9091

6669
2293405

ORIGINAL

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1.	What is your surname?	Gray.
1a.	What are your Christian names?	Albert.
1b.	What is your present address?	L.S.H.(R.C.)
2.	In what Town, Township or Parish, and in what Country were you born?	Corham, Essex, England.
3.	What is the name of your next-of kin?	Mr. W.Gray, ~~Black~~
4.	What is the address of your next-of-kin?	Blackshot Farm, Orsett, Essex. Eng.
4a.	What is the relationship of your next-of-kin?	Father.
5.	What is the date of your birth?	16th. November 1896.
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?	Permanent Force.
10.	Have you ever served in any Military Force? If so, state particulars of former Service.	No.
11.	Do you understand the nature and terms of your engagement?	Yes.
12.	Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes.

13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?

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?

16. If so, what was the reason?

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Albert Gray, 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.

albert Gray (Signature of Recruit)

Date 6th. April 1917. 191 . D.R. Cameron (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Albert Gray, 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.

albert Gray (Signature of Recruit)

Date 6th. April 1917 191 . D.R. Cameron (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, Man. this 6th. day of April 1917. 191 .

Captain. Commanding Strathconas. (Signature of Justice)

M. F. W. 23
T20M—8-16
H. Q. 1773-99-941

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

9091

Description of Albert Gray. on Enlistment.

(A)

Apparent Age 20 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 8½ ins.

Chest measurement.
- Girth when fully expanded 37 ins.
- Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Brown.

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

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

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

NIL.

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date 6th. April 1917. 191 . Captain. C.A.M.C.

Place Winnipeg, Man. Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Albert Gray 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.

Lt.-Col. Capt. (Signature of Officer)
Commanding Strathconas.

Date 6th' April 1917. 191 .

REGIMENTAL DOCUMENTS

Pte. NAME GRAY ALBERT REGT. NO. 2293405 UNIT L.S.H. H. Q. FILE NO.

	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)					DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	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)				24107	DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
	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)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Disp. Cert					
1	M 7 Mr 67					
1	A 7 W 3428					
1	B 149					
1	Misc					6-1
1	Casualty					25 1
						30 1
						3

W. 2589
100M-11-13
1772-39 1377

(9) Is your Father alive ? Yes.

If so, state name and address Walter Gray, Blackshot Farm, Orsett, Essex, England.

(10) Is your Mother alive ? Yes.

If so, state name and address Mary Gray, as above.

(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.

Captain.

Officer Commanding.

Strathcona's

Date 6th April 1917.

ORIGINAL

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

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

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

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

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

---

(1) Name of Overseas Unit which Soldier joins L.S.H.(R.C.)

(2) Regimental Number 2293405.

(3) Full Name of Soldier Albert Gray,

(4) Place of Birth Corham, Essex, England.

(5) Are you married, or not ? No

(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

M. F. W. 67.

200M.—3-16.
1772 39-954.

(SEE OTHER SIDE.)

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE 6-6-73

NAME
NOM GRAY A

Service No. 6669
Matricule No 2293405

CPC No.
CCP No 159024

WVA No.
AAC No NIL

Information Received from:
Information reçue de: DVA - 99 WI -

Date of Death
Date du Décès 6 - 11 - 72

Place
Endroit WINNIPEG MANITOBA

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

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

DVA 24 (Rev. 2/70) BIL.

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE 10 Nov 72

NAME
NOM GRAY Albert

Service No. 6669 CEF
Matricule No 2293405 CEF

CPC No.
CCP No 159024

WVA No.
AAC No .....

Information Received from:
Information reçue de: STMO CPC DVA DIST ~~BDX~~WI

Date of Death
Date du Décès 6 Nov 72

Place
Endroit Deer Lodge Hosp.

Distribution: WSR-DASG
VI - ASS
~~BDX BDX~~
HO - BC

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

DVA 24 (Rev. 2/70) BIL.

Age 23

Number 2293405 Rank Pte.

Surname GRAY

Christian Name Albert

Units L.S.H. (R.L.) Theatre of War France

Date of Service 2-11-17

Remarks 400 Bonnerman Ave Wpg. Man

Latest Address ~~G.P.O. Lochland Sask.~~

Roll No. B Cage 13519

200 .-2-21. .

DESP. MAY 19 1922
REGN. NO. 4326

Form R. 149.

Albert

Name GRAY Rank Pte Reg. No. 2293405

Unit L. S. H.

Next of Kin Wife M. Gray. Chadwell St Marys. Wr Grays. Essex

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1.	2	To Cav. Fld Amb.		Influenza	A 134		130849
5-	2-	No. 41 Stat. Hosp. Gailly		do.	A 137		19418
16-	2-	Transferred to Base	19418	do	A 147		
17-	2-	Vol. (USA) L.H. Etretat	19916/9	Myalgia	A 148		
6-	3-	No 4 Con. Depot. Harve	19923/1	do	A 161		
21-	3-	Disch. Rmp. Etaples	243-5-	do	A 174		
21.	11	No 55 G.H.R.B. Logne	415-9	Contusion Foot	Slt A 388		32126
27.	11	Dis. Base					

REF. A388 of 12/12/18 NOT ACCEPTED AS ACCIDENT A 30 [illegible]

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

M.10 CARD NO. 4

SURNAME. Gray.

CHRISTIAN NAMES Albert

REGL. No. 229405 RANK Pte

UNIT L.S.H. 7th R.D.

FORMER CORPS L.S.H.

D.O.S. 2-6-19
D.O.I. 7 FOLL. 6-6-19
demob 10 D

Also Notify- ~~NEXT OF KIN.~~

Next of Kin—
~~CHANGE OF ADDRESS~~

NAMES IN FULL Gray, W.

RELATIONSHIP TO SOLDIER Father,

ADDRESS Blackshot Farm, Orsett, Essex, Eng.

Mrs M. Gray
Chadwell St
Marys, Nr Grays
Essex Eng.
Int. 5-4-21. 38-1. 14/4

COUNTRY OF BIRTH England Gorham Essex DATE Nov. 16th 1896

PLACE OF ATTESTATION Winnipeg, Man DATE April 6th 1917.

R/C 29-5-19. 337 89 Pte.

L. L. 10437. M. & D. 7252.

M. F. W. 22. 100M.—11-16. H. Q. 1772-39-239.

MARRIED — SINGLE yes WIDOWER

TRADE OR CALLING Farmer RELIGION Church of England

DESCRIPTION.

APPARENT AGE 20 YEARS 5 MONTHS

HEIGHT 5 FEET 8 1/2 INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Blue HAIR Brown

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Winnipeg. Man. DATE April 6th 1917.

Present Address — L. S. H (R.C.) Winnipeg. Man.

No. 2293404. RANK Pte NAME Gray, Albert

T. O. S. UNIT Lord Strathcona Horse (Depot Squadron)

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
Feb 21	Feb 28	C		
	mar ages.	C		

NAME Gray A

RANK AND CORPS Pte L. S. H. Can Cav.

REGT'L. No. 2293405

H. Q. FILE No. 649

FOLLOWS No.

FOLLOWS

CABLE

NO.	DATE

NATURE OF CASUALTY

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A134	No 7 Cav. Fld. Amb	1-2-18	Influenza
A137	" 41 Stat. Galby.	5-2-18	" Con. Lav.
A148-4	No 1 (M.S.G) Gen Etretat	17-2-18	Myalgia
A147	Disc to Base	16-2-18	Influenza
A161	No 4 Convt Depot Havre	6-3-18	Myalgia
A174.	No 4 Convt. Depot Havre Disc	21-3-18	Myalgia
A388½	to Reint. 55 Div Etaples Gen Boulogne	21-11-18	Cont. Foot-
A391.	"Disc."	27-11-18.	" " acc. as per H.L. A402.

Reg. No. 2293405 Name Gray A

Rank X Pte Corps 1 Sth (3 CA) Age Service

Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS
Can Mill Winnipeg		Tonsillitis
Dis S & A	18 2 20	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

9091

FORM D.M.S. 1300.

SURNAME	CHRISTIAN NAME OR NAMES	REG. No.
GRAY.	A.	2293405.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.		Can. Cav. LSH.		

HOSPITAL: 7. Cav. F. Amb.

DATE OF ADMISSION: 1-2-18.

1. 41 Stat Hosp Gailly — HOSP. 5-2-18 — 17-2-18
   No 1 USA. G.H. Etretat.
2. 4 Conv Dep Havre — HOSP. 6.3.18.
   55. G. B. Ogne. — 21.11.18.
3. HOSP.
4. HOSP.

DIAGNOSIS

1 Influ'za. Qw.
  Myalgia. H+O
2 Cont. foot &.
3 (Cont. Foot. acid.) &

DISPOSITION

Dise to Base. — DATE 16.2.18.

C.L. 8-2-18 A134.
12-2-18 A137
23.2.18 a 141
" 25-2-18 a 148
12.3.18 a 161.
27.3.18. A177.
4.12.18 a 388.
7.12.18 a 391.
20-12-18 a 402. re. a 388. note change of diagnosis.

REMARKS

Dia Dreng. 21.3.18.
Dio. 27.11.18

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

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

ORIGINAL 9091 ORIGINAL.

MEDICAL HISTORY SHEET

(B)

Surname GRAY, Christian Name ALBERT,

Examined { on 21st day of February 1917. / at Winnipeg, Man.

Birthplace { City or Town Corham, / County Essex, Eng'

Apparent age 20 years, 3 Months

Trade or occupation Farmer,

Height 5 feet 8½ Inches

Weight 148 lbs.

Chest measurement { Minimum 37 inches / Maximum expansion 3 inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm Right Left 2 / Number Two

When Vaccinated last 1903

(a) Marks indicating congential peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None.

Approved by A Gunther Captain.

Rank C.A.M.C. M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
4/4/17	Sue	A Gunther Capt	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
28/7/17	4	A Gunther Capt	M.O.
7/3/17	4	A Gunther Capt	M.O.
15/3/17	4	A Gunther Capt	M.O.
15/9/17	T.A.B. II	A Gunther Capt	M.O.

Enlisted on 21st day of February 1917. at Winnipeg, Man.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	L.S.H.(R.C.)	~~1669~~ 2093405		
Transferred to	F.G.H			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Brans Head-	3/5/19	Injury right knee joint-	A.C.P. Gunther Capt

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

J.W.

9091

Surname Grey Christian Name Albert

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

C.A.D.C. 3009A

(G)

9091

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) GRAY. A.

REGIMENT L. S. H RANK Pte. No. 2293405

Date of Examination in England 1-5-19 | 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

L-S-H

PRESENT DENTAL REQUIREMENTS

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

Fit
C H McKenzie
Capt

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

- (a) In Canada
- (b) In England
- (c) In France

BRAMSHOTT CAMP
HANTS.

Signature of Dental Officer R.H. Alexander Capt

LORD STRATHCONA'S HORSE (ROYAL CANADIANS)
A-1-1749
NOV 1918

9091

Army Form W. 3428.

REPORT ON ACCIDENTAL OR SELF-INFLICTED INJURIES.

(E)

To be rendered in accordance with instructions on the back of this form.

1. Number, Rank, Name, and Unit of injured man. 2293405 Pte GRAY. A. Lord Strathcona's Horse (RC).	Date of Casualty. 15-11-18.

2. Nature, Location, and Severity of injury. (*N.B.* Field Ambulance to be notified at once if wound is believed to be self-inflicted.) Contusion and Sprain of ankle, right foot. Not likely to have any serious effect or permanent injury W. G. Blair Capt RAMC

HEADQUARTERS
9291/26 P
MEDICAL DIVISION

3. Short statement of the circumstances of the case. (Signed statements of witnesses to be attached to this form.) About ten o'clock on the morning of November 15th while on exercise riding the horse ahead of me kicked back, hitting me on the foot.
No. 2293405 A Gray

A.D.M.S. BRANCH
G.H.Q., 3rd ECHELON.
29 NOV 1918
CASUALTIES.

4. Commanding officer's opinion as to whether the man was:—
   (*a*) In the performance of military duty. Yes
   (*b*) To blame. No
   (*c*) Whether any other person was to blame. No

Date 16-11-18.

J. Macdonald
LIEUT.-COLONEL
Commanding LORD STRATHCONA'S HORSE (R.C.)

5. (*a*) Opinion of G.O.C. Brigade.
   (*b*) Disciplinary action taken or proposed, whether against injured man or another.

Accidental on duty
None

Date 19/11/18

W. Watson Brig Gen
Commanding Canadian Cavalry Brigade.

[Continued Overleaf.

9091.

6. To D.A.G. 3rd Echelon ~~Army "A."~~

Forwarded ~~with reference to my Casualty Wire No.~~ ~~dated~~

R. H. Woollcombe Major
Actg. Adjt. General

Date 29/11/18 Commanding 3rd Cavalry Division.

---

7. To D. A. G.,
G. H. Q., 3rd Echelon.

Forwarded for record. This casualty should be reported as "INJURED (ACC.)"

Date _____ _____ Army.

Forwarded for record. This casualty should be reported as "INJURED (ACCIDENTALLY)"
D/Gl A 1602/20-12-18
Dec 8th 19[illegible]

D. C. L. Kemmis
Capt., S.C.
for Major General.
DEPUTY ADJUTANT GENERAL.

3. Full statements are to be taken by an Officer from the witnesses of the accident. These statements will be signed by the witnesses making them, and by the Officer who takes them, and will be forwarded with this Form. Where it is intended to take disciplinary action, copies of these statements should be retained by the Unit for use in lieu of a summary of evidence.

4. Where it is possible to obtain it, a statement from the injured man will also be forwarded. This, however, should not be used as evidence against him in any subsequent disciplinary proceedings.

Special Instructions as to Evidence in Cases of Self-Inflicted Wounds.

5. In these cases the statements mentioned in paragraphs 2 and 3 above should bring out all material points, *e.g.*, statements to the effect that the witness was with the accused standing on the fire step (or sitting in a dug-out); that the accused was cleaning his rifle; position of safety catch, magazine, etc., if known; muzzle of rifle on toe of foot; hand on muzzle; that accused pulled trigger; that the rifle was afterwards examined and an empty cartridge case was found in chamber; that accused was seen to be wounded; what accused said ("I have shot myself," "I did not know it was loaded," etc.).

6. A soldier is specially trained in the safe use of his rifle and revolver, and evidence of any neglect of the ordinary precautions as to their handling in such cases usually has considerable bearing on the question of negligence. In cases of wilful self-wounding the fullest possible evidence should be obtained; unless the evidence is conclusive this charge should not be used. The charge will therefore usually be laid under sec. 40 Army Act—"Conduct to the prejudice of good order and military discipline in wounding himself through negligently handling a rifle," and an alternative charge to this effect should be made, even if the accused is to be tried under section 18 for wilful maiming.

W8573—M2732 200,000 9/17 HWV(P1655) Forms W. 3428/1.

FORM OF WILL.

135613

I, Albert Gray (Pte.) (Name in full)

Regimental Number 229405 serving in Canadian Reserve Cavalry Regiment

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare his to be my last Will.

I bequeath all my real estate unto

.....
.....
..... } Name & Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to my Mother

Mary Gray
Blackshots Farm
Orsett. Essex } Name & Address of person or persons to receive personal estate* *(see note)*.

In Witness whereof I have hereunto set my hand this 9th day of July A.D. 1917.

Albert Gray Signature.

* N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Name of Witness A. W. Binnie

Address of Witness 6 R.C.R. Shorncliffe

Occupation of Witness Pay clerk

Name of Witness C. R. Griffen

Address of Witness C. R. C. R. Shorncliffe

Occupation of Witness Pay Clerk

9091

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps Regtl Depot L.S.H.(R.C.) (6)

Regimental No. 2293405 Rank Private Name Albert Gray
C. E. F.

Enlisted (a) 6.4.17 Terms of Service (a) Duration of War Service reckons from (a) 6.4.17

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

W. S. B. CLASS. A

Extended Re-engaged Qualification (b) Farmer

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked	Canada	29-4-17.	S.S. OLYMPIA.
		Debarked.	England	7-5-17.	
8-5-17	O.C.	Taken on strength			
	C.R.C.R.	Can. Res. Cavalry Regt.	Shorncliffe.	7-5-17.	Part II Order No. 64.
2/11/17	CRCR	SOS in process Ones ii H.S.H. France	Seaford	2/11/17	Part II Orders 242 F. J. Bishop Capt. ASST. ADJUTANT. FOR OFFICER COMMANDING. CANADIAN RESERVE CAVALRY REGIMENT.
2.11.17	CGBD	Landed in France as Reinfmt (LSH)		2.11.17	NR356 Pte II 98 d/6.11.17
7.12.17	"	Left base for Unit	Field	7.12.17	39H.
15-12-17	"	Rejoined Unit	"	10-12-17	B 213.
1.2.18	7 Cav F.A.	Influenza	adm. 7 Cav F.A.	1.2.18	A.36 D.1181
5.2.18	41 Staty	—do—	Adm. 41 Staty	5.2.18	W.3034 D 1800.
9.2.18	O.C. Unit	Adm Hosp. Sick	Field	1.2.18	B.213
9.2.18	1 Cav F.A.	Influenza	Do 41 Sta Hosp	5.2.18	A.36 D. 2805
17.2.18	1 Pres USA Zen.	do	Adm 1 Pres USA Zen	17.2.18	W.3034 D. 3361

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

[P.T.O.

CERTIFIED CORRECT. 5-MAY-1917 CAN. RES. CAV. REGT. LONDON.

(6) 9091

27934 05 Pte Gray A.

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				
16.2.18	41 Sta H.	Influenza do	Base P.T. 5	16.2.18	W.3034 W.3361
6.3.18	1 Gen H.	do	To 4 Con. Dep.	6.3.18	W.3034 D 65,16
6.3.18	4 Con D.	do	Adm 4 Con Dep.	6.3.18	W.3034 D 65,16
20.3.18	4 Con Depot.	Sentenced to forfeit 7 days pay for when on A.S. 1 Breaking out of Camp. 2 Breaking into Camp about 8.45 pm."		19.3.18	B 2069 Pt. II 021 dtd 23-3-18
21.3.18	4 Con Dep.	Class A. To C.C. Reinf.	Etaples	21.3.18	W3034 D 8862
22.3.18	C.G.B.D.	Admitted from No 4 Con Depot		22.3.18	C.G.B.D. H 1762
26.3.18	do	Left for Unit	Field	26.3.18	C.G.B.D. List H 1093
2-4-18	do	Taken on Strength (Straggler)		1-4-18	C.G.B.D. List H 772
5-4-18	Do	Left for Unit	Field.	5-4-18	Nom Roll 1141
13-4-18	L.S.H.	Rejoined Unit from Hospital, Field		27-3-18	B213
4-5-18	"	On Command to Cav. Corps Sig. School		28-4-18	B-213
4-5-18	Cav. Corps Sig School	Joined from L.S.H.	Field	30-4-18	B-213
11-5-18	L.S.H.	Rejoined Unit from Hospital		10-4-18	B-213
3-8-18	"	Rejoined Unit from C.C. Sig School, Doullens		29-7-18	"
16-11-18	"	Injured. To Hospital		16-11-18	"
16-11-18	7 C.C.F.A.	Cont. Foot R. Admn to 2 Aust C.C.S.		16-11-18	A 36 A-2339
16-11-18	L.S.H.	Accidently Injured	Field	15-11-18	W 3428. Ref 18/22240
	2 Aus C.C.S.	Cont Food. Admn 16/11/18.	To 13 C.C.S.	19-11-18	Memo. Ref RT. 17-24 Vol 3
23-11-18	13 C.C.S.	" " Admn 19/11/18.	To 31 C.C.S.	30-11-18	A 36 X 3574
29-11-18	Detail Etaples	"A"	To Base Depot	29-11-18	Nom Roll R.R 414
30-11-18	C.G.B.D.	"A" Con S from 55 Genl.		29-11-18	" " " 1777
9-12-18	C.G.B.D.	Left for C.C.R.C.	Field	9-12-18	" " " D 1490

2nd Sheet 9091

Army Form B, 103—II.
Part II.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps Lord Strathcona's Horse (R.C.) Regimental Number 2293405

*Substantative Rank Pte Surname Gray Christian Names A

*Acting Rank

(* To be entered in pencil to facilitate alteration.)

(A) Report: Date.	(A) Report: From whom received.	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I, 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
3-12-18	C.J.B.D		Tm S from C.G.B.D	3-12-18		N.R. R.R 532
28-12-18	L.S.H		Rejoined Unit from Hospital	23-12-18		B-213
28-12-18	"		Granted 14 Days Leave to U.K.	28-12-18		B-213 P.R. 03 of 199
1-2-19	"		Rejoined from Leave	28-1-19		B-213
6-2-19	"		Sentenced to forfeit 14 Days Pay 30-1-19. for "Was A.S. absent without Leave from 06.30 hours 13-1-19 to 15.00 hours 23-1-19." Forfeits 11 Days Pay by Pr A. Regulations			B.2069. P.R. 013 of 1919
			Proceeded To England	17-4-19		
17-5-19	S.O.S.		L.S.H. Proceeded to Canada			
			Pt. II Orders No 20- 20/5/19			

for Lt. Col., A.A.G.
Canadian Section

Lieut.-Colonel,
Commanding Lord Strathcona's Horse (R.C.)

To be folded on this line.

Nothing to be written in this margin.

W1889—PP1150 500,000 5/18 G.W.P.Co.(3490)

9091

(6)

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I, 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
			21.5.19 EMBARKED LIVERPOOL			
			21-5-19 ....T.O.S. Dispersal Station 20 Pa 15-7 - do M			
			and Dispersed 2-6-19 - do " 3			
			W Mathaday Lieut. for O. C. 10 District Depot.			

Nothing to be written in this margin.

S 931

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names Albert 2. Surname GRAY

3. Rank Pte 4. Original Unit L.L.H.(R.C.) 5. Reg. No. 2293405

6. Address, in full, to which future payments of gratuity are to be forwarded C/o "The Canadian Bank of Commerce" Main Branch Winnipeg, Man.

7. Date of enlistment in the C.E.F. January 10th 1917

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Not Applicable

9. Relationship of such dependent Not Applicable

10. Address, in full, of such dependent Not Applicable

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? Not Applicable

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served 2 years 3 months L.L.H. (R.C.)

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No

5431. Wt. /30P. 250,000(8). 2/19. S.O.,F.Rd.
6111. Wt. /P47. 25,000. 4/19. S.O.,F.Rd.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. N o

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid N o

20. ~~Have you been issued with a War Service Badge? If so what class?~~

21. Have you, during the present war, served in the Imperial Forces? N o

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled N o

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? N o

(b) If so, was such reversion in consequence of misconduct or inefficiency? N o

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge 2-6-19 (b) Reason for discharge

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) If so, are you in receipt of full pay and allowances from that Department?

Questions 12. 13. 14. 20 24. 25. 26. 27. not answered

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: A. Grays

Place of Residence: Copeland, Saskatchewan

Declared before me at: Brownlott

This 22nd day of May 1919 H. H. Brown Maj.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918. H. H. Brown Maj.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			300.00	285.00
			7.00	

Certified Correct.

District Paymaster.

9091

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

WAR SERVICE BADGE
CLASS "A" No. 187724 ISSUED

This is to Certify that No. 2293405 (Rank) Private

Name (in full) Gray. Albert enlisted in

the L. S. H.

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 6th

day of April 1917.

HE served in L. S. H. in France & England

and is now discharged from the service by reason of Demobilized

R. O. 1420(c)

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

Age 22

Height 5. 8½

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars Four vacc marks Left Arm

Ja. Dack Lt. for Dups.

X Gray Albert.
Signature of Soldier

A. K. Love
Issuing Officer

Lieut
Rank

Appointment

Dispersal Station "M" Military District No. 10 JUN 2 1919

Date of Discharge June 2 19.

Signed at Winnipeg this 2nd day of June 19 19

in Military District No. 10.

File Reference No.

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

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-382

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

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

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

.....

Name of Officer

.....

Rank

.....

Appointment

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only (30) days after discharge, unless duly authorized in writing.

3.—While wearing uniform a man is liable to all the penalties for the improper use of military uniform as if on the strength of the unit.

P. 559
MARRIED OR SINGLE S.

PLACE OF BIRTH Boxham. Essex Eng.

NAME AND ADDRESS OF NEXT OF KIN Mr W Gray.
Blackshotts Farm. Orsett. Essex Eng.

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. 7793405 RANK NAME Gray. albert

IF IN PERMT. CORPS WHAT UNIT UNIT 7th drft. L.S.H. TRANSFERRED TO 6.R, 6.R. DATE 1. 5. 17 AUTHORITY L.R.6.Can

PERMANENT FORCE ALLOWANCES TRANSFERRED TO L S H DATE 1-1-18 AUTHORITY 98 6/1/17

PLACE OF ATTESTATION Winnipeg. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 6. x. 17. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 16.00 DATE EFFECTIVE 1/5/17

PAYABLE TO ~~Mrs~~ M. Gray. ~~Blackshotts Farm~~ Orsett. Essex. England. c 4/11/18 RELATIONSHIP ~~Dependent Father~~ Mother

Shadwell St Mary's nr Grays Essex Eng

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 No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT C.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT C.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT C.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1917																																			
May	31	1.10	34	10											34	10												16		16	18	10			
June	30		33												83		267 232	31/5/17						a 96700 6 mths 4/6/17	4	87									
July	31		34	10											34	10								a 74637	2	44		14	60	BF		56	35	9	75	5 25
Aug	31		34	10											34	10	352	26/8/17						a 154919	4	86		2	44	16	2	20	18	20	25	65
Sep	30		33	30											33	30	596	14/9/17												16			20	86		
																	500	12/9/17													2	20	38	89	
																	611	12/9/17										17	04	80			11	41	23	89
																	669	7/9/17						a 18926	12	87				16			49	63	34	26
			168	30											168	30			750	17/9/17					4	87										
																									2	44										
																									1	80										
																									9	75										
																									1	30										

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE ENG.
		~~Sep 24~~		Bf					34 62		
Oct	Pkt Pay	34 10		Amount 30			16				
		34 10		ad 796 75th check	9 74		16		34 62		
nov				B692 4	9 74		16				
				AR 927 LR 6R 26-10-17	9 73						
				" 897 " 12-10-17	7 30						
				Forward	17 03		16		34 62		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE ENG.
				Forward	17 03		16		34 62		
Dec				B85536			16				
Nov	Pkt Pay	33									
Dec	" "	34 10							50 69		
		67 10			17 03		32				

May & June Al.

Forfeits 2 days pay and 20. 125-8-17 Ky

2293405 Gray. A.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS			CR. 1	CR. 2	PARTICULARS								DR. 1	DR. 2	DR.3	DR.4	BALANCE	DEFER-RED. PAY.	SER. ALLOB. ENG.	MONTH	PARTI			CR. 1	CR. 2	PARTICULARS			DR. 1	DR. 2	DR.3	DR.4	BALANCE	DEFER SEP RED. ALLCE PAY. ENG.
1918.																																		50 69
Jan	6 Pts Pay		34 10			C 22475	£3.5.9.									16																			
						5240	8/12	G.R.D.						4 46																					
						4467	10/11	"						4 46																					
						4768	25/11	"						13 38																					
						809	20/12	L.S.H.						7 14																				39 35	
			34 10											29 44		16																		
Feb	"	"	30 80			C 88475										16																		
						829	5/1	"					✓	3 57																				47 01	
						878	24/1	"					✓	3 57																					
			30 80											7 14		16																		
Mar	"	"	34 10			D 18271										16																		
						W 3069	30/12/17						✓	19																					
						7 day FP #1. D.O. 24.	23/2/18								7 70																				
						2407	9/3	" 4 Can Delhi					✓	89																					
						9436	30/3	G.R.D.					✓	8 92																					
			34 10											10 60	7 70	16																47 41		

Lord Strathcona's Horse (RC).

E

Certified that while on an Exercise Ride on 15th inst the horse which was travelling ahead of Pte GRAY A, kicked out behind and struck Pte GRAY on the foot.

[illegible] 1918. [illegible] Smithman

[illegible] Captain.

ADJUTANT.

LORD STRATHCONA'S HORSE (ROYAL CANADIANS)

Certified that while on an Exercise Ride on 15th November, my horse kicked out behind striking Pte GRAY A on the foot, as he was riding just behind me.

229381 [illegible] [illegible]

[illegible] Captain.

ADJUTANT.

LORD STRATHCONA'S HORSE (ROYAL CANADIANS)

709/1

LORD STRATHCONA'S HORSE
16 NOV. 1918
(ROYAL CANADIANS)

9091

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

A.J.M.

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Bramshott. DATE 2-5-19

1. 1 (a) Unit L.S.H. (b) Regimental No. 2293405 (c) Rank Pte

(d) Surname GRAY (e) Christian name Albert

(f) Home address Orsett.Essex.Engd.

(g) Next of Kin Mrs W.Gray. (h) Relationship Mother

(i) Address of Next of Kin Blackshott Farm.Essex.Engd.

2. Age last birthday 22 Date of birth 16-11-1896

3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg. (b) Date 6-4-17

4. Personal description:

(a) Height 5'8½" (b) Weight 148 (stripped) (c) Complexion Fair

(d) Colour of hair Bwn. (e) Colour of eyes Blue. (f) Identification marks, Scars, etc. Four vacc-left arm.

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	Periods From	Periods To
Canada	23 days.		6-4-17	29-4-17
England	7 months-8 days.		29-4-17	7-12-17
France or other theatres of War	16 months-23 days.		7-12-17	30-4-19

7. Original disease, or injury Contusion rt foot.

(a) Date of origin 16-11-18 (b) Place of origin Belgium.

(c) Cause Kicked by horse.

M. F. B. 227.

400M.—11-18.
1772-39-117.

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

Pain instep of right foot (Slight) after much walking, or walking on rough ground.

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.)

All physical signs negative.

Soldier states that his right foot gives him pain if he walks five miles - less than that distance it does not bother him.

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

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

Special Senses no. Respiratory System no. Integumentary System no.

Disturbances of Mentality no. Digestive System no. Muscular System no.

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

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

On 16-11-18 Soldier was kicked by a horse on right foot. There was no fracture of bone or dislocation. Was treated three weeks. When he left the C.C.S. he states that his foot was not quite better and that condition today is the same.

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*).)

Influenza 16-2-18.A.F.B.103.

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

N.A.

11.—(*a*) Did the disabling condition have its origin before enlistment ?

(*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.)

a. No. b. No.

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

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

16-11-18.Cont.rt foot. A.F.B.103.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?

(If the answer is "yes" state nature of treatment required and probable duration)

N.A.

16. Can the former trade or occupation be resumed ? Yes.

(If not, briefly state why)

17. Recommendations N.A.

(sd) Douglas Wallace.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 A.Gray. have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

C.P.J.

(sd) A.Gray. Rank.

Signature of invalid examined.

9091

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~~)	Yes.A.
(*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.)

Authority A.G.Tel.9083 of 11-11-18.

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.

(sd) C.P.Jento.Capt. *President.*

PLACE Bramshott.

DATE 3-5-19

(sd) D.Nathan.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

(sd) James C.Fyshe.Major.

for *Assistant Director of Medical Services.*

DATE 3-5-19

APPROVED BY

Director-General of Medical Services.

DATE.....

CERTIFIED A TRUE COPY
V.D.Davidson
CAPT CAMC

Name Gray Enl. 6-4-17.

Date of Embarkation for England 29-4-17.

Proceeded to France. 2-11-17 Returned to England. 17-4-19

demob.

Date returned to Canada. 29-5-19

P.R.2855.

bkkd 27-7-26

(over)

Cas. Sheet.

1-2-18 — Influenza — To duty 21-3-18.

16-11-18 — Contt. Rh. Fever (accid. injured)

To duty 29-11-18

25/2/47

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 2293405

2. Rank Pte.

3. Name GRAY. ALBERT.

4. Unit L. S. H.

5. Date of Discharge June 2 19. | Place Winnipeg

6. Reason for Discharge Demobilization

WAR SERVICE BADGE

CLASS "A" No. 187724 ISSUED

MEDICAL DOCUMENTS FORWARDED TO ~~S.D.A.~~ of P. B. C. on 30/7/19

7. Authority DC 157.

8. Proposed Residence after Discharge Copland Sask. G. P. O.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ?

× Sign here Gray Albert × Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date JUN 2 1919

Dispersal Station "A" Military District No. 10

Signature A. K. Lowe Lieut for (O. C. Discharging Unit.)

M.F.B. 218a—50M. -2-19 —1772-39-113.

ER

ER

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

CARMANIA

8.931

M. OR S.

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

REGT. No. 2293405 RANK Pte NAME (IN FULL) GRAY. A.

(BLOCK LETTERS SURNAME FIRST)

AUDITOR | PAYMASTER

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? no — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. L S H — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO Dis Stn M — DATE MAY 21 1919 — AUTHORITY D. O. 157

DATE OF ATTESTATION 10-1-17 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Bank Of Commerce. Winnipeg. 16/9/19

Intreg. Dawson Road

STOP PAYMENT FORM ASSIGNED PAY RENDERED. DATE Eng a/c closed — EFFECTIVE 1-6-19 Oct. 25 19

DISCHARGED — PLACE M. D. 10 — DATE JUN 2 1919 — REASON D — AUTHORITY D O 157 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																	45	06	45	06			Dr. DAL. ENG. L. P. C.
1/8 - 10/9/19	41	1/10	45	10	35 70	-			150	10							4 87 24 33		4 87 5 00		70	-									109	07	4	08			403 8 0 a/c
																																						Clothing Allce. 1st payment W.S.G.
																																						Advances - Boat - Train
																																						Allotted on Eng. L. P. C. to May
			W.S.G.																						W.S.G.							Elder					Dr.
153 days @ 1/min			350	-					350	-															70	-							280	-				1st Payment W. S. G. as above
																												4 08 8 80						267	17			8 days Dr on 70 a/c
July 1											777908	57	0	-																			197	17			70 2nd W.S.G.
Aug 1											1201876	57	0	-																			127	17			70 3rd "
												Sep 2	1248761	57	0	-																	57	17			70 4th —
												Oct 2	1249451	57	17																	—		6			57 17 5th " "
									350	-									267	17					70	-	12	53			350	-						

— a/c Closed —

AUDITED OCT 1 1919 Audit Clerk M.D. 10

20OM-3-19.—L. ... 5878S-H. & D. 9985.
M. F. W. 2596.
177-39-1390.

P 820
12474—375H—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	* ENGL CANA
EFFECTIVE DATE:- 1/5/17.		EFFECTIVE DATE:-	
AMOUNT:- 16 00		AMOUNT:-	

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

Mrs M. Gray (Mother)
~~Gladwell St Marys~~
~~Mr Grays Essex.~~
The Gray Goose Farm
ORSETT ESSEX.
(Letter from War Office)

Stopped Effective 1/6/19

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL 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
		May Assigned Pay	~~16~~				
21.3.19	R.H.	Spec.	~~2~~				
10.4.19	108	Field.	~~3~~	65			
20.4.19	507	C.W.	~~48~~	67			
~~24.3.19~~	~~D.O. 13~~	~~11 days~~	~~70~~	32			

PARTICULARS OF RENDERING NON-EFFECTIVE:- 30.4.19 N.R. 7342. Bisbett 22.4.1

MONTH 1918.	PARTICULARS	CR. 1	CR. 2.	PARTIC
Mar 31	Bal fwd			
April	Pts Pay	33 -		a 20659
				244 7/4
				L 7/4.
				87. 28/4
		33		
May	" "	34 10		a 85060
				223. 11/5.
		34 10		
June	" "	33		B 46464
				244 23/5
				265. 7/6
		33		
July	" "	34 10		C 9862
				251. 20/6
				229 4/7.
		34 10		
Aug	" "	34 10		C 59449
				450 5/8
				318 18/7.
				463 26/8
		34 10		
Sept	" "	33		C 74650
				533 10/9
				572 25/9
		33		

COMPILED BY Shannon
CHECKED BY Bart

NGLAND OR ANADA.

SEPARATION ALLOWANCE. * ENGLAND OR CANADA.

EFFECTIVE DATE:–

AMOUNT:–

& AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

(other)

Farm

ESSEX.

NAME:– GRAY Albert.

NUMBER:– 2293405.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		6/Pte.

E

UNIT AND TRANSFERS

ORIGINAL UNIT:– 7th Dft L.S. Horse

DATE ACCOUNT FIRST OPENED:– 1/5/17.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			L.S. Horse.

CE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

AMOUNT	DATE OF PAYMENT	NUMBER OF A R	UNIT PAID BY	AMOUNT
~~16~~				
~~2 3~~ 65				
~~48~~ 67				
~~70~~ 32				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 –	10		
L.S. Bal. Cr. £25 26/365				

ON-EFFECTIVE:– 30.4.19 NR.7342. B'hott 22.4.19 B'hott MD10 L.P.C. Balance Debit £45 0.6/365

RS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
ord								47 41		
y	33 –		a 20659			16				
			244 7/4 gmw ✓	4 46						
			C 7/4. L.S.H. ✓	3 57				56 38		
			87. 28/4 "	3 57				52 81		
	33			11 60		16				
"	34 10		a 85060			16		70 91		
			223. 11/5. SSCC.	7 14				63 77		
	34 10			7 14		16				
	33		B46464 3.5.9			16				
			244 23/5 " ✓	8 92						
			265. 7/6 " ✓	5 35				66 50		
	33			14 27		16		66 50		
"	34 10		C9862 3.5.9.			16				
			281. 30/6 "	8 92						
			229 4/7. "	8 92				66 76		
	34 10			17 84		16				
	34 10		C59449 3-5-9			16				
			450 5/8 "	3 57						
			318 18/7. "	8 92						
			463 26/8 LSH.	3 57				68 80		
	34 10			16 86		16				
"	33		C74650 3-5-9			16				
			533 10/9 "	3 57						
			572 25/9 "	3 57				78 66		
	33			7 14		16				

NUMBER 2293405 RANK Pte NAME Gray A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.
OCT 1918	9 9	34 10		D 51449			16
				619 L&S H 16 10/18	3 73		
				756 " 30 10/18	3 73		
		34 10			7 46		16
Nov	"	33		E 17653			16
Dec	"	34 10		E 75645			16
1919				5564 L & G B D 8 12/18	13 99		
Jan	"	34 10		891 L S A 15 11/18	9 33		
				J 20843			16
		101 20			23 32		48
Feby	"	30 80		L 6102 L S H 27 12/18	82 73	✓	
Mar	"	34 10		1272 " 26 12/18	5 60	✓	
				946 " 13 12/18	3 73		
				2782 2nd Army C R C 21 12/18	1 87		
				J 62438			10
				J 62439			6
				1438 L S H 30 1/19	5 60	✓	
				L S H. D O 13. 21 3/19. A W L from 0630			
				13/19 to 1500 23/19 11 dys by Fld		27 50	
				Forfts 14 dys. 25 dys @ 1 10/21			
				1586 L S H 14 2/19	3 73	✓	
				1685 " 26 2/19	5 60	✓	
				1754 " 16 3/19	3 73	✓	
				1873 " 23 3/19	3 73	✓	
		64 90			116 32	27 50	16
Apl	"	33		a 12961 Manorcapie 20			32
				a 12962 Abbey			16
				108 Hosp 11/4/19	3 65		
				507 C C C 20/4/19	4 86		
				Cable	2		
				2329 Embarked Cable 11/5/19	4 87		
				2767 London 15/5/19	24 33		
		33			83 52		48

Leaving hist C C Kilt [illegible]
Rest to Canada 20/5/19

Gray A.

PARTICULARS		Dr. 1		Dr. 2		Dr. 3.		Dr. 4.		BALANCE		Deferred		Separation	
										78	66				
9						16									
L S H	16 10/18	3	73												
"	30 10/18	3	73							89	30				
		7	46			16									
3						16									
45						16									
L G B D	8 12/18	13	99												
L S H	15 11/18	9	33												
3						16				119	18				
		23	32			48					18				
L S H	27 12/18	82	73	✓											
"	26 12/18	5	60	✓											
"	13 12/18	3	73												
nd Army C R C	21 12/18	1	87												
8						10									
9 }						6									
L S H	30 1/19	5	60	✓											
3. 21 1/19. Abs from 0630															
500 23 1/19 11 dys by R M A				27	50										
dys. 25 dys @ 1 10/21															
L S H	14 2/19	3	73	✓											
"	26 2/19	5	60	✓											
"	16 3/19	3	73	✓											
"	23 3/19	3	73	✓						24	26				
		116	32	27	50	16									
Manoeuvres						32									
Valley						16				25	26				
L S H	11/4/19	3	65												
C G C	20/4/19	48	67												
Kiple		2													
C C C	11/5/19	48	7												
Canada 7	15/5/19	24	33							74	26				
		82	52			48									

ing list 66 Kilts 2nd Do
Canada 20/5/19