Duplicate

ATTESTATION PAPER.

No. 532329.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Graham
1a. What are your Christian names?	David Chester
1b. What is your present address?	346 10th, Street, Brandon, Man
2. In what Town, Township or Parish, and in what Country were you born?	Brandon, Man
3. What is the name of your next-of kin?	James Graham,
4. What is the address of your next-of-kin?	346 10th, Street, Brandon
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	Oct. 30th. 1883
6. What is your Trade or Calling?	Trainman
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	Yes 12th Manitoba Dragoons.
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, David C Graham, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

D C Graham (Signature of Recruit)

Date April 20th, 1916 J. R. Sherman (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, David C Graham, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

D C Graham (Signature of Recruit)

Date April 20th 1916 J. R. Sherman (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Winnipeg this 20th day of April 1916

R. Gordon (Signature of Justice)

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39-841.

Description of David Chester Graham on Enlistment.

Apparent Age 33 years ..... months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 6 ins.

Chest measurement: Girth when fully expanded ..... 37 ins.

Range of expansion ..... 3 ins.

Complexion Dark

Eyes Dark Brown

Hair Dark

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

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

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

Nil

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date April 20th. 1916 W M Cole

Place Winnipeg, Man Capt.

Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

David C Graham having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

H Gordon (Signature of Officer)

No. 12 Field Amb. C. E. F.

Date April 20th. 1916

REGIMENTAL DOCUMENTS

Pte. NAME Graham, David Chester REGT. NO. 532 329 UNIT 12th Fld Amb H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		M			DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				21298	Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
S	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	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)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Med. Unfit
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
2	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)		H			
1	MFW 67					
1	MFW 192					
1	Dent Cert					(3)
2	cascard					
1	R122					1-25
	1 Pay Card					18-27
						32-29
						3

W. 2389

To be made out in duplicate. H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

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

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

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

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

---

(1) Name of Overseas Unit which Soldier joins.....

.....#12 Field Ambulance, Winnipeg, Man.....

(2) Regimental Number .....532329.....

(3) Full Name of Soldier.....David Chester Graham,.....

.....

(4) Place of Birth.....Brandon, Man.....

.....

(5) Are you married, or not ? .....No.....

(6) If married, state,

(a) Full name of your wife.....

.....

(b) Present Postal Address.....

.....

(7) Are you a widower ? .....No.....

(8) Have you any children ?.....

If so, give number of boys and girls.....

Also their names and ages.....

.....

.....

.....

.....

M. F. W. 67

200M.—2-16
1772-39-954

(SEE OTHER SIDE.)

(9) Is your Father alive ?.....Yes.....

If so, state name and address .....James Graham, 346 10th. Street, Brandon.

(10) Is your Mother alive ?.....Yes.....

If so, state name and address.....Bridget Graham, ...Do. .....Do.

.....

(11) If your Mother is a widow.....

Are you her sole support, or not ?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....

.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....

.....

.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

.....

(15) Are you insured ?.....Yes.....

If so, in what Company ?.....Canada Mutual Assnce Co.....

Have you made arrangements for payment of your Insurance premium.....Yes.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

.....Lt. Colonel
Officer Commanding.
No.12 Field Amb. C.

Date.....April 20th. 1916.

807 ORIGINAL. Original

MEDICAL HISTORY SHEET.

Surname Graham *Christian Name* David Chester

Examined { on 20th day of April 1916 / at Winnipeg

Birthplace { City or Town Brandon / County Man.

Apparent age 33.

Trade or occupation Trainman

Height 5 Feet 6 Inches.

Weight 165 Lbs.

Chest measurement { Minimum 34 inches. / Maximum expansion 3 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right. Left. X / Number one

When Vaccinated last 1900

(*a*) Marks indicating congenital peculiarities or previous disease nil.

(*b*) Slight defects but not sufficient to cause rejection nil.

Approved by Wm Cole

Rank Capt M.O.

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

Date.	Result.	Vaccinations.
13.6.16		Wm Cole M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
18.5.16		Wm Cole M.O.
27.5.16		M.O.
6.6.16		M.O.

Enlisted on 20th *day of* April 1916 *at* Winnipeg

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	#12 Field Amb. C.E.F.	532329.		JUL 26 1916
Transferred to	C.A.S.C. Bramshott Hants.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
No. 10 CANADIAN GENERAL (ONTARIO) HOSPITAL ORPINGTON, KENT.	26 MAY 1919	Debility. Chr. Bronchitis	~~Bro~~ (w/r) w.r.t. Sheybord Inv to bow & bacc
M. M. H.	24-10-19	Debility	For discharge. [signature] Lansdown Capt [signature]

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

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

CANADIAN

Surname Graham Christian Name David Chester

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STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Discharge from Hospital. Day	Month	Year	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.
Deprington	1	17	3	19				Broncho-pneumonia		Had attack probably trench fever May 9 to 20th. Chest - apex it impaired - both bases impaired c̄ harsh br. sounds at base - occasional sonorous rales. Xray shows "bronchial glands prominent Hazeness & mottling both sides" Sputum negative. I T C.	C W Barker Capt Clerk
No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL.	26 JUN 1919				14 JUL 1919					Pneumonia completely cleared up. Had 178 needle punctures L. arm which has been needle sinus comp. is weak and practically useless was painful but now fair now.	J R Fairbairn Capt
H. S. ESSEQUIBO		JUL 14 1919			25 JUL 1919			"		Condition unchanged	E. H Jadin maj C.A.M.C.
MANITOBA MILITARY HOSPITAL		29	7	19	27	10	19	Broncho-pneumonia	90	Convalescent. Complaints of weakness; numbness in fingers. Dry cough. Urinalysis - normal. Blood Count - normal. Operation (24.9.19) Varicocele removed. Scrotal Incision. Recovered. Discharged to #10 D.D.C.C.	G. W. Treleaven Major

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DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Graham D.C.

REGIMENT 12 C.F.A. RANK Driver No. 532329

DISTRICT

M.F.B. 465
150M--10-18
1772-39-950

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 from the Service.

	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	Prophylaxis	OPERATOR	Military District	REMARKS
Condition on first Examination																								Cavities
Required	Oct	5	15												4 teeth Upper	4					✓	A.L. Johnson		Extractions

Authorized

1 Examination 2.00

2 ~~Simple Amalgam~~ 4.00

~~1 Partial~~ ~~1 Prophylaxis~~ ~~1.50~~

Partial upper denture

4 teeth 2 clasps.

4 tooth bridge. 12 to 15.

36.00

~~9.00~~

~~$14.00~~

42.00

Ld. C. auth.

Prev. Corres. 3-10-20

1-1-225

C.A.D.C. 5005

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) GRAHAM. D.C.

REGIMENT 12th. Fld. Amb. RANK Dvr. No. 532329.

Date of Examination in England 1.7.19. Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 13.
2. EXTRACTIONS 3.4.32.
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No.

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

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

Signature of Dental Officer Lt D Steele Capt

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Forms I. 1237 / 12

HISTO[illegible]

M[illegible]L CASE SHEET.*

Army Form I. 1237.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	532329	Dvr.	Graham	D.C.

Year	Unit.	Age.	Service.
	C.A.S.C. 4th Divl. Train	35	35/12

Station and Date.

Disease Broncho-Pneumonia

No. 15 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON, KENT

20.3.19. FAMILY HISTORY:-

- unmarried
- no history of or exposure to Tbc.

PERSONAL HISTORY:-

- born 30 Oct 1883, Canada
- occupation: train-man
- always had good health.
- no major operations.

MILITARY HISTORY:-

- enlisted 20 April 1916, Canada
- to France 12 Aug 1916.
- not wounded nor gassed.
- slight attack of asthma Dec '18.
- 7.2.19. reported sick, diagnosed Broncho-pneumonia at 48 C.C.S.
- to Orpington 17.3.19.

PRESENT CONDITION:-

Started with cough, worse at night, expectoration; vomiting, fever. Now convalescing;- cough, expectoration, weakness.

1 4/8 / 1 2/2

PHYSICAL EXAMINATION:-

Requires special examination; too weak at present.

B. H.

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

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.

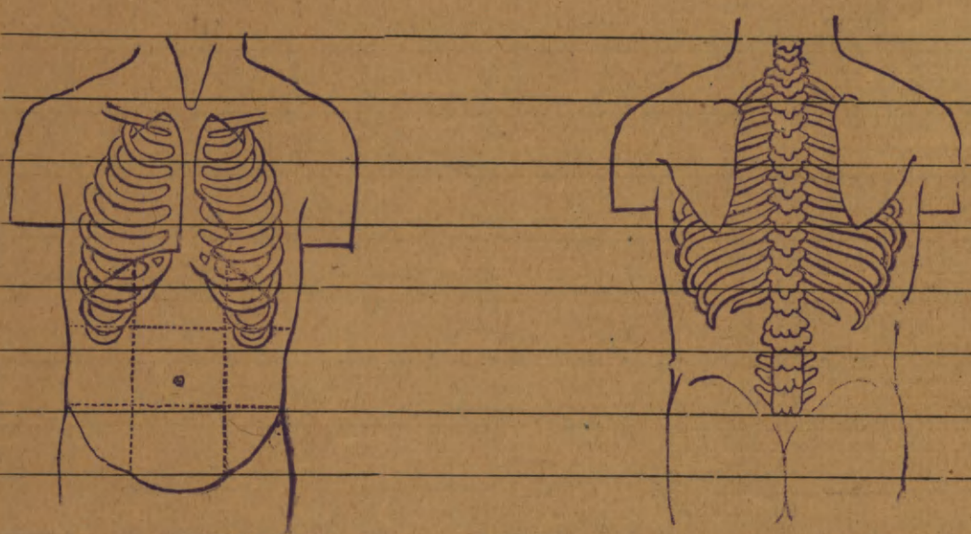
Station and Date.

Had Broncho-pneumonia which cleared. Complained of pains in arms and hands; associated fever; probably Trench Fever (chr.).

Board.

B.H.

29.4.19



Lungs appear ~~clear~~ clear at present time. Fleetwood

14-5-19 Has been in bed several days - temp 101 evenings. Few sonorous rales scattered through chest - mostly rt base - where there is roughened b.s - dulness & approaching b.ks. P.W. Barber

RT apex to 3rd rib impaired - also rt base.

Some rales left base

Rt base dull post - also hilus region

26-5-19 Temp now normal. Still debilitated & weak

I.T.C.

P.W. Barber
Capt. Camp.

CASE HISTORY SHEET.

BED 62

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MANITOBA MILITARY Hospital. WINNIPEG Station.

No. 532329 Rank Dvr Name GRAHAM David C Age 35

Unit C A S C Completed years of service (Where and how long) C 2-12 E 1-12 F 3-12

Date of admission ~~12-8-19~~ 29-7-19 Date of discharge OCT 27 1919

Diagnosis BRONCHO-PNEUMONIA Place of origin BELGIUM

CONDITION ON ADMISSION AND PROGRESS OF CASE. COMPLAINT. States he is very WEAK & is not picking up. Also has NUMBNESS in ulnar fingers(1&1-2) extending up to elbow. No pain. Has dry cough early in mornings.

HISTORY. Began with Influenza in Feb(2nd)'19 in Belgium. A few days later Broncho-pneumonia developed & he was 5 months in hosp.(Sent to Eng'd 17-3-19). Condition in both lungs general. Treatment was principally Hypo Inject's Influenza Vacc given with tourniquet on arm, to which he attributes the numbness. These were given at the elbow.

Has been on special diet (Milk ,Custards &c) for long time.

EXAMINATION. Color good.Also musculature good.Can walk 2 to 3 miles.

HEART. P 68 sitting. After 10 body bends 100 In 1 min back to 72. B P 130-85. No murmurs

LUNGS. In outer half of rt infra-clav region is dulness with increased voc frem & resonance. Breath-sounds diminished in same area. IN inner half the ,, ,, are increased with hyper -resonant note. In rt axilla voc frem much increased

PROGRESS CASE. To have Blood-count & Urinalysis. & X-RAY CHEST Dental exam

14-8-1919 Urinalysis 1020 No Albumin. NORMAL A J Davidson

BLOOD-COUNT. Haemogl'n 90 Leucocytes 7.200 RED 5.310.000

21-8-19.Complaint is general weakness No numbness now(in fingers) Very little cough either. Bowels reg'r.Altho' on ordinary diet can't eat meat. Says it doesn't agree leaving a heavy sensation in stomach. Never did eat much meat.Has no desire for food.

27-8-19 Is improving as he feels stronger, but still has notmuch desire for food.

FAMILY HISTORY NEGATIVE

(Tuberculosis, mental or nervous diseases.)

Canadian Medical Service Administration MILITIA HEADQUARTERS

TREATMENT Ordinary diet.

(Especially any specific or special form.)

CONDITION ON DISCHARGE,

(and disposal made of case.)

Date.....

Medical Officer i/c case.

M. F. B. 313a.
100M.—6-18.
1772—39-439.

F 38616

OCT 27 1919

CA[illegible]RY SHEET.

BED 62

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MANITOBA MILITARY Hospital. WINNIPEG Station.

No. 532329 Rank Dvr Name GRAHAM David C Age 35

Unit C AS C Completed years of service Where and how long C 2/12 E 1/12 F 3/12

Date of admission ~~12-8-19~~ ~~27-9~~ 29-7-19 Date of discharge

Diagnosis BRONCHO-PNEUMONIA Place of origin BELGIUM

CONDITION ON ADMISSION AND PROGRESS OF CASE PROGRESS CASE CONTINUED.

5-9-1919. States he's feeling better. Numbness not so marked. Given tonic (Syr Easton) Dr 1, p c.

16/9/19. Gaining in strength. Has a marked varicocele of Lt side. Surgeons advise removal. Transfer to surgical side. Has a slight cold at present.

17/9/19 Transferred from H ward. — Has marked Varicocele left side. Operation advised.

24/9/19 Varicocele operation. Scrotal Incision

30/9/19 Stitches removed, some discharge from wound

6/10/19. Discharge lessening. Bichloride Compresses ordered. Allowed out of bed

15/10/19 Still some discharge from wound.

17/10/19. Only slight discharge from wound, as this man is very anxious to be demobilized for family reasons, his surgical condition permits.

To wearing suspensory. It is necessary that he go home for family reasons. He is fit therefore. Note 227

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE, very little discharge from wound & varicocele removal.

(and disposal made of case.) Chest in good condition. Slight cough. No expectoration. Is fit for discharge

Date

Wm. H. P. Bond Capt
Medical Officer i/c case.

M. F. B. 313a.
100M.—6-18.
1772—39-439.

C 1423

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names David Chester Surname Graham
3. Rank Driver 4. Original Unit 12th Can. Fd. Amb. 5. Reg. No. 532329
6. Address, in full, to which future payments of gratuity are to be forwarded
346 Tenth St.
Brandon Man.
7. Date of enlistment in the C.E.F. April 20th 1916.
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Mrs. Not Applicable
9. Relationship of such dependent Not Applicable
10. Address, in full, of such dependent Not Applicable
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? Not Applicable
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
12th Can. Fd. Amb. 24-6-16 to 14-7-19.
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? Not Applicable
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service Not Applicable
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served Canada. 20-4-16 to ~~2-7-16~~ 12 Can Fld Amb England. 2-7-16 to 12-8-16 12th Can Fld Amb France 12-8-16 to 17-3-19 12th Can Fld Amb England 17-3-19 to 14-7-19 12th Fld Amb Canada 14-7-19 to 1-10-19 Can. M. H.
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department Not Applicable
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... Not Applicable

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ..... Not Applicable

20. Have you been issued with a War Service Badge? If so, what class ? ..... Not Applicable

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

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ..... Not Applicable

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? ..... No

(b) If so, was such reversion in consequence of misconduct or inefficiency? Not Applicable

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

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ..... #10 M. G. C. .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ..... 12th Can. Fld. Amb. Belgium and France 12-8-16 to 17-3-19 .....

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ..... No

(b) If so, are you in receipt of full pay and allowances from that Department? Not Applicable

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

Signature of Applicant: A. Graham.

Place of Residence: 346 South St. Brandon Man.

Declared before me at: Turtledo. Man

This Eighteenth day of October 1919.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			420 00	
			70 00	350 00 X

Certified Correct.

District Paymaster.

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CERTIFIED CORRECT.
31 AUG. 1916
CAN. RECORDS, LONDON.

W.S.B. CLASS. A.

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps #12 Field Ambulance, C.E.F.

Regimental No. 532329 Rank Pte Name David C Graham, (Chester)

C. E. F.

Enlisted (a) 20-5-16 Terms of Service (a) D of War Service reckons from (a) 20-5-16

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) Trainman

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked	Montreal	23.6.16	
		Disembarked	Lyons	3.7.16	"S S Scandinavian"
		Transferred to CASC. Bramshott Hants.		~~JUL 26 1916~~ 2-8-16	H. F. Jordan Lt. Colonel O-C No. 12 Field Amb. C. E. F.
		Transferred from CASC: Bramshott to 4th. Divisional Train, 2-8-16. (Auth. AB12/38, 2-8-16).			
					Jhenlee Ferguson Capt. & Adj. for OC. CASC.
		Detached from 4th Div Train to 12th Field Amb. 4/8/16. Bramshott. Aut. AB 12-38		2/8/16	
					H F Jordan

Proceeded overseas 11th August 1916. 12th Field Amb. O.C.12

(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.

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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.
3/3/18	39 Gen.	N.Y.D. "N" Adm	39 Gen.	2/3/18	W 3034. (D 5864)
3/3/18	do.	Ceases to be attd as in W E to 12th Cdn. Field Amb. on admission to Hosp.	Field.	3/3/18.	W 3034. Pt II O. No 17 dated 16.3.18.
16/3/18	do	Forfeits field allowance and is placed under stoppage of pay at the rate of 50¢ per diem whilst in Hospital from 4-3-18 to 13.3.18. (10 days)	39 Genl Hosp	16.3.18.	A 1643/2135 Pt II No 18 d/- 21-3-18.
13-3-18	39 Genl.	V.D.G. To	Havre	13-3-18	D 7176.
14-3-18	Asc. B.D. H.T.S.	TOS from No 39 Genl. Hpl.	Asc. B.D. H.T.S.	13-3-18	WR/223.
18-3-18	do	To C.C.R.C.	Field	13-3-18	WR/222.
20.3-18	C.C.R.C.	Arrived	do	20.3-18	WR/12.
~~20.3-18~~	~~do~~	~~Posted to C.A.S.C. Pool~~	~~do~~	~~20.3-18~~	~~KA 18366~~ ~~Pt II O 20 d/~~
2-4-18.	C.C.R.C.	To 4 C.D. Train.		2-4-18	N.R. 336.
6.4.18	O.C. Unit.	Rejoined Unit		3.4.18	B213a.
do.	do.	Re-attached as in W.E. to 12 C.F. Amb.		3.4.18	" P.2 O. 22 d/-
	A.A.G. Cdn Sect	Reposted to C.A.S.C. Pool & to remain attd as in W E to 12 C.F. Amb.		6-5-18	K.A. 18/19457 Pt II DO 32 d/
	"	T.O.S. C.A.S.C. Pool on reposting from 4 C.D. Train and to remain attd as in W E to 12 C.F. Ambulance		7-5-18	Do Pt II DO 60 d/ 11.5-18

Army Form B. 103. 804

Casualty Form—Active Service.

Regimental Number 532329

Regiment or Corps 4th Div Train Attached 12th Can Fld Amb

Rank Pte Surname Graham Christian Name David Chester

Religion _____ Age on Enlistment _____ years _____ months.

Enlisted (a) 20/5/16 Terms of Service (a) D of W Service reckons from (a) 20/5/16

Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended { _____ } Re-engaged { _____ } Qualification (b) _____ or Corps Trade and Rate _____

W. S. B. CLASS. A.

_____ Signature of Officer i/c Records.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked Canada		23/6/16	
		Disembarked England		3/7/16	
26/7/16	OC 12th C F Amb	Trsfd to C A S C Bramshott Hants		2/8/16	
2/8/16	OC C A S C	Trsfd from C A S C Bramshott			
		to 4th Div Train 2/8/16 (Auth AB 12/38		2/8/16	
2/8/16	OC 4 Div Train	Detached from 4 Div Train to			
		12th Can Fld amb 4/8/16 Bramshott		2/8/16	
		Auth AB 12/38 d/2/8/16			
	OC 12th C F Amb	Proceeded overseas		11/8/16	
	Disembarked	at Havre date 12/8/16 Landing return No 6275-6277			
4-8-17	12th C F Amb	Granted leave of absence to	Paris	30-7-17	B213 Pt 55 d/14 8/17
11-8-17	" "	Rejoined from leave	"	10-8-17	B213 Pt 56 d/21 8/17
23-2-18	" "	Proceeded on 14 days leave		18-2-18	B213 Pt 11 d/ 3-18

(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) Signaller, Shoeing-Smith, &c.

[P.T.O.

(938). Wt. 15012/5156. 1,000,000. 1/16. P. P. Ltd. Forms/B.103/3.

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Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
27-7-18	12 C.F. Amb.	Awarded Good Conduct Badge		20-5-18.	B213, Pt II DO. 121.
25-1-19	do	Granted 14. days Leave uk		22-1-19	B213
7-2-19	Do	Rejoined from Leave		7.2-19	B213
17.2.19	do	6 cases to be attd	ass in No 6		Pt 20rd 36-28/2/19
		on adm to hosp		17.2.19	N 8381
✓	✓	Asthma adm	12 CF Amb		
		To 48 CCS		do	do
17.2.19	48 CCS	do adm		17.2.19	N 8338
14.3.19	do	To Base per AT 36		11.3.19	K.H 17-15
12-3-19	32 Staty	Br. Pneumonia admitted		12/3/19	W148 P298
17-3-19	do	Do to UK		17/3/19	W359 P386
do	do	Invalided sick per AT St Andrew			3083/6875
		posted to Base Depot Witley		do	Pt 20rd 54/1919

P. Kaml

Capt. for Lt.-Col., A. A. G.
Canadian Section, G. H. O. 3rd Echelon, B. E. F.

14-7-19 T. O. S. of No. 10 District Depot,
Part 2 Order No. 211 Para 21
[signature] Major
O. C. No. 10 District Depot.

Discharged / 31-10-19
D. O. 302 Para 3

[signature] Major
Officer Commanding No. 10 District Depot

Army Form B. 103. 807 Temp Record Sheet Regimental Number 532329

Casualty Form—Active Service.

Regiment or Corps C.A.S.C.

Rank Dvr Surname Graham Christian Name D.C.

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (b) ..... or Corps Trade and rate .....

Occupation ..... Signature of Officer

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
		Embarked ...			
		Disembarked ..			
16-4-18	12 Fld Amb	Att'd from 4th Div Train	Field	3-4-18	Pl. II. 16.
14-5-18	"	Att'd from 4th Div Train now att'd from C.A.S.C. Pool	"	7-5-18	— 23.
6-8-18	"	Granted Good Conduct Badge	Pte "	20-5-18	— 37.
12-3-19	12th Amb	Ceases att'd Adm Hosp. Sick	" Rouen	17-2-19	— 10
Also 532287 Dvr. Mayor H M.					
12-3-19.	12th Amb	Ceases att'd Adm (Hosp Sick)	Rouen	17-2-19	— 10

(a) In the case of a man who has re-engaged [illegible] Army Reserve [illegible]

(b) Signaller, Subdivisional, &c.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				

807 C.A.S.C. TEMPORARY RECORD SHEET 532329.

Pte Graham D.C.

4-8-16	4 Div Tr.	Att 12 Fld Amb	Bramshott	2-8-16	Pt II O.	23.
10-8-16	12 Fld Amb	Embarked for France	"	10-8-16	—	22
16-3-18	"	Ceases att^d on admission to Hospital	Field	3-3-18	—	12

RJ

Entered
A.E.
R II A1
25.3.18

Form No. R. 133A.

Unit.....

TAKEN ON STRENGTH.

Month of.....

Number	Regimental Number	Rank.	NAME.	From Unit.	Date,	Authority Pt. II. D.O.	Class.	Card Index Notified.

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No. 10 DISTRICT DEPOT
DISCHARGE
SECTION

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE
A 398272
CLASS "B" NO 47373 ISSUED

4 b

THIS IS TO CERTIFY that No. 532329 (Rank) Pte

Name (in full) David Chester Graham enlisted in

the 12th Field Ambulance

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 20th

day of April 1916.

HE served in 12th Field Amb. France Belgium 31 months

and is now discharged from the service by reason of ~~Demobilization~~.
Medical Unfitness. RO 1420 (a)

☆ D.O. 302-Para. 3. ☆

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

Age 35 years

Height 5' 6½"

Complexion Dark.

Eyes Blue

Hair Black

Marks or Scars

Small scar left ear.

D C Graham
Signature of Soldier

T Wood
Issuing Officer

Date of Discharge

31-10-1919.

Lt Jr.
Rank Major
Officer Commanding No. 10 District Depot

Date October 31st 1919

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.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

DISCHARGE CERTIFICATE

CANADIAN EXPEDITIONARY FORCE

346 - 10th St.
Brandon Man.

44236

— 20 —

Perforated sheet for Will from Pay Book of Reg.

No. 532329

Name S.C. Graham

Unit 12th Field Amb. C.A.M.C.

M.D 10

Military Will.

In the event of my death I give the whole of my property and effects to My Father. Mr. James Graham 346-10th street Brandon Manitoba. Canada

Signature S.C. Graham

Rank and Regt. Private 12th. Field Amb

Date August 1st: 1916

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R—122

J.P.

Name GRAHAM, David Chester

Reg'l No. 532329.

Unit 12th F d. Ambce.

If in perm. Corps, What Unit?

Married or Single Single.

Place and Date of Enlistment Winnipeg. 20th Apr.1916.

Place of Birth Brandon.Man.

Name and Address, Next-of-Kin James Graham.

346 10th St. Brandon. ~~34610~~ Man. Canada.

Relationship Father.

Assigned Pay Monthly $

Payable to

Relationship

paration Allowance $

Payable to

Relationship

Discharge, Date and Place

Reason

Character

V., Ld.—7165-16.

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.
C.A.S.C. 6.		Arrived in England	SS Scandinavian		4-7-16 ~~24 JUN 1916~~	
3-8-16	12th Fd. Ambce	Tfrd to CASC to 4th Dol Train	Bramshott		2-8-16	Pt II -19 CASC Pt II DO 182
4-8-16	4th Dol. Trans	Attached to 12th Fd. Ambce	— do —		2-8-16	Pt II 23
10-8-16	12 Fld Amb	Embarked for France.			10-8-16	" 22
16.3.18	4th D.T.	Ceases att 12th F. Amb.	Field	Pte	3.3.18	" 17 + Pt II Do 12 d/16 3/18 12 F.A.
13.4.18.	Do.	Attd. in W.E. to 12th Fd Amb.	Do	Pte	3.4.18.	DO 22.
9.5.18	— " —	SOS to casc Pool & remain att. as in W.E. to 12th Fld. amb.	"	"	6.5.18	— 32. & casc Pool Pt II 60 d. 11.5.18
5.8.18	casc Pool.	awarded G.C. Badge	"	"	20.5.18	— 121.
28.2.19	"	Ceases Attmt on ad: to Hos	"	"	17.2.19	- 36

A+B 103 checked 19-8-16 Gaw

O. H. M. S.

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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.
					Case Pool
27.3.19	CASCCD	TOS from CASC Pool	Witley Pk	18.3.19.	P II D. 74 D075-d/9-4-19
18/7/19	C.A.S.C.	Inv. to Canada Ex #5 Can. Gen. Hosp. Liverpool M.D. #10.		14-7-19	C.L.B. 556.
24-7-19	CASCCD	S.U.S. to Canada	Witley	14-7-19	PA II 175

L- L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

To Whom James Graham

Address 346-10" St. Brandon Man

By Whom Assigned Graham D C

Regtl. No. 532329

Rank Pte

Corps 12" Field Amt

JUL 1 1916

Rate 1.50

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 2 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2. James Graham

L. L. Job 310.—Req. 6774.

Name of Soldier Graham D C

532329, 12" Field Amb

JUL 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July		W12161	15	
Aug.		S 12033	15	
Sept.		Q 18328	15	
Oct.		Q22988	15	
Nov.		M 23077	15	
Dec.		M30547	15	
Jan.	1917	X 36656	15	
Feb.		X 43332	15	15
March		W46534	15	15
April		Q 1944	15	15
May		~~Q 8039~~	~~15~~	8039 cane
June		T 15246	15	15 15
July		X 21244	15	
Aug.		X 98787	15	
Sept.		T 34980	15	
Oct.		O 41917	15	
Nov.		Q47622	15	
Dec.		M 58850	15	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

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A.T. Serum Dose and date } 1st

2nd

FIELD AMBULANCE NOTES.

Morphia Dose and time }

Date of wound or onset of illness } 17-2-19

Religion R C

Army Form W. 3118.

FIELD MEDICAL CARD.

No. 232379 Rank D.V.R.

Name GRAHAM. D C

Unit CASC/4CDT/12 CDN FLD AMB.

~~Battle Casualty~~ Accidentally Wounded. "Sick"

(Strike out description which does not apply)

No. of F.A. 12th CANADIAN FIELD AMBULANCE

Date of admission 17-2-19

F.A. diagnosis VDH Asthma.

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

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

Broncho pneumonia

Base Hospital diagnosis (alterations or additions)

(1690) Wt.W1500/P259. 3mil. 16-11-17. J.R.&C. (E 2999). Forms W.3118/3.

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

L.3768

No. of C.C.S. 48	No. of Hospital 37 Sey
Date of entry 17/2/19	Date of entry 12.3.19
C2 [illegible]	Now convalescent but very weak & anorexic
Sick at intervals most of winter - Subject to colds for 7 years - asthma - Present illness since 6-2-19 chill - shivering cough - asthma chiefly nocturnal - sectioning & vomiting	[illegible] Much improved
21/2/19 Exam - Scattered rales all over bases - nothing definite - "nervous"	[illegible]
22/2/19 Pain R side - vomiting - friction R side - R base dim Rtn - fine rales - tub. breath	

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

Stephanie [illegible]

*Name Graham, David Chester Rank Pte. Regtl. No. 532329

Original unit 12th Fld. Present unit Amb. 3 M. or S. Age 35 Religion R.C. Fyle Depot Ref. H.Q.

Port, ship, and date of arrival Portland, Me., 25-7-19. S.S. Essequibo.

Next of kin (father) James Graham, 346 10th St., Brandon, Man.

Address on leave

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Trainman Date and place of enlistment Wpg., Apr. 20, 1916.

Diagnosis Date of Medical Boards

Date.	Remarks.		Pt. 2 Order No
14-7-19	T.O.S. # 10 D.D. & posted to Hosp. Sect.	D.O.	211-2
1-8-19.	L.L. 29-7-19. TO 11-8-19.	D/O.	213.

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

[OVER]

Date	Remarks.	Pt. 2 Order No.

M.F.W. 192.
233-D.P.-200M-8-19.
1772-39-1243.

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D M S. 1300 50M-21-11 17

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Graham.	D.C.	532,329.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	4 D.T. CASC. Pool.			

HOSPITAL	DATE OF ADMISSION
39 Gen Hosp Havre.	2.3.18
1. 48 Cas. C. St.	HOSP. 24.2.19
2. 32 Sta Hosp. Wimereux	HOSP. 12.3.19
3. 16 C.G. Arpington.	HOSP. 18.3.19.
4. 5 C.G. Liverpool.	HOSP. 27.6.19

DIAGNOSIS

1. N Y D "G" V.D.G. Broncho-Pneumonia

2.

3.

Inv. to Canada. 14.4.19

SL 508. M D. 10

Disto Date - 13.3.18.

DISPOSITION

CL 8.	3.18	A157.O.
19.	3.18.	A166.
26.	2.19	A456
6.3.19		A463
15.3.19.		A471/1
19.3.19		A474
24.3.19		B464
3.7.19		B544.
18.4.19		B556

REMARKS

① Dan. ill 24.2.19
Condition improving 26.2.19.
Removed from dangerously ill list 11-3-19.

A.M.D. 2 Dept.
Bch. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

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

C

SURNAME. Graham.

CHRISTIAN NAMES David Chester

REGL. No. 532329 RANK Pte.

UNIT 76012. Fld. Amb.

FORMER CORPS 12th Man Drag.

10 CARD NO. 4

S.O.S. Dvr. 31-10-19.
FOLL. m. u
Pt. II W.O. 362 of 20-10-19.
#10. D.D.

NEXT OF KIN.

NAMES IN FULL Graham, James

RELATIONSHIP TO SOLDIER Father

ADDRESS 946 - 10th St. Brandon, Man.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Brandon, Man. DATE Oct. 30th 1883.

PLACE OF ATTESTATION Winnipeg. Man. DATE April 20th 1916.

O/S 24-6-16 15-2/4

R/C. 25-7-19 378/15 Dvr.

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Trainman RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 33 YEARS — MONTHS

HEIGHT 5 FEET 6 INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 3 INCHES

COMPLEXION Dark EYES D. Brown HAIR Dark.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Winnipeg, Man, DATE April, 28th, 1916.

Present Address, 346-10th St.,
Brandon, Man.

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REGT'L No. 532329

H. Q. FILE No. 649.

NAME Graham, David Chester

RANK AND CORPS Pte. (4th D. T.) C. A. S. C. Reinf. Pool.

FOLLOWS No.

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
		form #12 Fld. Amb.
N. of kin.		James Graham "father"
		346-10th St. Brandon, Man.
4-5. H 753.	24-2-19	Dang. ill 48 C. C. S. Feb. 24th.
Also H.L. A456		1919 broncho-pneumonia.
6-6. H 774	7-3-19	Dang ill Impd
H 804 43	17-3-19	Rem. from dang. ill list 48 C.C.S.
H.L.A 471	15-3-19	Mar 11th 1919.
W.Sm. 417 2-3	17-3-19	Base reports cond. impvd trans. to
		Base. Mar. 11th location follows.
W.Sm. 414 2-7	18-3-19.	Improving
WSm 6581	3-3-19	Eng N of K.
WSm 6593 -	12-3-19	Eng N of K.

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

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LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A1570	No 39 Gen. Havre	3-3-18	N.Y.H. "Q"
A166"	ex " " " "	13-3-18	D.D.G. (disch. to duty)
a463	48 CCS Condition Improving	26-2-19	Broncho Pneumonia
a474	32 Gat Kimmerens	12-3-19	" "
B464	16 Can Gen Orpington	18-3-19	
B544	No 5 Can Gen Hospl	27-6-19	Broncho-Pneu.
B556	Invad to Canada	14-7-19	" "

LEDGER NO. 1267 SERIAL NO. F38616 1267

REG. NO. 532329 NAME Graham D. C.

RANK Pte CORPS C.A.S.C. AGE 35. SERVICE 6 2/12. E 1/12. F 3/12

	HOSPITALS	DATE OF ADMISSION
1	Indian Mil Winnipeg	29-7-19
2		
3		

DIAGNOSIS P/S Broncho Pneumonia

TRANSFERRED TO

DISPOSITION Dis to No 10. D.D.C. 27-10-19 CATEGORY

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

P.T.O.

Remarks:	HOSPITALS.	DATE.	DIAGNOSIS.

Form R. 149.

David Chester

807

Name GRAHAM Rank Gte Reg. No. 532329

Unit CASC. ~~4 Div. Tr.~~ Pool. Att. 12th C. Fld. Amb.

Next of Kin Canada

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
3	3	39 Gen H.	Havre	N.Y.D. "Q" Mld	A 457		197/4
13	3	Discharged to Duty	do	V.D.G.	A 166		320/12
24.	2	48 C.C.S.		Broncho	A 456		P170481.
		Dang Ill		pneumonia		A 753	
26.	2	Improving			A 463		P171281.
6-3		Improving				A 774	
11-3		Removed from DANGILL LIST					P172055
		Trans to Base			A 471	A 804	P 172390
12-3		32 Sty H Timeaux		do	A 474		7563/10
18. 3.		16 C.G.H. Orpington		do.	B 464		8758.
27.6.		5th C.G. Hosp	Rukdale	do	B 544		11398
14.7.19		Trwal. to Canada S.L. 308 M.D. 10 -		do	B 556		9489

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

No. 532329 RANK Pte. NAME Graham, David C. Chester

T. O. S. 20-4-16 UNIT C. A. M. C. (12th. Fld. Amb.)
D. O. 46 of 20-4-16

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1916	1916			
Apr. 22	Apr. 30	✓		
May		✓		
June		✓		

DHSC
Home

Number 532329 Rank Pte

Surname GRAHAM

Christian Name David Chester

Units C.A.M.S.C. Theatre of War France

Date of Service 10-8-16

Remarks

Latest Address ~~346-10th Street Brandon~~
161 Athabasca W. Moose Jaw

Roll No.

200m.-2-21.M. B Page 13375 Sask.

Port, ship, and date of arrival

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

DESP. MAY 13 1922

REGN. NO. 33252

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

P. 559

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Brandon, Man.

NAME AND ADDRESS OF NEXT OF KIN: James Graham
346, 10th St. Brandon, Man. Canada.

RELATIONSHIP OF NEXT OF KIN: Father

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L NO. 532329 RANK Private NAME Graham. David Chester.

IF IN PERMT. CORPS } WHAT UNIT

UNIT 12 Field amb TRANSFERRED TO 6 Aslc 4 Div Train DATE Aug 2/16 AUTHORITY B015

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 12th Fd. amb. DATE 21.10.16 AUTHORITY Do 22 4.8.16

PLACE OF ATTESTATION Winnipeg. TRANSFERRED TO 4 Dys. DATE 1-11-17 AUTHORITY WR

DATE OF ATTESTATION 20th April 1916. TRANSFERRED TO DATE AUTHORITY

C

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE

PAYABLE TO James Graham, 346, 10th Street, Brandon. RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
June															43 00														22 00	21 00					
July	31	1 00	31	00	31	10	3	10							34 10	745	8/7/16			745				9 77		- 9 74		15 00		24 74	30 36				
Checked H.R. Richards Aug	2	1 00	2	00	2	10		20							2 20	4	28/7			788	19/7			- 9 73		- 4 86		15 00		29 59	7 33	297			
Aug 3 - Sept	30	59		59	-	59		590							79 30					31	4.9.16	12th Fd.				- 2 62							
Checked H.R. Richards Oct	1-20	20		20	-	20		2 -							64 90					20	22.8.16	AMB.				- 2 62		15		20 24	47 63			
															22 -					44	16/9/16	12th Fd. Amb.				- 2 62		15		17 62	52 01			Trans. 12th Fd amb.
Oct 21/31	11		11		11		1	10							12 10	55	2/10							- 2 62						2 62	61 49			
Nov	30		30		30		3								33 -	80	1/11							- 2 61										
Dec	31		31		31		3 10								34 10	67	20/10							- 2 62				15		20 23	74 26			
1914 Jany	21	1 00	18	40												90	16/11	101	5/12					- 2 62	- 11 34			15		28 96	79 40			
Feby	28	"	24	10											34 10	124	2.1.17							- 2 62				15		20 24	93 26			
Mch	31	"	30	80											30 80	114	17.12.16							- 2 61				15		14 61	106 48			
Apl	30	"	31	10											34 10	139	16/1/17							- 2 62	- 2 62			15		25 48	115 04			
May	31	"	33	"											33 "	162	1.2.17	188	18.3.17					- 2 62	- 2 62			15		17 62	130 45			
June	30	"	34	10											34 10	150	7.2.17	172	10.3.17					- 2 62				15		15 "	149 55			
															33 "					10	14/4/17					- 2 62		15		35 64	156 91			
																179	4/6			58	16/4			- 2 68		- 2 62								
																117	17/5			93	4/5			- 2 64		- 2 64								

532329 Pte Graham D.C.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
July	31	1.10	34	10											34 10												15		15	196 01				
Aug	31	-	34	10											34 10												15		15	195 11				
Sep	30	✓	33												33	476	21/8			335	27/				- 5 35			15		25 71	202 40				
																				276	4/7			- 2 68		- 2 68								
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	SER. FD. ENG.																								
Mar.																								34 10										
Sep 30	by Bal			302 40					302 40																					108 85		15		
Oct	P. P.			34 10							15																								

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1.7.16.	EFFECTIVE DATE:-
AMOUNT:- $15.00	AMOUNT:-

NAME:- GRAHAM David C.

NUMBER:- 532329.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT

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

Effective 1.1.18
D.16

Bridget
~~James~~ Graham
346 10th Street
Brandon, Can.
(Mother)
~~Stopped Effective~~
1-7-19

G.C.B. 27-7-18 D0134-5-8-18

UNIT AND TRANSFERS

ORIGINAL UNIT:-

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
N.D.	1.11.17.		4 Div Tr.

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
3/5/19	~~4633~~	10 days S F	~~48 67~~			Ledger Bal	92 77
21/5/19	~~4346~~		~~9 73~~			Extracts	51 10
			58 40			L.P.C. Cr Bal	41 67
		S.F 10 days	7 30				
			51 10				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- To Can 1st Gen Hk Q. 105 Orpingtons 1/6 Orpington Md ?

1918. MONTH	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar 31									25 54	✓	
Apl.	P.P.	33		C.A.P.				15	43 54		
				C.R. 176 7/4 4 F.A. 3	3 57						
				✓ 347. 19/4 ✓ 10	4 46				35 51		
		33			8 03			15			
May				C.A.P.				15			
	P.P.	34 10							54 61		
				C.R 560. 5/5. 4 F.A. 1.	3 57				51 04		
				✓ 445. 15/5. ✓ 4.	4 46				46 58		
		34 10			8 03			15			
June	P.P.	33									
				C.A.P.				15	61 58		
				2/837 ✓ 407a ✓ 6.6	3 57				61 01		
				5/1022 ✓ 17-6	3 54				57 44		
		33			7 10			15			
July	-	34 10									
				C.A.P				15	76 54		
				1/1166 ✓ 1-7	3 57						
				7/1172 ✓ 16.9	4 46				68 51		
		34 10			8 03			15			
Aug	✓	34 10									
				C.A.P				15	87 61		
				4/1371 ✓ 1-8	3 57						
				10/1511 ✓ 18.8	3 57				80 47		
		34 10			7 14			15			
Sept	✓	33		C.A.P				15	98 47		
				3/1852 ✓ 9-9	3 57						
		✓		9/1966 ✓ 16-9	3 57				91 33	✓	
		33			7 14			15			

NUMBER 532329 RANK Pte NAME GRAHAM — D-C-

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct									91 33	✓	
	P.P	34 10									
				bal				15	110 43		
		34 10			/			15			
Nov	✓	33									
				bal				15	128 43		
Dec	✓	34 10			✓			15	147 53		
Jan	✓	34 10						15	166 63		
		101 20			✓			45			
Feb	✓	30 80		cap				15	182 43		
				49/3617. 12 FA 24/1/19.	18 66				163 77		
				46/3164 H.P. 23/1/19	37 31				136 46		
				40 4 DFA 20/1/19	11 19				115 27		
				46/3440 6D Paris 25/1/19	27 99				87 28		
				70/4107 Calais C. 2 7/19	18 66				68 62		
				130/3975 Paris 21 1/19	35 45				33 17		
March	✓	34 10		bal				15	52 27		
				160/16442 Orpington 26 3/19	4 87				47 40		
		64 90			154 13			30			
April	✓	33		Cap.				15	65 40		
				4/1918 23 4/19	9 73				55 67		
May	✓	34 10		Cap				15	74 77		
		67 10			9 73			30			
June	✓	33		Cap				15	92 77		
				1/~~4246~~ 4633 ✓ 8 6/19	48 67				44 10		
				1/~~4633~~ 4246 ✓ 21 5/19	9 73				34 37		
		33			58 40			15			
Aug	S.F 6/6 to 16/6 10 days D0.152. 24/6. Case	7 30									
				begs 1/7 SGA End	4 87				30 80		
		7 30			4 87						

√O.S. 14.7.19. S.L. 508

MARRIED OR SINGLE — Single

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN — Duncan Graham. Renfrew Ontario Canada Father.

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ — EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Killed in Action	3/5/17	Charge 17/5/17

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
1.7.16	13.7.16	V.	
25.5.16	26.5.16	V.	
27.5.16	30.6.16	V.	

REG'L NO. 475261 RANK Pte NAME Graham. Duncan. Witham.

IF IN PERMT. CORPS / WHAT UNIT — UNIT 36th Bn. — TRANSFERRED TO 86th Bn — DATE July 11/16 — AUTHORITY B.O. 175.

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO 5th Bde M.G.Co. — DATE 1-8-16 — AUTHORITY B.O. 37 28/7/16

PLACE OF ATTESTATION Montreal Que. — 12 JUN 1917 — TRANSFERRED TO K. — DATE 1-6-17 — AUTHORITY 6.2.9.245 15/5/17

DATE OF ATTESTATION Sept 11th 1915 — TRANSFERRED TO — DATE — AUTHORITY

PAY OFFICE, N. E. BRANCH, CANADIAN CONTINGENT, SEP 25 1917

ASSIGNED PAY MONTHLY $ 1.00 — DATE EFFECTIVE

PAYABLE TO Mrs Duncan Graham. Renfrew Ont Canada. — RELATIONSHIP

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) — EFFECTIVE 1/6/17 — REASON Killed in Action 3/5/17 6.2.9.245 15/5/17

DISCHARGE DATE AND PLACE — REASON AND AUTHORITY

Entered on N.E. Card Index.....

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 24 SEP 1917 — Checked by H. Gillotson.....

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT C.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT C.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT C.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY C	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
			122	00			12	20						30 00	164	20											92	45	40		132	45	31	75			Trans from 99 C.L.D.
April 1-30	30	1.00	30	00	30	10	3	00						33	00	1034 18/4/16		1081	30/4/16					7 30	4 87			20	00							
																972	3/3/16								4 99					37	16	27	59			
May 1-31	31	1.00	31	00	31	10	3	10						34	10													20	00	6.60 .17	26	77	34	92			230.127 Rcvd. 6 days F.P.#2 for Jan. to 6.6.78 31/3/16 Stores on repmt. 230.166 Sm. Hospl. Wimbledon 10/3/16 1 day 2/6 Chesley Hunter 5/6/16 Beg 2/6 Tiffany Hunter 29/5/16 6.25 3/6 1st E.G. Hosp. 12/6/16 3/6 " " 19/6/16 2/6 " " 26/6/16 1/2 Eastern Gen Hospital Cambridge 6.37 July 10/16 6.35 July 3/16.
June 1-30	30	1.00	30	00	30	10	3	00						33	00													20	00	6.60 .17	26	77	46	10			
July 1-10	10	1.00	10		10	10	1							11														20		6.60 .17	21	83	35	27			
July 11-31	21	1.00	21		21	10	2	10						23	10			240	17/7/16						24	33					25	55	32	82			
Aug	31		31		31		3	10						34	10										2	62			30	00		22	62	22	30			
Sept 1-30	30		30		30		3	-						33	00	851	9							249 31.4 5284 10.8			4 87 4 36	26	2	30	00		31	85	21	52	15			
Oct	31		31		31		3	10						34	10	93	29/9	102	7/10						2	62	2	62	30	00		25	24	52	31			
Nov	30		30		30		3	00						33	00	111 122	29/10 7/11								2	62			2	-		25	24	62	04	30	32	04
Dec 1914	31		31	37	31		3	10						34	10	134	22/11								11	33			20	-	4	80	39	13	57	04			Venereal Stoppages. 1/7/16 - 14/7/16 13 days @ 6.9 C.1462 Voucher K.C.87. 14/3
Jan	31		34	10										34	10	165 151	26/12 16/12								2	62			20	-	1	70	26	43	64	71			2 days Venereal 1.20 25/5/16 - 26/5/16 C/1461
Carried Fd			440	80										30		500	80								34	34	39	43	9	23	93	64	240	19	42	436	09	64	71	30		Carried forward

Checked H. Gillotson

Checked H.E. Rodgman

Statement of OCT 2 1917 Account rendered

Statement of DEC 10 1917 Account rendered

Asst. correct with Pay.

Small Ledger Sheets

475261. Pte. Graham. D.W.

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
1917																																			
Bal 3d			440	80.										30.	500	80.								34	34	39	43	9	23	93	64	240	19	42	436	09	64	41		30.		
Feby	28		30	80											30	80	187 / 174	23/1 / 17/1						2 62 / 2 62.				20.		25	24	70	24	~~25 24~~			Ven Slpg K1142 & C1459
Mar	31		34	10											34	10.	196	8/2.	220 / 208	13/3.				2 62	2 62. / 5 23.			20.	21	00	51	44	52	90				27.5.16 - 30.6.16 35 days @ 60 4. 21 00
Apl	30		33	00											33	00												20	15	40	35	40	50	50.				for 14 days pay 12/4/17 BO 50 20/4/17
May	3		3	30											3	30												20.			20.	33	80				Killed in Action 3.5.17.
June			✓												✓															✓	33	80				C.L.9. 245. 15.5.17.
Aug														1 75	1 75																35	55				Transf to K. 14.5.17. 1.75 Int Def Pay
Aug.														30 80	30 80																66	35				Cr pay May 4th to 31st 28 days.
Nov.																										872				872	57	63				CHECKED ~~R S Booth~~
Nov																								66 35						66 35			872	K. 3.1.18		AR 217-13/4/17 VL 174-4/5
1918 Jan														872	872																					Ottawa for Lett 9/18B-22/16-9/11/17 Ottawa for Coll V21d 26/31-28/1/18

Balance transferred to N. E. Branch.

WAR SERVICE BADGE
A 398272
CLASS "B" NO. 47373 ISSUED

No. 10 DISTRICT DEPOT
DISCHARGE
SECTION

807

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M

I

1. No. 532329

2. Rank Private

3. Name Graham David Chester.

4. Unit 12th Field Ambulande.

5. Date of Discharge 31-10-19 | Place Winnipeg.

6. Reason for Discharge

Medically Unfit.

7. Authority R.O.1420/A ☆ D.O. 302- Para. 3. ☆

8. Proposed Residence after Discharge

346. 10th Street

Brandon Man

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

D. G. Graham

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed. 13/11/19

Place Winnipeg.

Date 31-10-19.

Deceased 5.2.42
649-G-17548

Signature

for (O.C. Discharging Unit.)

M.F.B. 218a—150M-3-19—1772-39-118.

KCD
25-11-19

LIST OF DISCHARGE DOCUMENTS.

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

DR 26-5-19 1-G-325. 807* Ward 18 K

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION No. 76 CANADIAN GENERAL (ONTARIO) HOSPITAL ORPINGTON, KENT. Orpington DATE 26-5-19

1. 1 (a) Unit Casc. (b) Regimental No. 532 329 (c) Rank DVR.

(d) Surname GRAHAM (e) Christian name DAVID CHESTER

(f) Home address 346 10th St. Brandon Man.

(g) Next of Kin Mrs Bridget Graham (h) Relationship mother

(i) Address of Next of Kin 346 - 10th St Brandon.

2. Age last birthday 35 Date of birth Oct 30 - 1883

3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg (b) Date April 20-1916

4. Personal description:

(a) Height 5' 6" (b) Weight 124 (in blues) scales (stripped) (c) Complexion dark

(d) Colour of hair black (e) Colour of eyes brown (f) Identification marks, Scars, etc. ~~Nil~~ Small scar Rt Ear

5. Former trade or occupation Train-man.

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

Soldier's statement

	Periods From	Periods To
Canada	20-4-16	23-6-16
England	2-7-16-12-8-16;	17-3-19
France or other theatres of War France	12-8-16	17-3-19

7. Original disease, or injury A TRENCH FEVER.
B. BRONCHO PNEUMONIA

(a) Date of origin (A) DEC-1918 (B) ~~MAR~~ FEB 1919 (b) Place of origin A + B BELGIUM

(c) Cause A + B - INFECTION

M. F. B. 227.
400M.—11-18.
1772-39-117.

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

A. (DEBILITY) weakness of body, shortness of breath on exertion, necessity for rest.

B. (CHRONIC BRONCHITIS) Cough, weakness of body, necessity for rest.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

OBJECTIVE.

A. Weight on enlistment 165 stripped - 6 mos ago 148 - now 134 in blues. Looks debilitated and weak. Pulse sitting 72, standing 96, after slight exercise 102. Marked coarse tremor of extended fingers. Both Romberg tests exaggerated - no ataxic clumsiness or Babinski. No enlarged spleen.

SUBJECTIVE. Patient feels weak especially since last attack of fever (Influenza, French fever) from May 9 to 19th. Has shortness of breath on exertion. Eats and sleeps fairly well.

B. OBJECTIVE. Rt side of chest expanded to 2nd rib. Some dullness (both bases) & suppressed breath sounds. Rt base has harsh breathing, approaching bronchial in character at times, numerous rales, loud, predominant, in bases but clear to - day except occasional rales. X ray 27-3-19 "Bronchial glands prominent. Hilar shadows mottling both sides of chest" Re-Sedimentation Rate Sputum negative T.B.

SUBJECTIVE. Has a cough & some sputum mostly in mornings. No night sweats. Has some shortness of breath on exertion.

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

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

Since French fever has had pains in shins at times and almost constantly in both shoulders. Some pain to-day in both shoulders.

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

A. Patient states received Wt to Dec 18. Took sick beginning of Dec/18 and sent to 12 F. A. - there 2 weeks - fever for 2 weeks - diagnosed French fever. Returned to unit and carried on till Feb 7/19 - admitted 12th F.A. & sent to 48 C.C.S. Feb 17/19. Documentary. Field card Admitted 48 CCS 17-2-19. Patient had a thunder cadelin - had to put up tent in exercise shoulder mechanical. 21-2-19 Sputum negative rales all over lungs - nervous. 22-2-19 Pain R side - vomiting - fracture R side 23/2/19 Both bases involved crepitant rales - asthma during night - vomiting dyspnoea. 25/2/19 Worse rales - cold bad - breathing difficult. Diagnosed influenza & changed to Pneumonia. Sent to Orpington 14-3-19 marked for special ward - two weeks on admission. Exam. 29-4-19 lungs appeared clear. 9-5-19 Temp rose to 102 and on 12th 101-12th 102 - 100 to 101 till 17- normal on 21st. Had pains in shins and arms - chest - few sonorous rales scattered throughout chest. Probably French fever. Now about and improving.

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10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

None.

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

nil

11.—(a) Did the disabling condition have its origin before enlistment? A & B No.

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

A & B not applicable

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

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? A. 6 months B 6 months

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

A. General treatment for broncho-pneumonia & trench fever. Tonics, fresh air, good food.

B. Tonics, cough mixtures, general treatment

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

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

A & B. yes - in hospital - observation, tonics, general treatment - 6 months

16. Can the former trade or occupation be resumed? yes - after treatment

(If not, briefly state why)

17. Recommendations Invalid to Canada

P. W. Barker, Capt Cams

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned D. C. Graham have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

W. T. E.

D. C. Graham Dvr Rank.

Signature of invalid examined.

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OPINION OF THE MEDICAL BOARD

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

de cancur
See X Ray report.
Sputum, examined frequently, shows T.B.

19. Is the invalid fit for

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

20. It is certified that the invalid
(*a*) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)
Disability x Chs. Bronchitis 6 months - Cancr. Hosp - Observation
(*b*) ~~Does not require treatment.~~
(*c*) ~~Should pass under his own control.~~
(*d*) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. It is recommended that the ~~invalid be discharged.~~ (When not for discharge add special recommendation.)
~~Category for invalided to Canada~~ (wre)
~~Category for return to Canada~~ (wre)
~~with Categories A B C D~~ (wre)

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

No. 18 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON, KENT.

~~A. E. Bligh Lt. Col.~~ *President.*

PLACE

A. E. Morgan Capt. R.A.M.C.
Members

DATE 26 MAY 1919

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President

PLACE

Members

DATE

APPROVED BY

~~A. E. Bligh Lt. Col.~~ (wre)

Assistant Director of Medical Services.

DATE

Captain, C.A.M.C.
for A.D.M.S., Canadians, London

APPROVED BY

Director-General of Medical Services.

DATE

ASSISTANT DIRECTOR OF MEDICAL SERVICES CANADIAN HQ. LONDON AREA. MAY 30 1919 13 BERNERS ST. LONDON, W.1

Report No. 2,954 807 Army Form W. 3212.
(In books of 100)

Regtl. No., Rank and Name } 532329. Graham. D. C. Age [redacted] Corps C.A.M.C.

Disease pneumonia Hospital

To Officer i/c Laboratory. Ward 18

Please carry out an examination of the accompanying specimen of urine

with special regard to

Nos. of previous Reports (if any)

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 27-5-19 Capt Barker
O. i/c Ward.

LABORATORY REPORT.

Amber

Acid

S.G. 1022

Alb. O

Sugar. O

Date of Examination 27/5/19

O. i/c Laboratory.

W6591—P1803 300,000 10/18 HWV(iM374)

807

Report No. 24676

Army Form W. 3212.
(In books of 100)

Regtl. No., Rank and Name } 532329 Pte. Graham D.C. Age ____ Corps C.A.M.C.

Disease Pneumonia Hospital 10 Gen

To Officer i/c Laboratory. Ward 18

Please carry out an examination of the accompanying specimen of ____

with special regard to T.B. & Coliform

Nos. of previous Reports (if any) ____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date May 14. B.A. Fry N.S. for Capt Barker
O. i/c Ward.

LABORATORY REPORT.

No TB found

Date of Examination ____ 6 6m

O. i/c Laboratory.

W6591—P1803 300,000 10/18 HWV(iM374)

807 24th C

Report No._____ Army Form W. 3212.
(In books of 100)

Regtl. No., Rank and Name 532329 Graham D. L. Age ____ Corps C.A.M.C.

Disease pneumonia Hospital _____

To Officer i/c Laboratory. Ward _____

Please carry out an examination of the accompanying specimen of _____

with special regard to T.B. & Gonococci

Nos. of previous Reports (if any) _____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date May 3rd B.O. Fry N.S. for Capt. Barker
O. i/c Ward.

LABORATORY REPORT.

Not B found

A. Mackay Capt.

Date of Examination _____ 7

O. i/c Laboratory.

—P1803 300,000 10/18 HWV(M374)

550. Cs 186. W.503/P.36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

807 Army Form W. 3172. 27
(In pads of 50)

16 CF. Hospital.

Ward [illegible] No. of Bed Date 27.3.19

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
532329	Dr. Graham D.C.	CASC.	Thorax.

Short History of Case.
(To be completed by M.O. i/c case.)

History of Pneumonia.
Cough; fever.

Signature of M.O. Graham
Date 27.3.19.

Report on Result of X-Ray Examination.
(To be completed by Radiographer.)

No. of Plate L m 722. 15412. AP.

Bronchial glands prominent
Hazyness and mottling in
both sides of chest

Signature of Radiographer L Gilchrist Capt
Date 27/3/19

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps C.A.S.C. Military Hospital

No. 532329 Rank and Name Driver D.C. Graham Age Service

Disease Broncho-Pneumonia Date of admission 17-3-19 Date of discharge Result

Dates of Observation	March 17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	April 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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.	Time A.M.P.M.
Pulse per Minute	90		100	88	78	80	100	84	82	88	84	88	80	92	90	96	86	86	82	84	74	72	82	76	82	76	82	88	72	96	76
Respirations per Minute	22		20	18	18	18	22	20	16	20	18	16	18	16	18	18	18	18	18	18	16	18	18	18	18	20	14	18	20	16	16
Motions per 24 hours																															

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps C.A.S.C. Military Hospital

No. 532329 Rank and Name Dvr. Graham D.C. Age Service

Disease Broncho. Pneumn. Date of admission 17-3-19 Date of discharge Result

Dates of Observation: April 17 18 19 20 21 22 23 24 25 26 27 29 30 1 2 3 4 5 6 7 8 9 10 11 12 13 14

Days of Disease

Temperature Fahrenheit: 107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Time A.M. P.M. (each day)

Weight 8 stone 9

Weight 9 stone

Pulse per Minute: 76 82 80 70 72 82 80 76 88 72 90 92 88 84 86 84 80 96 96 88 84 80 84 88 92 92 92 92 92 92 92 92 92 92

Respirations per Minute: 16 16 18 16 16 16 18 20 24 24 22 24 24 20 20 24 18 24 24 22 20 22 22 24 20 20 22 24 24 20 20 18

Motions per 24 hours

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature In charge of case.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps C. A. D. 6. Military Hospital

No. 33282 P. Rank and Name Dvr. Hakeem. A.S.C. Age Service

Disease Broncho Pneumonia Date of admission 17. 5. 18. Date of discharge Result

Dates of Observation	May 14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31		June 1		2		3	
Days of Disease																																								
Temperature Fahrenheit	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.	Time A.M.	Time P.M.
107°																																								
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Pulse per Minute	88	92	96	88	90	80	90		80	64		100	88		60	80	68	84	80		84		88		80																
Respirations per Minute	20	20	18	22	20	24	20	24		20	28		20	28	24	26	22	20	20		20		18		20																
Motions per 24 hours																																									

8 S/Stone 12

8 S/Stone 11

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature H W Barber In charge of case.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation

Days of Disease

Temperature Fahrenheit

Time A.M.P.M. (repeated across 30 columns)

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

8 6 4 2

Pulse per Minute

Respirations per Minute

Motions per 24 hours

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature_____ In charge of case.

807 B.P.C. ORIGINAL

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

1423

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Winnipeg, Man. DATE Oct. 24/1919.

1. 1 (a) Unit 12th C.F. Amb. CASC. #10 DD. (b) Regimental No. 532329 (c) Rank Dvr.

(d) Surname GRAHAM (e) Christian name David C.

(f) Home address 346 - 10th St., Brandon, Man.

(g) Next of Kin Mrs. B. Graham, (h) Relationship Mother

(i) Address of Next of Kin 346 - 10th St., Brandon, Man.

2. Age last birthday 35 Date of birth Oct. 30/1883.

3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg, Man. (b) Date April 20/1916.

4. Personal description:

(a) Height 5ft. 6½" (b) Weight 139 (stripped) (c) Complexion Medium

(d) Colour of hair Black (e) Colour of eyes Hazel (f) Identification marks, Scars, etc. Scar pinna of right ear. Scar 3" left scrotum.

5. Former trade or occupation Trainman.

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

	Periods	
	From	To
Canada	April 20/1916 July 14/1919	June 23/1916. Oct. 24 1919.
England	June 23/1916 March 17/1919	Aug. 12/1916. July 14/1919.
France or other theatres of War	Aug. 12/1916	March 17/1919.

7. Original disease, or injury INFLUENZA FOLLOWED BY BRONCHO-PNEUMONIA.

(a) Date of origin Feb. 2/1919 (b) Place of origin Belgium

(c) Cause Infection.

Asst. Director Medical Services No. OCT 25 1919 Mily. Dist. No. 10, Winnipeg

M. F. B. 227. MD.

400M.—11-18. 1772-89-117.

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

GENERAL WEAKNESS.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Chest expansion 34/36. All sounds normal. Shortness of breath on exertion such as going upstairs. Is easily tired. Can walk a mile slowly with result of fatigue. Heart normal. Pulse sitting 78, slightly irritable, after bending 10 times 90, returning to 78 in less than a minute. Blood pressure 120 - 80. Appetite fair, occasional sligh t cough - no expectoration.

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

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

Special Senses NO Respiratory System NO Integumentary System NO

Disturbances of Mentality NO Digestive System NO Muscular System NO

Osseous and Joint Systems NO Any other general condition NO

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

Patient states had trench fever in Dec. 1918. This was recovered from, on Feb. 2/19 was ill and stayed in bed till Feb. 7/19 when he was sent to 12th Field Ambulance and Feb. 17/19 was transferred to 48th CCS. at Namur, Belgium. Field Ambulance card stated first that there was asthma but this diagnosis was subsequently changed to Broncho-pneumonia, and on Feb. 21/19 there were scattered rales over back of chest, and on Feb. 22/19 pain in right side, vomiting, friction sound, fine rales etc. On March 12/19 convalescent but very weak and run down.

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10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Trench fever Dec. 1918 - Recovery - no disability.
Left varicocele first noticed Feb. 1918. Operation for removal - suspensory bandage Sept. 24/19 - Recovery - No disability.

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

See 4,F.

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

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

Not applicable.

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

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Minimum period of six months.

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

Rest in bed, medicine. hot baths, fomentations.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

NO.

16. Can the former trade or occupation be resumed? Not at present because of general weakness.
(If not, briefly state why)

17. Recommendations

Discharge to S.C.R. for supervision.

John H. R. Bond Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned David C. Graham, have heard the description of my disability and present condition read, and am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.)

I complain in addition of

D. C. Graham Dor Rank.
Signature of invalid examined.

807

OPINION OF THE MEDICAL BOARD

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

YES.

Except Sec. 7. The original disease as shown on his documents was Asthma. This was subsequently changed to Broncho pneumonia. There is no evidence of his having had Influenza.

Except Sec. 17. He should be discharged medically unfit. There is no need at present for his transfer to S.C.R.

19. Is the invalid fit for

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

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

(b) Does not require treatment.
(c) Should pass under his own control.
(d) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Medically unfit.

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

Wm Stapleton Capt. *President.*

PLACE Winnipeg, Man. MD.#10

DATE Oct. 24/1919.

J. Hausdown Capt. } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President

PLACE.....

DATE..... } Members

APPROVED BY

W. B. Chapman Major

For *Assistant Director of Medical Services.*

DATE OCT 25 1919

APPROVED BY

Director-General of Medical Services.

DATE.....

1473 Essequibo

M. or S.

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

Pte

AUDITOR | PAYMASTER

REGT. No. 532329 RANK ~~Pte~~ NAME (IN FULL) GRAHAM DAVID CHESTER (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. #12 Field Amb — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO A.M.P. Dept. — DATE 14-7-19 — AUTHORITY DO 11 p 213.

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY X 248.

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE 1/8/19

PAYABLE TO Mrs Bridget Graham — RELATIONSHIP (M) — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 346 - 10th St. Brandon, Man

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE M.D 10 — DATE 31-10-19 — REASON M.H. — AUTHORITY DO 302 — IF ENTITLED TO POST DISCHARGE PAY Yes

183 days W.S.G.

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. No. 1 NO.	COL. No. 1 DATE	COL. No. 2 NO.	COL. No. 2 DATE	COL. No. 3 NO.	COL. No. 3 DATE	CASH PAYMENTS COL. No. 1 $	COL. No. 1 C.	COL. No. 2 $	COL. No. 2 C.	COL. No. 3 $	COL. No. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	$	C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
30/6/19							41	67	41	67																									41	67		C. 41 67 TPC
																	4 87																				apcld to 30/6/19 TPS
																	4 87																				advances
																	5 -																				Boat+Train Expenses
																	50 -											15 -			79 74		38 07				Dr 15.00 apJuly, M 75187
'17	31/8	62	1.10	68	20	11	20		79	40		71 28/8		71 28/8			26	33					15				38 07				79	40					1/2 L Lve. 14 days 11.25 DO 212
'19	30/9	30	1.10	33	-				33	-		455306		455307			18	-					15	-							33	-					
'19	31/10	31	1.10	34	10				34	10		118 28/10 458878		118 27/10 459389 x 390			35 -		19	10			15	-							69	10	35	+			Can. Dr. 22-10-19 D.O. 301
Oct.					35	-			35	-																	35	-			35	-					Cr. Issued 35.00 Ver. 35.00 C.C. & B.O. 302
			135	30	46	20			181	50							35 -		16	345			45	-			73	07			216	50	35	-			

SUPPLEMENTARY WAR SERVICE GRATUITY SHEET PASSED, DATE..... OCT 9 1919

Certified War Serv. Gratuity Account Completed.

E.....

200M-3-19.—L. L. 58786—A. & D. 9985.
M. F. W. 2596.
1772-89-1390.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

G 5623

Date of Assignment Jul. 1916

10 L 2 G 16 3 M

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 532329

Rank Pte. Promoted Reverted Discharge

Soldier's Name D. C. Graham

Battalion 12 Field Amb.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name ~~James Graham~~

Address 346 - 10 St. Brandon, Man.

Change of Address

1 Mrs. Bridget Graham Mother

2

3

4

	Date	Cheque No.	Amount S/A	Amount A/P	Total	
	1917 Dec 31			No	No	
1918	Jan	D 66731		15	15	D
"	Feb	G 92094		15	15	
	March	H 92740		15	15.	
	April	H 11864		15	15	J
	May	S 19413		15	15	J.
	June	O 21842		15	15	B
	July	K 30480		15	15	B
	Aug.	O 37901		15	15	B.
	Sept.	T 48370		15	15	B
	Oct.	U 56349		15	15	B.
	Nov.	~~V 59101~~		~~15~~	~~15~~	~~B~~
	Dec.	~~X 64079~~		~~15~~	~~15~~	~~J~~
	~~Jan.~~ 1919			~~15~~	~~15~~	J
17602	Feb 14	O 6896		60	60	J. EM mld. 21-2-19.
	March	L 91399		15	15	J.
	Apr.	S 54		15	15	J.
	May	P 6392		15	15	J
	June	O 9710		15	15	J
	July	N 12677		15	15	
				555	555	

REMARKS 7283 D-19.

MRO 54802. Suspend. 11.12.18.
Assignee deceased.
Acct. reopened without interruption eff. 1-11-18.
authy A.S.M. 9-1-19.
M.R.O. Reinstate + Alteration rend. 14-2-19 #68782
eff. 1-3-19 Cheque #60 issued to adj. A.P. from 1-11-18 to 28-2-19

Rtd + Canc. 23.12.18. per. tracer #9774 EMB 23.12.18
" & " " " " " " 23.12.18.

A/c Closed 31/7/19.
Ret'd per E. Sequibo.
Date 25/7/19 M.F.W. 187 31/7/19
Closed J. Gardner
MRO 106351 rend'd 31/7/19.

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7498.

AUDITED.

CONSOLIDATED ACCOUNT

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. 20350

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
400M.—6-17—1774-39-1141
L. L. 22820—M. & D. 7933.