ORIGINAL

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83rd Overseas Battn. C.E.F.

ATTESTATION PAPER.

No. 171597

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Gray, Charles.
2. In what Town, Township or Parish, and in what Country were you born? ..... Aberdeen, Scotland.
3. What is the name of your next-of-kin? ..... Annie Gray. (Wife)
4. What is the address of your next-of-kin? ..... Wiarton, Ontario.
5. What is the date of your birth? ..... June 18th, 1894
6. What is your Trade or Calling? ..... Blacksmith
7. Are you married? ..... Yes.
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes.
9. Do you now belong to the Active Militia? ..... No.
10. Have you ever served in any Military Force? ..... 6 Months in Gordon Highlanders.
    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.

Charles Gray (Signature of Man).

Geo A Davies (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Charles Gray (Signature of Recruit)

Date August 17th 1915 Geo A Davies (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Gray, 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.

Charles Gray (Signature of Recruit)

Date August 17th 1915 Geo A Davies (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 Toronto this 17th day of August 1915.

(Signature of Justice)

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

C.W. Cormack Capt. (Approving Officer)

M. F. W. 23.
200 M.—5-15.
H. Q. 1772-39-841.

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Description of Charles Gray on Enlistment.

Apparent Age 21 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Complexion Fair

Eyes Blue

Hair Dark Red.

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

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 Aug 17th 1915 .....

Place Toronto .....

..... 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.

C. Gray ..... 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.

Reg Bellatt Lt Col
..... (Signature of Officer)

Date ..... 191 .

18-10-18 Lo

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 1 .....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet .....

Compulsory Stoppages.....

Casualty Forms..... / .....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2 .....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1 .....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

B.213-133-1
Cas card. 2
R122.1,

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

DISCHARGE DOCUMENTS

R. O. No. .....

H. Q. No. .....

Name GRAY CHARLES

Regt. No. 171097 Rank Pte.

Corps 39th Res Bn

Died of Wounds.

29-4-16

74245

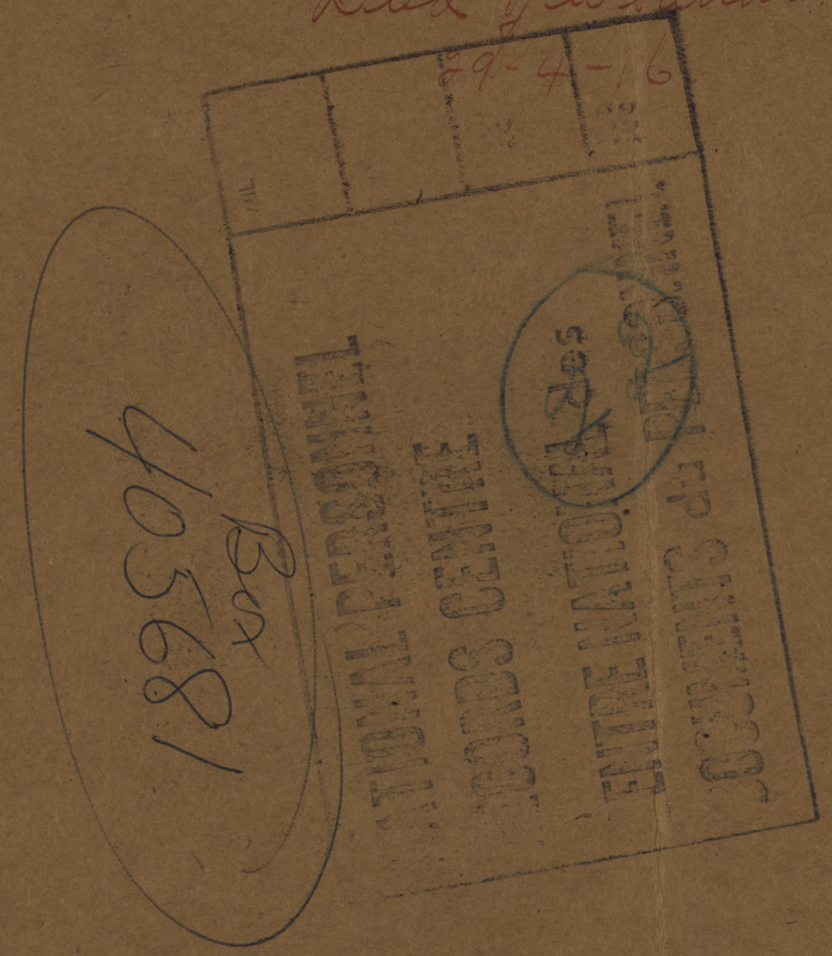
2805

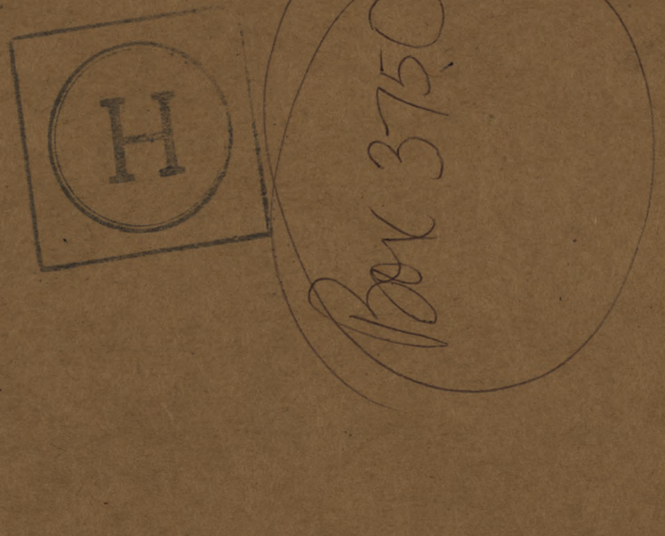
11-31

19-1

29-2

1





171097	GRAY	CHARLES
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

Died of Wounds 29/4/16

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu 3750

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

ARC – 1048 (86/06)

141094.

MEDICAL HISTORY SHEET.

Surname Gray Christian Name Charles

Examined { on 11 day of Aug 1915.
at Toronto.

Birthplace { City or Town Aberdeen
County Scotland.

Apparent age 21

Trade or occupation Blacksmith.

Height 5 Feet 6 Inches.

Weight 150 Lbs.

Chest measurement { Minimum 36 inches.
Maximum expansion 37 inches.

Physical development ✓

Small-Pox Marks ✓

Vaccination Marks { Arm Right. Left. Yes
Number 1

When Vaccinated last 3 years ago.

(a) Marks indicating congenital peculiarities or previous disease ✓

(b) Slight defects but not sufficient to cause rejection ✓

Approved by J. Wilmot

Rank Major M.O.

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

Date	Result	Vaccinations.
		M.O.
		M.O.
30.8.15	✓	M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
23.8.15		Radcliffe Major M.O.
27.8.15		M.O.
31.8.15		M.O.

Enlisted on 17 day of August. 1915 at Toronto.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	2.0.R.			
Transferred to..	83rd Batt. 39th Bn CEF	171097		10-10-15

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.
100M.—5-15.
H. Q. 1772-39-439.

Surname Gray Christian Name Charles

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

(641)—Wt. W1751-1403.—500,000.—5-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Regiment or Corps 39th Res. Batt. C.E.F.

Regimental No. 171097 Rank Pte. Name Gray. Charles.

Enlisted (a) 12-8-15 Terms of Service (a) Duration of War. Service reckons from (a) 12-8-15

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

Extended ____ Re-engaged ____ Qualification (b) ____

Report: 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.
7-2-16	C.B.D.	Arrived from England as reinforcement & taken on strength. 22nd Bn		5-2-16. 101BD/3/212	
17-2-16	"	Left C.B.D.		15-2-16 101 BD.3/222	
18/2/16	10 Bn	Joined Unit	Field	16/2/16 B213	14-26/2/16
3-3-16	A.A.G.	Transferred to 24th Can. Bn.	3-3-16-	3-3-16	Authy: A.A.G. Canadian Section K.R. 3034, D/3-3-16. Part II Orders 11, D/7-3-16.
7.4.16	24 Can Bn	Joined Unit	In the Field	8/3/16 B213	
28.4.16	" " "	D.W. Thigh R.[illegible] 135	" " "	26.4.16 DR/10. 13/[illegible]/24/3H	
29.4.16	10 B Base	Died at 3.30 a.m. from G.S.W. abdomen 138	10 B. B. Base	29.4.16 DM5. [illegible] 6493.	

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C.S. Bywell Brown
COM. 39TH BN. C.E.F.
Lieut
E.A. Wright
for Lt Col. A.A.G.

(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				

R—122.

Rank | Name GRAY, Charles | Reg'l No. 171097

Unit 83rd to 39th Bn. | If in perm. Corps, What Unit? | Married or Single Married

Place and Date of Enlistment Toronto, August 17th, 1915. | Place of Birth Aberdeen, Scot.

Name and Address, Next-of-Kin Annie Gray
Wiarton, Ont. | Relationship Wife

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character R139-37

M-X.
3-11-20

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Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
		Arrived in England		- 5 OCT 1915	
16 11/15	O.C. 39th	A.W.L. 2 days pay above order cancelled.	W. Sandling	16 11/15	P2 0222.
17 11/15	—"—	A.W.L. 1 days pay	—"—	17 11/15	P2 0223.
3.2.16		Transf to 22nd Bn 6.8.4		3 2/16	P II 29
21.2.16	O/C 22nd	Taken on Sgth as reft from England:	Field	5.2.16	" 9
7.3.16	24th Bn.	Taken on Sgth of 24th Bn. from 22nd Bn:	"	4.3.16	" 11.
"	22nd Bn	Transf to 24th Can Bn	"	3-3-16	" 11.
4.5.16	24th Bn.	O/C Bn reports "wounded"	"	26.4.16	C.L.A.210 "SW. Lt. High" ON.
7.5.16	"	Died of wounds recd in Action	"	29.4.16	Pt. II - 19
8.5.16	"	O/C No 10 Can. Cl. Stat. reports "died of wounds"	"	"	C.L.A 213 "SW. Lt High ON:

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				

L. L. Job 85095—M. & D. 5953.

M. F. W. 12.
20m.—9-15.
H. Q. 1772-39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

2nd. Contingent

385

To Whom Mrs. Annie Gray (Wife)

Address Hiarton, Ont.

By Whom Assigned Gray Lc.

Regtl. No. 171097

Rank Pte

Corps 83 Battn.

1st Draft

Rate $15:00 OCT 1 1915

PAYMENTS

Month	Year	Cheque No.	Amt.
Aug.	1914		
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1915		
Feb.			
March			
April			
May			
June			
July			
Aug.			
Sept.			
Oct.		M 6812	15
Nov.		L 4642	15
Dec.		M 10678	15
Jan.	1916	012587	15
Feb.		P 14513	15
March		M 15305	15-

REMARKS

Casualties

Died of wounds April 29'16. per. C.R. May 8'16.

J. M. K.

Pension granted April 30/16 A.K.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2. Annie Gray (Wife) PAYMENTS.

Name of Soldier Gray C 386

L. L. Job 89002.—Req. 6213.

#171097 1st Draft 83 Batt

15.00

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	J1234	15-	
May		~~4 4315~~	~~15~~	Cancelled. Account Closed per. Casualty R. May 5'16.
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				Pension granted April 30/16 A.K
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

11/8/'15

9.4

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Annie Gray

Address ~~Hartford P.O.~~ Ogden — Ont.

Relation to Soldier wife, child or mother: Wife

Name of Soldier Gray Chas

Regtl. No.

Rank Pte

Corps 83rd Bn

To what Corps belonging when called out

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.		K6338	33-	33
Oct.		05423	20	20
Nov.		015776	20	20
Dec.		023964	20	20
Jan.	1916	016445	20	20
Feb.		G29066	20	20
March		K25429	20	20

ACCOUNT CLOSED

DATE..... PER.....

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2. Annie Gray Wife

Name of Soldier Gray. Chas Pte.

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916	0,2335	20	20	
May		L 6264	20	20	
June		M9425	20	20	
July		Y 8490	20	— 20	
Aug.		U11869	20	20	
Sept.		B15637	20	20	
Oct.		X 19040	~~20~~	~~20~~	cancelled-
Nov.					
Dec.					
Jan.	1917				Acct: Closed - Pension Granted 30/4/16 WC
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

ACCOUNT CLOSED

DATE..... PER..... W

$100.67 Recovered as per Pension List CDN 26/2/17

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier .....

PAYMENTS.

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

P—56

Rank Pte. Name GRAY, Charles Reg'l No. 171097

Unit ~~83rd to 39th Bn.~~ 24th Bn. If in perm. Corps, What Unit? Married or Single Married

Place and Date of Enlistment Toronto, August 17th, 1915. Place of Birth Aberdeen, Scot.

Name and Address, Next-of-Kin Annie Gray
Wiarton, Ont. Relationship Wife

Assigned Pay Monthly $ 15.00 Oct 1st Payable to Next of kin Relationship

S.P. cont. 17/5/16 effec. June 16 Dis of Wounds.

Separation Allowance $ Payable to Relationship

PAY OFFICE, N.E. BRANCH AUG 24 1916 CANADIAN CONTINGENTS

Discharge, Date and Place 29/4/16. Reason Died of Wds. Character B.O. 19. 7/5/16

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc
1915										284		9 97					
Sep 25	Oct 31	37	1	37	37	10	3 70	10	50 70	322		4 87	15		29 84	20 86	$10.00 Bal forfeited
1/11/15	30-11-15	30	1	30	30	10	3 ..		33 ..			15 33	15.	1.10.	31.43.	22 43.	Forfeit 1 days pay. B.O. 223
Dec	31	31	1	31	31	10	3 10		34 10			14 96	15		32 96	23 44	
1-1-16	31-1-16	31	1	31	31	10	3 10		34 10			12 90	15		27 90	29 64	Trans. to 22nd Battn
1/2/16	29/2/16	29	1	29	29	10	2 90		31 90			5 25	15		20 25	46 4	B.O. 29 dated 32.16.
1/3/16	31/3/16	31	1	31	31	10	3 10		34 10			2 62	15		17 62	58 12	Trans. to 24th Bn 1/4/16 B.O. 11 dated 7/3/16
				189			19 80		217 90			68 8 90		1 10	159 78	58 12	Dis of Wounds 29/4/16 B.O. 19 7/5/16

Settled

Statement of Account rendered OCT 25 1916

BALANCE TRANSFERRED TO NEW LEDGER.

Cash found in effects

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

D.M.S. 1300.

Surname: Gray Christian Name or Names: C. Reg. No.: 171097

Rank: Pte Unit: 24 Batt Co. Troop Batty

Hospital Date of Admission

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis: S W L/ Thigh

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

Died of wds 29.4.16

DISPOSITION Date

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

REMARKS.

~~L/~~ 4.3.16 A210

F.S. 16.2 213

66 Batt reptd wounded

O.C. #10 Can Cly Sta

Pte Died of wds

29.4.16

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

MSP

Ham

Number 171097

Surname GRAY

Christian Name Charles

Units 24th Bn Can Inf Theatre of War France

Date of Service 5-2-16

Remarks Widow

Latest Address Mrs. Annie S. Gray
Ostenden, Gray Co.
Ont.

Roll No. B. Cage 13518

200m.-2-21.

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Next of kin

Address on leave

Address on discharge

Transportation issued Yes / No Date

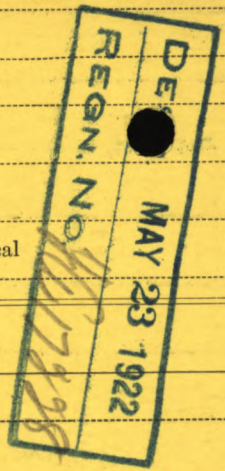
Character on discharge

Previous occupation

Date and place of enlistment

Diagnosis

Date of Medical Boards



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Date	Remarks

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

GRAY, Pte. Chas. #171097, 24th Bn. H.Q. 649-G-1609.

Not elg. for 14-15 Star

M. & D. (Widow) Mrs. Annie S. Gray,
Oxenden,
Gray Co., Ontario.

JAN 14 1921

P. & S. " Ditto. Scroll Desp. Reqn. No. 10047

Serial No 767026

JAN 13 1922

Mem. C. " Ditto. Plague Desp. Reqn. No. W3647

" " (Mother) Mrs. Helen Gray,
Upper Cuttlehill, Cairnie,
Aberdeenshire, Scotland.

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30670

S. Desp. 10-11-20 (W/M) C29966

Desp. 10-11-20 (M) C30000

W/M

486

(649-H-16 AP)

NAME Gray, Charles

RANK & No. Pte 17107 D

CORPS 63rd (1st R.D) Battalion

ENLISTMENT, PLACE Toronto DATE August- 17/15 .M.

FORMER CORPS 6 Months ~~Gordon~~ Highlanders

COUNTRY OF BIRTH ~~Scotland~~ Aberdeen

NEXT OF KIN Gray Annie

ADDRESS OF NEXT OF KIN ~~Wiarton~~ Ont: Orenden

G.T.W. Telegram 229 4/5/16.

DISCHARGE, PLACE DATE

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Sailed from Montreal per S.S. Corsican 25/9/15. 215

REMARKS:

R. 149.

Name GRAY C. *Rank* PRIVATE *Reg. No.* 171097

Unit 24TH. BATTALION

Next of Kin CANADA

L.L. 28. G. 542.

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
26-4	O.C. Batt. Rpts. Wounded S.W.		L. Thigh	A210	M6030	4-5
29-4	10. C.C.S.		"DIED OF WOUNDS"	do A213	M6159	8-5
	Burial Report prepared					

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

H. Q. FILE No. 649-

NAME Gray. Charles.

REGT'L. No. 171097.

RANK AND CORPS Pte. 24th Bn. (Trms & 3rd 1st R. D.)

CASUALTY NO.	DATE	NATURE OF CASUALTY
M6130	3-5-16	Reported wounded Apr 26. wounded left thigh.
M.6159.	6-5-16.	Died of wounds at #6. Casualty Clearing Station April 29th. (wounded left thigh)
2090 a.	Rouen 7-5-16.	Died of wds. rec'd. in action 29-4-16.

L. L. Job 86907--M. & D. 16065.

M. F. W. 42—50m.-10-15.
H. Q. 1772—39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 210	O.C. Battn. reports	26-4-16	S. W. L. thigh
a 213	O.C. No. 10 Cas. Cl. Stat. reports		Died of wounds 29-4-16 S. W. L. thigh

MARRIED OR SINGLE: Married

PLACE OF BIRTH: Aberdeen Scot.

NAME AND ADDRESS OF NEXT OF KIN: Annie Gray. Wiarton Ont.

RELATIONSHIP OF NEXT OF KIN: Wife.

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ — EFFECTIVE (DATE)

PAYABLE TO:

RELATIONSHIP OF DEPENDANT:

ADJUSTMENT OF A.P. FROM OTTAWA
Authority K.R. 649-G-1609
Amount 15.00 Reason credit
May/16 not paid
#16

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Died of Wounds	29/4/16	B019. 7-5-16

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 17097 RANK Pte NAME Gray Charles

IF IN PERMT. CORPS WHAT UNIT — UNIT 72nd

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Toronto

DATE OF ATTESTATION August 17/1915

TRANSFERRED TO 24 DATE 1.4.16 AUTHORITY B011-3.16

TRANSFERRED TO C.E.F. DATE 7 Aug/16 AUTHORITY B019 7/5/16

TRANSFERRED TO DATE AUTHORITY

TRANSFERRED TO DATE AUTHORITY

PAY OFFICE, N.S. & P.E.I. DIST. AUG 1916 CANADIAN CONTINGENTS

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE S.P. cond. 12/5/16 Eff. 1/6/16

PAYABLE TO Annie Gray Wiarton, Ont. RELATIONSHIP Wife

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 12/5/16. EFFECTIVE 1 June 16. REASON Died of Wounds

DISCHARGE DATE AND PLACE 29/4/16 REASON AND AUTHORITY Died of Wounds 29/4/16 B.O.19 7/5/16

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 7 Aug. 30/11 /16.

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
															217 90														159 781	58 121				
1-29 April	29	1.00	29	—	29	10	2 90								31 90	1037		79 9/4 22/3					2.62	2 62			15 —		20 24	69 781				
1-31 May	31	—	31	—	31	"	3 10								34 10									261			15 00		17 61	86 27				
																												34 10	34 10	52 17				O.P. May 9 shot
																							Balance on transfer to N.E. Branch.							52 17				
																							52 17						52 17	— —				#52.17 Cr. Bal. forwd. to Ottawa for Sett. 9-11-16.
													15 —	52 17	67 17								67 17						67 17	—				52.17 credit to adjust
																																		15.00 Ass stamp
																																		67.17 Sett. by Ottawa

Checked Shenton

June.

N.E. Rch. Nov 16.

N.E. Jan /17

Statement of OCT 25 1916 Account rendered

Cash found in effects None

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.				1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	1	2	3	4				Credit	Debit			

DUPLICATE 171097

ARMY FORM B. 178.

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

MEDICAL HISTORY of

Surname GRAY *Christian Name* Charles

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Aberdeen County Scotland

Examined ... ... on 11th day of August 1915,
at Toronto

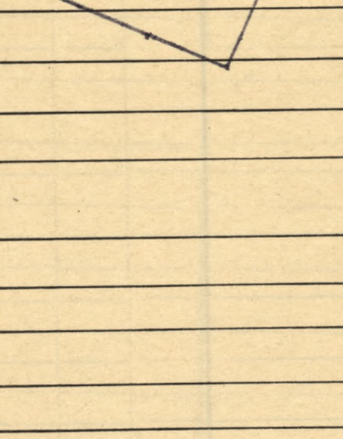
Declared Age ... ... 21 years days.

Trade or Occupation ... Blacksmith

Height ... ... 5 feet 6 inches.

Weight ... ... 150 lbs.

Chest Measurement — Girth when fully Expanded 37 inches.
Range of Expansion 1 inches.



Physical Development ...

Vaccination Marks — Arm ... Yes
Number 1

When Vaccinated ... ... 3 years ago

Vision ... ... R.E.—V=
L.E.—V=

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

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

Approved by (*Signature*) F. Winnett.
(*Rank*) Major.
Medical Officer.

Enlisted ... ... at Toronto
on 12th day of August 1915.

Joined on Enlistment ...	Corps.	Regtl. No.
	2 O.R.	171097
Transferred to	83rd Batt.	
	39th Res. Batt. C.E.F.	

Became non-effective by ...

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

on day of 191 .

(*Signature*)
(*Rank*) Lieut.-Col.
In Charge of Records,
Canadian Contingent.

(4887.) W. 9597/1588. 500M. 9/15. C. P. LTD.

Forms B. 178 39

P.T.O.

Table II.—Only for Admissions to Hospital or to the S

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital
	Day	Month	Year	Day	Month	Year		

ick List in the case of Warrant Officers treated in quarters.

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

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculation, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
30/8/15	Vaccination
23/8/15.	Anti-Typhoid Inoculation. Walter W.McKenzie.Capt.
27/8/15.	Do.
31/8/15.	Do.

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this unit.

for the Officer in Charge of Records
C.A.M.C.
Canadian Contingent.

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation