NO. 2 M. D. 2nd. Depot Battalion 2nd. C.O. Regiment

Regtl. No. 3311842

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

ORIGINAL

(Class ONE)

M.S.A.

1. Surname Crawford
2. Christian name Sidney Albert
3. Present address Waubamick Ont.
4. Military Service Act letter and number 799864
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
5. Date of birth Nov. 10 1892
6. Place of birth Ferguson Ont.
   (town, township or county and country)
7. Married, widower or single Single
8. Religion Baptist
9. Trade or calling Farmer
10. Name of next-of-kin Duncan Crawford
11. Relationship of next-of-kin Father
12. Address of next-of-kin Waubamick Ont.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any None
15. Medical Examination under Military Service Act :—

(a) Place Parry Sound Ont. (b) Date Nov. 22 1917 (c) Category A2

DECLARATION OF RECRUIT

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

Sidney Crawford (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 24 yrs. 8 mths.

Height 5 ft. 7 ins.

Chest measurement: fully expanded 34 ins.; range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Light Brown

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

Scar on left arm over biceps muscle, from old c cut.

[signature] Major

for O. C. 2nd. Depot Btln.

2nd. C.O. Regt.

Place Niagara-on-the-Lake Date July 23 1918

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

NO. 2 M.D. 2nd. Depot Battalion 2nd. O.C. Regiment

Regd No. 3311542

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class ONE

1. Surname Crawford
2. Christian name Sidney Albert
3. Present address Waubamick Ont.
4. Military Service Act letter and number 799564
   (If man is defaulter, he has not registered under Proclamation, this fact should be stated, together with date of appreciation of surrender)
5. Date of birth Nov. 19 1892
6. Place of birth Ferguson Ont.
   (town, township or county and country)
7. Married, widower or single Single
8. Religion Baptist
9. Trade or calling Farmer
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11. Relationship of next-of-kin Father
12. Address of next-of-kin Waubamick Ont.
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14. Particulars of previous military or naval service, if any None
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    (a) Place Parry Sound Ont. (b) Date Nov. 22 1917 (c) Category A2

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Height	5	ft.	7	ins.
Chest measurement	fully expanded		34	ins.
	range of expansion		3	ins.
Complexion	Fair			
Eyes	Blue			
Hair	Light Brown			

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

Scar on left arm over biceps muscle, from old cut.

Major

for O.C. 2nd. Depot Brig.

2nd. O.C. Regt.

Place Niagara-on-the-Lake Date July 23 1918

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name CRAWFORD, SIDNEY ALBERT

Regt. No. 331842 Rank Pte.

Corps 2nd. Bn. C. L. R.,

Demob.

43839

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Dent. Corps History Sheet..... 1

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 2

m. F. B. 479 — 2

m. F. B. 483 — 3

m. F. B. 359 — 1

a. F. B. — 122 — 1

m. F. W. — 113 — 1

m. F. W. — 71 — 2

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

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

M.S.A.

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

1. Surname Crawford Christian name Sidney Albert

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule #799864 B.C.

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

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

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 22nd day of November 1917, by the undersigned medical board sitting at Parry Sound No.16

5. Age as stated 24 Years Months. 6. Apparent age 24 Years Months

7. Height 5 Feet 7 Inches. 8. Weight 120½ Pounds.

9. Chest measurement { Minimum 31 Ins. Maximum 34 Ins. 10. Complexion Fair { Eyes Blue Hair Lt brown

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

13. Number of vaccination marks { Right arm 0 Left arm 0 14. When vaccinated last Never

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar on left arm over biceps muscle, from old cut.

16. Slight defects but not sufficient to cause rejection Eyes R-60, L-60. Ears R-normal L-normal

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

(Strike out disease admitted or suspected.) Nose & throat O.K.

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

Signature of Man Sidney Crawford

Swan Jackson Capt President.

H. G. Willson Capt Member. M. H. Limbert Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.	JUL 24 1918		LAC M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 23rd day of July 1918 at Niagara-on-the-Lake

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	2nd Batt. Bn.	3311842		
Transferred to	2nd C.O.R. 1/2 CoR CGR			14/9/18 2/12/18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Exhibition	6/12/18	nil.	A2 Arthur Thomas

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

Surname..................... Christian Name.....................

STATION.	Date of Arrival at the Station.	Dates of						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				

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

M. F. W. 54. (A. F. B. 10s.
500M.—9-16
H. Q. 1772-39.

M.S.A. Casualty Form—Active Service.

Unit, Regiment or Corps. 2nd. Depot Bn. 2nd. C.O.R.

Regimental No. 3311842 Rank Private (C. E. F.) Name Sidney Albert CRAWFORD

Enlisted (a) 23-7-18 Terms of Service (a) C.E.F. Service reckons from (a) 23-7-18

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

Extended. Re-engaged. Qualification (b) Farmer

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
18-9-18	D.O.261	S.O.S. 2nd D.B. 2nd COR on trans to 1st D.B. 2nd C.O.R.	Niagara Camp	14-9-18	
		Transferred to Can Gar Regt. From 1st Depot Batt'n, 2nd C.O.R.		2/2/18.	Lt. & Adjt. 2nd Bn., 2nd C. O. R.
		Toronto, Ont. SOS on being Illegally Absent as of 28-1-19. Part II D.O. 34-3-2-19. Cancelled D.O. #39 8/2/19			O.C. C. Records, 2nd Bn. Canadian Garrison Regiment. Lieut
8-2-19	2nd Bn. C.G.R.	S. O.S. on Discharge O. R. O. 135-7	Toronto	8-2-19	Part 2, D.O. #39. 2nd BN. CANADIAN GARRISON REGIMENT O.I.C. Records, 2nd Bn. Canadian Garrison Regiment. Lieut

(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				

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

M.S.A.

NAME OF SOLDIER Crawford Sidney Alfred

DISTRICT

REGIMENT 1st DEPOT BN. 2nd C.O.R.

RANK Pte

No. 3311842

M.F.B. 465.
200M.—6-18.
1772-39-950.

INSTRUCTIONS

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

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

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

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

ORIGINAL Cr-420 M.D.2

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P.) 250M.-12-18.
1772-39-903.

LAST PAY CERTIFICATE No. 57

Regimental No. 3311842 Rank Pte Name Crawford S A
(Surname first)

Unit #2 Dets C&R who was* S.O.S.

On 8-2- 1919, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-19 to 8-2-1919 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. ~~Dr. or~~ Cr. from prev. month		39 10
Regimental Pay 8 days at $ 1 c		8
Field Allowance 8 days at $ c 10		80
Separation Allowance		
Clothing Allowance		35
Post Discharge Pay		
*Other Credits Chq # 31355, 29625 Dep.		19 25
Advances		
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance ~~on transfer or~~ on discharge, cheque No. 24708	102 15	
Total	102 15	102 15

*Give particulars.

A monthly stoppage of $..... (†) has..... (‡) been paid on account of

Assigned Pay for the month of ..... 191 .....
and Separation Allce. for month of Nil 191 ..... } (to) Assignee .....

(Address) .....

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

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment 23-7-18 married or single S.

(2) Separation Allowance, entitled or not No (3) Reason for discharge R.O. 1328

(4) Authority for discharge or transfer D.O. 39

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 26-2-19

Place Ex Camp

Captain
Paymaster, 2nd Det. Canadian Garrison Reg't.
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.

(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.

(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.

(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

M.S.A.

M.D. 2

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

Does

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

No. 57

Regimental No. 3311842 Rank Pte Name Crawford S. A. (Surname first)

Unit 2nd Bn Cy Rs who was* S.O.S. Ill absent

On 30/12/18 191....., to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 31/1/19 to 31/1/19 191... the inclusive date of transfer or discharge.

	Dr.		Cr.	
Bal. Dr. or Cr. from prev. month			39	10
Regimental Pay.....days at $.....c.				
Field Allowance.....days at $.....c.				
Separation Allowance				
Clothing Allowance				
Post Discharge Pay				
*Other Credits Cks# 31355, 29625 Dep			5	
			14	25
Advances				
Separation Allowance and Assigned Pay Cheque No.				
*Other Charges awt	36	30		
clothing	10			
Balance on transfer ~~or on discharge, cheque No.~~	12	05		
Total	58	35	58	35

*Give particulars.

A monthly stoppage of $.....(†) has.....(‡) been paid on account of

Assigned Pay for the month of.....191.....
and Separation Allce. for month of.....191.....
(to) Assignee .....

(Address) .....

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

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment 23/7/18 married or single S

(2) Separation Allowance, entitled or not No (3) Reason for discharge S.O.S. Ill absent

(4) Authority for discharge or transfer DO 34

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 2/1/19

Place Camp

F W Fredenburg Lt for Capt
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

M. F. W. 71—500M.—5 18.
1772—39—961.

NAME Crawford S. A.

REGIMENTAL NO. 3311842 RANK Private

ENLISTED AT Niagara Camp PROMOTIONS, &c. AND DATE

DATE 23rd July 1918

IF SERVED PREVIOUSLY. STATE UNIT. &c.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Duncan Crawford RELATIONSHIP Father

ADDRESS OF Wanbanick, Ont.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPL[redacted]TION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O. No.	 DATE	REMARKS IF IN HOSPITAL, NOTE NAME, &c.
TOS 2-12-18	157	4-12-18	
SoS Deserter 28-1-19	34	3-2-19	

M. F. W. 71.—500M.—5-16.
1774—33—961.

1st DEPOT BN. 2nd C.O.R.

NAME: Crawford Sidney Albert

REGIMENTAL NO. #1331842 RANK Pte

ENLISTED AT Niagara PROMOTIONS, &c. AND DATE

DATE Jul 23/18

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Duncan Crawford RELATIONSHIP father

ADDRESS OF Allandale Ont.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II, D. O. No	 DATE	REMARKS IF IN HOSPITAL, NOTE NAME &c.
	278	5/10.18	WOP 7.10 to 31.10.18
	302	29 10 Wep	to 15-11
	315	11 11 Wep	to 1-12
	327	23.11.18	15.11 to 19.11.18 315 Amd to read

WORK SHEET - DVA 812

Service Number 3311842 Name Sidney Albert CRAWFORD

1. Branch of Service Canadian Expeditionary Force

2. Date and Place of Birth Nov 10, 1892 — Ferguson, Ont.

3. Date and Place of Enlistment July 23, 1918 — Niagara-on-the-Lake, Ont

4. Theatres of Service Canada.

5. Date and Place of Discharge Feb 8, 1919 — Toronto, Ont.

6. Type of Retirement or Discharge Hon.

7. Rank on retirement or discharge Pte.

Medals Nil.

8. Remarks: Nil

Date 1-10-74. Clerk's Initials RG.

WORK SHEET - DVA 812

Service Number _____ Name _____

1. Branch of Service _____

2. Date and Place of Birth _____

3. Date and Place of Enlistment _____

4. Theatres of Service _____

5. Date and Place of Discharge _____

6. Type of Retirement or Discharge _____

7. Rank on retirement or discharge _____

8. Remarks:

Date _____ Clerk's Initials _____

1A
CEF.

SEP 20 1974

The Royal Canadian Legion

PIONEER (ONT. NO. 117) BRANCH
P.O. BOX 64
PARRY SOUND, ONTARIO

Armed Services Records
Reference Section
Statement of Service
Public Archives Records
Tunney's Pastiure Ottawa

Dear Sir:

This first World War Veteran was burnt out at his home and all his personal records are lost, we have a 'Pass' made out to him issued in 1918 (December) that was in his wife's possesion can we establish records from that.

Crawford S.

Private, 'C' Coy, 2nd Battn. Canadian Garrison Regt.

No. on pass 3311842

Would appreciate anything on this man.

Sincerely,

William Peachey

William Peachey
Secretary
Branch 117 R.C.L.

File: R.Q. -4/2-1 (CFRC 14)

FL 13 and 13A

"They served till death! Why not we?"

September 23,1974

R.Q.-4/2-1 (CFRC 1A)

Mr. William Peachey
Secretary, Branch 117
The Royal Canadian Legion
P.O. Box 64
Parry Sound, Ontario
P2A 2X2

- S. CRAWFORD

Sir:

September 23,1974

R.O.-A/2-1 (CFRC JA)

Mr. William Peachey
Secretary, Branch 177
The Royal Canadian Legion
P.O. Box 64
Parry Sound, Ontario
P2A 2X2

- 2 -

Sirs:

RECORDS MANAGEMENT BRANCH

APPLICATION FOR STATEMENT OF SERVICE

SEP 30 1974 IA WWI

Date Sept 26/74

Head
Canadian Forces Records Centre
Ottawa, Ontario
K1A ON3

The information given below is necessary to establish positive identity of the military records concerned.

Service (Reg'tl) No. 3311842 2nd Battalion Canadian Garrison Reg Rank Pte.
If Militia/Reserve, add the Regiment or Unit

Surname Crawford. Given names Sidney Albert
Print in full

Birthdate 10 Nov. 1893 Place Parry Sound District. Ont.

Enlisted: date 1917 Place

Discharged: date 1918 Place

Reason for which Statement of Service is required:

To Join Royal Canadian Legion

If original certificate of service was lost, give circumstances:

All Possesions lost in fire 1971

Sid Crawford
Signature of ex-serviceman or alternate (see Note 1)

% P. Anderson Cascade ST
Street address of P.O. Box No. (see Note 2)

Box Parry Sound Ont.
City or Town Province or State

Postal Code

Notes:

1. This application form must be signed by the ex-serviceman. If he is deceased or too ill to sign, a signature by a member of the immediate family or by a public official may be accepted.
2. Quote the address to which you wish the Statement of Service sent.

Further details or comments

RECORDS MANAGEMENT BRANCH

APPLICATION FOR STATEMENT OF SERVICE

SEP 30 1974

Head
Canadian Forces Records Centre
Ottawa, Ontario
K1A 0N3

Date: [illegible]

The information given below is necessary to establish positive identity of the military records concerned.

Service (Reg'tl) No. [illegible] Rank: Pte.
If Militia/Reserve, add the Regiment or Unit

Surname [illegible] Given names [illegible]
Print in full

Birthdate [illegible] Place [illegible]

Enlisted: date [illegible] Place

Discharged: date [illegible] Place

Reason for which Statement of Service is required:

[illegible]

If original certificate of service was lost, give circumstances:

[illegible]

[illegible]
Signature of ex-serviceman or alternate (see Note 1)

[illegible]
Street address of P.O. Box No. (see Note 2)

[illegible]
City or Town Province or State

Postal Code

Notes:

1. This application form must be signed by the ex-serviceman. If he is deceased or too ill to sign; a signature by a member of the immediate family or by a public official may be accepted
2. Quote the address to which you wish the Statement of Service sent.

Further details or comments

Cr-420. LP

(1)

Procedure on discharging from the C.E.F., Soldiers called up under the Military Service Act, 1917, who, on Demobilization, were on unexpired Leave of Absence without pay.

P.C. 2865 of Nov. 20, 1918.

THIS FORM MUST BE RETURNED INTACT AND NO PART DESTROYED.

Exhibition Camp Toronto
8th Feby 1919

TO:—

Regimental No. 3311842
Pte Crawford Sa.
Waubinik Ont.

Regimental No.

Serial No.

1. You are directed to report on or before ..... for the purpose of being discharged from the Canadian Expeditionary Force.

2. This will be carried out by your reporting in person to your Depot at ..... Transportation to the Depot is enclosed herewith, and return transportation will be furnished to you after your discharge.

3. OR, as an alternative, you may execute, before a Notary Public, Commissioner of Oaths or Justice of the Peace, the release hereunder and forward same, on or before the said date, in the envelope enclosed for that purpose, together with the unused Transportation Certificate. A receipt for the release will be returned to you and will be equivalent to a Certificate of Discharge.

4. Should you fail to report in person or forward the release mentioned, within the time aforesaid, you will be declared a deserter and be subject to Military Law.

Geo. Miller
Lieut. Rank
for the O.C. 2nd Depot Bn. CGR Regt.

RELEASE.

Know all men by these presents that I, the undersigned, having sustained no disability from injuries received or illness contracted on Active Service or Duty, do hereby release, discharge and forever acquit His Majesty the King, in the right of his Government of Canada, of and from all rights of compensation, claims and demands which I have or may have for or in respect of any disability arising from injuries received or illness contracted on Active Service or on duty in or connected with the Military Forces of Canada.

WITNESS my hand and seal this 8th day of February 1919.

Signed, sealed and delivered in the presence of

Sidney Crawford

Notary Public, Commissioner for Oaths or Justice of the Peace.

Regt. No. .....

Unit .....

M.F.B. 218B (Demob.)
1077-D.P.-40M-11-18.
1772-39-173.

R01357 OK Gm

S.M. 10/3/19.

2nd. BATTALION

FEB 8 1919

Canadian Garrison Reg't.

(2)

M.S.A.

NOT TO BE FILLED IN BY THE SOLDIER.

Receipt for M.F.B. 218B (Demob.)

Having received release, pursuant to Notice of Order to report for discharge, Number 3311842

Name Pte. Crawford, S. A. of the Second Depot

Battalion Canadian Garrison Regiment is hereby struck off the strength of the Canadian Expeditionary Force.

.....

.....Major Rank

for O. C. 2nd Bn., Canadian Garrison

Authority Part II. Order

No. 39

For the O.C. ..... Depot Bn. ..... Regt.

M.F.B. 218B (Demob.) DATED AT Toronto .... this Eighth day of February 1919.

LIST OF DISCHARGE DOCUMENTS.

Particulars of Recruit	M.F.W. 133
Field Conduct Sheet	M.F.W. 178 or A.F.B. 122
Casualty Form	M.F.W. 54 or A.F.B. 103
Last Pay Certificate	M.F.W. 44
Certificate that Missing Documents are Unobtainable.	
Medical History Sheet	M.F.B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227
Dental History Sheet	M.F.B. 465
Medical Report	M.F.W. 129
Regimental Conduct Sheet	M.F.B. 263
Company Conduct Sheet	M.F.B. 263a

2nd. BATTALION

F[illegible] 8 1919

Canadian Garrison Reg't.

(2)

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[signature] Major Rank

for O. C. 2nd Bn., Canadian Garrison

Authority Part II. Order

No. 39

For the O.C. ..... Depot Bn. ..... Regt.

M.F.B. 218B (Demob.) DATED AT Toronto this Eighth day of February 1919

PROCEEDINGS ON A SOLDIER BEING STRUCK OFF AS ILLEGALLY ABSENT

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

No.	3311842
Rank.	Private
Surname	C R A W F O R D
Christian Name	Sidney Albert

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

Corps (Squadron, Battery or Company)	2nd Battn. Canadian Garrison Regiment.
Date Struck Off	January 28th, 1919.
Place Struck Off	Toronto, Ontario.

1. DESCRIPTION AT THE TIME STRUCK OFF.

TO BE TAKEN FROM M.F.W. 23 AND M.F.B. 313.

Age	25 years 2 months.
Height	5 feet 7 inches.
Complexion	Fair
Eyes	Blue
Hair	Light Brown
Trade	Farmer

Descriptive Marks.

Scar on left arm over biceps muscle, from old cut.

2. The above man is struck off in consequence of being

"Illegally absent"

Auth: Court of Inquiry held January 28th, 1919.

(a) Date to be struck off January, 28th, 1919.

N.B.—Date soldier is to be struck off must be clearly stated by Court of Inquiry M.F.B. 303.

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

M. F. B. 479.
50m.—6-18.
1772-39-1160.

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

None

5. Medals and Decorations..... None

6. His account is as stated on last pay certificate attached to proceeding.

(Place) Toronto, Ontario .....

(Date) January, 28th, 1919. *Commanding*.....

7. **Statement of Service.**

Service toward Engagement to....(the date to which the Record of Service is completed) 0 years 190 days.

Total 0 years 190 days.

8. **Confirmation.**

The striking off of the above-mentioned man as illegally absent is hereby confirmed.

(Place) Toronto, Ontario

(*Signature*).....

(Date) January, 28th, 1919. Commanding No. 2 Military District.

Remarks.

LIST OF DOCUMENTS REQUIRED FOR A SOLDIER WHO HAS BEEN STRUCK OFF AS ILLEGALLY ABSENT.

(a) Proceedings Court of Inquiry.	M.F.W. 303 (two copies).
(b) Proceedings of Soldier struck off.	A.F.B. 349.
(c) Attestation Paper or Particulars of Recuit (Original) (Triplicate)	M.F.W. 23 or M.F.B. 235. M.F.W. 133.
(d) Squadron, Battery or Company Conduct Sheet.	A.F.B. 121 or M.F.B. 263a.
(e) Regimental Conduct Sheet.	A.F.B. 120 or M.F.D. 263.
(f) Field Conduct Sheet.	A.F.B. 122 (if Overseas casualty)
(g) Casualty Form.	A.F.B. 103 or M.F.W. 54.
(h) Medical History Sheet (duplicate).	A.F.B. 178 or M.F.B. 313.
(i) Dental History Sheet.	M.F.W. 465.
(j) Transfer of Clothing Statement.	A.F.W. 3068 or M.F.C. 565.
(k) Last Pay Certificate.	M.F.W. 44.
(aa) Declaration of Court of Inquiry.	M.F.B. 259 (two copies).

Sidney Albert CRAWFORD

3311842

Canadian Expeditionary Force

November 10, 1892 Ferguson, Ont.

July 23, 1918 Niagara-on-the-Lake, Ont.

Canada.

February 8, 1919 Toronto, Ont.

Honourable

Private

Nil

Nil

October 1, 1974 JB

October 1, 1974

AUDITOR | PAYMASTER

2nd Det., C. G. R.

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

M. OR S. Single. REGT. No. 3311842. RANK Pte. NAME (IN FULL) CRAWFORD, Sidney Albert;

(BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN Duncan Crawford, Esq. RELATIONSHIP Father,

ADDRESS Waubamick, Ont.

IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION Niagara Campp TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 23-7-18. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY. $ 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

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	1-31	31	1/10	3	10			10		4	10	1255				5														5				39	10	Awf 30/1/18 no 8 Awf 23/1/18 Base 5/43
	1-8	8	1/10	8	80	5		10		58	35			3470	8			102	15									10	15							DofA Ill absent 30/1/18 no 34 Ck H 31255, 29/5/18 Nelp Base 5/43 Base 8/2/19 Demob no 39
				42	90	5	25	49	10	146	25					5	00	102	15									107	10			39	10	

ACCOUNT CLOSED. NOT SIGNED.
RESPONSIBLE OFFICER S.O.S. PRIOR TO H. Q. CIRCULAR No. 102 (LOCAL 120).

ASST. DIRECTOR PAY SERVICES, M.D. No. 2.

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

NTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL 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.	