2-10-14 G.S

REGIMENTAL DOCUMENTS

NAME BENNER MABEL, HENRIETTA REGT. NO. N/S UNIT C.A.M.C. H. Q. FILE NO. H

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		Pers Rtd 6.11.19	2/10/19	Pers -1189 G.S.	DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				13151	
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
2	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)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M.F.W. 2591					
1	Form C.D. 3					

W. 2589
100M-11-18
1772-19-1327

Unit C.A.M.C. Rank nursing sister Name Mabel H. Benner.

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

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

   (*b*) What are your Christian Names ? Mabel Henrietta.

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

   (*b*) What is your present address ? 1824 - 11th Ave. W. Vancouver. B.C.

3. What is the date of your birth ? June. 23. 1889.

4. What is (*a*) the name of your next-of-kin ? Emma Benner.

   (*b*) the address of your next-of-kin ? 1824 - 11th Ave. W. Vancouver. B.C.

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

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

6. What is your religion ? Baptist.

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

8. To what Unit of the Active Militia do you belong ? ———

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.

Mabel. H. Benner (*Signature of Officer.*)

Taken on strength (place) Vancouver B.C. Canada.

(date) April 12. 1918

E. Dadyshelag

(*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 April 22 1918

Place Base Hospital. Toronto

J. McCallum

Medical Officer.

*Insert here "fit" or "unfit

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

CANADIAN EXPEDITIONARY FORCE

T.H.-11-40.

H.C.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing-Sister

(Name in full) Mabel Henriette Annan

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 Twelfth day

of April 191 8

He SERVED in CANADA, and England with the C.A.M.C., No. 30

Hospital H.D. No 2., C.A.M.C. Shorncliffe., #11 Can. Gen.
Hospital., and #16 Can. Gen. Hospital, Orpington.

and was STRUCK OFF THE STRENGTH on the Seventh day

of October 191 9 by reason of General Demobilization

Dated at Ottawa, this Twenty-sixth day

of January 191 1920.

[signature]

Lieut.
Director of Personal Services.

for

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

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

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

M. F. W. 54. (A. [illegible]. 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 Brewer Mabel Henrietta

Enlisted (*a*) Terms of Service (*a*) Canadian Expd. Force 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*) Nursing Sister (C.) graduate Nurse

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
30-4-18		S.O.S. on proceeding overseas	27-4-18		L.B. Pardy Lt-Col A.M.C O.C. Base Hospital M.D.#2.
10.6-18	~~C.A.M.C~~	S.O.S. from Canada	Sheffe	24-5-18	Pte 161
17.6-18	do	S.O.S. No 11 Con Hosp	do	10.6.18	Pte 168 (A.D.M.S. S.A. 1570) J.P. Lunn Lt CAPT. ASST. ADJUTANT FOR OFFICER COMMANDING, C.A.M.C. DEPOT.
15-6-18	O.C. #16 G.H.	S.O.S. from C.A.M.C. Dep	-do-	10/6/18	Pt. II Do. # 47.
3-9-19	—"—	S.O.S. on posting to No. 16. C.G.H. Orpington 10 Sqn X1 CGH	Sheffe	2/9/19	Pt. II Do. # 82. Lumsden CAPT. & ADJT. For O/C No. XI CAN. GEN. HOSPITAL MOORE BARRACKS, SHORNCLIFFE.
	16 CGH	2/9/19	Orpington	2/9/19	264

(*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: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
	16 CGH	SOS of AMP Ofcer on Embarkation for Canada	Orpington		W. R. Caldwell Capt. C.A.M.C. Asst. Adjt. & Reg. No. 16 Canadian General (Ontario) Hospital
4-10-19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 11	SEP 19 1919	C.E.F. R.O. No. 2208-19
22-10-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 11	7-10-19	C.E.F. R.O. No. 2238-19

W. Minter Capt.
for Director Personal Services

Temporary Original not available

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 N/S C. E. F. Name Bennet Mabel Henrietta

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				
14. 10. 19.	OVERSEAS	T.O.S. DISTRICT DEPOT XI S.O.S. DISTRICT DEPOT XI on demobilization Area	VANCOUVER, B.C. VANCOUVER, B.C.	19. 9. 19. 7. 10. 19	D. O. Pr. II 2871/1919 D. O. Pr. II

R. Williams Capt.
Adjutant, District Depot M.D. XI

(*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				

53 OK 54

Forms R[illegible]
3232. 15 M. [illegible]

Surname BENNER **Christian Names** Mabel Henrietta.

Rank N/Sister.

Name and Address of Next-of-Kin
Emma Benner, (Mother)
1824 11th.Ave.W.Vancouver,B.C.

Promotion
TVS. 12 Apr 18

Unit C.A.M.C.

Place of birth Ontario.

Married (Yes or No)

VIC.

Appointments Ent. Can 15 May 18

Date of leaving Canada 24.5.18. **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
12.6.18.	D.M.S.	T.O.S.arr.Canada & pstd.to CAMC Depot.		24.5.18.	C.O.651.
15-6-18	11 C.G.Hps.	TOS on posting from CAMCD.		10-6-18	P.R. 9/47. C.A.M.C.D. Pt II. O. 168
9-1-19	Do	Granted leave from 16-1-19 to		29-1-19	Pt II. ord. 2.
1-8-19.	16 C.G.Hosp.	T.O.S. from 11th C.G.Hosp.		2-8-19.	Pt II ord 180.
		Sailed to Canada		19 9 19	SL 51
25-9-19	DGMS.	SofS to C&E in Canada		19-9-19	DO 32.
12 9 19	16 CGH	S of S. to C & E in Canada		19.9.19	Pt II 9/228
		SOS 26 Jan 20.			

23462

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					

TRIPLICATE

MEDICAL HISTORY SHEET

Surname Benner. Christian Name Mabel Henrietta

Examined { on 22nd day of April 1918
at Base Hospital, Toronto.

Birthplace { City or Town Barrie.
County Simcoe.

Apparent age 28

Trade or occupation Graduate Nurse.

Height 5 feet 3 Inches

Weight 120. lbs.

Chest measurement { Minimum 32 inches
Maximum expansion 34½ inches

Physical development

Small-pox Marks

Vaccination Marks { Arm ~~Right~~ Left —
Number 1

When Vaccinated last 1910.

(a) Marks indicating congential peculiarities or previous disease None.

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

Approved by [signature]
Rank Capt. M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
			M.O.
18-4-18		[signature] Capt	M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
18-4-18		[signature] Capt	M.O.
22-4-18			M.O.
26-4-18			M.O.

Enlisted on 12th day of April 1918 at Vancouver. B.C.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	C.A.M.C.			~~Apl. 12. 1915.~~ April 12-1918
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

A.M.D.4.

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname *Benner.* Christian Name *Mabel Henrietta*

STATION	Date of Arrival at the Station	DATES OF Admission into Hospital Day	Month	Year	Discharge from Hospital Day	Month	Year	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.	Signature of Medical Officer

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 Brewer

(Given name in full) Mabel Henrietta

Unit or Corps C.A.M.C. Birthplace Barrie Ont.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 122 lbs. Height 5 ft. 3 in. Colour of Eyes Blue

Nutrition Good

Pulse 72

Condition of arteries Normal

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 2' ft.

Left 2' ft.

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

Scar on proximal Phalanx (Back) of index finger Left Hand

Opinion as to general health and physical condition Fair, 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.

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Orkington (Overseas)

Date Sept 5 1919 Signed H Hammond M.O. Capt.

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 Mabel H Bonner

(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 N/S. Surname BENNER.

(Given name in full) MABEL HENRIETTA.

Unit or Corps Canada. Birthplace Barry. Ont.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 122 lbs. Height 5 ft. 3 in. Colour of Eyes Blue.

Nutrition Good.

Pulse 72.

Condition of arteries Normal.

Vision Rt. Nor. Left Nor.

Hearing (conversational voice) Rt. Nor. ft.

Left Nor. ft.

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

Scar. + on proximal phalanx (Back) of index finger Left hand -

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.

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

[OVER]

EXAMINATIONS

June 16. 1919

THIS SECTION FOR USE OVERSEAS—

Examined at Shorncliffe Kent (Overseas)

Date 5th March 1919 Signed G. K. Duncan 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 Mabel H. Bennett M.F.B.

(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.)

C.A.D.C. 5069A

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

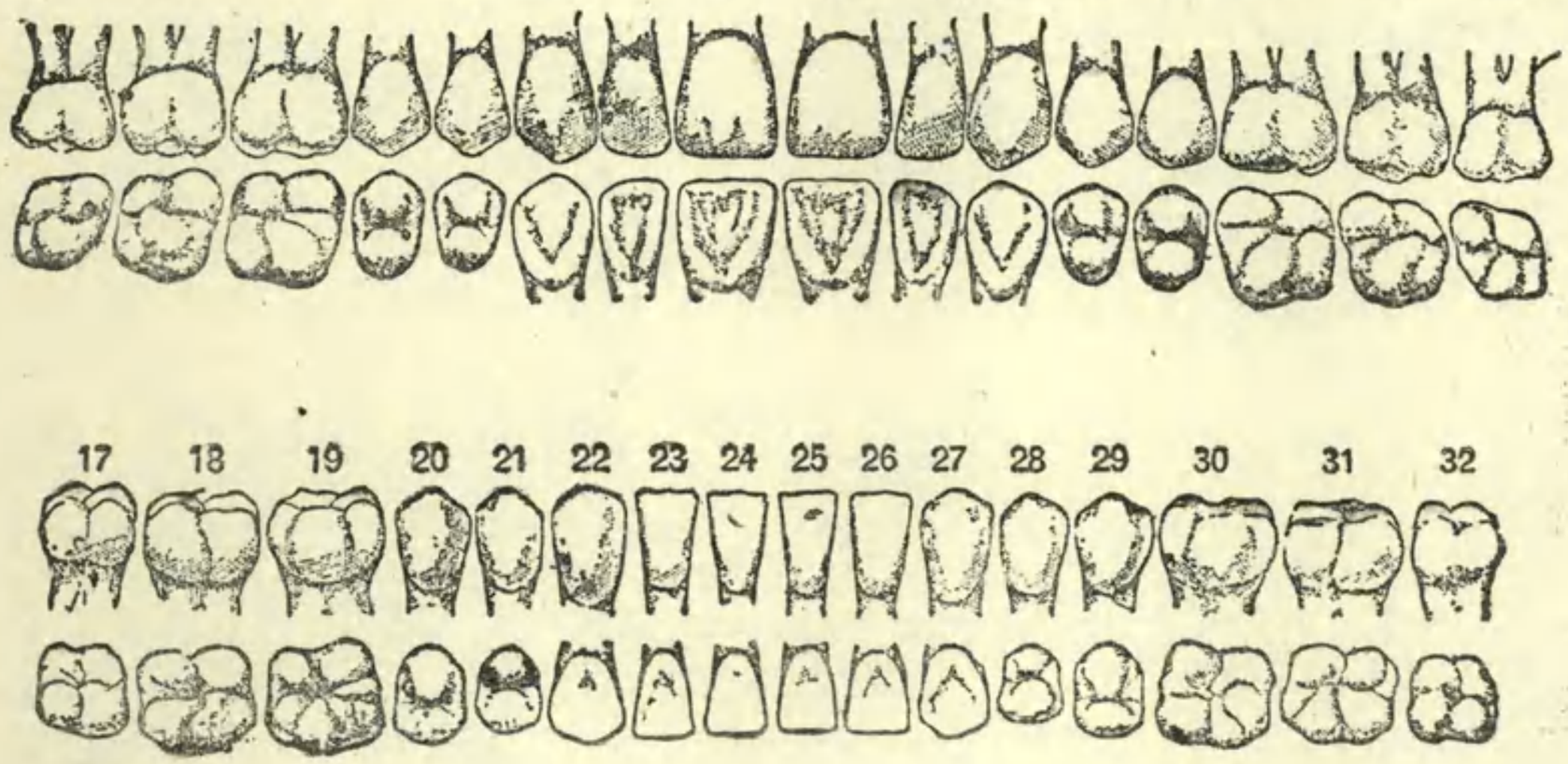
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BENNER. M.H.

REGIMENT C.A.M.C. RANK N.S. No.

Date of Examination in England 6/9/19. | Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT ?

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. G. Fraser Capt
C. A. D. C.

MARRIED SINGLE WIDOWER

TRADE OR CALLING Graduate Nurse RELIGION Baptist

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Toronto, Ont. DATE Apr. 22nd 1918

Present Address, 1824 - 11th ave W.
Vancouver, B. C.

SURNAME	Benner (392-2-126)
CHRISTIAN NAMES	Mabel Henrietta
REGL. No.	RANK Nursing Sister
UNIT	C.A.M.C.
FORMER CORPS	Nil

CARD No. T-11 19-9-19 2879 14/10/19
FOLL. 14-10-19
RO 2238 22-10-19

NEXT OF KIN.

NAMES IN FULL	Benner, Mrs. Emma
RELATIONSHIP TO SOLDIER	Mother
ADDRESS	1824-11th Ave. W. Vancouver B.C.

CHANGE OF ADDRESS

COUNTRY OF BIRTH	Canada Barrie, Ont.	DATE	June 23rd 1889
PLACE OF ATTESTATION	Vancouver, B.C.	DATE	Apr. 12th 1918

O/S. 15-5-18 P343

R/C 27-9-19 417/1 N/S.T.

L. L. 25989. M. & D. 8191.

M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

No. RANK N. Sister. NAME Benner. M. H.

T. O. S. UNIT Base Hospital, C.A.M.C

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918	1918			
Apr. 12	Apr. 30	C	attached. on mob. 18-4-18	D.D.109.
			o/s on 27-4-18	D.D.119.

OK. 8

Number ..... Rank N/S

Surname BENNER

Christian Name MABEL. HENRIETTA.

Units ..... Theatre of War ENGLAND

Date of Service 24-5-18

Remarks .....

Latest Address 1824 - 11th ave -

Vancouver B.C.

Roll No. A. Page 5-037.

200m.-6-21.

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

DEST. SEP 17 1925

REGN. NO. 16126

868—D.P.—40M-1-12-19.

Date of Enlistment 12-4-18

MILITIA AND DEFENCE

Separation and Assigned Pay Branch B 5394

OVERSEAS CONTINGENTS

Date of Assignment May. 1/18

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

25.00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion Base Hospital M.D. No. 2.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 MRS.EMMA BENNER,
1824 11TH AVE.,W.,
2 VANCOUVER,B.C. 25 25.00
% N.S.MABEL HENRIETTA BENNER
3 TWENTY FIVE DOLLARS

4

1297 M 3

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
May	X 24669		25	25	✓	
June	D 15081		25	25	✓	
JUL	X 29359		25	25	✓	
AUG	B 34349		25	25	✓	
SEP	B 39344		25	25	✓	
OCT	B 44303		25	25	✓	
Nov	A 60506		25	25	✓	
Dec	C 62690		25	25	✓	
JAN	D 71777		25	25		
FEB	D 79783		25	25		
MAR	D 90671		25	25	✓	
APR	E 2057		25	25	✓	
MAY	B 6948		25	25	✓	
JUN	B 10068		25	25	✓	
July	B 11410		25	25	✓	
AUG	B 13376		25	25		
Sept	A 14086		25	25		
			425	425		

30/9/19
Baltic
26/9/19 9/10/19
M.D.11 J.Collins M01265-39

AUDITED.

AUTHORITY FOR NEW ACC'T. A.R. M.D. 2-B-6 G. Raymond 17/5/18

M. F. W. 128
400m—6-17—1772-39—1141
L. L. 22520—M. & D. 1933.

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.—6-17—177-39-1141
L. L. 22320—M. & D. 7593.

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. War Service Gratuity Form (M.F.W. 2595).
9. Sundry Documents.

Group H. Q.
Linked by No. 28
RHH.
Date 18.9.19.

Occupational Group 19
Disposal Area T T

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

SNG D51 HMT BALTIC
LIVERPOOL SEP 19 1919
HALIFAX SEP 26 1919

1. RANK	N/S.
2. NAME	BERNER. Mabel Henrietta.
3. UNIT	C.A.M.C.
4. DATE STRUCK OFF STRENGTH	PLACE
5. REASON	SOS 7-10-19 RO 2238-19 Demobilization
6. AUTHORITY	
7. PROPOSED RESIDENCE	1824. 11th.Ave. Vancouver.B.C.

Hall. 23-1-20

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.

M. H. Berner. N.S.

M. F. W. 2591.
20M—11-18.
1772-39-1380.

BALTIC. 26. 9. 19.

AUDITOR [initials] | PAYMASTER [initials]

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

M. OR S. | REGT. No. | RANK N/S | NAME (IN FULL) BENNER M. H. (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
Eng. L.P. & adj to 31.10.19		

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 25.00 | DATE EFFECTIVE 1. 10. 19 Closed

PAYABLE TO ~~Mrs Emma Benner~~ | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS: Bk of Montreal. Vanc B.C.

ADDRESS ~~1824 - 11th Ave W. Vancouver B.C.~~

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

Emb. 19.9.19. Dis 26. 9. 19

DISCHARGED | PLACE T. | DATE 7. 10. 19 | REASON Dem. | AUTHORITY 2238 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	No. of Days	Rate	Amount	Other Credits		Total Credits	Acquittance Rolls	Cash Payments Col. No. 1	Col. No. 2	Col. No. 3	Assigned Pay	Regimental Charges	Other Charges	Total Debits	Balance Debit	Balance Credit
Balance from previous account 31. 10. 19		3.00														
							adv. W.S.G. 27.9.19	90.00						90.00	90.00	
													43.00	43.00	133.00	
				25.00		25.00									108.00	
					D. Bal	180.00							72.00	72.00	180.00	
						205.00								205.00		
														180.00	180.00	
1/22 days				366.-		366.-							180.-	180.-	186.-	
							Nov 29. 1594575		96	2.3				96	90	
							Jan 7 1604735		90					90		
						366.00								366		

War Service Gratuity

Service 1 years ... months

C PARTICULARS OR REMARKS

Eng. L.P. & clear

43.00 of charges = Messing allowance issued to 31.10.19 recovered from date of embarkation 19.9.19.

25.00 of credits A.P. Oct. charged not paid

72.00 of charges = Overpaid P.&A. October SOS 7-10-19 D. Bal

I certify that all payments have been made on this account for which covering authority has been received to date.
[signature] Lieut. Paymaster, Demobilization Pay M.D. No. [ ]

I certify that all payments of War Service Gratuity have been made on this account according to the period of Service shown on the M.F.W. 2386 received.
[signature] Capt. Officer i/c War Service Gratuity M.D. No. [ ]

200M-3-19.—L. L. 58768—M. & D. 9985.
M. F. W. 2596.
1773-39-1896.

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 Messing fr	AUTHORITY	NAME. 11-13-205 fr Canada
C.A.M.C.	Pay 2.00 pd F.A. .60 " Messing 1.00 "	N/S	5 6/18	D M S C O. 651 d/12-6-18	Name Benner, Initials Mabel Henrietta Bank of Montreal Traf Sgre

Beneficiary

Address

Amount. $ 25. Can. 1 5/18

Separation Allowance issued. Yes or No...... add. outfit allce. 1 5/20

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918								
June 22	P & A fr 1 5/18 mess fr 5 6/18. Vo. 1745		184 60				25 50 A P fr Can 1 5/18	
	Adv in Can $50. Cr bal fr Can $26 40. Cash	3810		111 00		Cr 100 00		
26	Cr bal fr Can 20 4/18. Amt L P C fr Can Vo 240.		26 40					
July 15	Adv P & A by P M - M D No 6. Halifax. Lst 6 July Vo 379.			50				
	July Pay (R)		111 60					
15	A P Can 3 months				75			
23	Bank	5626		86 60		o		
Aug	Aug Pay R		111 60					
13	A P Can				25			
24	Bank	7258		86 60		o		
Sep	Sept Pay R		108					
11	A P Can				25			
24	Bank	9187		83		o		
Oct	Oct Pay R		111 60					
15	A P Can				25			
	Bank.	10404		86 60		o		
Nov	Nov Pay (R)		140					
	A. P Can				25			
26	Bank	12521		115		"		
Dec	Dec Pay (R)		124					
	A. P Can				25			
18	Bank.	13790		99		"		
Jan	J A P Can				25			
	Pay (R)		124					
28	Bank.	15564		99		o		

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. $ 25 p Can Separation Allowance issued. Yes or No......	Ca M C	Pay 2 .. F.A. 1 .. Messing 1 .. a. o. a 1/5/20	N/S.	Mess 5/6/18	DMSCo651 12/6/18	Name Benner Initials Mabel Henrietta Bank of Montreal Traf Sqr.

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								
Feb	Brought Forwd							
" 10	a. Pay Can				25			
28	Bank.	17078		87		0		
	Feb P & A. R		112			0		
March	March P & a (R)		124					
19	a. Pay Can.				25			
24	Bank	18657		99		0		
april	april Pay R.		120					
	a Pay Can				25			
26	Bank.	1044		95		0		
May 9th	May Pay (R)		124					
	a. P. Can				25			
22	Bank.	2593		99		0		
June 16	a Pay Can				25			
	Pay (R)		120					
25	Bank.			95		0		
July 5th	Adv July Pay Bank.			99				
	July Pay R.		124					
	A. P. Can				25	0		
Aug 7	Adv Aug Pay Bank			99		Dr 99		
	Aug Pay (R)		124					
	A Pay Can				25	0		
Sept 5	Adv Sept & Oct P&A. Bank			194			Retd to Can	
19	Sept Oct Pay R.		244				LA 6 to 31/10/19 Dis. Exp.	
	Sept Oct A P Can				50	0	Trfd to RE Ledger	