

PARTICULARS OF RECRUIT  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

D

G.M.K. (Class First)

1. Surname..... GRAHAM

2. Christian name..... John Millar

3. Present address..... 828 Bourbonniere St. Maisonneuve, P.Q.,

4. Military Service Act letter and number..... 51034 DR.

5. Date of birth..... 12th. November, 1886

6. Place of birth..... Wishew, Scotland,  
(town, township or county and country)

7. Married, widower or single..... Single

8. Religion..... Preysterain,

9. Trade or calling..... Engineer.

10. Name of next-of-kin..... Mrs. Margaret Graham,

11. Relationship of next-of-kin..... Mother

12. Address of next-of-kin..... 47 A Millar St. Motherwell, Scotland,

13. Whether at present a member of the Active Militia.....

14. Particulars of previous military or naval service, if any..... NO

15. Medical Examination under Military Service Act:—  
(a) Place..... Montreal (b) Date..... 7th. Jan. 1918 (c) Category..... A-2

DECLARATION OF RECRUIT

I, John Millar GRAHAM, do solemnly declare that the above particulars refer to me, and are true.

*John Millar Graham* (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 31 yrs. 1 mths.

Height..... 5 ft. 7 1/4 ins.

Chest measurement } fully expanded..... 37 ins.  
range of expansion..... 3 ins.

Complexion..... medium

Eyes..... grey

Hair..... light brown

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

*RS 30  
LS 40  
Ears OK*

*Paul W. McKinnon* Major  
O. C. First 1st Depot Bn. 1st Quebec Regiment  
First Quebec Regt.

Place..... Montreal Date..... 7th. Jan. 1918.

PARTICULARS OF RECRUIT  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

NAME

FRID GIBBIE

Class of Service  
1. Name  
2. Age  
3. Height  
4. Weight  
5. Complexion  
6. Eyes  
7. Hair  
8. Nature of Service  
9. Nature of Occupation  
10. Nature of Education  
11. Nature of Training  
12. Nature of Experience  
13. Nature of Health  
14. Nature of Character  
15. Nature of Conduct  
16. Nature of Temperament  
17. Nature of Intelligence  
18. Nature of Willpower  
19. Nature of Energy  
20. Nature of Endurance  
21. Nature of Persistence  
22. Nature of Industry  
23. Nature of Diligence  
24. Nature of Order  
25. Nature of Cleanliness  
26. Nature of Sobriety  
27. Nature of Modesty  
28. Nature of Humility  
29. Nature of Patience  
30. Nature of Gentleness  
31. Nature of Kindness  
32. Nature of Mercy  
33. Nature of Goodwill  
34. Nature of Peace  
35. Nature of Love  
36. Nature of Faith  
37. Nature of Hope  
38. Nature of Charity  
39. Nature of Gratitude  
40. Nature of Generosity  
41. Nature of Hospitality  
42. Nature of Friendship  
43. Nature of Fellowship  
44. Nature of Brotherhood  
45. Nature of Sisterhood  
46. Nature of Unity  
47. Nature of Harmony  
48. Nature of Concord  
49. Nature of Accord  
50. Nature of Agreement  
51. Nature of Consent  
52. Nature of Assent  
53. Nature of Approval  
54. Nature of Praise  
55. Nature of Honor  
56. Nature of Respect  
57. Nature of Reverence  
58. Nature of Veneration  
59. Nature of Admiration  
60. Nature of Awe  
61. Nature of Fear  
62. Nature of Dread  
63. Nature of Terror  
64. Nature of Horror  
65. Nature of Shock  
66. Nature of Surprise  
67. Nature of Astonishment  
68. Nature of Amazement  
69. Nature of Wonder  
70. Nature of Mystery  
71. Nature of Enigma  
72. Nature of Riddle  
73. Nature of Puzzle  
74. Nature of Problem  
75. Nature of Question  
76. Nature of Doubt  
77. Nature of Uncertainty  
78. Nature of Hesitation  
79. Nature of Indecision  
80. Nature of Vacillation  
81. Nature of Fluctuation  
82. Nature of Instability  
83. Nature of Inconstancy  
84. Nature of Infirmity  
85. Nature of Weakness  
86. Nature of Deficiency  
87. Nature of Shortcoming  
88. Nature of Fault  
89. Nature of Error  
90. Nature of Mistake  
91. Nature of Blunder  
92. Nature of Oversight  
93. Nature of Neglect  
94. Nature of Omission  
95. Nature of Commission  
96. Nature of Transgression  
97. Nature of Offense  
98. Nature of Crime  
99. Nature of Sin  
100. Nature of Iniquity

DECLARATION OF RECRUIT

BRUCE

DESCRIPTION OF CALLING

HEILFERN  
GIBBIE

1. Name  
2. Age  
3. Height  
4. Weight  
5. Complexion  
6. Eyes  
7. Hair  
8. Nature of Service  
9. Nature of Occupation  
10. Nature of Education  
11. Nature of Training  
12. Nature of Experience  
13. Nature of Health  
14. Nature of Character  
15. Nature of Conduct  
16. Nature of Temperament  
17. Nature of Intelligence  
18. Nature of Willpower  
19. Nature of Energy  
20. Nature of Endurance  
21. Nature of Persistence  
22. Nature of Industry  
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92. Nature of Oversight  
93. Nature of Neglect  
94. Nature of Omission  
95. Nature of Commission  
96. Nature of Transgression  
97. Nature of Offense  
98. Nature of Crime  
99. Nature of Sin  
100. Nature of Iniquity

REGIMENTAL DOCUMENTS

NAME Graham John MELLAR (6/97) REGT. NO. 3081152 UNIT 1st. Q. R. H. Q. FILE NO. \_\_\_\_\_

A.C. 10-19  
15

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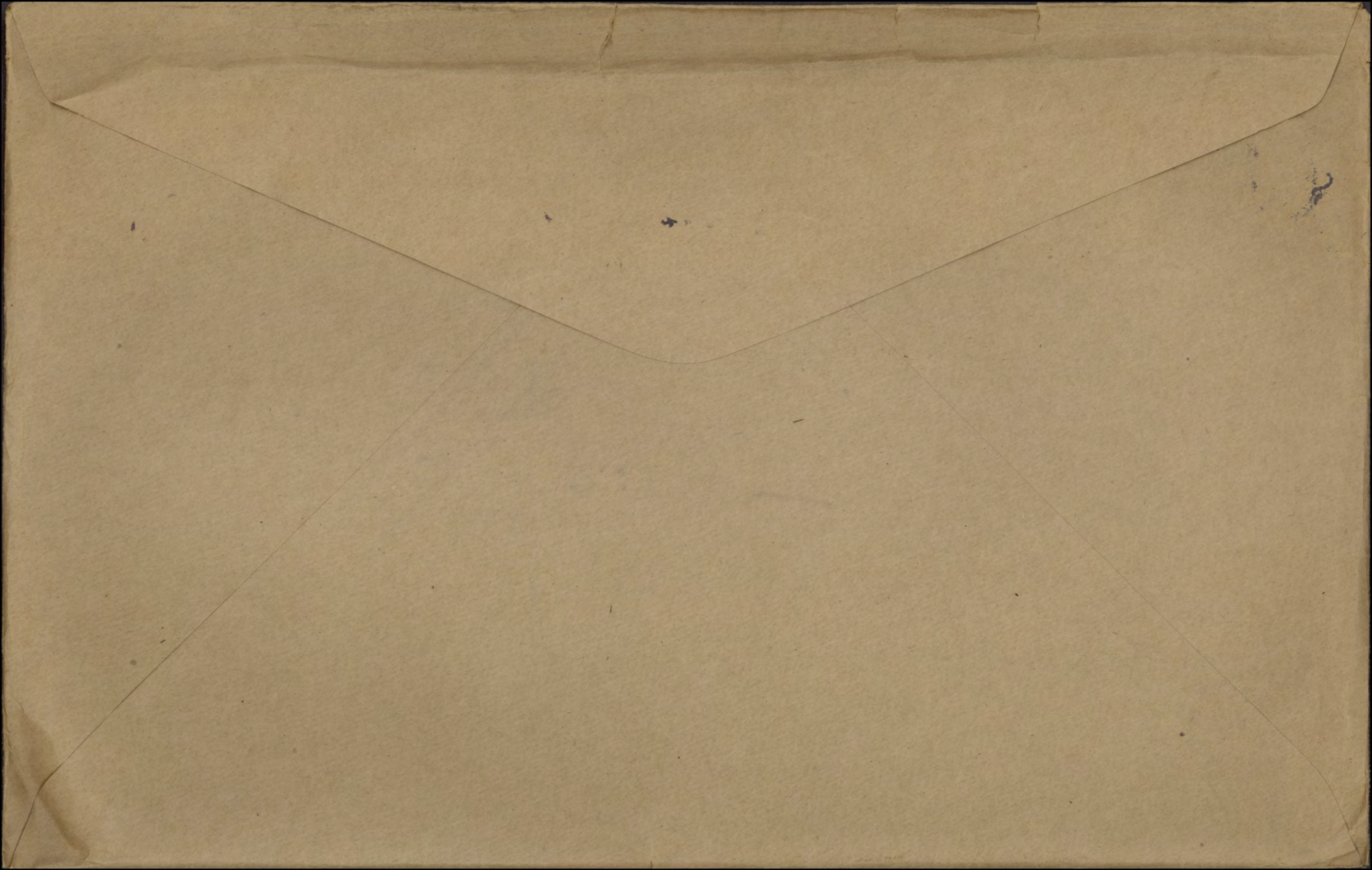
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CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)			23/40		DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				BPC 21/07 13/6/1918	
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465) <i>cont.</i>					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demobil. (M.U.)</i>
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TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
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CCPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 394)					
<i>P.M.B.</i>					
<i>Dis. cert.</i>					
<i>Index</i>					
<i>card</i>					
<i>at 11/11/17</i>					2-27
<i>at 11/11/18</i>					18-30
<i>used photo</i>					32-30
<i>at 12/21</i>					/

M

H



17  
21  
SURNAME. *Graham*

649-G-21947

0.12 CARD NO.

CHRISTIAN NAMES

*John Miller*

REGL. No. *30811652*

RANK *Otc*

UNIT *Que Regt 1st Dep Bn (5th R. 10)*

FORMER CORPS

*Inf*

FOLL.

NEXT OF KIN.

NAMES IN FULL *Graham, Mrs Margaret*

RELATIONSHIP TO SOLDIER *Mother*

ADDRESS *47 A Miller St, Motherwell  
Scot*

*Also notify*  
CHANGE OF ADDRESS  
*Graham, Mrs J. M. wife*  
*265 Prince Arthur St*  
*W. Montreal,*  
*P.Q.*

*with let. of 17-5-21.*

COUNTRY OF BIRTH *Scotland Wishaw*

DATE *Nov 12<sup>th</sup> 1886*

PLACE OF ATTESTATION *Montreal, P.Q.*

DATE *Jan 7<sup>th</sup> 1918*

L. L. 6945. M. & D. 6994.

*S.S. Saxonia fr. Halifax 18-2-18.*  
*R/C. 22-9-18. 413*  
*L/ep. 1088*  
M. F. W. 22. 100M. -8-16. H. Q. 1772-30-339.

MARRIED

SINGLE

*Yes*

WIDOWER

TRADE OR CALLING

*Engineer*

RELIGION

*Presbyterian*

DESCRIPTION.

APPARENT AGE

*31*

YEARS

*1*

MONTHS

HEIGHT

*5*

FEET

*7 1/4*

INCHES

CHEST MEASUREMENT

*37*

INCHES

EXPANSION

*3*

INCHES

COMPLEXION

*Medium*

EYES

*Grey*

HAIR

*Brown*

DISTINGUISHING MARKS

*Nil*

MEDICAL EXAMINATION.

PLACE

*Montreal, P. Q.*

DATE

*Jan. 7<sup>th</sup> 1918*

*Present Address, 828 Bourbonnere Ave.  
Maisonville P. Q.*

*Wm* *mc*

Number 3081152

Rank *a/cpl*

Surname GRAHAM

Christian Name John Miller

*B*

Units *A.R.* Theatre of War *England*

Date of Service 4-3-18

Remarks *Mrs Margaret E. Graham (w) 60 Knox St. Pt. St. Charles*

Latest Address *Montreal Que*  
*Q.P.C.*

Roll No *A* *Page 2567*

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

REGN. NO. 2217  
DESP. FEB 25 1924

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



NAME

Graham J. M.

REGT. NO.

3081152

RANK AND UNIT

a/c/c. Swan Post C.A.M.C.

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

6441

Granville fm Spec Buxton 5-2-19 La Grippe

6458<sup>2</sup>

Disch.

19-2-19

6462<sup>1</sup>

Granville Cursee Buxton 4-3-19

Influenza

6567

Disch

14-3-19

"

Name <sup>MILLAR,</sup> GRAHAM, JOHN Rank *a/l/cpl.* Reg. No. *3081152.*  
 Unit *G.C.S. Hosp. (Came)*  
 Next of Kin *M<sup>rs</sup> Margaret Graham, 44A Miller Street  
 Wetherhall, Scotland*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>5.2.19</i>	<i>l. l. Spec</i>	<i>Buschon - La Grippe</i>	<i>C-444</i>	<i>444</i>	<i>6473.</i>	
<i>19.2.19</i>	<i>Discharged.</i>		<i>C-428</i>	<i>428</i>	<i>2008</i>	
<i>4.3.19</i>	<i>l. l. Spec</i>	<i>Buschon - Infirmary.</i>	<i>C-462</i>	<i>462</i>	<i>8094</i>	
<i>14.3.19</i>	<i>Discharged.</i>		<i>C-564</i>	<i>564</i>	<i>4644</i>	
	<i>S.M. 20/6/19.</i>					





HOSPITAL. *96*

A. & D. No. *A340*

Ward

Unit *6am6*

Sick or Wounded.

Regtl. No. *3081152*

Pl. of Act'n *GHSH Buxton*

Rank *Lie*

Name *Graham J. M.*

Age *31*

Religion *Pres*

Service Compl'd *30*

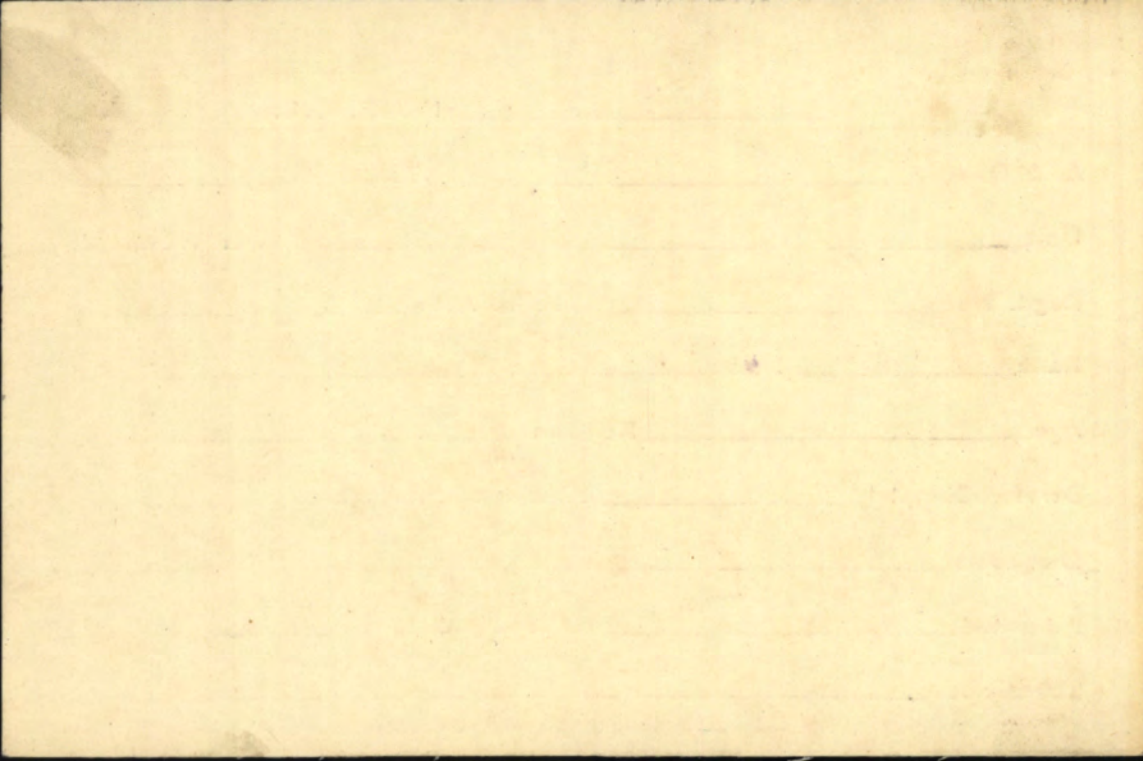
Time with Field Force *12*

Diagnosis *La Grippe*

Admitted *4/2/19*

Discharged *19 FEB 1919*

Transferred *GHSH Buxton*





<b>A. &amp; D. CARD</b>
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Form B.3 AT A 399 PL. OF ACTION HOSPITAL  
 A. & D No. A 399 PL. OF ACTION HOSPITAL  
 RANK Lt REG. No. 3081152 UNIT 6. G. M. 6 SICK OR WOUNDED  
 NAME Graham J. M. AGE 31 RELIGION Pres.  
 PLACE IN HOSPITAL K.  
 DIAGNOSIS Influenza  
 ADMITTED 3/3/19 FROM Yesh Suxton  
 DISCHARGED 14-3-19 TO " "  
 TRANSFERRED .....  
 SERVICE AT HOME 15/12 IN FIELD .....  
 RESULTS .....

12 days

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

REMARKS.

A series of horizontal dotted lines for writing remarks.



S.O.S. 23-9-19. med length. m.D #5

H.Q. 649-G-21947

GRAHAM, J.M. No. 3081152 Pte. *1st Lt. Royal* *John* *clear* *M*

M & D. widow Mrs. Margaret E. Graham,  
60 Knox St., Pointe St. Charles,  
Montreal, P.Q.

P & S. " " " "

Memorial X " " "

also mother Mrs. Margaret H. Graham,  
47a Millar St., Motherwell,  
Scotland.

986162.

not eligible for 1914-15 star.  
not eligible for D.M.  
& eligible for B.E.M.

Death due to Service  
to M.S.

**FEB 22 1924**  
Serial Desp. \_\_\_\_\_ Reqn. No. 57228

**FEB 22 1924**  
Serial Desp. \_\_\_\_\_ Reqn. No. 50176

Mem. X. 6/3/24. 524435.  
— " — — " — 524445 (mother)

Surname  
GRAHAM

Christian Name or Names  
J.M.

Reg. No.  
3081152

Rank

Unit

A/L/Cpl.

CAMC Buxton

Cas. List.

Granville Buxton 5-2-19.

LaGrippe

12-2-19C441

4.3.19C458/2

8.3.19C462

16.7.19C567

Dis 19/2/19  
Granv. Buxton 4.3.19  
Influenza  
Dis 14.3.19

A.M.D. 2 Dept.

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

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

Cas. List.

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-51

G .MK.

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... **1st DEPOT BN. 1st QUEBEC REG'T.**

(2) Regimental Number..... **3081152**

(3) Full Name of Soldier..... **John Miller GRAHAM**

(4) Place of Birth..... **Wishew, Scotland**

(5) Are you married, or not?..... **Single**

(6) If married, state,  
 (a) Full name of your wife..... **not applicable**

(b) Present Postal Address..... **not applicable**

(7) Are you a widower?..... **No**

(8) Have you any children?..... **not applicable**

If so, give number of boys and girls..... **not applicable**

Also their names and ages..... **not applicable**

(9) Is your Father alive?.....**No**.....

If so, state name and address .....**Nil**.....

(10) Is your Mother alive?.....**Yes**.....**Mrs. Margaret Graham, 47A Millar St. Motherwell, Scotland.**

If so, state name and address.....

(11) If your Mother is a widow.....**Yes**.....

Are you her sole support, or not?.....**No**.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

**Not applicable**

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

**not applicable**

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

**Not applicable**

15) Are you insured?.....**No**.....

If so, in what Company?.....**Not applicable**.....

Have you made arrangements for payment of your Insurance premium.....**Not applicable**

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

*R. H. W. W. W.* Major,  
for O.C. 1st Depot Bn. 1st Quebec Regiment.  
Officer Commanding.

Date.....**7th. Jan. 1918.**.....

5th Lt 1st En, 1st Quebec

Rank Name GRAHAM, John Millar

Reg'l No. 3081152

Unit If in perm. Corps, }  
What Unit? }

Married or Single Single.

Place and Date of Enlistment Montreal. Jan 7th 1918

Place of Birth Wishew, Scotland

Name and Address, Next-of-Kin Mrs Margaret Graham,

47a, Millar St. Motherwell, Scotland.

Relationship Mother.

Assigned Pay Monthly \$

Payable to

Relationship

X / A

Separation Allowance \$

Payable to

Relationship

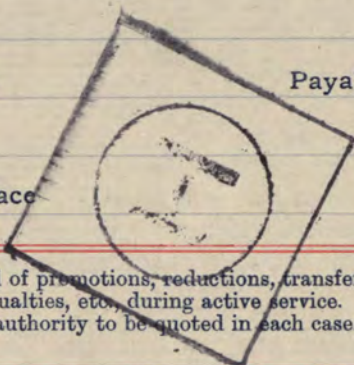
Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—9546-16.

same



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.				
		Arrived in England		4-3-18	S/S SAXONIA
15 3 18	23 rakes	Taken on Strength	Bokott Pte	5 3 18	DO 74
25 4 18	QRD	S.O.S from 23 rakes	" "	24 4 18	DO 101 & DO 114 of 24 4 18
28 4 18	-	On board 2 nabber	" "	27 4 18	DO 104
14-6-18	,	On loan to 2 C.C.D.	,	13-6-18	145
25-6-18	,	S.O.S to C.A.M.C. Depot	,	25-6-18	154 Cancelled see below
27-6-18	,	above entry Cancelled	,	,	156
12-7-18	came to	S.O.S from QRD	Seliffe	11-7-18	- 1934168 4/11/18 of QRD
18-7-18	came to	S.O.S to GCS Hq. Seliffe	"	18-7-18	Pt II 199. Pt II 112 of 23-7-18
19-12-18	S.O.S to	Appointed A/Lt Col	Bursdon	1-12-18	- 140

See at

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.				
		CAMG			
25.8.19	G.C.S. Hqn	S.O.S. to G.D.A. Buxton	1/4 cpl Buxton	30.8.19	D.O. 51
		D49-A-5		12.9.19	
12.9.19	G.D.A.	S.O.S. to Canada	" "	12.9.19	- 212



PROCEEDINGS OF A MEDICAL BOARD.

*Apr 19*

3081152

Dated at Bramshott. 1917.  
*PLC* GRAHAM JNO MILLAR.

No. .... Rank 23<sup>rd</sup> Res Bn. Name not in France .31

Local Unit ..... Overseas Unit Bramshott. Age .....

Examination held at CHRONIC ARTHRITIS - WRISTS

DISABILITY.  
Overseas-Local  
(SCRATCH ONE OUT).

PRESENT CONDITION.

*For several years* ~~State that the feet were swollen at times.~~ *ankles and hips - State that the feet were swollen at times.*  
*Wrists began to swell about 4 yrs ago.*  
*Now the wrists joints are thickened and movement is limited to about 1/4 of normal both back & forward. jarring wrist is painful, but straight pull is painless.*  
*The fingers tend to swell at times. The elbows are frequently painful - not tender - no limitation*

BOARD RECOMMENDS:

*Heart and lungs healthy  
BITI six months*

1. Fit for Duty .....
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:-

Members ( *Sred Alprung Maj came* President.  
 ( *W.H.F. Baillie Capt*  
 ( *Z. J. ... Capt*  
 ( *J. ...*

APPROVED

Dated Bramshott. 19-4- 1917. M. MacKay Capt. For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 1917.

No. .... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY.  
Overseas-Local  
(Scratch one out).

PRESENT CONDITION.

BOARD RECOMMENDS:-

1. Fit for Duty .....
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:-

..... ( President.

..... (

..... (

..... ( Members

..... (

..... (

..... (

APPROVED

Dated ..... For A.D.M.S. 1917.

# FORM OF WILL

744  
203792

I, John Millar GRAHAM (Name in full)

Regimental Number 3081152 serving in 1st DEPOT BN. 1st QUEBEC REG'T.

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

Mrs. Margaret Graham, 47A Millar St.  
Motherwell, Scotland.

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

absolutely, and my personal estate I bequeath to

Mrs. Margaret Graham, 47A Millar St.,  
Motherwell, Scotland.

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 Seven day of January A.D. 1918

John Millar Graham Signature of Soldier. ✓

\*N.B. Personal estate includes ~~pay, effects, money in bank, insurance policy or~~ net 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 Percy Wilde Pt

Address of Witness Guy St Barracks

THE TWO  
WITNESSES

Occupation of Witness Soldier

MUST  
SIGN HERE

Signature of Second Witness H.C. McFarlin Pt

Address of Witness Guy St Barracks

Occupation of Witness Soldier

FORM OF WILL

REGISTERED.  
WILLS-SECTION  
19 JUN 1918  
ESTATES, O.M.F.C., LONDON

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Bramshott. Apr 19 1917.

3081152  
No ..... Rank PLT Name GRAHAM JNO MILLAR

Local Unit 23rd Res Bn Overseas Unit not in frame Age 31

Examination held at Bramshott.

DISABILITY.  
Overseas-Local  
(SCRATCH ONE OUT).

CHRONIC ARTHRITIS - WRISTS

PRESENT CONDITION.

For several years has had pains in ankles and hips. States that the feet were swollen at times.  
Wrists began to swell about 4 yrs ago. Now the wrists joints are thickened and movement is limited to about 1/2 of normal both back & forward. jarring wrist is painful, but straight pull is painless.  
The fingers tend to swell at times. The elbows are frequently painful - not tender - no limitation

BOARD RECOMMENDS:-

1. Fit for Duty Heart and lungs healthy
2. Fit for duty after 3 mth weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:-

( Sred Aljung Maj, Comd President.  
 ( W.H.L. Bullie Capt  
 Members ( J. H. ... Capt

APPROVED

Dated Bramshott. 19-4- 1917. M. MacKay Capt For A.D.M.S.

# PROCEEDINGS OF A MEDICAL BOARD

Date of Report: \_\_\_\_\_  
Rank: \_\_\_\_\_ Name: \_\_\_\_\_

Local Unit: \_\_\_\_\_ Overseas Unit: \_\_\_\_\_

Examination held at: \_\_\_\_\_

DISABILITY  
Over seas local  
(specify one or both)

## PRESENT CONDITION

BOARD RECOMMENDS:  
1. fit for duty  
2. fit for duty after \_\_\_\_\_ weeks physical training  
3. fit for temporary base duty \_\_\_\_\_ weeks  
4. fit for permanent base duty \_\_\_\_\_ weeks  
5. fit for \_\_\_\_\_

Signature: \_\_\_\_\_

Resident: \_\_\_\_\_  
Number: \_\_\_\_\_

APPROVED

Date: \_\_\_\_\_ For A.D.M.S. \_\_\_\_\_

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be attached to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname GRAHAM Christian name John Millar
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 51034 DR.
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any) 828 Bourbonniere St. Maisonneuve, P.Q.,

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 7th. day of Jan. 1918. 1917, by the undersigned medical board sitting at Montreal.

5. Age as stated 31 Years 1 Months 6. Apparent age 31 Years 1 Months
7. Height 5 Feet 7 1/4 Inches. 8. Weight 132 Pounds.

9. Chest measurement { Minimum 34 Ins. Maximum 37 Ins. 10. Complexion medium { Eyes grey Hair light brown
11. Physical development Good { Good Fair Poor 12. Smallpox marks No

13. Number of vaccination marks { Right arm 1 Left arm 14. When vaccinated last Child
15. Distinctive marks and marks indicating congenital peculiarities or previous disease

16. Slight defects but not sufficient to cause rejection
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
(Strike out disease admitted or suspected.)

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

A2

Signature of Man

W. H. B. ... President.
John ... Member.
A. ... Member.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC.
Rows: 17.1.18, 12.1.18, 7.1.18, 24.1.18

Joined 7th. day of Jan. 1918. 191 at Montreal.

Table with columns: CORPS, REG'L NUMBER, HABITS, DATE
REG'L NUMBER: 3081152
HABITS: 1st DEPOT BN. 1st QUEBEC REG'T.
DATE: 23RD RESERVE BATTN C.E.F.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT
MONTREAL FEB 6 1918 nil
Bramshott 19-4-18 Chron. arthritis with Bittner's test

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

Bramshott - 29/6/18 do do. Bittner - Lister, Lister & May C.P. Jones - Capt. ... MEDICAL BOARD BRAMSHOTT





MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
A340	3081152	L/c.	Graham	J.M.
Year	Unit.	Age.	Service.	
1919	C.A.M.B. Co.	31	$\frac{30}{12}$	
Station and Date	Disease			
	La Grippe			
4/2/19	admitted complaining of cold in head. - temp 101.0			
6/2/19	There is evidence of general discharge - temp normal			
14-2-19	Discharge for camp sun cot. D. J. [Signature]			

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

Station  
and Date.

### CLINICAL CHART.

(To be attached to Case Sheet.)

Corps \_\_\_\_\_ No. \_\_\_\_\_ Rank and Name L/C Graham J. M. Age \_\_\_\_\_ Military Hospital \_\_\_\_\_  
 Disease Feb Date of admission Feb 5/19. Date of discharge \_\_\_\_\_ Service \_\_\_\_\_ Result \_\_\_\_\_

Dates of Observation	5				6				7				8				9																											
	1				2				3				4				5																											
Days of Disease																																												
	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time				
Temperature, Fahrenheit	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.				
107°																																												
106°																																												
105°																																												
104°																																												
103°																																												
102°																																												
101°																																												
100°																																												
99°																																												
98°																																												
97°																																												
Pulse per Minute	90	90	100		92	92			90	90	70																																	
Respirations per Minute	20	22	27		22	18																																						
Motions per 24 Hours																																												

Admission

Signature \_\_\_\_\_ In charge of case.

**CLINICAL CHART.**  
(To be attached to Case Sheet.)

Corps \_\_\_\_\_

Military Hospital \_\_\_\_\_

No. \_\_\_\_\_

Rank and Name \_\_\_\_\_

Age \_\_\_\_\_

Service \_\_\_\_\_

Disease \_\_\_\_\_

Date of admission \_\_\_\_\_

Date of discharge \_\_\_\_\_

Result \_\_\_\_\_

Dates of Observation

Days of Disease

Temperature, Fahrenheit

Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.

107°

106°

105°

104°

103°

102°

101°

100°

99°

98°

97°

Pulse per Minute

Respirations per Minute

Motions per 24 Hours

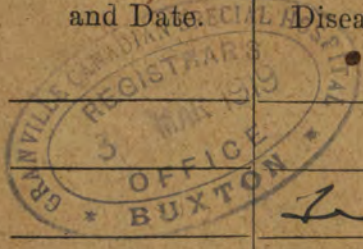
Signature \_\_\_\_\_

In charge of case. \_\_\_\_\_

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
4399	3081152	Lieut.	Graham	John
Year	Unit.	Age.	Service.	
	6th Amb Co	31	15	72

Station and Date.	Disease
	Influenza



Temp 103 on admission  
 Rx. aspirin gr̄ss  
 ad R̄m̄ 3i  
 7. Amm. gr̄ss q̄ss  
 7/31

no complaint - senty out well  
 10/3/17

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
 (6365) W2944/P.138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]

Station  
and Date.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps \_\_\_\_\_

Military Hospital \_\_\_\_\_

No. \_\_\_\_\_

Rank and Name L/C Graham

Age \_\_\_\_\_ Service \_\_\_\_\_

Disease Feb

Mar

Date of admission Feb 28/19

Date of discharge \_\_\_\_\_

Result \_\_\_\_\_

Dates of Observation	28		1		2		3		4		5		6		7		8		9		10		11						
	1		2		3		4		5		6		7		8		9		10		11		12						
Days of Disease	1		2		3		4		5		6		7		8		9		10		11		12						
	1		2		3		4		5		6		7		8		9		10		11		12						
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.
107°	48	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78
106°																													
105°																													
104°																													
103°																													
102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
Pulse per Minute	80	110	100	84	100	84	84	84	84	84	84	84	84	84	84	84	84	84	84	84	84	84	84	84	84	84	84	84	
Respirations per Minute	22	34	34	22	24	18	20	20	18	24	20	18	22	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	
Motions per 24 hours																													

Signature \_\_\_\_\_

In charge of case.

# CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps \_\_\_\_\_

No. \_\_\_\_\_

Rank and Name \_\_\_\_\_

Age \_\_\_\_\_

Military Hospital \_\_\_\_\_

Service \_\_\_\_\_

Disease \_\_\_\_\_

Date of admission \_\_\_\_\_

Date of discharge \_\_\_\_\_

Result \_\_\_\_\_

Dates of Observation																																
Days of Disease																																
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time		
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.		
107°	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2
106°	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2
105°	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2
104°	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2
103°	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2
102°	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2
101°	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2
100°	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2
99°	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2
98°	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2
97°	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2	'8	'6	'4	'2
Pulse per Minute																																
Respirations per Minute																																
Motions per 24 hours																																

Signature \_\_\_\_\_

In charge of case.



*Original*

47

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

# DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters)

GRAHAM

JM

REGIMENT

1st Quebec

RANK

S/Plt

No.

3081152

Date of Examination in England

9/9/19

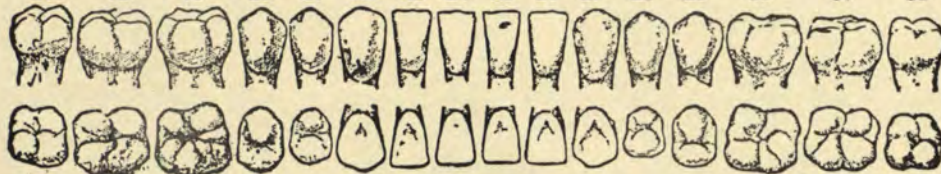
Date of Examination in France

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



## PRESENT DENTAL REQUIREMENTS

1. FILLINGS *Nil*

2. EXTRACTIONS *Nil*

3. CROWNS *Nil*

4. DENTURES

- (a) Full Upper *Reset plate*
- (b) Part Upper
- (c) Full Lower } *Nil*
- (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

*NO*

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada *NO*
- (b) In England *YES*
- (c) In France *NO*

Signature of Dental Officer

*F. H. Quinn Capt*

44

1917

STATEMENT FOR DEPOSIT

J. M. [unclear]

G. GRAHAM

[Faint mirrored text, likely bleed-through from the reverse side]

[Faint mirrored text, likely bleed-through from the reverse side]

1917

1917

[Handwritten signature]

# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3081152 (Rank) L/Cpl.

Name (in full) John Miller Graham enlisted in  
the 1st Quebec Bn.

CANADIAN EXPEDITIONARY FORCE at Montreal on the 7<sup>th</sup>  
day of January 1918

HE served in C.E.F.

and is now discharged from the service by reason of Demobilization.  
~~Medical Unfitness.~~

Demobilization - Medically  
Unit for General Service

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

Age 32

Marks or Scars

Height 5-9 ins

Complexion Fair

Eyes Hazel

Hair Brown

Nil

J M Graham  
Signature of Soldier

O. Shearer

Date of Discharge

Issuing Officer Capt. for Lt.-Col.  
D. C. Clearing Services Command



Rank

Date SEP 23 1919 1919

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

**DISCHARGE CERTIFICATE**  
**CANADIAN EXPEDITIONARY FORCE**

THIS IS TO CERTIFY that No. \_\_\_\_\_ (Rank) \_\_\_\_\_

enlisted in \_\_\_\_\_ (in full) \_\_\_\_\_

the \_\_\_\_\_

CANADIAN EXPEDITIONARY FORCE at \_\_\_\_\_ on the \_\_\_\_\_

day of \_\_\_\_\_ 19 \_\_\_\_\_

HE served in \_\_\_\_\_

and is now discharged from the service by reason of \_\_\_\_\_  
Demobilization  
Medical Unfitness

---

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

Age _____ Height _____ Complexion _____ Eyes _____ Hair _____	Marks or Scars _____ _____ _____ _____ _____
---	--

Signature of Soldier \_\_\_\_\_

Issuing Officer \_\_\_\_\_

Date of Discharge \_\_\_\_\_

Rank \_\_\_\_\_

Date \_\_\_\_\_ 19 \_\_\_\_\_

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

# SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-I.  
Part I.

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

Nothing to be written in this margin.

W1889-PP 1150 1M 5/18 G.W.P.Co (3496)

(1)*Substantive rank *Acting rank * <small>[To be entered in pencil to facilitate alteration.]</small> (4) Surname (5) Christian Names (6) Army Form, number of Attestation Form or Record of Service paper (7) Whether of British or of Alien origin <small>[vide A.C.I. 578 of 1918]</small> (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps   <div style="font-size: 2em; font-family: cursive;">Lanc. Rec. Dep.</div>	(3) Regtl. No.										
(10) Enlistment (b) <span style="font-size: 1.5em; font-family: cursive;">2.1.18</span> (12) Service reckons from (date) (14) Any subsequent variations (if any) of conditions of service	(11) Engagement (c) (13) Special conditions (if any) of enlistment (d)   (Authority) _____ (date) _____	Initials and Rank of an Officer. _____										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">(15) Category</th> <th style="width: 15%;">Date</th> <th style="width: 20%;">Medical Authority</th> <th style="width: 15%;">Initials and Rank of an Officer</th> <th style="width: 25%;">(16) (Record of Occupation in Civil life <small>(vide Army Order 93 of 1917)</small>)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td>                             Industrial Group No.                              Trade or Calling                              Married or Single                              Particulars of Trade Test                               Occupation Cards despatched on (date)                              Second Occupation Card despatched on (date)                         </td> </tr> </tbody> </table>			(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life <small>(vide Army Order 93 of 1917)</small> )					Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test  Occupation Cards despatched on (date) Second Occupation Card despatched on (date)
(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life <small>(vide Army Order 93 of 1917)</small> )								
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test  Occupation Cards despatched on (date) Second Occupation Card despatched on (date)								
(17) Next of Kin (18) Demobilizer (f) _____ (Place) (19) Pivotal-man (f) _____ (Date) (20) Qualifications (g) _____ or (21) Corps trade and rate	(22) Extended { _____ } (23) Re-engaged { _____ }											
(24) Miscellaneous entries:—												

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

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.F. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					

4.9.19  
21/9/19

T.O.S  
S.O.S

C.D.D. Buxton for return to Canada, Part II Order No. 205.  
C.D.D. Buxton on proceeding to Canada, Part II Order No. 211

H.M T, COES CAN  
EMBKD GLASGOW 12 9-19  
DEBKD QUEBEC 23 9, 19  
John J. V. B...  
For OFFICER COMMANDING  
CANADIAN DISCHARGE DEPOT.

T. O. S. Quebec Depot Clearing Services Command  
12-9-19 Part II, Order No. 266 D 23-9-19

S. O. S. Quebec Depot, Clearing Services Command, RO...  
23-9-19 on being discharged from the Service under Demob'n.  
Daily Orders Pt. II No. 266 D 23-9-19

Ment  
OFFICER IN CHARGE RECORDS  
CLEARING SERVICES COMMAND

Nothing to be written in this margin.







*MW*

*G.*

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:- <i>GRAHAM John Millar</i>
EFFECTIVE DATE:- <i>1/6/19</i>		EFFECTIVE DATE:- <i>29/5/19</i>		NUMBER:- <i>3081152</i>
AMOUNT:- <i>20</i>		AMOUNT:- <i>30</i>		PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<i>Mrs M Graham 114 Milledale Mothcombe Derby</i>		<i>D.O. 140</i>	<i>1-12-18</i>	<i>Private a/L/C with pay</i>

UNIT AND TRANSFERS			
ORIGINAL UNIT:- <i>1st Depot Bn 1st BRD</i>			
DATE ACCOUNT FIRST OPENED:- <i>1.3.18</i>			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'P'D	UNIT TRANSFERRED TO
<i>193</i>	<i>12.7.18</i>	<i>11.7.18</i>	<i>came</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK			
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
						<i>Ledges Bal. Cr. 67 79</i>	
						<i>LPC Bal. cr. 67 79</i>	

PARTICULARS OF RENDERING NON-EFFECTIVE: *Alan 30/9/19 RR 12876. Dutton J. Buxton M.D.H.*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918											
Mar 31	<i>Bal Forward</i>								<i>25 83</i>	<i>15</i>	
Apr	<i>P.P.</i>	<i>33</i>		<i>AR 66. 23 Res 15.4</i>	<i>9 73</i>				<i>16 10</i>		
		<i>33</i>		<i>AR 349. Del Result 27.4</i>	<i>7 30</i>				<i>49 10</i>		
					<i>17 03</i>				<i>41 80</i>	<i>30</i>	
MAY	<i>P.P.</i>	<i>34 10</i>		<i>AR 870. 14.5.18. 2 CCD.</i>	<i>9 97</i>				<i>31 83</i>		
		<i>34 10</i>		<i>AR 1375. 29.5.18. 2 CCD.</i>	<i>9 97</i>				<i>65 93</i>		
					<i>19 94</i>				<i>55 96</i>	<i>45</i>	
JUN	<i>P.P.</i>	<i>33</i>		<i>AR 1648. 10.6.18. 2 CCD.</i>	<i>19 71</i>				<i>88 96</i>		
		<i>33</i>		<i>597. BRD 28.6.18</i>	<i>9 73</i>				<i>69 25</i>		
					<i>29 44</i>				<i>59 52</i>	<i>60</i>	
JUL	<i>P.P.</i>	<i>34 10</i>		<i>AR 848. 29.7.18. Granville Buxton</i>	<i>9 43</i>				<i>93 62</i>	<i>76</i>	
		<i>34 10</i>		<i>AR 1437. 15.7.18. Cameo.</i>	<i>7 42</i>				<i>83 89</i>		
					<i>17 15</i>				<i>76 27</i>	<i>75</i>	
AUG	<i>P.P.</i>	<i>34 10</i>		<i>947. 15.8.18 Gran. A Hop</i>	<i>3 9 73</i>				<i>110 57</i>	<i>90</i>	
				<i>1038. 29.8.18</i>	<i>9 9 73</i>				<i>100 84</i>		
				<i>1067. 31.8.18</i>	<i>11 9 73</i>				<i>91 11</i>		
		<i>34 10</i>			<i>29 19</i>				<i>81 38</i>		
Sept		<i>33</i>		<i>1210. 28/9/18</i>	<i>12 7 30</i>				<i>114 38</i>		
		<i>33</i>			<i>7 30</i>				<i>107 08</i>	<i>105</i>	<i>agreed 29/10/18</i>
Dec		<i>34 10</i>		<i>1308 19/10/18</i>	<i>12 9 73</i>				<i>141 18</i>	<i>120</i>	
				<i>1364 29/10/18</i>	<i>36 9 73</i>				<i>131 45</i>		
		<i>34 10</i>			<i>19 46</i>				<i>121 72</i>		

COMPILED BY *W.R.*  
CHECKED BY *W.R.*

*90885-  
5399  
286*

NUMBER 3081152 RANK

L/C

NAME GRAHAM J. M.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
3/10/8	Balance								121 72	120 -	
Nov	P pay	33							154 72	135	
				AR 1443. 12/4/18 Spd M. B. 6	973				144 99		
				- 1585 28/11/18 " " 31	973				135 26		
				- 1683 14/12/18 " " 59	973				125 53		
Dec		3410							159 63	130	
				- 1721 2/12/18 " " 66	973				149 90		
Jan/19		3410							184 -	165	
		101 20									
Feb.	uncr Pto for L/C. par. 62 days @ 5c	310		1860 Buxton 14/1 17	973						
	L/C. P	32 20		" " 29/1 49	973						
				2093 " 14/2 89	1947				180 37		
Mar		3565		202308 " 12/3 172	973				206 29		
		70 95									
Apr	L/C P	3450							240 79		
				AR 2412 25/3 Buxton Co. 3	1947				221 32	65	
				" 320 30/4 " 51	730						
				AR 1149 16/4 G.S.H. 66	487						
				AR 421 13/5 Buxton 77	973						
May	L/C P	3565							235 07		
		70 15									
June		3450							269 57		
				22528 L.H. - 2-2 June			20		249 57		
				AR 612 26/5 Buxton 1	9733				152 24		
				" 526 23/5 " 2	973				142 51		
				" 467 12/6 " 20	973				132 78	15	
				AR 1099 26-15-2 29/3/19							32 90
				AR 900 25/6 Buxton 43	1487				127 91		
July		3565							143 56		30
		70 15		109933 L10 5-6 July			20				62 90
				1110 9/7 Sp. No. Bux	4867						
				1067 9/7 " "	730						
				382 18/7 " "	973				77 86		
					65 90						
Aug.		3565									30
				P. 145109. 10.5.6. Aug			20				
				" 1380. Buxton 2/8.	973						
				" an 561. " 20/8.	973						
				" an 571. " 18/8.	973						
Sept.		3450							67 79		60
	Int. Exp. Pay	897		P. 145185. Sept. 20.10.11.			40				90
		79 12					60				
Sept		3565							62 92		
				AR. 7339. 5/9. C.D. Bux	487						
					487						

To from 10/11

To 10/12/19

S.L. 549. S.O. 12/9/19.

AUDITOR *[Signature]* PAYMASTER *[Signature]*

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

REGT. NO *3081152* RANK *A/CPL* NAME (IN FULL) *GRAHAM J.M.*

M. OR S.	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
NEXT OF KIN						(BLOCK LETTERS SURNAME FIRST)
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY	DATE EFFECTIVE
ADDRESS					PAYABLE TO	RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS	
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					DISCHARGED	PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

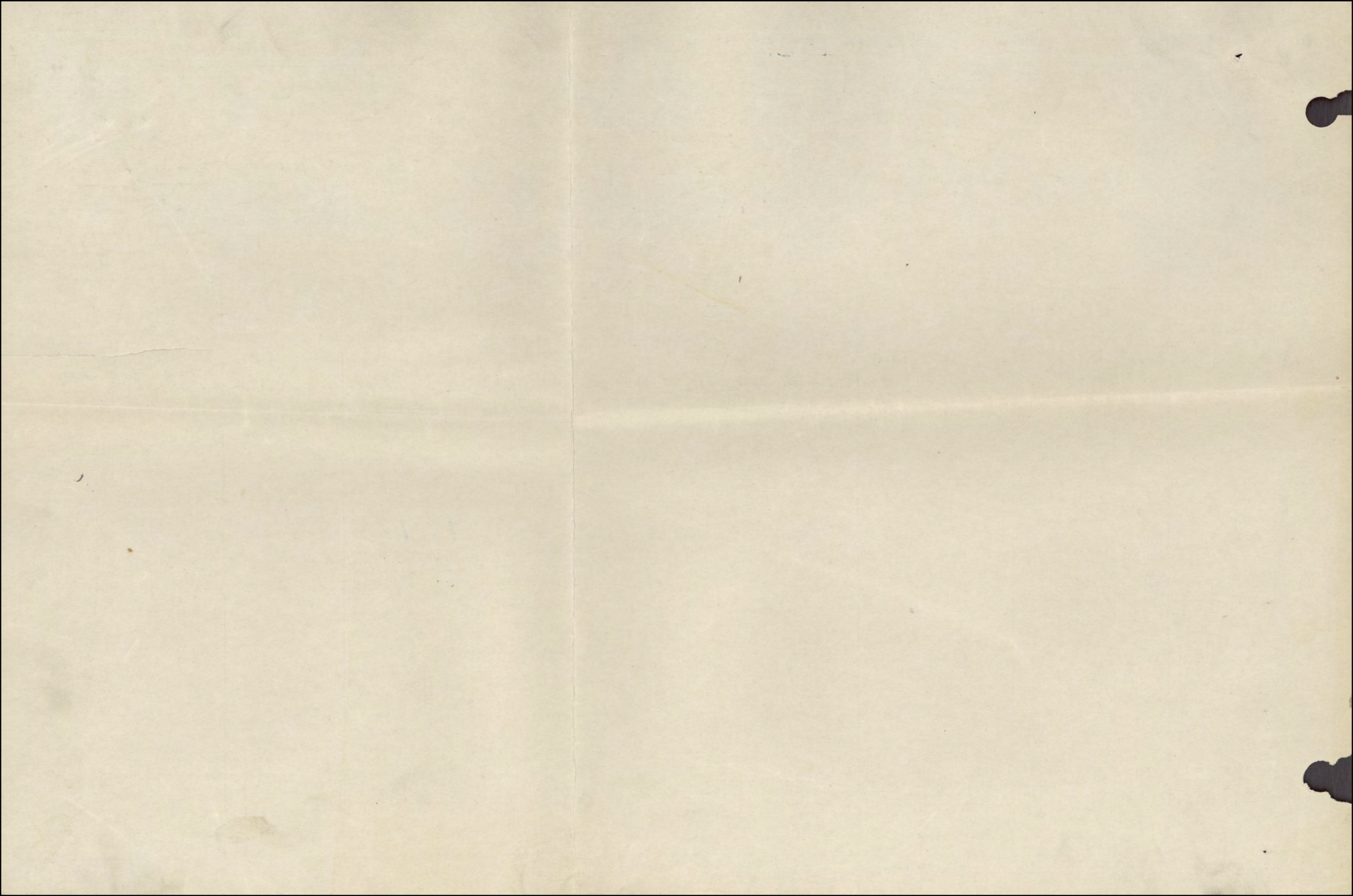


B  
1874

*Laws as in [unclear] [unclear]*  
 MRS M. GRAHAM (WIFE)  
 C.P.O. MONTREAL  
 62 ~~King~~ St. MONTREAL  
 Point St. Charles 14<sup>th</sup> St.  
 City

*C.A.M.C.*  
*7.1.18*  
*20<sup>00</sup>*  
*MRS M. GRAHAM*  
*54 PIES. BUXTON*  
*QUEBEC* *23.9.19* *DEMOS* *NR 26* *22.9.19*  
*W.S.G. C.P.O. GENERAL*  
*62 King St. MONTREAL*  
*Point St. Charles 14<sup>th</sup> St.*  
*City*

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS			
	NO. OF DAYS	RATE	AMOUNT		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3				DEBIT	CREDIT	DEBIT	CREDIT				
			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.									\$	C.	\$
BALANCE FROM PREVIOUS ACCOUNT																							
<i>Back to 30<sup>th</sup> 19</i>	<i>15</i>		<i>35.00</i>		<i>62.92</i>		<i>62.92</i>														<i>62.92</i>		<i>Balance</i>
			<i>70.00</i>		<i>23.00</i>		<i>23.00</i>																<i>W.S.G. S.A. Total</i>
			<i>280</i>		<i>120</i>		<i>400</i>																<i>War Service Gratuity</i>
<i>23<sup>10</sup>/19</i>																							<i>460</i>
<i>23.11.19</i>																							<i>37.00</i>
<i>23.12.19</i>																							<i>460</i>
																							<i>37.00</i>
																							<i>400 -</i>



Reserved for M.H.C.

Regt. No. 3081152 Rank Private Surname Graham Christian Name John Millar  
 Unit or Corps—(a) Overseas from United Kingdom ----- (b) In United Kingdom Q.R.D.  
 Born at—Town Wishaw County or Province Lanarkshire Country Scotland  
 Date of Birth—Day 12 Month November Year 1886 Age 31 yrs. 8 months.  
 Joined at Montreal. P.Q. Date Jan 7th 1918  
 Former Trade or Occupation Engineer.

Permanent marks or peculiarities that will serve for future identification :

Height—feet. 5 inches 7½ Colour of eyes Brown.  
 Signature of Soldier (for identification purposes) John Millar Graham

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted).  
 (Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities  
Group (a)Impaired Flexion of Both Wrists.Disabilities  
Group (b)Disabilities  
Group (c)

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>Chronic Arthritis - Wrists.</u>	<u>Canada.</u>	<u>Five years ago.</u>
(ii.) As to Group (b) above.	-----	-----	-----
(iii.) As to Group (c) above.	-----	-----	-----

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(i.) As to Group (a) above ? Yes If yes, has Active Service aggravated it ? NO  
 (ii.) As to Group (b) above ? -- If yes, has Active Service aggravated it ? --  
 (iii.) As to Group (c) above ? -- If yes, has Active Service aggravated it ? --

4. Is the disability due to disease contracted or injuries received while on Active Service—

(i.) As to Group (a) above ? No  
 (ii.) As to Group (b) above ? --  
 (iii.) As to Group (c) above ? --

5. If a cause of disability was an injury received on Active Service, was it received—

- (i.) While on duty? **Not applicable.** (ii.) While off duty? -----
- (iii.) Was a Court of Inquiry held? **Not Applicable.** Where? --- (v.) When? -----
- (vi.) Opinion of the Court? -----

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

Soldier states that he has been suffering from rheumatism "as he calls it" for the past fifteen years. For the past five years has had pains in ankles, hips, and his feet were swollen at times. Wrists began to swell about four years ago. Boarded at the A.D.M.S. Bramshott. April 19 1918 and marked B 3. six months.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

General physical condition good - fairly well nourished and developed. Heart, Lungs, Nervous System, Gastro-Intestinal and Genito Urinary Systems normal. Local Condition. Chronic Arthritis - Wrists. Wrist joints are thickened & movement is limited to about  $\frac{1}{4}$  of normal - jarring wrist is painful, but straight pull is painless. States his fingers swell at times and that his left elbow is frequently painful.

- 8. OPERATION. (i.) Was one performed? **Not applicable.**
- (ii.) If so, state what. -----
- (iii.) Was one advised and declined? -----

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

- 9. (i.) Is there loss or decay of teeth attributable to Active Service? **No.**
- (ii.) If so, describe. -----

10. DO YOU RECOMMEND:—

- (a) Fit for duty? **No.**
- (b) Fit for base duty? **Yes. B3. Unlikely to be raised in six months.**
- (c) Invalid to Canada? **No.**
- (d) Discharge from the Service as permanently unfit? **No.**

Date of Report.....**June 27th**.....191 **8**  
 Station.....**Bramshott, Hants.**

Signed.....**H.J. Warshawsky**.....**Capt.**  
 Officer in medical charge of case. **C.A.M.C.**

I have satisfied myself of the general accuracy of the above Report, and concur therein ~~except~~

**M. MacKay Capt.**

~~Strike out one~~ of these.

Dated at.....**Bramshott.**.....Station, on.....**June 28th**.....191 **8.**

\* Delete if inapplicable.

### Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?

If not, indicate it.

yes.

12. Is the cause of the disability fully indicated in Part I. (2)?

If not, indicate it.

yes

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier	{	Caused? <i>no</i> Aggravated? <i>no</i>	(b) Misconduct of the Soldier	{	Caused? <i>no</i> Aggravated? <i>no</i>
-------------------------------	---	--	-------------------------------	---	--

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

*not applicable*

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.

What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none,  $\frac{1}{2}$ ,  $\frac{2}{3}$ ,  $\frac{3}{4}$ , or all.)

*not applicable*

16. Permanency of the Pensionable Disability estimated next above in (15).

(i.) Is it permanent?

*not applicable*

(ii.) If not permanent, what is its probable minimum duration (in months)?

*not applicable*

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

*not applicable.*

18. Remarks.

19. Recommendation:—(a) Fit for duty? *no*

(b) Fit for base duty? *yes. But not likely to be raised in 6 mos.*

(c) Invalid to Canada? *no*

(d) Discharge from service as permanently unfit? *no*

Classification for the Military Hospitals Commission.

Date of Board

*29 JUN 1918*

Signatures of the Board.

*Shale P. J. [Signature]* President.  
*Dr. Mac [Signature]* Capt

Station

*Bramshott.*

Approved

*[Signature]* Major,

For G.O.C. & A.D.M.S.

D.A.D.M.S. for A.D.M.S.,

Dated at *Canadian Troops, Bramshott Camp*

*Bramshott.* Station

Station

*29 JUN 1918*

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I:

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the \_\_\_\_\_ day of \_\_\_\_\_ 191

Members of the Board:—

*[Handwritten signature]*

*[Handwritten signature]*

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

*[Handwritten mark]*

*Not applicable*

*Not applicable*

*Not applicable*

*Not applicable*

*Not applicable*

*[Faint text]*

*[Handwritten notes]*

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191

*[Handwritten signature]*

Signatures of the Board

.....  
President.  
.....  
.....  
.....



THIS FORM WILL BE USED FOR ALL RANKS  
**MEDICAL HISTORY OF AN INVALID**

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION..... BUXTON ..... DATE..... 10-9-1919.

1. 1 (a) Unit..... 1st G.A.M.C. ..... (b) Regimental No..... 3081152 ..... (c) Rank..... L/Cpl.  
 (d) Surname..... Graham ..... (e) Christian name..... John Miller  
 (f) Home address..... G.D.P.O. Montreal.  
 (g) Next of Kin..... Margaret Graham ..... (h) Relationship..... Wife  
 (i) Address of Next of Kin..... 95, St. Peter's St., Montreal.

2. Age last birthday..... 31 ..... Date of birth..... 12-11-1886

3. Enlistment, or Appointment (if an Officer) (a) Place..... (b) Date..... 7-1-1918.

4. Personal description:

(a) Height..... 5'10" ..... <sup>est</sup> (b) Weight..... 145 ..... (c) Complexion..... Fair  
(stripped)  
 (d) Colour of hair..... Brn. ..... (e) Colour of eyes..... Gray ..... (f) Identification marks, Scars, etc. Nil

5. Former trade or occupation..... Engineer.

	Years	Days
6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	PERIODS	
	From	To
Canada .....	<u>7-1-1918</u>	<u>5-3-1918.</u>
England.....	<u>14-3-1918</u>	<u>England to date.</u>
France or other theatres of War.....		

7. Original disease, or injury..... Chronic Arthritis Wrists.

(a) Date of origin..... 1907 (March) ..... (b) Place of origin..... Scotland.  
 (c) Cause..... Exposure.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Pain swelling & stiffness of both wrists & fingers of Rt. & Lt. Hand.

9. Present condition— (a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Obj:— Wrists appear normal- no swelling or deformity but a partial loss of function in flexion of wrist.

Subj:— States he has pain, aches & sense of weight in wrists and hands- worse on motion- jarring- no strength in wrists.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System..... No..... Cardio-Vascular System..... No..... Genito-Urinary System..... No..... (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses..... No..... Respiratory System..... No..... Integumentary System..... No.....
Disturbances of Mentality..... No..... Digestive System..... No..... Muscular System..... No.....
Osseous and Joint Systems..... No..... Any other general condition..... No.....

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

In March 1907 while in the wet & open noticed his flesh and arms becoming painful- followed swelling & partial loss of function of the wrists, Rt. one especially, also soreness & pain through back shoulders & lower limbs.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

See Sec. 10. (a)

N.A.

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

N.A.

11.—(a) Did the disabling condition have its origin before enlistment? **Yes.**

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Yes.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a & b) **No.**

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? **6 mos.**

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

Usual Hospital Treatment.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? **No.**  
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? **Yes.**  
(If not, briefly state why)

17. Recommendations **B. II**

H.R. Edwards, Capt. C.A.M.C.

Medical Officer by whom the case is brought forward.

#### STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, **I/Cpl. Jno M. Graham** have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

J.M. Graham

Rank I/

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes.

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.)
- (b) Service abroad, not general service, ( " B) (Yes or No.) B. II
- (c) Home service (Canada only), ( " C) (Yes or No.)
- (d) Temporarily unfit. ( " D) (Yes or No.)
- (e) Unfit for service in Categories A, B and C ( " E) (Yes or No.)

20. It is certified that the invalid

(a) ~~Does require treatment~~ (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
- (c) ~~Should pass under his own control.~~
- (d) ~~Should not pass under his own control.~~  
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

R.T.C. Auth. A.G. Tel. 9083 of 11-11-18.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

President.

PLACE BUXTON.

C.R. Wilson, Capt.

DATE 10-9-1919.

J.M. Donnelly, Capt.

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE BUXTON.

DATE 10-9-1919.

Members

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE.....

DATE September 10th 1919.

CERTIFIED TRUE COPY.

Reserved for M.H.C.

Christian  
 Regt. No. 3081152 Rank Private Surname Graham Name John Millar  
 Unit or Corps—(a) Overseas from United Kingdom (b) In United Kingdom Q.R.D.  
 Born at—Town Wishaw County or Province Lanarkshire Country Scotland  
 Date of Birth—Day 12 Month November Year 1886 Age 31 yrs. 8 months.  
 Joined at Montreal, P.Q. Date Jan 7th 1918.  
 Former Trade or Occupation Engineer.  
 Permanent marks or peculiarities that will serve for future identification :

Height—feet 5 inches 7 1/2 Colour of eyes Brown.

Signature of Soldier (for identification purposes) John Millar Graham

**Medical Report.**

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted).  
 (Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.

- Disabilities Group (a) Impaired Flexion of Both Wrists.
- Disabilities Group (b) -----
- Disabilities Group (c) -----

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	Chronic Arthritis - Wrists.	Canada.	Five years ago.
(ii.) As to Group (b) above.	-----	-----	-----
(iii.) As to Group (c) above.	-----	-----	-----

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

- (i.) As to Group (a) above ? Yes If yes, has Active Service aggravated it ? No
- (ii.) As to Group (b) above ? -- If yes, has Active Service aggravated it ? --
- (iii.) As to Group (c) above ? -- If yes, has Active Service aggravated it ? --

4. Is the disability due to disease contracted or injuries received while on Active Service—

- (i.) As to Group (a) above ? No
- (ii.) As to Group (b) above ? --
- (iii.) As to Group (c) above ? --

5. If a cause of disability was an injury received on Active Service, was it received—

- (i.) While on duty? **Not applicable.** (ii) While off duty? -----  
 (iii) Was a Court of Inquiry held? **Not Applicable.** (iv) Where? --- (v) When? -----  
 (vi) Opinion of the Court? -----

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

Soldier states that he has been suffering from rheumatism "as he calls it" for the past fifteen years. For the past five years has had pains in ankles, hips, and his feet were swollen at times. Wrists began to swell about four years ago. Boarded at the A.D.M.S. Bramshott. April 19 1918 and marked B 3. six months.

7. PRESENT CONDITION. (Give previous and present weights if likely to indicate progress of disability.)

General physical condition good - fairly well nourished and developed. Heart, Lungs, Nervous System, Gastro-Intestinal and Genito Urinary Systems normal. Local Condition. Chronic Arthritis - Wrists. Wrist joints are thickened & movement is limited to about  $\frac{1}{4}$  of normal - jarring wrist is painful, but straight pull is painless. States his fingers swell at times and that his left elbow is frequently painful.

8. OPERATION. (i) Was one performed? **Not applicable.**

(ii) If so, state what. -----

(iii) Was one advised and declined? -----

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i) Is there loss or decay of teeth attributable to Active Service? **No.**

(ii) If so, describe. -----

10. DO YOU RECOMMEND:—

(a) Fit for duty? **No.**

(b) Fit for base duty? **Yes. B3. Unlikely to be raised in six months.**

(c) Invalid to Canada? **No.**

(d) Discharge from the Service as permanently unfit? **No.**

Date of Report June 27th 1918

Signed H.L. Warshawsky Capt.  
Officer in medical charge of case. C.A.M.C.

Station Bramshott, Hants.

I have satisfied myself of the general accuracy of the above Report, and concur therein ~~except~~

M. MacKay Capt. CAMC

~~Officer in charge of Hospital~~ Strike out one  
for (S.M.O. Brigade) of these.

Dated at Bramshott. Station, on June 28th 1918.

\* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? *Yes*  
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)? *Yes*  
If not, indicate it.

13. Was the disability caused or aggravated by—  
(a) Negligence of the Soldier { Caused? *No*  
Aggravated? *No*  
(b) Misconduct of the Soldier { Caused? *No*  
Aggravated? *No*

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?  
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)  
*Not applicable*

15. THE PENSIONABLE DISABILITY.—See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.  
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?  
(Estimate at none, 1/5, 2/5, 3/5, or all.)  
*Not applicable*

16. Permanency of the Pensionable Disability estimated next above in (15).  
(i.) Is it permanent? *Not applicable*  
(ii.) If not permanent, what is its probable minimum duration (in months)? *Not applicable*

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?  
*Not applicable*

18. Remarks.

19. Recommendation:—(a) Fit for duty? *No*  
(b) Fit for base duty? *Yes. Bill <sup>111</sup> not likely to be raised in 6 or 12 months.*  
(c) Invalid to Canada? *No*  
(d) Discharge from service as permanently unfit? *No*

Classification for the Military Hospitals Commission.

Date of Board *29 JUN 1918*

*Charles P. Jones Capt. Comd.* President.  
Signatures of the Board. *M. MacKay Capt.*

Station *Bramshott.*

Approved *R. J. Chom* Major,  
D. A. D. M. S. for A. D. M. S.,  
Dated at *Canadian Troops, Bramshott Camp*

For G.O.C. & A.D.M.S.  
*Bramshott.* Station

*29 JUN 1918*

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_\_

Members of the Board:—

*[Handwritten signatures]*

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

*[Handwritten recommendation text, including the phrase 'has application']*

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_\_

*[Handwritten signature]*

Signatures of the Board

\_\_\_\_\_  
President.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# WITH DEPENDANTS.

NO OF *only*  
DEPENDENTS

DISPERSAL AREA *F(4)*

SHORT FORM.

## PROCEEDINGS ON DISCHARGE.

RELIGION. *Presby*

(Demobilization) *WADSWORTH, DERBYSHIRE* NEXT OF KIN. *M*

SEP 4 1919  
FILE

1. No. *3081152*

2. Rank. *L/Cpl.*

3. Name. *Graham, John Miller*

4. Unit. *C.A.M.C.*

5. Date of Discharge *SEP 28 1919*

Place *QUEBEC*

6. Reason for Discharge

TRADE *Engineer*

SERVICE IN FRANCE *Yes*

Occupational Group *13*

7. Authority. *Routine Order 1420*

8. Proposed Residence after Discharge

*Montreal*

### 9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.? *39*

*(227)*

*J. M. Graham*  
Signature of Soldier.

### 10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place *QUEBEC*

Date *SEP 22 1919*

*M. J. W.  
26-2-24*

Signature

*D. J. O'Shearan*  
T.M.T., C.P.S.-A

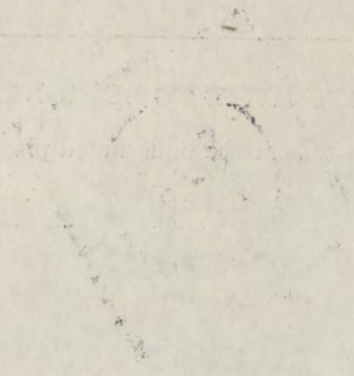
EMBKD GLASGOW 12 9  
DEBKD QUEBEC 23 9 19

(O. C. Discharging Unit.)

..... Capt. for Lt.-Col.  
D. C. Clearing Services Command.

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LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Medical Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (A.F.A. 5009a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings of Discharge (A.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)  
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (D.D. 51).
11. Equipment Statement Q.M.G. Form (D.O.S. 2) and Clothing.
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... *B*

Checked by No..... *9*

Date..... *11 8 18*

D.

*G. 609*

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

M. F. W. 54. (A. F. B. 103.  
500M.—9-16  
H. Q. 1772-39-9.0.

# Casualty Form—Active Service.

*1st DEPOT BN. 1st QUEBEC REGT.*

Unit, Regiment or Corps.....

Regimental No. 3081152 Rank Private Name John Miller GRAHAM

Enlisted (a) 7-1-18 Terms of Service (a) Duration of War Service reckons from (a) 7-1-18

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

Extended..... Re-engaged..... Qualification (b) Engineer

Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 21, 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
			<i>Embarqued Canada</i>	<i>18/2/18</i>	<i>Saxonia</i>
			<b>DISEMBARKED</b>	<i>England</i>	<i>4-3-18</i>
<i>15.3.18</i>	<i>23rd Res. Batt'n.</i>	Taken on strength from <i>Canada</i>	<i>Bramshott.</i>	<i>5.3.18.</i>	<i>D.P. 11 I.74</i>
<i>23.4.18</i>	<i>23rd CAN. RES. BN.</i>	POSTED TO <i>1st. QUE. REG. DEPOT.</i> <i>Cat. B III</i>			<i>B.P. H. O. No. 113</i> <i>W.A. Chalmer</i> for O.C. 23rd. Can. Res.
<i>27.4.18</i>		TAKEN ON STRENGTH	<i>Quebec Regt'l Depot,</i>	<i>B. shot Pt. II. D.O. 101</i>	<i>27.4.18</i>
<i>27.4.18</i>		<i>Que. Regt'l Depot. ON COMMAND TO</i>	<i>2nd. C. B. Bramshott.</i>	<i>Pt. II. D.O. 104</i>	<i>27.4.18</i> <i>Geo. Duckley</i> QUEBEC REGT'L DEPOT
<i>29/4/18</i>		<i>XCOs attached 200s</i>	<i>Bram</i>	<i>27-4-18</i>	<i>D.O. 101</i>

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
14 JUN 1918	OC. 2nd CCD	Ceases to be attached to 2nd C. C. D. on return to <i>Quebec Reg. Depot</i>	Bramshott	13 JUN 1918	Pt. 2 D. O. No. <i>140</i> <i>J. Laurem Lieut.</i> for OC. 2nd CCD.
14.6.18	<i>Q. C. D.</i>	Ceases to be shown on command to 2nd C. C. D. & is detailed to Depot Coy B'shott	B'shott	13.6.18	<i>P. C. D. 145</i> <del>166-11-7-18</del> <del>154-185-6-18</del>
24.6.18	<i>Que. Reg'l. Depot.</i>	TRANSFERRED TO <i>C. F. M. Co. Chorncliffe</i>	<i>Chorncliffe</i>		<i>Genl. Duchette</i> QUEBEC REG'L. DEPOT.
12-7-18	<i>Camehead</i>	Taken on Strength	<i>S. Cliffe</i>	12-7-18	<i>C. 100 193</i>
18-7-18	"	<i>SOS to G. B. S. Hosp. Buxton</i>	"	18-7-18	<i>P. 102 199</i>
23-7-18	<i>G. B. S. H.</i>	<i>SOS from Camehead Depot</i>	<i>Buxton</i>	18-7-18	<i>Ph. for O. C. 112, A. M. C. Depot</i>
19-12-18	"	<i>Appointed A/L/Cpl</i>	"	1-12-18	<i>Pt. 2 D. O. 140.</i>
6-2-19	"	<i>adm to G. B. S. H. Zetuppe</i>	"	4-2-19	<i>PT II D. O. 8</i>
2-02-19	"	<i>Sisch</i>	"	19-2-19	<i>PT II D. O. 11</i>
8-3-19	"	<i>adm to G. B. S. H. influenza</i>	"	3-3-19	<i>PT D. O. # 14.</i>
25.8.19	"	<i>SOS to G. B. S. H. Buxton</i>	"	20.8.19.	<i>PT II D. O. 51</i>
					<i>Mum. H. Buxton</i> O. C. Granville Canadian Special Hospital,