No. 2 M. D. 1st Depot Battalion 2nd. C.O.R. Regiment

Regtl. No. 3106763

3106763

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

ORIGINAL

M.S.A.

(Class One.)

1. Surname Crawford,
2. Christian name Harry James
3. Present address Eddy P.O.
4. Military Service Act letter and number 491722
5. Date of birth 13th. July 1896.
6. Place of birth (town, township or county and country) Maniwaki, Que.
7. Married, widower or single Single.
8. Religion R.C.
9. Trade or calling Lumber-jack
10. Name of next-of-kin Agnes ~~Edward~~ Crawford.
11. Relationship of next-of-kin ~~Father~~ Mother.
12. Address of next-of-kin Maniwaki, Que. W.A.B. Lt for O.C. 1st D.B. 2nd C.O.R.
13. Whether at present a member of the Active Militia --
14. Particulars of previous military or naval service, if any --
15. Medical Examination under Military Service Act:—

(a) Place Blind River, Ont. (b) Date 29th. November (c) Category "A-2"

DECLARATION OF RECRUIT

I, Harry James Crawford, do solemnly declare that the above particulars refer to me, and are true.

Harry James Crawford (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	22 yrs.	5 mths.	
Height	5 ft.	6 ins.	
Chest measurement	fully expanded	35½ ins.	
	range of expansion	3 ins.	
Complexion		Fair.	
Eyes		Brown.	
Hair		Dark.	

Distinctive marks, and marks indicating congential peculiarities or previous disease.
Hearing normal. Visual acuity, both eyes D-15. Hemorrhoidal tags. Slight enlargement of thyroid. Hallux galgus both feet.

J. Rent Towan Major

for O. C. Depot Btln.

1st DEPOT BN., 2nd C. O. R.

Regt.

Place Hamilton, Ontario. Date 4th. February 1918.

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

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ..... No. .....)

1. Surname .....

2. Christian name .....

3. Present address .....

4. Military Service Act letter and number .....

5. Date of birth .....

6. Place of birth (town, county and country) .....

7. Married, widower or single .....

8. Religion .....

9. Trade or calling .....

10. Name of next-of-kin .....

11. Relationship of next-of-kin .....

12. Address of next-of-kin .....

13. Whether previously a member of the Active Militia --

14. Particulars of previous military or naval service, if any --

15. Medical Examination under Military Service Act:—

(a) Place ..... (b) Date ..... (c) Category .....

DECLARATION OF RECRUIT

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

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	yrs.	ft.	ins.
Height	ft.	ins.	
Chest measurement	Fully expanded	ins.	
	Range of expansion	ins.	
Complexion			
Eyes			
Hair			

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

Place .....

Date .....

Depot Bttn.

Regt.

ad 7-5-19

REGIMENTAL DOCUMENTS

NAME CRAWFORD HARRY JAMES PTE REGT. NO. 3106763 UNIT 1/2nd COR H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133, or 51) 3	Ret 11/5/20	BPC	21-4-20	Spec 5083	DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)				43595	
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)					
	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)					Med Unfit
	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)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					26 12
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	MFW 67					12 12
1	R 149					10 12
1	Cascard					
1	R 122					

H

W 2589
10CM-11-18
1772-39-1377

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3106763 (Rank) Private

Name (in full) CRAWFORD, Harry James enlisted in

the 1st Depot Battalion C.O.R.

CANADIAN EXPEDITIONARY FORCE at Hamilton, Ont. on the 4th

day of February 1918

HE served in Canada, England and FRANCE

and is now discharged from the service by reason of being medically unfit for further war service. Auth. Med. Board. D. 5.4.19. H.O.1420.

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

Age 22 years 9 months	Marks or Scars
Height 5 feet 6 inches	Hallux volgus on both feet.
Complexion Fair	
Eyes Brown	
Hair Dark	

J H Crawford
Signature of Soldier

M K Cooke Captain
Issuing Officer
O.C. Discharge Section
No. 3 District Depot
Rank

Appointment

Date of Discharge 11.4.19

Signed at Kingston, Ont. this 11th day of April 1919

in Military District No. 3

File Reference No. 3DD 3. C. 69.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

M. F. W. 54. (A. F. B. 103:
500M.—9-16
H. Q. 1772-39-920.

M.S.A.

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

Casualty Form—Active Service.

Unit, Regiment or Corps 1st Depot Bn., 2nd C.O.R.

Regimental No. 3106763 Rank Pte. Name CRAWFORD, Harry James

Enlisted (a) 4-2-18 Terms of Service (a) C. E. F. D. of W. ~~six months after~~ Service reckons from (a) 4-2-18

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) Lumberjack

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
~~FEB 15 1918~~	DO Pt 2	~~Transferred to O/S Draft~~ ~~From 1st Depot Batt'n, 2nd C.O.R.~~	~~HAMILTON, ONT.~~	~~FEB 15 1918~~	S B Watson Lieut. Adjt., 1st Depot Bn., 2nd C.O.R.
		Embarked	Canada	21.2.18.	
		Disembarked	England	4.3.18.	
14-3-18	8th Res.	T.O.S. from Canada	E.Sandling	21-2-18	Pt 2 D.O. #73
19 AUG 1918	8th Res	Proceeded overseas for Service with 58th Bn.	Witley	18 AUG 1918	DO-231 Mt Saylor Lieut. ASS'T ADJ'T FOR O.C. 8th CANADIAN
O.C.C.B.D.		Landed in France. Taken on strength 58th Cdn. Bn.	20.8.18.	Nom. Roll d/732 Pt II D.O. 87 d/23.8.18.	
— do. —		Left for CCRC	23.8.18.	Nom. Roll d/1354	
C.C.	Bn.	Arrived		d/1312	
29.8.18.	CCRC	To Unit.		29.8.18.	WR 4481.
31.8.18.	58 Bn.	Gnd			B.213.
1.10.18.	7 Can Sty	Gsw. Thigh L.	adm.	1.10.18.	W.6661
2.10.18			2022 Genl.	2.10.18.	K.6194.
	22 Genl.		adm.	2.10.18.	K.6489.
29.9.18	33 CCS.		adm. 20 A.T.9	29.9.18. 30.9.18.	K.7671.

CERTIFIED CORRECT. 30 AUG 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.

[P.T.O

3106763 RC Crawford. H. J.

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				
12.10.18	22 Gen.	Inv'd Wounded & posted to 2nd C.O. R.D. Witley	A. T. Ville de Liège	12.10.18	W. 3083/6239. D.O. Pt. 2 No. 121/18. G W D Davis for Lieut. Col. A.A.G. Lieut.
19.10.18	2 C.O.R.D.	T.O.S. on posting from 58 Mn	Witley	13.10.18	DO 247 A A Andrews LIEUT: FOR LT. COL: I/C RECORDS, C.O.M.F.
R2 a 5 H.S.					
11-4-19	L.O.S.	Discharged	Kingston	11-4-19	H & 100 R C Rapple Lieutenant For O. C. No. 3 District Depot.

Form R 122.
10287—65M—28-7-17.

G.C. Rank Name CRAWFORD. Harry James. Reg'l No. 3106763

Unit Jst Bn 2nd C O R-gt If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Hamilton. 4th. Feb. 1918. Place of Birth Maniwaki. P.Q.

Name and Address, Next-of-Kin Agnes Crawford.

Maniwaki. P.Q., Canada. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. 5510
File R.L.
Category M U Can

Discharge, Date and Place Reason Character Pte O/C

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 a 27/8 10 3ch DM		4-3-18	S/S MELITA
14.3.18	8th Res	T-O-Strength 27/8/18 E, S'dIng		21.2.18	D.O, 73
19.8.18	8. Res.	S.O. S on posting to 58 Bn	Witley pte	18.8.18	DO 231 (58 Bn DO 87 d/23 8/18)
10.10.18	2 C O R	Wounded	Field	1.10.18	CLA 339
19.10.18	2 C O R D	T.O S on posting from 58 Bn	Witley	13.10.18	DO 247 (58 Bn DO 121 d/24 10/18
17.1.19	2 C O R	Invalided to Canada	Kirkdale	13.1.19	CLB 421
20.1.19	2 C O R D.	S.O S on being invalided to Canada	Witley pte	13.1.19	DO 16

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.					

CHECKED BY

505

C-897

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names Harry P. 2. Surname Crawford
3. Rank Pte. 4. Original Unit 1st Depot 5. Reg. No. 310663.
6. Address, in full, to which future payments of gratuity are to be forwarded Kamsack Sask
7. Date of enlistment in the C.E.F. Feb 4th 1918
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge not applicable
9. Relationship of such dependent not applicable
10. Present address, in full, of such dependent not applicable
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? not applicable
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:— 6th Reserve at Witley March 15/1918 - till - Aug 15/1918
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? no
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service not applicable
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served 1 year and 6 months with 1st Depot - 6th Reserve - 5-8th B.R.
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department no
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? no

M.F.W. 2595.
1772—39—1389.
122—D.P.—250M-2-19.

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

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ..... no .....

20. Have you been issued with a War Service Badge? If so, what class? ..... A & B. .....

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

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

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

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

24. Are you now serving in the C.E.F. ..... no ..... If not, give:—(a) Date of discharge ..... April 11/1919 ..... (b) Reason for discharge ..... medically unfit .....

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ..... no .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ..... Unit in France - 58th Bn. ..... Aug 10/1918 - Nov - Oct 9/1918

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? .. no

(b) If so, are you in receipt of full pay and allowances from that Department? ..... no

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: J H Crawford

Place of Residence: ~~Nelw~~ Kanawaki. Ont Quebec.

Declared before me at: Kingston

This 10. day of April 19..19.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths. F. J. Mooney Capt.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
				1226

Certified Correct.

District Paymaster.

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

ORIGINAL

3106763

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.

ORIGINAL

1. Surname Crawford Christian name Harry James

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 491722

3. Consecutive number on schedule of men reporting for service (if he appears on it) 4

4. Address (including street and number, if any) Eddy P.O.

16 OCT 1918

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 29th. day of November. 1917, by the undersigned medical board sitting at Blind River, Ont.

5. Age as stated 22 Years 5 Months. 6. Apparent age 24 Years Months

7. Height 5 Feet 6 Inches. 8. Weight 131 Pounds.

9. Chest measurement { Minimum 32 Ins. / Maximum 35½ Ins. } 10. Complexion Fair. { Eyes Brown. / Hair Dark.

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

13. Number of vaccination marks { Right arm / Left arm } 14. When vaccinated last Never.

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

Hemorrhoidal tags. Slight enlargement of the thyroid. Hallux valgus both feet.

16. Slight defects but not sufficient to cause rejection

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

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A-2 Hearing normal. Visual acuity, both eyes D-15.

Signature of Man Harry James Crawford

President.

Member. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
11-2-18		H. R. Adams Lieut. M.O.	11-2-18		H. R. Adams Lieut. M.O.
		M.O.	13-2-18		M.O.
		M.O.	10/8/18	TAB	t.e.p. M.O.

Joined day of 191 at

	Corps	Reg'tl Number	Habits	Date
1st Depot Bn	2nd C.O.R.			
Joined on enlistment	8th Res Bn	3106763.		21. 2. 18.
Transferred to	58TH BN			AUG 18 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL ORPINGTON, KENT.	30 NOV 1918	G.S.W. Left thigh	Invalide L. M. Croston Capt. C.A.W.C.

CANADIAN

CERTIFIED TRUE COPY

FOR:- LT.-COLONEL CAPT.
O. C. Mobilization Centre
HAMILTON, ONT.

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.

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.
16 Can Gen		12	10	18				Sw L thigh		Gas infect. wound & muscle which was excised & drained. Limitation in abduction. Can't cross knees without aid. Walks with stiff lung. Become Nivel Canada	[illegible] Capt Canc
No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL		3 JAN 1919			13 JAN 1919			DO		Condition improving	[illegible]
H. M. A. T. "ESSEQUIBO"		JAN	13	1919	JAN	25	1919	DO	13	Condition Unchanged	[illegible] Capt Canc
O.U.M.H. Kingston		28	1	19	9	4	19	G S W St Thigh	70	Boarded 4-4-19 Cat "E"	[illegible] Stevenson Capt. H.M.C.

CASE HISTORY SHEET.

Q.U.M.H. Hospital. Kingston, Station.

No. 3106763 Rank Pte. Name Crawford, Harry Age 23

Unit D.D. Completed years of service (Where and how long) 9/12 Overseas

Date of admission Jan. 28/19. Date of discharge April 9/19.

Diagnosis G.S.W. left thigh. Place of origin Cambrai

CONDITION ON ADMISSION AND PROGRESS OF CASE. Went to France in July 1918. Wounded in left thigh on Sept. 29/18. Returned to Canada Jan. 27/19. On admission examination revealed a shrapnel wound left thigh. Point of entry indicated by a scar "T" shaped, the base of the T being about 3" wide & 4" long. The vertical part of the T extending down on the postero-internal aspect of the thigh for about 7". An ulcerated area occupies the whole of the base of the T. No injury to bone, no effect on nerves or muscles except slight weakness in leg if he climbs stairs or walks far. X Ra - Nothing abnormal visible.

FAMILY HISTORY Negative.

(Tuberculosis, mental or nervous diseases.)

TREATMENT Daily dressing with Eusol. X Ray.

(Especially any specific or special form.)

CONDITION ON DISCHARGE, Leg healed. Fit for discharge from hospital.

(and disposal made of case.)

Date April 9/19.

Stevenson Capt. R.A.M.C.
Medical Officer i/c case.

22.395

M. F. B. 313a.
100M.—6-18.
1772—39-439.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

District 3

Name of Soldier Crawford J. H.

Rank Pte

Regiment

No. 3106763

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 District	REMARKS
Condition on first Examination	1919		3 13. 19. 31																				
	Apr	H																			S. H. Simpson	3	Complete

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

M.S.A.

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 Btn., 2nd C.O.R.

(2) Regimental Number 3106763.

(3) Full Name of Soldier Crawford, Harry James.

(4) Place of Birth Maniwaki. Quebec, Que., Canada.

(5) Are you married, or not ? Single.

(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 ? No.

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? No.

If so, state name and address

(10) Is your Mother alive? Yes.

If so, state name and address Agnes Crawford.

Maniwaki, Quebec, ~~[illegible]~~ Canada.

(11) If your Mother is a widow Yes.

Are you her sole support, or not? Yes.

(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.

$15.00 per Month. (other brother in France.)

(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.

Yes.

(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.

E W Clifford Major
for Officer Commanding.

Date February 5th.1918.

ADM

Number 3106763 ✓ Rank pte B

Surname CRAWFORD

Christian Name Harry James ✓

P

Units 58th Bn Can Inf Theatre of War France

Date of Service 18-8-18.

Remarks 1010 Elsmer Ave Windsor Ont

Latest Address ~~Manwaki, Que~~ 2 12 27

Roll No. B. Page 21045.

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 ORI

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 .....

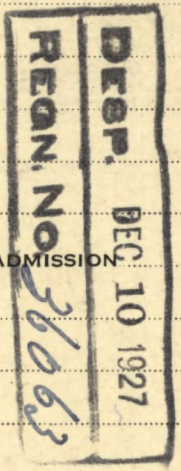
DATE OF DISCHARGE TO UNIT ..... IN CA

DATE OF DISCHARGE AS AN INVALID .....

DATE OF DEATH .....

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

OTHER INDEPENDENT CONDITIONS DIAGNOSED .....



LEDGER NO. 1584 SERIAL NO. 22395

REG. NUMBER 3106763 NAME Crawford Henry J. 38

RANK Pte. CORPS #3 D.D.

AGE 23. SERVICE 9/12. O.S.

NAME OF HOSPITAL Queen's Univ: Mil. PLACE Kingston.

DATE OF ADMISSION 28-1-19

DISEASE G.S.W. L. Thigh

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO 9-4-19 IN CATEGORY

M. F. W. 2553.
50m.—6-18.
1772-39-1332.

P. T. O.

REMARKS:

REGT'L. No. 3106763

NAME Crawford Harry James

H. Q. FILE No 649

RANK AND CORPS Pte. 58th Bn (Form. Regt. 1st Dpo. 4th R.D.)

FOLLOWS 2nd Cn. Out.

NO.

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
N. of K.	Mrs.	Agnes Crawford (Mother)
48.3		Maniwaki, P. Q.
H 385	12-10-18	Adm. of Can. Stat. H. Havre. Oct 1st
		GSW. L Thigh.

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
A339 (24)	7 Can Stat Camiers	29.9 1-10-18	Gsw L Thigh
A341 (31)	22 Gen, Camiers	2-10-18	" " "
B344-1	#16. Can Gen Arpington	13-10-18	" " " 2nd. C.O.R
B412 (a)	5. Con Gen Kirkdale	4-1-19	Gsw L Thigh.
B421	Invalided to Canada	13-1-19	- - - -

Form DMS 1401.

A. & D. CARD ①

HOSPITAL 3

AT No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL

A. & D. No. T8221 PL. OF ACTION

RANK Pte REG. No. 3106463 UNIT 58 Bn B SICK OR WOUNDED

NAME CRAWFORD, H.J. AGE 23. RELIGION R.C.

PLACE IN HOSPITAL MK

DIAGNOSIS GSW Lt. Thigh

ADMITTED 3 JAN 1919 FROM Corp

INV. TO CANADA

DISCHARGED 13 JAN 1919 TO

TRANSFERRED 7/12. 4/12

SERVICE AT HOME IN FIELD

RESULTS

Ottawa

(See Document Card for M.H. Sheet and other Documents.)

2/18.

P.T.O.

REMARKS.

S-1.

Form R. 149.

Harry James

Name CRAWFORD Rank Pte Reg. No. 3106763

Unit 58 Bn

Next of Kin Canada

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1-10		7 Can S H Camiers	S.E.W. Thigh L		A339	H385	4591/5
2.10	WO	22 9 Hos Camiers	do		F341		4635/11
13.10		16 Can 9 Hos Orpington	do		B344		28948
4-1-19		Nos. 6 G H Kirkdale	do		B412		4368
13-1-19		Invalided to Canada.	do		B421		6315

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

C M.S.A

SURNAME Crawford

CHRISTIAN NAMES Harry James

REGL. No. 3106763 RANK Pte.

UNIT 2nd Cen. Ont. Regt. 1st Dpo. Bn (4th RD)

FORMER CORPS Nil.

CARD NO. 4

FOLL. SOS Dis 11-4-19 Demd
DO 102 of 12-4-19
#3 D.D.

NEXT OF KIN.

NAMES IN FULL Crawford, Mrs. Agnes

RELATIONSHIP TO SOLDIER Mother

ADDRESS Maniwaki, P.Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Maniwaki, P.Q. DATE July 13th 1896

PLACE OF ATTESTATION Hamilton, Ont. DATE Feb. 4th 1918

From Halifax Per S.S. Melita 21/2/18. 1098/3 R/C 26-1-19 257/12 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

Surname	Christian Name or Names	Reg. No.
Crawford	H.J.	3106763

Rank Pte. Unit ~~Sas~~ 260 .58.

Cas. List.	
	7 Can. Stat. Camiers. 1-10-18.
10-10-18. A339. 2	GSW. L. Thigh.
12.10.18 a 341-3	22. 9. Camiers. 2. 10. 18.
16.10.18 B 344	16 C.C. Orpington. 13.10.18
7.1.18 B 412-1	5 Can Gen Kirkdale 4-1-19
17.1.19 B 421-2	
	Inv. to Canada. 13.1.19

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

D.M.S. 1300. 50M- 30-8-18.

Cas. List.

P. 559

MARRIED OR SINGLE Single.

PLACE OF BIRTH Manwakie, Que., Canada.

NAME AND ADDRESS OF NEXT OF KIN Agnes Crawford.
Manwakie, Quebec, Canada.

RELATIONSHIP OF NEXT OF KIN Mother.

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. 3106763 RANK Private. NAME Crawford, Harry James.

IF IN PERMT. CORPS WHAT UNIT UNIT 1st Depot Bn 2nd C.O.R. TRANSFERRED TO 8th Can. Res. Bn DATE 21-2-18 AUTHORITY D.O. 73.

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Hamilton. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 4-2-18 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1-2-18

PAYABLE TO Mrs Edward Crawford Manwakie, Que. Canada. 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	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
MONTH	PARTICULARS				CR. 1		CR. 2		PARTICULARS					DR. 1	DR. 2	DR. 3	DR. 4	BALANCE		DEFER-RED PAY	SEP. ALLCE. ENG.													
FEB 28 1918																																			
~~[illegible]~~	Balance from Canada.																	26	00																
Mar	Ptes Pay.				34	10			AP Feb & Mch									30																	
									AR 3900 15/3/18 15/3/18					4	87																				
					34	10								4	87			30																	

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 $	Amount c.	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.																			
													1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	1	2	3	4				Credit	Debit			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND~~ CANADA.

EFFECTIVE DATE:- 1/2/18

AMOUNT:- 15 00

SEPARATION ALLOWANCE. * ENGLAND OR CANADA.

EFFECTIVE DATE:-

AMOUNT:-

NAME:- CRAWFORD. Harry James

NUMBER:- 3106763.

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 Edward Crawford NR
Manwakie. Que. Canada Mother
L P C Rendered
Stopped at Eff 1.1.19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- 1 Depot Bn 2CoR

DATE ACCOUNT FIRST OPENED:- 1/3/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			2CoRD
	1/9/18	21/9/18	58 Bn
	1/1/19	27/2/19	Canada 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
28.5.18	1856.	Witley Fz.	~~5 5~~				
~~16.10.18~~	~~6352~~		~~+ 8 7~~				
~~13/11~~	~~7734~~		~~8 7 3~~				
~~10/12~~	~~8020~~		~~+ 8 6 7~~				
		Sick Furl. 13/11/18-23/12/18	1 3 0				

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:- ~~Transferred~~ Invalided to Canada 1.1.19. Adjutin 18 9/123 17.12.18 Cr Bal ~~15 20~~ 22.50

1918 MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March 31st	Balance forward								25 23		
Apr	1 Pay	33-		AP				15.			
				AR 156- 10/4/18- 8 Res	4 87						
				AR 742 18/4/18 8 Res.	21 90				16 46		
		33.			26 77			15			
May	1 Pay	34 10		AP				15			
				AR 1169- 13/5- 8 Res.	9 73				25 83		
		34 10			9 73			15			
June	1 Pay	33-		AP				15			
				AR 2276- 13/6- 8 Res.	14 60						
				✓ 2614- 26/6- ✓	14 60				14 63		
		33			29 20			15			
July	1 Pay	34 10		AP				15			
				AR 2971- 11/7/18- 8 Res	7 30						
				✓ 3406 26/7/18 ✓	9 73						
		34 10			17 03			15	16 70		
Aug.	1 Pay	34 10		AP				15			
				AR 3675- 11/8/18- 8 Res	9 73						
				✓ 3975- 17/8- ✓	4 87				21 20		
		34 10			14 60			15			
Sept	P P.	33		AP				15			
				Q Addr. 1740 10/8/18 "	06						
				AR 1153 13/9/18 QCIB	35 7						
				" 1340 21/9/18 "	35 7				32 -		
					72 8				22 00		
		33			7 20			15			

1918 NUMBER 3106763 RANK Pte NAME CRAWFORD HJ C of P 15.00

MONTH	PARTICULARS	Cr. 1.	Cr. 2.	PARTICULARS	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	BALANCE	DEFERRED	SEPARATION
Sept	Balce fwd								32 -		
Oct	L P	34 10		A P				15 -			
				6352 16/10 Orpington (4)	4 87				46 23		
		34 10			4 87			15 -	74 40		
									120 63		
Nov	P P	33 -		A P				15 -	87 40		
				7734 12/11 ✓ (2)	9 73				32 23		
Dec	P P	34 10		A P	9 73			15 -			
	Sick Furlo 13-12-18 - 23-12-18 10 days @ 20/- per day 2 CORD	7 30		9020 10/12 Orpington (15)	4867			30	3228		
		74 40			58 40			30			
				6237 7/4/19 Kriddale (endd) (1)	4 87				27 36		
Feb		—			4 87			—			
				A P 1856 23/5/18 Ditley	9 73				14 63		

83.33
62.13
15.20

Checked F Whaffman 20/12/18

BR127032

War Service Badge Class A.B.

No. 246091 155549 Issued

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 3106763

2. Rank Private

3. Name CRAWFORD, Harry James.

4. Unit No. 3 District Depot.

5. Date of Discharge 11.4.19. Place Kingston, Ont.

6. Reason for Discharge Medically unfit for further war service

7. Authority Med. Board. D. 5.4.19....R.O.1420..

8. Proposed Residence after Discharge Maniwaki, Que.

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. ? 39

H Crawford

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Medical Documents Forwarded to ~~S.C.R. or~~ B.P.C. on Date MAY 2 1919

Place Kingston, Ont.

Date 11.4.19.

Signature M R Clarke

(O. C. Discharging Unit.)

O. C. Discharge Section
No. 3 District Depot

M.F.B. 218a—50M.- -2-19 1772-39-113.

MM

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

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

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 Kingston Ont. DATE April 4/19

1. 1 (a) Unit 58th Bn. (b) Regimental No. 3106763 (c) Rank Pte.

(d) Surname CRAWFORD (e) Christian name Harry James

(f) Home address Maniwaki Que.

(g) Next of Kin Mrs. Edward Crawford (h) Relationship Mother

(i) Address of Next of Kin Maniwaki Que.

2. Age last birthday 23 Date of birth July 13th 1895

3. Enlistment, or Appointment (if an Officer) (a) Place Blind River Ont. (b) Date Feb. 4/18

4. Personal description:

(a) Height 5'6" (b) Weight 146 (stripped) (c) Complexion dark

(d) Colour of hair dark (e) Colour of eyes hazel (f) Identification marks, Scars, etc. Hallux Valgus Both feet

5. Former trade or occupation Laborer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	1 yr. 2 mos	

		Periods	
		From	To
Canada	8 days	Feb. 4/18	Feb. 12/18
England	8 mos.	Feb. 21/18	Aug. 18/18
		Oct. 9/18	Dec. 13/18
France or other theatres of War	1½ mos.	Aug. 18/18	Oct. 9/18
No. 3 D.D.		Jan. 1/19	Date

7. Original disease, or injury G.S.W. left thigh

(a) Date of origin Sept. 29th/18 (b) Place of origin Cambrai

(c) Cause Shrapnel

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.)

Slight weakness left thigh following shrapnel wound

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.)

Subj. Man complains that leg is somewhat weak.
Obj. Well developed man and looks fit. S.W. left thigh. Point of entry indicated by a scar T-shaped the base of the T being about 3" wide and 4" long. Scar somewhat adherent to underlying tissues. The vertical part of the T shaped scar extends down on postero-internal aspect of thigh about 7" - No injury to bone or nerves. The only disability is that scar is slightly tender and liable to break down on slight trauma. Leg is slightly weak especially in going up a flight of stairs or walking over rough ground. No limp. No effect on joints.
X-Ray shows - Nothing abnormal visible.

(*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

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

Went to France in August 1918 - Wounded Sept. 29/18 - Returned to England and thence to Canada in December 1918.

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*).)

Nil

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

See Section 9

11.—(*a*) Did the disabling condition have its origin before enlistment? No

(*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.)

N.A.

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? 3 mos. improving

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

Eng. Mil. Hospitals
C.U.M.H. since Jan. 1/19

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? Yes, with slight limitations
(If not, briefly state why)

17. Recommendations. That this man be discharged with a pensionable disability.

R. J. Tuckes Capt. A.M.C.
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.....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.....

Pte D H Crampsey Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

YES

19. Is the invalid fit for

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

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.)

slight pensionable disability

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.

Wm Gibson Capraine ..... President.

PLACE Kingston

DATE Apr. 5/19

Sm Assetstine Capt. A.M.C. } 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 D. C. Mundell Major, A.M.C.
for A.D.M.S. Mil. District No. 3
Assistant Director of Medical Services.
DATE 8-4-19

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

RTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS.

CONFIDENTIAL INFORMATION.

Report No. | CATEGORY "E" | No. of M.H.C. File | No. of Local File | No. of H.Q. File

"C" Unit

Crawford — Surname — Harry James — Christian Name

Permanent Address: Maniwakie, Quebec.

M.D. No. 3

MILITIA DEFENCE SEP 17 1920 H.Q. CANADA

No.* 3106763 Rank Pte. Original Unit Service Unit* 58th

Age* 23 Height 5 ft. 6 ins. Complexion dark Eyes brown Hair dark Conduct

Date of enlistment 4-2- Where enlisted Blind River Where seen service* England France

Ship returned by Essequibo Date of arrival 27-1-19 Port of arrival Halifax

Birthplace* Religion R.C.

Cause of disability G.S.W. LEFT THIGH. Shrapnel.

Condition in detail which prevents the soldier from earning a full livelihood

Subjective. Man complains that leg is somewhat weak. Objective. Well developed man and looks fit. G.S.W. left thigh. Point of entry indicated by a scar T-shaped the base of the T being about 3" wide and 4" long. Scar somewhat adherent to the underlying tissues. The vertical part of the T shaped scar extends down on posterior - internal aspect of the thigh about 7"- No injury to bone or nerves. The only disability is that the scar is slightly tender and liable to break down on slight trauma. Leg is slightly weak especially ingoing up a flight of stairs or walking over rough ground. No limp. No effect on joints. X. Ray shows- Nothing abnormal visible.

Reports on men returned for Discharge under Sp. Auth. on White (Black printed) Forms.
E. 1. Discharge, no pensionable disability. (Yellow copies).
E. 2. Waiting Reclassification. (Pink copies).
E. 3. Discharge with claim for pension. (Blue copies).

Degree of incapacity—Eng. Board Canadian Board

Is disability due to or aggravated by Service? Due to service.

Probable duration of incapacity 3 months improving.

Does it render him permanently unfit for Military Service? Discharge, with slight pensionable disability.

Is further treatment or use of appliances recommended, if so which? No.

Destination to which transportation issued Maniwaki. Que,

Members of Board Wm. Gibson, Capt. S.M. Asseltine, Capt. Kingston, Ont.

INFORMATION TO BE FURNISHED BY SOLDIER 5-4-19.

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Name and address next of kin Mother, Maniwaki, Que.

Notification of return to be sent to

Occupation prior to enlistment do. And for how long followed

Regular trade or occupation Labourer.

Average earnings previous to enlistment No. Any other income?

Name and address of last employer

Rent per month If owner of or purchasing property amount due and annual payment, $ $

Taxes If Homestead, or Farm, where located

If carrying life or accident insurance, annual premium $ Name of Society

If unable to follow previous occupation, name preference

References I declare that the above statement is correct.

Witness W.J. Barrett

Date 10-4-19 Place Kingston, Ont. Signature J.H. Crawford.

Remarks by Interviewer:

Reports of men returned for duty to be typed on White (Red printed) Forms.
A. General Service.
B. Service abroad, not general.
C. Service in Canada.
D. Treatment. (Pink copies).

Last Pay Cert. Cr., $ Dr., $ Amount paid at Depot H.Q., $ L.P.C. leaving Depot, $

Amount forwarded to H.Q. Unit, $ Credit Clothing allowances, $

PENSION—Class Amount per year, $ Period granted for Dating from

First payment date

Form No. 5b.

B OCT 5 - 1926

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch C

OVERSEAS CONTINGENTS

Date of Assignment

12074 Feb 2/1/18

RATE OF SEPARATION ALLOWANCE

AUTHORITY FOR NEW ACC'T. U.C.

RATE OF ASSIGNMENT

15.00			

PARTICULARS OF SEPARATION ALLOWANCE

No. D. 3106763

Rank Pte Promoted Reverted Discharge

Soldier's Name Crawford Harry James

Battalion 1st Depot Bn, 2nd. C.O.C. "D" Co.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Eduard Crawford (mother)

Address Manniwaki. Quebec.

Change of Address

1

2

3

4

MRO 1 Diss

03895-H-13.

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Feb 1918	C 78536		15	15	R	
Mar	M 78301		15	15	R	
Apl.	B 1237		15	15		
May	M 17334		15	15		
June	T 21032		15	15		
July	S 32264		15	15		
Aug	I 34746		15	15		
Sept	L 44123		15	15		
Oct	M 52056		15	15		
Nov	D 60110		15	15		
Dec	R 67319		15	15		
Jan	M 72475		15	15		
			180.	180		

Tra Maniel 2/1/18

A/c Closed 31-1-19.

Ret'd per Essequibo

Date 26/1/19 M.F.W.187 30/1/19

Clerk Wpohowski

MD-3. M.O. 65161.

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. 6-7—1732-30-1141
L. L. 22320—M. & D. 7993.

P.878. Extract D.O. No. 70 Unit.- 2nd Co Date:-

Reg. No.	Rank	Name	Struck off Strength of O.M.F. of C. on transfer to C.E.F. Canada. MD3
3106763	PTE	CRAWFORD. H.J.	13 1 19 Acted on Ledger Ck.

2nd 2 CORD

X—413b.

C.R. No. P./R.L. Date

CONFIRMATION OF CABLE.

Received by {PAYCANEX / CANBECORDS} London.

AUDITOR [handwritten initials] PAYMASTER [handwritten initials]

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

M. OR S.

REGT. No. 3106763 RANK Pte. NAME (IN FULL) Crawford, H.J. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Mr H J Crawford		
Maniwaki		
~~Ont~~ Que		

ORIGINAL UNIT C.E.F. 58 Bn | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ 15 — | DATE EFFECTIVE 1.2.19

PAYABLE TO Mrs E Crawford | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Waniwaki Que

C-897

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Kingston DATE 11.4.19 REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

505

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.	Balance Credit $	c.	Particulars or Remarks
Balance from previous account							22	50	22	50																									22	50	
Dec																	4	87	55	-			15	-							74	87	52	37			S Pool, At Sea At Jan
Jan	31	1 10/100	34	10					34	10																							18	27			~~DO 34. subs 15 days~~ See Do 37
Feb	28	1 10/100	30	80					30	89													15	-							15	-	2	47			5368 ~~5521~~ 7196 9586
Mch	31	1 10/100	34	10					34	10							10	-	9	10			15	-							34	10					6576 9157
Apl	11	1 10	12	10	35	-			47	10							47	10													47	10					Dischgd Cblty

War Service Gratuity

	No. of Days	Sold	Dep	Total Credits	Other Chgs	Sold	Dep	Total Debits	Balance Sold	Dep	Particulars or Remarks
											MFW 2595 Rec
	122	280 -		280 -		70 -		70 -	210		9586
						70		140	140		327724 10/5/19
						70		210	70		10/6/19 927370
					2 47	67 53		280			10/7/19 # 945348

OK

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		COL. 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.	