

enrolled Dec 29/15
G.K.P.

Kilmount
"D." Coy.

ATTESTATION PAPER.
109th OVERSEAS BATTALION, C. E. F.

No. 726042

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Graham*
- 1a. What are your Christian names?..... *Joseph Marshall*
- 1b. What is your present address?..... *Kilmount Ont.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Dundas Haliburton Co. Ont.*
- 3. What is the name of your next-of-kin?..... *Arthur Graham*
- 4. What is the address of your next-of-kin?..... *P.O. Dundas Haliburton Ont. Canada*
- 4a. What is the relationship of your next-of-kin?..... *Father*
- 5. What is the date of your birth?..... *April 29th 1887*
- 6. What is your Trade or Calling?..... *Farmer*
- 7. Are you married?..... *no*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *yes*
- 9. Do you now belong to the Active Militia?..... *no*
- 10. Have you ever served in any Military Force?.. *no*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Joseph Marshall Graham* do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *Dec 30* 191*5*. *Joseph Marshall Graham* (Signature of Recruit)
Geo Downey Sr (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Joseph Marshall Graham* do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *Dec 30* 191*5*. *Joseph Marshall Graham* (Signature of Recruit)
Geo Downey Sr (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

The above questions were then read to the Recruit in my presence.

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

before me, at *Kilmount* this *18th* day of *January* 191*6*
E. A. White (Signature of Justice)

6
107

Description of Joseph Marshall Graham on Enlistment.

Apparent Age 29 years 8 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 6 ins.

Scar on both kneecaps

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 3 1/2 ins.

Complexion Fair

Eyes Blue

Hair Brown

Religious denominations.
 Church of England C of E
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic.....
 Jewish.....
 Other denominations.....
(Denomination to be stated.)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* Fit for the Canadian Over-Seas Expeditionary Force.

Date Dec 30 1915.

Place Lindsay

J. McCulloch
 Medical Officer.
H. Boyd
 109th Overseas Battalion, C. E. F.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Joseph Marshall Graham having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

J. J. McE... Lt. Col. (Signature of Officer)
 O. C. 109th Overseas Battalion, C. E. F.

Date JAN 26 1916 1916

726042
SIN/NAS

GRAHAM
Surname/Nom

Joseph Marshall
Given names/Prénoms

OPEN

**CANADIAN FORCES
FORCES CANADIENNES**

**PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL**

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

Box: 3707

**COMPONENT
ÉLÉMENT**

CEF



REGIMENTAL DOCUMENTS

NAME **GRAHAM JOSEPH MARSHALL** REGT. NO. **726042** UNIT **109th Bn.** H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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

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

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

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

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

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

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

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

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

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

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

PARTICULARS OF CHARACTER (A.F.W. 3226)

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

*Disp. Cert.
mfw 67
cascard
R/22
Paycard*

DEATH

Category

21821

DISCHARGE

Category

Demob.

DESERTION

14 - 30
18 31
23 - 1

2

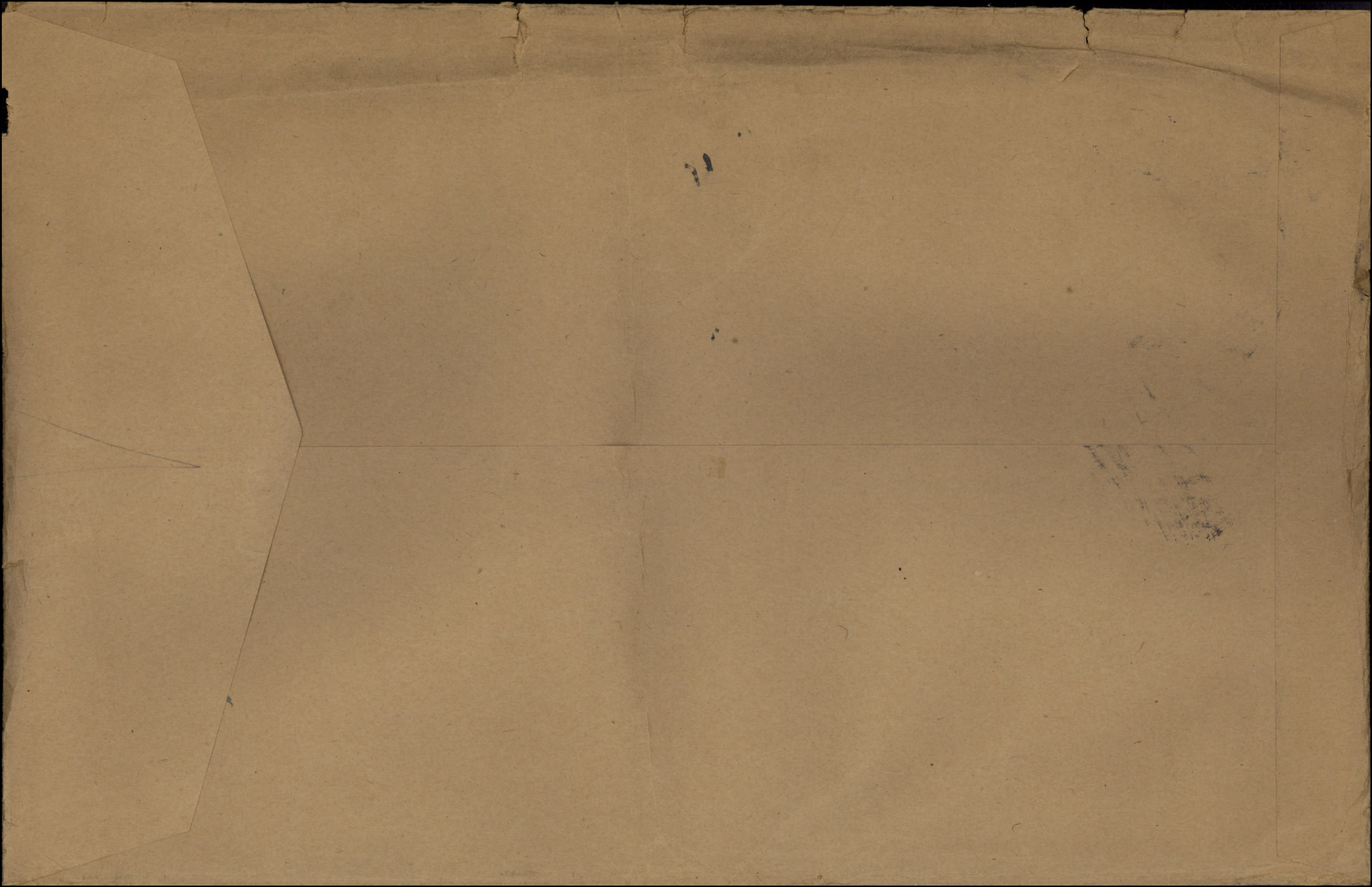
S

M

H

NATIONAL PERSONNEL
RECORDS SERVICE

3707



W.S.B. CLASS. "A"

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

M. F. W. 54. (A. F. B. 103.)

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 109th OVERSEAS BATTALION, C. E. F.

Regimental No. 26042 Rank Private Name Graham Joseph Marshall

Enlisted (a) ³⁰ 19-12-16 Terms of Service (a) C of W Service reckons from (a) ³⁰ 19-12-16

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

Extended _____ Re-engaged _____ Qualification (b) Farmer

CERTIFIED CORRECT.
 12 OCT. 1916
 IN. RECORDS LONDON

Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked Canada.	Halifax	24.7.16.	
		Disembarked England	Liverpool	31.7.16.	
		Transferred for Overseas Service with <u>21st Batt'n</u>		OCT 5 1916	D.O.Pt.11. No. <u>279.</u>
	C.B.D.	Arrived & Taken on Strength	C.B.D.	6/10.	PT II. O. 58. d/9-10-16.
	" "	Left for unit.	en route.	20/10.	N.B. 20/10.
		joined unit.	21st BATTALION	22/10.	<u>W. Aseling</u> CAPTAIN, ADJUTANT, 109TH BATTALION CAN. INFANTRY.
	Do.	Wounded to FLD AMBULANCE	adm	16/2/17.	B. 213. 27/10.
	6 C.F.A.	S.W. Leg. Rt.	6 C.F.A.	16-2-17	" 17/2. D.C.S. 276 13/17.
3/3/17.	4 C.F.A.	DO.	adm.	18/2/17.	a36 1/2. D.C.S. 276 13/17.
	N.C.F.A.	Discharged to	4 C.F.A.	7-3-17	a36 1/3. D.C.S. 281. 26/17.
			DUTY		a36 1/3. D.C.S. 282 d/29-5-17.

_____ Capt.
ADJUTANT
 109th Overseas Battalion, C. E. F.

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

726042.

Graham, J.M.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
Date	From whom received				
	C.B.D.	Taken on from Etaples A.	C.B.D.	7/5/17	N.R. 9/5.
	20 General	P.U.O. Adm.	20 General	24/4	W.3034.
	C.B.D.	Left to join unit	En route	10/5	N.R. 195.
	20 Gen.	P.U.O. Lt. to	C.B.D. Etaples	4/5	W.3034.
19/5	21 st Bn	at duty from Hospital	Field	14-5-17	B-213
8/9/17	Do	Granted 10 days leave	Do	2/9/17	B-213 P/94 d/29/10/07
15/9	Do	Rejoined from Leave	Field	14/9	B-213.
2/3	Do	Awarded Good Conduct Badge	Do	30-12-17	Part II Ord. 19 d/14-3-18
19/10	Do	Granted 14 days Leave	Field	14-10-18	Part II Ord. 92 d/4-11-18.
9/11	Do	Rejoined unit	Field	3-11-18	B-213.
	Cdn Embarkation Camp.				
		Proceeded To	England		3 AVR 1919
	T. O. S.	Discharged 21-5-19 Kingston	Pt. 2 Order		148.

145-19

S.S. CARNIA
Sailed L'pool 14-5-19

... .. Major
for O. C. Dispersal Area Station
Lieut.
for Lt. Col., A.A.G.,
Canadian Section

S.O.S. O.M.F. TO O.E.P.
ORDER No. 19 DATED 2-8-19
26 18
28 13

A. J. Price
CAPT. & ADJUTANT,
FOR O.C. "P" WING C.C.C. WITLEY.

7242

12

ORIGINAL MEDICAL HISTORY SHEET. ORIGINAL

Surname Graham Christian Name Joseph Marshall

Examined { on 30th day of December 1915
at Lindsay
Birthplace { City or Town Hordale
County Ontario

Approved by J. McCulloch Capt.
Medical Officer
Rank 109th Overseas Battalion, C. E. F. M.O.

Apparent age 28 years
Trade or occupation Farmer
Height 5 Feet 6 Inches.
Weight 140 Lbs.
Chest measurement { Minimum 34 1/2 inches.
Maximum expansion 38 inches.
Physical development good
Small-Pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right none Left one
Number one

Date	Result	VACCINATIONS.
<u>24-1-16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last January 24th 1916
(a) Marks indicating congenital peculiarities or previous disease none

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>20-4-16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
<u>2-5-16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
<u>12-5-16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
<u>30-9-16</u>	<u>"</u>	<u>H. Boyd</u> M.O.

(b) Slight defects but not sufficient to cause rejection
none

Enlisted on 30th day of December 1915 at Amnmount

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt.</u>	<u>726042.</u>		<u>30/12/15.</u>
Transferred to.. ..	<u>C. E. F.</u>			
	<u>21st Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>C.C.C. Withy</u>	<u>April 18th 1919</u>	<u>D. A. H. (old)</u> <u>no disint. at present</u>	<u>"A"</u> <u>T. C. Wolff</u> <u>Capt. R. H. M. S.</u>
<u>Banfield</u>	<u>24-5-19</u>	<u>do</u>	<u>R. J. Winter</u>

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

81

Surname.....

Graham

Christian Name

Joseph Marshall

STATION.	Date of Arrival at the Station.	DATES OF						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. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
No 6 C.F.A.		16	2	17	18	2	17	G.S.W. Rt. leg.			
No 4 C.F.A.		18	2	17	7	3	17	do.	To duty	A465 A475-A478 WH	

Duplicate Medical History Sheet
posted to here. *W.H.*

1979

Number

726042

Rank

Pvt B

Surname

GRAHAM

Christian Name

Joseph Marshall

Units

21st Bn

Can Coy

Theatre of War

France

Date of Service

6-10-16

Remarks

Frontal Assault Co

Latest Address

Highmount Ont
Y.P.O.

MENT
ENVOYE

SEP 17 1985

Roll No.

B

200m.-2-21

Page 15015

11/6/86

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date	Remarks

DEC 12 1922
JUL 21 1922
GA 26514
NON-PROV.
NON-PROV.

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

REGT'L NO 726042

H. Q. FILE NO. 649-

NAME

Graham Joseph Marshall

FOLLOWS

RANK AND CORPS

Pte 21st Bn Form 109th Bn

NO.

CABLE

No.

DATE

6.

NATURE OF CASUALTY

FOLLOWS

*09716**3-3-17**Reported wounded Feb 16th 1917 Nature
of wounds not reported yet ✓*

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A454	Report from Base	16-2-17	to Field amb ^{not stated} Wounded
A465	6 Can Field amb	16-2-17	G. S. W. Rt. Leg
A475	to 4 Cam. fld. Amb.	18-2-17	Y. S. W. Rt. Leg
A478	Disch. to Duty.	7-3-17
A503	20 Gen. Dannes Camiers	24-4-17	P. W. Q. slt
A510	Disch to Duty (Base Depot Etaples)	4-5-17

SURNAME.

Graham,

H 3 CARD NO.

CHRISTIAN NAMES

Joseph Marshall

50524-5-19
100148. FOLL 28-5-19
300

REGL. No.

426042

RANK

Pte.

UNIT

109th

Batt.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Graham, Arthur

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Trondale, Haliburton, Ont.

COUNTRY OF BIRTH

Canada, Trondale, Ont.

DATE

April 29th 1887

PLACE OF ATTESTATION

Kinmount, Ont.

DATE

Jan. 18th 1916

0/S 23-7-16 $\frac{488}{15}$

R 16 22-5-19 $\frac{329}{626}$ Pte.

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Farmer.

RELIGION

b. of E.

DESCRIPTION.

APPARENT AGE

28

YEARS

8

MONTHS

HEIGHT

5

FEET

6

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

3 1/2

INCHES

COMPLEXION

Fair.

EYES

Blue.

HAIR

Brown

DISTINGUISHING MARKS

Scar on both knee-caps.

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Dec. 30th, 1915.

No. 726042 RANK

Pte

NAME

Graham, J. M.

T. O. S. 29-12-15- UNIT

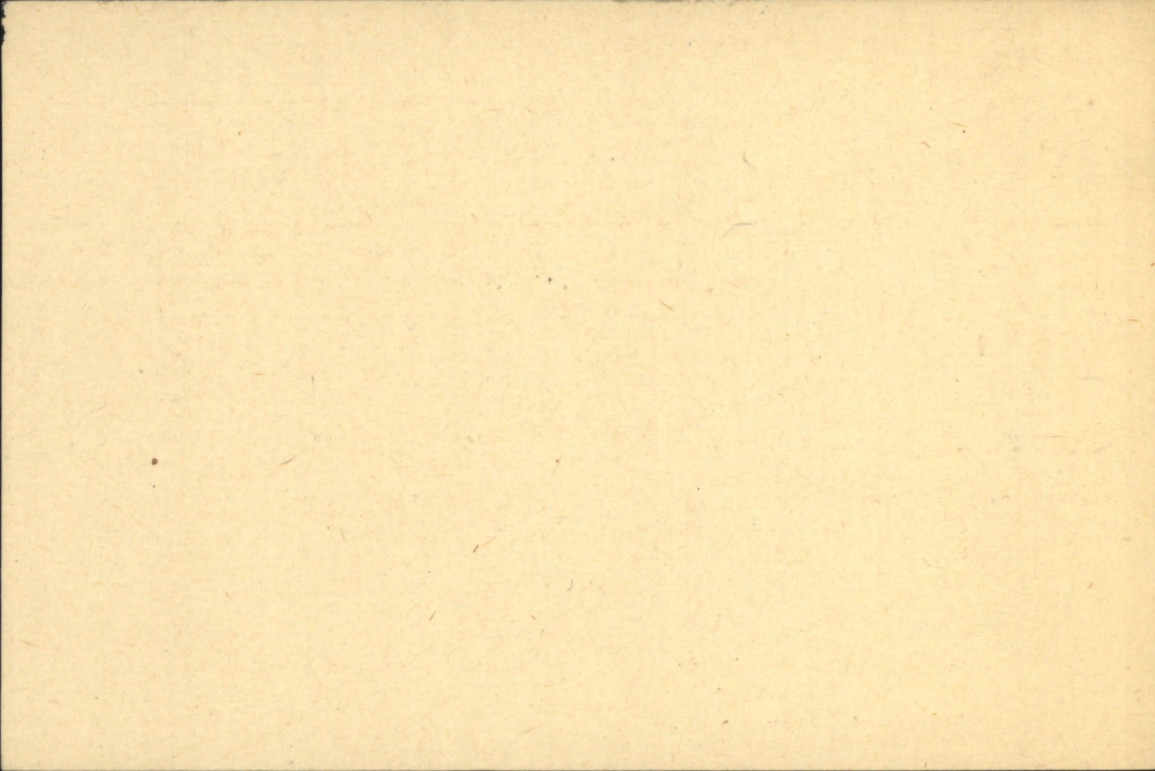
D. O. 34.30-12-15-

109th. Battalion.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec 29	1915 Dec 31	✓		
1916 Jan.	1916 Feb.	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED
JUL 23 1916



Marshall

Name GRAHAM Joseph Rank Private

Reg. No. 726042

Unit 21st Battalion

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
16-2-17	Rept From Base To Field Ambulance	WOUNDED	A454	0.9716	5-3	
16-2-17	Do 6. Can Field Amb	GSW	Rt Leg	A465		
18-2-17	Do 4. Can Field Amb		Do	A475		
7-3	Disch. to Duty		do	A478		
24-4-17	20. Gen Hosp D. Camiers	P.U.O.	Slt.	A503.		
4-5-17	Do Discharged To Duty	B.D.	Etaples.	Do.	A510.	

Surname **Graham** Christian Name or Names **J.M.** Reg. No. **726^U42**
 Rank **Pte.** Unit **21st Bn.** Co. Troop Batty.

Hospital

6th Can. Hd Amb.
42nd Can. Hd Amb
20 Gen Carriers

Date of Admission

16.2.17.

Transferred

Hosp. *18.2.17*

Hosp. *24.4.17*

Hosp.

Hosp.

Diagnosis

nyd *Estw. Rt Leg.*
P.U.O.
Rw.

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

dis 7.3.17

Date

C.L. 5-3-17 A454

REMARKS

R.F.B. to Fld.Amb.16-2-17.

Ch 17.3-17 A465

dis to duty. B.D staples + 5.17

30.3.17 A475

3.4.17 A478

4.5.17 A503.

12.5.17 A510

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

SERVICE BADGE.

CLASS "A" No. 229895

THIS IS TO CERTIFY that No. 746042 (Rank) Private.

Name (in full) Joseph Marshall Graham, enlisted in the 109th Battalion.

CANADIAN EXPEDITIONARY FORCE at Vimont on the 30th day of December 1915.

HE served in England and France in 1st Batta.

Demobilization.

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

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

Age 37

Height 5 ft. 6 in.

Complexion Fair.

Eyes Blue.

Hair Brown.

J.M. Graham Signature of Soldier.

Marks or Scars

Scars on both knees.

Date of Discharge



G.D. Curran Issuing Officer. Captain for O.C. Dispersal Area Station H

Rank

Date 19...

NB- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

Signature of [Name]



710.12

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) GRAHAM, Joseph, Marshall

REGIMENT 21st Lau. Bn. RANK Pte. No. 726042

Date of Examination in England 6/2/19 Date of Examination in France _____

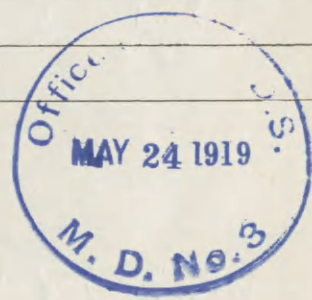


DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 7. 9.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower



HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (a) In Canada Yes
- (b) In England
- (c) In France

Signature of Dental Officer J. H. Ross

016

Handwritten text at the top of the page, possibly a header or address, including the name "W. H. ...".

STANDARD TIME



Vertical text on the right side of the page, possibly a list or index, including the number "100".

Vertical text on the right side of the page, possibly a list or index, including the number "100".

52831

Graham, J.M. Pte. 724042 21st Battalion,

Will detached by Paymaster, 109th Batt'n, C.E.F.

H. J. Wilburman (capt)
P.M. 109th Batt'n C.E.F.

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 724042

Name J. M. Graham

Unit 109th Bn. C.E.F.

Military Will.

In event of my death
I bequeath all my
Real and Personal
estate to Mrs
Emma Graham
Kinnear out.

Witness
J. M. Graham

Signature

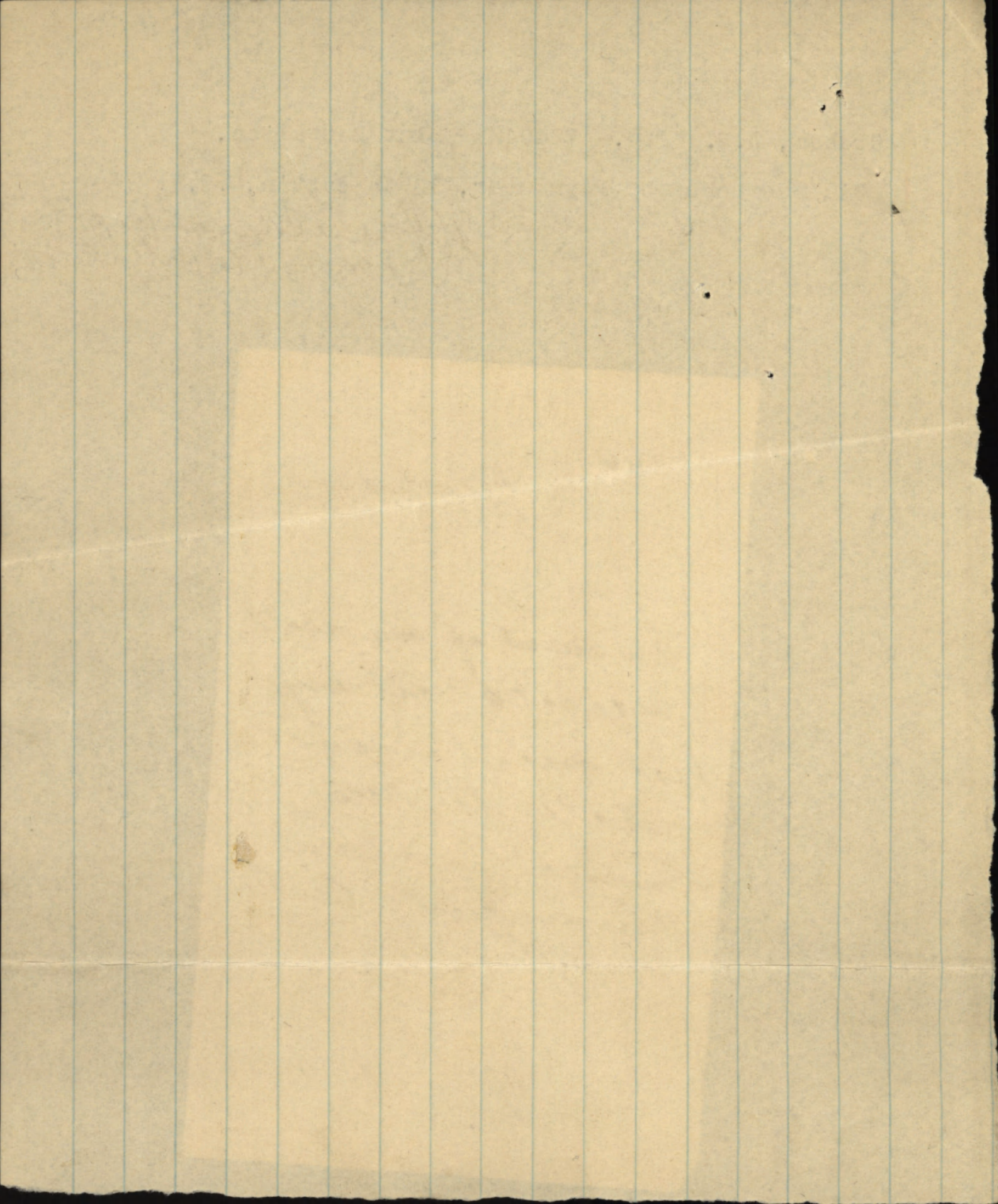
J. M. Graham

Rank and Regt.

Pte. 109th Bn. - C.E.F.

Date

Oct 2/16



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Emma Graham

Wife
PAYMENTS. *Pte*

Name of Soldier

Graham, Joseph M

L. L. Job 4503.-Req. 6332.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		A 21233	160	160
Nov.		G 23581	20	20
Dec.		327463	20	20
Jan.	1917	D 29154	20	20
Feb.		D 31970	20	20
March		D 35056	20	20
April		\$ 1170	20	20
May		G 4593	20	20
June		I 7567	20	20
July		I 10657	20	20
Aug.		O 13752	20	R
Sept.		R 17247	20	Bu
Oct.		220258	20	Bu
Nov.		J 22854	20	B
Dec.		D 27806	20	Hd
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Handwritten signature/initials

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

T.H. Rank **GRAHAM, Joseph Marshal** Reg'l No. **726042**
 Unit **109th. Bn.** If in perm. Corps, } **Single**
 What Unit? } Married or Single
 Place and Date of Enlistment **Kinmount, Decr. 30th. 1915.** Place of Birth **Irondale, Haliburton Co. Ont.**
 Name and Address, Next-of-Kin **Arthur Graham,**
P.O. Irondale, Haliburton Ont. Canada. Relationship **Father,**
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

MJE. R.B. N-12951
 File R.L.
 Category **Can O.R.**

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T. 2810 31-7-16					
5-10-16	109 th Bn	S.O.S to 2 nd Bn	Braunschweig	5-10-16	Pl. II. 50.279
9-10-16	21 st Bn	Taken on strength.	Field	6-10-16	" II 58.
5-3-17	"	To fld Amb Wd	"	16.2.17	BRP 454 Wd. ON.
17.3.17	"	No 6 CAN FIELD AMB	"	16.2.17	" 465 GSW RT LEG
30. 3. 17	"	Trans. to No. 4. Can. Field Amb.	"	18.2.17	" 475. " " "
3 rd 17	"	Dis. to Duty.	"	7.3.17	" 478. " " "
4.5.17	"	Adm. No 20. Gen. Hoopl. <i>Tamers carriers.</i>	"	24.4.17	Ch. A. 503. P.U.O. Slt.
12.5.17	"	Discharged to Duty. Base Supt. Etaples.	"	4.5.17	Ch. A. 510. P.U.O. Slt.
14. 3/8.	"	Awarded Good Conduct Badge	Field	30 th 17	15.7.19.

A.F.B. 133 CHANGED
 10 OCT 1917

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
5-4-19	2 nd Bn	Proceeded to England Pt. Field 60 - H - 9		3-4-14 15-5-19	TR 017
9-4-19	P. Army	T.O.S. from 21st - battery		4-4-19	- 2
12-4-19	-	S.O.S. to Canada - -		13-5-19	- 28

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12
 50m.--7-16
 H. Q. 1772-39-819

To Whom *Mrs. E. Graham.*
 Address *Kinnmount.*
Ont.

By Whom Assigned *Graham. (M)*
 Regtl. No. *725042*
 Rank *Pte*
 Corps *109th Btn.*

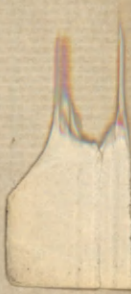
Rate *15.00 Oct 1st 16*

2m. 12th WB 27th 16

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





11

12

13

14

15

16

17

1-3-16
SEPARATION ALLOWANCEName *Emma Graham*Name of Soldier *Graham, Joseph M.*Address *Kinnmount*Regtl. No. *726042**Ont*Rank *Pte*Corps *109th Batt*

Relation to Soldier

To what Corps belonging

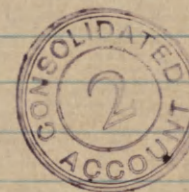
wife, child or mother

Wife

when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



1951

1951



12

To be made out in duplicate.

H.Q. 54-21-23-53
DUPLICATE

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins.....109th OVERSEAS BN, C.E.F.

(2) Regimental Number.....726042

(3) Full Name of Soldier.....Joseph Marshall Graham

(4) Place of Birth.....Gundale Haliburton County

(5) Are you married, or not?.....no

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower?.....

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive? *Yes*

If so, state name and address

Arthur Graham Inndale

(10) Is your Mother alive? *no*

If so, state name and address

(11) If your Mother is a widow

Are you her sole support, or not? *_____*

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

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

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

(15) Are you insured? *no*

If so, in what Company? *_____*

Have you made arrangements for payment of your Insurance premium? *_____*

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

Date

JUL 11 1916

[Signature]

Officer Commanding.

O. C. 109th Overseas Battalion, C. E. F.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Sheet No. 2.

L. L. Job 4503. - Reg. 6332.

Mrs. E. Graham.

PAYMENTS.

Pte. Graham, J. M.
 Name of Soldier *725042. 109th Bn.*

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15.00 Oct 12</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>023989</i>	<i>15</i>	
Nov.		<i>629504</i>	<i>15</i>	
Dec.		<i>W 33851</i>	<i>15</i>	
Jan.	1917	<i>X 36756</i>	<i>15</i>	
Feb.		<i>X 4343</i>	<i>15</i>	<i>15.00</i>
March		<i>W 46939</i>	<i>15</i>	<i>15.00</i>
April		<i>Q 2047</i>	<i>15</i>	<i>15.6</i>
May		<i>Q 8141</i>	<i>15</i>	
June		<i>T 15341</i>	<i>15</i>	<i>15.76</i>
July		<i>X 21356</i>	<i>15</i>	<i>15.00</i>
Aug.		<i>K 28893</i>	<i>15</i>	<i>15.00</i>
Sept.		<i>Q 36084</i>	<i>15</i>	<i>15.00</i>
Oct.		<i>Q 42033</i>	<i>15</i>	
Nov.		<i>Q 47730</i>	<i>15</i>	
Dec.		<i>M 58954</i>	<i>15</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

A.S.

J.P.R.

225

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

FORM OF WILL.

J. Joseph Marshall Graham (Name in full)
 Regimental Number 726042 serving in 21st Canadian Battalion

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Mrs Emma Graham
Kinmount Ont
Canada

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

absolutely, and my personal estate I bequeath to

Mrs Emma Graham
Kinmount Ont
Canada

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

In Witness whereof I have hereunto set my hand

this 9th day of Dec A.D. 1916

Joseph Marshall Graham Signature.

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

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

Name of Witness [Signature]
 Address of Witness 21st Canadian Battalion
 Occupation of Witness Capt.
 Name of Witness A. Loides
 Address of Witness 21st Canadian Battn
 Occupation of Witness Private

FORM OF WILL

3.

(Name in full) _____

Regimental Number _____ serving in _____

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I hereby bequeath my real estate unto _____

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

absolutely, and my personal estate I bequeath to _____

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

In Witness whereof I have hereunto set my hand _____

this _____ day of _____ 1911.

Signature.

Witnesses. I, _____ and _____ being of legal age, sound mind, and sober memory, in full possession of our senses, and being duly sworn, do hereby certify that the above is a true and correct copy of the last Will and Testament of the said _____ as read to him in our presence and in the presence of each other, and he has acknowledged the same to be his last Will in our presence as Witnesses.

Name of Witness _____
Address of Witness _____
Occupation of Witness _____
Name of Witness _____
Address of Witness _____
Occupation of Witness _____

FORM OF WILL.

I, Joseph Marshall Gralaw (Name in full)
Regimental Number 726042 serving in 109th OVERSEAS BN., C.E.F.
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me
made and declare this to be my last Will.

I bequeath all my real estate unto

Arthur Gralaw
Irondale Ont
Canada.

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

absolutely, and my personal estate I bequeath to

Arthur Gralaw
Irondale Ont
Canada.

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

**IMPORTANT
NOTE**

This must be Signed
and Dated by
THE SOLDIER
HIMSELF.

this 6 day of July A. D. 191 6

Joseph Gralaw Signature of Soldier.

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

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

Signature of First Witness Walter Mark Lewis

Address of Witness Kinnear Park

Occupation of Witness Lieut 109 Bn C.E.F.

Signature of Second Witness Fred Jacques

Address of Witness 107 Goulburn Ave, Ottawa

Occupation of Witness Sgt 109th Bn C.E.F.

**THE TWO
WITNESSES
MUST
SIGN HERE**

FORM OF WILL

I, *John M. ...* of the County of *...* State of *...* do hereby certify that the within and foregoing is a true and correct copy of the original of the last will and testament of *...* as the same appears from the records of the probate court of the County of *...* State of *...* and that the same is a true and correct copy of the original of the last will and testament of *...* as the same appears from the records of the probate court of the County of *...* State of *...*

In testimony whereof, I have hereunto set my hand and the seal of the said probate court, at the City of *...* this *...* day of *...* A.D. 19*...*

John M. ...
Probate Court
John M. ...
Probate Court

Witness my hand and the seal of the said probate court, at the City of *...* this *...* day of *...* A.D. 19*...*

Attest my hand and the seal of the said probate court, at the City of *...* this *...* day of *...* A.D. 19*...*

John M. ...
Probate Court
John M. ...
Probate Court

Attest my hand and the seal of the said probate court, at the City of *...* this *...* day of *...* A.D. 19*...*

MARRIED OR SINGLE *Single*

PLACE OF BIRTH *Irondale Ont Can*

NAME AND ADDRESS OF NEXT OF KIN *Arthur Graham
Irondale Ont Can*

RELATIONSHIP OF NEXT OF KIN *Father*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c

PARTICULARS	EFFECTIVE DATE	AUTHORITY

REG'L. No. *726042* RANK *Pte* NAME *Graham Joseph Marshal*

IF IN PERMT. CORPS | UNIT *109th Bn* TRANSFERRED TO *21st Bn* DATE *5/10/16* AUTHORITY *80279*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION *Kinnmount Ont* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *Dec 30th 1915* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *15⁰⁰* DATE EFFECTIVE *Oct 1/16*

PAYABLE TO *Mrs Emma Graham Kinnmount Ont* RELATIONSHIP

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ADMISSIONS TO HOSPITAL, &c

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS				
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT							
			\$	C.			\$	C.			\$	C.																				NO.	DATE	NO.	DATE
<i>July 31</i>														<i>1870</i>	<i>1870</i>																				
<i>Aug 31</i>	<i>31</i>	<i>100</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>							<i>3410</i>	<i>299816</i>					<i>973</i>							<i>973</i>	<i>4307</i>							
<i>Sept 30</i>	<i>30</i>	<i>30</i>	<i>900</i>		<i>30</i>		<i>900</i>							<i>33</i>	<i>603181692</i>					<i>730</i>	<i>730</i>					<i>1460</i>	<i>6147</i>								
<i>Oct 1-5</i>	<i>5</i>	<i>5</i>	<i>25</i>		<i>5</i>		<i>25</i>							<i>550</i>												<i>15</i>	<i>5197</i>							<i>80279 Jan 21st Bn 5/16</i>	
<i>" 6-31</i>	<i>26</i>	<i>26</i>	<i>676</i>		<i>26</i>		<i>676</i>							<i>2860</i>	<i>13361410 C.B.O 131 30-9 109th Bn.</i>					<i>436</i>	<i>943</i>				<i>15</i>	<i>1409</i>	<i>6648</i>								
<i>Nov 30</i>	<i>30</i>	<i>30</i>	<i>900</i>		<i>30</i>		<i>900</i>							<i>33</i>	<i>14841211</i>					<i>262</i>						<i>15</i>	<i>1762</i>	<i>8186</i>							
<i>Dec 31</i>	<i>31</i>	<i>31</i>	<i>961</i>		<i>31</i>	<i>10</i>	<i>310</i>							<i>3410</i>	<i>17992711</i>					<i>872</i>						<i>15</i>	<i>2872</i>	<i>9224</i>							
			<i>1530</i>				<i>1530</i>																												
<i>1917</i>																																			
<i>Jan 31</i>	<i>31</i>	<i>100</i>	<i>3100</i>											<i>3410</i>	<i>19222814</i>					<i>261</i>						<i>15</i>	<i>2022</i>	<i>10612</i>							
<i>Feb 28</i>			<i>3080</i>											<i>3080</i>	<i>20672814</i>					<i>261</i>						<i>15</i>	<i>2023</i>	<i>11669</i>							
<i>Mar 31</i>	<i>31</i>	<i>34</i>	<i>1054</i>											<i>3410</i>	<i>2086914</i>					<i>261</i>	<i>523</i>				<i>15</i>	<i>2546</i>	<i>12533</i>								
<i>Apr 30</i>	<i>30</i>	<i>33</i>	<i>990</i>											<i>33</i>	<i>2272814</i>					<i>261</i>						<i>15</i>	<i>1761</i>	<i>14072</i>							
<i>May 31</i>	<i>31</i>	<i>34</i>	<i>1054</i>											<i>3410</i>	<i>2186914</i>											<i>15</i>	<i>15</i>	<i>15982</i>							

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE: 1-10-16		EFFECTIVE DATE: -	
AMOUNT: \$1500		AMOUNT: -	
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	
Mrs Emma Graham Winmount Ont Canada			

stopped 1.5.19

643
B'shott
M.D.3

NAME: GRAHAM Joseph M B

NUMBER: 726042

PARTICULARS OF RANK OR APPOINTMENT			
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT	
		Plc	
UNIT AND TRANSFERS			
ORIGINAL UNIT: 109th Bn			
DATE ACCOUNT FIRST OPENED: 1-8-16			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO
			21st Bn Canada

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	AMOUNT
20.3	5560	4 C.S.B. 20/10	375	
6.4	120	CCCP F10	225	

D.P. C Bal Cr. \$ 7.64
L/Sheet Bal Cr. 60.04

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Trans to Can 15.19 NP6431 B'shott 9.4.19 B'shott M.D.3

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
March	Bal For								14333		
Apr.	P.P.	33		Can ar				15	12687		
		33		AR 32 7/4/18 21 Bn	446			15			
May	P.P.	3410		AR				15			
				AR 101 3.5.18 21 Bn	803						
				✓ 159 19.5.18	357						
June	✓	3410			1160			15	16437		
		33		Can ar				15			
				AR 196 8/6 21 Bn	446						
July	✓	33		296 25/6	357			15	17434		
				AR 5 8/7 21 Bn	446			15			
		3410		641 2/7	357			15	18541		
Aug	✓	3410		AR				15			
				AR 752 2/8/18 19 Bn	268						
				✓ 747 2/8 21 Bn	357						
		3410		952 24/8	357			15	19469		
Sep.	P.P.	33		CR.P				15	20555		
				" 1082, 21 Bn, 3/9/18	357						
		33		" 1210, " 24/9/18	357			15			
Oct	✓	3410		CR.P				15			
				AR 47384 15/10/18	9733						
				AR 47927 16/10/18	9733						
				AR 5487 26/10/18	1947				1057		
Nov	P.P.	3410		CR.P	2413			15			
		33		AR 565 2 16/11/18 4 C.S.B	372			15			
				" 811 25/11/18 ✓	932						
		33			1306			15			

COMPILED BY [Signature]
CHECKED BY [Signature]

NUMBER *nybony.* RANK *Pk.* NAME *GRAHAM. J. M.*

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1919	<i>Bit. Ford.</i>	<i>55</i>		<i>Forward.</i>	<i>13 00</i>			<i>15</i>	<i>10 52</i>		
<i>Dec</i>	<i>P.P.</i>	<i>34 10</i>		<i>Cap</i>				<i>15</i>			
<i>Jan.</i>	<i>P.P.</i>	<i>34 10</i>		<i>Cap</i>				<i>15</i>	<i>53 66</i>		
		<i>161 20</i>		<i>Cap</i>	<i>73 25</i>			<i>45</i>	<i>64 90</i>		
<i>Feb</i>	<i>✓</i>	<i>30 80</i>		<i>Dr. 1346 16/2/18 48.9.B</i>	<i>649</i>				<i>118 56</i>		
<i>Mar</i>	<i>✓</i>	<i>34 10</i>		<i>✓ 1795 27/2/18 ✓</i>	<i>130</i>				<i>76 52</i>		
				<i>✓ 2238 8/1/19 ✓</i>	<i>377</i>				<i>42 04</i>		
				<i>✓ 2280 23/1/19 ✓</i>	<i>373</i>						
				<i>✓ 3474 7/2/18 ✓</i>	<i>25 60</i>						
				<i>✓ 4062 23/1/19 ✓</i>	<i>20 89</i>						
				<i>Cap</i>	<i>3 73</i>						
				<i>Cap 1/3/19 4 CIB</i>	<i>18 25</i>			<i>15</i>			
				<i>✓ 466 2/2/19 ✓</i>	<i>3 65</i>				<i>42 04</i>		
		<i>64 90</i>			<i>46 52</i>			<i>30 -</i>			
<i>Apr</i>	<i>✓</i>	<i>33</i>		<i>Cap</i>				<i>15</i>	<i>60 04</i>		
				<i>Dr. 120 6/4/19 Phing!!!</i>	<i>48 67</i>						
				<i>✓ 5560 20/3/19 48.9.B</i>	<i>365</i>						
				<i>J. 827 7/3/19 (HPC END) 71.8m.</i>	<i>187</i>						
				<i>✓ 4474 14/5/19 (HPC END)</i>	<i>52 14</i>				<i>6 88</i>		
		<i>33</i>			<i>66 22</i>			<i>15</i>			
					<i>66 92</i>						

S.D.S.R. 60.M.13. COR. 13/5/19

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

M. OR S. _____ REGT. No. 726042 RANK Pte NAME (IN FULL) GRAHAM, Joseph Marshal

ORIGINAL UNIT C.E.F. 109. IF IN P.F. WHAT UNIT? _____

RELATIONSHIP wife PARTICULARS _____ EFFECTIVE DATE _____ AUTHORITY _____

NEXT OF KIN Mrs E. Graham ADDRESS Summit, Ontario

IS SEPARATION ALLOWANCE PAID? Yes. DATE EFFECTIVE 1-3-16 TO WHOM PAID as above RELATIONSHIP Joseph M. Graham ADDRESS Post Office, Summit, Ontario

DATE OF ATTESTATION Dec 30/1915 TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY 15.00 DATE EFFECTIVE 1-10-16 RELATIONSHIP (ANY CHANGE IN ASSIGNEE OR ADDRESS) _____

PAYABLE TO Mrs E. Graham (wife) ADDRESS Summit, Ontario

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____

DISCHARGED Dunlop PLACE _____ DATE 24-5-19 REASON Demot. AUTHORITY _____ IF ENTITLED TO POST DISCHARGE PAY _____

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE			AMOUNT		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1					COL. NO. 2	COL. NO. 3		DEBIT	CREDIT
					\$	C.													
May	29	1.20	31.90	764				4.87	5.00	105.07	1.50		5.50	144.54		764	Returned <u>Caronia</u> Bal. per Eng L. P. Co. Clothing Allee and 1st Payment W. S. G. Pay to Estimate date of discharge. Advances in England. Boat Money, Train Money. Overpaid 5 days on discharge.		
				183 days at <u>Orin</u>	420.00	180.00	War Service Gratuity			1000.00	30.00						1st Pay <u>USD</u> as above 2/5-6-19 ch 2734.2.		
				USD <u>Sal</u>						64.50	24.00	6.00		200	280	120	0. pay <u>Sal</u> 2/9-97719-720 June 17/19 Debit <u>Caronia</u>		
										70.00	30.00	5.50		300	210	90	2/946998-999 July 21/19		
										70.00	30.00			400	140	60	2/1293676-677 Aug 24/19		
										70.00	30.00			500	70	30	2/1313964-965 Sep 23/19		
										70.00	30.00			600			2/1328777-178 Oct 24/19		

JFM

AMS

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

5768

Oct. 1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25	30
----	----	----

RATE OF ASSIGNMENT

15		
----	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 725042 (726042)
 Rank *pte* Promoted Reverted Discharge
 Soldier's Name *J. M. Graham*
 Battalion *109th Batta*
 Beneficiary *Emma Graham*
 Relationship *Wife* M.F.W. 2554.26¹/₁₈
 Address *Kilmount Ont.*

PARTICULARS OF ASSIGNMENT

Name *Mrs. E. Graham*
 Address *Kilmount Ont.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
1917				
Feb		Xrto	225	665
1918				
Jan	D 66878	30	15	45
Feb	G 92231	25	15	40
March	H 92872	25	15	40
April	H 11988	25	15	40
May	S 14548	25	15	40
June	O 21977	25	15	40
July	K 30621	25	15	40
Aug	J 38047	25	15	40
Sept	T 48520	25	15	40
Oct	Z 56508	25	15	40
Nov	V 59248	25	15	40
Dec	W 67944	45	15	60
1919				
Jan	Y 75571	30	15	45
Feb	W 79260	30	15	45
Mar	Z 91576	30	15	45
Apr	S 143	30	15	45
May	P 6460	30	15	45
		915	480	1395

REMARKS 7286-g-111

M.F.W. 2554. Ret'd 7.8.18. O.K. Emb.

A/c Closed 3/15/19
 Ret'd per *Caronia*
 M.D #3 Date 22/5/19 M.F.W. 137 29/5/19
 Clerk *C. S. Johnston*
 M. R. O 111390

M. F. W. 128
 400M 6-17-1772-38-141
 L. L. 2320-M. & D. 1885.



AUDITED.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128
 400M-6-17-1772-39-1141
 L. L. 22220-M. & D. 1988.

Group 17.

WAR SERVICE BADGE.

CLASS "A" No. _____
SHORT FORM.

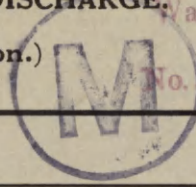
PROCEEDINGS ON DISCHARGE.

(Demobilization.)

D. A. *BT*

War Service Badge Class... *A...*

No. *229895* Issued



1. No. *776047*

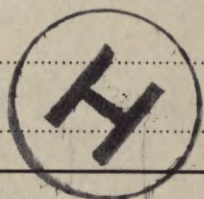
2. Rank. *Private*

3. Name. *GRAHAM, Joseph Marshall*

4. Unit. *41st. Cav. Bn. C.O.P.*

5. Date of Discharge *24-5-19* Place *Kingstow. Cant*

6. Reason for Discharge.....
- Demobilization -



7. Authority. *PO 1420*

8. Proposed Residence after Discharge.....
Kilmount, Cant.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. *W 39*

J. H. Graham
Signature of Soldier.

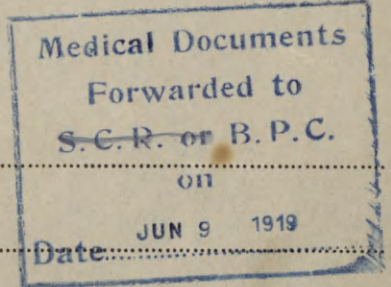
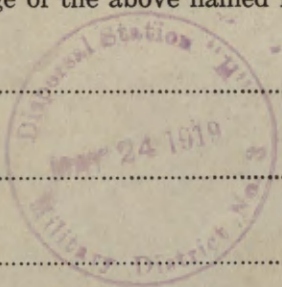
10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

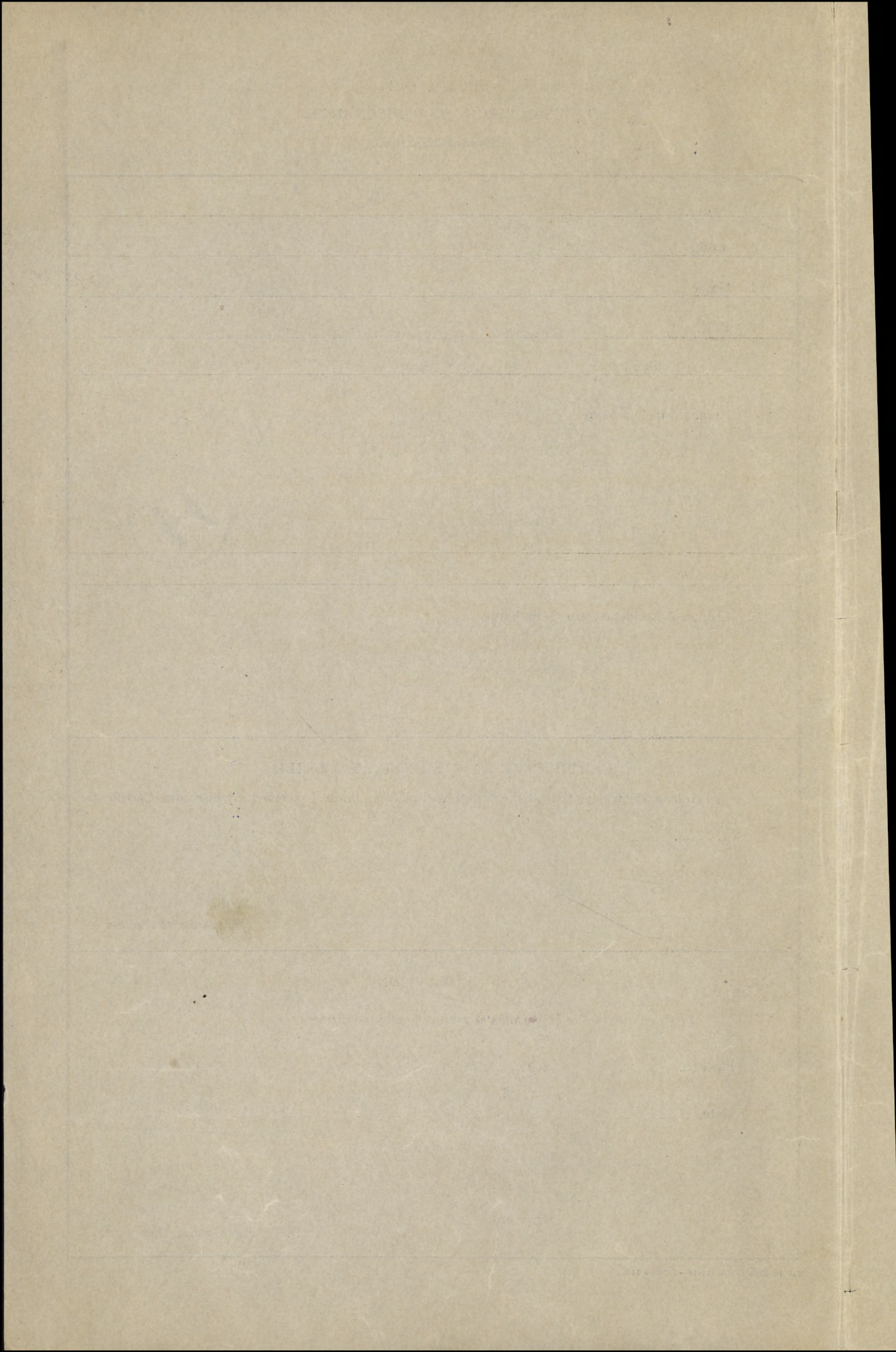
Place.....

Date.....

St. James
Signature.....
 (O. C. Discharging Unit.)



AK



LIST OF DISCHARGE DOCUMENTS.

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

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

Group..... *B*

Checked by No. *10*

Date..... *APR 30 1910*

Original.

Group 12

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Witley DATE 5/4/19

1. 1 (a) Unit 21st Bu. (b) Regimental No. 726042 (c) Rank Plt
 (d) Surname GRAHAM (e) Christian name Joseph Marshall
 (f) Home address KINMOUNT, ONT
 (g) Next of Kin wife Emma Graham (h) Relationship wife
 (i) Address of Next of Kin 90 P.O. Kinmount, Ont.

2. Age last birthday 31 Date of birth April 29, 1887

3. Enlistment, or Appointment (if an Officer) (a) Place KINMOUNT, ONT. (b) Date 28/12/15

4. Personal description:
 (a) Height 5' 8" (b) Weight 150 (c) Complexion fair
(stripped)
 (d) Colour of hair brown (e) Colour of eyes grey (f) Identification marks, Scars, etc. two small scars on knee

5. Former trade or occupation Farmer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years	Days
	<u>3</u>	<u>98</u>

	PERIODS	
	From	To
Canada	<u>28/12/15</u>	<u>20/7/16</u>
England	<u>1/8/16</u>	<u>10/16</u>
France or other theatres of War	<u>10/16</u>	<u>3/4/19</u>

7. Original disease, or injury D.A.H.

(a) Date of origin UNKNOWN (b) Place of origin Kingston Ont.
 (c) Cause ACTIVE SERVICE CONDITION

AM SATISFIED
M. F. B. 227.

40/M.—11-18.
1772-39-117.

Graham J M

24-5-19

BOARD CONFIRMED
 Kingston
 R. M. Gibson
 Major
 5th M.L.

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

(D. d. H.) partial loss function heart

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

Objective— Heart not enlarged, no murmurs, pulse, slightly irregular at rest 116 on exercise 142 returns to 116 in 1 min. S. B. P. 110 D. B. P. 87

Subjective— states that he never gets short of breath, can route marche with pack 15-20 miles in day without any discomfort. notices his heart beating fast at times on exertion.

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

Nervous System..... no Cardio-Vascular System..... no Genito-Urinary System..... no
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses..... no Respiratory System..... no Integumentary System..... no

Disturbances of Mentality..... no Digestive System..... no Muscular System..... no

Osseous and Joint Systems..... no Any other general condition..... no

mind - normal

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

did not know there was anything wrong. ~~complaints~~ smokes about 30 cigarettes per day, smoking much heavier than before enlistment.

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

*Y. S. 60 Leg Rt March 1917
N. U. O. May 1917.
Gassed April. 1919*

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

nil.

11.—(a) Did the disabling condition have its origin before enlistment? *no*

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

no.

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

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? *6-12 mos.*

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

nil.

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

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

17. Recommendations.

R. B. Kenned Lt Col
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

~~I complain in addition of~~

J. M. Graham Pte Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the invalid fit for

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

*Yes A
N.A.*

20. It is certified that the invalid

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

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

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

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

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

PLACE *C.C.C. Wilby* *E. D. South* *President.*
 DATE *April 18th 1919* *T. C. Wood* *Members*

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

.....
 PLACE.....
 DATE.....
 } President
 } Members

APPROVED BY *[Signature]* Capt. C.A.M.C.
 for Assistant Director of Medical Services.
 DATE *April 18th. 1919.*

APPROVED BY *[Signature]*
 Director-General of Medical Services.
 DATE.....

