218th. O. Battalion C. E. F.

ATTESTATION PAPER.

ORIGINAL

No. 279190

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — Crowe
1a. What are your Christian names? — Reginald Raper
1b. What is your present address? — Edgerton Grande Prairie
2. In what Town, Township or Parish, and in what Country were you born? — Worcester, ~~Herefordshire~~, England
3. What is the name of your next-of kin? — Martha Crowe
4. What is the address of your next-of-kin? — PRESTEIGN Presteigne, Radnorshire, Wales
4a. What is the relationship of your next-of-kin? — Mother
5. What is the date of your birth? — 18th Oct. 1891
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, Reginald R. Crowe, 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.

R R Crowe (Signature of Recruit)

Date 6 MAR 1916 191 . Jos Rogue (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Reginald K. Crowe, 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.

R R Crowe (Signature of Recruit)

Date 6 MAR 1916 191 . Jos Rogue (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 Edmonton this 6th day of March 1916.

C W Durrand (Signature of Justice)

M. F. W. 23.
100M.—1-15.
H. Q. 1772-39-841.

Description of Reginald K. Crowe on Enlistment.

Apparent Age 25 years — months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft 6½ ins.
Chest measurement. Girth when fully expanded	36½ ins.
Chest measurement. Range of expansion	3 ins.
Complexion	Fair
Eyes	Brown
Hair	Dark Brown
Religious denominations. Church of England	Yes
Presbyterian	
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 March 7th 1916.

Place Edmonton

J. Macd Oswald
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.

Reginald K. Crowe 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.

Lieut.-Col. (Signature of Officer)
Commanding 218th. O. Seas Batta.

Date 7 March 1916.

REGIMENTAL DOCUMENTS

NAME Crowe, Reginald Raper Cpl. REGT. NO. 279190 UNIT 218 Bn. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				46846	
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
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob'
1	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
24	6D3.					1
1	Mdl W67					21-17.
1	R132					16-17
1	P.C.					3-19
						1

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

DUPLICATE #279190

MEDICAL HISTORY SHEET

Surname Crowe Christian Name Reginald Raper

Examined on 7th day of March 1916 at Edmonton Alta

Approved by [signature]

Birthplace City or Town Harcester County Worcestershire Eng

Rank 2 M.O.

Apparent age 25

Trade or occupation Farmer

Height 5 feet 6 1/2 Inches

Weight 150 lbs.

Chest measurement Minimum 33 1/2 inches Maximum expansion 3 inches

Physical development Good

Small-pox Marks No

Vaccination Marks Arm Right Left Number No 3

When Vaccinated last 1902

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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
7/2/17		Thos Dodds M.O.
		M.O.
		M.O.

Date	Result P.F.	Anti-Typhoid Inoculations, Etc.
4/12/16	R	2 Gadds M.O.
12/12/16	"	2 Gadds M.O.
21/12/16	"	2 Gadds M.O.

Enlisted on 7 day of March 1916 at Edmonton Alta

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	218th O.S.Bn.	279190		March 7/16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Knotty Ash Camp	22-2-19	Fit	[illegible]

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.

Surname Crowe Christian Name Reginald Stanley #279190

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				
Edmonton M.H.	1	17	5	1916	6	6	16	Pneumonia.	21	Recovered	W.W. Macaulay

(9) Is your Father alive ? no

If so, state name and address ~ ~

(10) Is your Mother alive ? yes

If so, state name and address Mrs Crowe

Presteign Radnorshire, Wales

(11) If your Mother is a widow yes

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.

(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.

Officer Commanding.

Date FEB 8 1917

To be made out in duplicate. H.Q. 54-21-23-51

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.

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(1) Name of Overseas Unit which Soldier joins 218th O' Battalion C.E.F.

(2) Regimental Number 279 190

(3) Full Name of Soldier Reginald Raper Crowe,

(4) Place of Birth Herefordshire, England

(5) Are you married, or not ? no

(6) If married, state,
(a) Full name of your wife ~~[illegible]~~

(b) Present Postal Address ~~[illegible]~~

(7) Are you a widower ? no

(8) Have you any children ? ~~[illegible]~~

If so, give number of boys and girls ~~[illegible]~~

Also their names and ages ~~[illegible]~~

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

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. 279190 Rank CPL Surname CROWE
(Given name in full) REGINALD RAPER

Unit or Corps C.R.T.D. Birthplace WORESTER ENG.

(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 7½ in. Colour of Eyes Brown

Nutrition Good

Pulse 72

Condition of arteries Good

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

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

Nil

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 No 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 17-5-16 - 21 days
recovered.

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Knotty Ash Camp (Overseas)

Date 22-2-19 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 [signature]

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

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

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

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

Signature .....

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

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

[OVER]

C.A.D.C. 5009A

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

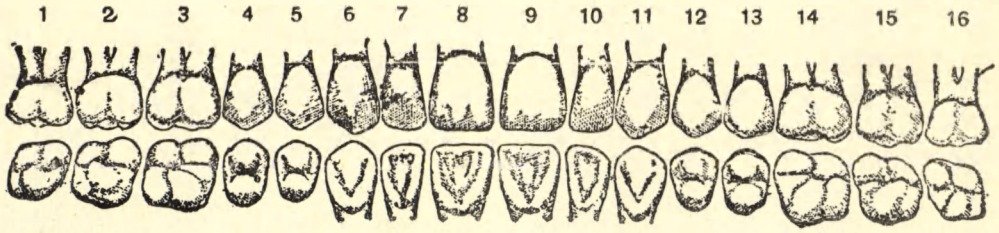
DENTAL CERTIFICATE FOR DEMOBILIZATION

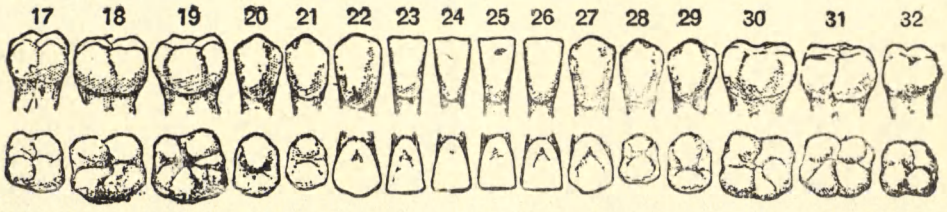
Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) CROWE RR

REGIMENT 8th C.D.I. RANK Cpl. No 279190

Date of Examination in England 6/2/19 | Date of Examination in France





DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS Fit
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 No.
- (*c*) In France

KNOTTY ASH CAMP, LIVERPOOL.

Signature of Dental Officer W. La Roque Capt

Army Form B. 103. Regimental Number 279190

Casualty Form—Active Service.

Regiment or Corps 218th O.B. C.E.F.

Rank Sapper Surname Crowe Christian Name Reginald Roper

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) 6/3/16 Terms of Service (a) D.o.f.W Service reckons from (a) 6/3/16

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (b) .....

or Corps Trade and Rate .....

Occupation ..... Signature of Officer.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked ...			
		Disembarked...			
26/2/19		CERTIFICATE TO KING'S ... PART 2, 62			
		13			
		Lt G Shannon Lieut			
		Hon Qr			

TAKEN ON STRENGTH OF NO. 13 DISTRICT DEPOT PART 2 ORDER NO. 100 DATED 22.5.19 AND

DISCHARGED FROM H. M. SERVICE BY NO. 13 DISTRICT DEPOT PART 2 ORDER NO. 100 DATED 5.4.19

AUTH. R6 1420

for H. E. Whitcomb Lieut.-Col.

Officer Commanding No. 13 District 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) Signaller, Shoeing-Smith, &c.

W. 11814—M1188 1000m 1/17 (27227) S P & Co, Ltd. Forms B./103/4 E./354.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		J.O.R. C.C.C. Kinmel Park return to Canada. Part II No. 32. S.O.S C.C.C. Kinmel Park on em ing for Canada, Part II O. No. 55. 69 Commanding 13 Wing, Kinmel Park Camp. W.C.M. Kenna LIEUT. O. i/c RECORDS, M.D. 13.			
		SAILING NO 42 S S REGINA FROM L'POOL 22, 3 19 Steerage Colonists Dept. Adjt. No. 14. O.T.C.S.			

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 27/190 (Rank) Cpl.

Name (in full) Crowe Reginald Roper enlisted in

the 218th Battalion

CANADIAN EXPEDITIONARY FORCE at Edmonton on the 6th

day of March 1916

HE served in 8th C.R.T.

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 27 yrs

Height 5'. 6½"

Complexion Fair

Eyes Brown

Hair Dark Brown

Marks or Scars Mil

R R Crowe
Signature of Soldier

C J Rowlie
Issuing Officer

Captain
For O. C., Dispersal Station "S"
Rank

Date of Discharge

Dispersal Station "S"
APR 5 1919
Military District No. 13

APR 5 1919
Date March 3rd 1919

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

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

DISCHARGE CERTIFICATE

CANADIAN EXPEDITIONARY FORCE

Form R 122.
2353—100M—9-12-16

JM.

Rank | Name CROWE, Reginald Raper. | Reg'l No. 279190

Unit 218th. Bn. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Edmonton. 6th March 1916. | Place of Birth Worcester, ~~Herefordshire~~, England.

Name and Address, Next-of-Kin Martha Crowe.
Presteign.
~~Presteign~~, Radnorshire, Wales. | Relationship Mother.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason Cpl | Character

N/E. R.B. No. 12252
File No.
Category
Can OR

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.
		ARRIVED IN ENGLAND S.S. SOUTHLAND 27-2-17			
		12.3.17. 218 Bn S.O.S. to C.R.T. Depot, Purfleet, 12-3-17, Pt. II O.			
		12:3:17 Depot, C.R.T T.O.S Purfleet 13.3.17. Pt. II, D.O. 60			
		20:3:17 Depot, C.R.T S.O.S. to 8th C.R.T, Purfleet. 21.3.17 Pt. II. DO. 6			
					Pt-II D.O. 10 d/30-3-17
14-4-17	8th C.R.T.	Posted to C.R.T.D.	- do -	16-4-17	Pt-II D.O. 25 C.R.T.D. Pt-II D.O. 95 4/6/17
27-5-17	C.R.T.D.	Posted to 8th C.R.T. O/S	- do -	26-5-17	1366 to C.R.S. Pt-II D.O. 35 4/6/17
20-2-18.	8th C.R.T.	Appt'd A/L/Cpl with pay.	Spr. Guild.	31-1-18.	Pt II O 9.
19-4-18	8th C.R.T.	Awarded 1 Good Conduct Badge.	A/L/Cpl. "	6-3-18.	Pt II O. 31
24-5-18	"	Appt'd L/Cpl.	A/L/Cpl. "	31-1-18	Pt II O 51
2.9.18	"	App. a/Cpl. para.	L/c. "	19.8.18.	Pt. II 96.

A.B. 63 CHECKED
12 JUN 1917

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
28.11.18	8th C.R.T.	Conformed in rank of Cpl	appt Tuld	19.8.18	P.H. 13 >
5.2.19	"	S.O.S. to C.R.D. Hurdy Gurdy	Cpl. "	29.1.19	— 10. (C.R.T.I. P.H. 30, 4-2-19
23-1-19					
~~C.R.T. Depot~~	~~C.R.T. Depot~~	~~T.O.S. from 12th C.R.T.~~	Entered in Error		
		42-S-73		22.3.19.	
26-2-19	C.R.T.D.	S.O.L. 6 M.D. 13 Rhyl	6pl. K. Cpl	25-2.19	P.H. 52 (M.D. 13. 80 45. D) 26/3/19
22-3-19	M.D. 13	A.O.L. to Canada	" Rhyl	22-3-19	— 69

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 218th. O. Battalion C. E. F.

Regimental No. 279190 Rank Private Name CROWE Reginald Raper.
C. E. F.

Enlisted (a) 6-3-16 Terms of Service (a) Duration of war Service reckons from (a) 6-3-16

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

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	16-2-17	
		Disembarked England	Liverpool	27-2-17	
12.3.17	218th C.R.D.	Transferred to Canadian Railway Troops Depot	Purfleet	12-3-17	D. O. 61. Part II
					W. R. Wells Captain & Adjt. 218th Overseas Battalion, C. E. F.
12-3-17	C.R.D. Depot.	Taken on Strength	Purfleet	13-3-17.	P. P. p. 60.
20/3/17	C. R. T. Depot	Transferred to 8th Bn. C. R. T.	Purfleet	21/3/17	P. P. D. O. 68. H. Graham Lt ADJUTANT, DEPOT CAN. RLY. TROOPS.
30 21-3-17.	8th Battn C.R.T.	Taken on strength.	Purfleet.	21-3-17.	D. O. Part 11 Order No. 10.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
16/4/17	C.R.T.D.	Taken on Strength depot	Purfleet	16/4/17	A.F.D.D. No. 93
27/6/17	C.R.T.D.	S.O.S. to 8th Bn. C.R.T. O/Vasco	Purfleet	26/6/17	A.F.D.D. No. 136 H. T. Taylor Lieut. ADJUTANT,
16/4/17	8th C.R.T.	S.O.S. to Depl C.R.T.	—	14/4/17	A.F.D.D. No. 25 DEPOT CAN. RLY. TROOPS. LIEUT: FOR LT: COL: I/C RECORDS, C.O.M.F.
1-6-17	8th C.R.T.	arrived in transit from T.O.S.	Field	27-5-17	A.F.D.D. No. 35.
2-2-18	D.C. Unit.	attchd a/Sgt/Bgde, wire 279551 Sgt/E. Campbell 80. (attchd a/Sgt/Bgde 31/1/18)	Field	31-1-18	B213. A.F.D.D. No. 9 dd/20-2-18.
6-4-18	✓	awarded 1 D.C.M. Bar	Field.	6-3-18	B213. A.F.D.D. No. 31 dd/19-4-18.
11-5-18	✓	appointed L/Sgt.	Field.	31-1-18	B213. A.F.D.D. No. 51 dd/24-5-18.
3-8-18	✓	Granted 14 days LEAVE	U.K.	30-7-18	B213. A.F.D.D. No. 84 dd/10-8-18.
17-8-18	✓	Returned from LEAVE	Field.	14-8-18	B213.
24-8-18	✓	attchd a/Sgt/Bgde, Hqrs (wire [illegible] attchd a/S.M. 19/8/18.)	Field	19-8-18	B213. A.F.D.D. No. 96 dd/2-9-18.
16-11-18	✓	confirmed in rank L/Sgt.	Field	19-8-18	B213. A.F.D.D. No. 132 dd/28-11-18.
28-1-19	C.R.B.D.	Transfd to Eng for demob posted to C.R.T. Depot Knatty Ash		9-1-19	Nominal Roll C.R.D. Dd 10-1-1919 H. C. B. Campbell. Lieut. for Lt.-Col. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

CERTIFIED CORRECT. CAN. RECORDS OFFICE.

4 FEB 1919 C.R.T.D. Taken On Strength Knottyash

3 FEB 1919 Pte 30.

C 1731

P. 880.

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 Reginald Raper 2. Surname Browe.

3. Rank Cpl. 4. Original Unit 218th Bn 5. Reg. No. 279190

6. Address, in full, to which future payments of gratuity are to be forwarded
Bezanson P.O. Alta
near Grande Prairie

7. Date of enlistment in the C.E.F. 6.3.16 W.C.

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 Nil.

10. Address, in full, of such dependent Nil.

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? Nil.

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 particu'ars 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.

9.5.19 Regina

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?

21. Have you, during the present war, served in the Imperial Forces?

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

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

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

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge 5.4.19. (b) Reason for discharge Demobilized

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

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

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

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

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

Signature of Applicant: R R Crowe

Place of Residence: Bezanson Wt Grande Prairie

Declared before me at: Kinmel Park Camp

This 6th 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.

H Hoste MAJOR

O.C. No. 13 M.D.C. WIND. K.P.C.

ATTESTED 6.3.19 DISCHARGED 5.4.19.

PUT ON PAY INITIALS

EXAMINED BY

REMARKS

GENERAL AUDITOR'S DEPT. AUDITED MAY 14 1919 DISTRICT AUDITOR M.D. 13

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
	Nil		420 00	420 00

Certified Correct.

G Edwards Major District Paymaster.

H.C.R.

649-C-11398

CARD NO. 213

SURNAME. Crowe,

CHRISTIAN NAMES Reginald Raper

REGL. No. 279190 RANK Pte.

UNIT 218th

FORMER CORPS Nil.

SOS. Gds 5-4-19
DO. 110 FOLL. 10-4-19
Demob 13-8-19

Bn.

NEXT OF KIN.

NAMES IN FULL Crowe, Mrs. Martha

RELATIONSHIP TO SOLDIER Mother

ADDRESS Presteign, Radnor, Wales.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England, Worcester, Worcs. DATE Oct. 18th 1891.

PLACE OF ATTESTATION Edmonton, Alta. DATE Mar. 6th 1916.

R/C 30-3-19 293 Rpl
65

L L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

From Halifax per S.S. "Southland" 17/2/17.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Farmer RELIGION Church of England

DESCRIPTION.

APPARENT AGE 25 YEARS MONTHS

HEIGHT 5' FEET 6½ INCHES

CHEST MEASUREMENT 36½ INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Brown HAIR D. Brown

DISTINGUISHING MARKS Not stated.

MEDICAL EXAMINATION. PLACE Edmonton, Alta. DATE Mar. 7th 1916.

Present address, Bezanson, Grande Prairie.

No. 279190 RANK Pte NAME Crowe R. R.

T. O. S. 6-3-16 UNIT 2/8th Battalion (Irish Guards)
(20.0.1. 10-3-16)

M. D. 13.

PAID FROM	PAID TO	SIG. OR REC'T
1916	1916	
Mar 4	Mar 31	✓
Apr.		✓
May		✓
June		✓
July		✓
Aug		✓
Sep.		✓
Oct.		✓
Nov		✓
Dec	1917	✓
1917 Jan		W.
Feb		

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY

E M W

Number 279190 Rank Cpl

Surname CROWE

Christian Name Reginald Roper

Units 8th C.M.R. Theatre of War France

Date of Service 27/8/17

Remarks

Latest Address Bezanson P.O.
near Grande Prairie
Alta

Roll No. B. Regt 21453.

200m.-6-21.M.

DATE AND PLACE OF ORIGIN

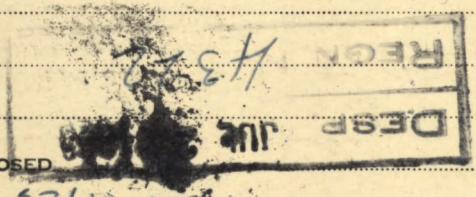
*DUE TO SERVICE
*NOT DUE TO SERVICE

OSPITAL AS AN ADMISSION

WHERE FROM)

IIT IN CATEGORY

INVALID



WHERE TO)

ITIONS DIAGNOSED

ADDRESS

HOSPITAL STATION

* CROSS OUT CONDITION NOT APPLICABLE.

(OVER

F. 559.

MARRIED OR SINGLE: Single.

PLACE OF BIRTH: Worcester — Eng.

NAME AND ADDRESS OF NEXT OF KIN: Mrs Martha Crowe. Prestigi Radnorshire. Wales.

RELATIONSHIP OF NEXT OF KIN: Mother.

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $: No. 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. 279190 RANK Pte. NAME CROWE. Reginald. Roper.

IF IN PERMT. CORPS WHAT UNIT | UNIT 218th TRANSFERRED TO 8th C.R.T. DATE 2/11/17 AUTHORITY D.O. 68 20/3/17

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Edmonton Alta. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 6-3-16 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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) 6 J

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															30 80									Bal from Canada							30 80				
mch 1-31	31	1.10	34	10											34 10			152 7/3						29 20					29 30	35 70		15 50	20 20	Rd. to 8th C.R.T. 3/11/17 D.O. 68.
Apl	20		22												22 86 90															57 70				
Apl 21-30	10	1.10	11	00											11 00															68 70				
May	31		34	10											34 10															102 80				
June	30		33	00											33 00								5-41 CRTD 4/6 101 CRTD 28/4			9 73 17 03				26 76	109 04		60 -	49 04	
July	31		34	10											34 10															143 14				
Aug	31		34	10											34 10															177 24				
Sept	30		33	00											33 00	254 3/8		345 2/9						268	268				536	204 88				
			235	40											266 20														6132					
			235	40											266 20									268	3188	2676			61 32	204 88				

#279190 Spr. Crowe R.R.

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	CR. 3	DR. 4	BALANCE	DEFER-RED PAY	SUS-PEND ALLOT. ENG.															
1917																																		
Oct. 1st	Bal. Fwd																																	
"	P. P.	34 10																																
		34 10																																
Nov	P. P.	33 00		aR 388	17/9	RT								26 67																				
				" 434	2/10	"								26 67																				
Dec	P. P.	34 10		" 479	17/10	"								26 67																				
		67 10		" 529	2/11	"								9 57																				
		67 10												11 60																				
1918				583	16/11	"								8 92																				
Jan.	P. P.	34 10		693	17/12	"								8 97																				
		34 10												17 84																				
				751	2/1	"								3 57																				
				805	7/1	"								4 46																				
Feb.	P. P.	30 80		858	3/2	"								3 57																				
		30 80												11 60																				
Mch.	P. P.	34 10		911	7/2	"								4 46																				
														4 46																				
				979	15/3	"								8 03																				
		34 10												12 49																				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED PAY	SUS-PEND ALLOT. ENG.
									$ 304 88		
									228 98		
									294 48		
									310 74	165	
									329 94	160	
									361 58	195	
									351 55		

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:–		EFFECTIVE DATE:–	
AMOUNT:–		AMOUNT:–	

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.

Rash £32 34 Rash Ind 13

NAME:– CROWE. Reginald Raper.

NUMBER:– 279190.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Spr
D651 24/5/18 8 CRS	31/1/18	L/Cpl
Do 96 2/9/18 "	19/8/18	a/Cpl with pay
" 132 28/11 "	14/8/18	C/d Cpl

UNIT AND TRANSFERS

ORIGINAL UNIT:– 218th

DATE ACCOUNT FIRST OPENED:– 1-8-17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			8 CR. I.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~4/2/19~~	~~5710~~	~~CRTD~~	~~£15-~~ ~~93~~				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:– Instn Can 1/3/19 HR 3239. K. ash 19/2 K-ash MDB LP6 Cr Bal ~~488 63~~ 488 63 Ledger Bal Cr ~~561 63~~ 561 63.

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Bal forward								351 55	195 00	
Apl	P.P.	33		a/R. 9. 5/4/18 8 CRS	3 57						
				" 65 21/4 "	4 46				376 52	210	
		33			8 03						
May	P.P.	34 10		" 131 5/5 "	2 68						
	Pay no 4/c from 31/1/18 to 31/5/18 121 days @ 5d	6 05		" 200 17/5 "	2 68						
				" 260 23/5 "	1 78				409 53	225	
		40 15			7 14						
June	P.P.	34 50		" 320 5/6 "	3 57						
				" 410 19/6 "	4 46						
				" 478 29/6 "	5 35				430 65	240	
		34 50			13 38						
July	P.P.	35 65		" 548 19/7 "	4 46						
	AB/EN 67 9/7/18 am advanced to start Regtl Fund.		1 –	" 1679 29/7 "	97 33						
				" 610 30/7 "	4 46				361 05	255	
		35 65	1		106 25						
Aug	P.P.	35 65		" 699 20/8 "	4 46				392 24	270	
		35 65			4 46						
Sep	P.P.	36		" 779 5/9 "	4 46						
	4/c @ 2/9/18 to 31/8 13 days @ 5d	65		" 861 20/9 "	4 46				419 97	285	A/c cgd
		36 65			8 92						
Oct.	C.P.	37 20		" 933 5/10 " (5)	4 66				452 51		
				" 998 15/10 " (23)	4 66				447 85	300	
		37 20			9 32						

COMPILED BY H Barnes

CHECKED BY D Mangan

NUMBER 279190 RANK Lce/6pl NAME CROWE R. R.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918	Balance forward								447 85	300	
7/br	L.S.	36		AR 1448 3/11 10 CRS (12)	4 66					315	
				" 1172 25/11 8 " (27)	9 33				521 05		
Dec	"	37 20		" 1247 6/12 " (45)	4 66				502 40	330	
1918				" 1334 19/12 " (59)	9 33				493 07		
Jan	"	37 20							530 27	345	
		110 40			27 98						
Feby	"	32 20		" 274 4/1 Brus (17)	5 60				562 47		
				" 1598 3/1 8 CRS (21)	9 33						
				" 1753 23/1 " (37)	4 66				542 87	360	→ Stoned to 542-884
	Int on def Pay 50 95	18 75		19 59					561 63		
				" 5710 11/2 CRS (68)	73				469 87		
				" 1493 3/3 KG Hand (97)	9 73				460 14		
				" 2406 17/3 " (119)	9 73				450 41		
				" 3012 21/3 " " (121)	9 73				440 68		
				121 78					459 44		
		50 95			121 78						

Sto Sloan 22/3 £242

S.S. Regina. 29.3.19. Halifax Disposal 'L'

AUDITOR | PAYMASTER

M. OR S. S

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

REGT. No. 279190 RANK Cpl NAME (IN FULL) CROWE RR (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN ..... RELATIONSHIP .....

ADDRESS .....

IS SEPARATION ALLOWANCE PAID? ..... DATE EFFECTIVE .....

TO WHOM PAID Self RELATIONSHIP .....

ADDRESS .....

PARTICULARS	EFFECTIVE DATE	AUTHORITY

Certified opening entries on this Ledger Sheet have been audited by ..... Date 25-4-19

ORIGINAL UNIT C.E.F. 2 1st Bn. IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION ..... TRANSFERRED TO ..... DATE ..... AUTHORITY .....

DATE OF ATTESTATION ..... TRANSFERRED TO ..... DATE ..... AUTHORITY .....

ASSIGNED PAY $ Self DATE EFFECTIVE .....

PAYABLE TO ..... RELATIONSHIP ..... ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS .....

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE ..... EFFECTIVE .....

DISCHARGED PLACE Edmonton DATE 5 4/19 REASON Demob. AUTHORITY O.C. 100 IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 31.3.19							4	96 64																													Bal. E. 225
1st 11th 11	11	1 20	13	20	35	-					Bt	Trans	CK	Pay			4	87	5	-	60	497															Civil Clothing Allee 1st Install W.S.C.
					70				6	14 84																				6	14	84					
			13	20	105	00	4	96 64	6	14 84							4	87	5	00	60	497								6	14	84					
Certified opening entries on this Ledger Sheet have been audited by ..... Date 14-5-19			WSG	SA													War Service Gratuity						WSG	SA									Balance		Dependt		
183 days			42	00					42	00																			70	-							1st Install W.S.G.
																													7	20			342	80			P.A. 5-11.4.19.
																							62	80					62	80	280	00					Cheque 605370 9.5.19.
																							70	00					70	-	210	00					Cheque 873204 9.6.19.
																							70	00					70	-	140	00					Cheque 861742 9.7.19
																							70	00					70	-	70	00					Cheque 969862 5.8.19.
																							70	00					70	-							Cheque 1103346 5.9.19.
			42	00			42	00									342	80			77	20	420	00					420	00							All Payments Due on This Account have been Posted. Paymaster Pay & Record Office

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1570-20-1500

838

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M

1. No. 279190

2 Rank. Cpl.

3. Name. Crowe Reginald R.

4. Unit. 218 Bn

5 Date of Discharge | APR 5 1919 | Place EDMONTON ALTA.

DEMOBILIZATION

6 Reason for Discharge.....

7. Authority. RO 1420

8. Proposed Residence after Discharge..... Grande Prairie Alta

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.?.....

R R Crowe

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place..... EDMONTON, ALTA.

Date..... APR 5 1919

W Ramsden

Captain

For O. C., Dispersal Station "S"

Signature.....

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

War Service Badge
Class "A" No. 287686

DISPOSAL AFFA. 5

REG'L NO. 279190

RANK. (Acting.)

SAILING NO 42
S S REGINA FROM
L'POOL 22. 3.

RANK. Cpl (Permanent.)

NAME. CROWE CHRISTIAN NAME. REGINALD

RESERVE BATT: CRTD

UNIT. 8 CRT (With in France.)

ORIGINAL UNIT. 218 Batt (Or Draft left Canada with.)

CATEGORY. A III

NEXT OF KIN. Mother

INTENDED PLACE OF RESIDENCE. Edmonton

MARRIED.

WILL. (Where)

BOY SCOUT.

OCCUPATION. Farmer GRADE. /

DATE LEFT CANADA. MONTH. Feb YEAR. 1917 GRADE. 2

1. Triplicate Attestation Paper (~~M.F.W. 23~~), or Particulars of Recruit (M.F.W. 133).
2 Casualty Form (.F.B. 103).
3 Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4 Proceedings of Med. Board (M.F.B. 322, or M.F.W. 129)
5 Dental Form case (.F.B. 500Bar).
6 Field Conduct Sheet (A.F.B. 122)
7 Report as to Discharge (A.F.B. 218a)
8 [illegible] Certificate (A.F.W. 3121)
(Also a M.F. special envelope (260M)).
9. Copy of Discharge Certificate (A.F.W. 38a).
10. Dispatch Estimate (A.F.B.).
11. Equipment
and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 561).
13. Pay Book (A.F.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group a
Checked by No. 28
[illegible]
Date 21.3.19

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