8 E.Co. DUPLICATE

2 M. D. 1st Depot Battalion 1st Cent. Ontario Regiment

Regtl. No. 3038972

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.)

1. Surname: GRAHAM
2. Christian name: Frederick Mathew
3. Present address: Kagawong, P.O. Box #93 Ont.
4. Military Service Act letter and number: 848458
5. Date of birth: Dec. 15th 1896
6. Place of birth (town, township or county and country): Kagawong, Ont.
7. Married, widower or single: Single
8. Religion: Anglican
9. Trade or calling: Fisherman
10. Name of next-of-kin: Mrs. Emma GRAHAM
11. Relationship of next-of-kin: Mother
12. Address of next-of-kin: Kagawong, P.O. Box #93 Ont.
13. Whether at present a member of the Active Militia: No.
14. Particulars of previous military or naval service, if any: Nil
15. Medical Examination under Military Service Act:—

(a) Place Sudbury, Ont. (b) Date 6/11/18 (c) Category A.2

DECLARATION OF RECRUIT

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

Fredrick M Graham (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 21 yrs. 6 mths.

Height: 5 ft. 9 ½ ins.

Chest measurement: fully expanded 37 ½ ins.; range of expansion 3 ½ ins.

Complexion: Dark

Eyes: Brown

Hair: Brown.

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

Nil

John McLaurin

O. C. Depot Btln.

1st Depot Bn. 1st C.O.R. Regt.

Place Toronto, Ont. Date 21/5/18

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

REGIMENTAL DOCUMENTS

Pte. NAME GRAHAM FREDERICK MATTHEW REGT. NO. 3038972 UNIT NZIBCOR H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)				21436	
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Widisp. Cert. 1 R 122					

W. 2589
100M-11-18

M.S.A. # 8

E.Co.

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

M. F. W. 54. (A. F. B. 103.
500M.—
H. Q. 1772—920.

Casualty Form—Active Service.

4 Dft 1st DEPOT BATTALION

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

Regimental No. 3038972 Rank Pte. Name GRAHAM Frederick Mathew

C. E. F.

Enlisted (a) 21/5/18 Terms of Service (a) Dft W [illegible] Service reckons from (a) 21/5/18

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

W.S.B. CLASS A.

Extended ..... Re-engaged ..... Qualification (b) Fisherman.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked Canada. JUN -3 1918			H.M.T. "Cassandra"
		Arrived England.		21-6-18	E G Lindsay Major O.C. Dr. 44th
3-7-18	12th Bn	T.O.S 12th Res Battn	Witley	21-6-18	Part II/ 156
21.10.18.	O.C. 12th Res. Bn. C.E.F.	Transferred to 75 Batte	do	20.10.18	Part II 250 A.W. Salisbury Lieut i/c Records 12th Res. Bn C.E.F.
22.10.18	C.I.B.D.	T.O.S. 87 TH BN ON ARRIVAL	FRANCE	22.10.18	N.R.
25.10.18	C.I.B.D.	S.O.S. TO C.C.R.C.	FIELD	25.10.18	N.R.
25.10.18	C.C.R.C.	T.O.S.	"	25.10.18	N.R.
do	C.C.R.C.	S.O.S. TO UNIT	"	do	N.R.
2.11.18	UNIT	JOINED UNIT	"	28.10.18	B. 213

War Service Badge Class "A" No. 115

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

[P.T.O

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Proceeded to England.		2 MAI 19	

Lieut. for Lt Col. A. A. G.
Canadian Section, G.H.Q. - 3rd, Ech.

Asst 4th Can. Div. HQ.
A. 80/1/13 - d. 25/5/19. 31-5-19
Part II orders 31
S.O.S. PROCEEDED TO CANADA 31-5-19

H.M.T.S. MAURETANIA
EMBARKED 31-5-19

2

M. F. W. 54. (A. F. B. 103.)
500M.—9-16
H. Q. 1772-39-920.

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

Casualty Form—Active Service.

Unit, Regiment or Corps ..... Gladue L M.

Regimental No. 2038972 Rank Pte. Name ..... C. E. F.

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

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*) .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
MAY 31 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO	1919	PART II D. O.	164
JUN 8 1919	S. O. S.	(DISCHARGED FROM H. M. S.) No. 2 D.S. DEPOT,		PART II D. O.	164

W. C. Roberts
Lieut.
For O. C. No. 2 District Depot.

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.
e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

Form R 122.
10287—65M—28-7-17.

LTR Rank Name GRAHAM, Frederidk Mathew Reg'l No. 3038972

Unit 44th Dft Bn 1st C,O,R If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Toronto, 21st. May, 1918. Place of Birth Kagawong, Ont.

Name and Address, Next-of-Kin Mrs Emma Graham

Kagawong P.O. Box. 93. Ontario Relationship Mother

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. 26737
File R.L.
Cate... CAN.DR

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		Arrived in England		21-6-18 S/S CASSANDRA	
3.7.18	12 Res	SOS from Canada	Pte Sitley 21 to 16 Pte 0156		
21/10/18	12 Res	SOS to 75 Bn o/s	20-10-18 Pte 250/115		25/10/18 75 Bn
7 5 19	75	PROC. TO ENG		28	
12 5 19	A Wing	TOS FROM 75 Bn	4 5 19	22	
9 6 19	Awing	SOS TO CAN	31 5 19 Pt 31		68-1-69 31/5/19

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

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

Certified this document checked with Regimental documents.

WAR SERVICE GRATUITY.

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

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

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

1. Christian names Frederick Matthew 2. Surname Graham

3. Rank Pte. 4. Original Unit 1st C.M.R. 5. Reg. No. 303897

6. Address, in full, to which future payments of gratuity are to be forwarded Merchants Bank, Gore Bay, Ont.

7. Date of enlistment in the C.E.F. 21/5/18

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

9. Relationship of such dependent

10. Address, in full, of such dependent

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

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

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

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

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served Total 12 months Canada & Overseas with 1st C.M.R. 6 mths. & 5½ mths France 6 mths 4/5th Bn.

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

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

5434. Wt. /30P. 250,000(8). 2/19. S.O.,F.Rd.
6111. Wt. /P17. 25,000. 4/19. S.O.,F.Rd.

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

no.

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

no.

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

21. Have you, during the present war, served in the Imperial Forces? no.

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

no.

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?

24. ~~Are you now serving in the C.E.F.?~~ ~~If not, give: (a) Date of discharge~~ JUN 8 1919. (b) Reason for discharge DEMOBILIZATION

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

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

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

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

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. Questions 12, 13, 14, 20, 24, 25, 26, 27 unanswered.

Signature of Applicant: F. M Graham

Place of Residence: Kagawong Ont. Box 93

Declared before me at: Kagawong Bramshott

This 5th day of May 1919.

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

R. Hallowell Clay

POST DISCHARGE PAY.

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

Certified Correct

District Paymaster.

C.A.D.C. 1009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian [illegible]nting and Stationery Services, London

NAME OF SOLDIER (Block Letters) GRAHAM, F. M.

REGIMENT 25 BN RANK Pte. No. 203897

Date of Examination in England 4/5/19 | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

6/1

PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

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

BRAMSHOTT CAMP HANTS.

Signature of Dental Officer [illegible] Capt

8 Certified Copy E.Co.

M.S.A. 15.

29 Oct 1918

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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

1. Surname GRAHAM Christian name Frederick Mathew

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 848458

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

4. Address (including street and number, if any) Kagawong, Ont. P.O. Manitoulin Island.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 6th day of Nov. 1917, by the undersigned medical board sitting at Sudbury, Ont.

5. Age as stated 20 Years 11 Months. 6. Apparent age 20 Years 11 Months

7. Height 5 Feet 9 ½ Inches. 8. Weight 137 Pounds.

9. Chest measurement { Minimum 34 Ins. / Maximum 37 ½ Ins. } 10. Complexion Dark { Eyes Brown / Hair Brown. }

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

13. Number of vaccination marks { Right arm 0 / Left arm 0 } 14. When vaccinated last Never.

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

Nil

16. Slight defects but not sufficient to cause rejection Slight Varicose Veins.

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A.2

Hearing L.&.R.Normal.
V. R.&.L. D.40

N.R.Patterson *President.*

E.T.Richardson *Member.* W.Dales *Member.*

Signature of Man Frederick M. Graham

Date	Result	Vaccinations		Date	Result	Anti-Typhoid Inoculations, Etc.	
22/5/18	Good	M.E.Rogers Capt.	M.O.	21/5/18			M.O.
			M.O.	22/5/18		M.E.Rogers Capt.	M.O.
			M.O.	21/5/18			M.O.

Joined 21st *day of* May 1918 *at* Toronto, Ont.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Bn.			
Transferred to	1st C.O.R. 12th Res. 75th Bn	3038972		20-10-18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Exhibition Camp. Branchout	May 21/18 6-5-18	Varicose Veins	A2 W.L.T.R.L. Capt. Pres. S.M.B. Capt A.S.C. Macdonald Capt

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

Surname Christian Name

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

Number 3038972 Rank Pte

Surname GRAHAM

Christian Name Frederick Mathew

Units 75th Battery Theatre of War France

Date of Service 20-10-18

Remarks

Latest Address Kagaworong BC
Box 93. and

Roll No 5 Page 1478 88

200m.-2-21.M.

Port, ship, and date of arrival

Next of kin

Address on leave

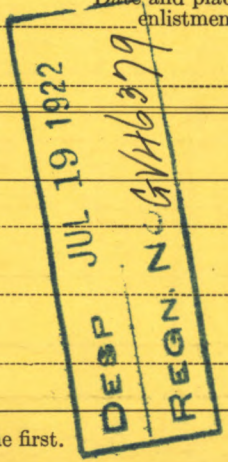
Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date		Remarks



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

No. 205-9703 RANK Pte NAME Graham F M

O.K.

T. O. S. 15-5-18 UNIT 1st Depot Bn E. Regt

D.O. 134. 14.5.18.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918	1918		Lot.	
May 20	a/c	W	Erroneously ord. to report	A. D.O. 135. 15.5.18

9/2 H. Q.

M. D. No. 2

Surname Graham

T. O. S May 21st 19 18

Christian names Frederick Matheson

D. O. Pt. II 142 of 22/5/18

Regtl. No 303 8972 Rank Pte

S. O. S. 8-6-19 19

Unit 1st Can Unt Regt 1st Dpo Bn

Reason "Demob"

Auth. 100 164 of 8-6-19 #2,915

Next of kin Graham Mrs Emma Relationship Mother

Address P.O. Box #93 Kagawong, Ont

Also notify:

BORN—Place Canada Kagawong Ont Date Dec 15th 1896

ATTESTED—Place Toronto, Ont Date May 21st 1918

O/S 9/6/18 1372/8

R/C 6-6-19 343/91 Pte

W. 22—75M-5-18. 1772-39 839.

CANADIAN EXPEDITIONARY FORCE

War Service Badge
Class "A" No. 135179

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3038972 (Rank) Private.

Name (in full) GRAHAM, Matthew Fred. enlisted in

the 1st Depot Battalion, C.O.R.

CANADIAN EXPEDITIONARY FORCE at Toronto. on the 21st

day of May 19 18.

HE served in FRANCE. 75th Battalion, Infantry.

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

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

Age 22 years.	Marks or Scars
Height 5 ft. 9½ ins.	
Complexion Dark.	NIL.
Eyes Brown.	
Hair Brown.	

F M Graham.
Signature of Soldier

R. W. Rayner
Issuing Officer

Date of Discharge

No. 2 DISTRICT DEPOT
JUN 8 1919
TORONTO

For Lieut
Rank
O.C. No. 2 District Depot.

Date JUN 8 1919 19

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.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. (Rank)

Name (in full) enlisted in

the

CANADIAN EXPEDITIONARY FORCE at on the

day of 19

He served in

and is now discharged from the service by reason of Demobilization

Medical Unfitness.

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

Age	Marks or Scars
Height	
Complexion	
Eyes	
Hair	

Signature of Soldier

Date of Discharge

Rank

Date 19

Issuing Officer

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

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND or CANADA.
EFFECTIVE DATE:-	1/6/18	EFFECTIVE DATE.-	
AMOUNT:-	~~$~~ 15 00	AMOUNT:-	

NAME:- GRAHAM Frederick Mathew

NUMBER:- 3038972

PARTICULARS OF 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.
Mrs Emma Graham (Mother)	
Box 93 Ragaroong P.O. Ont	
Stopped 8/6/19.	

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.P.C. from Can	1/6/18	Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 1st Dpt Batt. 1st C.O.R.

DATE ACCOUNT FIRST OPENED:- 1-6-18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
12th Res. D.O. #56	21/6/18		12th Can Res Bn

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
~~8/5/19~~	~~5744~~	Stalag 10	~~48 67~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
L.P.C. from Can.	1 -	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis to Can 1/6/19 A86/6 B'Shott-B'Shott 8/5/19 MD2 Bt Balee 29.10 2 Coulf.

Compiled by Coulf.

Checked by

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
5/31/18	Balance from Canada								10.00		
June	0 Pay	33									
July	0 Pay	34 10		CAR Can				20.			
				AR 529 5/7 DET Frenchm	4 87						
				" 1537. 26/7/18 12 Rs	4 87				37 36		
		67 10			9 74			20			
Aug	"	34 10		CAP				15			
				AR 1881 14/8/18 bks	4 87						
				Q Hqrs-No 1218 20/8/18 "	09						
				AR 1980 27/8/18 "	4 87						
		34 10			9 83			15	46 63		
Sept	0 Pay	33		CAP				15			
				AR. 2263 15/9/18 12 Rs	4 87						
				AR 2397 25/9/18 "	43 80				15 96		
		33			48 67			15	15 96		
Oct	✓	34 10		CAP				15			
				AR 2663 15/10/18 ✓	9 73				25 33		
		34 10			9 73			15			
Nov	✓	33		CAP				15			
Dec	✓	34 10		AR 1035 7/11/18 7 Rs	3 73			15			
	✓ Jan	34 10		1098 7/11 11 6 Bks.	13 06			15			
				1250 2/12 ✓	3 73				61 01		
		101 20			20 52			45			
				1308 20/12 ✓	3 73						
				1513 6/1 ✓	3 73						
				1644 16/1 ✓	3 73						
				2000 1/2 ✓	3 73						
				2138 13/2 ✓	18 66						
					33 58						

NUMBER 3038972 RANK 1st Cl NAME Graham J. W

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
					33 58				61 01		
Febr	March 1st Pay	64 90		2174 15 - 11 Bds	3 73						
				2340 2/3 ✓	3 65						
				Car From				30			
				2336 15 3	3 65				51 30		
		64 90			44 61			30			
April	May	67 10		QR 20 2/4 ✓	3 49						
				292 12/4 ✓	3 49						
				Carp				30			
				3470 2/4 C & C	3 65						
				5744 8/5 Awning	48 67	59 30			29 10		
		67 10			59 30			30			
				QR 9401. 8 5/5 LP & Awning	19 47				9 63		
					19 47						

Sgt $20 Canada 3/5
L.L. 68 1 COR. MD

War Service Badge
Class "A" No..... D.A. I

Regt. Number 303[illegible]8972 Rank Pte

Name Graham Mathew Fred
(Surname) (Christian Name in full)

Regt. or Corps 1st C.O.R.

Unit 75th Bn

Original Unit 1st Depot Bn C.O.R.

Category A

Occupational Group 5

Next of Kin Mother

Relation C.O.E.

Place of Residence Kaiapoi Ont.

H.M.T.S. MAURETANIA
EMBARKED 31-5-19

DOCUMENTS.

Pay Book with L.C.'s attached ✓

Special Envelope with Disch. Cert. Enclosed ✓

Proceedings on Discharge ✓

Copy of Discharge Certificate ✓

Trip. Attestation Paper ✓

Casualty Form ✓

Medical History Sheet ✓

Proceedings of Medical Board ✓

Dental Certificate ✓

Field Conduct Sheet ✓

Disposal Certificate. Original ✓

Equipment & Clothing Statement ✓

War Service Gratuity, F. 880 ✓

Sundry Documents

859157 McP H E R S O N Danid Thomas PC.

859157 McPHERSON Danid Thomas PC.

~~SHORT FORM.~~

Occupational Group No. 5

PROCEEDINGS ON DISCHARGE. Disp Area I

(Demobilization.)

War Service Badge Class "A" No. 135179

1. No. 3038972

2 Rank. Pte

3. Name. GRAHAM MATHEW FRED

4. Unit. 75th Can Bn

5 Date of Discharge JUN 8 1919 Place Toronto Ont

6 Reason for Discharge Demob

7. Authority. No. 2 District Depot, Part II D.O. No. 116

8. Proposed Residence after Discharge Kagawong, Ont,

G.P.O. ~~or Merchants Bank, Gore Bay, Ont.~~ c/o Capt.

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.?

Y M Graham
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

No. 2 DISTRICT DEPOT
JUN 8 1919
TORONTO

Signature R W Rayner Lt
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

For
O. C. No. 2 District Depot.

O.K.

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

1. Triplicate Attestation Paper (M.F.W. 23), or
   Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103),
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178),
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a),
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)),
9. Copy of Discharge Certificate (M.F.W. 39a),
10. Dispersal Certificate (C.D.3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2),
12. Last Pay Certificate (P. 851), 1 dup
13. Pay Book (A.B. 64),
14. War Service Gratuity (Form M.F.W. 2595),
15. Sundry Documents.

Group 03

Checked by No. 14 [illegible]

Date 29-5-19

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 Bramshott DATE 6.5.19

1. 1 (a) Unit 75 Can. Batt'y (b) Regimental No. 3038972 (c) Rank Gnr.

(d) Surname Graham (e) Christian name Frederick Mathew

(f) Home address Kagawong P.O. Box No 93 Ontario, Canada

(g) Next of Kin Mrs Emma Graham (h) Relationship mother.

(i) Address of Next of Kin Kagawong P.O. Box No 93 Ont. Can.

2. Age last birthday ..... Date of birth dec. 15. 1896

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto (b) Date 21.5.18

4. Personal description:

(a) Height 5 feet 9 ½ in (b) Weight 133 est. lbs (stripped) (c) Complexion Dark

(d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. .....

none

5. Former trade or occupation Fisherman

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
		350

	Periods	
	From	To
Canada	21.5.18	3.6.18
England	4.6.18	20.10.18
France or other theatres of War	21.10.18	2.5.19

7. Original disease, or injury Varicose veins: Left Leg.

(a) Date of origin 1913 (b) Place of origin Canada

(c) Cause Occupation and weakness of vein walls

M. F. B. 227.

400M.—11-18.
1772-39-117.

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

Varicose veins: Left leg.
Disability slight.

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.)

Varicose veins fairly pronounced on left leg: Some on right.
Bothers him a little at night after a long days march.

(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.....none.....Cardio-Vascular System.....none.....Genito-Urinary System.....none.....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses.....none.....Respiratory System.....none.....Integumentary System.....none.....

Disturbances of Mentality.....none.....Digestive System.....none.....Muscular System.....none.....

Osseous and Joint Systems.....none.....Any other general condition.....none.....

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

Veins became varicosed about 4 or 5 years ago. He does not think that Base service has made them worse.

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.

none ;

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

(*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.)

no.

12. Was the disability caused, or aggravated ; (*a*) by intemperance, or improper conduct ; or (*b*) by unreasonable refusal to accept treatment ? (a) 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 ? ~~Immediate~~ permanent.

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

none.

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 ? yes ;
(If not, briefly state why)

17. Recommendations none

and forwarded Capt. Cave.

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 Pte. Graham J. M. 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 nothing ;

Diff.

J M Graham Pte Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

Can't Tel A-G 908 3/11-11-18

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

D. McLaren Capt. *President.*

PLACE Brantford

DATE 6-5-19

E. N. Macdonald 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

D. McKenzie Capt
for *Assistant Director of Medical Services.*

DATE 6/5/19

APPROVED BY

Director-General of Medical Services.

DATE.....

"MAURETANIA" 6-6-19

DISPERSAL "I" G 2974

AUDITOR | PAYMASTER

M. & R S.

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

REGT. No. 3038972 RANK Pte NAME (IN FULL) GRAHAM, F.M.

Ont.

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID Nil — RELATIONSHIP

ADDRESS

Dc

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 14 C.M.R. — IF IN P.E. WHAT UNIT? Merchants Bank. Fore. Bay. (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 21-5-18. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE Closed 30-6-19 By Ottawa

PAYABLE TO Mrs Emma Graham — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Box 93, Kagawong. P.O. Ontario.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE Toronto DATE 8-6-19 REASON Demob AUTHORITY Do 164 IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.
BALANCE FROM PREVIOUS ACCOUNT																																				
31-5-19									29	10																									29	10
1-6-19 to 16-6-19	16	1.10	17	60	35 00																															
					70 00																															
																	19 47						15 00													
																	4 89																			
																	5 00																			
									122	60							107	36															151	70		
		W.S.G.			W.S.G.																					W.S.G. 70 00 & 8.0									
																																	78	80		
122 Days.		280			280	00						8.6.19																					201	20
											CR 79	Jul 4	69	2560							61	20									140	-	140	-
											CR 100	Jul 30	100	1072																	210	-	70	-
											CR 127	Sept 2	138	0345							70	-									280	-		
					280	-																			201	20			78	80	280	-	164	

T.O.S. 31/5/19 D. 164

SUBS. ..... TO ..... D. .....

PARTICULARS OR REMARKS

A Rel in Eng. T.P.C.

Pd a/c 1-6-19 to 16-6-19 Clothing allowance 1st payment on $30

June '19

Endorsed on T.P.C. Treas Toronto

W.S.G. paid above & deps. P.A. discontinued

1st W.S.G. Fairday #2 D. D.

W.S.G. PAID IN FULL

CAPTAIN FOR PAYMASTER WAR SERVICE GRATUITY

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

Date of Enlistment 21. 5. -18

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

G 5662

Date of Assignment June 1st -18

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15oo			

9 2 9 43½ 8 W

PARTICULARS OF SEPARATION ALLOWANCE

No. 3038972

Rank Pte Promoted Reverted Discharge

Soldier's Name Graham Fred. M.

Battalion 1st Depot Batt., 1st C.O.R. Dept Ont

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Emma Graham

Address Box 93 Kagawong P.O. Ont.

Change of Address

1

2 MRS.EMMA GRAHAM,
BOX 93,
KAGAWONG P.O.,ONT. 15 15.00

3 % 3038972 PTE FRED M.GRAHAM
FIFTEEN DOLLARS

4

	Date	Cheque No.	Amount S/A	Amount A/P	Total	
9079	June.	J 2566.		15	15	B. St mailed 27.6.18.
	July.	K 30519.		15	15	B.
	Aug.	O 37942.		15	15	B.
	Sept.	T 48414		15	15	B.
	Oct.	U 56392		15	15	B.
	Nov.	V 59145		15	15	B.
	Dec.	X 64113		15	15	B.
	1919. Jan.	T 75470		15	15	B.
	Feb.	Y 79170		15	15	B.
	Mar.	K 91434		15	15	B.
	Apr.	S 79		15	15	B.
	may	P 6411		15	15	B.
	June	09724		15	15	B.
				195	195	

REMARKS 7284-F-49

A/c Closed 30/6/19

Ret'd per. Mauretania

M.D #2 Date 6/6/19 ... M.F.W.187 12/6/19

Closed C.S. Johnstone

M.R.O 124917

AUTHORITY FOR NEW ACC'T. W.L.M. D.D.A. B.L. T. Short 22.6.-18

AUDITED.

M. F. W. 128.
4'OM. 6-17—4772-38-1141
L. L. 22320—M. & D. 1933.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 22?-3

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
40M.—6-17—1772-39-1141.
L. L. 22320—M. & D. 7993.