17	10	2	17	Lumbago	23.	M.C.C. Recovered	D. McCue
London		23	2	17	21	3	17	Other Medical	27	Recovered	J. Gebert

P. 559

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Bruce County Ontario

NAME AND ADDRESS OF NEXT OF KIN: Robt. Crawford. Purple Valley Ont.

RELATIONSHIP OF NEXT OF KIN: Father

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ — EFFECTIVE (DATE)

PAYABLE TO:

RELATIONSHIP OF DEPENDANT:

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 652168 RANK Pte NAME Crawford, David Russell

IF IN PERMT. CORPS WHAT UNIT — UNIT 153rd Bn — TRANSFERRED TO 25th Res. DATE — AUTHORITY

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO — DATE — AUTHORITY

PLACE OF ATTESTATION Wiarton Ont — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 17-4-16 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 — DATE EFFECTIVE May 1-17

PAYABLE TO Mrs Robert Crawford, RR#4 Wiarton Ont. — RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) — EFFECTIVE — REASON

DISCHARGE DATE AND PLACE — REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE 1914	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1-5-17 to 30/6	61	1.10	64	10										38 60	38 60															38 60				Bal from Canada
July	31		34	10											34 10	390	30/6																	#20. A.P. May
Aug	31		34	10											34 10	501	15/7																	Q 4005 14/6 8/6
Sept	30		33												33	572	15-8																	
																664	31-8																	
																735	15-9																	
																793	31-8																	

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. SER. RED. ALLCE. PAY ENG.
Sept	Balance Forward	~~35 34~~							35 34 Nil	
Oct	31 P/P	34 10		Can AP			20			
				AR 658 25 Res	15/9/17	4 30				
				AR 709 " "	30/9/17	4 87				
		34 10				12 17		20	37 27	"
Nov.	30	33		" 838 " "	15/10/17.	4 30				
Dec	31	34 10		" 745 " "	15/10/17.	14 60				
				Can AP			20			
				" 878 " "	24/11	4 87				
				Can AP			20			
				D4005 4436/10/4/23	10/9	1 32			36.28	
		67 10				28 09		40		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. SER. RED. ALLCE. PAY ENG.
	Bal. forward								36 28	
				Can AP					20	
Jan. 1918	31 P.P	34 10		D4005 Y188 15/11/17 25 Res.		1 72				
				AR 739 21/12/17 " "		14 60			31 06	
		34 10				16 32		20		

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	No. of Days	Rate	Amount $	c.	No. of Days	Rate	Amount $	c.	No. of Days	Rate	Amount $	c.				1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	1	2	3	4				Credit	Debit			

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
				Bal. Forward.					34 06		
Feb. 28	P.P.	30 80		Cat.			20				
				AR 1033 15/1/18 25 Res	4 87						
				AR 1096 3/1/18 ✓	7 30				32 69		
		30 80			12 17		20				
March 31	✓	34 10		Cat.			20		34 10		
									66 79		
				DA 4005 / B315 9/2/18 25 Res	—24				47		
				AR 1651 26/2/18 4 Res	9 73				19 79		
				AR 1895 14/3/18 ✓	17 03						
		34 10			27 00		20		19 79		

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/5/17	EFFECTIVE DATE:-
AMOUNT:- 20.00	AMOUNT:-

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs Robert Crawford. (mother)
RR 4 Wiarton, Ont.
Stopped 1/5/19

6577 Braunholtz

NAME:- CRAWFORD Davies Russell B
NUMBER:- 652168

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- 153 Bn.
DATE ACCOUNT FIRST OPENED:- 1/5/17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			WORD.
27	1/4/18	25/4/18	18 Bn.
	1/6/19		Can Lect.

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
9/4/19	713	Braun	~~29 00~~				

L. & B. Cr. 83,63
L.P.C. Cr. 10,63

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1/-	/10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- To Canada 1/1/19 N.R. 6577 Braunholtz 10/4/19 M.D. 1

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	Bal. Forward.								19 99		
Apl	P.P.	33		Cap				20			
				AR 88 9-4-18 2 CCRC	4 46						
				- 62 17-4 18 Bn	3 57						
				04005 180. 25-3-18. 4 Res.	1 32				23 44		
May		33		Cap	9 35			20 20			
	31 ✓ PP	34 10		- 127 16-5-18 18 Bn	4 46				33 08		
June	P.P.	34 10 / 33 -		Cap	4 46			20 20			
				AR 187 4-6-18 ✓	8 03						
				- 240 22-6	3 57				34 48		
July		33		Cap	11 60			20 20			
	31 PP	34 10		- 374 9-7-18 "	4 46						
				489 24-7 "	3 57				40 55		
		34 10			8 03			20			
Aug	31 PP	34 10		Cap				20	54 65		
		34 10			—			20			
Sept	"	33		AR 879 13/9. 1 Gen Hos.	4 46						
				Cap.				20			
				1264 20/9 "	3 57				59 62		
				Am 8698 AR 14559 31/8. OSB.	1 78				57 84		
				2042 30/9. CIBD.	7 14				50 70		P&SO agreed 3-1-19
		33			16 95			20			
Oct	31 ✓	34 10		Cap.				20			
				AR 1077 17/10/18 18 Bn	3 73				6 07		
		34 10			~~3 73~~			20 —			

over

DEDUCTED BY D.Z. Hood
CHECKED BY Lt. Houghton

NUMBER 652168 RANK Pte NAME CRAWFORD D.R.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov									61 07		
	30 DR	33 -		Cab				20			
Dec	31 ✓	34 10		AR 417 14-11-18 18th Bn	3 73						
				✓ 726 23-11-18 ✓	13 06						
					16 79			20 -	71 36		
				Cab							
Jan	31 ✓	34 10		Cab.				20 -	85 46		
		101 20			16 79			60 -			
Feb.	28 ✓	30 80		AR. 1456 16-12-18 18th Bn	6 49						
				✓ 1705 26-12-18 ✓	1 30						
				✓ 2517 12-1-19 ✓	3 77						
				✓ 3182 26-1-19 ✓	3 73						
				✓ 3657 10-2-19 ✓	15 23 2 73						
				Cab.	19 03			20 -			
Mar.	✓	34 10		Cab				20			
				AR 3889 21-2-19 18th Bn	9 33						
				✓ 4127 24-2-19 ✓	3 73						
				✓ 4635 7-3-19 ✓	3 65						
				✓ 5480 19-3-19 ✓	3 63 3						
				D.R. A62201 10-3-19 Lon R.	39 39 37				70 63		
		64 90			39 75			40			
Apr.	✓	33 -		Cab P.				20	93 63		
				AR 213 10-4-19 P. Wing 1	73 00						
				1465 28/4 Cond ✓ 6	9 73						
				✓ 2625 9/5 ✓ ✓ 8	9 73				883		
		33			92 46			20			

SOS Can 13/5/19 Sh 60 Work

S.S Caronia 14-5-19

Group. #23

WAR SERVICE BADGE. CLASS "A" No. 261305

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

D. A. K

O. G. 1

1. No. 652168

2 Rank. Pte

3. Name. Crawford David Russell

4. Unit. 18th Battalion

5 Date of Discharge MAY 24 1919 Place London Ont

6 Reason for Discharge Demobilization.

Received 28-12-60

7. Authority. R.O. 18 qt

8. Proposed Residence after Discharge R.R. No 4 Wiarton Ont.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

D R Crawford

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place LONDON, ONT.

Date MAY 24 1919

Signature N. W. MacGregor Lt.

for (O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or
   Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5095a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.S).
11. Equipment } Statement Q.M.G. Form (D.O.S. 2),
    and Clothing }
12. Last Pay Certificate (P. 851). + Dup
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B

Checked by No. 14

Date 5/5/19

1PY 10-Cr-143

AUDITOR | PAYMASTER

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

M. OR S. S.

REGT. No. 652168 RANK Pte. NAME (IN FULL) Crawford David Russell (BLOCK LETTERS SURNAME FIRST) 125

NEXT OF KIN: Mrs. Robt. Crawford — RELATIONSHIP: Mother

ADDRESS: R.R# 4, Wiarton, Ontario

IS SEPARATION ALLOWANCE PAID? nil — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 160th Battn. — IF IN P.F. WHAT UNIT? ~~Union Bank Wiarton~~

PLACE OF ATTESTATION — TRANSFERRED TO T.O.S.D. — DATE 13.5.19 — AUTHORITY DO.148.

DATE OF ATTESTATION 7-4-16 — TRANSFERRED TO R.R# 4, Wiarton, Ont. — DATE 12.7.19 — AUTHORITY

ASSIGNED PAY $ 20.00 — DATE EFFECTIVE 31.5.19

Paid and Closed by Ottawa

PAYABLE TO Mrs. Robt. Crawford — RELATIONSHIP Mother

ADDRESS R.R# 4, Wiarton, Ont.

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE London — DATE 24.5.19 — REASON Dem. — AUTHORITY DO.148. — IF ENTITLED TO POST DISCHARGE PAY

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.
BALANCE FROM PREVIOUS ACCOUNT																																				
30.4.19							10	63	10	63																										
1.5 29.5	29	1.10	31	90	35 70				136	90					38903		4	87	5	00	98	20	20	00			19	46			147	53				
					WSGSA																WSGSA															
183 days					420	00			420	00											70												350	00		
																											5	50					344	50		
																					64	50											280	00		
																					70												210			
																					70												140			
																					70	00											70	00		
																					70	00														
					420				420												414	50					5	50			420					

PARTICULARS OR REMARKS

Retd per Caronia 21.5.19

BAL. ENG. L.P.C. 30.4.19

PAY TO ESTIMATED DATE OF DISCHARGE 29.5.19 CLO. ALLCE. 1ST PAYMENT OF W.S.G.

BOAT MONEY, TRAIN MONEY

advances P.66.6 28.4 9.5

WAR SERVICE GRATUITY

L.K. Mortimore Maj

Soldier Depend.

1st payt. W.S.G. as above

Chgd. to adjust to date of disch. 5 days @ 1.10

25/6/19 196350

18/7/19 109591

22/8/19 121057

SEP 20 1919 1169758

OCT 20 1919 1178950

R. J. Gibson Capt.

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

C 12048

Date of Assignment May 1/17

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20			

7L6C27 BAD

PARTICULARS OF SEPARATION ALLOWANCE

No. 652168

Rank Pte. Promoted Reverted Discharge

Soldier's Name D. R. Crawford.

Battalion 153 Bn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Robt. Crawford.

Address R.R#4, Wiarton, Ont.

Change of Address

1

2

3

4

19 Date 17	Cheque No.	Amount S/A	Amount A/P	Total		03893.D11 REMARKS
Dec 31			160	160		
1918						
Jan.	O 66480		20	20	D	
Feby	D 100538		20	20		
Mar	A 118722		20	20		
Apl.	B 1215		20	20	JSL	
May	M 37310		20	20		
June	I 21007		20	20		
July	S 32238		20	20		
Aug	J 34720		20	20		
Sept	L 44095		20	20		
Oct	M 52028		20	20		
Nov	D 60083		20	20		
Dec	R 67295		20	20		
Jan	M 72448		20	20		
Feb	P 77881		20	20		
Mar	H 90133		20	20		
Apr.	K 28004		20	20		
MAY	H 8051.		20	20		
			500	500		

A/c Closed

Ret'd per Caronia

Date 22/5/19 M.F.W.187 28/5/19

Clerk [signature] 14D-1.

NRO 114011 AUDITED

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—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.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

W.S.B. CLASS. "A"

Fill in C[illegible].—Unit, Number, Rank and Name (Sheet No. 1)

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service 23

Unit, Regiment or Corps 160th O. S. Battalion, C. E. F.

Regimental No. 652168, Rank Pte, Name Crawford, David Russell

Enlisted (a) 7-4-16 Terms of Service (a) C. E. F. Service reckons from (a) 7-4-16

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) (Farmer)

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.
		Embarked Canada	Halifax	28.4.17	H. M. T. Olympic
		Disembarked England	Liverpool	7.5.17	
		Entered Segregation Camp	Bramshott	7.5.17	Geo R Collin Capt. & Camp Adjt.
8-6-17	25th Res	Taken on Strength.	Bramshott	7-5-17	Segregation Camp, Bramshott Part II D.O.154.
23-11-17	3rd Res	Struck off Strength to 2nd Pioneers	Bramshott	24-11-17	Auth: B.H.R. no 110/964 D-18-11-17. Do 328
					OVER

(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.

Casualty Form—Active Service.

Regiment or Corps 18th Battalion, C.E.F.

Rank Pte. Surname CRAWFORD Christian Name David Hunt

Age on Enlistment ..... years ..... months

Religion ..... Terms of Service (*a*) ..... Service reckons from (*a*) .....

Enlisted (*a*) .....

Date of promotion to present rank ..... Date of appointment to lance rank .....

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				
~~15-2-18~~	~~25th, Res~~ Bn	Transferred to 4th Can Reserve Battalion.	Bramshott.	15-2-18	Part 11. D.O. No. 38. W. Walaie Lieut. A/ Adjutant. 25th, Canadian Reserve Battalion
15-2-18	C.C.4th. Can. Res. Bn.	Taken on strength 4th. Res.Bn.	Bramshott	15-2-18	Pt.2.Order No.39.
29-3-18	C.C. 4th Res. Bn.	Having proceeded overseas to 18th Battn. is S.C.S. 4th Res.Battn.	Bramshott	28-3-18	Part 2 Order No. 75. Eric Barlow Lieut. A/Adjt. 4th Canadian Res.Battalion.
29-3-18	2 Can I.B. Depot	Arr from 4 Can Res Bn Eng & T.O.S. of 18 Can Bn	2 Can IBD ETAPLES	29.3.18	Nom Roll Pt II Ord 27 d-5.4.18 also No 38 d-30.4.18
3-4-18	C.C.R.C.	Arr at Can.Corps Reinf. Camp		3.4.18	Nom Roll
20-4-18	18 Bn	Joined 18th Can Bn	In the Fld	12.4.18	AF.B.213

CERTIFIED CORRECT. 24 APR 1918 CAN. OVERSEAS FORCES

OVER

Casualty Form—Active Service.

Regiment or Corps 18th. Battalion, C.E.F.

Rank Pte. Surname CRAWFORD Christian Name David Russel

Religion ..... Age on Enlistment .....years.....months

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

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended {.....} Re-engaged {.....} Qualification (*b*).....

or Corps Trade and Rate.....

Occupation ..... (Sheet No. 2) .....Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
14-8-18	4 C.F. Amb.	Influenza. Trans.	to C.C.S.	14-8-18	A.36. (No. A. 7467)
18-8-18	47 C.C.S.	do Trans. to 27	Amb. Train	14-8-18	do (Ext. H. 251)
15-8-18	16 Gen.	do Adm.	16 Gen.	15-8-18	W.303 4 (Ext. H. 4 25)
25-8-18	do	do Trans. to 3 Convl. Dep.		25-8-18	do (Ext. H. 1777)
25-8-18	3 Convl. Dep.	Influenza. Adm.	3 Convl. Dep.	25-8-18	W.303 4 (Ext. H. 17 4 1)
28-8-18	13 Convl. Dep.	Influenza. Adm.	13 Convl. Dep.	28-8-18	W. 303 4 (Ext. H. 5092)
19-9-18	do	Class A. Discha'd.	to Base.	19-9-18	do (Ext. K. 14 77)
22-9-18	Can. I.B. Depot.	Class A. Adm.	Can. I.B. Depot	22-9-18	Nom. Roll.
25-9-18	do	Despatched to Can. Corps Reinf. Camp		25-9-18	do
26-9-18	C.C.R.C.	Arr at Can Corps Reint Camp		26.9.18	Nom Roll

(*a*) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(*b*) Signaller, Shoeing-Smith, &c

(17591.) Wt. W 1887—P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.)

[P.T.O.

OVER

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
19-10-18	18th Bn.	Rejoined 18th. Can. Bn.	In the Fld.	14-10-18	B.213.
- 4 AVR 1919	Cdn. Embkn. Camp	Proceeded To England - 4 AVR 1919			NR. Pt. 11 O.
					Lieut. for Lt. Col., A A G., Canadian Section
	P Wing	B.O.S. O.M.F.C. TO C.O.C. INT. ORDER No. 7 DATED 4-5-19	WITLEY		H. Bawden
		* Sailing 60 * ~~24~~ ~~26~~ 28 ~~8~~ ~~10~~ 13			
	S.S. CARONIA Sailed L'pool 14-5-19	ToS No. 1 Dist Depot Displ. S 13-5-19 SOS Dispersed 24,5,19 D.O. No. 148			
		N. W. MacGregor Lt.			
		O.C. Dispersal Area Sta. K.			