Original

ATTESTATION PAPER.

No. C4 3839

Folio. 137

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... John A. Crawford
2. In what Town, Township or Parish, and in what Country were you born? ..... St. John N.B.
3. What is the name of your next-of-kin? ..... Mrs. John Crawford
4. What is the address of your next-of-kin? ..... 118 Hecla Road St. John N.B.
5. What is the date of your birth? ..... 25th October 1892
6. What is your Trade or Calling? ..... Painter
7. Are you married? ..... no
8. Are you willing to be vaccinated or re-vaccinated? ..... yes
9. Do you now belong to the Active Militia? ..... no
10. Have you ever served in any Military Force? ..... no
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? ..... yes

John A Crawford (Signature of Man).

E. L. Tremain (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John A. Crawford, do solemnly declare that the above answers made by me to the above questions 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.

John A Crawford (Signature of Recruit)

Date 24 September 1914. E. L. Tremain (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John A. 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.

John A Crawford (Signature of Recruit)

Date 24 September 1914. E. L. Tremain (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 Valcartier Camp this 24th day of September 1914.

J. L. Lumbers major (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

Jno. J. Benhale Lt.-Col. (Approving Officer)

100 M.—8-14.
H.Q. 1772-1-13.

8th Armoured

Description of John A. Crawford on Enlistment.

Apparent Age 20 years 10 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 8½ ins.

Chest measurement: Girth when fully expanded 35 ins.; Range of expansion 2½ ins.

Complexion

Eyes Brown

Hair Brown

Religious denominations:
- Church of England
- Presbyterian
- Wesleyan
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic R
- Jewish

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).

2 Vac left arm

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 Sept 8 1914. R D Macdonald

Place Valcartier Lieut A M C
Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

John A 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.

Jno J Beckett Lt. Col (Signature of Officer)

Date Sept 24th 1914.

REGIMENTAL DOCUMENTS

NAME CRAWFORD JOHN ALFRED REGT. NO C43839 UNIT 1st C.Da.L. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		Dadato 16 [illegible]	Oct 16/[illegible]15		DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)		Medical Board		43698	
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	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)					Demob.
	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)					2.
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
FV	I.C.D. #3					12 - 12
2	Mist					12 - 12
1	Card 3009					10 - 12
1	M 179					
1	Cascard					
1	Rec					

W 2589
100M-11-18

No 3 Sec

43839

132

MEDICAL HISTORY SHEET.

Surname Crawford Christian Name John A

Examined on 8 day of Sept 1914
at Valcartier

Approved by
D. Dorward
Rank Major and M.O.

Birthplace City or Town St John
County N.B. Can

Apparent age Twenty

Trade or occupation Painter

Height Five Feet 8 1/4 Inches.

Weight 148 Lbs.

Chest measurement Minimum 32 1/2 inches.
Maximum expansion 35 inches.

Physical development fair

Small-Pox Marks

Vaccination Marks Arm Right. Left. ✓
Number ~~2~~ 2

When Vaccinated last 1901

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M.O.
		War Service Badge [redacted] M.O.
		Class "A" No. [redacted]
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
1914	O K	M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
1914	O K	M.O.
		M.O.
		M.O.

Enlisted on 24 ~~8~~ day of September 1914 at Valcartier

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	D. A. C.	43839		
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
H Wing, CCC Witley	3/4/19	V.D.S.	[illegible] Captain

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

M. F. B. 313.

50M—8-14.
H. Q. 1772—39—439.

Attestation Sheets

R.M. Shaw

for D. D. M. S.

15/1915

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

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from ; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

C.M.B. 12th

Number 42839 Rank Pvt

Surname CRAWFORD

Christian Names John Alfred

Unit 12th B.A. Theatre of War France

Dates of Service 9-2-15

Remarks

Latest Address Box 37, Fairville

Roll No B. Page 12837 N.B.

DESP. MAY. 10 1922
REGN. No. 14458

H Wing 43

CANADIAN GENERAL LABORATORY.

WASSERMAN REPORT FOR MEDICAL BOARD.

NAME Crawford. REGTL. No. 438[illegible]

RANK Dr. UNIT 1st Can. D.S.C. 3 group

PREVIOUS WASSERMAN DATE. -

RESULT

War Service Badge-
Class "A" No. 31

RESULT OF WASSE MAN(ORIGINAL)QUARTER SYSTEM.

DATE SERIAL NO. WASSERMANN NEGATIVE

Major,
Officer Co manding,
Canadian eneral Laboratory.

War Service Badge
Class "A" No.

Witley, Surrey,

1919.

Canadian General Laboratories
26 MAR 1919
WITLEY

212

37

C.A.D.C. 5009A

93

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

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, JOHN ALBERT

REGIMENT #2 Dec Inf Bde RANK Gnr No. H38889

Date of Examination in England 21/3/19 | Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 18. 29. 30. 32.
2. EXTRACTIONS 20. 21. 28. 31.
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower 17. 19. 20. 21. 28. 31.

Assistant Director of M. D. No. 7 APR 22 1919 Dental Service.

War Service Badge
Class "A" No. .....

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (a) In Canada
- (b) In England
- (c) In France Yes

Signature of Dental Officer N. H. Rutherford Capt.

FORM R. 149.
7106—250m—7/2/17.

43839

Name CRAWFORD John A. Rank Pte Gnr Reg. No. ~~43839~~.

Unit ~~1st C. Draft~~ Duty Pool.

Next of Kin Canada WHK

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
14-11	To 11 C.F.A.		V.D.S.	a97		8253
18-11	51 Gen Hpt Etaples		do	a101	AD	16472
2-12	2 Con. Dep. Etaples		do	a125	HA	17512
11-1-18	Discharged		do	a146		HA18470
1-1-19	14 to Dard.		Rhd. Knee	a449		41190
5-1	Discharged		do	a449		41319

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

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CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge

Class "A" No. .....

THIS IS TO CERTIFY that No. 643839 (Rank) Driver

Name (in full) John Alfred Crawford enlisted in

the 1st. Canadian Divisional Ammunition Column

CANADIAN EXPEDITIONARY FORCE at St. John N. B. on the 12th 24th

day of ~~August~~ Sept. 1914

HE served in 1st. C. D. A. C. 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 25 years 4 Months

Height 5ft 8 1/2

Complexion Dark.

Eyes Brown

Hair Black.

Marks or Scars Has contraction flexor tendons fifth left. Scar on thumb.

J. A. Crawford
Signature of Soldier

R. Armstrong Capt. O. C.
Issuing Officer

DISPERSAL STATION, ST JOHN, N. B. FOR O. C. DISTRICT DEPOT #7

Rank

Date of Discharge

Dispersal Station "C" APR 22 1919 Military District No. 7

APR 22 1919

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

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

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

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

CLASS A
WAR SERVICE BADGE
NO. 264930 Issued

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps. C.F.A.

Regimental No. C 43839 Rank Driver Name Crawford J.A.

C. E. F.

Enlisted (a) 24-9-14 Terms of Service (a) Dom. Service reckons from (a) 24-9-14

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) Painter

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
15-4-19	Eng.	TAKEN ON STRENGTH District Depot No. 2 PART II. ORDER No. 114 ST. JOHN, N. B.			R.A. Stones Lieut. & Asst. Adjt. For O. C. District Depot No. 7.
22-4-19	Dis. Dpt. No. 7.	STRUCK OFF STRENGTH District Depot No. 7. PART II. ORDER No. 114			

(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.

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				

Army Form B. 103. Sheet 2 Regimental Number 243839

Casualty Form – Active Service.

Regiment or Corps 6 Fd. A.

Rank Dr. Surname Crawford Christian Name J.A.

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

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

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

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

or Corps Trade and rate .....

War Service Badge Class "A" No. .....

Occupation ..... 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 ...			
		Disembarked ...			a 39. Code 2nd. 358
1-10-18	Cdn Corps	Posted to 1st C.D. Th Bs.		4-10-18	(1778) a/f 4-10-18
1.10.18	" "	T.O.S. 1st CO.T.M.B.		5.10.18	Pt.I O. 143.
				Pt.II O. 67d/14.10.18	
5.10.18	1/Cs 2nd B	Joined.		4.10.18	B213.
8.10.18	C.R.A.	Struck of Strength	1st C.D.T.M.B.		L of Postings #13.
		& posted to 1st C.D.A.C.		6.10.18	Pt II O. 67d/18 10/18.
8.10.18.	C.R.A.	T.O.S. 1st C.D.A.C.		7.10.18	Pt II O. 104/18 10/18
12.10.18	1. C.D.A.C.	Joined.		9.10.18	B213.
30.12.18	1/6 Fd Amb.	To Hospital. Admitted		30.12.18	A4917/N3582.
28.12.18	1/C.D.A.C.	To Hospital. Inj. knee.		26.12.18	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.

W. 1685 M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B/103 E/1807. P.T.O.

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				
1.1.19	14-6 F Amb.	H.T. Knee R. Admitted		1.1.19.	A4982/N3796.
1.1.19.	1-6 D.A.C.	Forfeits 2 days' Pay, 24.12.18, for L.O.A.S. A.W.L. from 23.00 K. 13.12.18, to 22.45 K. 14.12.18. Another man performed his duties. Forfeits 1 days' pay by R.W.			B2069 Pt II. 3 d. 14.1.19
5.1.19	146 F Amb.	D.I.D. Knee R. To Duty.		5.1.19.	A5106/N4028.
1.1.19	1-6 F Amb.	Do Do. To 146 F Amb.		1.1.19.	A4969/N4227.
18.1.19.	1-6 D.A.C.	Rejoined from Hosp.		5.1.19.	B213. No. 2.
24.1.19.	Do.	Granted 14 days leave to U.K.		22.1.19.	B213 Pt. II No 89.
22.2.19.	Do.	Rejoined from leave.		15.2.19	B213
18/3/19	C.C.C.	PROCEEDED TO ENGLAND.		18/3/19	N.R. G.P. Skelton Lieut FOR LT COL AAG
7-4-19		S.O.S. m Proceeding to Canada Pt. II Orders #27. of 14-4-19 "A" Wing 666			Rutherland Lieut.

OLYMPIC
SOUTHAMPTON
15 4 19

W. Scully CAPT.
ADJUTANT

18.3.19

Certified Correct O/C Records K.G. 102/313
RL 2-5-91
RK 41016.

(15)—Wt. W4862—540.—600,000.—9-14.—G. A. T. & S., Ltd. Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps Divisional Ammunition Column

Regimental No. C/43839. Rank Gunner Name Crawford, John. A.

Enlisted (a) 24 9/17. Terms of Service (a) _____ Service reckons from (a) _____

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) _____

W.S.B. Class

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.	War Service Badge Class "A" No. Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
21-5-15	O.C. D.A.C 947	15 days F.P. No. I	In the field	21-5-15	absent from 8 Mat Drunk.
		Cautioned	Monmouth	9-2-15	
6-8-5	O.C. D.A.C.	Drunk. Fined £6.00	In the field	2-8-15	2069.
22-1-16	"	Granted 9 days leave	"	16 1/16	B 213 Pt II 0d/7-2-16.
31-8-16	"	28 days F.P. #1. Drunkenness	"	23 8/16	2069. Pt II 0.40 d/7-9-16.
15-9-17	Unit	Granted 10 days Leave to	Paris.	13-9-17	B.213 Pt.II 0.173 d/22-9-17
29-9-17	do	Rejoined Unit from Leave.	Field.	24-9-17	do do 182 d/8-10-17
17-11-17	06	~~Granted~~ 2d Hosp Sick	N.S.	14-11-17	B213
15/11/17	1167A	Hard Chancre S. 14/11/17	to 2 CCS	14/11/17	A36/B3042
12/12/17	51 Gen	Forfeits 7d a/c absence under stoppage of pay at the rate of 1/- per day whilst in hosp. 18/11/17 to		12/12/17	~~W3034~~ 1643 PC = 2160/
18.12.17	51 Gen	VDS adm	51 Gen	18/11/17	W3034/

(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.]

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				
12.12.17	6 Con Dep	VDS	6 Con Camp	12/12/17	W3034/C1723
12.12.17	51 Gen.	VDS to	6 Con Camp	12/12/17	. /C1723
11.1.18	06 ~~Con Dep~~ C&BD.	DOS. a	C&BD.	11/1/18	NR 576
11.1.18	6 Con Dep	VDS to	Base.	11/1/18	W3034/C7510
21/1/18	C&BD	6 Class 2B.	C&BD.	21/1/18	W3339/RtR377
28/1/18	"	6 Class 2B Treatment.	"	28/1/18	W3339/RtR335
11.2.18	"	do do do. (Denture)	do.	11.2.18	W3339/RtR359
18.2.18	"	do "A" by Med Board	do	18.2.18	W3339/RTR 374
26.2.18	"	Left Base for Unit	C&BD.	26.2.18	NR (1000)
2.3.18	1st Dac	From hospital	Field	27.2.18	B213
7.5.18	1st C.D.A.C.	Awaiting trial from 29.4.18 (4 Days) tried by F.G.C.M. 3.5.18 for W.O.A.S. Drunkenness. Found guilty and sentenced to 40 Days F.P. No 1. Confirmed by C.R.A. 1st Can Div. 4.5.18	26/4/18		B2069. Part II Orders 49 d/. 25/5/18
29.6.18	1/C.D.A.C.	Proceeded to Base with surplus horses.	24.6.18		B.213. G.H.Q. OB/1866/E. 10.6.18.
3.8.18	C.R.A.	S.O.S. & Est. 1st C.D.A.C. & posted to Can. Arty Pool.	3.8.18		Can Corps A 103-25 d/1.8.18. 66 C.R.C. NR. 1196. d/3.8.18. Ref file K.T. 17-433-1.
do	do	T.O.S. Can Art Pool	3/8/18		Pt II O. #76. d/19-8-18. do Pt II 107 a/19/8/18
24.9.18	1 C.D. Remt. Depot.	Imprisonment awaiting trial from 11.9.18 to 16.9.18 Tried and convicted by F.G.C.M. "W.O.A.S." Absent without leave, in that he on the field on the 26th. August 1918 absented himself without leave from about 2 p.m. and remained absent until about 8 a.m. Sept. 1. 1918. Sentenced to 90 days F.P. No 1. 169-18 Sent confirmed by C.R.A. 12th Can Div. 17.9.18 (Forfeits 6 days pay by [illegible])	26.8.18		A.F.B. 2069 Pt. II O. 140 d/

Service Badge Class "A" No.

FORM D M.S. 1300

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
CRAWFORD	J.A.	43839.

RANK	UNIT	CO.	TROOP	BATTY.
Gnr,	CA.1DAC.			

HOSPITAL — DATE OF ADMISSION

11 C.F.A.M.B. 14-11-17.

1. 51 Gen. Hosp. Etaples — Hosp. 18-11-17
2. # 6. Conv. Dep. Etaples. — Hosp. 12.12.17.
3. 14 C. F. Amb. — Hosp. 1-1-19
4. — Hosp.

DIAGNOSIV.D.S.
DIAGNOSIS
1. G. S. W. Knee L.A.
2.
3.

DISPOSITION — DATE

Dis. 11-1-18
REMARKS 5-1-19

CL. 22-11-17 A97-2.
27-11-17 a 101-5
27-12-17 a 125 (4)
" 21-1-18 a 146 (3)
15-1-19 a 449-2

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

EPITOME OF HOSPITAL TREATMENT

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

NAME Crawford J. A

RANK AND CORPS Gnr 1st W.A.C.

REGT'L No. 43839

H. Q. FILE No. 649.

FOLLOWS No.

FOLLOWS

CABLE		NATURE OF CASUALTY
NO.	DATE	

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

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

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A97-2	No. 11 Can. Field Amb.	14-11-17	U.D.S. Can Artillery
A.101(5)	51 Gen. Eteples	18/11/17	" " " " " "
A. 125(4)	No 6. Con. Depot Staples	12-12-17	" " "
A.146(3)	" " " " Direct.	11/1/18	" " " " " "
A449(3)	4 Can Fld Amb	1-1-19	C.F. Tree L
A449(2)	Discharged	5-1-19	" " "

Envelope 12057

Rank and Name CRAWFORD, John A.

Regimental No. 43839

Unit D.A.C.

Date of enlistment 24 Sept. 1914.

Place of birth St John, N.B.

Married (Yes or No) No.

If in Permanent Force

Promotions or appointments

Name and Address of Next-of-kin
Mrs John Crawford
118, Rockland Road,
St John, N.B.

Date and place of discharge

Reason for discharge

Character on discharge

N/E. R.B. No.
File
Category

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
		3-10-14 7-2-15			
29-5-15	O/C Dac.	Absent & Drunk, 15 days F.P. No1.	France	21-5-15	Part II. Of 14
14.8.15	O.C. D.A.C.	Drunk, Fined $6.00.	"	2.8.15	" " 25
	" "	In France.	"	1.8.15	Authority Nominal Roll.
7.2.16	" "	Granted 9 days leave from	"	16.1.16	Part II Of 7
21.11.17	1.DAC	Adm No 11. Can Fld Amb:	Field	14-11-17	C.L.A 97 V.D.S
26.11.17	"	" " 51. Gen: Amb:	"	18.11.17	" " 101 "
24-12-17.	do	Trans #6. Convalescent Depot.	Etaples	12-12-17	C.L.A. 125 do
25.5.18	do	In confinement awaiting trial "29.4.18 tried & conv: by F.G.C.M. of "either on A/S. Drunkenness. & sentenced to 40 days F.P. No1 3.5.18: Confirmed by C.R.A. 1st Can Div 4.5.18		3.5.18	Pt II 49
19-8-18	Art Pool	T.O.S from 1st D.A.C	Field	3.8.18	Regtd 1st D.A.C Pte 76 D 19.8.18
27-3-19	1st D.A.C.	Proceeding to England	Do	18-3-19	" 22

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				
8-10-18	Ntly Pool	Jn conf. awaiting trial from 11-9-18 to 16-9-18 Trial convicted by F.G.C.M. 16-9-18 of AWOL in that he left Fuld on the 26th Aug 1918 absented himself without leave from about 2pm remained absent until about 8 a.m. 1st Sept 1918. Sentenced to go day F.P. No 1 16-9-18 Sentence conf. by G.R.A. 1st C Dw 17-9-18. (Forfeit 6 days pay by R.O.)	Dol Fuld		R.O. # 140
11-10-18	"	SOS to 2nd D.J.M.B. Ntly	Fuld	4-10-18	R.O. # 431 2nd J.M.B.R. R.O. # 67 d 4-10-18
18-10-18	2nd J.M.B.	SOS to 2nd D.A.C.	Dol	6-10-18	687 2nd D.A.C. R.O. # 104 d 18-10-18
14.1.19	1 D.A.C.	2 days pay. A.W.L. 1 days pay R.T.	—	24.12.18	3.
		To Canada		14.4.19	49-C-58
30.3.19	Hlding	T.O.S. Fund R.T.C.	Witley	19.3.19	-16
14.4.19	✓	S.O.S. to Canada	—	14.4.19	-27

29247 THE MORTIMER SYSTEMS
OTTAWA, CANADA

NAME CRAWFORD, John A.

Regimental No. 43839

Unit Div. Amm. Col.

Date of enlistment Sept. 24th, 1914

Place of birth St. John, N.B.

Married (yes or no) No

Amount of pay assigned monthly $ 20.00

To whom payable Next of Kin ✓

Name and address of next-of-kin
Mrs. John Crawford
118 Rockland Rd.
St. John, N.B.

Date and place discharged

Reason for discharge

Character on discharge

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
1914.																
22nd Sept	31st Oct.	40	1.00	40 ..	40	10c	4 ..		44 ..			40 ..			40 ..	
1st. Nov.	30th Nov	30	1.00	30 ..	30	10	3 ..	4 ..	37 ..			30 ..			30 ..	
1st Dec 1915.	31st Dec	31	1.00	31 -	31	10	3 10	7 -	41 10			40 25			40 25	
1st Jan	31st Jan	31	1.00	31 ..	31	10	3 10	85	34 95			25 25		4 ..	29 25	2 days Awl. 2 del.
1st Feb	28th Feb	28	1.00	28 ..	28	10	2 80	5 70	36 50			3 ..			3 ..	
1st Mar	31st Mar	31	1.00	31 ..	31	10	3 10	33 50	67 60			6 ..	20 ..		26 ..	
1st Apl	30th Apl	30	1.00	30 ..	30	10	3 ..	41 60	74 60			6 ..	20 ..		26 ..	
1st May	31st May.	31	1.00	31 ..	31	10	3 10	48 60	82 70			3 ..	20 ..	17 60	40 60	1 day Awl 15 days F.P. No 1.
1st June	30th June	30	1.00	30 ..	30	10	3 ..	42 10	75 10			15 ..	20 ..		35 ..	
1st July	31st July	31	1.00	31 ..	31	10	3 10	40 10	74 20			3 ..	20 ..		23 ..	
								4 57								Bal.
								51 20				171 50				5577 Exdy 4.57 added Pay.
1st Aug	31st Aug.	31	1.00	31 ..	31	.10	3 10		89 84			8 40	20 ..	6 ..	34 40	5544. Drunk fined $6. 28.15th 25.
1 Sept	30 Sept	30	1 ..	30 ..	30	.10	3 ..		33 ..			5 36	20 ..		25 36	63 11.
1 Oct.	31 Oct.	31	1 ..	31 -	31	.10	3 10		34 10			5 22	20 ..		25 22	41 99
1 Nov.	30 Nov.	30	1 ..	30 ..	30	.10	3 ..		33 -			11 61	20 ..		31 61	43 38
1 Dec.	31 Dec.	31	1 -	31 ..	31	.10	3 10		34 10			13 81	20 -		33 81	43 67 Book of 43
1916 1 Jan	31 Jan	31	1 -	31 ..	31	.10	3 10		34 10			62 63	20 -		82 63	25 74
1 Feb.	29 Feb.	29	1.	29 .	29	.10	2 90		31 90			5 23	20 -	40	25 63	31 41 Dct 40 OBs 22 Jan 1915
1 Mch	31 Mch	31	1.	31 -	31	.10	3 10		34 10			5 23	20 ..		25 23	4028
				557 -			55 70	45 76	17 27			288 99	260	28 -	546 99	

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

L. L. Job 70481—Req. 5220

M. F. W. 12.
10m. 11 14.
H. Q. 1772-39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M

To Whom Mrs. John Crawford

Address 118 Rockland Rd.
St John N.B.

By Whom Assigned Crawford J.A.

Regtl. No. C 43839.

Rank Gr.

Corps Div. Ammn Col.
2 M.

Rate $20.00 from Mar 1st.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April		J 67086	40	
May		B 7962	20	
June		A 9334	20	
July		J 4623	20 -	
Aug.		J 5455	20 -	
Sept.		H 12459	20 -	
Oct.		G 13877	20	
Nov.		E 13268	20	
Dec.		D 15970	20	
Jan.	1916	C 16286	20	
Feb.		B 17036	20	
March		B 17902	20	

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

PAYMENTS.

Name of Soldier Crawford J. A

Mrs John Crawford # C 43899

20.00

Remarks. Dis Assn Col

Month.	Year.	Cheque No.	Amt.	
April	1916	B663	20	
May		1819	20	
June		B8223	20	
July		F8273	20	
Aug.		J10919	20	
Sept.		Y17272	20	
Oct.		Z17255	20	
Nov.		W26152	20	
Dec.		J32697	20	
Jan.	1917	C39254	20	
Feb.		C44317	20	
March		D49984	20	20-L-
April		B13779	20	20 B.
May		Y7919	20	
June		P14200	20	20 L.
July		D21769	20	B.
Aug.		J28555	20	D
Sept.		35232	20	L.
Oct.		Y47253	20	
Nov.		Q52752	20	
Dec.		J55843	20	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

620.

$680.00

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

MARRIED OR SINGLE S

PLACE OF BIRTH St. John N.B.

NAME AND ADDRESS OF NEXT OF KIN Mrs. John Crawford
118 Rockland Rd. St. John N.B.

RELATIONSHIP OF NEXT OF KIN

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
16/11/17	12/12/17	V	St Leon Hosp D.O. 216 - 22/12/17

REG'L. No. 43839 RANK Gnr. NAME Crawford John a.

IF IN PERMT. CORPS } WHAT UNIT UNIT 1st Div. Amm Col. TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION Sept 22nd 1914. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 20. DATE EFFECTIVE 1st March 1915.

PAYABLE TO Mrs John Crawford 118 Rockland Rd St John N.B. RELATIONSHIP

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
1916			55	00			55	70						4 87	61	27																			
April 1-30	30	1.00	30		30	.10	3								33			469	0.29																
May 1-31	31	1.00	31		31	10	3	10							34	10		744	0.23																
June 1-30	30	1.00	30		30	10	3								33			802	19/5/16																
July 1-31	31	1.00	31		31	10	3	10							34	10		895	30/6	991	15/7/16														
Aug	31	1.00	31		31	10	3	10							34	10		1078	31/7																
Sept	30	1.00	30		30	10	3								33																				
Oct	31		31		31		3	10							34	10		1308	29/9	1250	15/10														
Nov	30		30		30		3								33			1290	30/10	1331	15/11														
Dec	31		31		31		3	10							34	10		1478	30/11																
1917			83	20																															
Jan	31		34	10											34	10		1148	30/12	1424	8/1														
Feb.	28		30	80											30	80		1620	20/1																
March	31		34	10											34	10		1631	30/1	1750	30/1														
																		1674	7/2	1978	7/3														
			1014	20										4 87	1018	77																			

																													28899	260	28 00	57699	4028			
																									2 61				20		25 22	48 06			
																									2 61				20		25 10	54 06			
																									2 55				20		22 55	6 51			
																									2 55				20		21 15	13 83			
																									3 48				20		23 29	84 45		84 45	
																													20	3080	5080	6665			30 8d 28 days 7th # 1 for Ven 23/6/16 D.O. # 40. 7-9-16.
																									436	261			20		26 97	73 78			
																									261	262			20		25 23	81 55			
																													420 20 00		37 54	81 31		81 55	
																									11 54								Nil	81 31	
																										3 49									
																		1488							3 49	2 62			20		29 60	88 91			
																									2 60				20		22 62	96 99			
																									2 62	2 62			20		30 47	100 62	Nil	100 62	
																									2 62	2 61									
																									35 69	34 67			28899	800	5880	91815			

43839 Gnr Crawford John A. 20th Bn 1/3/15

DATE 1917	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
Feb			1014	20										4 87	1018 77
Apr	20	1 60/10	33	00											33 00
May	31		34	10											34 10
Jun	30		33	00											33 00
July	31		34	10											34 10
Aug	31		34	10											84 10
Sep	30		33	00											33 00
			121	50										4 87	122 00 7

ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
		114	24/4			B 384	3/9/17
		425	24/6				
		343	7/6	506	2/7		
		695	24/6				
		659	27/7				
		535	27/7				
		198	7/5				
		366	20/5/5				

CASH PAYMENTS 1	2	3	4
35 69	34 67		28 99
2 62			
2 62	2 68		
1 79			
2 68			
2 68			
2 68	2 68		14 60
2 68			
2 68			
2 68			
2 68			
58 80	40 03		30 35 9

Can Assigned Pay	Other Charges	Total Debits	BALANCE Credit	BALANCE Debit	Pay Withheld or Deferred	Pay Available for Issue	REMARKS
800	58 80	918 15	100 62		Nil		
20		20	113 62				
20		27 92	119 80				
20		24 47	128 33				
20		20	142 43				
20		42 64	133 89			133 89	
20		28 04	138 85				
620	58 80	108 22					

MONTH 1917	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFER-RED PAY	SEP. ALLCE. ENG.
Oct		138 85							138 85 Nil		
				A Leg				20			
				752 10/9/17		2 68					
Oct	Gun Pay	34 10		800 " 10 A6		99 93			50 34		
		34 10				102 61		20			
Nov				a Pay				20			
				954 1 Dal 21/10		3 57					
"	G Pay	33 00		877 1 Dal 15/10		4 46					
Dec	" "	34 10		a P Dec				20			
				a R 1040 1 Da 6 6-11-17		4 46			64 95 Nil		
		67 10				12 49		40			
Jan 1918	G Pay	34 10		a Pay Canadian Jan				20			
				Hosp Stops 1 8/1/17 6 12/12/17			15 00				
				a R 6295 1 Da 6 31/12/17		4 46			59 59		
		34 10				4 46	15 00	20			
Feb	G Pay	30 80		a Pay Canada				20			
				a R 6747 1 Da 6 19/1/18		4 46					
				a R 7223 " 31/1/18		4 46					
				a R 5779 " 22/12/17		4 46			87 01		
		30 80				13 38		20			

MONTH 1917	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFER-RED PAY	SEP. ALLCE. ENG.
									57 01		
									34 10		
									91 11		
								20	36 91		
									54 16		
Mch	G Pay	34 10		a Pay Canada							
				a R 7450 1 Da 6 9/2/18		4 46					
				a R 8010 " 24/2/18		4 46					
				a R 1833 " 8/3/18		4 46					
				a R 1611 " 25/3/18		3 57			54 16		
		34 10				16 95		20			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.	NAME:- CRAWFORD John A.
EFFECTIVE DATE:- 1/3/15	EFFECTIVE DATE:-	NUMBER:- 43839.
AMOUNT:- 20.00	AMOUNT:-	PARTICULARS OF RANK OR APPOINTMENT

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 John Crawford
118 Rockland Road
St John N.B.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Gunner

UNIT AND TRANSFERS

ORIGINAL UNIT:- 1 Dab

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
Do 107 19/8/18	3/8/18	20/9/18	C Ra

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
10/3/19	5934		~~4 66~~				

DAILY RATES OF PAY AND ALLOWANCES

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

LPC Dr Bord. $36.822

PARTICULARS OF RENDERING NON-EFFECTIVE: Dis to Canv. 31/3/19 NR 5255 Bchdt 25/3/19 to Bchdt MD 3.

MONTH	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	Bkc Fwd								54 16		
Apl	Jnr Pay	33		a Pay Canada				20			
				ak 42 1 Dab 3/4/18.	4 46						
				ak 60 " 22/4/18.	3 57				59 13		
		33			8 03			20			
May	G Pay	34 10		Ca Pay				20			
				ak 118 1 Dab 5/5	4 46						
				awaiting Trial 29/4/18 Sentenced to 40 days F.P.1. 28 d. 2nd wkn on ac/c Drunkenness" 5/5/18 Do 49 1 Dab 25/5/18		48 40			20 37		
		34 10			4 46	48 40		20			
June	"	33		Ca Pay				20	33 37		
		33						20			
July	"	34 10		Ca Pay				20			
				ak 2837 Sys Staff 3/7/18	3 57						
				M 3388 . Cpl 42 '17	4 46				39 44		
		34 10			8 03			20			
Aug	"	34 10		Ca Pay				20	53 54		
				ak 403 H2 Details 8/8/18	3 57						
				ak 819 " 17/8/18	3 57				4		
				M 9066 Sigd. 31/8/18.	4 41				41 94		
		34 10			11 60			20			
Sept	"	33		Ca Pay				20			
				On ak 424 . 2 9.18. 1 Dac.	1 78						
				ak 528 . 20 . 9 . 18 . 1 . Dac.	1 78				51 38		
		33			3 56			20			
Oct	"	34 10		Ca Pay							
				Do 110 8/10/18 Ardly Cond. by Confinement 11.9.18 to 16.9.18 Convicted by F.G.C.M. 16.9.18 and L. 26/8/18 Sentenced 3 mos. 1/9/18 90 days F.P.1.		111 10					
				ak 638 1 Dab 8/10/18 699 21.10.18	3 73						
		34 10			7 46	111 10		20	53 08		

NUMBER 43839 RANK Fr NAME CRAWFORD. JOHN. A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918				Forward					5308		
Nov	Fr's pay	33-		Cap.				20			
Dec	"	34 10		Cap.				20			
				AR. 1062. 1.12.18. 2 Rec'ds	16 79						
Jan	"	34 10		Cap.				20	7867		
		101 20			1679			60			
Feby	"	30 80		Cap				20			
				Forfeit 2 days pay 24.12.18 & A.W.L. from 23.00.13.12.18 22.45							
				14.12.18. 3 days pay		330					
				do. 3.14.1.19. 1st Dac.							
				AR. 1077. 9.1.19. 1 Dac.	189						
				CR. 15295. 5.2.19. London	1947						
Mar	Fr's Pay.	34 10		Cap.				20			
				AR. 1444. 4.3.19. 1 Dac	3 73						
				AR 5734 10.3.19 C.L. C.L. Havre	4 66						
				AR 1845 13.3.19 Hosp CCC.	24 33				61 15		
		64 90			54 08	3 30		40 -	6602		
				463 - Endcra. 11/4	4 87				6602		
					4 87						

G3

Occupational Group No. 302 (over pd)

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Dance C 264950

War Service Badge Class "A" No. [illegible]

1. No. 643839

2 Rank. Dvr.

3. Name. Crawford John Alfred

4. Unit. 1st C. D. A. C. D. D. NO. 7

5 Date of Discharge APR 23 1919 Place St. John ST. JOHN N. B.

6 Reason for Discharge. Demobilization

7. Authority. R. O. 1420

8. Proposed Residence after Discharge St. John N B

Kingsclear Maliseet N B

Box 37 Fairville N B

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

Dispersal Station "C" Military District No. 7 APR 23 1919

J A Crawford

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Dispersal Station "C" Military District No. 7 APR 23 1919

Place

Date

Medical Documents Forwarded to S. C. H. or B. P. C. ON 5/5/19

Rebecca Capt O. C.

DISPERSAL STATION, ST. JOHN, N. B. FOR O. C. DISTRICT DEPOT #7

Signature

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M F.W. 23), or Particulars of Recruit (M.F,W. 133).
2. Casualty Form (A.F.B, 103).
3. Medical History Sheet (M.F.B, 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B.227 or M.F.W.129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122,)
7. Proceedings on Discharge (M,F.B, 218a)
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S, 2).
12. Last Pay Certificate (P. S51).
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F,W. 2595).
15. Sundry Documents.

Group 15

Checked by No. [illegible]

Date 11-5-45

Certified true copy.

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 H Wing Witley C.C.C. DATE 3-4-19.

1. 1 (a) Unit 2nd Sec. 1st C.D.A.C. (b) Regimental No. 43839. (c) Rank Dvr.

(d) Surname Crawford. (e) Christian name John Alfred

(f) Home address Fairville St John N B. Post Office 37. (Box)

(g) Next of Kin Elizabeth Crawford (h) Relationship Mother

(i) Address of Next of Kin same as above.

2. Age last birthday 25 Date of birth Dec 21st 1893

3. Enlistment, or Appointment (if an Officer) (a) Place St.John (b) Date Aug 14th 1914

4. Personal description: Estimated.

(a) Height 5'8½" (b) Weight 140 (stripped) (c) Complexion Dark

(d) Colour of hair Black (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Has contraction of flaxtor tendons 5th left digil too distal phalanges fully flexed small scar on shin 8" above ankle

5. Former trade or occupation Painter

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
	4	242

War Service Badge Class "A" No.

	Periods From	Periods To
Canada	14-8-14	Oct 1914
England	Oct 1914	9-2-15
France or other theatres of War	9-2-15	18-3-19.

7. Original disease, or injury Syphillis.

(a) Date of origin Nove 1917 (b) Place of origin France

(c) Cause Infection.

M. F. B. 227.

400M.—11-18.
1772-30-117.

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.)

None apparent. (History of Syphillis)

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.)

General condition good Physical examination negative

Wasserman negative 26-3-19. Sgd McIlroy H P. Capt Canadian General Lab Witley.

(*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 Yes

Disturbances of Mentality NO Digestive System NO Muscular System NO

Osseous and Joint Systems NO Any other general condition NO

There is a macular papular pustular rash over body arms and thighs ham colour and discreet non on face He states that this rash has come and gone about every two months forthe last 8 years.
Has contracted of flexer tendons 5th left digit two proxaimal phalanges are fully flexed pre enlsitment.

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

Entered hospl 15-11-17 hard shanker recieved full course of antisyphilitic treatment casuilty form 18-12-17 V.D.S.

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*).)

I.C.T. LEFT KNEE 30-12-18 Casulity Form

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

Has contraction of flexor tendons of 5th left digit too distal phalanges fully flexed small scar on left shin 8 " above ankle

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? a Yes b No

The regimental documents will be referred to.

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

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

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

antiaphilitic

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

War Service Badge Class "A" No.

J.E. PRITCHARD CAPT C.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 John Alfred 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. A. Crawford Private. 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

O.K. Recommend Com'n

Br. V.O. M D47

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or ~~No.~~) Yes A.
(*b*) Service abroad, not general service,	(" B)	(~~Yes~~ or ~~No.~~)
(*c*) Home service (Canada only),	(" C)	(~~Yes~~ or ~~No.~~) M. A.
(*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.
(*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.)

R.T.C. AUTH A G TEL 9083 of 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.

F B Wilson Capt C.A.M.C. *President.*

PLACE H Wing Witley C.C.C. — W M Ecclestone Capt C.A.M.C. } Members

DATE 3-4-19.

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..... } Members

DATE.....

CERTIFIED TRUE COPY

APPROVED BY — APPROVED BY

Capt C.A.M.C.

For *Assistant Director of Medical Services.* — *Director-General of Medical Services.*

DATE 3-4-19. — DATE.....

M.D. No. 7

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

Bank of Nova Scotia
Fairville St John N.B.

AUDITOR | PAYMASTER

M. & R S. | REGT. No. 43839 | RANK Gnr. | NAME (IN FULL) Crawford, Alfred (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes | DATE EFFECTIVE

TO WHOM PAID see A.O. | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 1st D.A.C. | IF IN P.F. WHAT UNIT? | PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 28-8-14 | TRANSFERRED TO | DATE | AUTHORITY 2596

ASSIGNED PAY $ 20.00 | DATE EFFECTIVE

PAYABLE TO Mrs John Crawford | RELATIONSHIP

ADDRESS ~~118 Rockland Road~~ St John N.B.

ANY CHANGE IN ASSIGNEE OR ADDRESS: Box 37, Fairville, St John N.B.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE St John | DATE 22-4-19 | REASON Demob | AUTHORITY 100 116 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	$	C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
Mar																																					Olympic 21-4-19.
Apr.	29	1.10	31	90	35 70	00			136	90							4	87	5	00	65	34					4 8 20	00			36	82	36	82			Dr Balance 1 PC 31-3-19 Cla Allce 1st P.W.S.& G. Chgd 1 PC Rd Ppd by Att for Apnce
																	WAR SERVICE GRATUITY.																			
			Was	2 a																			Was	2 a									Soldier	Dependent	
183 dys at Fmin			420	00	180	00	600	00															70	00			70	00			70	00	350	00	180	00	1st P.W.S.& G. Gratuity
																												30	00			30	00	350	00	150	00	Rd Ppd by Att for Apnce
					22	00	22	00																									350	00	172	00	Rd 1-22 4/19.
																												7	70			7	70	342	30	172	00	Rd C.P.O. Gratuity.
			1	10	1	00	2	10																									343	40	173	00	Rd by messenger.
																				22	00											22	00	343	40	151	00	Ck 394847 AR 36 Rd 22.4.19
																	63	40	31	-													94	40	243	-	120	-	Ck 1050667-68 AR 28 Rd 25.4.19
																	70	-	30	-													100	-	210	-	90	-	Ck 1250679-80 AR 99 Rd 23/7/19
																	70	-	30	-													100	-	140	-	60	-	Ck 1260732 AR 22 Rd 24/8/19
																	70		30	-													100	-	70	-	30	-	Ck 1546059-60 AR 151-239
																																	52	10				
																																	100	-				
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																														NON-EFFECTIVE							
			421	10	203		624	10									413	40	173				37	70									624	10				

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

Date of ~~Enlistment~~ 1-11-16 auth PaB,

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

C

L2092

Date of Assignment Mar 1/15

RATE OF SEPARATION ALLOWANCE

	~~25~~	30	

~~from 1-11-18. auth PABB~~ 14591
1-9-18. PC 275-3. M.O. 31447

RATE OF ASSIGNMENT

20			

7.26(2) Batt

PARTICULARS OF SEPARATION ALLOWANCE

No. 43839

Rank Str Promoted Reverted Discharge

Soldier's Name J A. Crawford

Battalion Div Amm Col 2 M.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs John Crawford (Mother)

Address ~~118 Rickland Rd~~

Change of Address St John N.B

1 Box 37. Fairville St John NB

2

3

4

Date	Cheque No.		Amount S/A	Amount A/P	Total		
1917 Dec 31				680 -	680 -		
Jan	65959	T		20	20	00	
Feby	100580	D		20	20	-	
Mch	118766	A		20	20	-	
Apl.	12857	B		20	20	-	
May	17354	M		20	20		
June	21052	X		20	20		
July	32281	S		20	20		
Aug	34765	J		20	20		
Sept	44143	L		20	20		
Oct	52075	M		20	20		
Nov	60128	D	25	20	45		
Dec	66461	D	35	20	55		
Jan 1918	72493	M	30	20	50		
Feb	77921	P	30	20	50		
Mar	90177		30	20	50		
Apr.	2837		30	20	50		
			180	1000	1180		

REMARKS

Jel 03896 - f. 4 N (03897-2.3.(C.Rpt)

Sa. Transferred for a/c of Pte J. Crawford #44.75.2 killed in action Sept 27. 1918.

A/c Closed Olympic
Ret'd per M.F.W.18 29/4/19
Date 21/4/19
Clerk [illegible] 1107. NRO 95744 73

CONSOLIDATED ACCOUNT

AUDITED

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7693.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—172-39-1141
L. L. 22220—M. & D. 1993.