Card written

Duplicate

Unit C.A.M.C. Rank N.Sister. Name FOWLIE, Mary

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

Joined Canadian Expeditionary Force 13th December, 1916.

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (*a*) What is your Surname? FOWLIE.

   (*b*) What are your Christian Names? Mary

2. (*a*) Where were you born? (State place and country) Leith, Edinboro. Scotland.

   (*b*) What is your present address? 774 Hellmuth Ave., London, Ont.

3. What is the date of your birth? 30th June 1881.

4. What is (*a*) the name of your next-of-kin? Miss. Jean Gillespie.

   (*b*) the address of your next-of-kin? 218 Wellington West. Chatham, Ont. Canada.

   (*c*) the relationship of your next-of-kin? Half-Sister.

5. What is your profession or occupation? Graduate 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? C. A. M. C.

9. State particulars of any former Military Service 9 months with Hospital. A.M.C. T.D. No. 1.

10. Are you willing to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

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

Mary Fowlie (*Signature of Officer.*)

CERTIFICATE OF MEDICAL EXAMINATION

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

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

Date Dec 11 1916.

Place London Canada W C Matthews Lt Col *Medical Officer.*

*Insert here "fit" or "unfit".

M. F. W. 51

40m.—12-15.
H. Q. 1772 39 917.

C.E.F.

FOWLIE MARY N.S. C.A.M.C. 16461

DEMOB



Original

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 ..... FOWLIE, ... Mary .....

.....

(4) Place of Birth ..... Leith, Edinboro. Scotland. .....

.....

(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.

200M.—3-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? No.

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

(10) Is your Mother alive ? No.

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

.....

(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.

(Half-Sister) Miss. Jean Gillespie.

218 Wellington West.

Chatham, Ont. Canada.

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

.....

(15) Are you insured ? Yes.

If so, in what Company ? Northern Life.

Have you made arrangements for payment of your Insurance premium Yes.

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

C. H. Clench Capt.

Lieut. Colonel, Captain.

D.M.S. Mil. District No. 4. Officer Commanding.

Officer i/c Records. C.E.F.

M. D. No. 1.

Date 13th December, 1916.

ORIGINAL

Original

MEDICAL HISTORY SHEET.

Surname Fowlie Christian Name Mary

Examined on 11th day of Dec 1916
at London Canada.

Approved by W C Watt
Captain M.O.

Birthplace City or Town Leith Edinburgh
County Midlothian Scotland

Apparent age 35

Trade or occupation Nurse

Height 5' Feet 2½ Inches.

Weight 125 Lbs.

Chest measurement Minimum 32 inches.
Maximum expansion 2 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks Arm Right. 0 Left. 2.
Number 2.

When Vaccinated last Child Lood.

(a) Marks indicating congenital peculiarities or previous disease Scar from operation for appendicitis

(b) Slight defects but not sufficient to cause rejection none.

Vision R. Eye 24/20 L. Eye 24/20

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
8/1/17		Johnston Watts M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
15. 12 16		500. mill. mixed Inoculation Sept M.O.
27 12 16.		1,000. mill. mixed Inoculation M.O.
6/1/17		1000 mill mixed Johnston Watts M.O.

CANADIAN

Enlisted on 13th day of December 1916 at London Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	O/s 2 C Gen Hosp	7/Dr		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
No. 76 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON, KENT	7 JUN 1919	Gen Cond A	Was Boarded Cat A
	2/7/19	Gen Cond A	Was Boarded Cat A
16 C. G. H.	26-9-19	Fit Cat A	J W Leach Capt

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.
200M—11-15.
H. Q. 1772 39-439.

Surname Fowler Christian Name Mary

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.
[illegible]	[illegible]							No admissions			W Church Capt Lieut Colonel, A.D.M.S. Mil. District No. 4.

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) FOWLIE M

REGIMENT C.A.M.C. RANK N/S No.

Date of Examination in England | 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

C.A.D.C. JAW INJURY CLINIC
No.
3 - SEP 1919

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? nil

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

Signature of Dental Officer A.B. Bowes Capt.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. ..... Rank W/S Surname Fowlie

(Given name in full) Isaac

Unit or Corps CAMC Birthplace LEITH SCOTLAND

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

1. GENERAL DESCRIPTION:

Physique Good Weight 125 lbs. Height 5' ft. 2½ in. Colour of Eyes Brown

Nutrition Good

Pulse 74

Condition of arteries Soft

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).

Appendix Scar

Opinion as to general health and physical condition Fit

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of Mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at .....(Overseas)

Date Sept 2/19 Signed Lt-Col Blanchard Carlisle M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature Harry Carlisle.

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

CANADIAN EXPEDITIONARY FORCE

W.W.2-43
J.W.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Mary FOWLIE

Enlisted in The Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE, on the [redacted]

day of [redacted] 191[redacted] AND WAS APPOINTED to COMMISSIONED RANK

in The Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE on the Twenty-third day

of March 1916.

S He SERVED in CANADA, England and France with the

Canadian Army Medical Corps.

and was STRUCK OFF THE STRENGTH on the Fifth day

of January 1920 by reason of General Demobilization

Dated at Ottawa, this Third day

of April 1920

Capt.

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. 10s
500M.—9-16
H. Q. 1772-39-9-0.

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. ..... Rank N—S C. E. F. Name Fowlie Mary

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				
14-1-20	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2	21-12-19	C.E.F. R.O. No. 2359-20
14-1-20	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2	5-1-20	C.E.F. R.O. No. 2359-20

for Director Personal Services

(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				

W. S. B. Class "A"

CERTIFIED CORRECT
8 - MAY. 1917 mc
CANADIAN RECORD OFFICE

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

M. F. W. 54. (A. F. B. 103.
350M.—5-16
H. Q. 1772-23-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. Army Medical Corps.

Regimental No. ..... Rank Nursing Sister C. E. F. Name Mary Fowlie

Enlisted (a) 11-12-16 Terms of Service (a) Dft W Service reckons from (a) 11-12-16

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

Extended ..... Re-engaged ..... Qualification (b) 2nd Nurse CBM

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
13-1-17.	DGMS	On arrival from Canada. Taken on strength.	London	13-1-17	C.O. 80. Auth. A.G.H.a (1) Can. 21-1-15 d. 13-1-17.
22-1-17	D.M.S.	To Shorncliffe Military Hospital.	Shorncliffe	22-1-17	C.O. 131. J. M. H. Forbes K.S. Matron-in-Chief for D.M.S., Canadian Expeditionary Force.
27-1-17.	M.H.S.	T.O.S. Mil. Hospl	Shorncliffe	22-1-17	Part II. DO 24.
18/4/17	M.H.S.	S.O.S. to Camb. Depot	Westenhanger	17-4-17.	Part II. DO 114 J. Rawlyson Lieut
25/4/17.	C.A.M.C.D.	TAKEN ON STRENGTH	Westenhanger	17/4/17	Part II DO 114
1/5/17.	"	Posted to No 2. C. G. Hosp.	"	19/4/17	Pt II DO 120 [illegible] 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 210/121/D Stores/5411 (A.M.D.4) dd/- 13/4/17 Ref. K.R. 11238		17/4/17	B213 Pte 32 d/- 26/5/17
1/12/17	"	Granted 4 days leave		28/11/17	" " 70 8/12/17
15/12/17	"	Rejoined Unit		14/12/17	" " 73 21/12/17
6-4-18.	"	S.O.S. on Reposting to No 3 C-S H. D.G.M.S. B/1523/89 d/5-4-18.		1-4-18	B213. Fm 20421. Pte 21 d/5-4-18
7.4.18	3 C.S. Hosp	S.O.S. of No 3 Canadian Stationary Hospital.		2.4.18	B213 Fm 20421. Pte 19 d/16.4.18.
30.5.18	" "	S.O.S. of No 3 Canadian Stationary Hospital England and posted to C.A.M.C. Depot Shorncliffe. (Recalled.) (auth:- Can Rep 3135 d/11/5/18		29.5.18	file K.D. 28450. Pte 29 d/1/6/18. A.A. Chesley Capt. for Lt.-Col., A.A.G. Canadian Section, G.H.Q. 3rd Echelon, B.E.F.
11.6.18.	C.A.M.C.D.	S.O.S. from No 3 C.S. Hosp.	Shorncliffe	30-5-18	Pte 162 (A.M.D. 4/4-F-349)
19.6.18	do	Re-Recalled to No 16 C.C.S. Hosp.	do	21-6-18	Pte 170 (A.M.D. 4/4-F-639)
18.6.18	16 C.C.S.	Attached from C.M.C. Depot Shorncliffe		17.6.18	Pte II Do 144
30/12/19	16 C.C.S.	T.O.S. from Canadian Convalescent Depot Buxton		7/5/19	Pte II Do 107. Capt. A.A.G. Asst. Adjt. & Rec. Off. No. 16 Canadian General (Ontario) Hospital
20/12/19	S.O.S. O.M.F. of C. ON EMBARKATION FOR CANADA		For MAJOR General, Adjutant General, Canadians.		

N/R effective
L.P.C. to
P.D. chgd to Dec 31/16.

Jan, Feb + Mch chgd Mch.

Assignment as at
January 1st n1917. ✓

Fowlie, M. N/Sister.. C.A.M.C. 40

Cr a/c
Bank of Commerce,
Chatham, 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						

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

Formerly No. 472207 Sgt. 65th Battn. 9-W-1527 24.
Lieut. 5.11.18 D.L.G. 458 8.11.18
T.D. 1.7.16 to 30.11.18 @ ~~$16.30~~ 15. Eng 1.30 Can $472.70
Paid in Canada $37.70

15th A.P. Eng also.

Assignment as at
1st December 1918.

Ward Lieut. Geoffrey Henry 13th Res.Battn. $1.30

Metropolitan Life Insurance Coy.,
Saskatoon, Sask.

Canada 1/10/19
Fol. 31/10/19
Visit Canada Oct
Vacancy

Returned
By Order
30/9/19

I.-L. Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-316

(Credit)

To Whom Bank of Com.

Address Chatham Ont.

By Whom Assigned Fowlie M.

Regtl. No.

Rank N. S.

Corps A. M. C.

Rate $40.00 Jan. 1-17

Enlisted.

PAYMENTS

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

CONSOLIDATED ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Bank of Com Credit

Name of Soldier Fowlie M.

N. S. a. M. 6.

L. L. Job 4503. –Req. 6832.

	Month.	Year.	Cheque No.	Amt.	Remarks.
				40 00	Jan. 1–17
	April	1916			
	May				
	June				
	July				
	Aug.				
	Sept.				
	Oct.				
	Nov.				
	Dec.				
	Jan.	1917			
	Feb.				
	March		Y54709	120	120-L Spec. Reg. 29/3/17.
	April		a 2018	40	40-L
	May		V 8375	40	
Lell	June		A. 13769	40	40-L Mailed 30-6-17.
Lell	July		D 26927	40	"
	Aug.		B 33784	40	"
	Sept.		X 39001	40	03
	Oct.		Y 41920	40	
	Nov.		G 43021	40	
	Dec.		J 57643	40	480
	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.				

CARD NO.

SURNAME. Fowlie

CHRISTIAN NAMES Mary

REGL. No. RANK Nursing Sister.

UNIT C.A.M.C.

FORMER CORPS A.M.C., T.D. No I. (9 mos.)

Des Demob 5-1-20
00260 FOLL. 1-1-20
Des Re 2359. 14-1-20

NEXT OF KIN.

NAMES IN FULL Gillespie, Miss Jean.

RELATIONSHIP TO SOLDIER Half-sister.

ADDRESS 218 Wellington West, Chatham, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Scotland, Leith, Edinburgh DATE June 30th 1881.

PLACE OF ATTESTATION DATE

Date of sailing 31/12/16 per H.M.T. Metagama

RIC 2-1-20 453

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING Graduate Nurse RELIGION Presbyterian.

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE London, Ont. DATE Dec. 11th. 1916.

Present address. 774 Hellmuth Ave., London, Ont.

No. Rank N/S. Name Fowlie Mary.

T. O. S. Unit Nat. Training Depot. A.M.C.

M. D. 1.

PAID FROM	PAID TO	SIG. OR REC'T
1916 April 1.	1921 March 31 April 30	V.
May.		V.
June.		V.
July.		V.
Aug.		V.
Sept.		V.
Oct.		N.
Nov.		N.
Dec.		N.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY

No. RANK K Sta. NAME Howlie M.

T. O. S. UNIT Army Medical Corps. (Reinforcements)

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Dec. 18	Dec. 31	L		

Number _____ Rank N/S

Surname FOWLIE

Christian Name MARY

Units _____ Theatre of War FRANCE

Date of Service 19.4.'17

Remarks _____

Latest Address 2486 Davidson Ave Bronx N.Y.

Roll No. 13 Page 224 24 a.b.a

200m.-6-21.M.

IMPERIAL

Surname Christian Name Rank Regtl.No.

File No.

Register No.



Date

Ledger No.

FORM P.15
7847 16M 11-2-19 9.585

ASSIGNED PAY.

UNIT. NAME OF: C.A.M.C. RATE OF P. AND A.

RANK. DATE AUTHORITY: A/S.

NAME.

Beneficiary

Address

Amount $40 Can. Cane. 1/20.

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

Pay 2.00 Pd

F.A. /

Messing /

Name Fowler

Initials W.

Bank of Montreal
Trafalgar Sare

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES TO BE INITIALED BY P.M. IN EVERY CASE	INITIALS
Aug 22	Br Forward (Ltl)						L Pd to 30 9/19	
	adv Aug & Sept P & A Bank.			164		164		
	Aug & Sept Pay (R)		244			Cr. 80.		
	a/c Can Aug & Sept.				80	0		
Oct 22	Advance on a/c A/c of 26 9/19. f/7. hist 15. Vo 146.			80 73			Endorsed on th P.C.	
	" 16 10/19. f/6. " 33. Vo 232.			77 87		Cr. 160 60	Can " "	
Nov 25	Advance P & A to 31 12/19. Direct			87 40		Cr. 248		
29	Pay Oct (R)		124				Rets to Can Pd	
	Pay Nov (R)		120				L 8 6 30 Nov/19	
	Pay Dec (R)		124				G/L to N.E. Ledger	
	a/c Canada Oct.				40			
	" Nov				40			
	" Dec.				40	0	RETURNED TO CANADA L.P.C. TO 31/12/20. TRANSFER TO N.E. LEDGER	
Dec 9	advance Jan P & A. Direct			124				
18	Pay Jan (R)		124			0		
20	Leave allce 20/12/19 Direct	854					1/6 37	
20	Subs 1-20/12/19 Do	855					£8.4.4 40.00	

FORM P.15

7847 16M 11-2-19 B.565

ASSIGNED PAY.

UNIT. NAME OF

RATE OF P. AND A.

RANK. DATE AUTHORITY

NAME.

Beneficiary

Address

Amount $

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

Pay

F.A.

Messing

Name

Initials

Bank

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES TO BE INITIALED BY P.M. IN EVERY CASE	INITIALS

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

ASSIGNED PAY. | **UNIT.** NAME OF | RATE OF P. AND A. | **RANK.** | DATE | AUTHORITY | **NAME.**

Beneficiary

Address ban

Amount. $40 **

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

BANKS | Pay 2** pd | F.A. - 60 | Messing 1** | R.S | 10/17 | fr ban. DR Sbo. 80. 15/17. | add'l allce. 1/19

Name Fowlie
Initials M.
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 18	a.P. ban apl Pay R		108		40			
24	Bank	1187		68				
May 19	May Pay (R)		111 60					
15	A P ban				40			
23	Bank	2683		71 60				
June 14	June Pay (R) A P ban		108		40			
24	Bank	4166		68				
July 16	July Pay R A P ban		111 60		40			
24	Bank	5626		71 60				
Aug 14	Aug Pay R. A P ban		111 60		40			
24	Bank	7258		71 60				
Sep. 12	Sept Pay R. A P ban		106		40			
24	Bank	9187		68				
Oct 15	Oct Pay R. A P ban		111 60		40			
23	Bank	10404		71 60				
Nov	Nov Pay R. A. P Can.		140		40			
26	Bank	12521		100				

C. Forwd.

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

ASSIGNED PAY. | UNIT. NAME OF | RATE OF P. AND A. | RANK. DATE | AUTHORITY | NAME.

Beneficiary
Address
Amount. $ 40.00 Can
Separation Allowance issued. Yes or No.....

Pay $2.00 Pd
F.A. 1 00 "
Messing 1 00 "

A/S

add o allee 1/9/19

Name Fowlie
Initials M
Bank of Mon
Trafalgar

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Dec	Dec Pay (R)		124					
	A. P Can				40			
28	Bank	13797		84		11		
jan 14	add outfit allee 1/9/19 Vo	142	100					
22	A. P Can				40			
	Pay (R)		124					
28	Bank	15564		84		61 100		
Feb 1st	add outfit allee Cash	15736		100		0		
11	A. P Can				40			
	Pay (R)		112					
26	Bank	17078		72		0		
Mar 18	Mar Pay R		124					
	A. Pay Can.				40			
24	Bank	18651		84		0		
April 11	April Pay (R)		120					
14	A. Pay Can				40			
26.	Bank.	1044		80		0		
May 13	Pay (R)		124					
	A. Pay Can				40			
22	Bank	2593.		84		0		
June 18	Pay (R)		120					
	A. Pay Can				40			
25	Bank.			80		0		
July 4	Adv July Pay	Bank.		84				
	Pay R		124					
	A.P. Can				40			

RETURNED TO CANADA
L.P.C. TO
TRANSFER TO P.E. LEDG.

30/1/20 Cr

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
Beneficiary	C.A.M.C.Y.S.			h/s.	10-1-17	From Canada D.M.S.C.O #80 dy 15-1-17	Name Fowlie
Address Canada							Initials m
Amount. $ 40 00 / 1/17							Bank of Montreal.
Separation Allowance issued. Yes or No.....							

1916-17

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
March 1	Pay @ h/s rates fr 1-1/17-28-2/17 5 days mess fr 10-1/17 28-2/17 5 days Bank 22891			203 40		203 40		
7	Pay @ h/s rates mess fr 10-1/17 Effet 1/17 D.M.S.C.O. #804/15/17 L.P.C. Vo 192216		203 40					
20	March Pay. P.		111 60			~~203 40~~ 8 40		
21	a.P. Can 3 months Jan, Feb, March, Bank				120	~~83 40~~		
~~25~~								

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.	
Beneficiary							Name	
Address							Initials	
							Bank	
Amount. $								
Separation Allowance issued. Yes or No.....								

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS	

FORM P. 15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT. NAME OF | DATE | AUTHORITY

RANK. | DATE | AUTHORITY

NAME.

Beneficiary — Address — Canada

Amount. $ 40.00 1/17

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

C.A.M.C.T.S | Pay $2.00 pd J a 60 Mess 1.00

M/S | 10/7 | Fr Canada DM S.E.C.-80 4/15/17

Name Fowlie
Initials M
Bank of Montreal Trafalgar Sq. 1/18

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
April 1	D/ Balance forward fr 31/3/17					Dr 8 40		
21	April Pay R		108					
22	a.P. Can				40			
26	Bank	5003		59 60				
May 9.	a.P. Can				40			41
22	May Pay. R.		111 60			71 60		
23	Bank	5486		71 60				
June 9.	A.P. Canada.				40			
11.	June Pay (R)		108			68		
22	Bank	9044		68				
July 19	July Pay (R)		111 60					
17.	A.P. Canada.				40			
21	Bank.	13092		71 60				
Aug. 18	Aug. Pay (R)		111 60					
	A.P. Can				40	71 60		
21.	Bank.	17361		71 60				
Sept. 17	Sept Pay (R).		108					
12	A.P. Canada				40	68		
21	Bank	21863		68				
Oct 9	October Pay (R)		111 60					
12.	A. Pay. Canada.				40			
20	Bank.	26291		71 60				
Nov 16	November Pay (R)		108					
15	A. Pay. Canada				40			
20	Bank.	30763		68				

Carried For-

FORM P. 15
2227—10M—1/1/17

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

Beneficiary
Address
ban
Amount. $40
Separation Allowance issued. Yes or No.....

Pay $2.00 pd
7.a 60
Mess 1.00

R/S

1917-18

Name Fowlie
Initials M.
Bank of Montreal
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
Dec 7	Dec Pay (R)		111 60					
8	A P ban.				40			
14	Bank	35096		71 60				
1918 Jan 15	Jan Pay (R)		111 60					
15	A P ban				40			
22	Bank	39501		71 60				
Feb 11	Feb Pay (R)		100 80					
11	A P ban.				40			
20	Bank	40996		60 80				
Mar	March Pay (R)		111 60					
11	A P ban.				40			
22	Bank			71 60				

Occupational Group 19
Disposal Card 9

n/s M. Fowlie

W. S. B.—CLASS A.

Proceedings of an Officer or Nursing Sister Struck off Strength OF THE Canadian Expeditionary Force.

S. S. Scotian-Southampton. Dec. 21 1919
St-John, N. B, Jan, 1 1920

1. RANK: Nursing Sister.
2. NAME: Fowlie. ~~M.~~ Mary
3. UNIT: No116 Canadian General(Ontario)Hospital, Orpington, Kent.
4. DATE STRUCK OFF STRENGTH | PLACE
5. REASON: SOS 5-1-20 RO 2359-20
   Demobilization
   Cessation of Hostilitie .
6. AUTHORITY
7. PROPOSED RESIDENCE
   Bank of Commerce
   Chatham
   Ont.

Mary Fowlie
N. S.

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.

Jan 31/1927

M. F. W. 2591.
(923) Wt. /45P 3/19 15M D.St.

S. S.

1. 2. 3. 4. 5.

6. 7.

This

M
(9

R. 150 C.T. 550K

Surname FOWLIE / **Christian Names** Mary /

Rank Nursing-Sister / **Name and Address of Next-of-Kin**

Promotion 10.8.31.3.16. Miss Jean Gillespie,(Half-Sister) /

218,Wellington West,Chatham, /

Unit C.A.M.C. / Ontario, Canada. /

Place of birth Leith,Edinboro,Scotland. /

Married (Yes or No)

Appointments

Date of leaving Canada **Date and Cause of Resignation**

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
		T.O.S. Camc. C. & 7.on	Emb. 3.12.16.		
15-1-17	Dms.	arr. from Can. & posted to Camc. 75.		31/12/16	CO. 80.
25-1-17	Dms.	Posted to S'cliffe Military Hosp.		22/1/17	CO. 131.
27-1-17.	M.H. S'cliffe	T.O.S.		22-1-17	Pt II ord. 27.
16/4/17	—do—	T.O.S.		17-4-17	Pt II ord. 104.
20-4-17	Dms.	Posted to camc. Depot		17-4-17	CO. 509.
28-4-17	Dms.	Posted to "2 Can. Gen. Hosp.		19-4-17	CO. 552.
6.12.17	2 CGHp	Granted 14 day leave	Rejoined	28.11.17	Pt II 70
				14.12.17	" 72
15-4-18	do	T.O.S. on reposting to 3 Can Gen. Hosp.		1-4-18	Pt II 21.
1-6-18	3.C.G.H. Hp	Posted to Camc Depot		29.5.18	Pt II 29.
11-6-18	C.A.M.C. Dep.	Granted leave from 30.5-18 to		16.6.18	Pt II 162
2-7-18	Cas. Dep. Sec	TOS CAMC Cas. Dep. Sec. & shewn	On Comt 16 C.G.H.	17-6-18	Pt II 47.
13-11-18	Do	Ceases Command & T.O.S. on posting to 16 CGH		8-11-18	Pt II ord. 162.
9-11-18	16 CGH	T.O.S. from Camc Cas. Coy on Ceasing to be att		8-11-18	Pt II ord. 267

A.F.B. 103. 8 MAY 1917

A.F.B. 103. 6 JUN. 1918

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
22-2-19	16 CGH.	Granted leave from 17-2-19 to		5-3-19	P.T. 11. ord. 46.
31. 12. 19.	D.G. M.S.	S.O.S. one 3 of 6. to C.E.F. in Canada		31. 12. 19.	C.O. 146. P.T. 11 ord 279 16 CGH 4/5. 12. 19.
		S.S. Scotian S.L. D.Y.			
		Sailed for Canada S.S. Scotian		2. 1. 19.	S.L. D.Y.
				S.O.S. 5-1-20	
		25529			

Report No. 386 C

Army Form W. 3212.
(In books of 100)

Regtl. No., Rank and Name } W. S. Fowlie Gr. Age ____ Corps ____

Disease ____ Hospital ____

To Officer i/c Laboratory. Ward ____

Please carry out an examination of the accompanying specimen of ____

with special regard to For Medical Board

Nos. of previous Reports (if any) ____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 17-6-19 ____

O. i/c Ward.

LABORATORY REPORT.

Amba.
Alkaline
S.G 1020.
Alb. 0
Sugar 0

Date of Examination 17/6/19

O. i/c Laboratory.

W6591—P1803 300,000 10/18 HWV(iM374)

No. 2 114963 RANK Pte.

T. O. S. 27-1-17 UNIT 4 10/S 2

D.O. 25 of 29-1-17

PAID FROM	PAID TO	SIG. OR REC'T	P / PA
1917	1917		
Jan. 27	Jan. 31	✓	
	Feb.	✓	
	Mar.	✓	S.O.S. 31-3-1
			9th. N ro

M S Fowlie Mary

* 1 Ms Training Depot

appears 23-3-16

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Bank Acct

~~1901~~ F 4693

Date of Assignment Jan 1st 17

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

40-			

For Credit

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank M.S. Promoted Reverted Discharge

Soldier's Name M. Fowlie

Battalion A. M. C.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Bank of Commerce

Address Chatham, Ont.

Change of Address

1

2

3

4

	Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
	Dec 31			480	480		
1918	Jan	A 59223		40	40	P	
	Feb	7 96248		40	40	H	
	Mar.	A 136055		40	40	H	
	Apr.	G 13314		40	40	S	
	May	S 12253		40	40		
	June	M 22780		40	40	C.	
	July	M 36139		40	40	C	
	Aug	M 38179		40	40	C.	
	Sept.	R 49447		40	40	C	
	Oct	R 54428		40	40		
	Nov	N 57238		40	40	L	
	Dec	V 66958		40	40	C	
	Jan	Q 75739		40	40		
	FEB	Y 72767		40	40	L	
	Mar	C 85428		40	40	C	
	April	Q 100		40	40	C	
	May	M 6305		40	40	C	
	June	M 10062		40	40	C	
	July	M 12474		40	40	V	
	AUG	H 13268		40	40	V	
	Sept	A 15566		40	40	V	
	OCT	B 14466		40	40	V	
	Nov	C 14196		40	40		

M. F. W. 128.
4'Om. 6-7—I-72-39-1141
L. L. 22320—M. & D. 1933.

RECORDS CONSOLIDATED
CURRENT FILE

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment 1-1-19

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

40			

F4693

Bank Acct.

PARTICULARS OF SEPARATION ALLOWANCE

No. 8

Rank N. S. Promoted Reverted Discharge

Soldier's Name M. Fowlie

Battalion A.M.C.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

For Credit

Name Bank of Commerce,

Address Chatham, Ont

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total
1919	Fwd		1400	1400
Dec 20	13893		40	40
~~Jany~~			40	40
			1440	1440

6277-M-4

REMARKS

A/c closed 31-12-19, Authy 3M. on file M.R.O. 124353 L.B. destroy 8/1/20

A/c Closed 31/12/19

Ret'd per Scotian

Date 2/4/20 F.X. 14/1/20

Clerk J Bell M.D. 2.

AUDITED

M. F. W. 128.
4'0M. 6-7—1'72-38-1141
L. L. 22340—M. & D. 7932.