Unit C.A.M.C. *Rank* Nur.Sis. *Name* Ferguson, Minnie

ORIGINAL

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (*a*) What is your Surname ? Ferguson, M
   (*b*) What are your Christian Names ? Minnie
2. (*a*) Where were you born ? (State place and country) Sonya, Ontario Canada.
   (*b*) What is your present address ? Creswell, Ont., Can.
3. What is the date of your birth ? Feb. 5th, 1870
4. What is (*a*) the name of your next-of-kin ? Alex. Ferguson,
   (*b*) the address of your next-of-kin ? Creswell, Ont., Canada.
   (*c*) the relationship of your next-of-kin ? Father.
5. What is your profession or occupation ? Prof. 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 ? Nil
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.

Minnie Ferguson Nur.Sis. (*Signature of Officer.*)

Taken on strength (place) Kingston, Ont.

(date) Mar., 5th, 1917.

[signature] Lieut-Col.A.M.C.
(*Signature of Commanding 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 Mar., 16, 1917. 191

Place Kingston, Ont.

[signature] Lieut-Col.A.M.C.
Medical Officer.

*Insert here "fit" or "unfit

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

OFFICER'S DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

C.E.F.

FERGUSON MINNIE N,S, C.A.M.C. 04584

M.U.

To be made out in duplicate. 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.

---

(1) Name of Overseas Unit which Soldier joins C.A.M.C.

(2) Regimental Number Nursing Sister.

(3) Full Name of Soldier Ferguson, Minnie

(4) Place of Birth Sonya, Ont., 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

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

ORIGINAL

(9) Is your Father alive? Mr. Alex Ferguson.

If so, state name and address Creswell, Ont., Canada.

(10) Is your Mother alive? Yes. Sarah Ferguson,

If so, state name and address Creswell, Ont., 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.

J. Gardiner Lieut-Col. A.M.C.
Officer Commanding.

Date Mar. 17, 1915.

ORIGINAL

MEDICAL HISTORY SHEET.

N/S.

DUPLICATE

Surname Ferguson, *Christian Name* Minnie

Examined { on 5th day of Mar., 1917
at Kingston, Ont.

Approved by [signature]

Rank Lieut-Col. A.M.C. M.O.

Birthplace { City or Town Sonya,
County Ontario

Apparent age 37

Trade or occupation Prof. Nurse.

Height 5 Feet 4 Inches.

Weight 120 Lbs.

Chest measurement { Minimum inches.
Maximum expansion inches.

Physical development good.

Small-Pox Marks Nil.

Vaccination Marks { Arm Right. Left. X
Number 2

When Vaccinated last 1913

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

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

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.
16-3-17	good	[signature] Lt-Col M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
6-3-17	good	[signature] Lt-Col M.O.
13-3-17	good	[signature] Lt-Col M.O.
20-3-17	good	[signature] Lt-Col M.O.

Enlisted on 5th *day of* March 1917 *at* Kingston, Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	C.M.C.	[illegible]		
Transferred to..				

CANADIAN

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Canadian Red Cross Special Hospital, BUXTON, DERBY.	21-8-18.	Bronchitis	Category C1 for 2 months. Philip Burnett Lt Col A.M.C. Pres.
13 Berners St. W.1.	21-10-18.	Bronchitis	"A." D.R. Stanley, Capt. A.M.C.
Canadian Red Cross Special Hospital, BUXTON, DERBY.	5-3-1919.	Bronchitis.	Invalid to Canada

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.

50M—9-14.
H. Q. 1772-39-439.

St. and Mil Hosp 5-3-19 Pulmonary T.B. Philip Burnett Col. Camc.
2.27 A.J. Henry Lieut President

Surname ..... Christian Name .....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
Whitstanes Mil Hosp. Brighton		17	6	18	23	7	18	Bronchitis chronic.	38	Trans: to Northwood Conv: Hosp. Buxton.	A Henderson Major R.A.M.C.
Canadian Red Cross Special Hospital, BUXTON, DERBY.		23	7	18	28	8	18.	Bronchitis	36.	Inter expiratory rales at L base. Blood chemistry normal.	H. R. Poulton Capt. C.A.M.C.
# 4 Can Gen Hosp Bromyard		31	1	19	18	2	19	Bronchitis (chronic) + Pleurisy	18	Extensive bronchitis some air medium moist in larger bronchi no rise in temperature	Duncan Graham Capt. R.A.M.C.
Canadian Red Cross Special Hospital, BUXTON, DERBY.		18	2	19.	28	3	19.	Bronchitis (chronic)	28.	Gen cond. ~~go~~ not good Rather anaemic in appearance. Second aortic sound accentuated. Occasional extra systole. Over left apex & bases of both lungs percussion note is impaired Crackling rales at both apices. Mucous clicks at both roots extending outwards. X-ray report "Excursion left diaphragm restricted with loss of costo-phrenic angle. Left lung lights poorly. Hilus shadows & lung markings generally pronounced & flocculent in appearance. Some scattered nodes." X-ray diag:- "Thickened pleura & adhesions left base. Generalised tuberculosis without clearly defined local lesions. Sputum exam neg. Patient complains of general weakness. Coughs & expectorates considerably. Is troubled with gastric pains from one to two hours after meals. To Granville Ward Buxton	Thompson Major Capt. C.A.M.C.

C.A.D.C. 500

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

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.

NAME OF (SOLDIER) (Block Letters) Nursing Sister. FERGUSON. M.

REGIMENT C.A.M.C. RANK Nursing Sister. No. —

Date of Examination in England Jan 21/19. Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS - One.
2. EXTRACTIONS - none.
3. CROWNS - None.
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper - None.
   - (c) Full Lower
   - (d) Part Lower

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 yes.

Signature of Dental Officer W. L. Smith.

21-1-19. Capt. CADC.

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) FERGUSON M.

REGIMENT Canc. RANK Sister NO.

Date of Examination in England 5-3-19 | 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 6.18.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*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 yes
- (*c*) In France yes

Signature of Dental Officer A. Blackwell Capt

Forms
I. 1237
14

Army Form I. 1237.

MEDICAL CASE SHEET.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
D1a163		N/S.	Ferguson	Mc.
Year.	Unit.		Age.	Service.
	Can. M.		24	23/12

Station and Date.

Disease Pleurisy Bronchitis (chronic)

31.1.19 Occupation - Professional nurse.

England - march 1918.

France - April 1917

England - June 1918 sent over to # 10 Can Gen Hosp. Admitted to hosp. with Bronchitis 17.6.18 to 23.7.18

Convl. Hosp. Bexhill Aug. 1918 4 weeks

Sick leave - 3 weeks

4 Can. Gen Hosp. Sept. 1918 - on duty.

Patient admitted to hospital with pain in right side & fracture rib at right base. (Capt. Innis)

History of present illness:

1.2.19 Patient says she contracted cold in France in May 1918. Admitted to hospital and sent to England with "bronchitis" Patient lost twenty four pounds in weight. Patient was four weeks in hospital at Bexhill when sputum was negative for T B and X Ray negative Sent to Can. Red Cross Hosp Bexhill Patient was for nearly four weeks. X Ray here reported doubtful. Examined by Col Finlay on 18.8.18 who reports non resonance at left Apex and distant rales at L. base diagnosis bronchitis Had three weeks leave and reported to this hospital for duty. Reported to board and said she had no complaint.

Examination this morning found says she has had some cough the most of the time since coming on duty. Has cough for only a few days at a time.

Patient is under weight. Rather pale.

Canadian Gen. Hospital, Basingstoke.

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

(A 1014) W3081/P/1296 3,450m 7/18 Drayton Mill Forms/I. 1237/14 (E. 3420)

P.T.O.

Station and Date.	
	Chest - Expansion fair. Limitation of lung excursion over both bases. Slight rub over right base laterally. Moderate dullness over both apices more marked over left apex in front and right apex posteriorly. Increase in tactile dullness on both sides. Bronchi sounds are markedly increased over right apex posteriorly expiration prolonged whilst voice & cough are medium rales increased by coughing. Bronchi sounds are increased over left apex and large bronchi coarse and medium rales heard all over chest marked over both bases behind.
	Sputum negative of TB.
10. 2. 19.	Examination - no so much moisture in chest. Patient still coughs but does not expectorate very much. Allowed out of bed. Appetite good
17. 2. 19.	Condition as above. Transfer to Brenchley.
	Duncan Forbes M.O.

Regtl. No. Rank and Nam N/S Dieguison Corps Canie

Disease Chronic Bronchitis Hospital Southwood.

To Officer i/c Laboratory. Granville Ward.....

Please carry out an examination of the accompanying specimen of Sputum

with special regard to T. B.

Date 22-2-19

O. i/c Ward.

LABORATORY REPORT. 2187A

No T.B. found.

NOTB

Date of Examination 24/2/19

O. i/c Laboratory.

W.3212. 50M-4-4-18.

CONFIDENTIAL. Army Form A. 45.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station Canadian Red Cross Special Hospital, BUXTON, DERBY.

Date 21st August, 1918.

1. Rank and Name NURSING SISTER MINNIE FERGUSON

2. Unit. Canada

3. Age 36 4. Total Service 15/12 War Service { (a) at home 3/12 (b) abroad 13/12

5. Address 133 Oxford St. London W.

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 BRONCHITIS.

7. Date of origin of disability 11/6/15

8. Place of origin of disability No. 3. Can. Gen. Hosp. France.

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.

Reports sick 11/6/15. at No 3 General Hospital France. Had a "cold" for about one week before. Previous history negative. Y. at Kitchener Hospital & has normal. Admitted at Kitchener negative. X Ray at Kitchener negative. at CRCSH. Doubtful. Patient examination on admission shows only some sonorousness at L. apex & crepitant rales at L. base. Sept. 7 entry (15/8/18) reports only a few crepts. at base. & diagnoses Bronchitis.

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? climate

I concur in the findings of the Board of Medical Officers

Major R.A.M.C.

[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? 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 ? Is still somewhat below normal weight but is gaining. R. chest normal L. chest: a few crepitant rales at base. Heart & other systems normal. Fit for duty in England. Claims also wounded in action on duty.

15. To what degree is the officer disabled at the present time ? 40%

(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 ? 2 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 ? Hospital

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 no for 2 months'

B.—Fit for service in a garrison or labour unit abroad no for 2 months'

C.—Fit for home service :—

(i) Active duty with troops yes for 2 months'

(ii) Sedentary employment only no

D.—For admission to a command depot no

E.—Requiring indoor hospital treatment :—

(i) In an officers' military or auxiliary convalescent hospital no

(ii) In an officers' hospital no

F.—Permanently unfit for any further military service no

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

Philip Burnell Lt Col President.

H B Boyd Major RAMC

J W Merton Capt. RAMC } Members.

(C.S. 2342) Wt. W.764—P. 955 500m. 19/4/18 3025 H.S. & Co.

CONFIDENTIAL. Army Form A. 45.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station Can. Red Cross Spec. Hosp., BUXTON.

Date 21st. August 1918.

1. Rank and Name Nursing Sister MINNIE FERGUSON.
2. Unit. C.A.M.C.
3. Age 36 4. Total Service 18/12 War Service { (a) at home 3/12 (b) abroad 15/12
5. Address 133 Oxford Street, London, W1.

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 BRONCHITIS.
7. Date of origin of disability 11-6-18
8. Place of origin of disability No. 3 Can. General Hosp., FRANCE.
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.

Reported sick 11-6-18 at No 3 Can. Gen. France. Had a "cold" for about one week before. Diphtheria 1911. Previous history negative. T. at Kitchener Hospital and here normal. Sputum at Kitchener negative. X-ray at Kitchener negative, at C.R.C.S.H. doubtful. Chest examination on admission here shows only some roughness at L. Apex and crepitant rales at L. Base. Col. Findlay (15-8-18) reports only a few creps. at base and diagnosed Bronchitis,

P.T.O.

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? Climatic.

[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? 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.

I concur in the findings of the Board of Medical Officers here recorded.
Major D.A.D.M.S.
for D.M.S.
Canadian Contingent.

14. What is the officer's present condition ? Still somewhat below normal weight, but is gaining. R. Chest normal. L. Chest, a few crepitant rales at base. Heart and other systems normal. Fit for duty in England. Think she would improve rapidly on duty.

15. To what degree is the officer disabled at the present time ? 40%
(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 ? 2 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 ? Hospital.

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 Not for 2 months.

B.—Fit for service in a garrison or labour unit abroad Not for 2 months.

C.—Fit for home service :—
(i) Active duty with troops Yes for 2 months

(ii) Sedentary employment only No

D.—For admission to a command depot No

E.—Requiring indoor hospital treatment :—
(i) In an officers' military or auxiliary convalescent hospital No

(ii) In an officers' hospital No

F.—Permanently unfit for any further military service No

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 807 of 1918 been complied with ? n.a.

PHILIP BURNETT, Lt.-Col. CAMC. President.

H.B.BOYD, Major, CAMC.
T.R.PONTON, Capt., CAMC. } Members.

(C.S. 2342) Wt. W.764—P. 955 500m. 19/4/18 3025 H.S. & Co.

Continuation of Original

Army Form B. 178.

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 Ferguson *Christian Name* Minnie

TABLE I.—General Table.

Birthplace { Parish ..... County .....

Examined { on .....day of .....191 at .....

Declared Age .....years.....days.

Trade or Occupation .....

Height .....feet..... inches

Weight .....lbs.

Chest Measurement { Girth when fully Expanded .....inches Range of Expansion .....inches

Physical Development .....

Vaccination Marks { Arm..... RIGHT | LEFT 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 .....

Rank .....

Medical Officer.

Enlisted { at..... on..... day of .....19..

	Corps	Regtl. No.
Joined on enlistment	.....	.....
Transferred to	.....	.....
	.....	.....
	.....	.....

Became non-effective by .....

.....

on..... day of .....191..

(*Signature*).....

(*Rank*) .....

TABLE III.—Boards; Courts of Enquiry, 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.

Date	Brief Details and Signature
.....	.....
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TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
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.....	.....	.....
.....	.....	.....
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.....	.....	.....
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.....	.....	.....

[11,823] W2836 M2217 1,800,000 6/17 W. P. & Co. (1349)

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks 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
	Day	Month	Year	Day	Month	Year				
Granville Can. Spec. Hosp. Buxton Derbyshire	18	3	19.	31	3	19	Bronchitis chronic	14	Condition as described under previous heading no change	Lieut & Capt
H. M. A. T. "ESSEQUIBO"	MAR 31 1919			11	4	19	do	12	Condition unchanged	Capt
St. Andrews Military Hospital,	12	4	19				do.		Boarded M F B 277. recommended discharge from the Service + further treatment under the I.S.C. as an "In patient"	Major

Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps C.A.M.C. Military Hospital Kitchener

No. _____ Rank and Name W.S. M. Ferguson. Age 36 Service 18/12

Disease Bronchitis Date of admission June 17th 1918 Date of discharge _____ Result _____

Dates of Observation: June 17th, 18th, 19th, 20th, 21st, 22nd, 23, 24, 25, 26, July 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20

Days of Disease

Temperature, Fahrenheit: 107° 106° 105° 104° 103° 101° 100° 99° 98° 97°

Weight 95-3/4 lbs.

Weight 105

Pulse per Minute

Respirations per Minute

Number per 24 Hours

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature _____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

| | | |

Regtl. No., Rank and Name H/S. Ferguson ....Corps Canl.....

Disease Bronchitis ? TB..... Hospital.....

Ward ✱ L.....

To Officer i/c Laboratory.

Please carry out an examination of the accompanying specimen of Sputum ..... with special regard to Tubercle bacilli ..... please.

A Henderson.....

Date 19.6.18..... Off./c Ward.

THE CENTRAL LABORATORY
SUSSEX DISTRICT
No. 4166
Date 19-6-18
KITCHENER HOSPITAL, BRIGHTON

LABORATORY REPORT.

No T B found.

R.A.V. Brehmer
for Dist Laboratory

THE CENTRAL LABORATORY
SUSSEX DISTRICT
No. 4981
Date 29.6.18
KITCHENER HOSPITAL, BRIGHTON

No T. B. found (Antiformin method)

R.A.V. Brehmer
for Dist Laboratory

Date of Examination .....

..... O. i/c Laboratory.

PAVILION AND DOME HOSPITAL. Nominal Roll of Patients in _____ Section :—(*a*) Admitted on _____ (*b*) Recommended for transfer to _____ (*c*) Passed for Convalescent Home on _____ (*d*) Requiring advance of pay.

1 Ward	2 Bed	3 A. & D.	4 Corps	5 Compy.	6 Regtl. No.	7 Rank	8 Name	9 Age	10 Service	11 Disease or Wound	12 Caste

Date _____

Medical Officer in charge Section.

(4 1 56) W 12220—4384 5000 11/15 H W V(R 796)

Forms
No. 1237
10

CAN RED X HP
BUXTON

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
5-T.78.		N/S	Ferguson	Minnie
Year 1918	Unit.		Age.	Service.
	Canc		36	1 8/12 3/12 1 5/12

Station and Date.	
	Disease Bronchitis.
CWCSH.	~~Admitted~~ 1/6/18
23/7/18	Reported sick in France at 3 Can. Gen. Hosp. with Bronchitis. Had had trouble with chest for 1 week previous - Previous to that pains legs & back. Two attacks of about 3 days each. Has lost in weight - gained some at Bexhill but thinks she is about below weight.
	Left Bexhill 1916. Extensive adhesions right.
	R. chest is normal. Left chest slightly dull on percussion ~~at~~ apex. Breath sounds at apex slightly rough. no actual râles. a sibilant râle heard left side of ~~thorax~~ angle of scapula anteriorly & post.
1.8.18	Signs of generalised bronchitis. No consolidation
~~X~~ 8/8/18	R. chest. normal. L. Chest. Dullness & small râles at apex. Large râles loose chest. axillary. Slight cough. no sputum.
15.8.18	Still has a few ~~crepts~~ crepts. at bases. Nothing at apex. Quick pulse & no temperature. Bronchitis. F.G. Fulley Col.
19/8/18	Patient has a few crepitant râles at base otherwise normal. Heart sounds normal. Fit for duty in England.
28-8-18.	Discp. Ealy bi (2 mos). J. W. Barlow capt. Canc.

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S. P.T.O.

Station and Date.	

CANADI[illegible] CROSS SPECIAL HOSPITAL.

DUXTON.....7/2/15.....1918.

X.RAY REQUISITION No. 415 WARD. N.

Rank & Name.	Reg No.	Unit.	Age.	Part to be X.Rayed.
Ferguson Pte	—	Can.	—	Lungs.

CLINICAL NOTES.

Asthma. TB

.....Capt.C.A.M.C.
O i/c Case

REPORT. Screen – R.D. flattens. Cardio hepatic angle rounded. R. chest lights veil costal movement normal. Gland shadows marked. apex dull. L chest D. normal. Gland shadows slight but +. L lights veil. apex shady – Plate – R.D. low & flat. Cardio hepatic angle rounded Gland shadows marked – Lights veil. apex apex. L chest. D mediastinal = lights fairly veil. Apex shaded – Return for further examination

PTO

J.M.Poulton capt.
.....Capt C.A.
O i/c X.Ray

30/7/18 – Calais R. during [redacted] before.

L. 2[redacted] q – D. slightly below normal level. outer side of chest is slightly shaded. abdomen as before. I.B.P. on capt.

Forms I. 1237 12

Army Form I. 1237

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank	Surname.	Christian Name.
Year		N/S.	Ferguson	M.
	Unit		Age	Service.
	C.A.M.C.		36	18/12

Station and Date.

Disease Bronchitis (chronic) ? Pulmonary Tuberculosis probable

Kmn. 17.6.18. HPI. Cold on chest began 2 weeks ago - T° 101°. Pains in legs & back. Better on. coughs & mucoid sputum. Feels much better - Has lost some weight. Has much appetite. Has headache to speak of.

PH France 14 mos. at No 3 Can. Stat. Diphtheria 7yrs. ago - No pleurisy.

PE Rather pale & debilitated. Apparently some loss of weight. Chest: mov. not quite so good left side. Some impr. PR. both apices behind. also R. upper axilla. where W.P. R. & R. altered R.m. (Also also both apices behind) Diffusely, scattered through both sides of chest front and back. are sticky med. moist râles - few dry. After a explosive effort at end of insp.

P. 90. irregular in vol. & rhythm.

Heart. fr. chill. 1st sd roughened. R. murmuring - frequent extra systoles.

Abd. rather sodden. gurgling. R. Kidney palp.

July 6.18. Very little change. Lungs full of med. & fine dry râles. at bases - more medium moist. Exp = prolonged. areas of altered breathing - No fever at all. Sputum negative. 3 exams. (Exam by Antiformin method) XR. (Screen exam). of chest 22.6.18. negative.

July 20.18. Improved: gained 10 lbs. weight (95 3/4 to 105 lbs) Chest clearer, less sputum. Signs still diffuse - med. and fine dry and moist râles. - but less than before.

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

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.

Urinalysis – nog – No fever since admission

July 23. 18. For transfer to Can. Conv. Hosp. Westwood for Bd –

A. Henderson
Maj. CAMC

N.B. At the Left apex – behind – limit of pulm. resonance does not come up so high as on R. side – and movement & respiration not so good (Tidal Percussion). A.H.

Army Form B. 181.

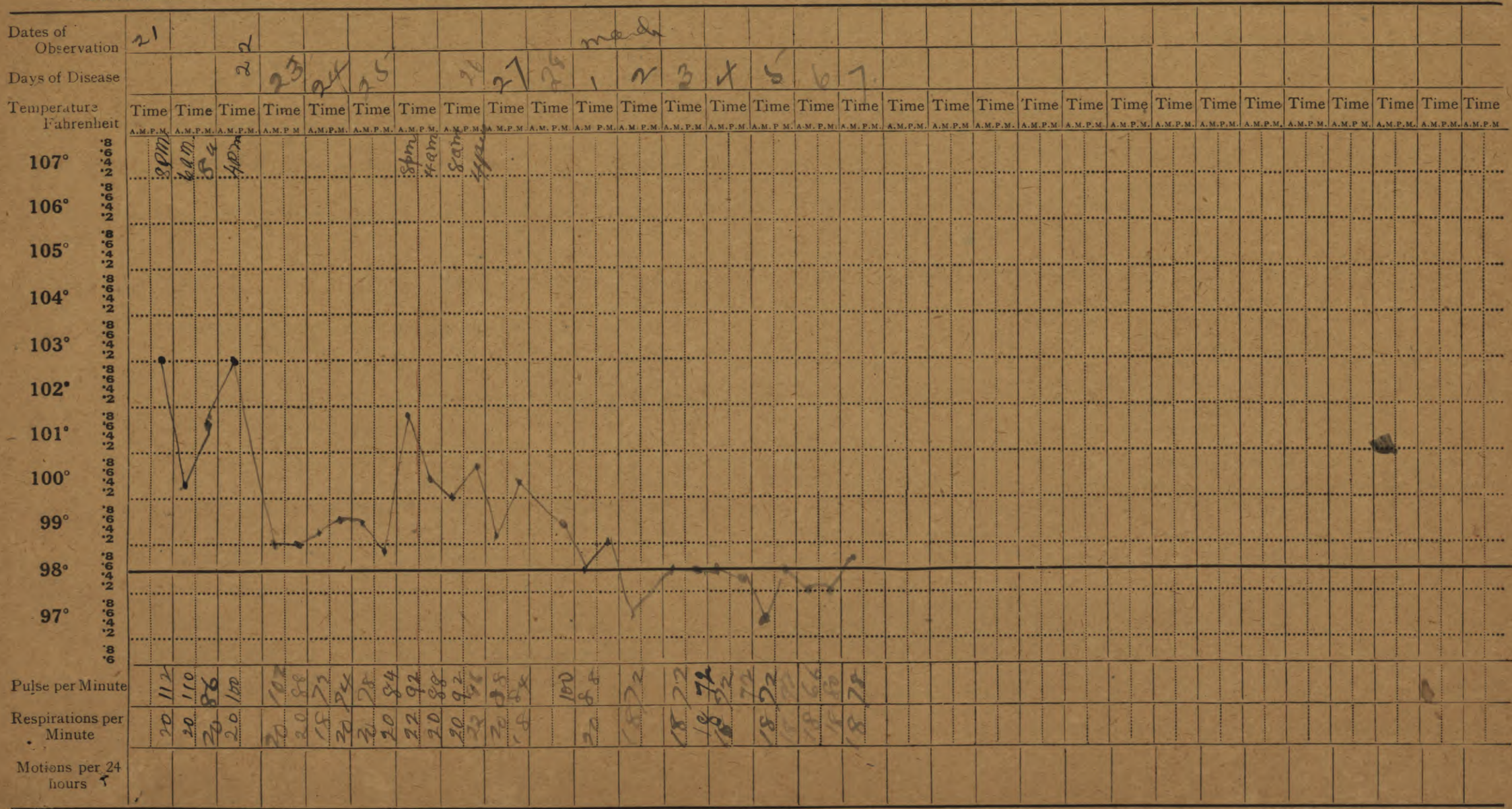
CLINICAL CHART.

(To be attached to Case Sheet.)

Corps_____ Military Hospital_____

No._____ Rank and Name N/S Ferguson Age_____ Service_____

Disease_____ Date of admission Oct 21st Date of discharge_____ Result_____



(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature_____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation																															
Days of Disease																															
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
107°	·8 ·6 ·4 ·2																														
106°	·8 ·6 ·4 ·2																														
105°	·8 ·6 ·4 ·2																														
104°	·8 ·6 ·4 ·2																														
103°	·8 ·6 ·4 ·2																														
102°	·8 ·6 ·4 ·2																														
101°	·8 ·6 ·4 ·2																														
100°	·8 ·6 ·4 ·2																														
99°	·8 ·6 ·4 ·2																														
98°	·8 ·6 ·4 ·2																														
97°	·8 ·6 ·4 ·2																														
	·8 ·6																														
Pulse per Minute																															
Respirations per Minute																															
Motions per 24 hours																															

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature_____ In charge of case.

Eee 13-3-19

Forms I. 1237 14

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. D/A 195 Year.

Regimental No.	Rank.	Surname.	Christian Name.
		N/S. Ferguson	
Unit.		**Age.**	**Service.**
CAMC 4th GH.		35	2yrs/2

Station and Date.

Disease Influenza

20.2.19 Admitted to hospital with. (1) headache frontal pain in back
(2) fever
(3) Cough. some sputum.
(4) malaise

Examination. slight inspiratory dullness below with BS + WV + Rh + few coarse rales. no other areas of dullness on chest. but both vocal resonance over lungs
temperature T. 103 P 112 R 20.
Heart. nothing abnormal found.
Patient has had a slight cough for some time.
Aspirin capsule. repeated in one hour. Pain in headache relieved
Mist Alba. To be repeated in morning if not effected
Patient complains of headache start in evening give Aspirin Codeia Capsule.

21.2.19 Patient very ill temperature T 103 P 86 R 20. Aspirin Capsule in evening.

22.2.19 T 99. P 102 R 20. Patient feeling much better from yesterday.

24.2.19 Feeling better T. 99 P 102 R 20.

2.3.19 Temperature normal. Iron arsenic & strychnine tonic

4.3.19 Patient off

13.3.19 Discharged to duty Duncan Graham Capt.

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

(A 1014) W3081/P/1296 3,450m 7/18 Drayton Mill Forms/I. 1237/14 (E. 3420) P.T.O.

Station and Date.	

CONFIDENTIAL. Army Form A. 45.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station 13 Berners St. London W. 1.

Date 21-10-18.

1. Rank and Name N/S. FERGUSON (MINNIE).
2. Unit. C.A.M.C. C.A.M.C. Cas. Coy, Ribston Barracks, Strensall. 2nd-No. 4 Can. Gen. Hosp.
3. Age 37. 4. Total Service 2 0/12 War Service { (a) at home 0 (b) abroad 2 0/12
5. Address No. 4. Can. Gen. Hospital - Bosingstoke, 16/12 France.

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 BRONCHITIS
7. Date of origin of disability 11-6-18
8. Place of origin of disability No. 3. Can. Stationary Hospital. France.
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 N/S. reports after two months C.T. duty. Recommended by last board.

She states she has now fully recovered and feels as well as ever she felt.

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

W. Wedderburn Major, D.A.D.M.S. For D.M.S. Canadian Contingents.

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 ? Yes. Exposure during an 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 ? 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 ? General condition good. V.F. 1/3 lb.
She says she has no complaint
Exam. Both lungs normal
Heart, nervous and skin systems normal.

Recommended. A.

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 ? N.A.

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 Yes.

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 N.A.

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

D. A. Macdonald Major C.A.M.C.
D. R. Stubbs. Members.
Capt. C.A.M.C.

(C.S. 2342) Wt. W.764—P. 955 500m. 19/4/18 3025 H.S. & Co.

CANADIAN EXPEDITIONARY FORCE

J.W. 2-32.
E.S.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Minnie FERGUSON,

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 Fifth day

of March 191 7.

She SERVED in CANADA, [illegible] with the C.A.M.C. Depot, Moore Barracks Hospital, #2 Can. General Hospital, #3 Can. Stty. Hosp., C.A.M.C. Casualty Depot, #4 Can. General Hospital.

and was STRUCK OFF THE STRENGTH on the Sixteenth day

of May 191 9 by reason of General Demobilization.

Dated at Ottawa, this Eighteenth day

of November 191 9.

J. Heatherell Lieut.,
for Director of Personal Services.

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

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

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

Temporary Casualty Form—Active Service.

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

Regimental No. ..... Rank N/S C. E. F. Name FERGUSON, Minnie

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

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*) .....

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				
	O.M.F.C.	T.O.S. #2 D.D.	Toronto	31-3-19	Auth R.O. 1896 Pt.2 D.O. #112
					Capt. For O.C. No. 2 District Depot
		S.O.S. #2 D.D. "Med.Unfit"	Toronto	16-5-19	Auth.R.O. 1979 Pt. 2 D O. 147 dated 22-5-19
					Capt. For O.C. No. 2 District Depot

(*a*) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(*b*) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O

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

Army Form B. 103.

Regimental Number n/s

Casualty Form—Active Service.

Regiment or Corps Canad

Rank n/s Surname Ferguson Christian Name Minnie

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

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

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

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

or Corps Trade and Rate .....

Shetton .....Signature of Officer.

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 ...			
		Disembarked...			
22.6.18	Camp Rest D	T.O.S from No 3 CS Hosp	Scliffe	17.6.18	P.O. 193
27.6.18	"	SOS to Camp Con: Depot Scliffe			
		Depot Granted Scliffe	"	26.6.18	Pass 178
					A. Hamilton LIEUT. ASST. ADJUTA FOR OFFICER COMMANDING C.A.M.C. DEP
2.7.18	Camp Casual T.O.S from Camp. D Adm. Hq & G.H.		Scliffe	17.6.18	O.H.O. 47
2.9.18	— " —	Granted Leave 28.8.18-17.9.18	— " —	28.8.18	O.H.O. 100
21.9.18	— " —	T.O.S to No 4 & G.H.	— " —	19.9.18	O.H.O. 117
					Robertson Lieut Officer i/c Records for O.C. Scliffe Depot Troops

(*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				
21-9-18	No.4 CGH.	T.O.S. from C.A.M.C., Casl. Depot, Shorncliffe.	Basingstoke	19-9-18	Pt2.D.O.49/21-9-18
31-1-19	No 4 C.G.H.	Adm. to Hosp (Pleurisy)	Do.	31-1-19	Pt 2 D.O. No 9 D/31-1-19.
28-2-19.	Do.	S.O.S. to Canc. Cas Coy. "21 Days Casualty"	Do.	21-2-19.	Pt II D.O #17 D/28-2-19.
			Fred E Watts — major Canc. No 4 Can. Genl. Hospital.		
6.3.19.	Canc Cas Coy	P.O.S from No. 4 C.G.H.	Shorncliffe	20-2-19	P II D.O 55
10.6.19.	Do	S.O.S. on transfer to the C.E.F. in Canada	Do	31-3-19.	P II D.O 135 O. Carlisle Capt for O.C. Can Cas Coy.

IFIED CORRECT
15 MAY 1937
NADIAN RECORDS OFFICE
ORIGINAL

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps ... Canc

Regimental No. ... Rank Nur. Sis. Name Ferguson, Minnie C. E. F.

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

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

Extended ... Re-engaged ... Qualification (b) Graduate Nurse

Report: Date	Report: From whom received	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
		Embarked	Halifax	28-3-17	
		Disembarked	Liverpool	7-4-17	
16-4-17	C.A.M.C.D.	TAKEN ON STRENGTH	Westenhanger	27-3-17	P. II D.O. 106
17-4-17	"	S.O.S. to Moore Barracks Hosp.	"	17-4-17	P. II D.O. 106
16-4-17	C.C. H.B.-C.N.	S.O.S. Moore Barracks Hosp. from C.A.M.C. Depot	Shorncliffe	G. H. Harvie CAPT. ASST. ADJUTANT. FOR O.C. C.A.M.C. TRAINING SCHOOL, 11-4-17	P. II D.O. 106.
24-4-17	"	S.O.S. on posting to C.A.M.C.D.	"	17-4-17	P. II D.O. 114
24/4/17	Canada	Taken on strength	Westenhanger	17/4/17	Ch 2 D.O. 14
30/4/17	do	S.O.S. to No 2 Can. Gen. Hosp.	Westenhanger	19/4/17	Ch 2 D.O. 20

Capt. Williams, For Colonel, Officer i/c Hospital.

CAPT. ASST. ADJUTANT. FOR O.C. C.A.M.C. TRAINING SCHOOL.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
22/4/17	2 C.G.H.	Reinforcement W0/121/Directs/5411 (ann 4) dt 13/4/17 K R 4238		17/4/17	B213 Pt II 30 dt 26/6/17
24/11/17	"	to Con Home Cannes (14 days) leave		19/11/17	" Pt II 72 17/12/17
8/12/17	"	Rejoined Unit		7/12/17	" " "
16-3-18.	"	S.O.S on Relosting from To 36 St. Hosp. D.G.M.S. B/1523/71 d/14-3-18.		13-3-18	B213. Kn 20421 Pt II 0. 19-4/8-11-18
17.3.18	3 Edn Stafy Hosp	T.O.S. of No 3 Edn Stafy Hospital.		14.3.18	B213 Kn 20421 Pt II 154/5/4/18
2-6-18	" "	Attd for Temp. Duty to 2 Edn Gen Hosp		31-5-18	B213 Pt II 32 d/11-6-18
11.6.18	3 Gen Hosp	Bronchitis admitted		11.6.18	W3034/F6860
15.6.18	" "	" To 2 S Stp Annexe for U.K.		15.6.18	W3034/W5182
11.6.18	" "	Ceases to be attached for duty to No 2 Edn Gen Hosp on admission to hospital.		11.6.18	W3034. Pt II 34 d/1918
16.6.18	Sm.a.s. St Denis	Sick S.O.S. of No 3 Edn Stafy Hosp and posted to 6 A.M.C. Depot Shorncliffe	England	16.6.18	W3083/5561. Pt II 36 d/17/6/18

H A Chrichton
Capt. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

Rank | Name | Reg'l No.

Unit | If in perm. Corps, What Unit? | Married or Single

Place and Date of Enlistment | Place of Birth

Name and Address, Next-of-Kin

Relationship

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance | Payable to

Relationship

Discharge, Date and Place | Reason | Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
L.P.C. to 30.9.18 Not charged Sept. N.R. eff. 1.10.18												9-C-2024					~~15.~~ 2 ms. chgd. Nov. '18.
Assignment as at 1st October 1918.																	
Cameron		Major			Norman Keith												2nd Bank Battn. $35.00

Mrs. Margaret A. Cameron (Wife)
860 Waterloo Street,
London, Ont.

$

Payment Stopped
A. 3 M Form
1 FEB 1919

Canada

A 2 M Form 8-8-17.

8

Assignment as at
August 1st 1917.

Ferguson, M. N/Sister. C.A.M.C. 50

Self,
c/o Canadian Bank of Commerce,
Port Perry,
Ontario.

Date			PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount				No.	Date						

L. L. Job 23216—M. & D. 8049.

ASSIGNED PAY.
MILITIA AND DEFENCE

M. F. W. 11.
15m.—6-17.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Canadian Bk of Commerce Credit of

Address Port Perry Ont.

Name of Soldier Ferguson Minnie

Regtl. No.

Rank N/S

Corps #2 Gen. Hosp.

Relation to Soldier wife, child or mother } 50.00 Aug 1/17

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			2M 28/8/17 Q.R.C. 29/8/17.
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
18m.—4-17.
1772—39—819.

Sheet No. 2. Canadian Bk of Commerce Cr a/c
(Assignee)

Name of Soldier Ferguson Minnie #2 Gen Hosp.

L. L. Job 19227—M. & D. 7814.

Month.	Year.	Cheque No.	Amt.	Remarks.
				9/8. 50.00 Aug 1/17.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.		A 19565	50	50.00 Aug & future. mailed 30/8/17
Sept.		F 39899	50	2
Oct.		A 24452	50	
Nov.		A 40190	50	03
Dec.		Z 5-5-930	50	250
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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. Ferguson (Mrs. A.S.)

CHRISTIAN NAMES Minnie

REGL. NO. RANK Nursing Sister.

UNIT C.A.M.C. (Reinf.)

FORMER CORPS Nil

CARD NO. Sos. MH 16-5-19 4

R01979 FOLL.

NEXT OF KIN.

NAMES IN FULL Ferguson, Alex

RELATIONSHIP TO SOLDIER Father

ADDRESS Cresswell, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Sonya, Ont. DATE Feb. 5th 1870

PLACE OF ATTESTATION Kingston, Ont. DATE Mar. 5th 1917.

RTC 10-4-19 30/2

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

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

D.

MARRIED SINGLE WIDOWER

TRADE OR CALLING Professional Nurse RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Kingston, Ont. DATE Mar. 16th 1917

Present address: Cresswell, Ont.

Form R. 149.

E.R.B.

Name FERGUSON Minnie. *Rank* N/STR. *Reg. No.*

Unit CAMC ~~2 CSH~~ 3. 4 C.G.H.

Next of Kin Canada

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
11-6	3 Gen Hos. LeTreport (HA 1970)		Bronchitis	1011	✓	
17-6	Kitchener Rel Sta Brighton			1013	✓	
24-7	T. St. 1966 Can Red X Spec Sta Buston 2861			1041	✓	121
28-8	Discharged 7003			1086		
1-2-19	H Can Gen Sta Bramshott 1127			220	✓	
19-2-19	Can Red X Spec Hosp Buston (7021)		Bronchitis	1220		
19-3	Gran Can Spec Sta Buston 7021			1243		
31-3	Discharged Ldn			1297		

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

Number ..... Rank N/S

Surname FERGUSON

Christian Name MINNIE

Units ..... Theatre of War FRANCE

Date of Service 19.4.17

Remarks Muskoka Cottage San. Gravenhurst

Latest Address ~~Bracebridge~~ Ont.

Roll No. "B" Page 22248

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

DESP DEC 22 1922 REGN. NO. 1456

868—D.P.—40M-1-12-19.

No. Rank N. S. Name Ferguson, Minnie,

T. O. S. Unit Army Medical Corps.

M. D. 8

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914	1917			
Mar 5	Mar 23	—		

FORM P. 15. H.W.V.Ld.—3717-18.
12519—16M—1-3-18

ASSIGNED PAY.

UNIT. NAME OF: Balt D

RATE OF P. AND A.: Pay 2.00 pd; F.A. .60 "; Messing 1.00 "

RANK. R.S. DATE 5 4/17. AUTHORITY fr ban Dft Sbo 483. 13 4/17

NAME.

Beneficiary

Address ban

Amount. $50.00

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

Add. O. allce 24 3/19

Name Ferguson.
Initials Minnie
Bank of Montreal
Trafalgar Sq

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
apr 17	a.P. ban apl Pay R		108		50..			
24	Bank	1167		58				
May 19	May Pay (R)		111 60					
13	A P ban				50.			
23	Bank	2683.		61 60				
June 14	June Pay (R) A P ban		108.		50.			
24	Bank	4166		58				
July 16	July Pay R A P ban		111 60		50			
	Bank	5626		61 60				
Aug 14	Pay Aug R A P ban		111 60		50			
24	Bank	7258		61.60				
Sep 12	Sept Pay R. A P ban		108		50			
24	Bank	9187		58				
Oct 15	Oct Pay R. A P ban		111 60		50			
24	Bank.	10404		61 60				
Nov	Nov. Pay R. A. P Can		140		50			
26	Bank	12521		90				

Carried Forwd.

FORM P. 15. H.W.V.Ld.—3717-18.
12519—16M—1-3-18

ASSIGNED PAY.

UNIT. NAME OF

RATE OF P. AND A.

RANK. DATE AUTHORITY

NAME.

Beneficiary

Address

Amount. $ 50 Can

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

Pay 2..

F.A. 1

Messing 1

A/S

Name Ferguson

Initials Minnie

Bank of Montreal

Leaf Sqr.

add outfit allce. 24 3/49

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918								
Dec.	Pay. (R)		124					
	a. P Can				50			
18	Bank	13792		74				
Jany 22	a. Pay Can	12			50			
	Pay (R)		124					
28	Bank	15564		74				
Feb. 11	a. Pay Can				50			
	Pay R		112					
	Bank	17078		62				
Mar	Pay (R)	124						
	a. Pay Can				50			
25.	Adv. March P@a Cash	18051		74				
27.	Add. outfit allce V0446		100					
"	Do " Do. Cash	18779		100		Dr 70		
29	Adv april Pay Cash	18886		70				
April 10	april Pay (R)		120					
14	a Pay Can				50			

RETURNED TO CANADA
L.P.C. TO 30/7
TRANSFER TO N.E. LEDGR.
3/7/19 BGS

FORM P. 15.
5986—25M—19/1/17

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

Beneficiary
Address

Amount. $50 Loan 1/8/17.

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

UNIT: C.A.M.C. Depot — Pay 2nd pd 7.a. 60 Mess 100. — RANK: N/S — Mess DATE 5/4/17 — AUTHORITY: Fr. Canada Dms.Co 1483 d/13/3/17

NAME: Name Ferguson; Initials Minnie; Bank of Montreal

1917-18

Trafalgar Sq. 1/18

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
April 24	Pay a/c f 24 3/17 - 31 3/17 Mess f 5 4/17 (8 days Pd) Bank	2791		20 80				
" 24	Pay a/c N Scotia f 24 3/17 - 31 3/17 - 8 days Dm.Sec.0483 d/13 4/17 £.S. Canada	Vo 1109	20 80					
" 24	Pay a/c N Scotia f 1 4/17 - 30 4/17 Mess f 5 4/17 Dm.Sec.0483 d/13 4/17 £.S. Can	Vo 1109	104					
" 26	Bank	2003		104		0		
May 22	May Pay. R.		111 60			111 60		
23	Bank	5458		111 60		0		
June 11	June Pay. (R)		108			108		
22	Bank	9004		108		0		
July 9	Inv. allowee 24-26 3/17	456					£8 0s 4.12.10	
19	July Pay. (R)		111 60					
"	Bank	13092		111 60		0		
Aug. 18	Aug. Pay (R) A P Can		111 60					
					50	61 60		
21	Bank	17361		61 60		0		
Sept. 17	Sept Pay. (R)		108					
12	A P Canada				50	58		
21	Bank	21863		58		0		
Oct 9	October Pay (R)		111 60					
12	A. Pay. Canada				50			
20	Bank	26291		61 60		0		
Nov 16	November Pay (R)		108					
15	A. Pay. Canada				50			
20	Bank	30763		58		0		
Dec 7	Dec Pay (R)		111 60					
8	A P Can.				50			
14	Carried for Bank	3506		61 60		0		

FORM P. 15.
5986—25M—19/1/17

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

Beneficiary
Address
ban
Amount. $ 50
Separation Allowance issued. Yes or No.....

Pay 20pd 7/5
7 a 60
Mess 1.00

2117-18

Name Ferguson.
Initials Minnie
Bank of Montreal
Trafalgar Sq 1/8

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
Jan 15	Jan Pay (R) a P. ban.		111 60		50.			
22	Bank	39501		61 60		✓		
Feb 11	Feb Pay (R) a P. ban.		100 80		50.			
20	Bank	40996		50 80		✓		
Mar 11	March Pay (R) A P. ban.		111 60		50.			
22	Bank			61 60		✓		

31
00
169 0

BURLINGTON
~~STANDISH~~
15-5-19-7
RO 1979 effective 15-5-19
FURLOUGH

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



1. RANK W/S.
2. NAME FERGUSON, Minnie.
3. UNIT Camc.
4. DATE STRUCK OFF STRENGTH | | PLACE
5. REASON



Jan 30/22

6. AUTHORITY
7. PROPOSED RESIDENCE

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.



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

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

E.T. **Surname** FERGUSON **Christian Names** Minnie.

Rank Nursing Sister **Name and Address of Next-of-Kin** Father.

Promotion 5.3.17

Alex. Ferguson.
Creswell. Ontario. Canada.

Unit C.A.M.C.

Place of birth Sonya. Ontario. Canada.

Married (Yes or No)

Appointments Halifax 28.3.17

Date of leaving Canada Liverpool 7.4.17 **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. on arr. from Canada			
13.4.17	Dms.	Posted to Camc. Depot.		27.3.17	Co. 483. Pte. G.W. 106. Dep. T.O.S. Pte. G.W. 106. Dep.
14/4/17	"	Posted to Moore B. H. Sclipe		11/4/17	Co. 486. Pte. G.W. 106. M.B. 11
20.4.17	"	Posted to Camc. Depot		17/4/17	Co. 509.
28.4.17	Dms.	Posted to "2 C. Gen. Hosp.		19.4.17	Co. 552.
17.12.17	2 C.G.Hp	Granted 14 day leave	Rejoined	19.11.17 / 7.12.17	Pte. 172
5-4-18	3.G.H.Hp	T.O.S. from 2 Can G.Hps.		14.3.18	Pte. 15
18-6-18	A.M.S.	adm 3 Gen Hp	Le Treport	11-6-18	Ch 1010 Bronchitis
14-6-18	2 C.G.Hp	attd for temporarily from 3 G.H.Hp. Leave to be attd		31.5.18 / 11-6-18	Pte. 135 / " " 134. 3.C.A.Hp.
2 JUL 1918 Cas. Dep. Sec TOS CAMC	Cas. Dep. Sec.	& shewn on Hosp		17-6-18	Pte. 147. S.O.S. Pte. 36. 3.C.G.H. A.F.B. 103.
19-6-18	A.M.S.	adm Kit Mil Hosp Brighton		17.6.18	Ch 1012 Bronchitis 8-JUL.1918
27-7-18	do.	adm. Can. Red X Sp. Hp.	Buxton	24-7-18	Ch. 1044 Bronchitis
			Discharged	28-8-18	Ch. 1086
2-9-18	Cas. Dep. Sec.	Granted leave from 28-8-18 to Cat. C. 1, 2 mos		17-9-18 / 21-8-18	Pte. ord. 100.

A.F.B. 103. 15 MAY. 1917

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
21-9-18	Cas. Dep. Sec.	S.O.S. on posting to 4 Can. Gen. Hosp		19-9-18	P.F. II. ord. 117.
21-9-18	4 C.G.H.	T.O.S. from CAMC. Regtl Depot		19-9-18	P.F. II. ord. 49.
8-2-19	A.M.S.	Adm. 4 Can. Gen. Hosp.	Basingstoke	1-2-19	Cl. 1209 pleurisy.
21-2-19	Do	Adm. Can. Red X Sp. Hosp	Buxton	19-2-19	Cl. 1220 Bronchitis
28-2-19	4 C.G.Hp. CAMC.	S.O.S. to CAMC. Cas. Coy.	Scliffe (21 days Cas.)	20-2-19	P.F. II ord. 17.
6-3-19	Cas Coy.	T.O.S. on posting from 4 C.G.Hp.	(21 days Cas.)	20-2-19	P.F. II ord. 55.
20-3-19	A.M.S.	Adm. Can. Sp. Hp.	Buxton	19-3-19	Cl. 1243. Bronchitis
10-6-19	CAMC Cas Coy	S.O.S. on transfer to C.F.C.	Discharged in Canada	31-3-19	Cl. 1297 P.I.-II 0.135."
				31-3-19	
10-4-19	D.M.S.	S.O.S. on trans to C.E.F. in Canada		31-3-19	C.O. 52.
		Demobilised			
		Sailed to Canada H.M.A.T. Essequibo		31-3-19	Sailing No 74.

14378

S.S. 16.5.19

880. CS 186. W.503/P.36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

Army Form W. 3172.
(In pads of 50.)

#4 Can. Gen. Hosp. Hospital.

Ward Sick sisters No. of Bed Date 31.1.19.

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
	Nursing Sister M. Ferguson.	CAMC	Chest

Short History of Case.
(To be completed by M.O. i/c case.)

dry pleurisy right

Signature of M.O. S Duncan Graham Capt

Date 31.1.19.

Report on Result of X-Ray Examination.
(To be completed by Radiographer.)

No. of Plate 5747

There is much general peribronchial thickening of a nodular and mottled type. It is well marked at apices, where it is very suggestive in character, at at inner R. base. Many small discrete dense glands. Adhesions to diaphragm at both bases. L. side of heart somewhat enlarged.

Signature of Radiographer A.A. Rolph Capt.

Date 31/1/19.

Forms I. 1237 14

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		N/S	Ferguson	Minnie
Year.	Unit.		Age.	Service.
	Cam C		37	2-1/12

Station and Date. Dartmoor 20-2-19

Disease Bronchitis,

Family History — Negative.

Previous Illnesses, Diphtheria in 1905

Admitted to Do 3 British Gen. 15-6-18-17-6-18 diagnosis Bronchitis. Transferred to Kitchener Hosp 17-6-18-23-7-18. Diagnosis Bronchitis. Transferred to Dartmoor. 23-7-18-28-8-18. Diagnosis Bronchitis. Admitted to Do 4 Can Gen Hosp. 31-1-19-18-2-19 diagnosis. Bronchitis (Chronic) and Transferred to Dartmoor 18-2-19.

History of Pres. Illness. Patient states that in May 1918 she became ill & run down condition after a severe cold. She began to cough and lose in weight. Was admitted to Hospital 15-6-18 and treated in the above hospitals until 28-8-18 with the diagnosis of Bronchitis. Was boarded from Dartmoor in Category C.1 for two mos and rebarded at 13 Berners St. on 21-10-18. and placed in Category A1 She began to cough again and ~~[illegible]~~ at intervals and suffered from another "severe cold" on 25th Jan 1919, and was admitted to Do 4. Can Gen. 31-1-19-18-2-19 diagnosis Bronchitis and Pleurisy.

Pres Cond General condition satisfactory.

Heart. Apex beat in mitral line. Left border 4½" left of mid sternum. Systolic murmur

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

(A 1014) W3081/P/1296 3,450m 7/18 Drayton Mill Forms/I. 1237/14 (E. 3420)

[P.T.O.

Station and Date.	
	At 4 p.m. transmitted up. left bank of stream Aspect: systole.
	Lungs: Percussion note normal over left base. Distant sounds heard over entire chest with crepitations over both bases more marked on left side. Breath sounds distant over left base.
	H C. E Byrd Capt
18/3/19.	Lt Granville CSAF Burton
	H E Byrd Major RAMC
27/3/19	Documents complete H E Byrd Major RAMC Capt Comdg

2192. W.6520./M.2849. 10,000 Pads. 8/[illegible] A. J. W. & Co., Ltd. E.1631.

Army Form W. 3172.
(In pads of 50.)

Kitchener Hospital.

Ward L Block. Bed Date June 2[illegible]8

Regt. No.	Rank and Name.	Corps.	Part X-Rayed.
	M/S Ferguson	Canl	Chest.

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

Signature of M.O.

Date

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 3266

X-ray negative —

Signature of Radiographer E Hampshill

Date 22-6-18

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Canadian Red Cross Special Hospital, BUXTON, DERBY. DATE 5-3-1919.

1. 1 (a) Unit C.A.M.C. (b) Regimental No. (c) Rank N/S

(d) Surname Ferguson (e) Christian name Minnie

(f) Home address Can. Bank of Commerce, Port Perry, Ont.

(g) Next of Kin Mrs James Brunner (h) Relationship Sister

(i) Address of Next of Kin Blackwater, Ont.

2. Age last birthday 37 Date of birth 5-11-82

3. Enlistment, or Appointment (if an Officer) (a) Place (b) Date

4. Personal description:

(a) Height 5' 4" (b) Weight 102 (stripped) (c) Complexion Medium

(d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Nil

5. Former trade or occupation Nurse

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days

	Periods	
	From	To
Canada	5-3-17	24-3-17
	15-6-18	1-3-19
England	4-4-17	17-4-17
France or other theatres of War	17-4-17	15-6-18

7. Original disease, or injury Bronchitis.

(a) Date of origin June 1918 (b) Place of origin Det. 3 Con. Depot Hosp. B.

(c) Cause Acted since condition.

M. F. B. 227.

300M.—8-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Bronchitis (chronic)

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

General condition not good. Rather anaemic in appearance. Second aortic sound accentuated. An occasional extra systole. Chest left apex and bases of both lungs percussion note impaired. Crackling rales at both apices. Increased chest at both ant extending outwards. X ray report. "Excursion left diaphragm restricted with loss of costo-phrenic angle. Left lung lights poorly. Hilus shadows and lung markings generally pronounced and flocculent in appearance. Some scattered nodes. X ray diagnosis — Thickened pleura and adhesions left base. Generalized tuberculosis without clearly defined local lesions." Sputum examination — negative. Patient complains of general weakness. Coughs and expectorates considerably. Is troubled with gastric pains from one to two hours after meals.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No | Cardio-Vascular System No (If pulse rate is abnormal, B. P. will be taken.) | Genito-Urinary System No (Albumen and Sugar will be excluded.)

Special Senses No | Respiratory System No | Integumentary System No

Disturbances of Mentality No | Digestive System No | Muscular System No

Osseous and Joint Systems No | Any other general condition No

10. (a) History (of the condition referred to in Section 9 (a).)

Admitted D 2 3 Buttrial Sen Hosp 15-6-18 - 17-6-18 diagnosis Bronchitis. Transferred to Kitchener Hosp 17-6-18 — 23-7-18 diagnosis Bronchitis. Transferred to Dartmoor 23-7-18 — 28-8-18 diagnosis Bronchitis. Categorized C1 for 2 mos. [redacted]. Patient says she was free from cough for about one month. Suffered from another severe cold on 26-1-19 Admitted to No 4 Can Sen Hosp. 31-1-19 — 18-2-19 diagnosis Bronchitis

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Heard Diphtheria in 1908

(*c*) (Here give a description of wounds, scar. and deformities.

Nil

11.—(*a*) Did the disabling condition have its origin before enlistment? Do

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N/a

12. Was the disability caused, or aggravated; (*a*) by intemperance or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) Do (b) Do

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? six months.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Convalescent Hospital.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? Yes

(If the answer is "yes" state nature of treatment required and probable duration)

In a convalescent hospital for tuberculosis patients for at least six months.

16. Can the former trade or occupation be resumed? Do. six mos

(If not, briefly state why)

17. Recommendations

Patient be invalided to Canada by hospital ship.

S. Bruce Cato Capt

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned Norma Ferguson have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Norma Ferguson Rank. N.S.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes Invalided to Canada for further Hospital treatment

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)	No Six months
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)	no Six months
(*c*) Home service (Canada only),	(" C)	(Yes or No.)	no Six months
(*d*) Temporarily unfit.	(" D)	(Yes or No.)	Yes Six months
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)	In CA

20. It is certified that the invalid

(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

Convalescent Hospital for Six months

(*b*) ~~Does not require~~ treatment.
(*c*) Should pass under his own control.
(*d*) ~~Should not~~ pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the ~~invalid be discharged~~. (When not for discharge add special recommendation.)

Patient be invalided to Canada

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

Philip Burnett Lt Col CAMC President.

PLACE C.R.C.S. Hospital Dunton

DATE 5.3.19.

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

.....President.

PLACE.....

DATE.....

Members

APPROVED BY

.....
Assistant Director of Medical Services.

DATE.....

APPROVED BY

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

.....
Director-General of Medical Services.

DATE.....

Captain R.A.M.C.
for D.M.S.
Canadians.

AUDITOR | PAYMASTER

M. OR S. — PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES — REGT. No. — RANK N/S — NAME (IN FULL) FERGUSON/ M. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. C.A.M.C. — IF IN P.F. WHAT UNIT? Canadian Bank of Commerce

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 4/3/17 — TRANSFERRED TO Port Perry, Ont. — DATE — AUTHORITY

ASSIGNED PAY $ 50 00 — DATE EFFECTIVE 15/5/19

PAYABLE TO c/o Can. Bank of Commerce — RELATIONSHIP

ADDRESS Port Perry Ont.

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE — DATE 16-6-19 — REASON M.A. — AUTHORITY A.147 — IF ENTITLED TO POST DISCHARGE PAY YES

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	$	C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT									NIL.																		15	50			15	50					Reb Money 3/3/19 to 30/4/19
30.4.19																																					
May 1-16	16	3.00 per	48	00	8	00			~~4~~ 56	~~00~~ 116							58	50									15	50			~~16~~ 66				~~40~~ 50		T.O.S. D.O. 112 Subs 14.4.19
					25	50			81	50																	7	50			81	50					28.E.19 20/116
																																				5.00 Money 1-16-5-19
																																				5.00 Money 14-4-28-4-19.
			W.S.G. ~~10 00~~																								W.S.G.				AMOUNT DUE SOLDIER DEPENDENT				
153 days	3.00		459						459			June 2	387421														93				93		366				
																											16				109		350				
																											~~350~~ 459				~~459~~ 459						
			459						459																												

Admitted to C.C.H. 17/5/19

C.R.218 Jan 15 1754345

Closed

Checqued and to D.S.C.P. Ottawa

W.S.G. PAID IN FULL

L. Dudley LIEUT.

FOR PAYMASTER I/C SERVICE ESTABLISHMENT

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

F

OVERSEAS CONTINGENTS

Bank Account

Date of Assignment 13/12/17 ~~14/17~~ Aug. 1917

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

50			

Ea. a/c.

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank N/S. Promoted Reverted Discharge

Soldier's Name Minnie Ferguson

Battalion #2 Gen Hosp.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Canadian Bk. of Commerce

Address Port Perry Ont.

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
1914						05867 M 4
Dec 31			250.	250	✓	2 M. 28-8-17.
1918						Mc. 89183 send. 17.4.19
Jan.	B 67702		50	50	M	
Feb	F 93113		50	50		
Mch	A 132947		50	50		
Apr	J 10348		50	50		
May	Q 16855		50	50		
June	A 37552		50	50		
Jul	O 33557		50	50		
Aug	M 34966		50	50		
Sep	R 46433		50	50		
Oct	R 50969		50	50	L	
Nov	L 59307		50	50	L	
Dec	V 64552		50	50	L	
Jan	Q 72586		50	50	L	
Feb	U 79734		50	50		
Mar	L 82725		50	50		
Apr	O 30274		50	50		
			1050			

A/c Closed 30-4-19 Columbia

Ret'd per 3

Date 31-8-14 M.F.W.187 15-9-14

MD 6 Battalion

A/c Closed 30.4.19

Ret'd per Essequibo

Date 1.5.19 M.F.W.187 18.4.19

Clerk

AUDITED

CONSOLIDATED ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 1933.

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. 22320—M. & D. 7493.

880. CS 186. W.503/P.36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

Army Form W. 3172.
(In pads of 50.)

Northwood Hospital.

Ward ____ No. of Bed ____ Date ____

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
	Pte Ferguson	Canc	Chest

Short History of Case.
(To be completed by M.O. i/c case.)

Signature of M.O. ____

Date ____

Report on Result of X-Ray Examination.
(To be completed by Radiographer.)

No. of Plate 8481 Excursion left diaphragm restricted with loss of costo-phrenic angle – Left lung lights poorly – Hilum shadows & lung markings generally pronounced & flocculent in appearance – Some scattered nodes

X Ray Diagnosis Thickened pleura and adhesions left base – Generalised tuberculosis without clearly defined local lesion

Signature of Radiographer W H Edgar Major Canc

Date ____

Xiony
Diagnozi