Pf. 6-8-18.

DUPLICATE

A-2 1 C.O.R.

Irish Roy/207

ATTESTED. JUN 3 1918

ATTESTATION PAPER.

No. ~~3007859~~

~~1st Dep. Bn. 1st.~~ C.O.R. Folio. 3039909.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Graham
1a. What are your Christian names?	William
1b. What is your present address?	2 Marshall St., Kearny, N. J.
2. In what Town, Township or Parish, and in what Country were you born?	Belfast, Ireland
3. What is the name of your next-of kin?	Annie Graham
4. What is the address of your next-of-kin?	2 Marshall St., Kearny, N.J.
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	Feb. 13th 1891
6. What is your Trade or Calling?	Laborer
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?	
10. Have you ever served in any Military Force? (or naval) If so, state particulars of former Service.	No
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?	
14. If so, what was the nature of the disability?	No
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	
16. If so, what was the reason?	No

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William 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.

William Graham (Signature of Recruit)

Date Juen 3rd 1918 191 . Doris Freedman (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William 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.

William Graham (Signature of Recruit)

Date Juen 3rd 1918. 191 . Doris Freedman (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 New York this 3 day of June 191 8

W. H. McDonald (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 Wm Graham on Enlistment.

Apparent Age 27 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft 2/3/4 ins.

Chest measurement.
- Girth when fully expanded ..... 32 ins.
- Range of expansion ..... 35 ins.

Complexion Fair

Eyes Blue

Hair Brown

Religious denominations.
- Church of England X
- Presbyterian .....
- Methodist .....
- 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).

Scar on Lt foot Scar on Rt.
Patell Ince Scar below middle lt
collar bone.

Eyesight-R.D.30-30
Hearing Normal
Nose-Deflected Septum
Throat-Tonsil enlarged

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 June 3rd 1918. 191 .

Place New York

E A Warren
Lt Col
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.

William 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.

A S Pote Major (Signature of Officer)

Date June JUN 4 1918 191 .

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

Pte. NAME GRAHAM Wm

REGIMENTAL DOCUMENTS

REGT. NO. 3039919 UNIT 2nd C.M.R. 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)					
	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
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
1	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)			22002		
	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. 33A)					
1	Dept. Cert.					1
22	Disp "					15-26
2	Cab Card					20-27
1	979-1237					28-30
1	a7w3212					7
1	a70181					
1	R.T.V.					

W. 2589
100M-11-18
1772-39-1377

H. Q.

M. D. No. 2

Surname Graham

Christian names William

T. O. S. June 12 1918

Regtl. No. 313 9919 Rank Pte

D. O. Pt. II 164 of 13.6.18

Unit 1st Cam. Dist. Regt. 1st Depot Bn.

S. O. S. 25-3- 1919

Reason Demob.

Auth Do. 91 A.1-4-19. 2 DD

Next of kin Graham, Mrs. Annie

Relationship Mother

Address 2 Marshall St.,
Kearney, N. J.,
U.S.A.

Also notify:

BORN—Place Irelands, Belfast, Date Feb. 13th, 1891.

ATTESTED—Place New York N.Y., Date June 3rd. 1918.

O/S 1/5.20-7-18 133a 13.

R/C 26/3/19. 286 "D" Z 13. Ete

W. 22—75M-5-18. 1772-39 839.

Number 3039919. Rank Cte.

Surname GRAHAM

Christian Name William

Units 1st. C.O.R. Theatre of War England.

Date of Service 8-8-18

Remarks

Latest Address No 2 Marshall St.,
Newark N.J.
U.S.A.

Roll No. A Page 2590

200m.-2-21.M.

Form DMS 1401.

12 Can Gen HOSPITAL.

A. & D. CARD

AT

A. & D. No. 7281 PL. OF ACTION

RANK Pte REG. No. 3039919 UNIT 3rd Res Bn SICK OR WOUNDED

NAME Graham Ed. AGE 27 RELIGION Pres.

PLACE IN HOSPITAL Ward 6

DIAGNOSIS Chr Conjunctivitis

ADMITTED 18. 9. 18. FROM Kins

DISCHARGED 1 OCT 1918 TO

TRANSFERRED

SERVICE AT HOME 3/12 IN FIELD

RESULTS 10/365.

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

P.T.O.

REMARKS.

Form R. 149.

William

Name GRAHAM Rank Pte Reg. No. 3039919

Unit 3rd Res

Next of Kin U.S.a.

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
1918								
19	9	12 to H.B. Brawshott.	Chr.	Conjunctivitis	C3326			26900
1	10	Discharged		do	C3330			8897

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

NAME Graham W. REGT. No. 3039919

RANK AND UNIT Pte. 3 Res Bn 1st COR

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 326	12 Can Gen Bramshott	1918	Chr. Conjunctivitis
6335	" " " "	1-10-18	" " Disch.

Surname	Christian Name or Names	Reg. No.
GRAHAM.	W?	3039919.
Rank	Unit	
Pte.	1st. C.O. 3R.	

Cas. List.	
23-9-18.C326.	12. C.G.H. B'shott. 19-9-18.
	Chr. Conjunctivitis. L.
3.10.18 6335	Discharged 1.10.18

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.

FIRST PAYMENT OF SEP. ALLCE [illegible] G.

DATE 2-4-19

CHEQUE No. 252150

P. 680.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Certified particulars agree with documents

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 William 2. Surname Graham

3. Rank Rte 4. Original Unit 1st CMR 5. Reg. No. 3039919

6. Address, in full, to which future payments of gratuity are to be forwarded Mrs. William Graham 2 Marshall St Kearny Newark New Jersey USA

7. Date of enlistment in the C.E.F. June 3 1918

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

9. Relationship of such dependent Mother

10. Address, in full, of such dependent Mrs. Anne Graham 2 Marshall St. Kearny New Ark New Jersey USA

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? No.

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

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

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?

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 MAR 23 1919 (b) Reason for discharge Dem

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.

Signature of Applicant: William Graham

Place of Residence: 202 Marshall St Kearny Newark N.J.

Declared before me at: Bramshott

This 2 day of March 19 19

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.

G. J. Johnston Lt.

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster

18. Cont'd. (c) After each glass, beer mug, cup or other receptacle has been used it must be dipped so that at least the rim and upper two inches become immersed in the boiling water, which will sterilize this portion of the article. The article may then be washed and set on a rack to dry. Care must be taken that the sterilization is done first and before the washing, otherwise the infection is spread over the vessel, and its complete immersion would be necessary.

IF AN INDIVIDUAL INFECTED WITH DISEASE, USES A DRINKING ARTICLE AND SUCH ARTICLE IS NOT STERILIZED, IT IS POSSIBLE FOR THAT DISEASE TO BE PASSED ON TO A NUMBER OF MEN USING THE SAME ARTICLE, ALTHOUGH IT MAY HAVE BEEN PASSED THROUGH A PROCESS OF SO CALLED WASHING.

It is essential that water for sterilization purposes be kept at the boiling point.
(5th, C.D. R.O. 828, dated 25-2-17).

19. STERILIZATION OF GLASSES, BEER MUGS, ETC.
All dishes, cups, glasses, knives, forks and spoons used in Officers', Sergeants' and Mens' Messes in this Division will each time after use be washed in water to which chloride of lime (Bleaching powder) has been added in the proportion of one teaspoonful to 5 gallons of water.
If bleaching powder is not available, cresol may be used in lieu thereof in the proportion of 8 ounces to 5 gallons of water.
This order is also applicable to the dishes, etc., of quarantined men.
(5th, C.D. R.O. 1690 dated 8-6-17)

20. HAWKERS:
Troops in training will not be allowed to purchase anything from Hawkers at any time [redacted] as authorized by the O.C."
(D.O. 1542 of 18-5-17)

21. CLEANING MATERIALS FOR COOKHOUSES AND BARRACK ROOMS.
Units will indent on Barrack Officer, Canadians, of this area, for the supply of cleaning materials for cookhouses and Barrack rooms.
The following scale of issues is approved:

Monthly supply per	100 men.
Bath bricks -	4
Soap, soft, lbs -	20
Soda, crystals, lbs -	20
Rags, linen or cotton old, lbs. -	4
Black lead, dry or substitute lbs.	8 ½
Soap, Yellow, bars. -	20
Whiting, lbs -	5

(General Canadians R.O. 823 of 10/8/17. Reg. O.M.G. Canadians 1-7-6).

Colonel, CAMC.
A.D.M.S. 5th, Canadian Division.

EYE, EAR, NOSE & THROAT CLINIC.

Witley Camp,
Surrey.

Date SEP 16 1918 1918.

Regt No 3039919 Rank Pte Name Graham W

Unit 3 Res

	WITHOUT GLASSES.	WITH GLASSES. (Correction below) SPH	CYD	AXIS
VISUAL ACUITY R:-	with			
VISUAL ACUITY L:-	with			

Category recommended is :-

Glasses Not Ordered.

Remarks:- Chronic conjunctivitis and blepharitis marginalis

Send to hospital for treatment.

F. S. Latimer
Capt. C.A.M.C.
Eye & Ear Specialist.
Witley Camp, Surrey.

10th BATTALION
CANADIAN GARRISON REGIMENT

I certify that the entries shown hereon are correct according to official documents in our possession.
E. Woodcock
For Officer Commanding

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

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

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

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

1. Christian Names ..... William ..... 2. Surname ..... Graham .....

3. Rank ..... Pte. ..... 4. Original Unit ..... 44th. Battn. ..... 5. Reg. No. ..... 2503057 .....

6. Address, in full, to which future payments of gratuity are to be forwarded .....

..... 869 Boyd Ave., Winnipeg, Man. .....

.....

7. Date of enlistment in the C.E.F. 27th. April, 1915. .....

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 .. Not Applicable. .....

10. Address, in full, of such dependent Not Applicble. .....

.....

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ? No. .....

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:—

Yes.. 8th.. Battn.... July,.. 1915. to June, 1917. .....

.....

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 ? No. .....

14. Were you on active service only in Canada or the United States ? If so, give particulars of unit and dates of such service ... No. .....

.....

.....

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 3 yrs. 6 mths. 44th. Battn. 27th. April, 1915 to June 27th, 1917. Trans. to 8th. Battn. 27th. June 1917. Disch. 23rd June, 1917. Re-enlisted #10 Engineers & Rly. Constr. Depot, 26th. October, 1917. Trans. to #10 Special Service Coy., May, 1918 (10th. C.G.R.) Disch. #10 Detch. C.G.R. 5-3-19 .....

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. .....

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

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

Enlisted 44th Battn. 27th April, 1915. Disch. 8th. Battn. June 23rd, 1917. Reg. 422950. Under Name Wm. Thompson. Re-enlisted 26th. October, 1917. #10 Engineers & Rly. Constr. Depot. Disch. 10th. Detch. C.G.R. 5-3-19. Reg. No. 2503057. Under Name of Wm. Graham.

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 Yes.

$100.10. After Disch. 8th. Battn.

20. Have you been issued with a War Service Badge? If so, what class? Class "A" & "B".

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? No.

24. Are you now serving in the C.E.F. No. If not, give:—(a) Date of discharge 5-3-19. (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 No.

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

8th. Battn. July, 1915 to May, 1916.

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

(b) If so, are you in receipt of full pay and allowances from that Department? No.

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

Signature of Applicant: W Graeham

Place of Residence: 869 Boyd Ave., Winnipeg, Man.

Declared before me at: Winnipeg, Man.

This 5th. day of March 19..19.

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

John Christopherson

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			183	$420.00

Certified Correct.

District Paymaster.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. 139860

THIS IS TO CERTIFY that No. 3039919 (Rank) Pte.

Name (in full) GRAHAM William enlisted in

the 1st C.O.R.

CANADIAN EXPEDITIONARY FORCE at Toronto on the 3

day of June 1918

HE served in England & France

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 28 Yrs.

Height 5'2 3/4

Complexion Fair

Eyes Blue

Hair Fair

Marks or Scars Scar on left foot
below middle left
collar bone

William Graham
Signature of Soldier

Date of Discharge

No. 2 DISTRICT DEPOT
MAR 23 1919
TORONTO

J. W. McLaren
Issuing Officer
For
O.C. No. 2 District Depot.
Rank

Date MAR 23 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

78th Draft

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

M. F. W. 54. (A. F. B. 105.
500M.—9-16
H. Q. 1772-39-9-0.

Casualty Form—Active Service.

Unit, Regiment or Corps ..... 78th Bn. 1st DEPOT BATTALION 1st C.O.R.

Regimental No. 3039919 Rank Pte. Name GRAHAM, William

C. E. F.

Enlisted (a) 3-6-18. Terms of Service (a) D of War Service reckons from (a) 3rd June 1918.

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) Laborer.

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.	Montreal	19/7/18	H.M.T.
		Arrived England.	London	8/8/18	"Corsican"
20.8.18	O.C. 3rd Res. Bn.	To O.S. from Canada	Witley	8.8.18	P + U DO 232
16/11/18	O.C. 3rd Res. Bn.	To 2 Can R.	Witley	17/11/18	Pt II Bn O. 321 Chas G. Carlton Lieut. Lt. 6b O.C. 3rd RESERVE BN. C.E.F
18-11-18 CIBD.		Landed in France & T.O.S. 2 Can. Inf'd.		18-11-18. M.R.D/1473. Pt.II.1.12/22-18.	
20-11-18. CIBD. CCRC.		To CCRC. Joined.		20-11-18. M.R.D/1473. 20-11-18. M.E.D/1840.	
14.12.18		To Unit		14.12.18 M.R. Pt to.	
28.12.18	Unit	Joined		24.12.18 B.13.	

(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.

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				
12.2.19	CEC Havre	Proc. to Eng	—	12.2.19	Nil. 1 2-8-13/19

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

E. A. Hewett, Lieut.
for Lt. Col., A.A.G.,
Canadian Section

S. O. S. on proceg. to Canada per T 12/3/19

J. H. Stubbs Lieut

Embarked. RMS BALTIC
12 March 1919 Liverpool

Lieut
CAPTAIN & ADJUTANT,
No. 16 TRANS. ATLANTIC,
CONDUCTING STAFF,
G.E.F.

MAR 12 1919 O.S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO. 1919 PART II D. O. 91

MAR 26 1919 S. O. S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D. O. 91

23

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

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) GRAHAM W.

REGIMENT 2nd CMR Bn RANK Pte No. 3039919

Date of Examination in England _____ Date of Examination in France 13-1-19

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.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 23.
2. EXTRACTIONS 1
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 Nil
- (c) In France

Signature of Dental Officer G. H. Gillespie Capt

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 303919 Rank Private Surname GRAHAM
(Given name in full)
William
Unit or Corps 2nd C.M.R. Birthplace Belfast Ireland.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 125 lbs. Estimated Height 5 ft. 2 in. Colour of Eyes Blue

Nutrition Good

Pulse 80 Regular

Condition of arteries Soft

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
circular scar left knee (Pre war)
V shaped linear scar Rt hand (pre war)

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses yes Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Elephantiasis 18/9/1918 Fully Recovered

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Bournhott (Overseas)

Date 16/2/19 Signed [illegible] Capt M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature William E Graham

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at ..... (Canada)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET. ORIGINAL

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 William

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

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

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

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 12 day of July 1918 ~~1917~~, by the undersigned medical board sitting at Niagara Camp

5. Age as stated 27 Years 5 Months. 6. Apparent age 27 Years ..... Months

7. Height 5 Feet 3 Inches. 8. Weight 125 Pounds.

9. Chest measurement { Minimum 32 Ins. / Maximum 35½ Ins. } 10. Complexion Medium { Eyes Blue / Hair Brown }

11. Physical development Good { Good / ~~Fair~~ / ~~Poor~~ } 12. Smallpox marks 0

13. Number of vaccination marks { Right arm 0 / Left arm 2 } 14. When vaccinated last June 1918

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

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

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

(Strike out disease admitted or suspected.)

Hearing - normal
Sight R- 20/20
L- 20/50

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

H Boulton Capt President.

J Strang Capt Member. ..... Member.

Signature of Man William Graham

Date	Result	Vaccinations		Date	Result	Anti-Typhoid Inoculations, Etc.	
17/6/18	Good	Gillies Lt	M.O.	13/6/18			M.O.
			M.O.	17/6/18		Gillies Lt	M.O.
			M.O.	22/6/18			M.O.

Joined ..... day of ..... 191 ... at .....

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Dept Bn			
Transferred to.....	1st C.O.R. 3rd Reg Draft	3039919		16/8/18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

24/6/18

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.

Christian Name

Surname

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
No 12 CAN. GENERAL HOSPITAL.								Blepharitis		Blepharitis & conjunctivitis	
		18	9	18	1	10	18		13	Routine treatment Recovered	A Pennington Capt

Forms
I. 1237
11

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book	Regimental No.	Rank.	Surname.	Christian Name.
7281	3039919	Pte	Graham	W.
Year 1918.	Unit.		Age.	Service.
	3rd Res.		27	3/12

Station and Date.

Disease Chr. Conjunctivitis & Blepharitis

Bramshott 18/9/18

Complaints

Discharge from eyes and lids gummed together in mornings.

Family History

(negative)

Personal History

(negative)

Present Illness

In 1913 first noticed discharge & pus from eyes

Present Condition

Conjunctival redness engorged. Lachrymal sacs infected almost complete loss of eyelashes lower lids.

Treatment

Irrigations Boracic Sol

Argyrol 20% 2.d

Ung. Hyd. Oxid. Flav. to eyelashes lids at night

Calomel & Soda grs ii at bed time

J.W.S.

29/9/18 Received.

J.W.S.

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

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[1185] W11203/M1150 50m 12/16v 5 89 Forms/I. 1237/12

P.T.O.

Station and Date.	

Form R 122.
10237—65M—28-7-17.

1ST CENTRAL ONTARIO REGIMENT.

Rank — Name Graham, William — Reg'l No. 3039919

78th Bn 1ST BN 1ST C O R — Unit — If in perm. Corps, What Unit? — Married or Single Single

Place and Date of Enlistment New York 3rd June 1918 — Place of Birth Belfast Ireland

Name and Address, Next-of-Kin Mrs Annie Graham
2 Marshall St, Kearney, N.J. U.S.A. — Relationship Mother

Assigned Pay Monthly $ — Payable to — Relationship

Separation Allowance $ — Payable to — Relationship

Discharge, Date and Place — Reason

N/E R.B No 15139
File R.L.
Category Can Inf
Character

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents
	C		Arrived in England.		8 8 18 S S CORSICAN.
20 8 18	3 Res	Taken on strength	Witley	8.8.18	PH 282
18.11.18	"	S.O.S. to 2 CMR.	" "	17.11.18	2nd Con R — 322 + 122 d 22-11-18
		2 C M R Pt O 13 d. 16 2 19			
		Proc to Engd 13 2 19			
		32 — 9 — 12-3-19			
		SOS to CANADA 12:3:19			
		2 C M R D O. 26. d. 13 3-19			

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.					

"BALTIC" 2015:19

DISPERSAL "I"

G. 1335 | AUDITOR | PAYMASTER

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

M. & R S. REGT. No. 3039919 RANK Pte. NAME (IN FULL) GRAHAM W. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes DATE EFFECTIVE 31.3.19

TO WHOM PAID Mrs. Annie Graham RELATIONSHIP Mother

ADDRESS 2 Marshall St. Kearney Newark N.J. U.S.A.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Closed by Ottawa as a duplicate		

ORIGINAL UNIT C.E.F. B.C.R.D. IF IN P.F. WHAT UNIT? Same

PLACE OF ATTESTATION TRANSFERRED TO Same DATE AUTHORITY

DATE OF ATTESTATION 3-6-18 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ 15.00 DATE EFFECTIVE 31.3.19 Closed by Ottawa

PAYABLE TO Same RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE Toronto, DATE 23:3:19 REASON Demob. AUTHORITY D, O, 91 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.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																		
28.2.19								28	30	28	30																						28	30	T.O.S. 11/2/19 D.O. 91
1.19 to 2.3.19	27	1.10	29	40																														Bal. Bn. Cmd. Pay 1.3.19 to 27.2.19 O.R.A.
					35	00																												Clothing allce
					70	00																												1st. payment W.S.G.
																		15	00														March 1919
																4	87	50															Boat train Money
								134	70	6	73778					138	13														16	00	W.T.D.
																																	5 days Sep. all. @ 1/54 Paid
																		70	00														$70.00 W.S.G.R. assessee
		W.A.A.F.			S.A.													S.A.										4	40				$4.40-4 dys. W.A.A.F. O/C.
92 dys.		210	00		90	00		300	00									30										8	00				$8.00 8 dys. S.A. 7pd
																Mar. 23																	st. W.S.G. Paid by #2 D.D.
																Apr. 22	256553	65	60	256554		22											
																May 20	354859	70	-	354860				30	-	300							
		210	-		90	-		300	-									235	60			34	40	30	-	300	-						
																		final															

W.S.C. PAID IN FULL

FOR PAYMASTER WAR SERVICE GRATUITY CAPTAIN

Cheque #172238 issued 12/3/20 in lieu of Ch. 252150 which was lost and D.D. letter 27/4/20 see Shaftle #7789-W-88

$30.00

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

Date of Enlistment 3/6/18.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch G

OVERSEAS CONTINGENTS

Date of Assignment

9482 1 Aug. 1918.

RATE OF SEPARATION ALLOWANCE

25	30		
1.7.18.	1.9.18 A.C. 2753 mo. 42129		

RATE OF ASSIGNMENT

15.00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 1st Depot Bn 1st C.O.R.C. Dft 78.

Beneficiary

Relationship Mother.

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2 MRS. ANNIE GRAHAM, 2 MARSHALL ST., KEARNEY, NEWARK, N.J. U.S.A. 15 15.00

3 A-C 3039919 PTE. WILLIAM GRAHAM FIFTEEN DOLLARS

4

Date 1918.	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS 72.89-25-88
#3384. Aug.	Z 42599	50		50	B.	
Aug.	X 39548		15	15	B.	Pay. S/w from 1-7-18. Date of appl. per Pa Bulletin
Sept.	Z 47424	25	15	40	B.	30.7.18 Ems. A.C.O. 3384 - Mailed 31.8.18
Oct.	Z 62094	25	15	40	B.	M.R.O. 6436 - 26.8.18 Ems.
Nov.	Z 76644.	25	15	40	B.	
Dec.	Z 89167.	45	15	60	B.	
1919 Jan.	Z 116341	30	15	45	B.	
Feb	Z 120966	30	15	45	B.	
Mar.	Z 133328	30	15	45	B.	
		260	120	380		

A/c Closed 31-3-19.

Ret'd per Baltic

M.D.#2 Date 20-3-19 F.X. 26-3-19

Clerk A. Quinn

M. R. O. Destroyed 77493

ENTERED IN AUDITOR'S VOUCHER REGISTER AUG 17 1918 BY N.Y.N

M. F. W. 128. (OM. 6-7—1772-39-1141. L. L. 22320—M. & D. 7993.

AUDITED.

AUTHORITY FOR NEW ACCT.

4 R. M.D.2 B.9. M. Shipley 16/8/18.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
400M.—5-17—1772:39-1141
L. L. 22920—M. & D. 7993.

Report No. _____ Army Form W. 3212.

(In books of 100.)

Regtl. No., Rank and Name } 3039919 Pte Graham Age 27 Corps 3rd Res

Disease Chs. Conjunctivitis Hospital 12 Can. Gen.

To Officer i/c Laboratory. Ward 6

Please carry out an examination of the accompanying specimen of _____

with special regard to Urine

Nos. of previous Reports (if any) _____

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

Date 18-9-18 a. Thomas N/S.

O. i/c Ward.

Hon Capt. Tennyson

LABORATORY REPORT.

Acid reaction
Albumen neg

Sp Gr 1015
Sugar neg

Date of Examination 19/9/18

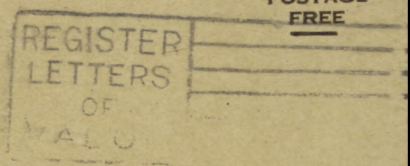
A. Montgomery Capt

O. i/c Laboratory.

(S.O. 1452) W. 5750/P821. 6,000 Bks. 3/18.—McC. & Co., Ltd., Ldn.—

LABORATORY REPORT.

O.H.M.S.



SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.

200M-10-20

H. Q. Reference

No. 56093 Rank C.P.L. Unit 19TH T. BATTALION

Surname WILLIAM

Christian names GRAHAM.

Kindly forward Medals, to which I am entitled by reason of my service in FRANCE & BELGIUM
(Theatre of War)

with 19 BATTALION.
(Unit with which served in Theatre of War)

No. 38

Street PARKAVE.

Town TORONTO. ONT.

County YORK

W. GRAHAM.
(Signature)

(WRITE IN BLOCK LETTERS AND IN INK)

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 3rd Res

Military Hospital 12 Can. Gen.

No. 3039919 Rank and Name Pte Graham W. Age 27 Service 3/12

Disease Chr. Conjunctivitis Date of admission 18-9-18 Date of discharge 1/10/18 Result Recovered

Dates of Observation: 18. 19.

Days of Disease: 1

Temperature, Fahrenheit

Time A.M. P.M.

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

Pulse per Minute: 72

Respirations per Minute: 22

Motions per 24 Hours

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature [illegible] In charge of case.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Military Hospital _____

Corps _____ No. _____ Rank and Name _____ Age _____ Service _____

Disease _____ Date of admission _____ Date of discharge _____ Result _____

Dates of Observation

Days of Disease

Temperature, Fahrenheit

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

Time A.M.P.M.

Pulse per Minute

Respirations per Minute

Motions per 24 Hours

Signature _____ In charge of case.

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

.F.B. 122

.B. 103

F.B. 178

A.F.A. 45

. 1375

War Service Badge
Class "A" No. 139860 rd

SHORT FORM.

I 2 Da F
Oct. 7.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 3039919

2 Rank. Private

3. Name. GRAHAM, William

4. Unit. 2nd C.M.R.

5 Date of Discharge MAR 23 1919 Place Bramshott Toronto Ont.

6 Reason for Discharge Demobilization

7. Authority. No. 2. D.Di., Part ~~II~~, D.O.No. 91

8. Proposed Residence after Discharge

Newark, N.J., USA
No 2 Marshall St

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.? William Graham

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

TORONTO ONT

Place

MAR 23 1919

Date

For
O.C. No. 2 District Depot.

Signature

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

a.m.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.S.)
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P.851). Duplicate
13. Pay Book (A.B 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B
Checked by No. 7
10
Date 9-3-19

War Service Bad
Class "A"

1. No.	
2 Rank.	
3. Name.	
4. Unit.	
5 Date of Di	
6 Reason for	
7. Authority.	
8. Proposed	
9. I hereby M. F. W.?	
10. The di Place Date	

M.F.B. 218a—300M.-11-18—177

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

N.R.

ASSIGNED PAY. * ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-8-18 stopped 1/3/19.	EFFECTIVE DATE:-
AMOUNT:- $15.00	AMOUNT:-

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

Mrs annie Graham (mother)
2 Marshall St., Kearney, N.J., U.S.a.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCE 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	AM
16-2	190	Brownhett	~~3-00~~	101	30	L.P.C. Bal.	2

PARTICULARS OF RENDERING NON-EFFECTIVE:- Transferred to Canada 28/2/19

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS
31-7-18	Bal from Canada			
Aug	P P	34 10		C A F
				a/c 3471 15/8/18
				a/c 4365 29/8/18
		34 10		
Sept	P P	33		C A F
				a/c 1810 17/9/18 3
				a/c 1806 2nd 9/18
		33		
Oct	✓	34 10		C a F
				a/c 2206 11/10/18 3
				~~C P 5493 22/10/18~~
				a/c 2408 29/10/18
		34 10		
Nov	✓	33		C a F
Dec	✓	34 10		✓
	✓ Jan	34 10		2582 14/11 3
				~~Dup~~ a/c 3369 25/11
				✓ 3733 9/12
		10 20		

~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
-8-18 stopped 1/3/19.	EFFECTIVE DATE:-	
15.00	AMOUNT:-	

NAME:- GRAHAM, William

NUMBER:- 3039919.

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.

e Graham (mother)
st., Kearney, N.J., U.S.a.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.P.C. Can.	31-7-18	Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- Draft # 78 1/1 C.O.R.

DATE ACCOUNT FIRST OPENED:- 1-8-18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET TSF'D	UNIT TRANSFERRED TO
			3rd Res
	1.2.19.		2 Cmk 7.

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

UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.B.	UNIT PAID BY	AMOUNT
~~Brunshett~~	~~93 00~~	101	30	L.P.C. Bal.	28 30

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

RENDERING NON-EFFECTIVE:- Transferred to Canada 28/2/19 Braunshett F32944 23/3/19. To Braunshett MD2

PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
from Canada								28 90		
	34 10		C.A.P.				15			
			A.R. 3491 15/8/18 Flensham	4 87						
			A.R. 4765 29/8/18 "	4 87						
	34 10			9 74			15	48 26		
	33		C.A.P.				15			
			A.R. 1810 17/9/18 3 Res.	4 87						
			A.R. 1806 21/9/18 Det Depot	4 87				56 52		
	33			9 74			15	56 52		
	34 10		C.A.P.				15			
			A.R. 2206 11/10/18 3 Res Bn a22	4 87						
			~~A.R. 2493 22/10/18 London a22~~	~~9 74~~						
			A.R. 2408 29/10/18 3 Res Bn	4 87				65 88		
	34 10			9 74			15			
	33		C.A.P.				15			
	34 10						15			
Jan	34 10		2582 14/11 3 Res.	4 87			15			
			Dna.R. 3369 25/11 CCRC	1306						
			3733 9/12	373				100 42		
	101 20			21 66			45			

NUMBER 3039919 RANK NAME GRAHAM. W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.
Feb	O.B.	3080		CMR 297. 31/12/18. CCHQ. (6)	3 73			
				" 5573 16/1/19 CMR (21)	3 73			
				" 5174 8/1/19 " (24)	3 73			
				" 5978 26/1/19 " (58)	3 73			
				bar.				15/-
				" 190 17/7/19 " (95)	73 -	87 92		
		30 80			87 92			15
				SOS Canada PL 32.	COR 12/3/19			

NAME GRAHAM. W.

Cr. 2.	PARTICULARS	Dr. 1	Dr. 2	Dr. 3	Dr. 4.	BALANCE	DEFERRED	SEPARATION
						100 42		
	CHR 297. 31/12/18. CCHL. (6)	3 73						
	" 5573 16/1/19 " (87)	3 73						
	" 5174 8/1/19 " (24)	3 73						
	" 5978 26/1/19 " (58)	3 73						
	Coal.				15 -	101 30		
	" 190 17/7/19 " (95)	73 -	87 92			28 30		
		87 92			15			
	SOS Canada £2 32	COR 12/2/19						