Unit C. A. M. C. Rank Nursing Sister Name Annie Isobel Elliott

OFFICERS' DECLARATION PAPER

Original

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? Elliott.
   (b) What are your Christian Names? annie Isobel.
2. (a) Where were you born? (State place and country) Wingham — Huron Co.
   (b) What is your present address? Wingham, Ont.
3. What is the date of your birth? Aug. 13th 1888.
4. What is (a) the name of your next-of-kin? Mrs. Mary Ann. Elliott
   (b) the address of your next-of-kin? Wingham. Ontario
   (c) the relationship of your next-of-kin? Mother.
5. What is your profession or occupation? Nurse.
6. What is your religion? Presbyterian
7. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
8. To what Unit of the Active Militia do you belong? Canada
9. State particulars of any former Military Service nil.
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.

Annie Isobel Elliott (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 ~~him~~* her fit. for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date April 28th 1917.

Place London Ont Canada

J. B. Troyd Corcoran
Medical Officer.

*Insert here "fit" or "unfit".

M. F. W. 51
40m.—12-15.
H. Q. 1772-39-917.

C.E.F.

ELLIOTT ANNIE ISABEL N-S CAMC 04127

DIED 5-10-48 DEMOB

H

OPEN

ATIA

DIED 5 OCT 48

Box

2866

To be made out in duplicate.

Original

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.

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(1) Name of Overseas Unit which ~~Soldier~~ joins Nursing Sister Canadian Army Medical Corps

(2) Regimental Number ✓

(3) Full Name of Soldier Annie Isobel Elliott

(4) Place of Birth Wingham Ontario Canada

(5) Are you married, or not ? ~~Not applicable~~ No

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

(b) Present Postal Address

(7) Are you a widower ? No

(8) Have you any children ? No

If so, give number of boys and girls ✓

Also their names and ages

M. F. W. 67
20 M.—2-16
1772-39-954

(SEE OTHER SIDE.)

(9) Is your Father alive ? NO

If so, state name and address ✓

(10) Is your Mother alive ? Yes

If so, state name and address Mary Ann Elliott

Wingham Ontario Canada

(11) If your Mother is a widow Yes

Are you her sole support, or not ? NO

(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 ? Yes

If so, in what Company ? Mutual Life

Have you made arrangements for payment of your Insurance premium Yes

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

O.C. Bell Capt.
Officer Commanding
of an Ord. Dep't

Date Apr. 28/17

MEDICAL HISTORY SHEET Duplicate

Surname ELLIOTT Christian Name Annie Isobel.

Examined { on 28th day of April 1917
at London, Ont. Canada

Birthplace { City or Town Wingham.
County Huron.

Apparent age 28

Trade or occupation Nurse

Height 5 feet 8½ Inches

Weight 125 lbs.

Chest measurement { Minimum 31 inches
Maximum expansion 34 inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm Right Left one
Number one

When Vaccinated last Apr. 28/17

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

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

Vision both eyes 20/20

Approved by J.B. Le Touzel

Rank Capt Can. A.M.C. M.O.

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
27-4-17		L.J. Sebert Capt A.M.C. M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
20.4.17		L.J. Sebert Capt A.M.C. M.O.
27.4.17		L.J. Sebert Capt A.M.C. M.O.
1.5.17		L.J. Sebert Capt A.M.C. M.O.

Enlisted on 5 day of March 1917 at London, Ont.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	Canc	N Sister		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
London Ont. Can.	Apr 28th 1917	Medical Board	Fit J.B. Le Touzel Capt A.M.C. President

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.

M. F. B. 313.
300M.—1-17.
H. Q. 1772/39-439.

Surname ELLIOTT Christian Name Annie Isabel.

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				

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) ELLIOTT. A. I

REGIMENT CA MC RANK N/S6 No.

Date of Examination in England 10/3/19 | 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 X
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper X
   - (*c*) Full Lower
   - (*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 X
- (*c*) In France

Signature of Dental Officer J. M. Rogers

CONFIDENTIAL.

The signature of each Officer composing the Board, &c., should be attached at the end of the Proceedings.

~~Original~~ Duplicate

FOR OFFICERS ONLY.

PROCEEDINGS OF A MEDICAL BOARD assembled

at London, Ont. Canada.

on the April 28th. 1917. by order of

O.C., T.D., No.1.

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

Nursing Sister. Annie Isabel Elliott.

PRESIDENT. J.R. LeTouzel, Capt. C.A.M.C.

MEMBERS { D. Allison, Capt. C.A.M.C.
M.G. Graham, Lieut. C.A.M.C.

The Board having assembled pursuant to order, proceed to examine the above-named officer and find that She is in good mental and bodily health and free from any physical defect likely to interfere with the efficient performance of Military Duty.

The opinion of the Board upon the questions herein is as follows :—

(1) Is the officer fit for service?* Yes

(2) If not so fit, how long is the disability likely to continue? ////

(3) To what extent does it prevent his earning a livelihood? ////////

APPROVED
MAY 1 1917
A.D.M.S. M.D. No.1.

SIGNATURES { J.R. LeTouzel Capt C.A.M.C.
D Allison Capt C.A.M.C.
M.G. Graham Lieut C.A.M.C.

*If an officer of the Active Militia sick or injured at Annual Training, etc., state if he is able to return to his civil duties.

M. F. B. 380.
25 m.—8-16.
H. Q. 17-2-39-274.

CONFIDENTIAL.

The signature of each Officer composing the Board, &c., should be attached at the end of the Proceedings.

Original

FOR OFFICERS ONLY.

PROCEEDINGS OF A MEDICAL BOARD assembled

at London Ontario Canada

on the April 28th 1917 by order of

D.C. ~~T~~ D. No 1

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

Nursing Sister

Annie Isobel Elliott.

PRESIDENT. J. R. Trouzel Capt Can A.M.C.

MEMBERS D. Allison Capt Can A.M.C.

M. G. Graham Lt Can A.M.C.

The Board having assembled pursuant to order, proceed to examine the above-named officer and find that She is in good mental & bodily health - & free from any physical defect likely to interfere with the efficient performance of Military Duty

The opinion of the Board upon the questions herein is as follows:—

(1) Is the officer fit for service?* yes

(2) If not so fit, how long is the disability likely to continue?

(3) To what extent does it prevent his earning a livelihood?

APPROVED
MAY 1 1917
A.D.M.S. M.D. No. 1.

SIGNATURES J. R. Trouzel Capt Can A.M.C.
D. Allison Capt Can A.M.C.
M. G. Graham Lt Can A.M.C.

*If an officer of the Active Militia sick or injured at Annual Training, etc., state if he is able to return to his civil duties.

M. F. B. 380.
25 m.—8-16.
H. Q. 17-2-39-274.

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 ELLIOTT
(Give name in full)
ANNIE ISABEL

Unit or Corps Clerk ..... Birthplace Wingham Ont. Can

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

1. **GENERAL DESCRIPTION:**

Physique Good. Weight 130 lbs. Height 5 ft. 8½ in. Colour of Eyes Blue

Nutrition Good.

Pulse .....

Condition of arteries Normal.

Vision Rt. Nor: Left Nor:

Hearing (conversational voice) Rt. Nor: ft.

Left Nor: ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Scar 1" x ¼" on extensor surface of right wrist.

Opinion as to general health and physical condition In good health & 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 Shorncliffe Kent. (Overseas)

Date 10th March 1919. Signed G. K. Duncan 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 G. K. Duncan Capt.

(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.

T

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P.) 250M.-12-18.
1772-39-903.

M. D. 1

LAST PAY CERTIFICATE

No. 4

Regimental No. ..... Rank N/S ..... Name ELLIOTT Annie I.
(Surname first)

Unit West. Ont. Mil. Hosp. who was* S.O.S.

On 11-11-19 191....., to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-11-19 to 30-11-19 191... the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		
Regimental Pay 30 days at $.2 c		60
Field Allowance 30 days at $.1 c		30
Separation Allowance		
Clothing Allowance		
Post Discharge Pay		
*Other Credits 30 Days @ 1.70		51
	50	
Advances A.R. 173 d/14-11-19		
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges Hosp. Stoppage 1 days Subs.	1 70	
Overcredited 19 days P.& A. & Subs	89 30	
Balance on transfer or on discharge, cheque No.		
Total	141 00	141 00

*Give particulars.

A monthly stoppage of $.....NIL..... (†) has..... .....(‡) been paid on account of

Assigned Pay for the month of.....191.....
and Separation Allce. for month of....NIL.....191..... } (to) Assignee .....NIL.....

(Address) .....

(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of $.....has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment .....5-3-17..... married or single.....Single.....

(2) Separation Allowance, entitled or not .....No.....(3) Reason for discharge.....Med.Unfit.....

(4) Authority for discharge or ~~transfer~~.....D.O. 332.....

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 8th. December 1919

Place London, Ont. .....

G Tremblin, Capt.
Medical Servs.M.D.1. *Paymaster.*

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

R.S 1-30.
R.S.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Annie Isabel ELLIOTT,

Enlisted in The Canadian Army Medical Corps,

CANADIAN EXPEDITIONARY FORCE, on the [illegible]

day of [illegible] 191 ..... AND WAS APPOINTED to COMMISSIONED RANK

in The Canadian Army Medical Corps,

CANADIAN EXPEDITIONARY FORCE on the Firth day

of March 191 7.

He SERVED in CANADA, [illegible] ENGLAND and FRANCE with the C.A.M.C.,
General Can.Stationary Hosp., Ramsgate, Can.Military Hospital,
Basingstoke, #4 Ambulance Train, #6 General Hospital, C.A.M.C.
Casualty Coy. Shorncliffe, District Depot #1.
and was STRUCK OFF THE STRENGTH on the Twenty-first day

of April 191 9 by reason of General Demobilization.

Dated at Ottawa, this Seventh day

of November 191 9.

J. E. Edmonds, Lieut.,
for Director of Personal Services.

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

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

Army Form B. 103. Regimental Number.....

Casualty Form—Active Service.

Regiment or Corps C.A.M.C.

Rank N/Str Surname ELLIOTT. Christian Name Annie Isobel

Religion..... Age on Enlistment.....years.....months.

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

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended {.....} Re-engaged {.....} Qualification (*b*).....

or Corps Trade and Rate.....

.....Signature of Officer.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked ...			
		Disembarked...			2
12-3-19.	O/C. XI C GH.	Attached from CAMC. R&TD. on reporting from France	Shorncliffe.	10-3-19.	Pt/Order No.21/19
7-3-19	do	Ceases to be attached from CAMC. R&TD. on proceeding to London for R.T.C.,	do	7-3-19	Pt.2.No. 31/1919
11/4/19.		S. of S. Draft on embarkation to Canada			

H. A. Kingsmill
CAPT. & ADJT.
For O/C No. XI CAN. GEN. HOSPITAL.
MOORE BARRACKS, SHORNCLIFFE.

For MAJOR General,
Adjutant General, Canadians.

(*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*) Signaller, Shoeing-Smith, &c.

[P.T.O.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
24/4/19	H.Q. Ottawa	T.O.C. 6 M.D. Canada for Duty	M.D. #1	11/4/19	C.E.F. R.O. 1916-19
25/4/19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 1	21/4/19	C.E.F. R.O. No. 1915-19

D. Urquhart
Lieut.
for Director Personal Services

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps A.A.M.C. Regimental Number

Rank N/S. Surname Elliott Christian Name Annie Isabella

Religion Age on Enlistment years months.

Enlisted (a) 5-3-17 Terms of Service (a) Dofie Service reckons from (a) 5-3-17

Date of promotion to present rank Date of appointment to lance rank

Extended Re-engaged Qualification (b) Graduate Nurse

or Corps Trade and Rate

Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...	Halifax	29.5.17	
		Disembarked...	Liverpool	8.6.17	
25.6.17	C.A.M.C.D.	TAKEN ON STRENGTH	Westerham	29.5.17	Pte D.O. 176
25.6.17	Secretary	Posted to Y & L Hosp Ramsgate	Westerham	8.6.17	Pt II D.O. 176
10-6-17.	O.C. G.C.S.H.	Taken on Strength.	Ramsgate	8-6-17	N. Wales Party D.O. 16.
3-9-17.	" "	S.O.S. to C.M.S. Basingstoke	"	5-9-17	Part II D.O. 246
7-9-17	O.M.S.H.B.	Taken on strength	Basingstoke		F. Clarke Lieut Major, C.A.M.C. Pt II D.O. 119. 7-9-17
21-9-17	"	S.O.S. on Proceeding Overseas	"		pt II D.O. 133. 21-9-17 Medical Capt Cane

(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) Signaller, Shoeing-smith, &c.

[P.T.O.

(B99130) W 15012—5156 J. P. & Co., Ltd. Forms/B103/3.

CERTIFIED CORRECT 26 SEP 1917 CANADIAN RECORD OFFICE

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
22/9/17	3 b Cdn	Reinforcement		21/9/17	B3B Nil 63 30/9/17
		No/3/18/5/6885 (A.M.D.4) 15/9/17			
		Lille 17960			
9-3-18	"	Granted leave from 6-3-18 To 20-3-18		20-3-18	B213 Part 14 d/f 20/3/18
23-3-18	"	Rejoined from Leave.		20-3-18	B213.
17. 8. 18.	4	To 4 Ambulance Train for temp. duty. D.G.M.S. D.G. Sl. dy 21. 8. 18.		16. 8. 18	B213.
17. 8. 18.	4 Amb Train.	Arrived for duty.		16. 8. 18	B213.
14. 9. 18.	"	To No 5 Gen. Hosp. T. duty.		13. 9. 18	B213.
29. 9. 18.		Rejoined 4. Amb. Train		23. 9. 18.	B213/748.
26. 10. 18.	"	Leave to U.K. 14 days.		23. 10. 18.	B213. Part No 72 of 1918.
16. 11. 18.	4 Amb Train	Rejoined 4 Amb Train from Leave of absence.		10. 11. 18.	B213.
15. 2. 19.	10 Gen.	Joined for T. duty.		15. 2. 19.	B213.
10. 3. 19.	Com. Maint. Cdn.	Trans. to England and posted to C.A.M.C. Res Company Shornecliffe.		9. 3. 19.	K.R. 5002 & Part No 12. of
		Com. Maint. Cdn. for D.M.S. Cdn. O.R. 15/3 d 10. 3. 19			A.H. Christie Capt. C.A.M.C. Maj. A/Asst. Adj. Det. A.M.C.

Forms R. 150. E.T.
3232. 15 M. 14/12/16.

Surname ELLIOTT **Christian Names** Annie Isobel.

Rank Nursing Sister **Name and Address of Next-of-Kin** Mother.
Mrs Mary Ann Elliott.
Wingham.Huron Co.,Ontario.Canada

Promotion T.O.S. 5.3.17

Unit Reinf.C.A.M.C. Nursing Sisters.

Place of birth Wingham.Ontario.Canada.

Married (Yes or No)

Appointments Halx. 29.5.17
L'pool 8.6.17

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. Ottoman Pcss.			
22.6.17	Duo.	Posted to Canc. Depot.		29.5.17	Co. 799
22-6-17	Duo.	Posted to Granville C.Sp. H. Ramsgate		8-6-17	Co 802
8. 9. 17.	Do	Posted to. Can. Mil. Hp. Basingstoke.		5. 9. 17	Co. 1178.
24. 9. 17	Do	Proceeded Oversea for Service.		21. 9. 17	Co. 1252.
30-9-17	3 C. Gen	T.O.S. No 3 Can Gen Hp	Boulogne	21-9-17	Pt. I 63
20.3.18	- do -	Granted leave from 6-3-18 to		20.3.18	Pt. I 20/14.
5-11-18	- do -	Granted 14 days leave from		25-10-18	Pt. II. ord. 82.
19-3-19	- do -	S.O.S. to Eng. posted to camc. Cas Coy.		9-3-19	Pt. I ord. 12.
12-5-19	camc. Cas. Dep.	T.O.S. on posting from camc. Gen.		10-3-19	Pt. II ord. 110
		S.O.S. on posting to Camc. R&T. Dep.		10-3-19	
25-4-19	camc. R&T. Dep.	T.O.S. on posting from Camc Cas. Coy		10-3-19	Pt. II ord. 115
		On Command H Can. Gen. Hosp.		10-3-19	

A.F.B. 103. 26 SEP. 1917

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				
	CAMC.				
29-4-19	R&T. Dep.	Ceases Command 11 Can. Gen. Hosp.		11-4-19	Pte ord. 119
		S.O.S. on Trans to CEF. in Canada		11-4-19	
24-4-19	DMS	S.O.S. on trans to CEF. in Canada		11-4-19	CO. 57.
		Cessation of hostilities			
		Sailed To Canada S.S. Grampian		11-4-19	Sailing No. D.9.B.

S.O.S. 11.11.19
11.4.19
to 12 11 19

15061

P.11

L.L. 19226—M. & D. 7814.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m—4-17.
H. Q. 1772-39-819.

To Whom Mrs Mary Ann Elliott

Address Wingham Ont.

Rate $30.00

By Whom Assigned Elliott Annie J.

Regtl. No.

Rank N. S.

Corps A. M. C. I. D. #1

JUN - 1917

PAYMENTS

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

CONSOLIDATED 7 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
18m.—4-17.
1772—39—819.

Sheet No. 2 Mrs Mary Ann Elliott
(Assignee)

Name of Soldier Elliott Annie J.
N. S. A. M. C. T-D #1.

L. L. Job 19227—M. & D. 7814.

Month.	Year.	Cheque No.	Amt.	Remarks.
			$30.00 xx	JUN - 1917
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June		F 19492	30	
July		N26843	30	
Aug.		B ~~33279~~	30	
Sept.		X 38412	30	
Oct.		F 41367	30	
Nov.		W 46579	30	
Dec.		S 57392	30	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Lell. Lell. B33980 B 33279 Canc. J R

210.00 HS.

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.				

SURNAME. Elliatt

CHRISTIAN NAMES Annie Izabel

REGL. No. RANK Nursing Sister

UNIT ~~C. A. M. C. (T. H. No. 1.)~~ 1 CAMC

FORMER CORPS ~~C.A.M.C.~~

CARD No. K-1 4

SOS demob 21-4-19

FOLL. RD 1918

DO 113 = 23-4-19 DD

DO 113 cancelled by DO. 147 27-5-19 1 CAMC

SOS 11-11-19 M.A. + 1 Clasp

DO 332 = 28-11-19 W.O. M.H.

also R 22830 of 25-11-19

NEXT OF KIN.

NAMES IN FULL Elliatt, Mrs. Mary Ann

RELATIONSHIP TO SOLDIER Mother

ADDRESS Wingham. Ont

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Wingham. Ont DATE Aug 15th 1888

PLACE OF ATTESTATION London. Ont. DATE Apr. 28th 1915

O/S. 29-5-17 F 229 / 1

R/C. 19-4-19 306 / 2 M/S.

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING Nurse. RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE London. Ont DATE Apr. 28th. 1917

Present Address. Wingham. Ont

Number ..... Rank N/S

Surname ELLIOTT

Christian Name ANNIE. ISOBEL.

Units ..... Theatre of War FRANCE

Date of Service 21-9-17

Remarks .....

Latest Address Winglam, Ont.

Roll No. "B" Pag 22321

200m.-6-21.

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.

FORM P.15
5986–25M–19/1/17

ASSIGNED PAY.

UNIT. NAME OF: C.A.M.C.D. DATE: AUTHORITY: Pay $2.00 P.D. Allt. 0.60 Insg. $0.00

RANK. N.S. DATE: ~~Miss~~ $8\frac{6}{17}$ AUTHORITY: Eff $1\frac{6}{17}$ Dm S.G.O. 799. d/22/$\frac{6}{17}$ L.P.C.

NAME.

Beneficiary

Address

Amount. $ 30.00 £1 6/17 Can ✓

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

Name Elliott
Initials Annie, Isobel
Bank of Montreal
Trafalgar Sq

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
Jan 28	Bal £1 6/17 Mess £8 6/17. -30 6/17 70	9262	101					
	to Bal £1 Can. 70.	586.	35 30					
	Bank	9226.		106 30	60	30		
July 19	July Pay. (R)		111 60.					
" 19	A.P. Canada. (2 mths)				60			
24	Bank.	13092		81 60				
Aug. 18	Aug Pay (R)		111 60					
	A P Can				30	81 60		
21	Bank.	17361		81 60				
Sep 17	Sept Pay (R)		108					
12	A. P. Canada				30	78		
21	Bank	21863		78				
Oct 9	October Pay (R)		111 60					
10	A. Pay Canada				30			
26	Bank.	26291		81 60				
Nov 16	November Pay (R)		108					
15	A. Pay. Canada.				30			
20	Bank	30763		78				
Dec 7	Dec Pay (R)		111 60					
8	A P Can.				30			
14	Bank	35096		81 60				
Jan	Jan Pay (R)		111 60					
15	A P Can				30			
22	Bank	39501		81 60				

b for.

FORM P. 15
5986—25M—19/1/17

ASSIGNED PAY.

UNIT. NAME OF | DATE | AUTHORITY

RANK. | DATE | AUTHORITY

N. S. 1917-18

NAME.

Beneficiary

Address Canada

Amount. $ 30 00.

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

Name Elliott

Initials Annie Isobel.

Bank of Montreal

Trafalgar Sq't.

1-1-18.

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
	Brought For							
Feb 11	Feb Pay (19)		100 80					
11	A P. Can.				30			
20	Bank	40996		70 80				
Mar	March Pay		111 60					
11	A P. Can.				30			
22	Bank			81 60				

FORM P. 15
5986–25M–19/1/17

ASSIGNED PAY. | **UNIT.** NAME OF ~~AUTHORITY~~ DATE | **RANK.** DATE AUTHORITY | **NAME.**

Beneficiary

Address ban

Amount. $ ~~30~~ 50. 16/18.

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

UNIT: bakb D. — Pay 2nd pd; F.A. .60.; Mess 1st "; a. o. a. 16/19

RANK: N.S. — 8 6/17 — Gff. 1 6/17 Dk 86; 799. 22 6/17 LBC.

NAME: Name Elliott; Initials Annie Isobel; Bank of Montreal Trafalgar Sq

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
Apl 17	A P. ban				30			
	Apl Pay (RP)		108					
24	Bank	1187.		78				
May 19	May Pay (RP)		111 60					
13	A P ban.				30			
23	Bank	2683		81 60				
June	June Pay (RP)		108					
14	A P ban A2 h.				50			
24	Bank	4166.		58				
July	July Pay R		111 60					
16	A P ban				50			
24	Bank	5626		61 60				
Aug 13	Aug Pay R.		111 60					
14	A P ban.				50			
24	Bank	7258		61 60				
Sep	Sept Pay R.		108					
12	A P ban				50			
24	Bank	9187		58				
Oct	Oct Pay R.		111 60					
15	A P ban.				50			
24	Bank	10784		61 60				
Nov 14th	Jon R. 21-14-9. 7/18 List 124. Nov. Voc 1806.			8 46				
	Nov Pay (R)		140					
	A P Can.				56			
26	Bank	12521		81 54				

FORM P.15
5986--25M--19/1/17

ASSIGNED PAY.

UNIT. NAME OF | DATE | AUTHORITY

RANK. | DATE | AUTHORITY

NAME.

Beneficiary
Address

Pay. $2. to Pd. R/S.
Fa 1. "
Mess 1 " "

Name Elliott
Initials A. J.
Bank of Montreal.
Traf Egre.

Amount. $50. Can
Separation Allowance issued. Yes or No.....

add Outfit allce 6/9

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Dec.	Pay (R)		124					
	a. P Can				50			
18	Bank	13792		74				
1919								
Jan 23	a. P Can				50			
	Pay (R)		124					
28	Bank	15564		74				
Feb 11	a. Pcan				50			
	Feb Pay (R)		112					
24	Bank	17078		62				
Mch.	March Pay (R.)		124					
	a Pay Can				50			
.. 14	adv. Mch Pay a. Cash	17939		74				
21	Messng 16-86 1/19	0685					1-5-8.	
April 7.	Adv april Pay Bank.	262.		70			Retd. to Can.	
9	Draw alla. 7-11 4/19 Died	414					L P Of 30 4/19	
9.	april Pay (R)		120				3-12-6 Ofer. H.M.C. Ledger 12	
10	apay Can.				50		From d 5 6/19	

Occupational Group 19
Dispersal area K.

7370

War Service Badge
Class "A" No. 142/c

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

188254

1. RANK	Nursing Sister
2. NAME	ELLIOTT, Annie Isabel
3. UNIT	C.A.M.C.
4. DATE STRUCK OFF STRENGTH	PLACE
5. REASON	For demobilization SOS 6th Canada 21/4/19 R.O. 1918.
6. AUTHORITY	R.O. 1918.
7. PROPOSED RESIDENCE	Wingham, Ontario.

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.

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 A.F.W. 2041).
5. Dental Certificate (C.A.D.C. 5009a).
6. Proceedings on Striking off Strength (A.F.W. 2041).
7. Last Pay Certificate (P.41).
8. War Service Gratuity Form (M.F.W. 2595).
9. Sundry Documents.

Disposal Certificate.

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

E.R.J.
14.5.19.

Group 4

Checked by No. 8

H W Adams

Date 10 APR 1919

1Pm 10-EL-53

AUDITOR | PAYMASTER

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

M. OR S. S. written for W.S.G. REGT. No. RANK N/S NAME (IN FULL) ELLIOTT Annie Isabel (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
Granted Leave of 1 Yr	30-10-19	DO 259

ORIGINAL UNIT C.E.F. camc. IF IN P.F. WHAT UNIT? Wingham Ont

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 5-3-17 — TRANSFERRED TO DO 113 T.O.S. 10-4-19 x S.O.S. 21-4-19 Stn "K"

ASSIGNED PAY $ 50 — DATE EFFECTIVE — AUTHORITY

Pd to April. DO 147 S.O.S. on Trans. to Nursing Services MD No 1 [24-4-19

PAYABLE TO Mrs Mary Ann Elliott — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Wingham Ontario

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE LONDON, ONT. DATE 11-11-19 REASON Mex Asylt AUTHORITY DO 232 IF ENTITLED TO POST DISCHARGE PAY

MONTH	2nd PAY AND F. A. 1st NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS 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.
Balance from previous account																															
30-4-19						Nil																			20	00	20	00	20	00		
1-5-19					3	40	3	40					305						75	00					18	00	20	00	113	00	109	60		
24-4-19																													H3	00		57
																													259	60		
25-4-19	98	3	294	—	40	80	37	80							112	20													341	80		
31-7-19					37	80			306	097	300	743			37	60																
Aug	31	3	93	—	1	70	110	20	119	17/19	127	29			50	—	25	—	75	—									75	—		
Sept	30	3	90	00	16	00	105	00	133	6	139	13	148	26	35	20	30	—	55	00									140	20		
Oct	31	3	93	—	9	50	122	90	157	15	163	29			50	—	72	90											122	90		
Nov.	30	3	90	—	51	—	141	—	173	14					50	—									89	30			141	—		
																									1	70						
							850	90																					850	90		

DEC 12 1919

—WAR SERVICE GRATUITY—

153 Days Oct.			WSG	459	—	459	—	15	7					WSG	93											93		546			
Nov.								16	5						90											90	—	276			
															90	—													186	—		
															90	00													96	00		
															96																	
				459	—	459	—								459	—											459	—	Truly J. Grieve Capt.			

60m.-11-18 L. L. 51777. M. & D. 9585.

arr "Grampian" 21-4-19

PARTICULARS OR REMARKS

Messing Allce over 6cr 20 days

DO 147 Cancels DO 113

$18.00 - 6cr Pay 25-4 to 30-4-19

DO 157 Subs from 23-4-19

Subs @ 1.70 25-4-19 to 19-5-19

$40.30 = Subs 24 days @ 50¢ 37

Cr. 1.70 undercredited 17th subsy July

Admitted HP 10-11-19 DO 819

Discht HP 11-11-19

Overcredited 19 days Pay $89.30

Pd

15/12/19 11890 12

DEC 30 1919 119355

JAN 21 1920 119443

Cno

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch E 1225

OVERSEAS CONTINGENTS

Date of Assignment June-17

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

30	50-		

1-6-18
2M176/18

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank N.S. Promoted Reverted Discharge

Soldier's Name Annie I. Elliott

Battalion A.M.C. T.D. #1

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Mary Ann Elliott

Address Wingham Ont.

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS 05441-a-31
1917 Dec. 31			210	210		A/c Closed 30-4-19.
Jany 1918	0 66961		30	30	X	Ret'd per Grampian
Feb	7 90230		30	30		Date 20-4-19 M.F.W.187 MD 1
Mar	a 130139		30	30		Clerk Wfld 25-4-19
Apr	a 9102		30	30	m	Destroy 82245 Rm 25-4-19
May	Q 13837		30	30	m	
June	K 34696		30	30	m	AUDITED.
21 June	J 743		20	20	c.s.j.	
July	D 30647		50	50	m	A/c Closed
Aug	K 39390		50	50	R	
Sept	R 43318		50	50	R	
Oct	2 53581		50	50	R	
Nov	K 61734		50	50	R	
Dec.	V 62411		50	50		
1919 Jan	2 69752		50	50	R	
Feb	U 77127		50	50	R	
Mar	90216		50	50	R	
APR	0 1099		50	50		
			910			

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

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—1772 39-1141
L. L. 22929)—M. & D. 7933.