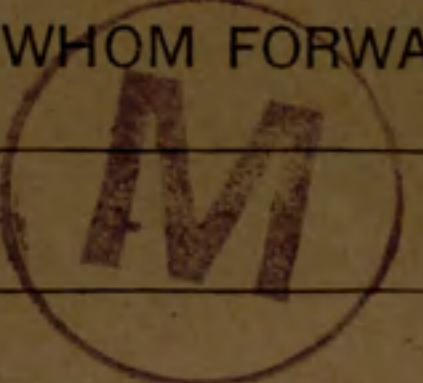
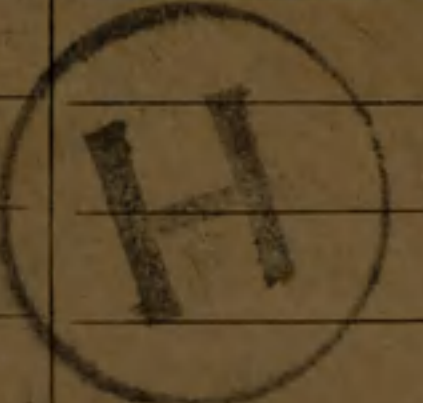
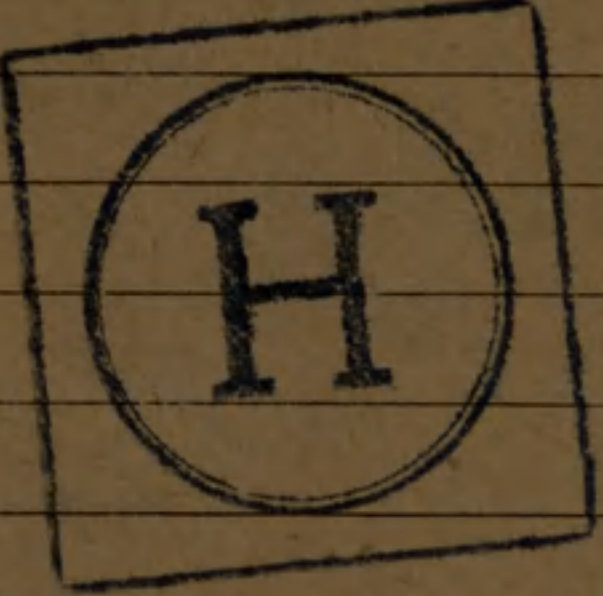
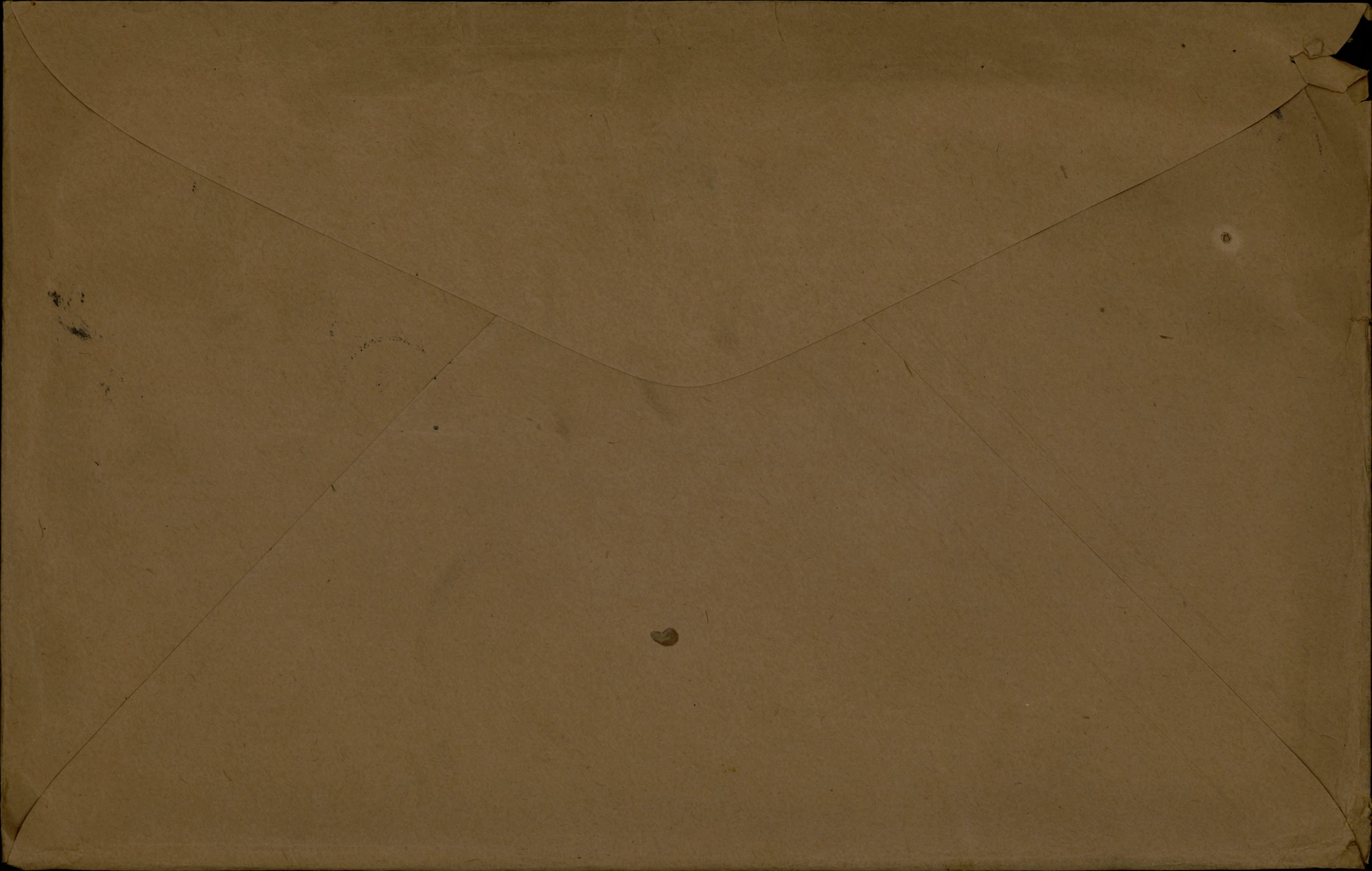


REGIMENTAL DOCUMENTS

NAME Chisholm Mary M. E. REGT. NO. N. Sister UNIT _____ H. Q. FILE NO. _____

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
9-1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)				18898	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)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 Co's Clerk ID # 1395					
1 P.O.					
					1-30 1-30



ATTESTATION PAPER.

No.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

Sister

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your name?..... *Mary Maud Ethel Chisholm,*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Halifax, N. S.*
- 3. What is the name of your next-of-kin?..... *Murdock Chisholm, Father,*
- 4. What is the address of your next-of-kin?..... *303 Brunswick St., Halifax, N. S. Canada*
- 5. What is the date of your birth?..... *December 19th, 1883*
- 6. What is your Trade or Calling?..... *Trained Nurse,*
- 7. Are you married?..... *No,*
- 8. Are you willing to be vaccinated or re-vaccinated?..... *and inoculated, Yes,*
- 9. Do you now belong to the Active Militia?..... *No,*
- 10. Have you ever served in any Military Force?..... *No,*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes,*
- 12. Are you willing to be attested to serve in the } *Yes,*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

Mary Maud Ethel Chisholm..... (Signature of Man.)
Laura M. Hubley..... (Signature of Witness.)
Matron, A.M.C.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Mary Maud Ethel Chisholm,* do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *October 28th* 191*5.* *Mary Maud Ethel Chisholm*..... (Signature of Recruit)
Laura M. Hubley..... (Signature of Witness)
Matron, A.M.C.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Mary Maud Ethel Chisholm,* do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *October 28th* 191*5.* *Mary Maud Ethel Chisholm*..... (Signature of Recruit)
Laura M. Hubley..... (Signature of Witness)
Matron, A.M.C.

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
 The above questions were then read to the Recruit in my presence.
 I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Halifax, N. S.* this *15th* day of *December* 191 *5.*

J. P...... (Signature of Justice)
J. P. in and for the County of Halifax, N. S.
 I certify that the above is a true copy of the Attestation of the above-named Recruit.
John Stewart..... (Approving Officer)
Lt. Col., A.M.C.

Maud Ethel,
Description of Mary/Chisholm, on Enlistment.

Apparent Age 32 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
 (Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height 5 ft. 4 ins.

Weight 120 lbs.,

Chest measurement { Girth when fully expanded..... 33 ins.
 Range of expansion..... 2½ ins.

Complexion Fair,
 Eyes Blue,
 Hair Brown,

Religious denominations, { Church of England.....
 Presbyterian..... Yes,
 Wesleyan.....
 Baptist or Congregationalist.....
 Other Protestants.....
 (Denomination to be stated.)
 Roman Catholic.....
 Jewish.....

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the **Canadian Over-Seas Expeditionary Force.**

Date November 2nd, 191 5.

Place Halifax, N. S.

Capt. A.M.C.

Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Maud Ethel
Mary/Chisholm,

.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

John Stewart (Signature of Officer)
 Lt. Col. A.M.C.

Date December 15th, 191 5.

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/Str...... Name..... Mary Maud Ethel..... Surname..... CHISHOLM
 Unit or Corps..... C.A.M.C...... (If a soldier) Regtl. No..... ---
 Born at..... Halifax, N.S...... on, date..... 19th December 1881
 Signature (for identification)..... M. E. Chisholm.

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

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

Weight
110 lbs.
 Height
5 ft. 4 in.

2. **NUTRITION AND DIATHESIS?** Nil

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

3. **NERVOUS SYSTEM?** Nil

4. **RESPIRATORY SYSTEM?** Nil

5. **HEART?**

Abnormal Sounds? Nil
 Abnormal Size? Nil
 Pulse Rate? 82 Intermittence or irregularity? Nil

6. **ARTERIES.**—Any hardening? Nil

7. **DIGESTIVE SYSTEM?** Nil

8. **GENITO-URINARY SYSTEM?**

Urinalysis—s.g.?..... -..... Reaction?..... -..... Albumen?..... -..... Sugar?..... -

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

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

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

Examined at..... 13 Berners St., W.1...... } Signed..... J.H.M. Bell, Major CAMC..... M.O.
 Date..... 15-11-18..... } Signed..... W. W. Francis, Major CAMC..... M.O.

If any disease or impairment of health or physical condition is discovered, 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.

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

The name of the Service user must be printed in the space provided. The name of the Medical Officer and Soldier attending the examination must be printed in the space provided. The name of the Medical Officer must be printed in the space provided.

Name of the Service user: _____

Name of the Medical Officer: _____

Name of the Soldier: _____

Signature (for identification): _____

The extent of the examination to be conducted by the Medical Officer is described below:

1. PHYSIQUE - (See below for details of examination to be conducted)

Weight: _____

Height: _____

2. NUTRITION AND METABOLISM

Give special attention to the following: (See below for details of examination to be conducted)

3. NERVOUS SYSTEM

4. RESPIRATORY SYSTEM

5. HEART

6. BLOOD

7. URINE

8. GASTRO-INTESTINAL SYSTEM

9. EYES, EARS, NOSE, THROAT AND OTHER PARTS

10. IS THERE AN EVIDENCE OF IMPAIRMENT OF HEALTH OR PHYSICAL CONDITION NOT MENTIONED ABOVE? If so describe: _____

11. OPINION AS TO THE HEALTH AND FITNESS OF THE EXAMINEE

12. SIGNATURE OF THE EXAMINER

13. DATE

14. ANY OTHER INFORMATION

15. SIGNATURE OF THE EXAMINEE

16. DATE

17. ANY OTHER INFORMATION

18. SIGNATURE OF THE EXAMINER

19. DATE

20. ANY OTHER INFORMATION

21. SIGNATURE OF THE EXAMINEE

22. DATE

23. ANY OTHER INFORMATION

24. SIGNATURE OF THE EXAMINER

25. DATE

26. ANY OTHER INFORMATION

27. SIGNATURE OF THE EXAMINEE

28. DATE

ORIGINAL ⁹ MEDICAL HISTORY SHEET.

Surname Chisholm, Christian Name Mary, Maud Ethel,

Examined { on <u>2nd.</u> day of <u>November</u> 191 <u>5.</u> at <u>Halifax, N. S.</u> Birthplace { City or Town <u>Halifax, N. S.</u> County <u>Halifax, N. S.</u> Apparent age <u>28</u> Trade or occupation <u>Nurse,</u> Height <u>5</u> Feet <u>4</u> Inches. Weight <u>114</u> Lbs. Chest measurement { Minimum _____ inches. Maximum expansion _____ inches. Physical development <u>Good,</u> Small-Pox Marks <u>Nil,</u> Vaccination Marks { Arm Right _____ Left _____ Number _____ <u>2</u> When Vaccinated last <u>1905.</u> (a) Marks indicating congenital peculiarities or previous disease <u>Nil,</u> (b) Slight defects but not sufficient to cause rejection <u>Left eye (Slight error)</u>	Approved by _____ Rank <u>Capt. A.M.C.</u> M.O. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Fit or Unfit</th> <th>EXAMINED FOR RE-ENGAGEMENT,</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Result</th> <th>VACCINATIONS.</th> </tr> </thead> <tbody> <tr> <td><u>21-12-10'</u></td> <td><u> </u></td> <td><u>Duncan Ford Capt</u> M.O.</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> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Result</th> <th>ANTI-TYPHOID INOCULATIONS, ETC.</th> </tr> </thead> <tbody> <tr> <td><u>19-11-15</u></td> <td><u> </u></td> <td><u>Dunkie Capt</u> M.O.</td> </tr> <tr> <td><u>30/11/15'</u></td> <td><u> </u></td> <td><u>Duncan Ford Capt</u> M.O.</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,			M.O.			M.O.			M.O.			M.O.			M.O.			M.O.			M.O.	Date	Result	VACCINATIONS.	<u>21-12-10'</u>	<u> </u>	<u>Duncan Ford Capt</u> M.O.																			Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	<u>19-11-15</u>	<u> </u>	<u>Dunkie Capt</u> M.O.	<u>30/11/15'</u>	<u> </u>	<u>Duncan Ford Capt</u> M.O.												
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Enlisted on 28th day of October 1915 at Halifax, N. S.

CORPS.	REG'TL NUMBER.	RANKS.	DATE.
Joined on enlistment <u>No. 7 Stationary Hospital, C.E.F.</u>	<u>Reg'tl</u>		
Transferred to.. ..			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>13 Buncos St W.</u>	<u>15-11-18</u>	<u>Nil</u>	<u>"A" on discharge from</u>
<u>Cdn. Army:</u>	<u>5-11-18.</u>	<u>Auth: A.M.C. 12 S. 10/8-C-1776</u>	<u>J. H. Bell, Major, C.A.M.C.</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.

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

M. F. W. 54.
150M. 10-15.
H.Q. 1722-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps No. 7 "Overseas" Stationary Hospital,
 Nursing Sister Rank Sister Name Mary Maud Ethel Chisholm,
 Regimental No. _____
 Enlisted (a) 28-10-15. Terms of Service (a) Duration of War, Service reckons from (a) 28-10-15.
 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.

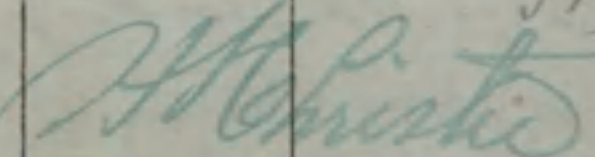
Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.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

I-I-16.		Embarked, Canada,	St. John,	I-I-16.	
10-I-16.		Arrived, England,	Plymouth,	10-I-16.	
		proceeded overseas		18-6-16.	C.O. 1098. D.M.S.
20.6.16	M. L. O.	arrived in France	Stavre	19.6.16	to No. 5824
7.1.17	7 ban Staty	Granted 14 days sick leave to come home for sister	"	5.1.17	B213. Pt II 3 d/20/17.
21.1.17	" "	Rejoined from sick leave	"	20.1.17	B213 Pt II 3 d/6/17.
5.7.17	" "	Granted leave	"	23.5.17	B213 Pt II 36 d/20-7-17.
		Rejoined from leave	"	7.6.17	

(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.

[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				
3-3-18	W.S.H.	Granted 14 days leave to Cannes auth: S.M.S. Lt. Col. Q.N. 27/183 d/23/2/18	Cannes	27-2-18	B213 R12 ord 12 d 26/3/18
17-3-18	"	Rejoined from leave		16/3/18	B213
21-4-18	"	To No. 1 Gen. Hosp. for Temp. Duty		16-4-18	B213 Pt II 23 d/23/18
9-6-18	7 bdu Gen	Granted 14 days leave	W.K.	5-6-18	B213 Pt II 28 d/14-6-18
30-6-18	" "	Rejoined from leave	Etahles	23-6-18	B213
8-9-18	" "	ceases to be att'd for temp duty to No. 7 bdu Gen Hosp.	"	5-9-18	B213 KM 20421. Pt II 43 d/21-9-18
"	"	S.O.S. of No. 7 bdu Gen Hosp in reposting to No. 8 bdu Gen Hospital (auth: S.M.S. S.G. 8/1 d/9-9-18.)	"	5-9-18	B213 KM 20421. Pt II 43 d/21-9-18
7-9-18	8 bdu Gen	S.O.S. of No. 8 bdu Gen Hospital	"	6-9-18	B213 KM 20421. Pt II 47 d/13-9-18
2-11-18	"	Granted 7 days leave.	W.K.	30-10-18	B213 Pt II 60 d/14-11-18
13-11-18	bdu G.H.O.	S.O.S. of No. 8 bdu Gen Hospital and posted to S.A.M.C. Casualty Coy Shorncliffe, whilst on leave (auth: bdu, G.H.O. A. 672 d/13-11-18.)	England	6-11-18	file K.D. 36277 Pt II 61 d/19-11-18


 Capt. for Lt.-Col., A. A. G.
 Canadian Expeditionary Force, G. H. O. 3rd Echelon, B. E. F.
 Resigned

File No. 3157-M-8

WAR SERVICE GRATUITY.

Register No. C. 648

Reg. No. 12/51514

Dependent _____

Name Christolm, M. M. E.

Address _____

Address 303 Brunswick St.

Halifax N. S.

Pay Soldier \$ 459.00

Pay Dependent \$ _____

Days 153 Rate \$3.00 Due 459.00

Less P.D.P. credited _____

Less further Dr. Bal. or overpayment _____

Net 459.00

Matthews
Turner

Clerk H. B. Thwell

J. B. Yowie
J. P. Allett
R. W. Wilks
22-5-20
Amended Award.

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount.
28/10/19	38673	536169	90 00					
24/10/19		1-6-20						
22-5-20	57335	1818481	369.00					
3								
4								
5								
6								

GEN'L AUDITOR
 Posting checked by

 Date 24-10-19

No.

RANK

3rd

NAME

Whishow, M. E.

T. O. S.

UNIT

7th Stat Hosp. Overseas C.A.M.C.

M. D.

6.

PAID
FROM

PAID
TO

SIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

1915

1915

Oct. 28

Dec 31

v



SURNAME.

Chisholm

CARD NO.

CHRISTIAN NAMES

Mary Maud Ethel

FOLL.

REGL. NO.

RANK

Nursing Sister

UNIT

No 7. Stationary Hospital

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Chisholm, Murdock

RELATIONSHIP TO SOLDIER

Father

ADDRESS

*303 Brunswick St. Halifax
N.S.*

COUNTRY OF BIRTH

Canada Halifax N.S.

DATE

PLACE OF ATTESTATION

Halifax N.S.

DATE

Dec 15th 1915

C.P.S. 1-1-16 309

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Number..... Rank *N/S*

Surname *CHISHOLM*

Christian Name *MARY-MAUD, ETHEL*

Units..... Theatre of War *FRANCE*

Date of Service *18/6/16.*

Remarks.....

Latest Address *303 Brunswick St.
Halifax*

Roll No..... *N.S.*

200m.-6-21. *B Page 22211*

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

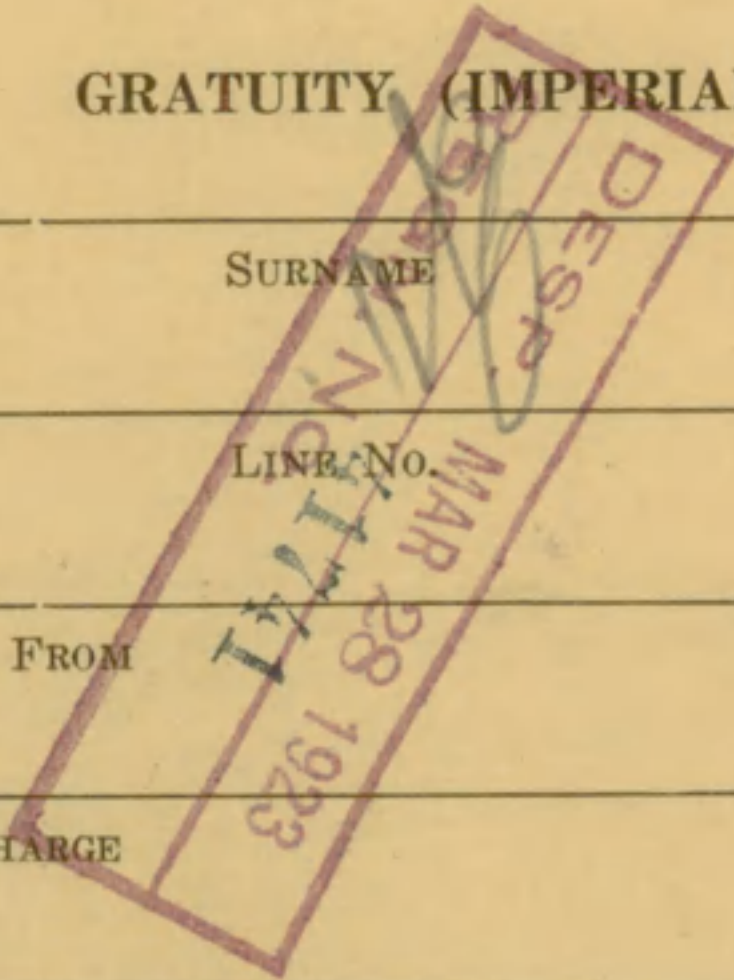
PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

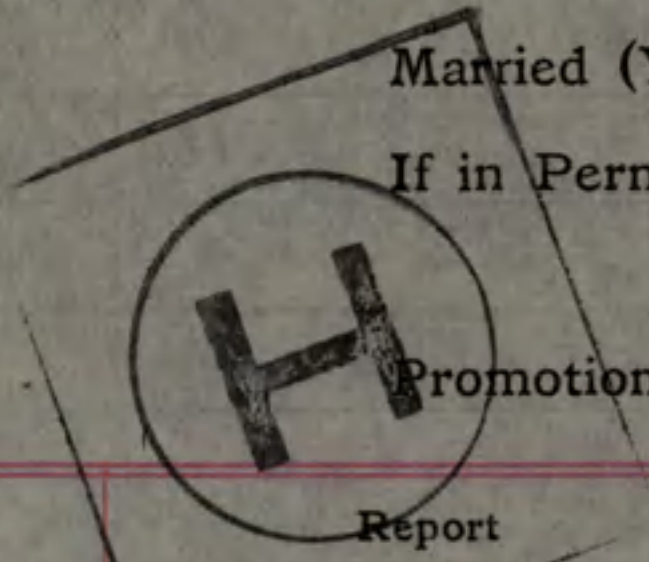
DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA



Rank and Name CHISHOLM, Mary Maud Ethel. Nursing Sister
 Regimental No. Name and Address of Next-of-Kin
 Unit No. 7 Stat. Hpl. Murdock Chisholm, (Father)
 Date of enlistment 28th Oct. 1915. 303, Brunswick St.,
 Place of birth Halifax, N.S. Halifax, N.S. Canada.
 Married (Yes or No) No Date and place of discharge
 If in Permanent Force Reason for discharge
 Character on discharge

7-28/11 A.F.B. 150
 do 11 FEB 1916
 do 1 MAR 1916
 do MAY 1 1916
 do 15 MAY 1916



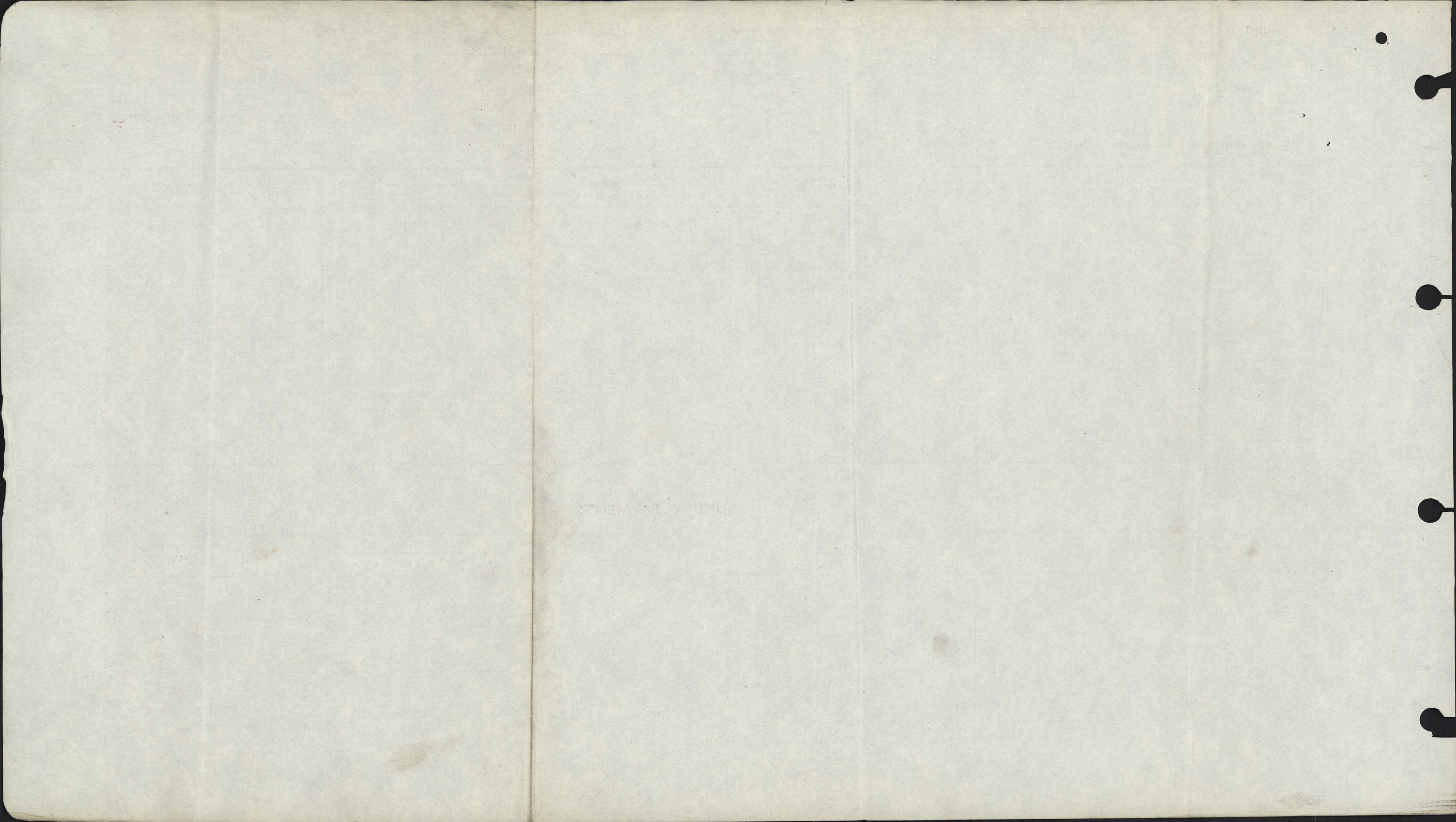
Promotions or appointments LEFT CANADA, 1-1-16. W. John

A.F.B. 103
 26/6/16

Date	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
1-1-16	S.M.S.	posted to Moore Barracks Hosp.		31/1/16	6.0182
10-2-16	S.M.S.	transfd to Mil Hosp Shorncliffe		10/2/16	6.0243-257.
11-2-16	7 th St.	Taken On Strength 7 S.H. (Shorncliffe)		10-2-16	Pt ii order 22.
		proceeded 7/5		18/6/16	6.01098, 1120 P th 11 (7 S/H)
20.1.14	7 Can. Gen. H.	Granted 14 days leave to Gen. H. for 7 S.H.		20.1.17	Pt ii ord. 8 7 S.H.
20.7.17	7 C. St. H.	Granted leave		5/1/14	Pt ii ord. 3
26.3.18	do	Granted 14 days leave		23.5.17	Pt ii ord. 36.
25-5-18	7 C. St. H.	all for temp duty from 7 C. St. H. cases to be attached		27.2.18	Pt ii ord. 12.
14-6-18	7 C. St. H.	Granted 14 days leave		16-4-18	Pt ii ord. 29.
21-9-18	- do -	Cases to be attached to 7 Can. Gen. Hosp. S.O.S. reposted to 8 Can. Gen. Hosp.		5-9-18	Pt ii ord. 43.
23-9-18	8 C. St. H.	T.O.S. on reposting from 7 C. St. H.		5-9-18	
				6-9-18	Pt ii ord. 47

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				
14-11-18	8OSH	Granted 7 days leave		30-10-18	Pff. ord. 60
9-11-18	Dr Cammc.	S.O.S. posted to Camc. Cas. Coy. whilst on leave		6-11-18	Pff. ord. 61.
6-12-18	Cas. Coy.	T.O.S. on posting from 8 Can. Gen. Hoops.		7-11-18	Pff. ord. 182.
11-11-18	Hq. O.M.F.C. Camb	Is permitted to resign her appmt in Eng		15-11-18	RO. 4913
28-3-19	Bab boy	T.O.S. on posting from Camb France.		25-2-19	Pff. ord. 44

9357



ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary *Mrs Edith Chisholm Shoncliffe Mt. N*
 Address *303 Brunswick St
 Halifax, N.S.*
 Amount. *\$ 50⁰⁰*

Mary Shoncliffe
 10-1-16 D.M.L. 70-12-1-16

Name *Chisholm*
 Initials *Mary Mt.*
 Bank *Bank of Montreal*

Separation Allowance issued. Yes or No.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case	INITIALS
1916								
April	a.p. Can Pay April (R)			108	50	58		
	Bank			58		0		
May	Pay May a.p. Can			111 60	50	61 60		
	Bank			61 60		0		
June 17	Pay June (R)			108	50			
20	a.p. Can							
	Bank	3874		58		0		
July 17	a.p. Can				50			
20	Pay July (R)			111 60				
25	Bank	4997		61 60		0		
Aug 16	a.p. Can				50			
17	Pay Aug (R)			111 60				
23	Bank	7299		61 60		0		
Sep 20	Pay Sep (R)			108				
20	a.p. Can				50			
28	Bank	9510		58		0		
Oct 17	a.p. Can				50			
23	Pay Oct (R)			111 60				
27	Bank	11000		61 60		0		
Nov 16	a.p. Can				50			
17	Pay Nov (R)			108				
24	Bank			58		0		
Dec 11	a.p. Can				50			
15	Pay Dec			111 60				
18	Bank			61 60		0		
	Ord Ford							

NAME

RANK

UNIT

ASSIGNED PAY

DATE AUTHORITY

DATE AUTHORITY NAME OF

Name

Beneficiary

Initials

Address

Bank

Amount

Separation Allowance issued Yes or No

SPECIAL AUTHORITIES
To be furnished by R.M. Inventory
INITIALS

ASSIGNED
PAY PAID IN
BALANCE
CANADA

DR

OR

DR NO

PARTICULARS

DATE

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

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

*Shancliffe
Mil B.*

W/S.

Name *Chisholm*
Initials *Mary M. E.*
Bank *of Montreal*

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
	<i>Bro. Ford</i>					<i>0</i>		
<i>Jan 9</i>	<i>A.P. Can</i>				<i>50</i>			
<i>12</i>	<i>Pay Jan</i>		<i>111 60</i>					
<i>25</i>	<i>Bank</i>			<i>61 60</i>		<i>0</i>		
<i>Feb 19</i>	<i>Pay 4 d.</i>		<i>100 80</i>					
<i>19</i>	<i>A.P. Can</i>				<i>50</i>			
<i>22</i>	<i>Bank</i>	<i>21943</i>		<i>50 80</i>		<i>0</i>		
<i>March 20</i>	<i>March Pay R.</i>		<i>111 60</i>					
<i>21</i>	<i>A.P. Can</i>				<i>50</i>			
<i>27</i>	<i>Bank</i>	<i>24818</i>		<i>61 60</i>		<i>0</i>		

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Name

Initials

Bank

Amount. \$

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

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.

INITIALS

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$ 50⁰⁰

Separation Allowance issued. Yes or No

NAME OF UNIT DATE AUTHORITY

Shorncliffe
Mil Hosp

Pay 2nd of N/S
7th 60
Mess-00

DATE AUTHORITY

10th Em. S. 70 12th

Name

Initials

Bank

Chisholm
Mary M E
Bank of Montreal
Trafalgar Sq

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
April 21	April Pay R.		108					
22	A.P. Can.				50			
26	Bank	3003		58				
May 22	May Pay R		111 60		50			
23	Bank	5486		61 60				
June 9 th	A.P. Canada.				50			
14	June Pay (R)		108					
22	Bank	9004		58				
July 19	July Pay (R)		111 60					
17	A.P. Canada.				50			
22	Bank	13092		61 60				
Aug 18	August Pay (R)		111 60					
"	A.P. Can				50			
21	Bank	17361		61 60				
Sep 15	Sept Pay (R)		108					
12	A.P. Canada.				50			
21	Bank	28863		58				
Oct 9	October Pay (R)		111 60					
10	A. Pay Canada				50			
19	Bank	26791		61 60				
Nov 16	November Pay (R)		108					
15	A. Pay Canada.				50			
20	Bank	30763		58				

Carried For.

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$ 50 ban

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

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Name

Initials

Bank

Pay 2nd pd
Pa 60
Mes 100

W/S

Bisholm
Mary M.
of Montreal
Trafalgar Sq.

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1917								
Dec 7	December Pay (P)		111 60					
8	A.P. ban.				50			
13	Bank	35096		61 60				
1918 Jan	Jan Pay (P)		111 60					
15	A.P. ban.				50			
22	Bank	39501		61 60				
Feb 11	Feb Pay (P)		100 80					
11	A.P. ban.				50			
20	Bank	40996		50 80				
Mar	March Pay (P)		111 60					
11	A.P. ban.				50			
22	Bank			61 60				

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$ 50 **

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

NAME OF

DATE

Rates
AUTHORITY

DATE

AUTHORITY

Shorncliffe
Mil Hosp

Pay 2**pd
2 1/2
mess 1**

R.S

10/16 D/S 70. 12 1/2

Name bisholm
Initials Mary M C.
Bank Montreal
Trafalgar Sq

Add. outfit. allow. 8/18 \$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
1916								
Apr 17	A.P. ban Apr Pay (R)		108		50			
24	Bank	1187		58				
May 19	May Pay (R)		111 60					
"	A.P. ban				50			
23	Bank	2683		61 60				
June 14	June Pay (R) A.P. ban		108		50			
21	Bank	4166		58				
July 16	July Pay (R) A.P. ban		111 60		50			
23	Bank	5626		61 60				
Aug 13	Aug Pay R. A.P. ban		111 60		50			
24	Bank	7258		61 60				
Sep 12	Sept Pay R. A.P. ban		108		50			
24	Bank	9187		58				
Oct 15	Oct. Pay R. A.P. ban		111 60		50			
19	Subs allow. France 6-30 1/18	2369						
22	Bank	10404		61 60				
	Outfit allow. 8/18		100.					
30	Bank	10851		100.				

75.00
75.00

Barry Ford

