

REGIMENTAL DOCUMENTS

NAME *AITKEN ELIZABETH*

REGT. NO. *7 - Sister*

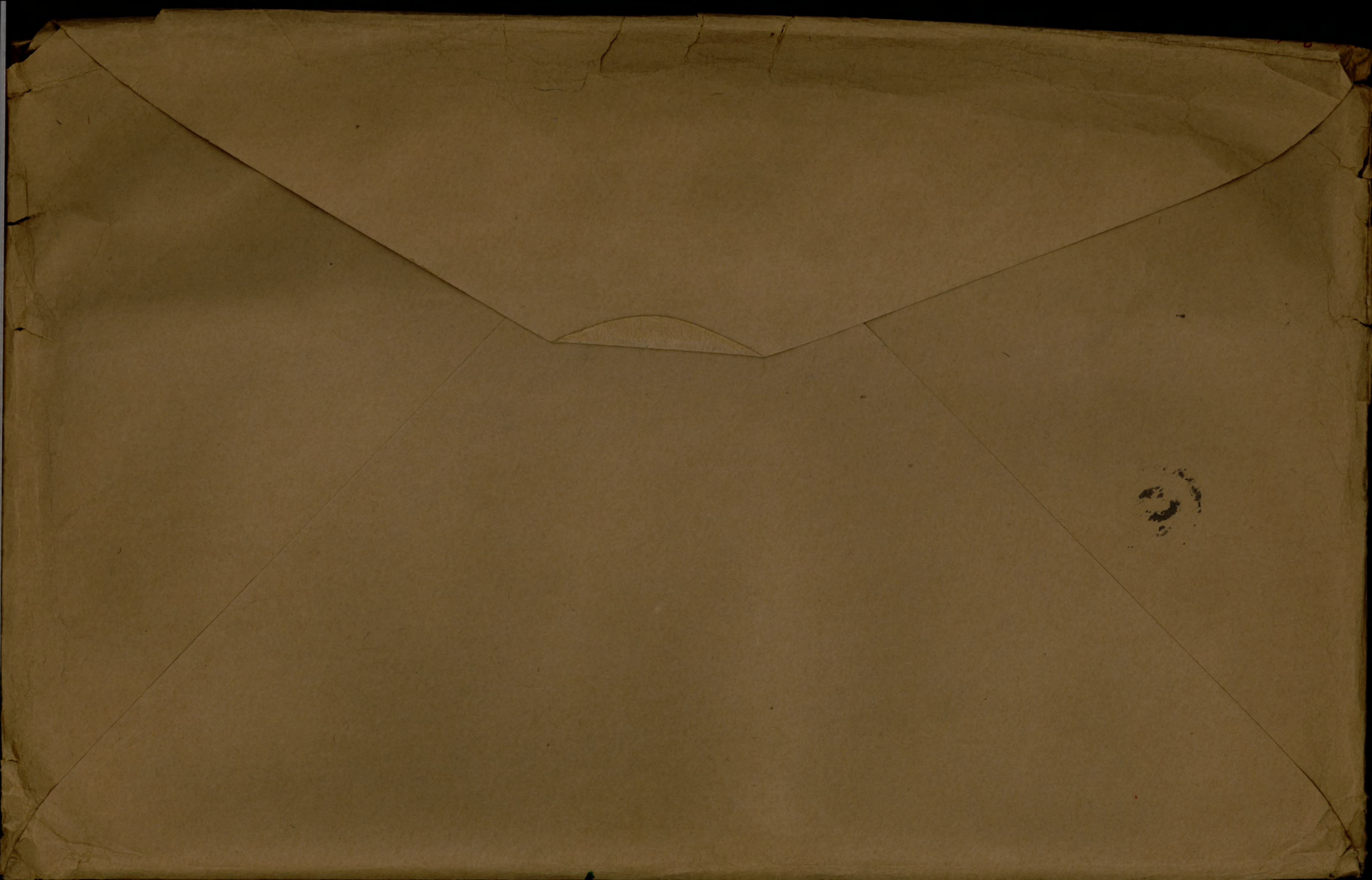
UNIT *G.A.M.F.*

H. S. FILE NO. *3145*

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
<i>3</i> ATTESTATION PAPER (M.F.W. 23, 133, or 51) <i>6</i>		<i>Pers</i>	<i>30-5-19</i>	<i>Pers-5910-108</i>	<b>DEATH</b>
<i>12</i> CASUALTY FORM (M.F.W. 54 or A.F.B. 103) <i>4</i>		<i>Ret.</i>	<i>7-11-19</i>		Category <i>(H)</i>
TRAINING HISTORY SHEET (M.F.W. 113)		<i>(M)</i>			
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)					
<i>2</i> MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) <i>3</i>					<b>DISCHARGE</b>
<i>1</i> DENTAL HISTORY SHEET (M.F.B. 465) <i>3</i>					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demobn</i>
<i>1</i> MEDICAL EXAMINATION (M.F.W. 129) <i>2</i>					
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)					<b>DESERTION</b>
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					<i>2</i>
PARTICULARS OF CHARACTER (A.F.W. 3226)					<i>10-8</i>
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					<i>10-8</i>
<i>1</i> M.F.W. 2591 <i>pay sheets</i>					<i>5-8</i>
<i>1</i> Deep Cert.					
<i>2</i> A.F.A. 43					
<i>2</i> Exp Card					
<i>1</i> 149					
<i>Per Ss "Northland" 13-5-19.</i>					

*401933*







NAME. *Aitken, Elizabeth*  
RANK. *A.S.*  
UNIT. *C.A.M.B.*

ATTESTATION PAPERS.

- CASUALTY FORM (A.F.B. 103).
- BURIAL REPORT.
- WILL.
- DATE OF RESIGNATION.
- CAUSE OF RESIGNATION.
- CAUSE OF DEATH.
- REPORT OF INVALID.

~~To A.G. Base.~~

~~2 P.P's~~  
~~2 m.H.S.~~  
2 Boards

*To 11th Can Gen Hos  
Dec 16 1896*

*2. 103.  
2. AP  
2. m.H.S.*

*Triplicate Dec. Paper to C.A.M.B. U.S. Feb 28/17*  
*2. Boards*

MAR 26 1910

*Sgt Canada - 13.5.19-*

On His Majesty's Service.



UNIT

6. A. M. C.

Regimental No.

## ATTESTATION PAPER.

### CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

#### QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS).
1. What is your name?	Elizabeth Aitken
2. In what Town, Township or Parish, and in what Country were you born?	Kincardine Ont Canada
3. What is the name of your next-of-kin?	Mrs James Aitken
4. What is the address of your next-of-kin?	Beeton Ont. Canada
5. What is the date of your birth?	Oct 4 1882
6. What is your Trade or Calling?	Nurse
7. Are you married?	No.
8. Are you willing to be vaccinated or re-vaccinated?	Yes
9. Do you now belong to the Active Militia?	Yes
10. Have you ever served in any Military Force? <small>If so, state particulars of former Service.</small>	No
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
	Elizabeth Aitken N.S. A.M.C.
	(Signature of Man).
	H. M. M. M. M.
	(Signature of Witness).

#### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Elizabeth Aitken, do solemnly declare that the above answers made by me to the above questions 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 Yaplow Oct 8<sup>th</sup> 1915. Elizabeth Aitken N.S. (Signature of Recruit).  
H. M. M. M. M. (Signature of Witness).

#### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Elizabeth Aitken, 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 October 8<sup>th</sup> 1915. Elizabeth Aitken N.S. (Signature of Recruit).  
H. M. M. M. M. (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

Yaplow Beeton this 8 day of October 1915.  
Charles Gordon M. M. (Signature of Justice).

I certify that the above is a true copy of the Attestation of the above-named Recruit.

Charles Gordon M. M. (Approving Officer).



Description of Elizabeth Pitken on Enlistment.

Apparent Age 33 years 0 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. 5 ins.

Chest measurement: { Girth when fully expanded 31 ins.  
 Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Med. Brown

Religious denominations. { Church of England  
 Presbyterian Yes  
 Wesleyan  
 Baptist or Congregationalist  
 Other Protestants (Denomination to be stated.)  
 Roman Catholic  
 Jewish

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 October 8<sup>th</sup> 1915

Harry Moll Capt  
Comd

Place Taplow Bucks  
 \* Insert here "fit" or "unfit."

Medical Officer.

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.

Elizabeth Pitken 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.

Charles Somers (Signature of Officer.)

Date October 1915.



JAN 17 1917

Rank and Name **Nursing Sister AITKEN, Elizabeth**

Regimental No. \_\_\_\_\_ Name and Address of Next-of-kin **Mrs. James Aitken**  
Beeton, Ont. Canada.

Unit **C.A.M.C.**

Date of enlistment **8th Oct. 1915**

Place of birth **Kincardine, Ont. Canada.**

Married (Yes or No) **No**

If in Permanent Force \_\_\_\_\_

Promotions or appointments \_\_\_\_\_

Date and place of discharge **30/4/17. Uxbridge Granville Hosp.**

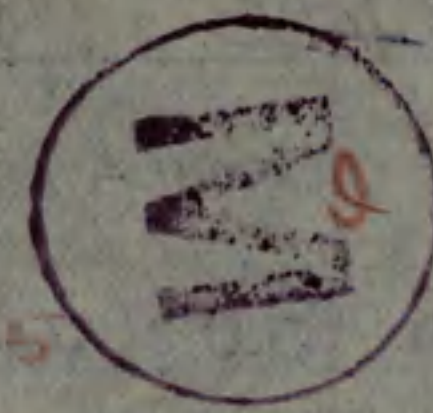
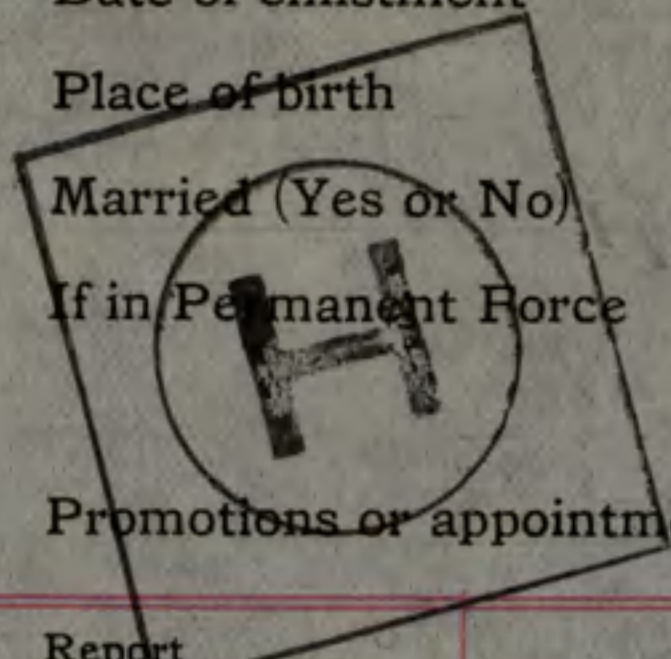
Reason for discharge \_\_\_\_\_

Character on discharge \_\_\_\_\_

*Left Canada 27.9.15*

**MAR 17 1916**

**MAR 31 1916**



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				
6-10-15	Dms.	T.O.S. Co. 4 on arr. from Canada		5/10/15	CO. 446
6-10-15	Dms.	Posted to D. Coy. C. Redx. H. Tiplin		6-10-15	CO. 449
7-10-15	D of G. Hp	Taken on strength from Matron in Chief		6-10-15	Pt II Ord 117
25-2-16	D.M.S.	Transferred to Granville Can. Sp. Hosp.		24-2-16	C.O. 342
13/16	-do-	Transferred to N <sup>o</sup> 2 C. Staty. Hosp.		7-6-16	C.O. 1025
25-1-17	WO.	14 Stationary Hosp. Boulogne		19-1-17	C.L. 582
23-2-17	WO.	Transferred to 14 C. Gen. H. Boulogne		16-2-17	C.L. 607
13-2-17	2 C.S.H.	Sick transferred to England		21-2-17	Pt II Ord. 119
24-2-17	Dms.	Posted to Camp. T.S.		23-2-17	CO. 271
26-2-17	CRD.	admitted - discharged		28-2-17	C.L. 617
7-3-17	Dms.	Q.A.G.M.N.S. Hp. 41 Vincent Sq. S.W.		23-2-17	C.L. 609
7-3-17	Dms.	Granted leave by Med. B. P.		27-2-17 to 27-3-17	CO. 325
30-3-17	Dms.	Posted to C. Conv. H. Hillingdon H. Uxbridge		28/3/17	CO. 431
7-5-17	Dms.	Posted to C. Conv. Depo.		2/5/17	CO. 581
9-5-17	Dms.	Posted to #3 C. Staty. Hosp.		2-5-17	CO. 601
8-9-17	2 C.S.H.	Granted 14 days leave from		31-8-17	Pt II Ord 48

NR ✓  
Pt II Ord 54 (Granville Hosp.)  
Pt II Ord 54 (D. G. B. Hosp.)  
Pt II Ord 25 (2. Stat. Hp.)  
Pt II Ord 166 (From Spec. Hp.)

Uxbridge  
A.F. 108  
A.F. 103  
10 MAR 1917



Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS
Date	From whom received				
2-1-18	2 Co Stat Hp	Transferred to leave		20-12-17	PT ord 11
12-2-18	do	Reposted to No. 1 C.C.C. Str.		29-1-18	PT ord 7
12-8-18	1 C.C.C.S.	S.O.S. and reposted to 2 CSHp.		24-7-18	PT ord 36
3-8-18	2 CSHp.	T.O.S. on Reposting from 1 C.C.C.S.		25-7-18	PT ord 45
9-9-18	-do-	Granted 14 days leave		27-8-18	PT ord 53
4-3-19	-do-	S.O.S. posted to CAMC General		7-2-19	PT ord 8
7-3-19	CAMC Gen.	T.O.S. from 2 Can. Stat. Hosp.		8-2-19	PT ord 11
27-3-19	do CAMC	S.O.S. to Eng. posted to CAMC Cas Coy.		15-3-19	PT ord 13
9-5-19	Cas. Dep.	T.O.S. on posting from 2 Can. Stat. Hp.		16-3-19	PT ord 108
		S.O.S. on posting to CAMC RPT. Dep.		16-3-19	
26-3-19	AMV. CAMC	adm 11 Can. Gen. Hosp. Shorncliffe		25-3-19	CL 1248
		<i>discharged</i>		31-3-19	CL 1254
24-3-19	RPT. Dep.	T.O.S. on posting from CAMC Cas. Coy.		16-3-19	PT ord 83
		On Command 11 CSM Moore Barracks		16-3-19	
25-19	do	S.O.S. on posting to 11 Can. Gen. Hosp.		30-4-19	PT ord 122
7-5-19	11 CSM	T.O.S. on posting from CAMC RPT. Dep.		30-4-19	PT ord 41
21-5-19	do	S.O.S. on transfer to 127 in Canada		13-5-19	" " 47
17-5-19	Duct.	S.O.S. on trans. to 127 in Canada		13-5-19	C.O. 64
		Cessation of Hostilities			
		Sailed to Canada S.S. Northland		13-5-19	Sailing No 62

16221



Number

✓ R.A. ✓

Rank

N/S

✓

Surname

AITKEN

Christian Name

ELIZABETH

Units

Theatre of War

FRANCE

Date of Service

7/6/16

Remarks

~~None~~

Latest Address

Boston, Ont.

~~None~~

Roll No

Provincial Board of Health,  
Deloraine, Man.

200m.-6-21

(B 13255)

20/9/26

P.T.O



# 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

DATE RECEIVED FROM REG. DEPOT.

IMPERIAL DEPOT No.

DATE FORWARDED TO OTTAWA

SEP 29 1926  
DEPT.  
FROM 26706

Sup. 1st 755098 Plé. Krushnorsky, V.  
(B 13255) to be re-eng'd for  
this lady. *W.B.L.*

209/26

*Creased for re-imp.*  
*29-6-53*



## *IMPORTANT.*

### DISPOSAL OF ORIGINAL MEDICAL HISTORY SHEETS.

#### 1. Action by Officer i/c Hospital—

- (a) See that all entries are properly and fully made, and signed.
- (b) Forward to Hospital to which man is transferred, immediately it is done. If discharged to Unit—to Officer Commanding such Unit.

#### 2. Action by Officer Commanding Unit—

- (a) On admission of man to Hospital, forward M.H.S. to such Hospital at once.
- (b) On transfer to another Unit—to Officer Commanding such Unit.
- (c) On proceeding Overseas — return to Record Office, London, without delay.

(Authority, Army Council Instruction 831, April, 1916.)



Unit ..... Rank *W.S.* Name *Aitken E.*

## OFFICERS' DECLARATION PAPER

### CANADIAN OVER-SEAS EXPEDITIONARY FORCE

#### QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname?..... *Aitken.*  
(b) What are your Christian Names?..... *Elizabeth.*
2. (a) Where were you born? (State place and country)..... *Kincairdine Ont.*  
(b) What is your present address?..... *Beeton. Ont.*
3. What is the date of your birth?..... *Oct. 4th. 1884*
4. What is (a) the name of your next-of-kin?..... *Mrs. James Aitken.*  
(b) the address of your next-of-kin?..... *Beeton. Ont.*  
(c) the relationship of your next-of-kin?..... *Mother.*
5. What is your profession or occupation?..... *Nursing Sister.*
6. What is your religion?..... *Presbyterian.*
7. Are you willing to be vaccinated or re-vaccinated and inoculated?.....
8. To what Unit of the Active Militia do you belong?..... *C.A.M.C.*
9. State particulars of any former Military Service.....
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.

*Elizabeth Aitken W.S.* (Signature of Officer.)

Taken on strength (place).....

(date).....

*D.P. Kappel Lt Col*  
(Signature of Commanding Officer.)

#### CERTIFICATE OF MEDICAL EXAMINATION

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

I consider ~~him~~ <sup>*her fit*</sup> for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date..... *28-6-* 191*9*

Place..... *Hamilton, Ont.*

*A.S. Porter Capt MC*  
Medical Officer.

\*Insert here "fit" or "unfit"







Unit ..... Rank *N.S.* Name *Aitken E.*

## OFFICERS' DECLARATION PAPER

### CANADIAN OVER-SEAS EXPEDITIONARY FORCE

*Demob  
NOH  
15-5-a-28*

#### QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? ..... *Aitken.*
- (b) What are your Christian Names? ..... *Elizabeth.*
2. (a) Where were you born? (State place and country) ..... *Kincairdine Ont.*
- (b) What is your present address? ..... *Beeton Ont.*
3. What is the date of your birth? ..... *Oct. 4th. 1884.*
4. What is (a) the name of your next-of-kin? ..... *Mrs. James Aitken.*
- (b) the address of your next-of-kin? ..... *Beeton Ont.*
- (c) the relationship of your next-of-kin? ..... *Mother.*
5. What is your profession or occupation? ..... *Nursing Sister.*
6. What is your religion? ..... *Presbyterian.*
7. Are you willing to be vaccinated or re-vaccinated and inoculated? .....
8. To what Unit of the Active Militia do you belong? ..... *C.A.M.C.*
9. State particulars of any former Military Service.....
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.

*Elizabeth Aitken N.S.* (Signature of Officer.)

Taken on strength (place).....

(date).....

*W. P. Campbell Lt Col*  
(Signature of Commanding Officer.)

#### CERTIFICATE OF MEDICAL EXAMINATION

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

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

Date ..... *28-6-* 191*9*.....

Place ..... *Hamilton Ont.*.....

*A. L. Porter Capt R.C.M.C.*  
Medical Officer.

\*Insert here "fit" or "unfit"



OFFICERS' DECLASSIFICATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[Answers]

1. (a) What is your surname?
- (b) What is your Christian name?
2. (a) How long have you been in this place and country?
- (b) What is your present address?
3. What is the date of your birth?
4. What is (a) the name of your next-of-kin?
- (b) the address of your next-of-kin?
- (c) the relationship of your next-of-kin?
5. What is your profession or occupation?
6. What is your religion?
7. Are you willing to be vaccinated or re-vaccinated and inoculated?
8. To what Unit of the Active Militia do you belong?
9. State particulars of any former Military Service.
10. Are you willing to leave in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE?

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

(Signature of Officer)

Taken on strength (Date)

(Date)

(Signature of Commanding Officer)

CERTIFICATE OF MEDICAL EXAMINATION

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

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

Date

Place

Medical Officer



# CANADIAN EXPEDITIONARY FORCE

W.H. 2-48.  
R.A.P.

## Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)..... Nursing Sister.....

(Name in full)..... Elizabeth AITKEN,.....

Enlisted in..... Canadian Army Medical Corps......

CANADIAN EXPEDITIONARY FORCE, on the ~~.....~~

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

in..... Canadian Army Medical Corps......

CANADIAN EXPEDITIONARY FORCE on the..... Twentieth..... day

of..... July..... 191~~.....~~

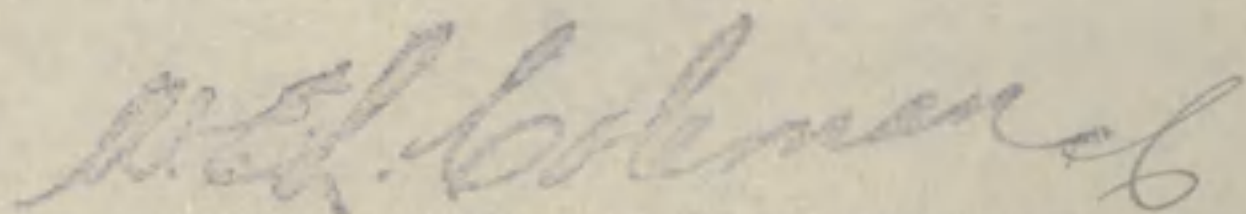
HE SERVED in CANADA, England and France with the C.A.M.C.,.....

and was STRUCK OFF THE STRENGTH on the..... Thirty First..... day

of..... October..... 1920 by reason of..... General Demobilization.....

Dated at Ottawa, this..... First..... day

of..... December..... 1920



for

Major  
Director of Personal Services.



CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NUMBERED MEN

[The main body of the document is a large, empty rectangular frame, likely intended for a photograph or a detailed record of service.]



# MEDICAL HISTORY SHEET.

1. Surname Cutken Christian name E  
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule .....  
 3. Consecutive number on schedule of men reporting for service (if he appears on it) .....  
 4. Address (including street and number if any) Buckin out.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 29<sup>th</sup> day of June 1917, by the undersigned medical board sitting at.....

5. Age as stated 34 Years 9 Months. 6. Apparent age same Years ..... Month  
 7. Height 5 Feet 5 1/2 Inches. 8. Weight 150 Pounds.  
 9. Chest measurement { Minimum 35 Ins. 10. Complexion fair { Eyes blue  
 { Maximum 40 Ins. { Hair brown  
 11. Physical development good { Good  
 { Fair  
 { Poor 12. Smallpox marks nil  
 13. Number of vaccination marks { Right arm 1  
 { Left arm 2 14. When vaccinated last 1915  
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease nil  
 16. Slight defects but not sufficient to cause rejection nil

The man denies having had { Rheumatism, Epilepsy, Syphilis, Asthma, Nervous or Mental disorder. We find no evidence of past { Rheumatism, Epilepsy, Syphilis, Asthma, Nervous or Mental disorder.

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

**A**

17. (a) Vision. R. normal with glasses L. normal  
 (b) Hearing. R. normal L. normal

Signature of Man

..... President.  
Asst. Quarter Master Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined 29<sup>th</sup> day of June 1917 at Hamilton

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to.....				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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

If raised in category, record category in a square. The M. O. will initial and date.







# CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

## DIRECTIONS TO DENTAL OFFICERS

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) AITKEN, E.

REGIMENT P.A.M.C. RANK A. Sgt. No. \_\_\_\_\_

Date of Examination in England 17-3-19 Date of Examination in France \_\_\_\_\_

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 18.

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.)

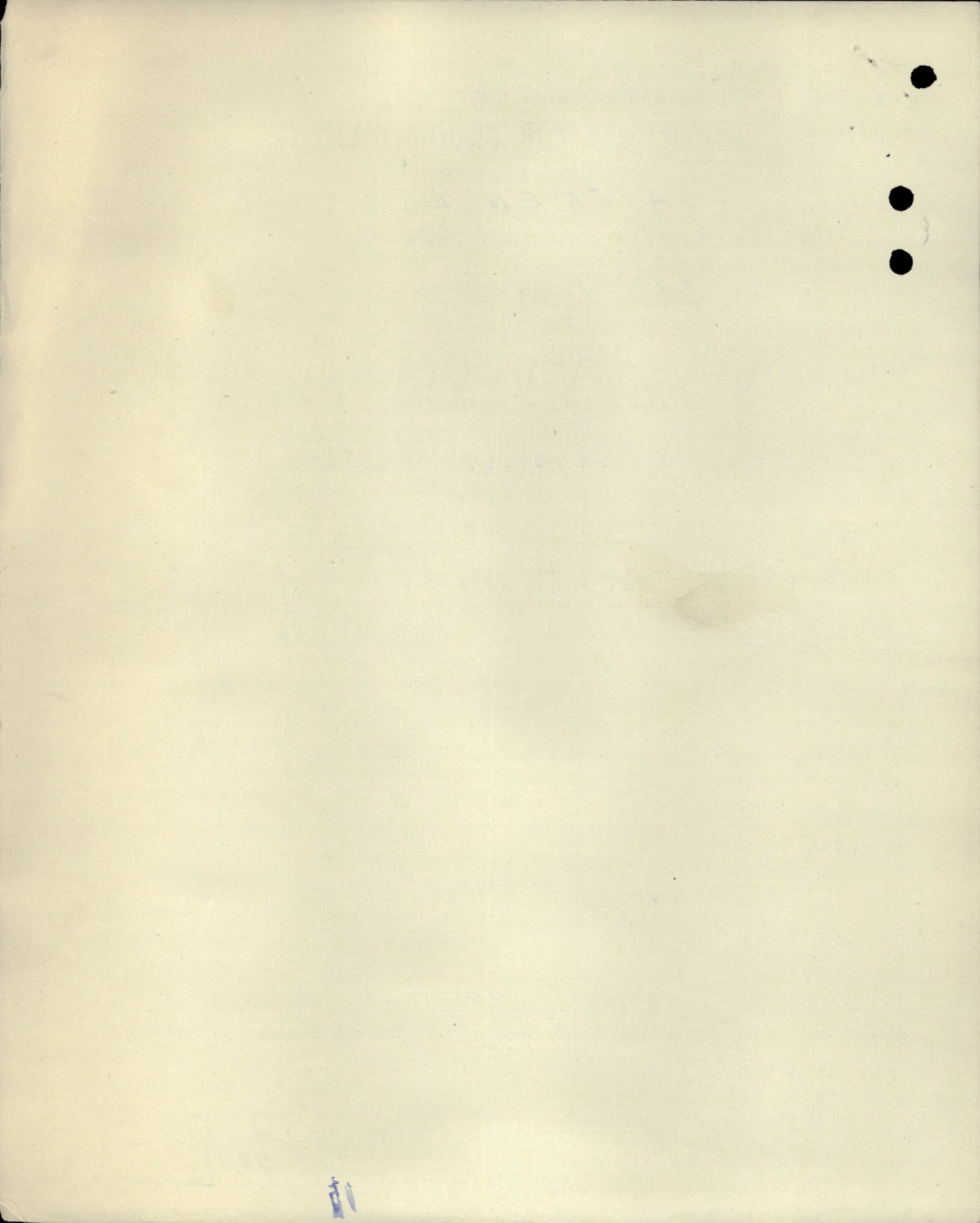
(a) In Canada No.

(b) In England No.

(c) In France Yes.

Signature of Dental Officer \_\_\_\_\_







# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT

#2

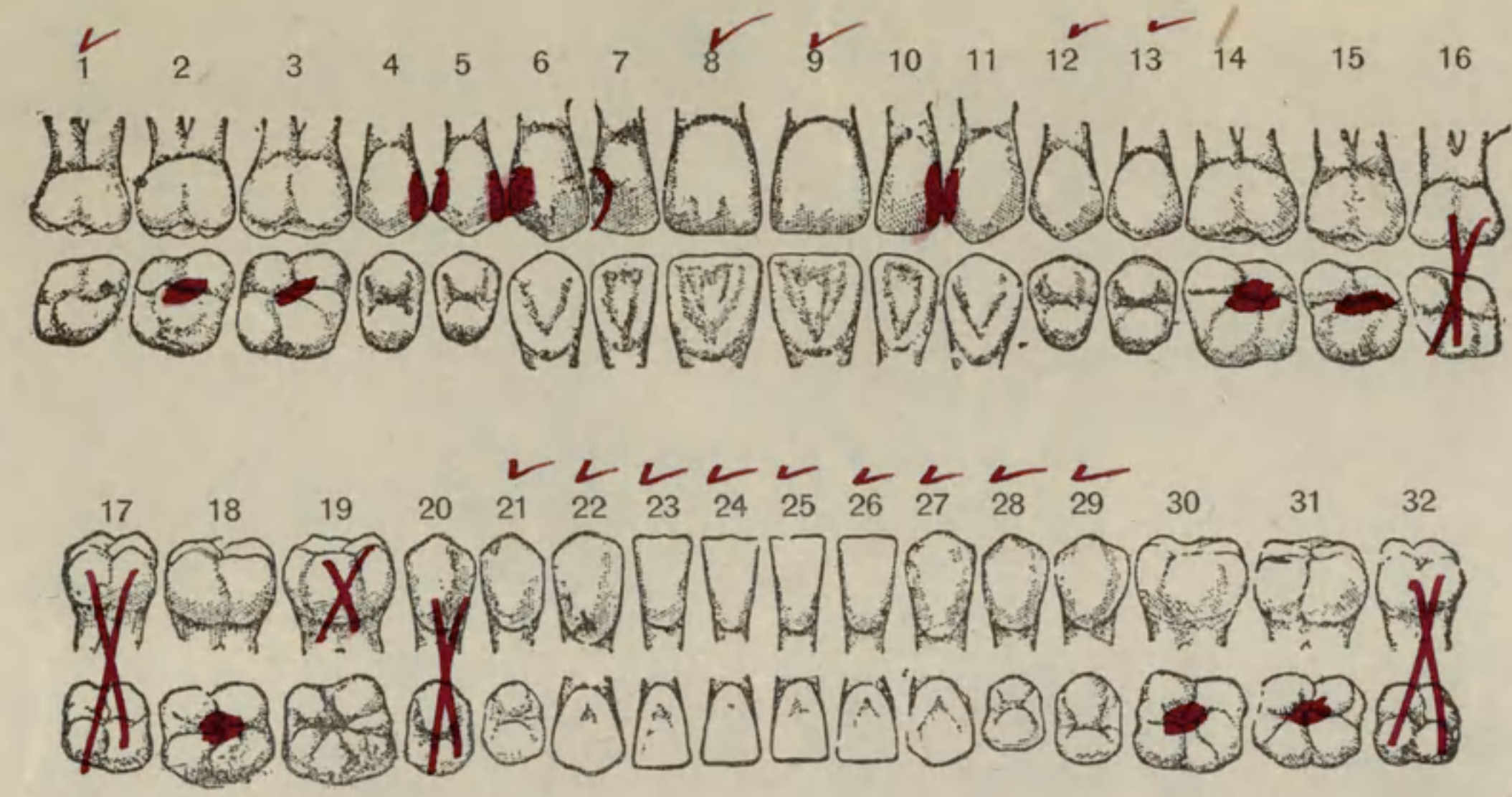
NAME OF SOLDIER

*Wittem C.*

REGIMENT

RANK *Nursing Diater*

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.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap*	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS	
												U	L	P			Gold	Porcelain					
	<i>Sept 11/20</i>																					<i>1 cavity #7 &amp; Ext. #19.</i>	
																							<i>Wittem, Capt Per L.L.S.</i>



1880

1881

DEPT. OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

W. H. ...







DEXTAR HISTORICAL SOCIETY

DEXTAR HISTORICAL SOCIETY  
1000 DEXTER AVENUE  
DEXTER, MISSOURI 64731  
TEL: 417-389-1111  
FAX: 417-389-1112

SHOULD BE KEPT



# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. .... Rank *N/S* ..... Surname *AITKIN* .....  
(Given name in full)  
*ELIZABETH*  
 Unit or Corps *Cavale* ..... Birthplace *KINCARDINE, ONT.*

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

**1. GENERAL DESCRIPTION:**

Physique *Good* ..... Weight *155* lbs. Height *5* ft. *5 1/2* in. Colour of Eyes *Blue*  
 Nutrition *Good* .....  
 Pulse *78* .....  
 Condition of arteries *Normal* .....  
 Vision Rt. *Norm* ..... Left *Norm* .....  
 Hearing (conversational voice) Rt. *Norm* ft. Left *Norm* ft.

Identification marks, scars, or deformities.  
(Give cause and date of origin.)  
*Small mole on back of neck, slightly to the left side.*

Opinion as to general health and physical condition *In good health & condition*

**2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)**

Nervous System *No* ..... Genito Urinary System *No* ..... Cardio-Vascular System *No* .....  
 Special Senses *No* ..... Integumentary System *No* ..... Respiratory System *No* .....  
 Disturbance of mentality *No* ..... Muscular System *No* ..... Digestive System *No* .....  
 Osseous and Joint System *No* ..... Any other general condition *No* .....

**3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.**

*This sister contracted diphtheria when she was on duty in Bologna, France, in January 1917. She was off duty as a result for three months in all.*



**EXAMINATIONS.**

**THIS SECTION FOR USE OVERSEAS—**

Examined at St. John's, Newfoundland (Overseas)  
Date 1st May 1919 Signed E. J. Duncanson Capt. M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature Elizabeth Aiken M.D.

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

**THIS SECTION FOR USE IN CANADA—**

Examined at.....(Canada)  
Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]







## **Instructions.**

---

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.



CONFIDENTIAL.

PROCEEDINGS OF A MEDICAL BOARD

assembled at 76, Strand. on 27-3-17.

by order of A.D.M.S. London Area.

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) N/S. E. Aitken, (Corps) C.A.M.C.

Age 33. Service 18/12 Disability Diphtheria.

Date of commencement of leave granted for present disability 27-2-17.

Date on which placed on half-pay for present disability \_\_\_\_\_

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

~~this N/S. has now recovered from her infection. She has had a month at the seaside and feels much better.~~

86, Strand.

The opinion of the Board upon the questions herein is as follows:—

- (1.) a. Is the officer fit for "General Service"? Yes.
- b. If not so fit, how long is he likely to be unfit? -
- (2.) a. If unfit for General Service, is he fit for service at home? -
- b. If not so fit, how long is he likely to be unfit for service at home? -
- c. If unfit for General Service at home, is he fit for light duty at home? -
- d. If not so fit, how long is he likely to be unfit for light duty at home? -
- (3.) Was the disability contracted in the service? Yes.
- (4.) Was it contracted under circumstances over which he had } Yes.  
      no control? }
- (5.) Was it caused by military service? Yes.
- (6.) If caused by military service, } Infection.  
      to what specific conditions }  
      is it attributed? }
- (7.) If the disability was not caused by military } Not applicable.  
      service, was it aggravated by it? }

Signatures {

- P.G. Goldsmith, Lt-Col., CAMC. President.
- P.G. Brown, Major., CAMC. Members.
- A.H.W. Gaulfeild, Capt., CAMC.

I concur in the findings of the Board of Medical Officers here recorded.

*[Signature]*  
Major D.A.D.M.S. Invalidity For D.M.S. Canadian Contingent

B.M.  
[P.T.O.]



## **Instructions.**

---

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.



# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. N.A. Rank N/S Surname Aitken, Elizabeth  
(Given name in full)  
Beeton, Ont.  
 Unit or Corps C.A.M.C. Birthplace Kingardine, Ont.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

## 1. GENERAL DESCRIPTION:

Physique Good Weight 150 lbs. Height 5 ft. 5½ in. Colour of Eyes Blue  
 Nutrition Good  
 Pulse 78 Regular  
 Condition of arteries Soft  
 Vision Rt. 6/9 Left 6/9  
 Hearing (conversational voice) Rt. 21 ft.  
 Left 21 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin.)

Small mole on back of neck.

Opinion as to general health and physical condition Good

## 2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No  
 Special Senses No Integumentary System No Respiratory System No  
 Disturbance of mentality No Muscular System No Digestive System No  
 Osseous and Joint System No Any other general condition Yes

## 3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Original M.H.S. not available. Nursing Sister states she has been on duty continuously since July 1915. Was on duty in France from June 7, 1916 until March 1919 with the exception of three months when in Hospital and Convalescent Home as a result of DIPHTHERIA (January to March 1917) Heart now normal as to size, rate and rythm. No valve lesion or murmur. Response to Exercise good. After touching toes 10 times pulse rate is 94. Returns to normal in 1½ minutes. Patient says she sometimes has pain under left breast. This was severe some months ago and is gradually disappearing. Subjective only - no Disability. Nursing Sister says she had an attack of Conjunctivitis before enlisting and has had Corneal Ulcer twice since enlisting. No record on M.H.S. Eyes cause no disability at present - no complaint.

(If space is insufficient, continue on back of form.)

(Sgd.) B.E.  
 (Sgd.) E.A.

[OVER]



# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

## THIS SECTION FOR USE IN CANADA—

Examined at DOH Toronto ..... (Canada)

Date .... Sept. 29, 1920 ..... Signed J. J. Edmunds Capt ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature Elizabeth Tucker

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)



Nursing Sister.

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Coxon

Christian Name Elizabeth

Examined on 2 day of Sept. 1915  
at Ottawa

Approved by

Al. Preston

Birthplace { City or Town Kincardine  
County Bruce

Rank Capt. M.O.

Apparent age 32

Trade or occupation nurse

Height 5 Feet 5 1/2 Inches.

Weight 150 Lbs.

Chest measurement { Minimum 38 inches.

{ Maximum expansion 40 inches.

Physical development Very good

Small-Pox Marks

Vaccination Marks { Arm Right Left  
Number 2

When Vaccinated last 1895

(a) Marks indicating congenital peculiarities or previous disease - up. Scar on Rt. leg.

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		<u>27 FEB 1917</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2/9/15</u>	<input checked="" type="checkbox"/>	<u>Al. Preston</u> M.O.
<u>2/9/15</u>	<input checked="" type="checkbox"/>	<u>Ch.</u> M.O.
		M.O.

Enlisted on \_\_\_\_\_ day of \_\_\_\_\_ 1915 at \_\_\_\_\_

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>Came</u>	<u>As Sister</u>		
Transferred to.. ..				

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.

CANADIAN



Granville Rams.

Surname *Quinn* Christian Name *Eileen*

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				
<i>Q. A. Rams Hospital: Yvernet Spa.</i>		22	2	17	24	2	17	<i>convalescent after diphtheria</i>	2	<i>Small dtd home from France after a mild attack of diphtheria.</i>	<i>J. Chisholm M.D. Camp</i>
<i>No. XI CANADIAN GENERAL HOSPITAL</i>		23	3	19	31	3	19	<i>corneal ulcer</i>	9	<i>No operation Discharged to Duty</i>	<i>H. J. Miller. Major Camp.</i>

Duplicate Medical History Sheet posted to here:



R.C. OCT 28 1920

# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

## THIS SECTION FOR USE IN CANADA—

Examined at *Do H. Toronto* ..... (Canada)

Date *Sept 29, 1920* ..... Signed *J. J. Edmondson capt.* ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature *Elizabeth Lichten* .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

Response to Exercise good.  
 after touching toes 10 times pulse rate  
 is 94. Return to normal in 1 1/2 minutes.

Patient says she sometimes has pain  
 under left breast - this was severe some  
 months ago and is gradually disappearing  
 - subjective only. - No Disability.

Nursing sister says she had an attack  
 of conjunctivitis - before enlisting and has  
 had Corneal Ulcer twice since enlisting  
 No Record on M.H.S. Eyes cause no  
 disability - at present - No Complaint.

APPROVED  
 OCT 1920  
 M.F.W. 129  
 1033 (D.P. 500M-11-18.)  
 1772-29-1142. .... Lieut. Col.  
 For A.D.M.S., M.D. 2

*J. J. Edmondson*

APPROVED  
 OCT 6 1920 [OVER]  
*E. Lichten*  
 Lieut. Col.  
 For A.D.M.S., M.D. 2



# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. *N.A.* Rank *N.S.* Surname *AITKEN, ELIZABETH*  
(Given name in full)  
*BEE TON, ONT.*  
 Unit or Corps *C.A.M.C.* Birthplace *Kencardin, Ont.*

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

### 1. GENERAL DESCRIPTION:

Physique *Good* Weight *150* lbs. Height *5* ft. *5 1/2* in. Colour of Eyes *Blue*  
 Nutrition *Good*  
 Pulse *78 Regular*  
 Condition of arteries *Soft*  
 Vision Rt.  $\frac{6}{9}$  Left  $\frac{6}{9}$   
 Hearing (conversational voice) Rt. *2* ft.  
 Left *2.1* ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin.)

*Small mole on  
 Back of neck*

Opinion as to general health and physical condition *Good*

### 2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System *No* Genito Urinary System *No* Cardio-Vascular System *No*  
 Special Senses *No* Integumentary System *No* Respiratory System *No*  
 Disturbance of mentality *No* Muscular System *No* Digestive System *No*  
 Osseous and Joint System *No* Any other general condition *No*

### 3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

*Original M.H.S. not available*  
*Nursing sister states she has been on duty continuously since July 1915. Was on duty in France from June 7, 1916 until March 1919 with the exception of three months when in Hospital & Convalescent Home as a result of DIPHTHERIA. (January to March 1917.)*  
*Heart now normal as to size rate & Rhythm. No valve lesion or murmur*

(If space is insufficient, continue on back of form.)

[OVER]



O.K. 130 R. P. 3. 17.

MILITIA AND DEFENCE

M. F. W. 11a.  
50m.-4-16.  
1772-39-818.

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2. Mrs. E. Aitken

W. Mother  
PAYMENTS.

Name of Soldier Aitken Mary Elizabeth

L. L. Job 310.-Req. 6574.

N.S.

Base Hosp. M.D. #2

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.		A 10977	203	203 R/mailed 25/9/17
Oct.		C 23033	30	T 233 <sup>00</sup> ac. cb. 06 in Cons Ldr M
Nov.		<del>R 25539</del>	<del>30</del>	1 263 R. 25539 ban
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

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.				



O.K. BQR. 8. 3. 17.

MILITIA AND DEFENCE

M. F. W. 112  
50m.-4-16.  
H. Q. 1772-39-818.

### SEPARATION ALLOWANCE

Name Mrs. Euphemia Aitken

Name of Soldier Aitken Mary Elizabeth

Address Paris Station

Regtl. No.

Paris

Rank N. S.

Out-

Corps Base Hosp. M.D. # 2.

Relation to Soldier

To what Corps belonging

wife, child or mother

} W. Mother

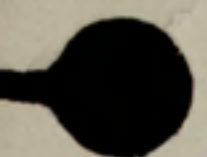
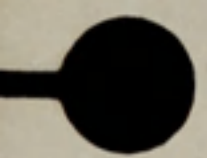
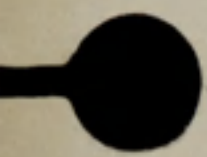
when called out

### PAYMENTS

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









MILITIA AND DEFENCE  
**ASSIGNED PAY**

M. F. W. 12a.  
 60m.-12-15.  
 1772-39-819.

Sheet No. 2.

Royal Bank of Canada  
 Beeton Ont.

OVERSEAS CONTINGENTS

PAYMENTS.

Name of Soldier

*P. to SW*  
 1917  
 Dickinson E.  
 Nur. sister A.M.C. Quinns

L. L. Job 8902.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	✓ 1916	J 229	90-	
May	✓	K 3426	90	
June	✓	L 653	90	
July	✓	A 7200	90	
Aug.	✓	A 11194	90	
Sept.		b 15006	90-	
Oct.	✓	C 19370	90	
Nov.		C 24473	90	
Dec.		b 32686	90	
Jan.	✓ 1917	D 37136	90	
Feb.		D 42665	90	90 Jus
March		W 48759	90	90 L
April		E 193	90	90 L
May		E 6704	90	
June		E 13107	90	90.8.
July		b 20105	90	
Aug.		C 26864	90	
Sept.		F 38176	90	\$ 1940- WDC ✓
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

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.				



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

19<sup>14</sup>/<sub>17</sub> M. F. W. 12.  
 20m.—5-15.  
 H. Q. 1772-39-819.

*2nd Contingent*  
*Bank Account.*

To Whom *Royal Bank of Canada*  
 Address *Beeton 'Out.*

By Whom Assigned *Atkin E.*

Regtl. No.  
 Rank *Nursing Sister*  
 Corps *A.M.C. Reinforcements*

Rate ~~\$35.00~~ **OCT 1 1915**

*90.00 Feb '16 2 m 846/4*

**PAYMENTS**

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Consolidated Account</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>16374</i>	<i>35</i>	
Nov.		<i>R9286</i>	<i>35</i>	
Dec.		<i>59381</i>	<i>35</i>	
Jan.	1916	<i>W. 12043</i>	<i>35</i>	
Feb.		<i>W 11207</i>	<del>35</del> <i>95</i>	<i>— Increased to 90.00 1/8/17</i>
March		<i>415061</i>	<del>95</del> <i>90</i>	



1940  
1800  
1400  
400  
extra

1400

1940  
1800  
1400  
400  
extra

1940  
1800  
1400  
400  
extra



**Casualty Form—Active Service.**

Rank Nursing Sister Regiment or Corps No 2 Can Staty Hosp  
 Surname Aisken Christian Name Elizabeth

Religion \_\_\_\_\_ Age on Enlistment \_\_\_\_\_ years \_\_\_\_\_ months.

Enlisted (a) \_\_\_\_\_ Terms of Service (a) \_\_\_\_\_ Service reckons from (a) \_\_\_\_\_

Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_

Extended { \_\_\_\_\_ } Re-engaged { \_\_\_\_\_ } Qualification (b) \_\_\_\_\_  
 or Corps Trade and Rate \_\_\_\_\_

**W.S.B. class "A"**  
 Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
7.10.15	Doyle Hosp	To S from Matron in charge		6.10.15	P 11 ORD 117
20.2.16	Doyle	Transferred to <sup>Embarked</sup> Canadian Special Hospital		24.2.16	C.O. 342
11.6.16	2 Can Staty	Taken on strength on arrival from England	Outreau	7.6.16	B213. P 11 25 of 21/16
19.1.17	14 Staty Hosp	susp. Diphtheria St. adm	14 Staty Hosp	19.1.17	103034/229
16.2.17	14 Staty Hosp	Diphtheria	Transfd to 14 Gen Hosp	16.2.17	103034/270
16.2.17	14 Gen Hosp	N.Y.D. Sev admitted	"	16.2.17	103034/270
21.2.17	"	Debility Post Diphtheria Sev.	Transfd to England	21.2.17	103034/297
21.2.17	H.S. Princess Elizabeth Sick	Transferred to	"	21.2.17	103083/8459 P 11 17 of 13 1/17

*J. L. King* Lt Col C.A.M.C.  
 for A.A.G. Gen Sect. 3<sup>rd</sup> Ech.  
 G.H.Q.

(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) Signaller, Shoing Smith, &c.

CERTIFIED CORRECT  
 26 MAR 1917  
 CANADIAN RECORDS OFFICE

Certified File  
 AAG FILE  
 10 2 353



*Stunning Letter* AITKEN, Elizabeth

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
7/4/17	D.M.S.	Entered to be a sub. 2d		7/4/17	C.O. 571
7/3/17	D.M.S.	Granted leave by Medical Board	27/2/17 to	27/3/17	C.O. 575
					Franklin MAJ. FOR O.C. RECORDS, G.E.R.
3/4/17	C.A.M.C. D.	S.O.S. to the C.C. Hosp. Uxbridge	Westenhanger	28/3/17	Pt II 10092 CAPT. ASST. ADJUTANT FOR O.C. C.A.M.C. TRAINING SUBSIDI
5-5-14	C.A.M.C. D.	S.O.S. to C.A.M.C. Depot. Westenhanger's Hosp.	Uxbridge &		Pt II O.C. 123- 3/5/17 Adjutant for O.C. Canadian Conv. Hospital, Bilington House, Uxbridge.
6/5/17	Canada Dept.	Taken on strength	Westenhanger	2/5/17	Ct 2-50-126
13-5-17	"	Posted to No 2 Can. Hal. Hosp. (Quebec)		2-5-17	Pt 90-133 DR Fletcher Lieut ASST ADJUTANT FOR O.C. C.A.M.C. DEPOT.
6/5/17	2 Co. Staff	Reinforcement No 121/5/5/5411 (AMM) dt- 73 1/7 K.D. 10633		2/5/17	B 213 Pt II 32 28/5/17



**Casualty Form - Active Service.**

Regiment or Corps *N. 2 ban Staty Hosp*  
 Rank *W/S* Surname *AITKEN* Christian Name *Elizabeth*  
 Religion..... Age on Enlistment..... years ..... months  
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....  
 Date of promotion to present rank..... Date of appointment to lance rank.....  
 Extended { ..... } Re-engaged { ..... } Qualification (b).....  
 or Corps Trade and rate.....  
 Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ..			
<i>1.9.17</i>	<i>2 ban Staty</i>	<i>Granted 14 days leave</i>	<i>Outreach</i>	<i>31.8.17</i>	<i>B213 Pt 48 d/8<sup>9</sup>/17</i>
<i>15.9.17</i>	<i>" "</i>	<i>Rejoined from leave</i>	<i>"</i>	<i>13.9.17</i>	<i>B213 Pt 50 d/26<sup>9</sup>/17</i>
<i>22.12.17</i>	<i>" "</i>	<i>Granted 14 days leave</i>		<i>20.12.17</i>	<i>B213 Pt 1 d/2<sup>1</sup>/18</i>
<i>12.1.18</i>	<i>" "</i>	<i>Rejoined from leave</i>		<i>11.1.18</i>	<i>B213</i>
<i>3.2.18</i>	<i>" "</i>	<i>S.O.S. of N. 2 ban Staty Hosp</i>		<i>29.1.18</i>	<i>B213 Pt 7 d/12<sup>2</sup>/18</i>
		<i>on reporting to N. 1 C.C. S.</i>			
		<i>(auth: DEMS. B/1533/33 d/6<sup>9</sup>/17)</i>			
<i>3.2.18</i>	<i>1 ECC Str.</i>	<i>Top from 2 Cdn. Staty Hq</i>	<i>Field.</i>	<i>20.1.18</i>	<i>B213 Pt 7 d/11<sup>2</sup>/18</i>
<i>28/7/18</i>	<i>1 CCC Str.</i>	<i>Reposted to N. 2 Cdn. Staty Hosp</i>		<i>24.7.18</i>	<i>B213. Pt 20421</i>
		<i>(DEMS. D/6/8/18 d/-29/7/18)</i>			<i>Pt 36 d/-1915</i>
<i>27.7.18</i>	<i>N. 2 ban Staty</i>	<i>S.O.S. of N. 2 ban Staty Hosp</i>		<i>25.7.18</i>	<i>B213 Pt 45 d/13<sup>8</sup>/18</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.



Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
31.8.18	N. 2 Lautsky	Granted 14 days leave		27.8.18	B213 No 53 49-9-18.
14.9.18	" "	Rejoined from leave	Outbreak	10-9-18	B213
8.2.19	2 C.S.H.	Posted to C.A.M.C. General	General	7.2.19	B213 Pro 8 4-4 19
		(Auth: D.M.S. Cdn M-2-9-1 dt. 10.2.19.			K.M. 20421)
		S.O.S. of b. amc General		8-2-19	B213 No 11-1919
17-3-19	Principal Matron home posted to b. a. m. b. casualty	S.O.S. of b. a. m. b. General & England boy, S'cliffe. (Auth: Q.N. 15/58 dt 17/3/19)	England	15-3-19	file # 50027. No 13-1919
					Attested Capt Comd In Lt Col. A. A. G. Cdn Sec.
18-3-19	S.C. # 11 C.S.H.	Attached from Comd R.F.D. on reporting from France	Shorncliffe	11-3-19	Pt. II # 23 18-3-19 Hampshire
					FOR O/D No. XI CAN. GEN. HOS. & MOORE BARRACKS, SHORNCLIFFE
12-5-19		S.O.S. on embarkation to Canada			Refused Matn
					DEPT. OF DEFENSE O. M. F. C.
					H. M. T. NORTHLAND
					EMB. LIVERPOOL 13-5-19
					DISEMB. HALIFAX 23 5 19



Temporary

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

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

500M.—9-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps..... C.A.M.C......

Regimental No..... Rank N/S Name Aitken, Elizabeth  
C. E. F.

Enlisted (a) Aug 30-1915 Terms of Service (a)..... Service reckons from (a).....

Date of promotion to } Date of appointment } Numerical position on }  
present rank } to lance rank } 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				
	O.M.F.C.	T.O.S.#2 D.D.	Toronto	13-5-19	Auth R.O. 1983 Pt.2 D.O. #150
		S.O.S. #2DD on transfer to C.A.M.C. T.D.M.D.#2	Toronto	26-5-19	Auth.H.Q. 392-1-18 dated 2nd June 1919 Pt.2 D.O. #157

*A.M. Turner*  
Major,

For Lieut.-Colonel,  
O.C. No. 2 District Depot.

*Branch Military Hospital Hamilton 4.6.19*

*A.M. Turner*  
Major,

For Lieut.-Colonel,

(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.



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				
11-6-19	D.O. 162	S.O.S. posted to Brant Military Hospital.	Toronto	9-6-19	<i>[Signature]</i> Capt & Adjut C. M. C. T.D.#2
18-10-19		S.O.S. Brant Mil Hosp. Burlington Posted to 180m. Orth. Hosp. Toronto	(90ms) #246		<i>[Signature]</i> LIEUT/ADJT. FOR OFFICER COMMANDING BRANT MILITARY HOSPITAL
31-10-20		S.O.S.D.O.H. on being posted to the AMCTD#2 with effect from 31-10-20.	TORONTO	31-10-20	Auth. ADMS. DO. 246 dated 25-10-20 <i>[Signature]</i> DOMINION ORTHOPAEDIC HOSPITAL CAPT. & ADJUTANT
		S.O.S., CAMC., T.D.#2. On General Demob'n.	Toronto. Ont.	31-10-20.	ADMS., D.O.#246 d/25-10-20.
		O.A., CAMC., T.D.No.2.			<i>[Signature]</i> Lieut-Col. CAMC.



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

## Casualty Form—Active Service.

Unit, Regiment or Corps. *Lt. Col. M. G. H. M. G.*Regimental No. .... Rank *Pl.* Name *Arthur C.*  
C. E. F.

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

Date of promotion to } Date of appointment } Numerical position on }  
present rank } to lance rank } 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				
<i>27 5/19</i>	<i>M.H. G. Ottawa</i>	<b>T.O.S. C.E.F. in Canada on General Demobilization</b>	<b>M.D. No. 2</b>	<i>19 5/19</i>	<b>C.E.F. R.O. No. 1983-19</b>
<i>7-6-19</i>	<i>H. G. Ottawa</i>	<i>Emp'd in Com. with Nus Services</i>	<i>M.D. No. 2</i>	<i>26-5-19</i>	<i>RO 2003-19</i>

*W. H. H. H. H. H.*  
for Director Personal Services

(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.



# Casualty Form - Active Service

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				



NAME

*Aitken E*

REGT. NO.

RANK AND UNIT

*M/Sgt*

*Canada Gen.*

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY



LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

1248  
1254

11 Camden Stone 25.3.19  
Seich 31-3-19

Myd  
y-



Name AITKEN, ✓ Rank N/Str. ✓

Reg. No.

Elizabeth  
Unit CAMC 2 ~~CSH~~ *came Gen.*

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
19-1-17.14	Sty.Hosp.	Boulogne	Susp.Diphtheria	582		
16.2.17	To 14. G.H.	B'logne	Diphtheria	607		
23.2.17	29.9. MNS Hos SW.		Diphtheria (Cont.)	609		
28-2-17	<i>Discharged</i>			617		
25-3-17	11 ban Gun Hosp	Shorncliffe	700			
		N.Y. D.		1245	X	
31-3	<i>Discharged 7003</i>			1254	X	
	<i>granulaty (Book) conjunctivitis</i>			1331	X	







REGT'L No

NAME

*Aitken E.*

H. Q. FILE No. 649-

RANK AND CORPS

*N. 1 Str. C. A. M. C. 2 C. S. 24.*

FOLLOWS

No.

CABLE

NATURE OF CASUALTY

No.

DATE

FOLLOWS



LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
582 <sup>(1)</sup>	14 Stat. Boulogne	19-1-17	Susp. Diphtheria sld
607 <sup>(1)</sup>	Trans. to 14 Gen Boulogne	16-2-17	Diphtheria
609 <sup>3.</sup>	G. A. M. N. S. 71 Vincennes	23-2-17 570	Diphtheria Conv.
614 <sup>(1)</sup>	Discharged	28-2-17	Diphtheria Conv.



No.

RANK

*Nursing Sister*

NAME

*Aitken E.*

T. O. S. 20-7-15  
(July payroll)

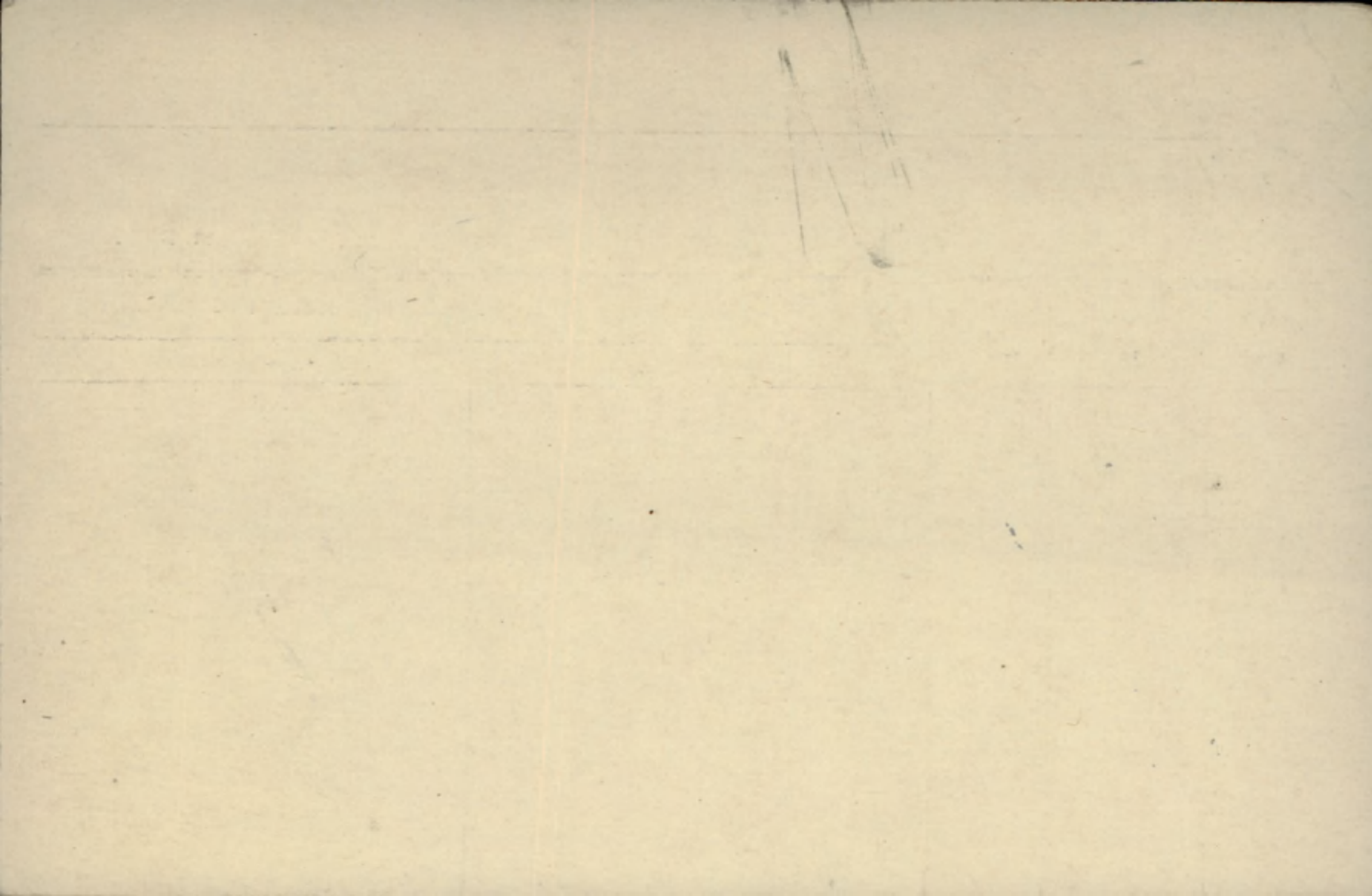
UNIT

*Stationary Hospital A. M. C.*

M. D. *2.*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1915- July 20</i>	<i>1915 July 31</i>	<i>✓ ✓</i>	<i>Stationary Hospital</i>	





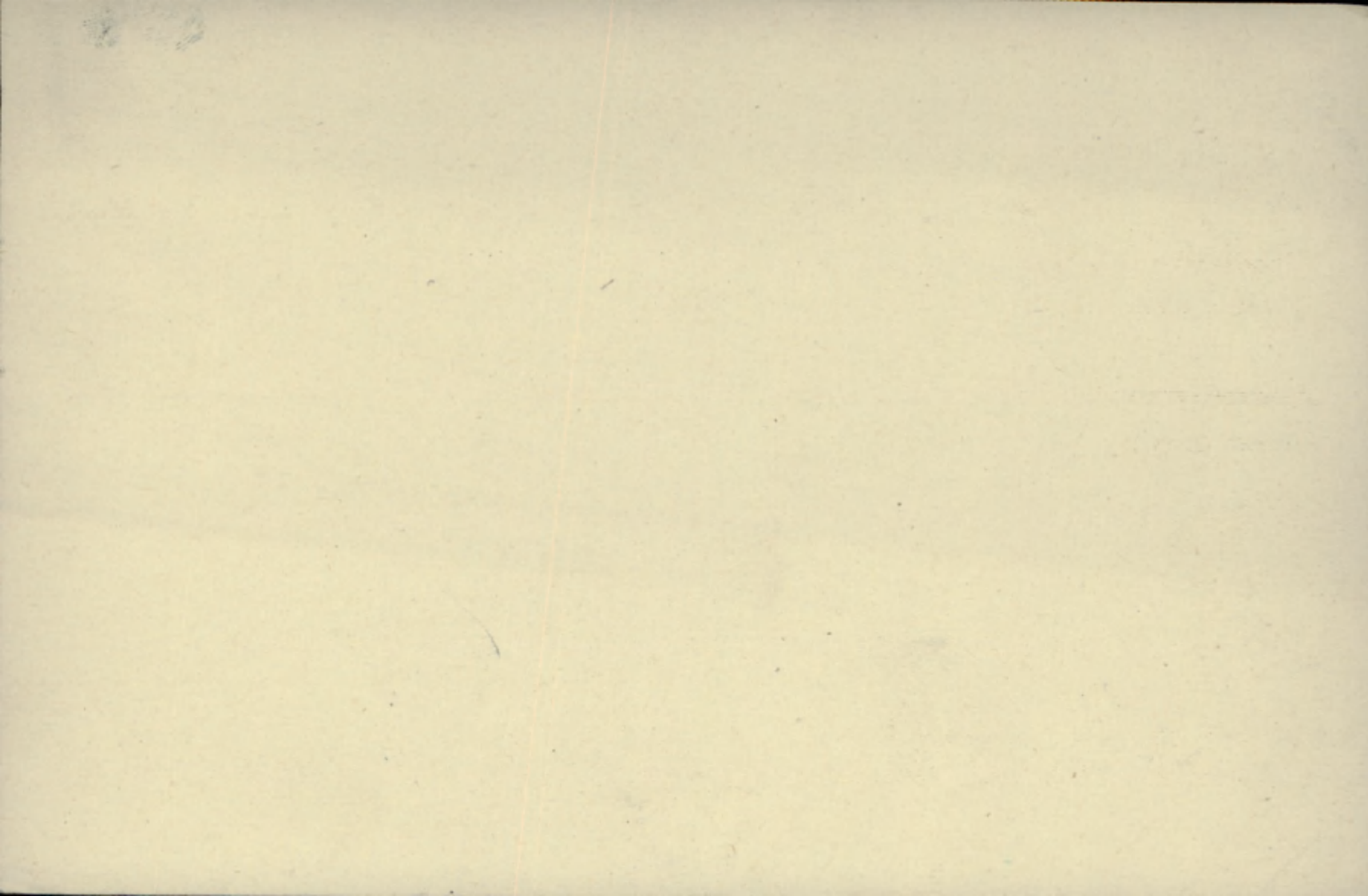


Surname *Aitken* H. Q. ....  
Christian names *Elizabeth* M. D. No. *3* .....  
Regtl. No. .... Rank *N/sister* T. O. S. .... 19....  
Unit *b. a. m. c.* D. O. Pt. II ..... of .....  
S. O. S. .... 19....  
Reason .....  
Auth. ....

Next of kin *Aitken Mrs James* Relationship *mother*  
Address *Beechton Ont.* Also notify: .....

BORN—Place *Canada, Kincardine Ont.* Date *Oct. 4th 1884*  
ATTESTED—Place *Hamilton Ont.* Date *June 28th 1919*  
O/S *27-9-15* R/C *22-5-19 332 WPS*



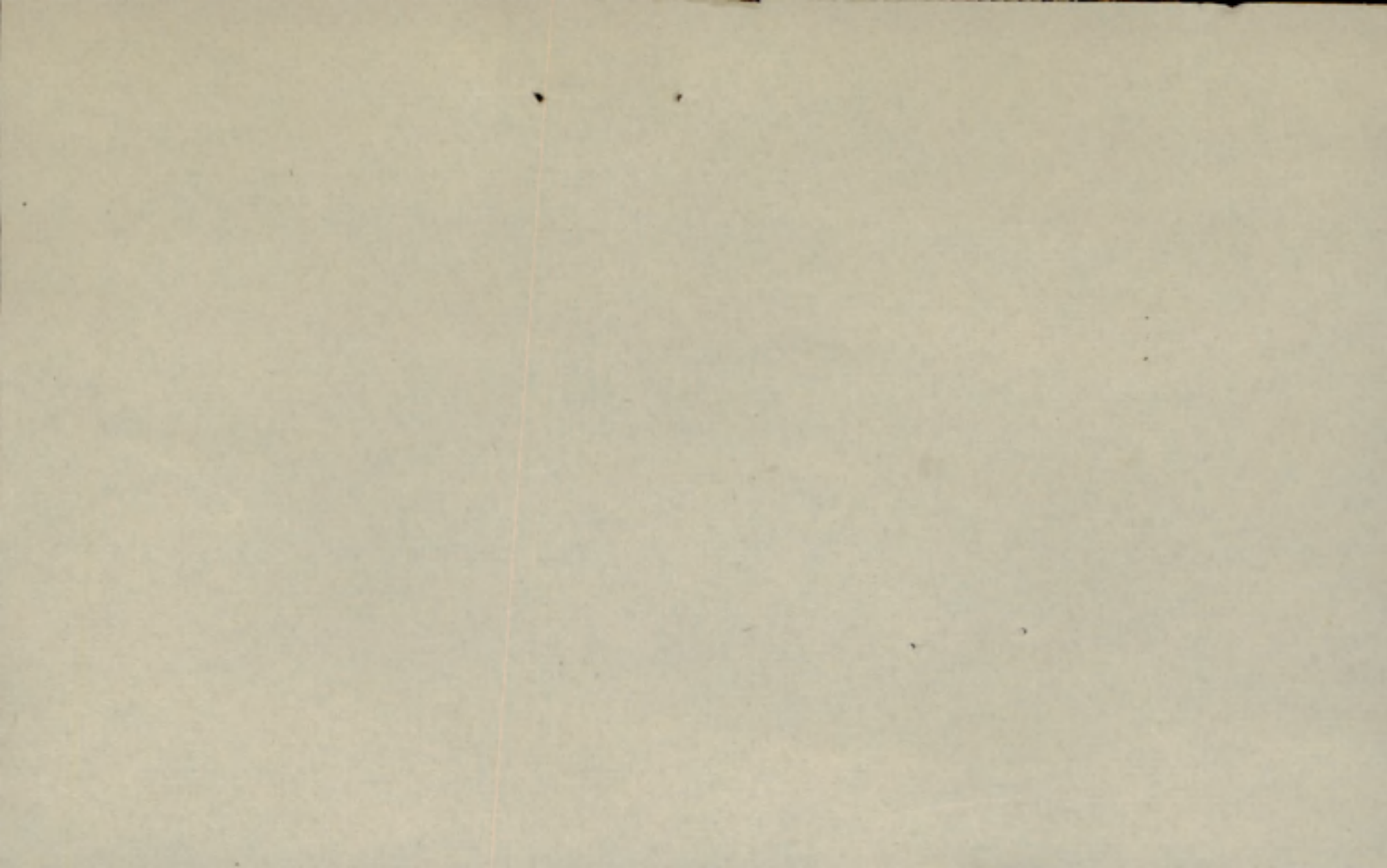




Lo S, - C.A.M.C.  
Place, Toronto, Ont 20-7-15  
auth., (July payroll m.s. # 2)  
Camb (Stat Keep)

---







Date of Enlistment

8/3/17

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

30			
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RATE OF ASSIGNMENT

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## PARTICULARS OF SEPARATION ALLOWANCE

No. \_\_\_\_\_  
 Rank *N. S.* Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_  
 Soldier's Name *Mary Elizabeth Aitken*  
 Battalion *Base Hosp. M.D. #2*  
 Beneficiary *Mrs Euphemia Aitken*  
 Relationship *W. Mother*  
 Address *Paris Station, Paris Ont.*

## PARTICULARS OF ASSIGNMENT

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Change of Address \_\_\_\_\_  
 1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Oct 31-17</i>		<i>233</i>	<i>—</i>	<i>233</i>	
<i>Nov</i>	<i>C 52166</i>	<i>30</i>	<i>—</i>	<i>30</i>	
<i>Dec</i>	<i>C 59890</i>	<i>30</i>		<i>30</i>	<i>C</i>
<i>Jan</i>	<i>F 61141</i>	<i>30</i>		<i>30</i>	<i>S</i>
<i>Feb.</i>		<i>30</i>		<i>30</i>	
		<i>323</i>		<i>323</i>	

Paymaster Paying  
 From 1-2-18  
 To .....

*M.D.#2 Base Hospital*

M. F. W. 128  
400M-5-17-1772-39-1141  
L. L. 22320-M. & D. 7863





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

MILITIA AND DEFENCE

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

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

## PARTICULARS OF ASSIGNMENT

No.

Rank

Promoted

Reverted

Discharge

Soldier's Name

Eattalion

Beneficiary

Relationship

Address

Name

Address

Change of Address

1  
2  
3  
4

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

M. F. W. 128.  
400M-617-1772 30.1141  
L. L. 23320-M. & D. 7988.



Date of Enlistment

4-3-17

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

A. 6321

1st Sept 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

40 <sup>00</sup> / <sub>100</sub>			
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## PARTICULARS OF SEPARATION ALLOWANCE

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

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

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

Battalion *C. A. M. Co. Dft 12*

Eeneficiary \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

## PARTICULARS OF ASSIGNMENT

Name \_\_\_\_\_

Address \_\_\_\_\_

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

1 \_\_\_\_\_

2 BANK OF COMMERCE, % #A412,  
COLLEGE & YONGE STS.,  
TORONTO, ONT. 40 40.00

3 % N.S. MARY ELIZABETH AITKEN  
FORTY DOLLARS

4 \_\_\_\_\_

Date	Cheque No.	Amount S/A	Amount A/P	Total
1918				
Sept	Y 43009		40	40
OCT	A 42463		40	40
NOV	A 50564		40	40
DEC	B 62769		40	40
JAN	B 69977		40	40
FEB	A 77091		40	40
MAR	D 82860		40	40
APR	B 612		40	40
MAY	A 5727		40	40
JUN	A 9149		40	40
JUL	C 11403		40	40
			<u>440</u>	<u>440</u>

REMARKS

157-M-2-

*See Cons. Stop of small. Led*

A/c Closed 31/7/19.

Ret'd per *Olympic*

Date 7/14 F.W. 18/11

Clerk *M.D. 2 Jollis WR0100989.*

**AUDITED.**

AUTHORITY FOR NEW ACCT. } *N.R. M.D. 2 B 5*  
*R. Garry 14-9-18*

M. F. W. 128.  
 400M-47-1772-39-1141  
 L. L. 22320-M. & D. 7993.







Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

# A

934

*Feb. 1/16*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

#90-			
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*Bank Account  
Bank Account.*

### PARTICULARS OF SEPARATION ALLOWANCE

No. \_\_\_\_\_  
 Rank *n.d.* Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_  
 Soldier's Name *E. Aitken*  
 Battalion *A.M.C. Reinforcements*  
 Beneficiary \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Address \_\_\_\_\_

### PARTICULARS OF ASSIGNMENT

Name *The Royal Bank of Canada*  
 Address *Beltov, Ont.*  
 Change of Address \_\_\_\_\_  
 1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_

Date	Cheque No.	Amount S/A	Amount A/P	Total
1917				
Sept.			1940.	\$ 1940.00
Oct.	E 50334		90 -	90 -
Nov	C 52145		90	90
Dec	C 59871		90	90
Jan	F 61123		90	90
Feb.	B 90849		90	90
Mar	G 98125		90	90
Apr	G 7895		90	90
May	A 10826		90	90
June	B 13744		90	90
July	Y 26703		90	90
AUG	A 29182		90	90
SEP	A 35806		90	90
OCT	A 42440		90	90
NOV	A 50541		90	90
DEC	B 62751		90	90
JAN	B 69956		90	90
FEB	A 77076		90	90
MAR	D 82845		90	90
APR	G 598		90	90
MAY	a 5715		90	90
			<u>3740</u>	<u>3740</u>

REMARKS

*153-8-21*

*See small sheet under Aitken (112746)*

A/c Closed *31/5/17*  
 Ret'd per *Northland*  
 Date *23/5/19* M.F.W. 187 *27/5/19*  
 Clerk *M.D. 2 Bellis*

**AUDITED.**

M. F. W. 128  
 400M. 6-17-1772-38-1141  
 L. L. 22320-M. & D. 7893.





Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

## OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

### 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
------	------------	------------	------------	-------	---------



O. G. 19  
D. A. 9

Occupational Group 19  
Dispensal Area D

A. 59

PROCEEDINGS OF AN OFFICER OR NURSING SISTER  
STRUCK OFF STRENGTH  
OF THE  
CANADIAN EXPEDITIONARY FORCE



War Service Badge  
Class 'A' No.

1. RANK	NURSING SISTER
2. NAME	AITKEN Elizabeth
3. UNIT	C.A.M.C.
4. DATE STRUCK OFF STRENGTH	PLACE
5. REASON	<i>Demobilization</i>
6. AUTHORITY	
7. PROPOSED RESIDENCE	Beeton, Ont. Canada

This folder should contain the following documents:

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

- 1. Triplicate Declaration Paper (M.F.W. 51), or Triplicate Attestation Paper (M.F.W. 23).
- 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. Proceedings on Striking off Strength (M.F.W. 2501).
- 7. Last Pay Certificate (P. 41).
- 8. War Service Gratuity Form (M.F.W. 2595).
- 9. Missing Documents.

M/S Aitken E.

M. F. W. 2591.  
20M-11-13.  
1772-59-1380.

*Dispensal Cert.*

H.M.T. NORTHHEAD  
LIVERPOOL 13 5 19 11  
EMB. HALIFAX 23 5 19 11  
DI.EMB.

Group *H.D.*  
Checked by No. *29*  
Date *12-5-19*



*Northland 23/5/19*  
**No. 2 DISTRICT DEPOT**

AUDITOR *GO* PAYMASTER *3*

*PB 1-11-19*

M. OR S.

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

REGT. NO. RANK N/S NAME (IN FULL) *AITKEN ELIZABETH*

NEXT OF KIN <i>Mrs Jas. Aitken</i>	RELATIONSHIP <i>Mother</i>	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F. <i>C.A.M.C.</i>	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS <i>Boston</i>		<i>505 St. on Grand</i>	<i>26 5 19</i>	<i>158 1249</i>	PLACE OF ATTESTATION <i>Niagara Camp</i>	TRANSFERRED TO <i>JULY 1920</i>	DATE
		<i>207 St Grand</i>	<i>9 6 19</i>	<i>103 1800 161</i>	DATE OF ATTESTATION <i>30 Aug 1915</i>	TRANSFERRED TO <i>C.A.M.C. T.A. M.A. 2</i>	DATE
IS SEPARATION ALLOWANCE PAID? <i>No.</i>	DATE EFFECTIVE	<i>20 S.O.H.</i>	<i>18 10 19</i>	<i>122 1893</i>	ASSIGNED PAY \$ <i>90 00</i>	DATE EFFECTIVE <i>1/6/19</i>	AUTHORITY <i>80 159</i>
TO WHOM PAID	RELATIONSHIP				PAYABLE TO <i>Royal Bank of Canada</i>	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS <i>Boston. out.</i>		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED <i>20 points</i>	DATE <i>31/10/20</i>	REASON <i>Demob</i>
							AUTHORITY <i>Memo 8096</i>
							IF ENTITLED TO POST DISCHARGE PAY <i>yes</i>

**C.A.M.C., N.D. No. 2**

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT		NO.	C.	NO.	DATE	NO.	DATE	NO.	DATE	NO.	C.	NO.	C.	NO.	C.	NO.	C.	NO.	C.	
			\$	C.																			
<i>31-5-19</i>																							<i>at by bank 1 May 1919 1st money 13-31/9/19</i>
<i>June</i>		<i>300</i>																					<i>T.O.S.D.O. 150</i>
<i>June</i>	<i>30</i>	<i>190</i>																					<i>of P.A. 27-31-5-19 Matthew Aitken CAPT. PAYMASTER, No. 2 DISTRICT DEPOT</i>
<i>July</i>	<i>31</i>	<i>93</i>																					<i>Chk 19124 - 66" Redeposited 20w 26/5/19 - 8/8/19 58 161 7 p.m. 1st day 7 p.m. New office 1-30-8-19</i>
<i>Aug</i>	<i>31</i>	<i>93</i>																					<i>M.A. 1-31-7-19</i>
<i>Sept</i>	<i>30</i>	<i>300</i>																					<i>M.A. 1-30-9-19</i>
<i>Oct</i>	<i>31</i>	<i>93</i>																					<i>Chk 7 days - 112-66-8-6-07 15<sup>00</sup> M.A. 1-31 Oct</i>
<i>Nov</i>	<i>30</i>	<i>90</i>																					<i>M.A. 1-30-15<sup>00</sup> Nov</i>
<i>Dec</i>	<i>31</i>	<i>93</i>																					<i>15<sup>00</sup> M.A. 1-31 Dec</i>
<i>Dec</i>																							<i>omas all.</i>
		<i>296</i>																					



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

M. OR S. *[Blank]* REGT. NO. *[Blank]* RANK *70/5* NAME (IN FULL) *AITKEN, ELIZABETH*

NEXT OF KIN *Mrs. Jas. Aitken* RELATIONSHIP *M.* ORIGINAL UNIT G.E.F. *[Blank]* IF IN P.F. WHAT UNIT? *[Blank]* (BLOCK LETTERS SURNAME FIRST)

ADDRESS *Boston* PARTICULARS *Leave 6-10-20 To 19-10-20 per Auth. R.O. 411 memo 831* PLACE OF ATTESTATION *[Blank]* TRANSFERRED TO *[Blank]* DATE *JUL 7 - 1920* AUTHORITY *[Blank]*

DATE OF ATTESTATION *30. Aug. '15.* TRANSFERRED TO *[Blank]* DATE *[Blank]* AUTHORITY *[Blank]*

IS SEPARATION ALLOWANCE PAID? *No* DATE EFFECTIVE *[Blank]* ASSIGNED PAY \$ *[Blank]* DATE EFFECTIVE *[Blank]*

TO WHOM PAID *[Blank]* RELATIONSHIP *[Blank]* PAYABLE TO *[Blank]* RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS *[Blank]*

ADDRESS *[Blank]* ADDRESS *[Blank]*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE *[Blank]* EFFECTIVE *[Blank]*

DISCHARGED *[Blank]* PLACE *[Blank]* DATE *31-10-20* REASON *Health* AUTHORITY *mem 96* IF ENTITLED TO POST DISCHARGE PAY *[Blank]*

**C.A.M.C., D. No. 2**

**No. 2 DETACHMENT G.E.F. 56**

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL 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	DEBIT	CREDIT		
1920																				
Jan	31	3	93	7 9 50 20 40	129 90							55				55			74 90	CA 700 Ma. 200 24/11/19 - 4/6/19. changed in comm 1920 20-11-20 22-20-20 24-20-20 26-20-20 28-20-20 30-20-20 31-20-20 1st sub. 200 24/11/19 = 20 40 22-20-20 24-20-20 = 12 days 20 40 27-20-20 29-20-20 = 19 days 20 40 = 38 80
Feb	29	3	87	13 50 3 40	103 90							85				178 80				1340 sub. 1 22/12/20 above Low 1350 MA 3 10/29/20
Mar	31	3	93	15 50	108 50							50				108 50				
Apr	30	3	90	15	105							50				105				
May	31	3	93	15 50	108 50							50				108 50				
June	30	3	90	15 16 80	121 80							60				121 80				16.30 Bill Phil. of Sub. L.A. 26-5-16-8-6-19 Auth. R.O. 703
July	31	3	93	15 50	108 50							60				108 50				
Aug	31	3	93	15 50	108 50							60				108 50				
Sept	30	3	90	15	105							60				105				
Oct	31	3	93	23 80 8 50	125 30							60				125 30				23.80 sub 6-10-20 19-20 500 money
				915	209 90	1124 90						350				1125 90				
				WSG																777 W 2595 on file 777 W 2595 on file
183 days		3	549		549											183				
																366				
																276				
																366				
																459				
																549				
																549				



Olympic 7/7/19 A-98

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

M. OR S. REGT. No. RANK N/S. NAME (IN FULL) **V A I T K E N MARY E L I Z A B E T H**

ORIGINAL UNIT C.E.F. **C.A.M.L.A.** IF IN P.F. WHAT UNIT? **Bank of Commerce, College & George St** (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION **Bank of Commerce, College & George St Toronto** TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION **8/3/19** TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY \$ **40<sup>10</sup>** DATE EFFECTIVE **1/8/19**

PAYABLE TO **credit ac no A-412** RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS **Bank of Commerce, College & George St Toronto**

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE **12/7/19** REASON **Resol** AUTHORITY **D.O.205** IF ENTITLED TO POST DISCHARGE PAY **Yes**

BALANCE FROM PREVIOUS ACCOUNT

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.													
31/7/19																	1/7/19 W.S.G. Cont. M. 10 pas w.s.g. Reb Messg. 1-31/7/19		
Aug 1-		300															T.O.S. D.O. 205		
153 Sept 3-																	W.S.G. 459- 579- 459- 579- AMOUNT DUE SOLDIER DEPENDENT 281- 278- 188- 98- 0		
																	W.S.G. PAID IN FULL		



ASSIGNED PAY.

UNIT.

NAME OF

RATE OF P. AND A.

RANK.

mess  
DATE

AUTHORITY

NAME.

11-a-87

Canada

Beneficiary

Address

Amount.

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

6 a m 6'

Pay 2<sup>nd</sup> pd,

F.A. 1<sup>st</sup>

Messing 1<sup>st</sup>

R/S

16<sup>9/18</sup> Dms 80710<sup>2/9/8</sup>

Name Aitken

Initials Mary Elizabeth

Bank of Montreal  
Tras Sgre

ban.

\$ 40 1<sup>9/18</sup>

add outfit allee. 20. \$100.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918								
Sept 27	Pay R. 1 <sup>9/18</sup> mess for 16 <sup>9/18</sup>	6015060	93					
	Do Do	cash	9204	53		40		
Oct	Oct Pay R.		111	60				
	A P Can				80			
23	Bank	10404		71.60				
Nov	Pay (R.)		140					
	A. P Can.		108		40			
26	Bank	12521		100				
Dec	Dec Pay R.		124					
	A. P Can				40			
18	Bank	13792		84				
Jan 20	A P Can				40			
	Jan Pay (R.)		124					
28	Bank	15564		84				
Feb 10	Feb Pay (R.)		112					
	A. P Can.				40			
24	Bank	17078		72				
March 14	Pay (R.)		124					
	A. P Can.				40			
24	Bank	18657		84				
April 12	April Pay (R.)		120					
	A. P Can.				40			
17	Aspbrakes. 30 <sup>3/19</sup> 1152. list 110. April 16 1558				35			
26	Bank.	1044		79.65				

G. F. erud.



ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount.

\$ 40<sup>00</sup> Can

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

Pay 2. 00

F.A. 1. 00

Messing 1 0

N/S

16 9/18

D Misco

710-420 9/8

Name Aitken

Initials M. C.

Bank of Montreal  
Trasf Sgre

a. outfit allow 1 9/20

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

May 9<sup>th</sup>

Brought Forward

" May Pay (R).

124

" a P ban

40

" 10 Cost of Clin Thermometer 2 9/13. lost 5 May 16 743

30

22 Bank 2593.

83 70

June 1<sup>st</sup> Adv June P & a Bank.

80

13 June Pay (R)

120

16 a Pay (R)

40

26 Adv July P & a Bank.

84

July 16 Pay P.

124

a P ban.

40

Canada  
L.P.C. TRANSFER N.E. LEDGER  
30 6/19 Tapeow

Rep Pa camp  
1200  
84  
RETURNED TO CANADA  
TO 30 31 7/19. Basler

Had for led 4 to led 12. 14 19.



ASSIGNED PAY.

UNIT.

Rates

RANK.

NAME.

Beneficiary

Address

Amount. \$ 90.

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

G.B. Spec Hosp.  
Ramsgate.

Pay 2<sup>xx</sup> pd.  
7 a 1.60 pd.  
mess 1<sup>xx</sup> pd.

R. S

Name

Initials

Bank

Aitken

Elizabeth

of Montreal  
Trafalgar Sq.

add outfit allee 18/18 \$100

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

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

INITIALS

1918

1918-19

1919-20

apl 16

a P ban  
apl Pay (R)

108

90

24

Bank.

1187

18

may 6

may Pay (R)

111 60

10

A P ban

90

23

Bank

2683

21 60

June

June Pay (R)  
a P ban

108

90

10

21

Bank

4166

18

July

July Pay (R)  
A P ban

111 60

90

15

27

Bank

5626

21 60

Aug

Aug Pay R.  
A P ban

111 60

90

13

22

Bank

7258

21 60

Sep

Sept Pay R.  
A P ban

108

90

11

23

Bank

9187

18

Oct

Oct Pay R.  
A P ban

111 60

90

15

23

Bank.

10404

21 60

28

add outfit. allee

100.

Nov

Pay (R)  
A P Can

140  
108

90

26

Bank  
carried forward

12521

50



ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$ 90.<sup>00</sup> Can

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

b. d. Mb Pay 2. 00  
 G. b. spec script d. 1. 00  
 Ramsgate Mess 1.

N/S.

Name Aitken  
 Initials E  
 Bank of Montreal  
 Traf Sqre

add outfit allow 1918

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918	Brought Forward							
Dec	Dec Pay (R) a. P can		124		90			
18	Bank	13792		34				
Jan 20	a. P can				90			
"	Jan Pay (R)		124					
28	Bank	15564		34				
Feb 10	Pay (R) a. P can		112		90			
24	Bank	17078		22				
March 14	Trav 7-8 <sup>19</sup> Pay (R) a. P can	0430	124		90		1-2-6	
24	Bank	18651		34				
15	Trav 8-8 <sup>19</sup> Pay (R) a. Pay can	0644	120		90		2-8-4	
April 26	Bank	10444		30				
May 9	Trav 11-15 <sup>19</sup> May Pay (R) a. Pay can	1337	124		90		3.0.0	
May 2	adv May Pay	1973		34				

RETURNED TO CANADA  
 L.P.C. TO 31.5.19  
 TRANSFER TO MEMBER

To Ledger 12 Feb 5 12/19



ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary *Royal Bank of Canada*  
Address *Beeton Ont*

*J.C. Speer Hoop*  
*Ramsgate*

*Pay \$2.00pa R/S*  
*7A 60*  
*Mess 1.00*

Name *Aitken*  
Initials *A*  
Bank *of Montreal*  
*Trafalgar Sq 178*

Amount. \$ *90<sup>00</sup>*

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

**1917-18**

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1917								
April 21	April Pay (R)		108					
22	A.P. Can				90			
26	Bank	3603						
May 22	May Pay (R)		111 60			21 60		
23	Bank	5476		21 60				
June 8	A.P. Canada				90			
14	June Pay (R)		108			18		
21	Bank	9004		18				
July 19	July Pay (R)		111 60			21 60		
16	A.P. Canada				90			
23	Bank	13092		21 60				
Aug 18	August Pay (R)		111 60			21 60		
20	A.P. Can				90			
20	Bank	17361		21 60				
Sep 14	Sep't Pay (R)		108			18		
11	A.P. Can				90			
20	Bank	21863		18				
Oct 16	October Pay (R)		111 60			21 60		
10	A. Pay Canada				90			
19	Bank	26291		21 60				
Nov 19	November Pay (R)		108			18		
15	A. Pay Canada				90			
15	Bank	30763		18				
Dec	R							

b for.



ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$ 90<sup>00</sup> Can.

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

Pay \$ 2.00pd MS.  
7A 60  
Mess 1.00

Name Aitken

Initials E.

Bank of Montreal  
Trafalgar Sq

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
Dec 7	December Pay (R)		111 60					
8	A.P. Can.				90			
13	Bank	35096		21 60				
Jan	Jan Pay (R)		111 60					
11	A.P. Can.				90			
21	Bank	39501		21 60				
Feb	Feb Pay (R)		100 80					
9	A.P. Can.				90			
19	Bank	40996		10 80				
Mar	March Pay (R)		111 60					
9	A.P. Can.				90			
22	Bank			21 60				



ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$ 90.-

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

*Gl. Spec. H.  
Ramsgate*

*W/S.*

Name *Aitken*  
Initials *E.*  
Bank *Bof Montreal*

*Sick Leave 27<sup>th</sup> 17 - 27<sup>th</sup> 17 SMS 325 - 7<sup>th</sup> 17*

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
------	-------------	---------	-----	-----	-----------------------------	---------	--	----------

**1916-17**

<i>1917 Jan 17</i>	<i>Bro. ford. from old sheet A.P. Can</i>				<i>90</i>	<i>0</i>		
<i>22</i>	<i>Pay Jan</i>		<i>111 60</i>					
<i>25</i>	<i>Bank.</i>			<i>21 60</i>		<i>0</i>		
<i>Feb 13</i>	<i>Pay Feb</i>		<i>100 80</i>					
<i>19</i>	<i>A.P. Can</i>				<i>90</i>	<i>0</i>		
<i>22</i>	<i>Bank</i>	<i>21943</i>		<i>10 80</i>				
<i>March 20</i>	<i>March Pay (R)</i>		<i>111 60</i>					
<i>21</i>	<i>A.P. Can</i>				<i>90</i>	<i>0</i>		
<i>23</i>	<i>Bank</i>	<i>26818</i>		<i>21 60</i>				



ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary *Royal Bank of Canada G. C. Spier N. Kamogata.*  
 Address *Beeton, ont*

*Nursing Sister*

Name *Aitken*  
 Initials *E.*  
 Bank *Bank of Montreal*

Amount. \$ *90<sup>00</sup>*

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

**1916-17**

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case	INITIALS
<i>Apr 22</i>	<i>a. p. can</i>				<i>90</i>			
<i>24</i>	<i>Pay apr th</i>		<i>108</i>			<i>18</i>		
	<i>Bank</i>			<i>18</i>		<del><i>18</i></del>		
<i>May 27</i>	<i>Pay may</i>		<i>111 60</i>					
	<i>a. p. can</i>				<i>90</i>	<i>21 60</i>		
	<i>Bank</i>			<i>21 60</i>		<del><i>21 60</i></del>		
<i>June 17</i>	<i>June Pay (R)</i>		<i>108</i>					
<i>20</i>	<i>a. p. can.</i>				<i>90</i>			
	<i>Bank</i>	<i>3874</i>		<i>18</i>		<del><i>18</i></del>		
<i>July 17</i>	<i>a. p. (can)</i>				<i>90</i>			
<i>19</i>	<i>Pay July (R)</i>		<i>111 60</i>					
<i>25</i>	<i>Bank</i>	<i>4997</i>		<i>21 60</i>		<del><i>21 60</i></del>		
<i>Aug 15</i>	<i>a. p. can.</i>				<i>90</i>			
<i>17</i>	<i>Pay Aug (R)</i>		<i>111 60</i>					
<i>23</i>	<i>Bank</i>	<i>7299</i>		<i>21 60</i>		<del><i>21 60</i></del>		
<i>Sep 18</i>	<i>a. p. can.</i>				<i>90</i>			
<i>19</i>	<i>Pay Sept. (R)</i>		<i>108</i>					
<i>28</i>	<i>Bank</i>	<i>9510</i>		<i>18</i>		<del><i>18</i></del>		
<i>Oct 12</i>	<i>a. p. can</i>				<i>90</i>			
<i>23</i>	<i>Pay Oct (R)</i>		<i>111 60</i>					
<i>27</i>	<i>Bank</i>	<i>11000</i>		<i>21 60</i>		<del><i>21 60</i></del>		
<i>Nov 16</i>	<i>a. p. can</i>				<i>90</i>			
<i>17</i>	<i>Pay nov</i>		<i>108</i>					
<i>24</i>	<i>Bank</i>			<i>18</i>		<del><i>18</i></del>		
<i>Dec 9</i>	<i>a. p. can</i>				<i>90</i>			
<i>12</i>	<i>Pay Dec.</i>		<i>111 60</i>					
<i>18</i>	<i>Bank</i>			<i>21 60</i>		<del><i>21 60</i></del>		
	<i>Ad. ford. to new sheet.</i>							







**Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.**

Date	Brief details, and signature.	
2.9.15	Anti-Typhoid Inoculation	C.E.Preston
13.9.15	Anti-Typhoid Inoculation	C.L.

**Table IV.—Service Table.**

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

RH

Nursing Sister

**ORIGINAL DUPLICATE**

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

**MEDICAL HISTORY of**

Surname A I T K I N Christian Name ELIZABETH

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Kincardin County Bruce

Examined ... on 2nd day of September 1915.  
at Ottawa

Declared Age ... 32 years ... days.

Trade or Occupation ... Nurse

Height ... 5 feet, 5½ inches.

Weight ... 150 lbs.

Chest Measurement { Girth when fully Expanded. 40 inches.  
Range of Expansion 2 inches.

Physical Development ... Very Good

Vaccination Marks { Arm ... Right Left  
Number 2

When Vaccinated ... 1895

Vision ... { R.E.—V=  
L.E.—V=  
(a) Op. scar on right leg

(a) Marks indicating congenital peculiarities or previous disease ...

(b) Slight defects but not sufficient to cause rejection ...

Approved by (Signature) C.E.Preston  
(Rank) Captain Medical Officer.

Enlisted ... at ...  
on ... day of ... 1915.

Joined on Enlistment ... { Corps. CANAC. Regtl. No. N.S.

Transferred to ...

Became non-effective by ...  
on ... day of ... 1915.

The Medical History Sheets of all men proceeding overseas, must be returned to the Medical Officer in charge of the unit to the Federal Office when they leave England.

W. E. WARD,  
Colonel in Charge of Records,  
Canadian Contingents, London.

This Medical History Sheet has been compared with the Corresponding Attestation Paper (Signature) and the Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.



Table II.—Only for Admissions to Hospital or to the Sick List in the Case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of Days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer.
	Day	Month	Year	Day	Month	Year				
Q.A. Nurses Hosp. Vincent Square	22	2	17	24	2	17	Convalescent after diphtheria.	2	Invalided home from France after a mild attack of diphtheria.	F. Charlesworth, Maj. RAMC (WH)