

Duplicate

Unit A.M.C. No 10 Tr De Rank Lieut. Name Dewar, Mary
C.E.F.

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? Dewar
(b) What are your Christian Names? Mary
2. (a) Where were you born? (State place and country) West Selkirk, Man. Canada
(b) What is your present address? 75-3 Gaskley Ave. Winnipeg Canada
3. What is the date of your birth? June 6th 1889
4. What is (a) the name of your next-of-kin? William Dewar
(b) the address of your next-of-kin? West Selkirk Man. Canada
(c) the relationship of your next-of-kin? Father
5. What is your profession or occupation? Nursing Sister
6. What is your religion? C of E.
7. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
8. To what Unit of the Active Militia do you belong? No
9. State particulars of any former Military Service. No
10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? yes

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

Mary Dewar (Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

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

I consider her fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date 5/6/16 1916

Place Camp Hughes.

*Insert here "fit" or "unfit".

M. F. W. 51

40m.—12-15.
H. Q. 1772 39 917.

A. B. Bruns Esq.
Medical Officer.

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

CERTIFICATE OF FINANCIAL EXAMINATION

THE CANADIAN OVER-SEAS EXPEDITIONARY FORCE

1. Name of Officer
2. Rank
3. Service Number
4. Signature

DEWAR, MARY

N-S

C.E.F.

C.A. M.C

14994



DEMOB

404420



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.
- (2) Regimental Number Nursing Sister.
- (3) Full Name of Soldier..... Dewar, Mary.
- (4) Place of Birth..... West Selkirk, Man., Canada.
- (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.....

ORIGINAL

(9) Is your Father alive?.....Yes..William Dewar,.....

If so, state name and address West Selkirk, Man., Canada.

(10) Is your Mother alive?.....Yes. Elizabeth Dewar,.....

If so, state name and address West Selkirk, Man., Canada.

(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.

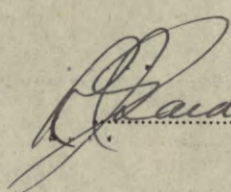
(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

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.



Lieut-Col. A. M. C.

Officer Commanding.

Date Nov. 22nd, 1916.

8-3-19

Casualty Form—Active Service.

Unit, Regiment or Corps. C A M ERegimental No. Rank N S Name Dewar m S
C. E. F.

Enlisted (a) Terms of Service (a) Service reckons from (a)

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } roll of N. C. Os. }

Extended. Re-engaged. Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
5-3-19	H Q Ottawa	TOS CEF Canada Gen Demol	MD # 10	1921/19	CEF RO 1758-19
26/3/19	H Q Ottawa	Sos CEF Canada on Gen Demol.	MD # 10	19/3/19	CEF RO 1826-19

D. J. J. J. J. Lieut.
for Director Personal Services

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				

MEDICAL TRANSFER CERTIFICATE.

Army Book 172.

(To accompany a Man Transferred from one Hospital to another.)

Extract from Admission and Discharge Book of 2 A. Cell. N. S. Hospital at 41, Vincent Sq. S.W. Date 12-6-18

No. of Case.	Regiment or Corps.	Troop or Company.	Regt. No.	RANK AND NAME. Surname first. If Married, write "M" under name.	Completed Years of			DATES.		Religion.	DISEASE. (a) Primary. (b) Secondary. (c) Operations.	Destination on Transfer, and to what Hospital or Ship Transferred.
					Age last birthday.	Service.	Service in the command.	Admitted into Hospital.	Transferred.			
	C. A. Cell. C.			Dewar, cell. S. N/S.	28	2 yrs.		7/6/18	12/6/18		Nervous Debility after Bombing	Kitchener War Hosp. Brighton.

State here briefly reasons for Transfer, and note any particulars of Case for information of Medical Officer.

Convalescence - away from air-raids area

J. Chamberworth

Major, R.A.M.C.,

Medical Officer in Charge.

OFFICER IN CHARGE

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF (SOLDIER) (Block Letters)

DEWAR M.

REGIMENT

C.A.M.C.

RANK

Nursing Sister

No.

Date of Examination in England

Jan 21/19.

Date of Examination in France

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

none

2. EXTRACTIONS

none

3. CROWNS

none

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

none

HAS SHE EVER REFUSED DENTAL TREATMENT?

no

HAS SHE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

(a) In Canada

no

(b) In England

yes

(c) In France

no

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.

Signature of Dental Officer

H. L. Smith

21-1-19.

Capt. C.A.D.C.

10-10-44
CANADIAN ARMY DENTAL CORPS, O.M.C.
DENTAL CERTIFICATE FOR DEMOBILIZATION

NAME: DENNIS M.
C.A.M.C.

Rank: Captain

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

- 1. Teeth: No
- 2. Extraction: No
- 3. X-rays: No
- 4. Dentures: No
- (a) Full Upper: No
- (b) Full Lower: No
- (c) Full: No
- (d) Partial: No

None

- (1) In Canada: No
- (2) In England: No
- (3) In France: No

Signature: J. L. Smith
Dental Officer

A.M.D. 5/22-2-1- 19-6-18

CONFIDENTIAL.

Army Form A 45.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station 13 Bevan St London W.1

Date 21-6-18

1. Rank and Name 7/S-DEWAR-MARY-STUART.
2. Unit C.A.M.C. #1 Can. Gen. Hosp-ETAPLES - R.D.Shorncliffe
3. Age 28 4. Total Service 24 War Service { (a) at home 12
(b) abroad 12 (France 12)
5. Address 133 Oxford St - London W.1

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability NERVOUS - DEBILITY - AFTER - BOMBING
7. Date of origin of disability MAY - 19 - 1918
8. Place of origin of disability ETAPLES
9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

This sister now reports from kitchen ward Hospital
Brighton where she has been since June 12. 1918 where
she was admitted from Vincent Square Hosp - having been
admitted to the latter Hosp from Le Treport #3 British General
Hosp, on June 7 - admitted to #3 British General on
June 4 - She was on night duty at #1 Can General
during the Bombardment of May 19 - the result of
this experience causing the above disability

OPINION OF THE MEDICAL BOARD.

NOTES.—(i.) The Board will on no account inform the officer of its opinion on any of the following questions.

- (ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.
(iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.
(iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service? no
(b) in the service? yes
11. Was it attributable to military service? yes
If so, to what specific military conditions is it attributed? Bombing during

Air Raid.

[Enteric Fever, Dysentery, Malaria, etc., contracted on service in countries where there is a special liability to the disease are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service? no
If so, by what specific military conditions? no

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? no

[P.T.O.]

14. What is the officer's present condition? This sister at the present
is in fair general condition. She is still somewhat
nervous and is not sleeping well. There is no
organic lesion of any system. As a result of
her nervousness she is not fit for general service.
The Board would also recommend no light duty
for a time and work if possible which would not
over-tire but lead to regaining nervous control.

The Board Recommends:-

'Home Service C +'

15. To what degree is the officer disabled at the present time? _____
(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20, under 20, or nil.)

16. Is the disability permanent? no Five 2.4.17.18.

17. If not permanent, how soon is re-examination recommended? None months.

18. Is it necessary that the officer should be re-examined by the same Board? no

19. What treatment is the officer receiving, and where, and from whom? none

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature? _____

none

21. Does the officer require the constant attendance of another person? no

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 1677/1917. In case of nurses, omit B. and (i) and (ii) of E. Five

A.—Fit for general service. no three months

B.—Fit for service in a garrison or labour unit abroad. n.a.

C.—Fit for home service:—

(i) Active duty with troops. yes

(ii) Sedentary employment only. n.a.

D.—For admission to a command depot. n.a.

E.—Requiring indoor hospital treatment:—

(i) In an officers' military or auxiliary convalescent hospital. n.a.

(ii) In an officers' hospital. n.a.

F.—Permanently unfit for any further military service.

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 1289 of 1917 been complied with? _____

J. H. M. Bell, Major, C.A.M.C. President.

Harold Buck

Major C.A.M.C.

Poscoe C. Parker Capt. C.A.M.C. Members.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station

13 Berners St. London W.1.

Date

21/11/18

1. Rank and Name

N/S DEWAR-MARY-STUART.

2. Unit.

C.A.M.C. R.D. Storncliffe. Kt.

3. Age

28

4. Total Service

 $\frac{24}{12}$

War Service

(a) at home

 $\frac{6}{12}$

(b) abroad

 $\frac{18}{12}$ (France $\frac{7}{12}$)

5. Address

133 Oxford St. London

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability

Nervous Debility after Bombing.

7. Date of origin of disability

May 19 1918

8. Place of origin of disability

ETAPLES

9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

This sister now reports after five months C.I., the date of last Board being 21-6-18.

There has been a marked improvement, in her general and nervous conditions during the past five months.

I concur in the findings of the Board of Medical Officers here recorded.

Captain, D.A.D.M.S.
for D.M.S.

OPINION OF THE MEDICAL BOARD.

NOTES.—(i.) The Board will on no account inform the officer of its opinion on any of the following questions.

- (ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.
(iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.
(iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service?

— no —

(b) in the service?

— yro —

11. Was it attributable to military service?

— yro —

If so, to what specific military conditions is it attributed?

Bombing during air raid.

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease, are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service?

n.a.

If so, by what specific military conditions?

n.a.

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent?

— no —

14. What is the officer's present condition? General condition good.
Eats and sleeps well. Has no complaints
of any kind. She states that she is
doing the ordinary duties of a nursing
sister in a hospital without any discomfort.
All systems normal.
The Board recommends General Service "A".

15. To what degree is the officer disabled at the present time? — none —
(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20 under 20, or nil.)

16. Is the disability permanent? — no —

17. If not permanent, how soon is re-examination recommended? n.a. months.

18. Is it necessary that the officer should be re-examined by the same Board? — no —

19. What treatment is the officer receiving, and where, and from whom? — none —

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature? no.

21. Does the officer require the constant attendance of another person? — no —

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 158/1918. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service — yrs. —

B.—Fit for service in a garrison or labour unit abroad

C.—Fit for home service :—

(i) Active duty with troops

(ii) Sedentary employment only

D.—For admission to a command depot

E.—Requiring indoor hospital treatment :—

(i) In an officers' military or auxiliary convalescent hospital

(ii) In an officers' hospital

F.—Permanently unfit for any further military service

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 307 of 1918 been complied with? }

J.H.L. Bell, Major, C.A.M.C. President.

A. J. Martin Capt. C.A.M.C.

A. Thomas Capt. C.A.M.C. Members.

MEDICAL HISTORY SHEET

Surname Dewar Christian Name Mary

Examined { on 5th day of June 1916
at Camp Hughes

Approved by

J. Bonnell

Birthplace { City or Town West Selkirk
County Manitoba

Rank Captain M.O.

Apparent age 27

Trade or occupation Nursing Sister

Height 5 feet 6 Inches

Weight 140 lbs.

Chest measurement { Minimum 35 inches
Maximum expansion 37 inches

Physical development Good

Small-pox Marks NONE

Vaccination Marks { Arm Right 1 Left 2
Number

When Vaccinated last 1910

(a) Marks indicating congenital peculiarities or previous disease None

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

Date Fit or Unfit EXAMINED FOR RE-ENGAGEMENT

Date Result VACCINATIONS

Date Result ANTI-TYPHOID INOCULATIONS, ETC.

Enlisted on 5th day of June 1916 at Camp Hughes

| | CORPS | REG'TL NUMBER | HABITS | DATE |
|----------------------|---------------------------|---------------|--------|---------------|
| Joined on enlistment | A.M.C.T.D. No 10
C E F | | | June 5th 1916 |
| Transferred to | | | | |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

| STATION | DATE | DISEASE | RESULT |
|------------------|----------|-------------------|----------------------------------|
| 13 Berners St W. | 21-6-18 | Nervous Debility. | Ct 5 mos. J.H.P. Bell, Maj. Camp |
| 13 Berners St W | 21-11-18 | Nervous Debility | A- A. Thomas Cpt. Camp |

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.

CANADIAN

Surname Dewart Christian Name Mary

| STATION | Date of Arrival
at the
Station | DATES OF | | | | | | 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 |
|---|--------------------------------------|----------------------------|-------|------|----------------------------|-------|------|-------------------------------------|----------------------------------|--|---------------------------------|
| | | Admission
into Hospital | | | Discharge
from Hospital | | | | | | |
| | | Day | Month | Year | Day | Month | Year | | | | |
| for Hospital
for S. G. S. Ch. N. S.
71, Vincent Sq. | 7th June 1918 | 7 | 6 | 1918 | 12 | 6 | 1918 | herveous Debility
after Bombing. | 6 | Immolated from Staples after Bombing Raids | Whitely with
maple |
| | | 12 | 6 | 18 | 21 | 6 | 18 | " | 9 | brackets to Indecis bound. | J. J. M. ap. |





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 Junior Lieut. Name Dewar Surname Mary
 Unit or Corps 469th Basingstoke Camp (If a soldier) Regtl. No.
 Born at West Selkirk Manitoba on, date June 6th 1890
 Signature (for identification) Mary Dewar 115-

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

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

Weight 124 lbs.
 Height 5 ft. 5 ins.

nil.

2. NUTRITION AND DIATHESIS?

Good.

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? no

Abnormal Size? no

Pulse Rate? 78

Intermittence or irregularity? no

6. ARTERIES.—Any hardening?

Soft.

7. DIGESTIVE SYSTEM?

nil.

8. GENITO-URINARY SYSTEM?

nil.

Urinalysis—S.G.? 1012

Reaction? acid

Albumen? neg

Sugar? neg

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.

no

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

Good health

Fit.

Examined at

469th Basingstoke

Signed

Robert R. Bingham M.O.

Date

21.1.19

Signed

Wm Goldie 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 the Officer in the General Service of a Soldier in the

1. Name of the Soldier
2. Date of Examination
3. Name of the Physician

1. PHYSICIAN: [Signature]
2. [Signature]
3. [Signature]

4. [Signature]
5. [Signature]

6. [Signature]
7. [Signature]

8. [Signature]
9. [Signature]

10. [Signature]
11. [Signature]
12. [Signature]

13. [Signature]
14. [Signature]

15. [Signature]
16. [Signature]

17. [Signature]
18. [Signature]

19. [Signature]
20. [Signature]

21. [Signature]
22. [Signature]

23. [Signature]
24. [Signature]

CERTIFIED CORRECT

14 JAN 1918

CANADIAN RECORD OFFICE

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

Casualty Form—Active Service.

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

250M-1-16.
H. C. 1772-39-920.Unit, Regiment or Corps A.M.C. No 10 Training Depot C.E.F.Regimental No. Rank Lieut. M/Sgt Name Dewar, Mary Stuart

C. E. F.

Enlisted (a) 5/6/16 Terms of Service (a) Do of W Service reckons from (a) 5-6-16

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) Nurse

CBM

| 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 | | | | |
| 31-12-16 | D.G.M.S. | Arrived in London | England | 31-12-16 | AGH a(1) Canadians
21-1-15. d. 13-1-17. |
| 18-1-17 | D.M.S. | To Moore Barracks Hospital | Shorncliffe | 18-1-17 | C.O. 106
M.H. Forbes, k.i.s.
Matron-in-Chief
for
D.M.S., Canadian Expeditionary Force |
| 18-1-17 | D.M.S. | Taken on strength at Moore Barracks from Canada | Shorncliffe | 23-1-17 | PA 11 to 23. |
| 7-10-17 | D.C.
#2 G.H.
"L.G.H. | from M.B.L.H. to "L.G.H. | " | 1-10-17 | PT. E. Do. #280. |
| 10-1-18 | " | S.O.S. on pr. Overseas | " | 12/1/17 | By <u>James Stuart</u>
Company Officer,
For Colonel, Officer i/c Hospital. |

(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.]

| Date | From whom received | Report | Place | Date | Remarks |
|----------|--------------------|---|-------------|----------|---|
| 17/11/17 | ICM | Reinforcement.
No 121/816/6313 AMP 4 of 12/11/17
File 19712 | | 12/11/17 | BMB 11/74 26/11/17 |
| 5.6.18 | 3 Gen. H.P. | Neurasthenia. ad. | 3 Gen. H.P. | 5.6.18 | 13034 |
| 6.6.18 | " | To no 20. Stat Hosp | 26.6.18 | 13034 | |
| 8/6/18 | 1 B.G.H. | Temp Duty to no 2 G.G.H. on
authy D.G.M.S. B/1523/98 of 6/6/18 | | 11/6/18 | B213 KM 20421
Pt II No 46. of 1918 |
| 8.6.18 | 26.9.H | Cases to be attached to no 2 Cdn. Gen.
Hosp on admission to Hosp | | 4.6.18 | 13213. p 50 no 47/1918. |
| 7.6.18 | Jan. Brydel | Sick. posted to C.A.M.C. Depot.
Shorncliffe. (Neurasthenia) | | 7.6.18 | 13083/5519. p 50 no 47 d/15/18 |
| | | | | | H. Christie
Capt. for Lt.-Col., A. A. G.
Canadian Section, G. H. O. 3rd Echelon, B. E. F. |
| 18/6/18 | Cambd. | I.O.S. from No. 1 B.G.H. on
S.O.S. to C.A.M.C. Depot.
Group, | S. Cliffe | 7/6/18 | Pt II 169 (O.C. 1007) |
| 27.6.18 | " | | " | 26.6.18 | P 500. 178-1918. 826. 18/6/18 |
| | | | | | R. Mann
Capt. Adjutant,
for O.C., C.A.M.C. Depot. |
| 28.6.18 | C.A.M.C. Regt. | T.O.S. from C.A.M.C. R+T.D.
granted leave 22.6.18 to 12.7.18 | S. Cliffe | 27.6.18. | Pt II D.O. 47 |
| 18.7.18 | " | S.O.S. to No 4 C.G.H. (B. Stone) | " | 13.7.18. | Pt II D.O. 61 |
| 20.7.18 | #4. B.G.H. | I.O.S. from. C.A.M.C. Depot. | B. Stone | 13.7.18. | Pt II D.O. 32 - 20.7.18. |
| 19.7.18 | | Transfer to C.A.M.C. Depot. | | | for O.C. S. Cliffe Depot Group. |

Reg. No.

Rank. *N/S*

Name. *Dewar, Mary Stuart*

Unit. *C.A. M.B.*

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

H.Q. File Reference. *392-4-147*

Date Struck off Strength. *19/3/19*

Reason. *Demob.*

Military District. *10*

Quithy. - R.O. 1826

Clerk's Initials. *SR*

Date. *1/4/19*

177-10-100

Unit.....
Name.....
Rank.....
Rpt. No.

attached to the documents of the Commission in envelope
this form, for completion, is to be

Unit, this reference.....
Name, rank and position.....
Address.....
Military District.....

Date.....
Special Instructions.....

Dec 17 1918
500/1118

8
Number

Rank

N/S

~~B~~

Surname

DEWAR

Christian Name

MARY STUART

Units

Theatre of War

FRANCE

Date of Service

12-11-17.

Remarks

Latest Address

753 Walsely Ave.

Winnipeg Man. Can.

Roll No.

200m.-6-21.41.

B. Page 20342.

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

1

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

Name DEWAR

Rank N/str.

Reg. No.

Unit Mary Stuart
CAMC 1 C.G.H.

Next of Kin

Canada

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|-------|-----------------------------|-------------------------|----------|----------|-----------------|-----------|
| 1918. | | | | | | |
| 5-6 | 3 Gen. Hosp. LeTreport | (HA.1867) | | 1005 | ✓ | |
| | | Neurasthenia. | | | | |
| 8-6 | S.A. Smns. H.O. Vincent St. | 19497 Nervous | | 1007 | ✓ | |
| | EX.H.S. | Debility after gas Rank | | | | |
| | | Bombing | | | | |
| 12-6 | Hatchery Mul. Hq. Bingham | 19497 | | 1010 | ✓ | |
| 21-6 | Discharged | 1003 | | 1024 | | |

[illegible]

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REGT'L. No.

H. Q. FILE NO. 649

FOLLOWS

No.

FOLLOWS

L. L. 31493. M. & D. 8476.

M. F. W. 42 100M.—28-11-17.

H. Q. 1772-39-893.

| LIST NO. | HOSPITAL | DATE OF ADMISSION | REMARKS |
|-------------------|-------------------------------|-------------------|--|
| 1005 ² | 3 Gen. Le. Depot. | 5-6-18 | Neurosthenia |
| 1007 ³ | D. G. M. H. S. 71 Vincent St. | 8-6-18 | Nervous debility after air raid bombing. |
| 1010-3 | Kitchener Mil. Brighton | 12-6-18 | " " " |
| 1024 ³ | " " " | 21-6-18 | " " Disch. |

No.

RANK

Maj. Sis.

NAME

Dewar. M.

T. O. S.

UNIT

Army Medical Corps.

M. D. 3

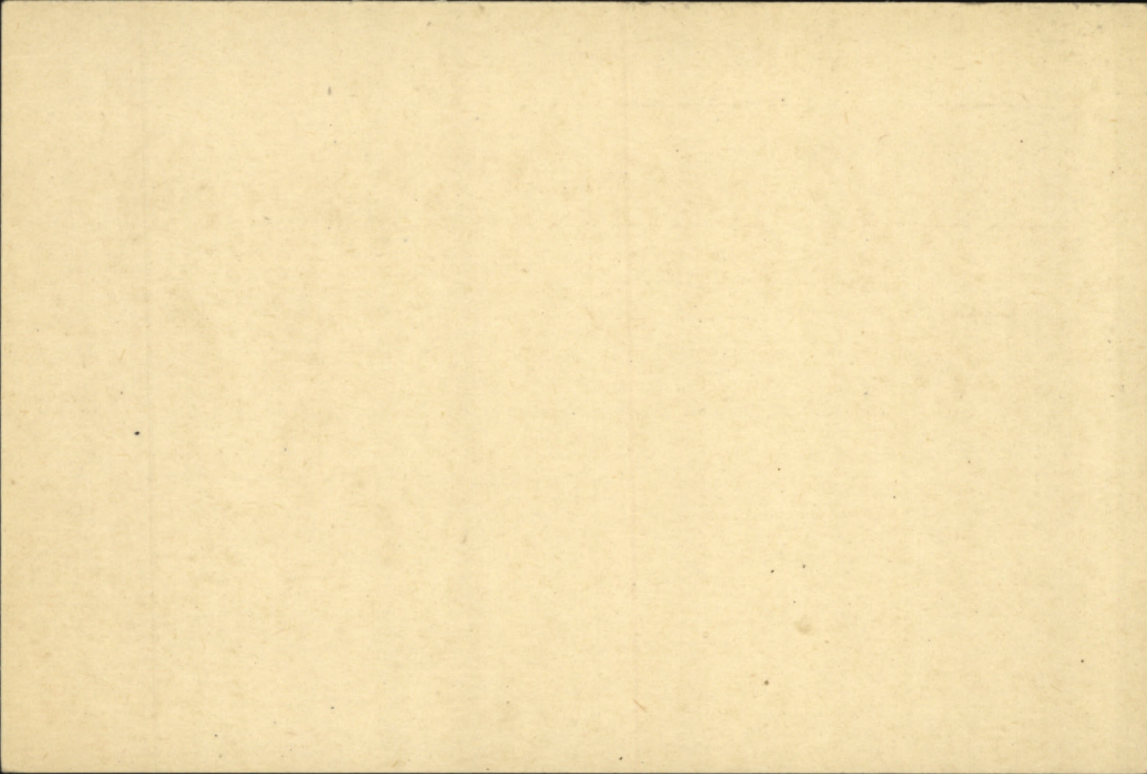
PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

| | | |
|--------|--------|---|
| 1916 | 1916 | |
| Nov 14 | Nov 30 | ✓ |
| Dec 1 | Dec 29 | ✓ |



No.

RANK

NAME

Lieut - 1st. Dewar, Mary.

T. O. S. 5-6-16

UNIT

no 10 Training Depot: Am C

June paylist -

M. D. 10

| PAID
FROM | PAID
TO | SIG.
OR
REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|--------------|------------|---------------------|---|----------------|
| | | | PARTICULARS | AUTHORITY |
| 1915 | 1916 | | | |
| June 5 | June 30 | ✓ | | |
| July | | ✓ | | |
| Aug | | ✓ | | |
| Sept | | ✓ | | |
| Oct | | ✓ | | |
| Nov | | ✓ | Trans o/s 10-11-16 | DO 90-11-11-16 |



SURNAME.

Dewar.

10. CARD NO.

area m.

CHRISTIAN NAMES

Mary.

S.O.S. 19-3-19.

FOLL.

Demob 31-3-19

REGL. NO.

RANK

Lieut. N./s.

Cmt. D.O. 90.410.0.0.

UNIT A. M. C. (Training Depot. No 10.) (R. D.)

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Dewar, William

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

West Selkirk, Man.

COUNTRY OF BIRTH

Canada.

W. Selkirk, Man.

DATE

June 6th, 1889

PLACE OF ATTESTATION

DATE

O/S 27-12-16.

L. L. 94504. M. & D. 6512.

R/c 1-3-19, 2/1.

M. F. W. 22. 250M.-2-16. H. Q. 1772-39-339.

6/5. 27-12-16.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Nursing Sister

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Camp Hughes, Man.

DATE

June 5th 1916

Present Address. 753 Wolseley Ave, Winnipeg, Man.

Surname.

Christian Name.

DEWAR
Rank.

M. S.
Unit.

D. M. S. 1947.
Surname

N/Str.

C.A.M.C. 1 C.G.H.

Rank

Date of admission.

No 3 General Hospital, Le Treport. 5-6-18

Hosp. to Q.A.I.M.N.S. Hospital, London. 8-6-18.

Kitchener Military Hosp. Brighton. 12-6-18.

Transferred Hosp.

Hosp. (2)

Hosp. (3)

Hosp. (4)

Hosp. (5)

Condition found by Board

Diagnosis. Neurasthenia. *Rw*
Nervous Debility after Air
Raid Bombing. *Rw*

Later diagnosis. (1)

(2)

(3)

(4)

(5)

Discharged: 21-6-18.
PENSIONS & CLAIMS BOARD held at
Date.

Disposition.

11-6-18 1005-2.

13-6-18 1007-3.

17-6-18 1010-3.

4-7-18 1024-3.

Disposition

C.L. Remarks.

C.L.

C.L.

C.L.

C.L.

C.L.

C.L.

C.L.

Remarks

A.M.D. 2 DEPT.

Bch. of D.G.M.S. Q.M.F.C. London.

Surname

Christian Name

Reg. No.

DEWAR

M.

S.

Rank

Unit

N/Str.

C. A. M. C.

MEDICAL BOARD held at

Date

Serial No.

(1) London Area

21-6-18.

W

W

21-11-18.

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Nervous Debility after Bombing.

Disposition Recommended

(1) Fit Home ser. unfit Gen. ser. 5 months.

Fit for General Service.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

FORM OF WILL.

TRIPLICATE

I, Mary Dewar, (Name in full)

Regimental Number Nursing Sister serving in C.A.M.C., C.E.F.

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

Will left with,

Mrs. Elizabeth Dewar,

West Selkirk, Man., Canada.

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

absolutely, and my personal estate I bequeath to

Will left with,

Mrs. Elizabeth Dewar,

West Selkirk, Man., Canada.

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

IMPORTANT

NOTE

This must be Signed
and Dated by
THE SOLDIER
HIMSELF.

this 21. day of December. A. D. 1916

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.

Signature of First Witness

Address of Witness

Occupation of Witness

Signature of Second Witness

Address of Witness

Occupation of Witness

THE TWO
WITNESSES
MUST
SIGN HERE

no address.

33-D-64
ORIGINAL

FORM OF WILL.

I, Mary Dewar, (Name in full)

Regimental Number Nursing Sister serving in C.A.M.C., C.E.F.

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

Will left with,
Mrs. Elizabeth Dewar,
West Selkirk, Man., Canada.

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

absolutely, and my personal estate I bequeath to

Will left with,
Mrs. Elizabeth Dewar,
West Selkirk, Man., Canada.

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

IMPORTANT

NOTE

This must be Signed
and Dated by
THE SOLDIER
HIMSELF.

this 21. day of December. A. D. 1916

Mary Dewar 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.

Signature of First Witness Agnes

Address of Witness St. Catharines

Occupation of Witness Superior

Signature of Second Witness Wm. Wilson

Address of Witness 199 University Ave. Kingston

Occupation of Witness Clk.

THE TWO
WITNESSES
MUST
SIGN HERE

COPY

FORM OF WILL

Mary Dewar,
Nursing Sister, O.A.N.C., C.R.N.
of the Province of Ontario, do hereby certify that the above is a true and correct copy of the original of the same as the same was presented to me for the purpose of being recorded in the public office of the Registrar of Wills.

Will left with,
Mrs. Elizabeth Dewar,
West Selkirk, Man., Canada.

Will left with,
Mrs. Elizabeth Dewar,
West Selkirk, Man., Canada.

Witness my hand and seal this 1st day of December, 1918.

Witness my hand and seal this 1st day of December, 1918.

THE TWO
WITNESSES
JURY
JUDGE

MEDICAL CASE SHEET.*

| No. in Admission and Discharge Book. | Regimental No. | Rank | Surname. | Christian Name. |
|--------------------------------------|---|------------------------|----------|-----------------|
| | | N/S. | Heenan | M.S. |
| Year 1918 | | Unit 1 Co. G. Hospital | Age 28 | Service. 24/11 |
| Station and Date. | Disease | | | |
| Kitchener
Mil. Hosp.
12.6.18. | <p><u>N.P.D.</u> "nervous debility after bombing" - at no. 1 Can. Genl.
 Transferred from Q.A. Hosp. Vincent Sq.
 Has not been sleeping well - and feels most of
 the time pretty tired. Has had headaches -
 not last couple of days. Is frightened at night.</p> <p><u>P.C.</u> Consid. nervous tremor eyelids & tongue.
 Reflexes exaggerated - Rather nervous & -
 Hypnotics.</p> <p>Medical Board, London 21-6-18.</p> | | | |

Station
and Date.

C.T.

Surname DEWAR /

Christian Names Mary Stuart /

25.3.17. M.B.H

Rank Nursing-Sister /

Name and Address of Next-of-Kin

26.4.17 do

Promotion

William Dewar, (Father)

5.6.16

West Selkirk, Manitoba,

Unit C.A.M.C.Z.

Canada.

Place of birth West Selkirk, Man., Canada.

Married (Yes or No)

Appointments

Date of leaving Canada

Date and Cause of Resignation

| 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 | | | | |
| | | Y.O.S. Camc. Lt. on an. R Canada | Dis. 31.12.16 | | |
| 15.1.17 | Dms. | Posted to Camc. T.S. | | 31/12/16 | CO 80. |
| 20.1.17 | Dms. | Posted to Moore B. H. Schiffe | | 17/1/17 | Co. 106 Pt. 11 ad. 23. M.B.H. |
| 14.7.17 | El. St. H. | Granted days leave | | 5.7.17 | Pt. 11 ad. 39 |
| 4.10.17 | Dms. | Posted to No. 11 Can Gen Hos. Moore Bks. | | 1.10.17 | CO 1299 |
| 14.11.17 | do. | Proceeded of Seas for duty | | 12.11.17 | CO 1486 P ₂ of 3. W.E.H. CGH A.F.B. 103. |
| 26.11.17 | No. 1 Can Gen | T.O.S. on arrival in France | | 12.11.17 | Pt. 11 ad. 46. |
| 14.6.18 | do | ad. for temporary to 26.4.18 | | 1-6-18 | " of 46. |
| 11.6.18 | M.M.S. | Adm 3 Can Gen Sp. Report | | 5.6.18 | of 1007. Nervous debility |
| do | do | adm of A/M N S Hp Vincent | | 8.6.18 | of 1007. Nervous debility |
| 15.6.18 | 169 Hp | Adm Posted to C.A.M.C. Report | | 7.6.18 | of 1007. Nervous debility |
| 17.6.18 | M.M.S. | adm Kit Inl Hp Brighton | | 12.6.18 | of 1010 Nervous debility |
| 18.6.18 | 169 Hp | case to be ad. to 26.4.18 | | 21.6.18 | of 1024 |
| | | | | 4.6.18 | of 1047. |
| 2 JUL 1918 | Cas. Dep. Sec | TOS CAMC Cas. Dep. Sec. & shown on leave 12.7.18 | | 12.7.18 | of 1047. |

15 JAN. 1918

A.F.B. 103.

20 JUN. 1918

| 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 | | | | |
| 25.6.18. | C.A.M.C.D. | granted leave from 22.6.18 to 12.7.18 | | 12.7.18 | <i>PT 1 or 61</i> |
| 18.7-18 | C.A.M.C.
Asst. Dep. Sec | S.O.S. on posting to A.C.H. | | 13-7-18 | <i>PT 1 or 61</i> |
| 20-7-18 | 4 C.A.H.P. | T.O.S. on posting from C.A.M.C. Reg. D | | 13-7-18 | <i>PT 1 ord. 32.</i> |
| 28-2-19 | <i>do</i> | S.O.S. on transfer to C.E.F. in Canada | | 19-2-19 | <i>PT 1 ord. 17.</i> |
| 24-2-19 | DMS. | <i>(S.O.S. on transfer to C.E.F. in Canada upon cessation of hostilities)</i>
<i>Sailed to Canada S.S. Scotian</i> | | 19-2-19 | <i>CD. 36.</i> |
| | | | | 19-2-19 | <i>Sailing No. 18.</i> |
| | | | | <i>S.S. 19.3.19</i> | |

12289