166311.

Original

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	CRAWFORD,
1a. What are your Christian names?	Jack Hollwoths,
1b. What is your present address?	72 Empire Ave., Toronto, Ont.
2. In what Town, Township or Parish, and in what Country were you born?	Nova Scotia, Scotland.
3. What is the name of your next-of kin?	Jean Crawford,
4. What is the address of your next-of-kin?	529 Eastern Ave., Toronto, Ont.
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	23rd of Oct. 1899.
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 Naval or Military Force? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Jack Hollwoths 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.

J. H. Crawford (Signature of Recruit)

Date April 2nd 191 9. Carmichael Sgt RCR (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Jack Hollwoths 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.

J. H. Crawford (Signature of Recruit)

Date 2/4/19 191 . Carmichael Sgt RCR (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 this 2nd day of April 1919.

J. Ward Lt (Signature of Justice)

For O. C. DEPOT SQDN., R. C. D.

M. F. W. 23.
400M.—1-15.
H. Q. 1772-89-841.

...iption of CRAWFORD, Jack Hollwoths on Enlistment.

...ent Age 19 years 5 months.
...determined according to the instructions given in the Regu...tions for Army Medical Services.)

Height		5 ft 4 1/2 ins.
Chest measurement.	Girth when fully expanded	33 1/2 ins.
	Range of expansion	3 1/2 ins.
Complexion		Ruddy
Eyes		Hazil
Hair		brown
Religious denominations.	Church of England	
	Presbyterian	
	Methodist	
	Baptist or Congregationalist	+
	Roman Catholic	
	Jewish	
	Other denominations (Denomination to be stated.)	

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

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

① vaccination mark left arm
appendix scar

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*.....for the Canadian Over-Seas Expeditionary Force.

Date 2/4/19 191 . W. M. Aurus Capt

Place Toronto Camp

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.

Jack Hollwoths 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.

J. Mood Lt (Signature of Officer)

For O. C. DEPOT SQDN., R. C. D.

Date April 2nd 191 9 .

REGIMENTAL DOCUMENTS

NAME Crawford, Jack Hollworth REGT. NO. 1266311 UNIT R.E.D. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1	TRAINING HISTORY SHEET (M.F.W. 113)				43623	
2	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 129)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					DISCHARGE
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					Category
1	DENTAL HISTORY SHEET (M.F.B. 465)					Med. Unfit
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					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)					
3	mow 192					
1	mow 71					
2	moc					

BOX 40405a

1
16 - 13
16 - 13
3 - 14
1

W. 2589
100M 11-18
1772-39-1377

TRAINING—HISTORY SHEET.

Royal Canadian Dragoons Squadron DEPOT ~~BATTALION~~, CANADIAN EXPEDITIONARY FORCE. 2-4-19 191

No. 1266311 Rank Pte. Name Crawford Jack H. ~~Company~~

~~Week~~ Fortnight OF TRAINING	FIT FOR TRANSFER TO HIGHER ~~Week~~ Fortnight *	DATE	FIT FOR TRANSFER TO HIGHER PERIOD *	DATE	(Information to assist in carrying on training from point left off in Canada, i.e. aptitude of man, results of standard tests, range practices fired, bayonet training, etc.)
PERIOD I, ~~1st Week~~ Fortnight					
~~2nd~~ "					
PERIOD II, ~~3rd~~ "					
~~4th~~ "					
~~5th~~ "			STANLEY BARRACKS TORONTO	Discharged AUG 8 1919 Demobilization Pay. 14.26	
~~6th~~ "					
PERIOD III, ~~7th~~ "					
~~8th~~ "					
~~9th~~ "					
~~10th~~ "					
PERIOD IV, ~~11th~~ "					
~~12th~~ "					
~~13th~~ "					
~~14th~~ "					

Cancelled

Lt.-Col. [illegible]

CANADIAN DEPOT SQN., R.C.D., C.E.F.

*Initials of officer in charge of ~~week~~ Fortnight or period of training.

Lieut

for (O. C. ..... Depot ~~Battalion~~, R C D. Squadron Regiment).

M. F. W. 113.

100M.—2-18.
1772-39-1110.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 2

NAME OF SOLDIER Crawford Jack H.

REGIMENT R.C.D. RANK Pte No. 126631

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
													U	L	P			Gold	Porcelain				
Condition on first Examination																							

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

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

No. 126311 Rank Pte Surname Crawford
(Given name in full) Jack Hollowoths
Unit or Corps ~~R C D~~ H2 DD Birthplace Scotland

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

1. GENERAL DESCRIPTION:

Physique Good Weight 120 lbs. Height 5 ft. 5 in. Colour of Eyes Hazel

Nutrition Good

Pulse 74

Condition of arteries Normal

Vision Rt D 20 Left D 20

Hearing (conversational voice) Rt. 21 ft.

Left. 21 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
Appendicial Scar before enlistment.

Opinion as to general health and physical condition Good

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

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

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

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

No Varicose Veins, Varicocele, Piles Hernia found
urine No albumen No Sugar.

6R 448

APPROVED
JUL 30 1919
Capt.
FOR A. D. M. S. M. D. 2

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

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

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at Toronto Sch. (Canada)

Date 29-7-19 Signed Wm Robb Capt M.O.

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

Signature J. H. Crawford

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

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

29-7-19

APPROVED

[OVER]

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

Base Hospital, Toronto.

6 - 1 - 1919.

To Officer Commanding,

_____

_____

Number 126631 Rank Pte Name Crawford J. Unit No 2 C.D.

The above named Soldier has been examined in accordance with instructions of D.G.M.S. Circular Letter No. 25.

For Gonorrhoea.

Report in his case is contained in answers to the following questions:-

May he be discharged within the meaning of that letter? Yes.

Is further treatment considered necessary? yes.

If so, should it be carried out in a Military Hospital before discharge, or may he be discharged for treatment under the Dept. of Soldier's Civil Reestablishment?

O. P. D S C R.

He has been warned of the danger of transmitting infection. He has been informed that he may receive free treatment from the Dept. of Soldiers' Civil Reestablishment.

Jno A Russell Captain
For O. C. Base Hospital, MD #2.

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.....

Regimental No. 1266311 Rank Pte. Name Crawford. Jack. H.
C. E. F.

Enlisted (*a*)..... 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*)..

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				
		Stoppage of 60¢ per diem whilst confined to Base Hosp. with V.D. from 25-10-19 to 24-11-19.			
		Stoppage of 60¢ per diem whilst confined to Base Hosp. with V.S. from 25-11-19 to 31-12-19.			

Capt.
For O.C. No. 2 District Depot

Capt.
For O.C. No. 2 District Depot

(*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				
		S.O.S. DIS.#2 D.D. 14th Jan. 1920 Pt. 11 D.O.#12			
		Capt. FOR O. C. No. 2 D. D.			

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

Unit, Regiment or Corps Royal Canadian Dragoons

Regimental No. 1266311 Rank Pte. Name Crawford Jack H.

C. E. F.

Enlisted (a) 2-4-19 Terms of Service (a) Str. Vol. Service reckons from (a) 2-4-19

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) Teamster.

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				
		Embarked			
		Disembarked			
		STANLEY BARRACKS TORONTO Discharged Demobilization R.T.O. 180		AUG 8 1919	
		Cancelled			
		[signature] LT.-COL. COMDG. DEPOT SQN., R.C.D. C.E.F.			
		Transferred to Nor Dist. Depot 18-8-19. D.O.Pt. No 730			
		[signature] LT.-COL. COMDG. DEPOT SQN., R.C.D., C.E.F.			

(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				
16.8.19.	T.O.S.	No. 2 District Depot, Part II, D.O. No. 234			

F. Hinckett Capt.
For O.C. No. 2 District Depot

Stoppage of 60¢ per diem whilst confined in Base Hospital with V.D.
from 25-7-19 to 24-8-19. 245

F. Hinckett Capt.
For O.C. No. 2 District Depot

Stoppage of 60¢ per diem whilst confined in Base Hosp. with V.D.
25-8-19 to 24-9-19. 272

F. Hinckett Capt.
For O.C. No. 2 District Dep

Stoppage of 60¢ per diem whilst confined to Base Hospp with V.D.
from 25-9-19 to 24-10-19. 300

F. Hinckett Capt.
For O.C. No. 2 District Depot

Jack Hollwoths CRAWFORD

1266311

Canadian Expeditionary Force

October 23, 1899 Scotland

April 2, 1919 Toronto, Ont.

Canada.

January 14, 1920 Toronto, Ont.

Honourable

Private

Nil

Served with the Royal Canadian Dragoons

August 1, 1978

Jack Hollworth CRAWFORD

1266311

Canadian Expeditionary Force

October 22, 1899 Scotland

April 2, 1919 Toronto, Ont.

Canada.

January 14, 1920 Toronto, Ont.

Honourable

Private

M11

Served with the Royal Canadian Dragoons

August 1, 1978

CASE HISTORY SHEET.

BASE Hospital. TORONTO Station.

No. 266311 Rank Pte Name Crawford Jack Age 19

Unit R.G.D. (20th) Completed years of service Where and how long } 6/6/12.

Date of admission Aug 4th Date of discharge

Diagnosis V.D.G. Place of origin Jun 6th 1914 Toronto

CONDITION ON ADMISSION AND PROGRESS OF CASE

V.D.G. only apparently. Has had no symptoms for other 2 days. Nothing else than the regular treatment given except V.D.G.

Contracted V.D.G. June 1914. States no discharge until Aug 2nd/15. Smear positive Aug 8th.

Past Illnesses. Diphtheria 3 years ago (only)

Present Condition.

Cardio Vascular - Sounds normal no abnormalities found.

Respiratory System - No finding of disorder.

Nervous System - normal.

Digestive System - Requires fillings and teeth otherwise - Alimentary tract present normal.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

N.K.

TREATMENT

(Especially any specific or special form.)

See other sheet.

CONDITION ON DISCHARGE Chronic Prostatitis + Urethritis

(and disposal made of case.) For further treatment as O.P. under D.S.C.R.

Date 6-1-20.

Jas A Russell Capt.
Medical Officer i/c case.

M. F. B. 315a.
100M.—6 18.
1772—39-439.

A 37308

PAGE ____. CONTINUATION VENEREAL DISEASE CASE SHEET.

(GONORRHEA) (M.F.T. 101).

NO ____ RANK ____ NAME Crawford.

DATE DATE OF DISEASE.	SMEAR	URINE	URIN-ALYSIS	OTHER LAB. TESTS.	COM-PLI-CATIONS	MEDI-CINE	IRRI-GATION	OPER ATIONS.
NOV 28 1919	2 pc p. cells	2 pc p. cells			Potash 1/2 oz			mod clear to yellow discharge
DEC 2 1919						~~DM~~ K27		
DEC 5 1919	On pass.							
DEC 9 1919	0 0 R.V. N.P. Gl. about normal in size fairly regular. Fairly soft. Very tender L.V.N. Pt + Slightly larger. Slightly firm. Slightly tender. Sm +++ Pros: — Pus ++ Epith + Pros: Fluid + Ur: — Pus + Epith ++					DM	K26	discharge.
DEC 12 1919	Worked.							
16/12/19	Cl. Sh. Cl. P.P. 6000. F 25-26-28 Metal Sound passed							Dry.
16-12-19	Prost Notes Same — ~~Good Smear~~							
17-12-19	Prost Smear. Gr Neg. Pus ++ Epith ++ Gr Pos Cocci + Gr Pos Bacilli + Prost Fluid ++							
17-12-19	Urest Smear. Gr Neg. Pus + Epith ++							
19/12/19	Cl. Cl. Prost. — R. Prost. still quite tender enlg. Fairly soft. Good Smear							
19-12-19	Prost Smear. ~~Gr Neg~~ Pus ++ Epith + Prost Fluid +							
23-12-19	On leave — extension granted.							
6-1-20	Cl. Sh. Cl. F. 26-28 Metal Sound passed. Some thickening 3" from V.							Dry.
	Pros. R — lobe slightly tender. Left — lobe no tenderness. Normal size: good Smear. For discharge Instr. treatment as O.P.D. by V.S.C.R.							

Geo A Russell Capt

VENEREAL DISEASE CASE SHEET.

(Gonorrhea)

Reg. No.. Rank: Name: Unit:

H I S T O R Y.

No. of previous attacks----------

Where and when acquired----------

Date and character of symptons----------

VENEREAL DISEASE CASE-SHEET

(GONORRHOEA).

Reg. No. ..... Rank ..... Name Crawford Unit .....

Diagnosis ..... Admitted ..... Discharged .....

Medical Officer i/c case .....

HISTORY

No. of previous attacks ..... continued .....

Where and when acquired .....

Date and character of symptoms .....

.....

DATE Day of disease	Smear	Urine	Urinalysis	Other Lab. Tests	Complications	Medicine	Irrigation	Operations
Nov. 8/19		2 c c c.						
Nov 10/19	Gno —	pus, few Epith., few Gram Neg. Kokci, few Gram. Neg. Bacceilli, little proteid. V.D. Direct + many pus, few Epith., few Gram. Ex Dip.						
Nov 12th		Sp 24 Sp 24						D = Remarks
		Transferred at his own request to Capt Gillies. J.J. Johnston Capt						
Nov 14.19	Dci: —	Gno + Epith ++ Gram + Cocci + Gram + Bacilli +				On Potash 1/8000 t.i.d		Mod. clear discharge
Nov. 18.19	op⁴	op²			Iodine 1/16000 T.i.d			Purulent to clear
Nov. 21.19	op⁴	op²	not getting up at night					Mod. purulent to clear.
	op³	op⁰				Irrigation	4.27	Al clear to purulent.

M. F. W. 101.
10M—3—19.
1712—39—1063

NOV 25 1919

Court-

VENEREAL DISEASE CASE-SHEET

(GONORRHOEA)

Reg. No. ..... Rank ..... Name Crawford J. Unit .....

Diagnosis ..... Admitted ..... Discharged .....

Medical Officer i/c case .....

HISTORY

No. of previous attacks .....

Where and when acquired .....

Date and character of symptoms .....

.....

DATE Day of disease	Smear	Urine	Urinalysis	Other Lab. Tests	Complications	Medicine	Irrigation	Operations
Sept 18th		2 1/2 Cl.						D/ purulent.
		Upper lobe Right lobe not so hard very tender Left lobe & Vesicle enlarged and tender						
Sept.		Yes - very many pus many Epith & few Gram + cocci				Good Smear		
Sept 24		Left testicle slightly swollen. + tender. Bed Bellevue Bandage.				Ac. 1/6000 D		Increased = purulent.
Sept 29		Left Epididymis Orchitis well defined Not very painful.						
Oct 1st		Comfortable Red with no exertion						
		by Swelling about the same.						
Oct 4		Swelling a little reduced.						
Oct 6th - 7th + 8th		Swelling reducing steadily						D = Thermhite am + pm.
Oct 9th		Swelling reducing.						
Oct 12th		Much improved.						
Oct 14		Ch3 Op3 Op. Became Bandage.				Allowed up.		Still wearing
Oct 17		Op2	Op2			Ordered Suspensory		

M. F. W. 101.
10M—3—19.
1772—39—1053

Cont.

VENEREAL DISEASE CASE-SHEET

(GONORRHOEA).

Reg. No. ..... Rank Pte Name Crawford Unit .....

Diagnosis ..... Admitted ..... Discharged .....

Medical Officer i/c case .....

HISTORY

No. of previous attacks .....

Where and when acquired .....

Date and character of symptoms .....

.....

DATE Day of disease	Smear	Urine	Urinalysis	Other Lab. Tests	Complications	Medicine	Irrigation	Operations
Oct 22nd	Pros- Right lobe not tender Left lobe enlarged not tender Gon. Smear						D- thin white discharge + day	
Oct. 22nd	Opo Cl. Sh. Sh.							
Oct 23rd	Pros.— pus ++ Epith +							
Oct. 24th	Gonorrhoea Complement Fixation Test. Strong Positive 22/10/19.							
Oct 25th	Opo Opo						D = ?	
Oct 29th	Meatotomy performed to F 30 M.S. Stricture mid-penile					Pot 1/4000	D = 0 he states F 26 this.	
Oct 29th	Opo Opo							
Oct. 30th	Stretched to F. 30 M.S.							
Oct. 31st.	Stretched to F 30 M.S.							
Nov. 1st.	Dil— F 26 M.S.						D = ?	
Nov 8th	Dil — thickening mid penile						D = 0.	
Nov. 8/19.	Massaged over F 29½ Kollman Pros.— Right Lobe slightly irregular fairly soft, slightly tender. Left Lobe somewhat enlarged quite hard and tender.							

M. F. W. 101.
10M—3—19.
1772—39—1053

VENEREAL DISEASE CASE-SHEET

BASE (GONORRHOEA) TORONTO

Reg. No. 1266311 Rank Pte Name Crawford Jack Unit

Diagnosis V.D.G. Admitted Aug 7th 1919 Discharged

Medical Officer i/c Case

HISTORY

No. of previous attacks dunno.

Where and when acquired June 1919.

Date and character of symptoms Aug 6th slight purulent disch. slight oedema of prepuce.

DATE (Day of disease)	Smear	Urine	Urinalysis	Other Lab. Tests	Complications	Medicine	Irrigation	Operations
Aug. 8th	Dis. + very many pus.							
Aug 11th,		Of. Cl.			Argyrol 1½ to 2.		D. slight.	
" 18th,		Of. Cl.			oedema continues		D. = mucopus.	
	discch. — Very many pus. Gram + Bacilli ++++							
Aug 25th.		Of. - Of.					10 muco-pus.	
	discch — very many pus.							
Aug 28th							D = purulent.	
Aug 29th		Of. Cl.		Pot 1/8000 Fluid.			D = purulent.	
Sept 4.		Of. Cl. Deposit. Ø.					10 - purulent.	
Sept 8th		Of. 2 threads. Of.					D = mucus purulent.	
							Urea. only.	
Sept. 11th		Urine not being taken.					D = same.	
Sept 15th	Pus — Left vesicle enlarged and very tender is firm over upper pole and very tender				Right lobe and epididymis tender. Smear		D = purulent	

M. F. W. 101.
3,500-11-16.
1772—39—1053.

Pus — many pus & few Epith few Gram + cocci & few Gram + Bacilli

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

EG

THIS IS TO CERTIFY that No. #1266311 (Rank) PRIVATE

Name (in full) CRAWFORD, Jack, Hollwoths enlisted in

the Royal Canadian Dragoons

CANADIAN EXPEDITIONARY FORCE at Toronto, Ontario on the 2nd

day of April 19 19

HE served in CANADA

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

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

Age	20 Yrs	Marks or Scars	Vacc. scars left Arm.
Height	5' 5½"		Appendectomy Scar.
Complexion	Fair		
Eyes	Blue		
Hair	Chestnut		

J H Crawford
Signature of Soldier

H Sargeant Capt
Issuing Officer
M.C. No. 2 District Depot.

Rank

Date of Discharge

NO. 2
JAN 14 1920
DISTRICT DEPOT.

Date 14th January 19 20.

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.
100M 3-19.
H.Q. 1772-89-882.

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. District.

L.

*Name CRAWFORD. J. H. Rank Pte. Regtl. No. 1266311

Original unit ..... Present unit #2 D.D. M. or S. S Age 20 Religion Bapt. Fyle Depot ..... Ref. H.Q. .....

Port, ship, and date of arrival .....

Next of kin (M) Jean Crawford, 529 Eastern Ave., Toronto, Ont.

Address on leave Same

Address on discharge Same

Transportation issued Yes No Date ..... Character on discharge .....

Previous occupation Teamster Date and place of enlistment Toronto 2-4-19

Diagnosis V.D.G. Date of Medical Boards 6-1-20

Date.	Remarks.	Pt. 2 Order No.
25-10-19	Whilst a patient in Hosp. suffering from V.D.	
	(1) Neglecting to obey a posted order in that he failed to report on treatment parade. Forfeits 14 days pay under	
	AA. Sec. 46-2-D. (Base.)	H.S. 303

OVER.

*—Name will be given in full; surname first.

[OVER]

Date	Remarks.	Pt. 2 Order No.
17-10-19	Whilst a patient in Hosp. suffering from V.D. neglecting to obey a posted order in that he failed to report on treatment parade. Forfeits 14 days pay under AA. Sec. 46-2-D. (Base.)	H.S. 303
25-9-19 to 24-10-19	Stoppage of 60¢ per diem whilst confined to Base Hosp. with V.D.	300
17-11-19	Whilst a patient in Hosp. suffering from V.D. (1) Breaking Bounds. (2) A.W.L. from 10 P.M. 17-11-19 until M/N 17-11-19. Forfeits 7 days pay under AA. Sec. 46-2-D.(Base.)	H.S.324
19-11-19	Whilst a patient in Hosp. suffering from V.D. Neglecting to obey an order given personnally by an N.C.O. in the execution of his office. Forfeits 28 days pay under AA. Sec. 46-2-D. (Base.)	H.S. 327
	Stoppage of 60. per diem whilst confined to Base Hosp. with V.D. from 25-10-19 to 24-11-19.	333
	14-1-20 Base to Cas. Co.	H.S. 12
	Placed under stoppage of 60¢ per diem whilst confined to Base Hospital with V.D. 1-1-20 to 6-1-20	12

M.F.W. 192.
233-D.P.-200M-9-19.
1772-39-1243.

*Name W. CRAWFORD. JACK HOLLWOTHS. Rank Pte. Regtl. No. 1266311

Original unit RDD Present unit ____ M. or S. ____ Age 20 Religion Bapt. Fyle Depot ____ Ref. H.Q. ____

Port, ship, and date of arrival ____

Next of kin (M) Jean Crawford. 529 Eastern Ave., Toronto Ont.

Address on leave Same

Address on discharge 529 Eastern Ave., Toronto

Transportation issued Yes No Date ____ Character on discharge ____

Previous occupation teamster. Date and place of enlistment Toronto 2nd Apr. 19.

Diagnosis V.D.G. Date of Medical Boards 6-1/20

Date.	Remarks.	Pt. 2 Order No.
~~T.O.S.~~ 16-8-19	on transfer from R.C.D's posted to Hos Sec	239
18-8-19	R.C.D. to D.D. #2. (in patients at B.H.) H.S.	239
26-8-19	Improperly Dressed. Remanded 3/8 Refusing to obey an Order. ~~Dismissed.~~ (B.H.) ~~H.S.~~	~~249~~

*—Name will be given in full; surname first.

[OVER]

Date	Remarks.	Pt. 2 Order No.
	Stoppage of 60¢ per diem whilst confined in Base	245
	Hospital with V.D. 25-7-19 to 24-8-19.	
	Stoppage of 60¢ per diem whilst confined in Base	272
	Hospital with V.D. 25-8-19 to 24-9-19.	
	A.W.L. 10 P.M 15-10-19 until 1 A.M. 16-10-19. (Base.)	H.S. 291
15-10-19	Whilst a patient in Hospp suffering from V.D. A.W.L. from 10 P.M. 15-10-19 until 1 A.M. 16-10-19. (2) Breaking Bounds. Forfeits 7 days pay under AA. Sec. 46-2-D.	H.S. 291
	A.W.L. 10 P.M. 2-11-19. (Base.)	H.S. 307
	A.W.L. 10 P.M. 2-11-19 until 6 A.M. 5-11-19. (Base.)	H.S.311
2-11-19	Whilst a patient in Hosp. suffering from V.D. (1) Breaking Bounds. (2) A.W.L. from 10 P.M. 2-11-19 until 6 A.M. 5-11-19. Forfeits 28 days P&A under AA. Sec. 46-2-D. Forfeits 3 days P&A by R.W. (Base.)	H.S. 311

M.F.W. 192.
233-D.P.-200M-3-19.
1772-39-1243.

L.

*Name CRAWFORD, J.H. Rank Pte. Regtl. No. 1266311

Fyle Depot

Original unit Present unit #2 D.D. M. or S. Age 20 Religion Bapt. Ref. H.Q.

Port, ship, and date of arrival

Next of kin (M) Jean Crawford, 529 Eastern Ave., Toronto, Ont.

Address on leave Same

Address on discharge 529 Eastern Ave., Toronto.

Transportation issued Yes No Date Character on discharge

Previous occupation Teamster Date and place of enlistment Toronto 2-4-19

Diagnosis V.D.G. Date of Medical Boards 6-1-20

Date.	Remarks.	Pt. 2 Order No.
14-1-20	S.O.S. disch. as "Med. unfit" (To take further OUT-patient treatment with the Dept. of S.C.R.) is NOT entitled to W.S.G. (Less than one year's service in and never out of Canada or U.S.A.)	12

*—Name will be given in full; surname first.

[OVER]

Date	Remarks.	Pt. 2 Order No.

M.F.W. 192.
233-D.P.-200M-3-19.
1772-39-1243.

M. F. W. 71—500M.—5-18.
1772.—39—961.

NAME Jack Hollwoth Crawford

REGIMENTAL NO. 1266311 RANK Pte

ENLISTED AT Toronto Ont PROMOTIONS, &c. AND DATE ✓

DATE 2 April 1919.

IF SERVED PREVIOUSLY, STATE UNIT, &c. Nil

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Jean Crawford RELATIONSHIP mother

ADDRESS OF 529 Eastern Ave. Tor.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

AUG 6 1919

Discharged
Demobilization
Re-Enlisted

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	Date	

REMARKS :

H.Q. ..... M. D. No. 2

Surname Crawford

Christian names Jack Wallworth

Regtl. No. 126231 Rank Pte

Unit Dpo Squad R.C.D

T. O. S. ..... 19 ....

D. O. Pt. II ..... of .....

S. O. S. Dis. 14-1-20

Reason M.U.

Do 12-12-1-20 & 2 DD.

Next of Kin Crawford, Mrs Jean

Address 529 Eastern Ave, Toronto, Ont

Relationship Mother

Also notify : .....

BORN--Place Scotland, Nova Scotia Date Oct 23rd 1899

ATTESTED--Place Toronto, Ont. Date April 2nd 1919

D/S .....

R/C .....

NAME Baxter

RANK & NO. Pte

CORPS Divisional Headquarters Subordinate Staff

ENLISTMENT, PLACE DATE

FORMER CORPS

COUNTRY OF BIRTH

NEXT OF KIN

ADDRESS OF NEXT OF KIN

DISCHARGE, PLACE DATE

Demobilization Paddy Byrne Joseph John Baxter

L. L. 68593—M. & D. 8666—6-10-14—50m.

CANADIAN EXPEDITIONARY FORCE

War Service Badge Class C No. 91157 awarded

DISCHARGE CERTIFICATE

EG. Class ... No. ... issued 14-1-20

This is to Certify that No. 1266311 (Rank) PRIVATE

Name (in full) CRAWFORD, Jack, Hollwoths enlisted in

the Royal Canadian Dragoons

CANADIAN EXPEDITIONARY FORCE at Toronto, Ont. on the 2nd

day of April 1919

He served in CANADA

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

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

Age	20 Yrs.	Marks or Scars	Vacc. scars left Arm.
Height	5' 5½"		Appendectomy Scar.
Complexion	Fair		
Eyes	Blue		
Hair	Chestnut		

J. H. Crawford
Signature of Soldier

H. Sargeant Capt
Issuing Officer

O.C. No. 2 District Depot
Rank

Date of Discharge

JAN 14 1920
DISTRICT DEPOT

Date 14th January 1920

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. 39.
75M.—2-19.
H. Q. 1772—39—882.

(P. T. O.)

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.

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 Base Hosp. Toronto DATE 6-1-20.

1. 1 (a) Unit W2 Hd. (b) Regimental No. 1266311 (c) Rank P.O.

(d) Surname CRAWFORD. (e) Christian name Jack.

(f) Home address 529 Eastern Ave Toronto.

(g) Next of Kin George Crawford (h) Relationship Father.

(i) Address of Next of Kin Same address.

2. Age last birthday 20. Date of birth Oct 23rd 1899.

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto. (b) Date April 2nd/16

4. Personal description:

(a) Height 5'-5"-½" (b) Weight 125 (stripped) (c) Complexion Fair

(d) Colour of hair Chestnut (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Appendectomy Scar

5. Former trade or occupation Teamster.

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
	—	270.

Soldiers Statement

	Periods	
	From	To
Canada	2-4-19.	To date.
England		
France or other theatres of War		

7. Original disease, or injury V. D. C.

(a) Date of origin June 1919. (b) Place of origin Canada.

(c) Cause Venereal Infection.

M. F. B. 227.

40m.—11-18.
2170-10-18.

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.)

Partial loss of function of Gen. Urinary System due to Chronic Urethritis.

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.)

Objective. Urine is clear, contains shreds fair glass. Smear Direct + Prostatic Negative for G. C. Pus +. Epith +. Slight stricture 3" from Meatus admits 7-28 M. S. with some thickening + tenderness of mucous membrane. Prostate. R. L. slightly tender. L. L. no tenderness. Size about normal.

Subjective. Nil.

(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..... Genito-Urinary System.....no.....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

no alb. no sugar.

Special Senses.....no..... Respiratory System.....no..... Integumentary System.....no.....

Disturbances of Mentality.....no..... Digestive System.....no..... Muscular System.....no.....

Osseous and Joint Systems.....yes..... Any other general condition.....no.....

No hernia. Varicose bands. gortex + Veins Varicocele but slightly flat. no aggravation since enlistment.

no

10. (a) History (of the condition referred to in Section 9 (a).) Contracted V. D. June 1918, State that he had no discharge until Aug 30th 19, when he was admitted to Base Hosp. Direct smear positive. Developed Prostatitis + Epididymitis. Testicle now reduced to normal size.

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

nil.

(*c*) (Here give a description of wounds, scars and deformities. appendectomy scar. before enlistment.

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? 3 mos.

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

Base Hosp. Toronto Aug 7 to S.C. to date.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? yes.

(If the answer is "yes" state nature of treatment required and probable duration)

As outpatient.

16. Can the former trade or occupation be resumed? yes.

(If not, briefly state why)

17. Recommendations. Out patient under D.S.C.R.

Geo A Russell Capt-Can A.M.C.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned.....have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

A.B.R.

I complain in addition of.....

J H 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.

We concur

19. Is the invalid fit for

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

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.)

Ch. V.D.G. Specific Basis.

(*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.)

To D.S.C.R. for treatment & observation as Outpatient

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.

Lt.-Col. [illegible] *President.*

PLACE Toronto

DATE Jan 8/20.

[illegible] } 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

[illegible]
Assistant Director of Medical Services.

DATE 10-1-20.

APPROVED BY

.....
Director-General of Medical Services.

DATE.....

CASUALTIES

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

DG

1. No. #1266311

2. Rank PRIVATE.

3. Name CRAWFORD, Jack, Hollwoths.

4. Unit Royal Canadian Dragoons (#2 D.D.)

5. Date of Discharge | JAN 14 1920 | Place TORONTO, ONT.

6. Reason for Discharge

"MEDICALLY UNFIT"

7. Authority (#2 D.D. Part 11 Daily Order #12)

8. Proposed Residence after Discharge

529 Eastern Ave., Toronto, Ontario.

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. ?

J. B. Crawford

Signature of Soldier.

Medical Documents forwarded to S. [illegible] B. P. C. on [illegible]

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TORONTO, ONT.

Date JAN 14 1920

NO. 2 JAN 14 1920 DISTRICT DEPOT

Signature W. [illegible] Sergeant

(O.C. Discharging Unit.)

O.C. No. 2 District Depot.

M.F.B. 218a—150M-3-19—1772-39-113.

11

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

DIVISIONAL LABORATORY

URINE REPORT

Rank Pte. Name Crawford No. — Corps —

Ward Rem. Date 10 Dec 19

Received from

Volume 0

Sp. Gr. 1017

Reaction acid

Albumin Negative

Blood 0

Glucose 0

Bile 0

Deposit 0

Examined by C. M. Brown

M. F. W. 2537.

20m.—1-19.

1772-39-1314.

RAM

Original #1266311.

M.S.A. 47

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Crawford Christian name Jack Hollwothes

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

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

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

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the Second day of April 1919, by the undersigned medical board sitting at Toronto

5. Age as stated 19 Years 5 Months. 6. Apparent age 19 Years 5 Months

7. Height 5 Feet 4 1/2 Inches. 8. Weight 118 Pounds.

9. Chest measurement { Minimum 30 1/2 Ins. / Maximum 33 1/2 Ins. } 10. Complexion Ruddy { Eyes Hazel / Hair brown }

11. Physical development. Good { Good / ~~Fair~~ / ~~Poor~~ } 12. Smallpox marks none

13. Number of vaccination marks { ~~Right arm~~ / Left arm One } 14. When vaccinated last 1913

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

16. Slight defects but not sufficient to cause rejection Slight flat feet but no disability

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

(Strike out disease admitted or suspected.)

Ear, throat, Normal. Vision R 20/20 L 20/20 E.G. Smith M.O.

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A1

Signature of Man

[signature] Capt President.

Member. W Laurie Capt Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 2nd day of April 1919 at Toronto Canada

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	R.C.D.	1266311		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Queens St School Toronto.	29-7-19	— Nil —	A2 Wm Rabbett. Discharged to D.E.R.O.
	8-1-20	Ch. V.D.	O.P. St. B. Thomson Capt R.C.D.

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

Surname Christian Name

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			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				
Base Hospl	Toronto	7	8	19	7	1	20	V D.	153	Chronic prostatitis on admission. Discharged for further treatment	Geo. Brodie Maj. Comd

No. 2 DISTRICT DEPOT

Sheet #2

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 1266311 | RANK Pte | NAME (IN FULL) CRAWFORD. J. H. | Sheet #2.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ Nil | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED Toronto | PLACE Jetty out par | DATE 14/1/20 | REASON Mu | AUTHORITY DO 12 | IF ENTITLED TO POST DISCHARGE PAY No

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																																			D-Bal from Sheet #1 Dec
Jan	14	1.20	15	40							236	10/1					5	-									79	74						Hosp Clo Chq Sheet
					35	-					181226																2	75						Rawcoaters 2.75
									50	40	X-238 81443						35	-									3	60		126	09	75	69	N.S. 1/1-6/1 6 days 1.80
			15	40	35	-			50	40							40	-									86	09		126	09	75	69	
																											75	69						H-Clo-Clg. 1/2 Book 5.48
																											5	48		81	17	81	17	
			5	-					5	-																	81	17		81	17	76	17	
																											76	17		~~76 17~~		76	17	5.00 Cheque 181226 redeposited
																											1	20		77	37	77	37	Dep slip 372
																																			1.20 Under Debits N.S. 1/1-6/1

PAYMASTER, No. 2 DISTRICT DEPOT

200M-3-19.—L. L. 58786-M. & D. 9985.
M. F. W. 2596.
1772-39-1398.

DEPOT SQUADRON, R.C.D.

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

Sheet #1

Sheet #1

AUDITOR | PAYMASTER Touch

M. OR S. Single. REGT. No. 1266311 RANK Pte. NAME (IN FULL) CRAWFORD, Jack Hollwoths (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN Jean Crawford. RELATIONSHIP Mother

ADDRESS 529 Eastern Ave., Toronto, Ontario

IS SEPARATION ALLOWANCE PAID? No DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
~~Entrie~~		
$1.00 & 10¢	2.4.19	

ORIGINAL UNIT C.E.F.

IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION Toronto, Ontario

TRANSFERRED TO D.D. Sub #2. DATE 18.8.19 AUTHORITY DO 230

DATE OF ATTESTATION 2.4.19

TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ Nil DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ADDRESS

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED Toronto PLACE SGR ord: post DATE 14/1/20 REASON Me AUTHORITY DO 12 IF ENTITLED TO POST DISCHARGE PAY 10. doc Cas.

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																			P.O. 93. T.O.S. as of 2.4.19.
April	29	1.10	31	90					31	90	18	14			18	30	5				11	90			4	98					21	90			10		
May.	31	1.10	34	10	10.				44	10	35	14			34	30	10.				20	11			2	47	1	52			34	10			10		6-512
June	30	1.10	33		10.				43		40	12			41 43 44	30	10.				17	72			4	10	1	18			33				10		6-512
July	31	1.10	34	10	10				44	10	46	14			46 47	31	10				11	13			3	02 60	7	95			34	10			10		6-512
Aug	18	1.10	19	80	10				29	80	46	00 72					10.								1	46					12	06			17	74	DO 221 Adv. Base Hosp 7.8.19
	13	1.10	14	30	17	74			32	04	127 133	339 9.9					15	00											10	80	25	80			6	24	CAPT. PAYMASTER, DEPOT SQUADRON, R.C.D. D.O. 239
Sept	30	1.10	33	-	6	24			39	24	127	994	164	943			10	-	5	-									2	20							H.S. 7-8 to 24-8-19 (10.80) Forfeits 2 days P & A D.O. 261
											167	13.9	148	16/9															18	60	35	80			3	44	H.S. 25-8 to 24-9
Oct	31	1.10	34	10	3	44			37	54	261	11/10	713	27/10			15		14	84									7	70	37	54					AWL 15/10 - 16/10 (2) Breaking Bounds 7 days Pra DO 298.
Nov	30	1.10	33	-					33	-	265	822	167	731															13	80							H.S. 25/10 - 24/11 30 days. Hosp. 7 days for - 13.80
																													15	40							Neglecting to Obey an Order. 14 days Pra DO 304 25/10
																													34	10							
																													7	70							Neglecting to Obey an Order. 14 days Pra DO 330 17/10.
																													30	80	117	20	84	20			Breaking Bounds (2) AWL 2/11 - 5/11 31 Days Pra DO 311
Dec	31	1.10	34	10					34	10	28	18/12 520					5	-											2	44							AWL 17/11 - 17/11 Breaking Bounds 7 days Pra DO 324
																													22	20	29	64	79	74			Neg. to Obey Order. 21 days Pra H.S. 25/10 - 24/11 31/12 DO 326.
			301	40	67	42			368	82							90	-	19	84	60	88			18	63	191	79			381	14					Hospital Kit Sheet 244 Sheet Drawers 7.8. 25/11 - 31/12 34 Days.

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