

Unit Canic Rank ns Name Whidden m J Original

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Whidden
(b) What are your Christian Names? Mary Douglas
2. (a) Where were you born? (State place and country) Colechester Co Nova Scotia
(b) What is your present address? Truro, Nova Scotia
3. What is the date of your birth? October 1. 1890.
4. What is (a) the name of your next-of-kin? Mrs. J. D. Whidden
(b) the address of your next-of-kin? Truro, Nova Scotia
(c) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? 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. None
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 Douglas Whidden (Signature of Officer.)

Taken on strength (place) Halifax N.S.

(date) Dec 11th 1917

A. MacKenzie Lt. Col.
(Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

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

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

Date March 27 1919

Place Halifax, N.S.

J. G. Watkinson Regimental Surgeon
Medical Officer

*Insert here "fit" or "unfit"

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

ANSWERS

1. (a) What is your full name? (b) What are your (maiden) names? (c) Where were you born? (State place and country)
2. (a) What is your present address? (b) What is the date of your birth?
3. What is (a) the name of your next-of-kin? (b) the address of your next-of-kin? (c) the relationship of your next-of-kin?
4. What is your profession? (a) What is your religion?
5. Are you married or widowed and if so, to what date of the latter? (a) What is your present status? (b) What is your present status?
6. State particulars of any former military service.
7. Are you willing to serve in the

[Handwritten signature]
[Handwritten signature]
[Handwritten signature]

CANADIAN OVER SEAS EXPEDITIONARY FORCE

The undersigned hereby declares that the above answers apply to the above questions and that

(Signature of Officer)
 (Date of strength) (Place)
 (Rank)
 (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
 Place
 Medical Officer

Duplicate

Unit C.A.M.C. Rank N/S Name Whidden, M. D.

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

9-4-19

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname?..... Whidden
- (b) What are your Christian Names?..... Mary Douglas
2. (a) Where were you born? (State place and country)..... Colchester Co., Nova Scotia
- (b) What is your present address?..... Truro, Nova Scotia
3. What is the date of your birth?..... Oct. 1, 1891
4. What is (a) the name of your next-of-kin?..... ~~XXXXX~~ Mrs. J. D. Whidden
- (b) the address of your next-of-kin?..... Truro, N. S.
- (c) the relationship of your next-of-kin?..... Mother
5. What is your profession or occupation?..... 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..... None
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 Douglas Whidden (Signature of Officer.)

Taken on strength (place)..... Halifax, N. S.

(date)..... Dec. 11th., 1917

[Signature] Lt. Col
(Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

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

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

Date..... March 27 1919

Place..... Halifax, N.S.

[Signature]
Medical Officer.

*Insert here "fit" or "unfit"

OFFICERS' DISQUALIFICATION PAPER
CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your surname?
- (b) What is your Christian name?
- (c) Where was you born? (State day and month)
- (d) What is your present address?
2. What is the date of your birth?
3. What is (a) the name of your next-of-kin? (b) the address of your next-of-kin? (c) the relationship of your next-of-kin to you?
4. What is your profession or occupation?
5. What is your religion?
6. Are you willing to be vaccinated or vaccinated and inoculated?
7. To what Unit of the Army did you belong? (A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z)
8. State particulars of any former military service.
9. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

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

Signature of Officer (Name) _____
Rank _____

Taken on (date) (place) _____
Signed (date) (place) _____
(Signature of Commanding Officer)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above named Officer in accordance with the Regulations for the Medical Services
and consider him _____ for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE

Date _____
Medical Officer _____

M. F. W. R.
1945

Triplicate.

Unit C.A.M.C. Rank N/S Name Whidden, M. D.

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname?..... Whidden
- (b) What are your Christian Names?..... Mary Douglas
2. (a) Where were you born? (State place and country)..... Colchester Co., Nova Scotia
- (b) What is your present address?..... Truro, Nova Scotia
3. What is the date of your birth?..... Oct. 1, 1891
4. What is (a) the name of your next-of-kin?..... ~~XXXXX~~ Mrs. J. D. Whidden
- (b) the address of your next-of-kin?..... Truro, N. S.
- (c) the relationship of your next-of-kin?..... Mother
5. What is your profession or occupation?..... 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..... None
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 Douglas Whidden (Signature of Officer.)

Taken on strength (place)..... Halifax, N. S.

(date)..... Dec. 11th., 1917

[Signature] Lt. Col
 (Signature of Commanding Officer.)
 Camp Hospital
 Halifax, N. S.

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..... March 27..... 1919

Place..... Halifax N.S.

[Signature] Medical Officer.

*Insert here "fit" or "unfit"

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(Answers)

1. (a) What is your name?
- (b) What are your official names?
2. (a) Where were you born (country, date and day)?
- (b) What is your present address?
3. What is the date of your birth?
4. What is (a) the name of your next-of-kin?
- (b) the address of your next-of-kin?
- (c) the telephone of your next-of-kin?
5. What is your religious denomination?
6. What is your religion?
7. Are you willing to be vaccinated or treated in any manner?
8. To what units of the Army's Medical Department do you belong?
9. Are you particularly fit and healthy? (Military Service)
10. Are you willing to serve in any theatre?

CANADIAN OVER-SEAS EXPEDITIONARY FORCES

I have read and understand the above questions and I have answered them to the best of my knowledge and belief. I have signed and dated this declaration in the presence of the undersigned Officer.

Signature of Officer

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the instructions of the Royal Canadian Army Medical Services and I certify that he is fit for service in the Canadian Over-Sea Expeditionary Force.

Date: _____

Place: _____

Medical Officer

REGIMENTAL DOCUMENTS

88
13/8/19

NAME WHIDDEN MARY DOUGLAS REGT. NO. Mrs. Sister UNIT Ca MC H. Q. FILE NO. _____

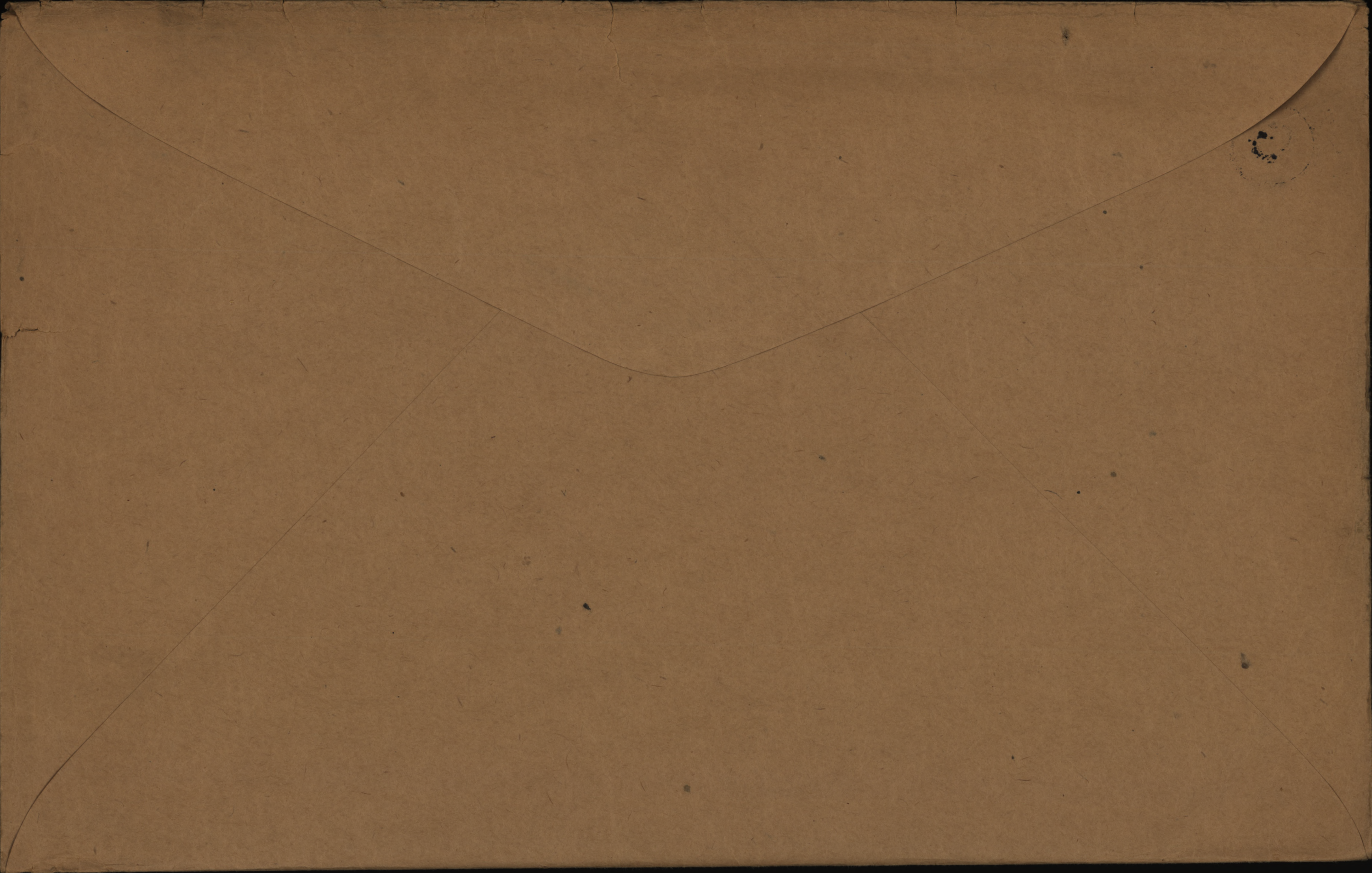
9

H

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
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)					
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)					<i>Demob.</i>
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)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				16416	
1 <i>Miscell.</i>					
1 <i>MFW 71</i>					

Card 30-12-19

H



LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

H. Q.

M. D. No. *6*

Surname.....

Whidden

T. O. S.

19

Christian names.....

Mary Douglas

D. O. Pt. II

of

Regtl. No.....

Rank.....

*N. Sister*S. C. S. *8-7-19*

19

Unit.....

L. A. M. Co.

Reason.....

Auth.....

*Dem of 11-3-19
BO-98 of 8-7-19
at Camp Kelly Hospital*

No. of Kin.....

Whidden Mrs. J. D.

Relationship.....

Mother

Address.....

Tsuru, N.S.

Also notif/ :

BORN-Place.....

Canada Colchester N.S.

Date.....

Oct 1st 1891

ATTESTED-Place.....

Halifax N.S.

Date.....

Dec 11th 1917

O/S.....

R/C.....

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

Extract of Information Coded for Hollerith

Regtl. No. H.S. Name { Surname Whidden
 Christian Names Mary Douglas

Abbreviations used:—A.P., Attestation Paper, Particulars of Recruit, Officer's Declaration Paper.
 A.P.C., Attestation Paper and Pay-roll Card.
 Cas., Casualty Form and Record Sheet.
 P.D., Proceedings on Discharge.

Extracted by: Few Coded by: Few Checked by: J.P.S.

	SOURCE OF INFORMATION	CODE USED	LONGHAND EXTRACT	CODE NO.
A. No. of Card 1, 2, 3, 4, 5, 6			Cards to be punched.....	11
B. Professional Soldier	A.P.	1	AS	0
C. Theatre of Service	Cas.	2	Cas	6
D. Personnel Seconded to W.O., R.A.F., etc.	Cas.	3	n.s.	0
E. Rank on Discharge		P.D.	4	n.s. 3
F. Date Discharged		P.D.	5	8-7-1964
G. Disposition on Discharge		P.D.	6	Keen 57
H. Place proceeding to		P.D.	7	n.s. 1
J. Unit Enlisted in	A.P.C.	12 (a) 12 (b)	Came	3742
K. Country of Birth	A.P.	8	n.s.	08
L. Occupation	A.P.	9	nurse	66
M. Date of Enlistment	A.P.C.	5	See 11-17	48
N. Place of Enlistment	A.P.C.	13	Halifax	671

O. Age on Enlistment	A.P.	Years	26	26
P. Religion	A.P.		10	C. E. 1
Q. Rank when left Canada		Cas.	4	0
R. Unit left Canada with		Cas.	12 (b)	1
S. Date left Canada		Cas.	5	1
T. Unit in England		Cas.	12 (b)	1
U. Date first proceeded to Theatre of War		Cas.	5	1

Source of Information—Casualty Form.

1st Unit in T. of W.

+	+	+
---	---	---

Period of Service

Months:

+	+
---	---

2nd Unit in T. of W.

--	--	--

Period of Service

Months:

--	--

3rd Unit in T. of W.

--	--	--

Period of Service

Months:

--	--

4th Unit in T. of W.

--	--	--

Period of Service

Months:

--	--

X. Check Column					CHECK
Z Casualties		Cas.	11		N W 1
YA. Honours and Awards		Cas.	1. Yes. 2. No.		1 2
YB. Married or Single		A.P.	4. M. 5. S. 6. W.		4 5 6
YC. Service Unit Transfer		Cas.	7. Subsequent Unit or Units. 8. First Unit.	All cards subsequent to 1st. Last or only card.	WATCH

NAME *Whidden Mary D*
REGIMENTAL NO. RANK *n/Sister*
ENLISTED AT *Halifax N.S.* PROMOTIONS, &c. AND DATE
DATE *Dec 11/17*
IF SERVED PREVIOUSLY. STATE UNIT. &c. *no.*
MARRIED, WIDOWER, OR SINGLE *single*
NEXT OF KIN *Mrs J. D. Whidden* RELATIONSHIP *mother*
ADDRESS OF *Turo N.S.*
ASSIGNMENT OF PAY \$ C. TO
ADDRESS
SEPARATION ALLOWANCE, ENTITLED OR NOT
DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER
IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	NO.	DATE	
T.O.S. CA & Sub. CA.	16	16-1-19	Establishment Demobilization 8-7-19 R.O. 1328 P.g.e.
S.O.S. CAMIC & Camp Hill	C.O. 688	5-7-19	
	C.H. 98	7-7-19	

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

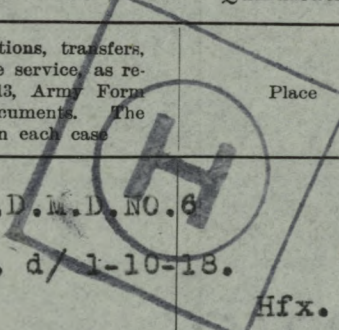
M. F. W. 54. (A. F. B. 103.)

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps *CAMC*
 Regimental No. *nil* Rank *7/c* Name *Whidden Mary Douglas*
 Enlisted (a) *Halifax* Terms of Service (a) *DoFW* Service reckons from (a) *11-12-17*
 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) *graduate 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				
2-12-18.	CAMC	S.O.S.C.A.M.C.T.D.M.D.NO.6 (Auth G.O.#121. d/ 1-10-18.	Hfx. N.S.	20-12-18.	
					
		<i>A. Goddard</i> Lieut. R.C.R. A/ADJT. C.A.M.C. TRAINING DEPOT.M.D.NO.6			
16-1-19	ADMS	T.O.S.Camp Hill Mil.Hosp. and Subsidiaries. (G.O.#121)(D.O.Pt.2,#16)	Halifax, NS	16-1-19	
		<i>C. Monro</i> Lieut-Colonel, D/A.D.M.S., ADMIN., M.D.NO.SIX.			

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
7 8-7-19	CAMC	S.O.S. "CAMC" & CAMP HILL & SUBSIDIARIES on DEMOBILIZATION.	Halifax, N.S.	8-7-19	C.H. & SUB D.O. P2#98 7-7-19 Lt. Colonel, O.C. CAMP HILL & SUBSIDIARIES

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

H.S. 6-35.
H.S.

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

(Name in full)..... Mary Douglas WILKINSON,

Enlisted in..... The Canadian Army Medical Corps,

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

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

in..... The Canadian Army Medical Corps,

CANADIAN EXPEDITIONARY FORCE on the..... Eleventh

of..... December

191... 7.

He SERVED in CANADA,..... with the Can. Army Medical Corps, Can. Army Medical Corps Training Depot #6, Camp Hill Military Hospital, Halifax.

and was STRUCK OFF THE STRENGTH on the..... Eight

of..... July

191... 9.

by reason of..... General Demobilization.

Dated at Ottawa, this..... Nineteenth

of..... December

191... 9.

..... Lt.-Col. ..
for Director of Personal Services.

D.O. 6-35

1 THIS IS TO CERTIFY that (Rank) *Nursing Sister*
2 (Name in full) *Mary Douglas WHIDDEN*
3 Enlisted in *C. A. M. C.*
4 CANADIAN EXPEDITIONARY FORCE, on the *_____*
5 day of *_____* 191 *_____* AND WAS APPOINTED TO COMMISSIONED RANK
6 in *C. A. M. C.*
7 CANADIAN EXPEDITIONARY FORCE on the *Eleventh* day
8 of *December* 191 *7*
9. *S* He SERVED in CANADA *with the*
C. A. M. C. C. A. M. C. T. D. # 6,
Camp Hill M. H. H. Halifax.
10 and was STRUCK OFF THE STRENGTH on the *Eighth* day
11 of *July* 191 *9* by reason of *Gen Demob.*
12 Dated at Ottawa, this *_____* day
13 of *_____* 191 *_____*
14

Reg. No.-----

Rank----- *W/Str.*

Name----- *Whidden Mary Douglas*

Unit----- *Came.*

This form, after completion, is to be attached to the documents of the m/n and filed in envelope.

H.Q. File Reference----- *392-23-197.*

Date Struck off Strength----- *8-7-19.*

Reason----- *Demobilization*

Military District----- *6.*

R.O. 2081 — 16-7-19

Clerk's Initials----- *PB*

Date----- *12-8-19*

.....
.....
.....
.....

This report, after completion, is to be referred to
the members of the committee and also to the public.

.....
.....
.....
.....

Doc. B. 2. 10.
1911.

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 *Private* Surname *Henry Douglas Wheeler*
 (Give name in full)

Unit or Corps *C.A.M.C.* Birthplace *Massillon, Colchester, C.D. U.S.*

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

1. GENERAL DESCRIPTION:

Physique *Medium* Weight *106* lbs. Height *5* ft. *4 1/2* in. Colour of Eyes *Brown*
 Nutrition *Good*
 Pulse *Normal*
 Condition of arteries *Good*
 Vision Rt. *15/20* Left *15/20*
 Hearing (conversational voice) Rt. *30* ft. Left *20* ft.

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

Opinion as to general health and physical condition *Good*

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

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

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

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.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.....*Quebec*.....(Canada)

Date*2/7/19*..... Signed*Mary Douglas Whedden*.....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.

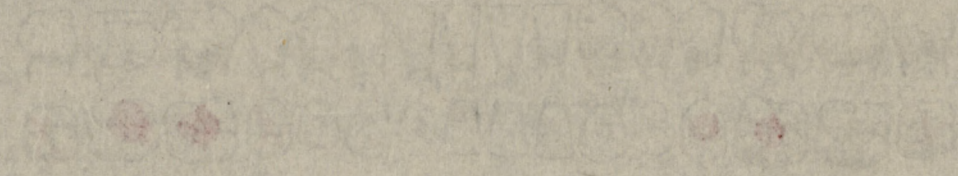
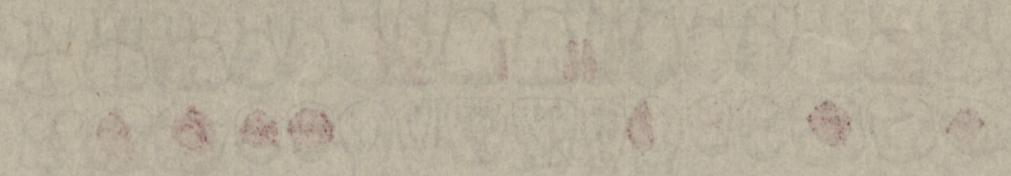
Signature *Mary Douglas Whedden*.....

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

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

[OVER]

INSTRUCTIONS



DEPARTMENT OF AGRICULTURE
BUREAU OF BULLETIN SHEET

[Handwritten scribble]

**Medical Examination upon leaving the Service
of an Officer fit for general service or a Soldier fit for duty.**

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank *Nursing Sister* Name *Whidden* Surname *Mary Douglas*
 Unit of Corps *C.A.M.C.* (If a soldier) Regtl. No.
 Born at *Houston, California* on, (date) *October 1891*
 Signature (for identification) *Mary Douglas Whidden*

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight *110* lbs. Colour of eyes *Brown*
 Height *5* ft. *4* in. Identification Marks *None*

2. NUTRITION AND DIATHESIS?

Average

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability?

Normal

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

Normal No history lung trouble

5. HEART?

Abnormal Sounds? *Blowing Systolic 1st pulmonary sound (Functional)*
 Abnormal Size? *Normal in size*
 Pulse Rate? *72* Intermittence or Irregularity? *Regular* Muscular Tone? *Good*

6. ARTERIES.—(a) Any hardening or nodulation?

No

(b) Blood Pressure. *105/75* *Diastolic 60*

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

Normal

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? *1024* Reaction? *acid* Albumen? *none* Sugar? *none*

9. SKIN, MIDDLE EAR, EYE or any other part?

Normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

No

11. Opinion as to the health and physical condition of the one examined?

Fair Class A

Examined at *Hulgan* Signed *Flu Rice Major Command* M. O.

Date *Nov 30, 1918* Signed *Mina ...* M. O.

Mary Douglas Whidden
Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding

Date of appointment to Class *A* *11 December 1917*



Medical Examination Report

of the patient for the purpose of determining the nature and extent of the disease.

The patient is a male, aged 45 years, who has been suffering from a chronic illness for several years.

On admission, the patient was found to be in a state of moderate debility, with a pale complexion and a rapid pulse.

The physical examination revealed a normal sized heart, with a regular rhythm and a normal rate.

The lungs were clear, and the abdomen was soft and non-tender.

The patient's diet was restricted to a light, easily digestible food.

The patient's condition improved gradually, and he was able to take a more liberal diet.

The patient was discharged on the 15th day of his illness, in a state of moderate improvement.

The patient's condition is such that he requires further treatment.

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Medical Examination upon leaving the Service
of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Nursing Sister Name Wheeler Surname Mary Douglas
 Unit of Corps C. A. U. E. (If a soldier) Regtl. No. _____
 Born at Wentworth, Colchester Co., Nova Scotia, (date) October 1, 1891
 Signature (for identification) Mary Douglas Wheeler

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight	Colour of eyes
<u>110</u> lbs.	<u>Brown</u>
Height	Identification Marks
<u>5</u> ft. <u>4</u> in.	_____

2. NUTRITION AND DIATHESIS?

Average

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability?

Normal

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

Normal no history lung trouble

5. HEART?

Abnormal Sounds?	<u>Blowing systolic 1st pulmonary sound (functional)</u>		
Abnormal Size?	<u>Normal in size</u>		
Pulse Rate?	<u>72</u>	Intermittence or Irregularity?	<u>regular</u>
		Muscular Tone?	<u>good</u>

6. ARTERIES.—(a) Any hardening or nodulation?

No

(b) Blood Pressure. 105 sys. 60 dias

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

Normal

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.?	<u>1024</u>	Reaction?	<u>acid</u>	Albumen?	<u>none</u>	Sugar?	<u>none</u>
------------------	-------------	-----------	-------------	----------	-------------	--------	-------------

9. SKIN, MIDDLE EAR, EYE or any other part?

Normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

No

11. Opinion as to the health and physical condition of the one examined?

First Class "A"

Examined at Halifax Signed [Signature] M. O.

Date Nov. 20th/., 1918 Signed [Signature] M. O.

Mary Douglas Wheeler
Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding

Date of appointment to C.A.M.C., C.E.F., 11th December 1917

Handwritten text at the top of the page, possibly a title or header.

Handwritten notes or signatures in the upper middle section.

Handwritten signature or name at the bottom left of the page.

MEDICAL HISTORY SHEET

Surname Whidden Christian Name Mary Douglas

Examined { on 31st day of July 1918
 at Aldershot Camp
 Birthplace { City or Town Mar Town
 County Colechester, W.S.

Approved by G. J. McNally mc
 Rank Major M.O.

Apparent age 27
 Trade or occupation Graduate Nurse
 Height 5' feet 2 1/2 Inches
 Weight 109 lbs.
 Chest measurement { Minimum 27 1/2 inches
 Maximum expansion 29 1/2 inches
 Physical development Good
 Small-pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT

Vaccination Marks { Arm Right Left
 Number 0
 When Vaccinated last June 1918
 (a) Marks indicating congenital peculiarities or previous disease nil

Date	Result	VACCINATIONS

(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.

Enlisted on 11th day of December 1917 at Halifax

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>C.A.M.B</u>			<u>December 11/1917</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Aldershot Camp</u>	<u>July 31/1918</u>	<u>Nil</u>	<u>Category A</u> <u>G. J. McNally major</u> <u>W. M. Mackenzie</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.

MEDICAL HISTORY SHEET.

Surname Whidden Christian Name Mary Douglas,

Examined { on <u>31</u> st day of <u>July</u> 191 <u>8</u> . at <u>Aldershot Camp N.S.</u>	Approved by <u>G.J. McNally</u>																																	
Birthplace { City or Town <u>Mass Town.</u> County <u>Colchester N.S.</u>	Rank <u>Major</u> M.O.																																	
Apparent age <u>27</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date.</th> <th style="width: 15%;">Fit or Unfit.</th> <th style="width: 70%;">EXAMINED FOR RE-ENGAGEMENT.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.																														
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Trade or occupation <u>Graduate Nurse</u>																																		
Height <u>5</u> Feet <u>2½</u> Inches.																																		
Weight <u>109</u> Lbs.																																		
Chest measurement { Minimum <u>27½</u> inches. Maximum expansion <u>29½</u> inches.																																		
Physical development <u>good.</u>																																		
Small-Pox Marks <u>none</u>																																		
Vaccination Marks { Arm <u>Right.</u> <u>Left.</u> Number <u>0</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date.</th> <th style="width: 15%;">Result.</th> <th style="width: 70%;">VACCINATIONS.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date.	Result.	VACCINATIONS.																														
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Enlisted on 11 day of December 1917 at Halifax N.S.

CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>C.A.M.C.</u>	(blank)	<u>December 11/1917</u>
Transferred to	(blank)	(blank)	(blank)

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

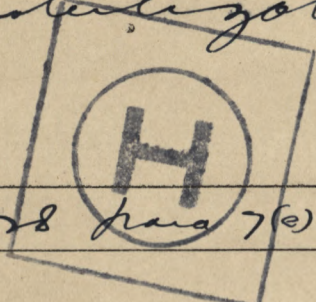
STATION.	DATE.	DISEASE.	RESULT.
<u>Aldershot Camp N.S.</u>	<u>July 31/1918.</u>	<u>Nil</u>	<u>Category A.</u> <u>G.J. McNally Major</u> <u>W.P. Macasey Capt.</u>

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.

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

1. RANK *Nursing Sister*
 2. NAME *Whidden, Mary Douglas*
 3. UNIT *C.P.M.C. Campkin Sub Hqs.*
 4. DATE STRUCK OFF STRENGTH *8-7-19* PLACE *Hanford Wis.*
 5. REASON

Demobilization



6. AUTHORITY *R.O. 1328 para 7(e) 6D 42-W. 217*

7. PROPOSED RESIDENCE

*P.O. Box 310
Truro Wis.*

This folder should contain the following documents:

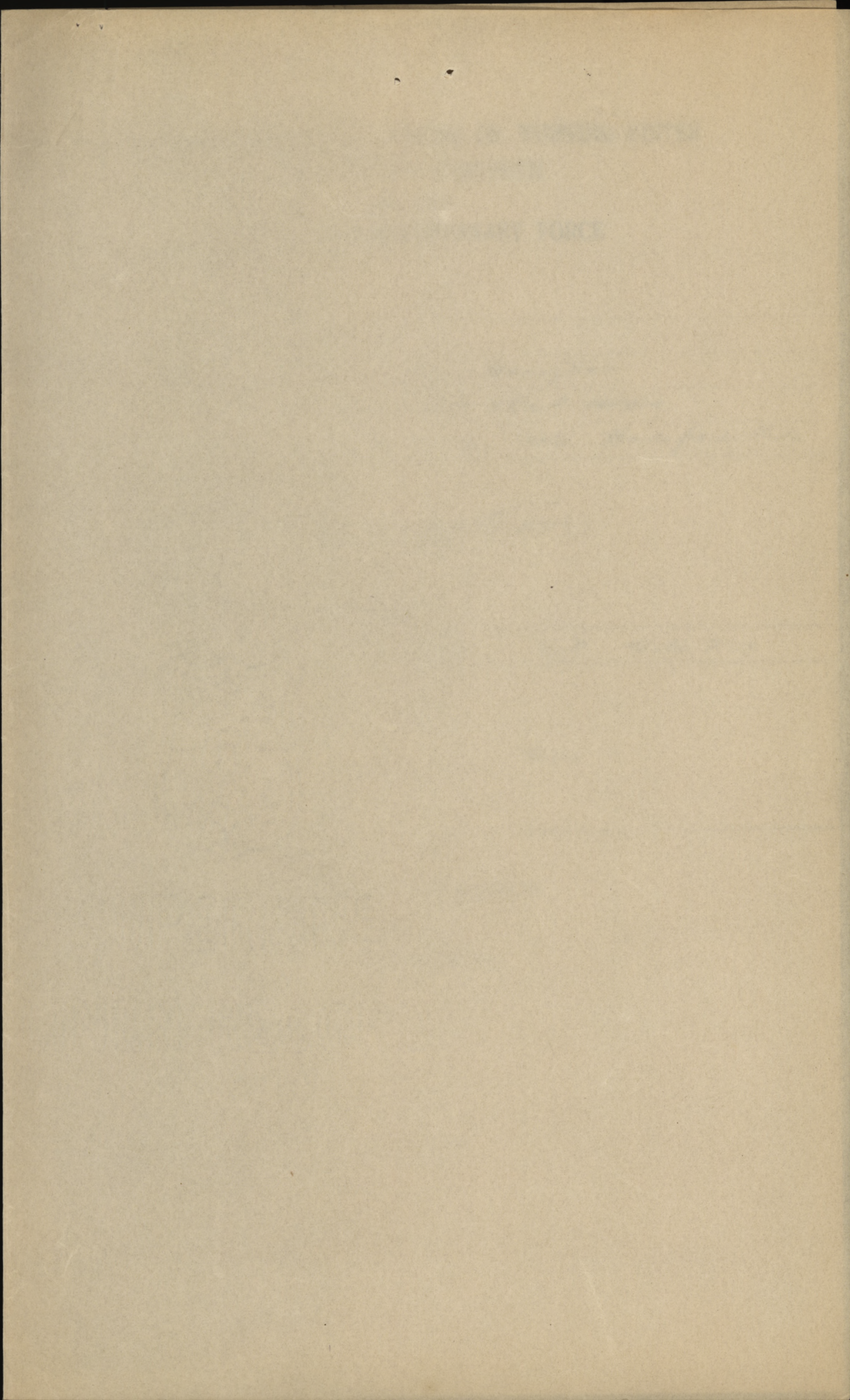
1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report M. F. W. 129.
6. Dental History Sheet, M. F. B.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

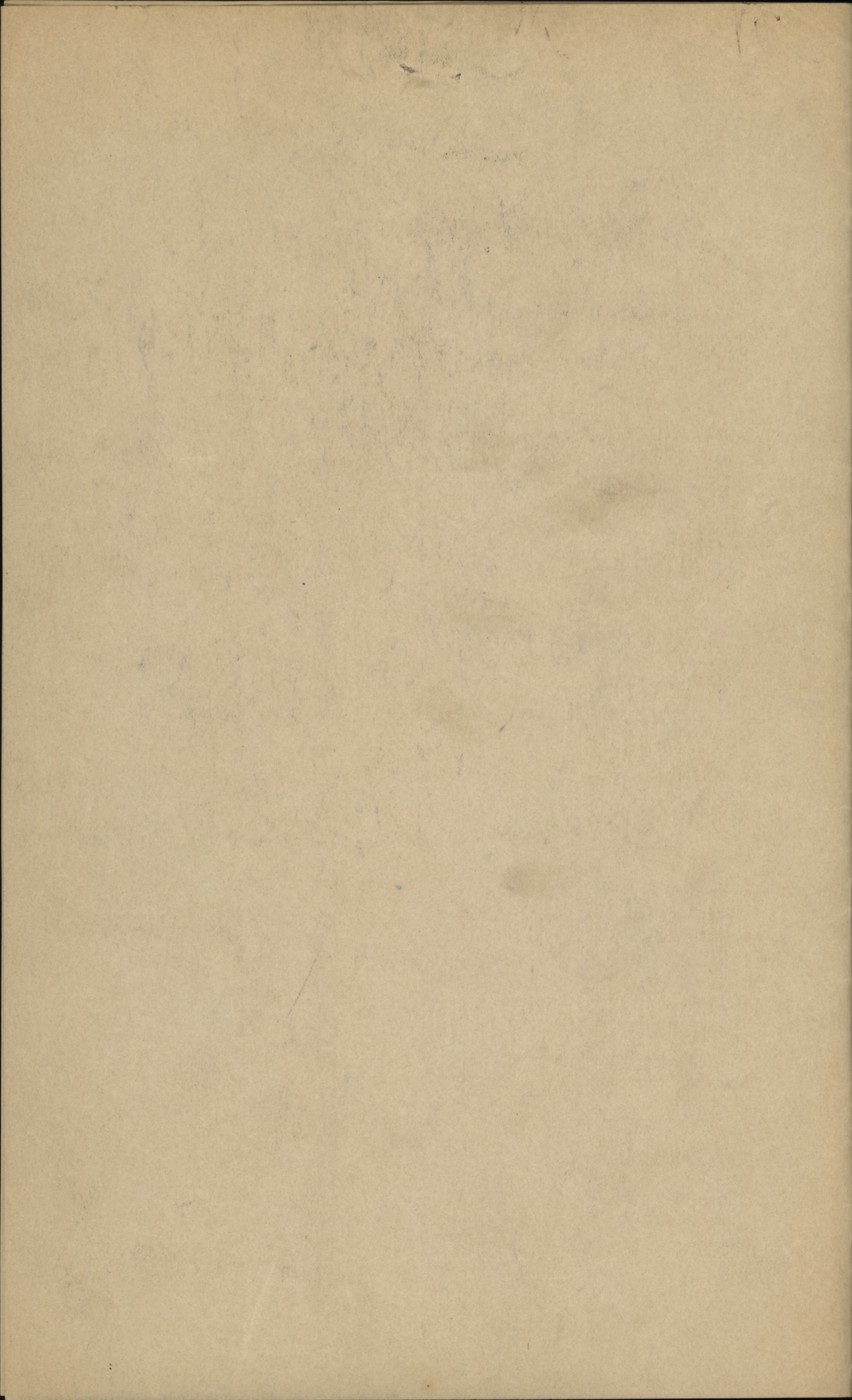
PROCEEDINGS OF AN OFFICER OR NURSING SISTER
STRUCK OFF STRENGTH
OF THE
CANADIAN EXPEDITIONARY FORCE



1917
1918

- 1. Surgeon-General, M. F. W. 21.
- 2. Captain, M. F. W. 21.
- 3. Medical Officer, M. F. W. 21.
- 4. Surgeon, M. F. W. 21.
- 5. Dental Officer, M. F. W. 21.
- 6. Surgeon, M. F. W. 21.





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

M. OR S. _____ REGT. NO. _____ RANK *MS.* NAME (IN FULL) *Whidden, Mary D.*
(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN *Mrs. J.P. Whidden, Mother* RELATIONSHIP *Mother* ORIGINAL UNIT C.E.F. *CA MB.* PLACE OF ATTESTATION *Halifax N.S.* TRANSFERRED TO _____ DATE _____ AUTHORITY _____
ADDRESS *Box 310, Truro, N.S.* PARTICULARS *2⁰⁰ Reg Pay
7⁰⁰ Subst Pay
170 Subst* DATE OF ATTESTATION *11/12/17* TRANSFERRED TO _____ DATE _____ AUTHORITY _____
IS SEPARATION ALLOWANCE PAID? *No* DATE EFFECTIVE _____ ASSIGNED PAY \$ _____ DATE EFFECTIVE _____
TO WHOM PAID _____ RELATIONSHIP _____ PAYABLE TO *Mrs. M. Whidden* RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OR ADDRESS _____
ADDRESS _____ ADDRESS *524 Bay St. Truro* STOP PAYMENT FORM RENDERED, DATE _____ EFFECTIVE _____
DISCHARGED *Halifax, N.S.* PLACE _____ DATE *8/7/19* REASON *Penal.* AUTHORITY *6543-W-217* IF ENTITLED TO POST DISCHARGE PAY *Yes.*

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3				DEBIT	CREDIT	DEBIT	CREDIT	
	31	2 ¹⁵	93	52 70	60	145 70											145 70			20.6096
Apr.	30	3 ⁰⁰	90 00	51 00		141 00											141 00			
May	31	3 ⁰⁰	93 00	52 70		145 70									10 40		145 70			10 40 meals
June	30	3 ⁰⁰	90 00	51 00		141 00											141 00			
	8	3 ⁰⁰	24 00	93 00 13 60		130 60									80		130 60			1 st pay W.S.G., 80 meals. 805.10 688(b)
31 Aug.				93 00 93 -		93 00 93 -											93 00 93 -			1 st Payment W.S.G. as above
<p>W. S. G. all payments made H. Allum Lt. 30¹⁰/19</p>																				

