

CLASS B III
ATTESTATION PAPER.

No. 215711
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... **GRANSTROM**
- 1a. What are your Christian names?..... **MARIUS**
- 1b. What is your present address?..... **Asquith. Saskatchewan. Canada.**
- 2. In what Town, Township or Parish, and in what Country were you born?..... **Veile. Bredsten. Denmark.**
- 3. What is the name of your next-of kin?..... **Peter Granstrom**
- 4. What is the address of your next-of-kin?..... **Balle, Bredsten. Denmark.**
- 4a. What is the relationship of your next-of-kin?..... **Father**
- 5. What is the date of your birth?..... **April 11th. 1891.**
- 6. What is your Trade or Calling?..... **Farmer**
- 7. Are you married?..... **No**
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... **Yes**
- 9. Do you now belong to the Active Militia?..... **No**
- 10. Have you ever served in any Military Force?..... **No**
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... **Yes**
- 12. Are you willing to be attested to serve in the } **Yes**
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?..... **No**
- 14. If so, what was the nature of the disability?.....
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... **No**
- 16. If so, what was the reason?.....

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **MARIUS GRANSTON**, 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.

M. Granstrom (Signature of Recruit)

Date **Oct 13th/17** 191 . *D. F. Smith* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **MARIUS GRANSTON**, 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.

M. Granstrom (Signature of Recruit)

Date **Oct. 13th/17** . *D. F. Smith* (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 **Winnipeg Manitoba** this **13th** day of **Oct/17** 191 .

M. Leagrim (Signature of Justice)



N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of **MARIUS GRANSTON,** on Enlistment.

Apparent Age 20 years 6 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 9 ins.

Chest measurement { Girth when fully expanded 39 ins.
 Range of expansion 5 ins.

Slight disability of left foot - old fracture

Complexion Dark

Eyes Blue

Hair Dark Brown

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

Vision R. Eye 20/20
 " L. Eye 20/20
 Hearing R. Ear Normal
 " L. Ear Normal

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Oct. 15th/17 191 .

Place Winnipeg Manitoba Canada

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:—

W. Murray Capt
J. ...
W. ...

OCT 13 1917

CERTIFICATE OF OFFICER COMMANDING UNIT.

MARIUS GRANSTON 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.

W. ... (Signature of Officer)

Date Oct 15th/17 191 .

O. C. No. 1 OVERSEAS C. A. S. C. Training Depot

REGIMENTAL DOCUMENTS

Plé, NAME **GRANSTROM MARIUS**

REGT. NO. **2115711**

UNIT **Case.**

H. Q. FILE NO.

KH10/6/19

5

1

2

1

2

1

1

1

1

1

2

1

1

1

1

1

1

1

1

1

1

1

1

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

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M

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2115711

DEATH

Category

DISCHARGE

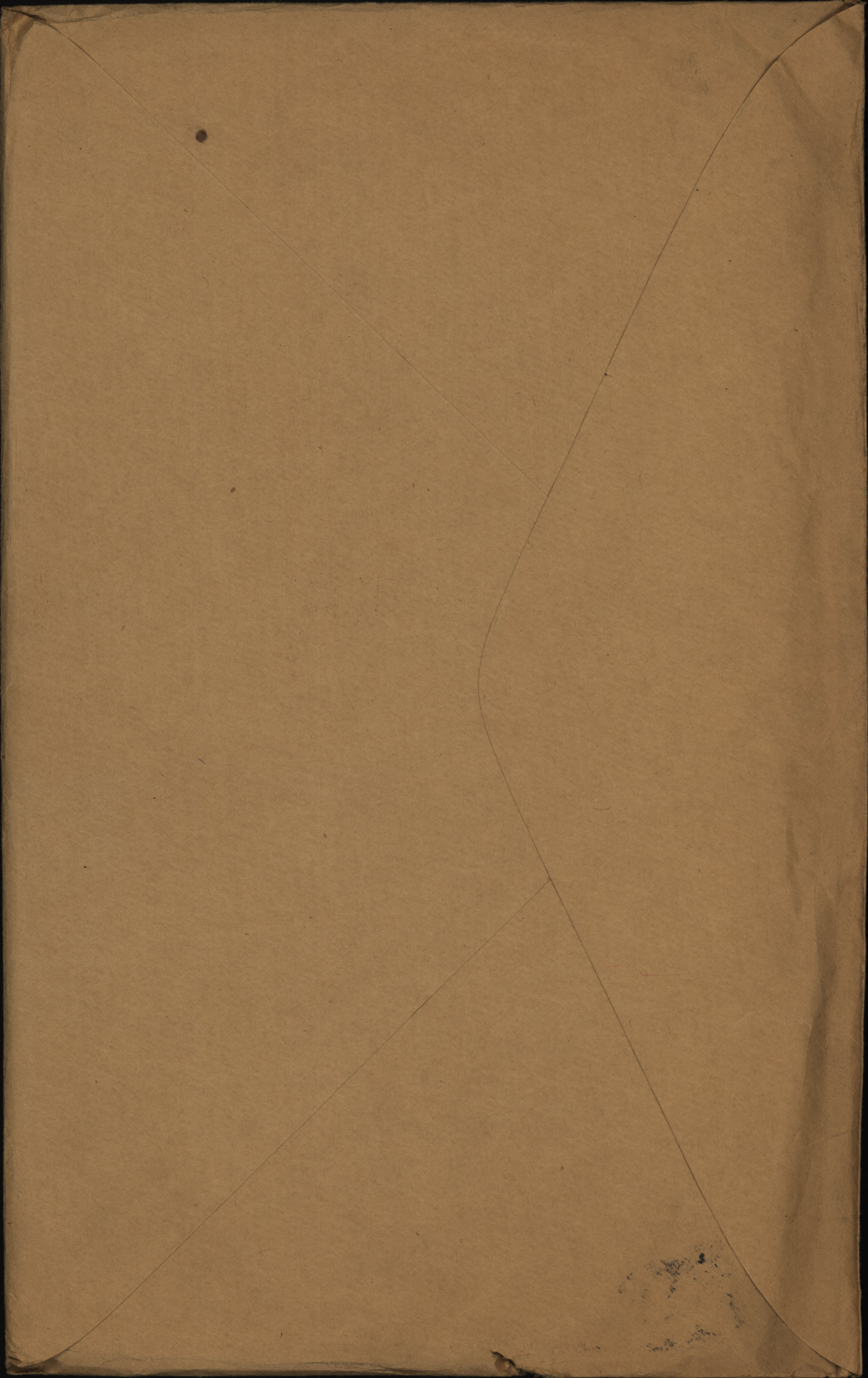
Category

Med. Unfit

DESERTION

9² - 2.9
20 - 30
28 - 1

2



1-9-49

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 Moosejaw DATE 13-5-19

1. 1 (a) Unit 12 DD (b) Regimental No. 2115-711 (c) Rank Plt
 (d) Surname GRANSTROM (e) Christian name MARIUS
 (f) Home address Saskatoon
 (g) Next of Kin Mrs H. Granstrom (h) Relationship mother
 (i) Address of Next of Kin Denmark

2. Age last birthday 28 Date of birth April 11. 1891

3. Enlistment, or Appointment (if an Officer) (a) Place Saskatoon (b) Date Oct 10 '17

4. Personal description:
 (a) Height 5' 10" (b) Weight 185 (c) Complexion Medium
(stripped)

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Scar on right thigh

5. Former trade or occupation Farmer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	<u>1</u>	<u>225</u>

	PERIODS	
	From	To
Canada	<u>April 10 '19</u>	<u>May 13 '19</u>
	<u>Oct 10 '17</u>	<u>Feb 18 '18</u>
England	<u>Feb 18 '18</u>	<u>May 15 '18</u>
	<u>Sept 19 '18</u>	<u>April 10 '19</u>
France or other theatres of War	<u>May 15 '18</u>	<u>Sept 19 '18</u>

7. Original disease, or injury G. S. W. Rt Thigh Frac femur

(a) Date of origin Aug 28 '18 (b) Place of origin Arras France

(c) Cause General Service conditions

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.)

Partial loss of function R's leg.

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.)

He has a long transverse scar above R's knee and a smaller scar in middle third of thigh. He had a fracture of femur in lower third. X Ray shows good union in good position. He is unable to flex knee to more than a right angle. See BPC 800 A attached. His leg tires after walking 2 or 3 miles.

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

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

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

He was wounded Aug 25, 18 by shrapnel which caused fracture of lower third of femur. He had an operation day of injury, had foreign body removed, leg was put in splint & kept there three months. Wound healed in about three months.

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).)

none

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

none

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

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

no

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

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

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

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

In hospital 28.5.18 to date.

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

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

17. Recommendations. *Discharge from the Service*

J.R. Irvine capt.
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, *M. Granstrom* 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.....

Pte M. Granstrom Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

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

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.)

Yes.

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

PLACE

Moose Jaw Sask.

DATE

15. 4. 19.

Geo. J. Wilson Coy President.

J. R. Hank Capt } 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

APPROVED BY

J. Grayson
Assistant Director of Medical Services.

.....Director-General of Medical Services.

DATE

16-5-19.

DATE.....

(9) Is your Father alive?.....Yes.....Peter Granstrom,.....

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

(10) Is your Mother alive?.....Yes.....Hansine Granstrom,.....

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

(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?.....No.....

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.

A. W. Taylor, Jr.
.....
Officer Commanding.

captain

U. S. No. 1 OVERSEAS C. A. S. C. Training Depot

Date.....

JAN 15 1918

13

REGT'L. No. 2115-211.

NAME

Granstrom Marius

H. Q. FILE No 649

RANK AND CORPS

Pte.

52 nd Bn

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

Denmark.

bl sb. 101

A 307
101-1.
A 316

14-9-18.
11-9-18

Adm 47 Gen H. Aug 29, 1918.
GSW. R. High.

9-MH 13

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 275 ^{1/2}	10 Can Fld. Amb	20-7-18	man. Rest Influenza
a 281 ^{1/2}	Disch to duty.	25-7-18	Influenza
B328.	4 Can Gen Recptyk	20-9-18	GSW Rt thigh
B 460 ⁺	5 " " Kirkdale Pol	27-2-19	<u>GSW knee</u> as per 22.
B490 ⁻	Inv. to Canada.	31-3-19	" " Knee S.L. 74 MB 12

B490

LEDGER No. 184

SERIAL No. B7.563.39

REG. No. 2115711 NAME Granston M

RANK P^{te} CORPS _____ AGE 28 SERVICE 6/7/12 8.19/12 7/4/12

HOSPITALS

DATE OF ADMISSION

1 Sask Mil Moose jaw

15-4-19

2

3

DIAGNOSIS GSW High Sac Femur.

TRANSFERRED TO _____

DISPOSITION 16.5.19 Dis Service

CATEGORY _____

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

12

SURNAME. *Granstrom*

CHRISTIAN NAMES *Marius*

REGL. NO. *2115711* RANK *Pte.*

UNIT # *1, b. a, s. b. (I. O.)*

FORMER CORPS *nil*

505. 19-5-19 Demot
120-139 FOLL. 19-5-19
12/18/19

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Granstrom, Peter*

RELATIONSHIP TO SOLDIER *Father*

ADDRESS *Balle, Bredsten, Denmark.*

COUNTRY OF BIRTH *Denmark, Veile, Bredsten* DATE *Apr. 11th, 1891*

PLACE OF ATTESTATION *Winnipeg man.* DATE *Oct. 13th, 1917*

O/S 21-2-18 1103
5

R/C 10/4/19, 301" P. 12 Pte
22

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Lutheran

DESCRIPTION.

APPARENT AGE

26

YEARS

6

MONTHS

HEIGHT

5

FEET

9

INCHES

CHEST MEASUREMENT

39

INCHES

EXPANSION

5

INCHES

COMPLEXION

Dark

EYES

Blue

HAIR

dk. Brown

DISTINGUISHING MARKS

Slight disability of l. foot.

MEDICAL EXAMINATION.

PLACE

Winnipeg Man.

DATE

Oct 13th, 1917

Present address, Asquith Sask.

No. 4 Canadian Gen. Hospital,
 Basingstoke. HOSPITAL.

A. & D.
 CARD

AT.....

A. & D. No. Am 515019 PL. OF ACTION FranceRANK Sto REG. NO. 2115711 UNIT 52 Can Bn. a SICK OR WOUNDEDNAME Graustrom M AGE 27 RELIGION PresPLACE IN HOSPITAL Box NDIAGNOSIS GSW R ThighADMITTED 19. 9. 18 FROM H. S. CarebrookDISCHARGED 6. 2. 19. TO 5 C. S. Liverpool

TRANSFERRED

SERVICE AT HOME James IN FIELD 6 mos

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

Ind

Atg B

Number 2115711 Rank _____

Islam

Surname GRANSTRÖM

Christian Name Marius

Units 52nd CAN Theatre of War France

Date of Service 22-5-18

Remarks _____

Latest Address G. PO RR #1

Asquith
Sask

Roll No. _____

200m.-2-21.M. *Page 1363!*

No. 2115711. RANK Pte.

NAME Granstrom Morris

T. O. S. 13. 10. 17. UNIT

Co. Army Service Corps. #1 Training Depot.

(50.249 of 19. 10. 17)

M. D. 10.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917. Oct. 13.	1917. Oct. 31.	n.	Proceeding of with 15 Lt.	20. 31 of 31. 1. 18.
Nov.		n.		
Dec.		n.		
1918 Jan.	1918.	n.		



Name *Marius*
GRANSTROM *St.*
Kierck

Reg. No. **2115711.**Unit **52nd Batt.**

Next of Kin

*Peter Granstrom
 Ball, Fredrik, Denmark.*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918.						
20-7	<i>Go to C. & O.</i>	<i>Trullunga</i>		<i>A 2275</i>		<i>33735</i>
25-7	<i>As to Duty</i>	<i>(do.)</i>		<i>A 2281</i>		<i>33967</i>
29-8	<i>47. gen corp.</i>	<i>Le Trop.</i>	<i>g S.W. Thigh R.</i>			<i>3907-1</i>
20-9	<i>Go to C. & O.</i>	<i>Bainston</i>		<i>A 308316</i>		<i>507121</i>
17-2	<i>can. Kirkdale</i>	<i>Thigh do.</i>		<i>B 1160</i>		<i>7851</i>
15-11	<i>Dreg. U. 92.</i>	<i>g S.W. R. & Ruse</i>				<i>7978</i>
31-3	<i>Drval & Cavalry</i>			<i>S 13490</i>		<i>8399</i>
		<i>SK 74 MR 12.</i>				

g S.W. L Thigh

Date

Movement

Place

Casualty

List
No.

Notified
N/K O.

W.O. List

A

FIELD MEDICAL CARD

A.T. Serum
Dose and Date

} 1st : 750 28-8-18
2nd 500 2-9-18
500 16-9-18

FIELD AMBULANCE NOTES.

Morphia }
Dose and time }

Date of wound or }
onset of illness }

ML

Religion

Presley

No. 2113711 Rank *plc*

Name

Granstrom M

Unit

5-2 Cavalry

Battle Casualty *Accidentally Wounded* "Sick"

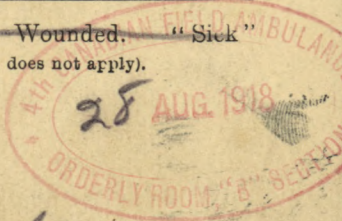
(Strike out description which does not apply).

No. of F.A.

Date of admission

F.A. diagnosis

S.W. High et



Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

Base Hospital diagnosis (alterations or additional)

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

No. of C.C.S. 33

Date of entry 28/8/18

Mr - op

No. of Hospital 47 2 St 1/10

Date of entry 29/8/18

GSW thigh R. stitched -
up wound plugged.
Bread ;
grooves on R. side.

Mr Frank

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

URNNAME

CHRISTIAN NAME OR NAMES

REG. NO.

GRANSTROM.
RANK

M.
UNIT

Co.

TROOP

2115711.
BATTY.

Pte.
HOSPITAL

Man. 52.

DATE OF ADMISSION

10. C.F. Amb.

20-7-18.

- | | | | |
|----|---|-------|--------------------|
| 1. | H. G. Le Gueport. | HOSP. | 29-9-18 |
| 2. | 4 C. G. Basingstoke
5 C. G. Northall | HOSP. | 20-9-18
24-2-19 |
| 3. | | HOSP. | |
| 4. | | HOSP. | |

DIAGNOSIS ~~SHIXXEN~~ Influa'za.

- | | |
|----|------------------|
| 1. | G.S.W. Rt. thigh |
| 2. | G.S.W. R. Knee |
| 3. | |

DISPOSITION

dis to duty. 25. 7. 18. DATE

C.L. 26-7-18. A275.

REMARKS

2. 8. 18 a 281

11-9-18 a/316-6.

25-9-18 B328

1. 3. 19 B460

5. 4. 19 B490/1

Note Change in Diag.
Invalided to Canada 31.3.19.

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.	
2.	
3.	
4.	
5.	
6.	
7.	

H. **GRANSTROM, Matius.** Rank **Pte.** Regtl. No. **2115711**
 *Name..... Fyle Depot.....
 Original Present **52Bn.** M. or S. Age..... Religion..... Ref. H.Q.....
 unit..... unit.....
 Port, ship, and date of arrival **Portland, Essequibo. 10-4-19.**
 Next of kin..... **(Father) Peter Granstrom in Denmark.**
 Address on leave **Saskatoon, Sask.**
 Address on discharge.....
 Transportation issued Yes No Date..... Character on discharge.....
 Previous occupation **Farmer.** Date and place of enlistment **Winnipeg. 13-10-17.**
 Diagnosis **GSW. Rt. Thigh.** Date of Medical Boards.....

Date.	Remarks	Pt. 2 Order No.
31-3-19.	T.O.S. #12D.D. and posted to Hosp. Sec. (M. Haw) 15-4-19. Granted leave from 15-4-19 to 29-4-19 inc.	106-663.
19-5-19.	Posted from Hosp. Sec. (M. Jaw) to Discharge Section.	139-840.
19-5-19.	Discharged from H.M.S. M.U. Wounds.	139-839.

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192
150M-6-18.
1772-39-1243.

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) GRANSTRON M.

REGIMENT 52 Batt. RANK P/E. No. 2115711.

Date of Examination in England 30-1-19. Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

- 1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
(a) Full Upper
(b) Part Upper
(c) Full Lower
(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? no

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

- (a) In Canada ye
(b) In England ye
(c) In France no

No. 4 Canadian Gen. Hospital, Basingstoke.

Signature of Dental Officer J.H. Smith. Capt. Case.

RECEIVED BY MAIL

NOV 20 1882

NOV 20 1882

NOV 20 1882

NOV 20 1882

RECEIVED BY MAIL

RECEIVED BY MAIL

RECEIVED BY MAIL

RECEIVED BY MAIL

a-67

CASE HISTORY SHEET.

Scott's Mill Camp Hospital. M. Hoyle W. Sack Station.
 2115-711 Rank pte. Name Yanstrom M. Age 28.
 Unit 5-2nd Bn Completed years of service 0 5/12 E 1 9/12 7 4/12
 Date of admission 15-4-19 Date of discharge 16-5-19
 Diagnosis BSW High R. Femur Place of origin France

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaints: weakness of rt. leg - limitation of movement of rt. knee joint

History: Shrapnel wd across lower end of rt thigh just above patella - extending from inner side to outer side. Two scars muscular junction of middle & lower third - injured Aug 28-18. Across front. Full extension. Flexion +30° - 90°
No other disability -
T. Ray -

FAMILY HISTORY

neg.

TREATMENT

massage

CONDITION ON DISCHARGE

He can flex knee to 90°
Complaints of slight weakness in leg
Discharge from the Service

Date 13-5-19

J. R. Irwin capt
 Medical Officer i/c case.

17.1

Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____
 Date: _____

Description of Case: _____

Treatment: _____

Prognosis: _____

Comments: _____

Signature: _____
 Title: _____
 Date: _____

179

ca.

Forms
I. 1237
14

Army Form I. 1237.

MEDICAL CASE SHEET.*

SP

No. in Admission and Discharge Book ms 15019 Year	Regimental No.	Rank.	Surname.	Christian Name.
	2115711	plc	Ernststrom	m
	Unit.	Age.	Service.	
	52 Bn Canus.	27	13/12 6/12	

Station and Date.	Disease
19. 9. 18	Low R. Thigh

OCCUPATION farmer

NEXT OF KIN father Peter Ernststrom Julland, Denmark

ENLISTED October 10 1917

ENROLLED March 4 1918

FRANCE May 15 1918

WOUNDED August 28 1918 near Arras

HOSPITALS 33 C. C. S. 28/8/18.

47 Gen Hosp. 29/8/18

OPERATIONS

REMARKS A. T. S. 750 units 28/8/18

500 " 7/9/18

500 " 16/9/18

500 " 9/10/18

SUMMARY OF P. M. C. & M. H. S.

No 47 Gen Hosp. 29/8/18 C. S. W. High R. stitched up. Wd plugged canal. Gray over Rt side.

Well developed well nourished

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

No 4 Canadian Gen. Hospital, Winnipeg, Manitoba

Station
and Date.

man about 28 years of age. Rt leg
4/3 thigh in posterior splint with a
foot piece. Healed sutured Wd of
ant surface lower 1/3 Rt thigh. Small
granulating Wds on anterior & posterior
aspects of middle 1/3 of Rt thigh with
slight sero-purulent discharge. - Curd.
Healed gray of Rt side.
No lesion found in heart or lungs.
General condition good.

W. J. Thomson
Capt. AMC

17/17/18

wound healed.
movement - ~~about 10% of normal~~

Extension full
Flexion 20% wound
E. M. D. H. J. P. H.

5/3/19

to 5 Can Gen. Hosp. Liverpool.
Linear & circular scars right leg
healed. Limitation of movements
of knee joint, no other complaints
H. P.
R. Hugh Capt. AMC

ORIGINAL MEDICAL HISTORY SHEET

B III

Surname **GRANSTROM**

Christian Name **MARIUS**

Examined on **17th** day of **Oct/17** 191...
 at **Winnipeg Manitoba Canada**

Approved by

ORIGINAL

A. Swackey

Birthplace { City or Town **Veile**
 County **Bresten Denmark**

Rank **Capt.** M.O.

Apparent age **26yrs 6mths**

MOBILIZATION BOARD EXAMINED FOR RE-ENGAGEMENT
23 SEP 1918

Trade or occupation **Farmer**

W. Murray M.O.

Height **5** feet **9** Inches

W. Murray M.O.

Weight **162** lbs.

W. Murray M.O.

Chest measurement { Minimum **34** inches
 Maximum expansion **5** inches

Vision R. Eye **20/20** M.O.

" L. Eye **20/20** M.O.

Physical development **good**

Hearing R. Ear **Normal** M.O.

Small-pox Marks **none**

" L. Ear **Normal** M.O.

Vaccination Marks { Arm Right Left **1**
 Number **1**

VACCINATIONS

When Vaccinated last **childhood**

NOV 3 1917 *SBU* M.O.

(a) Marks indicating congenital peculiarities or previous disease **none**

(b) Slight defects but not sufficient to cause rejection

Slight disability of left foot old fracture
Slight varicose.

ANTI-TYPHOID INOCULATIONS, ETC.

OCT 20 1917 *SBU* M.O.

OCT 27 1917 *SBU* M.O.

NOV 3 1917 *SBU* M.O.

Enlisted on **13th** day of **Oct/17** 191...

at **Winnipeg Manitoba Canada**

JOINED ON ENLISTMENT	CORPS	REG'TL NUMBER	HABITS	DATE
OTTAWA OVERSEAS DEPOT C.A.S.C.	No 1 Overseas C.A.S.C. Training Depot	2115711		Oct 13th / 17
Transferred to	18TH CAN BPS BN <i>52nd Batts</i>	2115711		JAN 15 1918 MAR 25 1918 22 MAY 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<i>No 4 B. G. H. Base Hospital</i>	<i>8-1-19</i>	<i>P.S.W. M thigh</i>	<i>Sto b. Eff. Cause</i>
<i>Sask Mil Hosp.</i>	<i>15.5.19.</i>	<i>do</i>	<i>discharge from service</i>

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.

ET. Rank Name **GRANSTROM, Marius** ✓ Reg'l No. **2115711** ✓
 Unit **C.A.S.C. to Man:Regt:** If in perm. Corps, }
 What Unit? } Married or Single **Single** ✓
 Place and Date of Enlistment **Winnipeg. October. 13th, 1917.** ✓ Place of Birth **Veile.** ✓
Bredsten,
Denmark.
 Name and Address, Next-of-Kin **Peter Granstrom** ✓
Belle, Bredsten, Denmark. Relationship **Father.** ✓

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—9546-16.

N/E. R.E. No. **18588**
 File R.L.
 Category **M B CAN**

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.				
<i>24.3.18</i>	<i>18 Res</i>	<i>T.O.S FROM Canada</i>	<i>4.3.18. Pt II O 81</i>	<i>4.3.18</i>	<i>85. Arctic 10300/18</i>
<i>23.5.18</i>	<i>---</i>	<i>S.O.S Proc of Seas to 52nd Bⁿ</i>	<i>15 Seaford</i>	<i>22.5.18</i>	<i>PH 20143 52nd Bⁿ PH 2048 4/31.5.18</i>
<i>11.9.18</i>	<i>52nd Bⁿ</i>	<i>Wounded</i>	<i>Fizza</i>	<i>29.8.18</i>	<i>C.F.A 316 PH 2737/18</i>
<i>28.9.18</i>	<i>52nd Bⁿ</i>	<i>Invalided + pers M.R.D</i>	<i>Fizza</i>	<i>18.9.18</i>	<i>PH 5088 8/30.9.18</i>
<i>5-4-19</i>	<i>52 Bn</i>	<i>Invalided to Canada</i>	<i>Liverpool</i>	<i>31-319</i>	<i>C.L.B. 480.</i>
		<i>Sailing 74 M.D 12</i>			
<i>9.4.19</i>	<i>M.R.D.</i>	<i>Having been Invalided to Can for further med. treat. leave to be shown as patient in Rep. vis S.O.S to C.L.B. Canada M.D. 12.</i>	<i>Seaford</i>	<i>31.3.19</i>	<i>PH 2099</i>

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps..... No. 1 Overseas C.A.S.C. Training Depot *to have regt.*

Regimental No. 2115711 Rank Private Name GRANSTROM, Marius ✓
C. E. F.

Enlisted (a) Oct. 13/17 Terms of Service (a)..... C.E.F. *Dgw* Service reckons from (a) Oct. 13, 1917. ✓

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

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

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

CERTIFIED CORRECT.
 29 MAY 1918
 CAN. RECORDS, LONDON.

~~Transferred to OTTAWA OVERSEAS DEPOT C.A.S.C. JAN 15 1918~~ *no record.*

Embarked Canada 21.2.18.
Disembarked England 4.3.18.

MAY 2 1918
22 MAY 1918

18th Res. Bn. TAKEN ON STRENGTH. DIBGATE MAR-41918 Part II D.O. 83 ✓
C.C.B. Dragged to 52nd Bn. Dibgate. 22 MAY 1918 Part II D.O. 143
18th Res. Bn. Asst. Adjutant, 18th Res. Bn.

C. C. B. D.	Landed in France. Taken on strength 52nd Cdn. Bn.	23.5.18	Nom. Roll d/23.5.18	
do. —	Left for <u>ccrb</u>	6.6.18	Pt II D.O. 48 d/31.5.18	
C. 52nd Bn.	Arrived Unit for duty	19.7.18	Nom. Roll d/6.6.18	
6.6.18	<u>ccrb.</u> <i>Joined</i>		B. 213 d/20.7.18	
18.7.18	<i>To work</i>		<i>Sid.</i> 6.6.18	<i>MC</i>
20.7.18	<i>10 CSA. Influenza</i>		" 18.7.18	"
25.7.18	<i>"</i>		<i>as 10 CSA.</i> 20.7.18	<i>93316</i>
27.7.18	<i>52 Bn Rejoined Unit</i>		<i>to duty</i> 25.7.18	<i>95100</i>
			" 26.7.18	<i>B213</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.

2115711 Pte Granstrom M

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				
28. 8. 18	HCSA	sw R. thigh	CCS	28. 8. 18	A8241
28. 8. 18	33 CCS	"	as 17	28. 8. 18	H3847
29. 8. 18	47 gen	"	47 gen	29. 8. 18	H6707
17. 9. 18	47 gen	"	England	17. 9. 18	K2288
18. 9. 18	.	posted to Man. Regt Depot. Seaford.	basinbrook ble.	18. 9. 18	W3083/6048 P/O 88/18
30. 9. 18	M.R. 10	Taken on Strength	Seaford	18. 9. 18	<p>W.D. Davies Lieut for Lt - Col. G. G. G. Gen Sect 3rd Ech. G.S.C. P/O 273 H. J. Lundy LIEUT. FOR LIEUT. COL: I/C RECORDS C.O.M.F. Major</p>
16/4/19	D.D.O. Part II: 106/663	T.O.S. No. 12 DISTRICT DEPOT From Overseas	REGINA Lark.	31/3/19	H. J. Price Lieut Major
19. 5. 19	Aspl Sect	Discharged M. M. Wounds	Regina	19. 5. 19	for O.C. Hospital Section, No. 12 District Depot DDO 139.839
					<p>R. Hammett Capt Lieut. & A/Adjt. No. 12 District Depot</p>

Reference copy of original C.E.F. Discharge Certificate
issued to the soldier shown hereon.

This copy is to be attached to a soldier's discharge documents and must contain the exact wording which appears on the original certificate, and must be signed by the Officer carrying out discharge.

This is to Certify that No. 2115711 (Rank) Private
(Name in Full) Marine Granstrom enlisted in
C. A. S. C.
Canadian Overseas Expeditionary Force, on the 13th of October
191 7, and accompanied said unit to France Four months with the 52nd Battalion.
was returned to Canada, and discharged from the service at Regina
on the 19th of May 191 9 in consequence of being
Medically Unfit: "Wounds"

DESCRIPTION ON DISCHARGE

Age	<u>28 years</u>	Marks or Scars	
Height	<u>5 feet 9 inches</u>		
Complexion	<u>Dark</u>		
Eyes	<u>Blue</u>	<u>G.S.W. Right Thigh</u>	
Hair	<u>Dark Brown</u>		
Trade			
<u>xxxx File No. 264-G-12 D.D.</u>			

Signature of Man

M. Granstrom

Lt. Col. [Signature]
Officer in charge Discharge Depot

Place and Date Regina, Sask. 19-5-19.

O.C. #12 District Depot.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

A. No. 241361.
War Service Badge, Class
issued
B. No. 59221.

No.
Rank
Name
Unit
Address on Discharge

Discharge Section
MAY 19 1919
NO. 12 DISTRICT DEPOT

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

His conduct and character while in the Service have been:

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

Place
Date Commanding

Campaigns
Medals and Decorations Entitled to wear One (1) Gold Casualty Stripe:-
28-8-18. Also Two (2) Blue Service Chevrons-----

P. 558.
MARRIED OR SINGLE

Single

PLACE OF BIRTH

Veile, Bredsten Denmark

NAME AND ADDRESS OF NEXT OF KIN

Peter Granstrom

RELATIONSHIP OF NEXT OF KIN

Father

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.

7115711

RANK

Pte

NAME

Granstrom, Marius

IF IN PERM. CORPS
WHAT UNIT

UNIT

C.A.S.C. Dept

TRANSFERRED TO

18 Res Bn

DATE

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

DATE

AUTHORITY

PLACE OF ATTESTATION

Winnipeg Man

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

13/10/17

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$

15.00

DATE EFFECTIVE

1/3/18

PAYABLE TO

Mr. Hans Larsen, R.R. #1 Asquith, Sask.

RELATIONSHIP

Uncle

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	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4	CREDIT	DEBIT										
MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEPR. PER. ROR. ALLO. PAY. HNG.																									
FEB 28 1918	<i>Sal from Canada</i>								<i>20 30</i>																										
Mar 1-31	<i>Pte</i>								<i>15 39 40</i>																										

ASSIGNED PAY. ENGLAND CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA.
EFFECTIVE DATE: 1-3-18 EFFECTIVE DATE:--
AMOUNT: 1500 AMOUNT:--

NAME: *Granstrom Marcus*
NUMBER: 2115711 E
PARTICULARS OF RANK OR APPOINTMENT

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 Hans Larson,
Box #1, Asquith
Sask. (Uncle)
Stoppa 1-2-19*

AUTHORITY: *Caul PC*
DATE EFFECTIVE: *Pto*
RANK OR APPOINTMENT: *Pto*

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
13/1/19	12382	B/S/Make	£10/-	48 69	6	Sukter 12/19	8 76
9/1/19	12041	"	1/-	4 87			

UNIT AND TRANSFERS
ORIGINAL UNIT: *Casest.*
DATE ACCOUNT FIRST OPENED: 1-3-18.
AUTHORITY: *P. 806.*
DATE EFFECTIVE: 1.6.18
DATE LEDGER SHEET T'S'D: 19.6.18
UNIT TRANSFERRED TO: *18th Res. 52 Bn*

PARTICULARS OF RENDERING NON-EFFECTIVE: *Do to Canada 23/1/19 B/S/Make 22/1/19 Led Bal 124 60 APC Bal 24 69 82 82 H.D.*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
3/13/18	<i>Bal. Forw</i>								39 40		
April	<i>P.F.</i>	33		<i>CR. 58. 11 1/8 18 Res.</i>	4 87						
				<i>Gen A Pay.</i>				15.			
				<i>AR 1955 25/3/18 18 Res.</i>	4 87						
				<i>AR. 3868 15/3/18 via Schiffe.</i>	4 87						
				<i>" 182 29/4/18 18 Res</i>	14 60				29 19.		
		33			29 21			15			
May	<i>P.F.</i>	34 10		<i>b. a. P.</i>				15			
				<i>AR 213 6/5/18 18 Res</i>	24 33						
				<i>DN. AR. 683 31/5/18 6.9.18</i>	4 46				18 50		
		34 10			28 49			15			
JUN		33		<i>b. a. P.</i>				15			
		33		<i>AR 838 30/11/18 27/6</i>	4 46				32 64		
July		34 10		<i>b.a.P.</i>	4 46			15			
				<i>AR 998 52/2 12/6</i>	3 57			15			
				<i>AR 1082 30/11/18 12/7</i>	3 57				44		
		34 10			7 14			15			
Aug		34 10		<i>b.a.P.</i>				15	63 10.		
				<i>AR 1010 52/2 17/8</i>	4 46				58 64		
		34 10			4 46			15	56 64		
Sept		33		<i>b.a.P.</i>				15	76 64		
				<i>AR 683 26/9</i>	4 87				71 77		
		33			4 87			15	105 64		
Oct		34 10		<i>57757 ✓</i>				15	86 -		
		34 10			4 87			15			

*H.D. Currier
A. H. Wood
H. H. Lyman*

QUALIFIED BY
CHECKED BY

NUMBER 2115711 RANK

NAME Granstrom M

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov	P. O.	33		AR 8579 H. Ch. H. 7/4/18	4 87			15 -	86 -		
Dec		34 10		✓ 10013 ✓ 5.12.18	9 73			15 -			
Jan		34 10						15	127 60		
Feb	SF 13/1/19 to 25/1/19 DO 16 16/1/19 MRA	101 20			14 60			145 -			
	NE	87 6		Advotv. ✓ 9.1.19	4 87						
				✓ 12382 ✓ 13.1.19	4 87						
				✓ 14627 ✓ 14.2.19	4 87						
				✓ 161 ✓ 5.3.19	4 87						
				✓ 1297 ✓ 27/3/19	4 87				68 21		
					68 15						
				Stlo Canada							
				LH 7H 31/3/19 base							

Reserved for M.H.C.

Regt. No. 2115711 Rank P.T.E. Surname GRANSTROM Christian Name MARIUS
 Unit or Corps—(a) Overseas from United Kingdom 52nd BATTN. (b) in United Kingdom ASC
 Born at—Town BREDSTEN County or Province JUTLAND Country DENMARK
 Date of Birth—Day 11 Month APRIL Year 1891 Age 27 yrs. 8 months.
 Joined at SASKATOON, SASK. ^{WINNIPEG MAN.} Date 17th OCTOBER 1917
 Former trade or occupation FARMER

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

4" scar (haarscut) ant. surface lower 3rd R. thigh

Height—feet 5 inches 9 Colour of eyes BLUE

Signature of Soldier (for identification purposes) M. Granstrom

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

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

Disabilities Group (a) CONTRACTION OF TENDON OF EXTENSOR QUADRICEPS GROUP OF MUSCLES - RIGHT.
~~PARTIAL LOSS OF POWER R. THIGH~~
 Disabilities Group (b) NIL
 Disabilities Group (c) NIL

2. CAUSE OF DISABILITY

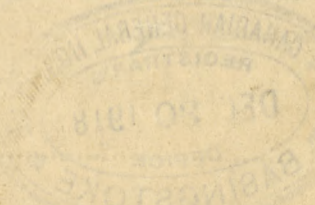
		Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>g.s. w R. Thigh</u>	<u>ANNAS</u>	<u>28/9/18</u>
(ii.) As to Group (b) above.	<u>NIL</u>		
(iii.) As to Group (c) above.	<u>NIL</u>		

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

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

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

- (i.) As to Group (a) above? yes
- (ii.) As to Group (b) above? na.
- (iii.) As to Group (c) above? na.



5. MEDICAL HISTORY.

He states. Fractured ankle winter 1918
 slight left varicocele - both prior to enlistment.
 Documentary evidence no 4 Can. Gen. 2/8/18.
 S.W. Thigh - R.A. no 33 C.S.S. no 47 Gen. Aug 24. 8. 18.
 ext. spec. Thigh, R. - stitched up, wound plugged.
 no 4 Can. Gen. Hosp 19. 9. 18. care report
 R.A. leg and thigh in posterior splint with R. angled
 foot piece. Healed sutured wd. of out. surface. lower
 1/3 R. Thigh. small granulating wds on anterior surface
 & posterior surface of mid 3rd of R. Thigh with slight
 sero-purulent discharge - mythomora; epl. came.

subjective - weakness of R. Thigh and unable to
 flex leg on Thigh.

objective - 2" scar - mid 3rd out surface R. Thigh
 6" transverse wound anterior surface of
 lower 3rd of R. Thigh. This latter wound has
 injured the quadriceps extensor group of muscles
 and the scar tissue in the group of muscles prevents
 (the leg from normal flexion on thigh)

1 1/2" irregular shaped wound over popliteal space
 R. Thigh - no apparent injury to Bone, Blood
 vessels or nerves or knee joint of R. Thigh & knee
 movements - while standing on R. leg can properly extend it but
 after lifting it on floor cannot fully extend leg on thigh
 flexion at R. knee joint is about 20% of normal and
 this is not due to adhesions in R. knee joint but shortening
 of fibres of quadriceps extensor group of muscles.

7. OPERATION. (i.) Was one performed? yes (ii.) If so, state what. on wound
 (iii.) Was one advised and declined? no

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

8. (i.) Is there loss or decay of teeth attributable to Active Service? no
 (ii.) If so, describe: na.

9. DO YOU RECOMMEND:—
 (a) Fit for duty? no
 (b) Invalid to Canada? yes
 (c) Discharge from the Service as permanently unfit? yes

Date of Report: 30/12/18 1918
 Station: 4 Can. Gen. Hosp Basingstoke
 Signed: Ellie Arthur Officer in medical charge of case.
capt came

I have satisfied myself of the general accuracy of the above Report,
 and certify that the above is a true and correct copy of the original.
 Dated: 30/12/18 Registrar's Office, Basingstoke
Keshapernya for Officer in Charge Hospital Strike out one of these
S.M.O. Engle
 Station, on 1918
 *Delete if inapplicable.



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

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

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

12. From the medical information now adduced, was the disability caused or aggravated by:
(a) Negligence of the Soldier { Caused? *no*
Aggravated? *no* }
(b) Misconduct of the Soldier { Caused? *no*
Aggravated? *no* }

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

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

15. Permanency of the Disability due to Service estimated next above in (14).
(i) Is it permanent?
(ii) If not permanent, what is its probable minimum duration (in months)?

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

17. Can the former trade or occupation be resumed?

18. REMARKS:—

9

19. RECOMMENDATION:—

(a) Fit for duty? *no*
(state category)

(b) Invalid to Canada? *Yes*

(c) Discharge from Service as permanently unfit? *no*

Date of Board *8-1-19*

Station *404 B.G.H. Basingstoke.*

Signatures of the Board

EP Lewis Capt C.A.M.C. President.
Wm Goldie Capt C.A.M.C.
Corporal Baker Capt C.A.M.C.

Approved

A Collins

A.D.M.S.

Dated at

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

ASSISTANT DIRECTOR OF
MEDICAL SERVICES,
CANADIANS, LONDON AREA.
FEB 5 1919
13 BERNERS ST. LONDON, W.1

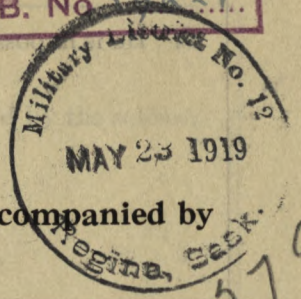
A. No. 241361...

War Service Badge, Class
issued

B. No. 50231...

This space to be for numbers.

Proceedings on Discharge.



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

No.	2115-711
Rank	I Private
Surname	Granstrom
Christian name	Marino
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	C.A.S.C.
Date of discharge	19-5-19
Place of discharge	Regina

1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks
Age..... 28 years..... months.	
Height..... 5 feet..... 9 inches.	
Complexion	Dark
Eyes	Blue
Hair	Dark Brown
Trade	Farmer
Intended place of residence (To be given as fully as practicable.)	Asquith Sask.

2. The above-named man is discharged in consequence of *Med. unfit Wounds*

Authority for discharge..... *R.O. 1420 + D.D.O. 119.839*

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

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.)

Medical Documents forwarded to ~~S.C.R.~~ or B. P. C. on 30/5/19

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

a-k

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) *Regina* *M. Granström* (Signature of Soldier.)

(Date) *19-5-19* *P. Baunister* (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) *Regina* *G. Baunister Col.* (Signature)

(Date) *19-5-19* *Officer Commanding*

No. 12 District Depot

Reservations referred to at Para. 8.

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

List of Discharge Documents.

*I hereby certify that there are
no reservations.*

M. J. [Signature]

Reg. Conduct Sheet	Minutes form B. 202	Attestation Paper	Minutes Form W. 25
Squadron Battery Company	Conduct Sheet	Particulars of Record	W. 133
			B. 203
Field Conduct Sheet	"	Proceedings on Discharge	B. 218
			W. 178
Copies of Convictions by C. P.		in MS.	
Med. Hist. Sheet	Minutes form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Casualty Form	W. 54		
Medical Report for Invalids	B. 323	(a) Proceedings on Discharge	
Dental History Sheet	H. 405		
Last Pay Certificate	W. 44	(b) Attestation	
Duplicate Discharge Certificate	W. 304		
Form of Will	W. 82	(c) Medical History Sheet	
Only if man has not been overseas.		Only if discharged "Medically unfit".	

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

V.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.

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
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Casualty Form	" W. 54
---------------	---------

Medical Report for Invalid§	" B. 227
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Dental History Sheet	" B. 465
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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
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or	
Particulars of Recruit	" W. 133

Proceedings on Discharge	" B. 218
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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.

FILE, G-426. *5/5 Essequibo 10th 1919*

ADDITOR *qn* PAYMASTER

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

REGT. No. *2115711* RANK *pk* NAME (IN FULL) *GRANSTRÖM, M.*

M. OR S.

NEXT OF KIN ADDRESS <i>General Delivery Saskatoon, Sask</i> IS SEPARATION ALLOWANCE PAID? <i>NO.</i> TO WHOM PAID ADDRESS <i>Mrs Hans Larson 826 Main St Saskatoon, Sask</i>	RELATIONSHIP RELATIONSHIP DATE EFFECTIVE	PARTICULARS <i>10.31.13 to 11.15.14 11.15.14 to 12.9.19 12.9.19 to 10.10.17</i>	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F. PLACE OF ATTESTATION DATE OF ATTESTATION ASSIGNED PAY \$ PAYABLE TO ADDRESS STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE DISCHARGED PLACE <i>Regina, Sask</i> DATE <i>MAY 19 1919</i> REASON <i>M.D. Wounds</i> AUTHORITY <i>D01391</i> IF ENTITLED TO POST DISCHARGE PAY <i>Yes</i>	IF IN P.F. WHAT UNIT? TRANSFERRED TO DATE TRANSFERRED TO DATE ANY CHANGE IN ASSIGNEE OR ADDRESS
--	--	--	----------------	-----------	---	--

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		C.R.	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		
			\$	C.																				\$
<i>11/1/19</i>																							<i>82 82</i>	
<i>12-19/5</i>	<i>108</i>	<i>110</i>	<i>118 80</i>	<i>35 - ✓</i>	<i>12 00 ✓</i>	<i>165 80</i>	<i>160 19/ ✓</i>	<i>4 16 ✓</i>	<i>189 01 ✓</i>				<i>45 - ✓</i>	<i>162 19/ ✓</i>	<i>15 - ✓</i>	<i>2 15 ✓</i>			<i>114 61</i>	<i>21 79</i>	<i>204 01</i>	<i>235 89</i>	<i>70 - ✓</i>	<i>3 ✓</i>
			<i>118 80</i>	<i>47 = ✓</i>	<i>82 82</i>	<i>248 62</i>			<i>258 62</i>				<i>60 = ✓</i>						<i>318 62</i>	<i>70 = ✓</i>	<i>70 = ✓</i>		<i>Capt. Mitchell</i> <i>For ASST. DIRECTOR OF PAY SERVICES</i> <i>MILITARY DISTRICT No. 12</i>	
<i>122</i>				<i>280 - ✓</i>		<i>280 - ✓</i>													<i>70 - ✓</i>	<i>70 -</i>	<i>210 -</i>	<i>12 12</i>		
																			<i>70 = ✓</i>	<i>140 =</i>	<i>140 =</i>	<i>618 354 ✓</i>	<i>19/10/19</i>	
																			<i>70 = ✓</i>	<i>210 =</i>	<i>70 =</i>	<i>6269 37 ✓</i>	<i>JUL 15 1919</i>	
																			<i>70 = ✓</i>	<i>280 =</i>	<i>-0 -</i>	<i>6360 77 ✓</i>	<i>AUG 1 1919</i>	
				<i>280 - ✓</i>		<i>280 - ✓</i>													<i>280 = ✓</i>	<i>280 - ✓</i>	<i>280 - ✓</i>			

WAR SERVICE GRATUITY M.D. 12

I certify that all payments due on this account have been completed.
Andrew Capt.
Paymaster War Service Gratuity
Military District No. 12.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch **G**

6101 *Max 1-1918*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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AUTHORITY FOR NEW ACCT.

M.P.

RATE OF ASSIGNMENT

<i>15</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *2115711*
 Rank *Pte.* Promoted Reverted Discharge
 Soldier's Name *Guanstrom Marcus*
 Battalion *# 1. Overseas C. A. S. C. P. D.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Wm. Evans Larson*
 Address *P.R.#1. Asquith, Sask.*
 Change of Address
 1 *826 Main St., Saskatoon, Sask.*
 2
 3
 4

Below Duennet Months

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>May 1918</i>	<i>M 77189</i>		<i>15</i>	<i>15</i>
<i>Apr.</i>	<i>H. 12207</i>		<i>15</i>	<i>15</i>
<i>May</i>	<i>S 19789</i>		<i>15</i>	<i>15</i>
<i>June</i>	<i>O 22206</i>		<i>15</i>	<i>15</i>
<i>July</i>	<i>K 30854</i>		<i>15</i>	<i>15</i>
<i>Aug.</i>	<i>O 38283</i>		<i>15</i>	<i>15</i>
<i>Sept.</i>	<i>T 43770</i>		<i>15</i>	<i>15</i>
<i>Oct.</i>	<i>W 50469</i>		<i>15</i>	<i>15</i>
<i>Nov.</i>	<i>V 59493</i>		<i>15</i>	<i>15</i>
<i>Dec. 1918</i>	<i>X 64349</i>		<i>15</i>	<i>15</i>
<i>Jan.</i>	<i>T 75784</i>		<i>15</i>	<i>15</i>
<i>Feb 8</i>	<i>O 6578</i>		<i>15</i>	<i>15</i>
<i>Feb.</i>	<i>Y 79456</i>		<i>15</i>	<i>15</i>
<i>Mar.</i>	<i>Z 91707</i>		<i>15</i>	<i>15</i>
<i>Apr.</i>	<i>S 291</i>		<i>15</i>	<i>15</i>
			<i>210</i>	<i>210</i>

7307-M-2 REMARKS

*M.R.O. 6448 30.8.18 Emb.
Rtd & cancelled 20.5.18 Emb.*

A.P. for April

M. F. W. 128.
400M-17-1772-39-1141
L. L. 22320-M. & D. 7983.

A/c Closed 30-4-19

Ret'd per. C. Asquith

Date 10-4-19 M.F.W. 187 17-4-19-M.A.#12

Closed C. Gunn

M.R.O. Heston #91041

M.R.O. IA rendered.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Rank

Promoted

Reverted

Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M-6-17-1772-89-1141
L. L. 22220-M. & D. 7583.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

July 1st 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>15⁰⁰</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *2115711*

Rank *Pvt.* Promoted Reverted Discharge

Soldier's Name *Marius Graustrom*

Battalion *1st Overseas C.A.S & Training Depot 15th Draft*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Hans Larson*

Address *R.R. #1, Asquith Sask.*

Change of Address

1	<i>HANS LARSON,</i>		
2	<i>R.R. #1,</i>		
3	<i>ASQUITH, SASK.</i>	<i>15</i>	<i>15.00</i>
4	<i>% 2115711 PTE MARIUS GRAUSTROM</i>		

FIFTEEN DOLLARS

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

M. F. W. 128
 400M-6-17-177-38-1141
 L. L. 22520-M. & D. 1903.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion _____

Beneficiary _____

Relationship _____

Address _____

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. 7993.