

REGIMENTAL DOCUMENTS

NAME BARNHILL MARY ELIZABETH REGT. NO. n. sister UNIT C.A.M.C. H. Q. FILE NO. 9507

5

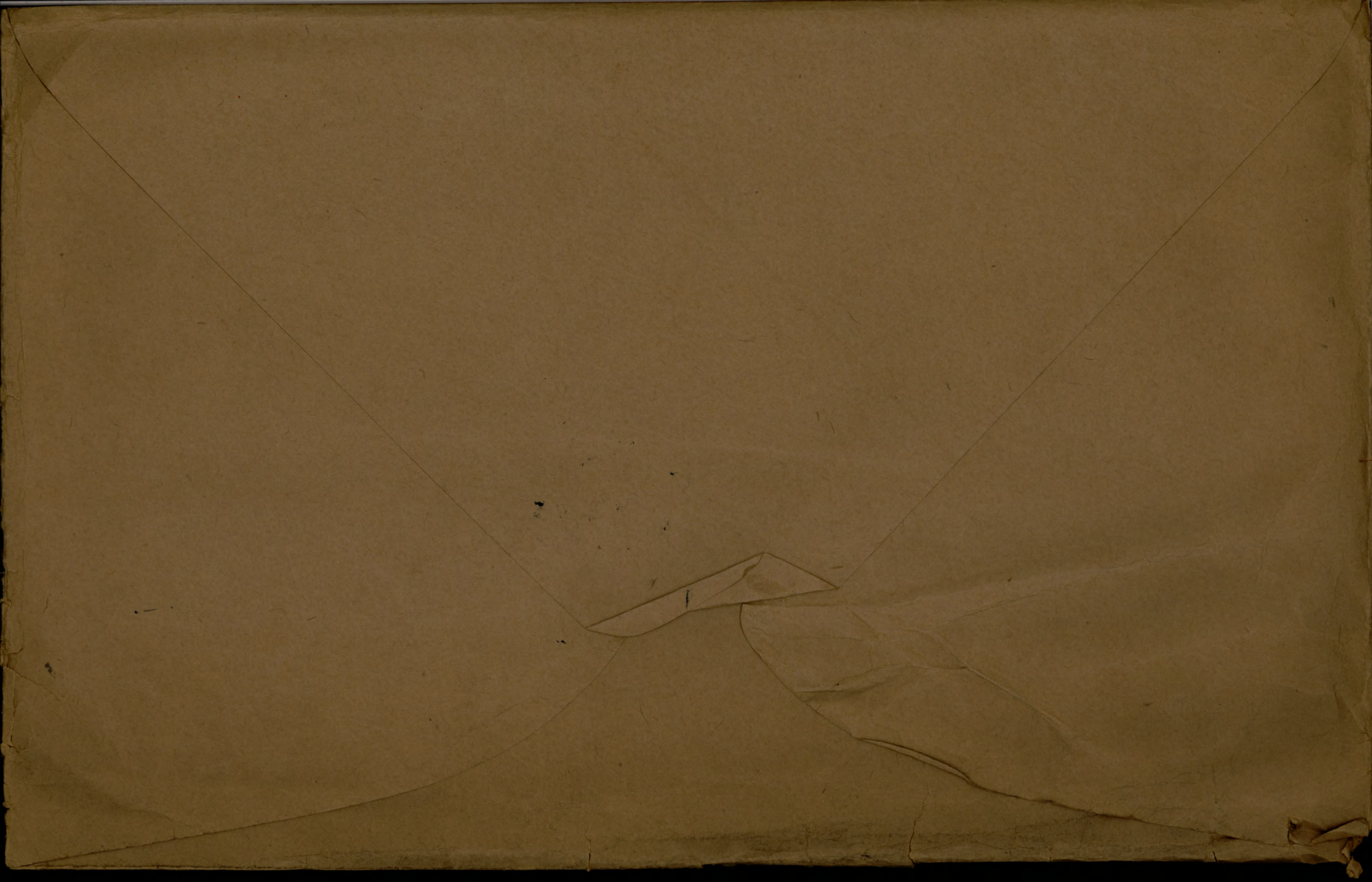
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1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)			8-9-19	Pers - 1098	DEATH
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1 Disp. Cert.					
1 A.F.W. 3212					
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1 Misc					
1 M.F.W. 65					
1 PC					

M

H

Ref. S.S. Polton 26/8/19



Original
ORIGINAL

MEDICAL HISTORY SHEET.

Surname BARNHILL Christian Name MARY ELIZABETH.

Examined { on 16th day of August 1916
at Montreal P.Q.

Approved by A. A. Robinson

Birthplace { City or Town Fairville
County N.B.

Rank Capt M.O.

Apparent age 29

Trade or occupation Graduate Nurse

Height 5 Feet 2 1/2 Inches

Weight 169 Lbs.

Chest measurement { Minimum 35 1/2 inches

{ Maximum expansion 38 inches

Physical development good

Small-Pox Marks

Vaccination Marks { Arm Right 0 Left
Number 2

When Vaccinated last about 10 years ago.

(a) Marks indicating congenital peculiarities or previous disease slight scar outside

R. Hip Chicken pox mark on Chest

(b) Slight defects but not sufficient to cause rejection

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.

Date.	Result.	VACCINATIONS.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>7</u>	<u>7/8</u>	<u>500 mill. mixed</u>
<u>28</u>	<u>7/6</u>	<u>750 mill. best</u>
<u>8</u>	<u>7/6</u>	<u>1,000 mill mixed</u>
<u>7</u>	<u>7/6</u>	<u>750 mill best</u>
<u>8</u>	<u>7/6</u>	<u>1,000 mill mixed</u>
<u>17</u>	<u>7/6</u>	<u>750 mill best</u>

Enlisted on 26th day of July 1916 at Halifax, N.S.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment				
Transferred to	<u>C.A.M.C</u>	<u>Reg</u> <u>Str.</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Beaumont C.G.H.</u> <u>NO. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL</u> <u>ORPINGTON, KENT</u>	<u>5-3-19</u> <u>17 MAY 1919</u>	<u>None</u> <u>Nil.</u>	<u>Fit A. J. Munnald</u> <u>capt.</u> <u>Fit A. A. E. Morgan</u> <u>capt.</u>

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

CANADIAN

Surname *Barnhill*

Christian Name *Mary Elizabeth*

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>Hahyasi R.S</i>	<i>26-7-16</i>										
<i>Montreal. P.Q.</i>	<i>27-7-16</i>						<i>No admissions</i>				

Ch. Church
Major.
A.D.M.S., M. D. No. 4

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 *U/S* Surname *BARNHILL MARY ELIZABETH*
(Given name in full)

Unit or Corps *C.A.M.C.* Birthplace *FAIRVILLE N.B.*

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

1. GENERAL DESCRIPTION:

Physique *Robust* ... Weight *156* lbs. Height *5 ft. 7/2* in. Colour of Eyes *BROWN*.
 Nutrition *Good*
 Pulse *74*
 Condition of arteries *Soft*
 Vision Rt. *6/6* Left *6/6*
 Hearing (conversational voice) Rt. *21* ft.
 Left *21* ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
Vaccination h.t. arm.

Opinion as to general health and physical condition... *Fit. A.*

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.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at hoib. G. S. It. (Overseas)

Date May 17-19

Signed A. E. Morgan 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 Mary E. Barnhill

(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 a Medical Board).

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

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..... Army Medical

(2) Regimental Number

(3) Full Name of Soldier..... Mary Elizabeth Barnhill.

(4) Place of Birth..... Fairville. N.B.

(5) Are you married, or not? X

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

(b) Present Postal Address.....

(7) Are you a widower?

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

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

Also their names and ages.....

(9) Is your Father alive?.....**No.**.....

If so, state name and address.....

(10) Is your Mother alive?.....**Yes.**.....

If so, state name and address.....**Mrs. W. F. Barnhill.**.....

.....**62. Sydney Str. St. John. N. B.**.....

(11) If your Mother is a widow.....**Yes**.....

Are you her sole support, or not?.....**No.**.....

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

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

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

(15) Are you insured?.....**No.**.....

If so, in what Company?.....

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

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

W. Church
.....**Major**
Officer Commanding.

Date.....**16-8-16**.....

fr **A.M.C. M.D. No. 4**

Unit ARMY MEDICAL Rank Sister Name Mary Elizabeth Barnhill

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

DEPT
MILITIA & DEFENCE
AUG 19 1916
H.Q. 392-2-189
CANADA

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? BARNHILL
- (b) What are your Christian Names? MARY ELIZABETH
2. (a) Where were you born? (State place and country) Fairville, N.B.
- (b) What is your present address? 62 Sydney Street, St. John, N.B.
3. What is the date of your birth? 18th August 1887
4. What is (a) the name of your next-of-kin? Mrs. W. F. Barnhill
- (b) the address of your next-of-kin? 62 Sydney Street, St. John, N.B.
- (c) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? Nurse
6. What is your religion? Methodist
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? Army Medical
9. State particulars of any former Military Service Nil
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.

Mary E. Barnhill (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 ^{her} ~~him~~ ^{fit} for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date 16 Aug 1916

Place Montreal

A. A. Johnson
Medical Officer.

*Insert here "fit" or "unfit".

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OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

CERTIFICATE OF MEDICAL EXAMINATION

OF THE CANADIAN OVERSEAS EXPEDITIONARY FORCE

CANADIAN EXPEDITIONARY FORCE

D.T. 7-38.

R.A.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

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

(Name in full)..... **Mary Elizabeth BARNHILL,**

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

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

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

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

CANADIAN EXPEDITIONARY FORCE on the..... **Twenty Sixth**..... day

of..... **May**..... 191..... **6**

He SERVED in CANADA, **England and France with the C.A.M.C.F.S. Shorncliffe; No. 2 Canadian General Hospital; No. 6 Canadian General Hospital; C.A.M.C. Depot Shorncliffe; Granville Canadian Special Hospital, Buxton; C.A.M.C. Casualty Coy., Canadian Convalescent Hospital, Bearwood; No. 16 Canadian General Hospital, Orpington; C.A.M.C. Reserve & Training Depot;**

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

of..... **September**..... 191..... **9** by reason of..... **General Demobilization**

Dated at Ottawa, this..... **Twenty Ninth**..... day

of..... **December**..... 191..... **9**

[Handwritten signature]

..... **Capt.**
..... **For** Director of Personal Services.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to certify that (Rank)

(Name in full)

Entered in

CANADIAN EXPEDITIONARY FORCE on the

day of AND WAS APPOINTED to COMMISSIONED RANK

in

CANADIAN EXPEDITIONARY FORCE on the

day of

HE SERVED IN CANADA

and was STRUCK OFF THE ROSTER on the

day of 191

Dated at Ottawa this

day of 191

Director of Personnel Services

W.S.B. Class A
 Fill in only.—Unit, Number, Rank and Name.

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

350M.—5-16

H. Q. 1772-39-920.

2
 CERTIFIED CORRECT
 6 - NOV. 1916
 CANADIAN RECORD OFFICE

Casualty Form—Active Service.

Unit, Regiment or Corps *M.C. ARMY MEDICAL C*

Nursing

Regimental No. Rank *Sister* Name *Mary Elizabeth Barnhill*

C. E. F.

Enlisted (a) *26-5-16* Terms of Service (a) *Duration of War* Service reckons from (a) *26-5-16*

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

Extended. Re-engaged. Qualification (b) *Nurse*

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>30-8-16</i>	<i>Canada.</i>	<i>Arrived England posted C.A.M.C. 75 To No 2 Can. Gen. Hosp.</i>	<i>Le Treport.</i>	<i>30-8-16</i>	<i>D.M.S.C.O. 1898. dt 10-16</i>
<i>7-10-16</i>	<i>D.M.S</i>				
<i>15/10/16</i>	<i>2 C.G.H</i>	<i>Taken on strength on arrival in France aut. 11/10/16/12/12/15/13/33 (AMSDH) dt 30/9/16.</i>	<i>"</i>	<i>8/10/16</i>	<i>MAJOR, B213 FOR COL. 1/2 RECORDS, B.E.F. dt 21/10/16</i>
<i>10/6/17</i>	<i>"</i>	<i>Granted 14 days leave</i>	<i>"</i>	<i>8/6/17</i>	<i>" " 37 dt 19/6/17</i>
<i>24/6/17</i>	<i>"</i>	<i>Returned Unit.</i>	<i>"</i>	<i>23/6/17</i>	<i>" " 40 5/7/17</i>
<i>23/9/17</i>	<i>"</i>	<i>Posted to No 6 Can Gen Hosp Dyms B 1523/40 dt 16/9/17</i>	<i>"</i>	<i>21/9/17</i>	<i>" " 55 30/9/17</i>
<i>23/9/17</i>	<i>6 C.G.H</i>	<i>Taken on strength</i>	<i>"</i>	<i>22/9/17</i>	<i>" " 50 30/9/17</i>
<i>23/12/17</i>	<i>"</i>	<i>Granted 14 days leave</i>	<i>"</i>	<i>90/12/17</i>	<i>B213 dt 67 31/12/17</i>
<i>13/1/18</i>	<i>"</i>	<i>Returned Unit.</i>	<i>"</i>	<i>3/1/18</i>	<i>" " "</i>
<i>3/2/18</i>	<i>"</i>	<i>Granted 3 days leave</i>	<i>"</i>	<i>27/1/18</i>	<i>" " 7 dt dt 2/18.</i>
<i>"</i>	<i>"</i>	<i>Returned Unit.</i>	<i>"</i>	<i>30/1/18</i>	<i>" " "</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.
 (b) e.g. Signaller, Shoering Smith, etc., etc., also special qualifications in technical Corps duties.

Hon-Lieut & Mrs. Barnhill, Mary Elizabeth

C.N.M.C.

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				
3.5.18.	Can/Ret.	Posted to C.A.M.C Depot Shorncliffe. (Recalled. (Authy: Can/Ret. Tel no 30-387. d/ 3.5.18.		21.5.18	KD 28166. P/O no 24 d/24 5/18 St A Christie Capt for Lt. Col. A. A. G. Canadian Section, G. H. O, 2nd Echelon, B. E. F.
31-5-18	Cancelled.	Y.O.S. from No 6 bldg	Schiffe	22.5.18	P/O 157 (C.O. 630)
do	do	No 6 bldg Deaton	do	25.5.18	P/O 157 (C.O. 630) J. Stensrud
24-5-18	G. b. S. H.	Y.O.S. from C. N. M. C. G.	Duxton	25-5-18	P/O DO 91.
6-9-18	"	On leave 9-9-18 to 25-9-18	"	9-9-18	P/O DO 120.
24-9-18	"	SO. to C.A.M.C Cas Depot.	"	25-9-18	P/O DO. 123. Major came
1.10.18	bambas	SO.S from bldg	Schiffe	25.9.18	P/O DO 125
do.	do.	On leave bldg Bearwood	do	do	do
4.10.18	do	basis	do	2.10.18	P/O DO 128
do	do	SO.S to	do.	do	do
24-10-18	Cancelled	T.O. Son being Posted for duty from C.A.M.C Cas Coy.	Bearwood.	1-10-18	P/O DO No 300
14-3-19	do	SO.S on being Posted for duty to No. 16 C/ Hospital Extington	do	17-3-19	P/O DO No 46 Lt. Col. came de. Bearwood

Casualty Form—Active Service.

Regiment or Corps..... *Caml*
 Rank *N/S.* Surname..... *Barnhill* Christian Name..... *M. C.*
 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>17.3.19</i>	<i># 16 B & H.</i>	<i>Attached from Camce R.O.T. Depot.</i>	<i>Orpington</i>	<i>1/4/19</i>	<i>Pt. II DO. 48.</i>
<i>30.4.19</i>	<i># 16 B & H.</i>	<i>T.O.S. in being posted from Camce R.O.T. Depot.</i>	<i>"</i>	<i>4/5/19</i>	<i>Pt. II DO. 107</i>
<i>13/8/19</i>	<i>16 B & H</i>	<i>S.O.S. D.O.R.F. D.B. in Embarked for band.</i>		<i>13/8</i>	
<i>AUG 26 1919</i>	<i>Embarked Liverpool</i>				
<i>SEP 4 - 1919</i>	<i>Disembarked New York</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.
 (b) Signaller, Shipping-Smith, Co.
 W.F. 2133—REVISED 1909 & 1912 (REVISED BY T. & M. L.M. Revised B/103 5/1933.) I.P.T.O.

Rep

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

10-9-19

M.H.Q.
Ottawa

T.O.S. C.E.F. in Canada
on General Demobilization

M.I.D. No. 76-8-19

C.E.F.

R.O. No. 2168-19

13-9-19

M.H.Q.
Ottawa

S.O.S. C.E.F. in Canada
on General Demobilization

M.I.D. No. 11-9-19

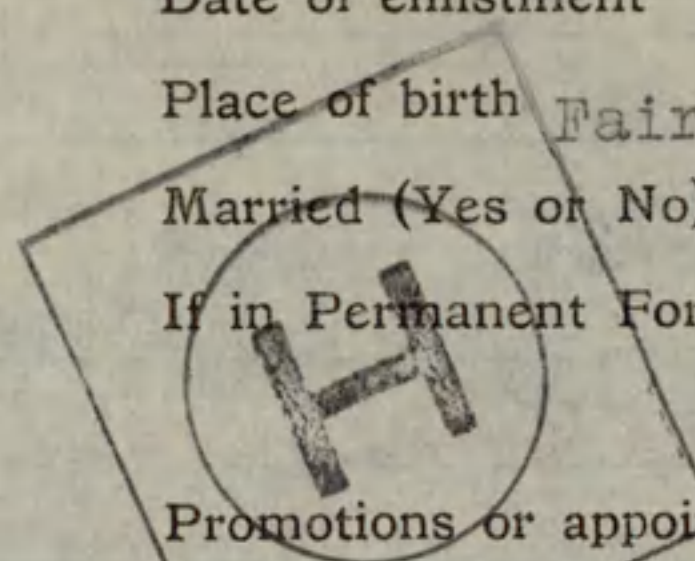
C.E.F.

R.O. No. 2173-19

W. Hunter, Capt
for Director Personal Services

ET

Rank and Name **BARNHILL, Mary Elizabeth** ✓ Nursing-sister ✓
 Regimental No. Name and Address of Next-of-Kin **Mother.** ✓
 Unit **DftC. M.C. Nursing-sister.** ✓ Mrs W.F. Barnhill. ✓
 Date of enlistment **26 May 16** 62, Sydney St. St. John.
 Place of birth **Fairville. N.B.** ✓ New Brunswick. Canada ✓
 Married (Yes or No) Date and place of discharge
 If in Permanent Force Reason for discharge
 Promotions or appointments **left Canada 1918-16 7mo 1/2** **7.5.30** **1918**



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				
6-9-16	D.M.S.	Taken on Strength having arr. p. Can † posted to C.A.M.C T.S.		30/8/16	C.O. 1656
11-10-16	D.M.S.	Transf'd to No 2 Gen. C. Hp.		4-10-16	C.O. 1878. D.O. 5293.
21-10-16	* 2 Gen. C.H.	Taken on Strength		8-10-16	Pt. 11 ord. 65
21-6-17	* 2 C. Gen. H.	Granted 14 days leave fr.		8-6-17	Pt. 11 ord. 34
30-9-17	6 Can Gen	Posted from No 2 C.G. to No 6 Can Gen		22-9-17	Pt. 9/50
31-12-17	- do -	Granted 14 days leave		20-12-17	Pt. 11/64
29-5-18	D.M.S.	Posted to CAMC Depot from 6.C.G. Hp.		22-5-18	60630.
do	do	Posted to Gran Can Hp Hp Buxton		25-5-18	60630.
1 to 6-9-18	Gran C.S.H.	Granted leave from 9-9-18 to		25-9-18	Pt. 11 ord. 120.
21 to 27-9-18	- do -	S.O.S. on posting to CAMC. Cas. Dep.		25-9-18	Pt. 11 ord. 123.
1-10-18	Cas. Dep. Sec	T.O.S. on posting from Gran C.S.Hp.		25-9-18	Pt. 11 ord. 125
		"On Command" to CCH. Bearwood.		25-9-18	

A.F.B. 103
2087 NOV. 1916

A.F.B. 103.
81 MAY. 1918

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				
4-10-18	Can. Dep. Sec CCH troops	Leaves Command to CCH Bearwood & SOS. To that unit		1-10-18	Pt. ord. 128.
27-10-18	Bearwood	Leaves to be att. & T.O.S. from Camc. Cas. Coy		1-10-18	Pt. ord. 300. amended by Pt. ord. 94.
17-3-19	do Camc	S.O.S. on being posted to 16 CCH ^{Camc. ROT. Dep.} Driflington		17-3-19	Pt. ord 76
2-4-19	do R & I Dep	T.O.S. on posting from Camc Cas Coy		17-3-19	Pt. ord 92
		On command to 16 CCH Driflington		10-3-19	
2-5-19	do	S.O.S. & posted to 16 C. G. H.		30-4-19	Pt. II O. 122.
7-5-19	16 CCH	Leaves to be attached on being T.O.S. on posting from Camc. ROT. Dep.		30-4-19	Pt. ord. 107.
30-8-19	D. G. M. S.	SOS to C. G. H. in Canada		26-8-19	C.O. 112.

Sailed for Canad 26 8 19 SS CELTIC S L 109

SOS - 11 Sep 19

22670

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) BARNHILL W.E.

REGIMENT C.A.M.C. RANK PLUT. No. NS.

Date of Examination in England 6/3/18 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
- 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
- (b) In England YES
- (c) In France

Signature of Dental Officer [Signature]
Cap C.A.D.C.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

CRIMINAL DIVISION
WASHINGTON, D.C.
BARNHILL
N.E.
22

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

REPORT OF THE AGENT IN CHARGE
OF THE FIELD OFFICE
ON THE PROGRESS OF THE INVESTIGATION
DURING THE PREVIOUS MONTH

Signature of Special Agent in Charge
Date

Report No. 2030e

Army Form W. 3212.

(In books of 100)

Regtl. No., - }
Rank and Name } _____ Age _____ Corps _____

Disease _____ Hospital _____

To Officer i/c Laboratory. _____ Ward _____

Please carry out an examination of the accompanying specimen of _____
with special regard to _____

Nos. of previous Reports (if any) _____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date May 9, 1919 _____ O. i/c _____ Ward _____

LABORATORY REPORT.

M. E. Baruhell

For Medical Board

Amber

Acid

S.G. 1020

Alb. 0

Sugar 0

Date of Examination 9/5/19

O. i/c Laboratory.

Date of Examination

11/1

LABORATORY REPORT

Date

Q. No.

11/1

Specimen No.

In addition to the above, a reference to the history of the specimen or the nature of the problem is given in the report.

with a view to the

Please copy out an examination of the specimen of the following description of the material submitted for examination:

Name

Quantity

Block No.

Case

Code

Report No.

11/1 11/1 11/1

(October 1960)

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Inc 23

EMW

To Whom Mrs. W. J. Barnhill

By Whom Assigned Barnhill, M. E.

Address ~~62, Sydney St~~
Fairville St John, N. B.


Regtl. No.

Rank *Nursing Sister,*

Corps *Army, Medical,*

Rate ~~\$40~~ *\$50.⁰⁰ Aug 1st/17*
SEP 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>① 2M 16/8/17 O.P.D. 17/8/17</i> 
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

100-100-100

100-100-100
100-100-100
100-100-100
100-100-100

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-6-16.
 1772-39-319.

Sheet No. 2. Mrs W. F. Barnhill,

Name of Soldier Barnhill, M. E.

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

PAYMENTS.

Nursing Sister, Army Medical.

Month.	Year.	Cheque No.	Amt.	Remarks.
				\$40.00 50.00 Aug 1st/17 SEP 1 1916
April	1916			
May				
June				
July				
Aug.				
Sept.		P 17051	40	
Oct.		P 21652	40	
Nov.		O 24415	40	
Dec.		C 33734	40	
Jan.	1917	K 37320	40	
Feb.		V 12609	40	40 R 4 42609 Jan 17
March		3 48901	40	40 E.
April		N 281	40	40-L
May		X 6617	40	
June		B 14375	40	40 W ✓
July		Y 19950	40	
Aug.		2 29099	50	\$59.00 Aug of future at Fairville, St-John's. NB. 20-7-17 pd.
Sept.		X 33870	50	lu
Oct.		4 47737	50	5-40 4 7737 cancelled
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Lell
 Lell
 K29098
 mrc

~~Cancelled~~
 B 338401

5-40 4 7737 cancelled

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.				

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch **B**

2178

Sept. 1, 1916.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>40-</i>	<i>50</i>		
------------	-----------	--	--

hvd

PARTICULARS OF SEPARATION ALLOWANCE

No.
 Rank *N. Sister* Promoted Reverted Discharge
 Soldier's Name *M. E. Barnhill*
 Battalion *Army Medical*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. W. F. Barnhill*
 Address *62 Sydney St. St. John N.B.*
 Change of Address
 1 *Parville St.*
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Sept 30/17</i>			<i>540</i>	<i>540</i>	<i>907-m-3</i> <i>\$50 Aug. 1/17.</i>
<i>Oct.</i>	<i>K 47738</i>		<i>50</i>	<i>50</i>	
<i>Nov.</i>	<i>C 54173</i>		<i>50</i>	<i>50</i>	
<i>Dec</i>	<i>D 57678</i>		<i>50</i>	<i>50</i>	<i>Di.</i>
<i>Jan</i>	<i>V 65130</i>		<i>50</i>	<i>50</i>	<i>E.B.D</i>
<i>Feb</i>	<i>B 94108</i>		<i>50</i>	<i>50</i>	
<i>Mar</i>	<i>A 93435</i>		<i>50</i>	<i>50</i>	<i>✓</i>
<i>April</i>	<i>J 8142</i>		<i>50</i>	<i>50</i>	
<i>May</i>	<i>C 11574</i>		<i>50</i>	<i>50</i>	<i>R</i>
JUN	<i>B 19864</i>		<i>50</i>	<i>50</i>	
JUL	<i>y 32918</i>		<i>50</i>	<i>50</i>	
AUG	<i>B 31204</i>		<i>50</i>	<i>50</i>	
SEP	<i>B 35991</i>		<i>50</i>	<i>50</i>	
<i>Oct.</i>	<i>A 49115</i>		<i>50</i>	<i>50</i>	
<i>Nov</i>	<i>A 57199</i>		<i>50</i>	<i>50</i>	
<i>Dec</i>	<i>B 67260</i>		<i>50</i>	<i>50</i>	
<i>1919</i>	<i>B 76082</i>		<i>50</i>	<i>50</i>	
FEB	<i>D 76966</i>		<i>50</i>	<i>50</i>	
MAR	<i>D 88050</i>		<i>50</i>	<i>50</i>	
APR	<i>C 4794</i>		<i>50</i>	<i>50</i>	
<i>May</i>	<i>B 5177</i>		<i>50</i>	<i>50</i>	
JUN	<i>B 8958</i>		<i>50</i>	<i>50</i>	
JUL	<i>A 12665</i>		<i>50</i>	<i>1640 50</i>	<i>Over.</i>

30/19/19
 A/c Closed *Beltic*
 Ret'd per *16/19*
 Date *4/9/19* M.F.W 187
 Clerk *md 7 Hollins (1076196)*
AUDITED. *a*

M. F. W. 128
 400M.-6-17-1772-38-1141
 L. L. 22320-M. & D. 7585.



Date of Enlistment

MILITIA AND DEFENCE

B 2178

Date of Assignment

Separation and Assigned Pay Branch

19.16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

	50		
--	----	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. _____
 Rank *Surgeon* Promoted _____ Reverted _____ Discharge _____
 Soldier's Name *M. E. Barnhill*
 Battalion *Army Medical*
 Beneficiary _____
 Relationship _____
 Address _____

PARTICULARS OF ASSIGNMENT

Name *Mr W. F. Barnhill*
 Address *Fairville St. John*
 Change of Address *W.B.*
 1 _____
 2 _____
 3 _____
 4 _____

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1919</i>			<i>1690</i>	<i>1640</i>	
<i>Aug</i>	<i>13119 B</i>		<i>50</i>	<i>50</i>	
<i>Sept</i>	<i>7395 A</i>		<i>50</i>	<i>50</i>	
			<i>1740</i>	<i>1740</i>	

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

nurse

RELIGION

methodist

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Montreal

DATE

Aug. 16th 1916.

Present Address: 62 Sidney St., St John
N. B.

SURNAME.

Barnhill

746 CARD NO.
10811-9-19
FOLD
RW 2173 9/13/97

CHRISTIAN NAMES

Mary Elizabeth

REGL. No.

RANK

Nursing Sister

UNIT

C. A. M. C.

FORMER CORPS

nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Barnhill Mrs. H. F.

RELATIONSHIP TO SOLDIER

Mother

ADD

Fairville, St. John, N. B.

E.C.

S.A.A.P. 26-7-15.

COUNTRY OF BIRTH

Canada, Fairville, N. B.

DATE

Aug. 18th 1887

PLACE OF ATTESTATION

DATE

01

R.I.C. 4-9-19 400 21/5.

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

Number _____ Rank *N/S* *B*

Surname *BARNHILL*

Christian Name *MARY ELIZABETH*

Units _____ Theatre of War *FRANCE*

Date of Service *7-10-16*

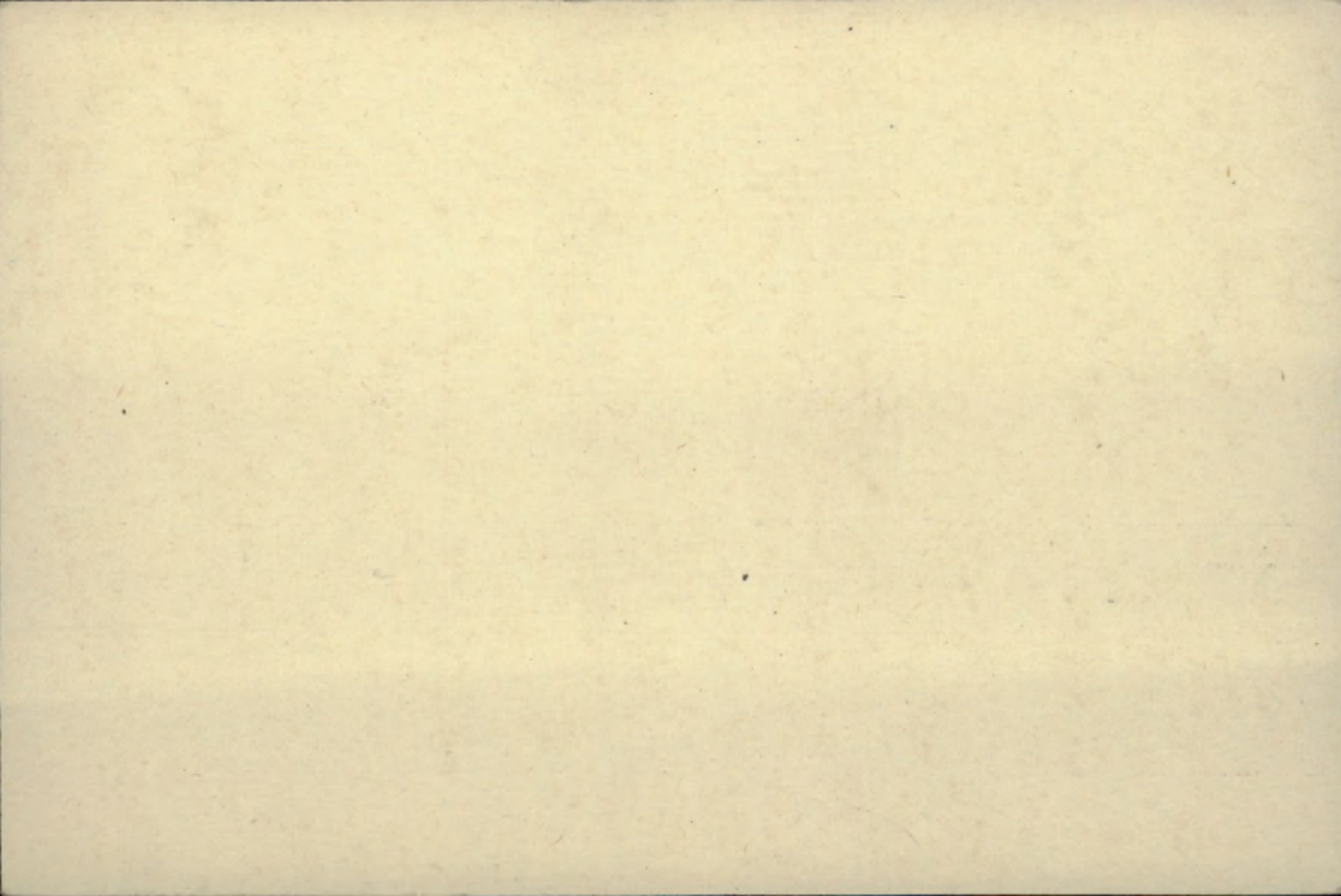
Remarks *Lancaster Hospital, West St. John, N.B. 17/23*

Latest Address *Fairville*

St. John N.B.

Roll No. _____

200m.-6-21... *Page 22404*



No.

RANK *1st Lt.*

NAME *Barnhill M. E.*

T. O. S.

UNIT *Army medical corps (Reinforcements)*

M. D. *4*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1916 July 26</i>	<i>1916 Aug. 31</i>	<i>L</i>		

Occupational Group 19

Dispersal Area "C"

W. S. B. - CLASS A.

PROCEEDINGS OF AN OFFICER OR NURSING SISTER
STRUCK OFF STRENGTH

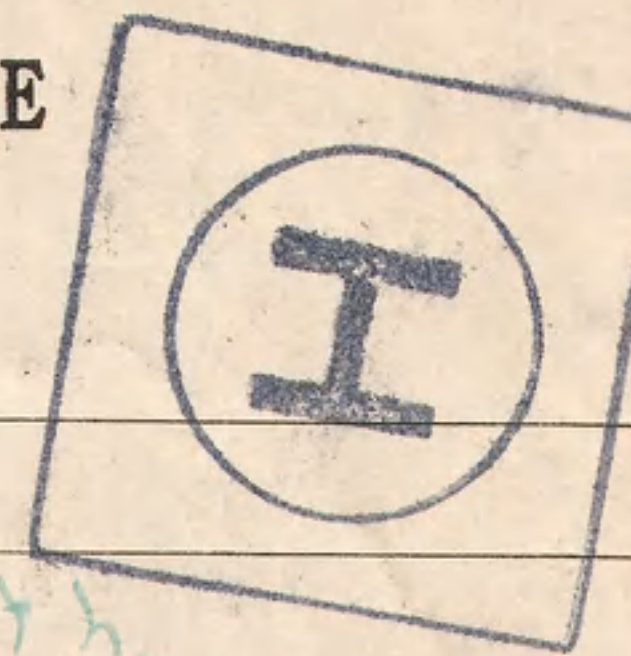
OF THE

CANADIAN EXPEDITIONARY FORCE

1211
Embarked Liverpool
Disembarked ...



CELTIC AUG 26 1919
SEP 4 - 1919



1. RANK Nursing Sister.

2. NAME Barnhill ~~Mrs.~~ Mary Elizabeth

3. UNIT C.A.M.C.

4. DATE STRUCK OFF STRENGTH PLACE Orpington.

5. REASON Demobilization 505 11-9-19 RO 2173-19
Cessation of Hostilities.

6. AUTHORITY

7. PROPOSED RESIDENCE

Fairville,
St John N.B.

Mary E

M. S. Barnhill

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. 2591).
7. Last Pay Certificate (P. 41)
8. W. R. Service Gratuity Form (M.F.W. 2595).
9. Sundry Documents.

M. F. W. 2591.
20M-11-18.
172-39-1380.

Group H. A.

Checked by No. 28

MAS

Date 23 AUG 1919

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$40⁰⁰

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

NAME OF DATE AUTHORITY

b.a.m.b.

Mess. DATE

AUTHORITY

30/8/16. Iron Canada
P.O. #4678. C.T.D.
d. 30/8/16. 5%.

Name Barnhill

Initials M.B.

Bank of Montreal

1916-17

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS.
Aug. 10	Bank	7590		70				
20	Pay Sep Mess. fr. 30/8/16 P.A. 1-30%		110					
20	A.P. Can				40	0		
Oct 12	a.p. Can				40			
23	Pay Oct (R)		111 60					
27	Bank	11000		71 60		0		
Nov 16	a.p. Can				40			
17	Pay Nov (R)		108					
24	Bank			68		0		
Dec 9	a.p. Can				40			
12	Pay Dec.		111 60					
18	Bank			71 60		0		
1917								
Jan 19	A.P. Can				40			
22	Pay Jan		111 60					
25	Bank			71 60		0		
Feb 13	Pay Feb		100 80					
19	A.P. Can				40			
22	Bank	21943		60 80		0		
March 20	March Pay (R)		111 60					
21	a.p. Can				40			
25	Bank	24818		71 60		0		

ASSIGNED PAY.	UNIT.	RANK.	NAME.
	NAME OF	DATE	AUTHORITY
Beneficiary Address Amount. \$ 40⁰⁰ 50-1 ⁸ / ₁₇ Separation Allowance issued. Yes or No.....	C.A.M.C. Canada	Pay 2.00 pd 70 60 .. Mess 1.00 .	R/S 3/16 fr Canada 20 4678 CTD. 9576 Name Barnhill Initials M. E. Bank of Montreal T. H. Falgat Sq.

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				40			
26	Bank	3003		68				
May 22	May Pay R.		111	60		71 60		
23	Bank	5986		71 60				
June 8	P.A. Canada.				40			
11	June Pay (R)		108			68		
21	Bank	9004		68				
July 19	July Pay (R)		111	60		71 60		
16	A.P. Canada.				40			
24	Bank	13092		71 60				
Aug. 18	August Pay (R)		111	60		61 60		
"	A.P. Can (a.m. 1 ⁸ / ₁₇)				50			
20	Bank	17361		61 60				
Sept. 14	Sept Pay (R)		108			58		
11	A.P. Can a.m. 1 ⁸ / ₁₇				50			
21	Bank	21863		58				
Oct. 16	October Pay (R)		111	60		61 60		
10	A. Pay Canada.				50			
19	Bank	26291		61 60				
Nov. 16	November Pay (R)		108			58		
15	A. Pay Canada				50			
20	Bank	30763		58				

Carried Forward.

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$ 50⁰⁰ *ban*

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

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

*Pay 2.00 p.d
7.d .60
mess 1.00.*

MS.

Name *Barnhill*
Initials *M E.*
Bank *of Montreal*
Trafalgar St

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

1917-18

1917
Dec 7 December Pay (R)
8 A.P. ban.

111 60

50

Bank 35096

61 60

1918
Jan 13 Jan Pay (R)
14 A.P. ban.

111 60

50

Bank 39501

61 60

1918
Feb 13 Feb Pay (R)
9 A.P. ban

100 80

50

Bank 40996

50 80

1918
Mar 9 March Pay (R)
22 A.P. ban

111 60

50

Bank

61 60

ASSIGNED PAY.

UNIT.

NAME OF

DATE

AUTHORITY

RANK.

DATE

AUTHORITY

NAME.

Beneficiary

Address

Amount. \$50

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

b a h b.

ban

Pay 2^{xx} pd.
7^a 1.00 pd
mess 1^{xx} "

P. S

3⁴ 76.

fr ban.
No. 4678. STD.
5⁹ 76.

Name Barnhill
Initials Mary E.

Bank of Montreal
Trafalgar Sq.

Add outfit allee 1⁹ 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								
Apr 16	A. P. ban.				50			
	apl Pay RP		108					
24	Bank	1187		58				
May 21	May Pay (R)		111 60		50			
	A. P. ban.				50			
23	Bank	2683		61 60				
June	June Pay (RP)		108					
14	A. P. ban				50			
20	Draw allee. 21 ⁵ 15		3548				3-0-6	16 ⁴²
21	Bank	4166		58				
July	July Pay (RP)		111 60					
15	A. P. ban				50			
23	Bank	5626		61 60				
Aug	Aug Pay RP		111 60					
13	A. P. ban				50			
24	Bank	7258		61 60				
Sep	Sept Pay RP		108					
11	A. P. ban				50			
24	Bank	9187		58				
Oct	Oct Pay RP		111 60					
15	A. P. ban				50			
23	Bank	10404		61 60				
31	add outfit allee 1 ⁹ 18		100					
	Bank	10854		100				

carry forward.

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary
Address
Amount, \$ 50.⁰⁰ / Ban
Separation Allowance issued. Yes or No.....

UNIT. NAME OF DATE AUTHORITY
6 A Mt Pay. \$2.00 Pd. 1/5.
Fl. 1 " " " "
Miss \$1.00 " " " "

RANK. DATE AUTHORITY
NAME Barnhill
Initials M. E.
Bank of Montreal.
Tras. Square.

Add outfit allow. \$100.00 1/9/18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918								
Nov	Brought Forward.							
	Nov Pay (R) a. P Can		140		50			
26	Bank.	12521		90				
Dec	Dec Pay (R) a. P Can		124		50			
18	Bank.	13792		74				
Jan 20	a. P Can Pay R.		124		50			
26	Bank	15564		74				
Feb 10	a. Pay Can Pay (R)		112		50			
24	Bank.	17078		62				
March 14	March Pay (R) a. P		124		50			
24	Bank	18657		74				
April	Pay (R) a. P Can		120		50			
26	Bank.	1044		70				
May 9th	May Pay (R) a. Pay Can		124		50			
22	Bank.	2593		74				
June 13.	Pay (R) a. P Can		120		50			
25	Bank			70				

ASSIGNED PAY.

UNIT.

RATE OF P. AND A.

RANK.

NAME.

Beneficiary

Address

Amount.

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

NAME OF

C.A.M.C.

Pay

F.A.

Messing

DATE

AUTHORITY

M/S

Name

Initials

Bank

Barnhill

M. R.

*of Mount
Tracy B.C.*

\$ 50.00

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

1919.

July 10

*Bal Fwd
adv July + Aug P.A. Bank
July Pay R.
A.P. Jan
Aug Pay R.
A Pay Jan*

124

148

50

50

*Hold
A\$ 148.*

574

650.

RETURNED TO CANADA
L.P.C. TO 31 8/9. Original
TRANSFER TO N.E. LEDGER

Aug 19

jr L 36.12. 15 9

M.D. No. 7

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

REGT. No. [Blank] RANK [W/S] NAME (IN FULL) Barnhill, Mary Elizabeth
 ORIGINAL UNIT C.E.F. [L.A.M.C.] IF IN P.P. WHAT UNIT? [Blank]
 PLACE OF ATTESTATION [Blank] TRANSFERRED TO [Blank] DATE [Blank] AUTHORITY [Blank]
 DATE OF ATTESTATION July 25 1916 ✓ TRANSFERRED TO [Blank] DATE [Blank] AUTHORITY 2595 ✓
 ASSIGNED PAY 58.00 ✓ DATE EFFECTIVE [Blank]
 IS SEPARATION ALLOWANCE PAID? Nil ✓ DATE EFFECTIVE [Blank]
 TO WHOM PAID Mrs. W. F. Barnhill RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
 ADDRESS Fairville, St. John N.B. ✓
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE [Blank] EFFECTIVE [Blank]
 DISCHARGED [Blank] PLACE [Blank] DATE 11-9-19 ✓ REASON Demob ✓ AUTHORITY R.C. 217 ✓ IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT	
Aug				Nil									Nil				Celtic 4-9-19 Bal. Nil Cong. P.C. 31-8-19
			549.00	549.00									90.00	90.00	459.00		1st P.W. [Signature] ek 164073 ✓
	183 days at 3 ⁴⁰		549.00	549.00									90.00	56.00	403.00		O.C. Messon ship ✓
			33.00	33.00				50.00					6.00		436.00		Under Co. P.A. on disc ✓
			11.90	11.90											447.90		x July 5-11 1919 ✓
													50.00	50.00	397.90		W.P. Sept. pd. by [Signature] ✓
			593.90	393.90				50					90	196			
													397.90	397.90			Ad. Sept. 11 ✓
			593.90	593.90				50					56	593.90			

CELTIC

4 9 19

AUDITOR *AMB* PAYMASTER *AMB*

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

REGT. NO.

RANK

NAME (IN FULL)

BARNHILL M E

M. OR S.

NEXT OF KIN

RELATIONSHIP

PARTICULARS

EFFECTIVE DATE

AUTHORITY

ORIGINAL UNIT C.E.F.

IF IN P.F. WHAT UNIT?

(BLOCK LETTERS SURNAME FIRST)

ADDRESS

PLACE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

IS SEPARATION ALLOWANCE PAID?

No

DATE EFFECTIVE

ASSIGNED PAY

50⁰⁰

DATE EFFECTIVE

1 10 19 *blond*

TO WHOM PAID

RELATIONSHIP

PAYABLE TO

RELATIONSHIP

ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

ADDRESS

*of Bank of Nova Scotia
Charlotte St B.O.
St John N.B.*

STOP PAYMENT FORM
ASSIGNED PAY
RENDERED, DATE

EFFECTIVE

DISCHARGED

PLACE

DATE

REASON

AUTHORITY

IF ENTITLED TO POST DISCHARGE PAY

MONT

11 9 19

Wem

R.O. 2143

Emb 26 8 19 Dis 4 9 19

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	
21-8-19	30							9000	5000					140 00	140 00	<i>Aug 16 bear</i>	
11-9-19	11	30	33 00	33 00										56 00	163 00	<i>Sept 50 00 6 00</i>	
				196 00										196 00	163 00	<i>W. Pral</i>	
														163 00	163 00	<i>W. Pral</i>	
														163 00	386 00		
														296 00	90 00		
														90 00			
														549 00		<i>549 00 R.M.</i>	

AMB

*Certified that all payments have been made
to account for which covering authority
has been received to date*
A. Lundberg Lieut.
Paymaster, Demobilization Pay
M.D. No. 1

*I certify that all payments of War Service
Gratuity have been made to the credit of the
M.F. No. 2595 received
A. J. Barnum
Officer i/c War Service Gratuity
M.D. No. 11*

Service 3 years 3 months

*Jan 6 1596 043 296 00 2-3-4 5
Feb 11 1609 588 90 3*