Original

ATTESTATION PAPER.

No. 838494

147th Grey O. S. Bn., C. E. F.

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?	SAMUEL
1b. What is your present address?	DUNDALK ONT
2. In what Town, Township or Parish, and in what Country were you born?	PROTON ONT. CANADA.
3. What is the name of your next-of-kin?	WILLIAM CRAWFORD
4. What is the address of your next-of-kin?	OWEN SOUND. ONTario.
4a. What is the relationship of your next-of-kin?	BROTHER
5. What is the date of your birth?	Oct. 22-1897
6. What is your Trade or Calling?	FARMER
7. Are you married ?	NO
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	YES
9. Do you now belong to the Active Militia?	NO
10. Have you ever served in any Military Force? If so, state particulars of former service.	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, SAMUEL 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.

Samuel Crawford (Signature of Recruit)

Date Jan 6 191 6 J. J. Rutherford (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, SAMUEL 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.

Samuel Crawford (Signature of Recruit)

Date Jan 6 191 6 J. J. Rutherford (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 OWEN SOUND this 6th day of Jan 191 6

J. J. Carson Major (Signature of Justice)

G McFarland Lieut. Col
O. C. 147th Grey O. S. Bn. C. E. F.

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

Description of SAMUEL CLAWFORD on Enlistment.

Apparent Age 18 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 8½ ins.

Chest measurement.
- Girth when fully expanded ..... 35½ ins.
- Range of expansion ..... 2½ ins.

Complexion ..... Fair

Eyes ..... Blue

Hair ..... Fair

Religious denominations
- Church of England .....
- Presbyterian X
- Methodist .....
- Baptist or Congregationalist .....
- Roman Catholic .....
- Jewish .....
- Other Denominations X
  (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.)

Scar on left elbow. Scar on left knee.

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 declares that he is not subject to fits of any description.

I consider him* FIT for the **Canadian Over-Seas Expeditionary Force.**

Date ..... Jan 6 191 6

Place ..... OWEN SOUND

D E Howes Capt
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.

SAMUEL CLAWFORD 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.

G McFarland (Signature of Officer)
O. C. 147th Grey O. S. Bn.

Date ..... Jan. 6 191 6

REGIMENTAL DOCUMENTS

2a
31-5-19

NAME CRAWFORD SAMUEL Cpl REGT. NO. 838494 UNIT 4th M.R. 147 Bn H.Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		~~[illegible]~~			DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				43834	
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
1	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					4th Cmt
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
2	CADC5009A					
1	F.C.D. #3					
1	Cascard					1
2	9 F.1. 1237					
1	R12 2					23-12
	Pay Card					15-12
						11-13

H

M

H

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

2125

R—122
8,401—50,000—21-10-16

J.P.

Rank | Name CRAWFORD, Samuel | Reg'l No. 838494.

Unit 147th Bn. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Owen Sound. 6th Jan.1916. | Place of Birth Proton.Ont.Canada.

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

~~Wi~~OwenSound.Ont. | Relationship Brother.

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. No 24846
File R.L.
Category CAN.OR

A/Cpl

Report. Date.	From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Arrived in England. S S Olympic 20-11-16					
1-1-17	147thBn.	S.O.S. to 8th Res. Bn.	Shoreham	1-1-17	D.O.Ia
1-1-17	8thRes.Bn.	T.O.S, FROM 147th. Bn.	Shoreham	1-1-17	Pt.2.D.O.1
17.2.17	8th Res Bn	SOS TO 4th. C,M,R	Overseas	Shoreham	17.2.17 DO.48
26-2-17	4 CMR.	Taken on strength.	Field		Pt II O. 15.
21.7.17	"	Appt. Lce Corpl ~~Sgt~~	" Sepe	11.4.17	D.O.76
13.9.17	2nd C.O.R	To No 30. Cas Clg Stn	"	7.9.17	CLa 10 Gassed shell wound
19.9.17	—"—	To No 11. Stationy Hospl	Rouen	11.9.17	CLa 15 —"— —"— mild
27.9.17	—"—	Adm Whitecross Mily Hpl	Warrington	23.9.17	CL B 22 W. Gas. shell
26.9.17	4th CMR	Inval (Gassed) ~~Wd~~ Posted in C.O.R.D	Field Sepe	20.9.17	WO 111 (2m C.O.R.D 206 2/10/17

A.F.B. 103 CHECKED 23 FEB. 1917

WLR.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
15-2-18	200RD	S.O.S. to 1st CORD	Sclifft L/Cpl	15-2-18	DO39a (1st CORD Pt II 52 d/21.2.18)
9.4.18	1st CORD	On Com. 2nd CCD	Witley " L/c.	3.4.18	" 97 Pt II 0 151 d/31 5/18
23-5-18	3 Res.	T.O.S. from 1 CORD.	✓ Pte	23-5-18	Pt II 0 143 1 CORD Pt II 0 146 d/28 5/18
11-7-18	✓	Awarded 1 G.C. Badge	✓ L/c	6-1-18	Pt II 0 192 Cancelled in Pt II 0 292 d/19-10-18
~~7-10-18~~	~~"~~	~~App. Alliance Cpl. paid~~	~~"~~	~~7-10-18~~	~~Pt II 0 280~~ See 46 MA Pt II 0 76 d/21-7-17
16.1.19	3rd Res.	Apptd. A/Cpl. with pay	L/Cpl. Witley	16.1.19	D.O.16
5-4-19	MD2	S.O.S. from 3 Res.	a/ Cpl/Rhyl	3-4-19	– 81 (DO90, 3 Res. d/31-3-19)
2.5.19	✓	S.O.S to Canada	a/ ✓ ✓	2.5.19	– 104. S.L. 57.G.19 2.5.19

CANADIAN EXPEDITIONARY FORCE

War Service Badge.
Class d
No. 28873
issued.

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 838494 (Rank) Cpl.

Name (in full) Samuel Crawford enlisted in

the 147th Grey O. S. Bn. C. C. F.

CANADIAN EXPEDITIONARY FORCE at Owen Sound on the 6th

day of Jan 1916

HE served in 4th C. M. R. France and Belgium

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 8 1/2 in

Complexion Fair

Eyes Blue

Hair Fair

Marks or Scars

Scar on left elbow

" " " knee

S Crawford
Signature of Soldier

Date of Discharge

No. 2 DISTRICT DEPOT
MAY 14 1919
TORONTO

[signature]
Issuing Officer

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

Date MAY 14 1919 19

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

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

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

Name (in full) ..... enlisted in

the .....

CANADIAN EXPEDITIONARY FORCE at ..... on the .....

day of ..... 19 .....

He served in .....

and is now discharged from the service by reason of Demobilization / Medical Unfitness

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

Age	Marks or Scars
Height	
Complexion	
Eyes	
Hair	

Signature of Soldier

Date of Discharge

Issuing Officer

Rank

Date MAY 14 1919 19

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

M.F.R. 39A
1049-D.P.-300M-11-18.
R.C. 1772-38-882

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

M. F[illegible] 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 147TH GREY O. S. BN., C. E. F.

Regimental No. 838494 Rank Ste Name Crawford Samuel

Enlisted (a) 6/1/16 Terms of Service (a) Duration C. E. F. End of War & 6 mos after Service reckons from (a) 6/1/16

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) (Farmer) H.F.B.

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.
		Embarked	Canada	13/11/16	
		Arrived	England	20/11/16	
1-1-17	C.O. 147th Bn	Transferred to 8th Res. Bn	Shoreham	1-1-17	D.O.PT 2 # 1 Rwken
1-1-17	C.O. 8th Res Bn	Taken on Strength 8th Res. Bn	Shoreham	1-1-17	D.O.PT 2 # 1 Rwken
17-2-17	8th Res. Batt.	Trans. to 4th CMR. Batt. (overseas)	Shoreham	17-2-17	D.O.PT 2 # 48 Rwken [illegible]
22.2.17	C. B. D.	ARRIVED C. B. D.	FRANCE	22.2.17	N. R. D 22.2.17 PART II ORDERS No. 15 D 26.2.17
24.2.17	C. B. D.	LEFT C. B. D. FOR	4th CMR	24.2.17	N. R. D 24-2.17
3.3.17	4th CMR O. C. BN.	ARRIVED 4th CMR BN.	FIELD	27.2.17	B. 213 D 3.3.17
14-7-17	4 CMR	Appointed L/Cpl. tp complete Est.		11-4-17.	B213 Pt.II.76 d/21-7-17
8.9.17	4 CMR.	Gassed		7.9.17	K.J.16/21376 Dbs 250
7.9.17	30 bbls.	Gas shell W. adm	30 bbls.	7.9.17	A7615
11.9.17	11 Staty	W. Gas. shell Pois. adm	11 Staty	11.9.17	W9431

CERTIFIED CORRECT. 26 FEB. 1917 CAN. RECORDS LONDON

(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 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.
21-9-17	O.C.H/S Warilda	Invalided (Gassed) and posted to 2nd.C.O.R.D. Shorn.		21-9-17.	W3083/3930 Pt.II.111 d/27-9-17.
		J. Johnston			Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
21-2-18	1st CORD	T.O.S. from 2nd CORD	Witley	15-2-18	Pt II 52 (2nd CORD Pt II 39 d/15-2-18
					Lt Hooper Lieut for Colonel i/c Records 8th H
8-4-18	2nd C.C.D.	Attached to 2nd C.C.D.	Bramshott	3-4-18	Pt. II No. 83
23 MAY 1918	OC. 2ndCCD	Ceases to be attached to 2nd C.C.D. on return to 3rd Res. Bn.	Bramshott	23 MAY 1918	Pt. 2 D.O. No. 122
					[illegible] for OC. 2nd CCD.
23.5.18	Ob 3rd Res Bn	T.O.S from 1st CORD	Witley	23.5.18	Pt II DO 143
11.7.18	O.C. 3rd Res. Bn.	Has permission to wear one Good Conduct Stripe	Witley	6.1.18	Pt II. D.O. 192
~~7/10/18~~	~~O.C. 3rd. Res. Bn.~~	~~App. A/L/Cpl with Pay~~	~~Witley~~	~~7/10/18~~	~~Pt II D.O. 280~~
		DO 292 d/19.10.18 Cancelled			DO 280 d/7.10.18
16/1/19	OC 3 Res	App. A/Cpl with Pay with effect 16/1/19	Witley	16/1/19	Pt II DO 16

(9178)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps _____

Regimental No. _____ Rank _____ Name _____

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				
3.4.19	C.O. "J" WING C.C.C.	S.O.S. to M.D.# Kinmel Park, Rhyl, N. Wales.	Witley Camp, Surrey.	3.4.19	D.O. #3.

A.O. [illegible]
Lt. Col.
Commanding "J" WING.

Attached C.C.C:K. P. ..... Part 2 Orders pending transfer to C. E. F. Canada.

Ceases to be attached on transfer to C.E.F. Canada. Part 2 Orders 104 2.5.19

~~100 28.4.19~~

J L Sutherland
Lieutenant for
Officer Comd'g M. D. 2. C. W.
Kinmel Park Camp, Rhyl.

EMBARKED S.S. "CASSANDRA"
MAY 2 1919
DISEMBARKED

J G Allen
Capt & Adj
for Ob Lt P.L.S.

(*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				
MAY 2 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO		1919	PART II D. 0137
MAY 14 1919	S. O. S.	(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT			PART II D. 0137

W. C. Foster Lieut.
For O. C. No. 2 District Depot.

Certified Correct.

Sworn Copy

FILE No. RECEIVED JUN 26 1919 MILITARY DISTRICT No. 2

M.25- Cr-427.

2

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names ... Samuel 2. Surname ... Crawford

3. Rank ... Cpl. 4. Original Unit ... 147 Bn. 5. Reg. No. 838494

6. Address, in full, to which future payments of gratuity are to be forwarded ... Mr. Samuel Crawford. R.R. No. Dundalk P.O. Ont.

7. Date of enlistment in the C.E.F. ... Jan 6, 1916

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ... Not Applicable

9. Relationship of such dependent ... Not Applicable

10. Present address, in full, of such dependent ... Not Applicable

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? ... Not Applicable

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:— 4th C.M.R. Bn. from November 14th 1916 till May 14th 1919

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? ... yes

14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service ... Not Applicable

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served ... With 147 Bn. from Jan 6th 1916 till February 23rd 1917. Then 4th Canadian Mounted Rifles till Passed September 5th 1917 Then 3rd Reserve Bn.

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department ... Not applicable

17. Were y u a member of the Permanent Force at the time of enlistment in the C.E.F.? ... No.

M.F.W. 2595.
1772—39—1389.
122—D.P.—250M-2-19.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... Not applicable .....

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ..... I have received $70.00 Dollars first months Gratuity .....

20. Have you been issued with a War Service Badge? If so, what class? .....

21. Have you, during the present war, served in the Imperial Forces? Not applicable

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ..... Not applicable .....

23 (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England ..... Not applicable

(b) If so, was such reversion in consequence of misconduct or inefficiency? .....

24. Are you now serving in the C.E.F. Not applicable If not, give:—(a) Date of discharge May 14th 1919 (b) Reason for discharge demobilization

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ..... Not applicable .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ..... with 4th C.M.R. Bn. from one Feb 23rd 1917 Till September 5th 1917 .....

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? no.

(b) If so, are you in receipt of full pay and allowances from that Department? ..... no. .....

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: S. G. Crawford.

Place of Residence: N of Proton R.R. No 1 Dundalk

Declared before me at: the Village of Dundalk

This 25th day of June 19.19

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths. Isaac Traynor J.P. for the County of Grey

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

Certified this document
Regimental documents.

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

2

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

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

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

1. Christian names Samuel 2. Surname Crawford.
3. Rank Cpl 4. Original Unit 147th Bn. 5. Reg. No. 838494
6. Address, in full, to which future payments of gratuity are to be forwarded Bank of Hamilton, Dundalk Ont.
7. Date of enlistment in the C.E.F. June 5th 1916
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge not applicable
9. Relationship of such dependent not applicable
10. Address, in full, of such dependent not applicable
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? not applicable
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served 3 years 2 months 147th Bn. Can. 4th Bucks France 3rd Res. Eng.
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department no
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? no

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

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments and under what regimental numbers and units. no

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid no

20. Have you been issued with a War Service Badge? If so what class? no

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

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled no

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? no

(b) If so, was such reversion in consequence of misconduct or inefficiency?

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge (b) Reason for discharge

DEMOBILIZATION

MAY 14 1919

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: A. Crawford

Place of Residence: Dundalk Cut

Declared before me at: Witty Camp, Surrey

This 28th day of March 1919

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

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster

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. 838494 Rank Cpl. Surname CRAWFORD (Give name in full) Samuel

Unit or Corps 3rd Can Res B~ Birthplace Dundalk Ont.

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

1. **GENERAL DESCRIPTION:**

Physique good Weight 160 lbs. Height 5 ft. 9 in. Colour of Eyes Blue

Nutrition Good

Pulse Normal

Condition of arteries Normal

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)

Scar L elbow 1913

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

Special Senses No Integumentary System No Respiratory System

Disturbance of mentality No Muscular System Digestive System

Osseous and Joint System N.A. Any other general condition

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.

Passed Sept 5 1917

227

(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.....(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 Medical Board.)

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

[OVER]

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

Forms
I. 1237
12

Army Form I. 1237.

I

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	838494	L.cpl	Crawford	S

Year	Unit.	Age.	Service.
1918	4 C M R		

Station and Date. 7 FEB 1918

Disease Shell Gas Poisoning

Convalescent Hospital, Woodcote Park, Epsom.

Complaining of headache and perspiration. Slight cough with expectoration. Shortness of breath on exertion. Chest negative R.G. Chest. Fab. 7.

17.2.18 Continue R.G.

19.2.18 [illegible]

26.2.18 P.T. II

4.3.18 Feeling fine. C.O.

11.3.18 Doing well. L Duty

18.3.18. D.O.

25.3.18 D: Recovered

[illegible]

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

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239) P.T.O.

Station and Date.

Forms
I. 1237.
11.

Army Form I. 1237

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
F.T.C 1036	838494	L/Cpl	Crawford	Samuel

Year 1917.

Unit. 4th C.M. R's.

Age. 19 Service
Total 1 yr. 7 mos.
In fd: 7 mos.

Station and Date. Whitecross 22/9/17.

Disease Shell Gas poisoning

Slight
Severe
Dangerous

The Lord Derby War Hospital, Warrington.

NEXT OF KIN.

Brother.
W. Crawford
1292 3rd Avenue East
Owen Sound
Ontario
Canada.

INOCULATION AGAINST ENTERIC.
TV 1 TV 2 ~~TV Nil.~~
Date 20/1/17

Cross out that which does not apply.

22.9.17 CCS 7.9.17.
Admitted suffering from the effects of shell gas poisoning: Complains chiefly of irritation of lower part of larynx.
Stae Aphonia - but. Voice has returned.
General Condition good.
L. Anderson Noble Lib.

Urine p.g. 1025. R. Acid No Albumen

Warrant to
Art I Complaints of feeling sick Att
Art 8 Block I Att
Station. 13 Bettin Att
N.X.17 Is. Nasal Sputum Examined. [illegible]
Complaining of weakness, & pain in chest [illegible]
3.XI.17 Slightly Better. [illegible]
RECOMMENDED FOR Improving Slightly [illegible]
K.XI.17 Improving [illegible]
Discharge 24.XI.17 II Command Depot. Epsom
On 13.XII.17
To
Duty
Light Duty

L. Anderson Noble Lib.

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

Station
and Date.

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins 147TH GREY OVERSEAS BATTALION
CANADIAN EXPEDITIONARY FORCE

(2) Regimental Number ~~838478~~ 838494

(3) Full Name of Soldier SAMUEL GEORGE CRAWFORD

(4) Place of Birth DUNDALK ONT

(5) Are you married, or not ? NO

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

(b) Present Postal Address

(7) Are you a widower ?

(8) Have you any children ?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... NO .....

If so, state name and address .....

(10) Is your Mother alive ?..... NO .....

If so, state name and address.....

.....

(11) If your Mother is a widow.....

Are you her sole support, or not ?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....

.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

..... WILLIAM CRAWFORD .....

..... 1292 THIRD AVENUE EAST .....

..... OWEN SOUND ONT .....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

.....

(15) Are you insured ?..... NO .....

If so, in what Company ?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

147th Grey O. S. Bn.
Officer Commanding.

Date..... AUGUST 29th 1916.

I

ORIGINAL

ORIGINAL 838494

MEDICAL HISTORY SHEET.

147th GREY O. S. BATTALION, C. E. F.

Surname Crawford *Christian Name* Samuel

Examined on 6th day of January 1916 at Owen Sound

Birthplace City or Town Proton Township County Grey

Apparent age 18

Trade or occupation Farmer

Height 5 Feet 8½ Inches.

Weight 142 Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 35½ inches.

Physical development Fairly good

Small-Pox Marks none

Vaccination Marks Arm ~~Right.~~ Left. 1 Number 1

When Vaccinated last In childhood

(*a*) Marks indicating congenital peculiarities or previous disease none

(*b*) Slight defects but not sufficient to cause rejection none

Approved by D E Howes

Rank Capt M.O

Date	Fit or Unfit	Examined for Re-engagement,
25.3.18	D; 7 Cm	27 SEP 1917 M.O
23/5/18	A	2nd CCD 4th Bouchs Cap M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
2/2/16	+	D E Howes M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
22/3/16	+	D E Howes M.O.
31/3/16	+	D E Howes M.O.
20/1/17	Para	D. E. Howes M.O.
12/3/18	TAB 2	
20/3/18		

Enlisted on 6th *day of* January 1916 *at* Dundalk

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	147th.O's.Bttn. C.E.F.	838494		6/1/16.
Transferred to..	8th Can Res Bn (W. Ont)	838494		1/1/17.
	4th C.M.R. Overseas	838491		17/2/17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

CANADIAN

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

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

Surname ..... Crawford ..... Christian Name ..... Samuel

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
		22	9	17	6	2	18	Shellgas poisoning	138	Transferred to Woodcote Park Epsom	M A Hoke.
M. C. H. Epsom		6	2	18	3	4	18	do.	57	7.2.18. Complains of headache and perspiration. Slight cough with expectoration, shortness of breath on exertion Chest neg. 25/3/18 Recovered Has done P.T. R.G. & L.D. Cat. D1	F M O'Connor [illegible]

THE L[illegible] DERBY WAR HOSPITAL WARRINGTON

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) CRAWFORD, S.

REGIMENT 3rd Res. Bn. RANK Cpl. No. 838494

Date of Examination in England 26.3.19 | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT?

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

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

Signature of Dental Officer

C.A.D.C. 5009A

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

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2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

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

Signature of Dental Officer

FORM D.M.S. 1300.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
CRAWFORD	S.	838494

RANK	UNIT	CO.	TROOP	BATTY.
L/C	2CO. 4CMR.			

HOSPITAL — DATE OF ADMISSION

30 C.C.S. 7-9-17.

1. 11. Stat. Rouen. HOS. 11-9-17.
Whitecross Mil Warrington 23.9.14
2. Mil Convl. Epsom. HOSP. 7. 2. 18.
3. HOSP.
4. HOSP.

DIAGNOSIS

1. Gassed Shell Wd. R.
2
3.

DISPOSITION — DATE

CL. 14-9-17 A10.
20-9-17 @15 (3)
28.9.14. B22
9. 2. 18 B135.
10. 4. 18 B18 4. (2)

Disch 3. 4. 18.

REMARKS

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

EPITOME OF HOSPITAL TREATMENT

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

NAME Crawford Samuel

RANK AND CORPS L/Cpl. 10th Bn. (Form. 147th Bn.)

REGT'L No. 838494

H. Q. FILE No. 649.

FOLLOWS NO.

FOLLOWS

CABLE

NO.	DATE	NATURE OF CASUALTY
18-8 M6055	14-9-17.	Adm. to 30th Cas. Cl. Italian Sept. 7th 1917. gas poisoning.

L. L. 20497—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A10-1	#30 Cas. Clg. Stat.	7-9-17	Gassed Shell Wound 2nd Cent Ant.
A15	#11. Stationary. Rouen —	11-9-17	" " 15-10-17, Mild —
B22.	White Cross. Mil. Warrington	23-9-17	W. gas. shell 18-10-17.
B.135	ex " " " " Mil. bone. Epsom	7/2/18	" " 4/3/18
B.184 (2)	Desch.	3/4/18	" "

FORM R. 149.
7106–250m—7/2/17.

Name CRAWFORD, Samuel, Rank L/Cpl. Reg. No. 838494

Unit 4. C. M. R.

Next of Kin Canada

1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
7-9	30 CC. S.	Gassed	Shell W.	A10	6055	2608.
11 9	11th H. Rouen	do	Mild	A15		13983
23 9	Whitleywood Mil H Warrington	do		B22	/	2662
7. 2 18	Mil Con Epsom	Sick	do	B135	/	12087
3. 4 18	Discharged		do	B184	nc /	4257

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

No. 838494 RANK Pte. NAME Crawford, L

T. O. S. 5-1-16 D.O.S. 7-1-16 UNIT 147th (Grey) Battalion, C. E. F.

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T
1916 Jan. 5	1916 Jan. 31	✓
Feb.		✓
Mar.		✓
April		✓
May		✓
June		✓
July		✓
Aug.		✓
Sept.		✓
Oct.		✓
Nov.		✓

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY

UNIT SAILED
NOV 13 1916

SURNAME. Crawford

CHRISTIAN NAMES Samuel

REGL. No. 838494 RANK Pte.

UNIT 147th Bn.

FORMER CORPS nil

CARD NO. ✓

FOLL. S.O.S. Dis. 14-5-19 Demob
DO 137 of 17-5-19
#2 DD.

NEXT OF KIN.

NAMES IN FULL Crawford, William

RELATIONSHIP TO SOLDIER brother

ADDRESS Owen Sound, Ont.

CHANGE OF ADDRESS

also notify
mrs John Ramsay
(sister)
14 East 25th St.
Hamilton Ont.
avail. letter 10-10-17.

COUNTRY OF BIRTH Canada Proton, Ont. DATE Oct 22nd 1897

PLACE OF ATTESTATION Owen Sound, Ont. DATE Jan. 6th 1916.

sailed from Halifax 14-11-16 per. S. S. Olympic. 3rd Cpl.
R/C. 13-5-19

L. L. 94504. M. & D. 6512. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Farmer RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 18 YEARS 2 MONTHS

HEIGHT 5 FEET 8½ INCHES

CHEST MEASUREMENT 35½ INCHES EXPANSION 2½ INCHES

COMPLEXION Fair EYES Blue HAIR Fair

DISTINGUISHING MARKS Scar on left elbow. Scar on left knee

MEDICAL EXAMINATION. PLACE Owen Sound. Ont. DATE Jan. 6th. 1916

Present Address. Dundalk, Ont

E.M.J.

Number 838494 Rank a/cpl

Surname CRAWFORD

Christian Name Samuel

Units 4th C.M.R. Theatre of War France

Date of Service 22/2/17

Remarks

Latest Address P.C. Dundalk

Ulst

Roll No. 13 Page 185 28

200m.-6-21.M.

*DUE TO SERVICE
*NOT DUE TO SERVICE

OSPITAL AS AN ADMISSION

WHERE FROM

IT ..... IN CATEGORY

INVALID

WHERE TO

DITIONS DIAGNOSED

ADDRESS

HOSPITAL ..... STATION

* CROSS OUT CONDITION NOT APPLICABLE.

(OVER)

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/3/17		EFFECTIVE DATE:-	
AMOUNT:- ~~20.00~~		AMOUNT:-	

NAME:- CRAWFORD Sam.

NUMBER:- 838494

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs Edithe G. Ramsay
60- 33rd Street.
Hamiltons Ont.
Canada.

Stopped Eff 1-5-19

Note. Records
Rank CRH

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
DO 76. 21/1/17 4th CMR.	11-4-17.	L/Cpl.
Do. 3 Res. 16 - 16 1/19	16.1.19	a/t - A-1 Cl. with Pay

UNIT AND TRANSFERS

ORIGINAL UNIT:- 14th Bn

DATE ACCOUNT FIRST OPENED:- Dec. 1916.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 05	10		
	1 10	10		

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
4757	12/3/19	~~3rd CRB~~	4 87				
15-3	5045	~~—~~	12 17				
1-4	32	~~J. Wing~~	19 49				

PARTICULARS OF RENDERING NON-EFFECTIVE

Ltd to Canada Eff 1-5-19 Auth Witley h.R. 6093 & Witley 2-4-19. M.D.2. Credit Bal^{ce} 49.01 of which $^{\#}$5.00 is def pay. Dup Rec

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March 31st	Bal. Forward								14 78 3	45	
Reprd	L/C. P.	34 50		Can Cap.				20			
	L.F. 3.4.18 to 13.4.18 DO 83.8/4/18 2 CCD.	7 30		CR 129-3/4/18-1 Res RD	48 67						
				C679-Can-18/3/18-4/9½	1 17						
				AR. 563. 25/4/18 2nd 662.	48 91				65 88		
		41 80			98 75			20			
May	L/Cpl. P.	35 65		Can Cap				20			
				999 14 May/18 2 CCD.	14 84						
				AR 733-31/5/18- 2 Res	12 17				51 52		
		35 65			27 01			20			
June	L/C. P.	34 50		Can Cap				20			
				AR 853-12/6/18- 3 Res.	487						
				AR 979-25/6/18- do	973				54 42		
		34 50			14 60			20			
July	L/C. P.	35 65		Can Cap				20	70 07		
				AR. 1129-12/7/18- 3 Res	487				65 20		
				AR 1271-26/7/18- do	12 17				5 03		
		35 65			17 04			20			
Aug	L/C. P.	35 65		Can Cap				20	68 68		
				AR 1455- 10-8-18 3 Res.	14 60				54 08	45	
		35 65			14 60			20			
Sept	L/C. P.	34 50		Can Cap				20	68 58		
				AR 1861 14/9 "	487						
				" 1939 20/9 "	12 17				51 54	45	Bal a/cd to 30-9-18 CRH
		34 50			17 04			20			
Oct	✓	35 65		Can Pay				20			
				AR 2190-11/10/18- 3rd Res.	487						
				AR 2392-29/10/18- ✓	973				52 59	45	
		35 65			14 60			20			

(over)

compiled 4/4/19 Dup Rec

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Balance Forward.								52 59	45 -	
Nov.	L/Cpl. Nov. Dec & Jan.	105 80		AR 2569 - 14/11 - 3rd Res.	4 87						
				AR 2737 - 26/11 - ✓	12 17						
				AR 2935 - 9/12 - ✓	4 87						
				3055 - 17/12 - ✓	14 60						
				C.A.P. Nov. Dec. & Jan.				60	61 88		
		105 80			36 51			60 -			
Feb.	4th A/Cpl. w. pay 16 1/12, und'dwd. 16 d ✓ 4 16 - 31. 1. 19	80		✓ 3381 10/1 3 Res.	4 87						
✓	Cpl - Pay	33 60		✓ 3846 29/1 ✓	12 17						
Mar	✓	37 20		✓ 4486 13/2 ✓	7 30						
				✓ 4483 26/2 ✓	24 34 4 87						
				C. a. C. Feb. allan.				40			
		71 60			29 21			40			
				4757 12/2 ✓	4 87				59 40		
		71 60			34 08			40			
Apl.	✓	36 00						20			
	Interest on def pay 30/4/19	5 25		✓ 0 44 20/4 3 Res.	12 17						
				1543 8/4 K. PK.	9 73						
				✓ 2289 24/4 ✓	9 73						
				32 24/4 J. W.	19 47						
		41 25			51 10			20 .	29 55		
				S. O. S. 3/5/19							
				S/R 7 — 3 Res							

P. 559.
MARRIED OR SINGLE: Single
PLACE OF BIRTH: Brolton, Ontario
NAME AND ADDRESS OF NEXT OF KIN: Wm Crawford. Owen Sound, Ontario
RELATIONSHIP OF NEXT OF KIN: Brother
NAME AND ADDRESS OF NEXT OF KIN:
RELATIONSHIP OF NEXT OF KIN:
SEPARATION ALLOWANCE MONTHLY $: EFFECTIVE (DATE)
PAYABLE TO:
RELATIONSHIP OF DEPENDANT:

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Actg. L/Cpl	11-4-17	Do 76 4/7/17

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. 838494 RANK ~~Cpl~~ L/Cpl NAME Crawford. Sam.
IF IN PERMT. CORPS WHAT UNIT | UNIT 147 th Bn
PERMANENT FORCE ALLOWANCES
PLACE OF ATTESTATION Owen Sound, Ontario
DATE OF ATTESTATION 5/1/16
ASSIGNED PAY MONTHLY $ $20.00 Date Effective 1/3/17 a.2 M. Form rendered 9/3/17
PAYABLE TO Edith G. Ramsey, 60-33rd St. Hamilton, Ont. RELATIONSHIP Sister
ASSIGNED PAY MONTHLY $ DATE EFFECTIVE
PAYABLE TO RELATIONSHIP 93
STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
DISCHARGE DATE AND PLACE
ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) O

TRANSFERRED TO 8th Res Bn DATE 1-2-17 AUTHORITY RO 71 22-1-17.
TRANSFERRED TO 4th C.M.R. DATE 21-4-17 AUTHORITY RO-45-17-2-17
TRANSFERRED TO 2nd CORPS DATE 1/11/17 AUTHORITY Request
TRANSFERRED TO ~~H Contl~~ DATE ~~1/3/18~~ AUTHORITY ~~CR~~
1-CORD 1-3-18 52-21/2/18

Assigned pay for month of ____ paid by Assistant Pay Branch, and recovered on ____ Pay Sheets, Canada.

DATE 1916	PAY NO. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE NO. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY NO. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 NO	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
																															25 -				Bal from Canada
Dec														28	28																				
1-31	31	1.00	31 -		31	.10	3 10								34 10	12	1/12/16	70	17/12/16					26 77	7 30					34 07	28 03				
1917. Jan 1-15	15	1.00	3 10 16 50												16 50	121	31/12/16							9 74						9 74	34 79		Xx 4 79		
16-31	16	1.00	17 60												17 60															43 81	52 39				Trans to 8th Res Bn. Eff 1/2/17 RO "71"
Feb 1-28	28	1.00 10	30 80												30 80	71	30/1/17							9 73											
																22	30/1/17							7 30					62	17 65	65 54				Q.M.G.O.S. 12-7-17.
Mch 1-31	31	1 00 10	34 10												34 10	166	15/3/17	1436 1573 1423	17/3/17 24/3/17 5/3/17	4th C.M.R. 4th C.M.R.				9 73.		2 62 2 62 2 61			20 -		37 58	62 06		45	17 06	Trans to 4th C.M.R. RO 45-17-2-17
Apl 1-20	20	1.00 10	22 -												22 18 3 10													20 -		78 04 1179	64 06				
21-30	10		11 -												11 -													- -		- -	75 06				
May	31		34 10												34 10	74	29/4							2 68					20 -		22 62	86 54		Xx 11 54		
June	30		33 -												33 -	188	15/6			17 1/24	4 Cmtl			2 67		2 61			20 -		24 28	94 26		90 4 26		
July	31		34 10												34 10	200	7/6							5 35					20 -		25 35	108 61		Xx 3 61		Mch c/c 11/4/17 Do 76 21/7 87 days C.S. and A Pay
Aug	31	1.00 10	35 65												35 65	32	7/6							2 68					20 -		27 68	124 58		Xx 1 58		
Sep	30		34 50												34 50	425 427 412	29/7/17	1144 1145	29/7/17 15/8		Cpl 30/9			2 68 267		2 67 5 35		H 87	20 -		38 24	117 84		45 72 84		

838494 ~~Pte.~~ Lce Cpl Crawford S.

Date	Pay: No. of Days	Pay: Rate	Pay: Amount $	Pay: Amount c.	Field Allowance: No. of Days	Field Allowance: Rate	Field Allowance: Amount $	Field Allowance: Amount c.	Working or Special Pay: No. of Days	Working or Special Pay: Rate	Working or Special Pay: Amount $	Working or Special Pay: Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
MONTH 1917	PARTICULARS		CR. 1	CR. 2	PARTICULARS									DR. 1	DR. 2	CR. 3	DR. 4	BALANCE		DEFERRED PAY	SER. ALLCE. ENG.														
Oct 1st	Blce Ford		~~117~~	~~84~~ 6														117	84	45															
"	31 days @ 1/5		35	65	a/p												20	133	49																
			35	65													20																		
Nov	L.Cpl Pay		34	50			A.P.										20																		
					Rem 10240. 13/12/17									9.73																						
Dec	L.Cpl Pay		35	65			aP										20	153.	91.																
			70.	15										9 73			40																		
1918																																			
Jan	L/Cpl Pay		35	65			aP										20	169	56	45															
			35	65													20																		
Feb.	L.Cpl Pay		32	20			aP										20																		
					DWAR. 8018. 22/1/18. Boulogne									2 68																						
					aR 963. 10/1/18. 4 BMR.									17 84				161	24	45																
			32	20	duque A 49857									20 52			20																		
Mch	L/Cpl Pay		35	65	aR.S.R. 9/2/18 Em 19500 2nd Cold									24 33																					
					CAP												20																		
					aR. 13506 4/3/18 Cole H. Lyons									9 73				142	83	45																
			35	65										34 06			20																		

4 Cum R

WAR SERVICE BADGE CLASS A
288173
SERVICE GROUP
OCCUPATIONAL GROUP 1

M.D.2

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Toronto Brother a Farmer

1. No. 838494 EMBARKED R.M.S. CASSANDRA MAY 2 1919
2. Rank. Gpl
3. Name. CRAWFORD Samuel DISEMBARKED
4. Unit. 3rd Res 4th C.M.R. 44 Bn.
5. Date of Discharge MAY 14 1919 Place TORONTO, ONT.

6. Reason for Discharge DEMOBILIZATION

7. Authority. No.2, D.D., Part II, D.O.No. 137

8. Proposed Residence after Discharge Dundalk P.O. Ont.

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.?

S Crawford
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place No. 2 DISTRICT DEPOT

Date MAY 14 1919 TORONTO

For
O.C. No. 2 District Depot.

Signature
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

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

Group 20

Checked by No. .....

24 APR 1919

Date .....

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

C 12152

Date of Assignment Mar 1 — 17.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 838494

Rank Pte Promoted Reverted Discharge

Soldier's Name S. Crawford

Battalion 147th Battn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Edith S. Ramsey

Address ~~60-33rd St~~ Hamilton, Ont.

Change of Address

1 14 East 25th Street Hamilton Ont.

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
1917						03898 S3
Dec 31			200 —	200 —	P	
Jan	T 66013		20	20 00	a deg	
Feby	W 100634		20	20 —		
Mar	A 118817		20	20 —		
Apl.	B 1310		20	20 —		
May	M 17408		20	20	JL	
June	I 21106		20	20		
July	S 32341		20	20		
Aug	I 14822		20	20		
Sept	L 44204		20	20		
Oct	M 52135		20	20		
Nov	D 60188		20	20		
Dec	R 69397		20	20		
Jan	M 72548		20	20		
Feb	P 77972		20	20		
Mar	H 90223		20	20		
Apr.	K 2878		20	20		
MAY	H 8108		20	20	✓	
			540	540		

A/c Closed

Ret'd per Cassandra

Date MAY 12 1919 M.F.W.187 MAY 17 1919

Clerk [signature] 2.

AUDITED

RO 104148 B

CONSOLIDATED ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

L-L. Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

To Whom Edith G Ramsey

Address ~~60-33 29 St~~
Hamilton Ont
14 East 25th Street

Rate 20.00 Mar 1/17

By Whom Assigned Crawford S.

Regtl. No. 838494

Rank Pte

Corps 147th Battn

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			2 m 8/3/17. JBC 20-4/17.
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 2 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

"CASSANDRA" 12-5-19

DISPERSAL "I"

AUDITOR | PAYMASTER

14

M. OR S.

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

REGT. NO. 838494 RANK Cpl. NAME (IN FULL) CRAWFORD S. C40

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID Nil | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT? RR No 1 P.O. Dundalk. Ont. (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 6-1-16 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 20.00 | DATE EFFECTIVE 31.5.19 Closed G Ottawa

PAYABLE TO Edith G Ramsay | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 14 East 25th St Hamilton Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Toronto. DATE 14-5-19 REASON Demob. AUTHORITY D.O. 137 IF ENTITLED TO POST DISCHARGE PAYS

T.O.S. 2-5-19 D.O. 137
SUBS. TO D.O.

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
BALANCE FROM PREVIOUS ACCOUNT 30.4.19					49 01	49 01													49 01	Bal. Eng. L.P.C.
17.5.19	17	1.20	20 40									19 46	End. on L.P.C.							1.5.19 To 17.5.19 P.A.
				35 00																Clothing
				70 00																W.S.G.
													20 00							May A.P.
										4 87	5 00									Boat + Train
						125 40			Ch.	125 08							174 41			
				W.S.G.											W.S.G.					
														14-5-19	70 00			Due Soldier		W.S.G. as above
183 days				420		420									3 60		73 60	346 40		3 days [illegible]
												GR 78	July 2	668416	66 40		140 –	280 –		
												GR 82	July 8	671916	70 –		210 –	210 –		1st W.S.G. Paid by #2 D.D.
												GR 104	Aug 5	986058	70 –		280 –	140 –		W.S.G. PAID IN FULL
												GR 134	Sept 8	1348688	70 –		350 –	70 –		[illegible] CAPTAIN FOR PAYMASTER WAR SERVICE GRATUITY
												GR 160	Oct 10	1358565	70 –		420 –	0		
						420									420 –		420 –			

Written 5/6/19

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