D-Sub. May 15. 1916

TRIPLICATE

ATTESTATION PAPER.

No. 324019

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Graef.
1a. What are your Christian names?	Arthur Herman.
1b. What is your present address?	Clifford. Ontario.
2. In what Town, Township or Parish, and in what Country were you born?	Clifford. Ontario.
3. What is the name of your next-of kin?	Herman Graef.
4. What is the address of your next-of-kin?	Clifford, Ontario.
4a. What is the relationship of your next-of-kin?	Father.
5. What is the date of your birth?	August 21st. 1896.
6. What is your Trade or Calling?	Baggageman.
7. Are you married?	No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia?	No.
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No.
11. Do you understand the nature and terms of your engagement?	Yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes.

Clifford Ont

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Arthur Herman Graef., 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.

Arthur Herman Graef (Signature of Recruit)

Date May 15th 1916. A.B. Mortimer Lieut (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Arthur Herman Graef., 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.

Arthur Herman Graef (Signature of Recruit)

Date May 15th 1916. A.B. Mortimer Lieut (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 Guelph this 15th day of May 1916.

R.J. Fell (Signature of Justice)

A Justice of the Peace in and for the County of Wellington.

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39-841.

Description of Arthur Herman Graef on Enlistment.

Apparent Age 19 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 10 ins.

Chest measurement.
- Girth when fully expanded 38 ins.
- Range of expansion 4" ins.

Complexion fair

Eyes Blue

Hair fair

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

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

CERTIFICATE OF MEDICAL EXAMINATION.

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

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date 6th May 1916.

Place Guelph

H. A. Howitt
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.

Arthur Herman Graef 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.

C. A. Mackenzie (Signature of Officer)

Date 15th May, 1916.

For Major
O.C. 55th O.S. Battery C.F.A.

C.E.F.

GRAEF ARTHUR HERMAN 324019 C F A 21056

MED UNFIT

H

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 324019 (Rank) GUNNER

Name (in full) GRANT, Arthur, Herman enlisted in

the CANADIAN FIELD ARTILLERY C.O.M.F.

CANADIAN EXPEDITIONARY FORCE at GUELPH ONTARIO on the FIFTEENTH

day of MAY 19 16.

HE served in FRANCE (WITH THE CANADIAN FIELD ARTILLERY)

and is now discharged from the service by reason of MEDICALLY UNFIT

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

Age	22 YEARS
Height	5' 8½"
Complexion	FAIR
Eyes	BLUE
Hair	FAIR

Marks or Scars

G.S.W. RIGHT THIGH AND
LEFT ARM.
G.S.W. RIGHT ELBOW.

Signature of Soldier

DISCHARGE SECTION
FEB 20 1919
No. 1 District Depot

Date of Discharge

Issuing Officer

CAPTAIN

Rank

O. C. Discharge Section, No. 1 D. D.

Appointment

Signed at LONDON, ONT. this TWENTIETH day of FEBRUARY 19.

in Military District No. (ONT.)

File Reference No. 1.DD.10-C-255.

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

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

Duplicate

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

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(1) Name of Overseas Unit which Soldier joins 55th Overseas Battery C.F.A.

(2) Regimental Number 324019

(3) Full Name of Soldier Arthur Herman Graef

(4) Place of Birth Clifford, Ont.

(5) Are you married, or not ? No

(6) If married, state,
(a) Full name of your wife ---

(b) Present Postal Address Clifford, Ont.

(7) Are you a widower ? --

(8) Have you any children ? --

If so, give number of boys and girls --

Also their names and ages

M. F. W. 67.

200M.—3-16.
1772-39-954.

(SEE OTHER SIDE.)

Herman

(9) Is your Father alive ?.....////.....

Henry Graef. Clifford,Ont.

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

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

Yes

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

Cecelia Evelyn Graef. Clifford,Ont.

.....

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

No

Are you her sole support, or not ?.....

-

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....

.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....

.....

.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

.....

---

(15) Are you insured ?.....

Yes

If so, in what Company ?.....

Prudential Life Assurance Co.

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

Yes

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

Major

.....

O.C. 55th C.G. Battery C.F.A.

Officer Commanding.

Date.....

18th May,1916

D.M.S. 1375.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

☛ *Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.*

Rank Pte Name Arthur Herman Surname Graef

Unit or Corps 48th Howitzer Batty - C. F. A. (If a soldier) Regtl. No. 324019

Born at Clifford, Ont. on, date Aug 21-1896

Signature (for identification) A H Graef

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe. No.

Weight 185 lbs.

Height 5 ft. 11 ins.

2. **NUTRITION AND DIATHESIS?** Good.

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?** No.

4. **RESPIRATORY SYSTEM.** No.

5. **HEART?** No.

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 68 Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening? No

7. **DIGESTIVE SYSTEM?** No

8. **GENITO-URINARY SYSTEM?** No

Urinalysis—s.g.? 1022 Reaction? Acid Albumen? 0 Sugar? 0

9. **SKIN, MIDDLE EAR, EYE** or any other part? ~~No~~ Some ringing in left ear due to concussion. Hearing not impaired.

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. Shrapnel wound right thigh. No lowering of category.

11. Opinion as to the health and physical condition of the one examined? Good

Examined at Kinmel Wales Signed A W Gregory Capt. M.O.

Date Jan 13-19 Signed H. R. Adams Capt. M.O.

☛ *If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.*

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 55th O.S. BATTERY.

Regimental No. 324019 Rank ~~Private~~ Gas Mr Name Graef, Arthur Herman
C. E. F.

Enlisted (a) 15/5/16 Terms of Service (a) Duration of war 6 mos Service reckons from (a) 15.5.16

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

Extended Re-engaged Qualification (b) ~~Civil~~ (Baggage Man)

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36. or other official documents.
		Embarked Canada	Halifax N.S.	11/9/16	
		Disembarked England	Liverpool	22/9/16	
1.1.17	4 C.O.A. 14th B-de	Transferred to 13th Bde. C.F.A. upon re-organisation	~~Milford~~ Witley	22.1.17	D.O. II # 32
					C. J. Mrich Lt. & Adjutant, for O.C. 14th F.A. Brigade. C.E.F.
28.1.17	C.O.13th Bde.C.F.A.	T.O.S. from 14th Bde. C.F.A.	~~Milford~~ Witley Camp	22.1.17	D.O. Part II 7-d/28.1.17
19.3.17	C.O.13th Bde.C.F.A.	S.O.S. to 15th Brigade, C.F.A.	~~Milford~~ Witley Camp	19.3.17	D.O.Part II 57-d/19.3.17
					A. McK. Watt Lt. Capt. & Adjt. 13th Brigade Can. Field Art'y.
18.3.17	O.C.15th. Brigade, C.F.A.	Taken on strength of 15th Bde. CFA., and posted to 81st Battery.	Witley	19.3.17	Part II D.O. No. 56.
20.3.17	O.C.15th. Brigade, C.F.A.	Struck off strength of 15th Bde. C.F.A. on proceeding Overseas.	Witley	20.3.17	Part II D.O. No. 58. L. Robertson Captain Adjutant, 15th Bde. CFA.

CERTIFIED CORRECT. 24 APR 1917 GEN. RECORDS, LONDON.

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

[P.T.O.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
7-4-17.	OC. 5th Bde C.F.A.	Arrived from England as Reinforcement with 81st Bty C.F.A. taken on Strength of 5th Bde C.F.A.	Field	21-3-17. /	Auth: C. Corps G/531/S/21/5 B 213. Pt II O. No 75 d/-2-5-17.
15-8-17	-do-	Shell Wound.	To Hosp	14 8/17	~~B213~~ KT 16-18163 NBS 225
16/8/17.	6th CCS	A&T. SW. Thigh & left Arm	21 A.T.	15-8-17 16-8-17	A36/3976.
25/8/17	2 Stat.	S.O.S & posted to C.A.R. Depot Shorncliffe SW. left thigh & left Arm.	St David.	25/8/17	W3083 Pt 2 O. No 173.
		✓	[signature]		Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
3-9-17.	Reg. Depot	T.O.S. from 5th Bde. ✓	Witley	25.8.17	Pt II O. 178 H.H.
			[signature]		[signature]
			For [signature]		[signature]
10-1-18	2 CCD	attached to 2 CCD	Bicarshot	8-1-18	Pt 2 # 8
23 FEB 1918	OC. 2nd CCD	Ceases to be attached to 2nd C. C. D. on return to C.F.A. Res. Bdge	[signature]	22 FEB 1918	Pt. 2 D. O. No. 46 [signature] for OC. 2nd CCD.
25/2/18	Res Bde CFA	2 O S from C.A.R.D.	Witley	21-2-18	Bo B II 5-6

Army Form B. 103. Sheet 2 Regimental Number 324019

Casualty Form—Active Service.

Private Regiment or Corps 55th O. S. Battery

Rank Gnr Surname Graef Christian Name Arthur Herman

Religion Meth Age on Enlistment 19 years 3 months

Enlisted (a) 15-5-16 Terms of Service (a) Dur 6 mos Service reckons from (a) 15-5-16

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

Extended { ..... } Re-engaged { ..... } Qualification (b) Baggage man

or Corps Trade and rate .....

Occupation ..... Signature of Officer

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
		Embarked ...			
		Disembarked ...			
12-1-18	CARD	On Com 2 CCD	Witley	7-1-18	Pt II D.O. 12
27-2-18	Do	S.O.S. Res Bde C.F.A.	Do	23-2-18	Pt II D.O. 58
			J S Bagnall CAPT. & ADJT. For O.C. CAN. ART. REGIMENTAL DEPOT.		
	O.C. Res Bde				
APR 2 - 1918	C.F.A.	PROCEEDED O/SEAS TO C.F.A.	Witley APR 2 - 1918		BoP 4792
			A E Dolcerene LIEUT. & ASST. ADJUTANT. RESERVE BRIGADE, CANADIAN FIELD ARTILLERY.		

CERTIFIED CORRECT. 15 APR. 1918 CAN. RECORDS, LONDON.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing Smith, &c.

W. 8635—M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B./103 E/1807. P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
3/4/18	CGBD	Arr'd Rem & T.O.S.	Can Ar Pool	3/4/18	NR 413 Pt II 46 of 8/4/18
6/4/18	do	Left for CCRC		6/4/18	" 1128
6/4/18	CCRC	Arrived CCRC	Freb	6/4/18	" 378
17-4-18	A.A.G.	Posted to 2nd Bde. C.F.A.	do	21-4-18	C.C.L.C. N.R. d/21/4/18 (498) K.R 300 PE 0.62.
do	do	T.O.S. do do	do	do	do do PE 0.52.
27-4-18	2nd Bde. C.F.A.	Joined Unit	do	21-4-18	B213
24-8-18	do	Awarded 1 G.C. Badge	do	15-5-18	B213. PE 0.89.
29-9-18	4 Gen Hpl	GSW Elbow R. adm	4 Gen Hpl	29-9-18	W3034/6014
28-9-18	1 Can C.C.S.	do 28/9/18 to	9. A.T.	do	A36/49
2-10-18	4 Gen Hpl	Invalided WOUNDED & posted to C.A.R.D. Witley	"A.T. ST. DAVID"	2-10-18	W3083/6154 PE 0.106.
			Chas B Chafwell		Lieut for Lt-Col. A.A.G. Canadian Sect
14.10.18	C.A.R.D.	T.O.S. from 2nd Bde. C.F.A.	Witley	2.10.18	PE 0. 287.
					[signature] LIEUT. FOR LT: COL: I/C RECORDS. C.O.M.F.
18.12.18	Ceases to be attached on proceeding to CARD				D.O. No. 349 D/18/12/18. [signature] Lieut. Adjutant Canadian Command Depot

Army Form B. 103. Regimental Number.....

Casualty Form—Active Service.

Regiment or Corps.....

Rank Pte Surname Graef Christian Name Arthur Herman

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

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

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

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

or Corps Trade and Rate.....

Occupation..... .....Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
24.12.18	CARD	SOS to Comp Bde CRA	Bordon	18.12.18	DO 35-6
27.12.18	Comp Bde CRA	TOS from CARD	Bordon	18.12.18	B O 219
30-12-18	Comp Bde C.R.A.	906 Kinmel Park Rhyl pending embk to Canada	Bordon	30-12-18	B O III 223

W. T. Dawson Capt
ADJUTANT
COMPOSITE BRIGADE, CANADIAN RESERVE ARTILLERY

(*a*) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(*b*) Signaller, Shoeing-Smith, &c.

(6396) Wt. W1.89 300,000 5/18 McA & W Ltd. Form B/103 (E. 3109)

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
31/12/19	C.R.A.	D.O.S., M.D.#1 Conc. Camp.	Rhyl.	1/1/19	Pt II D.O. #1
					W. Jorge Dr.
		Embarked for Canada	18/1/19		for O.C. M.D. #1 Wing.
18-1-19	from o/s	Taken on strength No. 1 District Depot London D.O. 36			

H.M.T. 'AQUITANIA'
EMBKD. LVPL. JAN. 18, 1919
DEBKD. HALIFAX, N.S.
JAN. 24, 1919

DISCHARGE SECTION
FEB. 20 1919
No. 1 District Depot

DISCHARGED

for o/c. NO. 1 DISTRICT DEPOT

C. A. Herman Lieut.

Jerit Stuart Lt. for
O. C. Discharge Section, No. 1 D.

MEDICALLY UNFIT

R—122

J.P. Rank Name GRAEF, Arthur Herman Reg'l No. 324019.

Unit 55th Batt.C.F.A. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Guelph. 15th May.1916. Place of Birth Clifford. Ontario

Name and Address, Next-of-Kin Herman Graef.

Clifford. Ontario. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 9393
File R.L.
Category

H. W. & V., Ld.—7165-16.

Report. Date.	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
C				O/C	
		ARRIVED IN ENGLAND S·S·METAGAMA 22-9-16			28
3.11.16.	5th Bde.	admitted to hospital	Witley Camp.	2.11.16.	DO pt 2. 115. CL 2 measles
14.11.16	"	Discharged "	"	13.11.16	" " 126 CL.2.
1.Feb.17	14Bde:	S,O,S.transfer,New13Bde:	Witley,	22 Jan 17	Pt.DO32
28-1.17.	13Bde:	TOS.tfr.,from 14thBde:	Witley	22-1-17.	Pt.IIDO.7
19-3-17	13th Bde	S.O.S. to 15th Bde	"	19-3-17	& 15th Bde Pt II O56 57
20-3-17	15th Bde	SOS proceeded O'Seas with 81 Bty	Milford	20-3-17	Pt II O58
2-5-17	5th Bde	TOS on arrival in France	Field	21-3-17	Pt II O75 & 29 ab Pt II O74 & 2-5-17
23-8-17	do	Adm to Hospital Wounded	Gm "	14-8-17	CL ~~B19~~ A19
27-8-17	do	Adm No 2 Stationary Hosp	Gm Abbeyville	16-8-17	CL A 22 GSW Flight L Arm Sev

A.F.B. 103 CHECKED 14 APR. 1917

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
31-8-17	5th Bde	Adm 2nd Eastern Gen Hosp.	Brighton	25-8-17	CL B 26 GSW Thigh & L Arm Sev
3-9-17	Rgt Depot	TOS from 5th Bde	Shorncliffe	25-8-17	PII O 178 & 5 Bde PII O 173 d/4-9-17
24.10.17	5 Bde	To Can Con Hosp Woodcale Pk	Epsom	20.10.17	CL B 73 GSW Thigh & L Arm Sev
24.12.17	"	16 Can Convel. Hosp.	Gen Orpington	20.12.17	" 125 " " " "
10.1.18	2nd C.C.D.	On Command.	" Bramshott	8.1.18	Pt. II. O. 8 & Reg Depot 12 d/12.1.18
23.2.18	"	Ceases on Com	"	22.2.18	" 46
28.2.18	Res Bde.	T.O.S. from C.A.R.D.	" Witley	22.2.18	" 56 & C.A.R.D 58 d/27.2.18
2.4.18	" "	S.O.S. Pro O/seas	"	2.4.18	" 92 & Arty Pool 46 d/5.4.18
11.5.18	Arty. Pool.	S.O.S. to 2nd Bde. C.F.A.	" Field	21.4.18	" 62 & 2nd Bde. 52 d/14.5.18
3.9.18	2nd Bde. C.F.A.	Awarded one G.C. Badge.	" "	15.5.18	" 89.
3.10.18	"	Wounded.	" "	29.9.18	C.L.A. 363.
12.10.18	"	Invalided & Posted to C.A.R.D.	" "	2.10.18	Pt II O 106 & C.A.R.D. 287/14/10/18
6.11.18	C.A.R.D.	On Com to Rhyl.	" Borden	31.10.18	" 310.
5-2-19	do do	Ceases o/c to Seg. Camp Rhyl & is S.O.S. to C.E.F. in Canada	" Witley	18-1-19	Pt II O. 36.
Amendment published in DO 74 15/2/19. C Res Arty					
10.2.19	Res Bde	T.O.S. on Afr. from Comp Bde. & on Comm. to Rhyl, pending return to Canada	Gen Witley	30.1.19	Pt. II O 41
					& Res Bde Pt II O 17.3.19

A.F.B. 103 10 APR 1918

ONTARIO MILITARY HOSPITAL,
CEPPINGTON, KENT.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps C.A.M.C. Bed 39. Military Hospital Ripon.

No. 324019. Rank and Name Driv. Pratt A.H. Age 21. Service

Disease Lt. Thigh. Date of admission 19 DEC 1917 Date of discharge 8/1/18 Result Duty

Dates of Observation																																	
Days of Disease																																	
Temperature, Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
107°	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2
106°	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2
105°	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2
104°	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2
103°	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2
102°	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2
101°	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2
100°	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2
99°	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2
98°	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2
97°	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2
Pulse per Minute																																	
Respirations per Minute																																	
Motions per 24 Hours																																	

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature M. Haugh In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation

Days of Disease

Temperature, Fahrenheit

Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute

Respirations per Minute

Motions per 24 Hours

Wt. W8728/M2313—2,000,000—4/17—H. & Sp. (10693)—A.F.B. 181/5 (H. 735)

Signature_____ In charge of case.

Forms I. 1237 - 12

ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT

Army Form I. 1237. (39)

Duty 8-1-18

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
JFT 4400	324019	Driver	Graef	A.H.
Year 1918	Unit. C.F.A.		Age. 21	Service. 18/12 6/12

Station and Date.	
	Disease G.S.W. Right Thigh
19.12.17	Wounded on 15.8.17 at Hill 70 near Lens.
	Taken to No 13 F.A. & wounds dressed same day.
	Thence to C.C.S No 6 where wounds were excised & stitched on 15.8.17.
	Sent to No 2 Staty. Hospital on 17/8/17.
	Thence to England 21/8/17 (Hove Dispensary)
	Operations performed on left arm and right thigh. F.B. removed & X Ray taken at Hove Hospital.
	Sent to Woodcot Park Mil. Con. Hospt. Epsom on 19.10.17
	Admitted to No. 16 Can. Gen Hospt. Orpington 19.12.17
	Exam shows. all wounds healed Large scar. ex. lateral surface right thigh. Con. considerable amount of tissue carried away. Small scar anterior surface. Small scar anterior surface upper arm. about 4 inches above elbow.
	Some limitation of movement at knee due to contraction of scar. Non area between scar and knee. Complains of pain in same area. Knee ~~swells~~. Swells & becomes painful on walking about ½ mile.
	Scar limits, flexion at knee to some slight extent
26.12.17	would suggest that this man be sent C Command Depot. Invalided
5.1.18	Recommended for Command Depot.
	D P Byers Capt

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239) P.T.O.

Station and Date.	

Graef.

~~Graff~~

D.M S 1300.

Surname	Christian Name or Names	Reg. No.
Graef	A.H.	324019

Rank	Unit	Co.	Troop	Batty.
~~Dvr~~ Gnr.	~~14 Bde~~ C.F.A.	5 B. (2B)		

Hospital: Mil. Isolation Aldershot

Date of Admission: 3-11-16

Transferred 2 Staty Abbeville Hosp. 16.8.17

2nd E. G. Brighton Hosp. 25.8.17

Can. Conv. Woodcote Pk. Epsom. Hosp. 20-10-17.

16 Can Gen Orpington Hosp. 20-12-17

~~War. H. Bradford 3.10.18~~ P.T.O.

Diagnosis

(1) Rubella

Later Diagnosis (if changed) G. S. W. Thigh, L. Arm, Ser.

(2) G S W. L. Elbow. L.

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Dis. 13-11-16

Date

R.F.B. to Hpl Wd. 14-8-17.

Dis. 8-1-18

REMARKS

Dis. 30.10.18

C.L. 16-11-16 2

23.8.17 1

27.8.17 A 22 (3)

31.8.17 B 26 (1)

25-10-17 B 73 (2)

27-12-17 B 125 2

" 11-1-18 B 138 (5)

3.10.18 A 363.3.

4.10.18 B 364

24.10.18 B 381.3.

5.11.18 B 391.2

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

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	H. G. Camiers	29.9.18.
	Bradford War.	3.10.18.
2.	Woodcote Pk. Epsom	22.10.18.
3.		
4.		
5.		
6.		
7.		

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE Jan. 11, 1971

NAME
NOM GRAEF, Arthur H.

Service No.
Matricule N° 324019 WW1

CPC No.
CCP N° 127535

WVA No.
AAC N°

Information Received from:
Information reçue de: State of Michigan, Certificate of Death d/Oct.26,1970

Date of Death
Date du Décès October 23, 1970

Place
Endroit Lafayette Extended Care Hoppital, Flint, Michigan USA

Distribution: WSR-DASG
VI - ASS
~~DO - BD~~
HO - BC

Pour le chef,
A F Coulas
for Chief, Central Registry Division.
Dépôt central des dossiers.

DVA 24 (Rev. 2/70) BIL.

R. 149.

Name GRAEF, Arthur Herman *Rank* Dvr. *Reg. No.* 324019

Unit 14th Brigade, C.F.A.

Next of Kin CANADA

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
3-11	Mil.Isolation Hosp.	Aldershot	Rubella	2		
13-11	Discharged do		do	2		

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

FORM R. 149.
7106—250m—7/2/17.

Name GRAEF Rank Gnr Reg. No. 324 019

Unit ARTHUR HERMAN ~~5~~ 2nd Bde 67 Cs

Next of Kin CANADA.

WSM

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. L.
1917						
14-8	To Hospital	Shell Wd		a-19	40934	B 08225
16-8	2 Stay. Hpl	Abbeville	GSW Thigh + Arm L. Tw	A-22 3		HA 13033
25.8.	2nd C. G. H. Brighton		do	B.26		1139
20-10	Can. Con. H. Woodcole Park		do	B.73		4031
20-12	16 C. G. H. Orpington		do	B125.		8794
8-1-18	Discharged		do	B138.		2363
29-9	4 GH	Camiers	GSW L Elbow	A363	9598	4462-3
3-10	War Hsp	Bradford	do	B364		27893
22-10	Mil Con H	Epsom	do	B381		29828

P.T.O.

Date		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
30-	10	Discharged		Gsr L Elbow	B 391		9172
		Rt Will proceed	31-10-18	Sey Camp Khyl			4 G. 1895

REGT'L No 324019

H. Q. FILE No. 649-

NAME Graef. A. Arthur Herman

RANK AND CORPS ~~Dvr~~ Gnr. (55th Bty form. 14th Bde C.F.A.)

FOLLOWS No.

CABLE No.	DATE	NATURE OF CASUALTY (5th Bde. C.F.A.) FOLLOWS
M 5934	24-8-17	C. 2nd Bde C.F.A. Reported wounded August 14th 1917
M 6039 60-9. W.S.M	11-9-17	2nd. Eastern Gen. Hosp. Brighton GSW. thigh Condition satisfactory shrapnel removed.
Mo. K. Herman		Graef. (father) Clifford, Ont
Q 5-98	4-10-18	Adm. 4 Gen. H Dannes Camiers
H.L. a 363. 6-7 (3)	29-9-18	Sept. 29th 1918. G.S.W. Lelbow

L. L. Job 8885—M. & D. 7146.

M. F. W. 42—25M —4-10-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
2	Mil Isos Aldershot	3-11-16	Rubella
2.	Discharged	13-11-16	"
A19[1]	Rep. from the Base	14-8-17	adm. to Hosp. cond.
A22[3]	No 2 Stat Abbeville	16-8-17	GSW Thigh L arm sev
B26.	2nd. East Gen. Brighton	25-8-17	GSW. thigh & L. arm sev Can Artillery
B73-2	To Can. Conv. Woodcote Pk. Epsom.	20-10-17	GSW. Thigh & L. arm sev.
B125.(2)	ex No 16 Can. Gen. Orpington	20-12-17	" " " " "
B138[3]	Discharged	8-1-18	" " " " " 5-2-18
B364(1)	War Bradford	3-10-18	SW L. Elbow
B381.(3)	ex To Mil. Conv. Woodcote Pk. Epsom.	22-10-18.	GSW. L. Elbow.
B391[2]	Disc	30-10-18	" " "

Number 324019 Rank Gnr.

Surname GRAEF

Christian Name Arthur Herman

Units 6 F.A. Theatre of War France

Date of Service 20-3-17

Remarks

Latest Address ~~Clifford Ont.~~
726 Fenton St.,
Flint, Mich
U.S.A.

Roll No. B. Page 14433.

200m.-2-21.M.

DESP. JUN 27 1922
REGN. NO. 4114/1945

6

SURNAME. Graef.

CHRISTIAN NAMES Arthur Herman.

REGL. No. 324019 RANK Gnr.

UNIT 53rd Bty. (14th Bde)

FORMER CORPS Nil.

CARD NO. V

S.O.S. 20-2-19

D.O.50 FOLL. 9-2-19

NEXT OF KIN.

NAMES IN FULL Graef Herman

RELATIONSHIP TO SOLDIER Father.

ADDRESS Clifford Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Clifford Ont. DATE Aug. 21st 1896

PLACE OF ATTESTATION Guelph Ont. DATE May 15th 1916

RIC 25-1-19 25·8/17

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

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

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Baggageman RELIGION Methodist

DESCRIPTION.

APPARENT AGE 19 YEARS 3 MONTHS

HEIGHT 5 FEET 10 INCHES

CHEST MEASUREMENT 38 INCHES EXPANSION 4 INCHES

COMPLEXION Fair EYES Blue HAIR Fair.

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Guelph Ont DATE May 15th 1916

Present Address - Clifford Ont.

No. 323019 RANK Pte. NAME Graef, Arthur Herman

4. Sept pay list

T. O. S. 15-5-16 UNIT 55th b/s. Battery, C.F.A. 14th Howitzer Bdge.

D.D. 60 of 16-5-16.

M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916.			
May 15	May 31	✓		
June		✓		
July		✓		
Aug		✓		
Sept		N		

L-L. Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H.Q. 1772-39-819

To Whom Mrs. H. Graef.

Address Clifford Ont.

Rate $20. SEP 1 - 1916 Sep. 1. 1916.

By Whom Assigned Graef. A. H.

Regtl. No. 324019.

Rank Gr.

Corps 55 Bty. 14. How. Bde.

PAYMENTS

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

CONSOLIDATED 3 ACCOUNT

MARRIED OR SINGLE: Single.

PLACE OF BIRTH: Clifford, Ont.

NAME AND ADDRESS OF NEXT OF KIN: Herman Graef
Clifford, Ont.
Father.

RELATIONSHIP OF NEXT OF KIN:

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 324019 RANK Gunner NAME GRAEF, Arthur Herman

IF IN PERMT. CORPS WHAT UNIT: UNIT 14th. HOWITZER BRIGADE C.F.A. TRANSFERRED TO 13th Bde C.F.A. DATE 7.7.17 AUTHORITY P.O. 32

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 15 Bde C.F.A. DATE 31/3/17 AUTHORITY P.O. 57

PLACE OF ATTESTATION Guelph, Ont. TRANSFERRED TO 5 Res DATE 6.6.17 AUTHORITY P.O. 75

DATE OF ATTESTATION May 15th, 1916. TRANSFERRED TO Res Bde DATE 1/11/17 AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE Sept. 1st, 1916.

PAYABLE TO Mrs. H. Graef, Clifford, Ont. RELATIONSHIP Father.

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Aug 31															10 62															1062					Bal from Canada
Sept	30	1.00	30	00	30	10	3	00							33 00	3	29-9							12 17				20 00		32 17	11 45				
Oct	31	1.00	31		31	10	3	10							34 10	35	16/10	64	3 1/0					14 46	14 87			20 00		29 73	15 82				
Nov	30	1.00	30		30	10	3								33 00	100	15/11	129	28 11					14 87	2 13			20 00		29 30	21 52			20 00	152
Dec	31	1.00	31	00	31	10	3	10							34 10			168	27/12						14 60			20 00		34 60	21 02			20 00	102
Jan 1917	21	1.00	21	00	21	10	2	10							23 10									14 87				20 00		34 87	19 25				
"															16 97	198	15/1													14 87	30 25			20 00	10 25
F.A. Ford 12-31	10	1.00	10	00	10	10	1	00							11 00																				
Feb 28	28	1.00	30	80											30 80	32	2/2/17	78	20/2/17					9 73	14 87			20 00		34 60	26 45				
Mar	30	1.00	33	00											33 00			176	14/3/17						14 86			20		34 86	34 59				Trans to 15 Bde C.F.A. 31-3-17. P.O. 57
Mar	1		1	10											1 10																				
Apr	30		33												33					176	30/4					14 87		20		34 87	14 87				
May	31		34	10											34 10													20		20	57 97				
June	5		5	50											5 50													20		20	43 47				Trans 5 Res 4647 74 75 75
			316	47											316 47									36 50	31 63	14 87		200		273 00					

Can. Assigned Pay, a/c
Audited (06)
D Beach.
Can. A.P. Audit
2-5-19

324019 Gnr. Graef A.F.

Date	Pay: No. of Days	Pay: Rate	Pay: Amount $	Pay: Amount c.	Field Allowance: No. of Days	Field Allowance: Rate	Field Allowance: Amount $	Field Allowance: Amount c.	Working or Special Pay: No. of Days	Working or Special Pay: Rate	Working or Special Pay: Amount $	Working or Special Pay: Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1: No.	Acquittance Rolls 1: Date	Acquittance Rolls 2: No.	Acquittance Rolls 2: Date	Acquittance Rolls 3: No.	Acquittance Rolls 3: Date	Acquittance Rolls 4: No.	Acquittance Rolls 4: Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
			316	42											316 42									36 50	31 63	4 87		200		273	43 42				
June	25		27	50											27 50	~~134~~ 84	14/5			81 BG 46	20/7			4 46		4 36				8 82	62 10				
July	31		34	10											34 10													20		20 –	76 20				
Aug	31		34	10											34 10	139 260 190	14/6							2 68 2 68 2 68				20		38 04	82 26				
Sep	30		33												33	389 310	11/7							2 67 2 68				20		25 35	89 91				
			445	12											445 12									54 35	31 63	9 23		260		355 21					

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Ser. Allge. Eng.
	Beefwd	~~89 91~~							89 91		
Octr.	G. Pay	34 10		A.P.				20	104 01		
		34 10						20			
Nov.	G. Pay	33 00		A. Pay. Can				20			
Dec.	G. Pay	34 10		A. Pay Can				20			
				Dn. AR. 5472. CRA. 22.11.17	4 87				126 24	NIL.	
		67 10			4 87			40			
Jan	G. Pay	34 10		DN AR. 3809 CCH Epsom 22/10/17	9 73			20			
				AR 6908 CCH Epsom 18/12/17	9 73				120 88	NIL	
		34 10			19 46			20			
Feb.	Gnrs Pay.	30 80		A Pay.				20	131. 68.		
				AR. 1570. O.M.H. 8-1-18.	48 67.						
				" 1830. 2CCD. 28-1-18.	7. 55.				75 46 ~~105. 46~~		
		30 80			56 22			20			
Mch.	G. Pay	34 10		A Pay.				20	89 56		
				AR. 2149 2CCD. 14-2-18.	29 44.						
				" 5110 CRA 26-2-18.	4 87.						
				" 5441. " 12-3-18.	9. 73.						
				Dn AR. 479. 5CFA 11-8-17.	2 68.						
				AR. 5822 CRA 23-3-18.	9. 73.				33 11		
		34 10			56 45			20			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	1-9-16.	EFFECTIVE DATE:-	
AMOUNT:-	20.00.	AMOUNT:-	

NAME:- GRAEF. Arthur Human.
NUMBER:- 324019.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Gunner

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mr H Graef (Father)
Clifford, Ont.
Stopped 1.1.19.

1393 27/12 Bordon

UNIT AND TRANSFERS

ORIGINAL UNIT:- 14 How. Bde.
DATE ACCOUNT FIRST OPENED:- 1-9-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C.R.A.
50. 14-5-18.	21-4-18	19-6-18.	2.C.F.A.
			23-2-19 CANADA SECTN.

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
17.12.18	826	ICCD. 1/1/19	~~9 70~~				
7.1.18	2019	C.R.A. 31/1/19	~~48 7~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		
Ry 1393—27/12/18 Bordon.	Ledger Balce.			28.84
Transferred to Canada 31.12.18.	L.P.C.A. "			14.24

PARTICULARS OF RENDERING NON-EFFECTIVE:

MONTH 1918.	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Bal. fwd								33 11		
apl.	G. Pay	33 -		a Pay				20	46 11		
				aR 355 GBD 7-4-18.	4 46						
				" 90 IDA6. 22-4-18.	3.57				38.08		
		33 -			8 03			20			
May	G. Pay	34 10		a Pay.				20	52 18.		
				On aR 135 2 C.F.A. 2-5-18	4 46						
				" " 192. " 16.5.18.	3 57				44.15		
		34 10			8 03			20			
June	"	33		aP				20			
				aR 248 1/6/18 1 Bde	4 46						
				" 313 20/6/18 "	3 57				49 12		
		33			8 03			20			
July	S/Fund 6.1.18 to 18.1.18 10 days 734 Pr II Bn. 2 CCD 1/8 10-1-18	34 10		aP.				20			
		7 30		" 353 3/7/18 1 Bde	4 46						
		~~41 10~~		" 367 13/7/18 1 Bde	3 57				62 49		
		41 40			8 03			20			
Aug	Stamps	34 10		aP				20	76 59		
				248 1 Bde 2/8/18	3 57						
				478 " 24/8/18	3 57				69 45		
		34 10			7 14			20			
Sep	S. P.	33 -		675 2 C.F.A. 18.9 aP.	3 57			20			
				On aR 538 11.9.	3 57				75 31		
		33			7 14			20			

Over

FORWARD

CERTIFIED BY H. Smith Lt
CHECKED BY

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									75 31		
Oct.	Jl.	34 10		A/P.				20 -	89 41		
				AR AR #0622 5/10	9 75						
				AR 6674 Exps. 22/10	4 87				74 81		
		34 10			14 60			20 -			
Nov.		33 -		A/P.				20 -	87 81		
				1972 Kirinel Pk. 5/11	4 87						
				5930 " " 21/11	48 73						
				4768 " " 19/11	14 60				19 61		
Dec		34 10		A/P.				20 -	33 71		
				6855 1 CCD 10/12	14 87				28 84		
				7826 " 16/12	73 07 9 75				19 11		
		67 10			82 80			40 -			
				2019 CRA 30/12	14 87						
				N122H Kin Pk. Endorsed 9/1	4 87				9 24		
					9 74						

Com. A/P 9 24
Audited Mos.
Beach.
Com. A.P. Audit.
2-6-19

10-Gr-93. 20

AUDITOR | PAYMASTER

M. OR S. 1445

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

REGT. No. 324019 RANK Gnr. NAME (IN FULL) GRAFF. Arthur Herman (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

Self

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 2nd Field Amb. IF IN P.F. WHAT UNIT? Clifford. Ont

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 15-2-16. TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 20 DATE EFFECTIVE 31-1-19

PAYABLE TO Mrs H. Graff RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Clifford Ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE London DATE 20-2-19 REASON Med. Unfit AUTHORITY D050 IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account	6 APE																										481							Jan 4P
	31-12-18							1424														20	00				500							On Boat
																											3000							
1-1-19																											487							L.o.s 18/1/19 D0036
30-2-19	51	1/10	56	10	32 00 13	60		104	70		1902					40	70	12	50									5950	104	70					w/o Jun 26/4/21 23/4/19 D0036
																																		Eldalle

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

War Service Badge

This space to be for numbers.

Class A No. 82461 Issued

War Service Badge.

Class B No. S 2200 Issued.

Proceedings on Discharge.

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

No.	324019
Rank	GUNNER
Surname	GRAEF
Christian name	ARTHUR HERMAN

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company)	CANADIAN FIELD ARTILLERY C.O.M.F.
Date of discharge	FEB 20 1919 D050, 19.2.19
Place of discharge	LONDON, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	22 years ..... months.
Height	5 feet 8½ inches.
Complexion	FAIR
Eyes	BLUE
Hair	FAIR
Trade	BAGGAGEMAN
Intended place of residence (To be given as fully as practicable.)	CLIFFORD ONT.

Descriptive marks

G.S.W. RIGHT THIGH AND LEFT ARM.
G.S.W. RIGHT ELBOW

2. The above-named man is discharged in consequence of MEDICALLY UNFIT

Authority for discharge.....

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.

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.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

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.....

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, and that I have received my permanent discharge certificate.

(Place) LONDON, ONT. ..... *(Signature of Soldier.)*

(Date) FEB 20 1919 ..... *(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) LONDON, ONT.

(Date) FEB 20 1919

(Signature) .....

O. C. Discharge Section, No. 1 D.D.

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

A. E. Graf.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form B. 313	
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form W. 23	
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

G215

MEDICAL HISTORY SHEET.

Surname Graef. Christian Name Arthur Herman.

Examined on 15th day of May 1916. at Guelph. Ontario.

Approved by H O Graef

Rank M.O.

Birthplace City or Town Clifford. County Wellington. ONtario.

Apparent age 19 years.

Trade or occupation Baggageman.

Height 5 Feet 10 Inches.

Weight Lbs.

Chest measurement Minimum 38 inches. Maximum expansion 4 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks Arm Right. Left. Number none

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease none

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

TAB 21/9/18 Bth

Date.	Fit or Unfit.	Examined for Re-engagement.
9/8/16	Fit	C B Fuller 30 AUG M.O.
22/2/18	A	2nd C C D Ror Henderson Capt M.O.
22/10/18	F D1	Bth M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
1/8/16		C B Fuller M.O.
11/8/16		C B Fuller M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
10/7/16	OK	C B Fuller M.O.
11/1/16	OK	M.O.
12/8/16	OK	C B Fuller M.O.
29/1/18	TAB	M.O.

Enlisted on 15th day of May 29/1/18 1916 at Guelph, Ontario

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	55th Battery	324019		15th May, 1916
PROCEEDED O/SEAS TO	L.F.A.	2 APR 1918		
Transferred to	55Batt 13Bde			22 1 17
	15th Bde C.F.A. 81st Bty			19.3.17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
1st C C D London Ont	13 12 18	Unfit "A"	Capt Kennedy Capt
	17/2/19	Defective hearing "B" Fract femur	A Travers Major Can Med

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.

M. F. B. 313.

400M.—1-16.

H. Q. 1772-39-438.

Epsom

Surname Graef. Christian Name Arthur Herman.

2nd EASTERN GENERAL HOSPITAL
BRIGHTON.

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Discharge from Hospital Day	Month	Year	DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations	Signature of Medical Officer.
Isolation Hosp. Aldershot		3	11	16	13	11	16	Rubella.	11	Recovered. Duplicate Medical History Sheet posted to here: 1 Bm	J P Howe Capt. Camb
		28	8	17	19	X	17	G S Wound Thigh.	52	S. removed from thigh. wounds very healed.	R J Owen Capt
M. C. H. Epsom		19	10	17	19	12	17	do	55	20-10-17 Still unhealed; leg stiff Has had operation. 12-11-17 Sleeps better. wound still discharging. 12-12-17 Knee is very troublesome Believe he should have active surgical treatment.	G D Ireland Capt. No. 1 Divis
Ont. Mil Hospt.	19.12.17	19	12	17	8	1	18	G.S.W. Rt Thigh	21	Knee still swells & is painful at times Some limitation due to contraction of scar. Gen. Con. good.	D P Byers Capt. C.A.M.C

Army Form B. 178

To be used (a) for recruits enlisting direct into the Regular Army and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army

MEDICAL HISTORY OF

Surname Graef *Christian Name* Arthur H.

TABLE I.—General Table.

Birthplace { Parish ..... County .....

Examined { on ..... day of ..... 191 , at .....

Declared Age ..... years ..... days.

Trade or Occupation .....

Height ..... feet ..... inches

Weight ..... lbs.

Chest Measurement { Girth when fully Expanded ..... inches; Range of Expansion ..... inches

Physical Development .....

Vaccination Marks { Arm ..... RIGHT | LEFT; Number .....

When Vaccinated .....

Vision { R.E.—V= ..... L.E.—V= .....

(a) Marks indicating congenital peculiarities or previous disease—

.....

.....

(b) Slight defects but not sufficient to cause rejection—

.....

.....

Approved by .....

Rank .....

Medical Officer.

Enlisted { at ..... on ..... day of ..... 191...

	Corps	Regtl. No.
Joined on enlistment		
Transferred to	C.F.A.	324019

Became non-effective by .....

.....

on ..... day of ..... 191...

(Signature) .....

(Rank) .....

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

Date "A"	Brief Details and Signature
13/12/18	J. M. Renwick Capt

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

[11,823] W2836/M2217 1,800,000 6/17 W. P. & Co. (1349)

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
War Hospital, Bradford	3	10	18	21	10	18	GSW (Shrapnel) Lt. Elbow flesh slight	18	uneventful recovery –	[illegible]
Mr. C. H. Epsom.	21	10	18.	30 OCT 1918			G.S.W. Left elbow (flesh)	10	On adm. Healed. Fit for dischg. to C.C.D. Category D1.	[illegible] Capt. [illegible]

MAJOR, R.A.M.C.,
BRADFORD WAR HOSPITAL

LAST PAY CERTIFICATE

Regt.No. 321019 Rank Gnr Name Groff Arthur Herman

Corps 99 who was Discharged

on 20/2/19 to

The following is a statement of the account of the above named

from 1/1/19 to 20/2/19

Bal Dr from mon. of / from L.P.C. Jan	50	50	Bal.Cr. from mon. of / from L.P.C.	57	80
ASSIGNED PAY:			Regt.Pay 29 dys. @ $ 1.00		
$1901	13	50	F'ld.All. 31 dys. @ $ .10	2	10
SEPARATION ALLOWANCE:			SEPARATION ALLOWANCE:		
OTHER CHARGES:			OTHER CREDITS: Clothing Allowance	32	00
PAYMENTS:			Subsistence,	12	60
$1902	40	70			
Bal.Credit (to be pd.)	104	70	Bal.Dr.(to be deducted) (from soldier $) (from Dependent $)	104	70

Princess $50

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at $ per month has been to	at $ 30.00 per month has been pd. to 20/2/19 and closed	Subscribed $ Pd.by other Units $ Pd.by this Unit $

Dependent or Beneficiary: Mrs A Groff.

Address: Clifford Ontario

REMARKS: Discharged 20/2/19 DO 201 Med. Unfit.

Date of Enlistment 15-2-16

If married and if Separation Allowance card submitted No No.

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

Date: FEB 20 1919

London, Ontario.

J D Patterson Captain.

Paymaster No.1 District Depot.

This form must not be used when the Proceedings are for the information of the B.P.C. In such cases, M.F.B.227 is the only form applicable.

FOR ALL RANKS
PROCEEDINGS OF A MEDICAL BOARD (short form).

Place ..... Date .....

Number ..... Rank ..... Name .....

Corps ..... Age ..... Height ..... Weight .....

Religion ..... Has he been Overseas .....

(1) Disease or Injury .....

(2) Cause .....

Where incurred ..... Date .....

(3) Disability .....

(4) Present condition (describe fully) .....

(5) History .....

(6) Probable duration of Disability .....

(7) Is officer or other rank fit for Category, A ..... B ..... C ..... D .....
(answer yes or no).

(8) If for treatment, specify nature of .....

..... President.

..... Member.

Place ..... Date .....

Approved ..... A.D.M.S., M.D.

Place ..... Date .....

M.F.W.180.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION London, Ontario DATE Feb. 15th, 1919.

1. 1 (a) Unit No.1Dist. Depot (b) Regimental No. 324019 (c) Rank Gnr.

(d) Surname GRAEF (e) Christian name Arthur Herman.

(f) Home address Clifford, Ontario.

(g) Next of Kin Mrs. Adelaide Graef (h) Relationship Mother

(i) Address of Next of Kin Clifford, Ontario.

2. Age last birthday 22 Date of birth Aug. 21st, 1896

3. Enlistment, or Appointment (if an Officer) (a) Place Guelph, Ontario (b) Date May 9th, 1916

4. Personal description:

(a) Height 5' 8½" (b) Weight 162 lbs. (stripped) (c) Complexion Fair.

(d) Colour of hair Fair. (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Large scar middle of outer side right thing. Small scar middle of front of right thigh.

5. Former trade or occupation Baggageman.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2 9/12	6

	Periods	
	From	To
Canada	9-5-16	11-9-16
	18-1-19	15-2-19
	11-9-16	20-3-17
England	25-8-17	2-4-18
	2-10-18	18-1-19
France or other theatres of War	21-3-17	25-8-17
	2-4-18	2-10-18

7. Original disease, or injury 1. Concussion deafness.
2. Gunshot wound of right thigh.

(a) Date of origin 1. Apr. 1918. 2. 14-8-17 (b) Place of origin 1 & 2 FRANCE.

(c) Cause 1. Firing howitzers. 2. Shrapnel.

M. F. B. 227.

300M.—8-18.
1772-39-117.

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

1. Slight deafness with marked tinnitus both ears following firing concussion in France.

2. Weakness of right thigh and leg following gunshot wound of right thigh in France.

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

1. OBJECTIVE- Specialist's report, with which I agree, attached.
1. SUBJECTIVE-States hearing is slightly impaired, but main trouble is the constant ringing in the ears, worse in right.

2. OBJECTIVE-Scar of entrance anterior surface of right thigh junction of middle and lower thirds. Scar is 1½" x 1", slightly adherent, not tender. Scar ~~xxxxxxxxxxxxx~~ of exit lateral aspect of thigh in middle third Scar is 5" x 1½", slightly depressed, slightly adherent, not tender. There is a slight loss of muscle tissue under scar. Small operation scar about 1" long posterior aspect middle of thigh. About 1/2" atrophy of right thigh below scars. There is about 10% loss of power of muscles of right thigh. No limitation of movement. There is a slight bulging of the muscles above the scar on the lateral aspect of thigh. No definite sensory palsy but there is slight dulling of sensation on lateral aspect below scar.
2. SUBJECTIVE-States right leg feels weak and tires easily. Leg becomes quite tired after walking 2 miles and then knee swells, especially posterior aspect. After exercise there is pain in right knee and lower part of thigh.

SPECIALIST'S REPORT. Feb. 5th, 1919.

DIAGNOSIS-Concussion deafness. History of nearly total deafness for 2 weeks April 1918, following severe concussion.

R.E.	EAR	L.E.	R.E.	EAR	L.E.
No	PERFORATION	No	Slightly short	SCHWARBACK	Slightly short.
No	DISCHARGE	No		WEBER	?

CONTINUED IN SECTION 9(b)

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

Nervous System....NO....Cardio-Vascular System....NO.... (If pulse rate is abnormal, B. P. will be taken.) ....Genito-Urinary System....NO.... (Albumen and Sugar will be excluded.)

Special Senses....NO....Respiratory System....NO....Integumentary System....NO....

Disturbances of Mentality....NO....Digestive System....NO....Muscular System....NO....

Osseous and Joint Systems....NO....Any other general condition....NO....

(Specialist's report continued.)

R.E.	EAR	L.E.	R.E.	EAR	L.E.
Some	RETRACTION SOME		?	RINNE	?
18 ft.	VOICE	20 ft.	C 2048 short C 256 Short	UPPER FORK LIMIT LOWER FORK LIMIT	C2048 Short C256 short.
				TINNITUS	Marked.

Condition was not present previous to enlistment, and has been caused by active service. No improvement is to be expected. (Sgd.) W. J. Brown.

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

1. First noted deafness and ringing in ears in April 1918. Was deaf for almost 2 weeks and then hearing returned to present condition. Tinnitus has been constant since.

2. On 14-8-17 was wounded in right thihg by shrapnel. Wounds cleansed shrapnel removed and wounds closed. Haemotoma developed, ~~xxxxxxxxxx~~ became infected and wound was opened and drained with Carrol Deakin treatment for 10 days. Sent to England in 25-8-17. In Hospitals until 8-1-18. Then to 2nd C.C.D. The to Reserve. Then sas sent to France again. Never did any marching in France, being with artillery. Leg has been weak ever since being wounded.

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

Rubella in Nov.1916.Recovered. No disability.

Wounded left arm on 14-8-17.Flesh.Shrapnel removed.No disability.

Wounded left elbow on 28-9-18.Shrapnel did not penetrate.No injury to bone or joint.Healed well.No disability.

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

Small scar anterior surface lower third left arm.Small scar over left olecranon.

11.—(*a*) Did the disabling condition have its origin before enlistment? 1 & 2 NO

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

1 & 2 NOT APPLICABLE.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) 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.Permanent. 2.Permanent. lessening greatly.

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

1.None.

2.Wound dressed, wound excised, shrapnel removed and wound drained in France.Piece of shrapnel removed from back of thigh and massage for 8 weeks in England.

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)

1 & 2 NO.

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

17. Recommendations Category "C"I.

R W Rankin Hearne
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned N.H. GRAEF. 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

C H Graef Gnr
Rank.
Signature of invalid examined.

125

OPINION OF THE MEDICAL BOARD

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

The Board agrees but believe that the ear affection is slight also that the disability in right leg is only moderate. We consider this soldier fit for Category "B"II See Section 17.

19. Is the invalid 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 invalid

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

(b) Does not require treatment.

(c) ~~Should pass under his own control.~~

(d) Should not pass under his own control.

(Strike out condition not applicable.)

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

Placed in Category "B"II

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

T L Towers Major Capt. President.

PLACE London, Ontario

C M Cracken Capt CAMC

DATE 17-2-19

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness ..... Signed .....

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

..... President.

PLACE .....

DATE .....

Members

APPROVED BY

A F Laird Capt. CAMC

for Assistant Director of Medical Services.

DATE 17-2-19

APPROVED BY

Director-General of Medical Services.

DATE .....

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps C. F. A. 2nd Bde.

Military Hospital War Hospital, Bradford.

No. 324019 Rank and Name Gur Graef A. H. Age 22. Service 2 6/12. 1 yrs

Disease G. S. W. L. Elbow. Shrapnel Date of admission Oct 3rd 1918 Date of discharge 21/10/18 Result Train.

Dates of Observation	Oct 3	4	5	6	7	8	9	10
Days of Disease								
Temperature Fahrenheit	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.
107°								
106°								
105°								
104°								
103°								
102°								
101°								
100°								
99°								
98°								
97°								
Pulse per minute	84							
Respirations per Minute								
Motions per 24 Hours	0	1						

(29342) W6465—M789. 1,000,000. 9-16. D.P.W. A.F.B. 181/4. (373)

Signature [signature] In charge of case.

THIS FORM WILL BE USED FOR ALL RANKS

AM

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION London, Ontario DATE Feb. 15th, 1919.

1. 1 (a) Unit No.1Dist. Depot (b) Regimental No. 324019 (c) Rank Gnr.

(d) Surname GRAEF (e) Christian name Arthur Herman.

(f) Home address Clifford, Ontario.

(g) Next of Kin Mrs. Adelaide Graef (h) Relationship Mother

(i) Address of Next of Kin Clifford, Ontario.

2. Age last birthday 22 Date of birth Aug. 21st, 1896

3. Enlistment, or Appointment (if an Officer) (a) Place Guelph, Ontario (b) Date May 9th, 1916

4. Personal description:

(a) Height 5' 8½" (b) Weight 162 lbs. (stripped) (c) Complexion Fair.

(d) Colour of hair Fair. (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Large scar middle of outer side right thihg. Small scar middle of front of right thigh.

5. Former trade or occupation Baggageman.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2 9/12	6

	Periods	
	From	To
Canada	~~9-5-16~~ 18-1-19 ~~11-9-16~~ ~~25-8-17~~ 2-10-18	~~11-9-16~~ 15-2-19 ~~20-3-17~~ ~~2-4-18~~ 18-1-19
England	21-3-17 2-4-18	25-8-17 ~~2-10-18~~
France or other theatres of War		

7. Original disease, or injury 1. Concussion deafness.
2. Gunshot wound of right thigh.

(a) Date of origin 1. Apr. 1918. 2. 14-8-17 (b) Place of origin 1 & 2 FRANCE.

(c) Cause 1. Firing howitzers. 2. Shrapnel.

M. F. B. 227.

300M.—8-18.
1772-39-117.

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

1. Slight deafness with marked tinnitus both ears following firing concussio in France.

2. Weakness of right thigh and leg following gunshot wound of right thigh in France.

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

1. OBJECTIVE- specialist's report, with which I agree, attached.
1. SUBJECTIVE-States hearing is slightly impaired, but main trouble is the constant ringing in the ears, worse in right.

2. OBJECTIVE-Scar of entrance anterior surface of right thigh junction of middle and lower thirds. Scar is 1½" x 1", slightly adherent, not tender. Scar ~~xxxxxxxxxxxxx~~ of exit lateral aspect of thigh in middle third Scar is 5" x 1½", slightly depressed, slightly adherent, not tender. There is a slight loss of muscel tissue under scar. Small operation scar about 1" long posterior aspect middle of thigh. About 1/2" atrophy of right thigh below scars. There is about 10% loss of power of muscles of right thigh. No limitation of movement. There is a slight bulging of the muscles above the scar on the lateral aspect of thigh. No definite sensory palsy but there is slight dulling of sensation on lateral aspect below scar.
2. SUBJECTIVE-States right leg feels weak and tires easily. Leg becomes quite tired after walking 2 miles and then knee swells, especially posterior aspect. After exercise there is pain in right knee and lower part of thigh.

SPECIALIST'S REPORT. Feb. 5th, 1919.

DIAGNOSIS-Concussion deafness. History of nearly total deafness for 2 weeks April 1918, following severe concussion.

R.E.	EAR	L.E.	R.E.	EAR	L.E.
No	PERFORATION	No	Slightly short	SCHWARBACK	Slightly short.
No	DISCHARGE	No		WEBER	?

CONTINUED IN SECTION 9(b)

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

Nervous System....NO.... Cardio-Vascular System....NO.... (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System....NO.... (Albumen and Sugar will be excluded.)

Special Senses....NO.... Respiratory System....NO.... Integumentary System....NO....

Disturbances of Mentality....NO.... Digestive System....NO.... Muscular System....NO....

Osseous and Joint Systems....NO.... Any other general condition....NO....

(Specialist's report continued.)

R.E.	EAR	L.E.	R.E.	EAR	L.E.
Some	RETRACTION SOME		?	RINNE	?
18 ft.	VOICE	20 ft.	C 2048 Short	UPPER FORK LIMIT	C2048 Short
			C 256 Short	LOWER FORK LIMIT	C256 Short.
				TINNITUS	Marked.

Condition was not present previous to enlistment, and has been caused by active service. No improvement is to be expected. (Sgd.) W. J. Brown.

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

1. First noted deafness and ringing in ears in April 1918. Was deaf for almost 2 weeks and then hearing returned to present condition. Tinnitus has been constant since.

2. On 14-8-17 was wounded in right thihg by shrapnel. Wounds cleansed shrapnel removed and wounds closed. Haemotoma developed, ~~xxxxxxxxxx~~ became infected and wound was opened and drained with Carrol Deakin treatment for 10 days. Sent to England in 25-8-17. In Hospitals until 8-1-18. Then to 2nd C.C.D. The to Reserve. Then was sent to France again. Never did any marching in France, being with artillery. Leg has been weak ever since being wounded.

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

Rubella in Nov.1916.Recovered. No disability.

Wounded left arm on 14-8-17.Flesh.Shrapnel removed.No disability.

Wounded left elbow on 28-9-18.Shrapnel did not penetrate.No injury to bone or joint.Healed well.No disability.

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

Small scar anterior surface lower third left arm.Small scar over left olecranon.

11.—(*a*) Did the disabling condition have its origin before enlistment? 1 & 2 NO

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

1 & 2 NOT APPLICABLE.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) 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.Permanent. 2.Permanent. lessening greatly.

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

1.None.

2.Wound dressed, wound excised, shrapnel removed and wound drained in France.Piece of shrapnel removed from back of thigh and massage for 8 weeks in England.

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)

1 & 2 NO.

16. Can the former trade or occupation be resumed? Yes, slightly lessened efficiency.

(If not, briefly state why)

17. Recommendations. Category "C"I.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned N.H.GRANT. 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

Rank.

Signature of invalid examined.

125

OPINION OF THE MEDICAL BOARD

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

The Board agrees but believe that the ear affection is slight also that the disability in right leg is only moderate. We consider this soldier fit for Category "B"II See. Section 17.

19. Is the invalid 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 invalid

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

(b) Does not require treatment.

(c) ~~Should pass under his own control.~~

(d) Should not pass under his own control.

(Strike out condition not applicable.)

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

Placed in Category "B"II

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

T L Towers - Major CAMC President.

PLACE London, Ontario

C M Cunchen Capt CAMC

DATE 17-2-19

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness ..... Signed .....

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

..... President.

PLACE .....

DATE .....

Members

APPROVED BY

A F Laird Capt. CAMC

for Assistant Director of Medical Services.

DATE 17-2-19

APPROVED BY

Director-General of Medical Services.

DATE .....

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	324019	Gnr.	Graef	A. H.

Year	Unit.	Age.	Service.
1918	C. F. A.	22	26/12

MCH Epsom

Station and Date.

22-10-18

Disease G. S. W. Left Elbow flesh
W healed EX DT B. C. Hand

FURLOUGH ADDRESS IN FULL.

Soldiers & Sailors Club
Belfast
Ireland

T.A.H. 29.10.18
26.10.18

D

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1425	324019	Gur	Graef	Archer H.

Year	Unit.			Age.	Service.
1918	C. F. A.	2 Bde.	48th Bty.	22	2 6/12 1 yr.

Station and Date. War Hospital, Bradford.

Disease G. S. W. Lt Elbow (Shrapnel) slight.

Went to France on: March: 1917.

Oct: 3rd Wounded on: Sept. 28th 1918 At: Cambrai.

Treated at C.C.S. and 4 Gen Hospital for days

How long with B.E.F.? 1 Year. First time Wounded? Aug: 1917 April 2nd 1918.

Have you been X-rayed? No

Have you had operation? No.

Summary of Field Card Notes: 29/9/18. Shrapnel wound, Olecran Bursitis Foments.
on admission. granulating wound over olecranon process of left arm.
Foment. A J Wheatley Clk P.
Horton Hall.

TRANSFERRED TO Horton Hall AUXILIARY HOSPITAL Date 5-10-18

On discharge, return Case Sheet to Bradford War Hospital

Oct 10. Almost healed M T Thompson Major

12 Recd G G H MAT

12/10/18 Noted ISL

21st Oct. Trans. Can. Corp. Hosp. Epsom M T Thompson Major

A.T.S. 1st Dose 28/9/18. 1,500

2nd Dose 4/10/18 500

3rd Dose 12-10-18 - 500

4th Dose.

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239)

[P.T.O.

Station and Date.	

Forms
I. 1237.
12.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname	Christian Name.
T136	324019	Dr.	Graef	Arthur Herman

Year	Unit.	Age.	Service.
1917	20/5 Canadians	21.	15 Wks

Station and Date.

Disease G.S.W. R thigh. L arm, flesh arrivals. S. removed from back of thigh, & S small pieces from arm. Wounds nearly healed.

W 11

A J Parker
Capt.

19. X. 17 To Military Convalescent Hospital, Epsom

Walter Wood Capt.
for.

19 OCT 1917

Officer in Charge Division I.
No. 2 Eastern General Hospital.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239)

P.T.O.

Station and Date.	

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER GRAEF Arthur Herman

REGIMENT 55th Battery

RANK Gnr

DISTRICT 1

No. 324019

M.F.B. 465.
150M.—6-18.
1772-39-950.

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	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	1919 Feb. 14/6	2.3.13.14 16.19																		EXAMINED BY R.G. McMillan Capt.		cw 1.4.16.18.30.31

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

G 5539

Date of Assignment Sept 1-16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 324019

Rank Gnr Promoted Reverted Discharge

Soldier's Name A. H. Graef

Battalion 55 Bty 14 How. Bde

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs H. Graef

Address Clifford Ont.

Change of Address

1

2

3

4

	Date	Cheque No.	Amount S/A	Amount A/P	Total	
	1917 Feb 1			320	320	
1918		D 66662		20	20	D
"	Feb	G. 92028.		20	20	D
	March	H. 92641		20	20	J
	April	H 11800		20	20	J
	May	S 19331		20	20	J
	June	O 21766		20	20	B
	July	K 30400		20	20	B
	Aug.	O 37817.		20	20	B
	Sept.	T A8288		20	20	B
	Oct.	U 56267.		20	20	B
	Nov.	V. 59020.		20	20	B
	Dec.	X 64012.		20	20	J
	1919. Jan.	T 75355		20	20	J
				580	580	

REMARKS 7261-A-7.

MRQ 64266 Destroy 31.1.19 EmB.

Can a P a/c audited & found OK AWGHarris Can a P a 2-5-19

MD1.

A/c Closed 31.1.19.

Ret'd per Aquitania

Date 25.1.19. M.F.W.18 31.1.19.

Clerk EmBarnes.

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

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No. 2

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

2 10337

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7663.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Mrs. H. Graef (Assignee) $20

PAYMENTS.

Name of Soldier Graef A. H. 324019. Gr. 14. Bde.

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
			20.00	55 Battery SEP 1 1916
April	1916			
May				
June				
July				
Aug.				
Sept.		X 20342	20	
Oct.		Q 22953	20	
Nov.		N 25042	20	
Dec.		M 30512	20	
Jan. Ch	1917	W 33449	20	
Feb.		W 40444	20	20 M
March		U 46126	20	20 B.
April		P. 2216	20	20 Ch
May		P 8352	20	
June 20.00		~~$ 15551~~	~~20~~	~~20~~ B $15551. Can HG
July		K 18847	20	
Aug.		W 24590	20	C
Sept.		W 31080	20	
Oct.		H 36134	20	Ch
Nov.		O 41854	20	
Dec.		Q 47559	20	
Jan.	1918	M 58787	20	220.00
Feb.				
March				
April				
May				
June				
July				

Mrc

JER

Can A P a/c
Quarter & found OK
Aug Harris Can A P a
2-5-19

6

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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