

2458343
I.D. number
No. d'identification

ASHFORD
Surname
Nom de famille

CHARLES IRA
Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu

Box # 265

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»



REGIMENTAL DOCUMENTS
NAME ASHFORD, CHARLES, TRA REGT. No. 2458343 UNIT 1st Bn. C.G. Regt. H. Q. FILE No. X5064

ASHFORD, CHARLES, TRA

2458343

1st Bn. C. G. Regt H

H. Q. FILE No

X5064

A circular library stamp with the letter 'H' in the center, surrounded by a square border. The stamp is dark and appears to be a library or archival mark.

Box#

265

5-14
19-14
29-14
4

ATTESTATION PAPER.

No. 2458343

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?.....ASHFORD.
- 1a. What are your Christian names?.....Charles Ira.
- 1b. What is your present address?.....Courtland, Norfolk Co. Ont.
2. In what Town, Township or Parish, and in what Country were you born?.....Newton Township, Norfolk County Ont.
3. What is the name of your next-of-kin?.....Nellie Ashford.
4. What is the address of your next-of-kin?.....Courtland Ontario.
- 4a. What is the relationship of your next-of-kin?.....Mother.
5. What is the date of your birth?.....November 9th. 1893.
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 ^{navy or} 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.
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?.....No.
14. If so, what was the nature of the disability?.....Nil.
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?.....Yes.
16. If so, what was the reason?.....Hernia.

TELEGRAPHIC ADDRESS N. of K.

Courtland

Ontario Canada

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles Ira Ashford, 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.

Charles Ira Ashford

(Signature of Recruit)

Date August 8th. 1917.F. G. Stanbury, Lt. Col.

(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Ira Ashford, 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.

Charles Ira Ashford

(Signature of Recruit)

Date August 8th. 1917.F. G. Stanbury, Lt. Col.

(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 St. Thomas, Ont. this 8th day of August 1917.

F. G. Stanbury, Lt. Col.

(Signature of Justice)

Description of CHARLES IRA ASHFORD. on Enlistment.

Apparent Age...23 years 9 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. 6 ins.

Chest measurement.
{ Girth when fully expanded...35 ins.
Range of expansion...30 ins.

Complexion...Dark

Eyes...Brown

Hair...Black

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

RIGHT EYE D20-LEFT EYE D20
20 20

HEARING R Normal L Normal

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...August 8th. 1917.

Place...St. Thomas Ont.

W. F. Bennett
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.

...Charles Ira Ashford....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. L. Milligan Lieut. Colonel
(Signature of Officer)
O. C. Central Training Depot, M. D. No. 1.

Date...Aug 10 1917.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2458343 (Rank) Private

Name (in full) ASHFORD, Charles Ira enlisted in
the 25th. Regt. Overseas Company

CANADIAN EXPEDITIONARY FORCE at St Thomas. Ontario. on the 8th
day of August 1917.

HE served in Canada.

and is now discharged from the service by reason of being medically unfit for further
general service. Auth. R. O. No. 1080. Para (8).

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows :—

Age 25 years

Marks or Scars Nil

Height 5 Feet 6 inches

Complexion Dark

Eyes Brown

Hair Black

Charles Ira Ashford

Signature of Soldier

[Signature]

Issuing Officer

for O. C. 1st Bn. Can. Garr. Regt.

Date of Discharge 23-11-18.

Rank

Appointment

Signed at London. Ontario. this 23rd day of November 19 18.

in Military District No. 1.

File Reference No. 1.D.30-A-241. d/21-11-18.

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

No. 2458343 (Rank) Private Name ASHFORD, Charles Ira

Unit 1st Battalion, C. G. R.

Address on Discharge Port Rowan, Ontario.

Character and Conduct Very Good.

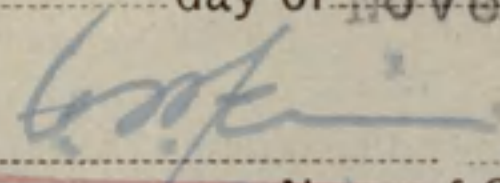
Former Occupation Farmer

Special Qualifications of Value in Civil Life

Medals and Decorations Nil

Remarks Nil

Signed at London, Ontario. this 23rd day of November 19 18.


Name of Officer Capt. & Maj.
For C. G. 1st Bn. Cdn. Garr. Regt.

Rank

Appointment

CASE HISTORY SHEET.

No. 2458343 Rank Pte Name J. Ashford Age 24
Unit WOR Completed years of service 7 1/2 Where and how long }
Date of admission 1. 4. 18 Date of discharge 19-4-18
Diagnosis Bronchitis Place of origin _____

CONDITION ON ADMISSION AND PROGRESS OF CASE

Boarded on specialists
Report as chronic
Bronchitis E.T.C.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE

(and disposal made of case.)

Date _____

M. F. B. 313a.

50M.-11-17.

1772-39-439.

J. Ballantyne
Medical Officer i/c case.

A. 38115.

TRIPLICATE

M. D. 1

CANADIAN CONTINGENT EXPEDITIONARY FORCE

No. 26

Nov. P. L. 1-15-21

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 2458343 Rank Private Name ASHFORD, Irs. Chas.

Corps 1st Bn. Can. Garrison Regt. C.E.F. who was Discharged

On 23-11-18 191, to 1-11-18 191, to 23-11-18 191, the inclusive date of transfer or discharge.

The following is a statement of the account of the above named from 1-11-18 191, to 23-11-18 191, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	10	95
Advances } No. Ok. 8616	10	00	Regt'l. Pay 23 days at \$.1. c.	23	00
by } No. Ok. 8929	35	00	Field Allow. 15 days at \$.1. c.	15	00
Cheques } No. Ok. 8929	35	00	Separation Allowances* (Monthly)	1	50
Assigned Pay and Sep'n Allce. No.			Other Allowances* Clothing	35	00
V. Bond. Ok. 78950	5	00	Other Credits*		
Other charges			Bal. Dr. (to be deducted by new unit)		
Payment on transfer or discharge No. 8935	37	75			
Balance Cr. (to be paid by the new unit)					
Total	87	75	Total	87	75

Kit Clear.

*Give particulars. 15 days Pay & All. P.D.P.

A monthly stoppage of \$ Nil (†) has (‡) been paid on account of Assigned Pay for the month of Nil 191 and Sep'n Allce. for month of Nil 191 (to) Assignee (Address) 1st Payment \$5.00 paid on one \$50.00 Victory Bond.

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

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment 8-6-17 (2) if married and if a Separation Allowance Card has been submitted No (3) cause of discharge unfit for service authority I.D. 30-A-241 d/21-11-18 (4) authority for transfer Int. Bn. C.E.F. D/22-11-18

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date Nov. 23, 1918.

Place LONDON, ONT.

Paymaster, 1st Bn. Can. Garrison Regt. C.E.F.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

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CASE HISTORY SHEET.

No. 2458343 Rank. Pt Ashford Name. CG Age. 24

Unit. WDM Completed years of service 7 Months ^{Where and how long}

Date of admission. 23-3-18 Date of discharge. 28-3-18

Diagnosis. Bronchitis Place of origin.

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Temp Pulse
Harsh breathing left lung especially
debility since early.

FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.)

weak lungs.

TREATMENT.

(Especially any specific or special form.)

20 Stages Inbed
Phisiotherapy 3.9.38.

CONDITION ON DISCHARGE.

(and disposal made of case.)

Improved.
Returned to left lung
Exhausted
CG

Date. 28-3-18.

Medical Officer i/c case.

MEDICAL HISTORY SHEET

Surname ASHFORD Christian Name CHARLES IRA.

Examined { on 8th. day of August 1917
at St. Thomas Ont.

Approved by W. H. Burnett
Rank Capt M.O.

Birthplace { City or Town
County Howton Township

Apparent age 24

Trade or occupation Farmer

Height 5 feet 5 1/4 Inches

Weight 136 32 lbs.

Chest measurement { Minimum 34 1/2 inches
Maximum expansion 37 1/2 inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm Right Left
Number None

When Vaccinated last Nil.

(a) Marks indicating congenital peculiarities or previous disease

R. hernia

(b) Slight defects but not sufficient to cause rejection

Slight hernia

RIGHT EYE D. 30 - 20 LEFT EYE D. 30 - 20

HEARING R Normal L

Enlisted on 8th. day of August 1917 at St. Thomas Ont.

	CORPS	REG'T L NUMBER	HABITS	DATE
Joined on enlistment	25 Regt. O.S. Coy.	2458343		8-8-17
Transferred to	#188 Coy 1st Bn C.R.	2458343		23-2-18 1-5-18

227 London, Ont. Nov. 19, 1918. P.L.F. Abdom. Wall
Examined by Medical Board No. 2. J. A. M. Ewen (Capt. C.I.) Pres. S. M. B.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
London, Ont.	9-11-17.	Nil.	Cat. BII
Examined by Medical Board No. 2			
London, Ont.	19/11/18	111 Bronchitis 121 Hernia	Cat. BII Pres.

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.

Surname *Asplford* Christian Name *Charles* *John*

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				
London		6	9	17	26	9	17	Scarlatina	21	Recovered. Returned to duty	H. T. Smith
London	4 p.m.	7	3	18	18	3	18	Suspect Mumps	11	OK	W. Simpson
London		1	4	18	19	4	18	Bronchitis	19	Improved	W. Simpson
Military Hospital, M. D. No. 1		18	10	18	26	10	18	Influenza	9	Moderate case recovered	W. Simpson

CASE HISTORY SHEET.

No. 2458343 Rank Pte Name Ashford Chas J. Age 24

Unit 1st Depot Bn Completed years of service 7 mths ^{Where and how long}

Date of admission 7-3-18 Date of discharge 18-3-18

Diagnosis Susp Mumps Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form)

CONDITION ON DISCHARGE

(and disposal made of case.)

Date 18-3-18

Medical Officer i/c case.

CASE HISTORY SHEET.

No. 2458343 Rank Pte Name Charles Ira Ashford Age 24
 Unit 69R Completed years of service 6 Where and how long 6 yr.
 Date of admission 18-10-18 Date of discharge 26 10 18
 Diagnosis Influenza Place of origin _____

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Onset 17-10-18
 Hospital 18-10-18

Complaint

- ① Headache -
- ② Pain in chest and cough -
- ③ Backache.

Duration:

One day

Present Hist

neg.

Personal Hist

24 - single - farmer.

Past Illness

no serious illness -

Rheumatism 7 yrs. ago (2 wks.)

Present Illness Bronchitis - 2 mos.

Sudden onset one day ago.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Exam:

Throat O.K. tonsils hypertrophied

Heart: neg.

Lungs -

no gross findings

TREATMENT

(Especially any specific or special form)

Aspirin

neg.

Routine.

CONDITION ON DISCHARGE.

(and disposal made of case.)

Date 26 10 18

D. Wilson
 Medical Officer i/c case.



REPLY SHEET

11/10/1911

CLINICAL CHART.

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

Corps CGH

Hospital Station.....

No.

Rank and Name *The Walcottford*

Age 24 Service 140

Disease Influenza

Date of Admission 18-10-18 Date of Discharge 26-10-18 Result

Case Book 8994 Folio

Dates of Observation																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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Signature.

Wilsoncappone

In charge of case.

DISTRICT.

C. Ashford

RANK.

No.

Case 0051



INSTRUCTIONS

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

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

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

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
												U	L	P			Gold	Porcelain				
Condition on first Examination	1917 Aug 20										✓									A. P. Shaw		Cavities 14, 19, 30 Prophy Pyorrhoea
	H	2/ 14. 19.		✓ 30																R. McMillan		Complete Aug 21-1)
																						Complete op Discharge

DENTAL HISTORICAL SHEET

CANADIAN ASSOCIATION OF DENTISTS

6334

1000000

Blank grid area for dental history recording.

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. *25th Regt. Overseas Coy.*

Regimental No. *2458343* Rank. *Pte.* Name. *Whford Charles Ira.*
C. E. F.

Enlisted (a) *St. Thomas* Terms of Service (a) *Duration of War* Service reckons from (a) *8-8-17*
Six months after

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

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

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				
		~~Embarked~~	~~Canada~~		~~H.M.T.~~
		~~Disembarked~~	~~England~~		~~H.M.T.~~
<i>28-11-14</i>	<i>D.O. II 45</i>	<i>Transferred to H.Q. Coy</i>			
<i>8-3-18.</i>	<i>D.O. 64.</i>	<i>Admitted to Field Hospital</i>			
<i>2538.</i>	<i>D.O. II 84</i>	<i>Discharged from Hospital</i>			
<i>22-4-18</i>	<i>D.O. II 113.</i>	<i>Admitted to M.D. #1. Hospital.</i>			
<i>Transferred #1 S.S. Co. D.O. Part. II 114. d/24-4-18. w/23-4-18.</i>					
<i>23-4-18</i>	<i>T.O.S.</i>	<i>No. 1 Special Service Co. London</i>			
<i>1st Depot Bn W.O.R.</i>	<i>DO No 113 Para D Part 2 d/23/4/18</i>				

for O.C. 1st Depot Battalion, W.O.R.
Capt. Adj.

(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.

Ashford, Ghur Ira

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
1-5-18	T. O. S. W. 1. S. Co.	1st Battr C. G. R. London. D.O. No 1 Para A. Part 2 d/1/5/18			<i>[Signature]</i> Capt. & Adj. For O. C. 1st Bn. Can. Gar. Regt.
London		Out. Discharged as medically unfit for further general service. Auth R.O. No 1080. Para (8). 1. D. 30-A-241. d/21-11-18. D.O. No 206. Para A. Part II d/21-11-18. with effect 23-11-18.			<i>[Signature]</i> Capt. & Adj. For O. C. 1st Bn. Cdn. Garr. Regt.

CERTIFIED CORRECT
ALL ENTRIES MADE

2
DIVISIONAL LABORATORY
URINE REPORT

Rank *Pte* Name *Welford* No. Corps

Ward *a*

Date *Oct 19/18*

Received from

Volume *pale straw*

Sp. Gr. *1.020*

Reaction *acid*

Albumin *negative*

Blood

Glucose *neg*

Bile

Deposit *urates few epithelial cells occasional leucocyte*

Examined by *Gleadow L. Camac*

M. F. W. 2537

15m.—5-18

1772-39-1314

LABORATORY
ANALYSIS REPORT

Rank _____ Name _____

Word _____ Date _____

Received from _____

Volume _____

Sp. Gr. _____

Reaction _____

Albumin _____

Blood _____

Clotting _____

Bile _____

Deposit _____

Examined by _____

By _____

Date _____

1914

NAME

REGIMENTAL NO.

ENLISTED AT

DATE

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN

ADDRESS OF

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

RANK

PROMOTIONS, &c.
AND DATE

RELATIONSHIP

Ashford, Ira.
2458342
St. Thomas
8-8-17

NOT

Single

Hellie Ashford

Southland Out

He.

Mother

CASUALTIES, &C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &C.
	No.	DATE	
D.O. 1124/23-4-18	Transfd. from HOK.	23-4-18	
D.O. 1804/27-10-18	Dischgd. from Hoapl.	26-10-18.	
D.O. 206/22-11-18	Dischgd. Med. unfit for service,	Eligable for ¹⁵ ~~7~~ days pay & allowances of rank.	Eff. 23-11-18

REG. NO.

2458383

NAME

(SURNAME FIRST)

Ashford, C. L.

79493.

RANK

Mte.

CORPS

1st Depot Batt

AGE

✓

SERVICE

8/12.

NAME OF HOSPITAL

A. M. C. Queen's Park

PLACE

London

DATE OF ADMISSION

22.4.18.

DISEASE

Donsilitis.

DISCHARGE

8.2.18.

OPERATION

DISCHARGED TO DUTY

Yes.

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

REMARKS

This image shows a blank, aged, cream-colored page, likely an endpaper or flyleaf of a book. The paper has a slightly textured appearance with some faint smudges and discoloration, characteristic of old paper. The left edge of the page shows the binding of the book, with visible stitching and the inner cover material. There is no text or other markings on the page.

No 2468343 RANK Pte.

NAME

Ashford E. J.

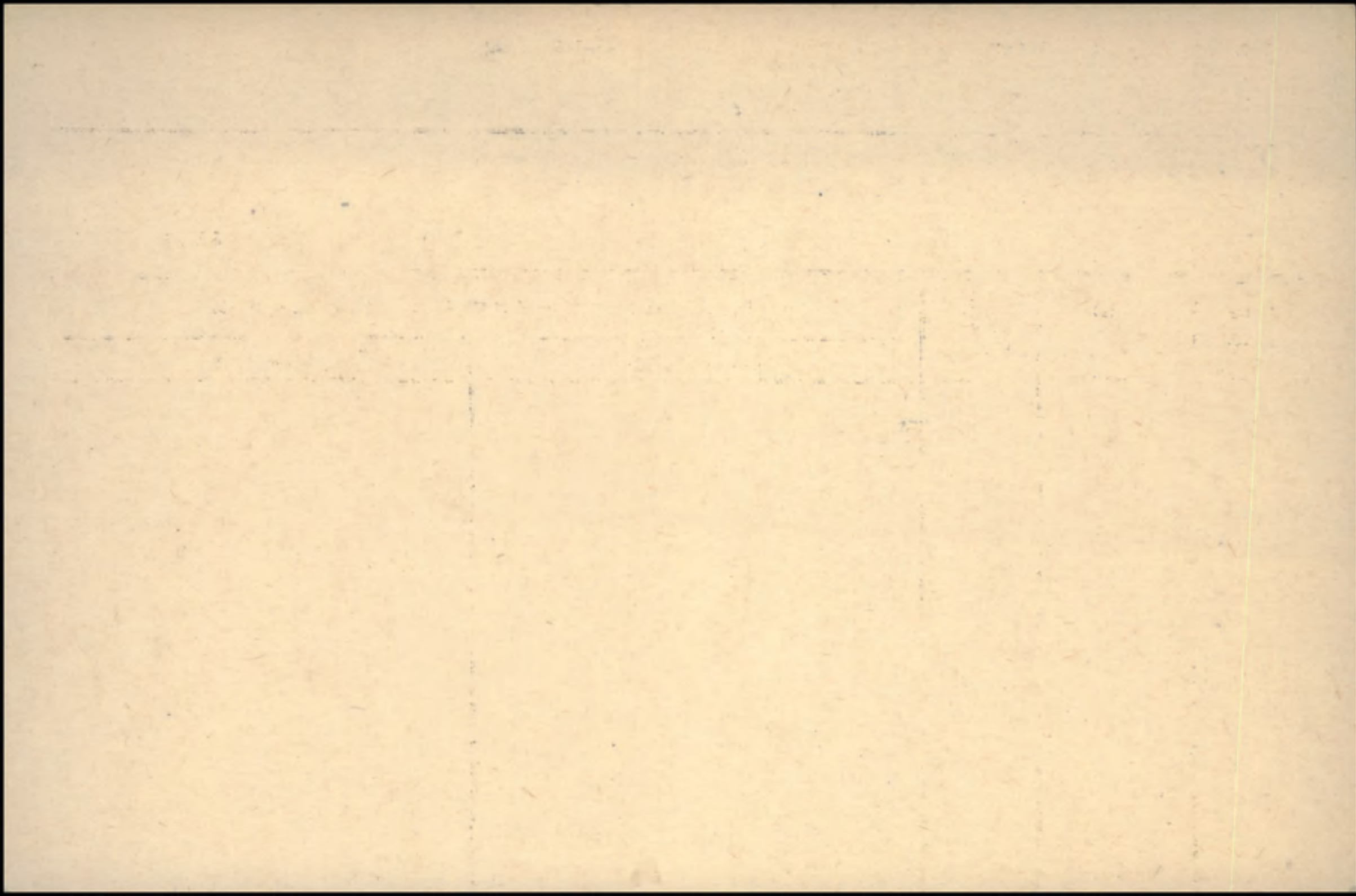
T. O. S.

UNIT

1st Depot Battalion W.O. Regiment.

M. D.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Sept-1	1917 Sept-30	✓	Shown S.O.S. 8/8/17 Unit-mt-status Dischd 26/9/17	Sept-paylist.
Oct-1	Oct-31	✓	Re appearance	Sept-paylist.
	Nov.	✓		Oct-paylist.
	Dec.	✓		
1915	1915	✓		
	Jan.	✓		
	Feb.	✓		
	Mar	✓		
apr 1	apr 23	✓	Trans to No 1 S.S Coy 38-4-18	# O.O. 114—



No. 2458343 RANK

NAME

Ashford. C. J.

T. O. S.

8-8-17

UNIT

25th Regiment Va. Co.

(No. 1 Special Service Co)

M. D.

PAID

PAID

SIG.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

FROM

TO

OR
REC'T

PARTICULARS

AUTHORITY

1917
Aug. 8.1917.
Aug. 31.

m



No. *2458343* RANK

NAME

Ashford. Ira.

T. O. S.

UNIT

*Transfr. 1st Dep. Co. 23rd Div.
(Do 13. April 1918)*M. D. */*PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

*1918 1918**Apr. 10th**n**Apr. 24 May 31**n**June**n**now shown on 1st Dep Co
A.G.R.*



SURNAME.

Ashford

CARD NO.

4

CHRISTIAN NAMES

Charles Ira

S.O.S. No. 23-11-18,
M. U. FOLL.
20.0.206 of 22-11-18

REGL. NO.

2458343

RANK

Pte.

UNIT

25th Regt.

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Ashford Mrs. Nellie

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Courtland, Ont.

COUNTRY OF BIRTH

Canada Newton, Laps, Ont.

DATE

Nov. 9th 1893

PLACE OF ATTESTATION

St. Thomas, Ont.

DATE

Aug. 8th 1917

343

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Yes
Farmer

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

23 YEARS

9 MONTHS

HEIGHT

5 FEET

6 INCHES

CHEST MEASUREMENT

30 1/2 INCHES

EXPANSION

4 1/2 INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Black

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

St. Thomas, Ont.

DATE

Aug. 8th 1917.

Present Address. Courtland, Ont.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	
Med. Hist. Sheet, Militia Form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Medical Report for Invalid* " B. 227.	(a) Proceedings on Discharge.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	(b) Attestation.
	(c) Medical History Sheet (in the event of such having been prepared.)

*Only if discharged "Medically unfit."

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.

This space to be for numbers.

Proceedings on Discharge. I M. B. 30-A-241

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

No. <i>2458343.</i>	
Rank <i>Private</i>	
Name <i>Ashford, Charles Ira</i> Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company) <i>1st Bn. Cdn. Garr. Regt.</i>	
Date of Discharge <i>23-11-18.</i>	
Place of Discharge <i>London, Ontario.</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <i>25</i> years <i>0</i> months. Height <i>5</i> feet <i>6</i> inches. Complexion <i>Dark</i> Eyes <i>Brown</i> Hair <i>Black</i> Trade <i>Farmer</i> Intended place of residence <i>Port Rowan</i> (To be given as fully as practicable.)	Descriptive Marks <i>Nil.</i>
2. The above-named man is discharged in consequence of <i>as medically unfit for further general service.</i> <i>Auth. R.O. No 1080. Para. (8) 1. d. 30-A-241. d/21-11-18.</i> <i>D.O. No 206. Para B. Part II d/22-11-18.</i> 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.	
3. Conduct and character while in the service have been, according to the records, etc. <i>Very Good.</i> 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.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <i>Farmer</i>	

M. F. B. 218.

100m.—6-16.

H. Q. 1772-39-113

(OVER)

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

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

6. Medals and Decorations..... *Nil*

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) *LONDON ONT.* *Mr. Ben* Capt. & Adj. for O. C. 1st Bn. Cdn. Garr. Regt.

(Date) *23-11-18.* 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) *LONDON ONT.* *Charles Ina Ashford* (Signature of Soldier.)

(Date) *23-11-18.* *E. D. Buellette* (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.

Charles Ina Ashford (Signature of Soldier.)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....*1* years *108* days.

Total *1* years *108* days.

11. **Confirmation of Discharge.**

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

(Place) *LONDON ONT.* *Mr. Ben* Capt. & Adj. for O. C. 1st Bn. Cdn. Garr. Regt.

(Date) *23-11-18.* (Signature)

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.)

I have received all just demands due me.
Charles Ina Ashford

(OVER)

OPINION OF THE MEDICAL BOARD—(Continued).

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

placed in Category "C" I.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE London, Ont.

DATE 18/4/18.

APPROVED BY

W. F. Garrow apt.
for Assistant Director of Medical Services.

DATE 22-4-18

APPROVED BY

L. X. Stimpfer Capt.
for Director-General of Medical Services.

DATE 26-4-18

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 soldier 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

SPECIALIST'S REPORT.

"Complains of cough on lying down. Hist. Father had T.B. patient says Mother has asthma. Exam. There are rales at both bases most marked on right behind. Some harshness of breathing at right apex. Sputum neg for T.B. Temp normal, pulse normal. Diagnosis. Some Bronchitis. (Do not find any clinically active T.B. at present" (Sgd) D. A. Craig.

apt. C. A. M. C.
for J. F. Garrow apt.

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 soldier 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 soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 London, Ont. DATE 18/4/18.

1. 1 (a) Unit W.O.R. (b) Regimental No. 2458343 (c) Rank Pte.

(d) Surname ASHFORD (e) Christian name Ira.

2. Age last birthday 24 Date of birth Nov. 19/1893.

3. Enlisted at St. Thomas, Ont. on Aug. 8/17.

4. Personal description:—

(a) Height 5'6" (b) Weight 135 (c) Complexion Dark.

(d) Colour of hair D. Brown. (e) Colour of eyes Brown. (f) Identification marks

None.

5. Address after discharge (for the use of the Board of Pension Commissioners)

Fort. Rowan Ont.

6. Former trade or occupation Farmer.

7. (a) Service

25th O/S Bn.
W.O.R.

Aug. 19/17.

18/4/18.

(b) Has he been overseas? No. 8. Original disease or disability (1) Bronchitis.
(2) Hernia.

(a) Date of origin (1) Mar. 7/18. (b) Place of origin (1) London, Ont.
(2) 1912. (2) Canada.

(c) Cause* (1-2) Unknown.

(d) Present disease or disability (1) Cough with expectoration, and some pain
(2) Right inguinal hernia. in lower part of
chest.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Bases show rales and right apex harsh breathing. Specialist's report
attached. Small left varicocele. No symptoms. Right inguinal hernia
incomplete and easily retained by a truss.

9. Present condition.—(Continued.)

(b) Are the following systems normal? If not, briefly state abnormality.....
Nervous..... **Yes.** Digestive..... **Yes.** Respiratory..... **See 9.** Cardiac..... **Yes.**
Genito-Urinary..... **Yes.** Skin, Middle Ear, Eye or any other part..... **Yes.**

10. History: (a) of Condition referred to in "a" section 9.

**Developed cough Mar. 7 with some pain in chest, expectoration and fever
Cough has persisted with some amelioration.**

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8.
This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

**Developed right inguinal hernia six years ago which became complete
and after reduction has remained incomplete.**

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

(1) Not applicable. (2) Not aggravated by service.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?..... **(1-2) 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?..... **(1) Two months. (2) Permanent if not operated.**

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

L.M.H. London, Ont.

OPINION OF THE MEDICAL BOARD

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration.)

No.

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

17. Recommendations..... **That he be placed in Category "C".**

J. T. Smith Capt. Amc.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned..... **I. Ashford.**..... 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.....

I. Ashford
Signature of soldier examined.

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 criticized.

**Agree but would add in # 9. Inspection shows a slight swelling
in right iliac region on straining or coughing and a tumour size of a
walnut is observable. Palpation gives an impulse on coughing, and bowel
is felt in inguinal canal, above external ring. This soldier wears a
truss, which retains the hernia.**

19. Is the soldier fit for

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

20. It is certified that the soldier

(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).