BATTALION OVERSEAS
CANADIAN GRENADIER GUARDS

B ORIGINAL

ATTESTATION PAPER.

No. 1057236

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? William
1b. What is your present address? ~~Ste Annes de Bellevue, Que~~ W.C.
2. In what Town, Township or Parish, and in what Country were you born? Peebleshire, Scotland.
3. What is the name of your next-of kin? G. Crawford
4. What is the address of your next-of-kin? Allan Craft Army Farm, Beaconsfield Sta, P.Q. ~~Ste Annes de Bellevue, Que~~ W.C.
4a. What is the relationship of your next-of-kin? Father.
5. What is the date of your birth? May 31st 1898.
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? No.
If so, state particulars of former Service.
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, William 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.

x William Crawford (Signature of Recruit)

Date Dec. 2nd 1916. E. Hampson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William 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.

x William Crawford (Signature of Recruit)

Date Dec. 2nd 1916 Stephen H. Fitzsimons (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 Montreal, Que this 2nd day of December 1916

S. J. Barker (Signature of Justice)

M. F. W. 23
750M—9-16
H. Q. 1772-89-841

Description of William Crawford 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 4 ins.

Chest measurement.
- Girth when fully expanded 33 ins.
- Range of expansion 3½ ins.

Complexion Fair

Eyes Grey

Hair Fair

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

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

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

Date ~~Nov~~ Dec 2 1916. Geo A Smith Capt

Place Montreal. 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.

William Crawford 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.

(Signature of Officer)

Date ~~Nov~~ Dec 3 1916.

H 12-5-19

REGIMENTAL DOCUMENTS

NAME Crawford William (L/Cpl) REGT. NO. 1057236. UNIT 14th Bn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
S						DEATH
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		OPEN ATTA		43881	Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	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)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					1
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					41 12
1	Case 6 Tooq 6.					8 12
1	Cpl. 3.					5 12
1	Slck. 132.					1
1	M.F.W 67.					
1	Cascard					
1	[illegible]					
1	[illegible]					

14

M

H

H

43881

1057236

I.D. number
No. d'identification

CRAWFORD

Surname
Nom de famille

WILLIAM

Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

OPEN
ATIA

Location
Lieu 2126

Surname	Christian Name or Names	Reg. No.
CRAWFORD.	W.	1057236.
Rank	Unit	
Pte.	Que. 14.	

Cas. List.	
10-9-18.A315/	4. 7. C.G.H. Etaples. 3-9-18.
	S.W. R. F'arm.
25-9-18 A328.3.	6. C.D.E. Etaples 20-9-18.
7-10-18 A/338-5	Disch:- 28-9-18

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

D.M.S.1300. 50M-30-8-18.

Cas. List.

REGT'L No. 1057236

H. Q. FILE No. 649.

NAME Crawford William

RANK AND CORPS Pte. 14th Bn Forms, 245th B

FOLLOWS

No.

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
N. of K. 1514		Crawford, G. Father. ~~Ste Anne de Bellevue~~ P.Q.
H 306.	13-9-18.	Adm. 46 C.C.S. Sept. 3rd /18. GSW. R. arm.
Change of add:-		To Chaplins Farm Rougemont. Que. auth. Letter. 28-9-18.
WS M. 4-2 195	21-10-18.	Dis. from. Hosp. Sept 28 /18.

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

WSM. 6390 7-10-18. Eng. Same as No 1/9.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A315 (4)	7 Con Gen Etaples	3-9-18	Sw R 3' Arm
A328 (3)	6 Com Dpd Etaples	20-9-18	Sw R 3' Arm
A338 (5)	Discharged	28-9-18	Sw R 3' Arm

No. 105-7236 RANK Pte NAME Crawford, W.

T. O. S. 2-12-16. UNIT 245th Battalion, C.E.F.
(D.O. #88 of 2-12-16)

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Dec 2	1916 Dec 31	✓	On pass without pay until 9-12-16	D.O. # 88 of 2-12-16.
1917 Jan	1917	✓		
Feb		✓		
Mar		✓		
Apr.		M.		

Number 1057226 Rank L/Cpl

Surname CRAWFORD

Christian Name William

Units 14th Bn. Can. Inf. Theatre of War France

Date of Service 4-1017

Remarks

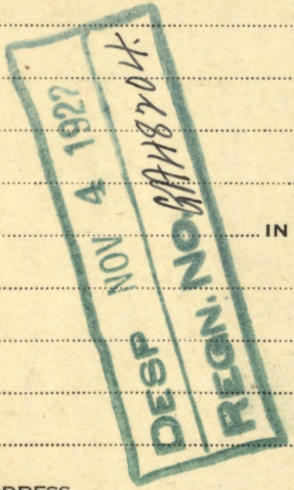
Latest Address Rougemont, Que

Roll No. B Lage 18575

200m.-6-21.M.

DATE AND PLACE OF ORIGIN

*DUE TO SERVICE
*NOT DUE TO SERVICE



SPITAL AS AN ADMISSION

WHERE FROM)

T IN CATEGORY

INVALID

WHERE TO)

TIONS DIAGNOSED

ADDRESS

HOSPITAL STATION

* CROSS OUT CONDITION NOT APPLICABLE.

(OVER)

Form R. 149.

Name Crawford. William Rank Pte. Reg. No. 1054236.

Unit 14 Bn.

Next of Kin Canada.

Date		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
3.9.	18	Y. C. G. H.	Etaples	Sw. Farm R	A315	H306	3867.1
20-	9	O. C. D.	Etaples	do.	A 328		4295-15.
28-	9	Discharged B.D.		do	A338		4530-2.

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

C SURNAME. Crawford 649-C-18329

#7 CARD NO. ✓

CHRISTIAN NAMES William

FOLL. SOS Dis 21-4-19 Demot 100,210 f 1-5-19 E R #4 Ind.

REGL. No. 1057236 RANK Pte.

UNIT 245th Bn.

FORMER CORPS Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Crawford, G.

RELATIONSHIP TO SOLDIER Father.

c/o Chaplins Farm
Rougemont, P.Q.

Hull. L. 28-9-18

COUNTRY OF BIRTH Scotland, Pebleshire DATE May 31st 1898.

PLACE OF ATTESTATION Montreal, P.Q. DATE Dec. 2nd 1916.

R/C 19-4-19 305/94. L/C.

L. L. 6945. M. & D. 6994. M. F. W. 22. 100M.—8 16. H. Q. 1772-39-339.

FROM HALIFAX PER

S.S. JUSTICIA 3-5-17

MARRIED — SINGLE Yes WIDOWER —

TRADE OR CALLING Farmer RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 18 YEARS 6 MONTHS

HEIGHT 5 FEET 4 INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES grey HAIR Fair

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Montreal, P.Q. DATE Dec 2nd 1916.

Present Address: St. Anne de Bellevue, P.Q.

H. Q. Reference

No. 1057736 Rank Lance Corpl. Unit 14th R.M.R.

Surname William Lyle.

Christian names CRAWFORD.

Kindly forward Medals, to which I am entitled by reason of my service in C.E.F. Belgium + France
(Theatre of War)

with 14th R.M.R.
(Unit with which served in Theatre of War)

No. 20. Box. 44

Street

Town ROUSEMONT.

County ROUVILLE.

W. L. Crawford
(Signature)

Roy Quebec (WRITE IN BLOCK LETTERS AND IN INK)

O.H.M.S.

POSTAGE
FREE

SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.

200M-10-20

Form R 122.
2353—100M—9-1-16

HP Rank Name CRAWFORD, William Reg'l No. 1057236

Unit 245th Bn. to 1st Quebec. Reg. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Montreal, Que. 2nd Dec. 1916. Place of Birth Peebleshire, Scotland.

Name and Address, Next-of-Kin G. Crawford, St Anne de Bellevue Que. ~~Allan Croft Dairy Farm, Beaconsfield Stn.~~, P.Q. Relationship Father

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. 23072
File R.L.
Category O R CANADA

Discharge, Date and Place Reason Character

H. W. & V., Ld.—9546-16.

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.
C		ARRIVED IN ENGLAND 14 5 17. SS. JUSTICIA,				
17.5.17.	23rd Res.	Taken on strength.	Sham.		15.5.17	Pt II O 134.
5-10-17	" "	S.O.S to 14 Bn overseas	"		4-10-17	Pt II D.O. 97 d. 10.10.17 of 14 Bn " " DO 270
10.9.18	R B	Wounded	Field	Pte	3.9.18	CDA 315
6-11-18	14 Bn	Appt'd L/Cpl	Fld	"	15-10-18	DO 150
16.3.19	"	Proceeded to England			14.3.19	" 20
		45-F-10 Canada 10-4-19.				
10 4 19	D. Wing CCC	S.O.S to Canada			10.4.19	" 21
22.3.19	—"—	T.O.S. from 14th Bn.			15-3-19	DO 7.
8-4-19.	D Wing CCC.	~~Forfeits~~ Reprimanded 2.4.19 for awl from 23.59 hrs. 28.3.19 to 23.59 hrs. 1.4.19 (4 days) 3 fts 4 days pay R.A. Reg	B'shott		2.4.19	Pt II DO 19.

A.F.B. 93 CHECKED OCT 1917

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.				

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

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

THIS IS TO CERTIFY that No. 105236 (Rank) L/Cpl.
Name (in full) William Crawford. enlisted in
the 245 Bn.
CANADIAN EXPEDITIONARY FORCE at Montreal Que. on the 2nd
day of December 19 16
HE served in England and France
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 20 yrs.
Height 5 ft 4 inches
Complexion Fair
Eyes Grey
Hair Fair

Marks or Scars Scar on right forearm G.S.W.

W Crawford
Signature of Soldier

Date of Discharge

Dispersal Station "F" APR 21 1919 Military District No. 4

L. Gauvreau
Issuing Officer

Major
Commanding Dispersal Station "F"
Rank

Date April 21 19 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.

DISCHARGE CERTIFICATE

CANADIAN EXPEDITIONARY FORCE

Sheet #2

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

M. F. W. 54. (A. F. B. 103:
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 14th Bn.

Regimental No. 1057236 Rank L/Cpl Name CRAWFORD, Wm.
C. E. F.

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				
1-5-19	O/S	T.O.S. DD#4	Montreal	10-4-19	D.O. Pt. II-121
1-5-19		S.O.S. DD#4 Demob.	"	21-4-19	D.O. Pt. II-121 R.O. 1420.

G.H. Fletcher
Lieutenant,
a/ Assistant Adjutant,
District Depot No. 4.

(*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				

245th BATTALION OVERSEAS
CANADIAN GRENADIER GUARDS

ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET

1057236

Surname Crawford Christian Name William.

Examined on 2 day of Nov. 1916 at Montreal

Birthplace City or Town Peblesheire County Scotland.

Apparent age 18 yrs.

Trade or occupation Farmer

Height 5 feet 4 Inches

Weight 125 lbs.

Chest measurement Minimum 33 inches Maximum expansion 36 inches

Physical development good

Small-pox Marks nil

Vaccination Marks Arm Right Left Number 1

When Vaccinated last child

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by [signature]

Rank Lieut M.O.

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
3/2/17		A D Fraine M.O.
10/2/17		A D Fraine M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
20/1/17		A D Fraine M.O.
27/1/17		A D Fraine M.O.
3/2/17		A D Fraine Capt M.O.

Enlisted on 2nd day of December 1916 at Montreal, Que

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	245th Bn. C. E. F., C. G. G.	1057236		DEC 2 '16
Transferred to	23RD RESERVE BATTN C.E.F. 14th Bn			4/10/17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Montreal	5/1/17	Fit	Passed Medical Board Mon. Capt.

INSPECTING MEDICAL BOARD M. D. No. 4 FIT APR 3 1917 H R Edward Capt. Amc. Pres. MONTREAL, P.Q.

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

S.

J. Mc

Surname Crawford Christian Name William

STATION	Date of Arrival at the Station	DATES OF Admission into Hospital Day	Month	Year	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

8

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. 105236 Rank A/Cpl Surname CRAWFORD (Given name in full) William

Unit or Corps 14th B'n Birthplace Peebles Sct

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

1. GENERAL DESCRIPTION:

Physique Good Weight 145 lbs. Height 5 ft. 4 in. Colour of Eyes Blue

Nutrition Good

Pulse 72 regular

Condition of arteries Soft

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 on right forearm G.S.W. 7/9/18.

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 Sytem No. Cardio-Vascular System No.

Special Senses No. Integumentary System No. Respiratory System No.

Disturbance of mentality No. Muscular System No. Digestive System No.

Osseous and Joint System No. Any other general condition Good

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.

G.S.W. Rt forearm 7/9/18 No disability

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Bergenshott (Overseas)

Date 17/3/19 Signed J. Heaslin Capt. M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature X. William Crawford

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

THIS SECTION FOR USE IN CANADA—

Examined at ..... (Canada)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above lescription 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 bv Medical Board.)

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

[OVER]

M.F.W. 129.
1083 (D.P.) 500M-11-18.
1772-39-1142.

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. W

REGIMENT 14th BATT. RANK Pte No. 1057236

Date of Examination in England 17/3/19 | 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.

8. F.

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 Yes
(*c*) In France —

R Thompson Capt
A. D. D. S. M. D. No. 4

BRAMSHOTT CAMP
HANTS.

Signature of Dental Officer Johnston Capt

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 245th O/S Battalion, C.E.F. "Canadian Grenadier Guards"

(2) Regimental Number 1057236

(3) Full Name of Soldier CRAWFORD, William

(4) Place of Birth Peebleshire, Scotland

(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? No.

(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.
HTS-30-054.

(SEE OTHER SIDE.)

(9) Is your Father alive ? Yes

If so, state name and address George Crawford, ~~St. Anne de Bellevue, P.Q.~~ Allan Croft Dairy Farm Beaconsfield Sta. #2

(10) Is your Mother alive ? Yes

If so, state name and address Isabella Crawford, St. Anne de Bellevue. P.Q.

(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.

- - -

(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.

C.C. Ballantyne
Officer Commanding.

Date DEC 14 1916

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

S.

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 William ~~R.~~ 2. Surname CRAWFORD

3. Rank Pte 4. Original Unit 245 Bn 5. Reg. No. 105736

6. Address, in full, to which future payments of gratuity are to be forwarded Post Office, Rougemont, Quebec.

7. Date of enlistment in the C.E.F. 2-12-16

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge No

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

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. 150,0.0(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? Yes

(b) If so, was such reversion in consequence of misconduct or inefficiency? No

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 14th Royal Montreal Regts

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 14th Battn. Oct 8th 1917 to date

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: William Crawford.

Place of Residence: Rougemont Quebec.

Declared before me at: Bramshott

This 18 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.

J M Keenan
Major

POST DISCHARGE PAY.

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

Certified Correct

District Paymaster.

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 245th O/S Battalion, C.E.F. "C.G.G."

Regimental No. 1057236 Rank Private Name CRAWFORD, William

Enlisted (a) 2.12.16 Terms of Service (a) C. E. F. W. of war Service reckons from (a) 2.12.16

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

W. S. B. CLASS A.

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 at Halifax, May 3rd/17 H.M.T. Disembarked at Liverpool May 14th	F.628 "Justicia."		
17.5.17	23rd R.Bn.	Taken on strength	Shoreham	15.5.17	D.P.11 O.134
17.5.17	.OC. 245th Bn.	Transferred to 23rd Res, Bn,	Shoreham.	15.5.17.	D.P.11.O.
		G. S. Stairs Major			for O.C. 245th Bn, C.E.F.
5.10.17	.23rd.Res. Battalion	Posted to 14th.Batt'n.	Shoreham.	4.10.17.	D.P.11 O. 275
			W H Chalmers Lieut. and Adjutant. 23rd. Canadian Reserve Battalion.		
	C. B. D.	ARRIVED C. B. D.	FRANCE	5/10/17	N. R. D. 6/10/17 PART II ORDERS No 97 D 10/10/17
	C. B. D.	LEFT C. B. D. FOR	CCRC	15/10/17	N. R. D. 15/10/17
	O. C. 14 BN	ARRIVED CCRC BN.	FIELD	15/10/17	~~B. 213 D~~ N.R. 15/10/17
8-11-17	CCRC	To unit	do	8/11/17	N.R. 11.

CERTIFIED CORRECT 15 OCT 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.

1057236 Crawford W

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
17/11/17	Unit	JOINED UNIT	Field	15/11/17	B213
27.5.18	do	Stay with Unit	"	27/7/18	K.I.17-19
7.9.18	2 C Fa	Sw R Arm	CCs	2.9.18	A36
3.9.18	7 G.H.	Sw Farm R.	7 GH	3.9.18	H. 7258
20.9.18	do	do To	6 Cdp	20.9.18	K. 3552
20.9.18	6 Cdp	Sw Farm R ad	6 Cdp	20.9.18	K 1039
28.9.18	do	do To	3 E.B.D.	28.9.18	K. 5447
29.9.18	6 I.B.D.	To S.H. from 6 Cdp	6 I.B.D.	29.9.18	[illegible] 461
1 OCT 1918	do	To Accrue	Fld	2.10.18	" 1409
7.10.18	Accrue	arrived	do	2.10.18	" 1549
3.10.18	do	To Unit	do	3.10.18	" 1755
12.10.18	Unit	Joined	do	5.10.18	B213
12.10.18	do	Command Course	do	8.10.18	B213
2.11.18	do	From do	do	29.11.18	do
26.10.18	Unit	To be L/Corporal	Field	15.10.18	B213
9.11.18	do	14 days leave to	UK	7.11.18	B213
7.12.18	do	From leave	Field	1.12.18	do

W. S. B. CLASS. A.

10-4-19

CARRIED TO CANADA

Embarked 13 Sept 16 To 4 Canford Ld

Disembarked 8 4 19

Nominal Roll No. 45

Cardiff 14th Bn

150/19.8

154/1918

Emb. Camp. Proceeded to England. 14 MAR 1919

N.R.

15/3/19 Unit To S. Dwing CCC Bramshott Pt.2 O.No. Sw Hooker H.

G.J. Skelton LIEUT. FOR LT COL. A.A.G.

L.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 Isabella Crawford

~~Allan Grove Dairy Farm~~ ~~Beaconsfield Stn, P.Q.~~ c/o Macdonald College ~~Ste Anne de Bellevue~~ R.R. #2 Cowansville Que.

Rate $10.00

By Whom Assigned Crawford, William

Regtl. No. 1057236.

Rank Pte

Corps 245th Battn.

MAY 1 1917 26-10-17

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			① 2M 10 7/17-CW-1 8/17.
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

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Mrs Isabella Crawford.

PAYMENTS.

Name of Soldier Crawford, William

Pte 105-7236 245th Btn.

L. L. Job 4503.—Req. 6832.

$10.00

MAY 1 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		B12867	10	
June		O16378	10	W.
July		E 21148	10	Bn
Aug.		K27612	10	B ① Allan Grove Dairy Farm Beaconsfield Stn, P.Q.
Sept.		J 35325	10	D
Oct.		Y47342	10	R.R. #2 Cowansville Que. 26-10-17 Mc
Nov.		@52838	10	
Dec.		J55928	10	80 ∞
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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.				

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 1057236 RANK L/Cpl. NAME (IN FULL) CRAWFORD W. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Fwl — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T.O.S.	10/4/19	AO 121 Sept 1/2 & 4/8

ORIGINAL UNIT C.E.F. 14th Bn

IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 2-12-16 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE 1-5-19

PAYABLE TO Mrs Isabella Crawford — RELATIONSHIP

ADDRESS 6 Chaplin's Farm, Rougemont. — EFFECTIVE free.

ANY CHANGE IN ASSIGNEE OR ADDRESS: Wife - Post Office, Rougemont. free.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

DISCHARGED — PLACE Montreal — DATE 21-4-19 — REASON Demob. AO 121 Supp 2 & 4/8 — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1	COL. NO. 1 DATE	COL. NO. 2	COL. NO. 2 DATE	COL. NO. 3	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.
BALANCE FROM PREVIOUS ACCOUNT									83 60																										83 60
1-4-19					70 00										Ch.																				
25-4-19	25	1.15	28 75		35 00				133 75		Pool	Train	036	150	487	5 00	192	48	15 00						4 60						221	95	4 60		V.B.R
									217 35																		4 60								
																											4 60								
					Other Credits.	W. S. C.	S. A.	Total									War Service Gratuity										Other Charges.	W. S. G.	S. A.	Total			Balance Soldier	Balance Dependant		
					3 50			3 50																		4 60	70		70			28 0			
21-5-19																											4 60	60	8	70			21 0			
21-6-19																												70		70			14 0			
21-7-19																												70		70			70			
21-8-19																												70		70						
																												3 50								

PARTICULARS OR REMARKS

"Germania" -
Cr Bal Mg 4 PC 83 60
WSG 70 00 / Can Blo. 35 00
Pro 4 60 for pro on Mg 4 PC
22-4-19 to 25-4-19
as 15 00 for April
Forfeits 4 days Pro
by Pro Reg = 4 60

307955
913021
1074915
1284590

MAY 12 SEP

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

P. 559.
MARRIED OR SINGLE: Single.

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN: Mr. G. Crawford
St. Anns-de-Bellevue. Quebec
~~Allan Croft Dairy Farm~~
~~Beaconsfield Stn.~~ P.Q.
RL 29 J
R2A 5104

RELATIONSHIP OF NEXT OF KIN: Father

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

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 1057236 RANK Private. NAME Crawford. William.

IF IN PERMT. CORPS } WHAT UNIT — UNIT 245th Bn. TRANSFERRED TO 23rd Res. Bn. DATE 15-5-17 AUTHORITY Shoreham O.R.O. 2182

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO 14th Bn. DATE 1-3-18 AUTHORITY Dis.

PLACE OF ATTESTATION Montreal. P.Q. — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION December 2nd 1916. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ ~~10~~ DATE EFFECTIVE ~~May 1st 1917~~

PAYABLE TO ~~Mrs Isabella Crawford~~ Mr. G. Crawford. ~~Allan Croft Dairy Farm~~, ~~Beaconsfield Stn.~~ P.Q. RELATIONSHIP ~~Mother~~ Father

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE May 1st 1918. A2M. Rend. 25-3-18

PAYABLE TO Mrs Isabella Crawford, R.R. #2. Cowansville, P.Q. RELATIONSHIP Mother.

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) — EFFECTIVE — REASON

DISCHARGE DATE AND PLACE — REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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	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
1917														14 85	14 85																14 85				Balance from Canada.
May	31	1.10	34	10											34 10												10		10	38 95		5		
June	30		33	00											33 00								232 30/5		19 46		10		29 46	42 49				
July	31		34	10											34 10															76 59				
Aug	31		34	10											34 10								402 15/6		4 86		10	10 1 57	26 43	84 76				acct pay for Aug 1st adjd. Q 4005 1782 21.6.17.
Sept	30		33												33	888	28/8	877	15/8				717	31/7	786	16/7		9 73	9 73					
																											10	9 73	9 73	68 34				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
Bal.			~~J 68 34~~						68 34		
Oct	31 Net Pay	34 10		Can: Res Pay				10			
				23rd Res Bn ab 998 14/9	9 73						
				AR 1063. 23 Res. 26 9/9.	9 73			10	72 98		
		34 10			19 46						
Nov				AP.				10			
				D.R. 618. 1 C.R.D. 8/10/17	4 46						
Cat Apt					4 46			10			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
Bgt'd - got									4 46		
Nov	10		33	Dr. 217. 1 C.D. King 8 C.R.C. 31/10/17	3 57						
Dec			34 10	Q 4005. H 29. 23 Res 17/8/17	1 27						
				" " " 14/9/17	1 01						
									9		
				AP Dec					10 ~~10 07~~ 77 pm		
			67 10		10 31				20		

14 Bn

1057236 Pte Crawford William A.S.C.

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.	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
MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER-RED. PAY	ALLCE ENG.	MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER-RED. PAY	ALLCE ENG.												
Jan	P.P.	34 10		Q4005 | 3661 | 22-8-17	4 18				109 77																										
				ap. Jan.				10																											
				Dh. 394 - 1 D.W.C.R.C. 15-11-17	13 38																														
				" 1137 - 14 Bn 4-12-17	3 57																														
				" 1036 - " 21-11-17	4 46				108 28																										
		34 10			25 59			10																										
Feb.	"	30 80		ap.				10																										
				Dh. 1210 - 14 Bn 24-12-17	4 46																														
				" 1360 - " 15-1-18	4 46	8 92																													
				" 1264 - " 4-1-18	3 57																														
				" 1464 - " 29-1-18	3 57				113 ~~103~~ 02 50																										
		30 80			16 06			10																										
March	S.R.	34 10		A.S. Can (March)				10																										
				AR 1557 - 14th Bn 17-2-18	4 46																														
				" 1757 " 18-3-18	3 57																														
				" 1700 " 15-3-18	4 46																														
		34 10			12 49			10	124 63 55																										

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- ~~1-5-19~~ 1-5-18.		EFFECTIVE DATE:-	
AMOUNT:- ~~$10.00~~ $15.00		AMOUNT:-	

NAME:- CRAWFORD William. D

NUMBER:- 105723 23 26.

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 Isabella Crawford (Mother)
R.R#2. Bowansville.
(A2M 25-3-18) P.Q.
~~Allan Grove Dairy Farm~~
~~Beaconfield Stn.~~ P.Q

Stopped eff. 1.11.19.

1851
Bde HQ

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte
D.O.150.14 Bn 6/11/18	15.10.18	L/Cpl

UNIT AND TRANSFERS

ORIGINAL UNIT:- 245th Bn.

DATE ACCOUNT FIRST OPENED:- 1-5-17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			14th Bn.

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
~~25/6/18~~	~~512~~	~~Adjt 245 Bn 19 Etc~~	~~11 67~~				
~~4/3/19~~	~~3257~~		~~3 73~~				
~~11~~	~~5916~~		~~11 66~~				
~~20~~		~~Adjt~~	~~73~~				
			81 39				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 -	- 10		
D.O. 150. 14th Bn	1 05	10		
C/Bal 83.60 Ledger bal 164.99 Dep/Pay 60 Ppd				

PARTICULARS OF RENDERING NON-EFFECTIVE ~~Dis to Can 31/3/19.485.~~ Bram 24/3 Bram MD 4 New A.S.P. BR# 40962 - Issued 13-6-18.

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal Forwd:-								124 63	55	
April	P.P.	33		A/P. ban (april)				10	147 63		
				AR 444 14th Bn 16.4.18	8 03				139 60	60	
May	P.P.	33 34 10		A.P. ban (May)	8 03			10 15	158 70		
				AR 105 14th Bn 2.5.18	4 46				154 24		
				" 154 " 15.5.18	3 57				150 67	60	
June	P.P.	34 10 33		A.P. ban (June)	8 03			15 15	168 67		
				AR 234 14th Bn 2.6.18	4 46				164 21		
				" 266 " 14.6.18	3 57				160 64		
				" 350 " 29.6.18	4 46				156 18	60	
July	P.P.	33 34 10		A.P. ban (July)	17 49			15 15	175 28		
				AR 199 3rd C.Dy Bde 17.7.18	3 57				171 71	60	
Aug	P.P.	34 10 34 10		A.P. ban (Aug)	3 57			15 15	190 81		
				AR 314 3rd Inf Bde 1.8.18	3 57				187 24		
				" 441 " 19.8.18	3 57				183 67		
Sept	P.P	34 10 33		A.P. ban	7 14			15 15	201 67		
				AR 14421 6.Y.B.D. 22.9.18	8 92				192 75	60	
		33			8 92			15			a/c cancelled.
Oct.	A.P.	34 10		A.P. Cum				15	211 83		
				AR 1701 4 Brig CCRC 15.10.18.	3 73						
				1193 Dd. do. 8.10.18	3 73				204 39		
				2060 4 Brig " 21.10.18	3 73				200 66		
		34 10			11 19			15			
Nov.	do	33		A.P. Cum				15	218 66	60	
				AR 1325 3rd Dvy Bdge.	4 66				214 -		
	Appl L/C 15.10.18 14 days at 5. DO 332. 28 Rec 28.11.18.	2 35		- - - - -					216 35		
				AR 34 do. 6.11.18.	97 33				119 02		OVER
		35 35		Curr. Forwd	101 99			15			

COMPILED BY Eastont
CHECKED BY

NUMBER 105736 RANK LIC. NAME Crawford Wm

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Lic	35 35		Bl. Forw'd.	101 99			15 -	119 02	60	
Dec.	~~Lic~~ Pte pay	~~35 65~~		A.P. Cam				15 -			
JAN 1919	do	35 65		A.P. Cam				15 -	160 32		
		106 65			101 99			45 -			
				A.R. 1093 1st Bn Cl 4.1.19	2 51				157 81		
Dec	do.	32 20		A.P. Cam				15 -	175 01		
				A.R. 1847 3rd Cl of 03 20.12.18	7 79				167 44		
				" 3367 42 " 20.1.19	3 73				163 49		
				Guar 513 23 Res 29 6/17 Obs 43 Rule 19/17	4 87				158 62		
				A.R. 2978 3rd Cl A.B. 10.2.19	11 19				147 43		
				2720 " 6.2.19	3 73				143 70		
				2998 " 18.2.19	3 73				139 97		
Mch	do	35 65		A.P. Cam	37 55			15 -	160 62	60	
	Ent on Def Pay	~~7 62~~							~~162 24~~		
		437							16499	60	
				A.R. 3252 " 11.3.19	3 73				161 26		
		72 22		" 5916 " 11.3.19	4 66				156 60		
				" 670 Bch'll. 20.3.19	73 -				83 60		
		72 22			118 94			30 -			

L.O.L loan '9/11.9

:D. A. F
O.G. 1.

War Service Badge
Class "A" No. 26935

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M

1. No. 1057236 Embarked 18-4-19.

2 Rank. L/Corporal Disembarked. 18-4-19

3. Name. CRAWFORD William.

4. Unit. 14th Battalion

5 Date of Discharge 21-4-19 Place MONTREAL

6 Reason for Discharge DEMOBILIZATION

7. Authority. R.O. 1420 DD#4 D.O. Pt. II-121.

8. Proposed Residence after Discharge

Rougemont Que.

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.? B 39 Montreal

April 21/19

W Crawford

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Montreal

Date April 21/19

Signature J. Gauvreau Major

(O. C. Discharging Unit.)

Commanding Dispersal Station F

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5609a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.A.F. 5)
11. Equipment [illegible] and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B

Checked by No. 9

Date 3-4-19

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

C 12170

Date of Assignment May 1 – 17

6L5C23 BAH

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

~~10~~	15		

1-5-18 . 2 M . 16-3-18 JDL

PARTICULARS OF SEPARATION ALLOWANCE

No. 1057236

Rank Pte. Promoted Reverted Discharge

Soldier's Name William Crawford

Battalion 245th Battn

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Isabella Crawford

Address ~~c/o Macdonald College, St Anne de Bellevue Que~~

Change of Address

1 ~~R.R. 2. Cowansville Que~~

2 ~~St Annes De Bellevue Que 15-5-18~~

3 c/o Chaplins Farm, Rougemont. Que

4 M014068

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917 Dec. 31			80 –	80 –	03899-W-26 P
Jan	66030 T		10	10 00	adeg
Feby	100649 D		10	10 –	
Mar	118832 A		10	10 –	
Apl.	1325 B		10	10 –	JDL
May	17425 M		15	15	M R O 1B rec'd 19-4-18
June	21120 I		15	15	
July	32355 S		15	15	
Aug	34837 I		15	15	
ok cs. Sept	44219 L		15	15	
Oct	52150 M		15	15	
Nov	60203 I		15	15	
Dec	67389 R		15	15	
Jan	72569 M		15	15	
Feb	77983 P		15	15	
Mar	90234 H		15	15	
Apr.	2889 K.		15	15	
			300	300	

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

A/c Closed 30-4-19
Ret'd per Carmania
Date 18/4/19 M.F.W.187 24-4-19
Clerk W. M. Phillips
M.R.O 90291 destroy

M.D. 4.

AUDITED.

CONSOLIDATED ACCOUNT

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—177-39-1141
L. L. 22530—M. & D. 7982.