DUPLICATE

72nd (Queen's) Battery, C. E. F.

ATTESTATION PAPER.

No. 343344.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

M. J. 18.
10-

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? GRAHAM
1a. What are your Christian names? Thomas Clarence
1b. What is your present address? R. R. No. 1, Tweed, Ont.
2. In what Town, Township or Parish, and in what Country were you born? Hungerford Tn'shp., Hastings Co.
3. What is the name of your next-of kin? Mr. Samuel G. Graham
4. What is the address of your next-of-kin? R. R. No. 1, Tweed, Ont.
4a. What is the relationship of your next-of-kin? Father
5. What is the date of your birth? March 7th., 1899.
6. What is your Trade or Calling? Student of Chemistry
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 Naval or Military Force? No
If so, state particulars of former Service.
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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? No
14. If so, what was the nature of the disability? Not applicable
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? No
16. If so, what was the reason? Not applicable

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Thomas Clarence 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.

Thomas Clarence Graham (Signature of Recruit)

Date April 29th 1918. Wm B Kelley Bdr. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas Clarence 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.

Thomas Clarence Graham (Signature of Recruit)

Date April 29th 1918. Wm B Kelley Bdr. (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 Kingston this 29th day of April 1918

R. R. Clan Harris Major (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Clarence Thomas Graham on Enlistment.

Apparent Age 19 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... ft. ins.

Chest measurement.
- Girth when fully expanded ..... ins.
- Range of expansion ..... ins.

Complexion .....

Eyes .....

Hair .....

Religious denominations.
- Church of England .....
- Presbyterian .....
- Methodist ..... Yes .....
- Baptist or Congregationalist .....
- Roman Catholic .....
- 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).

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 29th 1918. ..... Capt.

Place Kingston, Ont. ..... 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.

Thomas Clarence 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 of Officer)

Major

O.C. 72nd (Queen's) Battery, C.F.A., C.E.F.

Date April 29th 1918.

Mott 3-0-19

REGIMENTAL DOCUMENTS

NAME GRAHAM THOMAS CLARENCE REGT. NO. 343344 UNIT 72nd. Bty. 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)	Ret. 28/10/19	~~M.D. 3~~	11-6-19	3-400 (M.R.)	DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		M			Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)			~~[illegible]~~ 11.12.20		
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)			Retd.		
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				22093	DISCHARGE
1	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)					
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)		H			9 2 — 29
1	M.F.W. 192					~~20~~ — ~~30~~
1	Cascad					28 — 1
1	R 122					2

W 2589
100M-11-18
1772 39 1577

3712

Number 343344 Rank Pte

Surname GRAHAM

Christian Name Thomas Clarence

Units Can. Tank Corps Theatre of War England

Date of Service 18-10-18

Remarks RR #1

Latest Address Invered

Out

Roll No. A Page 25-91

200 .-2-21. .

DEPT
JAN 2 1923
REGN. NO.
29924

Reg. No. 343344 Name Graham T C

Rank Pte Corps 72nd Age 19 Service 2 months

Ledger No. Serial No. A 38318 7

HOSPITALS	DATE	DIAGNOSIS
Camp Petawawa	14.6.18	Enteritis
Dis Duty	15.6.18	
Adm Queens Kingston	23.3.19	TB
Dis SCR	26.5.19	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

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

Form R. 149.

THOMAS CLARENCE

Name GRAHAM Rank pte Reg. No. 343344

Unit ~~[illegible]~~ C D T C

Next of Kin Canada

Date		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918							
18	10	2 S.G. Bristol	Influenza		C 303	[illegible]	29547
26	11	11 C.G.H. Shorncliffe			C 358		2006
12.12	18	Discharged.		"	C 343		3901
1919							
21	1	11 C.G.H. Sclipe	TB Pulm		C 375		5458
		Cancell above entry of 27.1.19					
21	1	Can Spec Lenham	TB Pulm		C 380		5458
11-3-19		Inval to Canada		"	C 416		7999
		S.L. 73 M.D 3.					

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

SURNAME. Graham

CHRISTIAN NAMES Thomas, Clarence

REGL. No. 343344 RANK Gr.

UNIT 42nd. Dpo. Bty.

FORMER CORPS Inf.

3 CARD NO. 4

SOS. 15-5-1940 S.C.R.
No. 147 FOLL. 27-5-19
3 D.D.

T. O. S. Apr. 29. 1918

D. O. Part II No. 120

NEXT OF KIN.

NAMES IN FULL Graham, Samuel G.

RELATIONSHIP TO SOLDIER Father

ADDRESS R. R. #1 Tweed, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Hungerford Tp., Ont. DATE Mar. 7th, 1899

PLACE OF ATTESTATION Kingston, Ont. DATE Apr. 29th, 1918.

O/S. 6-10-18 1468/8.

R/C. 22/3/19. 28-15-B Pte

L. L 26989 M. & D. 8191.

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

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

NAME Graham, T. C. REGT. No. 343344.

RANK AND UNIT Pte. (4D C) M. G. Corps.

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
C.303. [121]	2nd. South. Gen. Bristol	16-10-18.	Influenza.
C 328 [4]	To 11 Can Gen Shorncliffe	26-11-18	"
C 343.	" Dise.	12-12-18.	"
C 375.	No. 11 Can. Gen. Moore Barracks	21-1-19.	L. B. Pulm.
C 380	Can. Spec. Lenham	21-1-19	" "
C 416	Inv. to Canada.	11-3-19	" " " S.L. to M.D.'s

Form DMS 1401.

CANADIAN SPECIAL HOSPITAL,

LENHAM, KENT, HOSPITAL.

A. & D. CARD

AT

A. & D. No. T 436 Bk II PL. OF ACTION (Tank)

RANK Gnr REG. No. 343344 UNIT 2nd Batt SICK OR WOUNDED

NAME Graham T. C. AGE 19 RELIGION Meth

PLACE IN HOSPITAL Section III

DIAGNOSIS Tubercle of Lung

ADMITTED 20-1-19 FROM Mil Hosp Kinmel Park

DISCHARGED 11-3-19 TO H. S. Araguaya.

TRANSFERRED

SERVICE AT HOME 9/12 IN FIELD —

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

b. a. 1. H. 34

b. D. 2. H. 19.

Surname	Christian Name or Names	Reg. No.
Graham	T.C.	343344

Rank	Unit
Pte	M.G.C. T.D.C.

Cas. List.	
29.10.18 C303	2nd Sh. G.G. Bristol 18.10.18
	Influenza Rm.
28-11-18 C/328-1	11 C.G. Moore BRs. 26-11-18
16.12.18 C343	Dis 12.12.18
27.1.19 C375	11 C.G.H. Moore BKS. 21.1.19
	T.B. Pulm Sr.
4.2.19 C.380	Can. Spec. Lenham 21.1.19
18.3.19 C416	Invalided to Canada 11.3.19.

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

D.M.S.1300. 50M-30-8-18.

Cas. List.

*Name Graham Thomas Clarance Rank Gnr. Regtl. No.

Fyle Depot

Original unit 72nd Que H Bty Present unit ~~M. or~~ S. Age 19 Religion Meth. Ref. H.Q.

Port, ship, and date of arrival

Next of kin (F) Samuel G Graham

Address on leave RR no 1 Tweed Ont.

Address on discharge Same

Transportation issued Yes No Date Character on discharge

Previous occupation Student of Chemistry Date and place of enlistment Kingston Ont Apr. 29-18

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
23-3-19 MB 3	TOS # 3DD posted to Queens Hosp. Kingston 28-3-19	HQ 87
21-5-19	SOS # 3DD Disch ~~RO 1420~~	HQ 141
	Med Unfit To S.C.R For Treatment	R.O. 1080
		H.O. 14

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

[OVER]

Date	Remarks.	Pt. 2 Order No.

M.F.W. 192.
233[redacted]-200M-3-19.
1772-39-1243.

DEPARTMENT OF VETERANS AFFAIRS

To ● Copy for H.O. File

Ottawa, Ont.
Date July 25, 1967

Attention of

NAME GRAHAM, Thomas Clarence SERVICE NUMBER 343344 WW1 C.P.C. No. 123809 W.V.A. No. NAVY ARMY x R.C.A.F.

The DEPARTMENT has received information from

Mrs. Vera Graham, (Widow) Tweed, Ontario July 19, 1967
(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death July 10, 1967
Cause of Death
Place of Death not stated

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~XRAY~~
~~D.O.~~
H.O.

Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry

DVA 24

XXXX
XXXX

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 343344 (Rank) Gunner

Name (in full) GRAHAM, Thomas Clarence enlisted in

the 72nd Battery, C.F.A.

CANADIAN EXPEDITIONARY FORCE at Kingston, Ont. on the 29th

day of April 19 18

HE served in Canada & England

and is now discharged from the service by reason of ----- medically unfit ----------

R.O.1080

and in order that further treatment may be carried on by the S.C.R.

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

Age 20 years 2 months	Marks or Scars
Height 5 feet 7 inches	Scar 1" long beneath jaw, right side
Complexion Fair	
Eyes Brown	
Hair Dark	

T. C. Graham
Signature of Soldier

R E Kapple
Issuing Officer

O. C. Discharge Section
Rank

Appointment

Date of Discharge 21.5.19

Signed at Kingston, Ont. this 21st day of May 1919

in Military District No. 3

File Reference No. 3DD 3. C. 472

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

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

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

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

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

.....
Name of Officer

.....
Rank

.....
Appointment

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—I.
Part I.

(1) *Substantative rank *Acting rank *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname		
(5) Christian Names		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin [*vide* A.C.I. 578 of 1918]		
(8) Date of birth as stated on enlistment		
(9) (*a*)		

(10) Enlistment (*b*) (11) Engagement (*c*)

(12) Service reckons from (*date*) (13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

Initials and Rank of an Officer.

(Authority) (*date*)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) (Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.
Trade or Calling
Married or Single
Particulars of Trade Test

Occupation Cards despatched on (*date*)
Second Occupation Card despatched on (*date*)

(17) Next of Kin
(18) Demobilizer (*f*) (Place)
(19) Pivotal-man (*f*) (Date) (Signature of Posting Officer
(20) Qualifications (*g*) *or* (21) Corps trade and rate

(22) Extended

(23) Re-engaged

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—PP1150 1M 5/18 G.W.P.Co (3490)

Temporary, 343344 Gnr. Graham C.

(A) Report: Date.	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I, 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
16/12/18			Attached C.C.C Kinmel Park for return to Canada Part II Orders No. 7. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part 11 Order No:_____			
			Commanding _____ Wing, Kinmel Park Camp,			
23.3-19	M.D. 3		T.O.D #3. D.D.D posted to ~~Cabinet~~ Queen's Pt. H	Kingston	28.3-19	H.O. Pt II-87
~~21-5-19~~	~~[illegible]~~		~~[illegible]~~			
21-5-9	S.O.S.		Dis M.U. To S.C.R for Treatment R.O. 1080.			H.O. 141

No Medical information

Lieut.
i/c Records, M.D. 12.

Lieutenant
For O. C. No. 3 District Depot.

Lieutenant
For O. C. No. 3 District Depot.

Nothing to be written in this margin.

1

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 72nd (Queen's) Battery, C. E. F.

Regimental No. 343344 Rank Gunner Name Graham Thomas Clarence

Enlisted (a) Apr 29/18 Terms of Service (a) ~~Har & C Mo~~ C. E. F. ~~C.E.F.~~ Dofw Service reckons from (a) Apr 29/18

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

Extended Re-engaged Qualification (b) Student Gunner

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.
30/9/18	Transferred to 2nd Can. Art. Tank. Batt.		Petawawawa	Auth	CO/1236
		Embarked Canada 4-10-18 Que. Arrived England Avonmouth 18/10/18 H.M.T. "Victoria"			R R Can Hann Major O.C. 72nd (Queen's) Battery, C.F.A., C.E.F.
23.12.18.	12 M.D. Wing	T.O.S. from 2nd Tank Bn.	Pte. Rhyl	16.12.18	S.O. 7.
28.1.19.	C.T.D.C.	T.O.S. from 2nd Tank	" Boston	18.1.19.	S.O. 28
18.3.19.	C.M.G.C.	Invl. to Canada	" Senham	11.3.19	C.L.C. 416.
		S. List 73. M-5.3.			

C Straker LIEUT.
FOR LT: COL: I/C RECORDS, C.O.M.F.

(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				

Form R 122.
2353—100M—9-1?-16

Rank Name GRAHAM, Thomas. Clarence Reg'l No. 343344

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

77 Dft No2 Tank Bn

Place and Date of Enlistment Kingston, Ont. Apr. 29/18 Place of Birth Hungerford Tp., Hastings Co. Ont.

Name and Address, Next-of-Kin Mr. Samuel G. Graham

R.R. #1, Tweed, Ont. Canada. Relationship Father

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ld.—9546-16.

MD 3.

N/E. R.B. No. 5280
File R.L.
Category Mill Ban

Pre

ME

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.
6		Arrived in England.	18 OCT. 1918		S S Victoria
23-12-18	12 M D Wing.	TOS from 2nd Tank Bn.	Pte. Rhyl.	16-12-18	Pt. II DO #7.
28 7 19	CTDC	TOS FM 2nd TANK	BOVTon	18-1-19	pto 28
18-3-19	C M G C	Ino L Can	Lenham	11-3-19	Ch C 416
		SL-73-MD3			

CTDC

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

P 820
12474—375M—13-2-18.

KINMEL PARK

AUTHORITY
A.P. NOM. ROLL

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/10/18	EFFECTIVE DATE:-
AMOUNT:- 20.00	AMOUNT:-

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.

S G Graham Father
RR #1
Tweed
Ont

Stopped 1/3/19

NAME:- GRAHAM Thomas Clarence K

NUMBER:- 343344

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.P.C. from Canada	1/10/18	GNR

UNIT AND TRANSFERS

ORIGINAL UNIT:- Draft No. 177819. (2nd TK BN)

DATE ACCOUNT FIRST OPENED:- 1/10/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO

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
30/x	1374	Lenham £3	14 60				
						Ledbar	39 60
						LRB.	25.00

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALLCE
L.P.C. from Canada	1-	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Canada Gaz. 91. 38/x. Lenham to Lenham and 3

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
30/9/18	Bal. from Canada								10 00		
Oct	Pte	34 10		bar				20	24 10		
		34 10						20			
Nov	✓	33		✓				20			
Dec	✓	34 10		✓				20			
				9574 KR 18 1/2/8	29 20						
Jan	✓	34 10		as				20	36 10		
		10 20			29 20			60			
Feb	✓	30 80		✓				20			
				1293 Lenham 6/2	4 87						
				H183 Rhyl 9/1	2 43						
				P1411 Hosp Lenham 5/3	2 43						
				P-1374 " 26/2	14 60					22 57	
		30 80			24 33			20			

S.O.S. 11/3/19 SL 73

3610
3080
9000
6673
2796

COMPILED BY W Lewis

CHECKED BY

NUMBER RANK NAME

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

904

P.

War Service Badge Class B

No. C 55700 Issued

6-9-33

27/4/34

This space to be for numbers

Proceedings on Discharge.

M

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

No. 343344

Rank Gnr.

Surname Graham,

Christian Name Thomas Clarence

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

H

Corps (Squadron, Battery or Company) No. 3 District Depot.

Date of Discharge 21.5.19.

Place of Discharge Kingston, Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 20 years 2 months.

Height 5 feet 7 inches.

Complexion Fair

Eyes Brown

Hair Dark

Trade

Intended place of residence (To be given as fully as practicable.) Tweed, Ont.

Descriptive Marks

Scar 1" long beneath, jaw right side

2. The above-named man is discharged in consequence of ----- medically unfit ----------, and in order that further treatment may be carried on by the S.C.R. Auth. Med. Board. D. 15.5.19. R.O. 1080

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

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

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

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

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

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

MM

Medical Documents Forwarded to S.C.R. ~~or B.P.C.~~ on Date JUL 25 1919

(OVER)

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

—

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

6. Medals and Decorations..... —

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

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

(Place)..... .....

(Date)..... *Commanding* .....

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

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

(Place) Kingston, Ont. F. C. Graham *(Signature of Soldier.)*

(Date) 21.5.19. Woolford *(Signature of Witness.)*

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

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

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

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

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place) 21.5.19.

(Date) .....

(Signature) C. C. Rapple Lieut.
for O. C. Discharge Section
No. 3 District Depot

Reservations referred to at Para. 8.

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

None

T. C. Graham

(OVER)

List of Discharge Documents.

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

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

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

(*a*) Proceedings on Discharge.

(*b*) Attestation.

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

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

ORIGINAL

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 Kingston Ont. DATE May 5th 1919

1. (a) Unit 3 D.D. (b) Regimental No. 343344 (c) Rank Pte.

(d) Surname GRAHAM (e) Christian name Thos. Clarence

(f) Home address R.R.No.1 Tweed Ont.

(g) Next of Kin S.G.Graham (h) Relationship Father

(i) Address of Next of Kin R.R.No.1 Tweed Ont.

2. Age last birthday 20 Date of birth March 7th 1899

3. Enlistment, or Appointment (if an Officer) (a) Place Kingston Ont. (b) Date Apr.29/18

4. Personal description:

(a) Height 5'7" (b) Weight 155 lbs. (stripped) (c) Complexion fair

(d) Colour of hair brown. (e) Colour of eyes grey (f) Identification marks, Scars, etc. Scar 1" long beneath right side of jaw

5. Former trade or occupation Student

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	Apr. 29/18	Oct. 1918
England	Oct. 1918	Mar. 12/19
France or other theatres of War		
~~No. 5 D.D.~~	Mar. 23/19	~~Date~~

7. Original disease, or injury Pulmonary Tuberculosis

(a) Date of origin Unknown but discovered after attack of Influenza, since enlistment (b) Place of origin England

(c) Cause Infection

M. F. B. 227.

300M.—8-18.
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.)

Pulmonary Tuberculosis

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.)

Subj. Man complains of slight cough & expectoration. No dyspnoea. Man is about 10 lbs. above normal weight. Appetite good. Feels pretty well.

Obj. Lungs - Upper chest rather flat & apices expand poorly. Percussion note fairly resonant except over small spot opposite 8th cervical vertebra. There is marked bronchial breathing increased vocal resonance & fremitus over right trapezius & below right clavicle. A few fine crepitations over right trapezius which are fairly constant. Broncho-vesicular breathing left supra & infraclavicular regions with occasional moist rales . Heart normal. Sputum negative for T.B. on repeated tests. There is a small tender lump beneath left nipple of recent development, a mastitis which is improving.

X-Ray shows - 1. Heart & Aorta - Normal
2. Bases of Lungs - Irregular shadows in either base.
3. Roots of Lungs - Enlarged on either side.
4. Apices & Upper Lobes - The apices are clear. The upper lobes show irregular shadows.

(*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..

Findings - 1. Chronic Bronchial Irritation
2. There are no tubercular lesion visible.

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

Winter cough for past three winters. Felt fairly well until he got Influenza & Pneumonia on the boat going over. He then became thin & had a nasty cough. He has improved very much & has become fat.

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*).)

Influenza & pneumonia 18/10/18

Chickenpox, measles, suppurating gland beneath jaw five years ago.

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

N.A.

11.—(*a*) Did the disabling condition have its origin before enlistment? No - not so far as known

(*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.)

N.A.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? 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? ~~No~~ 6 mos. then re-exam.

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

Hospitals in England

Q.M.H. since March 23/19

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

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

In Sanitarium

16. Can the former trade or occupation be resumed? No- not at present on account of necessity for fresh air & rest

(If not, briefly state why)

17. Recommendations

That man be discharged as medically unfit & placed under care of S.C.R. for further treatment.

A. M. Waite Capt. Camel

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 ..... 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 .....

T. C. 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.)
(*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.)

Does require treatment

(*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.)

as medically unfit & placed under the care of S.C.R. for further treatment.

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.

W McGibbon Capt A.M.C. *President.*

PLACE Kingston

DATE May 15/19

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

Captain A. M. C.

For A. Assistant Director of Medical Services.

DATE MAY 19 1919

APPROVED BY

Director-General of Medical Services.

DATE.....

G-693 nofile 4289-T

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Pa

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 285, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

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 in.

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Reg. No. 343344 2. Rank Gnr. 3. Original C.E.F. Unit 72nd Battery

4. Christian Names Thomas Clarence 5. Surname Graham

6. Address, in full, to which future payments of gratuity are to be forwarded T. C. Graham, R. R. #1 Tweed, Ont.

7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

	Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)
		CANADIAN SERVICE.	
1st Enl.	343344	Gnr.	72nd Battery C.E.F.
2nd Enl.			
3rd Enl.			
4th Enl.			
		IMPERIAL SERVICE.	
Imp. Enl.			

	Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged	Place of Discharge.	Reason for Discharge.
		CANADIAN SERVICE.				
1st Enl.	Apr. 29/18	May 21/19	Gnr.	D.D. #3	Kingston	Med. unfit, and for treatment in S.C.R.
2nd Enl.		Discharged from S.C.R.		to Dept. of S.C.R.	Aug. 18/19	
3rd Enl.						
4th Enl.						
		IMPERIAL SERVICE.				
Imp. Enl.						

M. F. W. 2595 (b)
494-D.P.-100M-6-19.
1772-39-1389.

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? No (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency

9. 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: Yes, transferred from 72nd Battery C.F.A. in Sept 1918, to 2nd Tank Batt., served in Eng. from Oct 1918 until March 1919

10. 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? No

11. Have you been issued with a War Service Badge? If so, give number and class Yes No. 55700, Class B.

12. 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 No

13. 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, from where paid, and on what dates No

14. Are you entitled to receive, or have you received any payment in the nature of Post Discharge Gratuity from the Imperial Forces? If so, state amount received, or to which you are entitled No

15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service No

16. (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? No

17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge

18. Relationship of such dependent

19. Present address, in full, of such dependent

20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name

---

REMARKS

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 by virtue of the Canada Evidence Act.

Signature of applicant: T. C. Graham

Place of Residence: R. R. # 1, Tweed, Ont.

Declared before me at: Tweed Ont.

This 18 day of August 1919.

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Adminstration of Oaths. W. L. Bailey a Commissioner of oaths

NOTICE.—If the dependent has not forwarded a Statutory Declaration **to Ottawa,** in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Directors Pay Service, or the Patriotic Fund. Guardian forms must be completed by the **present** guardian.

Space below this line to be used only by the Assistant Directors Pay Service.

POST DISCHARGE PAY.

Dates paid.	Amounts paid soldier.	Amount paid dependent.

REMARKS .....

Certified correct.....

Assistant Director Pay Services, Mil. Dist. No.....

Date.....

CASE HISTORY SHEET.

Queen's Univ.Military Hospital. Kingston, Ont. Station.

No. 343344 Rank Pte. Name Graham: T.C. Age 20

Unit D.D. Completed years of service (Where and how long) E. C.

Date of admission March 23, 1919 Date of discharge May 26, 1919

Diagnosis T. B. Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE. Duration - since Oct. 1918. Complaint: slight cough and expectoration. Prev. Health:- "Flu." Oct. 18/18 and pneumonia. Bronchitis for the past three winters. Measles and Chicken-pox in infancy. Present Illness:- Slight cough and expectoration. Dyspnoea on exertion. Weight normal. Appetite good. Man had Flu. and pneumonia Oct. 18/18 and relapse in December. Got very thin and had a nasty cough for a long time. He has improved markedly and now feels pretty well.

Phys. exam.:- Lungs - upper chest rather flat. Apices expand rather poorly. Percussion note fairly resonant except over small spot opp. 8th. cervical vert. on rt. side. Here there is marked bronchial breathing and increased V.R. and V.F. and a few rales which cleared on coughing. Sib. rales and sticky ones over rt. base on deep inspiration.

Sputum - neg. to T.B. Shoulder straps equal and 4½ cen.

X-Ray:- Shows signs of chronic bronchial irritation but no sign of T.B.

25/4/19: No rales at Bases. A few moist rales at Left apex clearing on coughing. Other signs unchanged.

Urinalysis: Reaction - acid. Spec.Grvty.1032. Albumen, sugar, etc. - Nil.

FAMILY HISTORY. Neg. for T.B.

(Tuberculosis, mental or nervous diseases.)

TREATMENT. Gymnastics.

(Especially any specific or special form.)

CONDITION ON DISCHARGE, (and disposal made of case.) Improved. Getting fat. Less cough, etc. Discharge to Depot. Further treatment unde S.C.R.

Date May 26, 1919.

H. Stevenson Capt. A.M.C.
Medical Officer i/c case.

M. F. B. 813a.
100M.—6 18.
1772—39-439.

1mm-

A 30318.

CASE HISTORY SHEET.

Hospital ..... Station.

No. ..... Rank ..... Name ..... Age 20

Unit ..... Completed years of service (Where and how long) .....

Date of admission ..... Date of discharge .....

Diagnosis ..... Place of origin .....

CONDITION ON ADMISSION AND PROGRESS OF CASE

[illegible]

FAMILY HISTORY

(Tab. reuloses, mental or nervous diseases)

TREATMENT

(Especially any specific or special form)

CONDITION ON DISCHARGE

(and disposal made of case)

Date .....

Medical Officer i/c case.

M. F. [illegible]
100M.—6 13.
1772—30-430.

Date of Enlistment April 29th 1918

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment G10758 Oct 1st 1918

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20.00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 2nd Tank Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

S.G.GRAHAM,
R.R.#1,
TWEED,ONT. 20 20.00
% 343344 GNR THOS.CLARENCE GRAHAM
TWENTY DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Nov.	M 152		40	40		7284-F-42
Dec.	X 64256		20	20	B.	
1919 Jan.	T 75657		20	20	J	
Feb.	Y 79338		20	20	D.	
Mar.	L 91590		20	20	D.	
			120	120		

A/c Closed 31-3-19

Ret'd per Aragwaya

Date 22-3-19 F.X. 28-3-19

Clerk A. Dunn

Dn. R.O. Destroy #84216

AUDITED

ACTING FOR NEW ACC'T. M103 B11 M L Finley 23.1.18

M. F. W. 126.
400M.—5-17—1772 39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch J

CANCELLED

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400m.—6-17—177-39-1141
L. L. 22320—M. & D. 7693.

AUTHORITY FOR NEW ACC'T. .....