REGIMENTAL DOCUMENTS

NAME CAMPBELL, IDA MAY REGT. NO. 7/5 UNIT C.A.M.C. H. Q. FILE NO. 392-3-315.

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| 1 | Doc. S. F. 1. o. | | | | | |
| 1 | M. F. W. 11. | | | | | |

W. 2589
100M-11-18
1774-2-1377

*Unit* C.A.M.C. *Rank* Nursing Sister *Name* Ida May Campbell

Original

# OFFICERS' DECLARATION PAPER

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE

### QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

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

   (*b*) What are your Christian Names ? Ida May

2. (*a*) Where were you born ? (State place and country) Chater, Manitoba.

   (*b*) What is your present address ? #10 Manitoba Military Hospital

3. What is the date of your birth ? 19th December, 1888

4. What is (*a*) the name of your next-of-kin ? Mrs Angus Campbell

   (*b*) the address of your next-of-kin ? Chater, Manitoba.

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

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 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.

Ida May Campbell (*Signature of Officer.*)

Taken on strength (place) Winnipeg, Manitoba

(date) 3rd April, 1918

J. J. Traquair Lt Col

(*Signature of Commanding Officer.*)

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### 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 Feb. 19th 1919

Place Winnipeg.

G. Bedford Captain
*Medical Officer.*

*Insert here "fit" or "unfit

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

CANADIAN OVERSEAS EXPEDITIONARY FORCE

# CERTIFICATE OF MEDICAL EXAMINATION

OF

# OFFICERS, DECLARATION PAPERS

(Not to be filled in by Officers)

## QUESTIONS TO BE ANSWERED BY OFFICER

33-C-43

No. 10 MANITOBA MILITARY HOSPITAL
SEP 5 1919
REGISTRAR.

# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

RECEIVED
SEP 10 1919
M.D. 10

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 ..... Name CAMPBELL, Ida May,
(Name in full in block letters.)

Age 31 ..... Address after discharge 522 Craig St., Winnipeg, Man.

Unit or Corps C.A.M.C. M.M.H. ..... Birthplace Chater, Man.

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

1. GENERAL DESCRIPTION:

Physique Good ..... Weight 112 lbs. Height 5 ft. 6 in. Colour of Eyes Blue.

Nutrition ..... Well nourished.

Pulse 72 - regular .....

Condition of arteries Good .....

Vision Rt 20/20 ..... Left 20/20 ....

Hearing (conversational voice) Rt. 20 ft.

Left. 20 ft.

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

3 vacc. left upper arm - childhood.

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

Nil.

MD. _____

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

[OVER]

No. 33-6-43
SEP 6 - 1919
MILITARY HEADQUARTERS
M. D. 10
WINNIPEG

Asst. Director Medical Services
No. _____
SEP 6 1919
MIL'Y DIST. No. 10, WINNIPEG

# EXAMINATIONS.

**4. THIS SECTION FOR USE OVERSEAS—**

Examined at.....(Overseas)

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.)

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**5. THIS SECTION FOR USE IN CANADA—**

Examined at Shilo (Canada)

Date Sept 5/42 Signed W. T. Macaulay 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 Ida May Campbell

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

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

W. T. Macaulay Capt.

M.F.W. 129.
350—D.P.—50M-4-19.
1772-39-1142 (10076).

[OVER]

# MEDICAL HISTORY SHEET

*Surname* Campbell *Christian Name* Ida May

Examined { on 20th day of Feb. 1919
at Tuxedo Mil. Hospital Winnipeg Man.

Birthplace { City or Town Chester.
County Man.

Apparent age 25.

Trade or occupation Registered Nurse

Height 5 feet 6 Inches

Weight 112 lbs.

Chest measurement { Minimum 31½ inches
Maximum expansion 33¾ inches

Physical development Slight and Erect.

Small-pox Marks Nil

Vaccination Marks { Arm Right Left Yes
Number 3

When Vaccinated last November. 1918.

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

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

Approved by .....

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 | |
|---|---|---|---|
| 1909 | Good | | M.O. |
| 1918. | Nil | Lt Beaton Capt Creaser | M.O. |
| | | | M.O. |

| Date | Result | Anti-Typhoid Inoculations, Etc. | |
|---|---|---|---|
| Sept. 1914. | Good Reaction | | M.O. |
| July 1916 | Nil | | M.O. |
| Nov. 1918. | Nil | Lt Beaton Capt Creaser | M.O. |

*Enlisted on* 3rd *day of* April *1918 at* Winnipeg Man.

| | Corps | Regt'l Number | Habits | Date |
|---|---|---|---|---|
| Joined on enlistment | | | | |
| Transferred to | | | | |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

| Station | Date | Disease | Result |
|---|---|---|---|
| | | | |

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 Kavanagh Christian Name Jas Jos

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

33-C-43.

M. F. W. 129.

50m.—7-17.
1772—39—1142.

no Card

# 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 N/S Name ~~Ida~~ Ida May Surname Campbell.

Unit of Corps C.A.M.C. (If a soldier) Regtl. No.

Born at Brandon, Man. on, (date) Dec. 19th, 1888

Signature (for identification) Ida May Campbell

Ass't Director Medical Services No. NOV 23 1918

DEPT MILITIA & DEFENCE DEC 19 1918 HQ CANADA

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

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

Weight 118 lbs.

Height 5 ft. 6 in.

Colour of eyes Blue

Identification Marks 3 vacc. marks left arm.

2. NUTRITION AND DIATHESIS? Normal.

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? No - normal.

4. RESPIRATORY SYSTEM? Is there a history of lung trouble? No - normal.

5. HEART?

Abnormal Sounds? None.

Abnormal Size? No.

Pulse Rate? 75 Intermittence or Irregularity None. Muscular Tone? Good.

6. ARTERIES.—(a) Any hardening or nodulation? No.

(b) Blood Pressure. 138-85

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

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1025 Reaction? Acid. Albumen? None Sugar? None.

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

APPROVED NOV 26 1918 FOR A. D. M. S. M. D. No. 10 WINNIPEG, MAN.

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? Normal.

Examined at Winnipeg, Man., Date Nov. 22nd, 1918.

Signed ..... M. O.

Signed ..... M. O.

Ida May Campbell
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

# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT ..... No. .....

NAME OF SOLDIER ..... RANK .....

REGIMENT .....




## INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report, record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge from the Service.

| | Date | Amalgam | Temporary Filling (a) G. P. (b) Cement | Cement | Treatment Putrescent Pulp | Root Filling | Pulp Cap | Devitalization | Pyrrhœa | Synthetic Porcelain | Extracting | DENTURES U | DENTURES L | DENTURES P | Gold Clasp | Gold Filling | CROWNS Gold | CROWNS Porcelain | Bridge Work | Prophylaxis | OPERATOR | Military District | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Condition on first Examination | Feb. 20/19 | 5·14<br>18·19<br>30 | | | | | | | | | 3·13<br>29<br>32 | | | | | | | | | | G. H. Bray Capt. | 10 | Prophylaxis<br>Cavities 17<br>Extractions |

M.F.B. 465
150m—10-18
1772-39-950

# FORM OF WILL.

I, Ida. May. Campbell. (Name in full)

Regimental Number ..... serving in .....

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Mrs. Angus Campbell
Ethelton
Manitoba, Can.

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs. Angus Campbell.
Ethelton
Manitoba Canada

Name and Address of person or persons to receive personal estate* *(See note).*

this Feburary day of 20th A. D. 1919.

**IMPORTANT NOTE**
**This must be Signed and Dated by THE SOLDIER HIMSELF.**

Ida May Campbell. Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

**THE TWO WITNESSES MUST SIGN HERE**

Signature of First Witness S. L. Yoeeeg.

Address of Witness M. M. H. Tuxedo Winnipeg.

Occupation of Witness A/Matron. C.A.M.C.

Signature of Second Witness S. Ferguson

Address of Witness M. M. Hospital Tuxedo Park Winnipeg.

Occupation of Witness Nursing Sister Canc.

:: F. W. 82
00M-5-16.
1772-39-983.

FORM OF WILL

# CANADIAN EXPEDITIONARY FORCE

M.F. 10-40.
T.S.

## Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

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

(Name in full) Ida May Campbell.

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 Third day

of April 191 8.

SHe SERVED in CANADA, with the C.A.M.C., #10 Manitoba Military

Hosp. D.D. #10.

and was STRUCK OFF THE STRENGTH on the Fifteenth day

of September 191 9 by reason of General Demobilisation.

Dated at Ottawa, this Seventeenth day

of January 191 1920.

for. Director of Personal Services.

Lieut.

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

# CANADIAN EXPEDITIONARY FORCE

## Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

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

# Casualty Form—Active Service.

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

Regimental No..... Rank. N/S. Name. Campbell - Ida May

C. E. F.

Enlisted (a) Apr. 3. 1918. Terms of Service (a)..... Service reckons from (a) 3/4/18

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) N/S. 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 | | | | |
| D.O.S. | #10. M.M.H. | D.O. 1/1 | Effective 1-2-19 | | |
| S.O.S. | " | " " | D.O. 250/2 | Effective 15/9/19 | |
| | | R.C. 2198 M.D. 10. | Demobilized. D.C.#.10 mm2D | | |

(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 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

M. F. W. 71—500M.—6 18.
1772—39—961.

NAME Campbell, Ida May

REGIMENTAL NO. RANK Nursing Sister

ENLISTED AT ~~3/4/18~~ Winnipeg PROMOTIONS, &c. AND DATE

DATE 3/4/18

IF SERVED PREVIOUSLY. STATE UNIT. &c. Grad. Nurse

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN Mrs. Angus Campbell RELATIONSHIP Mother

ADDRESS OF Chater, Man.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR Methodist

# CASUALTIES, &c.

| NATURE E.G. ABSENCE, PROMOTION, &c. | PART II. D. O. No. | PART II. D. O. DATE | REMARKS IF IN HOSPITAL, NOTE NAME, &c. |
|---|---|---|---|
| T.O.S. to M.M.H. | D.O. 1/1 | 1/2/19 | effect. 1/2/19 |
| S.O.S. " | D.O. 250 | P.Z. | " 15/9/19 |

H. Q. ....

M. D. No. 10

Surname Campbell

T. O. S. .... 19....

Christian names Ida Mary

D. O. Pt. II .... of ....

Regtl. No. .... Rank Nursing Sister

S. O. S. 15/9/1919

Unit C. A. M. C.

Reason Demob. Ret. to Act. Hd

Auth. P.O. 2198 1/10/19

P.O. 2497 7/10/19 #10 Mob. Hd. Qrs.

Next of kin Campbell, Mrs. Angus Relationship Mother

Address Chater, Man.

Also notify: ....

BORN—Place Canada, Chater, Man. Date Dec. 19th 1888

ATTESTED—Place Winnipeg, Man. Date April 3rd 1918

O/S ....

R/C ....

W. 22—50M.-3-19 1772-39-839

AUDITOR | PAYMASTER

M. OR S. Single — C 2447 — PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES — REGT. No. — RANK Nursing Sister — NAME (IN FULL) CAMPBELL, IDA MAY (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|---|---|---|
| | | |

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

PLACE OF ATTESTATION: WINNIPEG — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION: April 1st 1918 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $: Nil — DATE EFFECTIVE: W.S.G.

PAYABLE TO — RELATIONSHIP

ADDRESS: 522 Craig Street. Winnipeg, Man.

ANY CHANGE IN ASSIGNEE OR ADDRESS: C/o Mrs M. McKinnon, 522 Craig St, Winnipeg

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE: Winnipeg — DATE: 15.9.19 — REASON: Demobilization — AUTHORITY: O.C. 249 — IF ENTITLED TO POST DISCHARGE PAY: Yes

| MONTH | PAY AND F.A. NO. OF DAYS | RATE | AMOUNT $ | AMOUNT C. | OTHER CREDITS $ | OTHER CREDITS C. | | | TOTAL CREDITS $ | TOTAL CREDITS C. | ACQUITTANCE ROLLS COL. NO. 1 NO. | COL. NO. 1 DATE | COL. NO. 2 NO. | COL. NO. 2 DATE | COL. NO. 3 NO. | COL. NO. 3 DATE | CASH PAYMENTS COL. NO. 1 $ | COL. NO. 1 C. | COL. NO. 2 $ | COL. NO. 2 C. | COL. NO. 3 $ | COL. NO. 3 C. | ASSIGNED PAY $ | ASSIGNED PAY C. | REGIMENTAL CHARGES $ | REGIMENTAL CHARGES C. | OTHER CHARGES $ | OTHER CHARGES C. | | | TOTAL DEBITS $ | TOTAL DEBITS C. | BALANCE DEBIT $ | BALANCE DEBIT C. | BALANCE CREDIT $ | BALANCE CREDIT C. | PARTICULARS OR REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BALANCE FROM PREVIOUS ACCOUNT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 31 days, W.S.G. |
| Mar 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| April | 30 | 3.00 | 90 | 00 | | | | | 90 | 00 | | | | | 30/2 | 30 | | | | | 90 | 00 | | | | | | | | | | | 90 | 00 | | | | Missing Allce $60 for Mar 1st to May 31 Otherwise C.A.F.S. $46.00 R.O. 183 |
| May | 31 | 3.00 | 93 | 00 | 46 | 00 | | | 139 | 00 | 28/2 | 28 | | | | | 139 | 00 | | | | | | | | | | | | | | | 139 | 00 | | | | |
| June | 30 | 3.00 | 90 | 00 | 15 | 00 | | | 105 | 00 | 18/2 | 26 | | | | | 105 | 00 | | | | | | | | | | | | | | | 105 | 00 | | | | |
| July | 31 | 3.00 | 93 | 00 | 15 | 50 | | | 108 | 50 | 35/2 | 28 | | | | | 108 | 50 | | | | | | | | | | | | | | | 108 | 50 | | | | |
| Aug | 31 | 3.00 | 93 | 00 | 15 | 50 | | | 108 | 50 | 56 | 27 | | | | | 109 | 50 | | | | | | | | | | | | | | | 108 | 50 | | | | Less Allce $23.00 R.O. 187 |
| Sept | 30 | 3.00 | 90 | 00 | 15 | 00 | | | 105 | 00 | 79 | 1 | | | | | 52 | 50 | | | | | | | | | | | | | | | 52 | 50 | 52 | 50 | | |
| Oct | | | | | 52 | 50 | | | 52 | 50 | | | | | | | | | | | | | | | | | | | 52 | 50 | | | 52 | 50 | — | | | Dis. 15-9-19. R.O. 249 Paid Gross Rs. $52.50 |
| | | | 549 | 00 | 159 | 50 | | | 708 | 50 | | | | | | | 517 | 50 | | | 90 | 00 | | | | | | | 52 | 50 | | | 655 | 00 | 52 | 50 | | |
| | | | | | 65 | 9. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 days. | | | | | 93 | 00 | | | 93 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Oct 1->3 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | 14.8874 | 93 - | | | | | | | | | | | | | | |
| 7/9/19 23/9/19 | 17 | 170 | | | 28 | 90 | | | 28 | 90 | | | | | | | | | | | | | 20 | 40 | | | | | 8 | 50 | | | 28 | 90 | Nil | | | Entitled to Sub allce for period shown with this leave. Missing allce of $8.50 credited by M 410 for some reason now charged back. 8.50 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | a/c closed |

AUDITED 20 NOV 1919 Audit Clerk No. 10

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1300.