ORIGINAL

#2 M. D. First Depot Battalion "A" Coy. 1st. Central Ont Regiment

Regtl. No. 3042078

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname: CRAWFORD,
2. Christian name: Robert Ferguson
3. Present address: 117 Jones Ave., Toronto, Ont.
4. Military Service Act letter and number: 852328
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension. or surrender)
5. Date of birth: July 26th. 1895
6. Place of birth (town, township or county and country): Londonderry, Ireland
7. Married, widower or single: Single
8. Religion: Presbyterian
9. Trade or calling: Street Car Conductor
10. Name of next-of-kin: Sarah Crawford
11. Relationship of next-of-kin: Mother
12. Address of next-of-kin: 47, Strabane Old Road, Waterside, Londonderry, Ireland.
13. Whether at present a member of the Active Militia: No.
14. Particulars of previous military or naval service, if any: No.
15. Medical Examination under Military Service Act :—

    (a) Place Toronto, Ont. (b) Date Sept. 20/1918 (c) Category A2

DECLARATION OF RECRUIT

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

Robert Ferguson Crawford (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	25 yrs. 3 mths.	Distinctive marks, and marks indicating congential peculiarities or previous disease. Nil.
Height	5 ft. 10 ins.	
Chest measurement	fully expanded 35 ins.	
	range of expansion 4 ins.	
Complexion	Medium	
Eyes	Blue	
Hair	Brown	

Major

A/O. C First Depot Btln.

1st. Central Ontario Regt.

Place Toronto, Ontario. Date October 29th. 1918.

M. F. W. 133.
500M.—5-18.
1772—39—1158.

gm 3-2-19.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name CRAWFORD ROBERT FERGUSON

Regt. No. 3042078 Rank Pte.

Corps 1st Dpo. Bn. (2.D.D.)

"Med. unfit"

Complete Does despd to B.P.C. on M 7 W2503
Rpt B.P.C 919 d/ 3-2-19 4.8

438077 Rtd 17-2-19

Proceedings of Court of Inquiry or on men reported Missing on Active Service	
Attestation Papers	3 2
Declaration of change of name	
Authority for special enlistments	
Documents of re-enlisted men	
Regimental Conduct Sheet	
Compulsory Stoppages	
Casualty Forms	1
Proceedings on discharge	1
Corps History Sheet	
Date and No. of Deposit Receipt for Purchase Money and Amount	
Parchment Certificate	1
Medical Report for Invalids	
Medical History Sheet	
Proceedings of Regt. Court Martial	
Copies of Convictions by Civil Power	
Company Conduct Sheet	
Clothing Transfer Certificate	
Inventory of Kit	
Last Pay Certificate	1
A F B. 122	1
I S.C. 132	1
M F W. 192	1
M F W. 113	1

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39 935.

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

M. F. W. 54. (A. F. [illegible] 103
350M—1[illegible]
H. Q. 1772-39-920.

Casualty Form—Active Service.

THIS HAS BEEN CHECKED WITH ATTESTATION PAPER.

Unit, Regiment or Corps 1st Depot Battalion, 1st Central Ontario Regiment

Regimental No. 3042078 Rank Pte. Name CRAWFORD Robert Ferguson

C. E. F. M.S.A.

Enlisted (a) 29-10-18 Terms of Service (a) ..... Service reckons from (a) 29-10-18

Date of promotion to present rank ..... Date of appointment to lance rank ..... Numerical position on roll of N. C. Os. .....

Extended ..... Re-engaged ..... Qualification (b) Street Car Conductor

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
11.11.18	Machine Gun Coy. m.10.2.	Transferred to 20th Machine Gun Coy.	Willows Camp	12/11/18	D.O. 51. C.K. Parke Major O.C. 20th M.G. Coy C.E.F. (Siberia)
21/1/19	T.O.S. No. 2 District Depot, Part II, D.O. No. 257				Lieut. [illegible] For O.C. No. 2 District Depot
	Dis. #2 D.D. Jan. 17th, 1919 Pt.11 #14				

O. C. Discharge Sections, 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				

H. Q.

M. D. No. 2 254-30-12-18 F.2 W.D.

Surname Crawford.

Christian names Robert Fergusson

T. O. S. Oct 29th 1918

Regtl. No. 3042078 Rank Pte.

D. O. Pt. II 301 of 28-10-18

Unit 1st Loan Dist Regt. 1st Dpo Bn

S. O. S. 2. 17/1/1919

Reason M. U.

Auth Do. 14. 14/1/19. 20.D.

Next of kin Crawford, Mrs Sarah

Relationship Mother

Address 47, Strabane Old Rd, Waterside, Londonderry, Ire

Also notify:

BORN—Place Ireland, Londonderry Date July 26th 1895

ATTESTED—Place Toronto, Ont. Date Oct 29th 1918

O/S

R/C

W. 22—100M-7-18. 1772-39-839

*Name Crawford R.R. Rank Pte Regtl. No. 3042078

Original unit Present unit M. or S. S Age 23 Religion Pres. Fyle Depot Ref. H.Q.

Port, ship, and date of arrival

Next of kin Mother S. Crwawfrod. 47 Straban Old Rd. Waterside Londonderry, Ireland.

Address on leave Same

Address on discharge 168 Sammon Ave Toronto.

Transportation issued Yes No Date Character on discharge

Previous occupation Street car conductor Date and place of enlistment Toronto Oct. 29-18

Diagnosis Defective vision Date of Medical Boards 7-1-19

Date.	Remarks	Pt. 2 Order No.
21.12.18	Posted to Can. Co. on transfer from S.E.F.	257
17-1-19	S.O.S DISCHARGED HAVING BEEN FOUND MED. UNFIT (NO POP OR CLO' ALL'CE) LOCAL CASUALTY; Less than 6 months service	14

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3042078 (Rank) Pte.

Name (in full) CRAWFORD, Robert Ferguson enlisted in

the 1st. Depot Bn.

CANADIAN EXPEDITIONARY FORCE at Toronto, Ont. on the 20th.

day of September 19 18

HE served in Canada

and is now discharged from the service by reason of

"Medically Unfit"

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

Age 23

Height 5' 10"

Complexion Medium

Eyes Blue

Hair Dark

Marks or Scars

Vacc. scars left arm

R. F. Crawford

Signature of Soldier

J. R. Robson Lieut.

Issuing Officer

Rank

Appointment

Date of Discharge January 17th, 1919

Signed at Toronto, Ont. this 17th. day of Jan. 19 19

in Military District No. 2

File Reference No. J.S.

NO. 2
JAN 17 1919
DISTRICT DEPOT

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

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

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

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

.....

Name of Officer

.....

Rank

.....

Appointment

On demobilization the particulars called for on the back of this certificate will be completed.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 304078 Rank Pte Name Crawford R. H.

Corps No. 2 District Depot; who was* DISCHARGED

On January 17 1919, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan 1 1919 to Jan 17 1919, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	29	40
Advances by Cheques No.			Regt'l Pay 17 days at $ 1 c	17	—
Advances by Cheques No. 15319	15	—	Field Allow. 17 days at $ c 10	1	70
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances*		
Payment on transfer or discharge No. 15875	68	10	Other Credits* Clothing	35	—
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	83	10	Total	83	10

*Give particulars.

A monthly stoppage of $ 10 — (†) has not (‡) been paid on account of Assigned Pay for the month of Jan 1919 and Sep'n Allce. for month of 1919 (to) Assignee Mrs David Crawford

(Address) 47 Strabane Old Road Waterside Londonderry Ireland

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Out Allowance of $ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment

(2) if married and if a Separation Allowance Card has been submitted No

(3) cause of discharge authority Do # 14

(4) authority for transfer

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date JAN 1 51919

Place TORONTO, ONT.

Malcolm Cockburn CAPT.
PAYMASTER, No. 2 DISTRICT DEPOT
Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.
H.Q. 1772-39-903.
20M-11-18. D.P. 874.

Paymaster

Auditor

M. or S.

Name and Address of Next of Kin Sarah Crawford mother
47 Strabane Old Road, Waterside
Londonderry, Ireland.

Separation Allowance $ Effective Date

By Whom Paid

Payable to Relationship

Address

CASUALTIES, AFFECTING PAY AND ALLOWANCES

PARTICULARS	EFFECTIVE DATE	AUTHORITY

Regimental No. 3042078 Rank Rte Name Crawford
Robt Ferguson
Original Unit C.E.F. 8.20th R.G.Co.

If in P.F. What Unit P.F. Allowances

Place of Attestation Toronto Transferred to MD2 Date 18.12.18. Authority G.O. 48

Date of Attestation 29-10-18 Transferred to Date Authority

Assigned Pay $ 10.00 Date Effective 1-11-18 Authority A. F. W. 2583

Payable to Sarah Crawford Relationship mother

Address 47 Strabane Old Road, Waterside, Londonderry, Ireland.

Stop-Payment Form (Assigned Pay) Rendered (Date) Effective

Discharged. Date and Place Authority

L. L. Job 48205
M. & D. 20-9-18-12M

MONTH 1918	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT C	OTHER CREDITS $	OTHER CREDITS C	ASSIGNED PAY CREDITS $	ASSIGNED PAY CREDITS 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	COL. No. 4 No.	COL. No. 4 DATE	CASH PAYMENTS COL. No. 1 $	COL. No. 1 C	COL. No. 2 $	COL. No. 2 C	COL. No. 3 $	COL. No. 3 C	COL. No. 4 $	COL. No. 4 C	ASSIGNED PAY CANADA	ASSIGNED PAY OTHER COUNTRIES $	ASSIGNED PAY OTHER COUNTRIES C	OTHER CHARGES $	OTHER CHARGES C	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C	TOTAL DEBITS $	TOTAL DEBITS C	BALANCE DEBIT $	BALANCE DEBIT C	BALANCE CREDIT $	BALANCE CREDIT C	DEFERRED PAY $	DEFERRED PAY C	PAY AVAILABLE FOR ISSUE $	PAY AVAILABLE FOR ISSUE C	SEP. ALL'CE
Nov.	15	1.10	16	50	19	80			36	30	50/2	Nov 5							16	00								10	00					26	00			10	30				
Dec	31	1.00	31	10					31	10	69/4	Dec							5	00								10	00					15	00			29	40				
			50	60																																						

(Transferred MD2 18.12.18.)

REMARKS

Bal. Ct. L.P.C. 15.10.18.
1st. 1st. C.R. D

Carried Forward

Regimental No.....Rank.....Name.....

MONTH	PAY				OTHER CREDITS	ASSIGNED PAY CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS								CASH PAYMENTS								ASSIGNED PAY CANADA	ASSIGNED PAY OTHER COUNTRIES	OTHER CHARGES		REGIMENTAL CHARGES		TOTAL DEBITS		BALANCE				DEFERRED PAY		PAY AVAILABLE FOR ISSUE		SEP. ALL'CE	REMARKS
										COL. No. 1		COL. No. 2		COL. No. 3		COL. No. 4		COL. No. 1		COL. No. 2		COL. No 3		COL. No. 4										DEBIT		CREDIT							
	No. OF DAYS	RATE	AMOUNT $	AMOUNT C	C	$	C	$	C	No.	DATE	No	DATE	No.	DATE	No	DATE	C	$	C		C		C			$	C	$	C	$	C	$	C	$	C	$	C	$	C		

Carried Forward

919

This space to be for numbers

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

J.S.

No. 3042078

Rank Pte.

Surname CRAWFORD

Christian Name ROBERT FERGUSON

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 1st. Depot Bn. (#2 D.D.)

Date of Discharge JAN 17 1919

Place of Discharge TORONTO, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 23 years ... months.	Descriptive Marks
Height 5 feet 10 inches.	V acc. scars left arm
Complexion Medium	
Eyes Blue	
Hair Dark	
Trade Street Car Conductor	
Intended place of residence (To be given as fully as practicable.)	168 Sammon Ave., Toronto, Ont.

2. The above-named man is discharged in consequence of

"MEDICALLY UNFIT"

Authority for Discharge #2.D.D., Jan. 17th, 1919 Pt.11 #14

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

No reference to G. C Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding.....

O. C. Discharge Sections, No. 2 District Depot

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) TORONTO, ONT. Robert F Crawford *(Signature of Soldier.)*

(Date) JAN 17 1919 A R Robson Lt *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....*(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) TORONTO, ONT.

(Date) JAN 17 1919

(Signature) A R Robson Lieut

O. C. Discharge Sections, No. 2 District Depot

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

Nill. R F Crawford

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a.
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia Form B. 313	
Medical Report for Invalid*	"	B. 227.
Statement of Man's Account on Transfer and Last Pay Certificate,	"	D. 877.

*Only if discharged "Medically unfit."

Attestation Paper,	Militia Form B. 235.	
Proceedings on Discharge	"	B. 218.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(*a*) Proceedings on Discharge.

(*b*) Attestation.

(*c*) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

AUDITOR JPH | PAYMASTER

No. 2 DISTRICT DEPOT

PARK SCHOOL

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

M. OR S.

REGT. No. 3042078 RANK Pte. NAME (IN FULL) CRAWFORD. R. [illegible] (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No.

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 20th Machine Gun. IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY. $ 1.10.00 DATE EFFECTIVE 1.1.19

PAYABLE TO Mrs Sarah Crawford. Don't pay until RELATIONSHIP

ADDRESS 47 Strabana, Old Road, Waterside, Londonderry, Ireland.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

ANY CHANGE IN ASSIGNEE OR ADDRESS: M.F.W. 187 os pte from date D. Sarah

DISCHARGED PLACE Toronto DATE 17/1/19 REASON AUTHORITY D.O.14. IF ENTITLED TO POST DISCHARGE PAY No £5

MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
1919																																			
Balance from previous account																																			
JANUARY	17	1.10	18	70	35		29	40	83	10	15319		15875				15	00	68	10											83	10				T.O.S. DO#257. C.L.P.C. 29.40

60m.-11-18 L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

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

C.R. FILE NO. MFW

ASSIGNED PAY and/or SEPARATION ALLOWANCE

Payable to Mrs. Sarah Crawford (Mother)

Address 47 Strabane Old Road,
Waterside, Londonderry. Ireland.

Name CRAWFORD, Robert Ferguson

From Canada: No. 3042078 Rank Pte. Unit 20 M.G.C.

Rank	Authority	Unit

ASSIGNED PAY

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

ASSIGNED PAY SEPARATION ALLOWANCE
$10.00 " " "
1 Nov 18 " " "

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

Noted in L.R.

Month	Cheque No.	Assigned Pay	Amount Separation Allce.	Total A.P. and S.A.	REMARKS
~~DEC.~~ 1919					
JAN. Supp.	E 95158	30			1/11/18 - 31/1/19
FEB.		Discharged 17. 1. 19			
MARCH		Ottawa T 488 7. 2. 19.			
APRIL					
MAY					
JUNE					
JULY					
AUG.					
SEPT.					
OCT.					
NOV.					
DEC.					
JAN.					
FEB.					
MAR.					
APRIL					
MAY					
JUNE					
JULY					
AUG.					

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 Bark School Bks. DATE 7/1/19.

1. 1 (a) Unit No. 2. D.D. (b) Regimental No. 3042078 (c) Rank Pte.

(d) Surname CRAWFORD. (e) Christian name Robert. Ferguson.

(f) Home address 168 Sammon Ave., Toronto.

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

(i) Address of Next of Kin 47 Strabane Rd. Old Rood, London, Derry. Ireland.

2. Age last birthday 23 Date of birth 26. July 1895.

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto (b) Date 29 Oct. 1918.

4. Personal description:

(a) Height 5' 10" (b) Weight (stripped) 161 (c) Complexion medium

(d) Colour of hair Dark (e) Colour of eyes Blue. (f) Identification marks, Scars, etc. nil.

5. Former trade or occupation Street Car conductor.

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
	-	70

	Periods	
	From	To
Canada	29-10-18	date.
England		
France or other theatres of War		

7. Original disease, or injury. 1. Defective vision. 2. Hyperthyroidism.

(a) Date of origin 1. Antedates enlistment (b) Place of origin 1. Ireland. 2. Canada.

(c) Cause 1. & 2. Unknown. 2. Antedates enlistment.

M. F. B. 227.

300M.—8-18.
1772-39-117.

MEDICAL CASE SHEET (OPHTHALMOLOGY)

MILITARY HOSPITAL Toronto Gen. Hospital.

DATE Eye. Clinic.

NAME Crawford. R.F. RANK Pte. NUMBER 3042078 UNIT Park Sch. AGE 23

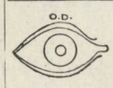
HISTORY Poor vision .O.S. Since better.

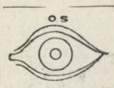
SYMPTOMS Poor vision esp. at night.

GLASSES WORN

OBJECTIVE EXAMINATION

EXTERNAL APPEARANCE

OD 

OS 

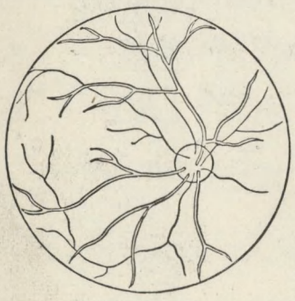
RETINOSCOPY AND OPHTHALMOMETER

OD plus 50 x90. 6/6.

OS -50 S. plus 1x 90 6/30.

OPHTHALMOSCOPE

FUNDUS	LENS	CORNEA
Macular changes. which explain poor vision.		



FIELDS Diag. Congen. Macular changes. O.S.
Duration. years.
Disability. 25%.
Due to service. no
Agg. by service. no.

MUSCLE BALANCE

TENSION

SUBJECTIVE EXAMINATION

TRIAL CASE

		BEFORE	SPH.	CYL.	AX.		AFTER
OD	V		plus. 50.		90		
OS	V	6/9.			90	V	
	less. 6/60.		- 50.	plus 100.			

P.P. P.R. A. ACC. PRESBYOPIA

GLASSES PRESCRIBED

OD

OS

TREATMENT:—

M. F. W. 144.
10M.—6-18.
1772-39-1178.

F.A. Aylesworth. O.S. M.W. T.G.H.

College Military Hospital.

Toronto.Jan.8/19.

From:- Major.F.G. Boyer.C.A.M.C.
To: O.C.College Mil.Hospital.

College Military Hospital.

Toronto.Jan.8/19.

From:- Major.F.G. Boyer.C.A.M.C.
To: O.C.College Mil.Hospital.

Pte. Crawford. R.F. #3042078.

Sir:

Reference to the marginally named, ma,nplease forward to the S.M.O., Cas. Coy. Park School, the following neurolggical report.

This man's complaints are that he is a little more easily startled than before enlist ment, and he is not sleeping well. He states that on enlistment he wore a 15 s . collar, an now he cannot wear a 15½, as it is too tight. He does not appear to have the complexes or signs of a Neurastjenia, but I would point out that he has a tachycardia of 120, a fine tremor of the extended hands, and well diffused enlargement of his thyroid glands, but no definite signs of hyperthyroidism, and I would regard this case as one of hyperthyroidism, and I would recommend that he be admitted to a General Medical Clinic, for observation and testing out with Thyroid extract before his discharge, for I do not see evidence of this, existing before enlistment, except perhaps, the fact that he states he volunteered some months before being drafted, and was not accepted on medical grounds. These papers are not available for us.

Major. CAMC. F.G.BOYER.

Minute. 2.
To:- S.M.O.,Cas.Co.Park School Bks,Toronto.
Forwarded for your informatinon and action, please

Wm. Baillie.

Maj. O.C.
C.M.H.

10.—(*b*) (Her give a comple to or since enlistment
Pneumonia
and 18 da

(*c*) (Here give a description of
4. vacc.

11.—(*a*) Did the disabl

(*b*) If so, has it be condition at time of e
1.No. 2.
disturbar
could not
would the

12. Was the disability

refusal to accept
The regimental docu
(If the answer is in the affi this question, conduc

13. What is the probal

than one?

14. Treatment (Case rep
1.C

15. Is further treatme (If

16. Can the former t (I

17. Recommendations

(Sections 7, 8, 9 and

I, the undersigned present condition rea

I complain in additio

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.)

1.Partial loss of function of visual apparatus.

2. Partial loss function of thyroid gland.

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.)

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1. OBJ-& SUBJ- See specialist's report attached.

2. OBJECTIVE- Well developed, well nourished, alight exophthalmos,fine tremour of extremities reflexes slightly increased. Slight enlargement of thyroid gland and marked tachycardia. Pulse at rest96. after touching floor 10 times, 144, returning to 96 in 2 minutes. Respirations increased from 20 to 42, with same exertion. SUBJECTIVE- When startled notices himself trembling and very nervous and heart beating so fast that he feels faint. Has fainted away twice in the ranks while on drill. Sweats easily and has attacks of diarrhoea. As many as 6 bowel movements a day without a purgative. Has had to take medicine to stop the diarrhoea. Poor sleeper. Least noise startles him and wakes him up. Short of breath all the time.

(*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 see #9 @ Cardio-Vascular System see 9 @ (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System no (Albumen and Sugar will be excluded.)

Special Senses see #9a@ Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System no

Osseous and Joint Systems no Any other general condition no

No albumen, no sugar. S ight enlargement of both tonsils.

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

Says he has noticed himself nervous and short of breath on excitement for years back but was apparently normal when he enlisted in Oct. 1918. Although he states he was rejected 13 times previous to this date. (In Canada). Was in Category C.2 until Oct. 1918. when he wasraised to A.2. In Dec. 1918 a Board at Victoria lowered him to C.2, again with slight thyroid enlargement, and Tachycardia.

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*).)

Pneumonia. spring and fall. 1916, (In bed 2 weeks first attack and 18 days 2nd time.) Good recovery each time.

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

4. vacc. scars left arm.

11.—(*a*) Did the disabling condition have its origin before enlistment? 1.&2.Yes.

(*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.)

1.No. 2. Yes, man states does not sleep as well. Digestive disturbances a little more marked. However he also states that he could not work more than one week as condition previous to enlistment would then require rest for two weeks.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? 1.No.2.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? 1. Permanent (2) 3-6 months.

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

1.Classes presented. 2. Nil.

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)
1&2.No

16. Can the former trade or occupation be resumed? No, too much of a strain.
(If not, briefly state why)

17. Recommendations Discharge.

E. A. Smith Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned R.F.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

Robert Ferguson 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.

#9. We concur except. OBJ-. Pulse 120 at examination. Man irritibly nervous. Hands and face perspiring. No Von Grafle. signs. Probably Neurasthenia rather than Hyperthyroidism.

OTHERWISE WE CONCUR.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)	no
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)	no
(*c*) Home service (Canada only),	(" C)	(Yes or No.)	no
(*d*) Temporarily unfit.	(" D)	(Yes or No.)	yes
(*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.)

That he be placed in category E, and be discharged as medically unfit for further military service.

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.

W. J. McLean Major. *President.*

PLACE Park School Bks, Toronto.

DATE Jan. 11/1919.

W. J. Clark Capt.

} 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

Assistant Director of Medical Services.

DATE 13-1-19

APPROVED BY

Director-General of Medical Services.

DATE.....