ORIGINAL

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

Regtl. No. A-3234574.

PARTICULARS OF RECRUIT

ORIGINAL

DRAFTED UNDER MILITARY SERVICE ACT, 1917

M.S.A.

(Class ONE.)

1. Surname GRAY.
2. Christian name Lawrence Ballentyne
3. Present address New Liskeard, Ont:
4. Military Service Act letter and number #546621.
5. Date of birth May 8th 1897.
6. Place of birth Orton, Ont: (town, township or county and country)
7. Married, widower or single Single.
8. Religion Methodist.
9. Trade or calling Bank Accountant.
10. Name of next-of-kin Mrs Albert Gray.
11. Relationship of next-of-kin Mother
12. Address of next-of-kin Orton, Ont: WELLINGTON CO. 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 Toronto, Ont: (b) Date ~~11th~~ Oct. 16/17 (c) Category B-2

DECLARATION OF RECRUIT

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

Lawrence Ballentyne Gray.
(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age		20 yrs.	mths.
Height		5 ft.	10 ins.
Chest measurement	fully expanded	36½	ins.
	range of expansion	3½	ins.
Complexion		Fair	
Eyes		Blue	
Hair		Brown	

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

Convergent strabismus right (slight)

Geo R Rodgers
O. C. 2nd Depot Btln.
1st Central Ont: Regt.

Place Toronto, Ont: Date May 11th 1918.

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

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One).

C.E.F.

GRAY LAWRENCE BALLENTYNE 3234574 C G R 24716

DEMOB.

H

NAME. Gray, Lawrence Ballentyne

RANK. Pte.

No. 323574

CORPS. 1st Can. Depot. Bn.

REC. FILE. Demob 2 2 DIS 11-1-192 Do 9-9-1-19

H. Q. FILE. 2nd Bk. C 41R

1st Can. Inf.

ENLISTMENT. PLACE. Toronto, Ont. DATE. May 11th, 1918.

DISCHARGE. PLACE. Canada, Orton, Ont. DATE. May 8th, 1897.

BIRTH

REASON.

ADDRESS ON DISCHARGE.

T. O. S. May 11. 1918.

D.O. Part II No 133.

DOCUMENTS.

NEXT OF KIN Gray, Mrs. Albert

RELATIONSHIP mother

ADDRESS Orton, Ont.

Pet 0/s 29-7-18, 135 9/5.

R 1628 11-18 231/23

L. L 20496—M. & D. 7908—100m.

CHARGED OUT			RETURNED		CHARGED OUT			RETURNED	
TO	DATE	BY	RECEIVED BY	DATE	TO	DATE	BY	RECEIVED BY	DATE

No. 3234574 RANK Pte NAME Gray L. B.

T. O. S. 11-5-18 UNIT 2nd Depot Bn. 1st C.O.R.

DO133, 13-5-18

M. D. 7.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918	1918			
May 11	May 31	W		
June 1	June 24	✓	Trans to Ry Const Dep 24-6-18	DO176, 25-6-18

LEDGER NO. 6848 SERIAL NO. A/45525

REG. NUMBER 3234574 NAME Gray Lawrence B.

RANK Pte CORPS 125th

AGE 21 SERVICE 7/12

NAME OF HOSPITAL Stationary PLACE Ex Camp Toronto

DATE OF ADMISSION 21-12-18

DISEASE Influenza

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO 28-12-18 IN CATEGORY

M. F. W. 2553.
50m.—6-18.
1772-39-1332.

P. T. O.

REMARKS:

M. F. W. 71—500M.—5-18.
1772—39—961.

NAME Gray Lawrence B.

REGIMENTAL NO. 3234574 RANK Pte.

ENLISTED AT

PROMOTIONS, &c. AND DATE

DATE

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE S.

NEXT OF KIN Mrs. Albert Gray RELATIONSHIP Mother.

ADDRESS OF Orton. Sur.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

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	
Jts.	176	23-12-18	
Jts. 11-1-19	9	9-1-19	

to ge

Number 3234374 Rank Spr B

Surname GRAY

Christian Name Lawrence Ballentyne

Units Lan Rg Inf Theatre of War England

Date of Service 15/8/18

Remarks

Latest Address Carton Cast

Roll No. A Page 25-81

200m.—2—21.—M.

Next of kin

Address on leave

Address on discharge

Transportation issued Yes / No Date

Character on discharge

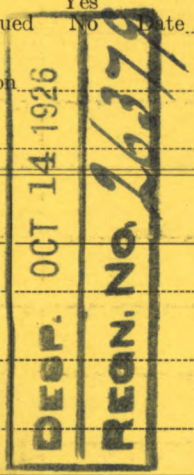
Previous occupation

Date and place of enlistment

Diagnosis

Date of Medical Boards

Date	Remarks



*—Name will be given in full; surname first.

C.A.D.C.5009. 50M-3-5-18.

CANADIAN ARMY DENTAL CORPS.

DENTAL CERTIFICATE.

NOTE:- This form will be attached to the Medical History sheet of each Other Rank being returned to Canada for disposal.

REGTL. No.	* NAME	RANK	UNIT
3234574	GRAY L. B.	Spr.	CRTD

Date of Examination	18-11-18
Present Dental Condition	fit
In case of loss, or decay of teeth, is the loss due to wounds, injury, or disease, directly attributable to Active Service?	no
Has he ever declined Dental Treatment?	no
Recommendation	

CANADIAN RAILWAY TROOPS DEPOT SENIOR DENTAL 18 NOV. 1918 OFFICER PURFLEET

Date 18-11-18

Station

CANADIAN RAILWAY TROOPS DEPOT DENTAL 18 NOV. 1918 OFFICER PURFLEET

Signature of Examining Officer Capt. R.A.D.C.

* Name should be entered in block letters.

DATE JAN 8 - 1919

2ND BATT. CAN. GAR. REGT.

EXHIBITION CAMP, TORONTO.

APPLICATION OF URINALYSIS ON.

NAME Gra[illegible] Pte R.B. NO 3234574

F. A. Bentley Lieut.

Medical Officer

Sp.Gr ?

Albumin Positive

Sugar Negative

Reaction Acid

Casts — Hyaline & Granular

EXAMINED BY J. Weston Sgt

Exhibition Camp, Hospital

Toronto Ont.

H. O. Jones Lieut

MEDICAL CASE SHEET (OPHTHALMOLOGY)

MILITARY HOSPITAL Upton Camp.

DATE Dec. 18th 1918

NAME GRAY Lawrence RANK Spvt. NUMBER 3234574 UNIT 25 Depot AGE 21

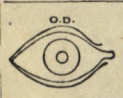
HISTORY

SYMPTOMS

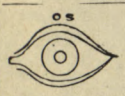
GLASSES WORN

OBJECTIVE EXAMINATION

EXTERNAL APPEARANCE

OD 

very slight convergent strabismus

OS 

normal

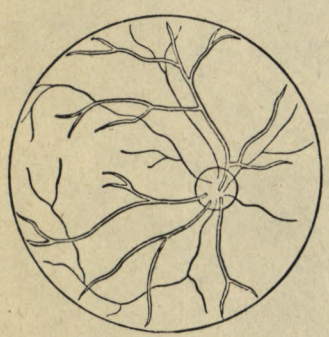
RETINOSCOPY AND OPHTHALMOMETER

OD

OS

OPHTHALMOSCOPE

FUNDUS	LENS	CORNEA



FIELDS

MUSCLE BALANCE

TENSION

SUBJECTIVE EXAMINATION

TRIAL CASE

	BEFORE	SPH.	CYL.	AX.		AFTER
OD	V 20/100	not improved			V	
OS	V 20/30				V	

P.P. P.R. A. ACC. PRESBYOPIA

GLASSES PRESCRIBED

OD Partial amblyopia result of congenital strabismus (strabismus has been operated upon but too late to help vision.

OS

TREATMENT:—

Category as to eyes B
Liability prior to enlistment
Service aggravation

E. G. Smith Lt. M.C.

M. F. W. 144
20M.—8-18.
1172-39-1173.

(3)

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. 323474 Rank Pte Name Gray F B

Corps 2nd Bn Can R who was* Disd

On 11/1/19 191___, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 24/12/18 191___ to 11/1/19 191___, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month	1	88	Balance Cr. from prev. month		
Advances by Cheques No.			Regt'l Pay 19 days at $ 1 c	19	
Advances by Cheques No.			Field Allow. 19 days at $ c 10	1	90
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances* Subs	5	60
Payment on ~~transfer~~ or discharge No. 30136	55	62	Other Credits* Clothing	3	25
Balance Cr. (to be paid by the new unit)	70		Bal. Dr. (to be deducted by new unit)	70	
Total	131	50	Total	131	50

*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_____

(Address) _____

(†) 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 11/5/18

(2) if married and if a Separation Allowance Card has been submitted no

(3) cause of discharge Demob authority A O 9

(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 10/1/19

Place Bramshott

for Paymaster, 2nd Bn. Canadian Garrison Regt. Captain.

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.

Out 11-1-19.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT .....

NAME OF SOLDIER Gray, Laurence Ballantyne

RANK Pte

REGIMENT .....

No. 3234574

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																							
DISCHARGE EXAM. 4 K Camp	DATE Dec 18/18																						
CERTIFICATE ISSUED FOR Not entitled to treatment																							
																				Moneyduc, Capt.			

M.F.B. 465.
200M.—6-18.
1772-39-050.

ORIGINAL

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

N.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 Lawrence Ballentyne

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

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

4. Address (including street and number, if any) Haileybury, Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 16th. day of Oct. 1917, by the undersigned medical board sitting at Haileybury #18.

5. Age as stated 20 Years 4 Months. 6. Apparent age 20 Years Months

7. Height 5 Feet 10 Inches. 8. Weight 144 Pounds.

9. Chest measurement { Minimum 33 Ins. / Maximum 36½ Ins. } 10. Complexion Fair { Eyes Blue / Hair Brown }

11. Physical development Fair { 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

Convergent strabismus right (slight)

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 **B2.**

17. (a) Vision R. 80 L. 120 Improved with glasses.

(b) Hearing. R. o.k. L. o.k.

W. M. Martyn Capt. President.

Geo D. McLaggan Capt. Member. J. C. Amused Member.

Signature of Man

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
3/7/18		BC M.O.	27/4/18		M.O.
		M.O.	3/7/18		M.O.
		M.O.	8/7/18		M.O.

Joined 11th day of May 1918 at Toronto, Ont

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	2nd Depot Bn.	1-3234574		11-5-18
Transferred to	1st C.O.R.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Niagara Camp	July 10/18	Rt eye D 200	B2 W. Hood Capt. Pres. S.M.B.
Base Depot Camp	30.9.18	Defect Vision	B1 Geo. D. McLaggan Capt.
Base Depot Camp	14.11.18		Geo. F. Bowman Capt

Cat. on Rel. 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.

18/12/18 Defect Vision B2 D. Bowman Capt

M. F. B. 313.
300M.—10-17.
1772-39-439.

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				

CASE HISTORY SHEET.

Toronto Stationary Hospital. Exhibition Camp Station.

No. 3234574 Rank Pte. Name GRAY Lawrence B Age 21

Unit #2 .D.D. Completed years of service (Where and how long) 7/12 Canada

Date of admission Dec. 21.1918 Date of discharge DEC 28 1918

Diagnosis Influenza Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE. Complaint - Headache sore throat - stiff neck sore back - weakness all over - slight cough - no pain in chest - Loss of appetite - Chills yesterday.

Respiratory System - Lungs negative some mucous rales over Bronchial area -

Circulatory System - negative - apex beat in normal position - Valve sounds normal - Pulse strong & regular.

Alimentary System - Teeth good - Tongue coated - Breath foul. appetite improving no abdominal tenderness no haemorrhoids.

G.U. System. negative

N.M. System. negative

FAMILY HISTORY Negative.
(Tuberculosis, mental or nervous disease.)

TREATMENT Routine for Influenza.
(Especially any specific or special form.) Routine Laxative.

CONDITION ON DISCHARGE, Recovered
(and disposal made of case.) Recommended 6 days Sick Leave

Date DEC 28 1918

A Allison Capt
Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

A 145-25-

Urinalysis Dec. 23-15.

Color. light amber.

Spec. grav. 1030

Albumen } Neg.
Sugar. }

Reaction acid.

CLINICAL CHART.

Corps #2 Discharge Depot — Toronto Stationary — Hospital Station Ex. Camp

No. 3234574 — Rank and Name Pte. GRAY Lawrence B. — Age 21 — Service 7/12 Canada

Disease Ibfluenza — Date of Admission Dec. 21. — Date of Discharge DEC 28 1918 — Result Recovered. — Serial No. A & D. Book B 245

A. 145725

Dates of Observation	Dec 21	22	23	24	25	26	27																								
Days of Disease	1	2	3	4	5	6	7																								
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°	Adm. Hrs.																														
106°																															
105°																															
104°																															
103°																															
102°																															
101°																															
100°																															
99°																															
98°																															
97°																															
Pulse per Minute		88 88	82 64	76	76	78	94																								
Respirations per Minute		18 24	20 16	20	20	18	18																								
Motions																															

M. F. B. 288.

50M—4-18.
H. Q. 1772-39-513.

Signature Allmoore Capt — In charge of case.

M.S.A

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

M. F. W. 54. (A. F. B. 103.)
[redacted]350M.—5-16
[redacted]Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 2nd Battn: 1st C.O.R.

Regimental No. [redacted]-3234574 Rank Private Name GRAY Lawrence Ballentyne
C. E. F.

Enlisted (a) 11-5-18. Terms of Service (a) D of W & 6 months. Service reckons from (a) 11-5-18.

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) BANK ACCOUNTANT.

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
JUN 25 1918		2nd D. Bn., S.O.S. on TRANSFER to 1st C.O.R. Rail Cont. Depot TORONTO, Part II D.C. #176		JUN 24 1918	
		Embarked	Montreal	29-7-18	
		Disembarked	Liverpool	15-8-18	
		EMBARKED CANADA			
16-8-18	C.R.T. Depot.	Taken on strength on arrival from Canada.	Purfleet.	15-8-18	Parte 2 D.O.226.

S.O.S. C.R.T.D. 27 NOV. 1918
ON EMBARKATION TO CANADA
29-11-18 Disembarked Canada.

for O.C. Canadian Railway Troops Depot.
Lieut.

(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 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				
NOV 22 1918	O/S	T.O.S. No.2 District Depot, Part II, D.O. No. 230 — —			J. J. Johnston Lieut. capt. For O.C. No. 2 District Depot
9-1-19	2nd Bn. C.G.R.	S.O.S. On discharge R.O. # 1328 "DEMOBILIZATION"	Toronto	11-1-19	Part 11 D.O. # 8.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3234574 (Rank) Private

Name (in full) GRAY, Lawrence Ballentyne enlisted in

the 2nd. DEPOT BATTALION, 1st, Central Ontario Regiment.

CANADIAN EXPEDITIONARY FORCE at Toronto, Ontario on the 11th,

day of May 1918.

HE served in CANADA and ENGLAND

and is now discharged from the service by reason of

"Demobilization"

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

Age 20 years 8 months

Height 5 feet 10 inches

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars

1 Vaccination right arm

Scar from absass on inner

aspect right upper arm

Lawrence B. Gray.

Signature of Soldier

A Blackey

Issuing Officer Major

O. C. 2nd Bn., Canadian Garrison Regt.

Rank

Appointment

Date of Discharge January 11th, 1919.

Signed at TORONTO this 11th, 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

On demobilization the particulars called for on the back of this certificate will not be completed

M. F. W. 41
100M-1-18.
1772-39-339.

Name Spr Gray L B.

Regimental No. 32345-74

Unit C.R.T.D.

Date of enlistment

Place of "

Married (yes or no) No.

Amount of pay assigned monthly $20^{xx}

To whom payable Mrs Sarah
Orton P.O. Ont.

Name and address of next-of-kin
Arr 28.11.18 Aquitania

Date and place discharged

Reason for discharge Fr 1.1.19.

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
Dec 1	23	23	1	23 -	23	10	2 30	12 - 37 30						43 18	43 18	Pd & posted Cas 28.1. out 2.12.-16.12 D0 2 30 43 LE Dr R.P.C. Trans 2nd C.G.R. 23.12. D0 2 5 0.
								D18 5-88.								

M. F. W. 41
100M-1-18.
1772-39-389.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

A.P. 07337-L-11

M. F. W. 41a.
120m. 1-18
1772-39-1213

English L.P.C. No. G407

E V K

Name Gray Lawrence B.

Regt'l No. 323445-74 Rank Spr. File Numbers { C.M. 25-83-

Former Units C.R.F.D. Original Unit C.R.F.

Date of arrival in Canada 28-11-18 Boat Aquitania Port of Disembarkation Halifax

Rates of Pay:—Regt'l. 1.00 Field 1.0 Date of arrival in M.D. 2.

Separation Allowance. Date paid to Nil Rate Nil. If continued by Chief Paymaster, England No.

Assigned Pay. Date paid to 31-12-18 Rate 20.00. If continued by Chief Paymaster, England No.

Name and address of Beneficiary { Mrs Sarah Gray (mother)
Orton P.O. Ontario

Pay claimed on English L.P.C. to 30-11-18 to be paid by new Unit from 1-12-18

Name of new Unit No 2 District depot Date L.P.C. forwarded to new Unit 13/12/18

A.P. Charged on English L.P.C. to 30-11-18.

L.L. 34682—M. & D. 8645.

Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out				OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT				7 R 10-12-18. WPS. 10/12/18 REMARKS
						On Boat		A.P. At Cl. Depot &c.						Credit		Debit		
$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	
26	82			26	82													
						20	00											On Boat 24-11-18
						30	00											Quebec 1-12-18
								20	00									December 1918.
												70	00					
Debit Balance				43	18													
				70	00							70	00			43	18	

M. F. W. 41a.
120m. 1-18
1772-39-1213

English L.P.C. No. .....

Name .....

Regt'l No. ..... Rank ..... File Numbers { ..... }

Former Units ..... Original Unit .....

Date of arrival in Canada ..... Boat ..... Port of Disembarkation .....

Rates of Pay:—Regt'l ..... Field ..... Date of arrival in M.D. ....

Separation Allowance. Date paid to ..... Rate ..... If continued by Chief Paymaster, England .....

Assigned Pay. Date paid to ..... Rate ..... If continued by Chief Paymaster, England .....

Name and address of Beneficiary { ..... }

Pay claimed on English L.P.C. to ..... to be paid by new Unit from .....

Name of new Unit ..... Date L.P.C. forwarded to new Unit .....

Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out				OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT				REMARKS
						On Boat		At Cl. Depot &c.						Credit		Debit		
$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	

Form R 122.
10287—65M—28-7-17

95th Dft. C. R. T, to, C. R, T, D

G.H. Rank Name GRAY. Lawrence Ballentyne. Reg'l No. 3234574.

Unit If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Toronto . May 11th 1918. Place of Birth Orton Ont.

Name and Address, Next-of-Kin Mrs. Albert Gray

Orton Wellington Co. Ont. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 3720
Files &c.
Category O R CAN

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents
		Arrived in England		15-8-18	S/S CASSANDRA
16-8-18	C R T D.	To S. from Canada Purfleet	"	15-8-18	D0226.
22-11-18	"	S.O. Son transf from cmt of b to the C.E.F. in Canada	"	" 22.11.18	ftt III 324

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents.	
Date.	From whom received.					

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1.8.18	EFFECTIVE DATE:-
AMOUNT:- 20 00	AMOUNT:-

NAME:- GRAY Lawrence Ballentyne

NUMBER:- 3234574

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
LPC Can.	1.8.18	Lpr.

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

Sarah Gray (mother)
Orton Ontario
Allotment stopped 1/11/18

SOS. to Canada 22/11/18

C.R.T.D. P/0324 - 22/11/18

UNIT AND TRANSFERS

ORIGINAL UNIT:- 95 Dft CRTD.

DATE ACCOUNT FIRST OPENED:- 1.8.18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			6 R T D.
LPC.	1/11/18	26/11/18	N & L.

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
		3531 15/11	~~730~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
LPC Can	1.	10		
LPC.				

PARTICULARS OF RENDERING NON-EFFECTIVE:- Discharged to Canada Auth: CRTO NR 14 Cr Bal 30/11/18 26.82

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31-7-18	Bal from Can								40 75		
Aug	L.P.	34 10		Car.				20	54 85		
		34 10						20			
Sept	P.P.	33.		Car.				20			
				Ad 1739. 4/9/18. CRT.D.	38 93						
				" 2391. 26.9.18 " "	7 30				21 62		
		33.			46 23			20			
Oct	L.P.	34 10		A.P.				20			
				7733 14/10/18. CRTD.	7 30				28.42		
				3105 26/10/18 " "	7 30				21 12		
		34 10			14 60			20			
Nov.	L.P.	33.						20			
				3531. 16/11/18 " "	7 30				26 82		
		33									
		33			7 30			20			

CANADIAN
ASSIGNED PAY AUDITED
Marie To 30/11/18
AUDIT CLERK
DATE 9/6/19

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION

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.	3234574
Rank	Private
Surname	GRAY
Christian Name	Lawrence Ballentyne

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 11th, 1919.
Place of Discharge	TORONTO

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	20 years 8 months.
Height	5 feet 10 inches.
Complexion	Fair
Eyes	Blue
Hair	Brown
Trade	Bank Accountant
Intended place of residence (To be given as fully as practicable.)	Orton, Ont.

Descriptive Marks

1 Vaccination right arm
Scar from absass on inner
aspect right upper arm.

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 Laurence B. Grey *(Signature of Soldier.)*

(Date) January 11th. 1919. *(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 11th, 1919.

(Signature) Blackry Major

O. C. 2nd Bn., Canadian Garrison Regt.

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.

Laurence B. 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.

B 2.

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. 323457 Rank Sapper Surname GRAY (Given name in full) Lawrence Ballantyne

Unit or Corps #2 D. Depot Birthplace Oxton, Ont.

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

1. GENERAL DESCRIPTION:

Physique Good Weight ..... lbs. Height 5 ft. 11 in. Colour of Eyes Blue.

Nutrition Good

Pulse 68

Condition of arteries Good

Vision Rt. 20/100 Left 20/30

Hearing (conversational voice) Rt. 30 ft.

Left 30 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
One vacc on rt arm.
Scar from abscess on inner aspect right upper arm.

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 See specialists report Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

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.

See specialists report in eye

APPROVED
19/12/18
[illegible] Capt
For A.D.M.S. M.D. 2

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

[OVER]

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 Exhibition Toronto .....(Canada)

Date Dec 18/18 Signed D J Sweeney Capt CAMC 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 a Medical Board).

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

[OVER]

M.F.W. 129.
1038 (D.P.) 500M-11-18.
1772-39-1142.

Form R. & O 6015
1238-130M-29/11/16.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Purfleet Sept 30. 1916.

No. 323454 Rank Spr Name GRAY L. B

Local Unit CRTD Overseas Unit Note Age 20

Examination held at Purfleet Essex

DISABILITY.
~~Overseas~~—Local.
(scratch one out)

DEFECTIVE VISION

PRESENT CONDITION.

General condition satisfactory
All systems normal except Vision
Vision OD 6/36 + 1.50 Ds
OS 6/18 + 1.00 Ds
Congenital Nystagmus & Hypermetropia

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:—

Members { Edwards Capt RAMC ..... President.
A J Donovan Capt CAMC .....
.....

APPROVED

Dated at 4 OCT 1916 1916.

[signature] MAJOR, U.S.A.M.C.
For A.D.M.S.
for A.D.M.S., Canadian Training Area.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 1916.

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY
Overseas — Local
(Scratch one out)

PRESENT CONDITION.

BOARD RECOMMENDS

1. Fit for Duty .....
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures —

Members ..... President

.....

.....

APPROVED

Dated at ..... 1916.

For A.D.M.S.

PART I. A.F.B. 179 Canada (Revised 1918). 40266 10/8/18 D. 348

Reserved for M.H.C.

Regt. No. 3234514 Rank SPR Surname GRAY Christian Name LAWRENCE BELLENTYNE

Unit or Corps—(a) Overseas from United Kingdom Local (b) in United Kingdom C.R.T.D.

Born at—Town Orton County or Province ONT. Country CANADA

Date of Birth—Day 8 Month MAY Year 1897 Age 21 yrs. 6 months.

Joined at Toronto ONT. Date 11-5-1918

Former trade or occupation Clerk

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

Vertical scar inner side Rt. arm above Elbow.

Height—feet 5 inches 10 Colour of eyes Blue

Signature of Soldier (*for identification purposes*) L B Gray

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

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

Disabilities Group (*a*) STRABISMUS & HYPERMETROPIA.

Disabilities Group (*b*) NIL

Disabilities Group (*c*) NIL

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	CONGENITAL	Since Childhood	
(*ii.*) As to Group (*b*) above.	N.A.	N.A.	N.A.
(*iii.*) As to Group (*c*) above.	N.A.	N.A.	N.A.

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

(*i.*) As to Group (*a*) above ? Yes If yes, has Active Service aggravated it ? No

(*ii.*) As to Group (*b*) above ? N.A. If yes, has Active Service aggravated it ? N.A.

(*iii.*) As to Group (*c*) above ? N.A. If yes, has Active Service aggravated it ? N.A.

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

(*i.*) As to Group (*a*) above ?

(*ii.*) As to Group (*b*) above ? N.A.

(*iii.*) As to Group (*c*) above ?

PART I. (*continued*).

5. MEDICAL HISTORY.

Man states Eyesight has always been poor. Had Operⁿ on Rt. Eye two years ago for internal Strabismus. Condⁿ on Enlistment "Convergent Strabismus (Rt)" V. sc. on Rt. 8/60 ; Lt. 12/60 Improved with glasses. Joined 11/5/18 (Cat B 2) Arrived in Eng. 15/5/18. 30/9/18 Raised to Cat "B. One". Has not been to France. No illnesses in the Army.

6. PRESENT CONDITION.

Pres. Vision ; Specialist's Report— Congenital Strabismus & Hypermetropia
O.D. 6/30 + 1.00 D's
O.S. 6/18 + 1.00 D's.

Well developed & well nourished. Heart, Lungs, and other Systems quite Normal.

7. OPERATION. (*i.*) Was one performed? No (*ii.*) If so, state what. N.A.

(*iii.*) Was one advised and declined? No

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

8. (*i.*) Is there loss or decay of teeth attributable to Active Service? No

(*ii.*) If so, describe.

N.A.

9. DO YOU RECOMMEND:—

(*a*) Fit for duty? (*state category*) B1 unlikely (*b*) Invalid to Canada?

(*c*) Discharge from the Service as permanently unfit?

Date of Report 19/11/18 Signed [signature]
Officer in medical charge of case.

Station Purfleet Eng. Capt. Can. C.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

..... {Officer i/c Hospital / S.M.O. Brigade} Strike out one of these

Dated at ..... Station, on ..... 191.....

*Delete if inapplicable.

PART II.

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

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

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

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

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

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

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

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable ? not applicable

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

18. REMARKS :—

Authority A.G. Ltr 9083. 11.11.18

19. RECOMMENDATION :—
(a) Fit for duty ? (*state category*) Base
(b) Invalid to Canada ? Yes no
(c) Discharge from Service as permanently unfit ? no

Date of Board Nov 19/18

Signatures of the Board { Frederick Abbott Major / F. J. O'Sullivan Capt } President.

Station Purfleet Essex

Approved Frederick Abbott Major, A.D.M.S.

Dated at Purfleet for A.D.M.S. Canadians, London Station 19 11 1918

ASSISTANT DIRECTOR OF MEDICAL SERVICES. CANADIANS LONDON AREA. NOV 20 1918 7 HENRIETTA ST. LONDON, W.1

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned #3134574 Laurence B. Gray ..... have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

L B Gray
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions, and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

P.830-25M-21-2-18.

3234574 Spr Gray L. B.

LAST PAY CERTIFICATE. PARTICULARS.

1. L.P.C. Issued, date 18/11/18 2. Authority CR 7 & N R. 14.

3. Discharged to Canada 4. Pay Book Veriied 18/11/18.

5. Balance shown on L.P.A. $ 26.82 ✓ 6. Balc. shown on Ledger Sheet $ 34.12

7. Full particulars of entries making difference between 5 and 6 if any:-

No.	Date	Unit and Particulars of Entry	Amount Debit		Amount Credit	
3531	15/11/18	Surfleet £1.10.0	7	30 ✓		
		7.30.	7	30		

8. Ass'd Pay Cancelled A3M forms rendered

or

9. Sep. Allce. and Assd. Pay continued to dependent in England and transf'd to Acc'ts Br. for payment

Certified Correct.

Officer i/c Group " "

154 95
128 13

26.82

2nd Dat., C.G.R.

AUDITOR | PAYMASTER

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

M. OR S. | REGT. NO. 323457/4 | RANK Pte | NAME (IN FULL) Gray L B. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

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 11/5/18 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

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	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS 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																																		
Dec'r Jan 11	19	1.10	20	90	35 / 5 / 60 / 10								30632 / 30637						70 / 55	62					588		131	50					DS 38/21/18 63/1/19 21 84 Due 11/1/19 Denot 2 2019
			20	90	110	60													125	62					5	88	131	50					ACCOUNT CLOSED. NOT SIGNED. RESPONSIBLE OFFICER S.O.S. PAY H.Q. CIRCULAR No. 102 (LOCAL ASST. DIRECTOR PAY SERVICES, M.D.

No M & W. 2595 m fyle ✓

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	AMCUNT								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.	

AUDITOR | PAYMASTER

G-407

M. OR S. S. | PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES | REGT. No. 3234574 RANK PTE NAME (IN FULL) GRAY L.B.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

D.C.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. G.R.T.D 2nd B.H.A.R | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS, SURNAME FIRST) Orton Ontario.

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 11-5-18 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Toronto | DATE 11-1-19 | REASON Demob. | AUTHORITY D.O.9. | IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account																												70-								A/70 Dr. C.R.B. Rts. P.W.S.G.
3 Mos									210-								Feb 11	208047					70-					70							
																	Mar 7 21	210656					70-					140							
									210-														140-		70-			210-							

W.S.G. PAID IN FULL

FOR PAYMASTER WAR SERVICE GRATUITY CAPTAIN

60m.-11-18 L. L. 51777. 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.	

Date of Enlistment 11-8-18

MILITIA AND DEFENCE

G 9715

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

1-8-18

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20 00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank — Promoted — Reverted — Discharge

Soldier's Name

Battalion — Rlwy. Const. Depot. — "Dft. 93."

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2 MRS.SARAH GRAY,
ORTON,
ONT. 20 20.00

3 A-C 3234574 PTE.LAWRENCE B.GRAY
TWENTY DOLLARS

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	
Aug.	X 39564		20	20	S.
Sept.	T 49451		20	20	S.
Oct.	W 51144		20	20	S.
Nov.	V 60160		20	20	S.
Dec.	X 64803		20	20	S.
			100.	100.	

31-12-18 ... A/c Closed

Ret'd per Aquitania

Date 28-11-18 F.X. 3-13-18

Clerk T. Quinn

07337-L-11

REMARKS

M.R.O. Destroy rend. 3-12-18 # 23587

CANADIAN
ASSIGNED PAY AUDITED
To 30/11/18
AUDIT CLERK
DATE 9/6/19

AUTHORITY FOR NEW ACCT

M.D. 2-B-11
A. Armstrong 23.8.18

M. F. W. 128.
4'OM. 6-17—1772-39-1141
L. L. 22320—M. & D. 1993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
40M.—8-17—1772-39-1141
L. L. 22320—M. & D. 7993.