

ATTESTATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? Fellows Stella Ethel
2. In what Town, Township, or Parish, and in what Country were you born? OTTAWA. ONTARIO
3. What is the name of your next-of-kin? HENRY A. FELLOWS (Father)
4. What is the address of your next-of-kin? 240 LYON ST OTTAWA.
5. What is the date of your birth? NOVEMBER 15th 1883
6. What is your trade or calling? PROFESSIONAL NURSE
7. Are you married? NO
8. Are you willing to be vaccinated or re-vaccinated? YES
9. Do you now belong to the Active Militia? NO
10. Have you ever served in any Military Force?
If so, state particulars of former Service. NO
11. Do you understand the nature and terms of your engagement? YES
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? YES

Stella Ethel Fellows (Signature of Man.)

J. Foreman & Co. (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Stella Ethel Fellows, 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.

Stella Ethel Fellows (Signature of Recruit.)

Date April 7th 1915 J. Foreman & Co. (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Stella Ethel Fellows, 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.

Stella Ethel Fellows (Signature of Recruit.)

Date April 7th 1915 J. Foreman & Co. (Signature of Witness.)

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 Toronto this Seventh day of April 1915.

J. M. M. M. M. (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

W. B. M. M. M. (Approving Officer.)

DESCRIPTION OF Stella Ethel Fellows ON ENLISTMENT.

Apparent Age 31 years 4 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 6 ft. 8 ins.

Chest measurement { Girth when fully expanded 34 ins.
Range of expansion 28 ins.

Complexion Blond

Eyes Blue

Hair Red

Religious Denominations { Church of England
Presbyterian X
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 April 7th 1915

Place Toronto

*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

Stella Ethel Fellows 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.

Date April 7th 1915

J. A. Roberts (Signature of Officer.)

REGIMENTAL DOCUMENTS

NAME *N/S FELLOWS*

STELLAE

REGT. NO.

UNIT

C.A.M.C.

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

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)

DENTAL HISTORY SHEET (M.F.B. 465)

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)

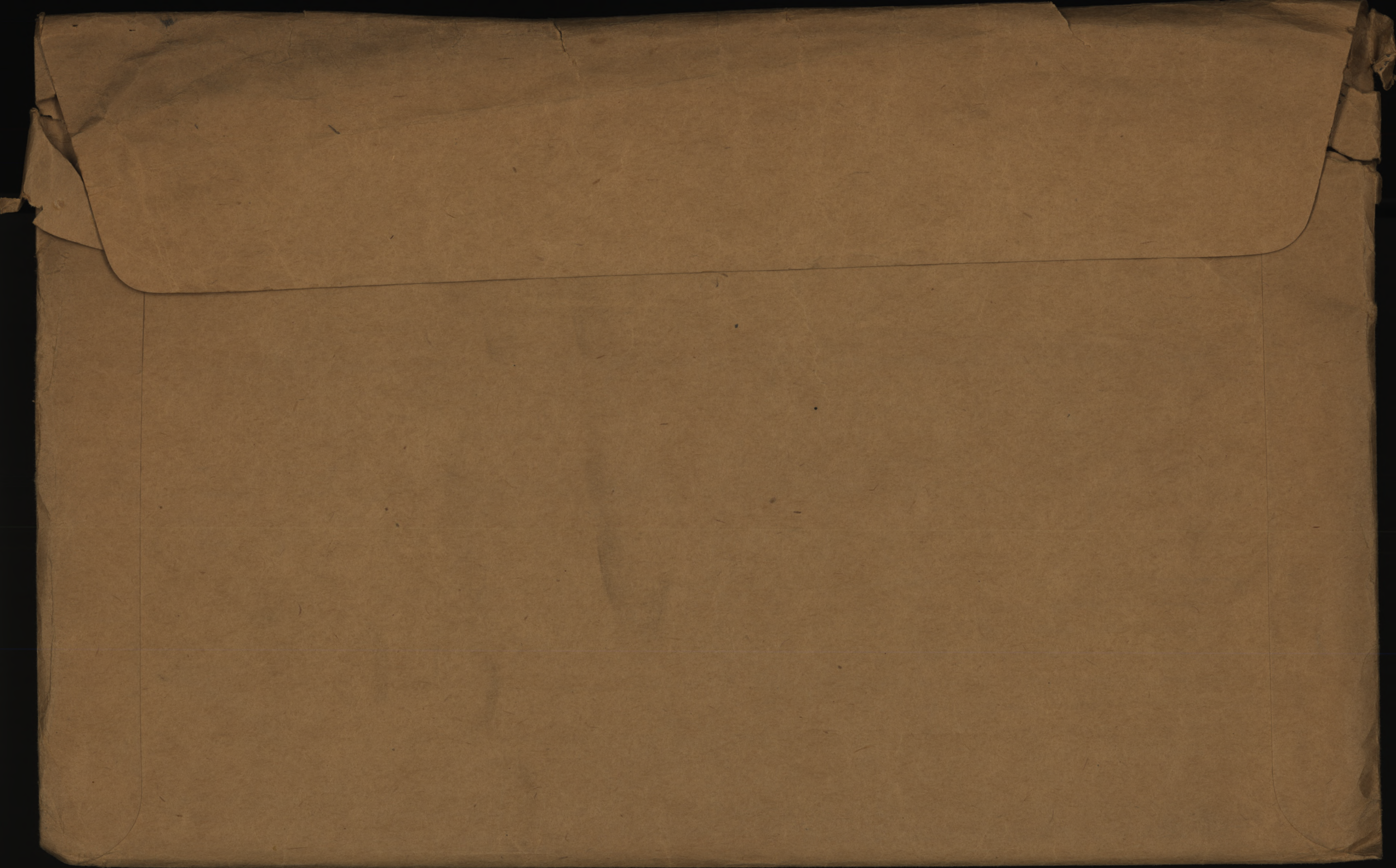
LAST PAY CERTIFICATE (M.F.W. 44)

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 m 7 w. 162**8 a 2 a 45**1 a 7 12 37**1 a 7 0 181**1 a 149**2**2**1 - 28**1 - 28*



Number

Rank

N/S

Surname

F. ELLIOTT

Christian Name

STELLA ETHEL

Units

Theatre of War

FRANCE

Date of Service

9/6/15

Remarks

Latest Address

240 Lyon Street
Ottawa, Ont

Roll No.

"B" Page 22249

IMPERIAL

Surname

Christian Name

Rank

Regtl. No.

File No.

Register. No.

Date

Ledger No.

DEP. SEP 16 1925

REGN. NO. 16173

NAME

Fellow, Stella Ethel

OVER

RANK & No.

Nursing Sister

CORPS

No. 4. General Hospital, University of Toronto

13 Blythe Place

ENLISTMENT, PLACE

Toronto

DATE

April 7th 1915 - S

FORMER CORPS

Nih.

COUNTRY OF BIRTH

Canada (Ottawa, Ont.)

NEXT OF KIN

Fellow, Henry A (father)

ADDRESS OF NEXT OF KIN

240 Lyon St. Ottawa, Ont.

DISCHARGE, PLACE

DATE

Date sailing 16-5-15-80/7

②

REMARKS:

Duty- N^o 1. British Genl. Acpt. (Etr et al.) H. Q. 5883-20.
Trans, to 13 Cheyne Place S.W. Sept-22/15. C. G. by Gen Jones. Sept-23/15.

Name *Fellows S.O.E.* Rank *N/Str.*

Reg. No.

9571

Unit ~~*1 Can. G.H.*~~ *can e West Cliff*

Next of Kin *Canada.*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
27.8.15.14	Stat.Hosp.Wimereux. ✓		Sus.Enteric Fever	148		
21.9.15.	" " " Trans.to England ✓		"	172		
21.9.15.	H.S. " Jan Bridel" ✓			175		
30.10.15.	Med.Bd.Incap.3 mths. ✓		Typhoid	202		
1 2	Fit Gen. Serv.			278		
1-4	W.C. Can. E & E. Folkestone		Influenza	332		
17.4.	Med.Bd. Mufet any serv. with		Typhoid			
			Rebilit	347		
21-4-16	Disch.		dot	376		
27.12.16	W. Cliff p. 676 & F's tone		Brachils	563		
4.1.17	Discharged		Ca. Brachils ac.	572		
				567		

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

NAME

Wellows S. C.

H. Q. FILE No. 649-

REGT'L. No.

RANK AND CORPS

CABLE

*N/Str.**1 Can. Gen. Hosp.*

NATURE OF CASUALTY

NO.

198.

FOLLX

NO.

DATE

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
✓ 148	14 Station, Wimmerup	27.8.15	Susp. enteric fever
172(1)	" Stat. Wimmerup	21-9-15	Trans. Ling. " " ✓
175	H.S. "Jan Bidel" (D.C.S. 177)	21/9/15	Sus. Enteric fever. ✓
202(1)	Medical Board (C)	30/10/15	Incap. 3 mths. (Typhoid)
278(2)	" " "	1-2-16	Typhoid Fit for Gen. serv.
332	West Cliff C. Ey. & Ear. Titons	1-4-16	Influenza
347 (4)	Unfit for any serv. 1 month	17-4-16	Typhoid; Debility
376 (1)	West Cliff C. Ey. & Ear. Folbenton	21-4-16	" Discharged (Lr (Bronchitis acute) as per list 542(5) Jan 13/17)
563(3)	" " " " "	27/2-16	Bronchitis
564(12)	Discharged.	4-1-17	"

Surname

Christian Name

Reg. No.

FELLOWS.

S.E.

Rank

Unit

Nursing Sister.

C.A.M.C.

MEDICAL BOARD held at

Date

Serial No.

(1) Shorncliffe. 30-10-15.

Other Medical Boards at

Date

Serial No.

(2) D.M.S. Office. 1-1-16.

(3) C.C.A.C. 17-4-16.

London area.

3-3-17.

(4) C.C.A.C. 17-5-16.

(5) Shorncliffe 3-1-17.

Shorncliffe. 3-2-17.

Condition found by Board

Typhoid. Debility.

Disposition Recommended

(1) Incapacitated for three months.

(2) Fit for General Service.

(3) Unfit for any service - 1 mth.

(4) Fit for General Service.

(5) Unfit any Service 1 Month.

Unfit any ser. 1 mth.

PENSIONS & CLAIMS BOARD held at

Date.....

Fit for gen. service.

Disposition

Leave extended 25-9-16. to 9-10-16.

Remarks

Address. 13, Cheyne Place, Chelsea, S.W.
 Canadian Eye & Ear Hospital,
 Folkestone.

Fellows.

S. E.

N/Str. C.A.M.C. No.1. C.G.H.

No. 14. Sta. Wimereux.

28-8-15.

H.S. Jan Breydel.

21-9-15.

Westcliffe Eye & Ear. Folkestone.

1-4-16.

Westcliffe Can. Eye & Ear Hosp.

27-12-16

Susp. Enteric Fever.

Typhoid. Debility.

Influenza.

Bronchitis.

Bronchitis Acute (erratum note)

Discharged:-- 21-4-16.

do. 4-1-17.

C.L. 2-9-15. 148.

C.L. 2-9-15. 148.

30-9-15. 172.

4-10-15. 175.

4-11-15. 202.

3-2-16. 278-2.

6-4-16. 332.

25-4-16. 347-4.

29-5-16. 376.

3-1-17 563-3

8-1-17 567-2

13-1-17 572-5

R.

A.M.D. 2 DEPT.

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

Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at Thorncliffe on 3^d Oct 15
by order of Edm^d Carruthers
for the purpose of examining and reporting upon the present state of health of
(Rank and Name) Nursing Sister S. E. Jellows (Corps) Carm^e
Age 31 Service 7¹/₂ Disability Diphtheria
Date of commencement of leave granted for present disability none
Date on which placed on half-pay for present disability not applicable

on the back of the form, proceed to examine the above-named officer and find that this soldier who was infected by typhoid in France in Aug. last is now convalescent & may leave hospital without danger of carrying infection.

I concur in the findings
of the Board of Medical Officers
and the same were recorded.

used.

Black
Major
Captain, C.A.M.C.
For D.M.S.
Canadian Contingents.

(1.) a. Is the officer fit for "General Service"? Yes
b. If not so fit, how long is he likely to be unfit? Three months

(2.) a. If unfit for General Service, is she fit for service at home? No
b. If not so fit, how long is he likely to be unfit for service at home? Three months

(3.) Was the disability contracted in the service? Yes

(4.) Was it contracted under circumstances over which she had }
no control? Yes

(5.) Was it caused by military service? Yes

(6.) If caused by military service, to what specific conditions is it attributed? Infection

Walter M. Mearns President.
 Geo. S. Lugo Members.
 Chas. Hunt Capt. Comd.

Instructions.

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

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

3. Question 2 is only to be answered by the Board, when specially instructed by the convening authority.

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

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~~CONFIDENTIAL~~

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Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at SHORNCLIFFE—C.C.A.O. on May 17th, 1916.
(19, Westbourne Gardens, Folkestone)
by order of A D M S Canadians.
for the purpose of examining and reporting upon the present state of health of
(Rank and Name) Nursing Sister S.E.Fellows (Corps) C A M C .
Age 32 Service 13/12 Disability Debility following typhoid.
Date of commencement of leave granted for present disability December 1915.
Date on which placed on half-pay for present disability Not applicable.

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

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

Major, C.A.M.C.
For D.M.S.
Canadian Contingents.
19.5.16.

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

- (1.) a. Is the officer fit for "General Service"? Yes
b. If not so fit, how long is he likely to be unfit? Not applicable
(2.) a. If unfit for General Service, is he fit for service at home? No
b. If not so fit, how long is he likely to be unfit for service at home? No
(3.) Was the disability contracted in the service? Yes
(4.) Was it contracted under circumstances over which he had } Yes
no control? } Yes
(5.) Was it caused by military service? Yes
(6.) If caused by military service, to what specific conditions is it attributed? Exposure

Signatures

President.

Members.

Instructions.

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

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

3. Question 2 is only to be answered by the Board, when specially instructed by the convening authority.

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

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PROCEEDINGS OF A MEDICAL BOARD

assembled at London. on 1st Feb. 1916.
by order of D.M.S. Canadian Contingents.
for the purpose of examining and reporting upon the present state of health of
(Rank and Name) Nursing Sister S.E. FELLOWS. (Corps) C.A.M.C.
Age 31. Service 10 mths. Disability Typhoid.
Date of commencement of leave granted for present disability 30th Oct. 1915.
Date on which placed on half-pay for present disability _____

The Board having assembled pursuant to order, and having read the instructions
on the back of the form, proceed to examine the above-named officer and find that
this Nursing Sister had typhoid fever and three months'
leave, and is now fit for General Service.

Address. 13, Cheyne Place, Chelsea, S.W.

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

McLellan

Major, C.A.M.C.
For D.M.S.

Canadian Contingents.

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

- (1.) a. Is the officer fit for "General Service"? Yes.
b. If not so fit, how long is he likely to be unfit? /
- (2.) a. If unfit for General Service, is he fit for service at home? /
b. If not so fit, how long is he likely to be unfit for service at home? '
- (3.) Was the disability contracted in the service? Yes.
- (4.) Was it contracted under circumstances over which he had } Yes.
no control?
- (5.) Was it caused by military service? Yes.
- (6.) If caused by military service, } Infection whilst with B.E.F.
to what specific conditions }
is it attributed?

Signatures { (Sd) DAVID DONALD, Maj. C.A.M.C. President.
" T.A. MALLOCH, Capt. C.A.M.C. Members.

Instructions.

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

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

3. Question 2 is only to be answered by the Board, when specially instructed by the convening authority.

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

Station
and Date.

Dec 16/16

Admitted to Hospital with Severe Bronchitis.
Gradually improved under treatment -

Discharged 1/17

14 JAN 1917

Medical Case Sheet

A&D No. 1915 Reg. No. Surname *Tellowes* Christian Name *S. E.* Age
 Date & 4/10/15. Rank *Mummy Sub* Unit *C.A.M.C.* Service
 Station *Shorncliffe* Disease *Typhoid.*

5.10.15

Aug 25th - Paratyphoid B.
 Fever for three weeks - relapse?
 after two weeks free from fever.
 Temperature reached 100°.
 No special symptoms
 beyond malaise -
 Sent up from Helena -
 Complaint today - malaise.
 No family illness - of nature
 likely to affect patient.
 Past. Typhoid six years ago.
 - quite well since.

Present - spleen not enlarged.
 no tenderness.

Chest: Decidedly weakened breath
 sounds over right upper lobe
 back and front -
 Slight dulness posteriorly
 over right upper lobe

Dr. A. Young
Major.

8.10.15. Agglutn for Typhoid - positive
 Paratyph. A & B. negative.
 Sacy.

Oct 25/15 Chest negative but
while lying on the side over
right upper lobe are less distinct
than those of opposite side.

No rales.

Complains of pain during
past few days - right side.

No tenderness anywhere

Three days ago trip to Canterbury
next day & yesterday temperature slightly
elevated.

Report on specimen of stool for typhoid negative
D. A. Young M.D.

Stomach specimen

Oct 30/15 Before board and recommended
to Isle of Wight

D. A. Young
M.D.

Boarded and given 3 mths.

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.
25.

Year

1916.

Station
and Date.

Apr. 1.
WEST CLIFF CANADIAN EYE AND
EAR HOSPITAL, FOLKESTONE.

Regimental No.

Rank.

Surname.

Christian Name.

H. S.

Fellows.

Stella G.

Unit.

Age.

Service.

Camb. wec.

32.

Disease

Influenza -
Indefinite symptoms headache,
fever, cough, & intestinal pain.
Treatment - expectant Bed rest
in bed - cathartics &c

West Cliff Rest Home
Margate.

W. Taylor Capt Comd

4
30
36
20
84

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

Station
and Date.

MEDICAL CASE SHEET

NAME

AGE

SEX

DATE

TIME

PRESENT ILLNESS

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CONFIDENTIAL

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Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at SHORNCLIFFE—C.C.A.C.
(19, Westbourne Gardens, Folkestone.) on April 17th 1916

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

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

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

Age 32 Service 12/12 Disability Debility following Typhoid

Date of commencement of leave granted for present disability October 1915

Date on which placed on half-pay for present disability Not applicable

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that
this Officer who was granted sick leave on the above date, and who
returned to duty at Westcliff Hospital on Feb 1st 1916, has since
developed a rapid pulse, 110, with periodic elevation of temperature
(about 100) with loss of strength and energy. There is no definite
indication of organic disease, but she is unfit for duty.

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

- (1.) a. Is the officer fit for "General Service"? No
b. If not so fit, how long is he likely to be unfit? One month
(2.) a. If unfit for General Service, is he fit for service at home? No
b. If not so fit, how long is he likely to be unfit for service at home? One month
(3.) Was the disability contracted in the service? Yes
(4.) Was it contracted under circumstances over which he had
no control? Yes
(5.) Was it caused by military service? Yes
(6.) If caused by military service,
to what specific conditions
is it attributed? Infection

Signatures

W. H. M. S. C. Fellows President.
T. B. C. M. S. C. Fellows Members.

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

Major, C.A.M.C.
For D.M.S.

19.4.16

Canadian Contingents.

Instructions.

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

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

3. Question 2 is only to be answered by the Board, when specially instructed by the convening authority.

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

Casualty Form—Active Service.

Regiment or Corps C.A.M.C.,Regimental No. _____ Rank N.S. Name Fellows, Stella EthelEnlisted (a) 7/4/15 Terms of Service (a) _____ Service reckons from (a) 7/4/15Date of promotion to } _____ Date of appointment } _____ Numerical position on }
present rank } _____ to lance rank } _____ roll of N.C.Os. }Extended _____ Re-engaged _____ Qualification (b) Prof. 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				
14/8/15	O.C. Unit	Labour strength by 1 Can Enl. Hospital	Edapho	11/8/15	B213
27/8/15	O.C. 14 Slaty	Susp. Enteric Fever Admitted		27/8/15	W 3034
21/9-06	"	Enteric Fever Spd. to Eng per H.S. Jan Bidel		21-9-15	W 3034
<i>Confidential</i> CAPT. OFFICER i/c RECORDS CANADIAN SECTION C. H. Q.					
8/1/16	D.M.S.	Posted to West Cliff & G. Hosp.		11/2/16	B.O. 228

For LT.-COL. i/c RECORDS; G.E.F.

9571

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				
2/2/16	West Cliff Hosp.	Taken on strength	Holkestone	2/2/16	Part II. O. 33.
31/3/16.	"	Admitted to West Cliff Hosp. "Influenza"	"	31/3/16	M. N. S.
21/4/16	"	Discharged to duty	"	21/4/16	"
20/4/16	"	Granted leave of absence for 1 Mo. to King Cliff Ck Rest Home. Margate	"	17/4/16	Part II O. 110.
24/1/17	O.C. West Cliff Hospital	Transferred to A. & M. S. S. State Hospital	Holkestone	3/1/17	Part II. O. 14 Maulster Capt

9571

CANADIAN EXPEDITIONARY FORCE

W.H.2.48

Certificate of Service

W.H.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Stella Ethel FELLOWS

listed in The Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE, on the ~~the~~ XXXXXXXXXXXXXXXXXXXXXXXXXXXX

day of ~~XXXXXXXXXXXXXXXXXXXX~~ 1915 AND WAS APPOINTED to COMMISSIONED RANK

in The Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE on the Twenty-fifth day

of March 1915.

HE SERVED in CANADA, ENGLAND & FRANCE, with the

Canadian Army Medical Corps.

and was STRUCK OFF THE STRENGTH on the Thirty-first day

of August 1917 by reason of being permitted to resign.

Dated at Ottawa, this Twenty-ninth day

of August ~~1920~~ 1922.

W. E. Coleman Major,
for Director of Personal Services.

CANADIAN EXHIBITION FORCE

Continued of Section

INDEX TO VOLUMES AND PARTS



DEPARTMENT OF VETERANS AFFAIRS

To ● Copy for H.O. File

Ottawa, Ont.
Date June 12, 1967

Attention of

NAME STITT, (Mrs) Stella Ethel
Nee: FELLOWS, Stella Ethel

SERVICE N.S. WW1
NUMBER

C.P.C. No. 227645
W.V.A. No.

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

P.M.E. "OT" District, C.P.C. June 8, 1967
(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death December 1, 1966
Cause of Death _____
Place of Death Ottawa, Ontario

Name and Address of next of kin (if known) _____

Copies to: W.S.R.
V. I.
~~PAY~~
~~DOX~~
H.O.

} Destroy form if advice of death already received.

for
Chief, Central Registry

NO
XXI
XXII

Continued from page 10

Page 10

Continued from page 10

Continued from page 10

Continued from page 10

Continued from page 10

Continued from page 10

Continued from page 10

Continued from page 10

Continued from page 10

Continued from page 10

Continued from page 10

Continued from page 10

Continued from page 10

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

20633/411
MLP

Name **Fellows, Stella Ethel**
Surname Christian Name

5848-5-1

Regimental Number

Rank

N. Sister

Address (in full) **Mrs. J. H. Stitt,**

Unit

C.A.M.C.

240 Lyon St.

Original Unit

Ottawa, Ont.

District where paid

Ottawa

Date of Discharge

30-8-17

P. D. P. Filing Number

20F10.

Rates:—Regimental pay \$ 2.00 per diem: Field Allowance \$.60 per diem. Separation Allowance \$ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
236.60	5152	22/10/17	78.00	4875	16/11/17	78.00	4718	14/12/17	80.60		236.60
1614181-	4402588	5.3.19	80.60								
18270 ind	4402579	31-3-19	80.60								

M. F. W. 127.
60M - 6 17.
1772 39-1140.

Remarks:

M L L

Dec'n No 20633/411 W. S. C. No 5848-S-1
Award 153 days at \$ 2.60 per day \$ 397.80
S. A. months at \$ per mo. \$ 236.60
Less P. D. P. Credited \$161.20

Less further debit balance \$
Net due paid as below 161.20

TO SOLID		DEBIT	
Ag. No	Amount	Ag. No	Amount
1	2014 9402588 80.60		
2	18272402579 80.60		
3			
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5-3-19
31-3-19

GEN'L AUDITOR
Posting checked by
Munt
Date... 3-12-19

Add: -
5-11 Gilman, St.
I draw. Out.

R
w/31
10/10/19

Name Fellows Stella Ethel ⁿ/₁ sister

M. F. W. 41
1 OM-7-16
1772:39 889.

Regimental No.

Unit

Date of enlistment

Place of “

Married (yes or no)

Amount of pay assigned monthly \$

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Germania 26⁸/₁₇ Ar. 9⁹/₁₇

Own ~~Exp.~~ Expense

W. L. P. C. clear 31 $\frac{8}{17}$ from C. P. and
this ^{is} not in possession of an L. P. C.

5351—M. & D. 6880.

[illegible]

M. F. W 41
1 0M—7.16
1772.39 889.

Name and address of next-of-kin

Date of enlistment

Place of “

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

[illegible]

NAME

Fellows, S.E.

DATE OF APPOINTMENT

Toronto 7th April 1915.

MARRIED (YES OR NO)

NEXT OF KIN:- NAME

Henry A Fellows (Father)

ADDRESS

240 Lyon St Ottawa Ont.

DATE NON-EFFECTIVE

AND CAUSE

PERIOD		No. of Days	REGTL. RATE	PAY				RATE OF FIELD ALLOWANCE	AMOUNT OF FIELD ALLOWANCE	P. ALLO.
FROM	TO			AMOUNT OF REGIMENTAL	COMMAND	ADJUTANT	CR. FROM PREV. ACCOUNT			
1/6	30/6	30	2	60			73 10	60	18	
1/7	31/7	31		62					18 60	
1/8	31/8	31		62					18 60	
1/9	30/9	30		60					18	
1/10	31/10	31		62					18 60	
1/11	30/11	30		60					18	
1/12	31/12	31		62					18 60	
1/1	31/1	31		62					18 60	
1/2	29/2	29		58					17 40	
1/3	31/3	31		62					18 60	
C. From Previous a/c							23 10			
305 days @ 3 60							1098 00			
5 missing May.							5 00			
							1126 10			

Ass Pay
Deposits

550.00
576.10 1126.10

DATE

CHEQUE No.

PARTICULARS

Sep 14 403 Trav exps England - France

April 1915.

ows (Father)
Ottawa Ont.

UNIT Nursing Sister

ASSIGNED PAY:— \$55.00

MONTHLY AMOUNT

TO WHOM PAYABLE Bertha M. Felt

BANK IN WHICH PAY & ALLOWANCES DEPOSITED

PAY			RATE OF FIELD ALLOWANCE	ALLOWANCES				TOTAL PAY AND ALLOWANCES	ASSIGNED PAY	SUNDY DEDUCTIONS	N P
ADJUTANT	CR. FROM PREV. ACCOUNT	TOTAL PAY		AMOUNT OF FIELD ALLOWANCE	P. F. ALLOWANCE	MESSING	SUBSISTENCE				
	73 10	83 10	60	18 ✓		25 ✓		53	136 10	55 ✓	81
		62		18 60 ✓		31 ✓		49 60	111 60	55 ✓	56
		62		18 60		31		49 60	111 60	55	50
		60		18 ✓		30 ✓		48	108	55 ✓	TOTAL 51
		62 ✓		18 60		31 ✓		49 60	111 60	55	53
		60		18 ✓		30 ✓		48	108	55	53
		62		18 60		31 ✓		49 60	111 60	55	53
		62		18 60		31 ✓		49 60	111 60	55	53
		58		17 40		29		46 40	104 40	55	52
		62		18 60		31 ✓		49 60	111 60	55	53
									550		
	23 10										
	1098 00										
	5 00	1126 10									

60

May

550.00

576.10 1126.10

SUNDY PAYMENTS

PARTICULARS	AMOUNT			
	\$	c.	£	s.
England - France				10

UNIT

Nursing Sister Westbliff Can Eye & Ear Hosp. 1/2/16
Helena Hospital, Shorncliffe
Thackeray Hotel

ASSIGNED PAY:-

£55-00

MONTHLY AMOUNT

TO WHOM PAYABLE

Bertha M. Fellows, 240 Lyons St Ottawa

BANK IN WHICH PAY & ALLOWANCES DEPOSITED

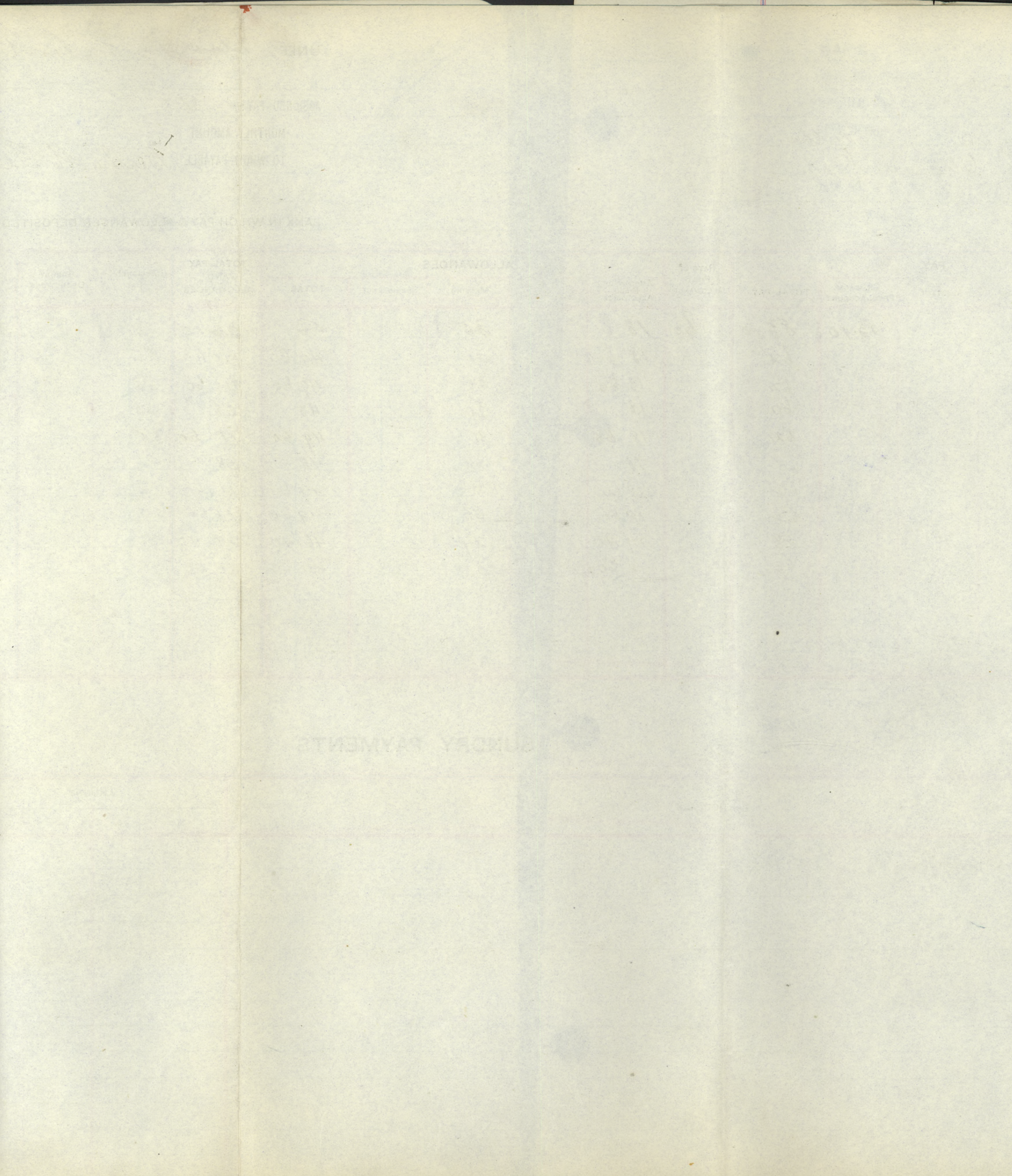
Bank of Montreal

1915-16

ALLOWANCES			TOTAL PAY AND ALLOWANCES	ASSIGNED PAY	SUNDY DEDUCTIONS	NET P. A.	PAID IN CASH <i>Balance</i>	DEPOSITED IN BANK	CARRIED FORWARD	REMARKS
MESSING	SUBSISTENCE	TOTAL								
<i>35. ✓</i>		<i>53</i>	<i>136 10</i>	<i>55 ✓</i>		<i>81 10</i>		<i>81 10 ✓</i>		
<i>31 ✓</i>		<i>49 60</i>	<i>111 60</i>	<i>55 ✓</i>		<i>56 60</i>		<i>56 60 ✓</i>		
<i>31</i>		<i>49 60</i>	<i>111 60</i>	<i>55</i>		<i>56 60</i>		<i>56 60</i>		
<i>30 ✓</i>		<i>48</i>	<i>108</i>	<i>55 ✓</i>		<i>55</i>	<i>TOTAL DEBITS</i>	<i>53</i>	<i>110-17-10</i>	
<i>31</i>		<i>49 60</i>	<i>111 60</i>	<i>55</i>		<i>55</i>	<i>56 60</i>	<i>✓ 56 60</i>		
<i>30</i>		<i>48</i>	<i>108</i>	<i>55</i>		<i>55</i>		<i>53</i>		
<i>31</i>		<i>49 60</i>	<i>111 60</i>	<i>55</i>		<i>55 -</i>		<i>56 60</i>		
<i>31</i>		<i>49 60</i>	<i>111 60</i>	<i>55</i>		<i>55</i>		<i>56 60</i>		
<i>29</i>		<i>46 40</i>	<i>104 40</i>	<i>55</i>		<i>55</i>		<i>49 40</i>		
<i>31</i>		<i>49 60</i>	<i>111 60</i>	<i>55</i>		<i>55</i>		<i>56 60</i>		
				<i>550</i>				<i>576 10</i>		<i>✓</i>

NDRY PAYMENTS

	AMOUNT					REMARKS
	\$	C.	£	S.	D.	
				<i>10</i>	<i>10</i>	



ASSIGNED PAY.

UNIT.

RANK.

NAME OF

DATE

AUTHORITY

Beneficiary

Westhoff, E. & H.

12/3

Address

Canada

Amount. \$ 55⁰⁰

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

Resigning appt. with effect

DATE

PARTICULARS

CK. NO.

CR.

DR.

1917

April 21

April Pay. R.

108

22

A.P. Can

26

Bank

3003

53

May 9

A.P. Can.

22

May Pay. R.

111 60

23

Bank 5986

56 60

June 9

A.P. Canada.

14

June Pay. (R)

108

22

Bank. 9004

53

July 19

July Pay. (R)

111 60

17

A.P. Canada.

24

Bank.

13092

56 60

Aug. 18

Aug. Pay (R) $\times 1 \frac{8}{17} - 15 \frac{8}{17} \times 10.11100$

54

21

Bank.

17361

54

Sept 13

En Bal transferred to Canada. L.P.C. V. 179.

57 60

" 2

Compile p + a + Messy @ N/S's Rates $16 \frac{8}{17} - 31 \frac{8}{17} = 16$ days. V. 13119.

57 60

UNIT.			RANK.		NAME.		
NAME OF	DATE	AUTHORITY	DATE	AUTHORITY			
Westcliff E. & H.			12/8	7/15	Name Fellows Initials S E Bank of Montreal		
Resigning appt. with effect 15 8/17. H.Q. Cans 2148. 15 8/17			31 8/17. H.Q. Cans 2155. 18 8/17				
ed. Yes or No.....							
PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be Initialed by P.M. In every case.	INITIALS
R.		108					
Banks	3003		53	56			
				55			
R.		111 60			56 60		
Banks	5986		56 60				
				55			
ada.		108			53		
cy. (R)	Bank.	900H	53				
		111 60					
cy. (R)				55			
ada.	Bank.	13092	56 60				
cy (R) 1 8/17 - 15 8/17. No. 11100		54					
Bank.	17361		54				
referred to Canada. L.P.C. 21179.			57 60				
g @ MS's Rates 16 8/17 - 31 8/17 = 16 days. V. 12119.		57 60					
Pay up to 15 8/17 only 1 for 9. C Ledger L. 96 to 31 8/17. 31 8/17. 57 60 Lfd from Ledger no 8. to Ledger 12 57 17.							

ASSIGNED PAY.

UNIT.

RANK.

NAME OF _____

DATE _____

AUTHORITY

DATE _____

AUTHORIT

Beneficiary

Address

Amount. \$

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

[illegible]

ASSIGNED PAY.

UNIT.

RANK.

NAME OF

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.

Westcliffe
Canterbury Can Corp

N/S

DATE

PARTICULARS

CK. NO.

CR.

DR.

AS
PAY
CA

1916

1916-17

B^{ro}ford from old sheet

Dec 11 A.P. Can

12 Pay Dec.

111 60

Bank

56 60

1917
Jan 19 A.P. Can

22 Pay Jan

111 60

Bank

56 60

Feb 19 A.P. Can

20 Pay Feb

100 80

Bank

45 80

March 20 March Pay. B.

111 60

21 A.P. Can

23

Bank 24818

56 60

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Westcliff
Can Eger Can Corp

N/S

Name

Fellows

Initials

S. E.

Bank

of Montreal

Yes or No.

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

1916-17

ord from old sheet

55

111 60

Bank

56 60

55

111 60

Bank

56 60

55

100 80

Bank

45 80

111 60

55

Bank 24818

56 60

Bata to 3³/₄ D.M.S. 198. 9²/₇.

Leave 3/1/17 to 3/2/17.

D.M.S. corps ord. #53. d/9/1/17.

MONTHLY AMOUNT

TO WHOM PAYABLE

BANK IN WHICH PAY & ALLOWANCES DEPOSITED

[illegible]

ASSIGNED PAY.

UNIT.

RANK.

NAME OF

DATE

AUTHORITY

Beneficiary *Bertha M. Fellows**West Cliff Canby East 1²/₁₀**Nursing St*

Address

*240 Lyons St
Ottawa*Amount. \$ *55⁰⁰*

Separation Allowance issued. Yes or No.

DATE

1916

PARTICULARS

1916-17

CK. NO.

CR.

DR.

*aplns a.p. Can
Pay apl (R)**108**Bank**53**may 22 Pay may
a.p. Can**111 60**Bank**56 60**June 13 Pay June (R)
20 a.p. Can**108**Shipboard frats Paid twice. adv Bel**10**Bank 3874**43**July 17 a.p. Can
20 Pay July (R)
25**111 60**Bank 4997**56 60**Aug 16 a.p. Can
17 Pay Aug (R)
23**111 60**Bank 7299**56 60**Sept 20 Pay Sept (R)
20 a.p. Can**108**28**Bank 9510**53**Oct 21 a.p. Can**23 Pay Oct (R)
27**111 60**Bank 11000**56 60**Nov 16 a.p. Can**17 Pay Nov (R)
24**108**Bank**53**Cid. fold to new sheet*

UNIT.			RANK.			NAME.		
NAME OF	DATE	AUTHORITY	NAME OF	DATE	AUTHORITY	NAME	INITIALS	BANK
West Cliff Canby East.	12/16		Nursing Sister	4/15		Fellows.	S.F.	Bank of Montreal

CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case	INITIALS
			55.			
	108			53		
Bank		53				
	111 60					
			55	56 60		
Bank		56 60				
	108 ..					
			55 ..			
Paid twice. adv. Bel		10				
Bank 3874		43				
			55			
	111 60					
Bank 4997		56 60				
			55			
	111 60					
Bank 7299		56 60				
	108 ..					
			55			
Bank 9510		53				
			55			
	111 60					
Bank 11000		56 60				
			55			
	108					
Bank		53				

new sheet



ASSIGNED PAY

UNIT

BANK

Beneficiary

Address

Amount \$

Separation Allowance issued Yes or No

DATE

PARTICULARS

OK NO

OR

DR

ASSIGN
PAY
CAN

[Faint handwritten signature or text at the bottom center]

Rank and Name

FELLOWS, Stella Ethel

Nursing Sister

Regimental No.

Name and Address of Next-of-kin

Unit

4 G/Hp. (Varsity)

Henry A Fellows (Father)

Date of enlistment

April 7, 1915

240 Lyon St., Ottawa, Ont.

Place of birth

Ottawa

Married (Yes or No)

No

If in Permanent Force

Date and place of discharge

Reason for discharge

Character on discharge

Promotions or appointments

JAN 11 1916

W. Cliff AUG 3 1916

W. Cliff SEP 6 1916

W. Cliff OCT 5 1916

W. Cliff NOV 2 1916

W. Cliff DEC 12 1916

W. Cliff JAN 1 1917

A.F.D. 103

31/6

Report

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

14-8-15	N.R. Divs.	To British Military Hospital France	9-6-15		
14-8-15	I.C.G. Hq.	Transferred to N. 1. Can. General H. Taken on strength (from 1 B.G. Hq.). Etaples	11-8-15	Co. 366	11-8-15
30-8-15	D. 76 S.	Invalided to 14. Stat. Hosp. (Para. Typhoid)	27-8-15	C.O. 444	Can. list. 148.
2-10-15	No 1 G/Hq.	Struck off			
30-9-15	D.C.S. 175	Transf. to England. (Enteric)	21-9-15	Cap List #172	Shl. 175
23-9-15	Long	from 14 B. Stat. H. to 13 Cheyne Place S. 10. (casualty)	22-9-15	Co. 654	
10-10-15	No 11 G/Hq.	Proceeding to Mediterranean	10-10-15	NR. cancelled	NR. 22% (RL 88-2)
4-11-15	M.B. Cap	Incap for 3 mths. (Med Ba).	30-10-15	RL 113	(Typhoid) M.B.C. 202
2-1-16	S.M.S.	returned from sick leave and posted to Westcliffe C & C Hosp.	1-2-16	C.O. 188, 288.	
3/1/16	med. Bd	Fit for Gen Service	1-2-16	C.L. 278	
8/1/16	S.M.S.	posted Westcliffe, C & C Hosp.	1-2-16	C.O. 228	
2/2/16	Westcliffe	taken on strength	1-2-16	PT II Orders 83.	
6-4-16	C.C.B. &	Admitted West Cliff C & C Hq.	21-4-16	C.L. 376	
24-4-16	D.M.S.	Granted leave from 17-4-16 to on recommendation of Med. Board	1-4-16	C.L. 332.	
			17-5-16	C.O. 671.	

typhoid debility
Influenza.

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				
25-4-16	Med. Bd.	Unfit for any service 1 month		17-4-16	b.L. 347. Typhoid, Debility
20-4-16	W. bliff. H.	Granted one month's sick leave & proceeded to	Kemp. Can. Red X. Rest Home. Margate.	17-4-16	P. 110. (West bliff.)
22-4-16	G.O.B. 610	Leave granted by Med B. from 17-4-16 to	17-5-16	Div. 0 206	
19-4-16	D.M.S.	afterwards to Kemp. Can. Red X. Rest Home. Margate.		P. 110. (W. bliff. & H.)	
16-9-16	G.O.C. 610	from sick leave to West bliff & H. ap.	15-5-16	b. 6. 850.	
3-1-17	ams.	Granted leave from 25/9/16 to 9-10-16		D.O. 4870	
14-1-17	W. Cliff	admitted	4-1-17	C. 567	acute
8-1-17	Dms.	West Cliff Can. Co. & Co. H. ap. Folkestone	24-12-16	C. 563	Bronchitis.
9-1-17	Dms.	Posted to Can. Co. T.S.	3-1-17	CO. 48.	
9-1-17	Dms.	leave extension to 3/1/17	3-3-17	CO. 198	9/2/17
8-3-17	Dms.	Granted Sick leave by Med B. 3/1/17	3-2-17	CO. 53	
11-3-17	Bearwood	Posted to Can. Conv. H. Bearwood Park	3-3-17	CO. 329	
1-9-17	H.Q. 227.	T.O.S.	3-3-17	Pt 110. 70	
		Permitted to resign app.	15-8-17	RO. 2148	60 1020 DMS
		Amended to Read.	31-8-17	RO 2255	CO 1095 DMS

ORIGINAL

To be used (a) for recruits enlisting direct into the Regular Army and (b) for men of the Territorial Force when they are admitted to Hospital.
Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname F E L L O W S. Christian Name Stella Ethel

TABLE I.—GENERAL TABLE.

10-4-16

Birthplace ... Parish Ottawa County Ontario, CanadaExamined... (on 7th day of April 191 5
at TorontoDeclared Age ... 31 years 4 months daysTrade or occupation ... Professional NurseHeight ... 5 feet 8 inchesWeight ... lbsChest Measurement { Girth when fully Expanded 34 inches.
Range of Expansion 6 inches.

Physical Development ...

Vaccination { Arm ... Right Left
Marks { Number ...

When Vaccinated ...

Vision ... { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ...

(b) Slight defects but not sufficient to cause rejection ...

Approved by (Signature) N. C. Sharpe,(Rank) Capt.

Medical Officer.

Enlisted ... (at Torontoon 7th day of April 191 5Joined on Enlistment ... Corps. Regtl. No.
C.A.M.C. N/Str:

Transferred to ...

Became non-effective by

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

on ... day of ... 191 .

(Signature) N. C. Sharpe(Rank) Lieut.-Col.

In Charge of Records,

Lieut.-Col.
In Charge of Records,
Canadian Contingent.

The Medical History Sheets of men proceeding overseas, must be returned by the Officer commanding their unit to the Record Office when they leave England.

J. Mc

Table II.—Only for Admissions to Hospital or to the Sic

[illegible]

9571

List in the case of Warrant Officers treated in quarters.

marks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

W.H. Courtney Capt
for

REGISTERED

WEST CLIFF CANADIAN EYE AND EAR HOSPITAL

*the condition mentioned & comparison required by rest in bed
is to be made to further rest*

Gradual recovery. but still very weak.

Big work has been recommended. Brain

Duplicate Medical History Sheet
posted to here, 7. S.

W.H. Courtney Capt

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

[illegible]

Table IV.—Service Table.

[illegible]

Corps C.A.M.C.

CLINICAL RECORD
(To be attached to Case Sheet).

Army Form B 181.

No. _____

Rank and Name Fellows S. E. Nursing Sister

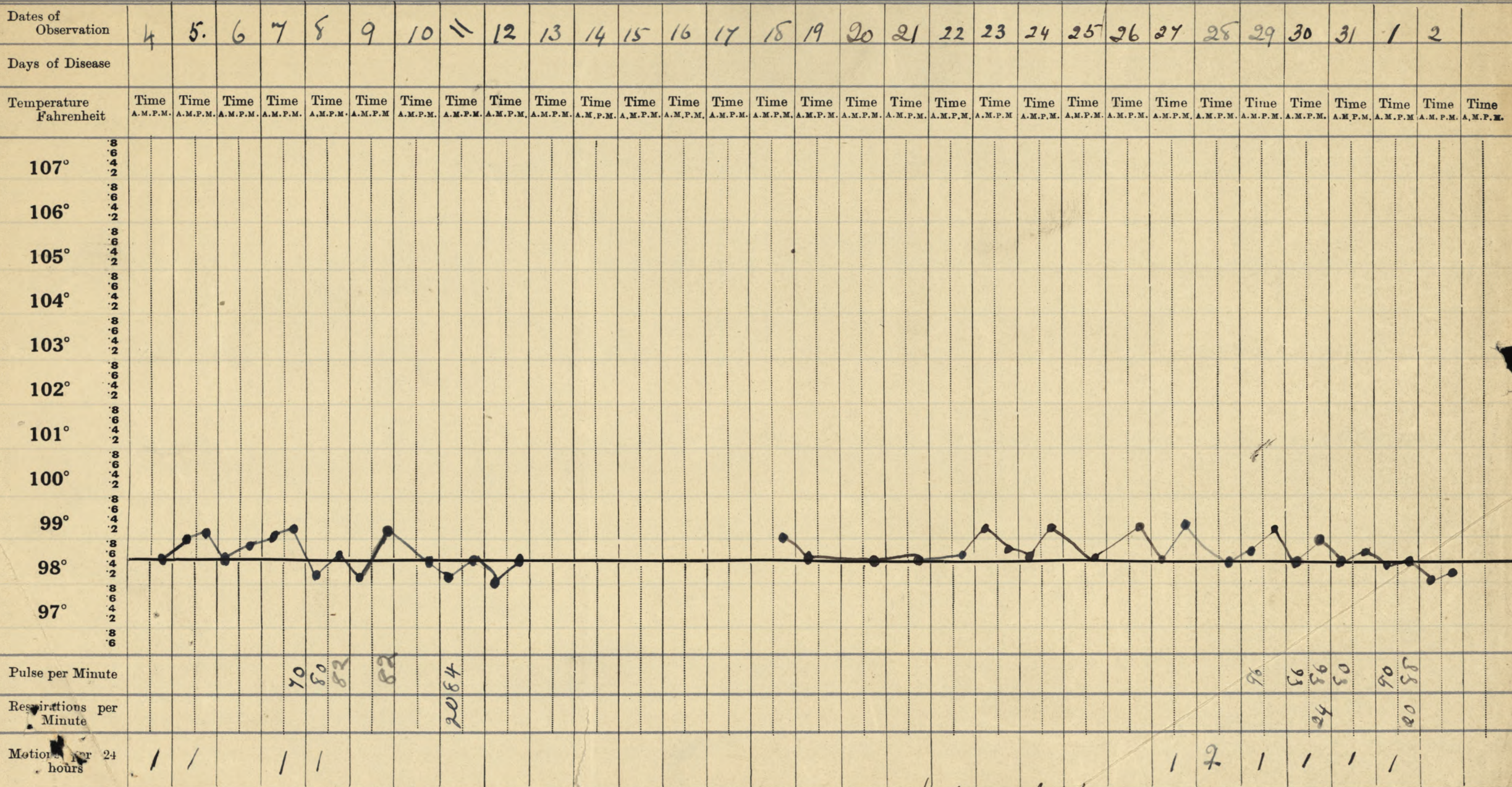
Age _____ Service _____

Disease Typhoid.

Date of admission Oct. 4th 1915.

Date of discharge Nov 3 / 15 Result Recovered

hsv:



Signature Fred Alfrey,

In Charge of Case.

102.

100.

100.

101.

103.

105.

107.

109.

111.

113.

115.

117.

119.

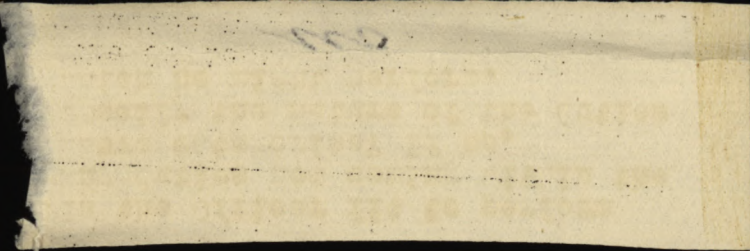
121.

123.

125.

Is the Officer fit to perform
any duties not coming within the
above categories? If so,
specify the nature of the duties
which he might perform.

no



PROCEEDINGS OF A MEDICAL BOARD

assembled at SHORNCLIFFE—
(12 Walsingham Gardens, Folkestone.)on 3. 2. 17by order of ADM Macdonald

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

(Rank and Name) P/S E. F. Flesher(Corps) Can. C.Age 33Service 21/12Disability BronchitisDate of commencement of leave granted for present disability 3. 1. 17

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

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

This officer has improved since her last board but still complains being easily fatigued and feels quite unfit to perform full duty.

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

- (1.) a. Is the officer fit for "General Service"? no
- b. If not so fit, how long is he likely to be unfit? 1 month
- (2.) a. If unfit for General Service, is he fit for service at home? no
- b. If not so fit, how long is he likely to be unfit for service at home? 1 month
- c. If unfit for General Service at home, is he fit for light duty at home? no
- d. If not so fit, how long is he likely to be unfit for light duty at home? 1 month
- (3.) Was the disability contracted in the service? yes
- (4.) Was it contracted under circumstances over which he had no control? yes
- (5.) Was it caused by military service? yes
- (6.) If caused by military service, to what specific conditions is it attributed? Exposure and infection
- (7.) If the disability was not caused by military service, was it aggravated by it? _____

Signatures

W. MacdonaldJ. A. Macdonald

of the Board of Medical Officers
here recorded
Major, D.A.D.M.S.
President.
Members.
Canadian Contingent

Instructions.

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

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

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

PROCEEDINGS OF A MEDICAL BOARD

Date on which placed on half-pay for present disability Not applicable

This sister who was infected with Typhoid in France, in August last is now convalescent & may leave hospital without danger of carrying infection

It concurs in the findings of the Board of Medical Officers here recorded.

Captain, C.A.M.C.
For D.M.S.
Canadian Contingents.

(6.) If caused by military service, to what specific conditions is it attributed? *Infection*

Approved. Signa

Signatures

President.

Members

Instructions.

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

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

3. Question 2 is only to be answered by the Board, when specially instructed by the convening authority.

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

9571

PROCEEDINGS OF A MEDICAL BOARD
SHORNCLIFFE—

assembled at (19, Westbourne Gardens, Folkestone.)

on

by order of

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

(Rank and Name) N. J. S. C. Fellows (Corps) C. A. M. C.

Age 33 Service 21/12 Disability Bronchitis

Date of commencement of leave granted for present disability Jan 3 / 17

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

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

this officer's sister has today been discharged from hospital after an attack of Bronchitis. He is unfit for duty.

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

- (1.) a. Is the officer fit for "General Service"? no
b. If not so fit, how long is he likely to be unfit? 1 month
- (2.) a. If unfit for General Service, is he fit for service at home? no
b. If not so fit, how long is he likely to be unfit for service at home? 1 month
c. If unfit for General Service at home, is he fit for light duty at home? no
d. If not so fit, how long is he likely to be unfit for light duty at home? 1 month
- (3.) Was the disability contracted in the service? yes
- (4.) Was it contracted under circumstances over which he had no control? yes
- (5.) Was it caused by military service? yes
- (6.) If caused by military service, to what specific conditions is it attributed? Exposure & infection
- (7.) If the disability was not caused by military service, was it aggravated by it? yes

Signatures

{

R. M. Ferguson
Shorncliffe

President.

Members.

Instructions.

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

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

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

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *Burtha M. Fellows* By Whom Assigned *Fellows Stella E*
Address *240 Lyon St-* Regtl. No.
Ottawa Rank *Nursing Sister*
Corps *# 4 Gen Hosp*
Rate *\$55-00* MAY 1 1915

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Stop Paymt Aug 1 st/17.</i> <i>"Resigned" 3 M. 27/9/17 and 3/10/17</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May		<i>N1507</i>	<i>55-</i>	
June		<i>P2641</i>	<i>55-</i>	
July		<i>U1706</i>	<i>55</i>	
Aug.		<i>84373</i>	<i>55-</i>	
Sept.		<i>M7254</i>	<i>55-</i>	
Oct.		<i>08469</i>	<i>55-</i>	
Nov.		<i>R9393</i>	<i>55</i>	
Dec.		<i>59486</i>	<i>55</i>	
Jan.	1916	<i>912163</i>	<i>55</i>	
Feb.		<i>M11411</i>	<i>55-</i>	
March		<i>215173</i>	<i>55</i>	

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Bersha M. Fellows

Name of Soldier

Fellows Stella E.

PAYMENTS.

nurse 4th Gen Hosp

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i># 55.</i>	
April	1916	<i>Q 781</i>	<i>55</i>	
May		<i>S 3784</i>	<i>55</i>	
June		<i>T 7049</i>	<i>55</i>	
July		<i>J 10148</i>	<i>55</i>	
Aug.		<i>P 13766</i>	<i>55</i>	
Sept.		<i>X 17322</i>	<i>55</i>	
Oct.		<i>X 22337</i>	<i>55</i>	
Nov.		<i>Q 27045</i>	<i>55</i>	
Dec.		<i>G 32134</i>	<i>55</i>	
Jan.	1917	<i>Q 36703</i>	<i>55</i>	
Feb.		<i>Q 43055</i>	<i>55</i>	
March		<i>S 50610</i>	<i>55</i>	<i>55 H</i>
April		<i>U 1941</i>	<i>55</i>	<i>55 E.</i>
May		<i>M 7680</i>	<i>55</i>	
June		<i>K 14231</i>	<i>55</i>	<i>55 T.</i>
July		<i>S 21934</i>	<i>55</i>	<i>Account Stopped 31-7-17</i>
Aug.		<i>X 28411</i>	<i>55</i>	<i>Cancelled</i>
Sept.			<i>55</i>	<i>Cable P 04468 Date 20-8-17</i>
Oct.				<i>21-8-17</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Total Paid
\$1485.00
J. L.

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier

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

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

May 1/15

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

55			
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PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank *W. S.* Promoted

Reverted

Discharge

Soldier's Name *Stella E. Fellows*Battalion *4 Gen Hosp.*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Bertha M. Fellows.*Address *240 Lynn St. Ottawa*

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917 Dec 31</i>			<i>1485</i>	<i>1485</i>	

*A.P. Paid from 1⁵/₁₅ to 31⁷/₁₇
afk stopped 31⁷/₁₇
Cable P. 0468 20⁸/₁₇
IX 3-10-17*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.				
Rank	Promoted	Reverted	Discharge	
Soldier's Name				
Battalion				
Beneficiary				
Relationship				
Address				

Name

Address

PARTICULARS OF ASSIGNMENT

Change of Address

1

2

3

4

Date

Cheque
No.Amount
S/AAmount
A/P

Total

REMARKS