

H. Cleaveland
 Capt. & Adjt.
 for O.C. 1st. Depot Bn., 1st. C.O.R.

2 M. D. 1st. Depot Battalion 1st. C.O.R. Regiment

Regtl. No. 3039147

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.)

1. Surname G R A Y

2. Christian name George Edwin

3. Present address Bow 30 Matheson Ont.

4. Military Service Act letter and number 808833
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)

5. Date of birth April 16th. 1897

6. Place of birth Muskoka Ont.
(town, township or county and country)

7. Married, widower or single Single.

8. Religion ~~Farmer~~. Presbyterian

9. Trade or calling farmer.

10. Name of next-of-kin Mrs. Ellen GRAY

11. Relationship of next-of-kin mother.

12. Address of next-of-kin Box. 644 New Disheard Ont.

13. Whether at present a member of the Active Militia No.

14. Particulars of previous military or naval service, if any No.

15. Medical Examination under Military Service Act :—
 (a) Place Haileybury Ont. (b) Date Nov 19th. 1917 (c) Category A-2

915
 21

DECLARATION OF RECRUIT

I, George Edwin GRAY do solemnly declare that the above particulars refer to me, and are true.

(sgd) George E. GRAY (Signature of Recruit)

DESCRIPTION ON CALLING UP

| | | | |
|--|---------------------------|-----------|--|
| Apparent age..... 21 | yrs..... 1 | mths..... | } Distinctive marks, and marks indicating congenial peculiarities or previous disease. |
| Height..... 5 | ft..... 6 | ins..... | |
| Chest measurement } fully expanded..... 36. | ins..... | | |
| | range of expansion..... 2 | ins..... | |
| Complexion Dark. | | | } Scar on left foot scar on right hand |
| Eyes Gray. | | | |
| Hair..... Dark. | | | |

N.M. YOUNG Major

for O. C. 1st. Depot Btl.

1st. C.O.R. Regt.

Place Toronto Ont. Date May 23rd. 1918.

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT 1917

Class

1. Name of recruit

2. Christian name

3. Present address

4. Former service (if any) and number

5. Date of birth

6. Place of birth

7. Married (if so, name of wife)

8. Religion

9. Trade or calling

10. Name of next-of-kin

11. Relationship to next-of-kin

12. Address of next-of-kin

13. Number of the recruit's number of the Active List

14. Particulars of the date of the recruit's last service, if any

15. Special Examination under Military Service Act

16. Date of (a) Draft (b) Call-up

DECLARATION OF RECRUIT

I, the undersigned, do hereby declare that the above particulars are true and correct.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

| Apparent sex | Complexion | Build | Height | Weight | Age | Education | Trade or calling | Particulars of previous service |
|--------------|------------|-------|--------|--------|-----|-----------|------------------|---------------------------------|
| | | | | | | | | |

Date

Signature of Recruit

Signature of Officer

REGIMENTAL DOCUMENTS

NAME

Gray George Edwin

REGT. NO.

3039147

UNIT

1188R

H. Q. FILE NO.

4

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

24/ 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)

2/ 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)

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)

C

24431

DEATH

Category

DISCHARGE

Category

Demob

H

3753

DESERTION

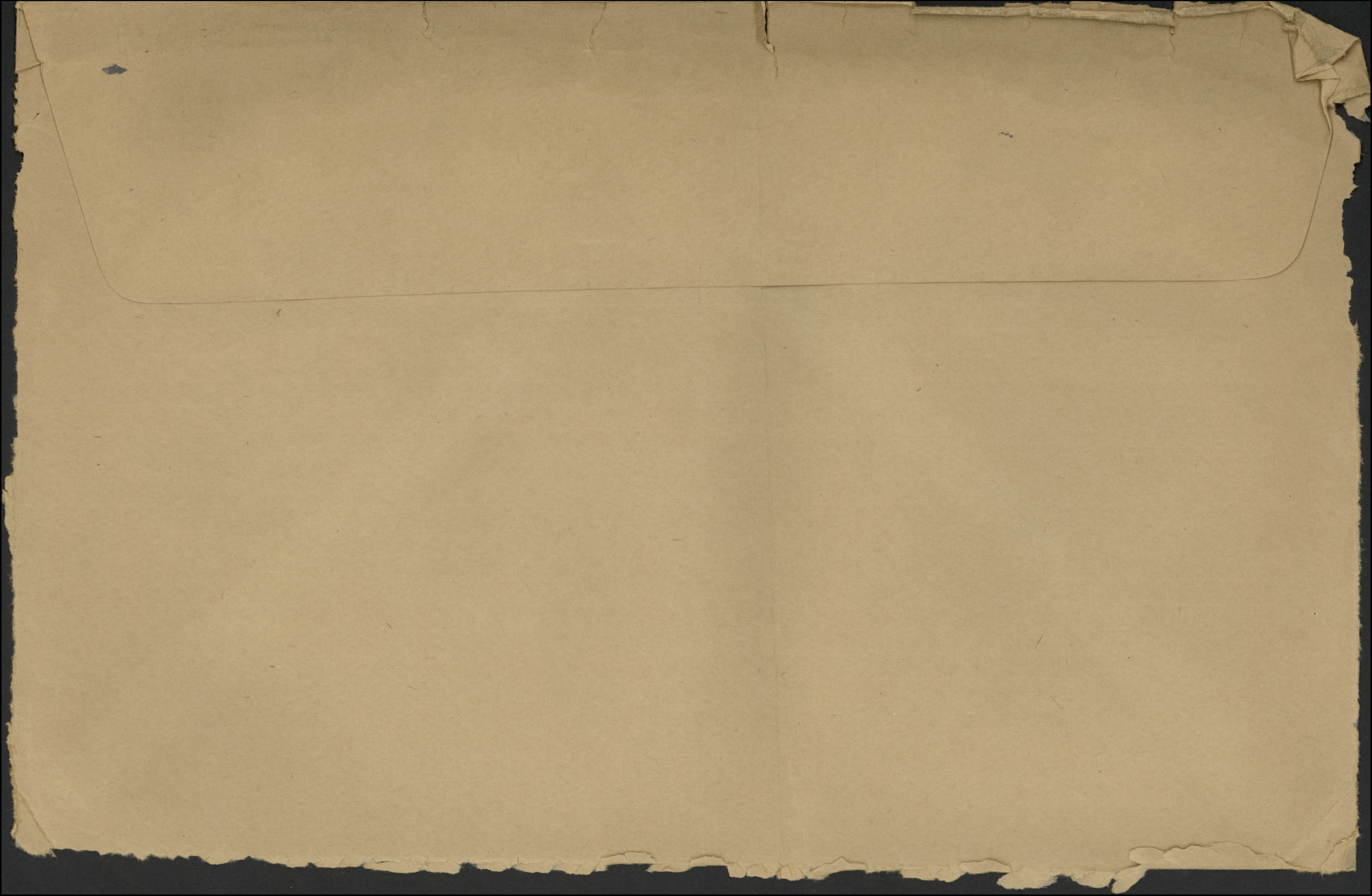
(2)

3-2

18-6

30-6

(2)



3039147

~~3039147~~

I.D. number
No. d'identification

Gray

Surname
Nom de famille

George Edwin

Given names
Prénoms

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu

Box: 3753

« CONTENTS CONFIDENTIAL »
« CONTENU CONFIDENTIEL »



LEDGER No. 693-442

SERIAL No. 163825121
~~B10725~~

REG. NUMBER 3039147 NAME Gray George 3

RANK Pte AL. CORPS 1st / 1st C.O. R. Co. A. M. Co

AGE 21 SERVICE C 2/52 1. 10/22

NAME OF HOSPITAL Niagara Camp PLACE Niagara on the Lake

DATE OF ADMISSION 3/10/18

DISEASE (1) Bronchitis Pneumonia

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO 2/11/18 Duty IN CATEGORY

REMARKS:

Hospitals

Date

Diagnosis

Adm. St. Andrews Toronto 22 2 20

Scarlet fever

Trans. Dom. Orth. Toronto 12 3 20

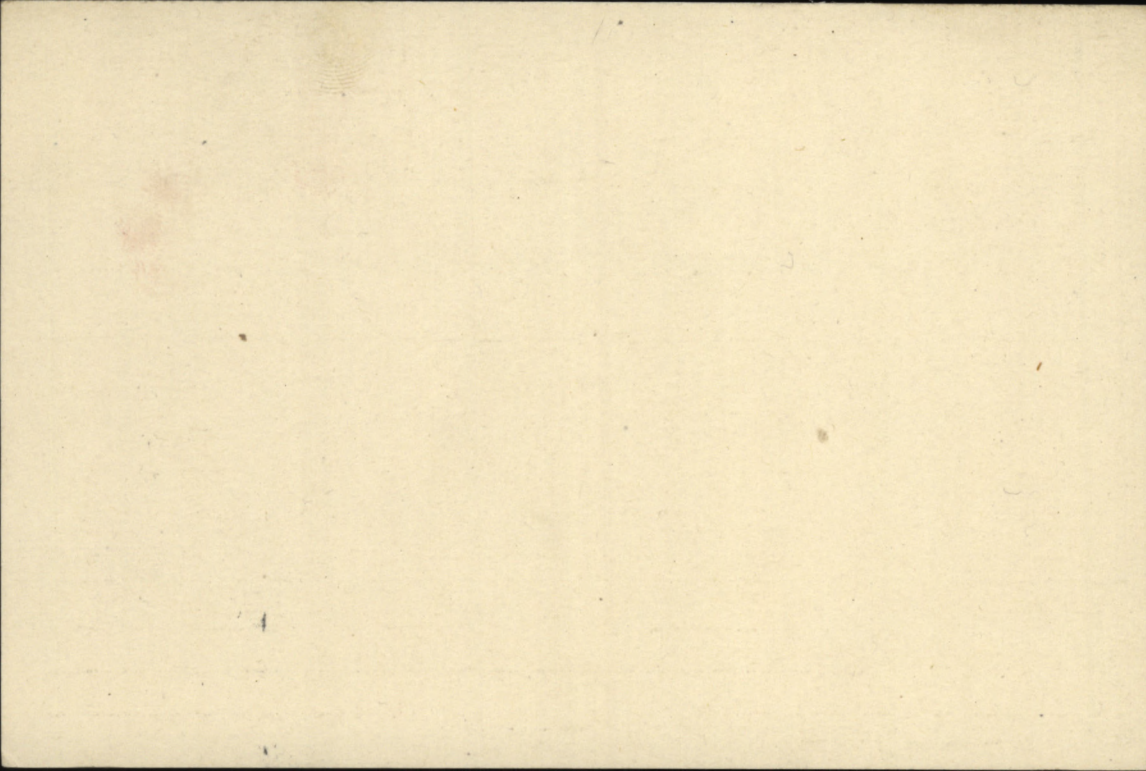
Des. Unit 22 3 20

4

Surname *Gray* H. Q.
Christian names *George Edwin* M. D. No. *2*
Regtl. No. *3039147* Rank *Private* T. O. S. *May 22nd 1918*
Unit *1st Coen Ont Regt 1st Dps Bn* D. O. Pt. II *143 of 23-5-18*
Reason
Auth.

Next of kin *Gray Mrs Ellen* Relationship *Mother*
Address *Box 644 New Liskeard, Ont* Also notify:
.....
.....

BORN—Place *Canada Muskoka Ont* Date *Apr 16th 1897*
ATTESTED—Place *Toronto, Ont* Date *May 22nd 1918*
O/S R/C



Surname *Grey* Christian Name *Go* *L.*

| STATION | Date of Arrival at the Station | DATES OF | | | | | | DISEASE | Number of days in Hospital | Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations. | Signature of Medical Officer |
|--------------------------------|--------------------------------------|----------------------------|----------|-----------|----------------------------|----------|-----------|----------------------|----------------------------------|--|-------------------------------------|
| | | Admission into Hospital | | | Discharge from Hospital | | | | | | |
| | | Day | Month | Year | Day | Month | Year | | | | |
| <i>St Andrew Trie Hosp</i> | | <i>22</i> | <i>2</i> | <i>20</i> | <i>12</i> | <i>2</i> | <i>20</i> | <i>Scarlet Fever</i> | <i>19</i> | <i>Trans D.O.H further treatment</i> | <i>W. J. Drakley M.O. Comd.</i> |
| <i>D.O.H.</i> | | <i>12</i> | <i>3</i> | <i>20</i> | <i>22</i> | <i>3</i> | <i>20</i> | <i>" "</i> | <i>10</i> | <i>Discharged to Duty. D.O.H.</i> | |

PREPARED BY A MEDICAL BOARD

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 3039147 Rank Pte Surname GRAY, George Edwin
(Given name in full)
Matheson ont
 Unit or Corps C.A.M.C Birthplace Muskoka ont

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Good Weight 140 lbs. Height 5 ft. 7 in. Colour of Eyes Hazel
 Nutrition Good
 Pulse 76
 Condition of arteries Soft
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 21 ft. Left 21 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)

Scar Taken of Rt hand - Pre-enlistment.

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No
 Special Senses No Integumentary System No Respiratory System Yes
 Disturbance of mentality No Muscular System No Digestive System No
 Osseous and Joint System No Any other general condition Yes

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Bronchopneumonia 2.11.18 30 days No Recovery
scarlet fever 6 weeks 22-3-20 cured
No disability.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at(Overseas)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at(Canada)

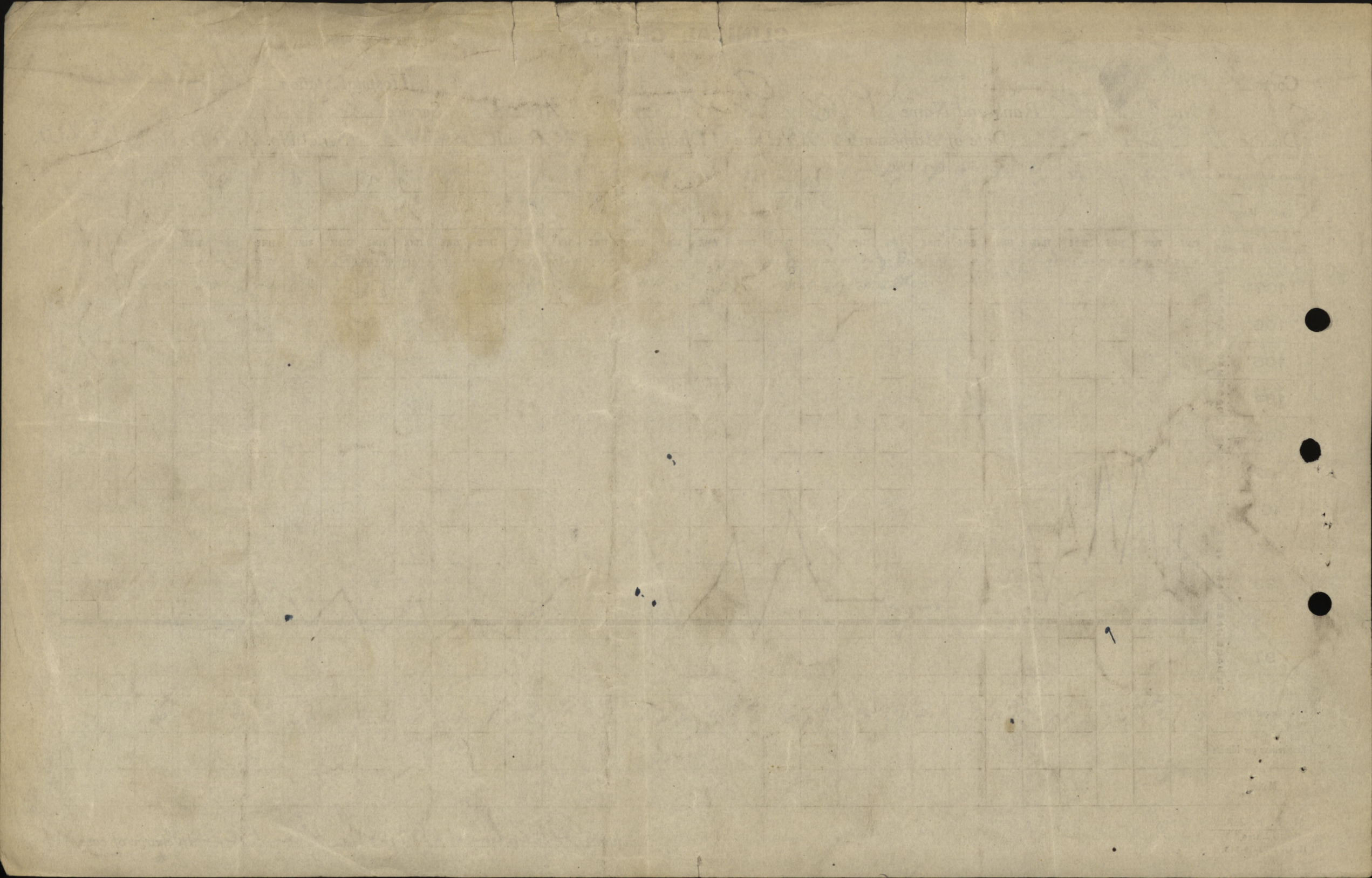
Date *Sept 3 1920* Signed *J. E. Mun* *capt* M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature *G. E. Gray*

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)



St. Andrew's
Military Hospital
Toronto, Can. **CASE HISTORY SHEET.**

Hospital. Toronto Station.
No. 3039147 Rank. Pte Name. Gray George C Age. 29
Unit. Amc B.A.F. Completed years of service 12 } ^{Where and how long} 24
Date of admission. 22-9-20 Date of discharge. 12.3.20
Diagnosis. Scarlet Fever Place of origin. 21-9-20 Can.

CONDITION ON ADMISSION AND PROGRESS OF CASE. Headache, general malaise
Roach general over body
convulsions
3.3.20 slight elevation
7.3.20 Convulsions - peeling

FAMILY HISTORY.
(Tuberculosis, mental or nervous diseases.)

TREATMENT.
(Especially any specific or special form.)

CONDITION ON DISCHARGE.
(and disposal made of case.) Desquamating
Trans B.A.F. further treatment
Date. 10.3.20 St. John Dowling
Medical Officer i/c case. Mr. Lane

CASE HISTORY SHEET



Back

Case

Ref

Date

Time

Place

Subject

History

Examination

Diagnosis

Treatment

Prognosis

Remarks

Signature

Date

Time

Place

Subject

History

Examination

Diagnosis

Treatment

Prognosis

Remarks

Signature

Date

Time

Place

Subject

History

Examination

Diagnosis

Treatment

Prognosis

Remarks

Signature

Date

Time

Place

Subject

History

Examination

Diagnosis

Treatment

Prognosis

Remarks

FAMILY HISTORY

Parents

Siblings

Spouse

Children

Grandchildren

Other relatives

Notes

Signature

Date

Time

Place

Subject

History

Examination

Diagnosis

Treatment

Prognosis

Remarks

Date 10-1-51

Dr. J. B. Smith

1234 Main St.

City, State

Zip

Medical Record No.

1234

CASE HISTORY SHEET.

Doim. Orth Hospital. Toronto Station.
No. 3039147 Rank. Pte Name Gray, Geo. E. Age 22
Unit. Same Completed years of service 8 1/2 Where and how long }
Date of admission. 12-3-20 Date of discharge. 22-3-20
Diagnosis. Scarlet Fever Place of origin. D.O.H. 22-2-20

CONDITION ON ADMISSION AND PROGRESS OF CASE

admitted from St Andrew
with scarlet fever. Was admitted
to St Andrew. 25/2/20
13/3/20 patient convalescing. no
feeling any complaints - patient
up & around.
14/3/20 patient ok
15/3/20 patient ok
16/3/20 ok
17/3/20 convalescing
18/3/20 ok
19/3/20 ok
20/3/20 discharged

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases)

nil

TREATMENT

(Especially any specific or special form)

saline

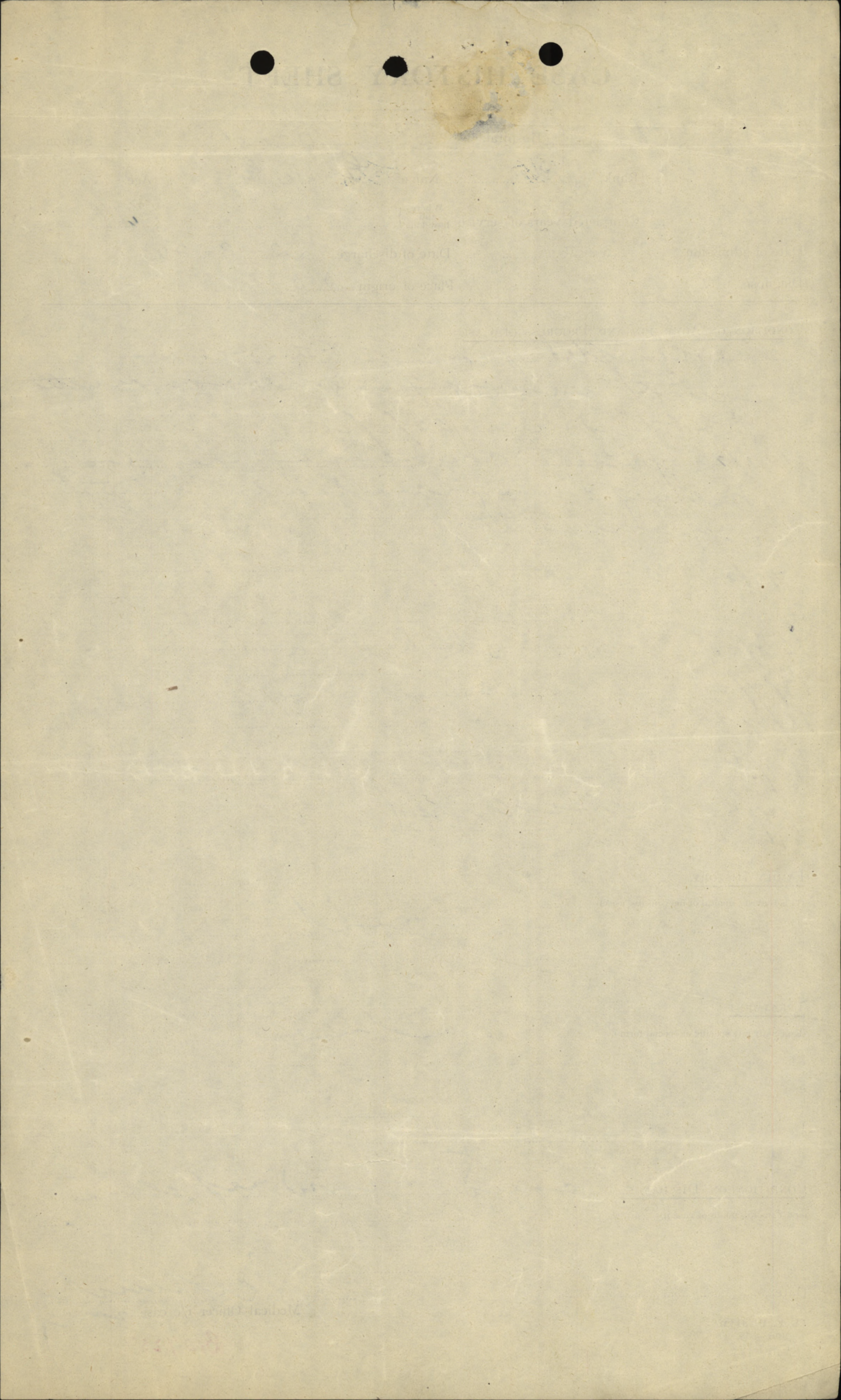
CONDITION ON DISCHARGE

(and disposal made of case.)

and now in clinic.

Date

Medical Officer i/c case



CLINICAL CHART.

B/9

Corps 1st ab, 1st COB

Hospital Station Niagara Camp

No. 3039147 Rank and Name Pte. GRAY, George.

Age 21 Service 2/52 Can.

Disease Influenza ^{Armed} Pneumonia Date of Admission Oct 13/18 Date of Discharge _____

Result _____ Serial No. A. & D. Book B-777

| Dates of Observation | 4 | | 5 | | 6 | | 7 | | 8 | | 9 | | 10 | | 11 | | 12 | | 13 | | 14 | | 15 | | 16 | | 17 | | 18 | | 19 | | 20 | | 21 | | 22 | |
|-------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----|--|
| Days of Disease | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | 9 | | 10 | | 11 | | 12 | | 13 | | 14 | | 15 | | 16 | | 17 | | 18 | | 19 | |
| Temperature Fahrenheit | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | TIME | | |
| | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | | |
| 107° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulse per Minute | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | | |
| Respirations per Minute | 22 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | | |
| Motions | + | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CLINICAL CHART

1. In pencil the name, sex, age, date of birth, and address of patient.

Present illness

History

Examination

Diagnosis

Treatment

Prognosis

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CASE HISTORY SHEET.

Niagara Camp Hospital.

Niagara-on-the-Lake Station.

No. 3039147 Rank Private Name GRAY, George. Age 21

Unit 1st/1stCOR Completed years of service ^{Where and how long} Can. 2/52

Date of admission Oct 3rd 1918 Date of discharge Nov 2nd 1918

Diagnosis Influenza Broncho Pneumonia Place of origin Niagara Camp

CONDITION ON ADMISSION AND PROGRESS OF CASE.

On admission - headache, tightness of chest, pain in back with cough.
 Respiratory system - normal. Mucous rales general in both lungs.
 Nervous system - normal.
 Digestive system - normal.
 Cardiovascular - normal.
 Genito Urinary - normal.
 Oct 5th no change. Cough troublesome with considerable sputum.
 Oct 7th Improvement.
 Oct 8th Condition retro grad. Temp 105°.
 Oct 10th Better.
 Oct 12th Improving.
 Oct 16th Temp 101.2 not feeling so well. Cough troublesome.
 Oct 20th - Better.
 Oct 22nd much better.
 Oct 24th - Feeling well. Cough much better.

FAMILY HISTORY. Negative.

(Tuberculosis, mental or nervous diseases.)

TREATMENT.

Dover's powder gr x. Warm drinks Calomel gr ii
 Mag Sulph Sol 3 ii
 Aspirin gr v q 4 h. Iodine gr v q 4 h.
 Bronchial Camp 3 ii q 4 h.

CONDITION ON DISCHARGE.

Recovered. Discharged Disfit. Recommended 6 weeks rest leave.

Date Nov 2nd 1918 *A. W. Talley* Medical Officer i/c case.

1838251

CASE HISTORY SHEET

1



THE J. V. VINTAGE COMPANY
1000 N. 1st Street
St. Paul, Minn. 55102

Case History

Case History

Case History

Case History

M. S. A.**Casualty Form—Active Service.****1st DEPOT BATTALION****E Co**Unit, Regiment or Corps **1st C. O. R.**Regimental No. **3039147** Rank **Pte** Name **George Edwin Gray.**

C. E. F.

Enlisted (a) **22/5/18** Terms of Service (a) Service reckons from (a) **May 22 1918.**

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

Extended Re-engaged Qualification (b) **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 | | | | |

22/4/19

Sos passed to Dominion Orthopaedic Hospital. (Civil Adms 20144)

A. Moon Capt.

11-9-20

S.O.S.D.O.H. #2 Det. Gen. List C.E.F. on Demobilization with effect from 11-9-20. Auth 1894 & Memo Pt. 11.D.O. 252 of 8-9-20

E. Godfrey

**CAPT. & ADJUTANT
DOMINION ORTHOPAEDIC HOSPITAL**

CANADIAN EXPEDITIONARY FORCE DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3039147 (Rank) Private

Name (in full) GRAY. George Edwin. enlisted in
the 1st Depot Batta 1st C.O.R.

CANADIAN EXPEDITIONARY FORCE at TORONTO. ONT on the 22nd
day of MAY 1918

HE served in CANADA.

and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness.~~

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

Age 23 Years 5 Months

Height 5 Feet 7 Inches

Complexion Dark

Eyes Grey

Hair Dark

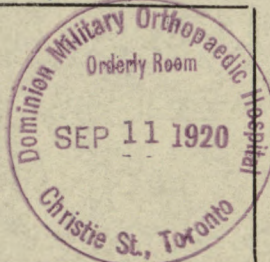
Marks or Scars _____

X G. E. Gray
Signature of Soldier

E. Crookley
CAPT. & ADJUTANT
DOMINION ORTHOPAEDIC HOSPITAL
Issuing Officer

Date of Discharge

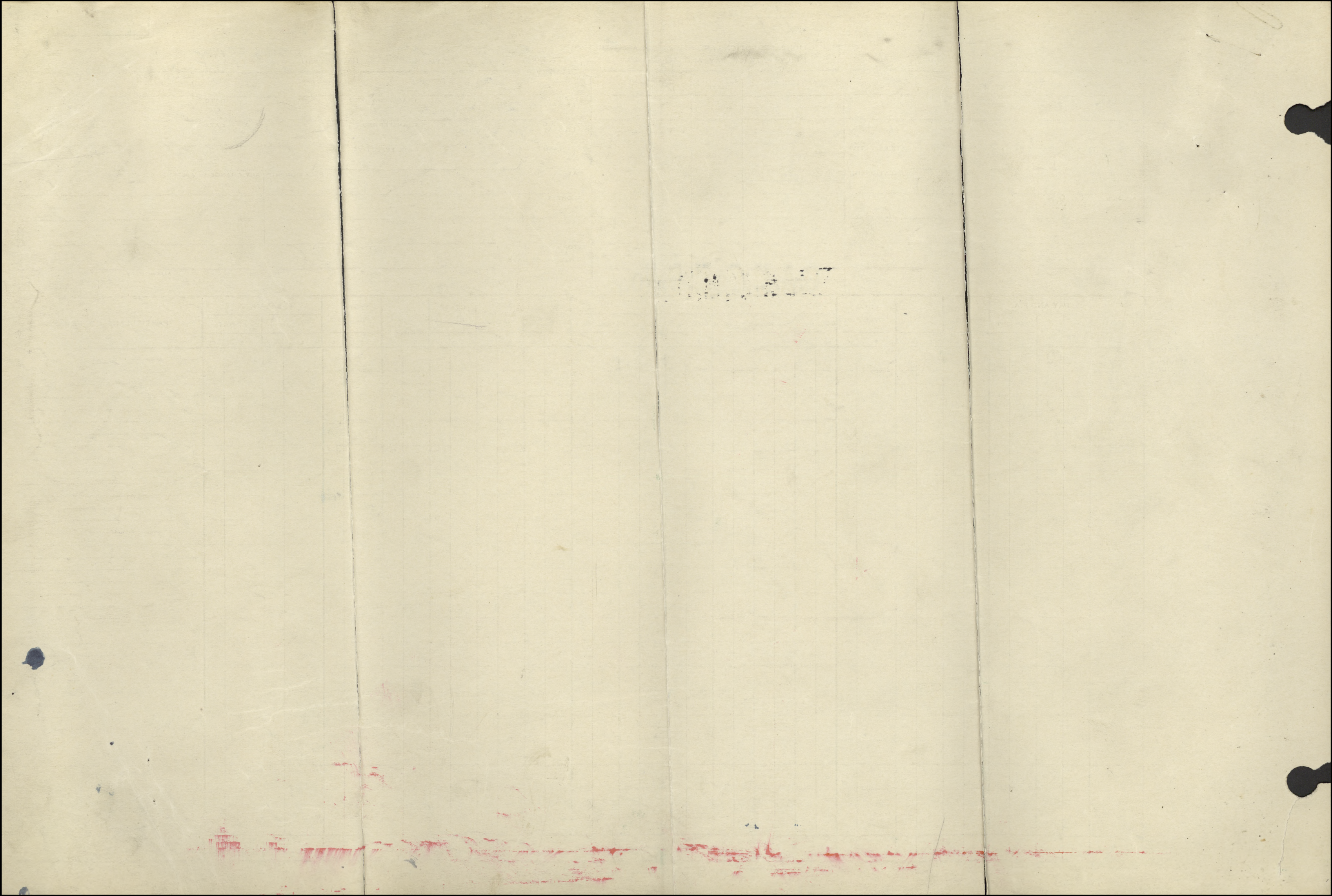
11-9-20



Rank _____

Date 11-9-20 1918

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.



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. | 3039147 | | | | | | | | | | | | | | | | | |
| Rank | Pte. | | | | | | | | | | | | | | | | | |
| Surname | GRAY. | | | | | | | | | | | | | | | | | |
| Christian name | George Edwin. | | | | | | | | | | | | | | | | | |
| <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small> | | | | | | | | | | | | | | | | | | |
| Corps (Squadron, Battery or Company) | D.O.H. #2 Det Gen. List C.E.F. | | | | | | | | | | | | | | | | | |
| Date of discharge | 11-9-20 | | | | | | | | | | | | | | | | | |
| Place of discharge | TORONTO. ONT | | | | | | | | | | | | | | | | | |
| 1. DESCRIPTION AT THE TIME OF DISCHARGE. | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Age.....23.....years.....5.....months.</td> <td style="width: 50%; vertical-align: top;">Descriptive marks</td> </tr> <tr> <td>Height.....5.....feet.....7.....inches.</td> <td></td> </tr> <tr> <td>Complexion Dark</td> <td></td> </tr> <tr> <td>Eyes Grey</td> <td></td> </tr> <tr> <td>Hair Dark.</td> <td></td> </tr> <tr> <td>Trade Farmer</td> <td></td> </tr> <tr> <td>Intended place of residence</td> <td style="vertical-align: top;">Matheson. Ont.</td> </tr> <tr> <td><small>(To be given as fully as practicable.)</small></td> <td></td> </tr> </table> | Age.....23.....years.....5.....months. | Descriptive marks | Height.....5.....feet.....7.....inches. | | Complexion Dark | | Eyes Grey | | Hair Dark. | | Trade Farmer | | Intended place of residence | Matheson. Ont. | <small>(To be given as fully as practicable.)</small> | | | |
| Age.....23.....years.....5.....months. | Descriptive marks | | | | | | | | | | | | | | | | | |
| Height.....5.....feet.....7.....inches. | | | | | | | | | | | | | | | | | | |
| Complexion Dark | | | | | | | | | | | | | | | | | | |
| Eyes Grey | | | | | | | | | | | | | | | | | | |
| Hair Dark. | | | | | | | | | | | | | | | | | | |
| Trade Farmer | | | | | | | | | | | | | | | | | | |
| Intended place of residence | Matheson. Ont. | | | | | | | | | | | | | | | | | |
| <small>(To be given as fully as practicable.)</small> | | | | | | | | | | | | | | | | | | |
| 2. The above-named man is discharged in consequence of Demobilization | | | | | | | | | | | | | | | | | | |
| Authority for discharge.....R.O.1894 & Memo. Pt. 11 D.O. 252 of 8-9-20 | | | | | | | | | | | | | | | | | | |
| <small>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.</small> | | | | | | | | | | | | | | | | | | |
| 3. Conduct and character while in the service have been, according to the records, etc. | | | | | | | | | | | | | | | | | | |
| <small>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.</small> | | | | | | | | | | | | | | | | | | |
| 4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) | | | | | | | | | | | | | | | | | | |



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

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

N I L.

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

6. Medals and Decorations.....

N I L

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).....TORONTO. ONT.....

E. alsoafrey

CAPT. & ADJUTANT

DOMINION ORTHOPAEDIC HOSPITAL

(Date).....11-9-20.....

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).....TORONTO. ONT. X.....

G. E. Gray

(Signature of Soldier.)

(Date).....11-9-20.....

W. H. Thomas

(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) 2 years 112 days.

Total 2 years 112 days.

11. Confirmation of Discharge.

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

(Place).....TORONTO. ONT.....

E. alsoafrey

(Signature)

CAPT. & ADJUTANT

DOMINION ORTHOPAEDIC HOSPITAL

(Date).....11-9-20.....

List of Discharge Documents.

| | |
|--|---|
| <p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."</p> <p>‡Only if man has not been overseas.</p> | <p>Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p> |
|--|---|

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.

DIVISIONAL LABORATORY
URINE REPORT

Pte
RANK - NAME *Grey* NO. CORPS
WARD *H* DATE *Feb 25th*
1920
RECEIVED FROM

VOLUME

SP. GR. *1035*

REACTION *Alk*

ALBUMIN *0*

BLOOD

GLUCOSE *0*

BILE

DEPOSIT

EXAMINED BY *G. F. Laughlin*

M. F. W. 2537.

20M. 10-19.

1772-39-1314.

LABORATORY
TEST REPORT

NO. 10000

DATE

REVISION 1

DIVISIONAL LABORATORY
URINE REPORT

RANK *1st* NAME *Grey* NO. _____ CORPS _____
WARD *Isolation* DATE *March 5th*
1920
RECEIVED FROM _____

VOLUME _____

SP. GR. *1005*

REACTION *Acid*

ALBUMIN *0*

BLOOD _____

GLUCOSE *0*

BILE _____

DEPOSIT _____

EXAMINED BY _____
M. F. W. 2537.

G. F. Langley

20M. 10-19,

1772-39-1314,

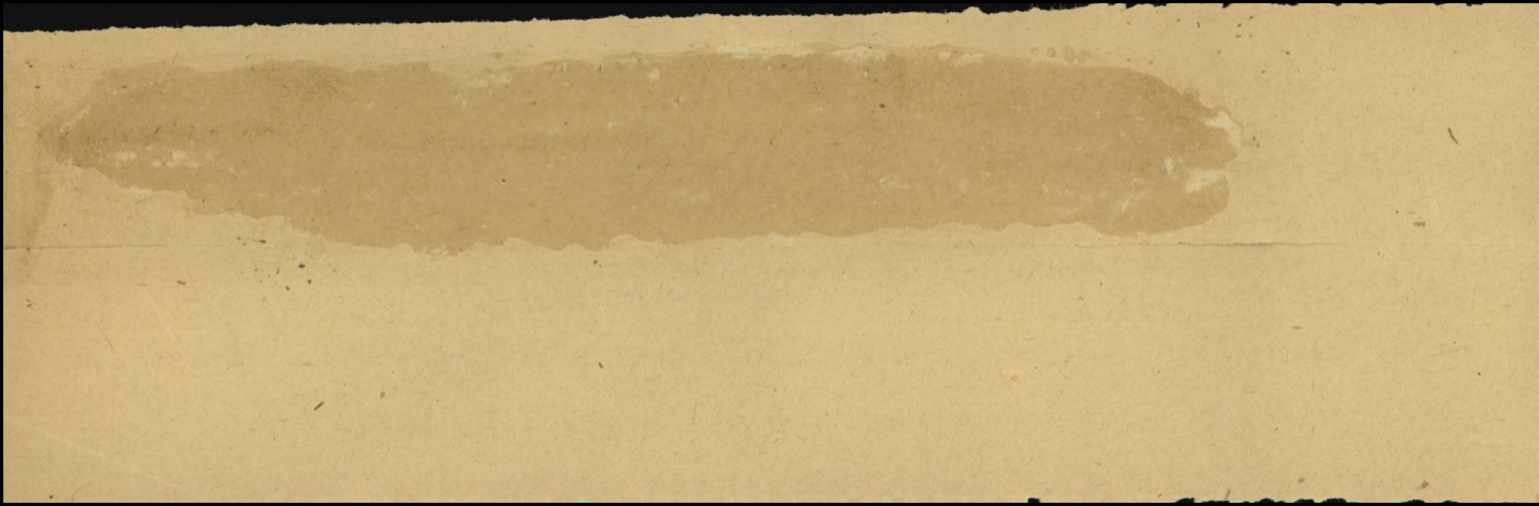
ANNUAL REPORT
1900

1900

[Faint signature]

#3039147, Pte. Gray, G.E. C.A.M.C., D.O.H.
Condition as on Case Sheet.

Admitted from St. Andrew's with Scarlet Fever. Was admitted to St. Andrew's
22-2-20 - 13-3-20 - Patient convalescing - no rash peeling or any complaints
patient up and around. 14-3-20 - Patient O.K. 15-3-20 - Patient O.K.
17-3-20 - Patient convalescing. 18-3-20 - Patient convalescing. 19-3-20 -
Patient O.K. 20-3-20 Discharged. Cured and non-infectious.



Class 2 Ord Pay 70.50 Eff 22-7-19 Auth HQ 5421-23-138 d/6-10-19

PB-11-19

AUDITOR *Geo* PAYMASTER *Geo*

ORIGINAL

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

M. OR S. *Single* REGT. No. 3039147 RANK *Pte.* NAME (IN FULL) GRAY G. E.

NEXT OF KIN *Mrs Gray* RELATIONSHIP *Mother*
 ADDRESS *Box 644 Newfiskeard, Ont.*
 IS SEPARATION ALLOWANCE PAID? *No*
 TO WHOM PAID
 ADDRESS

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|-----------------|----------------|-----------|
| TRAINING DEPOT | JUL 21 1919 | D0210 HTH |
| DOM. ORP. HCSP. | JUL 22 1919 | D0210 HTH |

| ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT? | DATE | AUTHORITY |
|---|-----------------------|------|-----------|
| Toronto | | | |
| TRANSFERRED TO | | | |
| DATE OF ATTESTATION | 22.5.18 | | |
| ASSIGNED PAY, \$ | <i>nil</i> | | |
| PAYABLE TO | | | |
| ADDRESS | | | |
| STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | | | |
| DISCHARGED | | | |

Came to
 TRANSFERRED TO
 JUL 1 - 1920
 No. 2 DETACHMENT, C.E.F.
 56

C.A.M.C., H.D. No. 2

P.B. issued.

| MONTH | PAY AND F.A. | | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS | | | CASH PAYMENTS | | | ASSIGNED PAY | REGI-MENTAL CHARGES | OTHER CHARGES | TOTAL DEBITS | BALANCE | | PARTICULARS OR REMARKS |
|-------------------------------|--------------|------|---------------|---------------|-------------------|------------|------------|---------------|------------|------------|--------------|---------------------|---------------|--------------|------------|-------|---|
| | NO. OF DAYS | RATE | | | AMOUNT | COL. NO. 1 | COL. NO. 2 | COL. NO. 3 | COL. NO. 1 | COL. NO. 2 | | | | | COL. NO. 3 | DEBIT | |
| Balance from previous account | | | | | | | | | | | | | | | | | |
| Jan 31 | 31 | 10 | 321.00 | 61.60 | 957.00 | 33814 | | 557.00 | | | | | 857.00 | | 10 | | |
| Feb 28 | 28 | 10 | 308.00 | 10 | 408.00 | 37126 | 5 | 254.50 | | 25 | | | 308.00 | | 10 | | M.W. 10Y ✓ |
| Mar 31 | 31 | 10 | 321.00 | 10 | 441.00 | 82273 | 5 | 283.50 | | 75 | | | 321.00 | | 10 | | M.F.W. 10Y ✓ |
| April 30 | 30 | 10 | 330.00 | 10 | 440.00 | 84612 | 5 | 27.00 | | 100 | | | 330.00 | | 10 | | M.W. 10Y ✓ |
| May 31 | 31 | 10 | 341.00 | 10 | 441.00 | 586136 | 5 | 28.10 | | 1 | | | 341.00 | | 10 | | |
| June 30 | 30 | 10 | 330.00 | 43 | 868.41 | 88072 | 5 | 27.00 | | 1 | | | 330.00 | | 10 | | M.F. W. 10Y ✓ |
| July 21 | 21 | 10 | 231.00 | 33 | 1048.41 | 58647 | 5 | | | 548 | | | 1048.41 | | | | M.F.C. 512 ✓ 2262 50203 Transf. Copy to 21-7-19 |
| JUL 30 1919 | 31 | 10 | 336.20 | 33 | 621.00 | | | | | | | | 336.20 | | | | W. Hamilton Paymaster, 2nd Det. Canadian Garrison Regt |
| Aug 31 | 31 | 10 | 336.20 | 67 | 721.00 | 57076 | 5 | 17.12 | | | | | 577.12 | | 10 | | |
| Sept 30 | 30 | 10 | 330.00 | 43 | | 571533 | 5 | 15.18 | | | | | 330.00 | | 10 | | |

SEE OTHER SIDE.

| 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 | | CREDITS | | CREDITS | | COL. NO. 1 | COL. NO. 2 | COL. NO. 3 | COL. NO. 1 | COL. NO. 2 | COL. NO. 3 | \$ | C. | \$ | C. | \$ | C. | \$ | C. | \$ | C. | \$ | | C. |
| | | | \$ | C. | \$ | C. | \$ | C. | \$ | C. | \$ | C. | \$ | C. | | | | | | | | | | | | | |
| 1919 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct. | 31 | 1.50 | 46 | 50 | 10 | | 84 | 90 | 146 11/3 | 141 6/5 | 592 11/4 | 15 | 159 | 90 | | | | | | | | 74 | 90 | | 10 | 28. The 7A Classes @ 12-7 to 30-9-1919 | |
| Nov. | 30 | 1.50 | 45 | | | | 45 | | 152A 13/11 | 149 9/5 | | 20 | 125 | | | | | | | | | 45 | | | 10 | | |
| Dec. | 31 | 1.50 | 46 | 50 | | | 46 | 50 | 592 8/7 | 593 1/1 | | 20 | 126 | 50 | | | | | | | | 46 | 50 | | 10 | | |
| Dec. 1920 | | | | | 25 | | 25 | | | | | | | | | | | | | | | 25 | | | | 25 | 25 |
| Jan. | 31 | 1.50 | 46 | 50 | | | 46 | 50 | 593 5/5 | 593 9/3 | | 20 | 126 | 50 | | | | | | | | 46 | 50 | | 10 | | |
| Feb. | 29 | 1.50 | 43 | 50 | | | 43 | 50 | 201A 15/1 | 212 3/4 | | 20 | | | | | | | | | | 20 | | | 33 | 50 | |
| March | 31 | 1.50 | 46 | 50 | | | 46 | 50 | 331 5/3 | | | 35 | | | | | | | | | | 35 | | | 45 | | |
| April | 30 | 1.50 | 45 | 00 | | | 45 | | 322A 16/2 | | | 35 | 45 | | | | | | | | | 80 | | | 10 | | |
| May | 31 | 1.50 | 46 | 50 | | | 46 | 50 | 531 9/7 | | | 20 | 26 | 50 | | | | | | | | 46 | 50 | | 10 | | |
| June | 30 | 1.50 | 45 | 00 | | | 45 | 00 | 244A 16/3 | | | 20 | 25 | | | | | | | | | 45 | | | 10 | | |

See sheet #2

10.00 Bal Car forward to sheet #2

401
28. The 7A Classes @ 12-7 to 30-9-1919 ✓

Adm. St. A. M. H. of 22-2-20 0054
(scarlet fever)
Presch. St. A. M. H. 13/3/20. D 073
Adm. D. O. H. 12-3-20. Scarlet
fever. D 077
D 073 amended. Presch. D. O. H. 12/3/20. D 080.
Presch. from D. O. H. 22-2-20. D 093.

MILITARY SERVICE ACT, 1917

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Gray Christian name George Edwin
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 808833
3. Consecutive number on schedule of men reporting for service (if he appears on it) 309
4. Address (including street and number, if any) Matheson Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 19th day of November, 1917, by the undersigned medical board sitting at Haileybury Bo 18 Ont.

5. Age as stated 20 Years 7 Months. 6. Apparent age Years Months

7. Height 5 Feet 6 Inches. 8. Weight 130 Pounds.

9. Chest measurement { Minimum 34 Ins. Maximum 36 Ins. 10. Complexion Dark { Eyes Grey Hair Dark.

11. Physical development Good { Good Fair Poor 12. Smallpox marks

13. Number of vaccination marks { Right arm Left arm 14. When vaccinated last

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

16. Slight defects but not sufficient to cause rejection

The man denies having had Rheumatism Tuberculosis Syphilis We find no evidence of past Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A 2. 17. (a) Vision R. 20 L. 20 (b) Hearing, R. Normal L. Normal

" W M Martyn Capt " President.

Geo D McTaggart Member. " W. C. Arnold " Member.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes handwritten entries for dates like 24/6/18 and 20/9/18.

Joined 22 day of May 1918 at Toronto, Ont.

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes entries for 1st Depot B'n and 1st C.O.R. with number 3039147.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes handwritten entries for Exhibition Camp Niagara and dates like May 22/18 and Sept 21-18.

Signature of Man George E Gray

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

