

Card  
28.10.16  
mdw

# ATTESTATION PAPER.

DUPLICATE  
No. 681611

5

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- |                                                                                                   |                                    |
|---------------------------------------------------------------------------------------------------|------------------------------------|
| 1. What is your surname?                                                                          | GRAHAM                             |
| 1a. What are your Christian names?                                                                | Daniel.                            |
| 1b. What is your present address?                                                                 | #119 Euclid Ave., Toronto, Canada. |
| 2. In what Town, Township or Parish, and in what Country were you born?                           | Lions Head, Ont., Canada.          |
| 3. What is the name of your next-of-kin?                                                          | Mrs. W. J. Field.                  |
| 4. What is the address of your next-of-kin?                                                       | #119 Euclid Ave., Toronto, Canada. |
| 4a. What is the relationship of your next-of-kin?                                                 | Aunt.                              |
| 5. What is the date of your birth?                                                                | March 5th, 1892.                   |
| 6. What is your Trade or Calling?                                                                 | Oiler on Steamboat.                |
| 7. Are you married?                                                                               | Single.                            |
| 8. Are you willing to be vaccinated or re-vaccinated and inoculated?                              | Yes.                               |
| 9. Do you now belong to the Active Militia?                                                       | No.                                |
| 10. Have you ever served in any Military Force?<br>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 }<br>CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } | Yes.                               |

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Daniel 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.

Daniel Graham (Signature of Recruit)

Date April 3rd. 191 6. W. Edmister (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Daniel 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.

Daniel Graham (Signature of Recruit)

Date April 3rd. 191 6. W. Edmister (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, Canada this 3rd day of April. 191 6.

W. Edmister (Signature of Justice)

# Description of Daniel Graham on Enlistment.

Apparent Age 24 years 1 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 39 ins.  
Range of expansion 4 ins.

Complexion Fair

Eyes Blue

Hair L. Brown

Religious denominations. { Church of England  
Presbyterian Pres.  
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).

Small scar Rt. Knee.

## 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 3rd. 191 6.  
Place Toronto, Canada.

\*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:—

Jas. W. Barton  
Captain  
Medical Officer.  
Toronto Recruiting Depot  
Depot to C.E.F.

## CERTIFICATE OF OFFICER COMMANDING UNIT.

Daniel 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.

W. O. Morris Major (Signature of Officer)

Date APR 4 1916 191 6.

170th O. S. BATTALION, C. E. F.  
Mississauga Horse

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

Attestation Papers.....

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.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

## DISCHARGE DOCUMENTS

Name GRAHAM DANIEL

Regt. No. 681611 Rank Pte

Corps 170th OS Bn C & F.

*Killed in action 8-5-17*

R. O. No.....

H. Q. No.....



21282



14-26  
21-27

32-29



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

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

413.

# Casualty Form—Active Service.

## 170th O. S. Battalion, C. E. F.

Unit, Regiment or Corps Mississauga Horse

Regimental No. 681611 Rank Private. Name Daniel Graham.  
C. E. F.

Enlisted (a) 1st April 1916 Terms of Service (a) Standard War Service reckons from (a) 3rd April 1916

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) 1st March 1917

| 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 |                                                                                                                                                                                                                  |                                           |                  |                                                                                                          |
|                  |                    |                                                                                                                                                                                                                  | <u>Embld Canada</u><br><u>Halifax.</u>    | <u>25-10-16.</u> |                                                                                                          |
|                  |                    |                                                                                                                                                                                                                  | <u>Arrd. England</u><br><u>Liverpool.</u> | <u>31-10-16.</u> |                                                                                                          |
| <u>30-11-16.</u> | <u>170th B'n.</u>  | <u>Drafted to Canadian Machine Gun Depot, Crowborough.</u>                                                                                                                                                       | <u>Bramshott.</u>                         | <u>29-11-16.</u> | <u>D.O. Part II No. 246.</u><br><u>G.L. Bullapordy for OC</u><br><u>170th Mississauga Batt'n, C.E.F.</u> |
| <u>30-11-16</u>  | <u>170th B'n.</u>  | <u>Taken on Strength, C. M. G. Depot.</u>                                                                                                                                                                        | <u>Crowborough</u>                        | <u>29-11-16</u>  | <u>Auth. Depot Order Pt. II No. 184</u><br><u>H. Carpenter</u> Lieut.,<br><u>Adjutant C.M.G. Depot</u>   |
|                  |                    | <u>Transferred to</u> <u>M.G. Pool</u>                                                                                                                                                                           | <u>Crowborough</u>                        | <u>24/17</u>     | <u>Depot Order Pt. II No. 71</u><br><u>L. Carpenter</u><br><u>Adjutant, C.M.G. Depot.</u>                |

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

I.P.T.O

CERTIFIED CORRECT.  
12/11/17  
2 MAR 1917  
CAN. RECORDS DEPT.

| 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<br>taken from Army Form B. 213<br>Army Form A. 36, or other<br>official documents. |
|---------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|--------------------------------------------------------------------------------------------|
| Date    | From whom received |                                                                                                                                                                                                                 |          |         |                                                                                            |
|         |                    | Arrived France.                                                                                                                                                                                                 | Canaries | 13/3/17 | M.R.                                                                                       |
| 13.3.17 | O.C. Pool          | L.O.S. C.M.B. Pool                                                                                                                                                                                              | Do.      | 13/3/17 | R.R. 42 III O. 26 d/ 4 <sup>th</sup> ty.                                                   |
| 13-4-17 | do                 | S.O.S. to 4th mg Coy                                                                                                                                                                                            | ..       | 13.4.17 | — At road 40 d/ 17-5-17                                                                    |
| do      | do                 | T.O.S. of 4th mg Coy                                                                                                                                                                                            | ..       | 14-4-17 | — At road 67 d/ 15-8-17                                                                    |
| 21-4-17 | Scunt              | Joined unit                                                                                                                                                                                                     | filed    | 16-4-17 | B213 DCS 166 d/ 18-4-17                                                                    |
| 12-5-17 | do                 | Killed in action                                                                                                                                                                                                | do       | 8-5-17  | B213 At road. 68 d/ 21-5-17                                                                |

W. E. Cockcroft.  
Lieut. for ~~Major~~ A. A. G.  
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

681611

## MEDICAL HISTORY SHEET.

Surname Graham Christian Name DanielExamined { on 3rd day of April, 1916.  
at Toronto, Canada.

Approved by

Jas. W. BartonBirthplace { City or Town Lions Head,  
County Ont., Canada.Rank Captain M.O.  
Toronto Recruiting Depot 100 60 6 EApparent age 24 Yrs. 1 Month.Trade or occupation Oiler on Steamboat.Height 5 Feet 6 Inches.Weight 146 Lbs.Chest measurement { Minimum 35 inches.  
Maximum expansion 39 inches.Physical development Good.Small-Pox Marks NilVaccination Marks { Arm Right. Left.  
Number NilWhen Vaccinated last Nil(a) Marks indicating congenital peculiarities or  
previous disease Nil(b) Slight defects but not sufficient to cause rejection  
Nil

| 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.          |
|       |         | M.O.          |

| Date. | Result. | ANTI-TYPHOID INOCULATIONS, ETC. |
|-------|---------|---------------------------------|
|       |         | M.O.                            |
|       |         | M.O.                            |
|       |         | M.O.                            |

Enlisted on 3rd day of April 1916 at Toronto Canada.

|                      | CORPS.              | REG'TL NUMBER. | HABITS. | DATE.              |
|----------------------|---------------------|----------------|---------|--------------------|
| Joined on enlistment | <u>170th Battl.</u> |                |         |                    |
| Transferred to       |                     |                |         | <u>JAN 25 1917</u> |

## 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.

Surname:

[illegible]

ant. 24-7-17

11955649 97433

FORM OF WILL.

96300

I, Daniel, Graham, (Name in full)  
Regimental Number 681611 serving in Can. M.G. Depot.  
of the Canadian Expeditionary Force, do hereby revoke all former Wills  
by me made and declare this to be my last Will.

I bequeath all my real estate unto **Aunt**

Mrs. W. J. Field,  
119, Euclid Ave,  
Toronto, Ont.,  
Canada.  
absolutely, and my personal estate I bequeath to

Name & Address  
of person or  
persons to whom  
it is to go.

Mrs. W. J. Field,  
119, Euclid Ave,  
Toronto, Ont.,  
Canada.

Name & Address  
of person or  
persons to receive  
personal estate\*  
(see note).

In Witness whereof I have hereunto set my hand  
this 23rd. day of February, A.D. 191 7.

Daniel Graham Signature.

\* N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact  
everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in  
the presence of us both present at the same time, who in his presence, at  
his request, and in the presence of each other have hereunto subscribed  
our names as Witnesses.

Name of Witness W. J. Field  
Address of Witness Crowborough  
Occupation of Witness Officer, H.M.S.  
Name of Witness Francis  
Address of Witness Crowborough Camp  
Occupation of Witness Soldier

ESTATES BRANCH

AUG 8 1917

MILITIA DEPT.

# FORM OF WILL.

(Name in full)

Con. M. C. Foster.

of the Canadian Republic, do hereby declare that I am of legal age and sound mind.

by me made and declared to be my last WILL.

I have made this my last WILL and Testament.

My first wife

of person

112, Brough Ave.,

City of

Canada, and my personal estate I bequeath to

My second wife

of person

112, Brough Ave.,

City of

Canada, and my personal estate I bequeath to my sons

My first son

My second son

My third son

My fourth son

I have made this my last WILL and Testament.

My first wife

My second wife

My third wife

My fourth wife

My fifth wife

My sixth wife

My seventh wife

My eighth wife

My ninth wife

My tenth wife

My eleventh wife

My twelfth wife

My thirteenth wife

My fourteenth wife

My fifteenth wife

# FORM OF WILL

I, Daniel Graham (Name in full)

Regimental Number 681611 serving in Can. M.G. Depot

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and

declare this to be my last Will.

I devise all my real estate unto Aunt

Mrs. W.J. Field,

119 Euclid Ave.,

Toronto, Ont., Canada.

Name and Address  
of person or  
persons to whom  
it is to go.

absolutely, and my personal estate I bequeath to

Mrs. W.J. Field,

119 Euclid Ave.,

Toronto, Ont., Canada

Name and Address  
of person or  
persons to receive  
personal estate\*  
(See note).

## NOTE

This space for the  
appointment of  
Executor if  
necessary.

## IMPORTANT NOTE

This must be signed  
and Dated by  
THE SOLDIER  
HIMSELF.

this 23rd day of February A.D. 1917

Daniel Graham

Signature of Soldier.

\*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us  
both present at the same time, who in his presence, at his request, and in the presence of  
each other have hereunto subscribed our names as Witnesses.

Signature of First Witness F.N. Webster Capt

Address of Witness Camp G.D. Crowboro

THE TWO  
WITNESSES

Occupation of Witness Officer H.W.S. Sussex

MUST  
SIGN HERE

Signature of Second Witness F. Francis Sergt.

Address of Witness Crowboro Camp

Occupation of Witness Soldier

*Handwritten signatures and initials at the bottom right of the page.*

# FORM OF WILL

1. (Name in full) .....

Regimental Number ..... serving in .....

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and

declare this to be my last Will.

I devise all my real estate unto

Name and Address  
of person or  
persons to whom  
it is to go

absolutely, and my personal estate I bequeath to

Name and Address  
of person or  
persons to receive  
personal estate\*  
(See note).

## NOTE

This space for the  
appointment of  
Executor if  
necessary.

## IMPORTANT NOTE

This must be signed  
and Dated by  
the Soldier  
himself.

A.D. 191

day of

Signature of Soldier.

\*N.B. Personal estate includes by effect money in bank, insurance policy, in fact everything except real estate.

signed and acknowledged by the Testator as and for his last Will in the presence of us  
both present at the same time, who in his presence, at his request, and in the presence of  
each other have hereunto subscribed our names as Witnesses.

Signature of First Witness .....

Address of Witness .....

Occupation of Witness .....

Signature of Second Witness .....

Address of Witness .....

Occupation of Witness .....

THE TWO  
WITNESSES  
MUST  
SIGN HERE

# FORM OF WILL.

I, Daniel Graham (Name in full)  
Regimental Number 681611 serving in 170<sup>th</sup> Battalion  
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me  
made and declare this to be my last Will.

I bequeath all my real estate unto

Mrs Sarah Field  
119 Euclid Avenue  
Toronto, Canada  
Name and Address  
of person or  
persons to whom  
it is to go.

absolutely, and my personal estate I bequeath to

Mrs Sarah Field  
119 Euclid Avenue  
Toronto, Canada  
Name and Address  
of person or  
persons to receive  
personal estate\*  
(See note).

**IMPORTANT  
NOTE**  
This must be Signed  
and Dated by  
THE SOLDIER  
HIMSELF.

this 2 day of October A. D. 191 6

Daniel Graham Signature of Soldier.

\*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence  
of us both present at the same time, who in his presence, at his request, and in  
the presence of each other have hereunto subscribed our names as Witnesses.

**THE TWO  
WITNESSES  
MUST  
SIGN HERE**

Signature of First Witness

Ed Walker

Address of Witness

81 Moscow Ave Toronto, Can.

Occupation of Witness

Sgt in 170<sup>th</sup> Bn C.E.F.

Signature of Second Witness

Henry Edward Mark

Address of Witness

25 Surrey Place Toronto Ont.

Occupation of Witness

Corporal 170 Bn C.E.F.

THE ROYAL CANADIAN MOUNTED POLICE

MADE IN CANADA

1-61

NAME

RANK AND CORPS

CABLE

No.

DATE

NATURE OF CASUALTY

REGT'L NO

H. Q. FILE NO. 649-

FOLLOWS

FOLLOWS

M5498 31-5-17

A7B2090a. <sup>Rowen</sup>  
21-5-17Killed in action May 8<sup>th</sup> 1917  
(Date rec. 8-8-17) Killed in action 8-5-17 ✓

| LIST No | HOSPITAL            | DATE OF<br>ADMISSION | REMARKS           |
|---------|---------------------|----------------------|-------------------|
| 1       | Mil Serv. Aldershot | 5-11-16              | Measles           |
| 6       | " " "               | 26-11-16             | " Plisch.         |
| A. 289  | Reported from Base  | 8-5-17.              | Killed in Action. |

SURNAME.

CHRISTIAN NAMES

REGL. NO.

UNIT

FORMER CORPS

CARD NO.

FOLL.

Bn.:

NEXT OF KIN.

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADDRESS

CHANGE OF ADDRESS

COUNTRY OF BIRTH

PLACE OF ATTESTATION

DATE

DATE

SURNAME. *Graham* 649-G-7433 **D**  
 CHRISTIAN NAMES *Daniel*  
 REGL. NO. *68/611* RANK *Pte.*  
 UNIT *170<sup>th</sup>*  
 FORMER CORPS *Nil.*  
 NEXT OF KIN.  
 NAMES IN FULL *Field, Mrs. W. J.*  
 RELATIONSHIP TO SOLDIER *Aunt*  
 ADDRESS *119 Euclid Ave., Toronto, Ont.*  
 CHANGE OF ADDRESS  
 COUNTRY OF BIRTH *Canada* *Lions Head, Ont.* DATE *Mar 5<sup>th</sup> 1892*  
 PLACE OF ATTESTATION *Toronto, Ont.* DATE *Apr 3<sup>rd</sup> 1916*  
*Sailed from Halifax per S.S. Cameronia 7-8-16*

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Ciler on  
Steamboat

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

24

YEARS

1

MONTHS

HEIGHT

5

FEET

6

INCHES

CHEST MEASUREMENT

39

INCHES

EXPANSION

4

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

L. Brown

DISTINGUISHING MARKS

Small scar r. knee.

MEDICAL EXAMINATION.

PLACE

Toronto, Ont.

DATE

Apr 3<sup>rd</sup> 1916

Present Address 119 Euclid Ave., Toronto, Ont.

No. 681 611

RANK

Pte.

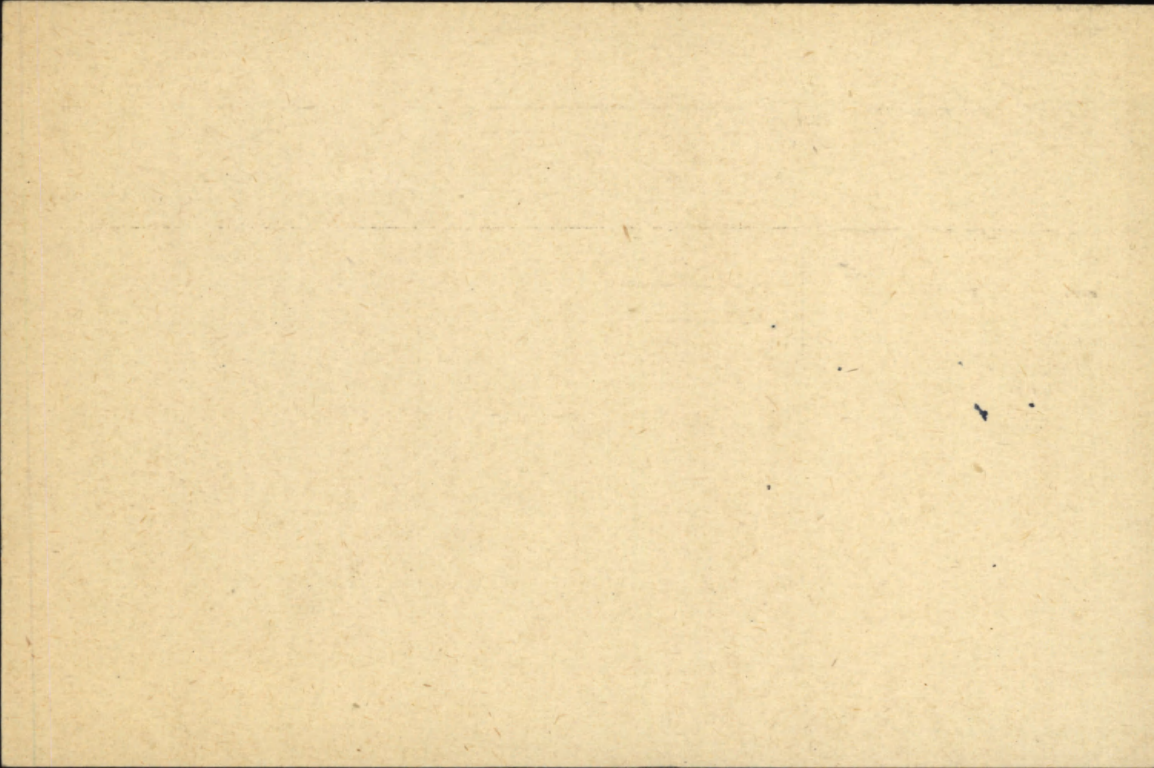
NAME

Graham, Daniel

T. O. S. 3-4-16-10.0.54 of UNIT 170th, Battalion  
4-4-16-

M. D. 2

| PAID<br>FROM   | PAID<br>TO      | SIG.<br>OR<br>REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC.   |                       |
|----------------|-----------------|---------------------|-------------------------------------------|-----------------------|
|                |                 |                     | PARTICULARS                               | AUTHORITY             |
| 1916<br>apr. 8 | 1916<br>apr. 30 | ✓                   | Trans. to M. G. Dep. Crowborough 29.11.16 | D. O. 246 of 30-11-16 |
| May            |                 | ✓                   |                                           |                       |
| July           |                 | ✓                   |                                           |                       |
| Aug.           |                 | ✓                   |                                           |                       |
| Sept.          |                 | ✓                   |                                           |                       |
| Oct.           |                 | ✓                   |                                           |                       |
| Nov.           |                 | n                   |                                           |                       |
|                |                 |                     | UNIT SAILED                               |                       |
|                |                 |                     | OCT 25 1916                               |                       |



REG. NO. 681611 NAME Graham 40

(SURNAME FIRST)

RANK. Plt CORPS 170 Batt

AGE. 24 SERVICE.

NAME OF HOSPITAL. Ex Camp. PLACE Toronto

DATE OF ADMISSION. 29-5-16.

DISEASE. Soft. Chancre. (to 36)

DISCHARGE. 12-6-16

OPERATION.

DISCHARGED TO DUTY. yes

TRANSFERRED TO.

DISCHARGED BY MEDICAL BOARD.

REMARKS .....

Name *Graham*, Rank *10.*

Unit 170 Bu.

*Next of Kin*

Reg. No. 681611

S. / cpl.

[illegible]

[illegible]

GRAHAM, Daniel.

Pte.

681611

Name

Rank

Reg. No.

Unit

2nd.C.D.M.G.CO.

(4)

Next of Kin

Canada.

25-g-1989

Date

1917.

Movement

Place

Casualty

List  
No.Notified  
N/K O.

W.O. List

8-5-Rept.from Base KILLED IN ACTION.

A289.M5498.31-5-

[illegible]

649-G-7433

✓  
Graham. Daniel.,      ✓  
Pte.      681611      ✓

✓  
4<sup>th</sup> Co. ✓  
2nd Div M.G.Co  
~~C.M.G.C.~~

Med. & Dec. (,NIL)

h

P. & S. (NIL) ( Unable to locate N/K. )

Ser # 755625

Mem. Cross. (NIL)

✓

not Eligible for 14-15 Star  
Eligible for V.M.  
E " " B.W.M.

56775

R.R.

h



*Index*  
*Name*

13

Number 681611

Rank Pte

Surname GRAHAM

Christian Name Daniel

✓

Units C.M.G. Bde Theatre of War France

Date of Service 13-3-17 D

Remarks

Latest Address Unable to locate

Roll No.

200m.-2-21. Page 13374

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 \_\_\_\_\_

| Date | Remarks |
|------|---------|
|      |         |
|      |         |
|      |         |
|      |         |
|      |         |

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

Surname

Christian Name or Names

Reg. No.

Graham,

D.

681611.

Rank

Unit

Co.

Troop

Batty

Sgt.

170 B.

2nd 68th G.C.

Hospital

Date of Admission

H. Denhart Wil 2nd.

5.10.16.

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

Measles.

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Killed in Action 8. 5. 17. R.

DISPOSITION

Date

Dis. 10.11.16.

Dis. 26.11.16.

REMARKS

29.11.16.

31. 5. 17. A289

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.

P. 559  
MARRIED OR SINGLE *S*

PLACE OF BIRTH *Lions Head, Ont.*

NAME AND ADDRESS OF NEXT OF KIN *M<sup>rs</sup> W. J. Field,*

*119 Euclid Ave. Toronto, Ont.*

RELATIONSHIP OF NEXT OF KIN *Aunt*

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               |
| <i>Killed in A.</i>         | <i>8/3/17</i>  | <i>62. 2289 31/5/17</i> |

| ADMISSIONS TO HOSPITAL, &c. |                 |          |                  |
|-----------------------------|-----------------|----------|------------------|
| DATE ADMITTED               | DATE DISCHARGED | V. OR A. | NAME OF HOSPITAL |

REG'L No. *681611* RANK *Pte.* NAME *Graham - Daniel*

IF IN PERM. CORPS } UNIT *140<sup>th</sup>* TRANSFERRED TO *M. S. Depot* DATE *30.11.16* AUTHORITY *DO. 246*

WHAT UNIT } *Regt. Co* TRANSFERRED TO *K. B.* DATE *1/6/17* AUTHORITY *31/5/17-44*

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION *Toronto, Ont.* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *13.1.16* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (Assigned Pay) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *24 SEP 1917*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Entered on N.E. Card Index *Int*  
Checked by *H. P. Lillatson*



| 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            |    | 1  |    | 2             |      | 3   |      |              |               |              | 4       |      |                          |                         |         | 1 | 2 | 3 | 4 | CREDIT | DEBIT |
|      |             |      | \$              | C. |                        |      |                      |               |               | \$                | C. | \$ | C. | NO.           | DATE | NO. | DATE |              |               |              | NO.     | DATE |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |
|      |             |      |                 |    |                        |      |                      |               |               |                   |    |    |    |               |      |     |      |              |               |              |         |      |                          |                         |         |   |   |   |   |        |       |

Statement of  
OCT 1 1917  
Account rendered

Statement of  
DEC 12 1917  
Account rendered

*all in A/c*

*Killed in Action*  
*8/7 C.S. 9289 31/5/17*  
*Under 23 days in May - \$25.00*  
*Transf to K. B. 1/6/17*  
*131 Subv. Def. Pay 30.11.17*  
**CHECKED**  
*R. S. Booth*  
*AR 23-39/4/17-1214*  
*Attache of 1st Lt. M. B. 11-31/11/17*  
*Attache of 1st Lt. M. B. 11-31/11/17*  
*2437 1/5/118*



A.G.R.

Rank

PTE

Name

GRAHAM, Daniel

Reg'l No.

681611

Unit

170th Bn.

If in perm. Corps,  
What Unit?

Married or Single

Single

Place and Date of Enlistment Toronto, Canada, 3rd April, 1916

Place of Birth Lions Head, Ont.,  
Canada.

Name and Address, Next-of-Kin

Mrs. W.J. Field,

119 Euclid Ave., Toronto, Canada.

Relationship

Aunt.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

N/E. R.B. No. 447  
File R.L. 25-G-1989  
Category XA

Report.

Date.

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 S.S. MAURETANIA 31-10-16

4-11-16

170<sup>th</sup> Bn

Admitted to hospital Aldershot

4-11-16

62 No 1

measles

29-11-16

170<sup>th</sup> Bn

Discharged from hospital

"

26-11-16

100<sup>th</sup> Bn

30-11-16

170<sup>th</sup> Bn

S.O.S. Inpt to Machine Gun

Depot, Crowborough

Braunschweig

29-11-16

100<sup>th</sup> Bn

30-11-16

T.O.S. from 170<sup>th</sup> Bn

Br bry

29-11-16

184

12.3.17, CMGO S.O.S. to M.G. Pool CROWBORO 12.3.17

17.5.17

M.G. Pool. SOS to 4<sup>th</sup> M.G. Co

Camiers

17.5.17

40. d 2070 233

21.5.17

2<sup>nd</sup> M.G. Co. Killed in Action

Field

8.5.17

69

31.5.17

4<sup>th</sup> Co. Killed in Action

"

8.5.17

64 A 289

A.F.B. 103 CHECKED

21 MAR 1917

MB.

26 d 4417 of

2<sup>nd</sup> M.G. Co.

