

ORIGINAL

"C"

#2

M. D. **First**

Depot Battalion **First Central Ont.**

Regiment

Regtl. No. **3039619**

# PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class **ONE**)

1. Surname **MURRAY**

2. Christian name **Amede**

3. Present address **Masson, Que.**

4. Military Service Act letter and number **261250 S.C.**

5. Date of birth **Oct. 15th, 1886**

6. Place of birth **Quebec.**  
(town, township or county and country)

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

8. Religion **R.C.**

9. Trade or calling **Minner**

10. Name of next-of-kin **Mrs. Lousia Murray**

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

12. Address of next-of-kin **Masson, Que.**

13. Whether at present a member of the Active Militia **No.**

14. Particulars of previous military or naval service, if any **Nil.**

15. Medical Examination under Military Service Act:—  
 (a) Place **Timmins, Ont.** (b) Date **Oct. 25th-17** (c) Category **A2**

## DECLARATION OF RECRUIT

I, **Amede Murray**, do solemnly declare that the above particulars refer to me, and are true.

*Amede (+) Murray* (Signature of Recruit)  
*W. Brastey* (Sergeant)

## DESCRIPTION ON CALLING UP

Apparent age	<b>31</b>	yrs.	<b>7</b>	mths.	} Distinctive marks, and marks indicating congenital peculiarities or previous disease.
Height	<b>5</b>	ft.	<b>6½</b>	ins.	
Chest measurement	} fully expanded		<b>33½</b>	ins.	
		range of expansion	<b>2½</b>	ins.	
Complexion	<b>Med.</b>				
Eyes	<b>Brown</b>				
Hair	<b>Med.</b>				

*[Signature]*  
a/ O. C. **First** Depot Btlh.  
**First Central Ont.** Regt.

Place **Toronto, Ont.** Date **April 17th, 1918.**

"C"



REGIMENTAL DOCUMENTS

NAME

*Murray Armede*

REGT. NO.

*3039619*

UNIT

H. Q. FILE NO.

**S**

**H**

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

*Died*

DISCHARGE

Category

DESERTION

**40820**

**M**

**H**

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.B.W. 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)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

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)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3225)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

*2 card*

*9-24*

*(Larkin)*

*Room of Bull*

*A-122*

*My*

*2/1/21*



Q. D. 1918

Surname *Murray*  
Christian names *Amédé*  
Regtl. No. *3039619* Rank *Pte*  
Unit ~~*1st Gen. Ont. Regt 1st Dep Bn.*~~  
*1/2nd. G. A.*

H. Q. ....  
M. D. No. *25. pt. 2 200, 8/18.*  
T. O. S. *Apr. 17th* 19 *18*  
D. O. Pt. II *126 of 5/6/18*  
S. O. S. .... 19 ....  
Reason ....  
Auth. ....

Next of kin *Murray Mrs. Louisa* Relationship *Mother*  
Address *Masson, P.Q.*

Also notify: .....

BORN—Place *Canada, Quebec P.Q.* Date *Oct 15th 1886.*

ATTESTED—Place *Toronto, Ont.* Date *Apr. 17th, 1918.*

O/S *29.8.18 1398* R/C .....



For replace Memorial Cross

649-M-39372.

MURRAY, Pte. Amede, No. 3039619, 10th Res. Bn.

→ Arthur Murray of Ferdinand Murray

M & D. Mother, Mrs. Louise Murray,  
Masson, Que.

Grocer  
Masson P.Q.

P & S. Mother, as above.

MAY 25 1932

(Ser. # 768918)

Mem. Cross, Mother, as above.

Scroll Desp. N 1 7000 Reqn. No. 247467

AUG 30 1922

Plague Desp. Reqn. No.

45510

not elig, 14/15 star

not elig, U.S.M.

4 7 Cig. O.B. W. M.

B-

M 43068 JAN 27 1921

714

DESP. JUL 20 1932  
FRANK NO. 1063



M.H.

B

Number.....3029619.....Rank.....Pte.....

Surname.....MURRAY.....

Christian Name.....Armed.....

Units.....P.R.....Theatre of War.....England

Date of Service.....9-9-18.....D.....

Remarks.....Mother.....

Latest Address.....Mrs. Louise Murray.....

.....Mason Ave.....

Roll No. a Page 1085

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY

DESP: APR 21 1922  
REGN. NO. 2803

REG. NO.

3039618

NAME

Murray Meddie <sup>13 20298</sup> 1342821

(SURNAME FIRST)

RANK

Pte

CORPS

1-1st B. O. R. <sup>46</sup>

AGE

31.

SERVICE

5 days.

NAME OF HOSPITAL

Camp.

PLACE

Niagara

DATE OF ADMISSION

9-6-18

5-7-18

DISEASE

Neuralgia

n.a. 10

DISCHARGE

16-6-18

10-7-18

OPERATION

DISCHARGED TO DUTY

Improved

Yes.

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD



NAME

Murray Amede

REGT'L. No.

3039619

RANK AND CORPS

Plt. 10th Res. Co. Form 100R

FOLLOWS  
NO.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

Goske

Mrs. Louisa Murray Goske,  
Masson P. O.0655 20-10-18  
52.C349 22-10-18.Ser. ill Mil Hosp. Bramshott Oct 19<sup>th</sup>  
Influenza.5443 2-11-18  
10-5.Died at mil st. Bramshott  
Oct 29<sup>th</sup> 1918

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

0357

12 Can. Gen, Bramshott

<sup>19-10-18</sup>

29, 10 18.

Pres. rep. sev. ill now died  
(Influenza)



No. 126 an gun HOSPITAL.  
Bramshott.

AT 8702

A. & D. No. PL. OF ACTION

RANK *Plt* REG. NO. 3039619 UNIT 10<sup>th</sup> Gen Res. SICK OR WOUNDED

NAME Murray, A. AGE 31 RELIGION *R.C.*

PLACE IN HOSPITAL *New Rec Room.*

DIAGNOSIS *Influenza*

ADMITTED 11 - 10 - 18 FROM

DISCHARGED To

TRANSFERRED

SERVICE AT HOME *5/12* IN FIELD

RESULTS *Died 29-10-18*

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





Name

MURRAY

Rank

Amede  
Pte

Reg. No.

3039619

Unit

10<sup>TH</sup> Res

M8691.

H.C.

Next of Kin

M<sup>rs</sup> Louisa Murray.  
Masson. P.-Q.

CANADA

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
19-10-	No 12 C.S.H. B' Shot	Influenza				3405-
-do-	Seriously Ill		-do-	C349	9655.	30/10 SUN
29-10	Died		Influenza	C357	443	4110.
BORN. OCT. 15 <sup>TH</sup> 1886 RELIGION. R. C.						
<del>14/11/18</del>						



Reg. No.

Rank.

Surname

Category.

Dentally  
Unfit.

Christian Names (1)

(2)

(3)

Date

Place of Enlistment:

Date of

Taken on from

Religion

Inoculations

Company

Province:

Age on

Date

Vaccination

On Command

Hospital

Permanent  
Cadre

Employed as

Date  
taken on

Date Proceeding

Date Admitted

Record of Overseas Service:

Profession or Trade (Civil)

Transferred or Posted to

Date

Reason for Return

Married or Single

LEAVE.

Address of Next of Kin

No. of Pass  
Issued.

FROM.

To.

Free Transportation.

Country

30396/9.

Pte.

Murray

A.S.

28-10-17

Toronto

17/4/18

Canada

P

206-6-18  
3-4-18

D.

Ont.

3/7

9-9-18

P.C.

2/7/18

Muir

Mrs Louisa Murray

Masson Ave

Canada



Surname

Christian Name or Names

Reg. No.

MURRAY.

A.

3039619.

Rank

Unit

Pte.

Que. 10R.

Cas. List.

12.C.G.H.B' Shott. (Ser. 111) 19-10-18.

22-10-18.C349.

Influ' za. *h.*

*31. 10. 18. 357*

*Died 29. 10. 18.*

A.M.D. 2 DEPT.

Col. F. 218 O.H.F.C. London

Cas. List.

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 handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname MURRAY. Christian name Amede.
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 261250. S.C.
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any) Timmins, Ont.

5 NOV 1918

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 25th day of October 1917, by the undersigned medical board sitting at Timmins, Ont.

5. Age as stated 31 Years 1 Months. 6. Apparent age 31 Years 1 Months
7. Height 5 Feet 6 1/2 Inches. 8. Weight 129 Pounds.
9. Chest measurement { Minimum 31 Ins. Maximum 33 1/2 Ins.
10. Complexion Medium { Eyes Brown. Hair Medium.
11. Physical development Fair. { Good Fair Poor
12. Smallpox marks nil

13. Number of vaccination marks { Right arm 0 Left arm 1
14. When vaccinated last Childhood.
15. Distinctive marks and marks indicating congenital peculiarities or previous disease nil

16. Slight defects but not sufficient to cause rejection nil
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

Member. President. Member.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes handwritten entries for vaccinations on 2/7/18, 26/6/18, 2/7/18, and 13/7/18.

Joined 17th day of April 1918 at Toronto, Ont.

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes entries for 1st Depot Bn and 1st C.O.R. with number 3039619.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT.

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

CANADIAN









CLINICAL CHART.

Army Form B. 181

Corps 10th Cav. Reserve

(To be attached to Case Sheet.)

Military Hospital # 12 Cav. Gen. Hosp.

No. 3059619

Rank and Name Murray J. D.

Age 31

Service 5 1/2

Disease Influenza

Date of admission Oct 11/18

Date of discharge

Result Disd 29-10-18 7:45 P.M.

Dates of Observation	23		24		25		26		27		28		29		30	
	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	
Days of Disease	18		19		20		21		22		23					
Temperature Fahrenheit	101.4	100.4	101.4	101.2	101.4	101.2	101.4	101.2	101.4	101.2	101.4	101.2	101.4	101.2	101.4	
Pulse per Minute	124	124	120	128	116	140	136	132	120	140	132	140	142	132	160	
Respirations per Minute	40	38	44	46	40	52	44	48	48	40	50	46	32	44	52	
Motions per 24 hours	1		1		0		1		0		1		0		0	
<p><i>Handwritten notes:</i></p> <p>23: Hypo Strych 9/8 1/80 24: Hypo Morphia 9/8 1/8 24: Disc. Misc. Expeel 24: Soda Bicarb 9/8 1/8 25: Solone Leuca 25: Hypo Morphia 9/8 1/8 25: Strych. Disc. 26: Anti Strych Serum 20 cc 26: Caff Cit 9/8 1/8 27: Misc Expeel 20 cc 27: Anti Strych Serum 20 cc 27: Cascara Sag 20 cc 27: Sod. Brom 9/8 1/8 27: Paracetamol 10 tabs 27: Caff Cit 9/8 1/8 28: X-Ray 28: Anti Strych Serum 20 cc 28: Camphor Oil 9/8 1/8 28: Strych 9/8 1/8 28: Camphor Oil 9/8 1/8 28: Morphia 9/8 1/8 29: Disd 7:35 p.m.</p>																

Signature

*J. R. King Capt.*

In charge of case.



Regtl. No. Rank and Name 3039619 Pl. Murray G. Corps 10 Res Batty  
Disease Influenza Hospital # 12 C. G. H. Blawston  
To Officer i/c Laboratory. Ward Red + West

Please carry out an examination of the accompanying specimen of Urine  
with special regard to Routine

Date Dec 26-18 W Reid Capt.  
O. i/c Ward.

LABORATORY REPORT.

S. G. 1020. Reaction Acid.

Albumen. Positive

Sugar. Negative

Microscopic granular + Hyaline Casts.  
Renal Epithelial Cells  
Pur Cells. Occasional Red Blood Cell.

Date of Examination 26/10/18  
W. 3212. 50M-4-4-18.

A. Montgomery Capt  
O. i/c Laboratory.

Hospital

Ward

Examination of the following specimen of

with special regard to

Date

Ward

0. 1/6

LABORATORY REPORT.

J. G. 1020

Albany, N.Y.

1895

1895

*[Faint, illegible handwritten notes]*

Regtl. No. Rank and Name 30396 19 Pte Murray 4 Corps 10 Res Bn

Disease Influenza Hospital No XII

To Officer i/c Laboratory. Ward Red Cross Hut

Please carry out an examination of the accompanying specimen of Urine  
with special regard to Albumen

Date 20-9-18 G.R. Reid Capt.  
O. i/c Ward.

**LABORATORY REPORT.**

React acid  
Alb Pos

Spgr 1014  
Sugar neg

Microscopic  
Renal cells.  
Hyaline & granular casts  
a few pus cells.

Date of Examination 23.10.18  
W.3212. 50M-4-4-18.

G.R. Reid Capt.  
O. i/c Laboratory.

Regd. No. Name and Name of Hospital

Hospital No XII

Ward No 10

Disease  
to Office of Laboratory

They are an examination of the accompanying specimens of the  
to Office of Laboratory

Signature

LABORATORY REPORT

*[Faint handwritten notes]*



## MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
			Murray	
Year	Unit.		Age.	Service.
Station and Date.	Disease			
20-10-18	There is dullness in upper Rt lobe axillary Region and in lower left back. Posteriorly. There are rales (moist) over back and front of both lungs. Expectoration free purulent man is delirious at times. Urine incontinent man is very weak and toxic			
22-10-18	man is slightly cyanotic pulse good but man is very weak slightly delirious at times.			
24-10-18	Urinalysis shows casts and albumen. Left lung dullness and rales increasing. Rt. Lung many fine rales throughout and dullness not increased man is weak not able to expectorate.			
26-10-18	Rt. lung improved. Patient slightly improved. Left lung has increased dullness and rales.			
27-10-18	Complains of pain in Rt side in region of 8 <sup>th</sup> rib			
28-10-18	man becoming weaker both lungs front and back becoming more filled with rales			
29-10-18	man becoming cyanotic and weaker died at 7 <sup>45</sup> P. M.			
Treatment as on temperature chart the ammoniated tinct quinine seemed to irritate stomach.				
J R Reid Capt.				



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	3039619	Pte.	Murray	A.
Year	Unit.	Age.	Service.	
1918	10th Reserve.	31	5/12.	
Station and Date.	Disease	<p><i>Temp 100-101 intermittent alt + 2 usual</i></p> <p>Influenza, Bronchitis, Pneumonia</p>		
XII Can. Gen. Hosp. Brampton	Family History	<p>F - Dead - Consumption M - L - Heart Disease</p>		
		<p>B - 5 / SW 10 - Drowned S - O.</p>		
		<p>Arrived in England 25th Aug '18 S.S. "Kilmainn Castle"</p>		
	Previous Illness	<p>- Has had a sore back at different times for about 18 months.</p>		
	Present Illness	<p>- Has had a cough for nearly a month. 5 days ago he began to have pain in back &amp; stiffness &amp; pain in left side of neck &amp; frontal headache and has had pain in both knees but the right one has been worst. He has been nauseated at times but does not vomit.</p>		
	Physical Exam.	<p>Well developed &amp; well nourished. Face flushed &amp; eyes heavy. Skin dry &amp; hot but is elastic &amp; free from eruptions. Glands in both Axillae, Rt. Epitroclicar and Inguinal regions enlarged &amp; slightly tender and one gland in Rt. Posterior Triangle of neck is enlarged but not tender.</p>		
	Chest	<p>Coughs frequently - Dry &amp; hard. Complains of pain over Sternum &amp; in upper part of abdomen on coughing. Chest moves freely with respiration. Nothing abnormal found.</p>		
	Cardiovascular System	<p>Apex beat in 5th Intercostal space 1/2" inside Nipple line</p>		

Murray  
 A.  
 10th Reserve  
 31  
 5/12

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
 (6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms I. 1237/13 (E2349) P.T.O.

Station  
and Date.

Heart normal. Pulse regular in  
rhythm & intensity, volume fair, tension  
moderate - artery wall not palpable.

Digestive System - Tongue moist & coated  
in centre with whitish yellow fur.

Abdomen soft & elastic. No tumor.

Symphoric throughout. Bowels have  
been constipated.

Other Systems normal.

Diagnosis - Influenza

Treatment - Heroin gr<sup>ss</sup>/<sub>16</sub> + repeat h.s.

14-10-18

man complains of pain in temporal region  
gives history of middle ear disease, ~~no~~ tenderness  
over mastoid. Chest examination  
shows few fine rales over course of  
bronchi.

15-10-18

Complains of pain in temporal region  
Has considerable cough, no expectoration.  
Few fine rales over bases and back of both  
lungs.

16-10-18

Examined by ~~Ear~~ Specialist Exam neg.  
Cough is excessive hard and dry  
There is dullness at left base small area  
and some dullness at base of RT  
Scapula.

Given Annon Quin gr<sup>ss</sup>/<sub>16</sub> 4, i.d.  
mist. Expect Q & H.

17-10-18

Dullness increased at left base. Harsh dry  
cough slightly blood tinged. Man very toxic

18-10-18

Medicine discontinued except Quinine Sulph gr<sup>ss</sup>/<sub>16</sub>  
on account of irritability of stomach. Given Bernuth Man  
very toxic and very weak. Now has some dullness on  
RT side and fine rales in RT lung.

19-10-18

Some dullness in left base. Patient very toxic and weak

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

M. F. W. 54. (A. F. B. 103.,  
500M.—9-16  
H. Q. 2772-30-9:0.

# Casualty Form—Active Service.

*Apt-130*

Unit, Regiment or Corps 1st Depot Bn. 1st C.O.R.  
 Regimental No. 3039619. Rank Pte Name M. U. R. R. A. Y. Amede  
 Enlisted (a) 17.4.18. Terms of Service (a) 17th April 1918  
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }  
 Extended ..... Re-engaged ..... Qualification (b) Miner.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		<i>Embarked</i>	<i>Quebec</i>	<i>26/8/18</i>	<i>A.M.T.</i>
		<i>Arrived</i>	<i>Tilbury</i>	<i>9/9/18</i>	<i>"Kildonan Castle"</i>
		<i>Embarked for overseas</i>		<i>Aug 27<sup>th</sup>, 18</i>	
<i>30.9.18</i>	<i>O.C. 10th</i>	<i>Jan. Res. Bn. T.O.S. on transfer from arriving from Canada</i>	<i>B Shott</i>	<i>7.9.18</i>	<i>D.O.P. 11 231</i>
<i>30.10.18</i>	<i>10th Res. Bn.</i>	<i>S.O.S having died at Can Mil Hosp. Bishott. Influenza</i>			
		<i>Auth B.M. Hosp Tel N° 170.</i>			
		<i>rd/30-10-18</i>	<i>Bshott</i>	<i>30.10.18</i>	<i>D.O.P. 11 257</i>
			<i>J.P. Micks</i>		<i>Lieut Asst Ad/10<sup>th</sup> Res. Bn.</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.]



Rank \_\_\_\_\_ Name **MURRAY, Amede.** Reg'l No. **3039619**  
 Unit **1300 Drft. 1st Bn. 2nd Cav. Regt.** If in perm. Corps }  
 What Unit? } Married or Single **Single**  
 Place and Date of Enlistment **Apr 17/18 Toronto** Place of Birth **Quebec**  
 Name and Address, Next-of-Kin **Mrs. Louisa Murray** Relationship **mother**  
**Masson, P. 2**



*Handwritten notes:*  
 m x  
 21-1-21  
 21-1-21

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_  
 Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_

**Stamp:**  
 N/E. R.B. No. 15008  
 File R.L. 25 M. 869  
 Category D.O.B.

Discharge, Date and Place Reason Character

H. W. V., Ld.—9:46-16.

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.				
			<i>Arrived in England.</i>	<b>9 9 18 S S</b>	<b>Kildonan Castle</b>
<b>12-9-18</b>	<b>10 Piv</b>	<b>T O - W</b>	<b>B'scott</b>	<b>9-9-18</b>	<b>DD 216</b>
<b>31.10.18</b>	<b>- Aug.</b>	<b>DIED.</b>	<b>"</b>	<b>29.10.18</b>	<b>PL 357</b> <i>Influenza.</i>
<b>30.10.18</b>	<b>1st Res</b> <b>P.R.D.</b>	<b>no 12 P. R. H. B'scott</b> <b>po. shaving Died</b>	<b>"</b>	<b>29</b> <b>30 10.18</b>	<b>amended by D.O. 19724/19</b> <b>D.O. 254.</b> <b>1063 ext 19</b> <b>101 19</b>





# CASE HISTORY SHEET.

No. 3039618 Rank Pte. Name MURRAY, Meddie. Age 31

Unit 1-1st COR. Completed years of service five yrs. Where and how long

Date of admission June 9-10-18. Date of discharge June 26-1918

Diagnosis Neuralgia - Social 1st Class suspect. Place of origin \_\_\_\_\_

CONDITION ON ADMISSION AND PROGRESS OF CASE Temp. 101. Cryp. pain head +

eye + back - since Friday night. Chills fever - No sore throat. No cough

No skin eruption - Temp on adm. 100  
Exam (June 10) No skin eruption - Temp. normal. Tongue lightly  
furred - no Koplik's or stomatitis. Throat appears normal.  
Slight cough - no expectoration. Pulse normal 68. Pyramidea  
one bad root. Ears fixed & wax - no evidence of recent  
discharge. Lungs & Heart Normal.

Urinalysis amber. acid. 1020. no albumen - no sugar: June 11-18  
W.B.C.

June 11. Complaints chief of headache & backache. Ears show no  
acute trouble. He has root & teeth which might  
cause pain.

June 12 To get up. neuralgia persists so will be sent to  
dentist. June 13 Extractor of root ~~sent~~ today.

June 15 - Head is better but still a little pain - some pain in legs.

June 17/18 - Pain over eyes still present - they should have eyes examined - W.B.C.

June 19/18 - Pain is still present. June 24 Back is better but pain is bad as worse.

June 24/18 Urinalysis - dark amber, slightly acid, 1020, no albumin or sugar, no casts (W.B.C.)

FAMILY HISTORY  
 (Tuberculosis, mental or nervous diseases.) \_\_\_\_\_

TREATMENT Cal. gr.ii, mag sulph gr.ii. Dover. gr.ii  
 (Especially any specific or special form.) ape capo no. 1 q. ii h.

Extraction of ears.

June 12 Dia ureptin of ears. Give Ta. nuc. vom mxt. i. d.

June 15 Cont. Tr Nuc Vom mxt. i. d. ac. Give aspirin gr. v. q. h. a. c.

June 19. Aspirin gr. v. q. h. - Electrotherapy

June 20 Eustachian Tube gr. i. po. June 23 Aspirin gr. v. q. h.

CONDITION ON DISCHARGE Improved, under observation  
 (and disposal made of case.) of M.D.

Date June 27, 18 Charles E. Brown  
 Medical Officer i/c case. dent

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CLINICAL CHART

100

Chart

No.

100

Date

10/10/10

Time

10:00

Temp

100.0

Pulse

100

Respiration

20

Blood Pressure

100/60

Weight

150

Height

5'10"

Head

Normal

Eyes

Normal

Ears

Normal

10/10/10

100

100

100

100

100



CLINICAL CHART

(To be pasted into Case Book opposite Patient's Case)

Form No. 100

No. 100000

~~Diagnosis~~

Date of Admission

Room No.

Attending Physician

107

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# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 5

NAME OF SOLDIER

*Amay G. Medle*

REGIMENT

RANK *SGT*

No. 3039619



## INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoes	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				

*Amay G. Medle*

INSTRUCTIONS

1. Examine the patient's general condition and take the history.

2. Examine the teeth and take the dental history.

3. Examine the oral cavity and take the oral history.

4. Examine the throat and take the throat history.

5. Examine the nose and take the nose history.

6. Examine the ears and take the ear history.

7. Examine the eyes and take the eye history.

8. Examine the skin and take the skin history.

9. Examine the heart and take the heart history.

10. Examine the lungs and take the lung history.

11. Examine the abdomen and take the abdominal history.

12. Examine the back and take the back history.

13. Examine the legs and take the leg history.

14. Examine the feet and take the foot history.

15. Examine the hands and take the hand history.

16. Examine the fingers and take the finger history.

17. Examine the nails and take the nail history.

18. Examine the hair and take the hair history.

19. Examine the scalp and take the scalp history.

20. Examine the face and take the face history.

21. Examine the neck and take the neck history.

22. Examine the chest and take the chest history.

23. Examine the abdomen and take the abdominal history.

24. Examine the back and take the back history.

25. Examine the legs and take the leg history.

26. Examine the feet and take the foot history.

27. Examine the hands and take the hand history.

28. Examine the fingers and take the finger history.



3039619

No

Name

*Murray. A*

Sqn., Batty.,  
or Company

"C" CO. 1ST DEPOT BN. 1ST C. O. R.  
Corps

Date of  
enlistment

*2/6/18*

G.C.  
Badges

Service or  
Proficiency Pay

Date of last entry in  
Company Conduct Sheet

No. and date  
of last drunk

Period not reckoning towards  
freedom from extra fine

Sheet No.

*One*

Signature O.C.  
Company, etc.

Character

*Capt.*

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks	
				<i>Transferred to Quebec Depot 6.8.18.</i>	<i>Verified.</i>			<i>[Signature]</i>	<i>Capt.</i>	
				CERTIFIED NO ENTRIES OR NO FURTHER ENTRIES UP TO						
							<i>15/8/18</i>	<i>[Signature]</i>		

M. F. W. 178 (A. F. B. 122)  
160M-1-18-1772-93-1211



52-8

# FORM OF WILL

I, AMEDE MURRAY (Name in full)

Regimental Number 3039618 serving in 1st Depot Bn. 2nd C.O.A.

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

.....  
.....  
.....  
.....  
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.....  
.....  
.....  
.....  
.....

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

absolutely, and my personal estate I bequeath to

(Mother) Mrs. Frank Murray,  
Nasseau, P.Q.  
.....  
.....  
.....

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 6<sup>th</sup> day of aug. 1918 A.D.

His mark Signature of Soldier.  
Witness Beasson

\*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.....Beasson Capt.....

Address of Witness.....

THE TWO WITNESSES

Occupation of Witness.....SOLDIER.....

MUST SIGN HERE

Signature of Second Witness.....

Address of Witness.....Beasson.....

Occupation of Witness.....SOLDIER.....

FORM OF WILL

1. I, \_\_\_\_\_ of \_\_\_\_\_

do hereby declare that I am of sound mind and memory, and that I am not under any duress, coercion, or undue influence, and that I am of legal age, and that I am not married, and that I have no legal obligation to support any child or other dependent person, and that I am not a bankrupt or insolvent, and that I am not a debtor or creditor, and that I am not a partner in any partnership, and that I am not a member of any corporation or other business organization, and that I am not a member of any religious organization, and that I am not a member of any other organization, and that I am not a member of any other organization, and that I am not a member of any other organization.

2. I hereby revoke all other wills and testaments by me heretofore made.

3. I hereby give, devise and bequeath all and singular the goods, chattels, tenements, and hereditaments, and all and singular the rights and interests in and to the same, unto \_\_\_\_\_ my \_\_\_\_\_

(Name of the Beneficiary) \_\_\_\_\_

4. I hereby give, devise and bequeath all and singular the goods, chattels, tenements, and hereditaments, and all and singular the rights and interests in and to the same, unto \_\_\_\_\_ my \_\_\_\_\_

(Name of the Beneficiary) \_\_\_\_\_

5. I hereby give, devise and bequeath all and singular the goods, chattels, tenements, and hereditaments, and all and singular the rights and interests in and to the same, unto \_\_\_\_\_ my \_\_\_\_\_

(Name of the Beneficiary) \_\_\_\_\_

6. I hereby give, devise and bequeath all and singular the goods, chattels, tenements, and hereditaments, and all and singular the rights and interests in and to the same, unto \_\_\_\_\_ my \_\_\_\_\_

(Name of the Beneficiary) \_\_\_\_\_

FRENHAM

\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-	1.9.18.	EFFECTIVE DATE:-	
AMOUNT:-	20 <sup>00</sup> .	AMOUNT:-	

NAME:- MURRAY Amedeo  
NUMBER:- 3039619.

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.
<u>Mrs. Louisa Murray (Mother)</u> <u>Masson, Les Abelles, Q.C.</u>	

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<u>L.P.C. from Canada</u>	<u>1.9.18.</u>	<u>P/c.</u>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT

UNIT AND TRANSFERS			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T 57 D	UNIT TRANSFERRED TO
	<u>1-11-18</u>		<u>10th Res Bn</u> <u>NED</u>

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
<u>L.P.C. from Canada</u>	<u>1-</u>	<u>10.</u>		

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<u>1918</u>											
<u>Aug 31</u>	<u>Bal. from Canada</u>								<u>31 85</u>		
<u>Sept</u>	<u>P.P.</u>	<u>33</u>		<u>Can A.P. Sep</u>				<u>20</u>	<u>44 85</u>		
		<u>33</u>		<u>Ab 5878 Frenham 13-9-18</u>	<u>4 87</u>			<u>20</u>	<u>59 78</u>		
					<u>4 87</u>						
<u>Oct</u>	<u>PP</u>	<u>34 10</u>		<u>Can A.P.</u>				<u>20</u>	<u>54 08</u>		
				<u>AR 7385 Frenham 3-10-18</u>	<u>4 87</u>				<u>49 21</u>		
		<u>34 10</u>			<u>4 87</u>			<u>20</u>			
<u>May</u>				<u>Can Bal. King Can</u>	<u>49 21</u>				<u>Nil</u>		

31-10-18  
1357

1/2 Stat 1/2/19



Date of Enlistment *17-4-18*

MILITIA AND DEFENCE

*M. 26903* Date of Assignment

# Separation and Assigned Pay Branch

*Sept 1st 1918*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>20.00</i>			
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*Home*

## PARTICULARS OF SEPARATION ALLOWANCE

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

Rank \_\_\_\_\_ Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_

Soldier's Name \_\_\_\_\_

Battalion *1st Depot. Battn. 2nd Quebec Rgt. 1308th*

Beneficiary \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

## PARTICULARS OF ASSIGNMENT

Name \_\_\_\_\_

Address \_\_\_\_\_

Change of Address \_\_\_\_\_

1 *MRS. LOUISE MURRAY,*

2 *MASSON, NEAR OTTAWA,*

3 *P.Q. 20 20.00*

4 *% 3039619 PTE AMEDEV MURRAY*

*TWENTY DOLLARS*

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>Sept '18</i>	<i>U 44937</i>		<i>20</i>	<i>20</i>
<i>Oct</i>	<i>W 56183</i>		<i>20</i>	<i>20</i>
<i>Nov</i>	<i>459381</i>		<i>20</i>	<i>20</i>
			<i>60</i>	<i>60</i>

013351-A-78

REMARKS

*EXX. 14 1/19*

*Over-payment*

*\$20 Ap. for Nov. 18*

*recovered by Est. Br.*

*Authy H.Q 649-739372*

*on file*

*013351-A-78*

*CLERK [Signature] DATE 7-11-18*

M. F. W. 128  
400M.-6-17-1772-39-141  
L. L. 22520-NI. & D. 7483.

AUTHORITY *M. D-5-B-6*

FOR *M. Hourley*

NEW ACCT. *12-9-18*

Date of Enlistment \_\_\_\_\_

MILITIA AND DEFENCE

Date of Assignment \_\_\_\_\_

## Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128  
 400M, -617-1772-39-141  
 L. L. 22320-M. & D. 71983.



CASE HISTORY SHEET.

No 3039618, Rank Pte, Name MURRAY A., Age 22 31

Unit 1st/1st. COR, Completed years of service how long 1/12, Where &

Date of admission July 5/1918, Date of discharge July 10/18

Diagnosis No specific disease, Place of origin

Condition on Admission and Progress of Case

July 5/18. Frontal headache backache which prevented him from working more than 2 hrs in Co. 18. -  
History of stomphoea in 1916 & 1917. no discharge at present was in hospital here only discharged a week ago. no discharge now no specific disease

July 9/18 Examined by Capt McMahon, eye ear, nose & throat Dept - no disease found

Family History (Tuberculosis, mental or nervous diseases)

Treatment. Calc gra 4 ks. 2 1/2 Magnesium Sulph 3

(Especially any specific or special form) in a.m.  
Ears syringed twice a day with Boracic solution

Condition on Discharge (and disposal of case)

Discharged to unit

Date July 9/18

W. Macelland Capt. Medical officer i/c case.

M. F. B. 313a. 50m-11-17. 1772-39-439.

542821

