ORIGINAL.

Unit 134th Battalion *Rank* Lieutenant *Name* S. H. Crawford

OFFICERS' DECLARATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS.)

1. (*a*) What is your Surname ? Crawford.

   (*b*) What are your Christian Names ? Samuel Hume.

2. (*a*) Where were you born ? (State place and country) Toronto, Ontario.

   (*b*) What is your present address ? 63 Warren Road, Toronto.

3. What is the date of your birth ? 17th December. 1893.

4. What is (*a*) the name of your next-of-kin ? C. A. Crawford,

   (*b*) the address of your next-of-kin ? 63 Warren Road, Toronto. Ont.

   (*c*) the relationship of your next-of-kin ? Father.

5. What is your profession or occupation ? Student (Medical)

6. What is your religion ? Methodist.

7. Are you willing to be vaccinated or re-vaccinated and inoculated ? Yes.

8. To what Unit of the Active Militia do you belong ? 48th Highlanders.

9. State particulars of any former Military Service None.

10. Are you willing to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE ? Yes.

The undersigned hereby declares that the above answers made by him to the above questions are true.

S. Hume Crawford. (*Signature of Officer.*)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Feb- 20 1916.

Place Toronto

W. Thoughton Capt
Medical Officer.

*Insert here "fit" or "unfit."

M. F. W. 51.
20m.—10-15.
H. Q. 1772-39 917.

OFFICERS

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name CRAWFORD, SAMUEL HOME

Regt. No. —— Rank Lieut

Corps 134th Bn.

Docs to Pers on M.F.W. 2505

Ref Pers — 211 of 15-3-19 Lmcd

Gen. 15-4-19

Demob

43837

Proceedings of Court of Inquiry or on men reported Missing on Active Service..... 14-3-19 Lmcd

Attestation Papers..... 1 L 42

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 1 L.

Proceedings on discharge..... 1 L.

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 3 L

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

Misc Cover — 1 L
M Fw 51 — 1 L
M Fw 129 — 1 L
Dent. certif — 1 L
Ref. S.S. Adriatic dy 1-3-19

P. 880 — 1 L
form C.D 3-1 L
M Fw 67 — 1 L
A Fw 3172-1 L
[illegible] 618a — 1 L

M. F. W. 62.
50m.—9-16.
H. Q. 1772—39 - 935.

CANADIAN FORCES
RECORDS CENTRE
PERS JACKET
ROOM

H

1 — 15
1 — 15

BOX 404052

CANADIAN EXPEDITIONARY FORCE

N.W.-6-26.
H.C.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Lieutenant

(Name in full) Samuel Hume CRAWFORD

Enlisted in the 134th Battalion

CANADIAN EXPEDITIONARY FORCE, on the [redacted]

day of [redacted] 191[redacted] AND WAS APPOINTED to COMMISSIONED RANK

in the 134th Battalion

CANADIAN EXPEDITIONARY FORCE on the Third day

of January 191 6

He SERVED in CANADA, England and France with the 134th Battalion., 12th Reserve Battalion., 1st Quebec Regimental Depot, 20th Reserve Battalion., and 42nd Battalion.

and was STRUCK OFF THE STRENGTH on the Twelfth day

of March 191 9 by reason of General Demobilization

Dated at Ottawa, this Fourteenth day

of October 191 9

for Capt.
Director of Personal Services.

M. F. W. 2618a.
'30m.—4-19.
1772-39-1428.

Director Personal Services.

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 42nd R H G

Regimental No. ..... Rank Lieut C. E. F. Name CRAWFORD S H

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				
15 3/19	HQ Ottawa	TOS C&E Canada Gen Demob	MD #4	1 3/19	C&E RO 1795-19
19/3/19	HQ Ottawa	TOS C&E Canada Gen Demob.	MD 4	12/3/19	C&E RO 1805-19

D Urquhart Lieut.
for D. A. G. Personal Services

(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				

CERTIFIED CORRECT
27 MAY 1918
CANADIAN RECORD OFFICE

War Service Badge
Class "A" No.

M.,F. W. 54.
350M. 10-15.
H.Q. 1772-39-920.

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

Casualty Form—Active Service.

Unit, Regiment or Corps 134th OVERSEAS BATTALION (48th HIGHLANDERS,) C.E.F.

Regimental No. ..... Rank Lieut. Name Crawford. Samuel Hume C. E. F.

Enlisted (a) ~~3/1/16~~ Terms of Service (a) Duration of War Service reckons from (a) ~~3/1/16~~ 8.8.16

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) .....

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	Halifax	8/8/16	H.M.T. Scotian
		Disembarked, England	Liverpool	19/8/16	
6.3.18	134th Bn	Transferred 12th Manl Res Bn Witley		6.3.18	Part II G.O. No 25 M.F.C. 03 T.O. 134th Manl Draft 12th Bn
7-3-18	12th.Bn	T.O.S.12th.Res.Bn.	Witley.	6-3-18	PartII 57.
16-3-18	do.	S.O.S.to 1st.Que.Regt.	do.	9-3-18	PartII 65. Lieut.i/c Records 12th.Res.Bn.
27.3-18		TAKEN ON STRENGTH 1st. Quebec Regt'l. Depot	Bramshott	Pt. II. D.O.	75-9.3-18
27.3-18		1st. Que. Regt'l. Depot. POSTED TO 20th Res Bn		Pt. II. D.O.	75-17.3-18
28-3-18	20th Bn	T.O.S.	B'ch	18-3-18	Do. 87.

ADJUTANT, 1ST. QUEBEC REGT'L. 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.

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

Lieut. CRAWFORD, Samuel Hastie

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.
20/5/18	Jokes	S.O.S. on transfer to 42 Bn Overseas	B'Shott	14/5/18	D.O. 140 [signature] ADJUT. T. FOR O.C. 20th CANADIAN RESERVE BN. R.H.C.
15/5/18	C.B.D.	Arrived in France & taken on strength of 42nd Cdn. Battalion Casualty - W.O. 121/DAG/1/984. M.S.D.R. (S) List 15 G, 1/10/5/18. Can. Sect. file 28302)	C.B.D.	15/5/18	N. of B. 2115/1. D.O. 47 of 21/5/18.
22/5/18	C.C.R.C. 3 Bn.	arrived C.C.R.C. 3 Bn		22/5/18	N. of a Jog.
11/8/18	Do	Joined		11/8/18	N. of D. 368
17/8/18	42nd	arrived unit		13/8/18	B.213
26/10/18	42nd	14 days' leave to U.K.		19/10/18	Do Extends to 6/11/18.
16/11/18	Do	Rejd unit		8/11/18	Do
		O.C. Cdn. S.O.S. for demobilisation to ~~C.R.D.~~ Conc. Camp Le Havre	~~C.R.D.~~ Depot	~~B'Shott~~	N/R. Pt. 2.O/S.
7/4/19	42nd	Granted 8 Days leave to U.K. & proc. O.S. W., O.L.	7/4/19	7/4/19	A.A. Brander Lieut. for Lt. Col A.A.G. Cdn. Sect. G.H.Q.
1-3-19		S.O.S. O.M.2.6. H. Studd Capt proc. 6.6.6.			

MAR 1 - 1919 EMBARKED FOR CANADA

R 150
ET

Rank and Name CRAWFORD, Samuel Hume. ✓ Lieut.

Regimental No.

Unit 134th Battn.

Date of enlistment

Place of birth Toronto.Ontario.Canada. ✓

Married (Yes or No).

If in Permanent Force

Promotions or appointments

Name and Address of Next-of-Kin Father. ✓
C.A. Crawford. ✓
63, Warren Road. Toronto.
Ontario.Canada.

Date and place of discharge

Reason for discharge

Character on discharge

LEFT CANADA , 8.8.16

21-5-16
7.05.158
134th-B-12-3-17
1-4-17

	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	(33) Date	☆ 1ST C.O.R. REMARKS Taken from Official Documents
			Attached 12th Bn. Royal West Surreys			
	26-8-16	134th Bn.	Aldershott, while attending bombing Course.		28-6-16	Pt. II ord. 183.
	1-3-17	5th Div.	i.c. 23rd Course. G.M.S. Granted Certificate having passed Examinations			R.O. 859
	4.4.17	5 Division	Qualified as Instructor Lewis Gun 7 course 5th Can Div Sch.		30.6.17	R.O. 190 ult.
1	4.3.18	12 Res Bn	To S. from 134 Bn		6.3.18	Ford 54
2	13.3.18	Hqrs 5th	Transferred to 1 Quebec Regt		9.3.18	R.O. 3655, Pt II of 175 (1st ORD)
3	27.3.18	1st ORD	S.O.S. on Posting to 20th Res Bn		17.3.18	Pt II of 75, Pt II of 87 (20 Res Bn)
4	20.5.18	20th Res Bn	SOS on Proc. of Secs to 42nd Bn.		14.5.18	Pt II of 140
	21.5.18	42nd Bn.	TOS of 42nd Bn on Arr. from England.		15.5.18	Pt II of 147
	6.11.18	- do -	Granted 14 Days Leave to U.K.		19.10.18	Pt II of 125
5	14.2.19	do.	Proceeded to England with 42nd Bn		14.2.19	Pt II of 14
6	1.3.19	do.	SOS & OMFC on Proceeding to Canada		1.3.19	Pt II of 24 Sailing No 25.

A.F.B. 103
27 MAY. 1918

12144

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				

ORIGINAL.

MEDICAL HISTORY SHEET.

Surname Crawford *Christian Name* Samuel Hume

Examined { on 20th day of February 1916
at Toronto

Approved by [signature]

Rank Capt M.O.

Birthplace { City or Town Toronto
County York

Apparent age 22

Trade or occupation Student

Height 5 Feet 7 -1/2 Inches.

Weight 150 Lbs.

Chest measurement { Minimum 34 inches.
Maximum expansion 38 inches.

Physical development Fair

Small-Pox Marks Nil

Vaccination Marks { Arm ~~Right.~~ Left.
Number Two

When Vaccinated last when a child

(a) Marks indicating congenital peculiarities or previous disease Nil

(b) Slight defects but not sufficient to cause rejection

Nil

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
Mar. 10	+	M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
Feb. 26	+	M.O.
Mar. 4	+	M.O.
Mar. 11	+	M.O.

T.A.B (11-4-18. Lieut Capt
2 (20-4-18. Lieut Capt

Enlisted on 3rd day of January, 1916 at Toronto, Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	134th O.S. Bn C.E.F.	Lieut.		6-3-18
Transferred to	12th Res Bn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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.

200M—11-15.
H. Q. 1772 39-479.

Surname CRAWFORD Christian Name SAMUEL HUME

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.

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. ..... Rank LIEUT. ..... Surname CRAWFORD
(Given name in full)
SAMUEL HUME

Unit or Corps 42 BN Birthplace TORONTO ONT

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

1. GENERAL DESCRIPTION:

Physique Good Weight 175 Estimated lbs. Height 5 ft. 8 in. Colour of Eyes Blue

Nutrition Good

Pulse 82 Regular

Condition of arteries Soft

Vision Rt. 6/12+ Left 6/12+

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

none

Opinion as to general health and physical condition Good

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

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System yes

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System yes Any other general condition no

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

Pneumonia (Childhood)

Fracture Rt Leg + Rt forearm? - (Childhood) no ill effects now

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Brantford (Overseas)

Date 17/2/19 Signed [signature] 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 S.H. Crawford Lt

(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.

Hull

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) CRAWFORD. S.H.

REGIMENT 42nd Batt. RANK Lt. No.

Date of Examination in England

Date of Examination in France 10/1/19

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 29. 20. 11. 8. 2.
2. EXTRACTIONS
3. CROWNS 30.
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 YES.
- (*c*) In France

Signature of Dental Officer J. R. Knight Capt

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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 HUME. 2. Surname CRAWFORD.

3. Rank LIEUT. 4. Original Unit 134TH BN. 5. Reg. No. NOT APPLICABLE.

6. Address, in full, to which future payments of gratuity are to be forwarded
63 WARREN ROAD, TORONTO, CANADA.

7. Date of enlistment in the C.E.F. JAN. 3RD. 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:—
YES! 134TH BN. AUG. 8/16 — FEB 24TH/18. 12TH RESERVE BN. FEB 25TH — MARCH 18TH/18. 20TH RESERVE BN. MARCH 18TH — MAY 13TH/18. 42ND CDN BN. R.H.C. MAY 14TH 1918 ——— PRESENT TIME.

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? NO.

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service NO! — 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 3 YEARS. 2 MONTHS.
134TH BN. : 12TH RESERVE BN.
20TH RESERVE BN. 42ND BN. R.H.C.

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. 50,0.0(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? Not Applicable.

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

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 Yes.
42nd Bn. R.H.C. May 14th 1918. — Present Time.

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? Not Applicable.

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. H. Crawford. Lieut.

Place of Residence: 63 Warren Road. Toronto.

Declared before me at: Bramshott Camp.

This 24th day of February 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.

S. H. Kaye
Major

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

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 134th. O.S.Battalion, C.E.F. (48th.Highlanders).

(2) Regimental Number Lieutenant

(3) Full Name of Soldier Samuel Hume Crawford.

(4) Place of Birth Toronto,Ont. Canada.

(5) Are you married, or not ? Not married.

(6) If married, state,
(a) Full name of your wife Not applicable.

(b) Present Postal Address Not applicable.

(7) Are you a widower ? No.

(8) Have you any children ? Not applicable.

If so, give number of boys and girls Not applicable.

Also their names and ages Not applicable.

M. F. W. 67.

300M.—5-16.
1772-89-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?.....Yes.....

If so, state name and address ...Charles A.Crawford. 63 Warren Road, Toronto, Ont.

(10) Is your Mother alive ?....Yes.....

If so, state name and address.....E.Alida Crawford.....

.....63 Warren Road, Toronto, Ont. Canada.....

(11) If your Mother is a widow.....No.....

Are you her sole support, or not ?.....No.....

(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.

.....Not applicable.....

.....

(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.

.....Not applicable.....

.....

.....

(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.

.....Not applicable.....

(15) Are you insured ?.....Yes.....

If so, in what Company ?.....Manufacturer's Life Insurance Co.....

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

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

.....Major
Officer Commanding.

Date.....August 1st. 1916.....

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
18m.—4-17.
1772—39—819.

Sheet No. 2. Mrs C A Crawford (Assignee)

Name of Soldier Crawford S V
134 Bn Lieut.

L. L. Job 19227—M. & D. 7814.

30 to June 1/17

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July		S22869	60	60 on July to adj
Aug.		B 31445	30	30 " Aug Jul
Sept.		X 36348	30	6.
Oct.		Y 47317	30	
Nov.		@ 52813	30	
Dec.		J 55904	30	210 -
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

120

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.				

D.L. 19226—M. & D. 7814.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m—4-17.
H. Q. 1772-39-819.

To Whom Mrs C. A. Crawford

Address 63 Warren Rd
Toronto Ont.

Rate 30⁻ June 1/17

By Whom Assigned Crawford S. H

Regtl. No.

Rank Lieut-

Corps 134 Bn

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			2 M 27 4/17 Bal 5 7/17
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT II

A 2 M Form 5-6-17.

Assignment as at
1st June 1917.

Crawford Lieut. S.H. 134th Battn. $30.00

Mrs. C. A. Crawford, (Mother)
63 Warren Road,
Toronto, Ont.

$ 30

Payment Stopped
A. 3 M Form

Personal 1 January 1918

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

Rank Name Reg'l No.

Unit If in perm. Corps, What Unit? Married or Single

Place and Date of Enlistment Place of Birth

Name and Address, Next-of-Kin

Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance Payable to

Relationship

Discharge, Date and Place Reason Character

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

Number..... Rank LIEUT.....

Surname CRAWFORD.....

Christian Names SAMUEL HUME.....

Unit..... Theatre of War FRANCE.

Dates of Service 8.8.16 14.5.18 1.3.19.

Remarks.....

Latest Address 63 Warren Road.

Toronto Ont.

page 2547

Roll No. B

Ga 41805 Dem
Ga 40376 Dem
AUG 5 1921
SEP 20 1921

NAME Crawford, Samuel Hume 9/2 ✓ SOS. 12-3-19 ret & act Mil @O 1805 ¶ 21-3-19

RANK & No. Lieut.

CORPS 134th Batt.

ENLISTMENT, PLACE Toronto, Ont. DATE Feb. 20/1916.

FORMER CORPS 48th High.

COUNTRY OF BIRTH Canada, Toronto, Ont.

NEXT OF KIN Crawford, C. A. (Father)

ADDRESS OF NEXT OF KIN 63 Warren Road, Toronto, Ont.

DISCHARGE, PLACE DATE

R/C 9-3-19 2nd Lieut 3

Sailed from Halifax per S. S. Scotia 8-8-16. 503

L. L. 85093—M. & D. 5952.

M. F. W. 22.—50m.—9-15. H. Q. 1772—39—839.

MARRIED SINGLE WIDOWER

TRADE OR CALLING Medical Student RELIGION Methodist

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

REMARKS:

No

Rank Lieut.

Name Crawford Samuel Hume

T.O.S. 3 - 1 - 16. (50.8 of 20 - 1 - 16)

Unit 134 Battalion (1.E.F. (Highlanders.)

M.D. 2.

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916.	1916.			
Jan. 3	Jan. 31.	✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		
May.		✓		
June.		✓		
July.		✓		
Aug. August not available				

UNIT SAILED
AUG 8 1916

P—15.

ASSIGNED PAY.

UNIT. NAME OF 134th Bn. DATE AUTHORITY

RANK. Lieut. Mess. DATE 19-8-16 AUTHORITY From Canada. P.O. #16. Part 2. (Bramshott) C.F.O. d/21-8-16

NAME. 9-6-984 Name Crawford. Initials S.H. Bank of Montreal.

Beneficiary

Address

Amount. $

Separation Allowance issued. Yes or No.....

1916-17

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS.
Sep 1	Bank	7474		93 60				
19	Pay 1/8-30/9/16 R.		201 60					
27		Bank 9469		108				
Oct 2	Oct Pay R		111 60					
25		Bank 10998		111 60				
Nov 21	Nov Pay R.		108					
24		Bank 14190		108				
Dec 13	Dec Pay		111 60					
20		Bank		111 60				
1917 Jan 20	Jan Pay		111 60					
26		Bank 16288		111 60				
Feb 18	Feb Pay		100 80					
23.		Bank		100 80				
Mch 21	Pay March.		111 60					
23		Bank		111 60				

FORM P. 15
5986—25M—19/1/17

ASSIGNED PAY. | UNIT. NAME OF | DATE | AUTHORITY | RANK. Mess DATE | AUTHORITY | NAME.

Beneficiary
Address
Amount. $30 can Cancelled 1/18
Separation Allowance issued. Yes or No.....

UNIT: 134th Bn. — Pay 2cs. F.A. 6c Mess 1cs 360 p.d.

RANK: Lieut — 19.8.16 — Iron Canada N.O. #16. Card 2 Brainsh'th. C.I.D. d/21.8.16

NAME: Name Crawford. Initials S. H. Bank of Montreal. Trafalgar & Bch 1/18

1917-18

DATE 1917	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Apl 26	Pay R		108					
27	Bank	3010		108		—		
May 22	Pay R		11160					
" 26	Bank	6029		11160		—		
June 15	A.P. Can				30			
" 18	June Pay R		108					
" 20	Bank	7998		78		—		
July 17	R Pay Can				30			
" 19	July Pay R		11160					
" 25	Bank	13007		8160		—		
Aug 15	a.p. can				30			
" 17	Aug Pay R		11160					
" 22	Bank	17080		8160		—		
Sept 11	Rations 1-30 6/17	4724					£2.0.0	
" 13	A Pay Canada				30			
" 18	Pay (R)		108					
" 25	Bank	21813		5367				
" 20	£5	21421		2432		—		
Oct 11	Pay (R)		11160					
" 11	A Pay Canada				30			
" 22	Bank	26114		8160 / ~~5727~~		—		
Nov 15	A Pay Canada				30			
" 17	Pay (R)		108					
" 21	Bank	30734		78		—		
Dec 7	A Pay Canada				30			
" 11	Pay R		11160			8160		

FORM P.15
5986–25M–19/1/17

ASSIGNED PAY.

UNIT.

NAME OF	DATE	AUTHORITY
134th Bn		

RANK.

	DATE	AUTHORITY
Lieut	19/8/16.	Fr. Canada
		R.O. #16 part II
		(B'Shadt) C.T.O. d/ 21/8/16

NAME.

Name Crawford
Initials S.H.
Bank of Montreal
Trafalgar Sq Br. 1/1/18

Beneficiary
Address
Canada
Amount. $ 3[illegible] 17/1/18.
Separation Allowance issued. Yes or No.....

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
Dec 11	Ford		81 60			81 60		
13		Bank 35096		81 60		-0-		
1918								
Jan 18	Pay (R) Lany		111 60					
21		Bank 39272.		111 60		-0-		
Feb 18	Pay (R) Feb		~~100 80~~					
~~X~~	~~Adv £10. Feb 20th.~~	Bank		~~XX 6X.~~				
20		Bank.		100 80		-0-		
Mch 12	Pay (R) Mch		111.60					
20		Bank 42423		111 60		-0-		

FORM P. 15.
12519—16M—1-3-18 H.W.V.Ld.—3717-18.

15

ASSIGNED PAY. | UNIT. NAME OF | RATE OF P. AND A. | RANK. | ~~DATE~~ AUTHORITY | NAME.

Beneficiary
Address

Amount. $
Separation Allowance issued. Yes or No.....

1314 Ba

Pay 2.00
F.A. 60
Messing 1.00
3.60 p.d.

Lieut 19/8/16.

Name Crawford
Initials S H.
Bank of Montreal
Trafalgar Square
Bch

add "Outfit allce 1/8/18 $100.

1918-19

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Apl 19	Pay R		108					
23		Bank	0959	108		0		
May 21	Pay R.		111 60					
23		Bank	2474	111 60		0		
June 20	Pay R.		108					
21		Bank	4063	108		0		
July 17	Pay R.		111 60					
22		Bank	5404	111 60		0		
Aug	Pay R		111 60					
22		Bank	6953	111 60		0		
Sep 17	Pay R.		108					
23		Bank	8930	108		0		
Oct 17	Pay R.		111 60					
22		Bank	10667	111 60		0		
31	Outfit allce 1/8/18.		100					
		Bank	10997	100		0		
Nov	Pay R Adjt F.A. 1/9/18 31/8		140					
27		Bank	12606	140		0		
Dec 14	Pay R.		124					
		Bank	13469	124		0		
Jan 21	Pay R		124					
		Bank		124		0		
Feb 19	Pay R		112					
20	Adv. Feb. P & A.	Bank	16740	112		0		
21	Adv. March P & A.	Bank	16740	124		0		
Mch 21	Pay R		124					

3 Dw

Dr 124

RETURNED TO CANADA
L.P.C. TO 31/3/19
TRANSFER TO N EDGER

To L12 fr L15. 4/19 30/4/19

FORM P. 15. H.W.V.Ld.—3717-18.
12519—16M—1-3-18

ASSIGNED PAY.

UNIT. NAME OF

RATE OF P. AND A.

RANK.

DATE AUTHORITY

NAME.

Beneficiary

Address

Amount. $

Separation Allowance issued. Yes or No.....

Pay

F.A.

Messing

Name

Initials

Bank

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS

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

10019.
23.

PROCEEDINGS OF AN OFFICER OR NURSING SISTER STRUCK OFF STRENGTH OF THE CANADIAN EXPEDITIONARY FORCE

26-1-22

H

1. RANK	LIEUT.
2. NAME	CRAWFORD. SAMUEL. HUME.
3. UNIT	4TH BN. R.H.C.
4. DATE STRUCK OFF STRENGTH	12-3-19
PLACE	TORONTO
5. REASON	DEMOBILIZATION.
6. AUTHORITY	~~IN CANADA~~ R.O. 1805
7. PROPOSED RESIDENCE	TORONTO. ONT.

This folder should contain the following documents:

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

DIRECTOR of PERSONAL SERVICES
RECEIVED MAR 15 1919

M. F. W. 2591.
20M—11-18.
1772-39-1380.

2192. W.6520./M.2849. 10,000 Pads. 8/17. A. J. W. & Co., Ltd. E.1631.

Army Form W. 3172.
(In pads of 50.)

No 12 Can. General Hospital.

Ward M.O. 134th Bn. No. of Bed _____ Date 7/11/17.

Regt. No.	Rank and Name.	Corps.	Part to be X-Rayed.
	Lt. Crawford	134 Bn.	ankle.

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

Signature of M.O. _____

Date _____

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 1927

no bone lesion visible.

Signature of Radiographer D E Walker Capt

Date 7/11/17

MO

134th Batt'n

Witley

X Ray Plate ~~1926~~ 1927

Temporary
Original not available

ARMY FORM B. 178.

To be used *(a)* for recruits enlisting direct into the Regular Army, and *(b)* for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Crawford *Christian Name* S. H

TABLE I.—GENERAL TABLE.

Birthplace ... Parish_____ County_____

Examined ... ... on_____ day of_____ 191 ,
at_____

Declared Age ... ... _____ years _____ days.

Trade or Occupation ... _____

Height ... ... _____ feet _____ inches.

Weight ... ... _____ lbs.

Chest Measurement { Girth when fully Expanded _____ inches. / Range of Expansion _____ inches.

Physical Development ... _____

Vaccination Marks { Arm ... Right _____ Left _____ / Number _____

When Vaccinated ... ... _____

Vision ... ... R.E.—V= _____
L.E.—V= _____

(*a*) Marks indicating congenital peculiarities or previous disease ... ... (*a*) _____

(*b*) Slight defects but not sufficient to cause rejection ... ... (*b*) _____

Approved by (*Signature*) _____
(*Rank*) _____
Medical Officer.

Enlisted ... ... at_____
on_____ day of_____ 191 .

Joined on Enlistment ...	Corps.	Regtl. No.
	CADC	Capt.
Transferred to	Westcliff Hospital 134th Bde.	

Became non-effective by ... _____

on_____ day of_____ 191 .

(*Signature*) _____
(*Rank*) _____

(1116) 250M 1/16 N.P.A. Ltd.

Forms B. 178 39

P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick List in t

Name of Hospital.	Admitted to Hospital.			Discharged from Hospital.			Disease.	Number of Days in Hospital.	Remarks bearing on t use. In cases subsequent pro be given in the
	Day.	Month.	Year.	Day.	Month.	Year.			
	24	3	17	11	4	17	Ac Frontal sinusitis L.	19	Entere sinus d recen

the Sick List in the case of Warrant Officers treated in quarters.

Number of Days in Hospital.	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer.
19	Anterior Ethmoid removed and Frontal sinus drained. Dressings have been recommended.	J. Macdonald Capt

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date.	Brief details, and signature.
11-4-17	6 wks leave, W. T. McMackinnon Lieut.

PRESIDENT,
STANDING MEDICAL BOARD.

Table IV.—Service Table.

Station or Troopship.	Date of arrival or embarkation.	Date of departure or disembarkation.	Station or Troopship.	Date of arrival or embarkation.	Date of departure or disembarkation.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

June 1–17.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

30			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Lieut. Promoted Reverted Discharge

Soldier's Name S. H. Crawford.

Battalion 134th Battn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. C. R. Crawford.

Address 63 Warren Rd. Toronto, Ont.

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917 Dec 31			210 –	210 –	
Jan	T66016		30	30 00 Pay	T66016 Cancelled w
					a/c. closed 1st. Jan. 1918
					3 M 7/18 – D.S.C. 7/18
					Cause:- " Personal

M. F. W. 128.
400M.—8-17—1772 33-1141
L. L. 22320—M. & D. 7958.

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.—-17—1772 39-1141
L. L. 22320—M. & D. 7993.

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. | RANK LIEUT NAME (IN FULL) CRAWFORD SAMUEL HUME (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T.O.S. I. Birth Cert. Granted L.W.O.P.	1-3-19 12-3-19	Do 7412
W.S.G. 63 Wanna Road Toronto Ont		

ORIGINAL UNIT C.E.F. 42 Bn | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 3/1/16. | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ Nil | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

SOS & FAM Mil 12-3-19 | Gen Demob Pro 1805 | Do 80/2

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. No. 1 NO.	DATE	COL. No. 2 NO.	DATE	COL. No. 3 NO.	DATE	CASH PAYMENTS COL. No. 1 $	C.	COL. No. 2 $	C.	COL. No. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account							880	880																								8 80		
1919 May.	31st				93 00			93 00								12 50										89 30			70 30 31 50 101 80				31-3-19
																																		93 30 WS 4 70 30 over or 19 days Pat Sal in March
			Other Credits		W. S. C.		S. A.	Total			War Service Gratuity														Other Charges		W. S. G.		S. A.	Total		Balance Soldier		Dependant	
					549 00			549 00																		93 00			93 00		456 00		305248
19.6.19.																										90 00			90 00		366 00		1064420
12/7/19																										93 -			93 -		273 -		127433
12/8/19																										90 00			90 00		183 00		15233581
13.9.19																										93			93		90 -		1637980
12.10.19																										90			90				Final
																													549 -				

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.	$	C.	