

## ATTESTATION PAPER.

No. 651086

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Garland
- 1a. What are your Christian names? Gordon Crawford
- 1b. What is your present address? Pinkerton, Ontario.
2. In what Town, Township or Parish, and in what Country were you born? Pinkerton, Ontario Canada
3. What is the name of your next-of-kin? Elizabeth Garland
4. What is the address of your next-of-kin? Pinkerton, Ontario.
- 4a. What is the relationship of your next-of-kin? Mother
5. What is the date of your birth? July 29th, 1896
6. What is your Trade or Calling? Farmer
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force?  
If so, state particulars of former Service. No
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Gordon Crawford Garland, 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.

Gordon C. Garland (Signature of Recruit)  
Date Dec. 31 1915. H. J. Paterson (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Gordon Crawford Garland, 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.

Gordon C. Garland (Signature of Recruit)  
Date Dec. 31 1915. H. J. Paterson (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 Walkerton this 31<sup>st</sup> day of December 1915  
Ontario.  
H. J. Paterson (Signature of Justice)

Description of Gordon Crawford Garland on Enlistment.

Apparent Age 20 years 5 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height ..... 5 ft. 7½ ins.

Chest measurement { Girth when fully expanded ..... 36 ins.  
 Range of expansion ..... 3 ins.

**None**

Complexion ..... dark

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.)

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 ..... Jan. 1st ..... 191 6

Place ..... Cargill, Ont.

*Geo. G. Bricker*  
 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.

Gordon Crawford Garland ..... 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.

*A. Newbold* ..... (Signature of Officer)

Date January 1st ..... 1916.

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... 160th O.S. Battalion C.E.F.

(2) Regimental Number... 651086

(3) Full Name of Soldier... GARLAND, Gordon Crawford

(4) Place of Birth... Pinkerton, Ont., Can.

(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? ... No

If so, give number of boys and girls

Also their names and ages

(9) Is your Father alive?.....**No**.....

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

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

If so, state name and address.....**Elizabeth Garland, Pinkerton, Ont., Can**.....

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

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?.....**Yes**.....

If so, in what Company?.....**Manufacturers Life**.....

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

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

Date.....**May 22nd, 1916.**.....

*A. Vee* Lt-Col.  
Officer Commanding.  
160th Os. Battalion. C.E.F.

C.E.F.

GARLAND GORDON CRAWFORD

651086

160 BN

04255

DEMOB.





WAR SERVICE BADGE CLASS A

SERVICE GROUP 26

OCCUPATIONAL GROUP 1

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization)

Toronto 8-9-23.  
Mother  
Farmer  
War Service Badge.

1. No. 651086 Class A

2. Rank. Pte No. 144557 Issued.

3. Name. Garland Gordon Crawford

4. Unit. W.O.R.D. 160th Bn

5. Date of Discharge APR 8 1919 Place TORONTO, ONT.

6. Reason for Discharge.....

**DEMOBILIZATION**

7. Authority. No. 2 District Depot, Part II, U.O. NO. 107

8. Proposed Residence after Discharge.....

Pinkerton Ont

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

**SLI - LFL MAR 29/19**  
**ARR HIX APL 5**  
**H. M. T. CARONIA**

*Garland*  
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.....

Date.....

**No. 2 District Depot**  
**Toronto, Ont.**  
**APR 8 1919**

Signature.....

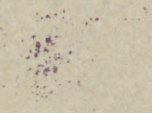
*W. Raper Lt.*  
(O. C. Discharging Unit.)



THE UNIVERSITY OF CHICAGO  
LIBRARY

A large rectangular area containing faint horizontal lines, suggesting a ledger or a form for recording data. The lines are evenly spaced and run across the width of the page.

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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

Canadian Division,  
Convalescent Hospital,  
Woodcote Park, Epsom, Surrey.

Division..... Hut..... *IV 99*

*16/1/1918*

CASES FOR EXAMINATION AND REPORT BY:-

(OPHTHALMIC SURGEON.

(AURAL SURGEON.

AT COUNTY OF LONDON WAR HOSPITAL, HORTON, EPSOM.

Reg. No. *651086*.....Rank and Name..... *Pte Garland G.C.*

Complaints of..... *Vision Lt Eye to be taken, please*

QUESTIONS.

ANSWERS BY (OPHTHALMIC SURGEON.

(AURAL SURGEON.

- (1) Does he need Hospital treatment?
- (2) Will he be fit for Overseas?
  - (a) With glasses.
  - (b) With treatment.
  - (c) Is any prescription given for glasses?

- (1) *No*
- (2) *Y*
  - (a) *No*
  - No*
  - No*

*W.L.E. 97° Left 18.*

*R 1/6 + 0.585 1/6.*

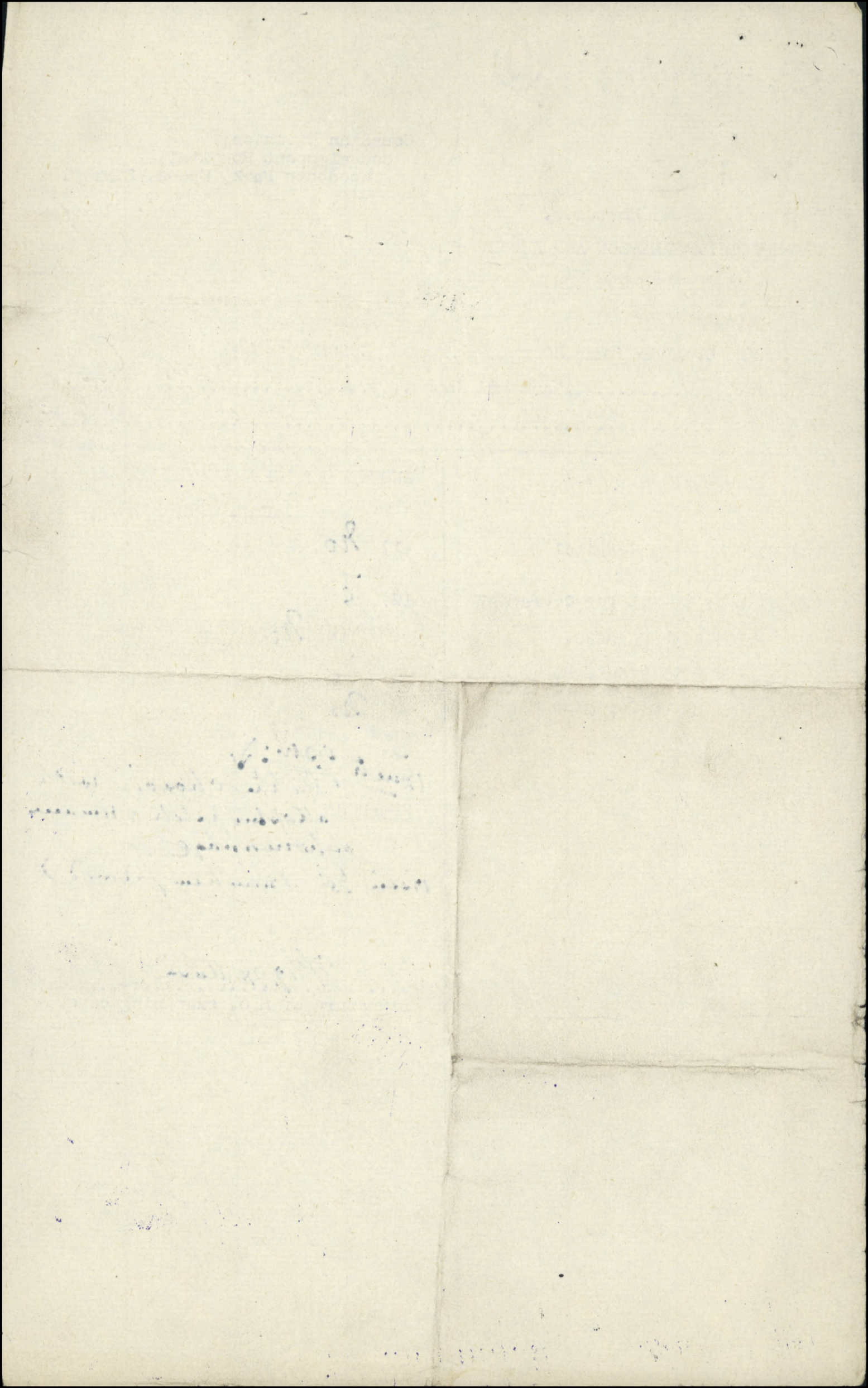
*Oph. Large Rupture Patch of choroid up out  
remains of hemorrhage pigment  
on lower W of Vitreous.*

*R.W. 1/10 2-0.95 1/6.*

*Quiesc. op. ch. ↓  
Rupture choroid with  
REMAINS atrophic patch & remains  
of hemorrhage  
vision 1/8 (much improved)*

*17/1/18* *Wasa* Capt. R. A. M. C.  
.....  
Signature of M.O. examining case.

Horton (County of London) War Hospital, Epsom.



# D E N T A L      C E R T I F I C A T E

Numb 651086      Rank Plt      Name Garland G. C.      Unit 1st Bn

Date of Examination.

Present Dental Condition.

In case of loss or decay of teeth, is the loss due to wounds, injury or disease directly attributed to Active Service ?

Has he ever declined Dental treatment?

Recommendation.

*3 Teeth decayed*

*Yes*

*no*

*Settings @ Public Expense*

.....  
*Williamally*  
 Captain, C. A. D. C.



UNITED STATES

Unit	Name	Rank
<p>See in Room - every 30 - Dental Clinic - Dentist -</p>	<p>to Active Service? injury or disease directly attributed the loss due to wounds, dental</p>	<p>Prescott Dental - Dentist</p>

.....  
 Captain, O. A. D. C.

OVERSEAS MILITARY FORCES OF CANADA.

DATE 11-2-19 1919.

TO:- Hospital Representative,  
Military Convalescent Hospital,  
Woodcote Park, WPCN, Surrey.

1st Bn

651086. Pt

Garland. G.C.

PERSONAL ADDRESS:-

*ourses*  
8. Shawbury Rd.

PRESENT STATION:-

*abundant*  
Military Convalescent Hospital,  
Woodcote Park, WPCN, Surrey.

The marginally-named soldier has this day been medically examined and placed in category, and is now available to be discharged. *B7*

I hereby certify that this man has been found at this inspection this day free from Vermin, Venereal and Infectious Diseases.

*W. G. Reed*

Capt., S.M.C.  
for Commandant,

4 WORK

Witling

Form M. Case 58-1035-2-17

Examination Report of the

1918

Top - Hospital Representative  
Military Commission  
Dobson Park, Army, Navy

The military record of this man has been  
carefully examined and placed in the file  
now available to be discharged.

I hereby certify that this man has been found  
at this inspection to be free from  
venereal and infectious diseases.

*W. J. Beck*  
Major, U.S.A.  
For Commandant  
Henry Jones Hospital  
Dobson Park, Army, Navy

~~Signature~~

~~Signature~~



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

# G

1049

Oct 1-16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

18			
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### PARTICULARS OF SEPARATION ALLOWANCE

No. 651086  
 Rank Pte Promoted                      Reverted                      Discharge  
 Soldier's Name G. C. Garland  
 Battalion 160 Battn "A" Coy  
 Beneficiary  
 Relationship  
 Address

### PARTICULARS OF ASSIGNMENT

Name Mrs R. Garland  
 Address Pinkerton Ont.  
 Change of Address  
 1  
 2  
 3  
 4

M. F. W. 128  
 400M-6-17-1772-39-1141  
 L. L. 22220-M. & D. 7493.

Date	Cheque No.	Amount S/A	Amount A/P	Total
<u>Dec 31</u>			<u>270</u>	<u>270</u>
<u>Jan 18</u>	<u>B 68104</u>		<u>18</u>	<u>18</u>
<u>Feb 7</u>	<u>98791</u>		<u>18</u>	<u>18</u>
<u>Mar 6</u>	<u>138582</u>		<u>18</u>	<u>18</u>
<u>Apr 5</u>	<u>15751</u>		<u>18</u>	<u>18</u>
<u>May 5</u>	<u>14915</u>		<u>18</u>	<u>18</u>
<u>June 3</u>	<u>M 25311</u>		<u>18</u>	<u>18</u>
<u>July 3</u>	<u>M 32707</u>		<u>18</u>	<u>18</u>
<u>Aug 2</u>	<u>M 40809</u>		<u>18</u>	<u>18</u>
<u>Sept 1</u>	<u>T 43581</u>		<u>18</u>	<u>18</u>
<u>Oct 1</u>	<u>M 51577</u>		<u>18</u>	<u>18</u>
<u>Nov 1</u>	<u>N 60052</u>		<u>18</u>	<u>18</u>
<u>Dec 1</u>	<u>V 68902</u>		<u>18</u>	<u>18</u>
<u>Jan 19</u>	<u>T 71095</u>		<u>18</u>	<u>18</u>
<u>Feb 1</u>	<u>Y 75144</u>		<u>18</u>	<u>18</u>
<u>MAR 1</u>	<u>X 87653</u>		<u>18</u>	<u>18</u>
<u>Apr 2</u>	<u>1882</u>		<u>18</u>	<u>18</u>
			<u>558</u>	<u>558</u>

REMARKS 6684-5-21

.....A/c Closed 30-4-19  
 Ret'd per...Garland.....  
 Date 4-4-19 F.X. 12-4-19  
 .....Clerk...Finch mas. 82586

## AUDITED.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

## Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. \_\_\_\_\_

Rank Promoted Reverted Discharge

Soldier's Name \_\_\_\_\_

Battalion \_\_\_\_\_

Beneficiary \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

*W 35108*

Name \_\_\_\_\_

Address \_\_\_\_\_

Change of Address

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

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

M. F. W. 128  
 400M-6-17-1772-89-1141  
 L. L. 22220-M. & D. 7993.

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

REGT. No. 651086 RANK *160th Bn* Itc. NAME (IN FULL) *GARLAND, G.C. 91807*

M. OR S. *nil* RELATIONSHIP *mother* PARTICULARS EFFECTIVE DATE AUTHORITY ORIGINAL UNIT C.E.F. *160th Bn* IF IN P.F. WHAT UNIT? *P.O. Pinkerton Ont.* (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY \$ *18.00* DATE EFFECTIVE *Dec. 31/15*

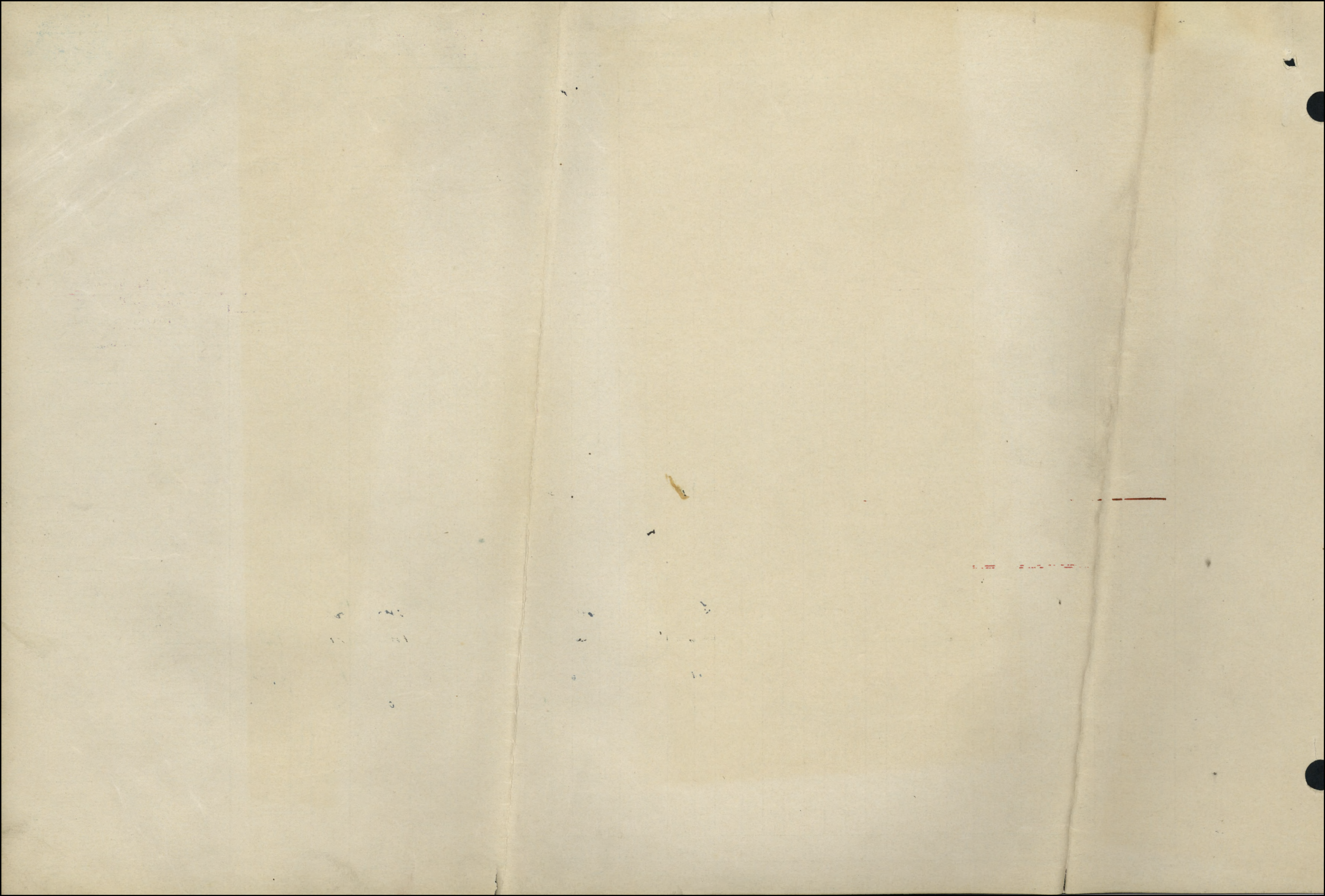
PAYABLE TO *Mrs G Garland* RELATIONSHIP *mother* ADDRESS *Pinkerton Ont.*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE *Toronto* DATE *8-4-19* REASON *Demob* AUTHORITY *DO 107* IF ENTITLED TO POST DISCHARGE PAY *Yes.*

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT		C.		COL. NO. 1 COL. NO. 2 COL. NO. 3			COL. NO. 1 COL. NO. 2 COL. NO. 3			C.	C.	C.	C.	C.	C.	C.	C.	C.			
			\$	C.	\$	C.	NO.	DATE	NO.	DATE	NO.	DATE										\$		C.
<i>31.3-19</i>																						<i>5209</i>	<i>5209</i>	<i>Bal out 106</i>
<i>1.4-19</i>																							<i>2433</i>	<i>Endowment</i>
<i>13-4-19</i>	<i>13</i>	<i>10</i>	<i>430</i>																					<i>17-4-19</i>
				<i>35.00</i>																				<i>6th Ave</i>
				<i>70.00</i>																				<i>1st pay W.S.G.</i>
																								<i>April</i>
																								<i>Train &amp; Boat money</i>
																								<i>70.00 W.S. Paid above</i>
																								<i>5.50 50p for transfer</i>
<i>18.3</i>	<i>Dep.</i>		<i>420.00</i>																					<i>1st W.S.G. Paid by #2 U.D.</i>
																								<i>Sol.</i>
																								<i>75.50 344.50</i>
																								<i>140 - 280</i>
																								<i>210 - 210</i>
																								<i>280 - 140</i>
																								<i>350 - 70</i>
																								<i>420 - 10</i>
																								<i>420</i>
																								<i>550</i>
																								<i>final</i>

BALANCE FROM PREVIOUS ACCOUNT



MEDICAL HISTORY of

A.F. B.178

Regimental No. 651086

Regimental No. 651086

Region

Surname Garland

Christian Names

TABLE I.—General Table.

Birthplace { Parish County
Examined { on day of 191 at
Declared Age years days
Trade or Occupation
Height feet inches Weight lbs
Colour of Hair Complexion
Eyes
Chest Measurement { Girth when fully expanded inches Range of expansion inches
Physical Development
Vaccination Marks { Arm, RIGHT LEFT Number
When Vaccinated
Vision { R.E.—V = L.E.—V = With Glasses { R L
Identification Marks, such as Tattoo, Moles, Scars, etc :—
Defects or Ailments :—

Examined and found—

Fit for Grade { I II III IV

(Strike out those which do not apply.)

Signature Chairman of Medical Board.

Re-examined for posting at

On day of 191

Enlisted { at on day of 191

Joined on enlistment 18th Corps Regtl. No. Canadian 651086

Transferred to

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

Table with 2 columns: Date, Brief details and Signature. Multiple rows for recording.

Special Remarks : state if a discharged Soldier

TABLE IV.—Service Table.

Table with 3 columns: Station or Troopship, Date of arrival or embarkation, Date of departure or disembarkation. Includes handwritten notes and signatures.

Became non-effective by on day of 191

(Signature)

(Rank)

TABLE II.—Only for admissions to Hospital or to the Sick List in Case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
CAMP DIV. FORT PITT. MIL. HOSP., CHATHAM.	2	OCT	1918				W. Head		Transferred to Ward 8 Main Bldg. by order of Surg. Specialist. 3-X-10 A 7B 500. 6-X-10 W <sup>2</sup> scind - no picture	J. White CAPT. R.A.M.C.
St. Hermitage Higham	7	10	18	25	11	18	n	48	Sutures removed - eye lid puffy, no movement. Electrical massage - can now open eye well. Has spasmodic headaches. Recommended for discharge by Maj Woodford.	R. Palmer

THIS FORM WILL BE USED FOR ALL RANKS  
**MEDICAL HISTORY OF AN INVALID**

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Witley DATE 11-3-19

1. 1 (a) Unit WORD (b) Regimental No. 651086 (c) Rank PTE  
 (d) Surname GARLAND (e) Christian name GORDON. C  
 (f) Home address PINKERTON ONT  
 (g) Next of Kin MRS E. GARLAND (h) Relationship MOTHER  
 (i) Address of Next of Kin PINKERTON, ONT

2. Age last birthday 22 Date of birth 29-7-1896

3. Enlistment, or Appointment (if an Officer) (a) Place WALKERTON, ONT (b) Date 31-12-15

4. Personal description:  
 (a) Height 5-7 1/2 (b) Weight 160 (c) Complexion FAIR  
(stripped)  
 (d) Colour of hair BLACK (e) Colour of eyes GREY (f) Identification marks, Scars, etc. NIL

5. Former trade or occupation FARMER

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

Years 3 Days 2 months

	PERIODS	
	From	To
Canada	<u>31-12-15</u>	<u>14-10-16</u>
England	<u>14-10-16</u>	<u>28-2-18</u>
France or other theatres of War	<u>28-2-18</u>	<u>1-10-18</u>

7. Original disease, or injury ~~LT. EYE~~ RUPTURE CHORDID.  
LT. EYE

(a) Date of origin Sept. 27<sup>th</sup> 1918 (b) Place of origin LAMBAL SECTOR  
 (c) Cause Rifle Bullet Wound

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

[RUPTURED CHOROID LEFT EYE]  
Considerably Impaired vision in left eye

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

OBJECTIVE

Slight Ptosis left eyelid  
Specialist Report at Epsom shows  
Vision right eye 6/6; left eye 6/18 not improved  
by glasses. See eye report Dec. 10 (a)  
Large ruptured patch of choroid upper outer  
remains of haemorrhage pigment in lower part  
of vitreous.

SUBJECTIVE Considerably impaired vision in left eye.  
Inability to read any more than a half hour  
without considerable pain in eyes particularly in  
left eye

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?  
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No Cardio-Vascular System No Genito-Urinary System No  
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)  
Special Senses No Respiratory System No Integumentary System No  
Disturbances of Mentality No Digestive System No Muscular System No  
Osseous and Joint Systems No Any other general condition No

Urine Analysis S.G. 1026, Acid, No Sugar  
No Albumen

10. (a) History (of the condition referred to in Section 9 (a).)

While on active service in the Cameron  
Section on September 27<sup>th</sup> 1918 he received a  
rifle bullet wound over the left eyebrow.  
Under active treatment for nine weeks following  
injury  
Eye Report - Mch 13<sup>th</sup> 19 - V.R. 6/6 R.L. 6/36 B.I  
old damage to choroid in outer portion of fundus  
due to G.S.10 while in service  
condition was not present before enlistment  
and was caused by service Wm. A. McDonald  
1918



10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Measles & Mumps in childhood.  
Daries all other illnesses

(c) (Here give a description of wounds, scars and deformities.

Scar over left eyebrow

11.—(a) Did the disabling condition have its origin before enlistment? **NO**

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Not applicable

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? **NO**

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? **Indefinite**

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Not C.C.S. Inoculated, dressed wound.  
No. XVIII Imperial General, dressings t.i.d. & rest.  
Canton Military Hosp. Wound excised, dressings & rest  
Highland Stitches removed from wound - electrical massage  
c.c.H. Sperry Rest. Complained of headaches & impaired vision  
Discharged Sperry 3/2/19. Category BII

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? **NO**  
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? **YES**  
(If not, briefly state why)

17. Recommendations

T. A. Wolff Captain C.S.M.C.  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned **GORDON L. GARLAND**, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

G. Garland Rank.  
Signature of invalid examined.

WJG

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

*Yes*

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.)
- (b) Service abroad, not general service, (" B) (Yes or No.)
- (c) Home service (Canada only), (" C) (Yes or No.)
- (d) Temporarily unfit. (" D) (Yes or No.)
- (e) Unfit for service in Categories A, B and C (" E) (Yes or No.)

*Yes BT.*

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control.  
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

*Boarded for Return to Canada  
Authority Telegram A.G. 1-9083 11-11-18*

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE *Witley*  
DATE *12-3-19*

*[Signature]* President.  
*[Signature]* Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

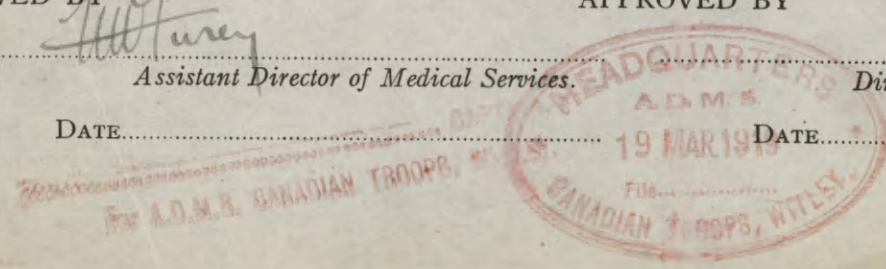
I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....  
Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE.....  
DATE.....  
President  
Members

APPROVED BY *[Signature]* Assistant Director of Medical Services. APPROVED BY *[Signature]* Director-General of Medical Services.

DATE..... DATE.....



Reserved for M.H.C.

Reg. No. 651086 Rank QTE Surname GARLAND Christian Name JORDON C.  
 Unit or Corps—(a) Overseas from United Kingdom 12<sup>th</sup> BN (b) in United Kingdom H RES.  
 Born at—Town PINHERTON County or Province BRUCE Country CANADA  
 Date of Birth—Day 29<sup>th</sup> Month JULY Year 1896 Age 22 yrs. 5 months.  
 Joined at WALKERTON ONT Date 31-12-1915  
 Former trade or occupation FARMER

Permanent Marks or any peculiarity that will serve for future identification—

NO SCAR L. EYE. G.S.W.

Height—feet 5 inches 7 1/2 Colour of eyes GREY

Signature of Soldier (for identification purposes) Y.C. Garland

Medical Report

Read carefully the instructions on last page of this form.

DISABILITY

Group the disabilities, placing these resulting from separate causes in separate groups.

Disabilities Group (a)

RUPTURE CHOROID LEAF EYE

Disabilities Group (b)

NIL

Disabilities Group (c)

NIL

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>G.S.W.</u>	<u>CANAL DU NORD</u>	<u>27-9-18</u>
(ii.) As to Group (b) above.	<u>N.A.</u>	<u>N.A.</u>	<u>N.A.</u>
(iii.) As to Group (c) above.	<u>N.A.</u>	<u>N.A.</u>	<u>N.A.</u>

3. Is the disability due to disease contracted or injuries received prior to Active Service?

- (i.) As to Group (a) above? NO If yes, has Active Service aggravated it? N.A.
- (ii.) As to Group (b) above? N.A. If yes, has Active Service aggravated it? N.A.
- (iii.) As to Group (c) above? N.A. If yes, has Active Service aggravated it? N.A.

4. Is the disability due to disease contracted or injuries received while on Active Service?

- (i.) As to Group (a) above? YES
- (ii.) As to Group (b) above? N.A.
- (iii.) As to Group (c) above? N.A.

5. MEDICAL HISTORY.

No. 1 C.C.S. 27.9.18. "S.W. Head."

No. 18. Gen. "Wound left eyebrow - marked oedema and ecchymosis lids - subconjunctival haemorrhage - cornea and iris all right - small haemorrhage left. T & T wound L. ankle. X ray negative for f.b.

Chatham Mil. "Wound excised - no fracture - X ray shows nothing abnormal. Higham, 7.10.18 "Spasmodic headaches"

Epsom 30.11.18 Wound healed - complains of defective vision left eye - probably from concussion

6. PRESENT CONDITION.

Complaints Poor vision in left eye -

Objective General condition excellent.

Slight Ptoxis of left eyelid

Specialist reports - "Vision Rt eye 6/6 Lt eye 6/18 not improved by glasses. Large ruptured patch of choroid upper and outer - remains of haemorrhage pigment in lower part of vitreous."

Other systems normal

7. OPERATION. (i) Was one performed? Yes (ii) If so, state what. Excision (iii) Was one advised and declined? NA

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i) Is there loss or decay of teeth attributable to Active Service? Yes (ii) If so, describe. Three decayed

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category)

B II

(b) Invalid to Canada?

(c) Discharge from the Service as permanently unfit?

Date of Report 8 - FEB 1919 191...

Signed J Mac Dermott Officer in medical charge of post.

Station Epsom

I have satisfied myself of the general accuracy of the above Report, and concur therein \*except

A. J. ... Major G.A.M.C. for (S.M.O. Brigade) Strike out one of these

Dated at Mil. Gen. Hosp. Epsom Station, on 8 - FEB 1919 191...

\*Delete if inapplicable.

10. Is th If no

11. Is th If no

12. Fro no ab by

13. TH pr (

14. TH pr W (

15. Per (

(if

16. If an co

17. Can

18. RE

19. RE

Date of

Station

Approv

Dated at

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)?  
If not, describe it.

Yes

11. Is the cause of the disability fully described in Part I. (2)?  
If not, describe it.

Yes

12. From the medical information now adduced, was the disability caused or aggravated by:—

(a) Negligence of the Soldier { Caused? NO  
Aggravated? NO

(b) Misconduct of the Soldier { Caused? NO  
Aggravated? NO

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?  
(Estimate at none, 5%, 10%, 15%, 20%, etc.)

N A

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)

What part of the entire disability estimated next above (13) is due to causes arising during Active Service?  
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

N A

15. Permanency of the Disability due to Service estimated next above in (14).

(i.) Is it permanent?

N A

(ii.) If not permanent, what is its probable minimum duration (in months)?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

N A

17. Can the former trade or occupation be resumed?

Yes

18. REMARKS:—

Authority A.B. Telegram 9083 11.11.18.

19. RECOMMENDATION:—

(a) Fit for duty? (state category) B II

(b) Invalid to Canada?

(c) Discharge from Service as permanently unfit?

Date of Board

4 - FEB 1919

Station

Epsom

Signatures of the Board

A Macjermot President.  
J. G. ... Col.  
Assistant Director of Medical Services, Canadians, London Area.

Approved

[Signature]

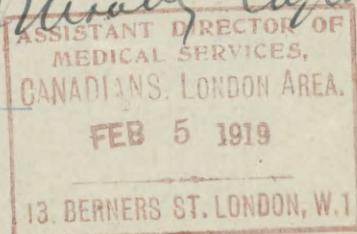
A.D.M.S.

Dated at

Epsom

Station

Major, C.A.M.C.  
for A.D.M.S., Canadians, London Area.



copy - all ray nothing  
son  
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out one these  
191.....



Canadian Division,  
Convalescent Hospital,  
Woodcote Park, Epsom, Surrey.

*93d*

Division *G*.....Hut *100*.....

*30-11-* 1918.

CASES FOR EXAMINATION AND REPORT BY:-

{ OPTHALMIC SURGEON.

{ ~~AURAL SURGEON.~~

AT COUNTY OF LONDON WAR HOSPITAL, HORTON, EPSOM.

Reg. No. *1651086*.....Rank and Name *Harland G.C.*.....

Complains of *Defective Vision - left*..... *J. Kennedy Lieut. Comd.*

QUESTIONS.

ANSWERS BY { OPTHALMIC SURGEON.

{ ~~AURAL SURGEON.~~

- (1) Does he need Hospital treatment?
- (2) Will he be fit for Overseas?
  - (a) With glasses.
  - (b) With treatment.
  - (c) Is any prescription given for glasses?

- (1) *No*
- (2) *No*
  - (a) *No*
  - W*
  - No*

*Due to g.s.w. will not improve or alter*

REMARKS

*W.L.E. 27 Sept.*  
*R 4/6 + 50 S 4/6.*  
*oph: large soft patch of choroid up & out.*  
*remains of hemorrhage pigment in lower pt. posterior*

*The M. O. M. G.* Capt. R. A. M. G.  
Signature of M.O. examining case.  
Horton (County of London) War Hospital, Epsom.

Handwritten text, possibly a signature or name, located in the upper left quadrant of the page.

Large block of very faint, illegible handwritten text occupying the lower half of the page.



Chickasaw Hospital.

Ward 8 No. of Bed \_\_\_\_\_ Date 3-10-18

Regtl. No.	Rank and Name	Corps	Part to be X-Rayed
651086	Pte. Garland	1 <sup>st</sup> Cav. Batt.	Head

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case)

fr. R. Left Eyebrow

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate \_\_\_\_\_

Nothing abnormal seen.

Signature of M.O. [Signature]

Date 3/2/18 [Signature]

Signature of Radiographer [Signature]

Date 5 Dec 1918 [Signature]



URINALYSIS REPORT.  
(For Board)

S. No.

95-1076

Rank

etc

Name

Harland G. H.

Unit

R. S. G.

Sp. Gravity

10.26

Reaction

Acid

Albumen

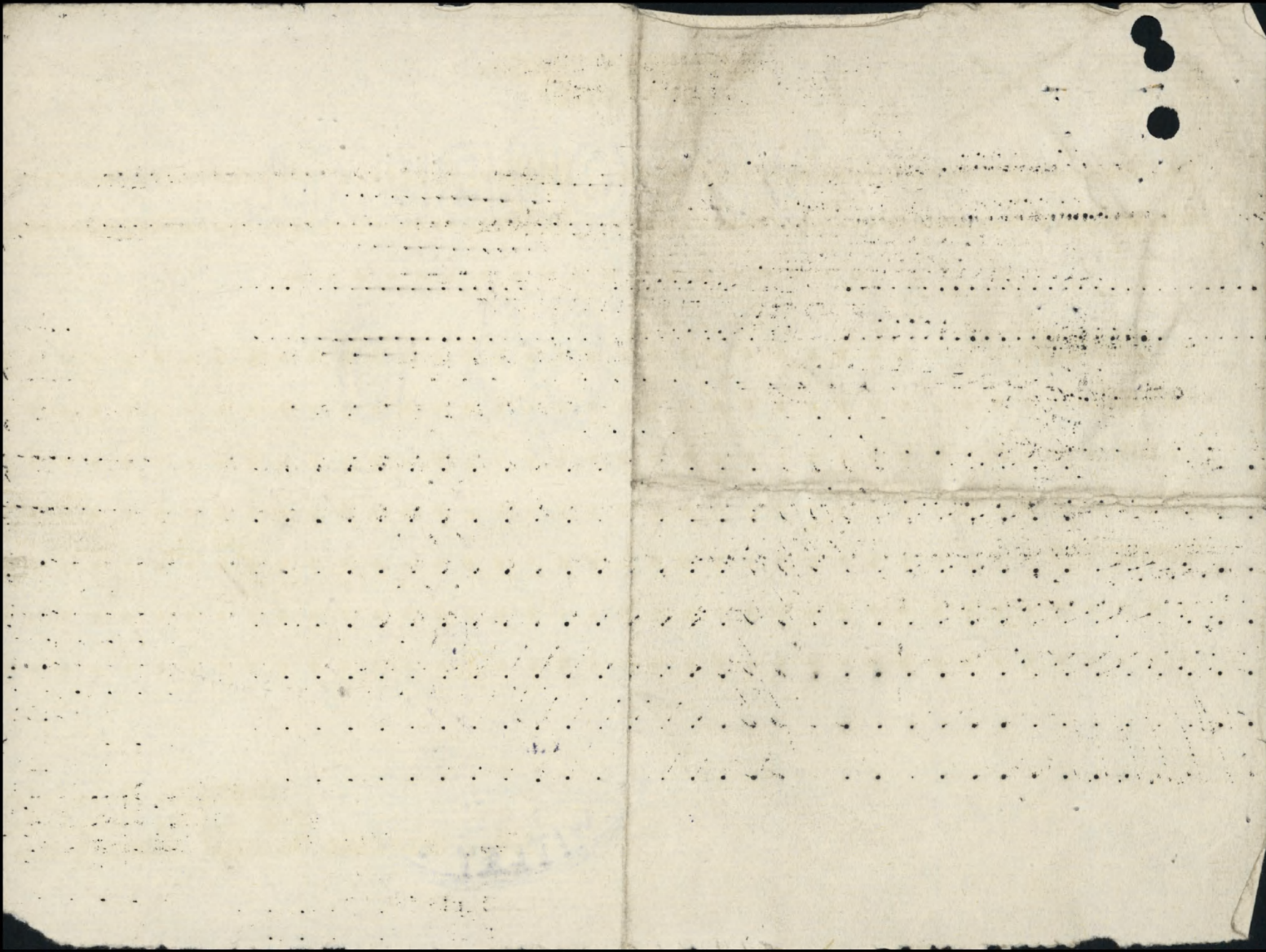
Nil

Sugar

Microscopic



Captain, C.A.M.C.  
For Major, C.A.M.C.  
Canadian General Laboratory.



DEPARTMENT OF MILITIA AND DEFENCE

WAR SERVICE GRATUITY

Certified this document checked with Regimental documents 2 880.

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 Gordon Crawford 2. Surname Garland  
3. Rank Pic 4. Original Unit 160th 5. Reg. No. 65-1086

6. Address, in full, to which future payments of gratuity are to be forwarded P.O. Pinkerton Ont.

7. Date of enlistment in the C.E.F. Dec 31st 1915

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

9. Relationship of such dependent not applicable

10. Address, in full, of such dependent not applicable

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

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

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

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served

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

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?.....

*not applicable*

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

*APR 8 1918*

(b) Reason for discharge.....

**DEMOBILIZATION**

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

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: *G. Garland*

Place of Residence: *Birkenhead, Ont*

Declared before me at: *Witley Camp*

This *10th* day of *March* 19*18*

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.

*[Handwritten Signature]*

**POST DISCHARGE PAY.**

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

Certified Correct.

District Paymaster.

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	657086	Pte	Garland	G. C.
Year	Unit.	Age.	Service.	
	1 Batt	22	2 <sup>1</sup> / <sub>2</sub>	
Station and Date.	Disease			
	G. S. 10, Forehand (Superfract)			
	Wound healed - complains of defective vision left eye. - probably caused by concussion			
	For Specialists exam.			
6/12/18	For Medical Board	led. Kennedy Lutline		
17/12/18	V. R. E 9/6.			
	L. E.			
7/1/18	Board -	New Sheet 8		
H 219.	Bandaia Catigan, Bii			
Jarvis	8 Shawbry Rd. Aberdeen. Scot	22-5-18 TAB 5/11/18		

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E2849) [P.T.O.]

Station  
and Date.



Name. *Garland G C* No. *651086* Unit.

Rank. Age. Service. Date. *June 13/19*

Diagnosis. *Defective vision*

History.

Nose Pharynx. Larynx.

Nasopharynx.

R.E. Ear. L.E. R.E. Ear. L.E.

Perforation. Schwaback.  
Discharge. Weber.  
Retraction. Rinne.  
Voice. Upper Fork Limit.  
After Inflation. Lower Fork Limit.  
Galton. Tinnitus.  
Paracusis.

Condition was.....present previous to enlistment and has.....  
been.....by active service.....improvement is  
to be expected.

*Glasses ordered*

Vision. *20*  
V.O.D. *20*  
V.O.S. *20*  
Cornea. *100*

*0*  
*-0.5 ax 180*  
*-0.75*  
*+0.37 ax 90*

c. Glasses. *20*  
c. Glasses. *15*  
Fundus. *20*

Condition was.....present previous to enlistment and has.....  
been.....by Active Service.....*no*.....improvement is to be  
expected.

He is a Category.....man due to.....

*Few vitreous opacities in left eye but  
fundus normal.*

*Injury to left supraorbital ridge <sup>of brow</sup> <sub>map</sub>  
impairs movement of left upper lid  
only slightly*

*of brown  
no*



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.....

Regimental No. 651086 Rank Pte Name Garland, J. E.  
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

Date of promotion to } Date of appointment } Numerical position on }  
present rank } to lance rank } 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				
MAR 29 1919	U.S.	U. S. No. 2 DISTRICT DEPOT, TORONTO, ONT.			PART III D.O. 107
APR 8 1919	S.O.S.	(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT,			PART III D.O. 107
<i>[Signature]</i>					Lieut. For Q. G. No. 2 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) e.g. Signaller, Shoering Smith, etc., etc., also special qualifications in technical Corps duties.

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				

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

M. F. W. 54.  
15/01. 10-15.  
H.Q. 1772-59-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 160th O. S. Battalion, C. E. F.

Regimental No. 651086 Rank Pte Name Sarland, Gordon Crawford.  
C. E. F.

Enlisted (a) 31-12-15 Terms of Service (a) 6 6/12 Service reck'ns from (a) 31-12-15  
**Duration of War.**

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)

CERTIFIED CORRECT.  
7 MAR 1918  
G. REEDER, TOWN CLERK

Report Date	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.
		<u>Embarked - Canada Halifax</u>	<u>Halifax</u>	<u>17/10/16</u>	
		<u>Arrived - England Liverpool</u>	<u>Liverpool</u>	<u>28/10/16</u>	
<u>1-3-18</u>	<u>160th Bn</u>	<u>S.O.S. on proceeding Co to 1st Battalion</u>	<u>Witley</u>	<u>28/2/18</u>	<u>R.O. part 2# 31</u> <u>R.B. Whethead</u> <b>CAPTAIN, ADJUTANT, FOR C.O. 160th CANADIAN INFANTRY BATTALION.</b>
	<u>G. B. D.</u>	<u>ARRIVED C. B. D.</u> <u>&amp; 1st Bn</u>	<u>FRANCE</u>	<u>1/3/18</u>	<u>N. R. D.</u> <u>PART II ORDER</u> <u>No 25 D 9.3-18.</u>
	<u>G. B. D.</u>	<u>LEFT C. B. D. FOR</u>	<u>1st Bn</u>	<u>3/3/18</u>	<u>N. R. D.</u> <u>3/3/18</u>
	<u>O. C. BN</u>	<u>ARRIVED 1st BN.</u>	<u>FIELD</u>	<u>11/3/18</u>	<u>B. 213 D</u> <u>9/3/18</u>
<u>28.9.18.</u>	<u>18 Bn.</u>	<u>G. W. head. - 1st Bn</u>	<u>18 Bn.</u>	<u>28.9.18</u>	<u>R5028</u>
<u>2.10.18.</u>	<u>18 Bn.</u>	<u>Invalidated Wounded</u> <u>posted to Western Ontario Regtl. Depot, Witley,</u>	<u>1st Bn</u> <u>Brighton.</u>	<u>2.10.18</u>	<u>W5083/6127</u> <u>R# only 103 d. 7.10.18.</u>

*Gordon Crawford*  
P.T.O.

(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.

**W. S. B. CLASS A.**

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				
9-10-18	W. O. R. D. T. O. S from 1 <sup>st</sup> An.		Witley	3-10-18	PT-II 6238  L. E. Mackay LIEUT. FOR LT: COL: I/C RECORDS, C. O. M. F.
24 5 9	WARD 50515 666 Army MDA		Witley	21 5 19	0070
<p>Attached C.C.C. Kinmel Park for            Part II Order No. 76-30-30191            to be attached            C.C.C. Kinmel Park on embarking            for C. O. M. F., Part II Order            No. 76-30-30191            Commanding            Kinmel Park</p> <p>23/3/19</p> <p>ASW Mackay LIEUT. OFFICER I/C RECORDS,</p> <p>SLI - IVFL MAR 29/19            IRR HIX APL 5            I M T *CARONIA*</p>					

# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

War Service Badge

Class A

No. 149559

Issued

THIS IS TO CERTIFY that No. 651086 (Rank) Pte  
 Name (in full) Gordon Crawford Garland enlisted in  
 the 160 Bn.  
 CANADIAN EXPEDITIONARY FORCE at Wellington on the 31  
 day of Decr 1915  
 HE served in 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 <u>22</u>	Marks or Scars _____
Height <u>5' 7 1/2"</u>	_____
Complexion <u>Dark</u>	_____
Eyes <u>Brown</u>	_____
Hair <u>Dark Brown</u>	_____

G. Garland  
 Signature of Soldier

R. W. Rayner  
 Issuing Officer

Date of Discharge Toronto, Ont.

No. 2 District  
**APR 8 1919**

For [Signature]  
 O.C. No. 2 District  
 Rank

Date APR 8 1919 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.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

Form No. 100

THIS IS TO CERTIFY that No. \_\_\_\_\_

Name (in full) \_\_\_\_\_ enlisted in

CANADIAN EXPEDITIONARY FORCE at

on the

day of \_\_\_\_\_ 19\_\_

He served in

and is now discharged from the service by reason of

THE DESCRIPTION OF THIS SOLDIER ON THE DATE below is as follows:

Age \_\_\_\_\_

Height \_\_\_\_\_

Complexion \_\_\_\_\_

Eyes \_\_\_\_\_

Hair \_\_\_\_\_

Markings or scars \_\_\_\_\_

Signature of Soldier

AC 7 1918

Date of Discharge

AC 7 1918

Signature of Officer

for

Old No. 2

Date \_\_\_\_\_ 19\_\_

NOTE: A duplicate of this certificate will be issued and person making same is requested to forward it to \_\_\_\_\_ enclosed envelope to the Secretary, British Commonwealth Expeditionary Force.

RECEIVED  
1918



LTR

Rank Name GARLAND, Gordon Crawford Reg'l No. 651086  
 Unit 160th, Bn. If in perm. Corps, } Married or Single Single  
 What Unit? }  
 Place and Date of Enlistment Walkerton, Ont, Dec, 31st, 1915. Place of Birth Pinkerton, Ontario  
 Name and Address, Next-of-Kin Elizabeth Garland, Canada.  
 Pinkerton, Ontario, Canada. Relationship Mother.

Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. 6726  
 File R.L.  
 Category CAN. OR

Discharge, Date and Place Reason Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.			
	<i>L</i>	ARRIVED IN ENGLAND		
1.3.18	160th Bn	Sold to 1st Bn/Sec Willy	28.2.18	12.12.14. 26.49.18 P# 100.31.
3.10.18	WOR	WOUNDED field	28.9.18	CLA 331.
7.10.18	1st Bn	SOS to WORD	2.10.18	D 01038WORD238819 10/18
22.3.19	WORD.	Ceases Comd SOS to MORDYL with 34-9-70	22.3.19	P# 6971102 71/23/19 29-3-19
3/3.19	2nd Bn	SOS to Can S/L 34 Phyl	24.3.19	" " 76

No. B. 103 CHECKED  
 26 MAR 1919



Convalescent Hospital,  
Woodcote Park, Epsom.

HOSPITAL.

A. & D. CARD

11

AT

A. & D. No. 25602 PL. OF ACTION

RANK Pvt. 691086 UNIT 1 Can. Bn.

SICK OR WOUNDED

NAME Garland J.C. AGE 22 RELIGION C.E.

PLACE IN HOSPITAL

DIAGNOSIS Spinal fracture - paraplegia

ADMITTED 29.11.18 FROM S.P. Matthews

DISCHARGED 14/2/19 B2. TO N.O.R.D. Witley

TRANSFERRED

SERVICE AT HOME 2 1/2 IN FIELD 10/12

RESULTS

REMARKS.

Wound healed complains of  
defective vision left eye.  
Probably caused by concussion  
for specialist treatment.

A. G. Kennedy  
Capt

NAME

Garland Gordon Crawford

REGT'L. No.

65-1086

RANK AND CORPS

Plt 1st Bn Torm 100 Co Ba

CABLE

NO 3-10

DATE

1

NATURE OF CASUALTY

FOLLOWS  
No.

FOLLOWS

#368. 4-1078 Adm 18 Gen 7 Camiers  
L.C. 9331-1  
Sept. 28th 1918 (New York)  
not Mrs Elizabeth Garland (mother)  
Pinkerton Ont.

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

B329	Fort Pitt. Mil. H. Chatham	2-10-15	J. S. W. Head
B379	Mil Conv. Epsom	30-11-18	" <sup>2</sup>
B442 <sup>1</sup>	Asch.	14-2-19	Head <sup>3</sup>

Name *Gordon Crawford*  
 Name **GARLAND** Rank **PTE**

Reg. No. **651086**

Unit **1st BN**

Next of Kin **CANADA**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1918.</i> 28-9.	<i>18 G.H. Carriers</i>		<i>W. Head.</i>	<i>A331.</i>		<i>HA. 4463.</i>
29-10.	<i>Long Pitt in H.</i>	<i>Chatham.</i>	<i>do.</i>	<i>B329.</i>		<i>27943.</i>
30-11.	<i>in on board.</i>	<i>Tibson</i>	<i>v.</i>	<i>B379.</i>		<i>2218.</i>
14-2-19.	<i>Discharged.</i>		<i>do.</i>	<i>B442.</i>		<i>1755.</i>
<i>1919.</i> 2-19.	<i>2-19.</i>	<i>14-2-19.</i>	<i>26-2-19.</i>	<i>2-19.</i>		<i>1-19.</i>





900  
5mmh

Number 651086

Rank P.T.E

B  
X

Surname GARLAND

Christian Name Gordon Crawford

P

Units 1st Bu Can Coy Theatre of War France

Date of Service 28/2/18

Remarks B.R.I. TIVERTON

Latest Address ~~Preston~~  
Mt.

Roll No. B

200m.-2-21.M. Page 15973

DESP. AUG 21 1922  
REGN. NO. GY 1961.

No. 651086. RANK *Pte.*

NAME *Garland G. C.*

T. O. S. *31-12-15.*  
*(20 26-31-12-15)* UNIT *160th Battalion*

M. D. /

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1915.</i>	<i>1916.</i>			
<i>Dec 31.</i>	<i>Jan 31.</i>	<i>✓</i>		
<i>Feb</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>Apr.</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>n.</i>		
<i>Aug.</i>		<i>✓</i>		
<i>Sept.</i>		<i>✓</i>		
<i>Oct.</i>		<i>n.</i>	<i>A. H. L. 7/10/16 to 9/10/16</i>	<i>(W. D. 242) 7/10/16</i> <b>UNIT SAILED</b> <b>OCT 17 1916</b>



SURNAME.

Garland

CHRISTIAN NAMES

Gordon Crawford

REGL. No.

651086

RANK

Pte

UNIT

~~160th~~ No. 2. N.W.

FORMER CORPS

nil

92 CARD NO.  
500 demob 8-4-19  
DO. 104 14-4-19  
FOLL. No 2 N.W.

Bm

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Garland, Mrs Elizabeth

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Pinkerton, Ont.

COUNTRY OF BIRTH

Canada Pinkerton, Ont.

DATE

PLACE OF ATTESTATION

Walkerton, Ont.

DATE

Dec. 31<sup>st</sup> 1915

MARRIED

SINGLE *Yes.*

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Surname

Christian Name or Names

Reg. No.

GARLAND

G.C.

651086

Rank

Unit

Pte,

WO 1.

Cas. List.

3-10-18 A331

18 Gnl. Camiers 28-9-18.

GSW Hand

*G. S. W. Head* <sup>no 1</sup>

*5-10-18 B329*

*Fort Pitt. Mil. Chatham 2-10-18*

*3-12-18 B379/2*

*Woodcote Cr. Epsom 30-11-18*

*19-2-19 B442*

*Disc 14-2-19*

A.M.D. 2 DEPT.

Bch of D.G.M.S. O.M.F.C. London

Cas. List.



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 50m.-G-16.  
 1772-39-819.

Sheet No. 2.

L. L. Job 4503. - Req. 6832.

PAYMENTS.

Name of Soldier

651086

*Garland G C*  
*Pls Hobart*

18<sup>00</sup>

Remarks.

OCT 1. 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		T 26853	18	
Nov.		Q 29629	18	
Dec.		S 34263	18	
Jan.	1917	T 32993	18	
Feb.		S 44358	18	18 M
March		S 50283	18	18 B
April		Q 1820	18	18 CH
May		D 8136	18	
June		E 15071	18	18 W
July		J 22122	18	B
Aug.		L 28983	18	B
Sept.		Q 33503	18	B
Oct.		C 41634	18	
Nov.		V 48129	18	
Dec.		S 57637	18	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

~~270~~

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

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.				

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12  
 50m.—7-16  
 H. Q. 1772-39-316

To Whom *Mr. N. Garland*  
 Address *Pinckerton*  
*Ont*

By Whom Assigned

*Garland Gb*Regtl. No. *651086*

Rank

*pte*

Corps

*160 Batt*  
*als*

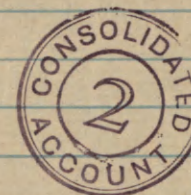
Rate

*1800*

OCT 1. 1916

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





Original

# MEDICAL ORIGINAL SHEET. 651086

Surname: Garland Christian Name: Gordon Crawford

Examined { on 1st day of January 1916  
 at Cargill, Ont.

Birthplace { City or Town Pinkerton, Ontario  
 County Bruce Ont.

Apparent age 22 20 yrs 5 mos

Trade or occupation Farmer

Height 5 Feet 7 1/2 Inches

Weight 155 Lbs.

Chest measurement { Minimum 33 inches  
 Maximum expansion 3 inches

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right yes Left xx  
 Number once

When Vaccinated last in childhood

(a) Marks indicating congenital peculiarities or previous disease none

Approved by A. Douch  
 Rank Captain M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<u>5-OCT 1918</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS
<u>May 26/16</u>	<u>yes</u>	<u>W. H. Westlake</u> M.O.
<u>June 19/16</u>	<u>yes</u>	<u>W. H. Westlake</u> M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>22/8/16</u>	<u>yes</u>	<u>A. Douch</u> M.O.
<u>30/8/16</u>	<u>yes</u>	<u>A. Douch</u> M.O.
<u>7/9/16</u>	<u>yes</u>	<u>A. Douch</u> M.O.
<u>23/8/17</u>	<u>yes</u>	<u>Jos. W. Todd</u> M.O.

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

22-5-18-TAB ABCD JOKK  
5-12-18-1

Enlisted on 31 day of December 1916 at Walkerton, Ontario

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>160th Os. B'n.</u>	<u>651086</u>		
	<u>C.E.F.</u>			
Transferred to.. ..	<u>1st B'n.</u>			<u>FEB 28 1918</u>

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Ludon</u>	<u>10 10 16</u>	<u>Med Board</u>	<u>Fit</u> <u>we made</u> <u>aptance</u>
<u>Essex</u>	<u>9-19</u> <u>22.1.19</u>	<u>Rupture choroid</u> <u>L. eye</u>	<u>B. H. Macfarlane</u> <u>etc.</u>
<u>Essex</u>	<u>4-FEB 1919</u>	<u>Rupture choroid</u> <u>L. eye</u>	<u>B. H. Macfarlane</u> <u>etc.</u>

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

W. H. Westlake  
17. 7 - 19  
W. H. Westlake

CANADIAN

11550100

Surname Carland Christian Name Gordon Bradford

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<u>McH-Epsom</u>		<u>29</u>	<u>11</u>	<u>18</u>	<u>14</u>	<u>FEB</u>	<u>1919</u>	<u>G.W. Lockhead</u> <u>Superficial</u> <u>78</u>	<u>Bullets 4 1/4.</u> <u>30-11-18- Wound healed complains of</u> <u>defective vision left eye -</u> <u>probably caused through concussion</u> <u>for specialist exam.</u> <u>6-12-18- For medical Boarded</u> <u>Category: B II</u>	<u>McKennedy</u> <u>West. COMC.</u>	

EYE, EAR, NOSE & THROAT CLINIC.

Witley Camp  
Surrey.

Date **MAR 13 1919** 1919.

Reg. No. 65-1086 Rank..... Name Pt. Garland G.

Unit.....

WITHOUT GLASSES.

WITH GLASSES.

prescription

COND. AXIS.

VISUAL ACUITY. Rt. 6/6 with

VISUAL ACUITY. Lt. 6/36 with

Category recommended is:-  
B1

Glasses not ordered.

Remarks:-

*old damage i. Choroid in outer-  
Portion of left-Fundus.  
Due to G. S. W. while on  
service.*

CONDITION WAS.....PRESENT, PREVIOUS TO ENLISTMENT AND HAS.....

BEEN CAUSED BY SERVICE.

HAS.....BEEN AGGRAVATED BY SERVICE.

*Fundus*

*Wm. A. Macdonald*

Capt. R.A.M.C.  
Eye & Ear Specialist  
Witley Camp, Surrey

UNITED STATES DEPARTMENT OF JUSTICE

Wiley Gump  
Sawyer

Date .....

.....

.....

WITHOUT OMBUDSMAN  
.....

.....  
.....  
.....  
.....

.....

.....



# CONSOLIDATED OPTICAL CO., LIMITED

Manufacturers of "CONSOL" Products

DATE 1/31/19

PATIENT Garland R.C.

# 651586

Pensacola

DRAW A CIRCLE AROUND STYLE WANTED

		SPHERICAL	CYLINDER	AXIS	PRISM	BASE	BIFOCALS
DISTANT	RIGHT	0	-0.5	180			KRYPTOK.....
	LEFT	-0.75	+0.37	90			CONSOL SEMI INVIS.....
READING	RIGHT						CEMENT.....
	LEFT						PERFECTION.....
							DECENTRE SEGMENT.....
							IN..... MM.

RIMLESS.....	TORIC.....	DRILLING INSTRUCTIONS	
FRAME.....	FLAT.....	2 HOLES TO PAIR.....	ON LINE.....
SIZE OF EYE.....		3 " ".....	ABOVE.....
		4 " ".....	BELOW.....

MATERIAL..... FRAME OR MTG. ENCLOSED.....

SPECTACLE No. .... PUPILLARY WIDTH.....

SPECTACLES	BRIDGE MEAS.	BASE WIDTH	HEIGHT			POSITION OF CREST			TEMPLE		
			ON LINE	ABOVE	BELOW	FORWARD	EVEN	BACK	STYLE	LENGTH	WIDTH BETWEEN TEMPLES

EYEGLASS No. .... FINGERPIECE.....

EYEGASSES	STYLE OF GUARD	STYLE OF SPRING	WIDTH AT TOP OF GUARDS		STUD	STYLE.....
			BOTTOM	INSET		
				LENGTH		

R No. .... Remarks.....

From Brown  
Allen

# CONSOLIDATED OPTICAL CO., LIMITED

Manufacturers of "CONSUL" Spectacles

DATE

PATIENT

DRAW A CIRCLE AROUND STYLE WANTED

SPECIALS

SPERMALIN CYLINDERS AND LENSES DATE

RIGHT	LEFT	NOSE	TEMP.


FRAME OR MTC ENCLOSED

MATERIAL

REFRACTORY WIDTH

SPECTACLE NO.


SPERMALIN

EYEGLASS NO.


REMARKS

R. No.

FORM

# CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

2  
DIRECTIONS TO  
DENTAL OFFICERS

NAME OF SOLDIER (Black Letters) GARLAND, G. C.

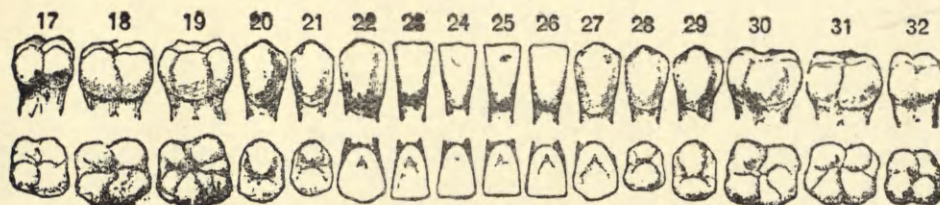
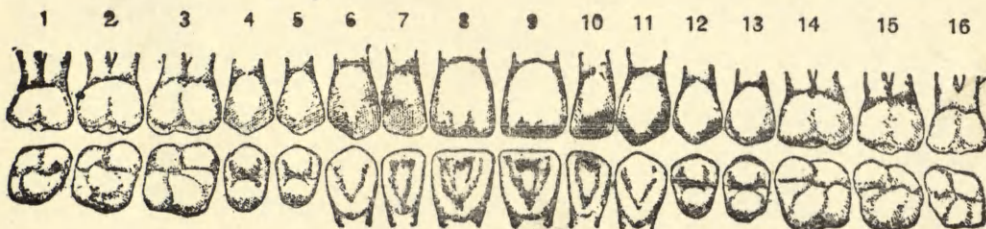
REGIMENT WORD RANK Plt No. 65-1086

Date of Examination in England 4/3/19 Date of Examination in France \_\_\_\_\_

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



### PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

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

Signature of Dental Officer Comdr. Caff



07-03-1917  
07-03-1917

Dear Mr. [illegible]  
[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

near-out

Duplicate

MEDICAL HISTORY SHEET. 651086

Surname Garland Christian Name Gordon Crawford

Examined { on 1st day of Jan 1916  
at Cargill, Ont.  
Birthplace { City or Town Pinkerton, Ont.  
County Bruce, Ont.

Approved by A. H. Birch  
Rank Captain M.O.

Apparent age 20 yrs. 5 mos.  
Trade or occupation Farmer  
Height 5 Feet 7 1/2 Inches.  
Weight 155 Lbs.  
Chest measurement { Minimum 33 inches.  
Maximum expansion 3 inches.  
Physical development good  
Small-Pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right yes Left YX  
Number 1  
When Vaccinated last In Child hood  
(a) Marks indicating congenital peculiarities or previous disease none

Date	Result	VACCINATIONS.
<u>May 2/16</u>	<u>neg.</u>	<u>A. H. Birch</u> M.O.
<u>June 19/16</u>	<u>Pos</u>	<u>A. H. Birch</u> M.O.
		M.O.

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>22/8/16</u>		<u>A. H. Birch</u> M.O.
<u>30/8/16</u>		<u>A. H. Birch</u> M.O.
<u>7/9/16</u>		<u>A. H. Birch</u> M.O.

Enlisted on 31st day of Dec 1915 at Walkerton, Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>160th O. S. Battalion, C. E. F.</u>	<u>651086</u>	<u>Good</u>	<u>31/12/15</u>
Transferred to.....	<u>1st Bn.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>London</u>	<u>10.10.16</u>	<u>Med Board.</u>	<u>Fit</u> <u>W. G. H. R. H.</u> <u>Captain</u>

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









\* Strike out, whichever is applicable.

ASSIGNED PAY. ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.

NAME: **GARLAND Gordon Crawford**

EFFECTIVE DATE: **1-10-16**  
AMOUNT: **\$18.00**

EFFECTIVE DATE:   
AMOUNT:   
WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

NUMBER: **651086**

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<b>Pte</b>

**Wm V. Garland (mother)**  
**Pinkerton - Out**  
**Stopped Effec. 1/4/19**

UNIT AND TRANSFERS

ORIGINAL UNIT: **160th Bn**  
DATE ACCOUNT FIRST OPENED: **1-11-16**

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<b>1/3/19</b>	<b>2042</b>	<b>Witley</b>	<b>1460</b>				

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
<b>NR</b>	<b>28/2/18</b>	<b>25/4/18</b>	<b>1 Bn</b>
		<b>15/5/19</b>	<b>can see</b>

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<b>100</b>	<b>10</b>		

PARTICULARS OF RENDERING NON-EFFECTIVE **Trans to Canada 1/4/19 Auth. NRS 4081 6/3/19 Witley M.D.R. R.P. Bal 52.09**

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<b>1918</b>									<b>2188</b>		
<b>31st</b>	<b>Bal Lwd</b>										
<b>Apr 30</b>	<b>P.P.</b>	<b>33</b>		<b>AR 37 24.1.18 1st Bn</b>	<b>446</b>						
				<b>can A.P.</b>				<b>18</b>			
				<b>AR 129. 29.4.18 ✓</b>	<b>357</b>				<b>3185</b>		
				<b>can A.P.</b>	<b>803</b>			<b>18</b>			
<b>May 31</b>	<b>P.P.</b>	<b>33</b>	<b>34 10</b>	<b>AR 183. 7.5.18 1 Bn</b>	<b>446</b>						
				<b>✓ 237. 18.5.18 ✓</b>	<b>357</b>				<b>3992</b>		
				<b>can A.P.</b>	<b>803</b>			<b>18</b>			
<b>June 30</b>	<b>P.P.</b>	<b>34 10</b>	<b>33</b>	<b>AR 313 4.6.18 1 Bn</b>	<b>446</b>						
				<b>✓ 434. 17.6.18 ✓</b>	<b>357</b>				<b>4689</b>		
				<b>can A.P.</b>	<b>803</b>			<b>18</b>			
<b>July 31</b>	<b>P.P.</b>	<b>33</b>	<b>34 10</b>	<b>AR 69. 2.7.18 1 Bn</b>	<b>357</b>						
				<b>✓ 204 21.7.18 ✓</b>	<b>446</b>				<b>5496</b>		
				<b>can A.P.</b>	<b>803</b>			<b>18</b>			
<b>Aug 31</b>	<b>P.P.</b>	<b>34 10</b>	<b>34 10</b>	<b>AR 356. 22-8-18 ✓</b>	<b>178</b>				<b>6928</b>		
				<b>can A.P.</b>	<b>178</b>			<b>18</b>			
<b>Sept.</b>		<b>34 10</b>	<b>33</b>	<b>- 420 7.9.18 -</b>	<b>535</b>						
				<b>- 587 14.9.18 ✓</b>	<b>357</b>				<b>7536</b>		
					<b>276</b>			<b>18</b>			
<b>Oct</b>		<b>34 10</b>	<b>34 10</b>	<b>G.A.P</b>				<b>18</b>			
				<b>H Raw 42694 16/10/18</b>	<b>3</b>	<b>973</b>			<b>8173</b>		
				<b>✓ 48873. 1/11/18</b>	<b>11</b>	<b>973</b>			<b>7200</b>		
						<b>14116</b>		<b>18</b>			
<b>Nov</b>		<b>33</b>	<b>33</b>	<b>H Raw 54411 20/11</b>	<b>2</b>	<b>487</b>					
				<b>AR 2257 3/12</b>	<b>5</b>	<b>487</b>					
				<b>G.A.P Nov &amp; Dec</b>				<b>36</b>			
				<b>AR 7608 19/12 Epsom</b>	<b>7</b>	<b>1947</b>					
<b>Dec</b>		<b>34 10</b>	<b>34 10</b>	<b>46 612873 Out Fort Pitt</b>	<b>11</b>	<b>1170</b>					

NUMBER 651086.

RANK PTE

NAME GARLAND G.C.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1919		67 10			30 91			36	72		
Jan	P.P.	34 10		G.A.P.				18			
		101 20			30 91			54	88 29		
Feb	/	30 80		AR 5888 28/1/19 Epsom	4	4 87					
	SF 14/2/19 to 26/2/19 SD HO 17.2.19 WORKS	8 76		AG 613954 23/1/18 Higham	5	5 55					
				AR 2019 18.1.19 Epsom	9	4 87					
				G.A.P.				18			
March 31	P.P.	34 10		AR 522 14/2/19 WORKS	12	48 67					
		73 6		G.A.P.				18	66 69		
				2042 1-3-19 GL	21	14 60					
				3402 15 3-19 End	25	14 60			37 49 76		
		73 66			88 46			36			
				AR 1158 27-3-19 Kinnell	973				27 76		
				Endorsed.	973						

*Michaelson 9/3/19*  
*Checked*

*S.O.S. to Canada Eff. 29/3/19 L.L. #34 WORKS.*