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405-8-17,149

EEB

# OVERSEAS CDN RECORDS OFFICE

	VES REGISTRATION FORM	
Name GRAHAM, Ernest Geo	orge. Place and Orge of Birth 9 Nov 1915	
	Regtl No. D-146380	
Unit Black Watch.	AEF. Next of Kin Wife.	
	Address Mrs. Madeline GRAHAM	
	1012 St. Paul Street. Three Rivers, P.Q. Canada.	
PARTICU	JLARS OF HOSPITALISATION	
	Name and Location of Hospital	
PA	RTICULARS OF DEATH	
Date of Death		
Hrs		
Cause of DeathKILLED.		
•••••••		
	•••••••••••••••••••••••	
PA	RTICULARS OF BURIAL	
Date of Burial1.APR45	Cemetery Cdn. Cem. B 79 M.R. Of Bochalt sh	65617
Death Cert No	Location of Cemetery	
Date of Regn of Death Cert	Plot No. 16 Row 1 Grave 15	
Religion		
	Date 31 OCT 45	
	(M. BLUTEAU) Capt.,  For Colonel, OIC Records,	
het.	CANADIAN MILITARY HEADQUARTERS.	

Extracted from Burial Records, OVERSEAS CDN RECORDS OFFICE, ACTON, LONDON, W.3.

# 3/45A MFM 510 CANADIAN ACTIVE SERVICE FORCE

OVERSEAS

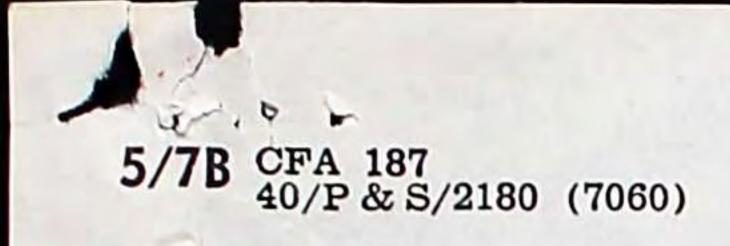
District			
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Dispersal Area.....

# LAST PAY CERTIFICATE

(All Ranks)

(Unit)			AM. E.G. Pte.		
	3		onon		
			on lst Apl.45.		
Reason	th		Authority : CCL. "A" 564/12th Ap1	45.	
The following is a statement of the account of	the above-na	med from	1st Apl. to 30th Apl. 45.9		
he inclusive date of transfer or discharge.		Dr			Cr .
Particulars	Am	ount	Particulars	Art	iount
Balance Dr from last account			Balance Cr from last account	41	02
First Monthly Payment			Regimental Pay30 days at 1.50	45	00
Casual Payments			Tradesmen's Paydays at\$		
Payments on Transfer or Discharge			Additional Pay (Give Particulars)		
Assigned Pay. \$2.0,.00. \$8.40.	28	40			
Regimental Charges			Allowances (give particulars)days at\$		
Public Stoppages (give particulars):					
To Balance Cr { Free	57	62			
Deferred			. By Balance Dr		
Total	86	02	Total	86	02
PATAN	CE CIVEN	TC CIT	BJECT TO ANY CHARGES		
			D ON THE REVERSE HEREOF		
Remarks					
A P ROO OO MILL O	topped	eff.	lay. 45.		
	.I.) St	opped	leff May 45.		
	, L.) St	opped	l off May. 45.		
	.L.) St	opped	l eff May. 45.		
A.P. \$8.40 (7th V	••••••	••••••			
A.P. \$8.40 (7th V	••••••	••••••	l eff May. 45.		
A.P. \$8.40 (7th V	••••••	••••••			
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A.P. \$8.40 (7th V					



### CANADIAN MILITARY HEADQUARTERS

# ESTATES BRANCH INVENTORY

of personal effects received by Casualty Section, No. 1 CKSD

AND	F-51900 Pte	Roe H T	•	•••••	
Money Be: Wallet. Photos.					
Silver ": Pencil [] Red "I"	r /coins.				

for OC 1 Cdn KSD

original inventory, if any.

DUPLICATE

TRIPLICATE )

QUADRUPLICATE—with effects.

### CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.146380, Private Ernest George GRAHAM, of the Black Watch (Royal Highland Regiment) of Canada, Canadian Army, was killed in action on the 1st of April, 1945.

(H.M. Jackson) Lt.-Col., for Adjutant-General.

Officer authorized to sign certificates of death and/or presumption of death for the Canadian Army.

Department of National Defence, OTTAWA, Canada. 18th December, 1948.

most.

H.Q. 405-G-17149 (D.R. 2(C)) 18th July, 1946. Mrs. Madeline Graham. 1012 St. Paul Street. Three Rivers, Quebec. Dear Madam: Information has just been received from overseas that the remains of your husband, D146380 Private Ernest George Graham, have been carefully exhumed from the original place of interment and reverently reburied in grave 7, row D, plot 19, of Nijmegen Canadian Military Cemetery, four miles South-East of Nijmegen, Holland. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity. The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned. Yours faithfully, for C.L. Laurin, Colonel, Director of Records, for Adjutant-General.

File No465-20-17149

# REBURIAL

NO_	5146380
RANK	Ate
NAME	Graham & Y
NAITE OF CENTERY	Nijmegen Canadian Military Cemetery,
	TERY 4 miles S.E. of Nijmegen, Holland.
GRAVE LOCATION_	Grave 7 Row 5 Plot 19
AUTHORITY	54-27-88-2 Vol. 21
	Reburial list.

8/55B CFA 339 40/P & S/3040 (7255) No. 2518 78

# CANADIAN MILITARY HEADQUARTERS

# RECORDS OFFICE

# CASUALTY REPORT

state.
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••••••
• • • • • • • •
• • • • • • • •
• • • • • • •

Mrs. Madeline Graham

1012 St. Paul St.,

THREE RIVERS QUEBEC

Any further communication on this subject should be addressed to:—

THE DIRECTOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:-

HO 405-G-17,149 FD 323

# DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH

OTTAWA, ONT.

19 Nov 194.5

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

GRAHAM Ernest George Pte BRANCH
NOV 30 194

it is necessary that certain information regarding the deceased and his relatives should TAWA be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

EDM

11: 11

Director of Estates

M.F.W. 77 6M-4-45 (7053) H.Q. 1772-39-972

## ANSWER IN FULL ALL APPLICABLE QUESTIONS



STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:—

			INFORMANT'S STAT	EMENT	
Degrees of Rela- tion- ship	RELA	TIVES accounted for	NAME IN FULL  of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased		madeline Sraham	3/	Three Rivers.
2	Children of the Deceased and dates of their Births		Ernest Sary Bradley- Graham	5	Bone 5th July 1940 Theer-Rivers Dear
3	Father of the D	eceased	water Graham	61	Three-Rivers.
	Mother of the I		Kethleen Graham	58	00
5	Brothers of the Deceased		James Graham Walter Graham		huntine Ocean Faces. S.P.
		Half Blood	nne		
6	Sisters of the Deceased	Full Blood	hou		
		Half Blood	nne		
7	of the full or t	s or sisters (whether he half blood) of the are dead and date of	Names and ages of their children (if any)		Address of their children
	7	me			

# ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Ernest Seorge Graham
9	Date of his birth.	9th homeword-1915
10	Place and date of his marriage.	Three-Rivess- One 1st July - 1939
11	Place and date of his parents' marriage.	Court n. 4 - aug. 17 %
	PARTICULARS OF	DOMICILE
12	Place where deceased was born.	Borynth, h. Y.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Courada - Promia fleutre, (b) suice around - 1925 (c) (d)
14	Nature of employment before enlistment.	paper maker
15	State whether he owned the premises in which he lived, and, if so, where situated.	ho
16	Name place where deceased stated he intended to make his permanent home.	Ihree-lins. Oue
	PARTICULARS OF	ESTATE
17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	ho.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	yes-
19	<ul> <li>(a) Did he have a Bank, Post Office or other deposit account?</li> <li>(b) Give name and address of bank, etc., and the amount on deposit.</li> <li>(c) Do you wish it administered with the pay account?</li> <li>(d) If it is a joint account, state the survivor's name and relationship to the deceased.</li> </ul>	
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	ho
21	<ul> <li>(a) Amount of Victory Loan Bonds left by deceased.</li> <li>(b) State whether bearer or registered.</li> <li>(c) State in whose name they are registered.</li> <li>(d) During what loan were they purchased? (1st, 2nd, 3rd, etc.)</li> <li>(e) In whose possession, and address, are they?</li> </ul>	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	yes - # 2000 - metropolotan - Jugable to his wife -
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	V V
	OTHER PARTIC	CULARS
24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment.  An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no

#### DECLARATION



\*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

widow of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Madeline Bradley Graham Signature of Informant 1012 St land H. Three lives be Address

			CERT	IFICATE	7	0	R
	A) hereby ce	rtify that to the	best of my know	eledge and belie	made	luc	radly
	Y		{ Name of } is the*			of 41.	Danasa
See above.					Alter-		
			Declaration was r	nade by the In	formant and si	igned in my	presence.
	d at Mue di	man!	291		· · · · · ·		10 (6)
Date	d at will	this	d	ay of nw			19
Priest, Mag Commission	ner or	Halana	ellefon	Qualifica	tion L1	ary	
missioned C	olic or Com- Officer of any esty's Forces.	I delivere	hree - lis	to le			
	. \ /1	1dd1 c55					

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE.

## 

100M-3-45 (9189-99) H.O. 1772-39-1673

Lingerprinted Botographed aug 44

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION
· Regtl. No. 146380
Surname (in capitals) — G B H H AM
Christian Names (in full) = BNJ557-65086E
Date of Birth 91000 1915
Place of Birth Lorneth N9.0.5. A.
Citizenship Chnekcan
Trade on Enlistment Laple Makes
Nationality of Father at Birth
Nationality of Mother at Birth
Religion Shyllich Genada
Enlisted at 1900 Douth alle Canada
Date
Particulars of former service (if any) i.e. Regtl. No., Corps or Regiment and per-
iod.
Signature of Officer Mulitude Cub
Place Couth See Carpotela 5-5-115

# Any change becoming known is to be duly noted with date of NOTE.—No entry in these pages has any legal

Neare	est degree of lationship	Names .	· Date
	Wife	Badelling	7-6-44
1st	Children		
	Father	Mr. Walter Graham	27/12/4
2nd	Mother	Mrs Raylerin Graham	27/12/4
3rd	*Brothers and Sisters		
4th	Other Relations (stating relationship)		

\*State whether brothers are older or younger.

NOW LIVING such change and reported by O.C. Unit to the Officer i/c Records. effect as a WILL (see pages 20 to 23)

		Latest kn	own Address	in full	
/	72	ree	Tin.	est	andfee
		Lana	da		
5	35 /0	levetter	St : 30	w Herris	Bar
					Que .
			,		

(VI) Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas  TRAINED (passed Basic Training, and Advanced Training as laid down for his arm of the Service) except that he requires further training in:—*
Completed Part 1 Infantry (R) Training  OCT 1 3 1944 2-m. Joinfs. Jonephys.
DEC 6 1944 O. C. (C) COY.
Qualified in addition as under:  Civelian seeingston;  Paper machine operator  3 years -
Date 31 Oct. 44 Commanding Commanding

Courses and Schools.
Specialist Qualifications.
Swimming, etc., showing result,
Certificate number or authority.
(Two lines may be used for each entry)

#### (VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not com- pleted, state parts fired	Signature of Officer
1944	Marksman	& effe		Polon 6
944	Marksman	Stew		Wilow 64
			4	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

#### (IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
4/609h 2ho	Parce	1935	Amuelland copt
***************************************	Cette		10
•••••••••••••••••••••••••••••••••••••••			

#### (X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer
7-12-44		/ 0.B. P.		1/6	Balawall
		=1			

#### (XI) EMPLOYMENT WHILST SERVING

Perio	d	Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	То		
		9. D. Intantry	Murney It
*			
( ST & 3)	+ P	1. ////,	and the same of th
			•
*******			

# (XII) MEDICAL CLASSIFICATION

To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Exam- ination	Signature of Medical Officer
010	c44-	15-11111	-60	Laures 60
	*			

K

Frame No. (or measurements):	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.
	1 24					Frame No. (or measurements):	Date of Issue:

Signature

(XIV)	PARTICULARS	OF	DENTAL	TREATMENT

Date	Re- quired	Com- plet- ed	Specification  Use authorized Abbreviations and Symbols	Signature of Dental Officer
ug 14	/		Mil	7.14. Gum Pelet
		-		
			***************************************	
************				
	(0)			
***************************************				
	*********	*********		
	F	10 n	165 GUPIES T & Z G	Of the Part of the Late

## (XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars

Date

Signature of Medical Officer

(VUI) PROTECTIV	E INOCULATIO	ONS
(XVI) PROTECTIV	I IIII	
Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
TABTICC	AUG 12 'AR	M
TYPHUS 1/CC	1412 1.3. 1/19	A Y
Schick Pos.	20 aug 44	Harrion Ca
Lligh Toroid	28 aug 44	200
TABT & Tripphus	8 Sept 4	INF 14
14B1 & Tephus	5 RCV 49	In tulton
Mak Lacoud	4.000	
(XVII) VA	CCINATION	
Date Vaccinated	Signatur	e of Medical Officer
AUG 1 4 1944	119	
	4	

#### (XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)
NOTE:—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
x Buy A 4917	6-7-44	8
FINGEDOINE		
PHOTOGRABLIE	LAUG 8	1944
SEP SEP	型 34	199
The Chamber DM Blisder	1900 44	Je Pelous of
6	0 0000	The second Gold
Aranted Leong		9
182 Posued!	Lmu	10hund It
MBMI PATELLED	29 - 15 4	Manyeyb
N.V. TEST GOOD	54 au 45.	Kwar st
***************************************		TOTO MY LATE DE
***************************************	***************************************	******************

7. The Will of a Soldier on Active Service is not invalid by reason that at the date it was made he was

under the age of 21 years.

A Soldier who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records.

No Rank Name

No.

Rank

Name

States that he has executed a Will and that the same

has been deposited with

at
Date
Signature of Officer.
Rank or Appointment.

Before embarkation, each Soldier is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on M.F.M. 10 or M.F.M. 10a (French) and hand it duly completed to his Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the

following certificate:-

Certificate M.F.M.....received and forwarded to the Officer i/c Records at Signature of Officer.

Rank or Appointment.

Certificate or Will ex

To whom se

Date Will extracted .....

Solely for use on Active Service. The Will, on page 24, must NOT be used until you have been placed under orders for Active Service.

#### SHORT FORM OF WILL

(Write Will on next page)

If a Soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. It must be entirely in his own handwriting and must be signed by him and dated. The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.

The following is a specimen of a Will leaving all to

one person:-

In the event of my death I give all my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL, Private No. 30000,

Date 5th August, 1936. Cameron Highlanders.

The following is a specimen of a Will leaving legacies

to more than one person:-

In the event of my death, I give \$10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give \$5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,

Date 5th August, 1936. Private No. 30000, Cameron Highlanders.

#### MILITIA BOOK M. 1

PART I.

100M-3-43 (9189-90) H.Q 1772-39-1672

CANADIAN ARMY

# SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. DIHE 380

Surname (Capitals). GRAHAM

Christian Names in full GEORGE E ESWEST

Pte. C. J. Kenneuway
D-146341

Allan Goodey
173 Seefleter ave.
Merdun

CANADIAN MILITARY HEADQUARTERS

# ESTATES BRANCH INVENTORY

of personal effects received by Casualty Section, No. 1 CKSD

	F=5.1900		4. May. 45
Wallet Photos Wriat Silver Pencil Red Souver	Belt.  Watch(Bulova)  "I" Bracelet  [Parker)  Disc.  ier (Coins.		
			1

ORIGINAL
DUPLICATE
TRIPLICATE

To Officer i/c Estates with original inventory, if any.

QUADRUPLICATE—with effects.

for OC 1 Cdn KSD

Director of Estates  Regime tal No. D146380 Rank. Pte.
GRAHAM Ernest George Surname Christian Names
Unit The Black Watch (RHR) of Canada (CA)
Date of death
Casualty Details. Killed in Action.
Next-of-kin Mrs. Madeline Graham Relationship WIFE
Address. 1012 St. Paul Street, Three Rivers, Quebec.
Address
Will d/8th Aug 44 herewith.
Date. 18 Apr. 45
EXCERPT OF M.F.M.5 Aug 44  (1) Are you married? YES Children?
Wife's name) Mrs. Madeline Graham (BradleyWames and Gary 4 years.
and address) 1012 St. Paul St., Three Ages
(2) Is your father alive? YES If so, state name and address.  Mr. Walter Graham, 535 Voltaires St., Three Rivers, Quebec, Canada.
(3) Is your mother alive?
Mrs. Catherine Grahem (McNab) 535 Voltaires St., Three Rivers,
Quebec, Canada.
(4) Are you insured?If so, in what company?
Metropolitane Life Ass.
JEC/LH ( )
-ESTATES LIAISON

.

5M-1-46 (8548) H.Q. 1064-81-3 DEPARTMENT OF NATIONAL DEFENCE ARMY NAVY ARMY AIR FORCE STATEMENT OF WAR SERVICE GRATUITY DECEASED GRAHAM Ernest George MEMBER'S REGISTER NO. NAME (CHRISTIAN NAMES) (SURNAME) FILE NO. 30+3-46 Mrs. Madeline GRAHAM. DATE 1012 St. Paul St., ADDRESS SERVICE NO. Pte. Three Rivers, P.Q. FINAL RANK OR RATING 1-4-45 DATE OF DISCHARGE DATE OF TERMINATION OF OVERSEAS SERVICE A. TOTAL QUALIFYING SERVICE NO. OF DAYS\_ COMPLETE PERIODS AT \$7.50 B. QUALIFYING OVERSEAS SERVICE 19.00 No. of Days 104 LESS 28 DAYS @ 25c. PER DAY INELIGIBLE DAYS, EQUAL TO 71.50 C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE \$ 1.50 PAY SUBSISTENCE OR LODGING \$ 1.25 AND PROVISION ALLOWANCE ADDITIONAL PAY DEPENDENTS' ALLOWANCE 1/30 OF \$ 51.12 TOTAL 17.70 NO. OF DAYS 104 D. WAR SERVICE GRATUITY 89.20 OVERPAYMENT OF E. DEDUCTIONS PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS F. TOTAL AMOUNT PAYABLE 89.20 G. YOUR PORTION OF GRATUITY IS-100% DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$\_\_\_\_\_OF \$ TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

	MA	4
PREPARED BY	CHECKED	BY
NAMES .	11	4

TREASURY	
CHECKED BY	DATE
1 7 1	3/4/11
for the the factor	- 1673

SERVICE REPRESENTATIVE

ro: P.M.G.		CANADIAN ARMY ( Computation of S	ACTIVE)	405-C-			
	1	WAR SERVICE GE	RANT				
Regt. No.	Rank when S.O.S.	Surname	ACCOUNT OF THE PARTY LAWS	Christian Nam	e in Full		
146380	PIE.	GRAHAM.	•••••	FRNEST G			
	ERMINATION OF SER	2. 1. 6					
1st Enlistm	nent	ed in ucuon		CARO			
3rd Enlistn				CARO			
		Total Service					
1st	ENLISTMENT	2ND ENLISTM	ENT	3RD ENLIS	TMENT		
r.o.s	9.44	T.O.S	•••••••	T.O.S	••••••		
s.o.s. 1/1 ap	1.45 MD.0/5	S.O.S	T.O.S. MD S.O.S. MD Total Days				
Cotal Days	238	Total Days		Total Days	••••••••••		
Fotal Service			Total Servi	Less ce Non-qualifying Service	238 DAYS		
Western H	lemisphere		134	2 / mil	134		
Overseas S	ervice		104	I Inil	104		
To	otals		238	mil.			
A	dd Non-qualifying S	ervice			me!		
T	otal Service				238		
EMBARKATION I	DETAILS: 05.0/5./ D.S. Overseas/	9 Dec 44 ahr 45	Date S.O.S. O	verceon.			
REMARKS:			Date 5.0.5. C	V CI SCAS			
Computer's Checker's S Date Comp	Signature	March Sof		1 ahr	45		
		Service		lement to benefits , 1944, has been est erein.			
			1	1/2			

500M—11-44 (6012) H.Q. 1772-45-8 C. L. LAURIN, Colonel,

DIRECTOR OF RECORDS.

### Details of Non-Qualifying Service

## Western Hemisphere-

Forfeits for	From	То	Effective Date	Days	Total
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•••••••••••••••••••••••••••••••••••••••			•••••••••••		
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File Reference No. 405-G-17149

Date: October 17th, 1945.

#### REGIMENTAL PARTICULARS

Branch of Service: Canadian Army. Unit or Formation: Black Watch (RHR).

Regimental or Personnel No. 146380

# REPORT OF DEATH OF UNITED STATES CITIZEN IN MILITARY SERVICE



Ernest George GRAHAM. Name in full:

November 9th, 1915. Date of birth:

Corinth, New York, U.S.A. Place of birth:

Nature of evidence of birth submitted: Man's statement on attestation.

August 7th, 1944. Date of attestation:

Indicate nature of oath taken upon enlistment: No oath taken.

April 1st, 1945. Date of death:

In the Field (Germany). Place of death:

Killed in action. Cause of death:

Disposition of remains: Buried in Germany.

Forwarded to Director of Estates, Department Disposition of effects:

of Mational Defence, Ottawa, Canada,

Paper Maker. Previous profession or occupation:

1012 St. Paul St., Trois-Rivieres, Que. Previous place of abode:

Mrs. Madeline Graham, (wife) Next of kin:

1012 St. Paul St., Trois-Rivieres, Que.

Notification sent to: Above.

> for C.L. Laurin, Colon In Director of Records, Dept. of Wational Defence.
> (Title of reporting Officer)

This form to be forwarded in single copy and without covering letter to American Legation, Ottawa, Canada, copy being retained in personnel file.

		6
	- IV	

# DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE	cipai		civil mu	name of							Place an X of applies to this m		this territory
OF DEATH	County	CLO CHERNAMY	No.	township		Hospita	A STATE OF THE STA			N-PA	Otty   Town   Tt	traye   1 ar core	1 o an one p
2. LENGTH	(a) In hospital   Years	Months   Days   (b) pa	7	Years   M	Months	Days		Years	Months	Days	(d) In Canada	Years   Mon	ths Days
OF STAY	tion	de:	ath occurred		l		(c) In Province	TIAI	MEDIC	AI CE	(if immigrant) ERTIFICATE	OF DEATH	T
3. NAME OF	Surname	. (Block letters	)	********	o not rite in	127000	COIVITELIV	IIAL	WILDI	AL CI	SKIII ICHIL	OI DLAII	TOTAL
DECEASEI	Given names			thi	is space	22. Date	e of death	A	(Month	)	1.9 t (Day)		19(Year)
Street No. 1012 Official name of civil municipality or township Three Rivers.  Municipal			012		•••••	last saw h		attended	19			19	
5. SEX 6		ACIAL ORIGIN	Widowed or Divo	rced		Immedi	I iate cause	24			DEATH		
M.			(Write the word	i)		tion wi	disease, injury hich caused dea f dying, such as , asthenia, etc.	th, not	t the	(a)II	llled in action.		
9. If married name of wife or band of decease	hus-	7				Morbid rise to	conditions, if	ise (stat	ted in	(b)		•••••	
10. BIRTHPL. (Province or Co	ACE mntry) New York	. U.S.A.				immedia	proceeding back te cause).	kwaras	from	due to (c)			
11. DATE OF BIRTH November 9th 1915. (Month) (Day) (Year)					Other morbid conditions (if important) contributing to death but not causally related to immediate								
12. AGE OF DECEASED	Years Months		ess than one day o			If a	communicable dis	sease is	(a) Dat	te of appe	earance	4	19
7 13. 7	rade, profession or		III'S. OF	min.		III men	tioned on this cert	tificate,	-		disease		days
E teams!	work, as spinner, er, office clerk, etc	Paper Mal	cer.			25. If a	woman, was there	a puerpe	eral cond	ition?	AS M	1	
5 busines	s, as cotton-mill,					26. Was	there a surgical o	peration	?	Sate	of A		19
0 15. D	ate deceased last at this occupation	spent in occupati	this			The W	e findings		26	he '	Di	here an autops	y?
	17. NAME		(Province of Country)	r		27. If de	eath was due to ex	ternal ca	uses (vio	lence) fill	in also the followi		
FATHER	GRAHAM Walts	. 40					ident, suicide or h	micide	Stat	e which)	Date		19
MOTHER (Maiden Name)							ure of injury	-	••••••	(H	ow sustained)		8
19. Place of bu	removal					- L		occurre	d in blic plac	e			
20. Date of bu	rial		1	19		Signe	ed						M.D.
(a) (b)	Name of parish or church				-	Addr					Date		ige .
ATU	Civil muni- cipality of				28. Sign (cur	nature of rate, coro	person who fills ner, hospital author	ority, etc	form e.)	29. N C b	Jame of clergyman Livil Status in w urial was made.	in charge of hich registrat	Register of ion of this
PLAC SISTR CHIS	Municipal county				2	Tre	mal	w					
(p)	Date (Month)	(Day)	1 (Y	19 7 ear)	This sign	nature aut	thorizes the collectorm as authentic.	ctor to	accept	•••••	(Voir l'autre	côté pour le	francais)

Director of Records, Dept. of Mational Defence.

Mrs. Madeline Graham, 1012 St. Paul Street, Three Rivers, Quebec.

Dear Madam:

Information has now been received from the overseas military authorities that your husband, D146380 Private Ernest George Graham, was buried with religious fites in a temporary grave at a point approximately four miles due West of Isselburg, Germany.

The grave will have been temporarily marked with a wooden cross for identification purposes and in due course the remains will be reverently exhumed and removed to a recognized military burial ground when the concentration of graves in the area takes place. On this being completed the new location will be advised to you, but for obvious reasons it will likely take approximately one year before this information is received.

Yours faithfully,

for C.L.Laurin, Colonel, Director of Records, for Adjutant-General.

J. B. Rading

MB

405-9-17,149.

FIELD SERVICE

In lieu of Army Form B. 2090A

for Officer i/c Cdn Sec 2nd Ech HQ 21 A Gp

REPORT of Death of an Officer or a Soldier to be forwarded to the War Office with the least delay after receipt of notification of death. See Table II, Appendix III, Field Service Regulations, Vol I.

REGIMENT 1st Bn Black Watch Squadron, OR CORPS Battery C	
	r Company
Officer's Personal No (if known) D 146380 Soldier's Army No	Rank Pte
Surname Graham	Chistian Names E.G.
Date 1 Apr 45	Place Holland
Died Cause of Death <sup>X</sup> Killed	
Nature and Date of Report	3011c/ 9 3 Apr 45
By whom made	1st Bn Black Watch
X Specially state if killed in action, or action, or from exposure while on milit on military duty.	died from wounds received in ary duty, or from injury while
Burial No 16 Row 1 Grave 15	65617 Bochalt sheet Date 1 Apr 45 Reoch
(a) in Army Book 64	No
State whether he leaves a Will or not	
(b) as a separate doc	cument Not Received
All private documents and effects received well as A.B. 64, should be examined, and if ar once forwarded to the War Office.	from the front or hospital, as ny will is found it should be at
Any report received as to verbal expression of his wishes as to the disposal of his estate Office at once, supported by a certified state received the information.	should be forwarded to the War
In the case of a soldier a duplicate of this Paymaster at the Base, together with the decease of any will from the latter), for transmission the soldier's account.	sed's A.B. 64 (after withdrawa)
	000: 1/1/2 . //2
Date Belgium in charge of	Officer & Mepuil Man
12 Apr 45 Adjutant-Gene	ral's for Officer i/c

Office at the Base

### CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.146380, Private Ernest George CRAHAM, of the Black Watch (Royal Highland Regiment) of Canada, Canadian Army, was killed in action on the 1st of April, 1945.

(C.L. Laurin) Colonel, Director of Records.

Officer authorized to sign certificates of death and/or presumption of death for the Canadian Army.

moh.

Department of National Defence, Ottawa, Canada. May 2nd, 1945.

14th April, 1945 Mrs. Medeline Graham. 1012 St. Paul Street. Three Rivers, Ole. Deer Mrs. Graham: It was with deep regret that I learned of the death of your husband, D146380 Private Ernest George Graham, who gave his life in the Service of his Country in the Western European Theatre of War on the 1st day of April, 1945. From official information we have received, your husband was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay. The Minister of National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement. We pay tribute to the sacrifice he so bravely made. Yours sincerely, (A.E. alford), Major-General. Adjutant-General.

## SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
200M—8-42 (5892)
H.O. 1772-39-1649

D-146 380

Regimental Number. Unit (Battn., etc.) (17) Regiment or Corps 2. Christian Names.. 3. \*Substantive Rank and Appointment...... \*Acting Temporary or Local Rank..... \*To be entered in pencil to facilitate alteration. 5. Date of birth as declared on attestation. 9 Nov. 15 7. Place of enlistment..... 9. (B) Special conditions (if any) of enlistment or rate of pay...... 11. Religion United hurch of Canada.
12. If married, state date Married 1 Jul 39 (19) Next of kin (entries to be made in pencil).

#### Notes-

- (A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
- (B) Whether for home service only, enlisted at special rates of pay, etc.
- (C) If to be retained on home service, period if specified to be stated; also authority and on what grounds; see (A) above.
- (D) Signaller, Farrier, etc.
- (E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

(a)	(b)	(c)	(d)	(e)	(f)	(g)		*
Date From where received	The second secon	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown		
	3CITR	3.0.S., C.A. Canada 18 Dec 44						
		D:	4.1		16	50 d/29 400	44	
		Reported for Duty 26 Den 44						
		SOS X-4 LIST CIC	<i>C</i>	8.F.E.B.43		3.79.7.E.B.93		
		OS X-4 (10 Bn) Unacc	wer 9	Peb 45	0047d/	Feb 45		
14 1313	z. Lella	705 Jon x 4 Mit Ef. gen wall	11	3.3.45	Ple	20- Way 45		
	/	Solf deceased killed if action		1ap- 45	به احتر	26- af 45		
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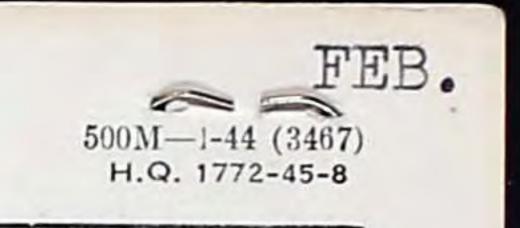
MEDALS AND MEMORIALS—DECEASED PERSONNEL		REGISTRATION NO. DATE OF DESPA
1) MEDALS PERSON	MEMOR	IALBAK
ENTITLED TO Mrs. Madeline GRAHAM (WIDOW)	DATE DESP	10-12-49
1012 St. Paul St., ADDRESS: Three Rivers, P.Q.	REGN. NO	4406
2) MEMORIAL CROSS		DESP. MAY 14 194 5
widow Mrs. Madeline Graham	(ENGLISH)	1
1932 ADDRESS: 1012 St. Paul St., Three Rivers		
MEMORIAL CROSS		
Mother Mrs. Catherine Graham	(ENGLISH)	(2)
1932 ADDRESS: 535 Voltaires St., Three Rivers	s, Que., (MFM5.)	DESP. MAY 14 1945 REGN No. / 8 75 4

\*

1-4-45

# AWARDS—CANADIAN ARMY (ACTIVE)





			FILE NO. 405-G-17149
GRAHAM, Ernest George	D.146380	Pte.	Black Watch of Can.
SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED						
1939-45 Star France & Germany Star War Medal C.V.S.M. & Clasp	5057						
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)						

NOD. 146380 Rank Private Name GRAHAM, Ernest George
Unit Black Watch (RHR) Date of death 1st April, 1945
Died atGermany
Cause Killed in action
Death occurred on strength of Forces H.Q. 405-G-17,149
N/K Mrs. Madeline Graham Relationship Widow
Address 1012 St. Paul Street, Three Rivers, Que.
Remains buried inHolland Cdn Cem B79 MR 065617 Bochaltemetery sh No 16 Rul Gr.15
Grave location

201845 STATOCI RETURN TO BUR. OF

ROYAL MESSAGE DE

1945 1945 307 CAN. MESSAGE DESP

Temp B R sent

HI & CR Form Despd. DEC 6-1946 Photographs Despatched

Nijmegen Canadian Military Cemetery, 4 miles S.E. of Nijmegen, Holland. Grave 7, row D, plot 19.

REBURIAI

0-75

This form will accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE

(Army)

C.I.C. (Rifle)

Trade (if Tradesman or Trade Trainee)

- ÷

Work in Arm (if Non-Tradesman)

D-146380 Regt. No.

Pte.

Subtests

GRAHAM,

Ernest, George.
Name (surname first)

A or R

28 Age Med. Cat.

English Main Language

None Other Language(s) Montreal South, Que.
Place (Unit) Interviewed

8 Aug 44.

Date Interviewed

II. Revised Examination "M"

Form B

D.D. 4

6 Jul 44.

Date Tested

F.T. Brown, Maj.

Total Group

18 17 7 23 23 22 12 16 29

Subtotals 42 45 57

English

Other Tests

PULHEMS 15 1111111

## III. Educational Background

Grade 5 in Corrith, N.Y. (USA). Completed grade 11 in Three-Rivers, P.Q. (3-Rivieres High School). Amongst the first ten students. Best subjects: physics mathematics. Left to go to work. From 6 to 17 years of age.

## IV. Occupational Background

3 years - Odd jobs.

8 years - Machine operator (Canadian International Paper Co. Ltd., at 3-Rivieres at \$40.00 per week, prior to his enlistment.

## V. Military Background

Reported for Active Service at D.D. 4 on 8 Aug 44.

T.O.S. at D.D. 4 on / august /44

VI. Other Personal History and Appraisal

Graham is the athletic type well-muscled strong and powerful, standing (5'6" - 139 lbs.) in perfect physical condition. He decided to join active before being called up. Cooperative, this recruit is willing to do his best to succeed in his new life.

Youngest of three sons Graham has been married for 5 years, has one child, and has led a normal home life since and before his marriage. His father is a superintendant for Canadian-International Paper, for which company, this recruit was also working for 8 years. Graham was born at Cornith, N2Y. were he received his education up to 5th grade and then, he completed it in TroisRivieres, P.Q. in the 11th grade. He was an excellent athlete, and won he said, 35 cups for track, swimming, badminton and golf. He is also a good hockey player.

The recruit's "M" test score, 144, (form B) indicates high average army learning ability and this is consistent with school record. His conversation denotes a good education and a well up to-date information. He reads books of general interest and is also a regular subscriber to the Books of the Fear" of New York and of Toronto.

Considering Graham's perfect profile for a fighting unit, and also his muscular development, C.I.C. (R) was suggested and accepted by the recruit. It is expected that in this branch he should succeed and become an efficient soldier.

### VII. Recommendations

C.I.C. (RIFLE)
Normal Basic Training.

Maurice Rozand, Lieut.

PB

See reverse side for further information and follow-up

M.F.M. 196 200M—1-43 (7957) H.Q. 1772-39-1916

FURTHER INFORMATION AND FOLLOW-UP D-146380 - Pte. GRAHAM, E.G.-first interviewed at 4 D.D. on & AUG 44.
"M" Test:-42/45/57 - 144

Pulhems:-15,1111111 Graham is a serious and well-balanced type of man, active and energetic. He has done very good work in Basic training, qualified with ease in all subjects. He worked hard and conscientiously and deserves consideration as a possible N.C.O. or A/I. He has found the longer marches a little tiring but believes he will soon get used to it and anticipates no serious difficulty in any part of his training. He has a common-sense outlook and is very cooperative. Canadian Infantry Corps C.I.(B).T.C. 48, 10 OCT 44 (A.E. Farebrother), Lieut. AE St. Johns, Que. 15/111111 Dec 44 D-146380 PTE. GRAHAM, E.G. Present situation: Pte. Graham has now completed his Corps training at A-12 Farnham Que and has qualified on every branch laid down in Standard training syllabus. He has adapted himself to the Army and his Company Commander mentions that he is a steady man who applies knowledge very well and will make a very good soldier. Suitable for operational duties overseas in C.I.C. as Non-Tradesman. CITC A-12 Farnham Que. 8th Dec 44. Personnel Selection Examination of Documents Completed DEC 15 the particular and the state of while herebers of our and the second of the I was to be a second of the se to the side of the transfer of the first of the first and the first of the first and and the sent and the sent of t 

## OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR FACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COM-MITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

	Section A—GENERAL INFORMATION	PLEAV
1.	(a) Print name in full. GRAHAM Ernest George (b) Reg'l. No. 1246380	BLAN
2.	(a) Arm of service. (b) Unit (c) Rank (c) Rank	
3.	(a) Date of birth 9 10 1915 (b) Have you (c) Place of residence at time of enlistment. Throng Rivers que because	*
4.	(a) Place of enlistment Loutseal Couth Quebec Can (b) Date of enlistment 7 Aug 1944	
	Section B—EDUCATION AND TRAINING	
5.	(a) State age on finally leaving school	
6.	TIOI HIGIATION I VOLIDI I ADTO COLLOCI I LIVO VOLIDI I	
7	Matriculation", or "4 years technical course in printing", etc.)  If you attended a university, give name of	
	university and standing or degree secured.	
8.	(a) Did you ever (b) If so, enter upon a trade for what prenticeship? (c) Did you finish it, how long apprenticeship? did you serve at it?	
9.	apprenticeship?	
_		
10	Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT	
10.	(a) State whether you were WORKING or NOT WORK- (b) At time of en-	
	ING at time of enlistment.  (Enter here only "Work- " "Only "Work- trade union or "O")	
	(Enter here only "Work- ing" or "Not Working", as case may be; particu-  trade union or  professional society	
	lars are asked for below) were you a member?	
	Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME	
	OF ENLISTMENT	
000	QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)	
	Had you ever been employed fairly regularly since leaving school?	
12.	(a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked	
		11
	If answer to 11 be "No", state exact trade or occupation for which you feel qualified	
14.	If you had been employed after leaving school, state when you last worked fairly regularly before enlistment	
15.	Give details of last	
16.	employer, if any: Name	
17.	(a) If your last employment was	
	in a business of your own, state nature and address of business	
	Section E-PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME	
	OF ENLISTMENT	
Q	UESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT	
34	IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21	
18.	Name of employer. Canadian International Paper Co Address. Three Rivers Que.	
19.	Nature of employer's business (for instance, "farmer", or "building	
20	contractor", or "boot factory", or "iron foundry", or "retail store", etc.)  (a) Your  (b) Number of years' experience at	
	specific occupationthis occupation with any employer	
21.	(a) Did your employer promise (b) Did your employer (c) Do you wish definitely to give you refuse to promise you to return to your employment on discharge? former employment?	
	employment on discharge?former employment?employment on discharge?former employment?	
	IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23	
	(a) State nature of business.  (b) Where was	
	or professional practice	
	engaged in this businessreturn to the same or a similar business on discharge?	•
	Section F—PARTICULARS OF FARMING EXPERIENCE	
24.	(a) Do you wish to engage (b) Do you feel competent (c) If so, in what in farming after the war? to operate a farm? kind of farming?	
25.	(a) Do you wish to engage (b) Do you feel competent (c) If so, in what in farming after the war?	
26	Section G—MISCELLANEOUS  Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?	
	Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?	
21.	If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)	,
28.	State any employment preference or ambition you may have, other than indicated elsewhere in this form	
•••••		
-		
DA	TE SIGNATURE ENULS SIGNATURE	

	(1) I, Ernest George GRAHAM (Name in Full)	of the CITY (City, Town, Village, Township)
Address in civil life.	ofTHREE RIVERS , in the County of District	ST MAURICE
	Province of QUEBEC,	PAPER MAKER (Civil Occupation)
	Regimental No. D-146380, Unit 4DD all former Wills by me made and declare this to be m	
Relationship, names and address of beneficiaries, and what	(2) I Give, Devise and Bequeath unto "MY WIFE	
each is to receive.	MRS. MADELZINE GRAHAM (BF	
RE	SIDDING AT: 1012 St Paul St. Three Riv	vers Quèbec
	ALL MY ESTATE BOTH REAL AN	ID PERSONAL
Relationship, names and address of residuary	(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of whatsoever kind and wheresoever situate unto	of my estate, both real and personal,
beneficiaries.		
	(4) I appoint MRS. MADELEINE GRAHAM (BE	(Address)
	Married Woman , to be the (Civil Occupation)	Three Rivers Quebec Executor of this my Last Will. Executrix
	IN WITNESS WHEREOF I have hereunto set my language 1944	hand this 8th day of Aug
	Signed and acknowledged by the Testator, in the presence of us 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 soldier)
First witness sign here.	(5) Signature Manuel	cleace
	Civil Address	2 Houte
	Civil Occupation	5
Second witness sign here.	Signature little Steil Rosalicook nord	- cec
	Civil Occupation Journalies.	
	(Witnesses are not to be beneficiaries.)	

#### NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

- (1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.
- (2) If only one beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.

If more than one beneficiary, set out in clause (2) what each is to receive, such as

"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., \$......00, and my household goods and effects,"

and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

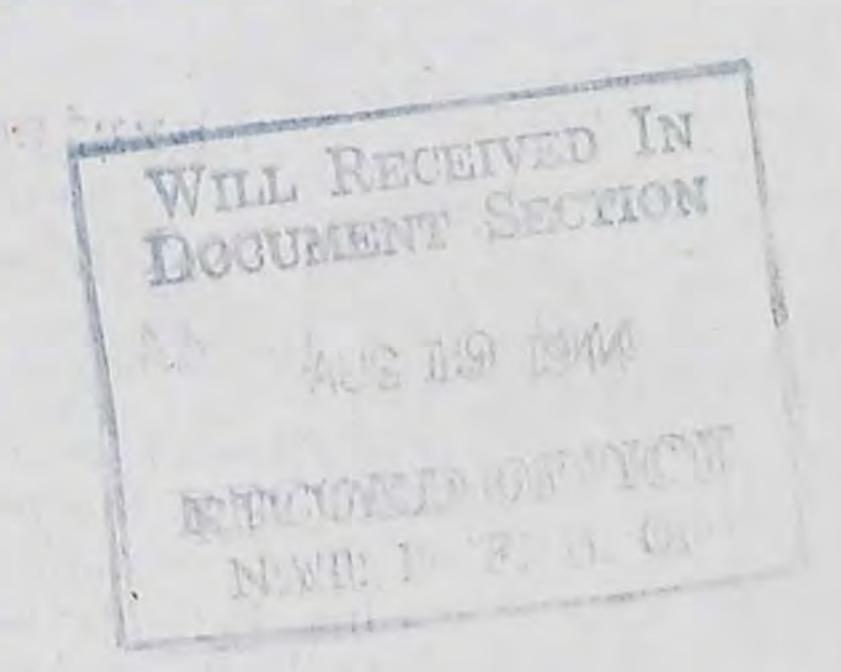
- (3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.
- (4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.
- (5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service. When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

### GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, a soldier immediately upon his marriage must make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.

RECEISED D OF RECORDS

MIG 1 8 1944



M.F.M. 2 (Combining M.F.M. 103) 1.000,000—12-43 (3115) H.Q. 1772—39—1645 K.P. 96

FOR USE OF N.D.H.Q. ONLY

ORIGINAL DUPLICATE TRIBLICATE

Copy designation to be shown by striking out terms not applicable. Date Received Checked Carded -Hollerith

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LKI	AU	G 8 1944	
Cor	osC.I.C.(R)CA CAP	NADIAN ARMY	Regimental Number 1146380
	ENROLME	NT AND ATTESTATION PAPE	R
1.	GRAHMI	ERN	EST GEORGE
2.	Present Address 1012 St Paul	St Three Rivers Que	(Christian Names)
3.	(a) Date of birth 9 November 1		
	(b) Place of birth U.S.A.	W.Y.	Cornith
	(Country)	nd (County or Pro	
4.	(a) Place of birth of Father Scotle (b) " " Mother U.S.A.		
	(Coun	ry) (County or Pr	covince) Cornith (Town or Township)
5.		Can American	
6	(To what country do you now owe allegiance) if nate Religion (state denomination)		i issue. If not naturalized so state.
	Trade or calling Paper		
	(a) Name and address of last employe		onal Panar Co Ltd.
	hree Rivers Que		
9.	Married, Widower or Single	If married how many	children ONE
10.	Name of Next-of-Kin Mrs Madelir	ie GRAHAM II. Relations	ship W1fe
	Address of Next-of-Kin 1012 St Pa		
1232	Previous Service (Navy, Army or Air		
		NIL	
14.	(a) Former war service	NIL	
	(b) In the armed forces of what country	y	IL
	(c) Dates of such Service		NIL
15.	Decorations and medals, if any		NIL
16.	I do solemnly declare that the above	particulars are true	
		Crnes	1 Ruham
		refuse to sign,	t, or in the case of N.R.M.A. personnel who signature of officer under Regn. 8 (d) (I) R.A.S.R. 1941
	The above questions and answers I have taken care that he underst been duly entered as replied to, at this	s were then read to the above ands each question, and that I day of	ature of Magistrate, Justice Attesting or Enrolling Officer.
			or appointment.
ITE	MS 17, 18 AND 19 WILL NOT BE COMPLE		
17.	Ernest George GRAD	BE MADE BY MAN ON ATTE	
	Unit of the Canadian Army so long a apprehended, exists, and for the period any event for a period of not less than Date	s an emergency, i.e., war, invo	emergency ceases to exist, and in
18.	OATH TO BE	TAKEN BY MAN ON ATTESTA	TIONNOT TAKEN BY REASON OF BEIN
	I, Ernest George GRAHAM		e and swear (or schemity declare)
tł	at I will be faithful and bear true all	egiance to His Majesty.	COUNTRY)
	Witness	DATE Z	august 1944
	(Name)	(Rank)	(Signature of Recruit) east
19.	The above named recruit has made a at this	day of (Signature of Magi	strate, Justice or Attesting Officer.)  nd Unit or appointment)
	NU. 4-UISIMUI DEF		
	-ATTENTION IS DRAWN TO THE FACT T ANY PERSON WILFULLY MAKING A	TO BE FILLED IN B	Y DISTRICT DEPOT
FAL	SE ANSWER TO ANY OF THE ABOVE	Fingerprinted	22.0.0
	STIONS IS LIABLE TO A PENALTY OF SIX	Photographed Completed	D.D. 4 8-44
		Occupational History Form Completed	

OTT	T T	TITT	T T	TIT	DIKE
CJU	ΑI	.11-10	,A	111	ONS

## EDUCATIONAL QUALIFICATIONS

TA / 2:1:4		nil	High School		4 yr	Graduation )	grad.
Military  Business or Professional	5	nil	or Collegiate	}	ars completed)	or Matriculation	(specify)
Trade or Civil		paper maker	*College		nil		
Technical		nil	*University		nil		
Languages		eng		7 yrs pub	sch		
			* (Name of	institution, courses or	years completed, and	degrees obtained to be show	wn)

All personnel whether G.S. (General Service) or N.R.M.A. will be taken on strength as private soldiers. Postings, appointments and promotions should be shown in the spaces below.

This column for checking	Record of Postings, Promotions, Reductions, Transfers, Casualties,	Rank - Shown	Effective Date	ective Date Unit Place		AUTHORITY	
purposes only						Part II D.O. No. Cas. List, etc.	Dated
	8-8-44 DRO TOS NO 4 DISTRICT DEPOT CA.	PTE 7	-8-44	4DD	ETLSTH	4DD PT II 193	8-8-44
	SOS to CI(B) TC #48, ST. JOHNS P.Q.	***	17-8-44	78	***	201	17-8-44
	TOS from No. 4 D.D.	11	18 Aug 4	4 BTC48	St.Johns	D.O. 199	21 AUG 44
							The Late of the La
		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	in the	100 100 100 100 100 100 100 100 100 100			

For additional entries use M.F.M. 1 and 2 (a)

## CERTIFICATE OF MEDICAL EXAMINATION

20. Surname GRAHAM Chr	ristian Names Ernest George
	litary District MD 4 Date Jul. 6 44
	ree parts. The history in Part 1, item 24, (a) to (z), is takens 25, 26, 27 and 28 are filled in by the respective Specialis Board.
Part III is completed by the President of the	Board.
	Hair Brown Height 5'6Weight 139
Identification marks and scars	Vac. left max arm.
" recheck (a) " (b)	Microscopic (if albumen positive) (c) Sugar N (c) Blood sugar
23. X-Ray No. A4917 Laboratory AR	MY RECEPTION CENTRE DISTRICT DEPOT NO. 4. Report
Part I. History	Part II. Physical Examination
24. Have you now or did you ever have any the following diseases?	25. The Medical Officers will complete this port of and indicate "negative" or describe positive findings.
	Vision (without glasses) Rt. 20/20 Lt. 20/20
(α) Eye trouble <u>no</u>	(with glasses) Rt. 20/ Lt. 20/
	Hearing (C.V.) Rt. 20 Lt. 20
	Ears (Drums) Rt. N Lt. N
(b) Nose, throat, sinus or ear trouble	Nose N Throat N
no	Sinuses N
根ではまった。位がまた	Remarks and Diagnosis
M. A. D. F	The state of the s
	Pulhems grading HI EI
24. (Cont'd)	Pulhems grading H I E I  J.B. Hurteau, Capt. R.C.A.M.
	Pulhems grading HI EI.  J.B. Hurteau, Capt.  (Signature E.E.N.T. Specialist)
4. (Cont'd) (c) Any broken bones or other injuries no	Pulhems grading HI E. I  J.B. Hurteau, Capt.  (Signature E.E.N.T. Specialist)  26. Cranium  Spine  n
4. (Cont'd) (c) Any broken bones or other injuries  no  Head injuries	Pulhems grading H I E I  J.B. Hurteau, Capt.  (Signature E.E.N.T. Specialist)  26. Cranium  Spine  Pytremities  N
24. (Cont'd) (c) Any broken bones or other injuries no Head injuries no (d) Spinal trouble	Pulhems grading H I E I  J.B. Hurteau, Capt.  (Signature E.E.N.T. Specialist)  26. Cranium  Spine  Extremities  N  Hernia  Cepito-Uringay
24. (Cont'd) (c) Any broken bones or other injuries  no  Head injuries no (d) Spinal trouble no (e) Foot trouble	Pulhems grading H. I E. I.  J.B. Hurteau, Capt.  (Signature E.E.N.T. Specialist)  26. Cranium  Spine  Extremities  N  Hernia  Genito-Urinary  Rectum
4. (Cont'd) (c) Any broken bones or other injuries  no  Head injuries no (d) Spinal trouble no (e) Foot trouble (f) Operations	Pulhems grading H I E I  J.B. Hurteau, Capt. R.C.A.M. (Signature E.E.N.T. Specialist)  26. Cranium  Spine  Extremities  Hernia  Genito-Urinary  Rectum  Varicose Veins
24. (Cont'd) (c) Any broken bones or other injuries  no  Head injuries no (d) Spinal trouble no (e) Foot trouble (f) Operations no (g) Ruptures	Pulhems grading H I E I  J.B. Hurteau, Capt.  (Signature E.E.N.T. Specialist)  26. Cranium  Spine  Extremities  N  Hernia  Genito-Urinary  Rectum  Varicose Veins  Remark.
4. (Cont'd) (c) Any broken bones or other injuries  no  Head injuries no (d) Spinal trouble no (e) Foot trouble (f) Operations	Pulhems grading H I E I  J.B. Hurteau, Capt.  (Signature E.E.N.T. Specialist)  26. Cranium  Spine  Extremities  N  Hernia  Genito-Urinary  Rectum  Varicose Veins  Remark.
4. (Cont'd) (c) Any broken bones or other injuries  no  Head injuries no (d) Spinal trouble no (e) Foot trouble (f) Operations no (g) Ruptures (h) Kidney or bladder trouble no	Pulhems grading H I E I  J.B. Hurteau, Capt.  (Signature E.E.N.T. Specialist)  26. Cranium  Spine  Extremities  N  Hernia  Genito-Urinary  Rectum  Varicose Veins  Feet  Remark.  Abdominal  Remarks and Diagnosis
4. (Cont'd) (c) Any broken bones or other injuries  no  Head injuries  no (d) Spinal trouble  (e) Foot trouble  (f) Operations  (g) Ruptures  (h) Kidney or bladder trouble  no  (i) Gonorrhoea  no	Pulhems grading H. I E. I.  J.B. Hurteau, Capt.  (Signature E.E.N.T. Specialist)  26. Cranium  Spine  Extremities  N  Hernia  Genito-Urinary  Rectum  N  Varicose Veins  Remark.  Abdominal  Remarks and Diagnosis
24. (Cont'd) (c) Any broken bones or other injuries  no  Head injuries no (d) Spinal trouble no (e) Foot trouble (f) Operations no (g) Ruptures no (h) Kidney or bladder trouble no (i) Gonorrhoea no (j) Varicose veins	Pulhems grading H I E I  J.B. Hurteau, Capt.  (Signature E.E.N.T. Specialist)  26. Cranium  Spine  Extremities  N  Hernia  Genito-Urinary  Rectum  Varicose Veins  Feet  Remark.  Abdominal  Remarks and Diagnosis
24. (Cont'd) (c) Any broken bones or other injuries  no  Head injuries no (d) Spinal trouble no (e) Foot trouble (f) Operations (g) Ruptures no (h) Kidney or bladder trouble (i) Gonorrhoea no (j) Varicose veins (k) Haemorrhoids no	Pulhems grading H I E I  J.B. Hurteau, Capt.  (Signature E.E.N.T. Specialist)  26. Cranium  Spine  Extremities  Hernia  Genito-Urinary  Rectum  N  Varicose Veins  Feet  Abdominal  Remarks and Diagnosis  High arches flexible  No complants
24. (Cont'd) (c) Any broken bones or other injuries  no  Head injuries no (d) Spinal trouble no (e) Foot trouble (f) Operations no (g) Ruptures no (h) Kidney or bladder trouble no (i) Gonorrhoea no (j) Varicose veins	Pulhems grading H. I E I  J.B. Hurteau, Capt. (Signature E.E.N.T. Specialist)  26. Cranium  Spine  Extremities  Hernia  Genito-Urinary  Rectum  Varicose Veins  Feet  Abdominal  Remarks and Diagnosis  High arches flexible  No complaints
24. (Cont'd) (c) Any broken bones or other injuries  no  Head injuries no (d) Spinal trouble no (e) Foot trouble (f) Operations (g) Ruptures no (h) Kidney or bladder trouble (i) Gonorrhoea no (j) Varicose veins (k) Haemorrhoids no	Pulhems grading H I E I  J.B. Hurteau, Capt. (Signature E.E.N.T. Specialist)  26. Cranium  Spine  Extremities  n  Hernia  Genito-Urinary  Rectum  Varicose Veins  Remark.  Abdominal  Remarks and Diagnosis  High arches flexible  No complants
4. (Cont'd) (c) Any broken bones or other injuries  no Head injuries no (d) Spinal trouble (e) Foot trouble (f) Operations (g) Ruptures (h) Kidney or bladder trouble (i) Gonorrhoea (j) Varicose veins (k) Haemorrhoids (l) Rheumatism or joint trouble	Pulhems grading H. I E I  J.B. Hurteau, Capt. (Signature E.E.N.T. Specialist)  26. Cranium  Spine  Extremities  Hernia  Genito-Urinary  Rectum  Varicose Veins  Feet  Abdominal  Remarks and Diagnosis  High arches flexible  No complaints
4. (Cont'd) (c) Any broken bones or other injuries  no Head injuries no (d) Spinal trouble (e) Foot trouble (f) Operations (g) Ruptures (h) Kidney or bladder trouble (i) Gonorrhoea (j) Varicose veins (k) Haemorrhoids (l) Rheumatism or joint trouble	Pulhems grading H. I E I  J.B. Hurteau, Capt. (Signature E.E.N.T. Specialist)  26. Cranium  Spine  Extremities  Hernia  Genito-Urinary  Rectum  Varicose Veins  Feet  Abdominal  Remarks and Diagnosis  High arches flexible  No complaints
4. (Cont'd) (c) Any broken bones or other injuries  no Head injuries no (d) Spinal trouble (e) Foot trouble (f) Operations (g) Ruptures (h) Kidney or bladder trouble (i) Gonorrhoea (j) Varicose veins (k) Haemorrhoids (l) Rheumatism or joint trouble	Pulhems grading H. I E I  J.B. Hurteau, Capt. (Signature E.E.N.T. Specialist)  26. Cranium  Spine  Extremities  Hernia  Genito-Urinary  Rectum  Varicose Veins  Feet  Abdominal  Remarks and Diagnosis  High arches flexible  No complaints
24. (Cont'd) (c) Any broken bones or other injuries  no  Head injuries no (d) Spinal trouble (e) Foot trouble (f) Operations (g) Ruptures (h) Kidney or bladder trouble (i) Gonorrhoea (j) Varicose veins (k) Haemorrhoids (l) Rheumatism or joint trouble	Pulhems grading H. I E I  J.B. Hurteau, Capt. (Signature E.E.N.T. Specialist)  26. Cranium  Spine  Extremities  Hernia  Genito-Urinary  Rectum  Varicose Veins  Feet  Abdominal  Remarks and Diagnosis  High arches flexible  No complaints

## CERTIFICATE OF MEDICAL EXAMINATION (cont'd.)

24. (Cont'd)	27. Physique:
(m) Tuberculosis	~~~~
(n) Bronchitis or other lung trouble	
	Full expansion 38 Range of Expansion 4
(o) Asthma or Hay Fevern	Lungs: nil
(p) Heart Disease	
(q) Rheumatic Fever	Heart: B.P. Systolic 124 Diastolic 7.6
(r) Kidney Disease	***************************************
(s) Stomach, Bowel or Rectal trouble	
(t) Diabetes	- Abdomen nil
(u) Goitre	•
(v) Syphilis	Skin nil nil
(w) Fits or fainting	Cadada Dystellis
(x) Nervous disorders	areman and Diagness.
(y) Have you been in the Active Army in this	
war?	
(z) Are you now or have you in the pas	
received disability pension or compensa	
tion?	
(Signature of Recruit)	PULHEMS Grading P
J.A. Thibeault, M.D. R.C.A.M.C. (Witnessed by)	C.R.M. Earl. Captain R.C.A.M.C. (Signature of Physician)
I. B. I H. publing marging	Pulhems grading M. S. Pat. B. Rose, Captain. R.C.A.M.C.
Jageo , mestrami L. L.	(Signature of Psychiatrist)
Part III	Year of Birth P U L H E M S
29. Profile to be assigned.	1915 1 1 1 1 1 1
	CERTIFIED See note (c): Y OF
	ORIGINAL MFM1 OR MEMO
YB	ORIGINAL MFM1 OR MFM2  A. N. COLONEL.
	Na President of the Board) R.C.A.M.C.
30. (a) Vaccination — Inoculations Serodiagnosti tests to be initialled by M.O.	
	Medical Board.
Date Use one line and write plainly.	Date PULHEMSSignature of M.O.
7-8-44 Pulhems recheck	7-8-44 1 1 1 1 1 1 1 RYAN MD
TYPHIIS. I/CG All mille	
TAB. TICO	
- ACTION	
Though the House	
Sug 44 Wigh Foried &	
8 Sep. 44 TABT & Typhus By	
4 Peluy Sligh Topoid The Fillon 2	

NOTE: (a) Any corrections to entries must be initialled by the officers making them.

(b) (i) Profile in Part III (29) is not to be changed after once assigned.

(ii) Subsequent changes in profile to be entered in Part III (30) (b).

(c) Officers making changes must enter their rank. Corrections ARE NOT to be written OVER original entry.