

card 9-2-  
2/6/16

# 163rd B'n. (F.C.) C.E.F.

## ATTESTATION PAPER.

No. 661112

Folio.

### CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

#### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? *Stafford*
- 1a. What are your Christian names? *Sydney James*
- 1b. What is your present address? *339 G. Maulew Lane*
2. In what Town, Township or Parish, and in what Country were you born? *Ottawa Ont.*
3. What is the name of your next-of-kin? *Mary Stafford*
4. What is the address of your next-of-kin? *339 Maulew Lane*
- 4a. What is the relationship of your next-of-kin? *Wife*
5. What is the date of your birth? *3 June 1889*
6. What is your Trade or Calling? *Painter*
7. Are you married? *Je*
8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Je*
9. Do you now belong to the Active Militia? *No*
10. Have you ever served in any Military Force? *Je*  
If so, state particulars of former Service. *69 S.*
11. Do you understand the nature and terms of your engagement? *Je*
12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Je*

#### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Sydney Stafford*, 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.

Date *15 May* 191*6*. *Sydney Stafford* (Signature of Recruit)  
*Leut. Dawson* (Signature of Witness)

#### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Sydney Stafford*, 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.

Date *15 May* 191*6*. *Sydney Stafford* (Signature of Recruit)  
*Leut. Dawson* (Signature of Witness)

#### CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at *Montreal* this *15th* day of *May* 191*6*.

*Thos. Asselin* (Signature of Justice)

*Major, 163rd Bn.*

Description of Stafford S. J. on Enlistment.

Apparent Age 27 years ..... 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. 9 1/4 ins.

Chest measurement  
 Girth when fully expanded 34 ins.  
 Range of expansion 38 1/2 ins.

Complexion .....

Eyes .....

Hair .....

Religious denominations  
 Church of England.....  
 Presbyterian.....  
 Methodist.....  
 Baptist or Congregationalist.....  
 Roman Catholic..... x  
 Jewish.....  
 Other denominations.....  
 (Denomination to be stated.)

*Tatoos left & right forearm  
 scar right shin*

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 May 15 1916.

Place Prind

*H. Aubrey*  
 Medical Officer.  
*Major*

\*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.

Stafford Sydney James 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.

*H. Desrosier, Lt Col* (Signature of Officer)

Date May 15th 1916.

*Consul P. R.*  
*8/3/17*

178<sup>ME</sup> BATAILLON, F. E. C.

ATTESTATION PAPER,

No. *857199*

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio. *Duplicate*

QUESTIONS TO BE PUT BEFORE ATTESTATION.  
(ANSWERS.)

- 1. What is your surname?..... Stafford
- 1a. What are your Christian names?..... Sydney Jasmes
- 1b. What is your present address?..... 339 Methieu Lane Montreal
- 2. In what Town, Township or Parish, and in what Country were you born?..... Ottawa Ont
- 3. What is the name of your next-of-kin?..... Mary Safford (Wife)
- 4. What is the address of your next-of-kin?..... 339 Mathieu Lane Montreal
- 4a. What is the relationship of your next-of-kin?..... Wife
- 5. What is the date of your birth?..... 3rd June 1889
- 6. What is your Trade or Calling?..... Painter & Decorator
- 7. Are you married?..... Yes
- 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?.. Yes 3 Years Can. Engineers & 3rd Batt,  
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, Sydney Jasmes Stafford, 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.

Date 5th Feb. 1917  
S. Stafford (Signature of Recruit)  
[Witness Signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Sydney Jasmes Stafford, 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.

Date 5th Feb. 1917  
S. Stafford (Signature of Recruit)  
[Witness Signature] (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.  
The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Montreal this 5h day of Feb. 1917.

[Magistrate Signature] (Signature of Justice)

Stafford Sydney James

Description of \_\_\_\_\_ on Enlistment.

Apparent Age 23 years \_\_\_\_\_ 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. 10 1/2 ins.  
 Chest measurement (Girth when fully expanded) ..... 38 1/4 ins.  
 Range of expansion ..... 4 1/2 ins.  
 Complexion ..... Light  
 Eyes ..... Blue  
 Hair ..... Brown

Religious denominations.  
 (Church of England) .....  
 Presbyterian .....  
 Methodist .....  
 Baptist or Congregationalist .....  
 Roman Catholic R.C. .....  
 Jewish .....  
 Other denominations .....  
 (Denomination to be stated.)

CERTIFICATE OF MEDICAL EXAMINATION.

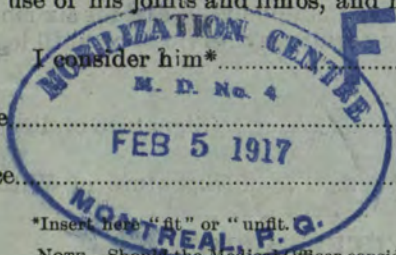
I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

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 ..... 1917  
 Place .....  
 \*Insert here "fit" or "unfit".

*W. MacLaggan*  
 \_\_\_\_\_  
 Medical Officer.



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:—

I certify that this man has been before the STANDING MEDICAL BOARD and has been found fit.

*G. Drummond* Capt.  
 Officer i/c Mobilization Centre

CERTIFICATE OF OFFICER COMMANDING UNIT.

Sydney James Stafford

\_\_\_\_\_ 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.

*Robert B. ...* (Signature of Officer)  
 \_\_\_\_\_ Lt.-Colonel

Date Feb 5 1917

O. C. 178th Bn. Outrigger

# ATTESTATION PAPER

No.

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name?..... *James Clayton*
2. In what Town, Township, or Parish, and in what Country were you born?..... *Ottawa, Ont*
3. What is the name of your next-of-kin?..... *Thomas Clayton (brother)*
4. What is the address of your next-of-kin?..... *339 Matthew Lane, Montreal*
5. What is the date of your birth?..... *3rd June 1889*
6. What is your trade or calling?..... *Saddler*
7. Are you married?..... *No*
8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
9. Do you now belong to the Active Militia?..... *No*
10. Have you ever served in any Military Force?..... *Yes R.C.B. 3 yrs*  
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*

*James Clayton* (Signature of Man.)  
*E. Bowbiggin* (Signature of Witness.)

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *James Clayton*, do solemnly declare that the above answers made by me to the above questions 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.

Date *April 15* 1915 *James Clayton* (Signature of Recruit.)  
*E. Bowbiggin* (Signature of Witness.)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, ....., 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.

Date *April 15th* 1915 *James Clayton* (Signature of Recruit.)  
*E. Bowbiggin* (Signature of Witness.)

### CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Montreal* this *15th* day of *April* 1915.

*Ismael Payne* (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

*Ismael Payne* (Approving Officer.)

DESCRIPTION OF James Blayton ON ENLISTMENT.

Apparent Age \_\_\_\_\_ years \_\_\_\_\_ 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. 9 ins.

Chest measurement { Girth when fully expanded \_\_\_\_\_ 37 3/4 ins.  
 Range of expansion \_\_\_\_\_ 35 ins.

Complexion \_\_\_\_\_ Dark

Eyes \_\_\_\_\_ Blue

Hair \_\_\_\_\_ Dark Brown

*Figure of lady looking out to sea over anchor right forearm.  
 Old Glory left forearm.*

Religious Denominations { Church of England \_\_\_\_\_  
 Presbyterian \_\_\_\_\_  
 Wesleyan \_\_\_\_\_  
 Baptist or Congregationalist \_\_\_\_\_  
 Other Protestants \_\_\_\_\_  
 (Denomination to be stated.)  
 Roman Catholic \_\_\_\_\_ X  
 Jewish \_\_\_\_\_

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\* \_\_\_\_\_ for the Canadian Over-Seas Expeditionary Force.

Date April 15<sup>th</sup> 1915

Place Montreal

*[Signature]*  
 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

James Blayton 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.

Date April 15 1915 *[Signature]* (Signature of Officer.)

200  
72  
1914/18

# ATTESTATION PAPER.

No. ✓

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Stafford S. James 592
  2. In what Town, Township or Parish, and in what Country were you born?..... Ottawa, Ont.
  3. What is the name of your next-of-kin?..... Mrs M. G. Stafford (wife)
  4. What is the address of your next-of-kin?..... 145 Carlier St. Montreal P. Q.
  5. What is the date of your birth?..... June 3<sup>rd</sup> 1899
  6. What is your Trade or Calling?..... Painter & Decorator
  7. Are you married?..... Yes
  8. Are you willing to be vaccinated or re-vaccinated?..... Yes
  9. Do you now belong to the Active Militia?..... No
  10. Have you ever served in any Military Force?..... Canadian Engineer Ottawa Vol.  
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
- ..... S. Stafford (Signature of Man).  
..... A. E. [unclear] (Signature of Witness).

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Sydney Stafford, do solemnly declare that the above answers made by me to the above questions 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.

Date Jan 15<sup>th</sup> 1914. S. Stafford (Signature of Recruit)  
A. E. [unclear] (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Sydney Stafford, 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.

Date Jan 15<sup>th</sup> 1914. S. Stafford (Signature of Recruit)  
A. E. [unclear] (Signature of Witness)

### CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.  
The above questions were then read to the Recruit in my presence.  
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Montreal this 15<sup>th</sup> day of Jan 1914.

..... [Signature] (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit. Justice of the Peace for the City & District of Montreal (Approving Officer)

41

Description of S. Stafford on Enlistment.

Apparent Age 26 years 7 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. 9 ins.  
 Chest measurement { Girth when fully expanded 38 ins.  
 Range of expansion 3 ins.  
 Complexion Fair  
 Eyes Blue  
 Hair Brown  
 Religious denominations. { Church of England  
 Presbyterian  
 Wesleyan  
 Baptist or Congregationalist  
 Other Protestants (Denomination to be stated.)  
 Roman Catholic   
 Jewish

Rate or Left Arm Flag  
R. Arm, Girl

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 15<sup>th</sup> 1914.  
 Place Montreal  
H. C. Paver Capt  
 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.

S. Stafford 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.

H. C. Paver Capt  
 (Signature of Officer)

Date Jan 15<sup>th</sup> 1914.



*Amplified*

# ATTESTATION PAPER.

No. 12092

Folio. *20*

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *James Stafford*
2. In what Town, Township or Parish, and in what Country were you born?..... *Ottawa (wife) Mary Stafford*
3. What is the name of your next-of-kin?..... *Sidney Stafford*
4. What is the address of your next-of-kin?..... *37 Victoria St Ottawa*
5. What is the date of your birth?..... *26 June 1889 339 <sup>Madison Lane</sup> Montreal*
6. What is your Trade or Calling?..... *Saddler*
7. Are you married?..... *Wife Married*
8. Are you willing to be vaccinated or re-vaccinated?..... *Re-vaccinated*
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*

*J. Stafford* (Signature of Man).  
*J. Carriere* (Signature of Witness).

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *James Stafford*, do solemnly declare that the above answers made by me to the above questions 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.

Date *Aug 12* 1915 *J. Stafford* (Signature of Recruit)  
*J. Carriere* (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *James Stafford*, 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.

Date *Aug 12* 1915 *J. Stafford* (Signature of Recruit)  
*J. Carriere* (Signature of Witness)

### CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.  
 The above questions were then read to the Recruit in my presence.  
 I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Montreal* this *twelfth* day of *August* 1915  
*A. Chénier* (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.  
*L. G. G. G. G.* (Approving Officer)

# Description of James Stafford on Enlistment.

Apparent Age 26 years 2 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 9 1/4 ft. 1/4 ins.

1 Scar left arm  
1 tattoo left forearm  
1 " right

Chest measurement { Girth when fully expanded 38 1/2 ins.  
 Range of expansion 5 ins.

Complexion Medium

Eyes Blue

Hair Brown

Religious denominations.  
 Church of England.....  
 Presbyterian.....  
 Wesleyan.....  
 Baptist or Congregationalist.....  
 Other Protestants.....  
 (Denomination to be stated.)  
 Roman Catholic Yes.....  
 Jewish.....

## 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 August 12 1915

Place Montreal

H. J. [Signature]  
 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.

James Stafford having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

[Signature] (Signature of Officer)

Date August 12th 1915

SEP 24 1915

1ST COL. O. B. N. C. E. F.

STAFFORD, SYDNEY JAMES

120292

178 BN

37449

661112

163 BN

857199

85592

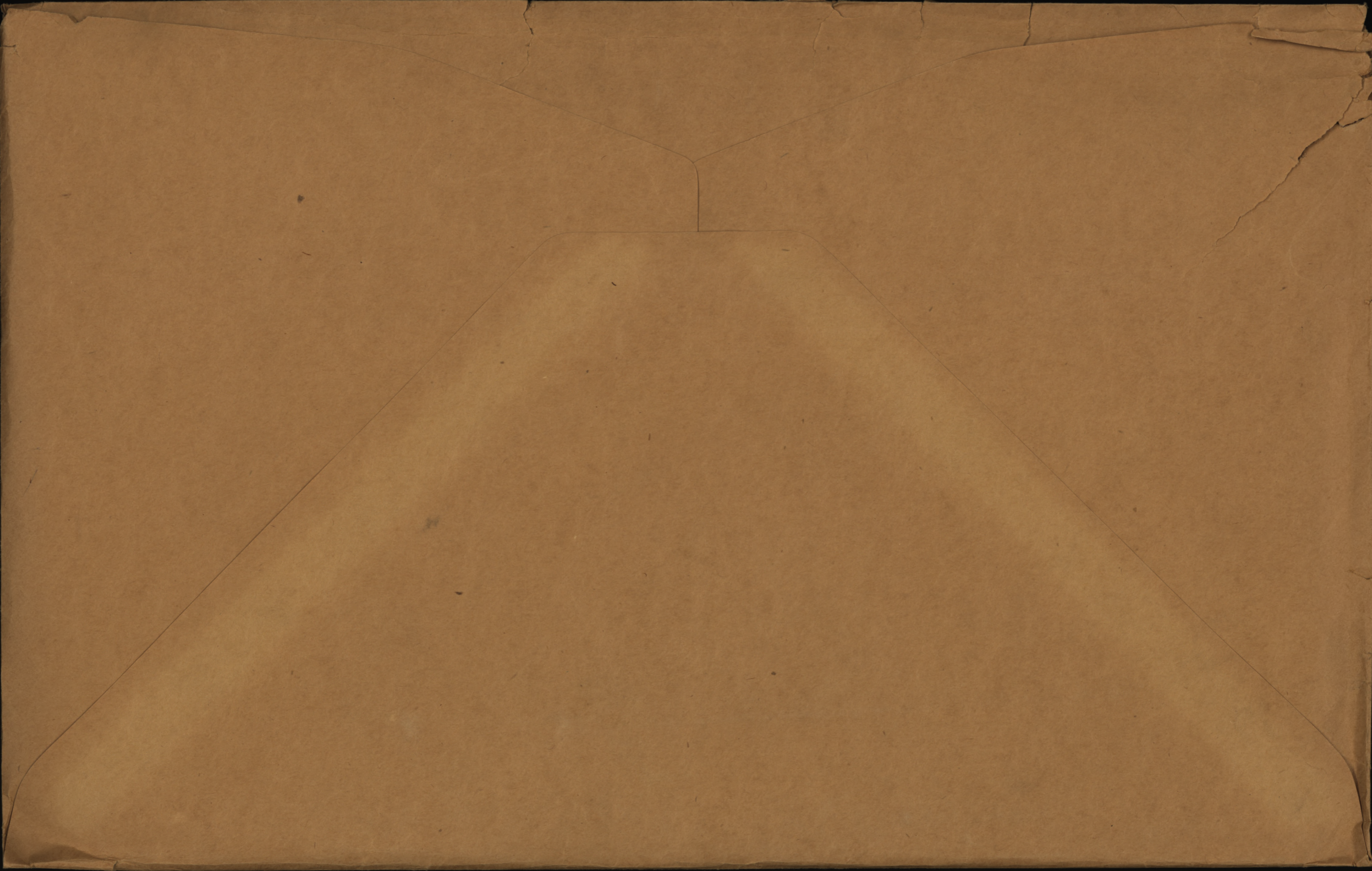
89995

MED. UN.

DIED



PR



SURNAME.

Stafford

(649-3-4770)

S.O.S. Dis.  
27-7-16-7

CHRISTIAN NAMES

Sydney James

REGL. NO. 661112

RANK Pte.

UNIT 163rd.

Bn.

FORMER CORPS

69th.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Stafford, Mrs. Mary

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

339 Matthew Lane, Montreal  
P.Q.

COUNTRY OF BIRTH

Canada, Ottawa, Ont.

DATE

June 3rd, 1889

PLACE OF ATTESTATION

Montreal P.Q.

DATE

May 15th, 1916

MARRIED

SINGLE

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

No. 661112 RANK

Sgt.

NAME

Stafford S. J.

T. O. S.

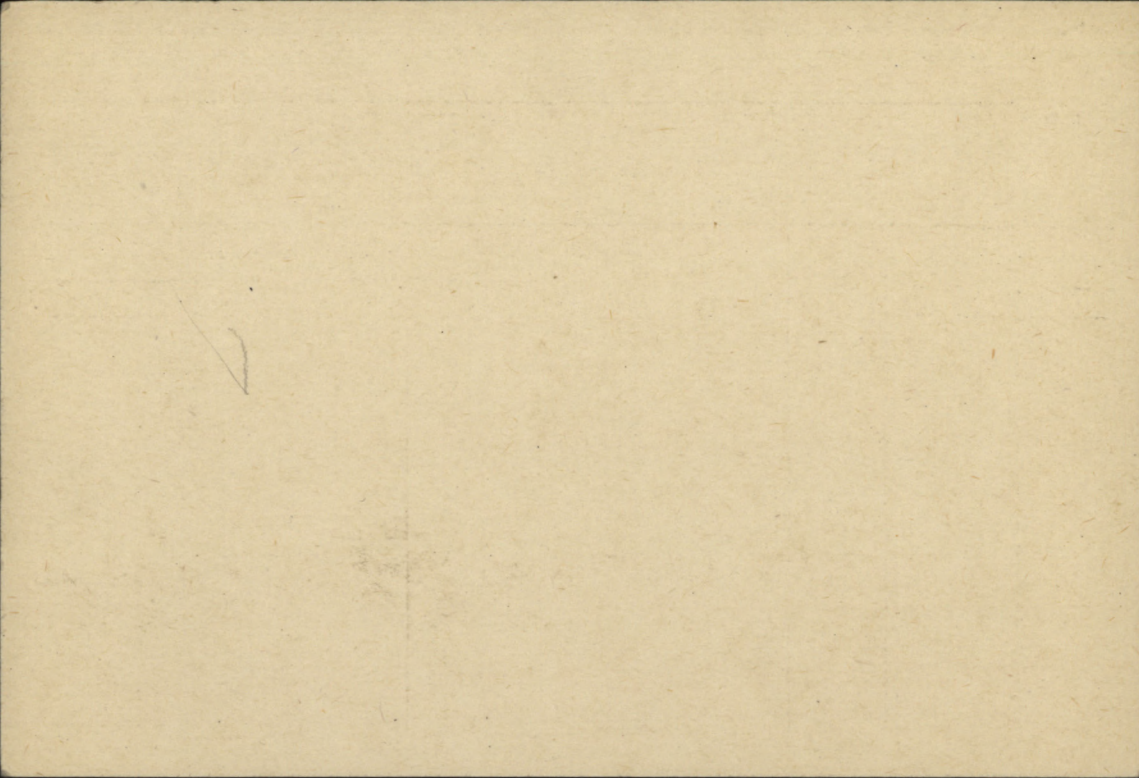
UNIT

Discharge Depot.

M. D.

16

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 July 22	1916 July 27	✓	163rd. B'n.	Nov. pay list.
" 23	Aug. 11	✓	..	





Reg. No.  Name *Stafford S. J.*  
 Rank *Pte* Corps *4<sup>th</sup> D.A. C.* Age *26* Service .....

Ledger No. .... Serial No. ....

HOSPITALS	DATE	DIAGNOSIS
<i>Montreal Gen.</i>	<i>10-3-15</i>	<i>Pharyngitis</i>
<i>Dis. to duty</i>	<i>17-3-15</i>	<i>'</i>
<i>Montreal Gen.</i>	<i>26-3-15</i>	<i>T.B. C. Pul</i>
<i>Dis to duty</i>	<i>1-4-15</i>	

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.  
50M-6-19.  
1772-39-1332.

No. 661112 RANK

Pte

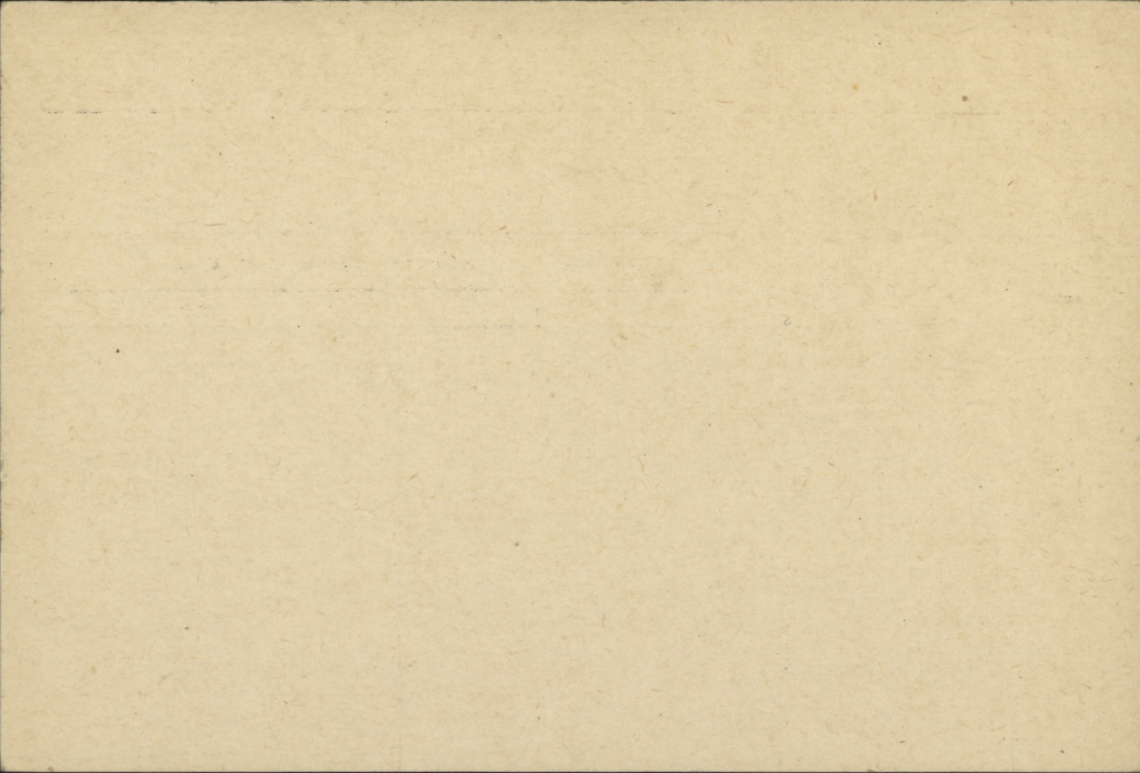
NAME

Stafford Sydney

T. O. S. 15-5-16.  
May Dayket.UNIT 163<sup>rd</sup> Battalion, C. E. F.

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 May 15	1916 May 31	L	Prom sgt. 15-6-16	DO 11-14-6-16
June		L		
July 1	July 22	L	Trans. to disc. depot St. John N.B. 52-7-16.	DO 24-22-7-16



No. 120292

RANK

*Plt.*

NAME

*Stafford James**stafford J*

T. O. S. 12-8-15-

UNIT

*69<sup>th</sup> Battalion**D.O. 1 15-8-15*M. D. *Val.*

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID

PAID

SIG.

OR

REC'T

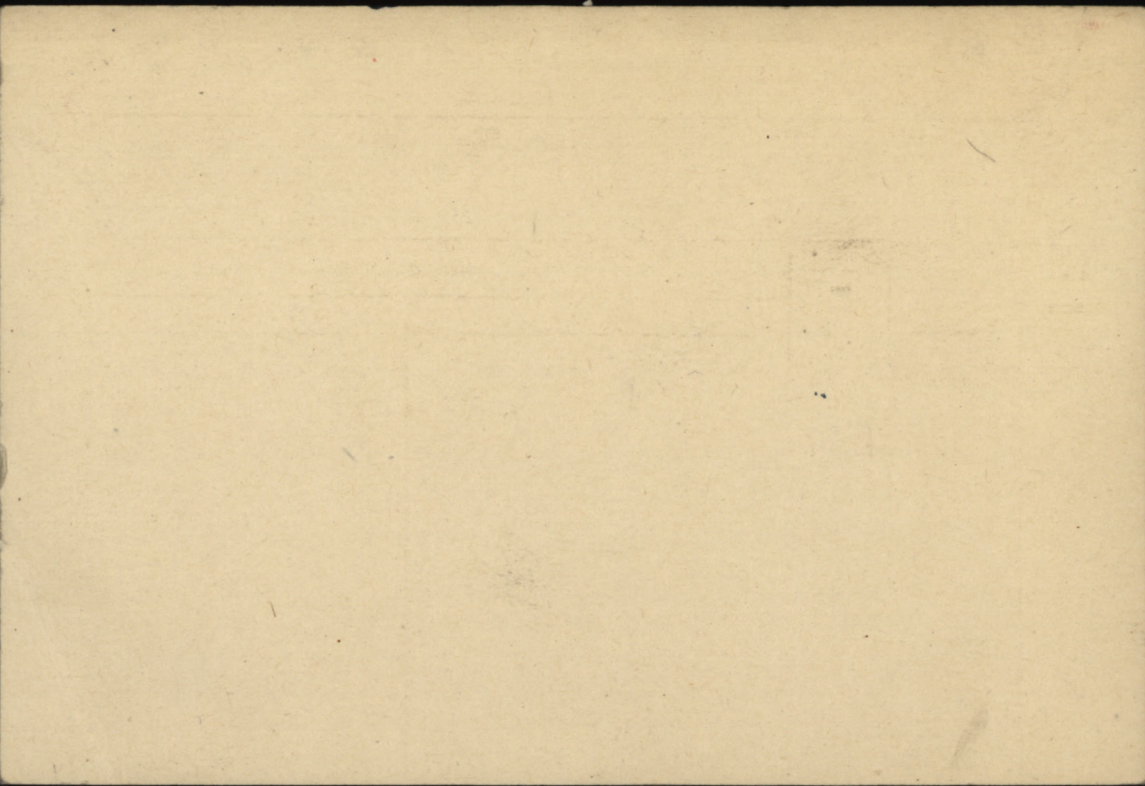
FROM

TO

*1915**1915**aug 12**aug 31**✓*

UNIT SAILED

APR 17 1916



Former Enlistment, - 661112. Sgt. 163<sup>rd</sup> Bn. Disc. 24.7.16. M. Unget

649-S-4770

2<sup>nd</sup> Enlistment  
857199

Pte.  
Sgt.

- STAFFORD, S. J. <sup>joined 148<sup>th</sup> Bn.</sup> ~~163<sup>rd</sup> Bn.~~

Medals & Decorations

(Widow)

Mrs. Marie Stafford  
339 Mathew Lane,  
Montreal, P.Q.

P. & S.

(Widow)

As above.

Serial # 808588

Memorial Cross

(Widow)

As above.

48207

Canada only.

MAY 9 - 1921  
Scroll Desp. \_\_\_\_\_ Reqn. No. 242160

JAN 21 1922  
Plague Desp. \_\_\_\_\_ Reqn. No. B 405049

J.S.

PA.

1881

W

45-65-8

FEB 17 1921

0281



Reg. No. 857199 Name Stafford Sydney  
Rank Pte Corps 178<sup>th</sup> Age 28 Service -  
Ledger No. 23852020 Serial No.

## HOSPITALS

DATE

DIAGNOSIS

St James Mill John CB	27-2-17	Bronchitis	C
Dis to mil.	16-3-17		
adm. Infections Mil Halifax	21-3-17	J.B.	C
Dis to Duty	28-3-17		

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.

50M-6-19.

1772-39-1332.

No. 857199 RANK Pte

NAME

Stafford, J. S.

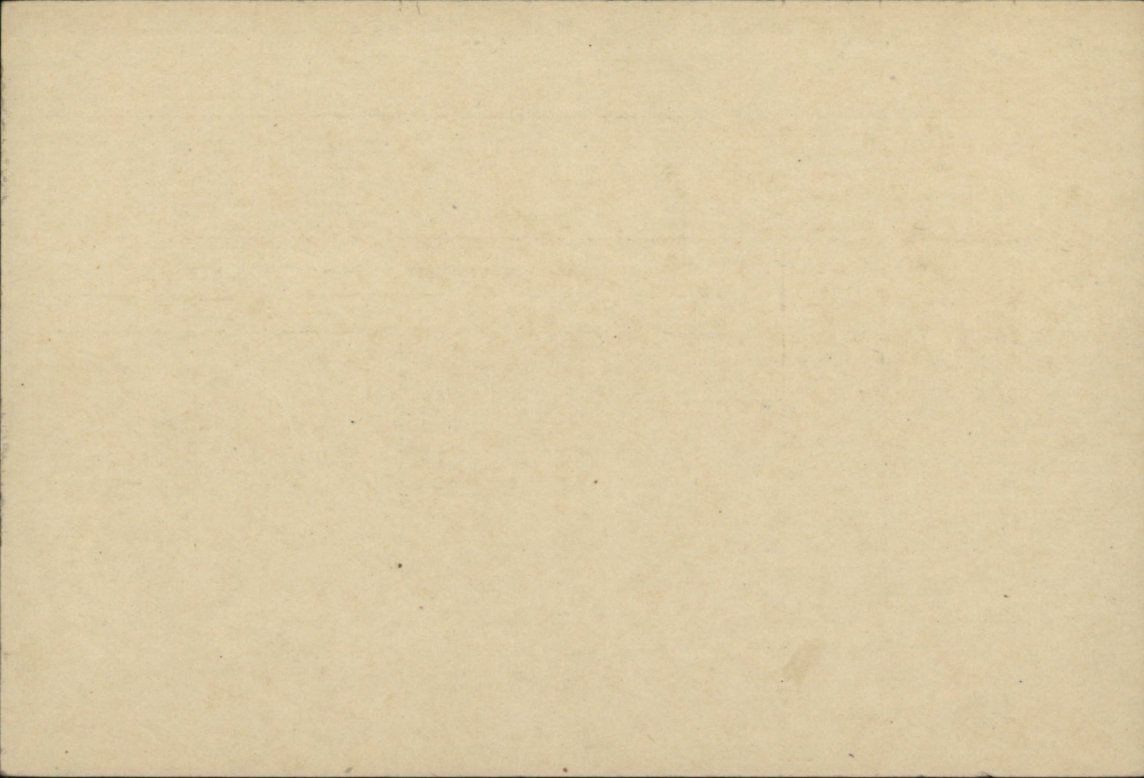
T. O. S.

UNIT

French Canadian Forestry Company.

M. D. 4.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917 no dates		<p><i>an D.O. naton Payroll</i></p> <p>attached from 178th Bn for discipline Rations &amp; Gb 11-2-17.</p> <p>a.w.l. - 13-2-17.</p> <p>ceases to be attached 14/2/17.</p>	<p>D.O. #12 of 12-2-17.</p> <p>D.O. #14 of 14-2-17.</p> <p>D.O. #15 of 15-2-17.</p>



No. 857199 RANK *Plt*

NAME *Stafford, Sydney*

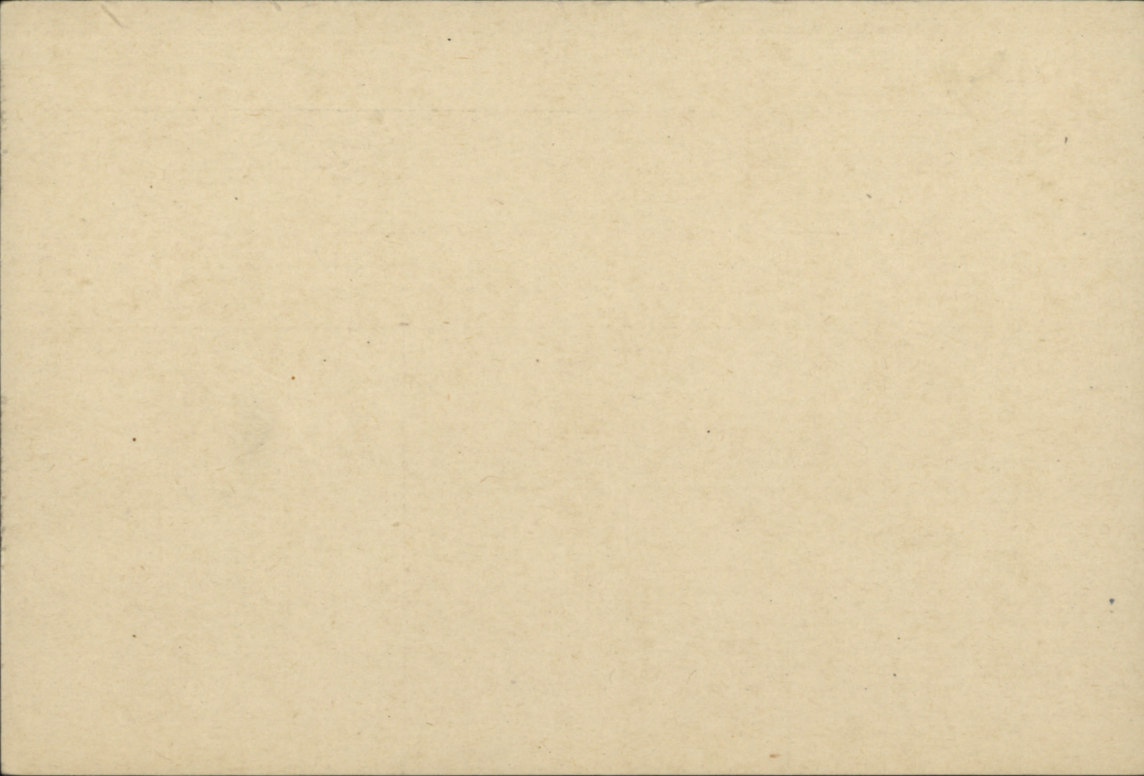
T. O. S. *5-2-17*

UNIT *178th. Battalion. (C C F)*

*DD 32 of 6-2-17.*

M. D. *4.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917 Feb 5.</i>	<i>1917 Feb. 15. n.</i>			



*Original not available*  
 Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps. *27th Battery C.F.C.*  
 Regimental No. *89995* Rank. *Saddler* Name. *Clayton, James*  
 Enlisted (a) *13.4.15* Terms of Service (a) *12 mos* Service reckons from (a) *13.4.15*  
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }  
 Extended ..... Re-engaged ..... Qualification (b) .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<i>24.4.15</i>	<i>27 Bty.</i>	<i>S.O.S. K.R.O. Para</i>	<i>Medical</i>	<i>24.4.15</i>	<i>D. R. 11 22</i>
		<i>322-2.C.</i>			
		<i>(Within 3 months of enlistment found medical unfit for further service)</i>			
					<i>Clyde Scott</i>
					<i>for DfR</i>

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				



Original not available  
 Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-39-9.0.

# Casualty Form—Active Service.

Unit, Regiment or Corps. *# 4 Sec Div Ammbol*

Regimental No. *85592* Rank *Priv* Name *Stafford Sydney James*  
C. E. F.

Enlisted (a) *15-1-15* Terms of Service (a) *D of W* Service reckons from (a) *15-1-15*

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

Extended. Re-engaged. Qualification (b).

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B 213, Army Form A. 36, or other official documents
Date	From whom received				
<i>April 1915.</i>	<i>4 Sec Div. A.C.</i>	<i>S.O.S. "Incorrigible"</i>	<i>Montreal.</i>	<i>1-4-15.</i>	<i>HQ 16-1-25. Vol 12.</i>



*[Handwritten signature]*  
*[Handwritten signature]*  
 I.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.

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				

# MEDICAL HISTORY SHEET.

Surname Clayton Christian Name James

Examined { on <u>15th</u> day of <u>April</u> 191 <u>5</u> at <u>Montreal</u> Birthplace { City or Town <u>Ottawa</u> County <u>Ont.</u> Apparent age <u>26</u> Trade or occupation <u>Saddler</u> Height <u>5</u> Feet <u>9</u> Inches Weight <u>145</u> Lbs. Chest measurement { Minimum <u>35</u> inches Maximum expansion <u>37 3/4</u> inches Physical development <u>fair</u> Small-Pox Marks <u>none</u> Vaccination Marks { Arm Right Left Number <u>1</u> When Vaccinated last <u>7 years ago</u> (a) Marks indicating congenital peculiarities or previous disease (b) Slight defects but not sufficient to cause rejection	Approved by _____ Rank _____ M.O. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Fit or Unfit</th> <th>EXAMINED FOR RE-ENGAGEMENT,</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Result</th> <th>VACCINATIONS.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Result</th> <th>ANTI-TYPHOID INOCULATIONS, ETC.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> </tbody> </table>	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.			M.O.			M.O.			M.O.	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.			M.O.			M.O.			M.O.
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Enlisted on 15th day of April 1915 at Montreal

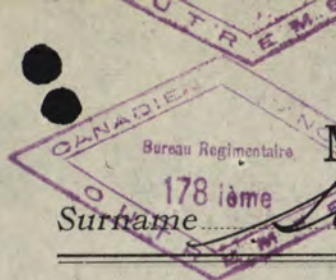
CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment <u>27th Bty C.C.F.</u>	<u>89995</u>		<u>15/4/15</u>
Transferred to.. ..			

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISKASE.	RESULT.

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





# MEDICAL HISTORY SHEET

*Original*

Surname Stafford Christian Name Sydney James

Examined { on 5 day of January 1917  
 at Montreal

Approved by P. Ellyotte

Birthplace { City or Town Ottawa  
 County Ont.

Rank Capt M.O.

Apparent age 28

Trade or occupation Painter & Decorator

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

Height 5 feet 10 1/2 Inches

Weight 133 lbs.

Chest measurement { Minimum 36 inches  
 Maximum expansion 38 1/2 inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm Right Left  
 Number ✓

Date	Result	VACCINATIONS
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

When Vaccinated last Before going overseas

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Enlisted on 5 day of January 1917 at Montreal P.Q.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>178<sup>eme</sup> Bataillon</u>	<u>886</u>		<u>5/2/17</u>
Transferred to	<u>C. E. F.</u>	<u>857199</u>		

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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



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

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 178th Bn

Regimental No. 857199 Rank Pte Name Stafford, Sydney James  
C. E. F.

Enlisted (a) 5.2.17 Terms of Service (a) DoW Service reckons from (a) 5.2.17

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

Extended ..... Re-engaged ..... Qualification (b) .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
	"A" Unit in H.C.C.	S.O.S. Having died at the Royal Edward Institute.	Montreal	20 <sup>11</sup> / <sub>17</sub>	H.Q. 649-S-4770 (LPC on file)



for D. of R.

(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.

Casualty Form Active Service

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.

## Casualty Form—Active Service.

Unit, Regiment or Corps. *163rd Bn*Regimental No. *66.111.2* Rank *Pte* Name *Stafford, Sydney James*  
C. E. F.Enlisted (a) *15.5.16* Terms of Service (a) *DoW* Service reckons from (a) *15.5.16*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				
		<i>S.O.S. Med. Unfit</i>	<i>St. John NB.</i>	<i>11 <sup>8</sup>/<sub>16</sub></i>	<i>H.Q. 649-S-4770 (folio 67)</i>

*Stafford*  
for DoW R.

(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.

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				

# MEDICAL HISTORY SHEET.

Surname Slafford Christian Name Lydney James

Examined { on 15 day of May 1916  
at Montreal

Approved by

H. Aubry

Birthplace { City or Town Attawapiskat  
County Ont.

Rank Major M.O.

Apparent age 27

Trade or occupation Painter

Height 5 Feet 9 1/4 Inches. M.O.

Weight 139 1/2 Lbs. M.O.

Chest measurement { Minimum 34 inches. M.O.

Maximum expansion 38 1/2 inches. M.O.

Physical development Good M.O.

Small-Pox Marks None M.O.

Vaccination Marks { A r m Right. Left.

Number 1

When Vaccinated last 3 years ago M.O.

(a) Marks indicating congenital peculiarities or previous disease M.O.

(b) Slight defects but not sufficient to cause rejection

Dental Caries M.O.

M.O.

M.O.

Enlisted on 15<sup>th</sup> day of May 1916 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment		<u>661112</u>		
Transferred to				

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

6601112

Christian Name

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 com- pletely 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				
Troop, Gila		27	6	16	21	7	16	Tubercle of lung	25.	Discharged as medically unfit moshim Major Ramc.	

220/10/51

# PARTICULARS OF DISCHARGE.

1. Name *Stafford, Sydney James*  
2. Regimental Number *857199* 3. Rank *Private*  
4. Corps *178th Bn.*  
5. Date of Discharge *3/15-17.*  
6. Place of Discharge *Montreal*  
7. Place to which transport given. (Give street address where possible.) *339 Matthew Lane  
Montreal, P.Q.*  
*Now Deceased.*

- Enlisted at Montreal 15-5-16.*  
8. Description at time of Discharge:—

Age *28* years      months.      Descriptive marks  
Height *5* feet *10 1/2* inches.      *Tattoo both arms*  
Complexion *Sallow*      *Scar rt. leg.*  
Eyes *Blue*  
Hair *dk. Brown*  
Trade *Painter*

9. The above named man is discharged in consequence of

*Deceased 20-11-17  
at Royal Edward Institute*  
(If medically unfit, state nature of disease or disability.)

10. To what extent will it prevent his earning a full livelihood?

*not applicable*

11. Character

*not stated.*

Date *13/12/17*  
*D. M.*

i/c Records.

PARTICULARS OF DISCHARGE

1. Name of the person *John Smith*  
 2. Regimental number *8099*  
 3. Corps *7th Regt*  
 4. Date of discharge *31st Dec 1861*  
 5. Place of discharge *Wentworth*  
 6. Cause of discharge (Give short abstract where possible) *Wentworth*  
 7. Name of the commanding officer *John Smith*  
 8. Name of the surgeon *John Smith*  
 9. Name of the medical officer *John Smith*  
 10. Name of the hospital *Wentworth*  
 11. Name of the place *Wentworth*  
 12. Name of the date *31st Dec 1861*

The above names are the names in consequence of

(If medically unfit, state nature of disease or disability)

To be filled up if person is coming a full discharge

13. Signature

14

Register No. D 8266

WAR SERVICE GRATUITY  
TO  
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 17218-S-7

Regt'l No. 6602 Name Sydney James Stafford  
(Christian Name) (Surname)  
Unit 163rd bn Rank Sgt. Date of enlistment.....  
Date of casualty 20-11-17 B.P.C. File No. 346  
Was service performed overseas? Yes

DEPENDENT

Name Mrs. Maria Stafford Relationship Widow  
Address 341 Waterloo Lane,  
Westend  
Luc.

Amount of Special Pension Bonus \$ 80 Abstracted by J. Maher per Gb.

Eligible for Gratuity ..... \$ 180

Less amount of Special Pension Bonus paid ..... \$ 80

Less Debit Balance of S. A. or A.P. MPSA #101 AP #121 \$ 45

Total deductions \$ 125

Balance due \$ 55 initial

~~20-11-17~~  
~~10-2-21~~  
10-2-21  
Mildred  
RR  
11/21

Cheque No. .... Date issued.....

Clerk initial  
initial  
initial  
initial

State of Pension 1/5/18

REMARKS :  
.....  
.....  
.....  
.....

Audited by  
J. Brasby  
Date 10.2.21

M.F.W. 2652  
25M-6-20.  
H.Q. 1772-30-1473

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ \_\_\_\_\_ per diem; Field Allowance \$ \_\_\_\_\_ per diem. Separation Allowance \$ \_\_\_\_\_ per month.

LL 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks:

M. F. W. 127  
 300M-1-19  
 1772-39-1140

125



12/8/15

MILITIA AND DEFENCE

113

SEPARATION ALLOWANCE

not in line  
2/14/16

Name Mrs Mary J. Stafford.

Name of Soldier Stafford James.

Address 339. Mathieu Lane.  
Montreal  
Que.

Regtl. No.

Rank Sgt.

Corps ~~69th~~ *Batt*  
*Wm 163rd* *Batt* *for new Class* *15/5/16*

Relation to Soldier  
wife, child or mother

Widowed.  
Mother

To what Corps belonging  
when called out

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Pension Granted MAY-1-18. B.P.C. to Recover \$..... Clerk. J. L. Date Aug 30/18
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			Pension Granted... 21st 11-17. B.P.C. to Recover \$..... Clerk. J. L. Date 28-2-18
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.		717088	40	
Oct.		119400	25	25
Nov.		210642	25	25
Dec.		220527	25	25
Jan.	1916	018985	25	25
Feb.		429607	25	25
March		027342	25	25

PENSION  
A 'CLOSED...  
OVER-PAYT...  
RECOVERED...  
BY B.P.C. 7-4-3-18  
GRANTED

ACCOUNT CLOSED  
DATE JUL 18 1916 PER...  
AUG 11 1916

14001

## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs Mary J. Stafford

Name of Soldier

Stafford James

PAYMENTS.

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	K3539	25	25
May		S4724	25	25
June		Z6159	25	25
July		<del>78291</del> <del>C8641</del>	<del>25</del>	<del>25</del> 78291 cancelled
Aug.		J12698	18	18 68641 cancelled
Sept.			93	mailed 10-8-16 issue no further cheques soldier
Oct.				reported a deserter per letter from P.M. 163 Battalion 15 <sup>th</sup> B
Nov.				Dis 22/7/16 P.M. 22/7/16
Dec.				18 <sup>00</sup> due to change
Jan.	1917		283	
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED

DATE JUL 18 1916 PER W

AUG 11 1916 - W

Stated as deserter in Sept 1915

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 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

*Stafford wife*

*Stafford*

To Whom

*Mrs May Stafford*

By Whom Assigned

*Stafford James*

Address

*539 Mathieu Lane St  
Montreal.*

Regtl. No.

*661012. 661112*

Rank

*Pte.*

Corps

*163<sup>rd</sup> B'n. P Coy*

Rate *15.00*

JUN 1 1916

PAYMENTS

*2nd/3  
EM*

*Grand  
amt*

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				

Pension Granted *21st 11-17* ✓  
 B.P.C. to Recover \$.....  
 Clerk *B.L.* Date *28-2-18*

PENSION  
 A CLOSED.....  
 OVER-PAYT.....  
 RECOVERED.....  
 BY *B.L.* *4-3-18*  
 B.P.C.  
 GRANTED

11-11-11  
11-11-11  
11-11-11

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 310.-Req. 6374.

*Mrs Mary Stafford*

PAYMENTS.

Name of Soldier

*Stafford James*

*661012*

Month.

Year.

Cheque No.

Amt.

Remarks.

**JUN 1 1916**

*\$-15.00*

April

1916

May

June

July

Aug.

Sept.

Oct.

Nov.

Dec.

Jan.

1917

Feb.

March

April

May

June

July

Aug.

Sept.

Oct.

Nov.

Dec.

Jan.

1918

Feb.

March

April

May

June

July

*J 7064 15 -*  
*di 12698 15*  
*114825 15*  
*P 20415 15*  
*P 25299 15*

*Account Stopped Nov 1/16*  
*per H.R.L. and letter 19/16*  
*Soldier discharged at St John*  
*27 7/16*  
*Quene 3/1/16*  
*\$45.00 refund requested. Nov 3/16 H.M.B.*

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.	1919			
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.	1920			
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				



Name *Stafford Mary Griffin*

Name of Soldier *Stafford S. J.*

Address *339 Mathieu Lane*

Regtl. No. *661112*

*Montreal*

Rank *Sergt.*

*Que*

Corps *163<sup>rd</sup>*

Relation to Soldier

To what Corps belonging

wife, child or mother

*wife*

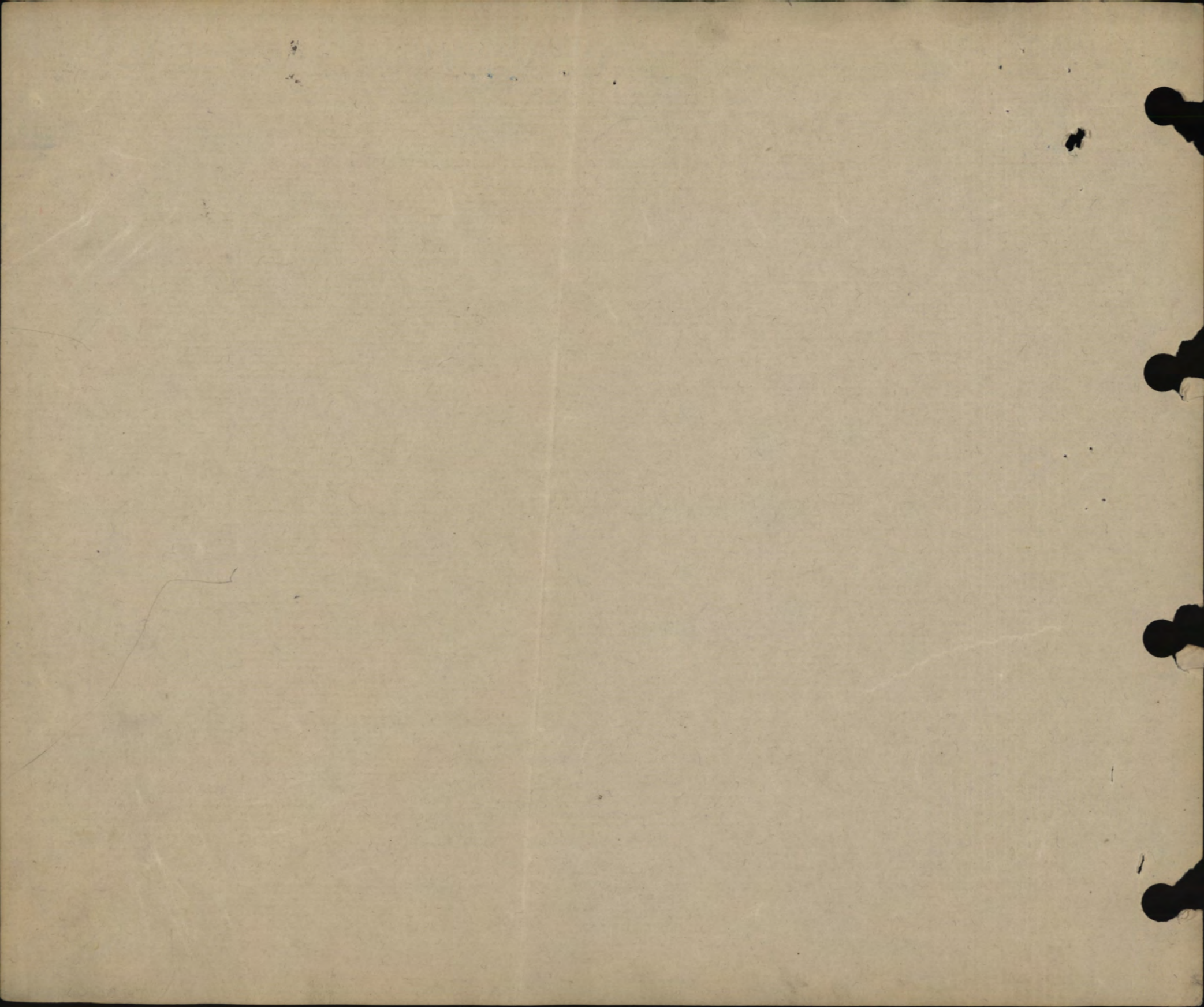
when called out

PAYMENTS

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

*Destroy*

*See 2/2*



## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

*Stafford Mary  
Griffin**wife*  
PAYMENTS.

Name of Soldier

*Stafford S. J.  
sergt.*

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July		<del>78291</del>	<del>63</del>	<del>63</del> 78291 cancelled
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

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

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

15-1-15

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

117

*n/a  
mms*

Name *Mrs Mary Stafford*  
Address ~~*145 Carter St*~~  
*339 Mathew Lane Montreal P. Q.*

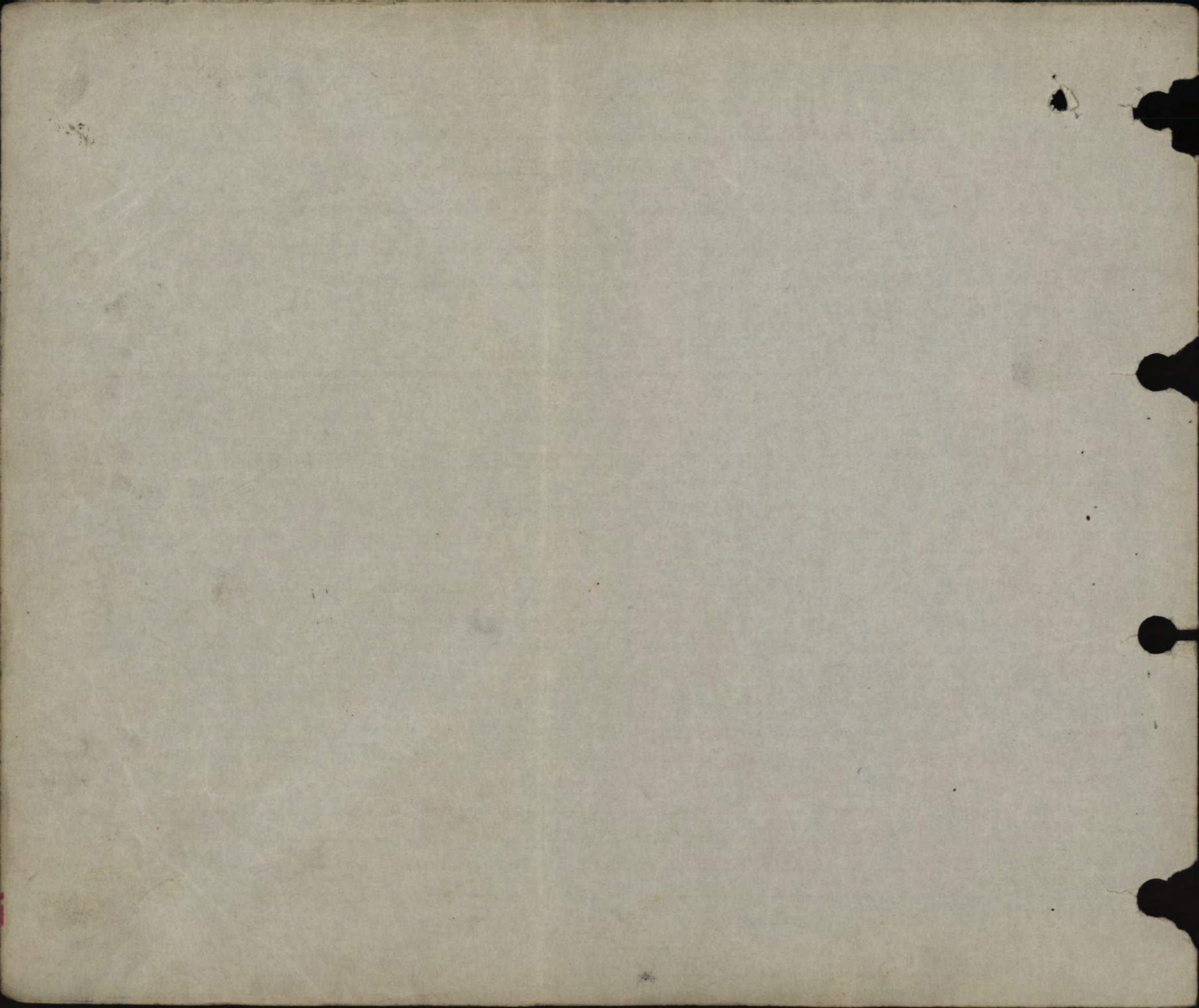
Name of Soldier *Stafford, S. J.*  
Regtl. No. *592*  
Rank *Gunner*  
Corps *4th Sec. Div. Armm. Col.*

Relation to Soldier }  
wife, child or mother } *Wife.*

To what Corps belonging }  
when called out }

PAYMENTS

Month	Year	Cheque No.	Amount	REMARKS
Aug.	1914			<i>Return of \$60 unpaid requested 11/6/15</i> <i>Subscribed 6<sup>00</sup> in line 4. 175 Bata</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			<div style="border: 1px solid black; padding: 5px; width: fit-content;">                     Pension Granted <i>MAY 1-18</i>                      B.P.C. to Receiver .....                      Clerk <i>J. P. L.</i> Date <i>Aug 30 15</i> </div>
Feb.		<i>7 3079</i>	<i>30 -</i>	
March		<i>9 6539</i>	<i>20 - 20</i>	
Apl.		<i>4 5595</i>	<i>20 - 20</i>	
May		<i>78084</i>	<i>20 - 20</i>	
June				<i>Discharged 1/2/15 (16/1/25)</i> <i>13/3/15</i>
July				
Aug.				
Sept.				<i>Ac. closed all payment made</i>
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



5.2.14

MILITIA AND DEFENCE

M. F. W. 11a.

50m.-4-16.

1772-39-818.

## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 310.—Req. 6574.

Mary Stafford

Wife  
PAYMENTS  $\frac{2}{12}$ 

Name of Soldier

Stafford, Sydney J

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.		O. 35636	17	17.R
March		D 36980	14	14
April		22690	20	20
May		D 7035	20	20
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Dis 31/10/17 RO. 10/10/17  
Saver

ACCOUNT CLOSED

DATE..... PER **W**  
 Reattested in a Unit in Feb  
 Sept 10th and died Nov 20th  
 1917 a Unit Port. 612 Saver 18/12/17  
 Pension notified 24/12/17  
 Per G. G. Reilly  
 Pension notified 21/12/17  
 Per G. G. Reilly

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

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

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				



## SEPARATION ALLOWANCE

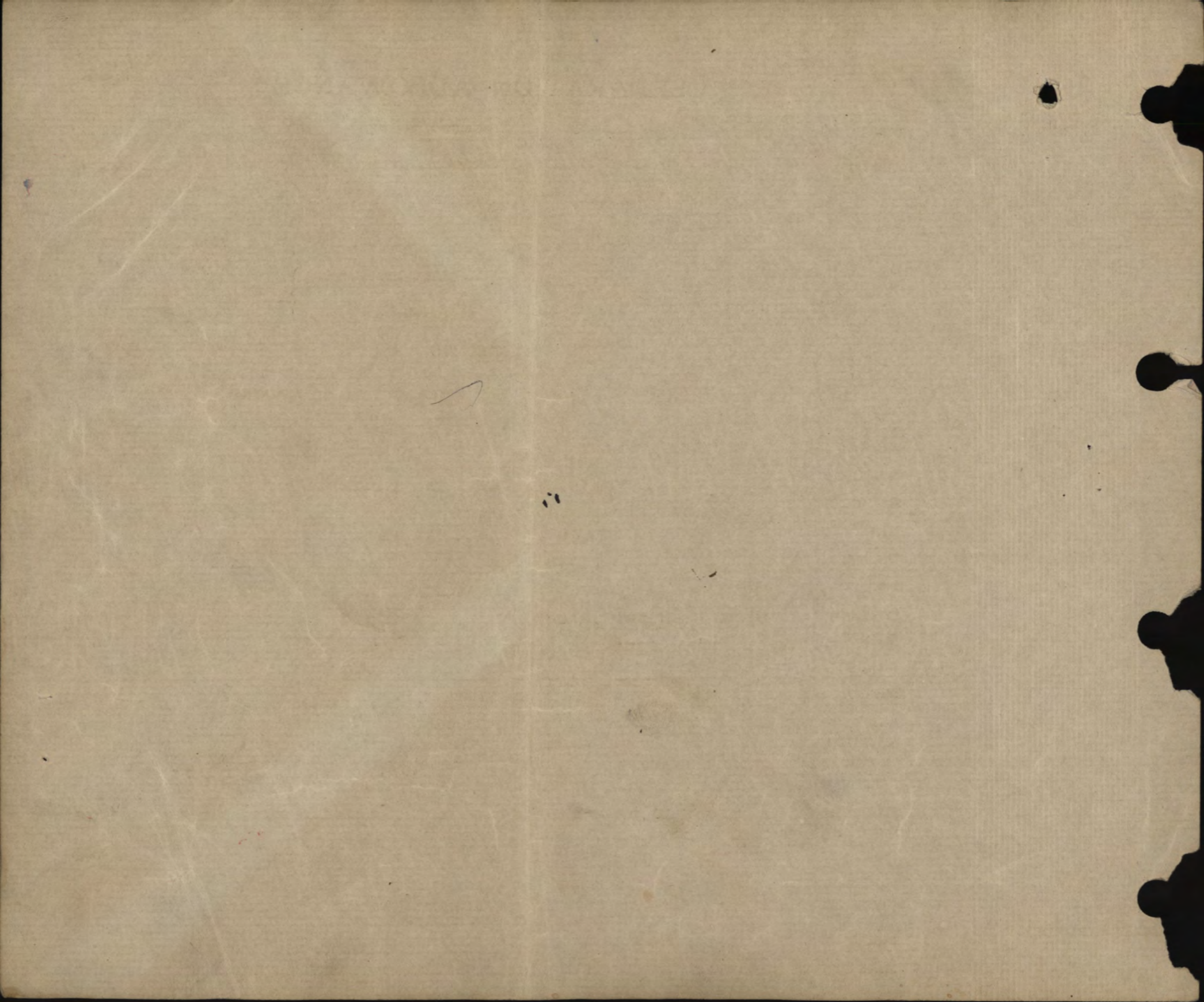
Name *Mary Stafford* Name of Soldier *Stafford, Sydney J*  
 Address *339 Mathieu Lane* Regtl. No. *854199*  
*Montreal.* Rank *Pte*  
*P. Q.* Corps *148<sup>th</sup> Batt*  
 Relation to Soldier }  
 wife, child or mother } *Wife*  
 To what Corps belonging }  
 when called out }

## PAYMENTS

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

Pension Granted *MAY-1-18*  
 B.P.C. to Recover .....  
 Clerk *J. L.* Date *Aug 30 18*

ACCOUNT CLOSED  
 DATE..... PER.....  
*W*



This space to be for numbers.

# Proceedings on Discharge.

DEPT. MILITIA & DEFENCE  
OCT 30 1916  
H.Q. CANADA

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

No.	661112.	
Rank	Sergeant	
Name	Stafford, Sydney James.	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	163 <sup>rd</sup> Batt. C.S.F.	
Date of Discharge	<del>JUL 27 1916</del> 11.8.16.	
Place of Discharge	DISCHARGE DEPOT, ST. JOHN, N. B.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	27	years..... 2 months.
Height.....	5-	feet..... 9 1/2 inches.
Complexion		
Eyes		
Hair		
Trade		
Intended place of residence		
<small>(To be given as fully as practicable.)</small>		
2. The above-named man is discharged in consequence of		
Medically unfit for service		
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>		
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.	
	Good	
<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		
Painter.		

M. F. B. 218.

50m.—3-16.  
H. Q. 1772-39-113.

(OVER)

Carded  
1/10/16.  
M.M.

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

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Three horizontal dashed lines for listing medals and decorations.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Prospect Bermuda

W. Desnoyer, Lieut Col

(Date) July 1916

Commanding 063<sup>rd</sup> Batt C.S.A.

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

DISCHARGE DEPOT,

(Place) ST. JOHN, N. B.

Signature of Soldier: Sgt. S. Stafford

JUL 27 1916

(Date) .....

Signature of Witness: W. Wetmore

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

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

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

DISCHARGE DEPOT,

(Place) ST. JOHN, N. B.

(Signature) W. Wetmore

(Date) JUL 27 1916

O. C. DISCHARGE DEPOT, ST. JOHN, N. B.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

None.

Servt S J Stafford

## List of Discharge Documents.

---

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron }          Battery } Conduct Sheet, " B. 263a.          Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on          Transfer and Last Pay Cer-          tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
---	--

*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*

\* N. B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a \* COURT of ENQUIRY.

assembled at Military Hospitals Commission Command, MD #4

on the Twenty-First day of November 1917.

by order of G. O. C., Military District No. 4,

for the purpose of enquiring into the death of

No. 857199 - Pte. S. J. Stafford, "A" Unit, M.H.C.C.  
(178th Battalion, C.E.F.)

PRESIDENT.

Major G. E. Hall,

O.C., "A" Unit, M.H.C.C.

MEMBERS.

Lieut. H. N. Pitcher, M.C.

Lieutenant & Adjutant  
for O.C., "A" Unit, M.H.C.C.

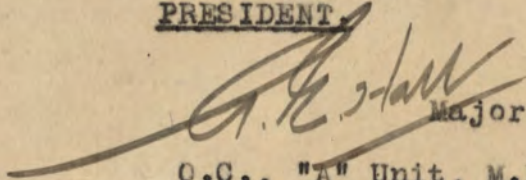
Lieut. F. S. Gales,

"A" Unit, M.H.C. Command.

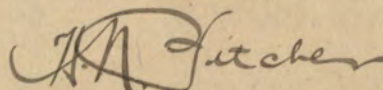
The Court having assembled pursuant to order, proceed to enquire into the death of the above mentioned man.—

- 1.— He was admitted to the Royal Edward Institute, Annex, on the 13th September 1917,
- 2.— He was suffering from Pulmonary Tuberculosis.
- 3.— He became progressively worse and died at four-fifteen P.M., November 20th 1917, from Pulmonary Tuberculosis.

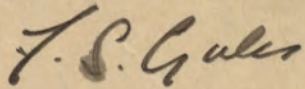
PRESIDENT.

  
Major.  
O.C., "A" Unit, M.H.C.C.

MEMBERS.

  
M.C.

Lieutenant & Adjutant  
for O.C., "A" Unit, M.H.C.C.

  
Lieutenant.

"A" Unit, M.H.C. Command.

*Des. List.  
13.12.17  
OM*





4-11-1933  
 The undersigned  
 do hereby certify  
 that the above  
 is a true and  
 correct copy of  
 the original  
 of the same  
 as it appears  
 in the records  
 of the  
 Board of  
 Health of  
 the City of  
 New York  
 at this date

PROCEEDINGS of a  
 Board of Health  
 on the  
 day of  
 1933  
 at  
 City of New York  
 for the purpose of  
 holding a  
 public hearing  
 on the  
 application  
 for a  
 license  
 to  
 sell  
 liquor  
 in  
 the  
 City of New York

PRESIDENT

JOHN W. H. [Name]

C. O. [Name]

MEMBERS

JOHN W. H. [Name]

JOHN W. H. [Name]

JOHN W. H. [Name]

JOHN W. H. [Name]

to  
 the  
 Board of Health  
 of the City of New York  
 on the  
 11th day of  
 April, 1933  
 at  
 New York  
 City

*[Handwritten signature]*

C. O. [Name]

MEMBERS

*[Handwritten signature]*

JOHN W. H. [Name]

*[Handwritten signature]*

JOHN W. H. [Name]

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

PRESIDENT.

Major G. E. Hall,  
U.S., 7th Unit, A.A.S.C.

MEMBERS

Major A. B. Fisher, U.S.  
Lieutenant & Adjutant  
for U.S., 7th Unit, A.A.S.C.  
Major J. E. Baker,  
7th Unit, A.A.S.C.

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

*[Signature]*  
U.S., 7th Unit, A.A.S.C.

*[Signature]*  
Lieutenant & Adjutant  
for U.S., 7th Unit, A.A.S.C.

*[Signature]*  
U.S., 7th Unit, A.A.S.C.

# CLINICAL CHART.

(To be pasted into Case Book opposite Patient's case.)

Corps 17<sup>th</sup> Batt.

Hospital Station St John W.B.

No. 867 199 B.C. Rank and Name Pte Sydney Stafford Age 28 yrs Service

Disease \_\_\_\_\_ Date of Admission Feb 27 Date of Discharge \_\_\_\_\_ Result \_\_\_\_\_ Case Book \_\_\_\_\_ Folio \_\_\_\_\_

Dates of Observation		Days of Disease																													
		27		28		1		2		3		4		5		6		7		8		9		10		11		12			
Temperature Fahrenheit		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME	
		a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
107°	.8 .6 .4 .2																														
106°	.8 .6 .4 .2																														
105°	.8 .6 .4 .2																														
104°	.8 .6 .4 .2																														
103°	.8 .6 .4 .2																														
102°	.8 .6 .4 .2																														
101°	.8 .6 .4 .2																														
100°	.8 .6 .4 .2																														
99°	.8 .6 .4 .2																														
98°	.8 .6 .4 .2																														
97°	.8 .6 .4 .2 .0																														
Pulse per Minute			92	84	100	90	84	88	96	92	101	90	96	96																	
Respirations per Minute			22	20	24	20	20	22	24	22	24	20	22	20																	
Motions			1	1																											

Signature \_\_\_\_\_ In charge of case.

CLINICAL CHART

(To be filled in by the physician or nurse)

Hospital Number

Room

Name and Address

No.

Case Book

Result

Date of Discharge

Date of Admission

Physician's Name

Temperature

101

100

99

98

97

96

95

94

93

92

91

90

89

88

87

86

85

Vertical text on the right edge, possibly a page number or reference.

This space to be for numbers.

*Class 3*  
*JFB*

# Proceedings on Discharge.

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

No. <b>857199</b>	
Rank <b>Pte.</b>	
Name <b>Stafford, Sidney James.</b> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <b>178th Bn.</b>	
Date of Discharge <b>31/5/17.</b>	
Place of Discharge <b>Montreal. P.Q.</b>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... <b>28</b> .....years..... <b>-</b> .....months. Height..... <b>5</b> .....feet..... <b>10½</b> .....inches. Complexion <b>Sallow</b> Eyes <b>Blue</b> Hair <b>Dark Brown</b> Trade <b>Painter</b> Intended place of residence } <b>339 Matthew Lane</b> (To be given as fully as } <b>Montreal.P.Q.</b> practicable.)	Descriptive Marks <b>Tattoo both arms.</b> <b>Scar right leg.</b>
2. The above-named man is discharged in consequence of <b>Medical Unfitness.</b> <b>Authority 4D. 22-S-259 Dated 17th May 1917.</b>	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. <i>Documents not available.</i> <i>Good in Gouchoant Home.</i> <small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <i>Inspector of Munitions.</i>

*20 noted*  
*20-6-17*  
*D.F.*

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

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Four horizontal dashed lines for recording medals and decorations.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date)..... Commanding .....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Montreal P.Q. S. McLeod (Signature of Soldier.)

(Date) 31/5/17. S. McLeod (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

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

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Montreal

(Date) JUN 5 1917

(Signature) G. C. Hall

MAJOR,

O. C. "A" Unit

Military Hospitals Commissions Command.



Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

None.

*S. Stafford*

## List of Discharge Documents.

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<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron }          Battery } Conduct Sheet, " B. 263a.          Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on          Transfer and Last Pay Cer-          tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*



# Proceedings on Discharge.

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

No. <i>89995</i>													
Rank <i>Saddler</i>													
Name <i>James Clayton alias Stafford</i> <small>NOTE - The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>													
Corps (Squadron, Battery or Company)													
Date of Discharge <i>24<sup>th</sup> April 1915</i>													
Place of Discharge <i>Montreal</i>													
1. DESCRIPTION AT THE TIME OF DISCHARGE.													
Age <i>25</i> years <i>10</i> months.	<table border="1"> <tr> <td colspan="2">Descriptive Marks.</td> </tr> <tr> <td colspan="2"><i>Figure of body</i></td> </tr> <tr> <td colspan="2"><i>looking out to sea</i></td> </tr> <tr> <td colspan="2"><i>over anchor on right</i></td> </tr> <tr> <td colspan="2"><i>forearm. "Old Glory"</i></td> </tr> <tr> <td colspan="2"><i>left forearm.</i></td> </tr> </table>	Descriptive Marks.		<i>Figure of body</i>		<i>looking out to sea</i>		<i>over anchor on right</i>		<i>forearm. "Old Glory"</i>		<i>left forearm.</i>	
Descriptive Marks.													
<i>Figure of body</i>													
<i>looking out to sea</i>													
<i>over anchor on right</i>													
<i>forearm. "Old Glory"</i>													
<i>left forearm.</i>													
Height <i>5</i> feet <i>9</i> inches.													
Complexion <i>Dark</i>													
Eyes <i>Blue</i>													
Hair <i>Dark Brown</i>													
Trade <i>Saddler</i>													
Intended place of residence } <i>Montreal</i> <small>(To be given as fully as practicable.)</small>													
2. The above-named man is discharged in consequence of  <i>K. R. O. 322 (2) 6.</i>													
<small>N.B.—The causes of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>													
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc.												
	<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.</small>												
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O.. Canada.)  <i>Qualified saddler.</i>												

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

No reference to G. C. Badges is to be made on either the discharge or character certificate

6. Medals and Décorations.....

Three horizontal dashed lines for listing medals and decorations.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date)..... Commanding .....

8. Certificate to be signed by the Soldier on Discharge.

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place).....(Signature of Soldier.)

(Date).....(Signature of Witness.)

When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(Signature of Soldier.)

10. Statement of Service.

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

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place).....

(Signature).....

(Date).....

**Reservations referred to at Para. 8.**

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

## List of Discharge Documents.

---

<p>Reg. Conduct Sheet, Militia Form B. 263.</p> <p>Squadron }          Battery } Conduct Sheet, " B. 263a.          Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313.</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Settlement of Man's Account on          Transfer and Last Pay Cer-          tificate, " D. 877.</p> <p>*Only if discharged " Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge, " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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*N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*

SURNAME.

*Stafford.*

649-3-4770.

CAR 82

CHRISTIAN NAMES

*Sydney James.*S.O.S. 15<sup>th</sup> Div.

31-5-17-4

REGL. NO.

*857199.*

RANK

*Pte*

UNIT

*178<sup>th</sup>.**Bn.*

FORMER CORPS

*Can. Eng. 3 yrs. & 63<sup>rd</sup> Bn.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Stafford, Mrs. Mary*

RELATIONSHIP TO SOLDIER

*Wife.*

ADDRESS

*339 Mathews Lane,  
Montreal, P.Q.*

COUNTRY OF BIRTH

*Canada, Ottawa.*

DATE

*June 3<sup>rd</sup> 1889.*

PLACE OF ATTESTATION

*Montreal, P.Q.*

DATE

*Feb. 5<sup>th</sup> 1917.**Prev att. 163<sup>rd</sup> Bn (no 66/112)**also "Div. Comm. Col. 166/14" 5/5/16*

L. L. 6945. M. &amp; D. 6994. 95692

M. F. W. 22. 100M.-8-16. H. Q. 1772-39-339.

MARRIED

yes.

SINGLE

WIDOWER

TRADE OR CALLING

Painter,  
Decorator

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

28 YEARS

MONTHS

HEIGHT

5 FEET

10 1/2 INCHES

CHEST MEASUREMENT

38 1/2 INCHES

EXPANSION

4 1/2 INCHES

COMPLEXION

Light.

EYES

Blue.

HAIR

Brown.

DISTINGUISHING MARKS

Not stated

MEDICAL EXAMINATION.

PLACE

Montreal, P.Q.

DATE

Feb. 5<sup>th</sup> 1917.

Present Address - 339 Mathieu Lane  
Montreal, P.Q.

SURNAME.

Stafford (649-S-4770)

CARD NO. ✓

CHRISTIAN NAMES

Sydney James

SOS Dis. 1/14/15. 4

REGL. NO.

85592

RANK

Pte.

UNIT

Div. Amm. Col.

Bn.

FORMER CORPS

Can. Eng. 3 yrs. 63rd. Bn.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Stafford, Mrs. M. S.

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

145 Cartier St., Montreal P. Q.

COUNTRY OF BIRTH

Canada, Ottawa, Ont.

DATE

June 3rd, 1899

PLACE OF ATTESTATION

Montreal P. Q.

DATE

Jan. 15th, 1915

412

587  
MARRIED

SINGLE

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



Pitt. St. N. B.

MEDICAL HISTORY OF AN INVALID.

M. O. I. C.

MAR 22 1917

N. B. TROOPS,

NO. ... Please quote.

SEPT MILITIA OFFICE

APR -2 1917

H.Q. 3903-1-12 CANADA

- 1. Station. \_\_\_\_\_
- 2. Regiment or Corps. **St. John, N. B.**
- 3. Regimental No. and **163rd o/s Bn**  
**857199 Bn.**
- 4. Name. \_\_\_\_\_
- 5. Age last Birthday. **Stafford Sydney James**
- 6. Enlisted on **28**  
at **5th Feb. 1917**
- 7. Former trade or occupation **Montreal**  
Date. **21st March 1917**

- 8. General remarks on his:—
- (a) Conduct.
- (b) Habits.
- (c) Temperance.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Painter

9. Service.	Years.	Days.	PERIODS	
			FROM	To
163rd in Bermuda				

- 10. (a) Disease or disability. **Bronchitis followed by Tuberculosis and Laryngitis**
- (b) Date of origin. **20 Feb. 1917**
- (c) Place of origin. **Sussex**
- (d) Cause. **Exposure in trian**

BOARD OF PENSION COMMISSIONERS FOR CANADA  
MAY 7 1917  
CONSIDERED FOR PENSION.

11. Present condition. (Most Important.)  
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Some moist rales. Right apex brought out on coughing only. Slight dulness in right lower lobe between vertebral border and scapula. Voice is husky.

Pulse 128 T 100

- 12. (a) Is the disability the result of service or climate?
- (b) Has it been aggravated by intemperance, vice or misconduct? **Yes**

No record

Tattoo right and left forearm

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

N.A.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held?

Says he was on guard duty on train and got cold in the drafts.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Military Hospital St. John 22nd Feb. to 17th March

14. Treatment.

N.A.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

6 month

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Total

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

No

18. State if for discharge on account of unfitness for Service.

*W. E. Lopez*

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion. **Yes**

10.

11.

12.

15.

16.

17.

18. Is he unfit for Military Service. **Yes**

Recommendations :

Sanatorium Treatment Montreal

BOARD OF PENSION COMMISSIONERS  
FOR CANADA.  
MAY 7 1917  
CONSIDERED FOR PENSION.

Signatures :—

*A. E. Lovejoy* President.

*A. Macaulay* Capt  
Member.

Station. **St. John, N. B.**

Date. **March 21. 1917**

Date. **24-3-17**  
Approved. *A. Wilson apt*  
*for S.M.D.*  
FOR A.D.M.S.M.D. No. 6  
and G.O.C.M.D. No. 6

28/4/17  
*J. Morrison*  
for Director-General of Medical Services.

Assr. Director of Medical Services.

Director-General of Medical Services.

3-4-17  
 3-4-17  
 2 (17) 314/17

OPINION OF THE MEDICAL BOARD

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

If admitted. Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

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

Date of final Medical Board or decision. }

Administrative Medical Officer.

**DETAILED MEDICAL HISTORY OF INVALID.**

Militia Form B. 227.  
 200m. 8-16.  
 H. Q. 1772-89-117.

Station  
 Corps  
 Regimental No. Rank  
 Name  
 Disability  
 Date  
 Hospital or Station transferred to for final disposal.  
 Date of final disposal  
 How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.