

Unit 109<sup>th</sup> Inf. Bn. Rank Major Name Gray, Andrew Wellington

## OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

**ORIGINAL**

### QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? Gray
- (b) What are your Christian Names? Andrew Wellington
2. (a) Where were you born? (State place and country) Morton, Leeds Co. Ont.
- (b) What is your present address? 71 Gilmour St. Ottawa
3. What is the date of your birth? April 9<sup>th</sup> - 1873
4. What is (a) the name of your next-of-kin? Amelia Gray
- (b) the address of your next-of-kin? 71 Gilmour St. Ottawa
- (c) the relationship of your next-of-kin? Wife
5. What is your profession or occupation? Civil Engineer
6. What is your religion? C of E
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? 47<sup>th</sup> Regt.
9. State particulars of any former Military Service. 9 yrs 47<sup>th</sup> Regt 6 mths 38<sup>th</sup> C.S.F. 5 mths 59<sup>th</sup> C.S.F.
10. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

Andrew W. Gray (Signature of Officer.)

### CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him\* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Apr 20 1916

Place Lindsay

Insculluck Capt.

Medical Officer

109th Overseas Medical Officer.

\*Insert here "fit" or "unfit".

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE

1945

QUESTIONS TO BE ANSWERED BY OFFICER

*[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page]*

*[Faint, illegible handwritten text at the bottom of the page]*

C.E.F.

GRAY ANDREW WELLINGTON

MAJOR

109 BN

24180

DEMOB.

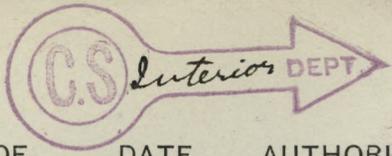
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*Received 18-2-53*

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ASSIGNED PAY.

UNIT.

RANK.

Beneficiary

Address

*Canada.*

Amount. \$50.  $1\frac{5}{17}$ .

Separation Allowance issued. Yes or No.....

NAME OF

DATE

AUTHORITY

*109<sup>th</sup> Bn.  
128<sup>th</sup> Bn.  
C. R. J.*

*Pay. \$4.  
F.a. 1.  
mess. 1.  
6.*

*Major*

*S.O.S. - 1318<sup>5</sup> disposal a.g. @*

DATE

PARTICULARS

**1918-19**

CK. NO.

CR.

DR.

*1918*

*apl.*

*Pay R.*

*180*

*A. P. Can.*

*16 Advance P.A. \$10.*

*Bank. 489.*

*48*

*18 " April Pay.*

*Bank. 635*

*81*

*May 3 Travelling 14.22<sup>11</sup>/17.*

*R195*

*3 Adv. May P.A.*

*Bank 1499*

*136*

*May 7 Dental chgs. 2/- Imp. emp. List 33. May.*

*No. 251 Genyfe*

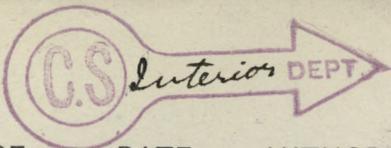
*AP Can*

*Pay R*

*186*

*June 30 In Bal. chgd to Canada No. 1768*

*49*



UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

mess DATE AUTHORITY

<sup>109 Pm</sup>  
<sup>128 Pm</sup>  
C. R. J.

Pay. \$4.  
F.a. 1.  
mess. 1.  

---

6.

Major.

31<sup>7</sup>/<sub>16</sub> fr. Can. D.T.O. 1225.  
C.G.S. 7<sup>8</sup>/<sub>16</sub>.

Name Gray  
Initials J. W.  
Bank of Montreal.

S or No..... S.O.S. - 1318<sup>5</sup> disposal a.g. Ottawa HQRO 4123<sup>5</sup>/<sub>30</sub><sup>5</sup>/<sub>18</sub>

TICULARS 1918 CK. NO. CR. DR. ASSIGNED PAY PAID IN CANADA BALANCE SPECIAL AUTHORITIES To be initialed by P.M. in every case. INITIALS

TICULARS	1918	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
			180					
Bank		489		48 67		50	Ret to Can L. 96 to 31 <sup>5</sup> / <sub>18</sub> Y. to N.C. Ledger.	
Bank		635		81 33			7.13.0.	
		R195						
Bank		1499		136				
Gen'l		251		49		136 49		
						50		
			186				49 Transferred to Lr from Lr 178.	
Canada		No. 1768		49			11/18. a.g. to Can. N. Bal = 49	

ASSIGNED PAY.

UNIT.

RANK.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount, \$

Separation Allowance issued. Yes or No.....

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

S  
To be

DATE AUTHORITY RANK. DATE AUTHORITY

NAME.

Name  
Initials  
Bank

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

SPECIAL AUTHORITIES  
To be initialled by P.M. in every case.

INITIALS

ASSIGNED PAY.

UNIT.

RANK.

NAME OF

DATE

AUTHORITY

Beneficiary

Address

Amount.

~~\$25.00~~ <sup>Canada.</sup> #50 1-5-17

Separation Allowance issued. Yes or No.....

109. ~~Ln.~~  
128. ~~Ln.~~  
C.R.T

Major.

1917

DATE

PARTICULARS

CK. NO.

CR.

DR.

1917

April 17 at Canada  
Pay Apr. R.

180

26

Bank. 3017.

155

May 17 A.P. Cam.

22

Pay May R.

186

23

Bank. 6049

136

June 16 Adv. P. Cam.

19

A.P. Cam.

~~Bank.~~ 7727

186

19

Pay R.

180

21

Bank. 9004

813

July 20 A.P. Cam.

23

Pay R.

186

Bank. 13082

136

Aug 14 A.P. Cam.

Pay R.

186

" 21 Billet & Subs (In France) ✓ R1

23

Bank. 17394

136

Sept 19 A. Pay Cam  
Pay R.

180

25

Bank. 21921

130

Oct Pay R.

186

11

A.P. Cam.

19

Bank. 26118

136

Nov Pay R.

180

17

A.P. Cam.

21

Bank.

130

UNIT.	RANK.	NAME.
NAME OF	DATE	AUTHORITY
109. Bn. 128. Bn. C.R.T.	Major	Name <i>Gray</i> Initials <i>AW</i> Bank of Montreal
		31 <sup>7</sup> / <sub>16</sub> for loan No. 1225 CTO 7 <sup>8</sup> / <sub>16</sub>

1917-18

DETAILS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
<i>da.</i>				75			
<i>R.</i>		180					
<i>Bank. 3017.</i>			155				
				50		<i>a. 2 m. off may fr. \$25.</i>	
<i>y R.</i>		186					
<i>Bank. 6049</i>			136				
<i>Bank. 7727</i>			186				
				50			
<i>R.</i>		180					
<i>Bank. 9004</i>			81 93				
				50			
<i>R.</i>		186					
<i>Bank. 13082</i>			136				
				50			
<i>R.</i>		186					
<i>(In France) R1</i>						<i>9/4 \$2<sup>27</sup> ✓</i>	
<i>Bank. 17394</i>			136				
<i>Pay leave</i>				50			
		180					
<i>Bank. 21921</i>			130				
		186					
<i>R. can.</i>				50			
<i>Bank. 26118</i>			136				
		180					
				50			
<i>Bank.</i>			130			<i>2 ans. fr. Ledger #17 40 Ledger #207. 3<sup>12</sup>/<sub>17</sub> Spwd.</i>	

ASSIGNED PAY.

UNIT.

RANK.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$ 50<sup>00</sup>

Separation Allowance issued. Yes or No.....

*C.R.F.*

*Pay. 4.00  
F.A. 1.00  
Mess 1.00  
6.00*

*Major.*

*Canada*

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	To
1917							
Nov 27	<i>Navalce 2-13<sup>th</sup> 17.</i>	<i>R105</i>					<i>44</i>
Dec.	<i>Bal. Furd.</i>					<i>Nil.</i>	
	<i>Pay R.</i>		<i>186</i>				
	<i>A.P. Can</i>				<i>50</i>		
	<i>Bank</i>	<i>35096</i>		<i>136</i>			
1918							
Jan.	<i>Pay R.</i>		<i>186</i>				
	<i>A.P. Can</i>				<i>50</i>		
	<i>Bank</i>	<i>39425</i>		<i>136</i>			
Febry	<i>Pay R.</i>		<i>168</i>				
	<i>A.P. Canada.</i>				<i>50</i>		
	<i>Bank</i>	<i>40995</i>		<i>118</i>			
Mich.	<i>Pay R</i>		<i>186</i>				
	<i>A.P. Can</i>				<i>50</i>		
	<i>Bank</i>	<i>42627</i>		<i>136</i>			

DATE		AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
		Pay. 4.00 F.A. 1.00 Mess 1.00 <u>6.00</u>	Major.			Name Gray Initials A.W. Bank of Montreal.

CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
R105	186			Nil.	4-7-0 19 <sup>95</sup> ↓	
35096	186	136	50	<del>✓</del>		
39425	168	136	50	<del>✓</del>		
40995	186	118	50	<del>✓</del>		
42627		136	50	<del>✓</del>		

ASSIGNED PAY.

UNIT.

RANK.

Beneficiary

109th Bn.

DATE

AUTHORITY

Major

Address

Canada

Amount. \$ 75.- 1 <sup>10</sup>/<sub>16</sub>

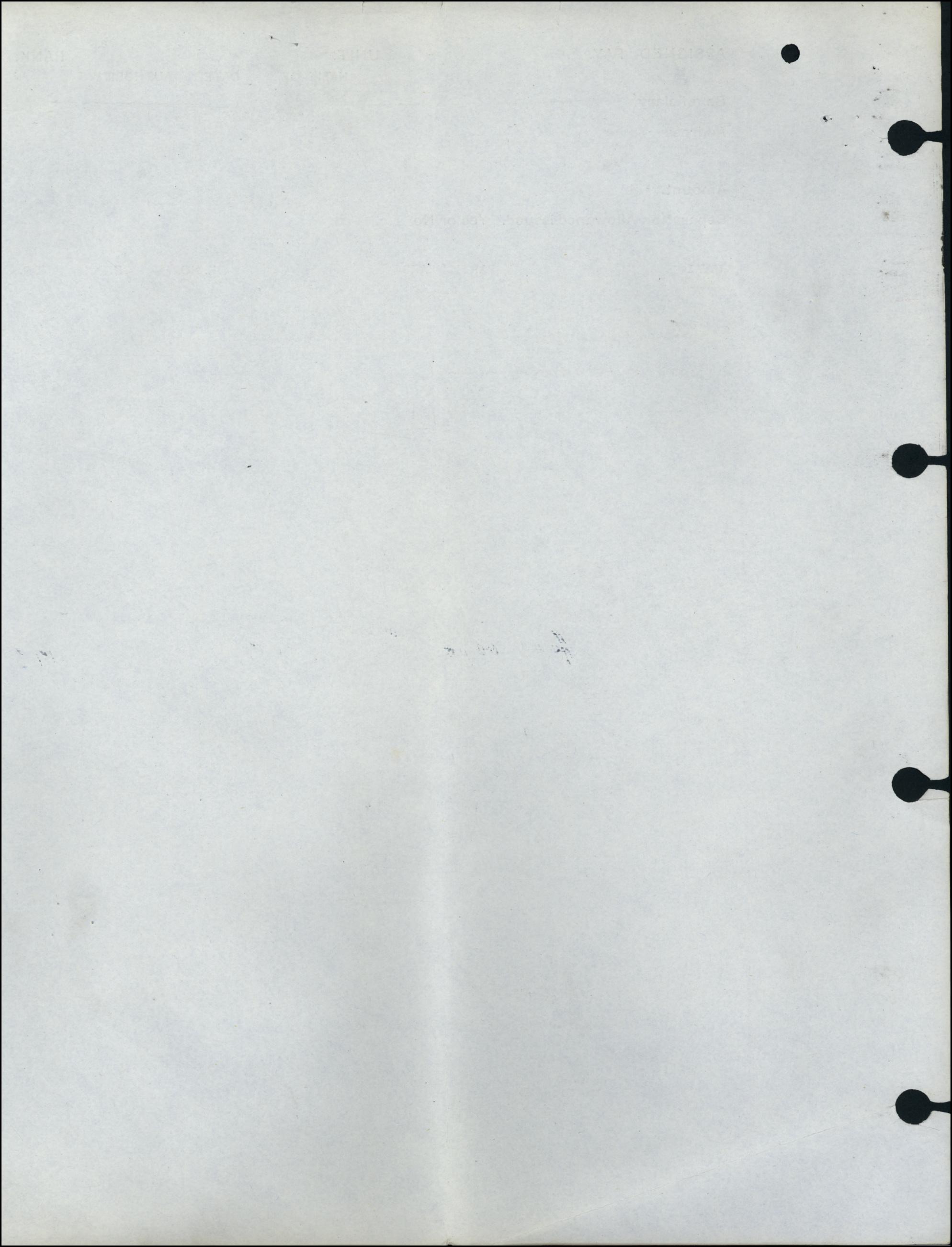
Separation Allowance issued. Yes or No.....

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.	A PA
Aug 16	Cred Bal 31 <sup>7</sup> / <sub>16</sub> Bank			4856	
18	Pay Aug (R)		187		
			7856		
28	Bank			187	
Sept 22	Pay Sept. (R)		180		
26	Bank			180	
Oct. 19	Pay Oct. (R)		186		
24	A.P. ban				
28	Bank			161	
Nov. 18	Pay Nov. (R)		180		
21	a. p. ban				
27	Bank			155	
Dec 13	A.P. Can.				
	Pay Dec. (R)		186		
19	Bank			161	
1917 Jan 17	a. p. ban				
23	Pay Jan (R)		186		
	Bank	19248		161	
Feb 19	a. p. ban				
21	Pay Feb (R)		168		
22	Bank	21937		143	
Mar 13	A. p. ban				
22	Pay March (R)		186		
24	Bank			161	

UNIT.	RANK.	NAME.
109th Bn.	Major	Gray, A. W.
NAME OF	DATE	AUTHORITY
	31-7-16	From Canada
		W.R.O.#1225 C.J.D.
		d/7-8-16.
		Bank of Montreal.

CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS.
			4856			
	187					
	7856					
		187		<del>0</del>		
	180			<del>0</del>		
	186					
			25			
		161		<del>0</del>		
	180					
			25			
		155				
			25			
	186					
		161		<del>0</del>		
			25			
19248	186			<del>0</del>		
		161				
			25			
	168			<del>0</del>		
21937		143				
			25			
	186			<del>0</del>		
		161				





ET.

Rank and Name

GRAY, Andrew Wellington

Major.

Regimental No.

Name and Address of Next-of-Kin

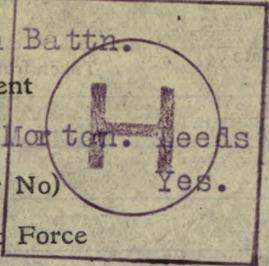
Wife.

Unit 109th Batta.

Amelia Gray.

Date of enlistment

71, Gilmour St, Ottawa, Ontario

Place of birth  Horton. Seeds Co., Ontario, Canada.

Canada.

Married (Yes or No)

Yes.

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments

LEFT CANADA 23-7-16

25-8-16

Dep. R.T. 1.4.17



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				
1	<del>7.1.17</del> O.E. Witley	Attd to 128 Bn		30.12.16	RD 64. Ottawa 125-128th Bn.
2	25-1-17 128 Bn	Ceases to be attd to 128 on 1st attd to 156 Bn		10-1-17	Ord 13.
	1-4-17 156 Bn	Ceases to be att. to 156 Bn for Gps. Station on attachment to Rly Troops		23-3-17	RD 90 No. 1168 5 Div. S.O.S.
	31-3-17 20 Bn	Attached to 20 Bn for instructional purposes		21-5-17	RD 20-31-20 Bn
	26-3-17 Depot C.R.T.	Attached to Depot C.R.T.		8-3-17	RD 23-24-20 Bn
	15-6-17 do	Ceases to be attached on being T.O.S.		24-3-17	RD 74 & 144
	15/6/17 do	S.O.S. on posting to 10th Bn. C.R.T.		24-3-17	RD 155
	4-7-17 W.O.	To be Temp. Major C. Lt. from Can. Inf.		15-6-17	RD 155
	20-3-18 10th C.R.T.	Granted 14 days leave to England		24-3-17	L.G. 30163. 10.C.R.T. Pen. O. 143.
	29-3-18 -do-	S.O.S. & Estab. on proc. to England for duty & posted to C.R.T.D.		8-3-18	RD 19.
	13-4-18 do C.R.T.D.	S.O.S. on posting from 10th C.R.T.		26-3-18	RD 22.
	30-5-18 H.R.O.M.F.C.	S.O.S. to Canada for disp. by A.G. Ottawa		27-3-18	RD 103.

75'95'

A.F.B. 108.  
23 JUN. 1917

A.F.B. 103.

4-APR. 1918

A.F.B. 108.

10 JUL. 1918



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

CERTIFIED CORRECT

23 JUN 1917

CANADIAN RECORD OFFICE

Casualty Form—Active Service.

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

250M.—1-16.

H. Q. 1775-39-920.

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

Regimental No. \_\_\_\_\_ Rank Major Name Gray Andrew Wellington  
C. E. F.

Enlisted (a) 15 Jan 15 Terms of Service (a) 38 Bn Service reckons from (a) 23-7-16

Date of promotion to present rank. } 109 Bn. 20 Apr 16 Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_

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				

	Embarked Canada	Halifax	27.4.16	
	Disembarked England	Liverpool	31.7.16	

26-3-17	Depot. CRT.	Taken on strength	RAF fleet.	24-3-17	Part. 2. DO. 74
15-6-17	Depot CRT	S.O.S to 10th Battri CRT.	RAF fleet.	15-6-17	Part. 2. DO. 155 Serving <u>Wiley</u> put for ADJUTANT, DEPOT CAN. RLY. TROOPS.
16.6.17	10th CRT	∇ O.S.	RAF fleet	16.6.17	Do 167
17.6.17	10th CRT.	Provided O/S	RAF fleet	17.6.17	DO. 168. <u>ADJUTANT</u> for O.S. CRT. 10th Bn.

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

[P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
3.7.1917	Land. Gaz.	To be Temp Major from	C.R. from Canada	24-3-17.	London Gazette 30163 dated
4.7.17	10CR2	Disembarked	36avne	19.6.17	3-7-17. D.O. II 173 d/23-7-1917. D.O. II 169
7.11.17.	A.G. Cdn	To England on command duty.	Field	14.11.17.	Wire 1.6.3272. K.H. 16-32146. D.O. II 305 d/7.12.17.
28.11.17.	10CRT.	Rejoined unit.	✓	24.11.17.	K.H. 16-32146. D.O. II 205 d/7.12.17.
<del>16.12.17</del>	<del>10CR2.</del>	<del>Granted 14 days leave to</del>	<del>England</del>	<del>15.12.17</del>	<del>B.M.S. D.O. II 308 d/31.12.17.</del>
16.12.17	10CR2.	Granted 8 days leave to	France	12.12.17.	B.M.S. D.O. II 308 d/31.12.17.
20.12.17	✓	Rejoined from leave	Field	20.12.17	B.M.S. D.O. II 308 d/31.12.17.
9.3.18	✓	Granted 14 days leave	England	8.3.18.	B.M.S. D.O. 19 of 1918.
	✓	Rejoined unit	Field.		B.M.S.
26.3.18	A.A.G.	S.O.S. and establishment on proceeding to England for duty and posted to CRT. Depot. Purfleet.	Field.	26.3.18	D.O. II 22 d/29-3-1918. A.G. 55/364 (O) d/7.3.18. A.A.G. Cdn Sect. (S) 291-460.
13-4-18	B.R.T. Depot.	Taken on strength on footing from 10 <sup>th</sup> B.R.T.	Purfleet	27-3-18	Canadian Section, G. H. Q. 3rd Echelon, B. E. F. M II Do 103
14-4-18	B.R.T. Depot.	Granted leave of absence pending embarkation to Canada	Purfleet.	27-3-18	M II Do 104
31-5-18	B.R.T. Depot.	Struck off strength having been returned to Canada by disposal Adjutant General.	Purfleet	13-5-18	M II Do 150 M.I. Williams Capt. Adjutant Canadian Ry Hosp Depot.

S/S 12.2.19

# CANADIAN EXPEDITIONARY FORCE

J.C.F.-3-34.

H.C.

## Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)..... **Major**

(Name in full)..... **Andrew Wellington GRAY**

Enlisted in..... **38th Battalion**

CANADIAN EXPEDITIONARY FORCE, on the.....

day of..... **191**..... AND WAS APPOINTED to COMMISSIONED RANK

in..... **38th Battalion**

CANADIAN EXPEDITIONARY FORCE on the..... **Fifteenth** day

of..... **January**..... **5**..... 191.....

He SERVED in CANADA, **England and France with the 38th Bn.,**  
**39th Battalion., 105th Battalion., Canadian Railway Troops**  
**Depot., 10th Battalion, C.R.C., and Att'd Engineers Training**  
**Depot., (Brookville).**

and was STRUCK OFF THE STRENGTH on the..... **Twelfth** day

of..... **February**..... **9**..... by reason of..... **General Demobilisation**

Dated at Ottawa, this..... **Twenty-sixth** day

of..... **March**..... **1920.**..... 191.....

**Major.**

For

Director of Personal Services.

*285*

*JA @*

CANADIAN EXPEDITIONARY FORCE  
Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to certify that (Rank) \_\_\_\_\_  
(Name in full) \_\_\_\_\_  
Enlisted in \_\_\_\_\_  
CANADIAN EXPEDITIONARY FORCE on the \_\_\_\_\_  
day of \_\_\_\_\_ 191\_\_\_\_ AND WAS APPOINTED to COMMISSIONED RANK  
of \_\_\_\_\_  
CANADIAN EXPEDITIONARY FORCE on the \_\_\_\_\_  
day of \_\_\_\_\_ 191\_\_\_\_  
HE SERVED IN CANADA \_\_\_\_\_  
and was STRUCK OFF THE STRENGTH of the \_\_\_\_\_  
of \_\_\_\_\_ 191\_\_\_\_ by reason of \_\_\_\_\_  
Dated at Ottawa, the \_\_\_\_\_ day  
of \_\_\_\_\_ 191\_\_\_\_

Director of Military Service

J. B. W. 2018  
1918

# MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

DEPT. MILITARY DEFENCE  
FEB 7 1919  
H.C.  
CANADA

- 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.
- 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 soldier 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."
- In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
- Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
- If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
- 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.....**Brockville**..... DATE.....**Jan. 20th, 1919**.....

1. 1 (a) Unit.....**Engineers' Depot.** (b) Regimental No..... (c) Rank.....**Major.**  
(d) Surname.....**Gray.** (e) Christian name.....**Andrew Wellington.**

2. Age last birthday.....**46.** Date of birth.....**April 9th, 1873.**

3. Enlisted at.....**Ottawa, Ontario.** on.....**Jan. 15th, 1915.**

4. Personal description:—

(a) Height.....**6'.1".** (b) Weight.....**210**  
(stripped) (c) Complexion.....**Medium**

(d) Colour of hair.....**Grey** (e) Colour of eyes.....**Brown** (f) Identification marks.....**Masonic**

**Key stone on right forearm.**

5. Address after discharge (for the use of the Board of Pension Commissioners).....

**71 Gilmour st; Ottawa, Ontario.**

6. Former trade or occupation.....**Civil Engineer.**

7. (a) Service

	PERIODS	
	From	To
<b>Engineers' Depot, C.E.F.</b>	<b>Sept. 1918.</b>	<b>To Date.</b>
<b>10th, C.R.T. C.E.F.</b>	<b>Apr. 1917.</b>	<b>To Sept. 1918.</b>
<b>38th, Battn. C.E.F.</b>	<b>Jan. 15/15.</b>	<b>June, 1915.</b>
<b>59th, " " " "</b>	<b>June, 1915.</b>	<b>Nov. 1915.</b>
<b>109th, " " " "</b>	<b>Nov. 1915.</b>	<b>Mar. 1917.</b>
<b>20th, " " " "</b>	<b>Mar. 1917.</b>	<b>Apr. 1917.</b>

(b) Has he been overseas?.....**2 years** 8. Original disease or disability.....

**Shell shock.**

(a) Date of origin.....**Jan. 1918.** (b) Place of origin.....**France.**

(c) Cause\*.....**Exposure to shell fire.**

(d) Present disease or disability.....**Shell shock.**

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Subjective: Under ordinary mental or physical work officer says he can carry on without inconvenience or trouble; but under mental or physical strain other than moderate officer complains of physical weakness. Mentally where problems of a more or less perplexing nature are involved officer states he is unable to deal as clearly with them as he could previous

9. Present condition.—(Continued.)

to being shell shocked. Following mental exertion officer states he becomes very nervous, troubled with insomnia, and feels for a day or so much depressed.

Objective. Officer has several times presented himself to Medical

Officer complaining of nervousness and of being easily

tired. The officer appears in a more or less nervous state. There are moderate tremors of fingers and tongue. Other conditions are normal.

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous Yes Digestive No Respiratory No Cardiac No  
Genito-Urinary No Skin, Middle Ear, Eye or any other part No

10. History: (a) of Condition referred to in "a" section 9.

Owing to officer's services in France his nervous system has been over taxed, leaving him still in more or less of a nervous condition.

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Nil.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

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?

At least six months.

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

Hospitals France & England (Keweenaw)

(d) 22



OPINION OF THE MEDICAL BOARD—(Continued).

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

Fit for Category C1. Some disability due to service.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

*R. M. Cairns*  
*A. Mastmael*

President.

PLACE Brockville, Ont.

DATE Jan. 20th, 1919.

Members.

APPROVED BY

*D. B. Mundell* Major, A.M.C.

For D/ A. D. M. S. No. 3  
Assistant Director of Medical Services.  
For A. D. M. S. Mil. District No. 3

DATE FEB 5 - 1919

APPROVED BY

*J. W. Mackenzie*  
Director-General of Medical Services.

DATE 8, 2, 19

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

President.

PLACE

DATE

Members.

# ORIGINAL MEDICAL HISTORY SHEET.

*Original*

Surname Gray Christian Name Andrew Wellington

Examined { on 20 day of April 1916  
 at Sunday  
 Birthplace { City or Town Morton  
 County Seeds County, Ontario

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

Apparent age 42 years  
 Trade or occupation Civil Engineer  
 Height 6 Feet 1/2 Inches.  
 Weight 225 Lbs.  
 Chest measurement { Minimum 40 inches.  
 Maximum expansion 43 inches.  
 Physical development Good  
 Small-Pox Marks None  
 Vaccination Marks { Arm. Right None Left OK  
 Number Two

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

When Vaccinated last 4.11.15 1916  
 (a) Marks indicating congenital peculiarities or previous disease None

Date	Result	VACCINATIONS.
<u>5.2.16</u>	<u>Nil</u>	<u>J McCulloch</u> M.O.
<u>15.4.16</u>	<u>Nil</u>	<u>J McCulloch</u> M.O.
		M.O.

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>10.4.15</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
<u>15.4.15</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
		M.O.

Enlisted on 20 day of April 1916 at Sunday

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>59<sup>th</sup> Bn. C.E.F.</u>	<u>Major</u>		<u>20.4.16</u>
Transferred to.....	<u>109<sup>th</sup> Bn. C.E.F.</u>			

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

*J M C*



# CASE HISTORY SHEET

Kingston General Hospital. Kingston Station.  
No. Rank Major Name A. W. Gray Age 45 yr.  
Unit 10th C.R.C. Completed years of service } Where and how long } Since January, 1915  
Date of admission June 5/18. Date of discharge June 18, 1918  
Diagnosis Place of origin

## CONDITION ON ADMISSION AND PROGRESS OF CASE

Major Gray complains of a continued feeling of tiredness and lassitude. He cannot concentrate his mind on or particular thing and speaks of it as "brain-fog". He has been troubled in the morning with headaches localized particularly in back of head and neck and with a sense of white head. The headaches generally stop after he has been up an hour or two. They started last January. His weight has also been coming down gradually especially since January, 1918, being about 30 lbs. between January and April. Since April he has gained about 10 lbs. but still complains of headache.

### Blood Pressure

Systolic 170 Diastolic 110

## FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Negative

## TREATMENT

(Especially any specific or special form.)

## CONDITION ON DISCHARGE

(and disposal made of case.)

In nervous condition requiring  
Convalescent treatment  
Disposal - medical board June 17<sup>th</sup>

Date June 18, 1918

J. Sparks  
Medical Officer i/c case.

uptome  
20369  
L



# CASE HISTORY SHEET.

Base ..... Hospital. Brockville, Ont. Station. ....  
No. .... Rank Major Name Gray, A. Age. ....  
Unit Can. Engrs. Completed years of service ..... Where and how long } Canada.  
Date of admission 21.10.18 Date of discharge 26.10.18  
Diagnosis Influenza Place of origin Canada.

## CONDITION ON ADMISSION AND PROGRESS OF CASE

Man was admitted to hospital complaining of headache, pain in the stomach and a feeling of general soreness throughout the body. There existed a harsh cough with a temperature ranging from 100 to 101 degs., and a pulse running in the neighbourhood of 100. There was evidence of bronchitis in the principal bronchus.

Man was placed in bed, medical treatment installed, his temperature became more elevated and bronchial condition became more extensive for the following three or four days when a general improvement commenced. His condition gradually improved and he was discharged as cured.

## FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Negative.

## TREATMENT

(Especially any specific or special form)

Medixal.

## CONDITION ON DISCHARGE

(and disposal made of case.)

Cured and returned to duty.

Date 26.10.18

D. MacLennan  
Medical Officer i/c case.  
Capt. A.M.C.



CASE HISTORY SHEET

Blank lined form with horizontal ruling lines and a vertical margin line on the right side.

Medical Department

Page 1 of 1

Neuro. Div.

St. Annes Mil. Hosp.,  
St. Anne de Bellevue,  
March 28, 1919.

File # 188.

To Officer Commanding,  
St. Annes Military Hospital.

Major A.W. Gray,  
71 Gilmour St.,  
Ottawa.

Sir:-

Neurological Report.

Complaints:- Mental and physical weakness.  
Tires very easily. No energy, insomnia.

History:- After six months under fire with the light batteries, became very nervous and memory began to trouble him. Carried on for another 5 mos. when he was sent to Hospital. Since his discharge on February 5/1919, has been trying to attend to his business but finds that he has no energy for it.

Pres. Condition:- A well developed, healthy looking man. Heart, Lungs and other systems normal.

Nervous System:- No tremors, no ataxia. Pupils equal and active. Knee jerks markedly diminished. He tires very easily, has no energy, and has great difficulty in applying himself to business.

I would recommend the suggestion should be made to permit the M/N Officer to work from 9-12 and from 2-4 for the next few months. If this was possible, his recovery would be more rapid.

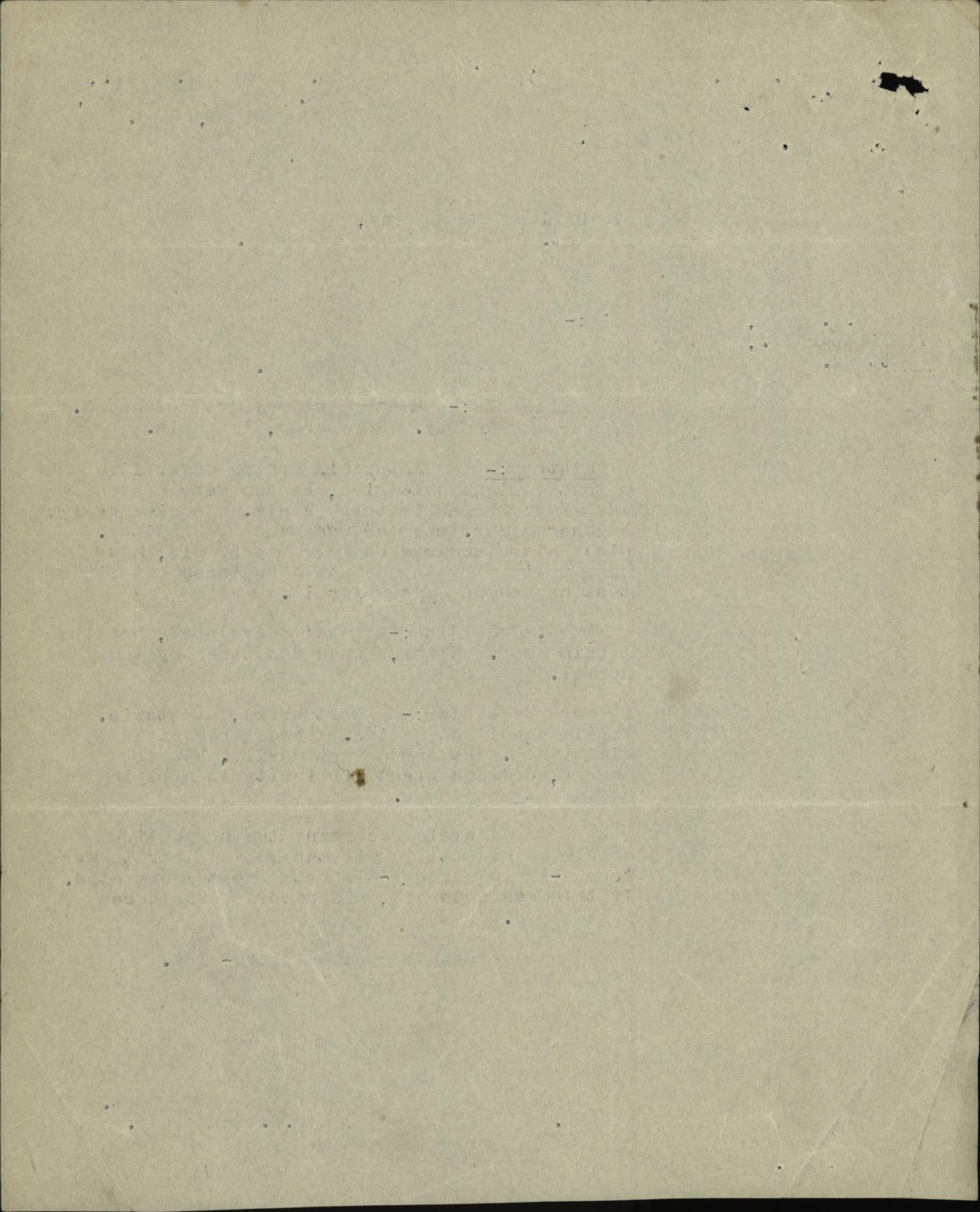
Pensionable Disability - 15%.

*A. J. Murray*

Capt.

ATM/RL.

A/O.C. Neurology.



# DENTAL HISTORY SHEET

DISTRICT 3

CANADIAN ARMY DENTAL CORPS

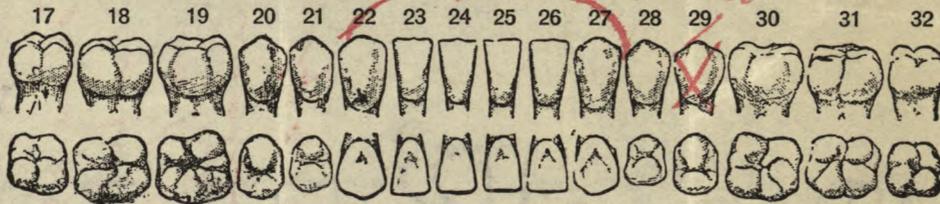
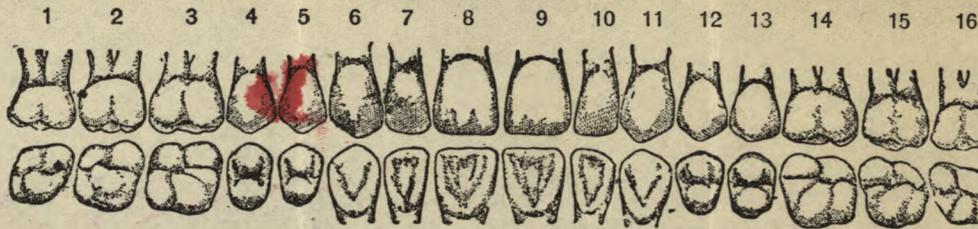
M. F. B. 465  
2-0194117  
1772-3550

NAME OF SOLDIER GRAY, A. W.

REGIMENT

RANK MAJOR

No.



## INSTRUCTIONS

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

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

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

Date	Amalgam	Temporary Filling (a) (G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoxa	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
											U	L	P			Gold	Porcelain				
Condition on first Examination																					
			/		/		/														5
			/																		4
																					29
																					22 to 27

*Local Anesthetic*

I hereby acknowledge having received the above treatment.

(SIGNATURE)...

*Cleaning & Sealing*  
*A. W. Gray*

4 Amputation	2.00
2 Cement	3.00
1 Devitalization	50
1 root filling	150
1 Eucrocin local anesthetic	150
1 Bridge 2 abutments	52.00
4 Dummies	
	<hr/> 60.50

INSTRUCTIONS

1. On examination the condition of patient's mouth to be recorded in this column.

2. On first visit report record of examination to be filled in by the dentist.

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

A. Condition on examination (if any)

B. Condition on last visit (if any)

Handwritten notes in red ink, possibly initials or a signature.

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..... Major

(3) Full Name of Soldier..... Andrew Wellington Gray

(4) Place of Birth..... South Crosby, County of Leeds, Ontario, Canada.

(5) Are you married, or not?..... Yes.

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

(b) Present Postal Address..... 71 Gilmour Street,  
Ottawa, Ont.

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

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

If so, give number of boys and girls..... Two Boys and One Girl.

Also their names and ages.....

Flossie Elizabeth Gray,	17	years	of	age.
Andrew Hilliard Gray,	14	"	"	"
Talmage Ross Gray,	12	"	"	"

(9) Is your Father alive?..... Yes.

If so, state name and address..... Andrew Gray, R.R., No. 3, Elgin Ont.

(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.

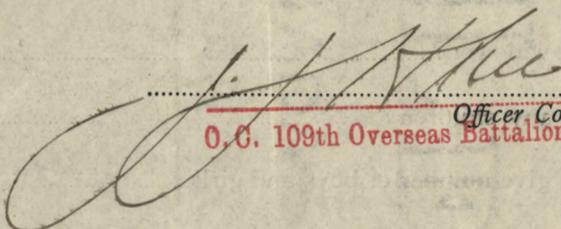
(15) Are you insured?..... Yes.

If so, in what Company?..... Manufacturers Life and Aetna Life.

Have you made arrangements for payment of your Insurance premium..... Yes.

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

Date..... 13/7/16.

  
..... Lt. Col.  
Officer Commanding.  
O. C. 109th Overseas Battalion, C. E. F.

OLYMPIC  
Sa 7 12 18 Ar 14 12 18

Regtl. No. 644665 Rank Pte.

Name Meadows (Christian Name in full) Horace Wilkin (Surname)

Unit 1st C.O.R.D. Regt. 174th Bata  
or  
Corps

Category B NEXT OF KIN Wife

REASON FOR RETURN.

Medical Board held at Witley 26-11-18

INTENDED PLACE OF RESIDENCE Waubauslane. Aut.

**COVER**

**FOR**

**DISCHARGE DOCUMENTS.**

CAMPAIGNS, MEDALS AND DECORATIONS.

France 6 mths





Major Gray, Andrew Wellington  
The 3<sup>rd</sup> Battalion

30-1-36

P

Deceased 18-2-53

RETURN THESE DOCUMENTS  
TO WAR SERVICE RECORDS  
DEPT. OF VETERANS AFFAIRS

5-5-53

THE UNIVERSITY OF CHICAGO

THE UNIVERSITY OF CHICAGO

THE UNIVERSITY OF CHICAGO

SURNAME.

Gray

CARD NO.

4

CHRISTIAN NAMES

Andrew, Wellington

S.O.S. 12-2-19 3  
B.O. 1643 FOLL 6 "Dmd"  
NO. 48 17-2-19  
B.D.N.

REGL. No.

RANK

Major.

UNIT 109th.

3 B.D.

Bm.

FORMER CORPS

47th. Regt. (9 yrs.) 38th. C.E.F. (6 mos.) 59th. C.E.F. (5 mos)

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Gray, Mrs. Amelia.

RELATIONSHIP TO SOLDIER

Wife.

notify:-  
dept. of the  
Interior.

ADDRESS

71 Gilmour St. Ottawa,  
Ont.

COUNTRY OF BIRTH

Canada, Morton, Ont.

DATE

Apr. 9th. 1873.

PLACE OF ATTESTATION

DATE

Sailed from Halifax 23/7/16 488  
R/C 20-5-18 - 176 - 3  
1/6 Mrs S. Olympic 488

MARRIED

*Yes.*

SINGLE

WIDOWER

TRADE OR CALLING

*Civil Engineer*

RELIGION

*Church of England.*

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

*Lindsay, Ont.*

DATE

*Apr. 20th. 1916.*

*Present Address: 71 Gilmour St. Ottawa, Ont.*

Number

Rank

MAJOR. <sup>B</sup>  
✓

Surname

GRAY

Christian Name

ANDREW W. WELLINGTON

Units

Theatre of War

FRANCE

Date of Service

15-6-17

Remarks

64 King St. East

Latest Address

Brockville, Ont.  
~~Canada~~

Roll No.

B. Page 185-44

200m.-6-21...

10CRZ

# GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

REG. No. 1177  
DESP. 007 33 19





MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

To Whom *Mrs A. W. Gray* By Whom Assigned *A. W. Gray*  
 Address *71 Gilmour St.* Regtl. No. \_\_\_\_\_  
*Ottawa Ont.* Rank *Major*  
 Corps *109th Battr.*

Rate ~~2500~~ ~~1 Oct 16~~

~~2 M. 4 1/2 M. H. 2 9/16~~ PAYMENTS  
 ① \$50<sup>00</sup> 1st May 1917

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			① 2 M, 16/5/17 87.8 5/17
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

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

Sheet No. 2.

*Mrs.*  
*A. W. Gray*

PAYMENTS.

*Major A. W. Gray*  
 Name of Soldier  
*109th Battr.*

L. L. Job 4503. - Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<del>\$25.00 / Oct 16</del>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		P 24487 50	50	
Dec.		Y 35640 25	25	
Jan.	1917	Z 39478 25	25	
Feb.		3 44815 25	25	
March		Y 50260 25	25	25 (W)
April		S 1926 25	25	256
May		8 859 25	25	
June		V 15290 25	25	75.00 V 15290 cancelled \$75.00 June bond; as per 2m
July		K 18859 75	75	C 150.00 July & future
Aug.		Z 24304 50	50	
Sept.		Z 30932 50	50	
Oct.		K 35881 50	50	
Nov.		T 42186 50	50	
Dec.		Z 49391 50	50	
Jan.	1918	O 56809 50	50	575.00
Feb.				
March				
April				
May				
June				
July				

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.				





(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

DEFENCE  
AUG 21 1918  
CANADA

Station Ottawa, HO

Date Aug. 17th., 1918.

1. (a) Unit 10th. C. R. T.

(b) Rank Major.

(c) Surname Gray.

(d) Christian name Andrew W.

2. Age last birthday 45.

Date of birth April 9th., 1873.

3. Date of appointment to the C. E. F. (for officers of the C. E. F.) Jan. 15th., 1915.

Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) Jan. 15th., 1915.

4. Personal description:

(a) Height 6'1".

(b) Weight 200.

(c) Complexion Fair.

(d) Colour of hair Gray.

(e) Colour of eyes Brown.

(f) Scars or tattoo marks Keystone post Rt. forearm.

5. (a) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners) 71 Gilmour St., Ottawa, Ont.

(b) Address of O. C. Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent 71 Gilmour St., Ottawa, Ont.

6. Former trade or occupation Civil Engineer.

7. (a) Service

	PERIODS	
	From	To
38th. Batt.	Jan. 15/15.	June 1915.
59th. Batt.	June 1915.	Nov. 1915.
109th. Batt.	Nov. 1915.	March 1917.
10th. C.R.T.	March 1917.	Date.

(b) Has he been Overseas? Yes.

8. Disease or disability (use authorized nomenclature if possible). Neurasthenia.

(a) Date of origin Jan. 1918.

(b) Place of origin France.

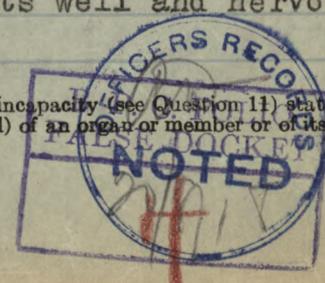
(c) Cause\* Service conditions.  
\*(Here include original disease or injury.)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions.)

Complaints. Lack of confidence in himself- sleeps well. Rarely has headaches- appetite good- pyorrhoea not so troublesome- Had 9 teeth extracted recently. This officer gives history of insomnia- twitching of body at night- very frequent occipital headaches- lack of concentration of mind- depression of spirits- easily tired- very nervous- night terrors.

Findings. Strong healthy looking man- colour good. Gained 20 pounds in two months- sleeps and eats well and nervous symptoms have nearly all passed away.

[After describing all abnormalities, anatomical and functional, contributing to incapacity (see Question 11) state whether such incapacity is directly due to (a) weakness (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]



- 10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.  
[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

Heart and lungs normal.  
 Temperature 98 2/5. Pulse 80. Resp. 16.  
 Blood pressure ~~125~~ 80  
 Patellar reflexes- normal. No tremors.

- 11. To what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined.

10% reducing to nil. in 3 months.

- 12. Did the disability arise on or off duty? **On duty.**

- 13. Was a Court of Inquiry held? **No.**

- 14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes  No   
 (If the answer is in the affirmative, state in percentages, to what extent the pensioner is incapacitated by that aggravation.)

- 15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? **No.**

(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.)

- 16. What is the probable duration, in months, of the disability or of each of the disabling conditions if there is more than one? **3 months.**

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

**He was in convalescent home in England and has been convalescing in Canada.**

- 18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

**No.**

- 19. Can the former trade or occupation be resumed? **Yes.**

- 20. Recommendations.

**Class C. Disability 10% reducing to nil in 3 months.**

*[Signature]*  
 Lieut.-Col. R.M.S.  
 Medical Officer by whom the case is brought forward.

(Sections 8, 9 and 10 are to be read to the Officer.)

I, the undersigned..... have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of .....

*[Signature]*  
 Andrew W. Gray  
 Signature of Officer examined.

# OPINION OF THE MEDICAL BOARD

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

**Yes.**

- |   |               |                          |
|---|---------------|--------------------------|
| 22. Is the Officer fit for (a) General service  | (Category A.) | (Yes or No.) <b>No.</b>  |
| (b) Service abroad (not general service)        | ( " B.)       | (Yes or No.) <b>No.</b>  |
| (c) Home service (Canada only)                  | ( " C.)       | (Yes or No.) <b>Yes.</b> |
| (d) Temporarily unfit                           | ( " D.)       | (Yes or No.) <b>No.</b>  |
| (e) Unfit for service in Categories A, B and C. | ( " E.)       | (Yes or No.) <b>No.</b>  |

23. It is certified that the Officer

- (a) ~~Does require treatment.~~
- (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.)

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

**Class C. Disability 10% reducing to nil in 3 months.**

Station Ottawa.

Date Aug. 17th., 1918.

*[Signature]* President.  
 Lieut.-Col. R.M.S.  
*[Signature]* Members.  
 Lieut.-Col. R.M.S.

APPROVED BY

Date AUG 19 1918

APPROVED BY

Date 2-9-18

*[Signature]* Captain A. M. C.  
 For A. Assistant Director of Medical Services.

**B. P. C. FOLIO  
 FALSE DOCKET**

*[Handwritten mark]*

*[Signature]*  
 Director General of Medical Services.

69

AUG 22 1918

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the officer'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 officer concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space at the foot of this page.
5. The nomenclature of diseases to be followed is that 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.

28

Is the Officer in (a) General service  
 (b) Service abroad (not general service)  
 (c) Home service (Canada only)  
 (d) Temporary duty  
 (e) First lieutenant in Categories A, B and C

It is certified that the Officer  
 (a) Is fit for duty  
 (b) Does not require treatment  
 (c) Should not pass under his own control  
 (d) Should not pass under his own control  
 (e) Is in condition not to apply for

It is recommended that the Officer be discharged, if not for discharge and special leave  
 (a) Discharge  
 (b) Special leave  
 (c) Disability for reducing to all in 3 months

Lieut. - J. R. W. S.  
 Lieut. - J. R. W. S.  
 Date Aug. 1918

APPROVED BY  
 Date AUG 19 1918

RECEIVED  
 PAUSE DOCKET  
 Surgeon General of Medical Service

APPROVED BY  
 Date 1-9-18

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

Station Kingston, Ont.

Date June 17/18

1. (a) Unit **10th. C.R.T.**  
 (b) Rank **Major**  
 (c) Surname **Gray** (d) Christian name **Andrew, W.**  
 2. Age last birthday **45** Date of birth **April 9/73**  
 3. Date of appointment to the C. E. F. (for officers of the C. E. F.) **Jan 15/15**  
 Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) **Jan 15/15**

4. Personal description: **6' 1/4"**  
 (a) Height **6' 1/4"** (b) Weight **180**  
 (c) Complexion **Fair** (d) Colour of hair **Grey**  
 (e) Colour of eyes **brown** (f) Scars or tattoo marks **Keystone Post. Rt. forearm.**  
 5. (a) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners) **71 Gilmore St., Ottawa.**  
 (b) Address of O. C. Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent **O.C. "C" Unit, M.H.C. Golden Lion Block, Kingston.**

6. Former trade or occupation **C.E.**

	PERIODS	
	Years	Days
7. (a) Service		
	From	To
<b>38th. Battn.</b>	<b>Jan 15/15.</b>	<b>June /15</b>
<b>59th. Battn</b>	<b>June /15</b>	<b>Nov. /15</b>
<b>109th. Battn.</b>	<b>Nov. /15</b>	<b>Mar/17</b>
<b>10 C.R.T.</b>	<b>Mar. /17</b>	<b>Date.</b>

- (b) Has he been Overseas? **Yes.**  
 8. Disease or disability (use authorized nomenclature if possible). **Neurasthenia.**  
 (a) Date of origin **Jan/18** (b) Place of origin **France.**  
 (c) Cause\* **Service Conditions.**  
\*(Here include original disease or injury.)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions.)  
**Subj.** The officer states the following. Was under severe shell fire for several months in France. He also had a severe "Pyorrhoes Alveolaris" with severe facial neuralgia. Had 9 teeth extracted. Was in convalescent home in England and this has been recuperating in Canada on his own control. He suffers from insomnia. Takes about 2 hours to get to sleep at night and then sleeps only 4 hrs. He suffers from occipital headache if he uses his eyes very much, as in reading or after any mental concentration. Hearing is O.K. Appetite not very good, is constipated. Says he does not take any great interest in people or amusements. Says that he does not tire physically.

[After describing all abnormalities, anatomical and functional, contributing to incapacity (see Question 11) state whether such incapacity is directly due to (a) weakness (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 380. **# Dreams every night and is usually awakened by his dreams**

**FALSE DOCKET**

10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.  
[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

#9

11. To what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined.

(100% at present.)

12. Did the disability arise on or off duty? **On duty.**

13. Was a Court of Inquiry held? **no**

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? **n/a**

Yes No

(If the answer is in the affirmative, state in percentages, to what extent the pensioner is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? **no**

(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.)

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

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

**Convalescent Home, England.**

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

**no**

19. Can the former trade or occupation be resumed? **Not at present.**

20. Recommendations. **That Major Gray be placed in Cat. D. for 2 mos. under his own control.**

*W. Anderson* **Capt. A.M.C.**  
Medical Officer by whom the case is brought forward.

(Sections 8, 9 and 10 are to be read to the Officer.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

*AW Gray*  
Signature of Officer examined.

### OPINION OF THE MEDICAL BOARD

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

**yes.**

22. Is the Officer fit for
- |   |               |                         |
|---|---------------|-------------------------|
| (a) General service                             | (Category A.) | (Yes or <del>No</del> ) |
| (b) Service abroad (not general service)        | ( " B.)       | (Yes or <del>No</del> ) |
| (c) Home service (Canada only)                  | ( " C.)       | (Yes or <del>No</del> ) |
| (d) Temporarily unfit                           | ( " D.)       | (Yes or No.) <b>Yes</b> |
| (e) Unfit for service in Categories A, B and C. | ( " E.)       | (Yes or <del>No</del> ) |

23. It is certified that the Officer

- (a) ~~Does require treatment~~  
 (b) Does not require treatment.  
 (c) Should pass under his own control. **For 2 mos.**  
 (d) ~~Should not pass under his own control~~  
 (Strike out condition not applicable.)

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

**Placed in Cat. D for 2 mos. Some disability due to service.**

Station Kingston, Ont.  
Date June 17/18

*[Signature]* Capt. A.M.C. President.  
*[Signature]* Capt. A.M.C.  
 ) Members.

APPROVED BY

Date JUN 18 1918

*[Signature]* Captain A. M. C.  
 For A. D. M. S. Director of Medical Services.

APPROVED BY

Date

**APPROVED**  
 JUN 22 1918  
*[Signature]* /D.G.M.S.

Director General of Medical Services

**FOLIO FALSE DOCKET**

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**Has not complained of dyspnoea on exertion, more than ordinary.**  
**No cough. Has lost 30 lbs since he has been in army, but is now taking on weight again.**

**Obj.** Officer appears to be in fair physical condition, is well nourished, 180 lbs. Somewhat restless & nervous. Reflexes normal. No motor or sensory disturbances. **Heart** Sounds fair. Very slight enlargement. Rate 84 standing. After exercise 20 sec. double mark time 144. Back to 96 in 2 mins. Slight irregularity, drops a beat about every 25. This occurs only after exercise, lasts about 5 mins. Lungs normal.

Station: *Gloucester, Ont.*  
 Date: *JUN 18 1918*  
 Approved by: \_\_\_\_\_

Director General of Medical Services  
 JUN 22 1918

APPROVED  
 JUN 22 1918  
*[Signature]*





Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

*May 17*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>50</i>			
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## PARTICULARS OF SEPARATION ALLOWANCE

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

Rank *Major* Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_

Soldier's Name *A. W. Gray*

Battalion *109<sup>th</sup> Batta*

Beneficiary \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

## PARTICULARS OF ASSIGNMENT

Name *Mr A. W. Gray*

Address *71 Gilmore St. Ottawa. Ont.*

Change of Address

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1919</i>					
<i>Dec 31</i>			<i>575 -</i>	<i>575 -</i>	
<i>Jan</i>	<i>19 65711</i>		<i>50</i>	<i>50</i>	<i>5</i>
<i>Feb</i>	<i>4 92918</i>		<i>50</i>	<i>50</i>	
<i>March</i>	<i>4 93563</i>		<i>50</i>	<i>50</i>	
<i>April</i>	<i>4 12644</i>		<i>50</i>	<i>50</i>	<i>8</i>
<i>May</i>	<i>5 20276</i>		<i>50</i>	<i>50</i>	<i>8</i>
<i>June</i>			<i>50</i>	<i>50</i>	<i>13</i>

*A.P. paid 25<sup>00</sup> from 1/10/16 to 1/5/17.*  
*50<sup>00</sup> " " 1/5/17. future*

*..... A/c Closed 31-5-18*  
*A.P. \$25. Ret'd per Mauretania*  
*Date 28.5.18. F.X. 23.5.18.*  
*..... Clerk E. M. Barnes*

*A 3M rec. EMB. 28.6.18.*



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. \_\_\_\_\_

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

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

Battalion \_\_\_\_\_

Beneficiary \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name

Address

Change of Address

1

2

3

4

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

...	...	...	...	...	
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M. F. W. 128  
 400M 6-17-1772-88-1141  
 L. L. 22320-M. & D. 1988.