

ATTESTATION PAPER

No. 44093

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

Folio. 12

A 40033

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? Walter Henry Gray
2. In what Town, Township, or Parish, and in what Country were you born? Northfleet, Kent, England
3. What is the name of your next-of-kin? Mr E Gray (Mother)
4. What is the address of your next-of-kin? 401 Weston Rd Toronto, Canada
5. What is the date of your birth? June 29th 1895
6. What is your trade or calling? Laborer
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Do you now belong to the Active Militia? Yes
10. Have you ever served in any Military Force? 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

W. H. Gray (Signature of Man.)
G. Sanderson (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Walter Henry 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.

Date 12 April 1915 W Gray (Signature of Recruit.)
S. H. Cambridge (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Walter Henry 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.

Date 12 April 1915 W Gray (Signature of Recruit.)
S. H. Cambridge (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 12th day of April 1915

[Signature] (Signature of Justice.)

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

[Signature] (Approving Officer.)

DESCRIPTION OF Walter Henry Gray ON ENLISTMENT.

Apparent Age 19 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 9 ins.

Chest measurement { Girth when fully expanded 31½ ins.
 Range of expansion 2½ ins.

Complexion Medium

Eyes Blue

Hair Brown

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

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 5 1915

Place Toronto

[Signature]
 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

Walter Henry 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.

[Signature] (Signature of Officer.)

Date 19 April 1915

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 1
 Compulsory Stoppages.....
 Casualty Forms..... 1
 Proceedings on discharge..... 1
 Corps History Sheet.....
 Date and No. of Deposit Receipt for
 Purchase Money and Amount.....
 Parchment Certificate.....
 Medical Report for Invalids..... 3
 Medical History Sheet..... 2
 Proceedings of Regt. Court Martial.....
 Copies of Convictions by Civil Power.....
 Company Conduct Sheet..... 1
 Clothing Transfer Certificate 1
 Inventory of Kit.....
 Last Pay Certificate.....

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

Name *Gray, Walter Henry*

Regt. No. *A. 4093* Rank *Pte*

Corps *35th Bn.* Present *C. C. A. C.* 24923

No longer physically fit.



9-2
 20-2
 23-6

concord
 Army Form B. 122-1

1-200
2-8-1-1257
B/22-1

Handwritten scribbles and initials in blue and red ink.

3762

Rank

Name GRAY Walter Henry

Reg'l No.

4
A4093

Em 28772

Unit 23 Bn - Reinforcements

If in perm. Corps,
What Unit?

Married or Single

Single

Place and Date of Enlistment

Toronto, 12 April 1915

Place of Birth

England

Name and Address, Next-of-Kin

Mrs E. Gray

401 Weston Road, Toronto, Canada

Relationship

Mother

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Character

Category

N/E. R.B. No. 6494

File R.L.

Category

Report

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

Reason

Place

Date

Character

REMARKS

Taken from Official Documents

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Reason	Place	Date	Character	REMARKS Taken from Official Documents
Date	From whom received						
20.6.15	O.B. 23 rd	Taken on str. from 35 th Thorncliffe			14.6.15	Part I. D.O. 143.	
17-7-15	O.C. 23 rd	Embarked for France			16-7-15	Part II orders no 166	
26-7-15	O.B. 3 rd	Arrived & joining unit		Boulogne	17-7-15	D.C.S. 146 Pt. II D.O. 23-3 rd	
9.6.16	3 rd Bn.	O.C. No. 20 Genl Hospital	Commiss		6.6.16	C.L. A 375. S.W.R. Kneed O.N.	
14.6.16	"	reports seriously ill			12.6.16	" A 379 "	
21.6.16	"	Wounded. Trans. to C.C. H.Q. Aldershot			14.6.16	Pt. 2 O. 25	
24.6.16	"	Adm. 3 rd West Genl Hosp.		Cardiff	16.6.16	C.L. B. 95. S.W.R. Kneed	
2-7-16	C.O.S. 6	taken on strength		D'stone	16-6-16	Ph II O 250.	
5.9.16	3 rd Bn	Can Camp Hosp Beaulieu		Wokingham	1.9.16	C.L. B. 150.	
27.10.16	C.C.A.C.	Repts		Sh'ane	25.10.16	Ph II O. 47	

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				
		Should Read Driehgs C.L.B. 199. 2/11/16.			
30.10.16	3 rd	Can Conv Hosp Bear Wood Nottingham		24.10.16	C.L.B. 196. G.S.M. R. Knee
1-11-16	Wab	From Wab to Can Dis Dep. Shermanfordis 1 M'am		31-10-16	PE ^o 480
17-11-16	b.D.D.	Dis in Can M.U. M'am		17-11-16	— 237
CHECKED. 5th Dec, 1916.					
23-12-16	C.C.S.L.	S.O.S. proceeding to Canada M.U. ceases to be attached to C.I.D.	Hastings	17-11-16	— 567
		Dis Dep't To Convalescent Home Toronto		27-11-16	NR No 106.

Def 78676

Casualty Form—Active Service.

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

Regiment or Corps *73rd Reserve Bn. C.I.F.*
Regimental No. *A 4093* Rank *Pte* Name *Gray, W. H.*

Enlisted (a) *12/4/15* Terms of Service (a) _____ Service reckons from (a) *7/1/15*

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		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				
<i>20.6.15</i>	<i>Ob. 23rd</i>	<i>Taken on str. from 35th Homecraft</i>	<i>4.6.15</i>	<i>Part II 190. 143</i>	
<i>17.7.15</i>	<i>—</i>	<i>Embarked for France</i>	<i>16.7.15</i>	<i>—</i>	<i>166</i>
<i>26.7.15</i>	<i>Ob. 3rd</i>	<i>Arrived Staker on str. Boulogne</i>	<i>17.7.15</i>	<i>R.C.S. 146</i>	
<i>31/10/15</i>	<i>"</i>	<i>Sent to trench mortar school for training</i>	<i>28/10/15</i>	<i>R. 213.</i>	
<i>4-5-16</i>	<i>"</i>	<i>Rejoined Unit for 2. Lt. Can. T. M. Bty.</i>	<i>26-4-16</i>	<i>R. 213.</i>	
<i>5/4/16</i>	<i>Pvt. 20. Sen. James Cameron</i>	<i>Lt. St. R. Kne. (Sen.)</i>	<i>Admitted</i>	<i>5-5-16</i>	<i>Ob. 213</i>
<i>6-6-16</i>	<i>Dr. Dr.</i>	<i>S. St. Pt. Kne. (Serravallo Pl)</i>		<i>6-6-16</i>	<i>Ob. P. 16712.</i>
<i>14-6-16</i>	<i>Dr. Dr. Antwerpen</i>	<i>Lt. St. Kne. Pt.</i>	<i>Trans. to England.</i>	<i>14-6-16.</i>	<i>Ob. 2085. Part II added Ob. 25. 9/- 5/1-6-16.</i>

W. H. Sinclair
LIEUT.
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, Shoing 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. 86, 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. 86, or other official documents.
Date	From whom received				
2/4/46					Taken on strength C.C.A.C. Pt. II D.O. No. 250
30/10/46					<p>ATTACHED TRANSFERRED FROM C.C.A.C. TO <i>C.C.A.C. No. 1000</i> PART II D.O. No.</p> <p><i>P. G. Edridge</i></p>
					<p>DISCHARGED. under Para 392, Sec. 16, K.R. & O. 1912. Being no longer physically fit for war service.</p> <p><i>P. M. Havelton</i> for Commandant. Canadian Casualty Discharge Dept.</p>

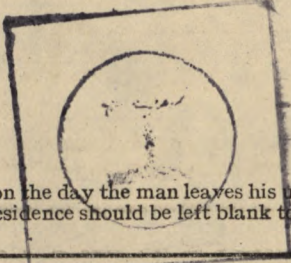
Name in full

Gray, Walter Henry

Rank. Private

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>A 4093</u>	Army Rank <u>Private</u>
Name <u>Gray, Walter Henry</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>C. C. A. C.</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>Jan 21st /17.</u>	
Place of discharge <u>Toronto</u>	
1. <u>Description at the time of discharge.</u>	
Age <u>21</u> years <u>4</u> months Height <u>5</u> feet <u>10</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>Fair</u> Eyes <u>Blue</u> Hair <u>Fair</u> Trade <u>Labourer</u> Intended place of residence { _____ (To be given as fully as practicable) { _____	Descriptive marks. <u>4 rc. marks l. arm.</u> <u>Op. scar r. knee.</u> 
2. The above-named man is discharged in consequence of <u>Para. 392, Sec. 16, K. R. & O. 1912.</u> <u>Being no longer physically fit for war service.</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
To be filled in on the soldier quitting the Colours.	3. Military character :— VERY GOOD 4. Character awarded in accordance with King's Regulations :— <div style="text-align: center; color: red; font-weight: bold;">CANADIAN DISCHARGE DEPOT,</div> Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case. <div style="text-align: right; color: red; font-weight: bold;">A. D. of R. & O.,</div> <div style="text-align: right; color: red; font-weight: bold;">Initials of Commanding Officer.</div>
Army Form B. 2088 has been issued to*	

Wes. Comp. 31/19 EP.

Sanded 3/2 + 1/1/17

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay Class

6. Campaigns, Medals and Decorations

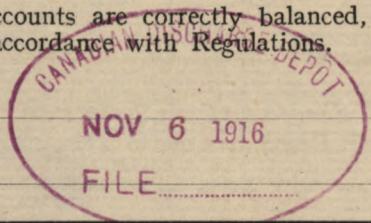
France 11 months

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____

(Date) _____



CANADIAN DISCHARGE DEPOT

Arthur Maff

..... Lieut.-Col.
A. D. of R. & O. Regiment.
Officer Commanding,

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) _____ (Signature of Soldier.)

(Date) _____ (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 at 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 towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " _____

Total " " _____

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) *Toronto*

(Date) *Dec 27th /16.*

Signature *R. Wilson Major*
O. C. "D" Unit M. H. C. Command

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

2
21/19
206
226

JAN 3 1917

LIST OF DISCHARGE DOCUMENTS.

R. C. JAN -3 1917

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). (Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any). (Army Form B. 221.)
8. Court of Inquiry on an injury (if any). (Army Form A. 2.)
9. Regimental conduct sheet. (Army Form B. 120.)
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178.)
13. Medical report on invalid (if any). (Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depôt for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103.)
20. Employment sheet. (Army Form B. 2066.)

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

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority.)
2. Medical history sheet (if any). (Army Form B. 178.)

Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

3733

ORIGINAL.

D.P.C. - 8910

PR. 4 & 2R. 114 2R.

MEDICAL HISTORY SHEET.

25 OCT 1916

Surname: Gray Christian Name: Walter Henry

Examined on 5 day of April 1915 at Toronto Birthplace: City or Town Northfleet. County Kent. Eng. Apparent age 19. Trade or occupation Laborer. Height 5 Feet 9 Inches. Weight 150 Lbs. Chest measurement: Minimum 34 1/2 inches. Maximum expansion 2 1/2 inches. Physical development Good. Small-Pox Marks None. Vaccination Marks: Arm Right Left. Number Four. When Vaccinated last Child.

Table with columns: Date, Fit or Unfit, EXAMINED FOR RE-ENGAGEMENT, VACCINATIONS, ANTI-TYPHOID INOCULATIONS, ETC. Includes handwritten 'M.O.' and 'M.O.' entries.

27 JUN 1916

Enlisted on day of 1915 at

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes handwritten 'B Coy', '35 Batt', 'A.4093'.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes handwritten 'Shereham Oct 28/16', 'G.S.W.', 'Approved', 'Discharge', 'R. Brown', 'Pae'.

APPROVED CAPTAIN... DEMANDING... CANADA... For D. D. M. S. Includes various stamps and signatures.

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.

Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
3rd Gen. Hosp., Cardiff		15	6	16	28	6	16	Jaundice	14	Transferred to Can. Gen. Hosp., Wokingham, Col.	D. Hylbrom
3rd Western Gen. Hosp. Cardiff		15	6	16	31	8	16	G&Wd. rt knee.	78.	Has much pain in leg; injury brachial nerve but no H. to be seen	W. Doyle Capt Lambton
Col. H. Bean Wood		31	5	16	24	10	16	D.	47.	Disc to C.C.C. for Board.	J. Harris Capt

DISCHARGED.

under

Para 392, Sec. 16, K. R. & O. 1912.

Being no longer physically
fit for war service.

Wm. Hamelton
for Commandant.

Canadian Casualty
Discharge Depot

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 4389 Year	Regimental No.	Rank.	Surname.	Christian Name.	<i>L.C.</i>
	<i>A 4093</i>	<i>Pte.</i>	<i>Gray</i>	<i>W.H.</i>	
	Unit.		Age.	Service.	
	<i>3rd</i>		<i>21</i>	<i>20/12.</i>	
Station and Date.	Disease				
31 AUG 1916	<i>gsw. Rt. knee.</i>				
<i>04.</i>	<i>Spus June 3rd 16</i>				
	<i>To 20th Etoiles June 5th 16</i>				
	<i>3rd Troop Coy Cardiff June 16. 16</i>				
	<i>Bearwood July 31. 16.</i>				
	<i>S.T. W's healed. Spr. ligature of popliteal</i>				
	<i>Spr 4th June result good</i>				
	<i>P.C. G.C. Jax</i>				
	<i>T. Rest. Massage.</i>				
<i>25/10/16</i>	<i>Discharged to B.M.B. Board.</i>				
	<i>..... Captain,</i>				
	<i>Med. Off., Canadian Convalescent Hospital,</i>				
	<i>Bear Wood, Wokingham, Berks.</i>				



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

Cardiff

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
11426	A.4093.	Privates	Gray	Walter
Year	Unit.		Age.	Service.
1916	3rd Batt: 1st Canadians.		21	1 year 5 months
Station and Date.	Disease			
3 rd W G H	G.S.W. of Knee.			
Cardiff	Wounded June 3 rd at Ypres by high explosive.			
16.6.16	Struck by behind right knee in popliteal space injuring the popliteal artery. Taken to 3 rd Canadian clearing station where he underwent an operation for ligation of vessel. Had lost a considerable quantity of blood and felt very weak. Sent to 20 th Gen Hosp. Bameis on June 5 th and transferred to England 14.6.16.			
	P.C. - Slengates wound of popliteal space extending from lower part of space $\frac{1}{3}$ way up the thigh. Wound is closed except about 2" over middle of space. Sinus leading upwards for about 2 inches but apparently not leading to bone.			
26.6.16	Complains of severe shooting pains in leg.			
5.7.16	Pain in rt foot. no better. 1 Sinus Surge ps iii + in J.			
31-8.16	Transferred to Canadian Bone Camp 2 L Dsare Wokingham Capt Ran G (1)			

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

Station
and Date.

MEDICAL CASE SHEET.*

649-9-1872
APR -2 1917
H.Q. CANADA

No. in Admission and Discharge Book
114 26
Year
1916

Regimental No. A. 4093 Rank. Pte Surname. Gray Christian Name. Walter
Unit. 3rd Batt. 1st Canadians Age. 21 Service. 1 Yr. 5 1/2 Mo.

Station and Date.
3rd B.G. H.

Disease GSW at knee.

Cardiff.
16.6.16.

Wounded June 3rd at Ypres by high explosive. Struck behind right knee in popliteal space, injuring the Popliteal Artery. Taken to 3rd Canadian clearing station where he underwent an operation for ligation of vessel. Had lost a considerable quantity of blood and felt very weak. Sent to 20th Gen Hosp Camiers on June 5th and transferred to England 14.6.16.

P.C. Elongated wound of popliteal space extending from lower part of space $\frac{1}{3}$ way up the thigh. Wound is closed except about 2" over middle of space. Sinus leading upwards for about 2 inches but apparently not leading to bone.

25.6.16
5.7.16

Complaining of severe shooting pains in leg. Pain in rti' foot no better.

31.8.16

Transferred to Canadian Conv Camp
Wokingham
Wokingham
Capt Rambo

2/11/2
2235

Station
and Date.

249-2-4-12

MEDICAL CASE SHEET

KR
K125

APR 21 1917

Surname

Christian Name or Names

Reg. No.

494093

Rank

Unit

Co.

Troop

Batty.

Hospital

Date of Admission

#20 Gen. Camiers

6.6.16

Transferred

3rd

Western Gen. Cardiff

Hosp. 16-6-16

Bearwood Wokingham

Hosp. 1-9-16.

Wokingham Convales.

Hosp. 24.10.16

Hosp.

Diagnosis

S.W.R. knee

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

6.6.16 A375
4.6.16 A379
" 24-6-16 B95
a.l. 5-9-16 B149
30.10.16 B196

REMARKS

O.C. hosp. reports.

Seriously ill
4.6.16

ran out of danger
12.6.16

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.

R

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Name GRAY W. H. Rank Pte Regt. No. A4093 Unit "D"
 Battn. 3rd Camp or O.S. O. File M.H.C.C. H.Q. File _____
 Pension awarded _____ Date of first payment _____
 Discharged to Class 3 Conduct on discharge Good
 Next of kin Mother, 168 Mulock Ave., Toronto.
 Address on discharge -DO-

DATE	CLASS	REMARKS	PART 2 ORDER
21-1-17	3	Discharged	#10
4-12-16		C.M.C.H.	

NAME

Gray Walter Henry ^{649 G. 1872}S.O.S. Dis ²
21/1/17 Over

RANK & NO.

Pte

A 4093

~~A 4102~~

CORPS

~~35th~~ Battalion 1st Reinforcement Dept

ENLISTMENT, PLACE

Toronto

DATE

12th April 1915 (S)

FORMER CORPS

Nil

COUNTRY OF BIRTH

(England) Kent

NEXT OF KIN

Gray Mrs E. (Mother)

ADDRESS OF NEXT OF KIN

~~401. Weston Rd~~^{West}
168. Mulock Ave. Toronto, Canada.

DISCHARGE, PLACE

DATE

Sailed from Montreal Per S.S. "Metagama" 4/16/15

97
2

REMARKS:

Taken on strength 3rd Batt., 12/2/15. Quith: Part D, No. 23, In the field 21/2/15.

~~XXXXXXXXXX~~

200m

404093

Number

~~410093~~

Rank

Pvt

~~P~~

Surname

GRAY

Christian Name

*

Walter Henry

~~V~~

Units

3rd Bn C. Inf.

Theatre of War

France

Date of Service

16.7.15

Remarks

204 Rosethorne Ave.

Latest Address

~~48 Mulock Ave~~

~~4 Grant St~~

Roll No.

B. Page 13660.

Silverthorn

200m.-2-21.M.

Founts, Ont

DESP. JUN 15 1922

REGN. NO.

YR 21434

2

H. Q. FILE No. 649-

NAME

Gray Walter Henry

REGT'L. NO. A 4093

RANK AND CORPS

Pte

3rd Battalion Com 28th Br +

CABLE

NO.

DATE

C

NATURE OF CASUALTY

35th Bn.

M 7640

8-6-16

Adm. No. 20 Gen. Hosp. Camiers June
6th seriously ill - Shrapnel knee!

08000

13-6-16

Prev. rep. seriously ill #20 Gen. Hosp.
Camiers, out of danger, June 12th.

Y 292-

20-11-16

Sailed for Canada per the S.S. "Corsican"
Nov. 17th 1916 g.i.w. P. leg.

9 - M 11 2.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 375	O.C. #20 Gen. Carriers sep. seriously ill.	6-6-16.	S.W. R. knee
A 379	O.C. No. 20 Gen. Carriers	12-6-16.	Now out of danger
B 95-2	3rd West. Gen. Cardiff	16-6-16	Gt. W. R. Knee.
B 149 ⁵⁰	Do Can. Con. Bearwood Pk Wokingham	1-9-16	S. W. R. Knee - 122-9-16
B 196-	Can. Con. Bearwood Wokingham Discharged	24-10-16	" " "

Name Gray, Walter Rank
Henry

Pte.

Reg. No. A4093.

Unit 3rd. Batt.

Next of Kin Canada.

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
6.6.16	O.C. No. 20 Gen. Hosp. Casualties reports:- Seriously Ill		S.H. R. Knee	A		
12.6.16	now out of Danger		do	375	16/40	15/16
16.6.	3rd West. Gen. Hosp.	Cardiff	do	A349	8000	
1.9.	C.C.H. Bea wood	Wolverhampton	-do-	B95		
24.10.16	Discharged.		do	B199		

No. 404093. RANK

Pte

NAME

Gray W

36

T. O. S.

UNIT

Discharge depot. Dubuque

M. D.

5

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID
FROMPAID
TOSIG.
OR
REC'T

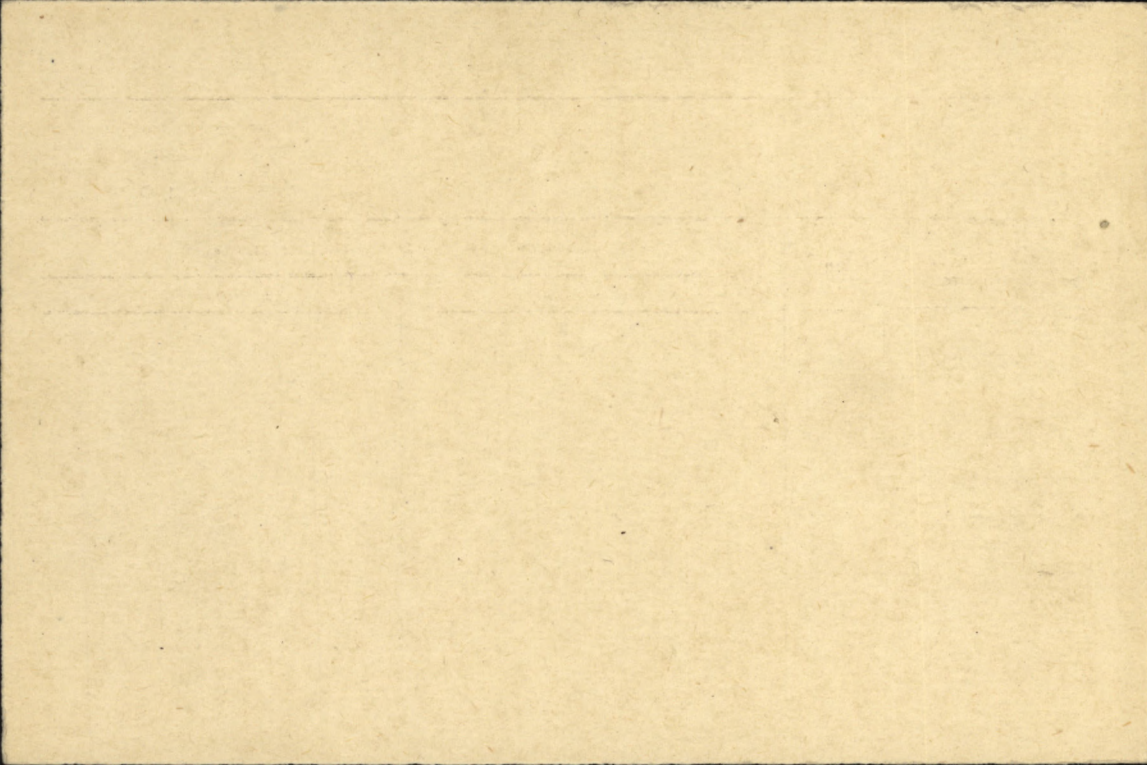
PARTICULARS

AUTHORITY

1916
Due no
1916
dates

✓

23rd.



CANADIAN CONVALESCENT HOSPITAL,

A. & D.
CARD.AT *Convalescent Hospital,**Bear Wood, Wokingham, Berks.*

Regt. No. *A 4093.* A. & D. No. *4339*

Rank *Pte.* Corps *3rd Bu.*

Name *Gray, W. H.* Age *21* Religion *C.E.*

Service at Home *9/12*

„ „ Front *11/12*

Diagnosis *G Swrt. knee.*

Admitted *31 AUG 1916* *3rd West. Gen. Cardiff*

Discharged *25 OCT 1916* *Club Board Can*

Place in Hospital *O.4* *Aut 4*

M. H. Rec'd

Transferred

Results

(See Document card)

REMARKS:

Ypres.

3/6/16.

Adm. No 20 Gen. Etaples.

5/6/16.

3rd Western Hosp Cardiff.

15/6/16.

Bearwood

31/8/16.

S.T. W'd healed. oper. ligature of poplites. Oper with few, result good.

Pb. G. b. Fair.

T. Rest. Massage.

8802/175

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

7339-W-1

Name GRAY, Walter, Henry,
Surname Christian Name

Regimental Number ^AC4093 Rank Pte.

Unit 12th Res. Bn. * 404093

Original Unit 35th (1st R.D.) Bn.

District where paid M.D. 2,

Date of Discharge 21-1-17.

P. D. P. Filing Number 3-40-2

Address (in full)
168 Mulock Ave.,
Toronto, Ont.

W

Rates:—Regimental pay \$ 1.00 per diem: Field Allowance \$.10 per diem. Separation Allowance \$ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100.10	670	21-8-17	33.00	664	21-9-17	33.00	663	21-10-17	34.10		100.10
	1498 1st 937647	12/3/19	70.00								
	1593A 2nd 935472	12-3-19	70.00								

M. F. W. 127.
50M-6 17.
1772 39-1140.

Remarks:

Dec'n No 8802/175 W. S. G. File No 07339-IV-84
 Award ... days at \$ 70. per day \$ 350.00
 S. A. months at \$ per mo. \$ \$
 Less P. D. P. Credited \$ 100.10
 \$
 Less further debit balance \$
 Net due paid as below 249.90

S. 168 Mulock Ave W.
 Toronto

13-3-19
 13-3-19
 9/4/19
 17-5-19

TO SOLDIER TO DEPENDENT						
0	Ag. No	Ch No	Amount	Ag No	Ch No	Amount
1	1798	937677	70-00	✓		
2	1593A	935472	70-00	✓		
3	74013	118849	70-00	✓		
4	573	0452859	39 90	✓		
5						
6						
	Total		249 90	Total		

debit of 6.08 against the %
 alternative - 6-8-17
 gate

GEN'L AUDITOR
 Posting checked by
Burchett
 Date 29/7/19

Rank

Name

GRAY Walter Henry

Reg'l No. ⁴⁰ X4093

Unit

C.C.A.C.

If in perm. Corps,
What Unit?

Married or Single

Single

Place and Date of Enlistment

Toronto, 12 April 1915

Place of Birth

England

Name and Address, Next-of-Kin

Mrs R. Gray

Relationship

Mother

Assigned Pay Monthly \$

15

Payable to

Next of Kin

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

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						
1915																	
June 14	30	17	1	17	17	10	170	18 70	162	221	15	15	30	11 30			
July 1	31	31	1	31	31	10	310	34 10 22 80	286	7 50	15	11 30	22 50	30	to 3 rd Batt		
								60							90	Exch. 60	
18	31	31		31	31		310	34 10		7 92	15		17 92	17 00	R		
19	31	30		30	30		300	33		10 81	15		25 81	21 27			
110	31/10	31		31	31		310	34 10		5 59	15		20 29	38 08			
111	30/11	30		30	30		300	33		5 36	15		20 36	50 72			
112	31/12	31		31	31		310	34 10			15		15	69 62			
111	31	31		31	31		310	34 10			15		15	88 92			
112	29/2	29		29	29		290	31 90		20 19	15		35 19	85 63			
113	31/3	31		31	31		310	34 10		68 02	15		83 02	36 71			
				292			2920	60 321 80		150			285 09	36 71			Rb

BALANCE TRANSFERRED TO NEW LEDGER



MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

466

To Whom *Mrs. E. Gray*
Address *168 MULOCK AVE WEST*
401 Weston Road
Toronto, Ont.

By Whom Assigned *Gray, W. H*
Regtl. No. *404093*
Rank *Pte* *1st*
Corps *35th Batt. Reinforcement.*

Rate *\$15 ⁰⁰/_{XX}*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Stop Payments</i> <i>Deal 1/16</i> <i>Discharged to Canada</i> <i>3M. 6/11/16 etc. 11/12/16</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			<div data-bbox="1402 1008 1583 1152" data-label="Text"> <p>COPIED FOR 3 CASUALTIES.</p> </div> <p><i>As Cable Cal. Hard 8-7-15-</i></p> <p><i>Discharge</i></p>
Feb.				
March				
April				
May				
June		<i>P700</i>	<i>15-00</i>	
July				
Aug.		<i>Q25700</i>	<i>30--</i>	
Sept.		<i>J4274</i>	<i>15--</i>	
Oct.		<i>U5202</i>	<i>15--</i>	
Nov.		<i>QV3360</i>	<i>15--</i>	
Dec.		<i>X5551</i>	<i>15--</i>	
Jan.	1916	<i>Y9037</i>	<i>15--</i>	
Feb.		<i>Z12359</i>	<i>15--</i>	
March		<i>K15609</i>	<i>15--</i>	

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2

Wm E. Gray

PAYMENTS.

Name of Soldier

Gray W.H. 467
35th Batta. 15th Reinforce.

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$15⁰⁰</i>
April	1916	<i>J 1294</i>	<i>15</i>	
May		<i>U 4375</i>	<i>15</i>	
June		<i>V 8084</i>	<i>15</i>	
July		<i>K 11160</i>	<i>15</i>	
Aug.		<i>S 13626</i>	<i>15</i>	<i>Stop Payt 1/12/16</i>
Sept.		<i>S 17346</i>	<i>15</i>	
Oct.		<i>S 22465</i>	<i>15</i>	
Nov.		<i>G 27415</i>	<i>15</i>	<i>9 70⁰⁰</i>
Dec.				<i>Retd S. Corsican 17/11/16 7X 118</i> <i>Stop of Dec 1/16 case 11/12/16</i>
Jan.	1917			
Feb.				
March		<i>P.P. 24/17</i>	<i>20</i>	
April		<i>270</i>	<i>270</i>	
May				<i>Pension granted 22 1/4 2006</i>
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

W.E.G.

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.				

MARRIED OR SINGLE *S*

PLACE OF BIRTH *England*

NAME AND ADDRESS OF NEXT OF KIN *M^{rs} E Gray
401 Weston Road Toronto Canada*

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No *404093* RANK *Pte* NAME *Gray Walter Henry*

IF IN PERM. CORPS WHAT UNIT *3rd Batt* TRANSFERRED TO *b.b.a.b* DATE *14.6.16* AUTHORITY *180247-21.6.16*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *Yhoorh* DATE *12* AUTHORITY *18394*

PLACE OF ATTESTATION *Toronto* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *12 April 1915* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *15⁰⁰* DATE EFFECTIVE *14 June 1915*

PAYABLE TO *M^{rs} E Gray 401 Weston Road Toronto Canada* RELATIONSHIP *Mother*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *4/11/16* EFFECTIVE *1/12/16* REASON *Disch^a to Canada*

DISCHARGE DATE AND PLACE *6 hours Canada* REASON AND AUTHORITY *b.b.12394. 31/10/16*

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *7/1/16*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Entered on N.E. Card Index
Checked by
NOV 1916
INDIAN CONTINENTS

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		No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4	CREDIT	DEBIT										
			\$	c.			\$	c.			\$	c.														No.	DATE				No.	DATE			
April 1			292				29	20							60	321	80								150		285	09	36	71					
30	30	1	30		30	10	3									33									15		18	49	51	23					
May 1	31	1	31		31	10	3	10								34	10								15		22	73	62	59					
June 1	13	1	13		13	10	1	30								14	30								15		15		61	89					
14.30/16	17	1	17		17	10	1	70								18	70								15			80	59						
July 1			31				3	10								34	10								15		15		99	69					
Aug 1			31				3	10								34	10								15		15		118	79					
Sept 30			30				3									33									15		17	43	134	36					
Oct 31			31				3	10								34	10								15		15		153	46					
1/16	6	1	6		6	10	6	60								660									15		1866	141	401						
Jan 17																580										15		82	73	58	67				
Feb 1917																58	67									15		5867	58	67					
9/16 March 1917																216	376									15		1	22		1	22			

let R. to ...

Checked by *M. H. ...*

*23668/10 ...
22994/10
22801/10*

Balance transferred to N.E. Branch

Trans to "Canada Discharge a/c"

*Disch^a to Canada
b.b.12394. 31/10/16
Stop pay from 1/12/16
Pay back to ...
* Thompson Robert
C.P.C. issued 1/1/16
Trans N.E. 7/1/16
* 1/1/16 of ...
at 2.8.67 1.7.67 ...*

Card Forward

WP

Overseas

114699

Medical Report on an Invalid.

Station Bearwood, Berks.

Date 19-10-16

- 1. Unit. 3rd Battalion (12th Bn.)
- 2. Regimental No. 44093 (A.P.)
- 3. Rank Private
- 4. Name Gray, W.H.
- 5. Age last birthday 21
- 6. Enlisted on 14th January
at Toronto
- 7. Former Trade Laborer
or Occupation

8. Disability.

G.S.W. Right Knee.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. 3rd June, 1916.

10. Place of origin of disability. Ypres

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
Was hit by shrapnel bullet above right knee in front, the bullet coming out behind in the poplital space. Was unconscious from loss of blood.

3rd Can. C.S. Poperinghe 4th June.

Operation for ligature of poplital artery.

28th G.H. Camiers 5th to 14 June.

3rd W.G. Cardiff, 15 June - 31st Aug.

Wound healed. Bearwood 31st August.

Pain in foot and leg. Improving.

12. (a) Give your opinion as to the causation of the disability.

Shrapnel,

(b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).

(1) Yes, shrapnel

(2) Yes

Station

Date

Date

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Patient's general health is good
Medical Report on
Delayed the wound and

There is a scar about 10 inches long behind the right knee and thigh where incision was made to tie the popliteal artery. The collateral circulation is well established.

14. If the disability is an injury, was caused

- (a) In the presence of the enemy? **Yes**
- (b) On active service? **Yes**
- (c) On duty? **Yes**
- (d) Off duty? **No**

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

not applicable

16. Was an operation performed? If so, what?

Yes, Ligature popliteal artery

17. If not, was an operation advised and declined?

No

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

Not applicable

19. Do you recommend

- (a) Fit for duty? **No**
- (b) Fit for base duty? **No**
- (c) Invalided to Canada? **No**
- (d) Discharge as permanently unfit? **Yes**

W. Brotherton Capt.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

Station _____

W. Brotherton Major
Officer in charge of Hospital.

Date _____

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).
- (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. Proceedings

(b) If due to one of these causes, to what specific conditions do the Board attribute it? **G.S.W. Right Leg.**
Wound completely healed, but leg below it quite cold and shows marked atrophy of calf. painful on standing. General condition good.

21. Has the disability been caused or aggravated by
- (a) Intemperance? **No.**
 - (b) Misconduct? **No.**

22. Is the disability permanent? **Yes, for Military life.**

23. If not permanent, what is its probable minimum duration? **Not applicable.**

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? **TOTAL FOR 3 MOS. THEN 1/2 for 3 mos,**

In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, 3/4, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable? **Not applicable.**

26. Do the Board recommend
- (a) Fit for duty? **--**
 - (b) Fit for base duty? **--**
 - (c) Invalided to Canada? **---**
 - (d) Discharge as permanently unfit? **Yes.**

27. Remarks.

APPROVED

CAPTAIN, C.A.M.C. FOR D. OF R. & O. FOR
 BRIGADIER GENERAL
 COMMANDING
 CANADIAN TRAINING DIVISION,

Signatures:—

Station Shoreham
 Date 28 OCT 1916

B. J. ... President.
W. ... Members.

Approved.
 Station Shoreham
 Date 29 OCT 1916

C. ...
 Administrative Medical Officer.
 Captain, C.A.M.C.
 for A.D.M.S., Canadians, London Area.

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at

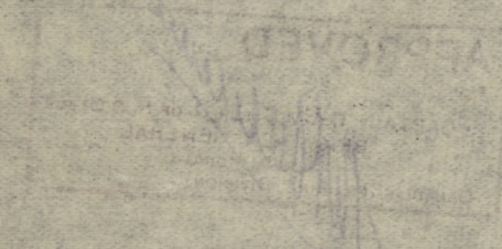
Prior Park, Bath, England, on the _____ day of _____ 191__

Members of Board.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

- 30. (a) State whether the disability is the result of injuries received or illness contracted in the presence of the enemy, or on active service. It is therefore essential when assigning the cause of the disability to discriminate between them (see Article 641 to 643 of the Canadian Pay and Allowance Regulations).
- (b) In answering question 30 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- 31. Has the disability been caused or aggravated by:
 - (a) Intemperance?
 - (b) Misconduct?
- 32. Is the disability permanent?
- 33. If not permanent, what is its probable minimum duration?
- 34. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?
- 35. In bearing the extent of his inability to earn a livelihood, estimate it at _____% of total income.
- 36. If an operation was advised and declined, was the refusal unreasonable?
- 37. Do the Board recommend:
 - (a) Fit for duty?
 - (b) Fit for base duty?
 - (c) Invalided to Canada?
 - (d) Discharge as permanently unfit?
- 38. Remarks.



Signatures: _____

President.

Signed at Prior Park, Bath, this _____ day _____ 191__

Members of _____

Administrative Medical Officer.

Station _____
Date _____

Approved.
Station _____
Date _____

Form to be used instead of blank space on Army Form 179

Proceedings of Medical Board at Discharge Depot



Number Rank Name & Corps of disabled soldier.
A 4093 Pte Gray, Walter Henry - 3rd Bn 12th Reg
Previous civilian occupation. Labourer 649 G-18 1916

Cause of disability:- Results of ESW + ligation right Popliteal artery.

Condition in detail which prevent the soldier earning a full livelihood: Right leg is not quite up to normal strength but is improving rapidly. Right leg & foot becomes cold easily altho collateral circulation is taking on the work of the ligated popliteal vein will small scar of shrapnel bullet front of right thigh just above patella - Emerged behind in popliteal space. There is 6" scar about middle of popliteal space from incision for ligation of artery which was injured. Up till 3 weeks ago would require support of a cane in walking in account of weakness of leg. Walks well now without aid & will soon be quite fit to earn a living.

Opinion of the Board. Degree of incapacity (Please state in fractions)

1/5

Probable duration of incapacity.

3 months

Does it render him permanently unfit for military Service? Yes

Would operation, special treatment or the use of appliances etc., lessen incapacity? How and when Home

Signature W. W. Carver Major President.
C. J. Robertson Capt Members
W. W. Walpe Capt

Station. Quebec

Date Nov 29/16

Approved. W. W. Carver Major Assistant Director Medical Services.
Date Nov 29/16

Date 10 12 16 J. D. McKay Capt Director General Medical Services.

Handwritten notes: Carded 18-12-16, B.S., Banded 20 4/11/17

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Report No.

3421

Class

II

No. of M. H. C. File

No. of Local File

No. of H. Q. File

W.H. Gray
168 Mullock Ave.
Toronto, Ont.

No. A 409 3 Rank Pte Original Unit 35th Bn. Present Unit 12th Bn.
Age 21/4 Height 5 ft. 10 ins. Complexion fair Eyes blue Hair fair Character franc
Date of enlistment 14/1/15 Where enlisted Toronto Where seen service France
Ship returned by Borsican Date of arrival 27/1/16 Port of arrival St John, N.S.
Birthplace England Religion C. of E.

Name and address next of kin
Mother above address

Cause of disability
Results of G.S. W. & ligation Right Popliteal artery

Condition which prevents the soldier from earning a full livelihood

MILITIA & DEFENSE
DEC 6 1916
H.Q.

Degree of incapacity (Please state in fractions) Eng. Board 1/2 Gms Canadian Board 1/5

Probable duration of incapacity 3 mos.

Is final disability likely to prevent return to previous occupation?

Recommendation of Canadian Board Convalescent Home

Destination to which transportation issued Toronto

Members of Board

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife	/				
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment Labourer
Regular trade or profession do
Average earnings previous to enlistment 30¢ per hr. Any other income
Name and address of last employer G. Thacker, Toronto West

Rent per month _____ If purchasing property amount due and annual payment, \$ _____ \$ _____

Taxes _____ If Homestead, when is patent due? _____

If carrying life or accident insurance, annual premium _____

If in receipt of sick benefits or other insurance—name of society _____ Amt. per mo. \$ _____

If unable to follow previous occupation, name preference Tight work

At what age soldier left school? _____ What grade, standard, &c., was he in? na.

Has he taken any Technical or Continuation classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

References Last group
Witness Armine Naughton declare that the above statement is correct.

Date 29/1/16 Signature W.H. Gray

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

Last Pay Cert. Cr., \$ _____ Dr., \$ _____ Amount paid at Depot H. Q., \$ _____ L. P. C. leaving Depot, \$ _____

Amount forwarded to H. Q. Unit, \$ _____ Credit Clothing allowances, \$ _____

Transf'd to Unit—Date _____ Transf'd Class 1—Date _____ Transf'd Class 3—Date _____

PENSION—Class..... Amount per year, \$..... Period granted for..... Dating from.....

First payment date.....

CLASS 3.—Men having a permanent disability which would not be benefited by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.

CLASS 2.—Men whose condition may be benefited by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period.

CLASS 1.—Men for immediate discharge without a pension.
(a) Unit for overseas service but capable to take up their previous civilian occupation.
(b) Disability not the result of service or involving claim as the result of or aggravation by service.

Report No. 121

Class

No. of M. H. C. File
No. of Local File
No. of H. Q. File

Rank
Age
Date of enlistment
Place of enlistment
Date of arrival
Where enlisted
Where seen service
Port of arrival
Religion

Number and address next of kin
Cause of disability
Condition which prevents the soldier from earning a full livelihood

Degree of incapacity (Please state in fractions) and Board
Probable duration of incapacity
Is final disability likely to prevent return to previous occupation?
Recommendation of Canadian Board
Description to which transportation tented
Members of Board

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children					
1					
2					
3					
4					
5					

Occupation prior to enlistment
Regular trade or profession
Average earnings previous to enlistment
Name and address of last employer
If purchasing property amount due and annual payment \$
If homestead, when is payment due?
If carrying life or accident insurance, annual premium
If in receipt of sick benefits or other insurance, name of society
If unable to follow previous occupation, name of business
At what age soldier left school?
What grade standard, etc., was he in?
Has he taken any Technical or Continuation classes, if so what?
Whether given Vocational Training while in Hospital in England. If so, what subjects?
References
Where
Date
I declare that the above statement is correct
Signature

Recommendation of Interviewer as to classes likely to be of use, and general remarks
Last Pay Cert. Ct. \$
Amount forwarded to H. Q. Unit \$
Credit Clothing allowance \$
Amount paid by Det. E. O. \$
L. F. C. leaving Depot \$
Pension Class \$
Amount per year \$
Period granted for \$
Date
Unit Date
Transf'd Class 1 Date
Transf'd Class 3 Date
Dated from

Address: 168 Mulock Ave. Toronto. Ont.
 next of kin:

MEDICAL HISTORY OF AN INVALID.

1. Station. Toronto.
2. Regiment or Corps. 12th Res.
3. Regimental No. and Rank. A 4093
Pte.
4. Name. W.H. Gray.
5. Age last Birthday. 21
6. Enlisted on Jan. 14th 1915
at Toronto.
7. Former Trade or Occupation. Labourer
8. General remarks on his —
 (a) Conduct. Good
 (b) Habits. good
 (c) Temperance. good
- (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
- Date. Dec. 20. 16.



9. Service.	Years.	Days.	
		FROM.	To.
Canada.	Jan. 1915	June 1915	
England	June 1915	July 1915	
France.	July 1915	June 1916.	

10. (a) Disease or disability. Poor circulation in rt. leg.
- (b) Date of origin. June 3rd. 1916.
- (c) Place of origin. Ypres.
- (d) Cause. S.W.

11. Present Condition. (Most Important)
 (To include full description of present disabling condition or conditions)

Right leg aches if he stands for any length of time. He cannot walk as far as before enlistment but about four or five miles without feeling it. There is long scar up side & back of leg from shrapnel wound where popliteal artery was severed & ligatured later.

12. (a) Is the disability the result of service or climate? Service
- (b) Has it been aggravated by intemperance, vice or misconduct? no

Recorded 328
4/1/17.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Five Vaccination marks on left arm.
Long scar up back of rt. leg. -

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

On duty.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Ypres Canal - on way up to trenches.

14. Treatment

Amputations, Proper singe, Cardiff. Operation, dressings & massage.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

not applicable

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

One year.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

1/10

18. State if for discharge on account of unfitness for Service.

yes.

G. H. Carpenter Capt.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes

11. yes

12. yes

15. yes

16. ~~yes~~ no. six months

17. No. 1/5 for six months

18. Is he unfit for Military Service. Yes

Recommendations :

That he be discharged and suitable compensation arranged

Signatures :-

James M. G. President.

W. B. Neely Capt

Station. SPADINA MILITARY HOSPITAL

Date. Dec. 21, 1914

F. J. Munn Capt

Date. 22/12/16

Approved.

Date. 19/3/17

F. J. Munn Assr. Director of Medical Services.

W. B. Neely Capt
Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10.
11.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

18. Is he unfit for Military Service?
 Recommendations:
 ...
 ...
 ...

Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
 130 m-5-16.
 H. Q. 1772-89-117.

Station	Corps	Regimental No.	Rank	Name	Disability	Date	Hospital or Station transferred to for final disposal.	Date of final disposal	How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.