REGIMENTAL DOCUMENTS

NAME BAXTER, PAULINE GOLDWIN REGT. NO. n/s UNIT C.A.M.C H. Q. FILE NO. 5226

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, [illegible])		~~Pers~~ Cetd 28.10.19	2-10-19	Pers - 1188. G.S	DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category H
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category Demob
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					1
	PARTICULARS OF CHARACTER (A.F.W. 3226)					10-27
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					10-27
1	M.F.W. 2591					3-27
1	Form C.W. 3					1

Rfs.S.S. Baltic a/19-9-19

402393

W. 2589
100M-11-18
1772-32-1377

Unit C.A.M.C. Rank Nursing Sister Name Baxter Pauline Goldwin

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

GMR 4-1-19

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (*a*) What is your Surname ? Baxter.

   (*b*) What are your Christian Names ? Pauline Goldwin

2. (*a*) Where were you born ? (State place and country) Brantford. Canada.

   (*b*) What is your present address ? 70 Chatham Street. Brantford.

3. What is the date of your birth ? March 7th. 1886

4. What is (*a*) the name of your next-of-kin ? (Mrs.) Margaret A. Baxter.

   (*b*) the address of your next-of-kin ? 70 Chatham Street. Brantford. Ont.

   (*c*) the relationship of your next-of-kin ? Mother.

5. What is your profession or occupation ? Graduate Nurse.

6. What is your religion ? Church of England

7. Are you willing to be vaccinated or re-vaccinated and inoculated ? Yes.

8. To what Unit of the Active Militia do you belong ? C.A.M.C.

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.

Pauline G. Baxter (*Signature of Officer*)

Taken on strength (place) Spadina Military Hospital Toronto

(date) 10/12/17

R Davey 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* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date July 15 1918

Place Burlington

D M Baker

Medical Officer.

Capt AMC

*Insert here "fit" or "unfit

M. F. W. 51
100m.—4-16.
H. Q. 1772. 39-917

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 O/Bl ..... Surname Baptiste

(Given name in full) Fauleus Gabriel

Unit or Corps C.A.M.C. ..... Birthplace Brunswick Road,

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

1. GENERAL DESCRIPTION:

Physique Good ..... Weight 125 ..... lbs. Height 5 ft. 5 in. Colour of Eyes Grey.

Nutrition Good

Pulse 72

Condition of arteries Normal

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

Nil.

Opinion as to general health and physical condition F.D.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.

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at 5 C G H (Overseas)

Date 30/6/19 Signed [signature] 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 [signature]

(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.)

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 ..... Surname .....

(Given name in full)

Unit or Corps ..... Birthplace .....

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

1. GENERAL DESCRIPTION:

Physique ..... Weight ..... lbs. Height ..... ft. ..... in. Colour of Eyes .....

Nutrition .....

Pulse .....

Condition of arteries .....

Vision Rt. ..... Left .....

Hearing (conversational voice) Rt. ..... ft.

Left ..... ft.

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

Opinion as to general health and physical 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 ..... Genito Urinary System ..... Cardio-Vascular System .....

Special Senses ..... Integumentary System ..... Respiratory System .....

Disturbance of Mentality ..... Muscular System ..... Digestive System .....

Osseous and Joint System ..... Any other general condition .....

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.

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date Sept. 2/19 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 ..... (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.)

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's case.)

Corps C. A. M. C. *Hospital Station* Hamilton

No. *Rank and Name* N/Sister Bayler *Age* *Service* 1/12

Disease Influenza *Date of Admission* Oct 10-18 *Date of Discharge* 28-10-18 *Result* Cured. *Case Book* *Folio*

Dates of Observation	Oct. 10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30										
Days of Disease	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21										
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.

Pulse per Minute	84	92 90	84 78	96 88	84 78	84 68	92 84	76 84	64 72	70 78	76 80	78 84	78 80																		
Respirations per Minute	18	18 22	20 20	20 22	20 20	20 20	20 20	20 20	20 20	20 20	20 20	18 20	20 20																		
Motions																															

M. F. B. 288.
50m.—7-16.
H. Q. 1772-39-513.

Signature J A Dickson Maj *In charge of case.*

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname Baxter Christian name Pauline Goldwin

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) 70 Chatham Street. Brantford. Ontario.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 13 day of July 1917 by the undersigned medical board sitting at Buckingham

5. Age as stated 32 Years four Months. 6. Apparent age ..... Years ..... Months

7. Height five Feet five Inches. 8. Weight 125 Pounds.

9. Chest measurement { Minimum 39 Ins. / Maximum 39½ Ins. } 10. Complexion fair { Eyes blue / Hair light brown }

11. Physical development. Good { Good / Fair / Poor } 12. Smallpox marks nil.

13. Number of vaccination marks { Right arm ..... / Left arm One } 14. When vaccinated last 1912.

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 / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

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 2

17.
(a) Vision R. ..... L. .....
(b) Hearing. R. ..... L. .....

D M Baker President.

D M Baker Member. ..... Member.

Date	Result	Vaccinations		Date	Result	Anti-Typhoid Inoculations, Etc.	
July 1914		D M Baker	M.O.	July 1918	5.000.000.000 OR	D M Baker	M.O.
			M.O.	22.7.18.	5.00,00,000	F.W. Averhold	M.O.
			M.O.	27.7.18	1000000000	F.W. Averhold	M.O.

Joined 10th. day of December 1917 at Toronto.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	C.A.M.C.			Dec. 10th. 1917.
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
5 C G H No 2	30/6/19.	Sick A	To Hollesley Bay
	Sept 2/19		Fit for D and to Canada

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.

M. F. B. 313.
300M.—10-17.
1772-39-439.

Signature of Man Pauline G. Baxter

Surname Bagyer Christian Name Pauline Goldwin

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

CASE HISTORY SHEET.

Hamilton Military Hospital. Hospital. Hamilton, Ontario. Station.

No. ..... Rank W.S. Name Baxter Pauline Goedwin Age 32.

Unit C.A.M.C. Completed years of service Where and how long } Can 10/12

Date of admission 10/10/18. Date of discharge 28-10-18

Diagnosis Influenza Place of origin Burlington

CONDITION ON ADMISSION AND PROGRESS OF CASE. Complaining of cough and "cold in head" several headache.

Obj. Sy. Flushed face. suffused conjunctivae. Pharynx injected. Slight hoarseness.

11.10.18. No chest symptoms. 12.10.18. Throat better. feeling well.

18.19.20/10/18 — Improving steadily.

21.10.18. Condition improving. Still troubled with cough especially morning.

Recommend for 14 days Sick leave

FAMILY HISTORY. Negative

(Tuberculosis, mental or nervous diseases.)

TREATMENT. Aspirin. Mist. expect. cum.

(Especially any specific or special form.)

CONDITION ON DISCHARGE, Influenza Cured

(and disposal made of case.) other systems normal.

Date 28-10-18.

J. C. Dadson Maj.
Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

B 11052

Forms R. 150.
3232. 15 M. 14

540K

Surname BAXTER **Christian Names** Pauline Goldwin.

Rank N/S.

Promotion 10 Jan 17

Name and Address of Next-of-Kin

Mrs. Margaret A. Baxter. (Mother)
70, Chatham Street,
Brantford.

Unit C.A.M.C.

Place of birth Brantford.

Married (Yes or No)

Appointments

Date of leaving Canada 9-12-18.

Date and Cause of Resignation

Report Date	Report From whom received	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
31-12-18	DMS. CAMC.	T.O.S. on arrival from	Canada	9-12-18	CO 773.
4-1-19	R.&T. Dep.	T.O.S. on arrival from	Canada	9-12-18	Pte. ord 4
		S.O.S. on posting to 5CGH.	Liverpool	18-12-18	
2-1-19	5 CGHtp.	T.O.S. on posting from CAMC. R.&T. Dep.		18-12-18	Pte. ord. 1.
		Shown on 16 Cgt roll			
1-8-19.	16. C. G. H.	T.O.S. from 5. C. G. Hosp.		2-8-19.	Pte II ord 180.
		Sailed to Canada		19 9 19	Sh 51
25-9-19	DGMS.	SOS to C.E.F. in	Canada	19-9-19	D° 32.
26.9.19	16 CGH	S of S to C E F	Canada	19.9.19	Pte II 0/228

SOS 27 Dec 19

23460

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				

L. L. 28912. M. & D. 8368.

E. F. F.

— 1918 —

MILITIA AND DEFENCE

VICTORY LOAN. ASSIGNED PAY B 21176

OVERSEAS CONTINGENTS

M. F. W. 12.
25m.—10-17.
H. Q. 1772-39-819.

To Whom ~~The Paymaster General,~~
Address ~~Militia and Defence.~~
Ottawa. Ont.
Hon Minister of Finance
Dept of Finance. 1/5/19

By Whom Assigned Baxter, Pauline Goldwin
Regtl. No. —
Rank Nursing Sister,
Corps C.A.M.C. M.D.#2. Reinf. Officers (England.)

Rate $5.00 per mo. from 1/12/18 to 31/7/19
$5.58 " " " 1/8/19 " 31/8/19
(Bond $50.00)

PAYMENTS VICTORY LOAN.-1918

Month	Year	Cheque No.	Amt.	File 1088-P-4 REMARKS
Aug.	1918			Nom Roll, M.D.#2. B-5. page 42.
Sept.				Authy Mr Lawson 30/4/19 - Bmn
Oct.				
Nov.				
Dec.		List Cq	5 00	Paid in Jany List Cq
Jan.	1919	"	5 00	
Feb.		"	5.00	
March		"	5.00	
April		"	5.00	
May		"	5.00	
June		"	5.00	
July		"	5.00	
Aug.		"	$ 5.58	
Sept.			$45.58	Returned "Baltic" 26/9/19
Oct.				Acct closed.
Nov.				M & W 187 M.D.2. $45.58. 9 10/19
Dec.				
Jan.	1920 1919			
Feb.				
March				

ENTERED IN AUDIT LEDGER JAN 1919 BY VOUCHER SECTION

Mcl.

M. F. W. 41
100M-1-18.
1772-39-889.

Name N/S Pauline Baxter "P L"

Regimental No.

Unit Brant House

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged Transferred to a m c

Reason for discharge June 30/18

Character on discharge

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
1918																
Apr. 1			2.00	and	.60	per	day		78-	71296		78-			78-	a P.L.
May 1st		31	2.00		62-	31	60	18.60		80 60	28211	80 60			80 60	m P.L.
June 1st		30	2.00		60-	30	60.	18-		78-	81867	78-			78-	J.P.L.

M. F. W. 41
100M-1-18.
1772-39-839.

Name .....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

C.D.R. 509A

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

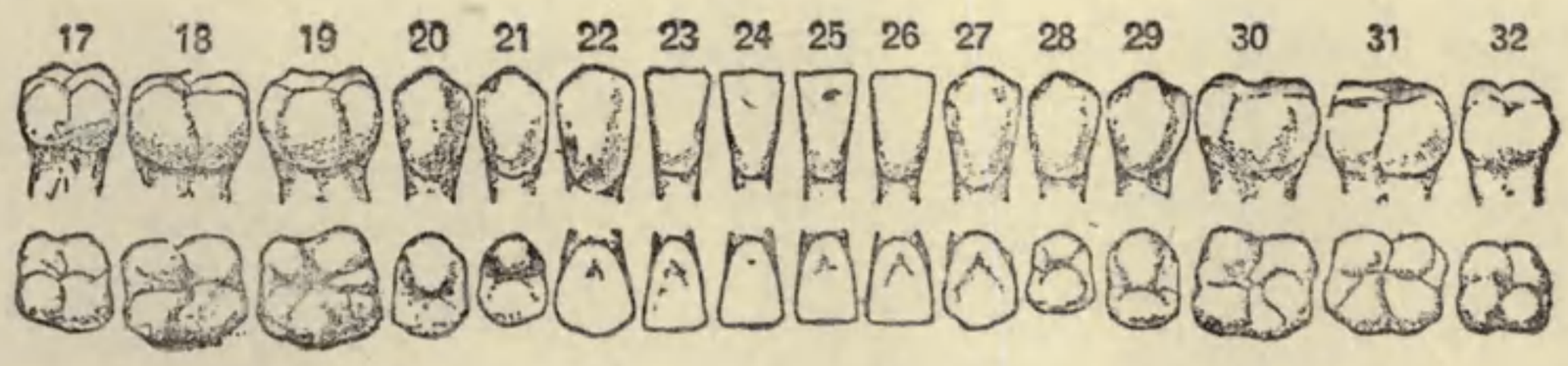
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BAXTER PG

REGIMENT CAMC RANK W/S No.

Date of Examination in England | Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
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 A.C. Wiley Capt

CANADIAN EXPEDITIONARY FORCE

L.T.-8-40.
H.C.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing-Sister

(Name in full) Pauline Goldwin Baxter

Enlisted in Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE, on the [illegible]

day of [illegible] 191 AND WAS APPOINTED to COMMISSIONED RANK

in Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE on the Tenth day

of December 191 ?

He SERVED in CANADA, and England with the C.A.M.C., C.A.M.C. Res. & Training Depot, Shorncliffe., No 5 Can. Gen. Hosp. Liverpool., and No 16 Can. General Hospital, Orpington.

and was STRUCK OFF THE STRENGTH on the Twenty-Seventh day

of September 191 by reason of General Demobilization

Dated at Ottawa, this Twentieth day

of January 191X 1920.

H. Bannatyne
Lieut.
for Director of Personal Services.

M. F. W. 2618a
30m.—4-19.
1772-39-1428

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.....

Regimental No..... Rank. N—S..... Name. Bexter P. G.
C. E. F.

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

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*)..... .....

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				
4-10-19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2	SEP 19 1919	C.E.F. R.O. No. 2208—19
10-10-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2 27-9-19		C.E.F. R.O. No. 2220-19

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.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. ..... Rank Nursing Sister C. E. F. Name Pauline Goldwin Baxter

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

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*) .....

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				
		S.B.S. On proceeding Overseas 2-12-18.			
		Auth:-H.Q. 2MD, 34-3-33. d/2-12-18.			
		Embarked Canada, St.John,R.M.S."Scandinavian" 6-12-18.			
		Disembarked, England, Liverpool 18-12-18.			
- 4 JAN 1919	O.C., C.A.M.C. R. & T. Depot, T.O.S.	Rec'd on arrival from Canada	SHORNCLIFFE	9/12/18	Pt II 00 4
- 4 JAN 1919	O.C., C.A.M.C. R. & T. Depot, S.O.S.	to 5th C.G. Hosp Liverpool	SHORNCLIFFE	18/12/18	Pt II 00 4.

A. F. Hardy Capt. & Adjt. No. 2 Can. Con. Depot

A Brodie Capt. Asst. Adjutant For O.C. C.A.M.C. Reserve Depot

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
2-1-19	No. 5 CANADIAN GENERAL HOSPITAL	T.O.S. from C.A.M.C. Reserve & Training Depot, Shorncliffe.	Liverpool.	18-12-18.	PT. 2 DO. No. 1 D 2/1/1919
2-1-19	—do—	Granted leave from ------	Liverpool.	31-12-18.	PT. 2 DO. No. 1 D 2/1/1919.
10-6-19.	— Do. —	GRANTED LEAVE.	LIVERPOOL	10-6-19.	PT. 2 DO. No 125 D 10/6/1919.
2-8-19.	— Do —	S. OS. TO N° 16 CGH. ORPINGTON	LIVERPOOL	2-8-19.	PT. 2 DO. No. 162 D 2/8/1919.
7/8/14	16 bl Stt	T.O.S fm 5 bl Stt 2/8/14	Orpington	2/8/14	Pt 2 DO # 150
	16 bl Stt	SOS & CMF & Bm Embarkation for Canada	—		

SNG D5I HMT BALTIC
LIVERPOOL SEP 19 1919
HALIFAX SEP 26 1919

MAJOR C. A. M. C.
REGISTRAR,
FOR O. C. No. 5 CANADIAN GENERAL HOSPITAL,
LIVERPOOL.

CAPT. C.A.M.C.
ADJT. ADJT. & REG.
No. 10 CANADIAN GENERAL (ONTARIO) HOSPITAL

H. Q.

M. D. No. 2

Surname Baxter

T. O. S. 19

Christian names Pauline Goldwin

D. O. Pt. II of

Regtl. No. Rank N/Sister

S. O. S. 27-9-19 19

Unit C.A.M.C.

Reason Demob. Rec'd Act. 9/11

Auth. C.O. 222 d. 9-10-19
A0297 ▼ 2805
824-10-19

Next of kin Baxter, Mrs. Margaret A Relationship Mother

Address 70 Chatham St.
Brantford, Ont.

Also notify:

BORN—Place Canada, Brantford, Ont Date March 7th, 1886

ATTESTED—Place Toronto, Ont Date Dec. 10th, 1917

O/S

R/C 27-9-19 41 F M/S

W. 22—100M-7-18. 1772-39-839.

LEDGER NO. 1413. SERIAL NO. B11052

REG. NUMBER ..... NAME Baxter, Pauline, Goldwin,

RANK Pte. CORPS C.A.M.C.

AGE 32. SERVICE 10/12.

NAME OF HOSPITAL Military PLACE Hamilton

DATE OF ADMISSION 1st 10 18

DISEASE Influenza

TRANSFERRED TO OTHER HOSPITALS Brant Mil. Burlington 23.10.18.

OPERATION .....

DISCHARGED TO Unit 23.10.18. IN CATEGORY .....

M. F. W. 2553.
50m.—6-18.
1772-39-1332.

P. T. O.

REMARKS:

Temp cd. for purpose of re-eng. dup. Barn.

Number ..... Rank T/S

Surname ..... BAXTER

Christian Name ..... P. G.

Units ..... Theatre of War .....

Date of Service .....

Remarks .....

Latest Address .....

Roll No. A 5036

5m—10-26.(M854).

P.T.O.

This Lady's dup Birth to be re-ord
for 8740 18 Sgt: Chas. C. Herald.
19/10/27

Date of Enlistment 11-11-17.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

B. 21028

Date of Assignment 1 Dec 1st 1918

RATE OF SEPARATION ALLOWANCE

ANOTHER ACCOUNT IN Victory Bond, a/c
..... Ledger
..... Ledger
..... Ledger
..... Ledger

RATE OF ASSIGNMENT

50cts			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion C.A.M.C. M.D.2. Reinf. Officers.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 THE STANDARD BANK OF CANADA,
2 BRANTFORD,
ONT. 50 50.00
3 A-C N.S.PAULINE GOLDWIN BAXTER
FIFTY DOLIARS
4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS 1088 P 4
Dec.	O 2991		50	50		15311 Mailed 3-1-19
Jan	D 69743		50	50		
FEB	D 77887		50	50		
MAR	D 88910		50	50	C	
APR	E 614		50	50	C	
MAY	B 5729		50	50		
JUN	B 9303		50	50		
JUL	F 12881		50	50		
AUG	B 13201		50	50		
Sep	A 14016		50	50		
			500	500		

A/c Closed 30/9/19
Ret'd per Baltic
Date 26/9/19 M.F.W.187 9/10/19
Clerk M.D.2 Rollers
M.R. Destroy 1260540

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 22320—M. & D. 1933.

AUDITED.

AUTHORITY FOR NEW ACC'T. M.D.2-B.6 W. Fowrie 19-12-18

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

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.—4-17—1772 39-1141
L. L. 22320—M. & D. 1933.

FORM P. 15. 12519—16M—1-3-18 H.W.V.Ld.—3717-18.

ASSIGNED PAY. | **UNIT.** NAME OF: C.A.M.C. | RATE OF P. AND A. | **RANK.** | DATE AUTHORITY | **NAME.** Fr. Can 11-B-226

Beneficiary

Address

Amount. ~~$50.~~ 55.00 Can 1/12/18 1/2/18

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

Pay 2.00 Pd
F.A. 1.00 "
Messing 1.00 "

n/s

Mess 18 12/18 DMS. 60. #773 d/31 12/18

Name Baxter
Initials Pauline Goldwin
Bank of Montreal Traf. Sq.

add outfit allce 16/12/18 $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
Jan 13	Pd a fr 16/12/18-31/12/18 Messing fr 18/12/18 Vo	16505	62.					
"	Dr bal fr can (auth, & Pd fr can Vo 699			15				
	a- P can .2 months				100			
	Pay (R,		124					
28	Bank.	15564		71				
Feb 10	a Pay Can				50			
15	orig Dr 15.10 fr bal fr can 15/12/18 shld be 4-80 diff sub allce 23/10/18 6 days @ 1.70 Pd amended LP6 Vol 229		10 20					
	Feb Pay (R,		112					
28	Bank	17078		72 20 ~~84 80~~				
Mch 14	Mrch Pay (R,		124					
	a. Pay Can				70			
24	Bank	18654		54				
April	Pay (R)		120					
	a Pay Can.				55			
26	Bank.	1044		65				
May 9th	May Pay (R)		124					
	a Pay Can				55			
22	Bank	2593		69				
June 13	June Pay (R)		120					
	a Pay Can.				55			
25	Bank.			65				
July	July Pay R.		124					
	a P. Can.				55			
21	Bank			69				

Apr 70.00 Feb 14/19 to adjust undeld. ab Victory Bond Payments Dec 6

FORM P. 15. H.W.V.Ld.—3717-18.
12519—16M—1-3-18

ASSIGNED PAY. | UNIT. NAME OF | RATE OF P. AND A. | RANK. | DATE | AUTHORITY | NAME.

Beneficiary
Address
Amount. $ ~~55~~ 00 50⁰⁰ Can 17/19 ~~Can~~
Separation Allowance issued. Yes or No.....

Pay 2 . 00 .
F.A. 1
Messing 1

R/S.

Name Baxter
Initials T. G.
Bank of Montreal
Trap Sare

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Aug 11	Brought Forward.							
" "	Adv Aug Pay & Sept Bank.			134		Dr 134	Relief Canada	
	Aug & Sept Pay R		244				C.P.R. 20.9.19. (C.P.)	
	A. Pay Can.				55 58	Cr 54 42	Can. N.Z. League, 12	
Sept	A P Can.				50	Dr 3 14 7/19		
Dec 31	Adv on A.R.# 149. £10. 16/9/19. Ent on L.P.C. Instr 60 Oct No 74			48.67		442	19/12/19 Adv. note Cr # 42	D
31	Chgd to Can	No 99	48 67					
31	Chgd. to Can.	No 196		442				

Baltic 26/9/19. 404 B

AUDITOR | PAYMASTER

M. OR S. | PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES | REGT. NO | RANK N/S. | NAME (IN FULL) BAKER PAULINE GOLDWIN (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. ✓ | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
/		

ORIGINAL UNIT C.E.F. C.A.M.C. | IF IN P.F. WHAT UNIT? | TRANSFERRED TO ~~70 Chatham St Brantford Ont~~ DATE ~~Overseas~~ AUTHORITY 27-3-15 ~~G.R.O.~~

PLACE OF ATTESTATION | TRANSFERRED TO 70 Chatham St. Brantford, Ont. DATE (10/3/20) AUTHORITY

DATE OF ATTESTATION 10/12/17 OK

ASSIGNED PAY $ 50.00 ✓ | DATE EFFECTIVE 1/10/19 ✓ | 5.00 ✓ 31/8/19

PAYABLE TO Standard Bank of Canada (Credit) | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS c/c Victory Loan ✓

ADDRESS Brantford, Ont ✓

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Toronto | DATE 27/9/19 ✓ | REASON Demob | AUTHORITY Do 795 Borrow ✓ | IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.		TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1 NO. DATE	COL. NO. 2 NO. DATE	COL. NO. 3 NO. DATE	CASH PAYMENTS COL. NO. 1 $ C.	COL. NO. 2 $ C.	COL. NO. 3 $ C.	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.		TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	CREDIT $ C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																				
30/9/19 ✓				N14 ✓						48 67	93 00 ✓				12 00 ✓		153 67 ✓	153 67 ✓		16/9/19 Adv Orrington ✓
																				27/9/19 Adv Cold Con ✓
																				Exs Mess 19-30/9/19
Oct 1-		3.00 ✓		N14 ✓						48 67	93 00 ✓				~~153 67~~ 12 00 ✓		153 67 ✓	153 67 ✓		T.O.S. FROM O/S D.O. 282 ✓
																				C. Reeve Capt.
Oct 1- ✓		3.00 ✓		4 42 ✓		~~44~~ 442									153 67 ✓					Paymaster, Dispersal Station "D"
															9 00 ✓		16 67 ✓	158 75 ✓		Credit Difference Acct Pay for Aug + Septr Charged on 2 Pay Sh 110.00 (Paid as per Sh 737 187, 105.33)
122 dys ✓	3.		366 - ✓		366 - ✓										158 75 ✓		158 25	20 775 ✓		9.00 O/Cr Ba 738 Sh 3/9/19 ✓
																				~~158 75~~ Dr Cr to be recovered by W.S.G.
			114 75 ✓		480 75 ✓										114 75 ✓		273 -	93 - ✓		CAPT. PAYMASTER, No. 2 DISTRICT DEPOT
																	273 -	20 775		DK 175 H 998 Wrongly posted
																	480 75	0 ✓		4/3/20 R# 965
			480 75 ✓		480 75 ✓										480 75 ✓		480 75 ✓			

Dr Balto be Recovered by W. S. G.

228 Jan 27 175 H 998

263 March 11 1866 37

200M-3-19.—L. ... 58785-... & D. 9885.
M. F. W. 2596.
1772-39-1398.