

ATTESTATION PAPER.

No. 8285

12

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your name?..... Marshall Graham
- 2. In what Town, Township or Parish, and in what Country were you born?..... Little Glosow Ont Can
- 3. What is the name of your next-of-kin?..... Nelson Graham
- 4. What is the address of your next-of-kin?..... Wabridge Ont Can
- 5. What is the date of your birth?..... 27 December
- 6. What is your Trade or Calling?..... Painter
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated?..... Yes
- 9. Do you now belong to the Active Militia?..... Yes
- 10. Have you ever served in any Military Force?.. Yes 2 1/2 years 34th Regiment
If so, state particulars of former Service. 1 1/2 years South Africa
- 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

Marshall Graham.....(Signature of Man).
 J. M. Mullen.....(Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Marshall Graham....., do solemnly declare that the above answers made by me to the above questions 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.

Marshall Graham.....(Signature of Recruit)
 J. M. Mullen.....(Signature of Witness)

Date Sept 22 1914.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Marshall 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.

Marshall Graham.....(Signature of Recruit)
 J. M. Mullen.....(Signature of Witness)

Date Sept 22 1914.

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..... this..... day of..... 1914.

Wabridge, 22nd September 1914. E. M. Mullen.....(Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

.....(Approving Officer)

1 Batt.
1st Brig.
G. Company.

Description of Capt. M. Graham on Enlistment.

Apparent Age 42 years — months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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).

Height 5 ft. 5 ins.

Chest measurement { Girth when fully expanded 36 ins.
Range of expansion 3 ins.

*Small cyst right shoulder
Wace left arm*

Complexion Fair

Eyes Blue

Hair Light Brown

Religious denominations { Church of England ✓
Presbyterian
Wesleyan
Baptist or Congregationalist
Other Protestants
(Denomination to be stated.)
Roman Catholic
Jewish

2 years South Africa

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 Sept 14 1914.

G. H. Cockburn

Place Valcartier

Capt. C. M. C.
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.

Marshall 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.

[Signature]
(Signature of Officer)

Date Valcartier, 22nd September 1914 1914.

C.E.F.

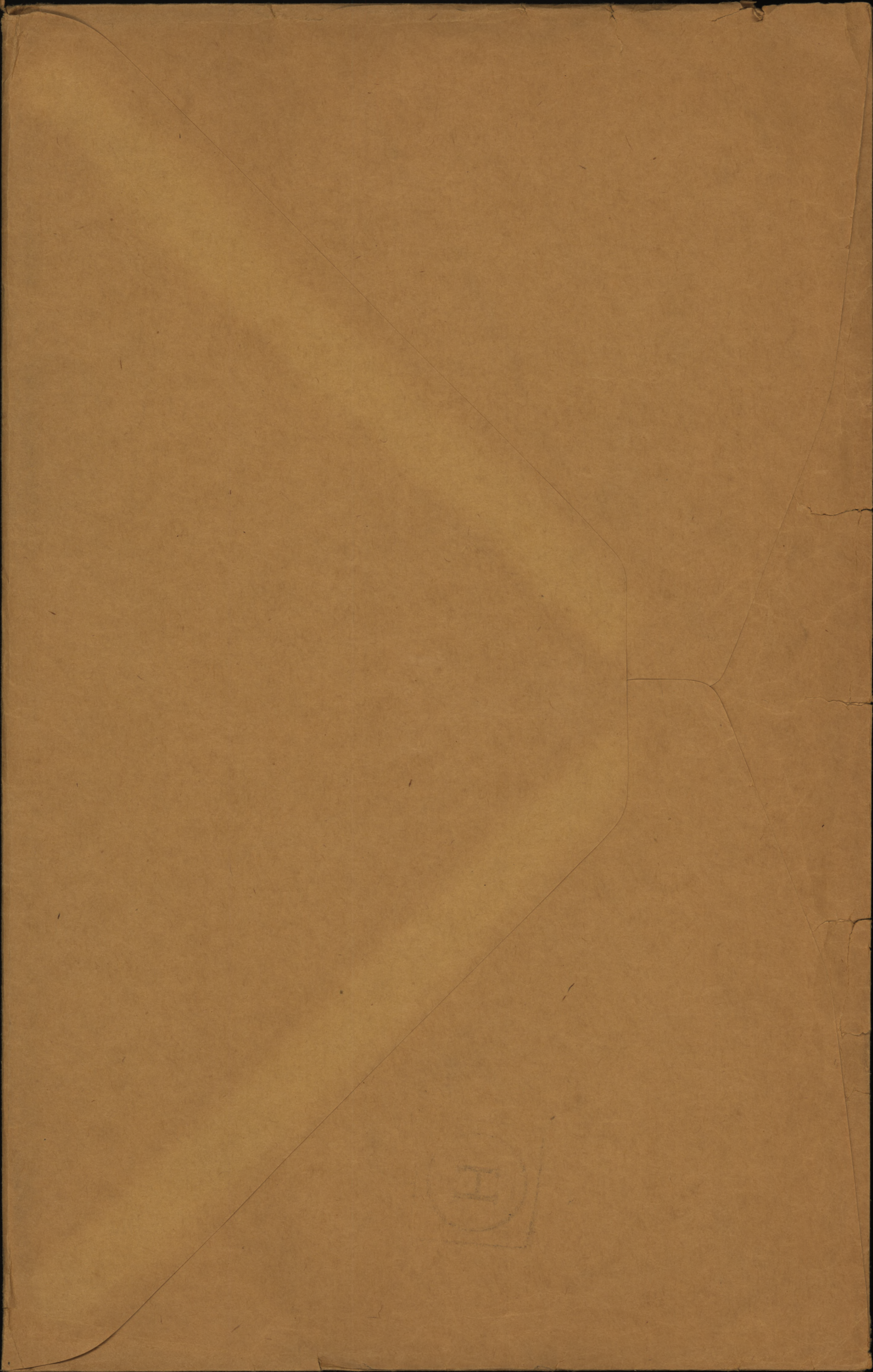
GRAHAM MARSHALL

8285

2ND BN

21861





ORIGINAL

MEDICAL HISTORY SHEET.

367

Surname Graham

Christian Name Marshall

Examined on 23 day of Sept 1914 at Val Cartier

Approved by

H. J. Shaw
Rank Capt M.O.

Birthplace City or Town Little Glasgow County Ontario

Apparent age 25

Trade or occupation Painter

Height 5 Feet 6 1/2 Inches

Weight 149 Lbs.

Chest measurement Minimum 26 1/2 inches Maximum expansion 28 1/2 inches

Physical development

Small-Pox Marks

Vaccination Marks Arm Right Left Number 1

When Vaccinated last 1911

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
Oct 1914	Pos.	G. G. G.
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
Sept 1914	+	2 G. G. G.
		M.O.
		M.O.
		M.O.

Enlisted on 23 day of Sept 1914 at Valcartier

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment				
Transferred to..	2nd Bn	8285		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

Entries in Red Ink made from Attestation Sheets.

1915-115 - P. M. Shaw for D. D. M. S.

NAME GRAHAM, Marshall

0 ✓

Regimental No. 8285

Name and address of next-of-kin

Unit 12th Bat'n

Date of enlistment 22nd Sept., 1914

Nelson Graham

Place of birth, Ontario

Uxbridge, Ont.

Married (yes or no) No

Date and place discharged Died 7/10/15

Amount of pay assigned monthly \$

Reason for discharge Wound Barracks Hospital

To whom payable

Character on discharge Shamelisse
Casualty List 180, and Burt?

no assgt per P.L. 3-3-0x12884 B 31/1/16

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
20/9/14	31/10/14	40	1.10	44	40	1.10	44	48	48			47.50 ✓			47.50 ✓	
11/11/14	31/12/14	30	1.10	33	30	1.10	33	50	36.50			36 ✓			36 ✓	
Dec 1	31	31	1.10	34.10	31	1.10	34.10	1.50	38.70			37.50			37.50	
1915 Jan 1	31	31	1.10	34.10	31	1.10	34.10	1.20	37.10			32.50			32.50	
Feb 1	Feb 28	28	1.00	28	28	1.00	28	4.60	35.40							
Mar 1	Mar 31	31	1.00	31	31	1.00	31	3.50	35.40							
Apr 1	Apr 30	30	1.00	30	30	1.00	30	6.95	40.25							
May 1	May 31	31	✓	31	31	✓	31	10.25	38.70			40 -			40 -	
1/6/15	24/6/15	30		20	30		30	2.10	131.70			5			5	
1/7/15	31/7/15	31		31	31		31	3.10	126.70			35			35	
								125.80								
								6.20					232.50			
1/8/15	31/8/15	31		31	31		31	3.10	166.10	184	400	34.20			34.20	
1/9/15	7/9/15	7		7	7		7	7.00	131.90	294		14.60			14.60	
8/9/15	7/10/15	30	1.00	30.00	30	1.00	30.00	3.00	125.00			81.30			81.30	
								158.00				158				



Adjustment of difference to July 31st

N.E. Feb 16.
N.E.
Cash found in effects *not rep.*

Statement of *Pales. Mil.* - *H*
FEB 23 1916
Account rendered

Died 7/10/15 list 180, 2nd 93rd
Pay from 8/9/15 to 7/10/15 not published cut off 7/9/15
then error
Trans to U.E. Branch
158.00 Sent to Ottawa for
Sett't. 2/3/16

LABORATORY.

Unit. *12th Batt* Date. *21st Sept* 1915.
No. *8285* Ward. *17*
Name. *Pte Graham*. Mod. Officer. *Capt Mann*

History of Case

Clinical Diagnosis. *L. B. C.*

Particulars of information required. *Micro-scopical Examination*

Examination of Urine (Routine will not include microscopic exam.)

Colour. *amber* Albumin. *neg.* Odour.

Sugar. *neg.* Deposits. Acetone.

Re-Action. *acid* Sp: Gravity. *1025*

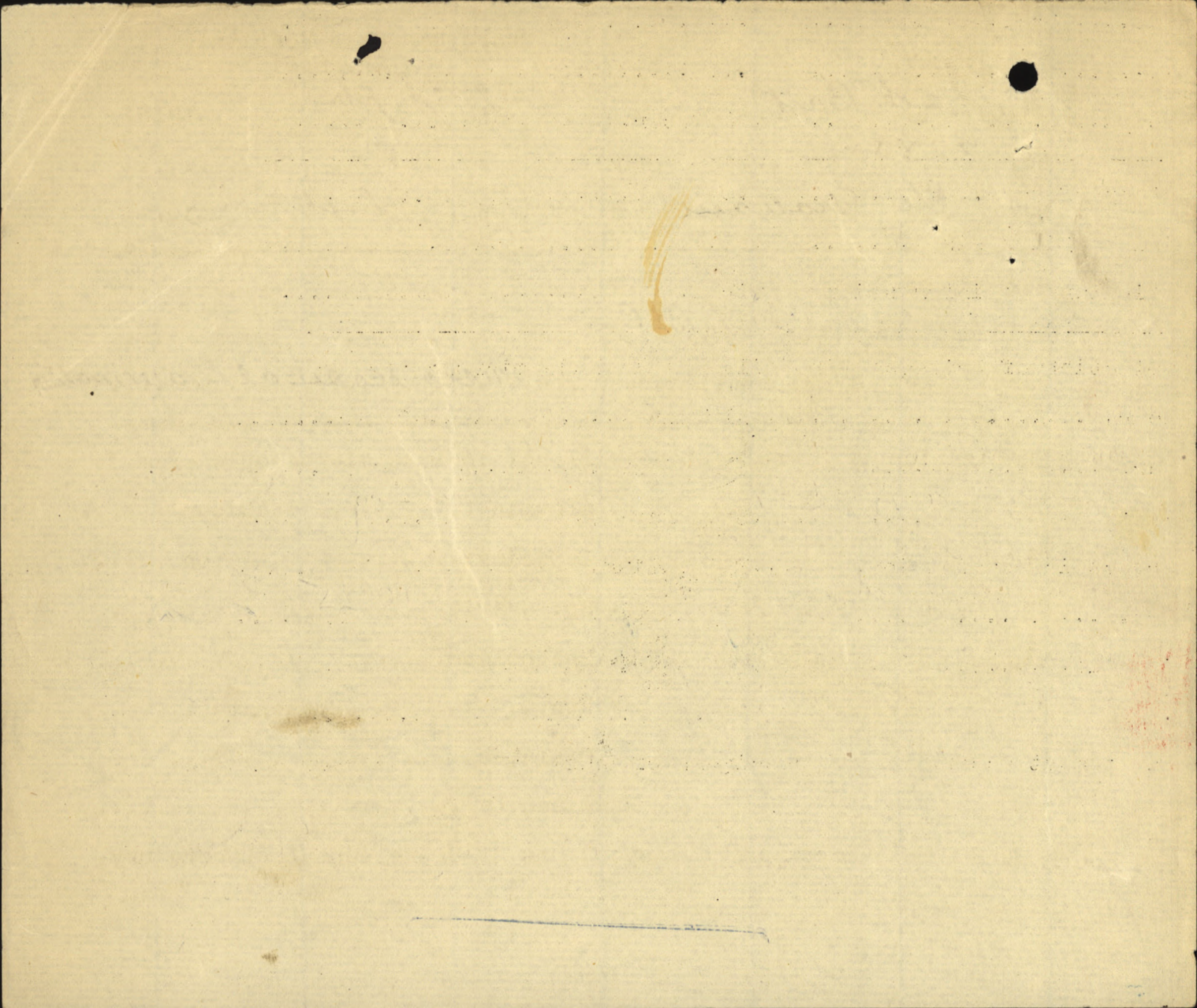
Microscopic examination. Epithelium.

Blood. Pus. Phosphates.

Uric Acid. *few crystals* Oxalates. *present (a few)*

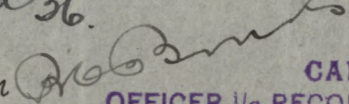
Examined by. *S. B.*

This sheet must accompany all specimens of Urine sent to Laboratory.



Casualty Form—Active Service.

Regiment or Corps 2nd Bn. C.E.F.Regimental No. 8285 Rank Capt. Ok Name Graham, MarshallEnlisted (a) 22/9/14 Terms of Service (a) Period of War Service reckons from (a) 22/9/14.Date of promotion to } 22.9.14 Date of appointment } Numerical position on }
present rank } to lance rank } 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				
20.2.15	Lt. Col. Rogers, O.C. 2 nd Bn.		Merrie Hospitalliers	15.2.15	admitted to Hospital
27.2.15	O.C. 2 nd Bn	Returned to duty	-	22.2.15	A.F. 213. (O.C.R. 13)
27.3.15	O.C. 4 th Coy No	Brow. catamb.	Ad 4 th Coy Ho.	26.3.15	N. 3034/ Q ¹³ / ₁ der. 33
7.4.15	O.C. "	"	di. 30 Base detail	6.4.15	" O ²³ / ₇ 41
8/4/15	" 2 nd Genl	n.s.d.	ad. 2 nd Coy Ho	7.4.15	" B ²⁶ / ₈ 42
18/4	O.C. "	B. Car.	Infpl Com Camp (Harrow)	17.4.15	" B ³⁶ / ₇ 52
28.4.15	Oxfordshire	Disembkd In Eng	-	28.4.15	A 36.
17.5.15	C.O. 2 nd	Adm. Castle Red x Hoop.	Dublin	30 ⁴ / ₁₅	ON  CAPT. OFFICER 1/6 RECORDS CANADIAN SECTION G. H. Q.
3.6.15	O.C.	Adm. Inlough 3-9 ⁶ / ₁₅ - add.	Dept. Can. Cont.		Shorn cliff
11.6.15	O.C. 12 th	On Strength 12 th	Shorn cliff		04-11
15.6.15	O.C. 12 th	Ret ^d from Inlough	"		"

(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.

I.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				
3.9.15.	O.C. 12 TH	Adm. to M. Yks. Hosp.	Shorncliffe	3.9.15.	PT. II O # 1187.
27.9.15.	"	" " " " "	"	26.9.15.	Seriously ill. Tubercular lungs. Still seriously ill, 30.9.15. C.D. 34, 12 TH BN
7.10.15.	C.D. 180.2 nd	Died at M. Yks. Hosp.	Shorncliffe	7.10.15.	Tuberculosis $\frac{M}{N}$ 1272. Hooper Lieut.
					for Lt. Col. Ys Records, O.M.F.C.
				✓	

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OFFICE OF THE

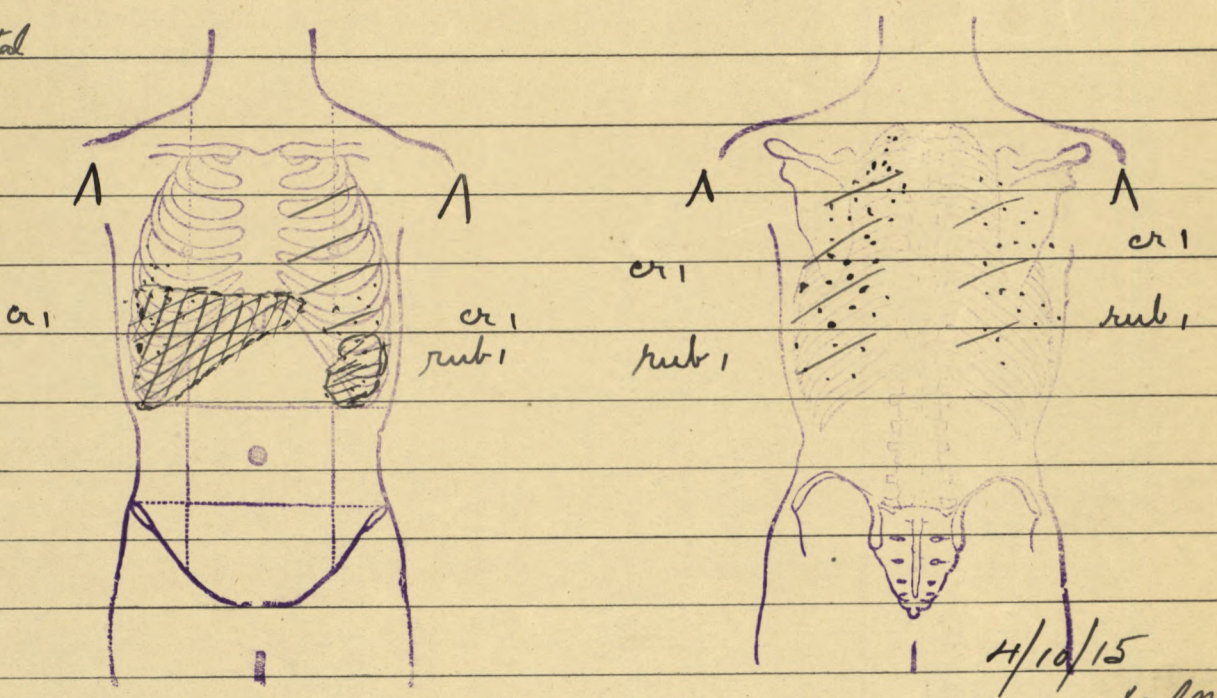
1897

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 4208 Year 1915	Regimental No.	Rank.	Surname.	Christian Name.
	8285	Pte	Graham	Marshall
		Unit.	Age.	Service.
		12 th Batt	50	13 12

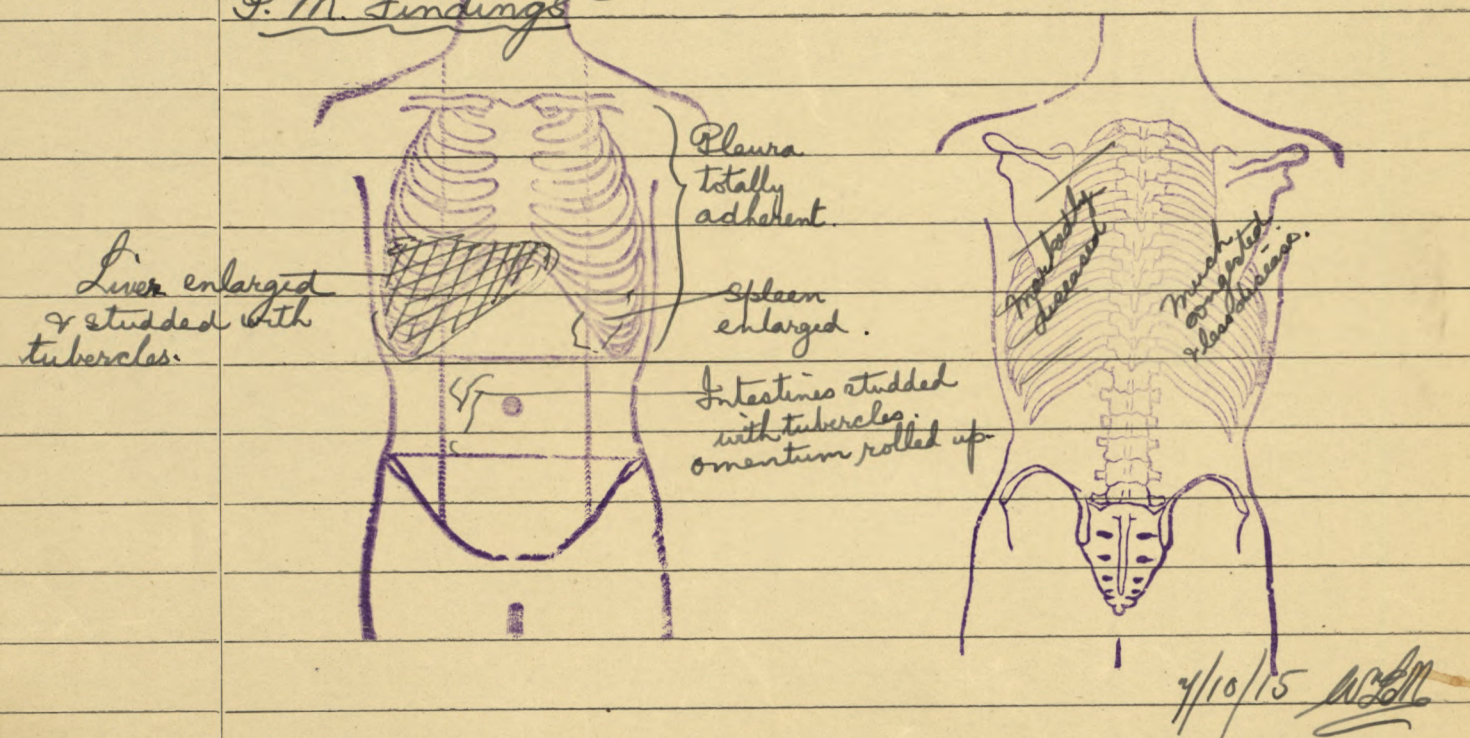
Station and Date. Disease

Moore Barracks
Canadian Hospital
Shorncliffe
Oct. 4th '15



Oct. 7th 1915. Died.

P. M. Findings -



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

CLINICAL CHART.

Army Form B. 181.

(To be attached to Case Sheet.)

Corps 12th Batt.
No. 9285

Rank and Name Pvt. Graham.

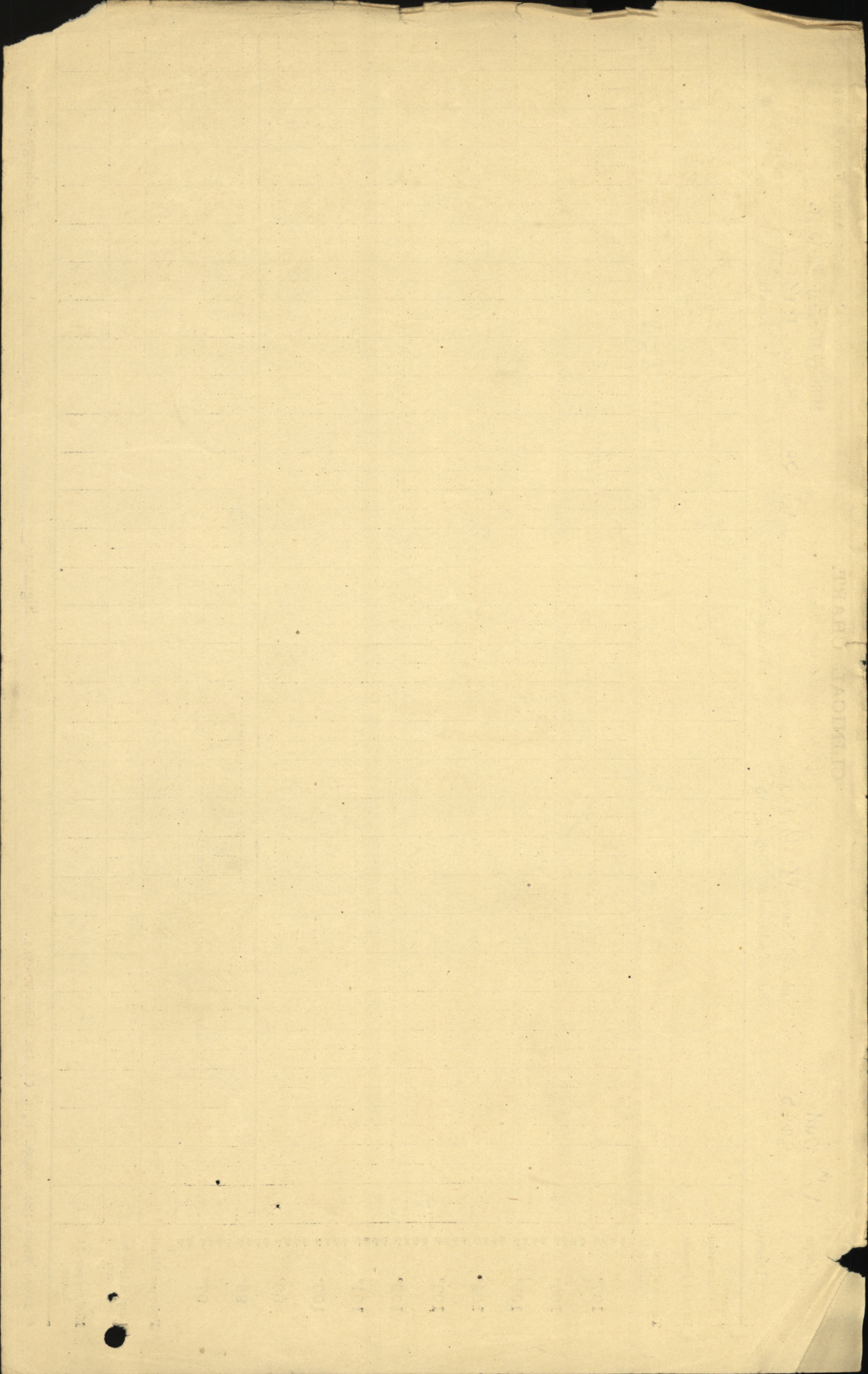
Age 50

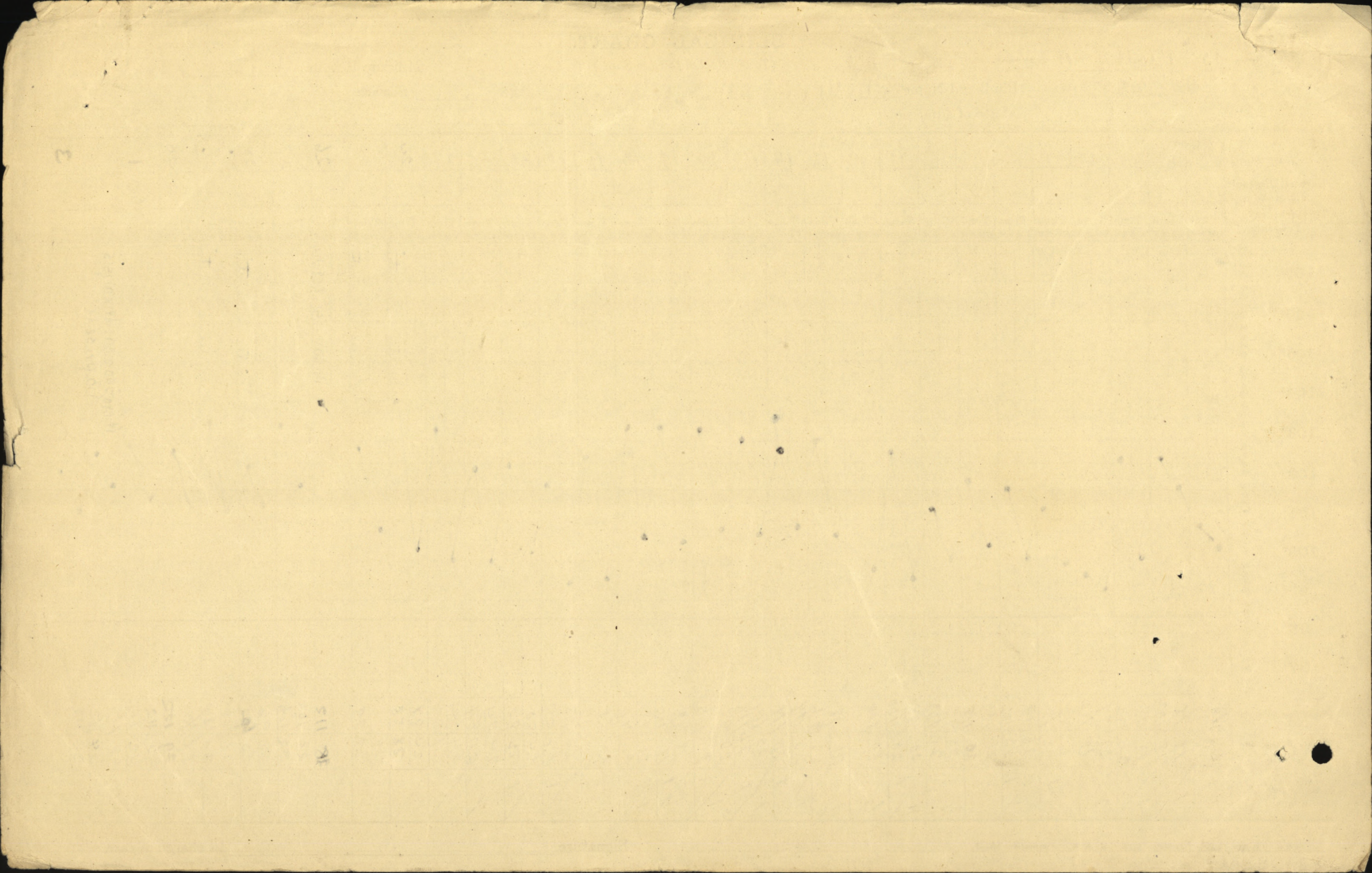
Military Hospital M.B.H.
Service 12/12

Disease _____ Date of admission 13/9/15 Date of discharge _____ Result _____

Dates of Observation																														
	Days of Disease																													
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
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98°																														
97°																														
Pulse per Minute																														
Respirations per minute																														
Motions per 24 hours																														

Signature _____ In charge of case.





NB Please returns.

Ward 18 - Moore Barracks Hospital

Forms I. 1237 10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	8285	Pte	Graham	Marshall
Year	Unit.		Age.	Service.
1915	12 th Battr		50	12/12

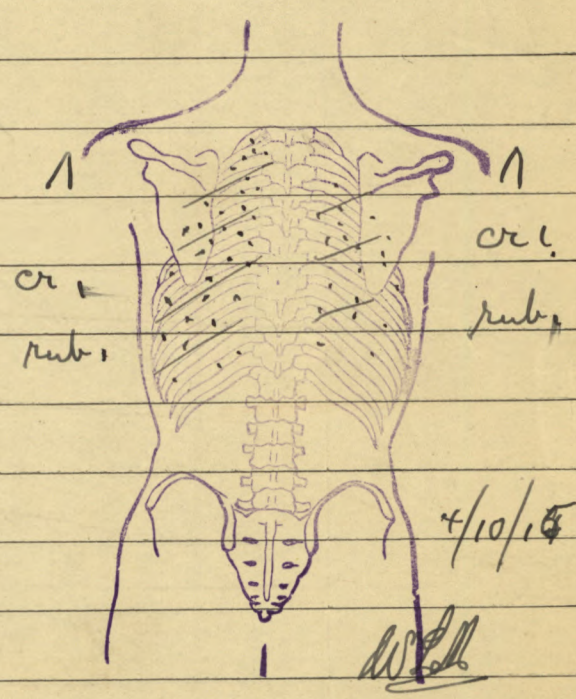
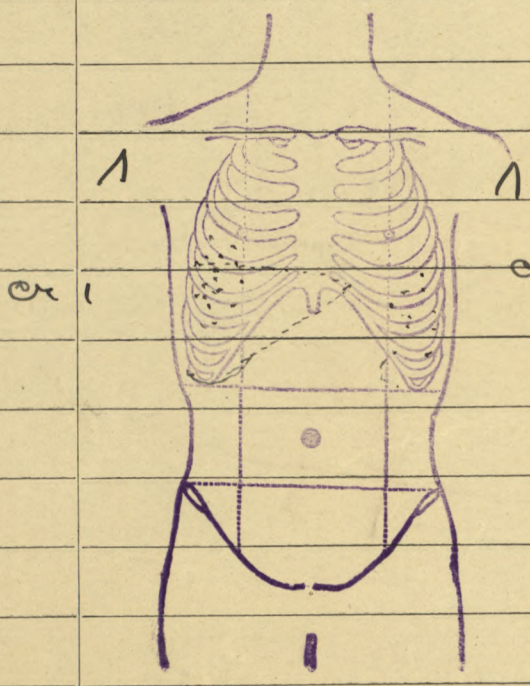
Station and Date. Moore Barracks Can. Hospital - Thorncliffe. Oct. 5/15.

Disease

Symptoms: - Cough & Expectoration
 Dyspnoea increasing.
 Temp. 101 to 103 for over a month.
 Resp. 34. Pulse 118 average.
 Loss of appetite
 Weakness.
 Loss of weight.

History. - Has been losing weight & strength since last April.

Xray thorax
 Xray upper abdomen for liver & spleen.



MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	8285	PR	Graham	Marshall
Year	Unit.	Age.	Service.	
1915	12 th Bn. 4 Co.	50	12/12	
Station and Date.	Disease			
Sep. 3/15	<p>Urinalysis - Color Amber - Sugar none - Reaction Acid.</p> <p>Albumin - none - Sp. gr. 1.019</p> <p>Complaint: Loss of appetite, weakness, cough.</p> <p>Duration: about six weeks.</p> <p>Family History: F. d. 74 - stone in bladder M. d. 84 36. l.w. 16. d. 47, tuberculosis lungs 35. l.w. 15, d. 40, dropsy(?)</p> <p>Previous Illnesses: Typhoid, 2 yrs. ago. Influenza, latter part April when in trenches in France.</p> <p>Present Illness: Following influenza in April was invalided to Dublin Castle & another Dublin hospital for five weeks. Had one week furlough, then went on light duty, 12th Bn. Has never felt strong since. Has had a cough for five or six weeks. A little expectoration in am, never saw any blood in it. No night sweats. Has been losing weight, does not know how much.</p> <p>Exam: Chest & throat, supra & infraclavicular fossae well marked, expansion somewhat less rt side. (exam not prescribed)</p> <p>Left side of chest in axillary region - Dull; diminished vocal & tactile fremitus. Breath sound & diminished. Both apices - Expirⁿ prolonged.</p> <p>Breath sound exaggerated on right side of chest.</p>			

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

Station
and Date.

Sept. 5/15

To have tuberculin test, also sputum examⁿ.

Sept 17/15.

Auscult of lungs. Anterior loud breath sounds - no rales - no dullness - Except left axillary region from base to 4th rib -

Posteriorly - Few crep^s disappearing with cough - at or above apex of lower right lobe - very harsh bronchial breathing here and whisper slight increased in intensity -

Dullness over upper half of lower lobe

Cough not troublesome - Sweating every night
Sputum scant. Fred A. Young M.D.

Sept 29/15

Left lung - Anterior - Cogwheel deficient breathing over upper lobe & dullness no rales
Right - no abnormal signs.

Left - Posterior - weak both Sds from lower angle of scapula to apex - very marked with dullness over upper lobe
no rales - Fred A. Young M.D.

Regtl. No., Rank and Name 8285 Pte Graham Corps 12th Batt
Disease Phthisis- Hospital Moose Barracks
To Officer i/c Laboratory. Ward 18

Please carry out an examination of the accompanying specimen of Specimens
with special regard to I.B.C.

Date Sept. 28. Major Young
O. i/c Ward.

LABORATORY REPORT.

No I.B. found

Date of examination _____

Den Kirkup
for
O. i/c Laboratory

LABORATORY REPORT

//

Laboratory.

Moore Barracks Hospital,

Shorncliffe.

Unit. *#6. 12th Batt.*

Date. *Sept. 24.*

No. *8285.*

Ward. *18.*

Name. *Quakair.*

Med. Officer. *Capt. Mann*

Clinical History. *Loss of weight & Cough*

Clinical Diagnosis. *Phthisis -*

Nature of Specimen. *Specimens*

Particulars of information required. *T. B. C.*

Examination of Blood. Red Cells count.....

Leucocyte count.....

Maeglobin percentage.....

Exam. of Blood smear. Red Cells.....

Leucocytes (differential).....

Examined by. *J. Kirkman*

This sheet must accompany all requests for Laboratory report.



Faint, illegible text and markings scattered across the page, possibly bleed-through from the reverse side. Some faint lines and dots are visible, but no clear words or numbers can be discerned.

Laboratory.

Moore Barracks Hospital,

Shorncliffe.

Unit. *12th Batt.*

Date. *Sept-25th*

No. *8288*

Ward. *18*

Name. *Crakauer*

Med. Officer. *Capt. Maee*

Clinical History. *Loss of weight - Cough. Elevation of temperature*

Clinical Diagnosis. *Phthisis*

Nature of specimen. *Sputum*

Particulars of Information required. *T.B.*

Examination of Blood.....Red Cells Count.....

Leucocyte count.....

Maeglobin percentage.....

Exam. of Blood smear.

Red Cells.....

Leucocytes 9 differential).....

Examined by..... *[Signature]*

This sheet must accompany all requests for Laboratory report.

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No 2. B. 2. found
[Signature]
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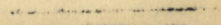
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Regtl. No., Rank and Name Grahami 8285 Corps 12th Blin

Disease Phthisis Hospital M. B.

To Officer i/c Laboratory. Ward 18

Please carry out an examination of the accompanying specimen of Full blood Examⁿ
with special regard to Respiration ^{Red Count} Leucocytes & Different.

Date 5/10/15

O. i/c Ward.

LABORATORY REPORT.

Red Count 6.16 2.5'00

Differential Polys, 67%

Lymphs, 30%

Eos. 2%

Bas 0%

Plasms. 1%

Sir.

As I had to squeeze blood from this man, too much
dependence cannot be placed on counts.

Date of examination Oct 6/15.

[Signature]

O. i/c Laboratory.

LABORATORY REPORT

Regtl. , Rank and Name 8285. Pte Graham Corps 12th Batt

Disease Phthisis Hospital MBH

To Officer i/c Laboratory. Ward 18

Please carry out an examination of the accompanying specimen of Urine
with special regard to Microscopical

Date Oct 2 Capt Maw
O. i/c Ward.

LABORATORY REPORT.

Color - color

Reaction - acid

S. G. - 1022

3 albumin - slightly positive

sugar - neg

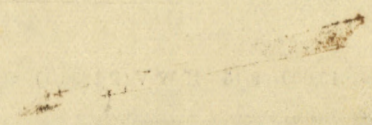
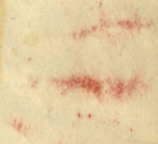
Microscopic -
a few pus cells
were found

Date of examination Oct 2nd

J. M. Kirkup
for O. i/c Laboratory.



LABORATORY REPORT



Regtl. No., Rank and Name Graham Pl 8286 Corps _____

Disease _____ Hospital In. B. & A.

To Officer i/c Laboratory. Ward 18

Please carry out an examination of the accompanying specimen of Blood
with special regard to Widal

Date 26/9/15

Major. F. A. Young
O. i/c Ward.

LABORATORY REPORT.

Widal of Typhoid _____ negative
" Paratyphoid A. negative
" " B. negative

Date of examination 26/9/15.

F. B. Bowman
F.R.M. O. i/c Laboratory.

LABORATORY REPORT

Regtl. No., Rank and Name 8285 Pte Graham Corps 12th Batt.

Disease Phthisis Hospital Moore Barracks

To Officer i/c Laboratory. Ward 18

Please carry out an examination of the accompanying specimen of Sputum -
with special regard to J.B.

Date Sept. 29th Capt. Mauer -
O. i/c Ward.

LABORATORY REPORT.

No G. B. found

Date of examination 29/9/15

Fred Boyle
p10 O. i/c Laboratory.

Surname

Christian Name or Names

Reg. No.

Graham, M.

8285.

Rank

Unit

2nd Bally. (28 Batt)

Troop

Batty.

Rte

#1 Case Fld. Amb

20-2-15

Hospital

no. 4. St. A. Omer.

26. 3. 15
Date of Admission

Transferred

#2 Gen. Harre.

Hosp. 8. 4 - 15

Cow Camp

Hosp. 17 - 4 - 15

Moore Barracks St. Chiffon

Hosp. 16 - 9 - 15

King George V Hosp. Dublin

Hosp.

Diagnosis

Influenza
Bron. Catarrh

over:-

(1) Later Diagnosis (if changed)

Bronchitis

(2)

(3)

Tuberculosis Lungs - previously ill -
Tuberculosis.

Additional Diagnoses, if more than one state present

Died. 7-10-15.

Dis. to sick furlo. 5-6-15

DISPOSITION

Base Detail

Date

6. 4. 15.

Dis. to duty 27-2-15

REMARKS

#1 Case Fld. Amb. Bk.

C.L. 14. 4. 15. 37

#2. Gen. Harre - 8-4-15 in

C.L. 26. 4. 15. 45.

C.L. 15-4-15.

C.L. 6. 4. 15. 31

27-9-15 52.

C.L. 5-6-15. 76.

C.L. 7-10-15. 180.

C.L. 5-6-15. 76.

C.L. 17-5-15. 62.(2)

A.M.D. 2 DEPT.
Bah. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. *Castle Red Cross Hosp. Dublin.*

30-4-15.

2.

3.

→1

4.

5.

6.

7.

SURNAME.

Graham

649-G-222



CARD NO.

CHRISTIAN NAMES

Marshall

FOLL.

REGL. NO.

8285

RANK

corpl.

UNIT

2nd

FORMER CORPS

34th Regt (2 yrs) South Africa (2 yrs)

Pm.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Graham Nelson

RELATIONSHIP TO SOLDIER

Not Stated

ADDRESS

Uxbridge; Ont.

Rec^d with Letter. 2/6/18.

COUNTRY OF BIRTH

Canada

DATE

Dec. 27th 1872

PLACE OF ATTESTATION

Valcartier P.Q.

DATE

Sept. 22nd 1914

057-10-14 1/17

~~Sailed from Quebec per S.S. Cassandra, Oct. 4/14.~~

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Painter

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

42

YEARS

—

MONTHS

HEIGHT

5

FEET

5

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Light Brown

DISTINGUISHING MARKS

Small cyp R. shoulder. 1 Scar left arm.

MEDICAL EXAMINATION.

PLACE

Valcartier, P.Q.

DATE

Sept. 14th 1914

Parent Address, Not Stated.

No 8285

RANK

Cpl.

NAME

Graham, M.

T. O. S.

UNIT 34th. Out. Regt.
(Mob. Det.)

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Aug. 12.	1914. Aug. 21.	✓	now shown on 2 ^d Bn. payroll	
Aug. 22.	Sep. 21.	✓		
Sep. 22	Oct. 31	✓		

UNIT SAILED
OCT 3 1914



MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

ADMITTING CARD.

Regt. No. 8285 A. & D. No. 4208
Rank *Pr*
Name *Graham Marshall*
Corps *12 Bn* *12/12*
Religion *CofE* Age *45*
M. H. Rec'd *3.9.15* M. H. Requested M. H. Ret'd
Disease *T.B.*
Admitted *3.9.15*
Discharged *7/10/15*
Place in Hospital *14* ~~*10*~~ *19.9.15*
Transferred
Results

REMARKS:

ADMITTING CARD.

Regt. No. 6285

A. & D. No. 4208

Rank Pte

Name Graham Marshall

Corps 12th Bn.

Religion C

Age 45

M. H. Rec'd

M. H. Requested

M. H. Ret'd

Disease Inflammatory Stomach

Admitted 3-9-15

Discharged 7-10-15

Reed

Place in Hospital # 14

Transferred

Results

REMARKS:

1915

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NAME **Graham. Marshall.**

H. Q. FILE No. 649- ✓

REG'TL. No. 8285

RANK AND CORPS **Pte.**

12th Battalion (Form 2nd)

NO. **1208.**

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLL.

C. 1253

18/5/15

Wounded.

M 1111

26-9-15

Ser. ill at Moore Bks. Hosp. Sept. 26th 1915
(Tuberculosis lungs)

M 1272.

7-10-15

Died of tuberculosis Moore Banaaks
Hosp. Shorncliffe Oct 7th

W.F. 52090

"

"

"

"

"

"

"

Oct. 7- 1915.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
31	No. 4 Stat. Hosp. St. Omer	23/3/15	Bronchitis ✓
37	No. 4 Stat. Hosp. St. Omer	6/4/15	Bron. Catarrh ✓
38	Lo Base Details		
38	No. 2 Gen. Hosp. Havre	8/4/15	n. y. D. ✓
45	No. 2 Gen. Hosp. Havre	17/4/15	Influenza ✓
	Lo bonval. Camp		
62	Bastle Red Cross Hosp., Dublin	30/4/15	✓
76	King George ✓ Dublin	5-6-15	Discharged to sick furlough
32	Moore Barracks. Shorncliffe	26-9-15	Severely ill. Tubercular Limp.
34	" " "	30-9-15	Still " " " " ✓
180.	Moore Barracks Shorncliffe		Died 7/10/15. Tuberculosis (H.S. 2 nd Batt)

M. P. C. H.

HOSPITAL.

A. & D. No. 4208 Ward T4

Unit 12th Batt. Sick or Wounded.

Regtl. No. 8285 Pl. of Act'n

Rank Pte. Name Graham, Marshall.

Age 45 Religion CE

Service Compl'd Time with Field Force

Diagnosis Inflammation of Stomach.

Admitted 3.9.15 Discharged Died 7.10.15

Transferred

5062

Name Graham, M. Rank Pte.

Reg. No. 8285

Unit 12th Battalion

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1915			Tub. Lungs			
269	Moore Barrack	Shorncliffe	Ser. ill	32	26/9	
309	"	"	Sub. Lung, B.S.	34		
	Dud.	R.L. 1-12-26				
		Cor. 19016				

RS

649-G-222

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4/4
21
R
B

R

Number. 8285 Rank. Epl.

Surname. GRAHAM G. 1470. Disb.

Christian Names. Marshall

Unit. Ind. Co. Cav. Inf. Theatre of War. France.

Dates of Service.

F

Remarks. No further action
with file

D

"Brother"

Latest Address. Mr. John Graham

Markham, Ont.

Page 533

Roll No. B

GN 47266 rem

B. U. M. Ret 27/9 20

AUG 20 1921

Eligible for 14/15 Star. Pte.
GRAHAM, Pte. M., #8285, 2nd Bn.

2nd. Bn. H.A.P.
649-G-222

MEDALS & DECORATIONS. (Brother)

John Graham, Esq.,
Markham,
Ont. ✓

*Hold all awards pending receipt of
better address 12/23/22*

PLAQUES & SCROLLS. (Brother)

John Graham, Esq.,
Address as above.

MEMORIAL CROSS. (N I L)

Plaque Desp. Reqn. No.

Scroll Desp. Reqn. No.

MAR 23 1922

2543/3

29/11/22

bradd

file for H. P. B. F.

Ⓛ

10714

Star

Scroll held 26.4.22

8285

ORIGINAL

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Braham Christian Name M.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... { on _____ day of _____ 191 .
at _____

Declared Age ... years _____ days.

Trade or Occupation ... _____

Height ... feet, _____ inches.

Weight ... lbs. _____

Chest Measurement { Girth when fully Expanded. _____ inches.

{ Range of Expansion _____ inches.

Physical Development ... _____

Vaccination Marks { Arm ... Right _____ Left _____
Number _____

When Vaccinated ... _____

Vision ... { R.E.—V= _____
L.E.—V= _____

(a) Marks indicating congenital peculiarities or previous disease ... { (a) _____

(b) Slight defects but not sufficient to cause rejection ... { (b) _____

Approved by (Signature) _____

(Rank) _____ Medical Officer.

Enlisted ... { at _____
on _____ day of _____ 191 .

Joined on Enlistment ...	Corps.	Regtl. No.
	<u>of Canadians</u>	<u>8285</u>
Transferred to ...		

Became non-effective by _____
on _____ day of _____ 191 .

(Signature) _____

(Rank) _____

List in the case of Warrant Officers treated in quarters.

cks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

back from hospital, now improved. Return home
during the summer.

T. S. Sturgis
Lieut. Col. R.A.M.C.
Officer in Charge,
Expeditionary Force.

Rank and Name GRAHAM, Marshall

Regimental No. 8285

Name and Address of Next-of-kin

Unit 2nd Battn.

Nelson Graham

Date of enlistment Sept. 22, 1914

Uxbridge, Ont.

Place of birth Ontario

Married (Yes or No) No

Date and place of discharge

If in Permanent Force

Reason for discharge

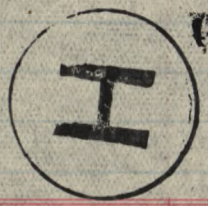
Character on discharge

Promotions or appointments

8059

MRB

Doct Incomplete



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				
19.1.15	O.C. 2 nd	Reduced to ranks	Salisbury Plain	19.1.15	Pt II - H
27.2.15	O.C. 2 nd		Hosp. Morris	15.2.15	D. Cas. Rep. 3.
6-4-15	B. D. 31	Bronchitis	H. I. H. H. Omer	26.3.15	
14-4-15	" 34	"	" "	6-4-15	Yo Base Detach.
15-4-15	" 38	n. y. D.	2. G. H. Havre	8-4-15	
26-4-15	" 45	Influenza	" ^{and} Hosp Castle +	14-4-15	Yo convalescent camp.
17 ⁵ / ₁₅	oe. 62		Hublin.	30 ⁴ / ₁₅	OH. & Pt II - 12.
3 ⁶ / ₁₅	A. Q. M. C.	Furlough 3-9 ⁶ / ₁₅ add.	Dept. Canadian Cont.		Shoncliffe
11 ⁶ / ₁₅	O.C. 12 th	One strength. 12 th	Shoncliffe		Pt II orders.
15-6-15	O.C. 12 th	Ret ⁿ from Furlough	Shoncliffe		Pt II
3.9.15	O.C. 12 th	Adm to M. B. N's Hosp.	Shoncliffe	3.9.15	Pt II orders 1184
27.9.15	B. D. 32 12 th	" " " " "	"	26.9.15	Seriously ill. Tubercular Lung. Still seriously ill, 30.9.15. B. D. 34 12 th Bn.

Report

Record of promotions, reductions, transfers, casualties, etc, during active service. The authority to be quoted in each case.

Place

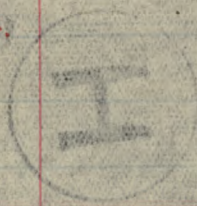
Date

REMARKS
Taken from Official Documents

Date

From whom received

7-10-15. C. B. 180-2^d Died at Moore Bks Hosp. Shorncliffe. 7-10-15. Tuberculosis. N. M. 1272.



DUPLICATE

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.
 Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname G R A H A M Christian Name MARSHALL

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Little Glasgow County Ontario

Examined ... { on 23rd day of September 1914,
 at Valcartier

Declared Age ... 35 years ... days.

Trade or Occupation ... Painter

Height ... 5 feet 6½ inches.

Weight ... 149 lbs.

Chest Measurement { Girth when fully Expanded 38½ inches.
 Range of Expansion 2 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left
 Number 1

When Vaccinated ... 1911

Vision ... { R.E.—V=
 L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... { (a)

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

Approved by (Signature) G. Garnet Green
 (Rank) Capt A.M.C.
 Medical Officer.

Enlisted ... { at Valcartier
 on 23rd day of September 1914.

Joined on Enlistment	Corps.	Regtl. No.
	<u>2nd Bn.</u>	<u>8 28 5</u>
Transferred to		

Became non-effective by ...
 on ... day of ... 1914

(Signature)
 (Rank)

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

ORIGINAL

B. P. C.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Calgary DATE Feb. 15th/18

1. (a) Unit ASC (b) Regimental No. 320 (c) Rank Pte

(d) Surname Graham (e) Christian name Marshall

2. Age last birthday 17 Date of birth 21-Feb-1900

3. Enlisted at Calgary on 1st June, 1917.

DEPT. MILITIA & DEFENCE
MAR -9 1918
CANADA

4. Personal description :-

(a) Height 5-2 (b) Weight 125 (c) Complexion Med.

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks

None

5. Address after discharge (for the use of the Board of Pension Commissioners)

1815 - 27th Ave W., Calgary.

6. Former trade or occupation CPR. Waitor

7. (a) Service

	PERIODS	
	From	To
<u>ASC</u>	<u>June, 1917</u>	<u>Date</u>

(b) Has he been overseas? No (1) VDE.

8. Present disease or disability (use authorized nomenclature if possible) (2) Underage

(a) Date of origin NRA. 1914 ? (b) Place of origin Canada

(c) Cause* Rheumatism 1914
*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

This youth is healthy looking with a fresh complexion, and rather flushed face. Eats and sleeps well.

Examination of Heart : Mitral systolic murmur heard at apex. Apex beat almost in nipple line. He gives a history of rheumatism 4 years ago, in hospital 6 weeks.

Compensation good, and he has no complaints. His age will be 18 years February 21st, 1918.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

10. History :

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

None

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

Nil.

12. Did the disability arise on or off duty? NA

13. Was a Court of Inquiry held? NA

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? Yes

If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent

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

None

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

No

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

20. Recommendations. Discharge Classification.

Medical Officer by whom the case is brought forward. [Signature]

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned, soldier, have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

[Signature] Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes

22. Is the soldier fit for

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

23. It is certified that the soldier

- (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).

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

Class "E" Discharge

The Board recommends that this man be discharged as not likely to make an efficient soldier.

J. Stewart President
 Captain, CAMC.
G. B. Cameron } Members.
 Captain, CAMC.
J. McKay }
 Lieut., CAMC.

STATION Calgary, Alta

DATE 15-2-18.
FRS

APPROVED BY [Signature]
DATE Feb 16-18

J. Stewart Captain,
for Assistant Director of Medical Services.

APPROVED BY
DATE

Director-General of Medical Services.

8/ab
19/1

243
18-3-18

Lined area for text entry, containing faint mirrored text from the reverse side of the page.

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that 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 and Sons.