ORIGINAL

"C" Coy

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

Regtl. No. 3034204

MSA

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class one)

1. Surname: G R A Y.
2. Christian name: Joseph Hartford.
3. Present address: 160 Huron St. Toronto. Ont
4. Military Service Act letter and number: 843497
5. Date of birth: 9th May. 1893
6. Place of birth (town, township or county and country): Coldwater. Ont.
7. Married, widower or single: Single.
8. Religion: Presb:
9. Trade or calling: Mechanic. Automobile
10. Name of next-of-kin: Nellie Gray.
11. Relationship of next-of-kin: Mother.
12. Address of next-of-kin: 160 Huron St. Toronto. Ont.
13. Whether at present a member of the Active Militia: no
14. Particulars of previous military or naval service, if any: none
15. Medical Examination under Military Service Act:—

(a) Place Toronto. Ont. (b) Date 1st. Nov. 1917. (c) Category A-2

DECLARATION OF RECRUIT

I, Joseph Hartford Gray., do solemnly declare that the above particulars refer to me, and are true.

Joseph Hartford Gray (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 25 yrs. 11 mths.

Height 5 ft. 7 3/4 ins.

Chest measurement: fully expanded 36 ins.; range of expansion 2 ins.

Complexion: Fair.

Eyes: Blue

Hair: Fair.

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

Scar upper lip.
Large Tonsils

John McLaren Lieut.

O. C. 1st Depot Btln.

1st C.O. Regt.

Place Toronto. Ont. Date 18th March. 1918.

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

C

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ..... 0194 .....)

1. Surname .....
2. Christian name .....
3. Present address .....
4. Military Service Act letter and number .....
5. Date of birth .....
6. Place of birth .....
(town, township or county and country)
7. Married, widower or single .....
8. Religion .....
9. Trade or calling .....
10. Name of next-of-kin .....
11. Relationship of next-of-kin .....
12. Address of next-of-kin .....
13. Whether at present a member of the Active Militia .....
14. Particulars of previous military or naval service, if any .....
15. Medical Examination under Military Service Act:—
(a) Place ..... (b) Date ..... (c) Category .....

DECLARATION OF RECRUIT

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

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age			
Height			
Chest measurement			
Complexion			
Eyes			
Hair			

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

M.F.W. 184.
000 21—8 11.
3172—30—1138.

BP 28-1-19

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name GRAY JOSEPH. HARTFORD. 24704

Regt. No. 3034204 Rank Pte.

Corps 2nd Bn. C.E.F.

DEMOB'N

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....2.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....1.....

Proceedings on discharge.....1.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....1.....

Medical Report for Invalids.....

Medical History Sheet.....1.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....1.....

Last Pay Certificate.....1.....

m.D.W 71-1.
a.D.B 122-1.
m.D.W 129-1.
m.D.B 465-1.
m.D.W 113-1.

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

pay card

9 2 - 7.
30 - 7
28 - 8.
2

2.

S.O. S 10 19-3-18 Dec'd
to C.R.U. 1499 - 9-4-18

CARD No.

S.O.P.D. is 6-1-19 2 Demob.
Do 4 2 4-1-19 2 b.G.R.
D.C.S. 18.3.18
S.O.P. I. 78

SURNAME. Gray.

CHRISTIAN NAMES Joseph Hartford

REGL. No. 3034204 RANK Pte.

UNIT 1st Can. Ont. Regt. 1st Dpo. Bn.

FORMER CORPS nil.

FOLL.

NEXT OF KIN.

NAMES IN FULL Gray, Mrs. Nellie

RELATIONSHIP TO SOLDIER Mother

ADDRESS 160 Huron St. Toronto, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Coldwater, Ont. DATE May 9th 1893

PLACE OF ATTESTATION Toronto Ont. DATE Mar. 18th 1918

L. L. 25989. M. & D. 8191.

M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

M. F. W. 71.—500M.—5-16.
1772—39—961.

1st Depot Battalion, 1st Central Ontario Regiment — Mechanic Auto.

ORIGINAL

NAME: GRAY, Joseph Hartford

REGIMENTAL NO. 3034204 RANK Pte. F

ENLISTED AT Toronto. PROMOTIONS, &c. AND DATE

DATE 18/3/18

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Nellie Gray RELATIONSHIP mother

ADDRESS OF 160 Huron St., Toronto, Ontario.

ASSIGNMENT OF PAY $15.00 C. TO as above

ADDRESS as above

SEPARATION ALLOWANCE, ENTITLED OR NOT ~~Yes~~ No

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME &c.
	No	Date	
T.O.S.	162	9-12-18	
S.O.S. 6-1-19	4	4-1-19	

Reg. No. 3034204 Name Gray J. H.

Rank Pte Corps 1st O.R. Age 26 Service 4/6/12

Ledger No. Serial No. 42910-37822

4b 9

HOSPITALS	DATE	DIAGNOSIS
Adm. Base Toronto	3.6.18	N.A.D.
Dis. Duty	11.6.18	
Adm. Base Toronto	16.7.18	G.S.
Trans. Sp. to Camp Borden	18.7.18	
" Base Toronto	4.11.18	
Dis. Duty	13.12.18	

P.T.O.

HOSPITALS	DATE	DIAGNOSIS

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

No. 3034214 RANK Pte NAME Gray J H

T. O. S. UNIT Machine Gun Corps, C. E. F.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 May:	1918 No account		attached for rations from 1st C.C.S. 20-5-18 Leave to be attached 23-5-18 On 2 Daily Orders but not on Payrolls.	M.O. 142 of 23-5-18 " " 146 of 27-5-18

A2

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. 3034204 Rank Rfte Surname GRAY (Given name in full) Joseph Bartford

Unit or Corps 2nd C.G.R. Birthplace Coldwater Ont

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

1. GENERAL DESCRIPTION:

Physique good Weight 154 lbs. Height 5 ft. 7¾ in. Colour of Eyes Blue

Nutrition good

Pulse regular 104

Condition of arteries Not palpable.

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
2 vacc. marks left arm.
Scar on upper lip - left side due to accidental cut - 1901.

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 Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System yes

Osseous and Joint System no Any other general condition no

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.

No varicose veins, hernia, haemorrhoids.
Varicocele on left side.
Enteric fever - 1911 - Recovery complete.
Scarlet fever - Infancy - recovered completely.

APPROVED
28/12/18
[illegible] Capt.
For A.D.M.S., M.D. 2

(If space is insufficient, continue on back of form.)

[illegible]

[illegible] [illegible] [illegible] [

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 Toronto.....(Canada) Exhibition Camp.

Date Dec. 27/18. Signed C. T. P. Garbutt Lt. 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 Pte. Joseph H. Gray

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

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3034204 (Rank) Private

Name (in full) GRAY, Joseph Hartford. enlisted in

the 1st Depot Battalion, 1st Central Ontario Regiment.

CANADIAN EXPEDITIONARY FORCE at Toronto, Ontario on the 18th.

day of March 1918.

HE served in .....CANADA.....

and is now discharged from the service by reason of

"DEMOBILIZATION"

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

Age 26 Years 8 Months.

Height 5 Feet 7¾ Inches

Complexion Medium

Eyes Grey

Hair Brown

Marks or Scars

One Vaccination Left Arm.

Joseph Hartford Gray
Signature of Soldier

Issuing Officer

Rank

Appointment

Date of Discharge January 6th, 1919

Signed at TORONTO this 6th day of January 1919

in Military District No. 2

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.
250m —6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

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

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

.....
Name of Officer

.....
Rank

.....
Appointment

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT.....

NAME OF SOLDIER GRAY, Joseph Hartford. No. 3034204

REGIMENT 1st DEPOT BATTALION RANK Pte.

1st C.O.R.

M.S.A.

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							

ORIGINAL

M.S.A. 15.

Base "C" Co'y

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

M.S.A.

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 a 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 Joseph Hartford

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 843497 841400

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) 160 HuronStreet. Toronto. Ont.,

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 1st day of November 1917, by the undersigned medical board sitting at Toronto Ont ,

5. Age as stated 24 Years 5 Months. 6. Apparent age 24 Years 5 Months

7. Height 5 Feet 7¾ Inches. 8. Weight 150½ Pounds.

9. Chest measurement { Minimum 34 Ins. / Maximum 36 Ins. } 10. Complexion Med { Eyes Grey / Hair Brown }

11. Physical development. Good { Good / Fair / Poor } 12. Smallpox marks nil

13. Number of vaccination marks { Right arm nil / Left arm 1 } 14. When vaccinated last Childhood

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

16. Slight defects but not sufficient to cause rejection Large tonsils.

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 [A2]

Eyesight RD 20 LD 20
Hearing R Normal L Normal
Nose Normal Throat-----

Signature of Man Joseph H Gray

E R Frankish Capt President

W Robertson Lt Member. Carman Rickus Member.

Date	Result	Vaccinations		Date	Result	Anti-Typhoid Inoculations, Etc.	
23/4/18	good	1st Rural Capt.	M.O.	18/4/18			M.O.
			M.O.	23/4/18		R Rural Capt.	M.O.
			M.O.	29/4/18			M.O.

Joined 18th day of March 1918 at Toronto, Ont.

	Corps	Reg'tl. Number	Habits	Date
Joined on enlistment	1st Depot B'n 1st C.O.R.	3034204		
Transferred to.....				

DUPLICATE MEDICAL BOARD

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Niagara Camp & Exhibition Camp	July 10th Dec. 27th/18		A2 A2 C.E.F. Garbutt Lt. H Worton Lieut

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

Surname

Christian Name

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				
Special Hosp-	Borden	18	4	18	4 ~~20~~	11 ~~9~~	18 ~~18~~	Chronic ~~Prostatitis~~	~~63~~ 108	~~Recovering fair~~ Trans Base Hospital, Toronto	H R Cook for Capt Johnston
		1									
Base Hospital, Toronto		14	11	18	13	12	18	Chr Prostatitis	29	Cured. Discharge to Unit	F Gilbert CAPTAIN A.M.C.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps 1/1 COR, Inf'b. Hospital Station

No. 3034204 Rank and Name Pte Gray, J.H. Age 26 Service C/12

Disease N.Y.D. Wassermann Date of Admission JUN 3 1918 Date of Discharge Result Case Book 1272 Folio

Dates of Observation																															
Days of Disease																															
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
107°	.8 .6 .4 .2																														
106°	.8 .6 .4 .2																														
105°	.8 .6 .4 .2																														
104°	.8 .6 .4 .2																														
103°	.4 .2																														
102°	.8 .6 .4 .2																														
101°	.8 .6 .4 .2																														
100°	.8 .6 .4 .2																														
99°	.8 .6 .4 .2																														
98°	.8 .6 .4 .2																														
97°	.8 .6 .4 .2																														
	.8 .6																														
Pulse per Minute																															
Respirations per Minute																															
Motions																															

M. F. B. 288.

25M—2-18.

H. Q. 1772-39-513.

Signature J.H. Gray Capt. In charge of case.

11/6/18

CASE HISTORY SHEET.

No. 3034204 Rank Pte Name Gray J.H. Age 26

Unit 1st C.O.R. Camp Camp Where and how long

Date of admission June 3/18 Date of discharge 11/6/18.

Diagnosis Nil. Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Patient was receiving treatment for Syphilis at this institution as from their records. Was on patient receiving treatment when he was drafted. Since then has received no treatment for blood tests.

Patient admitted for Wasserm test.

10/6/18 Wassermen reported negative.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) Nil.

TREATMENT

(Especially any specific or special form.) Nil.

CONDITION ON DISCHARGE,

(and disposal made of case.) Cured.

Date 11/6/18

J.H. Heaslett
Medical Officer i/c case.

M. F. B. 313a.
50M.-11-17.
1772—39-439.

A 42910
C

BASE HOSPITAL, TORONTO

MEDICAL CASE SHEET

VENEREAL

Case Number

Reg. No. | Rank | Name Gray J.A. | Unit

Age | Married or Single

Diagnosis | Admitted | Discharged | Result

Name

HISTORY

When and where contracted

Date and character of first symptoms — Continued

Subsequent symptoms

Present symptoms

~~Family History of Syphilis~~

Rank

DATE	Dark Field	Wass.	C. S. F.	Treatment	Dose	Reaction	REMARKS
Sept 7th		Pos —		saw pus, many monocytes, few gram + cocci, little protein fluid			
Sept 9th		cl	cl				
Sept 11th		cl	cl				
Sept 11th		Pos soft		faintly small +			no smear

Reg. No.

Sept 18th Discharged to duty

Out

W. J. Johnston Capt.

6 days in Hospital

BASE HOSPITAL, TORONTO
MEDICAL CASE SHEET
VENEREAL

Case Number

Reg. No. 30342 Rank Pte Name Gray J. H. Unit 110. 1 Co R

Age 26 Married or Single

Diagnosis Admitted July 15 Discharged Result

HISTORY

No. of previous attacks Ctt.

Where and when acquired

Date and character of symptoms

Date	Days of Disease	Smear	URINE 1st	URINE 2nd	Discharge	Med.	Irr.	INJECTION	SEALS	Massage	Sound	REMARKS
Aug 12th			Pros suspicious, very much pus, many epith, few gram – ex dip cocci, few gram + bacilli, very much pros fluid (cells cremated)									
25 day												
Aug 14th			op sh & cl.									
Aug 14th			D.						31 Kollman			Rank
			cl cl									
Aug 16th			cl, sh + cl									
Aug 16th		M										Reg. No.
30 days, Aug 17th			Pros fairly small & soft						cl/cl Positive			D – Dampness Am. no smear
Aug 19th			cl sh + cl.									
Aug 20th			S. M. Pros fairly small and soft Good smear									D = little dampness Am.
aug 21			cl cl.						cl/cl			
Aug 21st			Pros – little pus, few epith, few gram – ex dip cocci, little pros fluid									
35 day			Aug 22nd D						24 m. sound.			
			Aug 23rd cl, sh + cl.									
			Aug 24 Pros mod in Size									no smear
			Aug 26 Pros –						cl/cl			
40 days, Aug 27			Aug 28th cl, sh + cl									
			Aug 30 D						30 Kolman.			
Sept 1			Sept 30 cl./cl.									
45 days			Sept 4 cl cl									
50 days			Sept 6 D						30 Kolman			

Lt. assumptive large + fair + small + soft Good smear
Tubercle probable but not diagnostic

FOR ALL RANKS.
PROCEEDINGS OF A MEDICAL BOARD.
(Short Form)

Place Base Hospital Toronto Date November 22nd. 1918.

Number #3034204. Rank Private. Name GRAY, Joseph Hartford.

Corps 1st. Depot Bn. 1st. C.O. R. Age Religion

(1) Disability (1) Chronic Indigestion, (2) Chronic Tonsilitis.

(2) Incurred -

(Cancel one) ~~(Overseas~~ / (Canada.

(3) Category Category A.2. on enlistment.

(4) Recommendations -

(a) ~~Treatment (specify nature of)~~

~~(b) Return to duty~~ Present Category B.2.

(a) General

~~(b) Special (specify nature of)~~ Present Category B.2.

(c) Special Chronic Indigestion. Gets along pretty well at times, other times has considerable distress. Chronic Tonsilitis. History of Rheumatism.

Jas. W. Barton Major. President.

W. J. Stock Capt.)
(Members.
)

Place Base Hospital Date November 22nd. 1918

Approved

APPROVED
NOV 28 1918
A. D. M. S., M. D. 2.

A.D.M.S. M.D.
or Camp

Place Date

(CANCEL WHERE NOT APPLICABLE. IF NECESSARY, MAKE SPECIAL RECOMMENDATION UNDER (c).

M.F.W.180.
20m.-1-18.(M).
H.Q.1772-39-1213.

M.D. 2

No. 57

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 30xxxx4 Rank Pte Name Gray J H

Corps 2nd Bn. Can. R. who was* Drafted

On 6/1/19 191___, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/1/19 191___

to 6/1/19 191___, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	20	
Advances by Cheques No.			Regt'l Pay 6 days at $ 1 c	6	
Advances by Cheques No.			Field Allow. 6 days at $ 1 c 10		60
~~Assigned Pay~~ and Sep'n Allce. No. 30271	126		Separation Allowances* (Monthly)	126	
Other charges 2nd 6512	2	36	Other Allowances*		
Payment ~~on transfer or~~ discharge No. 30125	59	24	Other Credits* Clothing	35	
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	187	60	Total	187	60

*Give particulars.

A monthly stoppage of $_____(†) has_____(‡) been paid on account of Assigned

Pay for the month of _____191____
and Sep'n Allce. for month of _____191____

(to) Assignee Mrs H Gray

(Address) 160 Huron St Toronto

(†) Insert amount to be assigned whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Out Allowance of $_____has been paid by Paymaster, Military District No. _____

REMARKS:—

State (1) date of enlistment 15/3/18

(2) if married and if a Separation Allowance Card has been submitted Yes

(3) cause of discharge Demob authority S.D.4

(4) authority for transfer _____

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date 6/1/19

Place Witley Camp

J. D. Ray Capt.
for Paymaster, 2nd Bn. Canadian Garrison Regt.
Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.
H.Q. 1772-39-903.
20M-11-18. D.P. 874.

M.S.A.

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

M. F. W. 54. (A. F. B. 198.
500M.—9-16
H. Q. 1772-39-9-0.

Casualty Form—Active Service.

1st DEPOT BATTALION

Unit, Regiment or Corps ..... 1st C.O.R.

Regimental No. 3034204. Rank Pte Name G R A Y. Joseph Hartford.

C. E. F.

Enlisted (a) 18.3.18. Terms of Service (a) ..... Service reckons from (a) 18th March.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) .. Auto;Mechanic.

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				
		Embarked Canada.			
		Arrived England.			
4-1-19	2nd Bn.	S.O.S. On Discharge	Toronto	6-1-19	Part 11
	C.O.R.	R.O. # 1328			D.O # 4.
		"DEMOBOLIZATION"			

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

[P.T.O.

Report		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 quo'ed in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

This space to be for numbers

24-1-19
40

Proceedings on Discharge.

M.S.A.

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

No.	3034204
Rank	Private
Surname	GRAY.
Christian Name	Joseph Hartford.

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

Corps (Squadron, Battery or Company) 2nd BN. CANADIAN GARRISON REGIMENT

Date of Discharge January 6th, 1919.

Place of Discharge TORONTO

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	26 years 8 months.
Height	5 feet 7¾ inches.
Complexion	Medium
Eyes	Grey
Hair	Brown
Trade	Automobile Mechanic
Intended place of residence (To be given as fully as practicable.)	160 Huron St. Toronto Ont.

Descriptive Marks

One Vaccination Left Arm.

H

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

"DEMOBILIZATION""

R.O. #1328

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

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

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

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

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

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

.....

Commanding .....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) TORONTO Joseph Hartford Gray *(Signature of Soldier.)*

(Date) January 6th, 1919. L. Allen Lt. *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....*(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

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

(Place) TORONTO

(Date) January 6th, 1919.

(Signature) for O. C. 2nd Bn. Canadian Garrison Regt. Major

Reservations referred to at Para. 8.

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

NONE.

Joseph Hartford Gray

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.		
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.		
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		
*Only if discharged "Medically unfit."			

Attestation Paper,	Militia Form B. 235.
Proceedings on Discharge	" B. 218.

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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.

2nd Dist., C. G. R.

AUDITOR JPh | PAYMASTER 1

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

M. OR S. | REGT. No. 3031204 | RANK Pte | NAME (IN FULL) Gray J A (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? yes | DATE EFFECTIVE 1.9.19

TO WHOM PAID | RELATIONSHIP Mother

ADDRESS Same.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C. E. F. | IF IN P. F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 18/3/18 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ | DATE EFFECTIVE

PAYABLE TO Mrs N Gray | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 160 Hurdon St. City.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1 NO. DATE $ C.	COL. NO. 2 NO. DATE $ C.	COL. NO. 3 NO. DATE $ C.	CASH PAYMENTS COL. NO. 1 $ C.	COL. NO. 2 $ C.	COL. NO. 3 $ C.	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	BALANCE CREDIT $ C.	PARTICULARS OR REMARKS
Balance from previous account																		Entitled to Disc Leave 6/1/19 see mob book
Jan 1/6	6	1.10	6 6	1 20	18 60	30271	30175				59 24	12		2 36	18 60			
								S88/60										
July.	2et		2et					75 2/7			2et				2et			Adjustment S.P. underpaid 1 day @.
	660	185	20	21 60							59 24	150		2 36	21 60			

ACCOUNT CLOSED. NOT SUBJECT TO RESPONSIBLE OFFICER S.O.S. FORCE H.Q. CIRCULAR No. 192 (LOCAL 120).

ASST. DIRECTOR PAY SERVICES, M.D. No.

60m.-11-18. L. L. 61777. M. & D. 9585.

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

BASE HOSPITAL, TORONTO

MEDICAL CASE SHEET

VENEREAL

Case Number

Reg. No. 303420 Rank Pte Name Gray. J.H. Unit 1.D.I.C.

Age 21 Married or Single

Diagnosis Chronic Gonorrhoea Admitted July 1/18 Discharged 20/9/18 Result Cured

I.D.C.

Name

Rank

Reg. No.

HISTORY

No. of previous attacks 3 attacks. (Base Hosp. Treated)

Where and when acquired March 1918 Discharge began

Date and character of symptoms Has watery white Discharge.

Date	Days of Disease	Smear	URINE 1st	URINE 2nd	Discharge	Med.	Irr.	INJECTION	SEALS	Massage	Sound	REMARKS
July 1/18			Passed urine before consultation					Potash 1/8.				yellow. 3 drops am 6 pm.
2	2											very H clear to grey discharge
3 H								E.D.M.				
								med to small tin sound				
								E.V.M. ~~Urethroscopy~~				
								slight structure & ~~discharge~~ Pus				
9 11th								one drop of Heavy yellow mucus				
10 days								H. during day also yellow.				
3 H			Run up potash									small drop thick yellow after drill only.
			R. lob					slightly tender	slightly	small		
Aug 2 H												
15 days								normal in size	tender	quite resisting		
Aug 3 H												H yellow am.
Aug 6 th												D - yellow am.
Aug 7 th												sometimes thin day.
20 days												N - metal s.
			Pros.					Mod in size & fairly soft				
Aug 8. P								few pus few Epill, many gram - Bacc. little pro fluid.				37822
Aug 9 th												
Aug 12 th												
Aug 12. M.								Pros notes the same				

~~2 33564~~

Conduct Good mean.

Patrowler

BASE HOSPITAL, TORONTO

MEDICAL CASE SHEET

VENEREAL