D26601
GRAHAM
MELVIN ROBER

Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

3/45A MFM 510
4-P&S/254 (7012)

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. D.36601. Rank and Name Graham. M.R.J. Cpl.

of (Unit)..... on.....

(Transfer or Discharge) xxxxxx to..... on 29th. Oct. 19 44.

Reason Death. Authority : C.C.L. "A" 511 d/5th. Nov. 44.

The following is a statement of the account of the above-named from 1st. Oct. to 31st. Oct. 19 44. the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	41	04
First Monthly Payment AR 87 d/7.10.44.	10	13	Regimental Pay 31 days @ $ 1.70	52	70
Casual Payments			Tradesmen's Pay 31 days at $ .25¢	7	75
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ..... days at $		
Assigned Pay	30	00	Allowances (give particulars) ..... days at $		
Regimental Charges					
Public Stoppages (give particulars) :					
To Balance Cr Free	61	36	By Balance Dr		
To Balance Cr Deferred					
Total	101	49	Total	101	49

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF

Remarks

Assnd. Pay of $30.00 (W) stopped eff. Nov. 44.

Compiled by F. Gough.

Checked by [signature]

Date 5th. May 19 45.

Certified correct [signature]
for Chief Treasury Officer, Overseas

PH.

In lieu of CFA 187

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH

INVENTORY
Of personal effects received by Casualty
Section No1 C.K.S.D.

NO RANK & NAME....D-26601 Cpl. Graham M.R.J. .....Dec'd.....

RECEIVED FROM....G.H.Q. Cdn. Section 2nd. Sch 21 Army Grp .....
M-16018 Pte. Murdoch W.J.

CHECKED BY.....B-73775 Pte. Todd F.A. DATE...2 Feb 45.....

1	Signet Ring		
3	Notes of Souvenir Currency		
	Photos		
1	Small Leather Folder		
1	Marriage Cert		
1	7th V/L Receipt to Offr. I/C	Estates	

Original) To Officer i/c Estates with
Duplicate) original inventory, if any

Triplicate with effects

.....
F.A. Todd
.....
for OC 1 Cdn K S DEPOT

CANADIAN
ESTATES
7 FEB 1945
BRANCH
HEADQUARTERS

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ..... D-26601 Cpl Graham M R J ..... Dec'd

RECEIVED FROM ..... H Q.C K B D. .....

CHECKED BY ..... A-II7006 Gnr Schwartz M
B-81759 Sgt Graves J G ..... DATE ..... 22 Jan 45 .....

I	Kit Bag.		
I	Sweater.		
I	Scarf.		
I	Bathing Trunks.		
5	Prs Socks.		
I	Towel.		
2	Pr Gloves.		
2	Books & Pamphlets.		
I	Cap Comforter.		
I	Hair Brush.		

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

TRIPLICATE — with effects.

..... for OC 1 Cdn KSD

CANADIAN MILITARY HEADQUARTERS No 18435

RECORDS OFFICE

8

C A S U A L T Y R E P O R T

NAME (in full) ~~18435~~ GRAHAM, Melvin Robert James

NO. D-26601 RANK CPL UNIT 22 CDN. ARM'D. REGT. C.A.C.

HOSPITAL (U.K. only) in which death took place, if applicable

R.U. (U.K. only) to which posted on admission to Hospital

CASUALTY KILLED DATE 29 OCT 44 LIST# A-511 PLACE AEF

If P.O.W. or INTERNED, NUMBER & ADDRESS

PREVIOUSLY REPORTED DATE

for (L.S. APPLEFORD) Major
OIC - R.5 WING C.A.S. SECT.

NEXT OF KIN

1. CANADA or U.S.A. - YES/NO (If NO, Complete #2)

2. NAME (In full)

   RELATIONSHIP ADDRESS

3. ANY RELATIVES IN U.K. from M.F.M. 5. or any other source, including children born Overseas. If NONE so state

   Date of Marriage, if known

WILL, EFFECTS, ETC.

1. NO WILL HERE (or) ~~WILL HEREWITH DATED~~ BENEFICIARY
   (Relationship)

   EXECUTOR
   (Name) (Address)

2. BANK ACCOUNT - NAME OF BANK, etc. A/C NO

   ADDRESS

3. KIT PRIVATELY STORED - NAME OF CUSTODIAN

4. Particulars of DEPTS, Remarks, etc.

Date NOV 18 1944

(E.E. WILLIS) Capt.
OIC - R.3 WING NON-EFFECTIVES
for Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS

ORIGINAL - With WILL, if any to
OIC ESTATES, C.M.H.Q.

DUPLICATE - To File

H.Q. 405-G-18287
(D.R. 2(C))

2nd March, 1946.

Mrs. Joyce A. Graham,
177 Cousins Street,
St. Johns, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your husband, D26601 Corporal Melvin Robert James Graham, have been carefully exhumed from the original place of interment and reverently reburied in grave 8, row E, plot 3, of Bergen-op-Zoom Canadian Military Cemetery, four miles North-East of Bergen-op-Zoom, 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.

K.J.D.

Yours faithfully,

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

/EMA

File No 405-99-18287

R E B U R I A L

NO D.26601

RANK Corporal

NAME GRAHAM, M.R.J.

NAME OF CEMETERY Bergen-op-Zoom Canadian Military Cemetery

LOCATION OF CEMETERY 4 miles N.E. of Bergen-op-Zoom, Holland.

GRAVE LOCATION Plot 3, Row E, Grave 8.

AUTHORITY 54-27-88-2 Vol. 20
Reburial list.

405-G-18,287

P.A.

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME GRAHAM, Melvin Robert James.

RANK Cpl.

UNIT 22 Arm'd Regt.

PLACE & DATE OF BIRTH Quebec. CANADA. 26 Feb. 1920

REGIMENTAL NO. D-26601

NEXT OF KIN & ADDRESS WIFE.
Mrs. Joyce Audrey GRAHAM,
177 Cousin St., St. Johns, P.Quebec. CAN.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 29 Oct. 44.

PLACE OF DEATH Holland

HRS

CAUSE OF DEATH KILLED.

PARTICULARS OF BURIAL

DATE OF BURIAL 30 Oct 44

CEMETERY Bargen 659283 op. ZOOM Sh. 15 SE

PLOT NO ROW GRAVE 2

DEATH CERT. NO

RELIGION United Church

DATE 20 Oct 45

W Blanchette Cpl.
(M.Bluteau) Capt.,
for COLONEL
O i/c Records,
CANADIAN MILITARY HEADQUARTERS

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

EMP

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Joyce A. Graham,
177 Cousins Street,
St. Johns, 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:—

H.Q. 405-G-18,287 FD 432

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

January 2 1945

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, Melvin Robert James, Cpl. D-26601

CANADIAN ARMY

ESTATES BRANCH JAN 20 1945 H.Q. OTTAWA NATIONAL DEFENCE

it is necessary that certain information regarding the deceased and his relatives should 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.

C. J. Stevenson Capt
for Director of Estates.

CS/HO

M.F.W. 77
16M-10-44 (5854)
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:

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: 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		Mrs Joyce Audrey Graham	26	177 Lourane St St Johns, Que
2	Children of the Deceased and dates of their Births				
3	Father of the Deceased		William James Graham	55	Huntingdon RR1 Que.
4	Mother of the Deceased		Eva Wilhel-mina Graham	45	Huntingdon RR1 Que
5	Brothers of the Deceased	Full Blood	Mervyn William Graham	26	Huntingdon R. R1 Que
		Half Blood			
6	Sisters of the Deceased	Full Blood			
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Melvin Robert James Graham
9	Date of his birth.	February 26, 1920
10	Place and date of his marriage.	St Johns, Que. May 17, 1941
11	Place and date of his parents' marriage.	Huntingdon Que Sept 19, 1917

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Huntingdon Que.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Province of Quebec. 1920 - 1940 (Enlisted) (b) St Johns, Que. 1938 - 1940 (c) (d)
14	Nature of employment before enlistment.	Accountant.
15	State whether he owned the premises in which he lived, and, if so, where situated.	No.
16	Name place where deceased stated he intended to make his permanent home.	St Johns, Que

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No will in my possession I understand he left a will in possession of the military authorities.
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?	No.
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No
20	Amount of War Savings Certificates held by deceased. Indicate where located.	~~As far as~~
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	He had bought a $50.00 bond, which was put in my name, partially paid for, which is still held by authorities.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	As far as I know he had no insurance
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	No other assets.

OTHER PARTICULARS

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.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No.

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

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.

Mrs Joyce Audrey Graham — Signature of Informant

177 Cowan St., St Johns, Que. — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs. Joyce

See above Audrey Graham {Name of informant} is the Widow of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at St. Johns this 17th day of January 1945

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Herbert Allenby Qualification Clergyman

Address 186 Longueuil St, St. Johns, Province Que.

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

Director of Estates

Regimental No. D-26601 ..... Rank. Corporal .....

..... GRAHAM ..... Melvin Robert James .....
Surname — Christian Names

Unit ..... 22nd Armoured Regiment (CGG) (CA) .....

Date of Death 29 Oct 44 ..... Place of Death. OVERSEAS (France)

Next-of-Kin.. Mrs. Joyce A. Graham ..... Relationship Wife .....

Address ..... 177 Cousins St., St. Johns, Que. .....

.....

.....

ESTATES BRANCH DEC 13 EST. O. OTTAWA NATIONAL DEFENCE

M.F.M. 5 ..... Excerpt of M.F.M. 5 herewith .....

Will ..... Wills d/3 Sep 40, d/13 Apr 42 herewith .....

Date ..... 9 Dec 44 .....

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

JEC/SLG

25M-12-44 (6215)
H.Q. 1064-81-3

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE
NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Melvin Robert James (CHRISTIAN NAMES) GRAHAM (SURNAME)

REGISTER NO. D-9963
FILE NO. 405-G-18287
DATE 1-6-45

PAYEE: Mrs. Joyce A. Graham
ADDRESS: 177 Cousins St., St. Johns, Que

SERVICE NO. D-26601
FINAL RANK OR RATING Cpl
DATE OF DISCHARGE 29-10-44

DATE OF TERMINATION OF OVERSEAS SERVICE 29-10-44

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 1565/30 EQUAL TO 52 COMPLETE PERIODS AT $7.50 (1560) (5)	390	00
B. QUALIFYING OVERSEAS SERVICE	No. OF DAYS 911 LESS 5 INELIGIBLE DAYS, EQUAL TO 906 DAYS @ 25c. PER DAY	226	50
	SEE PAR. 2 OVERLEAF FOR EXPLANATION	616	50
C. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY RATES AT DISCHARGE: PAY	$ 1.70		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25		
ADDITIONAL PAY	$ .25		
	$		
	$		
	$		
DEPENDENTS' ALLOWANCE 1/30 OF $ 37.20	$ 1.24		
TOTAL	$ 4.44 X7 = $ 31.08		
NO. OF DAYS 911/183	X$ 31.08	154	72
		771	22
D. WAR SERVICE GRATUITY		771	22
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$		
OVERPAYMENT OF DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$		
OTHER DEDUCTIONS	$		
F. TOTAL AMOUNT PAYABLE		771	22

G. YOUR PORTION OF GRATUITY IS— 100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $_____ OF $_____ = $

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

RECEIVED
JUN 5 1945
WAR SERVICE
GRATUITY DIVISION,
ARMY TREASURY

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.

PREPARED BY	CHECKED BY
DMR	

TREASURY

CHECKED BY	DATE
R. J. Gravel	12.6.45

SERVICE REPRESENTATIVE

△T

3/45A MFM 510
40/P&S/254 (7012)

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. D.26601. Rank and Name ..... Graham. M.R.J. ..... Cpl.

of (Unit) ..... on .....

(Transfer or Discharge) ..... to ..... on 29th. Oct. 19 44.

Reason ..... Death. Authority : C.C.L. "A" 511 d/5th. Nov. 44.

The following is a statement of the account of the above-named from 1st. Oct. to 31st. Oct. 19 44. the inclusive date of transfer or discharge.

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	41	04
First Monthly Payment AR 87 d/7.10.44.	10	13	Regimental Pay 31 days @ $ 1.70	52	70
Casual Payments			Tradesmen's Pay 31 days at $ .25¢	7	75
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ..... days at $		
Assigned Pay	30	00			
Regimental Charges			Allowances (give particulars) ..... days at $		
Public Stoppages (give particulars) :					
To Balance Cr Free	61	36	By Balance Dr		
To Balance Cr Deferred					
Total	101	49	Total	101	49

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF

Remarks

Assnd. Pay of $30.00 (W) stopped eff. Nov. 44.

Compiled by ..... P. Gough.

Checked by .....

Certified correct .....
for Chief Treasury Officer, Overseas

Date ..... 5th. May 19 45.

PH.

FORM No. 1

Register No. D 9963 Nominal Roll No. D 210

H.Q. File No. 405-B18-287

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D26601	Cpl	GRAHAM	MELVIN ROBERT JAMES

REASON FOR TERMINATION OF SERVICE:

1st Enlistment KILLED IN ACTION CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 18 JULY 40	T.O.S.	T.O.S.
S.O.S. 29 OCT 44 MD 1 C/S	S.O.S. MD	S.O.S. MD
Total Days 1565	Total Days	Total Days

Total Service 1565 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	654	—	654
Overseas Service	911	—	911
Totals	1565		
Add Non-qualifying Service			—
Total Service			1565

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 29 OCT. 44 2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION
29 OCT. 44.

Computer's Signature Sheehan Pte

Checker's Signature R Kennedy

Date Computed 25 APR 45

CERTIFIED that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein.

C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
		nil			

Total nil

Overseas: T.O.S. 3 MAY 42 T.O.S. T.O.S.

S.O.S. 29 OCT. 44 S.O.S. S.O.S.

		nil			

Total nil

405-H-18287

FIELD SERVICE

Army Form B. 2090A.

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

A-5'11

REGIMENT OR CORPS } 22 C.A.R. Squadron, Troop, Battery or Company }

Officer's Personal No. (if known) Soldier's Army No. } D26601 Rank Cpl.

Surname Graham. Christian Names M.R.J.

Died { Date 29 Oct 44 Place Holland.
Cause of Death* Killed.

Nature and Date of Report A.F.W. 3014/156 4 Nov 44 3011c/257

By whom made Cdn Sec GHQ 2nd Ech 21 A Gp.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place Holland 659283 Bergen -op-zoom sheet 15 SE Date 30 Oct 44
By whom reported H/Capt. J.R. Leng.

State whether he leaves a Will or not { (a) in Army Book 64 No.
(b) as a separate document Not Received

All private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.

In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A. B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

Station and Date } Belgium 10 Nov 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base } for Officer i/c Cdn Sec GHQ 2nd Ech 21 A Gp.

Wt. 46939/917 500M. 3/40 M. & S., Ltd. 51-6239

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (HOLLAND)

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname: GRAHAM, (Block letters)

Given names: Melvin Robert James,

Do not write in this space

4. RESIDENCE

Street: Jacques Cartier Street, No. 288

Official name of civil municipality or township: St. Johns,

Municipal county: Province: Quebec.

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)
M.			Married.

9. If married give name of wife or husband of deceased:

10. BIRTHPLACE (Province or Country): Quebec.

11. DATE OF BIRTH: February (Month) 26th (Day) 1920. (Year)

12. AGE OF DECEASED: Years 24 | Months | Days | If less than one day old ..... hrs. or ..... min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Bank Clerk.

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.:

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	GRAHAM, William James.	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Holland.

20. Date of burial: ..... 19.....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

(d) Date: ..... (Month) ..... (Day) ..... 19..... (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: October (Month) 29th (Day) 1944. (Year)

23. I HEREBY CERTIFY that I attended deceased from ..... 19..... to ..... 19.....

and last saw h..... alive on ..... 19.....

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.: (a) Killed in action.

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause): (b) .....

due to

(c) .....

II

Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**

III If a communicable disease is mentioned on this certificate, give: (a) Date of appearance ..... 19.....

(b) Duration of disease ..... days

25. If a woman, was there a puerperal condition? .....

26. Was there a surgical operation? ..... Date of ..... 19.....

State findings ..... Was there an autopsy? .....

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide ..... (State which) Date ..... 19.....

Manner of injury ..... (How sustained)

Nature of injury .....

Specify whether injury occurred in **industry, in home, or in public place** .....

Signed ..... **M.D.**

Address ..... **Date** ..... **19**.....

OVERSEAS CASUALTY CANADIAN ARMY

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

[signature] C.S.

This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

.....

(Voir l'autre côté pour le français)

MAY 14 1945

Director of Records, Dept. of National Defence.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D26601 RANK Corporal SERVICE UNIT 22nd Armoured Regiment (CGG) (CA)

NAME GRAHAM, Melvin Robert James

DATE OF BIRTH
DAY 26th MONTH February YEAR 1920 Date enlisted: 18-7-40

MARITAL STATUS Married Religion: United Church of Can.

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife NAME Mrs. Joyce A. Graham,

ADDRESS 177 Cousins St., St. Johns, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 3234A H.Q. 405-G-18,287

CASUALTY DETAILS Killed in action DATE 29-10-44

FRANCE

AST WILL ATTACHED TO OTIFICATION TO A. OF E.? YES/NO LF

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO O/S with 22nd Armd Regt S/L 1458

DATE 12-11-44

OFFICER I/C RECORDS

Fil. 5

COPY FOR C.R. FILE

22nd November, 1944.

Mrs. Joyce A. Graham,
177 Cousins Street,
St. Johns, Quebec.

Dear Mrs. Graham:

It was with deep regret that I learned of the death of your husband, D26601 Corporal Melvin Robert James Graham, who gave his life in the Service of his Countr in the Western European Theatre of War on the 29th day of October, 1944.

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. WALFORD
Major - General
Adjutant - General

NOV 17 1944

(A.E. Walford),
Major-General,
Adjutant-General.

Next of kin - widow mother
6.12.44

/EMA

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

(1) DATE DESP.....

REGN. NO. 4608

(1) MEDALS

PERSON ENTITLED TO: Mrs. Joyce A. GRAHAM (WIDOW)

ADDRESS: 177 Cousins St.,
St. Johns, Que.,

(2) MEMORIAL CROSS

WIDOW: Mrs. Joyce A. Graham — ENGLISH

1838

ADDRESS: 177 Cousins St., St. Johns, Que.

(2) DESP. FEB 19 1945
REGN No. 14000

(3) MEMORIAL CROSS

MOTHER: Mrs. Eva W. Graham — ENGLISH

1838

ADDRESS: R.R. #1, Huntingdon, Que. (MFM5)

(3) DESP. FEB 19 1945
REGN No. 14001

29.10.44

AWARDS—CANADIAN ARMY (ACTIVE)

1838 M D.W.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-G-18287

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
GRAHAM, Melvin Robert James	D.26601	Cpl.	22nd. Armoured

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star	5683 1/11/49
Defence Medal War Medal ~~C.V.S.M. & Clasp~~	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

No D.26601 Rank Corporal Name GRAHAM, Melvin Robert James

Unit C.A.C. Date of death 29th Oct., 1944

Died at ~~France~~ HOLLAND

Cause Killed in action

Death occurred on strength of Forces.H.Q. 405-G-18,287

N/K Mrs. Joyce A. Graham Relationship Widow

Address 177 Cousins St., St. Johns, Quebec.

Remains buried in MR 659283 Sheet 15 SE Cemetery

Bergen-op-Zoom, Holland.

CHK ✓

Grave location

OVER-

REBURIAL

Bergen-op-Zoom Cdn. Military Cemetery,
4 miles N.E. of Bergen-op-Zoom, Holland.

Grave 8, row E, plot 3.

HI & CR Form Despd. OCT 31 1946

Photographs
Despatched
NOV 15 1947

BURIAL REPORT TO N.K. MAR 2 1946

RETURN TO BUR. OF STAT. MAY 14 1945

ROYAL MESSAGE DESP'D. NOV 29 1944

CAN. MESSAGE DESP'D. DEC 15 1944

5M-10-44 (M-4414)

ead this whole Form and Instructions
n other side before commencing to
omplete.

WILL

M.F.M. 10
100M-8-40 (6538)
H.Q. 1772-39-1656

(1) I, Melvin Robert James GRAHAM (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of St.Johns., in the County ~~District~~ of St. Johns.,

Province of Quebec, Bank clerk (Civil Occupation)

Regimental No. D 26601, Unit Cdn.Gren.Guards,C.A. do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto

My wife, Joyce Audrey GRAHAM, 177 Cousins Street, St.Johns,Que. all of my estate.

Relationship, names and address of residuary beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal; of whatsoever kind and wheresoever situate unto

(4) I appoint Mr. William James Graham (Name) Huntingdon Que. (Address)

Farmer (Civil Occupation), to be the Executor ~~Executrix~~ of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 13 day of April 1942

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.

M R J Graham (Signature of soldier)

First witness sign here.

(5) Signature G.H.Allcock

Civil Address 6339-12th. Ave, Rosemount Que.

Civil Occupation Chauffeur

Second witness sign here.

Signature David Stevenson

Civil Address 548-Fortune Street, Montreal, Que.

Civil Occupation Junior Clerk.

(Witnesses are not to be beneficiaries.)

[OVER]

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,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....00,"
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.

JAN 29 1946
D. R. 10

Statement of the Service of No. D 26601 Rank A/bdr. Sheet No. 2

Name Graham - Melvin, Robert, James.

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
20 Apr 42		Granted Special Leave (R.O. 699-41a)	a/bdr.	18 Apr 42	22 C.A.R.	Debert	Part 2, No. 48	18 Apr 42
28 Apr 42		confirmed in the rank of bdr	bdr.	27 Apr 42	"	"	" No. 53	27 Apr 42
30 Apr 42		Proceeded on command and is						
		attached to C.M.H.Q for all purposes	"	2 May 42	"	"	" No 62	11 May 42
		EMBARKED A SOS CA 61	"	2-5-42	22. "	OB SHIP	#3 CA CRD	D 16-5-42
		TOS CA 101	"	3-5-42	22 "	" "	PT 2 - NO 32	D 16-5-42
		DISEMBARKED	"	12-5-42	22 "	" "	" " " 32	D 16-5-42
		TOS # 3 CA CRD	"	13-5-42	#3 CA CRD	UK	" " " 32	D 16-5-42
		Granted 1st P.L with 1st F.T.W. 15/22/5/42	V		V	V	#33	19-5-42
		ATT. TO GREN. G'DS. F.A.P. EXCEPT PAY	"	25-5-42	"	"	36	27-5-42
		CTBA GREN. G'DS	"	6-6-42	"	"	111	7-9-42
		Add FAP No 2, CA, Chall.	"	28-9-42	"	"	130	29-9-42
		Qual "PI" on CAC Wireless Instrs. Course	do	26 Sep 42	do	do	137	7 Oct 42
		SOS. To 22ND CAR (CGG)	do	8 Oct 42	do	do	D.O. 149	21 Oct 42
24 Oct 42	#3 C.A.C.R.U.	T.O.S. 22 C.A.R. (C.G.G.)	"	9 Oct 42	22 C.A.R.	U.K.	Part 2, No. 3	14 Oct 42
26 Oct 42		7 days P.L. #1 + 7 V.W.H. 1 to 22 Oct 42	"	16 Oct 42	"	"	" No. 4	17 Oct 42

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

NO. 4 DISTRICT DEPOT, C.A.S.F.

M.F.M. 2
A.F.B. 271
480 M—8-39 (1696)
H.Q. 1772-45-18

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

Unit CANADIAN GRENADIER GUARDS C.A.S.F. Regimental Number D26601

CANADIAN ACTIVE SERVICE FORCE

22 CDN ARMD REGT. (C.G.G.)

ATTESTATION PAPER

WSG COMPLETED

1. Surname GRAHAM
2. Christian Names Melvin Robert James
3. Present address 288 Jacques Cartier St. St. Johns P.Q.
4. Date of birth 26 Feb. 1920
5. Place of birth Canada (Country) Quebec (County or Province) Huntingdon (Town or Township)
6. Religion (state denomination) United Church
7. Trade or Calling Bank Clerk
8. Married, Widower or Single Single
9. Name of next of kin William James GRAHAM — See change Page 2
10. Relationship Father
11. Address of next of kin RR#1 Huntingdon P.Q. — See change Page 2
12. Have you served in any Naval, Military or Air Force? No
13. If previous war service, state arm, force and regimental particulars No
14. Do you now belong to or have you served in the Active Militia of Canada? No

(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Melvin Robert James GRAHAM do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date 18/7/40 M R J Graham
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Melvin Robert James GRAHAM do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

M R J Graham (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at Montreal this 18th day of July 1940

Lorne R Smith Capt
(Signature of Magistrate, Justice or Attesting Officer.)

CANADIAN GRENADIER GUARDS C.A.S.F.
(Office or Rank and Unit or appointment.)

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

Mc Causland Lt.

Record of Service of GRAHAM (Surname) Melvin Robert James (Christian Names) Regimental Number D26601

Qualifications

Military: Nil

Business or Professional: Bank Clerk

Trade or Civil: Nil

Technical: Nil

Languages: English & French

Educational Qualifications

High School or Collegiate: 4 years (years completed) — Graduation or Matriculation: High School Leaving Certificate (specify)

*College: Nil

*University: Nil

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
18/7/40		Joined on appointment T.O.S. CANADIAN GRENADIER GUARDS C.A.S.F.	Gdsmn.	18/7/40	C.G.G.	Montreal	Pt 2 No 31	18/7/40
6/2/41		Furlough R.O. 699 31 Jan 41 - 15 Feb 41	"	—	"	C Borden	" No 26	1 Feb 41
3/3/41		Returned from Furlough 15 Feb 41	"	—	"	"	" No 36	18 Feb 41
26/5/41		Married to Joyce Audrey Pugh. New address:- 177 Cousin Sr. St. Johns Nfld.	"	24/5/41	"	Valcartier	" No 101	24/5/41
26/12/41		Course of instruction Infantry Signallers	"	19/12/41	"	St John	" No 242	29/12/41
27/1/42		Promoted to rank with duty	A/Cpl	24/1/42	"	Sussex	" No 19	26/1/42
27/1/42		Furlough 7 days 25-31/1/42 RO 699	"	—	"	"	" No 19	26/1/42
3 Feb 42		Proceeded on command to CACTC A8 camp Borden	"	1 Feb 42	"	"	" No. 25	2 Feb 42
22 Mar 42		T.O.S. 22 CDN ARMD REGT. (C.G.G.)	"	14 Mar 42	22 C.A.R.	Debert	Part 2, No. 26	16 Mar 42
27 Mar 42		Ret'd from on command camp Borden	"	14 Mar 42	"	"	" No. 31	22 Mar 42
"		Furlough (R.O. 699) 16-22 Mar 42	"	16 Mar 42	"	"	" No. 21	"

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

ARE YOU RECEIVING OR HAVE YOU IN THE PAST RECEIVED, DISABILITY OR COMPENSATION. IF SO GIVE DETAILS... No...

APR

CERTIFICATE OF MEDICAL EXAMINATION

Name in full ..... Graham Melvin Robert James ..... Date ..... July 3 40 .....

Part 1. Information obtained from the recruit.

1. Age ..... 20 .....

2. Have you ever suffered from any of the following diseases?

a. Rheumatism	NO	j. Nasal trouble	NO
b. Tuberculosis	NO	k. Ear disease	NO
c. Bronchitis or asthma	NO	l. Eye disease	NO
d. Heart disease	NO	m. Epilepsy	NO
e. Kidney or bladder disease	NO	n. Nervous or mental disease	NO
f. Gastro-intestinal	NO	o. Syphilis	NO
g. Rupture	NO	p. Gonorrhoea	NO
h. Varicose veins	NO	q. Have you ever worn glasses?	NO
i. Flat or deformed feet	NO		

M R Graham
(Signature of Recruit)

Examiner's remarks re above ..... Ears & reflexes normal. Color vision (Ishihara) .....
C.N. A.Delahaye, Capt. Urine N
X Ray N

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Identification marks or scars. (If operative obtain history.)
1 Vacc. left arm. (Appendix 1938)

2. Height ..... 5 ..... feet ..... — ..... inches.
3. Weight ..... 140 ..... pounds.
4. Complexion ..... Fair ..... Eyes ..... Hazel .....
Hair ..... Fair .....
5. Development ..... Fair ..... Good / Fair / Poor

6. Chest measurement—Girth on full expansion ..... 35 ..... inches.
Range of expansion ..... 5 ..... inches.

7. Vision, right ..... 20 25 ..... left ..... 20 30 .....
8. Hearing, right ..... WV 20 ..... left ..... WV 20 .....

9. Condition of mouth and teeth ..... Good .....

10. The abnormalities (congenital and pathological) found on examination are as follows .....

Part 3. We, the examiners find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category ..... A .....

Special remarks when category lower than A .....

W. Tremblay Lt Col — President
W. Williams Baker Lt. — Member
Jno Bourne Lt — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
24-7-40	T.A.B. 1	14/5/42	T A B T 1/2 cc
1-8-40	2		
10-8-40	3		
24-7-40	Tetanus Tox 1cc		
4-9-40	Tetanus Tox 1cc		
24-7-40	Vacc Succ		
8-7-41	T.A.B.T. 1 cc		
APR 18 1942	Cat "B" Confirmed		

ARE YOU RECEIVING OR HAVE YOU IN THE PAST RECEIVED, DISABILITY OR COMPENSATION. IF SO GIVE DETAILS... N.O...

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

Regtl. No. D26601 Rank Guardsman Surname GRAHAM Christian Name Melvin Robert James

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

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

Statement of the Service of No. D-26601 Rank ..... Sheet No. .....

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

Name GRAHAM M.R.J.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Trial. Gnr- Op. "C"	Cpl.	5 May 43	22 Armd R	U.K	21	15 May 43.
		Granted Tradesmen's rate of pay Gnr. Op. "C"	Cpl	1 Jan 43	22 Armd Rgt.	UK	22	22 May 43.
		Rtd from 4 Armd Dv Sp Wireless b rse to 3 bAbRU cease Att of a p	bpl	11 Aug 43	22 Armd R	UK	39	30 Aug 43.
		Ret ~~Qualif~~ Gnr Opr "b" remust Opr bAb "b"	bpl	20 July 43	22 Armd R	UK	39	30 Aug 43.
		Grd Trds rate pay Opr bAb "b"	bpl	20 July 43	22 Armd R	UK	39	30 Aug 43.
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
(M.85)		Proc. on Waterproofing Crse. Att. to CTC Dundonald F.A.P.	C.Pl.	2 APR-44	22 C.A.R.	U.K.	16	10 APR-44
		Retd from waterproofing crse + CTB A to CTC Dundonald f AP	Cpl	16 Apr 44	22 CAR	UK	19	2 May 44
Amended 90 #41 d/5 Sep 44		Embarked at U.K. on 21 Jul 44						
		Disembarked at France on ~~23 Jul 44~~ 27 Jul 44	bpl	—	22 C.A.R.	21 A.Gp	35	5 Aug 44
m 106	SOS	SOS to X4 list CAC (C) of CAC "C"	Cpl.	11 Aug 44	22 CAR	21 AG	39	22 Aug 44
m 106	TOS	TOS X4 (D Sgn. 25 CAD R) from 22 CAR of CAC "C"	Cpl	12 Aug 44	XL CAC (C)	21 AG	36	24 Aug 44
m 147	SOS	SOS X4 list to 22 CAR Op. CAC "C"	bpl	26 Aug 44	XL CAC "C"	21 A.Gp	39	4 Sep 44
m 147	TOS	TOS from X4 CAC (C) Op. CAC "C"	bpl	27 Aug 44	22 CAR	21 A.Gp	41	5 Sep 44
		Killed		29 Oct 44				
m 139		Killed	Cpl.	29 Oct 44	22 CAR	AEF	A511	5 Nov 44.
		SOS Deceased Killed in Action Op CAC "C"	bpl	29 Oct 44	22 CAR	21 A.Gp	51	11 Nov 44

Statement of the Service of No. D 26601 Rank a/bpl Sheet No. 2

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

Name Graham - Melvin, Robert, James.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
20 Apr 42		Granted Special leave (R.O. 699-4(a))	a/bpl	18 Apr 42	22 C.A.R.	Hebert	Part 2, No. 48	18 Apr 42
28 Apr 42		Confirmed in the rank of bpl.	bpl	27 Apr 42	"	"	" No. 53	27 Apr 42
30 Apr 42		Proceeded on command and is						
		attached to C.M.H.Q for all purposes	"	2 May 42	"	"	" No 62	11 May 42
		EMBARKED SOS CAKI	"	2-5-42	" "	OB. SHIP	#3 CACRU	D16-5-42
		TOS CAPI	"	3-5-42	" "	" "	PT II OR. # 32	D16-5-42
		DISEMBARKED	"	12-5-42	" "	UK	" " " " 32	D16-5-42
		TOS #3 CACRU	"	13-5-42	#3 CACRU	UK	" " " " 32	D16-5-42
		LEAVE (P1) F.T.W. TO 22 MAY 42	CPL	15 MAY 42	3 CACRU.	U.K	33	19 MAY 42
		ATT. FAP EXCEPT PAY to GRENADIER GUARDS (BR. ARMY).	CPL	25 MAY 42	3 CACRU.	U.K	36	27 MAY 42
		Ceases att FAP to Brit Gren Guards	Cpl	6 Jun 42	3 ACRU	U.K.	111	7 Sep 42
		att FAP. to 2 CACRU	Cpl	28 Sep 42	3 ACRU	U.K.	130	29 Sep 42
S.O.S.		SO S. to 22 Armd Rgt	Cpl	7 Oct 42	3 ACRU	U.K.	149	21 Oct 42
	Quoted TOS.	TO S. from 3 CACRU	Gdsm	8 Oct 42	22 Armd R	U.K	3	14 Oct 42
		Qual P.I (Wireless Instr. Crse	Cpl	26 Sep 42	3 ACRU	U.K	137	7 Oct 42
		Passed (Short Gunnery Crse)	Cpl	15 Aug 42	3 ACRU	U.K.	137	7 Oct 42
		C/att fap to 2 CACRU	Cpl	9 Oct 42	22 Arm R.	U.K	3	14 Oct. 42
		Priv leave (P1) F.T.W. to 22 Oct 42 (MA	Cpl.	16 Oct 42	22 Arm R	U.K	4	17 Oct. 42
		Qualified "P1." Wireless Instr. Course	Cpl.	22 Aug 42	22 CAR	U.K	9	29 Oct 42
		P. Leave with M.A. to 9 Mar. 43	Cpl.	1 Mar. 43	22 Arm. Rgt	U.K	12	20 Mar. 43.
		Serv W-4 & att. to 3 Cacru & A.P. On 4 C.A. Div. Special Wireless Crse.	Cpl.	14 Apr. 43	22 Armd Rgt.	UK	18	24 Apr. 43.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D26601 RANK Corporal SERVICE UNIT 22nd Armoured Regiment (CGG) (CA)

NAME GRAHAM, Melvin Robert James

DATE OF BIRTH
DAY 26th MONTH February YEAR 1920 Date enlisted: 18-7-40

MARITAL STATUS Married Religion: United Church of Can.

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife NAME Mrs. Joyce A. Graham,

ADDRESS 177 Cousins St., St. Johns, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 3234A H.Q. 405-G-18,287

CASUALTY DETAILS Killed in action DATE 29-10-44

FRANCE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO LF

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO O/S with 22nd Armd Regt S/L 1458

DATE 12-11-44

OFFICER I/C RECORDS

Ext. 6

COPY FOR DOCUMENT FILE

N/A

601

To be made out in duplicate

M.F.M. 5
100M—6-40 (5453-4)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the C.A.S.F. or R.C.A.F. (ON ACTIVE SERVICE).

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

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(1) Name of Officer of Other Rank GRAHAM MELVIN ROBERT JAMES
(Surname first—Christian names in full—Block capitals)

D- 26601

(2) Regimental or Air Force Number and Rank ~~GUARDSMAN~~ A/Cpl.

(3) Unit CANADIAN GRENADIER GUARDS C.A.S.F.

(4) Are you married? ~~No~~ YES

(5) If married, state,

(*a*) Full name of your wife ~~N/A~~ Joyce Audrey Graham

(*b*) Present postal address of wife ~~N/A~~ 177 Cousins St., St. Johns, Que.

(6) If married, have you been regularly supporting your wife? If not—state reasons ~~N/A~~
Married since enlistment

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys N/A Girls N/A

Names and ages N/A

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them N/A

Give particulars of Guardian to whom Dependents' Allowance should be paid—if authorized.

Name N/A

Postal Address N/A

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? NO

If so, state her full name and Postal Address N/A

(11) Is your father alive? YES

If so, state name and address, occupation GRAHAM WILLIAM JAMES R R #1 HUNTINGDON, QUE FARMER

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? N/A

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment. N/A

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support? N/A

(14) Is your mother alive? YES

If so, state name and address GRAHAM EVA WILHEMINA R R #1 HUNTINGDON, QUE

(15) If your mother is a widow, are you her sole or partial support? N/A

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment N/A

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support? N/A

(17) Are you contributing to the support of any dependents, other than those shown above? No
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship N/A

Full Name N/A

Postal Address N/A

Amount contributed monthly during the past six months N/A

(18) Are you insured? NO

If so, in what Company? N/A
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? N/A
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

M.F. Graham
(Signature of officer or man)

Date 18 JUL.1940.

(M. F. Feild, Lieut-Colonel)
Commanding 3rd Battalion Grenadier Guards

JUL 18 1940
Officer Commanding

Date

N.B. If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE 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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full MELVIN ROBERT JAMES GRAHAM (b) Reg'l. No. D-26601
2. (a) Arm of service (b) Unit (c) Rank
3. (a) Date of birth (b) Have you any dependents? (c) Place of residence at time of enlistment
4. (a) Place of enlistment (b) Date of enlistment

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 4 YRS. HIGH SCHOOL.
7. If you attended a university, give name of university and standing or degree secured N/A
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? N/A (c) Did you finish it? N/A (d) If you did not finish it, how long did you serve at it? N/A
9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING (b) At time of enlistment of what trade union or professional society were you a member? N/A

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. 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 (b) State how long you had worked at this trade or occupation
13. 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 employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 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

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 BANK OF COMMERCE Address SEAFORTH, ONT.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) BANKERS
20. (a) Your specific occupation TELLER (b) Number of years' experience at this occupation with any employer 3 YRS.
21. (a) Did your employer promise definitely to give you employment on discharge? YES (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? YES.

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

22. (a) State nature of business, or professional practice (b) Where was it located?
23. (a) Number of years engaged in this business (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? NO (c) If so, in what kind of farming? N/A
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? N/A (c) In what provinces did you have experience? N/A

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?
27. 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

DATE 1st April 194.. SIGNATURE

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M—8-39 (1700)
H.Q. 1772-45-18

Unit Ca nadian Grenadier Guards C.A.S.F. Regimental Number D 26601

1. Surname Graham
2. Christian Names Melvin ROBERT JAMES
3. *Substantive Rank and Appointment CPL
   *Acting Temporary or Local Rank CONFIRMED
   giving date 27 APR 42
   *To be entered in pencil to facilitate alteration.
4. Place of birth Huntingdon P.Que.
5. Date of birth as declared on attestation 26 February 1920
   (A)
6. Date of enlistment 18 July 1940
7. Place of enlistment Montreal
8. Residence at time of enlistment St.Johns Iberville Co.P.Q.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion United Church
12. If married, state date 24/5/41
13. Trade on enlistment Bank Clerk
14. Corps, trade and grade
15. (D) Qualifications Nil
16. (E) Miscellaneous entries
    Qual. ~~Hunner Operator "b"~~ 21-15 May 43
    Operator C.A.C. "b"

(17) Regiment or Corps: Can.Gren.Guards C.A.S.F. 22 Bdn. Armd. Regt. (C.G.G.)
Unit (Battn., etc): First

(18) Medical

Category	Date	Authority
A	3/6/40	M.F.M 2.

(19) Next of kin (entries to be made in pencil)
Wife
Joyce Audrey Graham
177 Cousin St.
St. Johns Quebec Can
51- 20 Nov 43

(20) E
(21) E
(22) E

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) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	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
		~~Cpl~~ 22	EMBARKED @ SOS CA 101	OBSHIP	3-5-42	Cpl	PTJ DO #32 D-16-5-42
		"	T.O.S CA 101	" "	3-5-42		" " " #32 D-16-5-42
		"	DISEMBARKED	UK	12-5-42		" " " #32 D-16-5-42
		#3 CA CRU	T.O.S ~~#3~~ CA CRU	UK	13-5-42		" " " #32 D-16-5-42
		V	Granted 1st P.L. with F.T.W. 15/22/5/42	UK		V	# 33 19-5-42
		"	A.T. GREN. G'DS. F.A.P. EXCEPT PAY	"	25-5-42	"	D.O. 36 d/27-5-42
		"	C.T.E.A. GREN. G'DS	"	6-6-42	"	D.O. 111 d/7-9-42
			add FAP No 2 CA CRU	"	25-9-42	"	Ltr. 130 29-9-42
			Qual. "P1" on CAC Wireless Instrs Course	do	26 Sep 42	do	D.O. 137 7 Oct. 42
			SOS To 22ND CAR (CGG)	do	8 Oct 42	do	D.O. 149 21 Oct 42
24 Oct 42			T.O.S. 22 C.A.R (16 HQ)	"	9 Oct 42	"	Pt 2 #3, 14 Oct 42
30 Oct 42			7 days P.L + 7 T.W. to 22 Oct 42	"	16 Oct 42	"	#4, 17 Oct 42.
10 Mar 43	L.R.	"	7 days P.L + 48 hrs pass (9 dys) to 29 Mar 43	"	1 Mar 43	"	12 - 20 Mar 43.
14 Apr 43	"	"	Proceeded on 4 s.c. Dev spec Wireless Course				
			per W-T, V att to 3 b/o b R H f.a.p.	"	14 Apr 43	"	18 - 24 Apr 43.
5 May 43	D.B.R	22 CAR	Qualified Henner - Operator "b"	Field	5 May 43	"	21 - 15 May 43.
12 May 43	L.R.	"	Trades Pay Asst - Op "b"	"	1 Jan 43	"	22 - 22 May 43.
19 Aug 43	"	"	Leave att to 3 s.A.C.R.U. on completion				
			of course.	"	11 Aug 43	"	39-30 Aug 43
20 Jul 43	"	"	Re-mustered Operator b.C.b - b - (Asst-Op "c")		20 Jul 43	"	"
"	"	"	Trades Pay Oper CAC - b - (Asst-Op "b")	"		"	"
23 Jan 44	"	"	Awarded Canadian Volunteer Service Medal and Clasp	"	15 Jan 44	"	5 - 28 Jan 44
1 Apr 44	"	"	Proceed on waterproofing course				
			+ att to b.T.b. Dundonald f.a.p.	"	2 Apr 44	"	16 - 10 Apr 44
18 Apr 44	"	"	Ret from base + classes att to 5 T.C.				
			Dundonald f.a.p.	"	16 Apr 44	"	19 - 2 May 44
			Embarked U.K. 21 Jul 44 Disembarked France 27	Jul 44		"	35 - 5 Aug 44
12 Aug 44	"	"	SOS to X-4 Inst CAC(C) (D Apr 25 CADR)				
			(Oper CAC "C")	"	11 Aug 44	"	39/Aug 44
	X4 CAC(C)	D 25 CADR	SOS from 22 CAR (Op CAC "C")	"	12 Aug 44	"	36/21 Aug 44
	"	"	SOS to 22 CAR (Op CAC "C")	"	26 Aug 44	"	39/2 Sept 44
	L.R.	22 CAR.	DOS from X-4 Inst CAC "C" (Oper CAC "C")	"	27 Aug 44	"	41 - 4 Sep 44
Hosp. Sect		22 CAR	SOS deceased Killed in action (Operator CAC "C")	Field	29 OCT 44	Cpl	51 d/11 NOV 44

42 Previous Experience in Armed Forces 16 OCT 1943

ARM or CORPS	Type (C.E.F., N.P., etc.)	Years	Highest Rank	Last Discharge (Yr.)	Special Training Received

43 CURRENT SERVICE: Date Enlisted 18 Jul - 40 Place Enlisted C G G Armories Mont.

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
18-7-40/21-1-42	Can	Inf	C G G	Gds	Signaller	Good 475
21-1-42/14-3-42	"	ARM'D	"	A Cpl.	"	"
14-3-42/29-4-42	"	"	"	Cpl.	Loader Operator	"
29-4-42/11-3-42	"	"	"	"	" "	"
11-3-42/3-10-42	UK	CAC	#3 C A C R U	"	Student (W/T course)	"
3-10-42/20-11-42	"	ARM'D	C G G	"	Loader Operator	" 585
20-7-43.	✓	✓	22 Armd Reg.	✓	Trades Pay as Oper. (CAC) "C"	

45 COURSES ATTENDED

	PLACE	Date: From—to	Qualified as	Rating
W/T Instructors Course	Borden Ont	1-2-42/15-3-42	Instructor	Q1
W/T " "	#3 C.A.C.R.U.	7-6-42/15-8-42	"	P1
Gunnery	"	18-8-42/7-9-42		Passed
P + M	"	9-9-42/30-9-42		Passed
Special Wireless Course	"	14-4-43 11-8-43.		

46 Crime: N.I. Courts Martial Convictions ..... Major Offences ..... Minor Offences .....

Civil Convictions ..... Fines ..... Hospitalization .....

49 Psychiatric ☐ ☐ ☐ ☐ ☐

C.M.H.Q. 1000:115
40/P&S/1246 (10/42)

47 Classification: Military Specialties and Trades

CONFIDENTIAL

Designation	Degree of Proficiency	Date	Authority
Signaller (1st Yr.) 475	Qualified	30 Nov 41	R.C.C.S.
W/T Instructor 270P1	Qualified	26 Sep 42	Pay book.
Gunner Operator 585.	Gp-C	15-5-43.	21
CAC. "	" " T.P.	30-8-43.	39.

55 Type of Service Desired (1) C.A.C. - L.O. satisfied (2) .....

Remarks re Outstanding or Limiting Factors

Deportment	Poor.	Covering off as L.O. in R.H.Q. tank.
Disposition	Retiring.	likes job - ambitious for advancement
Appearance (grooming)	Clean.	At present instructing in Wireless
Physical appearance	Slight.	School - Nervous chap - seems
Map Reading	Satisfactory	industrious, careful and reliable.
Military Knowledge	Satisfactory	Does not like army life but willing
Mechanical Knowledge	Very little	to make best of it

20. OCT 43 - 52/6 Hrs. Seled 1/2 - Possible office candidate GAF (SP.3)

Attitude to Interview: Antagonistic ..... Overanxious ..... Co-operative ✓ Indifferent .....

Reason for Joining Cdn. Army (if ascertainable) Patriotism

48 Suggested Possibilities for Employment (1) Loader Operator

(2) Clerk.

Tests Indicated: 2nd Mental ..... Mech. Apt. ..... Clerical Apt. .....

Other Apt. ..... Pers. ..... Trade Test as .....

Interviewed by J. A. Filshie Lieut. Date 20 Nov. 42.

Reviewed by ..... Date .....

CONFIDENTIAL.

Soldiers Qualification Card

CODED

CARDS PUNCHED

Regt'l. Number D26601 | Last Name GRAHAM | First Name MELVIN | Middle Names ROBERT JAMES

Unit 22 CAR (CGG) FD

1 Corps C.A.C. 131

2 Nationality Can 08 | By Birth ✓ | By Naturalization | Country of Birth

3 Racial Origin Canadian

4 Language spoken in home: French | Other | English ✓

5 Age 22 9/12 (26.2.20) ✓ 6 Height 6.1 7 Weight 158 8 Silhouette [X] 2 3 4

Eyes 9 Colour of Hazel 3 10 Acuity 1 2 3 10 Glasses 11 Colour Vision 1 2 3 4

12 Hearing: Acuity [✓] 2 3 13 Speech Defects None.

14 Handedness [R ✓] L A 15 Med. Category A ✓ 1

Cause

Attitude to own health Normal. To Medical attention Normal.

Health History Appendix, Chicken Pox, Measles

16 Education Level: Illiterate E S 12(11) (Grade completed)

Conduct during school life

17 University or 18 Professional	Course Taken	Years Completed	Degree

19 Post Graduate	Course	From—To	Degree

Specialized Training:

20 1. (Course) At From—To Completed

21 2. (Course) At From—To Completed

22 3. (Course) At From—To Completed

Other trades papers, Diplomas Certificates or Qualifications

23 Languages: Spoken fluently English 02 Written well "

24 Main occupation: Description Banking (TELLER) Estimate of skill Skilled

Duration (from—to) Jul 37 Jul 40 Weekly Wage 18

Employer's Name and Address Canadian Bank of Commerce St Johns Quebec

8986

50 "M" Test	Score	SM	
1	17		S. Tot. 43
2	12		SM
3	14		
4	20		S. Tot. 43
5	23		SM
6	16		S. Tot. 71
7	25		SM
8	30		
Tot.	154	SM	C Grade

R

9 "M" TEST 19 Nov 42

51 OTHER MENTAL

Test

Score L. Grade

Date

52 MECHANICAL

Test

Score Grade

Date

52 CLERICAL APT.

Test

Score Grade

Date

53 TRADE TEST

1 Score G. Date

2 Score G. Date

3 Score G. Date

4 Score G. Date

54 OTHER

Test

Score Grade

Date

25 Second Most Important Occupation: Description: Estimate of skill

Duration (from—to) Weekly Wage

Employer's Name and Address

26 Third Most Important Occupation: Estimate of skill

Duration (from—to) Weekly Wage

Employer's Name and Address

Trade Union or Professional Society

Vehicles: 27 Heavy Truck 28 Light Truck D R 3 29 Auto D 1 30 Motorcycle

31 Farm Tractor 32 Tracked Vehicle 33 Power Launch 34 Aeroplane

35 Accident Prone No

Farming Experience: Wide Limited ✓

District Huntingdon Que. Type Dairy

Job promised after discharge Yes By whom? Name Canadian

Address Bank of Commerce St. Johns, Quebec.

Other provision for post-discharge occupation Type of work desired Banking

Occupational history: Ambitious ✓ Accidental

Stable Erratic

36 Material Status: M ✓ S W D Sep.

1 Marital Problems (Remarks)

Age of wife 23 Wife's attitude to Service Normal Wife's Health Good

37 No. of Children No. Brothers 1 No. Sisters

Position in family 2 38 No. Dependents 1

Relationship of Dependents Wife

Status of home in childhood Normal.

39 Hobbies: Photography M S Radio ✓ Engines

3 Mechanics Other

40 Sports: (1) Fishing (2) Skate (3) Swimming

FP Team Games and Position (1) Baseball (local team) Fielder

W3 (2) Badminton (3) Rugby (School)

241 Ability to Entertain: Music: String Brass

8 Woodwind HARMONICA Percussion Piano Vocal

Theatrical Other