

2nd M. D. 1st Depot Battalion 1st Central Ontario Regiment

Regtl. No. 3038387

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname..... C R A W F O R D

2. Christian name..... Robert Milton

3. Present address..... Oro Station, Ont. R.R. #2

4. Military Service Act letter and number..... 791796

5. Date of birth..... April 7, 1897

6. Place of birth..... Oro Station, Ont.
(town, township or county and country)

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

8. Religion..... Methodist

9. Trade or calling..... Farmer

10. Name of next-of-kin..... Emma Jane Crawford, Mrs.

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

12. Address of next-of-kin..... Oro Station P. O Ont. R.R. #2

13. Whether at present a member of the Active Militia... No

14. Particulars of previous military or naval service, if any... None

15. Medical Examination under Military Service Act:—
(a) Place... Barrie, Ont. (b) Date... Oct. 22, 1917 (c) Category... A2

DECLARATION OF RECRUIT

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

Robert Milton Crawford

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 21 yrs..... 1 mths.

Height..... 5 ft..... 7½ ins.

Chest measurement } fully expanded..... 38 ins.

range of expansion..... 3 ins.

Complexion..... Fair

Eyes..... Blue

Hair..... Brown

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

Scar on left side of head near temple

Scar on left arm

O. C. *[Signature]* Major
for 1st Depot Bn. 1st C. O. R.

1st Central Ontario Regt.

Place..... Toronto, Ontario Date..... May 17, 1918

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class: _____

1. Surname	O'NEILL	2. Christian name	Robert
3. Present address	10, ...	4. Former address	...
5. Date of birth	...	6. Place of birth	...
7. Height	...	8. Complexion	...
9. Eyes	...	10. Hair	...
11. Education	...	12. Address at time of last military service	...
13. Whether in receipt of gratuity or other benefit from the Army or Navy	No		
14. Particulars of any other military or naval service	None		
15. Medical examination	...		

Signature of Recruiting Officer: _____
Date: _____

DECLARATION OF RECRUIT

I, the undersigned, do hereby declare that the above particulars are true and correct to the best of my knowledge and belief.

Signature of Recruit: _____
Date: _____

DESCRIPTION ON CALLING UP

1. Name	O'NEILL, Robert	2. Age	...	3. Height	...
4. Complexion	...	5. Eyes	...	6. Hair	...
7. Build	...	8. Stature	...	9. Gait	...
10. Voice	...	11. Teeth	...	12. Hands	...
13. Feet	...	14. Fingers	...	15. Nails	...

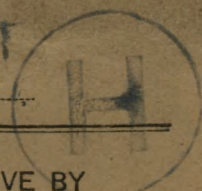
Signature of Recruiting Officer: _____
Date: _____

Signature of Recruit: _____
Date: _____

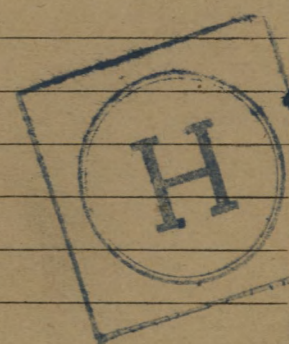
REGIMENTAL DOCUMENTS

48
26-6-19

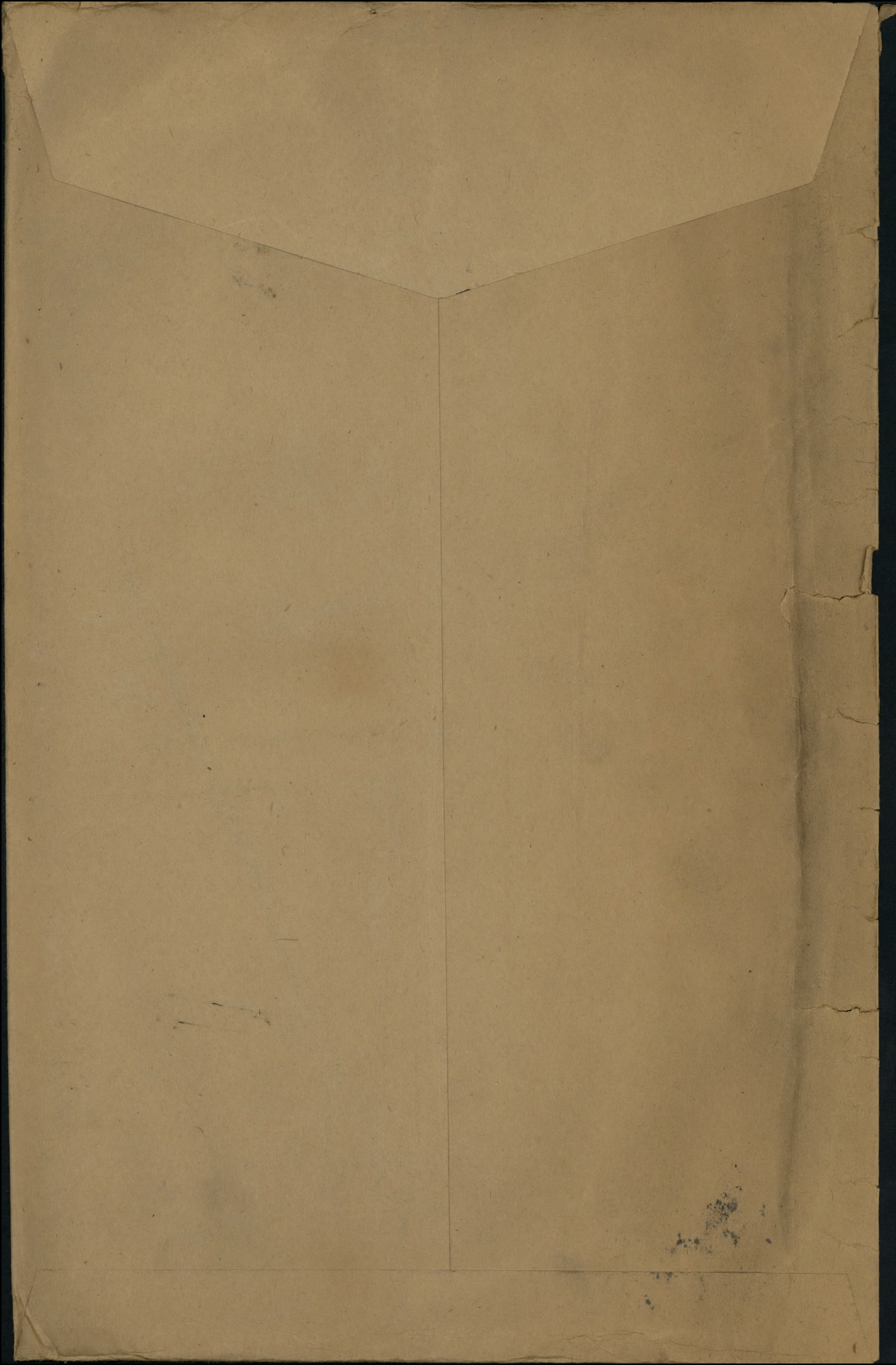
NAME **CRAWFORD** **ROBERT T MILTON** REGT. NO. **3038387** UNIT **73rd Bn** H. Q. FILE NO.



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)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				48813	
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)					<i>Demor</i>
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)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>1 Yearbook</i>					
<i>2 b 20. 3</i>					
<i>1 Cascard</i>					
<i>2 208</i>					
<i>2 2201237</i>					
<i>2 208181</i>					
<i>1 22013218</i>					
<i>1 R 1 W W</i>					



3 9-12
17-13
9-13
2



CANADIAN EXPEDITIONARY FORCE

W Service Badge

Class "A" No. 37761

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3038367 (Rank) Private.

Name (in full) CRAWFORD, Robert Wilton. enlisted in
the 1st Depot Battalion, C.O.R.

CANADIAN EXPEDITIONARY FORCE at TORONTO on the 17th
day of May 1918.

HE served in FRANCE. 75th Battalion, Infantry.

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 22 years.

Height 5 ft 7½ ins.

Complexion Fair.

Eyes Blue.

Hair Brown.

Marks or Scars

Scar on L. side of head near temple.

Scar on L. arm.

R. M. Crawford
Signature of Soldier

[Signature]
Issuing Officer

Date of Discharge

No. 2 DISTRICT DEPOT

JUN 8 1919

TORONTO

For
O.C. No. 2 District Depot.

Rank

Date JUN 8-1919 1919

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

Service Number

Class in the

THIS IS TO CERTIFY that

Name (in full)

entered in

CANADIAN EXPEDITIONARY FORCE

day of

He served in

and is now discharged from the service by reason of

Demobilization

Medical Officers

THE DESCRIPTION OF THE NATURE OF THE DUTY below is as follows:

Mark or Scar

Height

Complexion

Eyes

Hair

Strength of Right

Issued Date

1918

Rank

JUN 8

Date

No. of duplicate of this Certificate will be issued and person holding same is requested to forward it to the

1918

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

M. F. W. 54. (F. B. 103.)
350M.—16
H. Q. 1772-39-920.

M. S. A.

Casualty Form—Active Service.

1st DEPOT BATTALION

Unit, Regiment or Corps. *1st C.O.R.*

Regimental No *3038387* Rank *Pte.* Name *CRAWFORD, Robert Milton*

C. E. F.

Enlisted (a) *17-5-18* Terms of Service (a) *Do not know* Service reckons from (a) *17th May 1918.*

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

Extended. *W. S. B. CLASS. A.* Re-engaged. Qualification (b). *Farmer*

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 Canada. *JUN -3 1918*

Arrived England.

21-6-18 ✓ *E. G. ...*
Major O. P. Dr. 44

12th Bn

T-O-S 12th Res Battn

Witley

21-6-18

Part 11-156.

10 10 18 C. C. 12th Res. Ex. C. E. F.

Transferred to *75th* Batta

Witley 9 10 18 Part II *...*
...
...

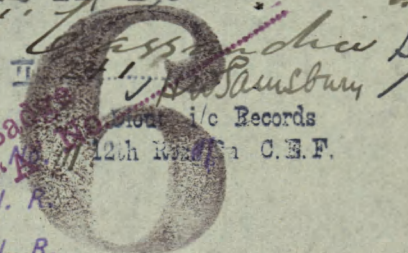
CAN. RECORDS, LONDON.
 3-7-18
 10 OCT 1918
 CAN. RECORDS, LONDON.

12.10.18 C. I. P. D.
13.10.18 C. I. B. D.
13.10.18 C. C. R. C.
15.10.18 C. C. R. C.
17.10.18 UNIT

75th
T. O. S. *75th* TH BN ON ARRIVAL
S. O. S. TO C. C. R. C.
T. O. S.
S. O. S. TO UNIT
JOINED UNIT

FRANCE
FIELD
"
"
"
"
B. 213

War Service Battalion Class. A.



(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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties.

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				
		Proceeded to England.		2 MAI 19	<p><i>Ed Hewett</i></p> <p>Lieut. for Lt. Col. A. A. G. Canadian Section, G. H. Q. - 3rd, Ech.</p>
		<p>S.O.S. PROCEEDED TO CANADA 31-5-19</p> <p>Authority 4th Idn Div H Q</p> <p>A 80-1-13d/25-5-19</p> <p>PART II ORDERS # 31</p> <p><i>Wear</i> left.</p> <p>H.M.T.S. MAURETANIA</p> <p>EMBARKED 31-5-19</p>			
MAY 31	1919 O.S.	T.O. S. No. 2 DISTRICT DEPOT, TORONTO		1919	PART II D. C. 164
JUN 8	1919 S.O.S.	(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D. C.			164
					<p><i>W.C. Roberts</i></p> <p>Lieut. For O. C. No. 2 District Depot.</p>

G.H. Rank **44th Dft 1st Bn 1st C, O, R** Name **CRAWFORD, Robert Milton.** Reg'l No. **3038387.**
 Unit **44th Dft 1st Bn 1st C, O, R** If in perm. Corps, } **Single.**
 What Unit? }
 Married or Single
 Place and Date of Enlistment **Toronto. 17th May 1918.** Place of Birth **Oro Stn. Ont.**
 Name and Address, Next-of-Kin **Emma Jane Crawford, Mrs.,**
Oro Station P.O. Ont. R.R. No. 2. Relationship **Mother.**

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Relationship

N/E. R.B. No.
File R.L. **26598**
Gate No. **CAN-OR**

Relationship

Discharge, Date and Place Reason Character

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.				
	<i>l</i>				
		Arrived in England		21-6-18	S/S CASSANDRA
3-7-18	12 Res	S.O.S. from Canada		21-6-18	NPL F 0156
10-10-18		S.O.S. to 75 Bn of S.		7-10-18	Pl 5241 (75 Bn) 5/11/18
7 5 19	75	PROC. TO ENG		2 5 19	28.
12 5 19		A WING TOS FROM 75 Bn	4 5 /9		28
9 6 19	Awing	SOS TO CAN	21 5	19 Pt 3i	68-1-65 31/5/19

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book 5500 Year 1918	Regimental No.	Rank.	Surname.	Christian Name.
	3038387	Pte	Crawford	R.M.
		Unit.	Age.	Service.
		1 BOR	21	2/12

Station and Date.
Brambott
14.7.18

Disease Mumps

P.H. unimportant

Examination. Both parotids involved -
Mouth & throat not painful.
Lungs negative to percussion & auscultation
Heart apex in 5th space inside nipple line -
Aortic systolic heard at left border of sternum
Loud at 3rd interspace. No flow to axilla
Sounds of good quality, regular,
Abd & Extremities negative

14.7.18 No complications

3.8.18 Disch. to Lewis A.

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

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
3981	2038887	Plt.	Crawford	R. M.
Year	Unit.	Age.	Service.	
1918	1st O. O. R.	21	2 1/2	
Station and Date.	Disease <i>ac. Suppur Otitis Lt.</i>			
<i>Bramsheth</i>	<i>Complaints, Discharging Ear Lt. - 1 day -</i>			
	<i>Routine Treatment</i>			
	<i>Recovered - Discharged to Lewis</i>			
	<i>J. A. Keeney capt</i>			

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

Station
and Date.

1875

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

19 OCT 1918

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 Crawford Christian name Robert Milton
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 791796
3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
4. Address (including street and number, if any) Oro Station Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 22nd day of October 1917, by the undersigned medical board sitting at Barrie, Ont.

5. Age as stated 20 Years 6 Months. 6. Apparent age 20 Years _____ Months
7. Height 5 Feet 7 1/2 Inches. 8. Weight 143 Pounds.
9. Chest measurement { Minimum 35 Ins. 10. Complexion fair { Eyes blue
Maximum 36 Ins. { Hair brown
11. Physical development good { Good
Fair
Poor 12. Smallpox marks nil

13. Number of vaccination marks { Right arm _____
Left arm _____ 14. When vaccinated last nil
15. Distinctive marks and marks indicating congenital peculiarities or previous disease _____

16. Slight defects but not sufficient to cause rejection
The man denies having had { Rheumatism We find no evidence of past { Rheumatism
Tuberculosis Tuberculosis
Syphilis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A-2

E. S. Jumbo Member. N. A. Hart Member. President.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>22/5/18</u>	<u>Good</u>	<u>R B Kennedy Lieut</u>	<u>18/5/18</u>		<u>M.O.</u>
			<u>22/5/18</u>		<u>M.O.</u>
			<u>28/5/18</u>		<u>M.O.</u>

Joined 17th day of May 1918 at Toronto, Ont.

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Depot Bn</u>	<u>3038387</u>		
Transferred to.....	<u>1st C.O.R.</u>			
	<u>12th Res</u>			
	<u>75th Dn</u>	<u>9-10-18</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Exhibition Camp Toronto</u>	<u>May 17/18</u>		<u>as</u> <u>W. Post</u> Capt. Pres. S.M.B.

Signature of Man R. Milton Crawford

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.

Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
No 12 CAN. GENERAL HOSPITAL.		37	6	18	13	7	18	Inflamed left	17	Inflamed left middle ear Recessed	<i>[Signature]</i>
No 12 CAN. GENERAL HOSPITAL.		14	7	18	3	8	Mumps	21	Both parotid swollen No complications Disch. & Rec'd ear A	<i>[Signature]</i>	

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Bramshott (Overseas)

Date 6/5/19

Signed Chivers 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 W. H. Crawford

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

THIS SECTION FOR USE IN CANADA—

Examined at(Canada)

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 a Medical Board.)

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



Faint, illegible markings or bleed-through from the reverse side of the page, possibly including numbers and text.

11

12

13

14

JK

Number 3038387

Rank Lt

Surname CRAWFORD

Christian Name

Robert Milton

Units 75th Div. Can. Inf.

Theatre of War France

Date of Service

12-10-18

Remarks

Latest Address

G.O. Gros Sta. Out

Roll No.

B, Page 21148

DATE AND PLACE OF ORIGIN

*DUE TO SERVICE
*NOT DUE TO SERVICE

HOSPITAL AS AN ADMISSION

WHERE FROM

IT

IN CATEGORY

INVALID

WHERE TO

CONDITIONS DIAGNOSED

ADDRESS

HOSPITAL

STATION

* CROSS OUT CONDITION NOT APPLICABLE.

DEFERRED
REGISTRATION
JUN 21 1922
13195

(OVER)

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

6266 ⁽¹⁾	#12 Gen. Gen., Bramschott	28/1/18	Otitis media
6266 ⁽¹⁾	Discharged	13-7-18	" "
6267 ⁽¹⁾	#12 Gen. Gen., Bramschott	15-7-18	Mumps
C286	Misch.	3-8-18	"

H. Q.
M. D. No. *229*

Surname *Crawford*

Christian names *Robert Milton*

Regtl. No. *3038387* Rank *Pte.*

Unit *1st Gen. Ont. Regt. 1st Depo. Bn.*

T. O. S. *May 14th* 19*18*

D. O. Pt. II *138* of *18/5/18*

S. O. S. *Dis 8-6* 19*19*

Reason *Wemb*

Auth. *10016402/13-6-19*
NO 2

Next of kin *Crawford Mrs. Emma Jane* Relationship *Mother*

Address *R.R.# 12, Oro Station, Ont.* Also notify:

BORN—Place *Canada, Oro Station, Ont.* Date *April 7th 1897*

ATTESTED—Place *Toronto, Ont.* Date *May 17th 1918*

O/S. *9-6-18 1272*

R/C. *6-6-19 343/91 Pte.*





12. Can Gen HOSPITAL.

AT.....

A. & D. No. 5500 PL. OF ACTION.....

RANK Pte REG. No. 3038384 UNIT 1st C. O. R. 1st W. B. SICK OR WOUNDED

NAME Crawford R. M. AGE 21 RELIGION Meth.

PLACE IN HOSPITAL Annet

DIAGNOSIS Mumps

ADMITTED 14 4 18 FROM

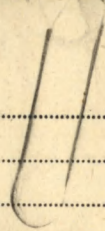
DISCHARGED JUL 13 1918 To Luni

TRANSFERRED.....

SERVICE AT HOME 2/12. IN FIELD.....

RESULTS 3/52.

REMARKS:



A series of horizontal dotted lines spanning the width of the page, intended for handwritten notes or remarks.

A. & D.
CARD

12. Can Gen HOSPITAL.

AT.....

A. & D. No.

4981

PL. OF ACTION.....

RANK.....

Pvt

REG. No.

3038384

UNIT.....

1st B. OR. 1st Bn

SICK OR
WOUNDED

NAME.....

Crawford Km.

AGE.....

21

RELIGION.....

Meth

PLACE IN HOSPITAL.....

Ward 15

DIAGNOSIS.....

Inflam mid ear Lt

ADMITTED.....

27

16

8

FROM.....

DISCHARGED.....

3-8-18

TO.....

home

TRANSFERRED.....

SERVICE AT HOME.....

2/12

IN FIELD.....

RESULTS.....

6/365

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

REMARKS.

A series of horizontal dotted lines for writing remarks.

Robert Hilton

Name CRAWFORD Rank PteReg. No. 3038389Unit 12 ResNext of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
2.8.6	12 Co Lt H Braunschott	Ottawa	Media	6266		20532
13.7.18	Discharged	do		6266		6544
15.7.18	12 Co Lt H Braunschott	Winnipeg		6267		21468
3.8	Discharged	do		6266	6286	7100

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Brawford

R. H.

3,038,387

RANK

UNIT

Co.

TROOP

BATTY.

Pte. 12 B.O. 12 R

HOS: ITAL

DATE OF ADMISSION

12 B. G. Bramshov. 28. 6. 18

1. " " " " HOSP. *15. 7. 18*

2. HOSP.

3. HOSP.

4. HOSP.

DIAGNOSIS

*Otitis media
mumps*

1.

2.

3.

DISPOSITION

DATE

*Ch. 16. 7. 18 6266
17. 7. 18 6267
8. 8. 18 6286 (D)*

REMARKS.

*Dis 13. 7. 18
Dis. 3. 8. 18*

A.M.D. 2 Dept.

Beh. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

Strike out whichever applicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE: <i>1/6/18</i>		EFFECTIVE DATE: -	
AMOUNT: <i>\$10.00</i>		AMOUNT: -	

NAME: *CRAWFORD Robert Milton*
 NUMBER: *3038387*

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.

Mr. Elizabeth Jane Crawford (Mother)
Oron Station P.O. Ont. Canada
Stop 1/6/18

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<i>R.P. from Can</i>	<i>1/6/18</i>	<i>Pte</i>

UNIT AND TRANSFERS

ORIGINAL UNIT: *1st Depot Bn. 1st B.C.R.*
 DATE ACCOUNT FIRST OPENED: *1-6-18*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET TSP'D	UNIT TRANSFERRED TO
<i>12th Rec'd. O'556</i>	<i>21/6/18</i>		<i>12th Can Rec Bn.</i>

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
<i>21 4 3460</i>			<i>3 63</i>				
<i>8 1 5741</i>		<i>A. W.</i>	<i>48 67</i>				
			<i>12 72</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
<i>R.P. from Can</i>	<i>1-</i>	<i>10</i>		

Transf from 1/6/18 - 12th Rec'd. O'556 - 21/6/18 - 12th Can Rec Bn.

PARTICULARS OF RENDERING NON-EFFECTIVE: - *Gr. Bal. 73.25*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>3/15/18</i>	<i>Balance from Canada</i>								<i>10.00</i>		
<i>July</i>	<i>P.P. from July</i>	<i>67 10</i>		<i>cap from July</i>				<i>20</i>	<i>57 10</i>	<i>10</i>	
<i>Aug.</i>	<i>R.P.</i>	<i>34 10</i>		<i>cap</i>				<i>10</i>	<i>81 20</i>		
				<i>AR 1823 14-8-18 12 hrs</i>	<i>48 67</i>				<i>32 53</i>	<i>15</i>	
				<i>" 1972 27-8-18 "</i>	<i>17 03</i>				<i>15 50</i>		
		<i>34 10</i>			<i>65 70</i>			<i>10</i>			
<i>Sept</i>	<i>R.P.</i>	<i>33 -</i>		<i>cap</i>				<i>10</i>	<i>38 50</i>		
				<i>AR 2255 12/9 "</i>	<i>7 30</i>						
				<i>" 2360 12/9 "</i>	<i>9 73</i>				<i>21 47</i>	<i>20 -</i>	
		<i>33 -</i>			<i>17 03</i>			<i>10</i>	<i>34 10</i>		
<i>Oct</i>	<i>✓</i>	<i>34 10</i>		<i>C.A. Pay</i>				<i>10</i>	<i>55 50</i>		
				<i>AR 2593 - 9/16/18 - 12 hrs</i>	<i>9 73</i>				<i>19 83</i>		
				<i>AR 005 - 1701 - 12 hrs - 7/10/18</i>	<i>10</i>				<i>35 74 25 -</i>		
		<i>34 10</i>			<i>9 83</i>			<i>10</i>			
<i>Nov.</i>	<i>✓ Nov. Dec & Jan</i>	<i>101 20</i>		<i>AR 1015 - 7/11 - #1, 11th Bde</i>	<i>3 73</i>						
				<i>AR 1086 - 19/11 - ✓</i>	<i>13 06</i>						
				<i>1240 - 2/12 - ✓</i>	<i>3 73</i>						
				<i>C.A. Nov. Dec. & Jan.</i>	<i>20 52</i>			<i>30</i>	<i>86 42</i>		
		<i>101 20</i>			<i>3 73</i>			<i>30</i>			
<i>Feb</i>	<i>✓</i>	<i>64 90</i>		<i>12 98 - 18 11 Bde</i>	<i>3 73</i>						
<i>Mar</i>	<i>✓</i>			<i>11 03 - 10 1-11 ✓</i>	<i>3 73</i>						
				<i>1633 - 16 ✓</i>	<i>3 73</i>						
				<i>1990 - 16 ✓</i>	<i>3 73</i>						
				<i>2164 - 16 ✓</i>	<i>3 73</i>						
				<i>2146 - 16 ✓</i>	<i>18 66</i>						
				<i>2327 - 16 ✓</i>	<i>3 65</i>						
				<i>C.A.</i>				<i>30</i>	<i>80 36</i>		
		<i>64 90</i>			<i>40 76</i>			<i>30</i>			

*Cancelled by
of account 12/19*

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									80 36		
apl may 1919		67 10		bal. apl may.				20			
	Ref. e. Int	1 60		284 ¹² / ₅	11 B de	3 49					
				3460 ²¹ / ₄	Havel.	3 61					
				5740 ⁸ / ₃	A. wf.	48 67					
				— ¹⁸ / ₃	✓	14 60					
		68 70			70 41			20	58 65		

S.O.S. Canada 31/5/19

S.L. 68-1607-M-D.2

Dispara T

Occupational Group No. 1

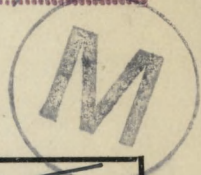
War Service Badge

Class "A" No. 137761

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)



1. No.	3038387	A. M. J. S. Panetania
2. Rank.	PT	315-19
3. Name.	CRAWFORD	Robert Mietow.
4. Unit.	75th. Bn.	
5. Date of Discharge	JUN 8-1919	Place Toronto Ont.
6. Reason for Discharge	Demof.	
7. Authority.	No. 2, D.D., Part II, D.O. No. 164	
8. Proposed Residence after Discharge	Oro Station, Ont. G.P.O.	
9.	<p style="text-align: center;">CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W.?</p> <p style="text-align: right;"><i>R. Mietow</i> Signature of Soldier.</p>	
10.	<p style="text-align: center;">CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="text-align: center;">No. 2 DISTRICT DEPOT</p> <p style="text-align: center;">JUN 8 1919</p> <p style="text-align: center;">TORONTO</p> </div> <p>Place.....</p> <p>Date.....</p> <p style="text-align: right;">For <i>[Signature]</i> Signature..... O.C. No. 2 District Depot (O. C. Discharging Unit.)</p>	

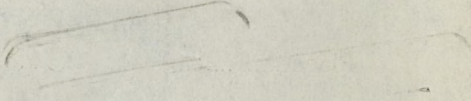


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A large rectangular area containing faint horizontal lines, suggesting a form or a page of lined paper. The lines are very light and difficult to discern.

X

8



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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. 851).
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

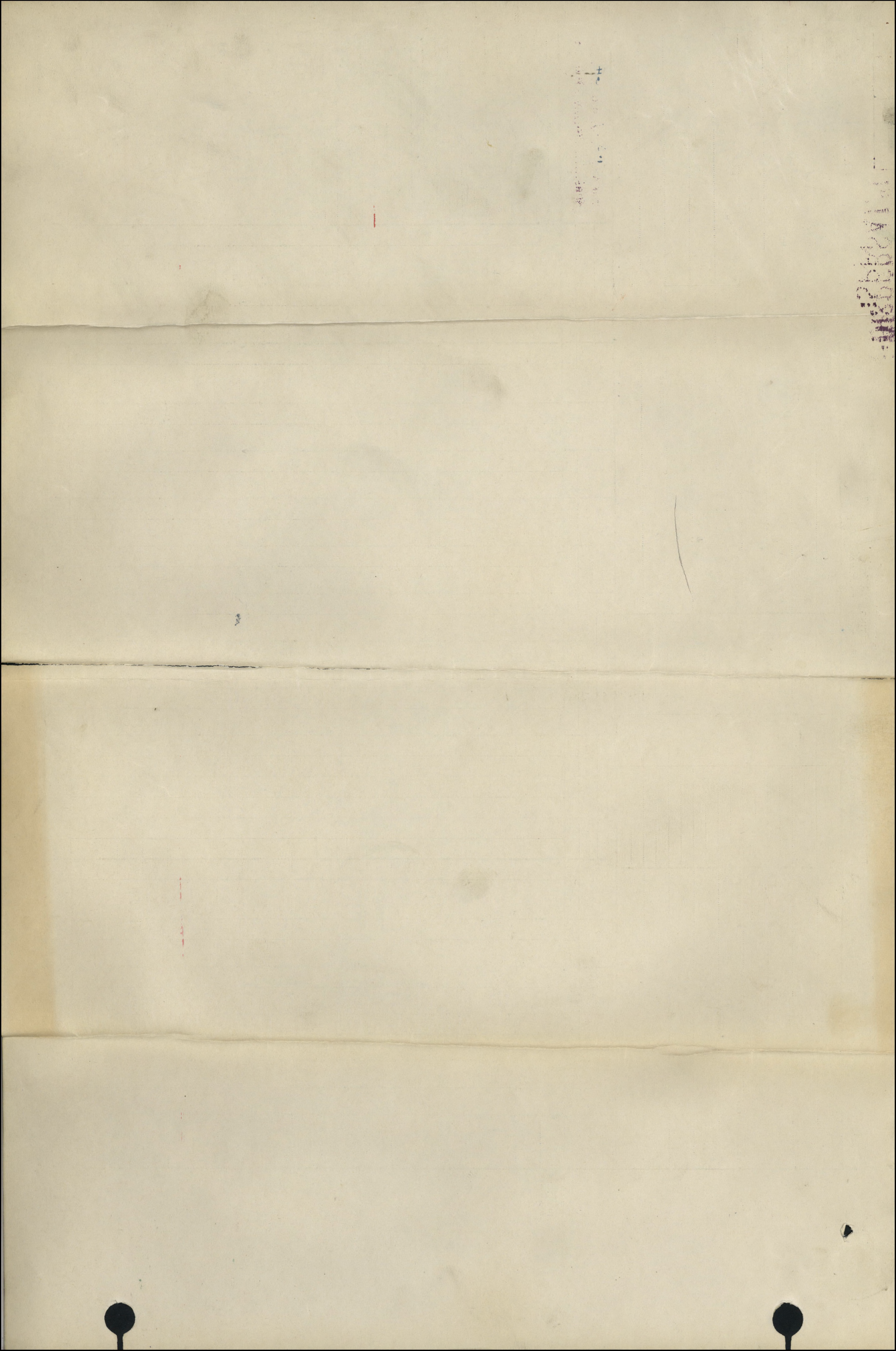
..... Date B

..... Group.....

..... Checked by No. 10

..... Group P

..... Date 29.5.19



Date of Enlistment

17 May 18

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

C

12138

1st June 18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

10 ⁰⁰			
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9L8033
BAH

PARTICULARS OF SEPARATION ALLOWANCE

No. 3038387

Rank *Pte* Promoted Reverted Discharge

Soldier's Name *Robt. M. Crawford*

Battalion *1st Depot Bn., 1st Central Ontario Regt W/44*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Mrs E.J. Crawford*

Address *RR #2 Oro Station PO - Ont*

Change of Address

- 1 MRS. E.J. CRAWFORD,
- 2 R.R. # 2, ORO STATION P.O.
- 3 ONT. 10 10.00
- 4 A-C 3038387 PTE ROBT. M. CRAWFORD,
- 5 TEN DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>June J 1918</i>	<i>1863</i>		<i>10</i>	<i>10</i>	<i>1863 made 25-6-18</i>
<i>July S</i>	<i>32336</i>		<i>10</i>	<i>10</i>	
<i>Aug D</i>	<i>34817</i>		<i>10</i>	<i>10</i>	
<i>Sept L</i>	<i>44198</i>		<i>10</i>	<i>10</i>	
<i>Oct M</i>	<i>52129</i>		<i>10</i>	<i>10</i>	
<i>Nov S</i>	<i>60187</i>		<i>10</i>	<i>10</i>	
<i>Dec R</i>	<i>67371</i>		<i>10</i>	<i>10</i>	
<i>Jan M</i>	<i>72547</i>		<i>10</i>	<i>10</i>	
<i>Feb P</i>	<i>77966</i>		<i>10</i>	<i>10</i>	
<i>Mar A</i>	<i>90217</i>		<i>10</i>	<i>10</i>	
<i>Apr K</i>	<i>2873</i>		<i>10</i>	<i>10</i>	
MAY	H 8103		10	10	✓
JUN	I 9326		10	10	✓
			130	130	

03898. R34

M. F. W. 128
400M.-6-17-1772-39-1141
L. L. 22320-M. & D. 7583.

A/c Closed *Maurehania*
 Ret'd per *Maurehania*
 Date *6/6/19* M. F. W. 187 *13/6/19*
 Clerk *J. Fleckner* N102

AUDITED *28/6/19*
 MRO 122575

AUTHORITY FOR NEW ACCT. } N.R. G.D. 2-13-1
...

Regtl. No. }
Rank and Name } 3038387 Pte Crawford Age 21 Corps 160R

Disease Mumps Hospital Bramshott

To Officer i/c Laboratory. Ward Annex 27

Please carry out an examination of the accompanying specimen of Urine
with special regard to Examination

Nos. of previous Reports (if any) _____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 14.7.18

O. i/c _____ Ward _____

LABORATORY REPORT.

React ill acid neg Spgr 1025 Sugar neg

Date of Examination 15/7/18 82 A. Montgomery Capt
O. i/c Laboratory.

1918

1918

2038387
The Institute
15 OK

12 years old

1918

1918

1918

Examination

In this report, the results of the examination of the specimen are given. It should be noted that the results of the examination are given in the report.

14718

LABORATORY REPORT

1918
J. C. Laboratory