238th. BATTALION C. E. F.

ATTESTATION PAPER.

~~238th. Batt'n.~~

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

3.

ORIGINAL

No. 1036569

Folio. B 60

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	CRAWFORD
1a. What are your Christian names?	James
1b. What is your present address?	114 Peter St. Toronto, Ont.
2. In what Town, Township or Parish, and in what Country were you born?	Perth. Scotland.
3. What is the name of your next-of kin?	~~Andrew Crawford~~ Isabella Crawford
4. What is the address of your next-of-kin?	Isabella Crawford, 6 Queens Park Ave
4a. What is the relationship of your next-of-kin?	~~Brother~~ Sister Edinburgh Scot.
5. What is the date of your birth?	Aug. 8th. 1874.
6 What is your Trade or Calling?	Teamster
7 Are you married?	Single
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.	Yes. West of Scotland Artillery, Pte. 4yrs.
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, James 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.

James Crawford (Signature of Recruit)

Date Aug. 14th. 1916 191 , G Hitchen (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James 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.

James Crawford (Signature of Recruit)

Date Aug. 14th. 1916 191 . G Hitchen (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Toronto, Ont. this 14th. day of August. 1916. 191 .

(Signature of Justice)

M. F. W. 23
750M—8-16
H. Q. 1772-39-341

Description of James Crawford on Enlistment.

Apparent Age 42 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 6¾ ins.

Chest measurement: Girth when fully expanded ..... 39 ins.
Range of expansion ..... 3 ins.

Complexion ..... Fresh

Eyes ..... Grey

Hair ..... D. Brown

Religious denominations:
- Church of England .....
- Presbyterian ..... Presb.
- 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).

Small Scar over R. Kidney

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 Aug. 14th. 1916 191 .

Place Toronto, Ont.

Captain
Medical Officer.
Toronto Recruiting Depot.

*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.

James 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)

AUG 18 1916

Date ..... 191 .

REGIMENTAL DOCUMENTS

NAME CRAWFORD JAMES Pte REGT. NO. 1036564 UNIT 2/38 Bn. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
						DEATH
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					Category
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					
	TRAINING HISTORY SHEET (M.F.W. 113)				43631	
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)					DISCHARGE
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					Category
1	DENTAL HISTORY SHEET (M.F.B. 465)		Deceased 14-5-51			Demob
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
1	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)					DESERTION
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	762#3					
1	[illegible]					
4	[illegible]					
	Hip Card					

H

1
16-13
16-13
3-14
1

W. 2589
100M-11-18

Number 103659 Rank Pte.

Surname CRAWFORD

Christian Name James

Units C.F.C. Theatre of War France

Date of Service 21-4-17.

Remarks

Latest Address Atlantic Hotel
Vancouver, B.C.

Roll No. N.B. Page 21047

200m.-6-21.

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

DISEASE OR INJURY .....

OPERATIONS 30/2

RESULT OF OPERATIONS 3

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION 19/23

(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 .....

NEXT OF KIN ..... ADDRESS .....

..... HOSPITAL .....

Received B + C. Returned 19/23

Received B + C. Returned

DEC 20 1922

RECORDS

9111

M. F. W. 142.

1772—39—1171.
50m.—2-19.

* CROSS O

II 1. CARD NO. V

SOS. 15-4-19 Demob
FOLL. 100. 10/0/19-4-19
1110 10.
Bn

SURNAME. Crawford

CHRISTIAN NAMES James

REGL. No. 1036569 RANK Pte.

UNIT 238th

FORMER CORPS Scot. Art. 4 yrs. Pte

NEXT OF KIN.

NAMES IN FULL Crawford Andrew

RELATIONSHIP TO SOLDIER Brother

ADDRESS To be furnished later.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Scotland, Perth. DATE Aug 8th 1874

PLACE OF ATTESTATION Toronto, Ont. DATE Aug 14th 1916

Sailed from Halifax per S.S. Scandinavian

L. L. 94504. M. & D. 652. 11-9-16 534 4 M. F. W. 22. 300M—5-16. H. W. 1773-2-126 300 RC. 10-4-19 66 Pte

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Teamster RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 42 YEARS — MONTHS

HEIGHT 5 FEET 6 3/4 INCHES

CHEST MEASUREMENT 39 INCHES EXPANSION 3 INCHES

COMPLEXION Fresh EYES Grey HAIR Dark Brown

DISTINGUISHING MARKS small scar over right kidney

MEDICAL EXAMINATION. PLACE Toronto. Ont. DATE Aug 14th 1916

Present address, 114 Peter St. Toronto Ont.

No. 1036569 RANK Pte, NAME Crawford, Jas.

T. O. S. 14-8-16-D.O.63 of 19-8-16 UNIT 238th. Battalion {Forestry}

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Aug. 14 Sept.	1916 Aug. 31 no a/c	✓		

UNIT SAILED
SEP 11 1916

H. Q. FILE No. 649-

NAME Crawford, James

REGT'L No. 636569

RANK AND CORPS Pte. 238th Battn.

103656 9

CABLE	
NO.	DATE

NATURE OF CASUALTY

L. L Job 87318—M. & D. 6106.

M. F. W. 42—25m.-10-15.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
1	Connaught-Aldershot.	30.9.16	R.G.D. (Impetigo)
"	" Lisc	10.10.16	"

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

R. 149.

Name Crawford. Rank Pte. Reg. No. 636569.

Unit ~~238th Batn.~~ Forestry Corps.

Next of Kin

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
1916.								
30. 9		Connaught	Aldershot.	R.P.D.	1.			
10. 10.		Discharged.		R.P.D.	1.			
		Has now been diagnosed as Impetigo			4.			

Transcribed Page
Class "A" #174613

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 1036569 (Rank) Private

Name (in full) CRAWFORD, James. enlisted in

the 238th Battalion(Trans to 75th Battalion)

CANADIAN EXPEDITIONARY FORCE at Toronto, Ontario, the 14th

day of August 19 16.

HE served in CANADA, ENGLAND and FRANCE.

and is now discharged from the service by reason of Demobilization

xxxxxxxxxxxx

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

Age 44 Years

Height 5' 6½"

Complexion Ruddy

Eyes Grey

Hair Dark Brown

Marks or Scars

Small scar over right Kidney

Signature of Soldier

Issuing Officer

Rank

Date of Discharge April 15th 1919

Vancouver, B.C.

Appointment Major for Colonel, Director of Records.

Signed at _____ this _____ day of _____ 19

in Military District No. _____

File Reference No. _____

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.
250m.—6-18.
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

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

.....
Name of Officer

.....
Rank

.....
Appointment

R—122

J.J.

Rank | Name CRAWFORD, James. | Reg'l No. 1036569

Unit 238th Bn. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Toronto Ont. 14th Aug 1916. | Place of Birth Perth, Scotland.

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

6 Queens Park Ave., Edinburgh, Scotland. | Relationship Sister.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

N/E. R.B. No. 21294
File R.L.
Category Gen. OR.

Discharge, Date and Place | Reason | Character

H. W. & V., Ld.—7165-16.

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 S.S. Scandinavian 23.9.16			
30.9.16.	238th Bn.	Admitted Nol. Hosp. Witley Camp	Witley	28.9.16	DO. Pt II 98.
10.10.16	"	Discharged Hospital	"	10.10.16	DO Pt II. 108
2*12*16	238 B'n	Attl. C F C for D-D-R&Q	W'ley	23*11*16	Ptl. DO 161
		4.12.16. C F C T.O.S. 23.11.16-Auth, Pt. II, DO-II.			
8-12-16.	238 Bn	DO. 161. Amended to read SOS. on trans to C.F.C.	W'leyp	23.11.16	Pt II DO. 167
16.3.17.	C.F.C.	Adm. Bishopt. Dental Clinic.	L'don	12.3.17	" 65.
19.3.17.	"	Dis. " "	"	14.3.17.	" 67.
28-4-17	"	S.O.S. to 30 Coy. France	"	21-4-17	" 100 30th Coy. France. Pt II DO. 1. 28/5/17

A.F.B. 103 CHECKED 10 MAY 1917

WSR

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.
17.10.18	30 Co. C.F.C.	S.O.S. to 75 Bn.	Ft. Lincoln	6.10.18	P.V. 56 (75 Bn P.V. 113a) 17.10.18
18.12.18	75	S.O.S. to CORD (R.O.)	Pt.	13.12.18	P. 185 (348. 16.12.18 CORD
28-3-19	CORD	S.O.S. to M.D. 11 Regt	Winnipeg	28-3-19	— 71 {M.D.11 D.O. 76 D 29-3-19
1-4-19	M.D. 11	S.O.S. to Canada	Regt	29-3-19	— 78, S.L. 35
					35-T. 65. 30-3-19

1036569 Pt Crawford James 238th Bn

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
16.12.18	Record	DO	T.F.S. Record D Writer		16.12.18	D.O. 348
29.3.19	Record	DO 72	SS Bbb 6 Writer 28.3.19 Phy MD 11			

LIEUT.
OFFICER i/c RECORDS,

Attached C.C.C. Kinmel Park for return to Canada. Part II Orders No._____. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part II Order No._____

Commanding Officer,
Kinmel Camp.

ORDERLY ROOM
MAR 30 1919
No. 13 P.C.S.

Embarked S S Saturnia
Glasgow March 30.19

T.O.S, No11 D, D, 30Mch 19

S, O, S.C.E.F Apr 15-19 T Area

No 11 dd DO 107 Apr. 17-19

D A MacLean Capt
for O.C. Dist Depot

Nothing to be written in this margin.

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—I.
Part I.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—P2 1150 1M 5/18 G.W.P.Co (3490)

(1)*Substantative rank *Acting rank *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname		
(5) Christian Names		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin [*vide* A.C.I. 578 of 1918]		
(8) Date of birth as stated on enlistment		
(9) (*a*)		

(10) Enlistment (*b*) (11) Engagement (*c*)

(12) Service reckons from (*date*) (13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service (Authority) (*date*) Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) (Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.

Trade or Calling

Married or Single

Particulars of Trade Test

Occupation Cards despatched on (*date*)

Second Occupation Card despatched on (*date*)

(17) Next of Kin

(18) Demobilizer (*f*) (Place) (Signature of Posting Officer

(19) Pivotal-man (*f*) (Date)

(20) Qualifications (*g*) *or* (21) Corps trade and rate

(22) Extended { (23) Re-engaged {

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

30.

Army Form B. 103. Regimental Number 1036569

Casualty Form—Active Service.

Regiment or Corps 238th Battalion. C.E.F

Rank Pte Surname Crawford Christian Name James

Religion Age on Enlistment years months.

Enlisted (a) 14-8-16 Terms of Service (a) D of W Service reckons from (a) 14-8-16

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

Extended { } Re-engaged { } Qualification (b) Teamster or Corps Trade and Rate

Signature of Officer.

Report Date	Report From whom received	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
		Embarked	Halifax.N.S.	11.9.16.	
		Disembarked	Liverpool.	22.11.16	
8.12.16.	O.C.238th Bn.	Trans.to Can.Forestry Corps	Witley	2.12.16.	D.O.# 167
	C.F.C	R Cassels		Capt.&	Adj.238th Bn.
5.12.16.	~~D.of T.O.~~	T.O.S.Can.Forestry Corps	London	3.12.16.	D.O.# 12
	C.F.C	W.F.Wilson		Lt.& Asst	Adj. C.F.C.
28.4.17	~~D.of T.O.~~	~~Proceeded overseas to~~	London	21.4.17	~~Pt.11 Orders No 100~~
		~~C.F.C. France.~~	W.F.Wilson		~~Lt & A/Adjt. C.F.C~~
		Disembarked	Havre	24.4.17	LR 8134
19/1/18	do	On 15 days leave	F.A.	15/1/18	B213
9/2/18	30 Bay.	Rejoined from leave		9/2/18	B213

(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) Signaller, Shoeing-Smith, &c.

[P.T.O.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B 103/4. E./354.

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				
5.6.18.	30 Bay.	Sent to 4 days F.P. no 2 for W.O.A.S.		5.6.18	B2069 P.24.
		A.W.L from 2am 4-6-18 to 10-45 pm 4-6-18			
		(20 3/4 hours). Forfeit 1 days pay R.W.			
31-7-18	Do	Sent to 14 days F.P.2. 30/7/18 for W.O.A.S (1) absent			B2069
		from 8.00 A.M. Parade till apprehended in fut			P21
		about 8.20 a.m. 29-7-18. (2) Breaking			
		Camp at 9.30 A.M and remaining absent			
		till 10 P.M. 29/7/18. Forfeits 1 days pay by R.W.			
7-10-18.	4 Div Wing C.C.R.C.	Transfd from 30 Bay C.F.C. to 75 Bn.		6-10-18	A.75-108. P.1.56
Do	do	Taken on Str 75 Cdn.			
		Infantry Battn on transfer			
		from 30th Coy Cdn.	Feed	7.10.18	Do 113
		Forestry Corps.			
24.11.18	C.F. Backhouse	L.O. Strength (D1) for Board	Date.	24.11.18	na 1747
13/18	C. Gerard	Tfd to Eng depot C		13/7/18	B9
		per C. Ord Rd	Witley		

Chas. B. Rahwell
Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

AJS

CERTIFICATE OF SERVICE

(Issued following loss of permanent Discharge Certificate M.F.W.3

THIS IS TO CERTIFY THAT No. 1058569 Rank Private

(Name in full) CRAWFORD, James.

Enlisted in 238th Infantry Battalion

Canadian Expeditionary Force, on the Fourteenth day

of August 19 16

He served in CANADA ENGLAND & FRANCE

with the Canadian Forestry Corps & 75th Battalion

and was discharged at Vancouver, B.C.

on the Fifteenth day of April 19

by reason of Demobilization

His conduct and character while in the Service "GOOD"

Medals and Decorations, British War & Victory Medals

War Service Badge: Class "A" #174613

DESCRIPTION ON DISCHARGE

Age 44 Years

Height 5' 6½"

Complexion Ruddy

Eyes Grey

Hair Dark Brown

H.Q. 649-3-29446

Major,

Asst.

Director of Records.

Ottawa 4th day of December 19 29

649-C-29446

(Militia Service)

September 12th, 1938.

RECORD OF SERVICE

This is to certify that No.1036569 Private CRAWFORD, James, enlisted in the 238th Battalion, C.E.F. on the 14th day of August, 1916. He served in FRANCE (with C.F.C. & 75th Battalion) was returned to Canada and honorably discharged at Vancouver., B.C. on the 15th day of April, 1919, by reason of "DEMOBILIZATION".

Description on Discharge

Age	44 Years
Height	5'6¾"
Complexion	Fresh
Eyes	Grey
Hair	Dk.brown

(W.E.L.Coleman),Major,
Officer i/c Records,
for Adjutant-General.

ORIGINAL

MEDICAL HISTORY SHEET

ORIGINAL

238th. BATTALION C. E. F.

Surname Crawford Christian Name James 1036569

Examined on 14th day of Aug. 1916 191 at Toronto, Ont.

Approved by [signature] Rank Captain M.O.

Toronto Recruiting Depot.

Birthplace City or Town Perth County Scotland

Apparent age 42yrs

Trade or occupation Teamster

Height 5 feet 6¾ Inches

Weight 139½ lbs.

Chest measurement Minimum 36 inches Maximum expansion 39 inches

Physical development Good

Small-pox Marks Nil

Vaccination Marks Arm Right Left Number Nil

When Vaccinated last

(a) Marks indicating congential peculiarities or previous disease

Nil

(b) Slight defects but not sufficient to cause rejection

Nil

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	
8/10/16		[signature]	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
2.9.16		[signature]	M.O.
14.9.16		[signature]	M.O.
8/10/16		[signature]	M.O.

Enlisted on 14th day of August. 1916. 191 at Toronto Ont.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	238th. Batt'n.	1036569		
Transferred to	Dept of Director of Timber oper. 54 Victoria St London. SW C.F.C			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Willey	11/2/19	Myalgia	B.. Jas. L. Hammond apt. came

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Crawford Christian Name James

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
Connaught A: Shot	29	29	9	16	10	10	16	Impetigo	12	Beard Area of face. Treatment - Beard Shaved. 1:20 Creol Lotion twice daily, followed by Ung Hyd Amon. Result, Cured - To duty.	Philip Carney Capt RAMC

Duplicate Medical History Sheet posted to here. 7.

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1668	1036569	Pte	Crawford	James
Year 1916	Unit. 238 Canadian C.F.		Age. 42	Service. 2/12

Station and Date. Connaught A. Shot.

Disease Sycosis.

Duration – 14 days.

Site – face, beard area.

Treatment – Beard to be shaved. Then in 20 Cresol Soln twice daily followed by Hyd Unon.

Remarks – Began on transport from Canada treated by Hyd Unon

Result – Cured.

No of days in hospital 13

Discharged to duty. 10-10-16

X-X-16

Philybarney Sylapt
Nurse

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 1036569 (Rank) Pte.

Name (in full) James Crawford. enlisted in

the 238th Battalion

CANADIAN EXPEDITIONARY FORCE at Toronto Ont. on the 14th.

day of August 1916

HE served in France

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 44 yrs. 8 mo.

Height 5' 6¾"

Complexion Fresh

Eyes Grey

Hair Dark Brown

Marks or Scars Small scar over right kidney

J Crawford
Signature of Soldier

A M Grant
Issuing Officer

Date of Discharge

15 Apr. 1919.

Capt
Rank

Date 15 Apr. 1919.

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.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

WAR SERVICE BADGE CLASS "A"
No. 174613 ISSUED

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. _____ (Rank) _____

Name (in full) _____ enlisted in

the _____

CANADIAN EXPEDITIONARY FORCE at _____ on the _____

day of _____ 19__

HE served in _____

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	Marks or Scars
Height	
Complexion	
Eyes	
Hair	

Signature of Soldier

Date of Discharge

Issuing Officer

Rank

Date _____ 19__

N.B.—A second 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.

238th. BATTALION C. E. F.

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 238th Forestry Batt

(2) Regimental Number 1036569

(3) Full Name of Soldier Pte James Crawford

(4) Place of Birth Perth - Perthshire Scotland

(5) Are you married, or not? No

(6) If married, state,
(a) Full name of your wife

(b) ~~Present Postal Address~~ ~~214 Peter St Toronto~~

(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
200M.—2-16
1772-39-954

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address

(10) Is your Mother alive? No

If so, state name and address

(11) If your Mother is a widow No

Are you her sole support, or not? No

(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.

Isabella Crawford 6 Queens Park Ave
Edinburgh Scotland

(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.

No

(15) Are you insured? city Toronto

If so, in what Company?

Have you made arrangements for payment of your Insurance premium yes

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make. no

V. Campbell
for *Officer Commanding.*

Date

Form P. 812A.
7777 15m. 12/12/18 D509

C.R. FILE NO.

ASSIGNED PAY and/or SEPARATION ALLOWANCE

Payable to Mrs M. L. Dick (Sister)

Address 14 Dean Crescent
Stirling. Scotland

Name CRAWFORD. J.

From Canada: No. 103636 Rank Pte Unit 1st C.O.R.

Rank	Authority	Unit

ASSIGNED PAY AND SEPARATION ALLOWANCE BEING PAID IN ENGLAND UNTIL ADVICE FROM OTTAWA OF DISCHARGE OF SOLDIER NAMED HEREIN.

Noted on L.P.C.

ASSIGNED PAY

Authority ..... Dol. ..... Effect .....

ASSIGNED PAY 15.00 — SEPARATION ALLOWANCE —

1/4/18

" ..... " .....

" ..... " .....

" ..... " .....

Month	Cheque No.	Assigned Pay	Amount Separation Allce.	Total A.P. and S.A.	REMARKS
DEC. 191					DISCHARGED TO CANADA.
JAN.					
FEB.					
MARCH					
APRIL					
MAY					
JUNE					
JULY August	B131404	15			ott cable 2837 24.7.19
AUG.		Stop. (April)			
SEPT.		Man discharged			April 15th 1919.
OCT.					
NOV.					
DEC.					
JAN.					
FEB.					
MAR.					
APRIL					
MAY					
JUNE					
JULY					
AUG.					

Alberta 13326 Ch D. 14

Service 2 years.

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

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, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names James 2. Surname Crawford

3. Rank Pte 4. Original Unit 238th Forestry 5. Reg. No. 1036569

6. Address, in full, to which future payments of gratuity are to be forwarded

G.P.O. Vancouver B.C.

7. Date of enlistment in the C.E.F. Aug. 14 1916

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge None

9. Relationship of such dependent None

10. Address, in full, of such dependent None

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? No.

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:—

Sept 1916 - Apl 1917 C.F.C.

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 unit and dates of such service No

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 2 years 7 mos 11 days

238th Forestry & 75th Bn 14-8-16 to 15/4/19.

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

5434. Wt. /30P. 250,000(8). 2/19. S.O.,F.Rd

H.G.

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.

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

22. Are you entitled to receive, 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~~ 15-4-19 ~~(b) Reason for discharge~~ Demob.

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 in which you served at the front, and dates of such service with that unit. Apl 1917 – 13th Dec 1918 75th Bn. A.

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 Crawford

Place of Residence: Atlantic Hotel. Vancouver B.C.

Declared before me at: Witley Camp

This 27th day of Oct 1919.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918. [illegible]

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster

Saturnia 10/4/19

AUDITOR K.M. | PAYMASTER

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

M. OR S. No | REGT. No. 1036569 | RANK Cpl | NAME (IN FULL) CRAWFORD, 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
English L.R.C. ad to		31/3/19

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

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 15.00 | DATE EFFECTIVE 1/5/19 Closed

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS G.P.O. Vancouver, B.C.

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED M.D. XI | PLACE | DATE 15/4/19 | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY JC

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	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.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 31/3/19		1.10					211	05	211	05																											211	05	
											Boat train ok																											35.00 other clothing
19/4/19	19	1.10	20	90	35	00			55	90							4	87	5	00	527	68									336	95	70	00				4.40 other chgs 19 days Pa 55 pd
																													4	40			74	40	Cwd			
																	War Service Gratuity Service 2 years months																					
153 days					350		350																						74	40			74	40	27	560		
											May	29	182056						65	60													65	60	210	—		
											June	15	804824						70	—	3	11											70	—	140	—		
											July	15	823053						70		4												70		70			
											Aug	15	839199						70	—	7												70	—				
							350	—																									350	—				

Certified that all payments have been made on this account for which covering authority has been received to date.

Lieut.,
Paymaster, Demobilization Pay
M.D. No. 11

I certify that all payments of War Service Gratuity have been made on this account according to the period of Service shown on the M.F.W. 2595 received.

Capt.,
Officer i/c War Service Gratuity
M.D. No. 11

200M-3-19.—L. ... 58793-... & D. 9985.
M. F. W. 2.96.
1772-39-1390.

Married or Single S

Place of Birth Edinburg Scotland

Name and Address of Next of Kin Isabella Crawford.
6 Queens Park Ave Edinbugh Scotland

Relationship of Next of Kin Sister

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. 1036569 Rank Pte Name Crawford James

If in Permt. Corps What Unit Unit 238th Batt Transferred to L.T.C. France Date 21/6/17 Authority

Permanent Force Allowances Transferred to Date Authority

Place of Attestation Toronto Transferred to Date Authority

Date of Attestation 16-8-16 Transferred to Date Authority

Assigned Pay Monthly $ ~~11.11~~ 15.00 Date Effective 1st May 1916 Jas

Payable to Miss Margaret Crawford, 14 Dean Crescent, Stirling. Scot Relationship Sister

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) 8.9.

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
Sept 1														10.00	10 00																10 00					Brought forward from Carried Sheet 1
11 7-30	30	1.00	30	00	30	10	3	00							33 00																43 00				
Oct 1-31	31	1.00	31	00	31	10	3	10							34 10	56	16/10/16	93	30/10/16					1947	1947			770		4664	30 46				Fined 7 days pay under R.W. F.O. #126
Nov 1-30	30	1.00	30	00	30	10	3	00							33 00	186	15/11/16							243						243	61 03		142 00		
Dec 1-31	31	1.	31		31	10	3	10							34 10	210	30/11/16							487						487	90 26				
T.A.			12	20																															
1917 Jan	31	1.00 / 10	34	10											34 10	315	14/12/16							1460						1460	109 76				
Feb	28	"	30	80											30 80	897	31/1							1703						1703	123 53				
Mch	31		34	10											34 10			1126	24/3						973			12 10 / 30 80 / 32		69 98	87 65				Forfeits 11 days pay by R.W. 2031 9/1/17. Forfeits 28 days pay by R.W. 2033 7/2/17.
																1538	22/3								1703			8 88 / 38		9 06	111 59				S.R.O. 4005 2560 / 67-16 27/2/17. D.R.O. 4005 2/3/17. D.R.O. 4005 7/3/17.
Apl	30		33	—											33 —																				
May	31		34	10											34 10	2029	17/4							973							135 96				
June	20		22	—											22 —																157 96				Fd L.T.C. France 21/6/17
"	10		11	—											11 —																168 96				
			333	30										10 —	343 30									68 13	46 23			59 98		174 34					
			333	30																				68 13	46 23			59 98		174 34					

103b5b9 Pte. Crawford J.

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
Bt.fd.			333	30										10 -	334	30							
July	31		34	10											34	10	432	76					
Aug.	31		34	10											34	10	333	76					
Sept	30		33	-											33	-	535	76					

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
68 13	46 23				59 98	174 34	168 96				
							203 06				
						14 28	222 88				
357						357	252 31				

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sea. Allce.
		~~252 31~~							252 31		
Oct	P Pay	34 10		AR. 1226. 4/7. 30 Cay. C/Office	3 57						
				AR 647. 7/7. 30 Cay C/Office	3 56						
				AR 829. 30 Cay C/Office 21/7	3 57						
				AR. 954 " " " 4/8/17	3 57				27 12		
Nov	P Pay	34 10 33 00		AR. 150. 30 C. C/Office 6/9/17	4 2 14 3 57						
				AR 136 " " " 21/9/17	3 57						
Dec	P Pay	34 10		AR. 155 " " " 20/10/17	3 57						
				AR 1619 " " " 3/11/17	3 57						
		67 10		AR 1640 - - - - 17/11/17	12 49 26 77				34 47		
1918 Jany	P. Pay	34 10		AR 1737 - 30th C.O. - 5/12/17	3 57						
				AR 1831 - 30th C.O. - 18/12/17	3 57						
		34 10		AR 1599 - 30th C.O. - 5/1/18	1 8 14				338 43	238 00	
Feby	P. Pay	30 80		AR 2034 - 30th C.O. - 14/1/18	3 57						
				AR 1993 - 30th C.O. - 5/1/18	3 57						
				AR 329 - 30th C.O. - 14/1/18	9 33						
				AR 2306 - 30th C.O. - 5/2/18	3 57				261 19	245	
		30 80			108 04						
McL P		34 10		AR 2521 - 30 C.O. - 20/1/18	3 57						
				AR 2462 - - - - 1/3/18	3 57						
				AR 2972 - - - - 19/3/18	3 57				284 58		
		34 10			10 71						

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ENGLAND OR ~~CANADA.~~	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:– 1/5/1918		EFFECTIVE DATE:–	
AMOUNT:– 1/00		AMOUNT:–	

NAME:– CRAWFORD James

NUMBER:– 1036569

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. Margaret Crawford~~ Mrs. Margaret Dick (Sister) (now married)
14 Dean Crescent
Stirling. Scot 1/8/18
Struck off 1/5/19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:– 238th Batty

DATE ACCOUNT FIRST OPENED:– 1/9/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C/A Office H
	1.11.18	26.11.18	75 Bn. A

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
27/1/19	1004	Witley	9 73				
26/2/19	1209	✓	14 60				
4/3/19	8317	✓	7 20				
13/3/19	8699	✓	4 87				
18/3/19	1097	✓	9 73				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:– Discharged to Canada 1/3/19, Witley N/R A/5061 – 20/3/19, Witley, M/O 2nd Con. Bde. 211

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March	Balance Fwd								281 58	260 –	
April	P Pay	33 –		AR-7-306 C/H/Ox 6/4/18	3 57						
				" 188 - - - 20/4/18	3 57				310 44	275	
May	P Pay	33 – 34 10		B14797 £3-1-8	7 14		15				
				AR 385-306 C/H/Ox 7/5/18	2 68						
				" 593 - - - - 27/5/18	4 46				322 40	275	
		34 10			7 14		15 –				
J. 5. (6) June	P. Pay	33 –		B.55986 £ 3.1.8. Sentd 4 days F.P. No 2 5-6-18 for W/O A.S. absent without leave from 2 am 4/6/18 to 10 45 P.M. 4/6/18 24 hrs 1 days Pay R.W.D.O. 3 - S.O. 3. 18-6-18		5 50	15				
				AR. 969 No 1 Dist C.J.C. Fce 22-6-18	3 57				331 33	275 –	
July	P. Pay	33 – 34 10		B.92717 £ 3.1.8	3 57	5 50	15 – 15 –				
J. 2. 17				AR. 1165 No 1 Dist C.J.C. Fce 6-7-18	3 57						
				" 1390 " " 22-7-18	3 57				343 29	275 –	
J. 13 – (8.) Aug	P. Pay	34 10 34 10		C.68934 £ 3.1.8. Sent 14 days F.P. 30-7-18 for N.C.O.s & O.R. from 8 AM Parade till apprehended in hut about 8.20 AM 29-7-18. @ Breaking camp at 9.30 P.M. & remaining absent till 10 o'clock P.M. 29-7-18 Forfeits 1 days R.W.D.O. 43 Sent 5.12.8.18 No 30 Co.	7 14	16 50	15 – 15 –				
				AR. 1825 No 30 Co. 6.H.C. Fce 22-8-18	3 57				342 32	275 –	
		34 10			3 57	16 50	15 –				
Sept	✓	33		AR. Sept. C95772 £ 3.1.8.			15				
				AR. 2097 6/9/18. 30 C.	3 57						
				AR. 2384 23/9/18. 1 Dist.	3 57				353 18		
		33			7 14		15				
Oct	✓	34 10		X 67913. £ 3.1.8			15				
				AR 1732. 4th Fwd C.C.R.C. 18/10/18	3 73						
				" 1632. do. 12/10/18	3 73				364 82		
		34 10			7 46		15				

Carl Ford

to be entered by agreement with C.A. Bn. 24/3/19

NUMBER 1036569 RANK PTE. NAME CRAWFORD JAMES.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Balance Ford					364 82		
Nov.	P. Pay Nov. Dec. & Jan	101 20		Eq524 £ 3-1-8			15				
				AR2338 - 4/11/18 - 4W. CCRC	3 73						
				£63981 3.1.8.			15				
				AR2516 - 16/11 -	18 06						
				CP 89845 23/12/18	58 40						
				onAR5639 - 8/12 - CCRD	4 66						
				Eq0896 £3-1-8			15				
				onAR12430 - 11/12 - CCRD	9 73				331 44		
		101 20			89 58		45				
Total Ration	P - P ay	64 90		Ex. encroach. on Def. Pay							
	Def. P ay Dnt.	25 40		29/9. Auth. o/c Pay II A						25 40	
				CP 18768 29/1	24 33						
				F70947 £ 3.1.8			15				
				13530 23/12 c.f. Def.	9 73						
				12969 20/12 ✓	24 57						
				17641 27/1 R/D group.	14 60 x						
				16160 16/1 R.D group	9 73 x						
				21087 13/2 c.f. Def.	14 60 x						
				G21337 £ 3.1.8.			15				
				18011 27/1 W.D group	9 73						
				12209 26/2 Can f. Def.	14 60						
				G22723 £ 3.1.8 off. off			15		279 18		
				8317 5/3 8 Rec.	29 20				250 18		
									211 05		
				40903 17/3 R Def. Wilts	9 73				215 92		
		90 30			160 82		45				
				8697 17/3 8 Rec.	4 87				211 05		
					4 87						
				S. O. S 28/3/19							
				S/L 3 5 — 1 - C.O.R							

13.9.35

DISPERSAL STATION T

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

WAR SERVICE BADGE, CLASS "A" NO. A 174613

1. No. 1036569

2 Rank. Pte.

3. Name. James Crawford

4. Unit. 1st. C.O.R.D. 238th Battn.

5 Date of Discharge 15/4/19 Place Vancouver

6 Reason for Discharge Demob.

B2 Sister, Vancouver, Mondev.

13 5 5

7. Authority.

8. Proposed Residence after Discharge Atlantic Hotel

Vancouver

75th Bat

Embarked S.S. Saturnia 4/6/16

Glasgow March 30'19

Deceased 14.5.5

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.

J Crawford

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

MEDICAL DOCUMENTS FORWARDED TO S.C.R. OR B.P.C. ON 19-4-18

Disposal Station "T" Apr 15-19 Military District No. 11

Signature D M Grant Capt.

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

E. R. J.

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.R. [illegible]).
6. Field Conduct Sheet (A.F.B. [illegible]).
7. Proceedings on Discharge (A.F.B. 218).
8. Discharge Certificate ([illegible]).
   (Endorsed [illegible] (D.O.S. [illegible]).
9. Copy of Discharge [illegible] (M.F.W. [illegible]).
10. Dependent Certificate ([illegible]).
11. Equipment ([illegible])
    and Clothing [illegible] Form (D.O.S. 2).
12. Last Pay Certificate ([illegible]).
13. Pay Book ([illegible]).
14. War Service Gratuity (Form M.F.W. 2695).
15. Sundry Vouchers.

Group A
Checked by No. 124
Date 4-9-5

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 Witley DATE 11-2-19

1. 1 (*a*) Unit Gen. Depot (*b*) Regimental No. 1036569 (*c*) Rank Pte

(*d*) Surname Crawford, (*e*) Christian name James

(*f*) Home address 14, Dean Crescent, Sterling, Scotland

(*g*) Next of Kin Mrs. Dick, (*h*) Relationship Sister

(*i*) Address of Next of Kin SAME

2. Age last birthday 45 Date of birth 8-8-1873

3. Enlistment, or Appointment (if an Officer) (*a*) Place Toronto (*b*) Date 14-8-16

4. Personal description:

(*a*) Height 5' 6¾" (*b*) Weight 140 estimate (stripped) (*c*) Complexion Ruddy

(*d*) Colour of hair Brown (*e*) Colour of eyes Hazel (*f*) Identification marks, Scars, etc. NIL

5. Former trade or occupation Moulder.

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
	Two	5 mons.

	Periods From	Periods To
Canada	14-8-16	11-9-16
England	22-9-16	24-7-17
France or other theatres of War	24-7-17	13-12-18

7. Original disease, or injury Myalgia

(*a*) Date of origin Jan. 1917 (*b*) Place of origin England

(*c*) Cause Exposure and infection.

M. F. B. 227.

400M.—11-18.
)772-39-117.

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.)

In capacity due to,-

(1) Partial loss of function of ~~Nerve~~ Musc.-System, (Myalgia)

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.)

Obj,- Right foot is quite normal in appearance, some apparent stiffess in the back when rising or when stooping, No tenderness on pressure.

Subj,- Sharp pains in the right foot and back. Could not march with a pack. Can walk three miles on his own time, but foot pains badly. Then back pains when he stoops. Pains are worse in cold and damp weather.

(*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 YES Respiratory System NO Integumentary System YES

Disturbances of Mentality NO Digestive System NO Muscular System NO

Osseous and Joint Systems NO Any other general condition YES

Has chronic catarrhal condition of nose and deviated septums. Has chronic impetigo of the face. States he is 46 years of age. Aetino Selusis is rather pronounced for his age.
Urinalysis 1018 Acid No Alb. No Sugar.

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

Enlisted Aug. 1916, Eng. Sept. 1916, with the 238th Forestry Bn. was in France from Apr. 1917 to Dec 1918. While in Eng. doing forestry work he injured his right foot. A log fell on it. Has had pains in the foot ever since. Pains in his back developed about the same time.

To Stenographer:- Probably means arcus senilis

SMK

Veakness—slight, moderate,
, or of some of its parts, for

ysical examination. Import-
must be recorded in Section
stated first, then subjective

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(a) above ?

System NO
Sugar will be excluded.)

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10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

None except.

Impetigo Aldershot, 29-8-16, to 10-10-16.

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

NONE

11.—(a) Did the disabling condition have its origin before enlistment ?

(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 ? Pernament

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

None ecept casual from from M.O's.

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

(If not, briefly state why)

17. Recommendations

E. D. Coutts, Capt.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned James Crawford, 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

J.L.H.

J. Crawford, 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~~)	Yes Bii
(*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.)	

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. Yes
(*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.)

Return to Canada Auth. A.H.I. 9083 11-11-18

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.

N.J. Barton, Major CAMC *President.*

PLACE Witley

DATE 11-2-19 Jas. L. Hammond, Capt CAMC } 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

CAPTAIN,
Assistant Director of Medical Services.

DATE

for A.D.M.S. CANADIAN TROOPS WITLEY

APPROVED BY

Director-General of Medical Services.

DATE

A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M.D. 11

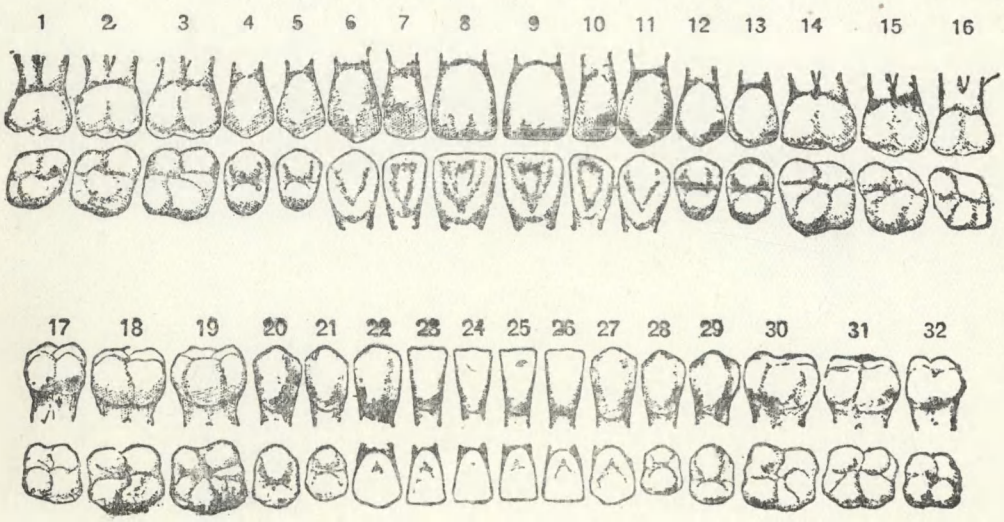
DIRECTIONS TO DENTAL OFFICERS

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.

NAME OF SOLDIER (Block Letters) CRAWFORD J.

REGIMENT 1st C.O. R.D. RANK Pte No. 1036369

Date of Examination in England 25/3/19 | Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 2829
2. EXTRACTIONS —
3. CROWNS —
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

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 Yes
- (c) In France

Signature of Dental Officer A.R. Hynes Capt