20/8/19

REGIMENTAL DOCUMENTS

NAME Cambridge Ella Sarah REGT. NO. N. Sister UNIT C.A.M.C. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		Pers.	20-8-19	Pers — 1016 2MD	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)				01852	
	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
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
2	MEDICAL EXAMINATION (M.F.W. 129)		H			
	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)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					4-31
1	Disp. Cert.					2-31
1	M.F.W. 67.					
3	misc					
1	M.F.W. 2591					
1	[illegible]					
1	A 149					
1	A 271237					
1	AFW 3212					

Ref. S.S. Araguaya 8/8/19

W. 2589
100M-11-18
1222-39-1377

1.

Unit ..... Rank Nursing Sister Name Ella Sarah Cambridge

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (*a*) What is your Surname ? Cambridge
   (*b*) What are your Christian Names ? Ella Sara
2. (*a*) Where were you born ? (State place and country) Gibson York Co N.B.
   (*b*) What is your present address ? 110 Carmarthen St St. John N.B.
3. What is the date of your birth ? Dec 7 - 1885.
4. What is (*a*) the name of your next-of-kin ? John L Cambridge
   (*b*) the address of your next-of-kin ? 110 Carmarthen St. St John NB
   (*c*) the relationship of your next-of-kin ? Father.
5. What is your profession or occupation ? Graduate Nurse
6. What is your religion ? Methodist
7. Are you willing to be vaccinated or re-vaccinated and inoculated ? Yes
8. To what Unit of the Active Militia do you belong ? C A M C.
9. State particulars of any former Military Service Substitute nurse 2½ months
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.

Ella Sara Cambridge (*Signature of Officer*)

Taken on strength (place) Halifax N.S.

(date) MAR 27 1917

A Stockton 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 MAR 27 1917 191

Place HALIFAX N.S.

A Jacobson Major
Medical Officer.

*Insert here "fit" or "unfit

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

ORIGINAL

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins ..... C A M C Re-Inforcements C E F

(2) Regimental Number ..... —

(3) Full Name of Soldier ..... Ella Sarah Cambridge

110 Carmarthen St. St John NB

(4) Place of Birth ..... Gibson, York Co. NB.

(5) Are you married, or not ? ..... no.

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

(b) Present Postal Address ..... —

(7) Are you a widower ? ..... —

(8) Have you any children ? ..... —

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

Also their names and ages ..... —

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? yes. John L Cambridge

If so, state name and address 110 Carmarthen St. St John N.B

(10) Is your Mother alive? —

If so, state name and address —

(11) If your Mother is a widow —

Are you her sole support, or not? —

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

—

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

—

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

—

15) Are you insured? no

If so, in what Company? —

Have you made arrangements for payment of your Insurance premium —

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

A Gloster Hall
Officer Commanding.

Date MAR 27 1917

Forms
I. 1237
11

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
116		N/S	Cambridge.	E.S.

Year	Unit.	Age.	Service.
1917	C.A.M.C. Camb Smi Hpl	31	3/12 U.K.

Station and Date.	
	Disease acute Bronchitis
30.6.17	Has had a cold off and on for nearly
	two months.
	Present Condition
	Is coughing and expectorating quite a
	lot. feels "filled up" in the chest.
	Examined Lungs.
	no dullness in either lung.
	on auscultation Small piping Rales in Both
	Lungs. Especially after Coughing
	Heroin gr 1/12 two or 3 times a day. if necessary.
	℞ Tr: Scillae ʒii
	vin Ipecac ʒiii
	Oxy Scill ʒv.
	Tr Camph Co ʒvi.
	Syr Cherry ʒiii
	Syrup ℥i.
	aq ad ℥vi
	Sig ʒi 4 or 5 times a day
	[signature] Major
WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.	
	Nose N.P. Pharynx & Larynx
	clear except slight congestion
	of mm in nose. No pus.
4/7.	Very little improvement —
	Instillations 9.3.L.
5/7.	Pus in right side of nose between
	post half m. turb & sept.
7/7	Small amt of pus — same position

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(23205) Wt.W 4234—M 627. 1,000,000, 8/16. C.F.&S. Forms/I. 1237/11.

P.T.O.

Station and Date.

Transillumination;
Antra & frontal sinuses clear;
left side of nose transilluminates;
right side is dark.
Drops of camphor menthol &
eucal. after saline irrigation.
Inhalations q. 2. h.
[illegible signature]

MH Freed
Stand Med Bd 15/7/17

Jr gm Dy 10 - C - 13104108

ORIGINAL

MEDICAL HISTORY SHEET

Surname Cambridge Christian Name Ella Sarah

Examined on 27th day of March 1917 at Halifax N S

Birthplace City or Town Gibson County York Co. NB Canada

Apparent age 32

Trade or occupation Trained nurse

Height 5 feet 5 Inches

Weight 120 lbs.

Chest measurement Minimum 32 inches Maximum expansion 35 inches

Physical development Good

Small-pox Marks nil

Vaccination Marks Arm ~~Right~~ Left 1 Number one

When Vaccinated last

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by O. Lacroix Major Pay Rank 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	
16-4-17	Good	Vaccinat	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
27-3-17	Good	Vaccin	M.O.
3/0/17	Good	K.S. Malabis	M.O.
10-4-17	3rd	Vaccinat	M.O.

Enlisted on 27th day of March 1917 at Halifax N S

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	A.M.C. Re-Inforcements C.E.F.	Hon. Lieut. & Nursing Sister		MAR 27 1917
Transferred to	C.A.M.C.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Folkestone 13 Berners st	14-7-17 18-6-19	Bronchitis nil	Fit for G.S. Lt Col Ferguson RAMC Harold Buck Major Canc.

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 Cambridge Christian Name Ella Sarah

STATION	Date of Arrival at the Station	Dates of Admission into Hospital: Day	Month	Year	Dates of 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. Particulars of prophylactic inoculations.	Signature of Medical Officer
WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.		30	6	17	14	7	17	Acute Bronchitis	15	Fully recovered and fit for duty. To Base	[illegible] Capt

CONFIDENTIAL. Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at SHORNCLIFFE— (19, Westbourne Gardens, Folkestone.) on 14-7-17.

by order of A.D.M.S. Canadians.

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

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

Age 31 Service 3/12. Disability Bronchitis.

Date of commencement of leave granted for present disability ------

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

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

This N/S has to-day been discharged from the West Cliff Canadian Eye & Ear Hospital, having recovered from the above disability.

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

1. Fit for General Service ..... Yes.
2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category* ..... ----
3. Fit for Home Service ..... ----
4. Fit for Light Duty at Home ..... ----
5. Requiring indoor hospital treatment—
   (*a.*) In an Officers' Hospital ..... ----
   (*b.*) In an Officers' Convalescent Hospital ..... ----
6. (*a.*) Fit for light duty at a Command Depôt ..... ----
   (*b.*) Fit for treatment only at a Command Depôt ..... ----
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation ..... ----
8. Was the disability contracted in the service? ..... Yes.
9. Was it contracted under circumstances over which he had no control? ..... Yes.
10. Was it caused by military service? ..... Yes.
11. If caused by military service, to what specific military conditions is it attributed? ..... G.S.conditions. Exposure & Infection.
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? ..... --------

I concur in the findings of the Board of Medical Officers here recorded.
A.D.M.S. Invaliding for D.M.S. Canadian Contingents.

B. Officer's Address: Military Hospital. Shorncliffe.

Signatures: E.G.Mason. Lt-Col. CAMC President.
T.M.MacKinnon. Major. CAMC. Members.

[P.T.O.

INSTRUCTIONS.

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

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

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

(2541.) Wt. W16848/G9255. 500,000. 3/17. P.P.Ltd. **Est. No. 1069.**

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 W/S Surname Cambridge Ella Sara.
(Given name in full)

Unit or Corps Camc Birthplace Gibson N. B.

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

1. **GENERAL DESCRIPTION:**

Physique Good Weight 150 lbs. Height 5' ft. 5' in. Colour of Eyes Brown

Nutrition Good

Pulse To

Condition of arteries Healthy

Vision Rt. 6/20 Left. 6/20

Hearing (conversational voice) Rt. 20 ft.

Left. 20 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. 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 Brighton (Overseas)

Date 24.2.19 Signed J. Innes Maj. RAMC 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 Ella S. Comrudge

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

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

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

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

Signature .....

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

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

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 ..... CAMBRIDGE .....
(Given name in full)
..... Ella Sarah .....

Unit or Corps ..... C.A.M.C. ..... Birthplace ..... Gibson N.B. .....

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

1. GENERAL DESCRIPTION:

Physique Good ..... Weight 155 clothed lbs. Height 5 ft 3 in. Colour of Eyes Brown

Nutrition ..... normal .....

Pulse ..... 74 .....

Condition of arteries ..... normal .....

Vision Rt. ..... c glasses 6/5 ..... Left ..... 6/5 .....

Hearing (conversational voice) Rt. 25 ft.

Left. 25 ft.

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

Slight Irregularity
R. Ext. Ear.

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

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 ...Lon. Area....(Overseas)

Date .....18-6-19..... Signed...Harold Buck.....M.O.
Major Canc

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 .....Ella I Cambridge N/S

(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. 5009A

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

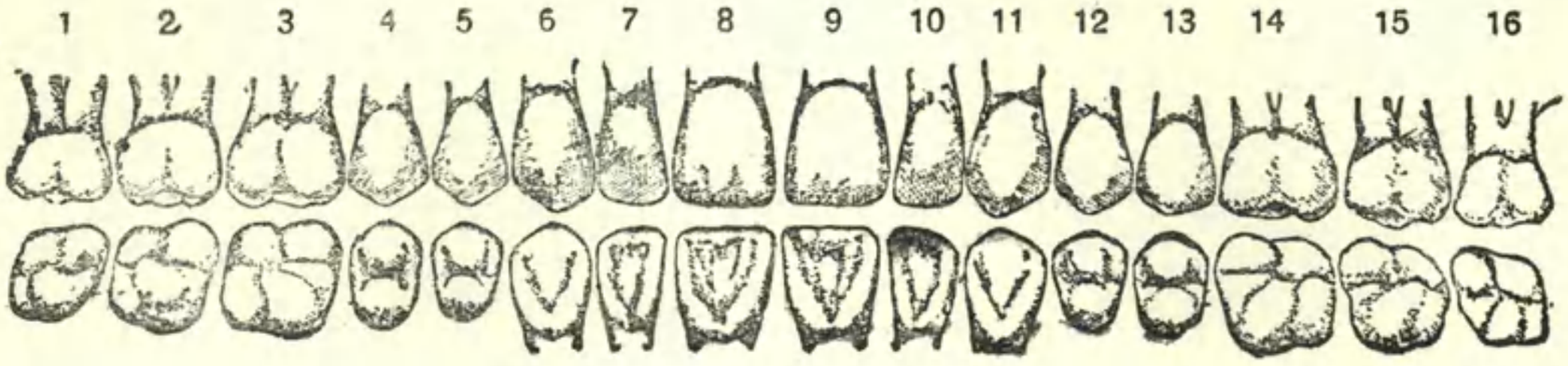
DENTAL CERTIFICATE FOR DEMOBILIZATION

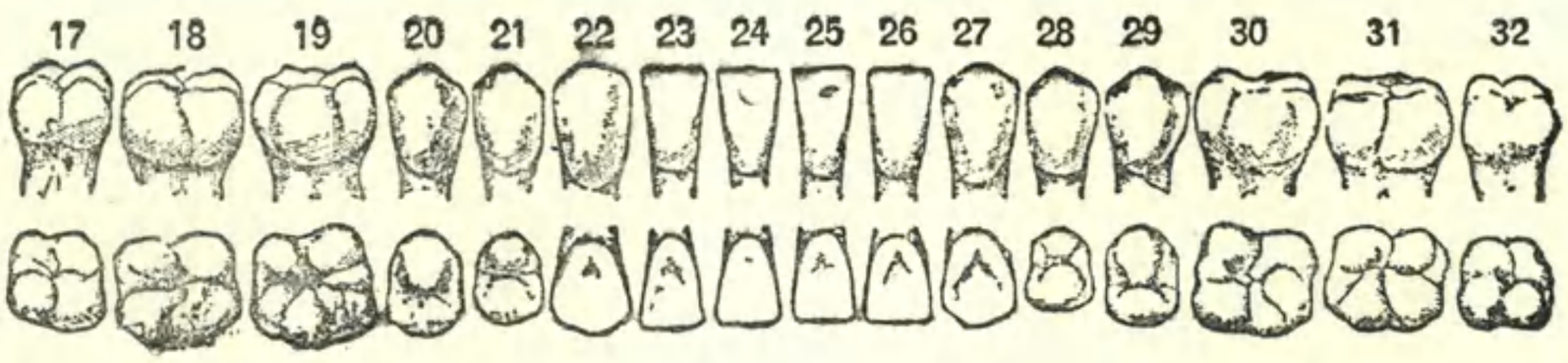
Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) CAMBRIDGE E.S.

REGIMENT C.A.M.C. RANK Nursing Sister No.

Date of Examination in England 5-/8/19 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
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper YES
   - (*b*) Part Upper —
   - (*c*) Full Lower YES
   - (*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 NO
- (*c*) In France

Petrograd Hosp

Signature of Dental Officer W. L. Cambridge
Capt. C.A.D.C.

C.A.D.C. 5009 A

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

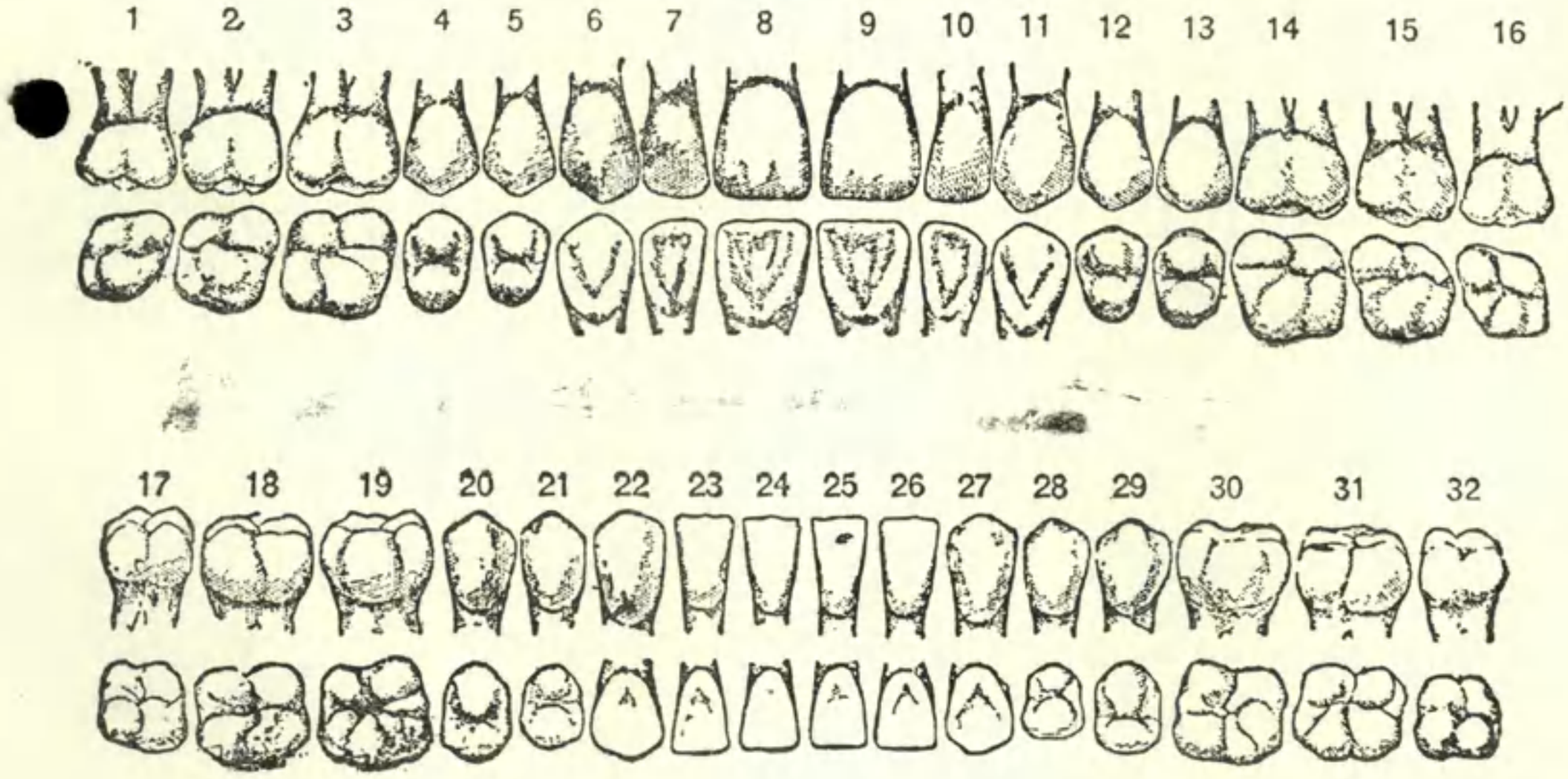
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) CAMBRIDGE E.S.

REGIMENT C. A. M. C. RANK N.S. No. —

Date of Examination in England March | 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 X
2. EXTRACTIONS X
3. CROWNS X
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

X

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 Yes
- (*b*) In England —
- (*c*) In France —

Signature of Dental Officer G. H. Clemesha Major C A D C

CANADIAN EXPEDITIONARY FORCE

J.W. 7-38.
T.H.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

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

(Name in full) Ella Sarah CAIDBRIDGE.

Enlisted in the Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the [redacted]

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

in the Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the Twenty-Seventh day

of March 1917.

S He SERVED in CANADA, and England with the C.A.M.C.Depot., Moore Barracks Can. Hosp., Shorncliffe Mil. Hosp., Granville Can. Special., #12 Can. Gen. Hosp., #10 Can. Gen. Hosp., C.E.C.Officers Hosp.

and was STRUCK OFF THE STRENGTH on the Nineteenth day

of August 1919 by reason of General Demobilization.

Dated at Ottawa, this Ninth day

of January [redacted] 191[redacted] 1920.

Lieut.
Director of Personal Services.
for.

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.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps A.A.M.C. H.M.C.S. Re-Inforcements C.E.F.

Regimental No. —— Rank Nursing Sister (Hon-Lieut) C. E. F. Name Ella Sarah Cambridge

Enlisted (a) 27-3-17 Terms of Service (a) War & 6 months Service reckons from (a) 27-3-17

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) Trained 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
2 4 17		Embarked	Halifax	27-4-17	H.M.H.S. Letitia
17/5/17.	C.A.M.C. TAKEN ON STRENGTH	Disembarked	Liverpool	6-5-17	
	C.A.M.C. TAKEN ON STRENGTH		Westentanger	6-5-17	Pt II D.O. 137
19/5/17	"	Posted to m.B. Hosp.	"	11/5/17	P. II D.O. 138. DR Fletcher Lt. ASST. ADJUTANT FOR O.C. C.A.M.C. TRAINING DEPOT
17-5-17	M.B.C.H.	T.O.S. from C.A.M.C.D.	Shorncliffe.	11-5-17	Pt. II D.O. 137.
25-5-17	do	S.O.S. on posting to Shorncliffe Mil. Hosp.	Shorncliffe.	21-5-17.	Pt. 11 D.O. 145. Company Officer, For Colonel, Officer i/c Hospital.
26-5-17.	M.H.S.	T.O.S. from Moore Bks. Hosp.	Shorncliffe	21-5-17	Part 2 D.O. 145.
16 7 17	M.H.S.	S.O.S. to C.A.M.C. Depot	Shorncliffe	1-7-17	Part 2 Do 196

(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.

Hon-Lieut.
R. N. S. **Cambridge, Ella Sarah.** C.A.M.C.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
16.7.17	Mil Hosp Shorncliffe	Attached to Mil Hosp. Shorncliffe from CAMC Depot	Shorncliffe	1.7.17	Part 2 DO. 196
24/9/17	No 9. C.G.H. Shota	S.O.S on recovery to be to Military Hosp. Shorn from Camc. Depot	Shornliffe	10 4/9/17	P II D.O. 1.
8.1.18	No9 C.G.H Sciffe	S.O.S to Granville Canadian Special Hosp Buxton 7/1/18 for special massage Course.	Sciffe	7/1/18	Part 2 D.O. 8.
12-1-18	G.C.S.H.	Y.O.S. from 9G. Shorncliffe.	Buxton	8-1-18	Pt II D.O. 11.
21-1-18	"	Authorised to draw Billeting All.	"	8-1-18	Pt II D.O. 17.
16-3-18	"	Leave to draw Billeting Allowance	"	1-3-18	Pt II D.O. 56.
21-3-18	"	On Leave 9-4-18 to 25-4-18	"	9-4-18	Pt II D.O. 60.
3-4-18	"	One blue service chevron	"	24-4-17.	
26-4-18	"	S.O.S to 126 G.H. Bramshott.	"	25-4-18	Pt II D.O. 78. Major CAMC
29.4.18.	GC.S.H.	T.O.S. No 12697H from GC.S.H.	Bramshott	25.4.18	Pt II D.O. 102.
14.10.18	12.G.H.	S.O.S. 12. G.H. on posting to No 10 G.H.	Bramshott	14.10.18	Pt II D.O. 244.

COLONEL
O.C. No 12 CAN. GENERAL HOSPITAL
CAPT.
ADJUTANT
CANADIAN GENERAL HOSPITAL

Kindly remember to send name, number division & name of medical officer.

Army Form W. 3212. (In books of 100.)

Regtl. No., Rank and Name _____ Corps _____

Disease _____ Hospital _____

To Officer i/c Laboratory. Ward 148

Please carry out an examination of the accompanying specimen of urine

with special regard to Routine

Date Jan 20/17

O. i/c Ward.

LABORATORY REPORT.

Ag 1011
Reaction Acid
albumen neg
Sugar neg.

R. Oswald Leger

Date of Examination _____

O. i/c Laboratory.

W 12965—6740 200,000 11/15 H W V (M 875) Forms/W. 3212/1
1439—480 200,000 5/16

5551

Capt. Graham,
M.O.,
West Cliff Canadian Hospital,
Folkestone.

7th July, 1917.,

Nursing Sister E.S. Cambridge.

Frontal sinuses clear.
Left Ethmoid opaque. Nasal and Antra opaque.

D. P. Johnston
Capt. C. A.M.C.
O. i/c X. Ray Department,
Moore Barracks, Canadian
Hospital.

Forms R. 150.
3232. 15 M. 14/1

E.T.

Surname CAMBRIDGE **Christian Names** Ella Sara

Rank Nursing Sister **Name and Address of Next-of-Kin** Father.
John L.Cambridge.
110. Carmarthen St.St.John.New
Brunswick.Canada.

Promotion

TOS. 27 March 17

Unit C. A. M. C.

Place of birth Gibson.York Co.,N.B.

Married (Yes or No)

Appointments

Date of leaving Canada **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
		T.O.S. Canc. Ch't. on arr. P.			
14-5-17	Dms.	Can. & posted to Canc. Dep.		27/4/17	Co. 622.
16-5-17	Dms.	Posted to Moore Bks Hosp.		11-5-17	Co. 634
28-5-17	Dms.	Posted to Shorncliffe M. Hp.		22-5-17	Co. 685.
		admitted	discharged	15-7-17	C. L. 729.
6-7-17	CRO.	West Cliff Q. & T. Hosp		2-7-17	C. L. 418, Bronchitis ac.
19-9-17	DMS.	Posted to No. 9 Can. Gen. Hp.		10-9-17	Co. 1231.
8-1-17	9 G.Hp.	S.O.S. on re-posting to Granb. S. Hp Buxton		7-1-18	P.E. II 9/8 C.O. 41 T.O.S. Buxton P.E. II 9/11
21-3-18	G.C.S.Hp. Buxton	Granted leave from 9-4-18 to		25-4-18	P.E. 29/60
29-4-18	D.M.S.	Posted to 12 Can. G. Hp. from G.C.S. Hp.		25-4-18	C.O. 515.
14-10-18	12 Cdn Hp.	S.O.S. on posting to 10 Can. Gen. Hosp.		14-10-18	P.E. II. ord. 244.
8 to 14-10-18	10 Cdn H.	T.O.S. from 12 Can. Gen. Hosp.		14-10-18	P.T. II. ord. 40
1/7-1-19	Do	Granted leave from 7-1-19 to		23-1-19	P.T. II. ord. 1.
22/31-3-19	10 C.G.(K) H	T.O.S. to Can R.C.C.H. Petrograd Hotel.		17-3-19	P.T. II ord 12.

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				
	CRCOHp.				
25-3-19	London	T.O.S. on posting from 10 CGH. Brighton		17-3-19	Pt Ford. 65.
15 8 19	"	S of S to CEF Canada		8.8.19	Pt II O/116
8.8.19	Araguaya	SoS on strength C. to CEF Canada		8.8.19	Pt II order 27
		Sailed for Canada		8.8.19	SLD-36.
		SUS.		19.8.19	

23617

~~23618~~

L. L. Job 4503.—M. & D. 2.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Muriel Baker

Address 110 Carmarthen St
St John N.B.

Relation to Soldier wife, child or mother

$40.00

MAY 1917

Name of Soldier Cambridge Ella V.

Regtl. No.

Rank Nursing Sister

Corps C.A.M.C.

To what Corps belonging when called out

PAYMENTS

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

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2 Muriel Barker
(Assignee)

Name of Soldier Cambridge Ella V.
A.V. C. (W.A.A.C.)

L. L. Job 5470—Req. 6888.

	Month.	Year.	Cheque No.	Amt. $40 00	Remarks. MAY 1917
	April	1916			
	May				
	June				
	July				
	Aug.				
	Sept.				
	Oct.				
	Nov.				
	Dec.				
	Jan.	1917			
	Feb.				
	March				
	April				
Lell	May		K 12698	40	
Lell	June		G 16982	40	S
Lell	July		2 G 22587	40	Bu
	Aug.		E 22589	40	Cu
	Sept.		E 34368	40	D
	Oct.		H 46978	40	
	Nov.		G 48595	40	
	Dec.		G 51326	40	
	Jan.	1918			$320
	Feb.				
	March				
	April				
	May				
	June				
	July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch C

OVERSEAS CONTINGENTS

571 Date of Assignment May 1/17

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

40			

PARTICULARS OF SEPARATION ALLOWANCE

No. 8

Rank Pte. Promoted Reverted Discharge

Soldier's Name Ella M. Cambridge
C.A.M.C.

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Muriel Barker

Address 110 Carmarthen St. St John N.B.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS 2703-E-5
Dec. 31st			320	320		
1918 Jany	Q 65870		40	40	97	
Feb	B 100540		40	40		
Mar	A 107787		40	40	✓	
apr.	A 4893		40	40	G	
May	H 19746		40	40	✓	
June	E 18633		40	40	✓	
July	V 34284		40	40	✓	
Aug	E 31147		40	40		
Sept	H 46478		40	40	✓	
Oct.	J 49022		40	40	✓	
NOV	B 60519		40	40	✓	
DEC	M 64259		40	40	✓	
JAN 1919	H 75939		40	40	✓	
FEB	J 78967		40	40	✓	
MAR	F 90594		40	40	✓	
APR	I 59		40	40		
MAY	H 2858		40	40		
JUN	E 9691		40	40		
JUL	C 12038		40	40		
AUG	D 13168		40	40		
			1120	1120		

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 1933.

A/c Closed 31.8.19

Fwd'd per Araguaya M.D.7

Date 18.8.19 M.F.W. 127 25-8-19 M010501

Clerk Caulfield AUDITED. AUG 26/19

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. 22520—M. & D. 1193.

Surname. Christian Name.
CAMBRIDGE E. S.
Rank. Unit.

N/Str. CAMC SMH.

Date of admission.
Westcliffe Eye & Ear Hospital 2-7-17.
Hospital.

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

.... Hosp.

Diagnosis. Ac.Bronchitis. R

Later diagnosis. .....

.....

.....

.....

Disposition. Date.

Discharged:-15-7-17.

....

6-7-17 718-3.
19-7-17 729-2.

C.L. ..... Remarks.
C.L. .....
C.L. .....
C.L. .....
C.L. .....
C.L. .....
C.L. .....

D. M. S. 1347.

Surname	Christian Name	Reg. No.
CAMBRIDGE	E. S.	DMS.10-C-1310.

Rank	Unit
N/Str	C.A.M.C.

MEDICAL BOARD held at — Date — Serial No.

(1) Shorncliffe 14-7-17.

Other Medical Boards at — Date — Serial No.

(2)

(3)

(4)

(5)

Condition found by Board
Bronchitis.

Disposition Recommended

(1) Fit General service.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at — Date.....

Disposition

Remarks

Indicate by a P.T.O. if continued on other side.

SURNAME. Cambridge.

CARD No. 7 V

SOS. 19-8-19 (Demob)

(Ret to Cdn Mil Forces)

FOLIO

DOS 234, 22/8/19 T&D

CHRISTIAN NAMES Ella Sara.

REGL. No.

RANK Nursing Sister. R.O. 2147 29/8/19

UNIT C. A. M. C. (Reinf.)

FORMER CORPS C. A. M. C. Substitute Nurse 22 mos.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Cambridge, John L.

RELATIONSHIP TO SOLDIER Father.

ADDRESS 110 Carmarthen St.
St. John, N.B.

COUNTRY OF BIRTH Canada. Gibson, York Co. N.B. DATE Dec. 7th 1885.

PLACE OF ATTESTATION Halifax, N.S. DATE Mar. 27th 1917.

L. L. 10137. M. & D. 7253. M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

D.

MARRIED SINGLE WIDOWER

TRADE OR CALLING Graduate Nurse. RELIGION Methodist.

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Halifax, N.S. DATE Mar. 27th. 1917.

Present Address— 110 Carmarthen St.
St. John, N.B.

NAME Cambridge E. S.

RANK AND CORPS M/Str. C.A.M.C. Smith

REGT'L NO.

H. Q. FILE NO. 649.

FOLLOWS NO.

FOLLOWS

CABLE

NO.	DATE

NATURE OF CASUALTY

L. L. 20497—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
718	West Cliff Can E 3rd E. Folkstone	2-7-17.	Bronchitis Ac.
729.	Discharged	15-7-7	" "

FORM R. 140.
7106—250m—7/2/17.

Name CAMBRIDGE *Rank* N/Str. *Reg. No.*
Ella Sara
Unit CAMC SMH
Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
2.7.17	WC.C.E.&.E.Hosp.	S'Cliffe	Bronchitis Ac.	718		
15.7.17	Discharged			729		

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

No. Rank N/S. Name Cambridge Ella Sarah

T.O.S. 27-3-17 Unit Army Medical Corps. Reinforcements
Do. 72 - 29-3-17

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
Mar. 28 a/c.			On. D.o. not on payist	
Mar 27	Apr 30	✓		

Number ..... Rank N/S

Surname CAMBRIDGE

Christian Name ELLA . SARA .

Units ..... Theatre of War ENGLAND

Date of Service 27-4-17 6.5.17

Remarks .....

Latest Address 110 - Carnarten St
St Lo, N.B.

Roll No A. Page 5039.

200m.-6-21.

APR 23 1923

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

868—D.P.—40M-1-12-19.

Group H. Q.
Checked by No. 18
RH.
Date 7 AUG 1919

Occupational Group 19
Deceased Class B

W. S. B.-CLASS A.

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

1. RANK	NURSING SISTER		
2. NAME	CAMBRIDGE Ella Sarah.		
3. UNIT	C.A.M.C.		
4. DATE STRUCK OFF STRENGTH	SOS 19-8-19	PLACE	LO 2143-19
5. REASON	Demobilization		
6. AUTHORITY			
7. PROPOSED RESIDENCE	110 Carmarten St. St. John. N.B.		

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.

Cambridge Ella S

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.

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

~~Bank of Nova Scotia~~
Bank of Montreal St. John N.B.

AUDITOR	PAYMASTER
JWJ	J

M.D. No 7

M. OR S.

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

REGT. No

RANK N/S

NAME (IN FULL) Cambridge Ella Sarah (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN

RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil ✓

DATE EFFECTIVE

TO WHOM PAID

RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. CAMC

IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION

TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 26-2-17

TRANSFERRED TO D.R.O. 30/8/19 DATE AUTHORITY 2595

ASSIGNED PAY $ 40.00 DATE EFFECTIVE

PAYABLE TO Muriel Barker

RELATIONSHIP

ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 110 Carmarthen St. St. John N.B.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

EFFECTIVE

DISCHARGED PLACE St John N.B. DATE 19-8-19 REASON Demob AUTHORITY D.O. 234

IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ c.	OTHER CREDITS $ c.	$ 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.	$ c.	TOTAL DEBITS $ c.	BALANCE DEBIT $ c.	BALANCE CREDIT $ c.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT Aug						Nil											Nil			Araguaya 18-8-19 Bal nil Eng L.P.C. 31-8-19
				W.S.G.		WAR SERVICE GRATUITY.							W.S.G.					Officer		
153 dys at 3.00				459.00		459.00							90.00				90.00	369.00		1st O W.S.G. ck 194499
															11.00	48.00	59.00	310.00		O Cr. mess on ship O Cr. P & A mess on disc
													63.00				63 -	247		ck 1547303 A/R 148-19 9/19
													64.00				64 -	183		ck 1554750 A/R 173-18 10/19
													90 -				90 -	93		" 1558715 A/R 200-19 11/19
													93 -				93 -			" 1560823 A/R 226-19 12/19
lm				459 -		459 -							400 -		11 -	48 -	459 -	NON-EFFECTIVE		

200M-3-19.—L. — 58785—. & D. 9985.
M. F. W. 2.96.
1772-39-1390.

FORM P.15
7847 16M 11-2-19 D.565

ASSIGNED PAY.

UNIT. NAME OF	RATE OF P. AND A.	RANK.	DATE	AUTHORITY	NAME.
Beneficiary Address Amount $ 40.00 Can Separation Allowance Issued. Yes or No........	C.A.M.C.	Pay 2.00 Pd F.A. 1.00 " Messing 1.80 " A OA. 1/5/19	N/S.			Name Cambridge. Initials E. S. Bank of Montreal Traf Sq

DATE	PARTICULARS		CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES TO BE INITIALED BY P.M. IN EVERY CASE	INITIALS
	Br Forward						nil.		
June 16	Pay (R)			120.					
	A. Pay Can.					40			
25		Bank			80		0		
Jly 11	Quarters 1-30/6/19		4479					£6.0.0 29/20	
	July Pay R.			124					
	A.P. Can					40			
24		Bank			84		0		
29	Adv Aug Pa	Bank			84		Dr 84	Retd to Can	
	Aug Pay (R)			124			Cr 40	L.R.C. to 31/7/19 Dues	
17	Quarters 1-31/7/19		5671					O/p to N.C. Ledger.	
Aug 19	A Pay Can.	To canada				40	0	£6.4.0	
22	Trav allce 4-8/8/19	for Paysh	5935					£2.13.0 12/8/19	
								Tr L 3to12. 15/9/19	

FORM P.15

7847 16M 11-2-19 B.565

ASSIGNED PAY.

UNIT.

NAME OF

RATE OF P. AND A.

RANK.

DATE

AUTHORITY

NAME.

Beneficiary

Address

Amount $

Separation Allowance Issued. Yes or No.....

Pay

F.A.

Messing

Name

Initials

Bank

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES TO BE INITIALED BY P.M. IN EVERY CASE	INITIALS

FORM P. 15
5986–25M–19/1/17

ASSIGNED PAY. | UNIT. | RANK. | NAME.

Beneficiary / Address / Amount	NAME OF	~~DATE~~ Rates ~~AUTHORITY~~		RANK	DATE Mess.	AUTHORITY	NAME
Beneficiary	CAMC	Pay	2.00 pd	N. S	7 5/17	fr Can. D.M.S.	Name Cambridge
Address Can		F. A.	60 "			622. 14 5/17	Initials Ella Sarah
		Mess	1.00 "	" "			Bank of Montreal Trafalgar Sq
Amount. $40.00							
Separation Allowance issued. Yes or No........							

add outfit allce. 1/9. $100

DATE	PARTICULARS		CK. NO.	CR.		DR.		ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918											
Apl 17	A. P. Can							40			
	Apl Pay (R)			108							
24		Bank	1187.			68					
May 19	May Pay (R)			111	60						
11	A P. Can.							40			
23		Bank	2683			71	60				
June	June Pay (R)			108							
14	A P Can.							40			
21		Bank	4166.			68					
July	July Pay (R)			111	60						
16	A P Can							40			
23		Bank	5626			71	60				
Aug	Aug Pay R			111	60						
13	A P. Can.							40			
24		Bank	7258			71	60				
Sep	Sept Pay R			108							
12	A P. Can							40			
24		Bank	9187			68					
Oct	Oct Pay R.			111	60						
15	A P. Can							40			
23		Bank.	10404			71	60				
Nov	Nov. Pay (R.)			140							
	A. P Can.							40			
26		Bank	12521			100					

C. Forwd.

FORM P.15
5986—25M—19/1/17

ASSIGNED PAY. UNIT. Rates ... RANK. from Canada NAME.

NAME OF	DATE	AUTHORITY	RANK	DATE	AUTHORITY
C.A.M.C.	Pay	2 F	N/S	7 5/17	DMSCO 622 14 5/17
	F.A.	1 "			
	Mess	1 "			

Beneficiary
Address
Amount. $40.00 Can
Separation Allowance issued. Yes or No........

a. O. a. 1 5/19

Name Cambridge
Initials Ella Sarah
Bank of Montreal. Traf Sqre.

DATE	PARTICULARS		CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918	Bro ford.								
Dec.	Dec. Pay (R)			124					
	a. P. Can					40			
18		Bank.	13792		84		"		
18	Trav allce. 14 10/18.		10718					12/- 2 92	
1919 Jan 21	a. P. Can					40			
	Pay (R)			124					
28		Bank	15564		84		0		
Feb. 10	a. Pay Can					40			
	Pay (R)			112					
24		Bank.	17078		72		0		
Mar 17.	Pay (R)			124					
	a. Pay Can ~~Can~~					40			
25		Bank.	18651		84		0		
april	april Pay (R)			120					
	a Pay Can					40			
16	Quar. 17-31 3/19	4/-	711					3-0-0	
26		Bank.	1044		80		0		
May 5th	Add outfit allce Vo 186			100					
	Do. Do.	Bank.			100		0		
9	Quarters 1-30 4/19		1781					£6.0.0	
12.	May Pay (R)			124					
	a. P. Can.					40			
22		Bank	2593.		84		0		
22	Trav allce. 17 3/19.		2340					6/6 1 58	
June 11	Quart. 1-31 5/19		3202					6-4-0	

FORM P.15
5986–25M–19/1/17

ASSIGNED PAY. | **UNIT.** NAME OF ✓ DATE AUTHORITY | **RANK.** Mess. DATE ✓ AUTHORITY | **NAME.**

Beneficiary
Address Canada.
Amount. $ 40.00 fr. 1.5.17. ✓
Separation Allowance issued. Yes or No.....

C.A.M.C.D — Pay 2.00 p.d 7A 60 Mess1.00

R/S. — 1.5.17. From Canada D.M.S.C.O 4622 dy 14.5.17.

Name Cambridge
Initials Ella Sarah
Bank of Montreal. Trafalgar Sq

1917-18

DATE 1917	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
May 24	P.A f 1-31.5.17 Bldgs Mess f 7.5.17 Less A.P. 40 Bank	5879		65 60				
24	Pay & Sales Mess f 7.5.17 D.M.S.C.O. 622 d/14.5.17 A.P. 6 Eff 1.5.17	V08311	105 60			Cr 40		
June 8th	A.P. Canada. (2 months)			1pp.	80			
" 11.	June Pay. (R)		108			68		
21.		Bank 9004		68				
July 19	July Pay. (R)		111 60					
" 19.	A.P. Canada				40			
" 21.		Bank. 13092		71 60.				
Aug 18	August Pay. (R)		111 60					
"	A.P. Can				40	71 60.		
" 21		Bank. 17361		71 60.				
Sep. 15	Sept Pay. (R)		108					
" 11	A. P. Can.				40	68		
" 21		Bank 21863		68				
Oct. 9	October Pay. (R)		111 60					
" 10	A. Pay Canada				40			
" 19.		Bank. 26291		71 60.				
Nov. 16	November Pay (R)		108					
" 16	A. Pay Canada				40			
" 20		Bank 30763		68				
Dec 8	December Pay (R)		111 60					
" 9	A P. Can				40			
" 13		Bank. 35096		71 60				
Jan	Jan Pay (R)		111 60					
" 14	A P. Can.				40			
" 21		Bank 39501		71 60				

6 for.

FORM P. 15
5986—25M—19/1/17

ASSIGNED PAY. | UNIT. NAME OF / DATE / AUTHORITY | RANK. DATE / AUTHORITY | NAME.

Beneficiary
Address
ban
Amount. $40
Separation Allowance issued. Yes or No.....

Name Cambridge
Initials Etta. Sarah.
Bank of Montreal
Trafalgar Sq

1917-18

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Feb 13	Feb Pay (RI)		100 80					
9	A. P. ban.				40			
19	Bank	40996		60 80				
28	Sub 8.31 1/18	15304					4-18-7 #24	
Mar	March Pay (RI)		111 60					
11	A. P. ban.				40			
22	Sub 1-28 7/18	16498					5-15-1	
	Bank			71 60				