

Unit 86th Machy Gp Rank Capt Name Thomas Black Graham

OFFICERS' DECLARATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.



QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS.)

1. (a) What is your Surname? Graham
- (b) What are your Christian Names? Thomas Black
2. (a) Where were you born? (State place and country) Quebec - Canada
- (b) What is your present address? 86th M. G. B. Hamilton Ont
3. What is the date of your birth? Aug 30 / 1884
4. What is (a) the name of your next-of-kin? Mrs Helen Graham
- (b) the address of your next-of-kin? 269 Clarence St Bradford Ont
- (c) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? Medical doctor
6. What is your religion? Presbyterian
7. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
8. To what Unit of the Active Militia do you belong? Army Medical Corp
9. State particulars of any former Military Service none
10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

T. B. Graham (Signature of Officer.)
Capt

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Jan 10 1916

Place Hamilton

W. H. Paterson

Medical Officer.

* Insert here "fit" or "unfit."

Head Case

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

ANSWERS

(a) What is your surname?

Johnson

(b) What are your Christian names?

Charles & Peter

(c) Where were you born? (State place and country)

Quebec, Canada

(d) What is your present address?

65 M. G. St. Montreal, C. T.

(e) What is the date of your birth?

May 20/1892

(f) What is (or) the name of your next of kin?

Mr. & Mrs. Johnson

(g) The address of your next of kin?

Stephens St. Montreal

(h) The relationship of your next of kin?

Wife

(i) What is your profession or occupation?

Medical Doctor

(j) What is your religion?

Methodist

(k) Are you liable to be vaccinated or to be vaccinated and hospitalized?

Yes

(l) To what force would you wish to be assigned?

Canadian Expeditionary Force

(m) Are you a member of any former military service?

No

(n) Are you a member of any other force?

No

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

I have examined the above named Officer in accordance with the regulations of the Medical Department of the Canadian Expeditionary Force and find that he is fit for the duties of the position.

Signature of Medical Officer

I have examined the above named Officer in accordance with the regulations of the Medical Department of the Canadian Expeditionary Force and find that he is fit for the duties of the position.

Signature of Medical Officer

I have examined the above named Officer in accordance with the regulations of the Medical Department of the Canadian Expeditionary Force and find that he is fit for the duties of the position.

Signature of Medical Officer

Unit _____ Rank _____ Name _____

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS).

- 1. (a) What is your Surname? Graham
- (b) What are your Christian Names? Thomas Fleck
- 2. (a) Where were you born? (State place and country) Quelph - Ont - Can
- (b) What is your present address? Stud. Medical Board - Hastings
- 3. What is the date of your birth? Aug 30 / 1883
- 4. What is (a) the name of your next-of-kin? Mrs. Alva Graham
- (b) the address of your next-of-kin? 269 Clarence St. Bradford Ont.
- (c) the relationship of your next-of-kin? Mother
- 5. What is your profession or occupation? Physician
- 6. What is your religion? Presbyterian
- 7. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
- 8. To what Unit of the Active Militia do you belong? C. A. M. C.
- 9. State particulars of any former Military Service? _____
- 10. Are you willing to serve in the
CANADIAN OVERSEAS EXPEDITIONARY FORCE? yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

T. J. Graham (Signature of Officer).
Capt.

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him fit for the CANADIAN OVERSEAS EXPEDITIONARY FORCE.

Date Feb. 10 1917

Place Hastings Thosny Capt. Medical Officer.

* Insert here "fit" or "unfit."

DUPLICATE

Unit

Rank

Name

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? *Forbes*
- (b) What are your Christian Names? *John Robert*
2. (a) Where were you born? (State place and country) *London, England*
- (b) What is your present address? *100 St. James Street, London, W.C.2*
3. What is the date of your birth? *15th Dec 1891*
4. What is (a) the name of your next-of-kin? *Mr. J. Forbes*
- (b) the address of your next-of-kin? *100 St. James Street, London, W.C.2*
- (c) the relationship of your next-of-kin? *Father*
5. What is your profession or occupation? *None*
6. What is your religion? *Anglican*
7. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
8. To what Unit of the Active Militia do you belong? *None*
9. State particulars of any former Military Service? *None*
10. Are you willing to serve in the CANADIAN OVERSEAS EXPEDITIONARY FORCE? *Yes*

The undersigned hereby declares that the above answers made by him to the above questions are true.

(Signature of Officer)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him fit for the CANADIAN OVERSEAS EXPEDITIONARY FORCE

Date

Place

Medical Officer

W. H. ...

BP 10.12.18

OFFICERS' DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 2
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... 2
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name GRAHAM THOMAS FLECK.

Regt. No. Rank Capt.

Corps G.A. M.C.

Died of Illness. 20.9/18.



22096



M. J. W. 67. 2.

casualty
1 R 149
1 607

2-29
2-29

M. J. 11/20 (L)

1

1772-39 1243.
1501 6 18.
M.H.M.

bapt

Number _____ Rank _____

Surname *GRAHAM*

Christian Name *Thomas Fleck*

Units _____ Theatre of War *France*

Date of Service *4-4-18*

Remarks *(M) Mrs. Helena Graham,*

Latest Address *269 Clarence St.,
Brantford, Ont.*

Roll No. *b. 9m 4*

200m. -6-21. *Page 21020*

ate

Character on
discharge

Date and place of
enlistment

Date of Medical
Boards

Remarks

Pt. 2 Order No.

DESP. APR 6 1923
REGN. NO. 4880

urname first.

(over)

GRAHAM, Thos. Fleck, Capt. C.A.M.C. ✓

MV

MEDALS &
DECORATIONS

Mrs. Helena Graham, (Mother)
269 Clarence St., Brantford, Ont.

PLAQUE &
SCROLL

Mother, as above

Serial No 782524

CROSS OF SAC
SACRIFICE

Mother, as above.

Desp 10-2-20

FEB 19 1921

Scroll Desp. _____ Reqn. No. 2-21542

MAR 8 1922

Plaque Desp. _____ Reqn. No. P 33007

Desp. 10/20 M. C 1409.

JAS 26/1/20

M C 1409

20-9-18

SURNAME. *Graham*

CARD NO.

CHRISTIAN NAMES *Thomas Fleck*

Desp. Co Report W.D. 7-8-17.

FOLL.

REGL. NO.

RANK ~~Capt.~~ *Temp. Capt.*

UNIT *C. A. M. C.*

FORMER CORPS

Please notify:- ~~NEXT OF KIN.~~

NAMES IN FULL

Mrs. Ellen Graham

CHANGE OF ADDRESS

RELATIONSHIP TO SOLDIER

ADDRESS

*269 Clarence St., Brantford,
Ontario.*

Handwritten notes:
1918
1919
1920
1921
1922
1923
1924
1925
1926
1927
1928
1929
1930
1931
1932
1933
1934
1935

COUNTRY OF BIRTH

DATE

PLACE OF ATTESTATION

DATE

Pro: - Temp. Capt. 21 - 7 - 16 (auth. L. G. No. 29774. 5-10-16)

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Name [✓] GRAHAM
 Thomas Rank CAPT.
 Unit CDMC ~~att 8 GH.~~ 3 CSN.

Reg. No. *d.g. 532*Next of Kin *Canada**ASB 104-93*

1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
12-9	8 Gen Hos. Rouen	(WO)	NYD	1088		
20-9	Now reported (P.W.O.)					
	<u>Died</u>					
	cause of death cardiac failure					
				1091	01335	21/9
				1093	01344	

NAME *Graham Thomas Fleet*

REGT'L. No.

RANK AND CORPS *Capt. C.A.M.C.*

H. Q. FILE No 649

(3rd Can. Stat. & Bn. Coy)
FOLLOWS
No.

CABLE	
NO.	DATE
<i>Please Notify.</i>	
<i>81335</i>	<i>21-9-18</i>
<i>HL 1097</i>	<i>20-9-18</i>
<i>81344</i> <i>2-4</i>	<i>24-9-18</i>

NATURE OF CASUALTY

*Mrs. Ellen Graham, 269 Clarence St.,
Brantford, Ont*

*Rept. D. of Gen. H. Rouen Sept.
20th 1918. Cause of death unknown*

Cause of death Cardiac failure T.B.

FOLLOWS

Cable to Canada for A. G. 12-12-18.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

1088 S Gen Rouin

12-9-18 N.Y.C.

109B Cause of death

Cardiac failure. F.B.

Surname. Christian Name.
 GRAHAM T. F.
 Rank. Unit.
 Capt. C.A.M.C. 3 C.S.H.

No. 8 General Hospital, Rouen. Date of admission. 12-9-18.
 Hospital.

Transferred Hosp.
 Hosp.
 Hosp.
 Hosp.

Diagnosis. N.Y.D.
 DIED:-20-9-18.(N.Y.D.(Q).)
 "Cardiac Failure T.H. *had*
 Later diagnosis.

Disposition. Date.
 17-9-18 1088-2.
 20-9-18 1091
 23-9-18 1093-2.note.

C.L. Remarks.
 C.L.
 C.L.
 C.L.
 C.L.
 C.L.
 C.L.

A.M.D. 2 DEPT.
 Beh. of D.G.M.S. O.M.F.C. London.

Surname

Christian Name

Reg. No.

Rank

Unit

MEDICAL BOARD held at

Date

Serial No.

(1)

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Disposition Recommended

(1)

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

Sheet 1.

CERTIFIED CORRECT
10 JUL 1917
CANADIAN RECORD OFFICE

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps *86th M.C. Coy*

Regimental No. _____ Rank *Capt* Name *Thomas Fleck Graham*
C. E. F. *THOMAS FLECK GRAHAM*

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

Date of promotion to present rank } *21-7-16* Date of appointment to lance rank } _____ Numerical position on roll of N. C. Os. } *440*

Extended _____ Re-engaged *2-9-5/10/16* Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
<i>6-10-16</i>	<i>W.O.</i>	<i>To be Temp. Capt. & posted to C.A.M.C.T.S.</i>		<i>21-7-16</i>	<i>Lon. Gaz. 5/10/16.</i>
<i>5-9-16</i>	<i>D.M.S.</i>	<i>App'd to C.M.G. Depot for duty.</i>		<i>21-7-16</i>	<i>C.O. 1646.</i>
<i>19-9-16</i>	<i>C.A.M.C.T.S.</i>	<i>Detained as M.O. to C.M.G.D.</i>		<i>18-9-16</i>	<i>Pt. II of 266.</i>
<i>23-1-17</i>	<i>D.M.S.</i>	<i>Posted to A/D.A.D.M.S. Camp.</i>	<i>Hastings</i>	<i>22-1-17</i>	<i>C.O. 116.</i>
<i>15-2-17</i>	<i>"</i>	<i>" " " " "</i>	<i>Crowborough</i>	<i>14-2-17</i>	<i>C.O. 229.</i>
<i>16-2-17</i>	<i>Crowborough</i>	<i>" " C.M.G. Depot</i>		<i>14-2-17</i>	<i>Pt. II of 29.</i>
					<i>MAJOR,</i> <i>FOR O. & I/c RECORDS, C.E.F.</i>
<i>21-7-17</i>	<i>Crowborough</i>	<i>S.O.S. DADOS Crowborough & posted to 5 DADOS Seaford</i>	<i>Crowborough</i>	<i>21-7-17</i>	<i>Part II order No 182 of 21-7-17</i> <i>J.P. Odell</i>

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

CROWBOROUGH CAMP

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				
23/7/17 7/9/17	DADMS WO	Attached to C.M.G. Depot <i>Brought to notice of Sec of State for War from Variable sources received in con: with the War</i>	Seaford	21/7/17	Pt 2-197. d/23-7-17 } WO 157.(C) 7/8/17
13/9/17	DADMS	Ceases to be attached to C.M.G. and detailed for duty with Med Board	Seaford	13/9/17	Pt 2-243 d/13-9-17
2/4/18	DADMS	Ceases to be attached to C.M.G. Seaford on posting to C.A.M.C. Depot.	Seaford	1-4-18	RD. 104 d/3/4/18. W.C. Cumming for D.A.D.M.S. SEAFORD. C.A.M.C.
3.4.18	to C.M.G. Depot	to be in command to 3rd C.M.G. Depot	Shorncliffe	1.4.18.	Part II RD. 93 (L/24/1391)
5.4.18	to	S.O. to Overseas	do	4.4.18.	Part II RD. 95. Althaus Capt. Adjutant, for O.C., C.A.M.C. Depot.
13.4.18	3rd Gen Staff Hosp	3rd Gen Staff Hosp on arrival in France. (auth: WO. x bol 4 8/18 (AMD1) d/25/18)	Doullens.	4.4.18	RD 3 file KR. 26044. Pt II 20 d/22.4.18.
21.4.18	" "	to 21 b.b.S for temp. duty		19.4.18	B213
12.5.18	" "	Rejoined Unit		5.5.18	B213.
1.9.18	" "	to 5 Gen Hq on temp. duty	Rouen	31.8.18	B213.
13.9.18	8 Gen Hq	N.Y.D. admitted		13.9.18	W3034/H9174

Casualty Form—Active Service.

Regiment or Corps *b. a. m. b.*

Rank *Capt* Surname *Graham* Christian Name *Thomas Fleck*

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...			
<i>22.9.18</i>	<i>8 Gen Hosp</i>	<i>Died of Illness Cardiac Failure, (Pub. I.B.)</i>	<i>Rouen</i>	<i>20.9.18</i>	<i>D751/33</i>
<i>"</i>	<i>"</i>	<i>S.O.L. of No 3 Gen Hosp having Died of Illness</i>	<i>"</i>	<i>20.9.18</i>	<i>D751/33 P/55 d/25⁹/18</i>

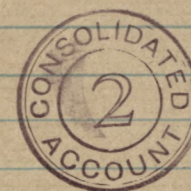
Halperin
Capt. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

(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
(17591.) Wt. W 1887-P 1124. 1,000,000, 6/18. D & S. Form B/103. (E. 1256.)

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs. Ellen Graham* By Whom Assigned *J. F. Graham*
 Address *269 Clarence St* Regtl. No.
Brantford Ont. Rank *Capt.*
 Corps *8th C.A.M.C. T.D.#11*
 Rate *50 00* *1 Oct 16*
2.9m. 30 9/16 M.H.R 29 1/16 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				



de pro

MILITIA AND DEFENCE

M. F. W. 12a.
50m.-6-16.
1772-39-819.

ASSIGNED PAY

OVERSEAS CONTINGENTS

Mrs Ellen Graham

Capt. F. J. Graham

Sheet No. 2.

PAYMENTS #

8th Co. M.C. T.D. #11.

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

Month.	Year.	Cheque No.	Amt.	Remarks.
				\$ 50 ⁰⁰ 1 Oct 16
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		P 29483	100	}
Dec.		Y 35579	50	
Jan.	1917	X 36849	50	
Feb.		X 43523	50	50 (W)
March		W 47034	50	50 W.
April		Q 2146	50	50 L
May		Q 1241	50	
June		T 15434	50	50 W.
July		X 21464	50	OB
Aug.		X 28996	50	} 50
Sept.		S 36187	50	
Oct.		S 42128	50	
Nov.		P 48867	50	
Dec.		N 57105	50	
Jan.	1918			
Feb.			750	
March				
April				
May				
June				
July				

JB
JB
JER

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

21-1-16.
SEPARATION ALLOWANCE

Name Mrs. Ellen Graham Name of Soldier Graham Thos. Fleck
 Address 269 Clarence St.
 Brantford, Ont.
 Relation to Soldier }
 wife, child or mother } Wid. Mother
 Rank Capt. Comd. A.M.C.
 Corps 86 Bn. C.M.G.D.
 To what Corps belonging }
 when called out } ✓

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916		13	
Feb.			10	
March			10	



Handwritten scribbles and faint markings, possibly including the word "Low".

Handwritten scribbles and faint markings, possibly including the word "Low".

MILITIA AND DEFENCE
SEPARATION ALLOWANCE

M. F. W. 11a.
50m.-6-16.
1772-39-818.

Sheet No. 2.

Mrs. Ellen Graham Mother
OVERSEAS CONTINGENTS
PAYMENTS.

Name of Soldier

Graham John Black
Capt. ~~Black~~

L. L. Job 4503.-Req. 6332.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916		40	
May			40	
June			40	
July			40	
Aug.			40	
Sept.			40	
Oct.			40	
Nov.		K20238-413	40	413
Dec.		327465	40	40
Jan.	1917	W29188	40	40
Feb.		D32001	40	40
March		D35087	40	40
April		F1205	40	40
May		E4630	40	40
June		I7602	40	40
July		I10696	40	40
Aug.		O13783	40	R
Sept.		N17277	40	Bo
Oct.		Q20290	40	Bo
Nov.		J22886	40	B
Dec.		D27836	40	Hd
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

923

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

ORIGINAL

MEDICAL HISTORY SHEET.

Surname *Graham* Christian Name *Thomas Fleck*

Examined { on *10* day of *Jan* - 191*6*
at *Hamilton*
Birthplace { City or Town *Quebec*
County *Wallington*

Approved by *R.A. Peterson*
Rank *Lieut Col* M.O.

Apparent age *30*
Trade or occupation *Medical doctor*
Height *6* Feet *1 1/2* Inches.
Weight *180* Lbs.
Chest measurement { Minimum *36 1/2* inches.
Maximum expansion *3* inches.
Physical development *good*
Small-Pox Marks *none*

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

Vaccination Marks { Arm Right *0* Left *1*
Number *1*
When Vaccinated last *June 1915*
(a) Marks indicating congenital peculiarities or previous disease *none*

Date.	Result.	VACCINATIONS.
<i>Apr 10</i>	<i>1</i>	<i>J.J. Graham</i> M.O.
		M.O.
		M.O.

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

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<i>Apr 10</i>	<i>1</i>	<i>J.J. Graham</i> M.O.
<i>14</i>	<i>1</i>	<i>J.J. Graham</i> M.O.
<i>25</i>	<i>1</i>	<i>J.J. Graham</i> M.O.

Enlisted on *Jan* day of *10th* 191*6* at *Hamilton*

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

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

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins 86th L. G. Batt

(2) Regimental Number

(3) Full Name of Soldier Thomas Frank Graham

(4) Place of Birth Leulph, Ont.

(5) Are you married, or not? Single

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

(b) Present Postal Address.....

(7) Are you a widower?

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

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

If so, state name and address

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

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

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

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?.....

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

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

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

.....
Officer Commanding.

Date.....

Estates Br. file 7-137 to Canada 27/19.

25 JAN 1919

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF RATE OF P. AND A. DATE AUTHORITY

Beneficiary *C.M.C.* Pay *\$ 84 Pd.* Rank *Capt* Date *21/10* Authority *DO 4593* Name *Graham*
 Address F.A. *.75* *C.D. 31/10* Initials *J. J.*
 Amount. \$ *50⁰⁰ Canada* Messing *1 - -* Bank *of Montreal*
 Separation Allowance issued. Yes or No..... *Died 20/18 G.L. 1091 d/ 20/19*

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
<i>1918</i>					<i>2027-49</i>			
<i>Apr 15</i>	<i>A.P. Canada</i>					<i>50 -</i>		
<i>18</i>	<i>Pay Apr R.</i>		<i>142 50</i>					
<i>27</i>	<i>Bank.</i>	<i>1173</i>		<i>92 50</i>				
<i>24</i>	<i>Rations 4 9/18</i>	<i>1016</i>					<i>10/- 2 45/</i>	
<i>May 14</i>	<i>Pay May R.</i>		<i>147 25</i>					
<i>15</i>	<i>A.P. loan.</i>				<i>50</i>			
<i>27</i>	<i>Bank.</i>	<i>2645</i>		<i>97 25</i>				
<i>June 11</i>	<i>Pay June R.</i>		<i>142 50</i>					
<i>14</i>	<i>A.P. loan.</i>				<i>50</i>			
<i>27</i>	<i>Bank.</i>	<i>4144</i>		<i>92 50</i>				
<i>July 9</i>	<i>Pay July R.</i>		<i>147 25</i>					
<i>16</i>	<i>A.P. loan.</i>				<i>50</i>			
<i>25</i>	<i>Bank.</i>	<i>5625</i>		<i>97 25</i>				
<i>Aug 8</i>	<i>Adj. Pay fr. 16/18 - 31/18.</i>	<i>7882</i>	<i>61</i>					
	<i>Bank.</i>	<i>6180</i>		<i>61</i>				
<i>14</i>	<i>A.P. loan.</i>				<i>50</i>			
<i>22</i>	<i>Pay Aug R.</i>		<i>178 25</i>					
<i>26</i>	<i>Bank.</i>	<i>7235</i>		<i>128 25</i>				
<i>Sept. 11</i>	<i>Pay Sept. R.</i>		<i>172 50</i>					
<i>17</i>	<i>A.P. loan</i>				<i>50</i>			
<i>24</i>	<i>Bank.</i>	<i>9162</i>		<i>122 50</i>				
<i>Oct 23</i>	<i>Rations 1-11/18</i>	<i>8669</i>					<i>Post to Cease 30/18</i>	
<i>24</i>	<i>C.I.E. rec'd fr C.P.M.-OSB. List 346 Oct V6 362</i>		<i>68 99</i>				<i>Transf. from G.L. 28. 7/1/18.</i>	
<i>"</i>	<i>Ration Allee 1-11/18 in France (L.H.6) to V6 442</i>		<i>5 96</i>			<i>Cr 74 95</i>		
<i>Nov 20</i>	<i>be credited Pay fr died 20/18 P.M. 68669</i>		<i>100 -</i>					
<i>23</i>	<i>Add Outfit Allee</i>							
	<i>Adpst 7a fr 12-30/18</i>		<i>4 75</i>	<i>2938 74</i>		<i>179 70</i>		

ASSIGNED PAY.

BENEFICIARY	UNIT.	RANK.	DATE	AUTHORITY	NAME.
	NAME OF	RATE OF P. AND A.			
Beneficiary		Pay			Name
Address		F.A.			Initials
Amount. \$		Messing			Bank
Separation Allowance issued. Yes or No.....					

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1919	<i>Bro Forward</i>					179 70		
Feb 19	<i>Carriage pd on Kit List 19 Feb V 167.</i>					178 56		
Mar 15	<i>Indemn Loss of Kit 30^{5/18} 8168</i>							
25	<i>Indem: Lost Kit 30^{5/18} (£20.0.0) V 355 4867.</i>					227 23		
	<i>less. 50% to be credited Pay of P.M.C. 8168</i>							
June 24	<i>Civ Bal trans to Ctt List 125 June V 1306</i>							

114

20.0.0 97
paid as £10.0.0
Statement rendered 21^{5/19}
Civ Bal 227.23.
Dist form to Ccty Bel 30^{5/19}

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$ 50.⁰⁰

Separation Allowance issued. Yes or No.....

C.M.G. Depot

Canada,

Capt.

Miss
DATE

AUTHORITY

21⁷⁶, D.O. 4593
C.M.G.
d/31⁷⁶

Name

Initials

Bank

Graham
T. J.
Montreal,

DATE 1917	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
					925 25			
Apr 20	Apr. Pay R.		144 50					
" "	at Canada,					50 -		
" 26	Bank	3010		92 50		0		
May 15	May Pay R.		147 25					
" "	at Canada,					50 -		
" 26	Bank	6029		97 25		0		
June 14	at Canada,					50 -		
" 18	June Pay R.		142 50					
" 22	Bank	9004		92 50		0		
July 15	at Canada,					50 -		
" "	July Pay R.		144 25					
" 24	Bank	13071		97 25		0		
" 26	Rations June 17. less dup 4 7/17	1946					£1-19-4	
Aug 13	at Can					50 -		
" 16	Aug. Pay R.		144 25					
" 23	Bank	17361		97 25		0		
" 24	Draw. Allice 27 ⁷⁷ - 4 ⁵ / ₁₇	3890					£4-17-0 23 ⁶⁰	
Sept 15	at ban.					50		
" 19	Sept Pay R.		142 50					
" 20	Bank	21905		92 50		0		
Oct 11	at ban.					50		
" 19	Rations credited direct instead of to adm cash. 11-17-4 Oct Pay R. borrow h.	24139		79 08				
" 19	Bank	26124		88 17		0		
Nov 16	at ban.					50		
	Forward				1582 67			

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$ 50⁰⁰

Separation Allowance issued. Yes or No.....

NAME OF DATE AUTHORITY

DATE AUTHORITY

Can Y Depot

Pay # 3 pd. Capt;

21st 16 DO 4593⁸

10. 75 "

6th 16 31st 16.

Mess 1 "

Name

Initials

Bank

Graham
J. J.
Bank of Montreal.

Canada

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1917				1582-67		50		
	Brot Forward.							
Nov 19	Nov Pay R.		144	50				
21	Bank	30733		92		0		
Dec 7	at bank				50			
14	Dec Pay R.		147	25				
1918	Bank	35096		97		0		
Jan 5	Cost of Dental work on repayment / Gold Crown hist. 18.			243				
14	at bank				50			
19	Jan Pay R.		147	25				
	Bank	39459		94		0		
Feb 11	A. P. Can.				50			
18	Pay Feb. R.		133	-				
	Bank	41013		83		0		
Mar 12	A. P. Can.				50			
18	Pay May R.		147	25				
1919	Bank	42637		97		0		
Mar 15	Indemn loss of kit							
				204749				

ASSIGNED PAY.

UNIT.

RANK.

mess
DATE

AUTHORITY

NAME.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

NAME OF DATE AUTHORITY

C.A.M.C. I.S.

Capt.

21-7-16 D.O. 4593 C.I.D.

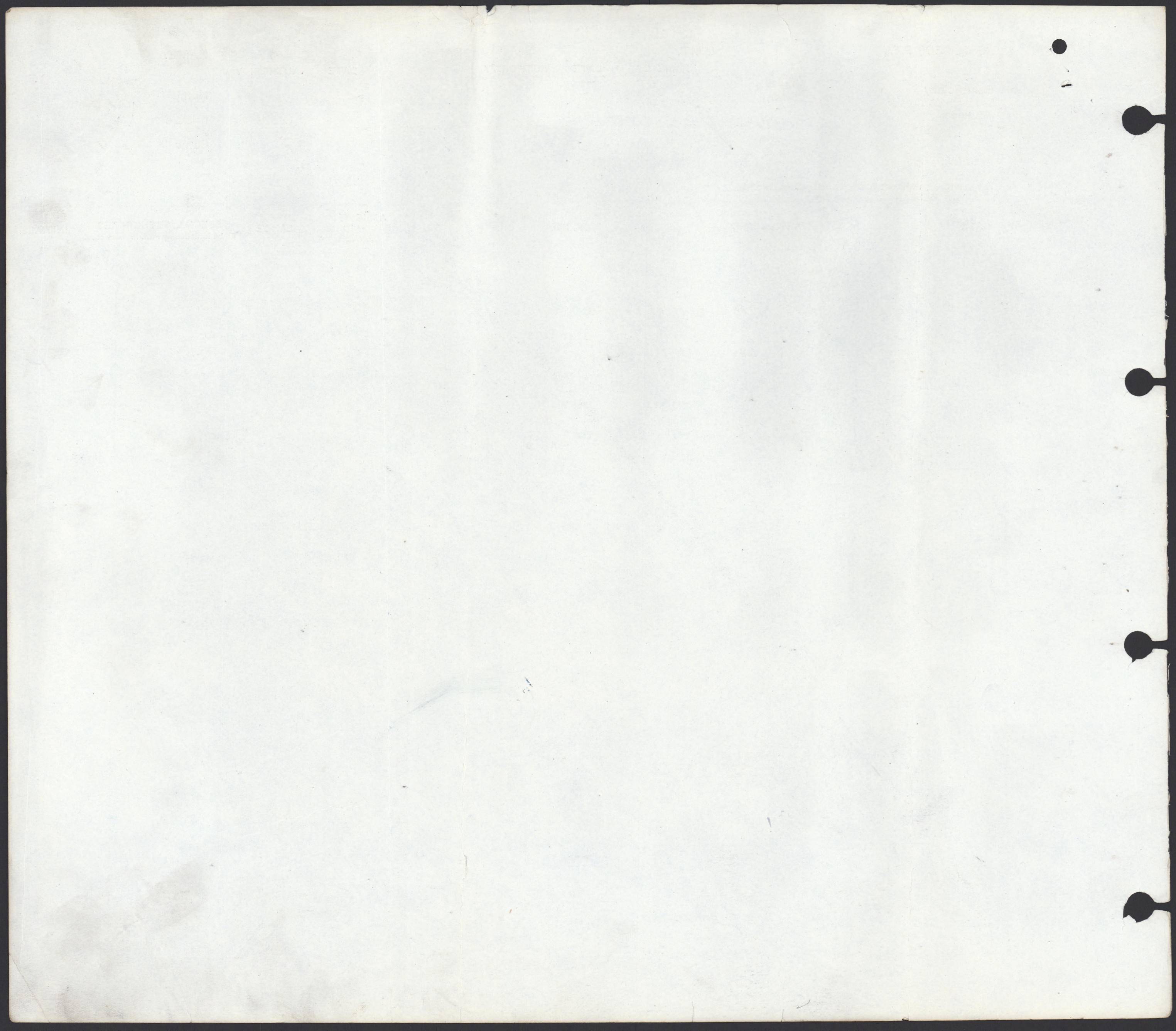
d/31-8-16.

Name Graham

Initials J.F.

Bank Montreal

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS.
1916								
Oct 2	Pa from 16 ⁷ / ₁₆ - 30 ⁹ / ₁₆ Mess for 21 ⁷ / ₁₆ Bank					360 75		
19	Pa from 16 ⁷ / ₁₆ - 30 ⁹ / ₁₆ Mess for 21 ⁷ / ₁₆ v# 10043					360 75		
19	Pay Oct B					147 25		
20	A.P. bar					50		
25	Bank					97 25		
Nov. 16	A.P. Canada,					50		
" 20	Pay Nov. R.					147 50		
28	Bank					92 50		
Dec 11	A.P.					50		
" 13	Pay Dec R					147 25		
" 18	Bank					97 25		
1917	A.P. Canada					50		
Jan 16	Pay. Jan R.					147 25		
" 20	Bank					97 25		
" 26	Pay. Feb. R.					133 -		
Feb. 15	A.P. Canada,					50		
" 19	Bank					83 -		
" 21	Pay. Mch. R.					147 25		
Mar 15	A.P. Canada,					50		
" "	Bank					97 25		
" 26								
						925 25		



Thomas Fleck

Rank and Name

GRAHAM N.S.

Captain

Regimental No.

M.O. 86th Batt.

Name and Address of Next-of-Kin

M^{rs} Alex Graham (mother)

Unit

269 Clarence S^{tr}

Date of enlistment

Place of birth

Guelph, Ont. Canada.

Married (Yes or No)

If in Permanent Force

Promotions and appointments

Date and place of discharge

Reason for discharge

Character on discharge

M

Reames OCT 1 1916

ARMY HASTINGS FEB 1 1917

ARMY CROWLON MAR 1 1917

CAME.

Report		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
Date	From whom received				
6-10-16	D.M.S.	To be Temp. Capt. CAME & posted CAM CT.S		21-7-16	C.O. 1843. Lon. Gaz. 5/10/16
31/8/16	G.O.C. C.T.D.	Taken on Strength and posted to C.A.M.C.T.S.		21/7/16	D.O. 4593. P ^{te} II Ord. 248. (T.S.) P ^{te} II Ord. 96 & 97. (M.G. Dep)
5. 9. 16.	D.M.S.	att ^d to Can. M. G. Depot for duty ^(see above) M.O.		21. 7. 16.	C.O. 1646. P ^{te} II Ord. 251. (T.S.)
19-9-16.	6AM 675.	Detailed for duty as M.O. to 687D.		18-9-16.	Reorder 266.
23. 1. 17	D.M.S.	Posted to a/s a.d.m.s. band - Hastings		22. 1. 17	LoD. 116. P ^{te} II Ord 14/29 d.m.s. Hastings
do	do	ceases the atw C.M. Gun Dep.		22. 1. 17	LoD. 118
15. 2. 17.	D.M.S.	Posted to a/s a.d.m.s. Staff lens Crowlton		14. 2. 17.	P ^{te} II Ord 4/29 d.m.s. Crowlton
6. 3. 17	OC Crowlton	J.O.S on reporting to Det Dms Crowlton		14. 2. 17	C.O. 229. P ^{te} II Ord 8 (a.d.m.s. Broughton)
17. 2. 17.	D.M.S.	att ^d to Can. Machine Gun Depot.		14. 2. 17.	Co. 241.
	do	-attach to Camp Hoop for G.I. & K.I.S. effort			
16. 2. 17	Crowlton	Posted to CM&D for duty as Senior Med Officer.		14. 2. 17	P ^{te} II Ord. 29
21. 3. 17	Crowlton	J.O.S on reporting from a/s a.d.m.s Hastings		14. 2. 17	R.O. 1093.
23. 7. 17.	D.M.S.	Posted to CAME Depot.		20. 7. 17	Co. 957.
23. 7. 17.	do	att ^d to C.M.G.D.		20. 7. 17	Co. 958. P ^{te} II 9/197 d.m.s. Crowlton
	W.O.	Brought to notice of Secretary of State for War for Valuable Services rendered in con. with the War.			WO List (C) 78 17

A.F.B. 103.

10 JUL. 1917

From 6.8.2.D.

Report		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
Date	From whom received				
14-9-17	AMS.	ceases to be att. 6 M.G. Depot		13-9-17	Co. 1207. P ¹¹ 0/259 C.A.M.C.
14-4-18.	N ^o .	ceases to be att. 3 rd Can. Command Depot.		1-4-18.	Co. 412. A.F.B. 103.
14-4-18.	N ^o .	Proceeded of Seas for Service.		4-4-18.	Co. 410. 16 APR. 1918
22-4-18.	3 Stat. Hp.	S.O.S. on arr in France.		4-4-18.	P ¹¹ Ord. 20.
17-9-18	AMS.	Adm. 8 Gen. Hosp.	Rouen	12-9-18	CL. 1088 N.Y.D.
20-9-18.	N ^o .	Died. 8. Gen. Hp. Rouen.		20-9-18.	CL. 1091. N.Y.D. (Q)
23-9-18	as.	cause of death not reported as "cardiac failure Y.B."			CL 1093
25-9-18	30 SH.	S.O.S. having died of illness.		20-9-18	P ¹¹ Ord 55. A.F.B. 104-93-2090A? Estalio. 2-12-18

8679

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

21-1-16

Separation and Assigned Pay Branch

G 5952

Oct. 1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

40			
----	--	--	--

RATE OF ASSIGNMENT

50			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. _____
 Rank *Capt. Promoted* Reverted _____ Discharge _____
 Soldier's Name *J. F. Graham*
 Battalion *8" C.A.M. G. J.D. 11 (86th Bn C.M. G. H.)*
 Beneficiary *Mrs. Ellen Graham*
 Relationship *Wid. Mother*
 Address _____

PARTICULARS OF ASSIGNMENT

Name *Mrs. Ellen Graham*
 Address *269 Clarence St.*
 Change of Address *Brantford, Ont.*
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917 Feb 31</i>	<i>933</i>	<i>750</i>	<i>1683</i>		
<i>1918 Jan</i>	<i>D 66964</i>	<i>40</i>	<i>50</i>	<i>90</i>	<i>2</i>
<i>Feb</i>	<i>P 92325</i>	<i>40</i>	<i>50</i>	<i>90</i>	<i>20</i>
<i>March</i>	<i>H 92966</i>	<i>40</i>	<i>50</i>	<i>90</i>	<i>8</i>
<i>April</i>	<i>H 12084</i>	<i>40</i>	<i>50</i>	<i>90</i>	<i>8</i>
<i>May</i>	<i>S 19648</i>	<i>40</i>	<i>50</i>	<i>90</i>	<i>8</i>
<i># June</i>	<i>O 22072</i>	<i>40</i>	<i>50</i>	<i>90</i>	<i>13</i>
<i>8477 June</i>	<i>O 384</i>	<i>X</i>	<i>50</i>	<i>50</i>	<i>13 NA</i>
<i>July</i>	<i>UK 30717</i>		<i>50</i>	<i>50</i>	<i>13</i>
<i>Aug.</i>	<i>O 38145</i>		<i>50</i>	<i>50</i>	<i>13</i>
<i>Sept.</i>	<i>T 48625</i>		<i>50</i>	<i>50</i>	<i>13</i>

- C. 3 M. rec. to stop A.P. soldier died 20.9.18. Emb 6 1/2

Cancelled 20.6.18.
Suspend S/A pending return of S.D. per ruling Jas. C. Day.
29/18 effective 1-6-18. Emb. #8477 mailed 20.6.18.
M.R.O. 1/B issued 18.6.18.
Sp. Acct closed per ruling B. of R. 31/5/18. Emb. 20.5.18.

FILED IN ACTION }
 DIED OF WOUNDS } DATE *20.9.18.*
 C. L. No. *3.11* DATE *24.9.18.*
 M.R.O. *15428* TO DESTROY RENDERED *27.9.18.*
 B. P. C. FORM 1 & C. F. X. COMPLETED ON FILE
7289-7-8
 CLERK *Emb* DATE *27.9.18.*

M. F. W. 128
 400M-6-17-1772-39-1141
 L. L. 22320-M. & D. 1583.



