

ATTESTATION PAPER

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? *Agatha Viola Gamble 9 Gloucester St*
2. In what Town, Township, or Parish, and in what Country were you born? *Marham Township, Canada.*
3. What is the name of your next-of-kin? *Mrs Emma Gamble (mother)*
4. What is the address of your next-of-kin? *Elgin Mills Ont. P.O.*
5. What is the date of your birth? *July 29th 1885.*
6. What is your trade or calling? *Professional Nurse*
7. Are you married? *No.*
8. Are you willing to be vaccinated or re-vaccinated? *Yes.*
9. Do you now belong to the Active Militia? *Yes.*
10. Have you ever served in any Military Force? *No.*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? *Yes*
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *Yes*

Agatha Viola Gamble (Signature of Man.)
Catherine Isabelle Stewart (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I *Agatha Viola Gamble*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *April 7th* 191*5* *Agatha Viola Gamble* (Signature of Recruit.)
Catherine Isabelle Stewart (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I *Agatha Viola Gamble*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *April 7* 191*5* *Agatha Viola Gamble* (Signature of Recruit.)
Catherine Isabelle Stewart (Signature of Witness.)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Marham* this *7* day of *April* 191*5*

W. B. Hendryman (Signature of Justice.)

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

W. B. Hendryman (Approving Officer.)

DESCRIPTION OF Agatha Viola Gamble ON ENLISTMENT.

Apparent Age 29 years 8 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 3 ins.

Chest measurement { Girth when fully expanded 33 ins.
Range of expansion 28 1/2 ins. 4 1/2

Complexion Fair

Eyes Blue

Hair Brown

Religious Denominations { Church of England
Presbyterian X
Wesleyan
Baptist or Congregationalist
Other Protestants X
(Denomination to be stated.)
Roman Catholic
Jewish

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him fit for the **Canadian Over-Seas Expeditionary Force.**

Date April 7 1915

Place Winnipeg

W. C. Sharpe
Capt.
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT

Agatha Viola Gamble having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

J. A. Roberts (Signature of Officer.)

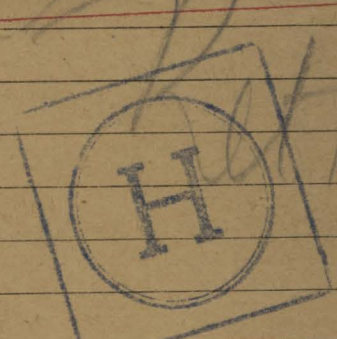
Date April 7 1915

L. H. C.

NAME GAMBLE AGATHA VIOA REGT. NO. h/s UNIT C. a. inc. H. Q. FILE NO. _____

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505, REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<i>Personal services, Indian Affairs</i>	<u>3-4-19</u>	<i>Pers - 277 L inc.</i>	DEATH
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		<i>Ret'd from</i>	<u>22-4-19</u>		Category
TRAINING HISTORY SHEET (M.F.W. 113)	<i>Ret 10/6/19</i>	<i>Ret'd</i>	<u>23/4/19</u>	<u>13 02884</u>	
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1 MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 <i>In W 2691</i>					
2 <i>Form C 83</i>					
1 <i>P. 880</i>					
2 <i>A. 45</i>					
1 <i>Gas card</i>					
1 <i>R 149</i>					
1 <i>890</i>					
1 <i>W. B. 26 B</i>					

Deceased 12-11-52



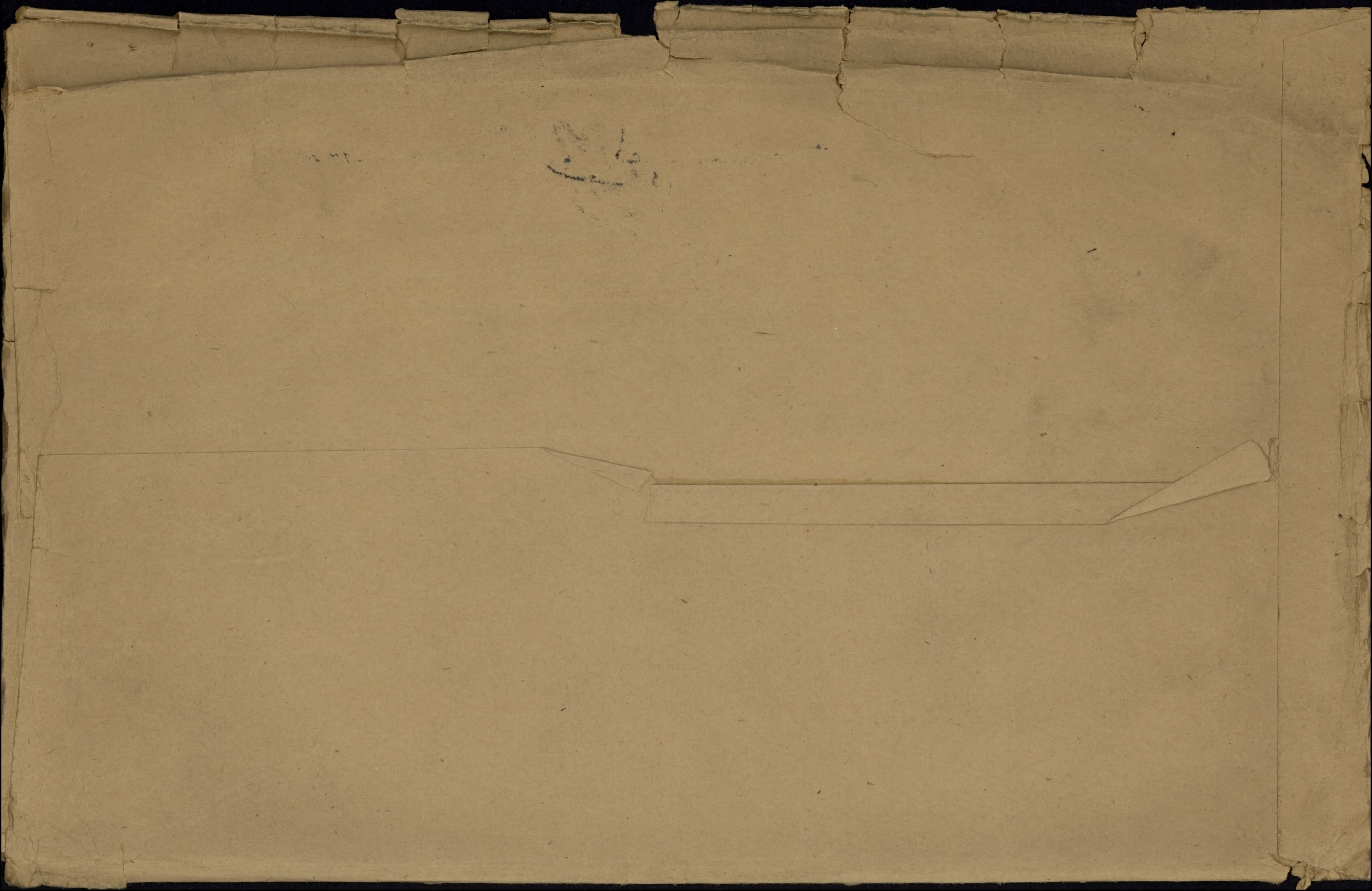
S. G & A.P.

CANADIAN FORCES
RECORDS CENTRE
PERS JACKET
ROOM

19/6/19. Minc-147 (M.C.)

*3
1-11
1-11*

Ref. S.S. Munnekalda 4/19-3-19



CANADIAN EXPEDITIONARY FORCE

L.T. 13-54.

R.A.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Agatha Viola GABLE, R.R.C.,

Enlisted in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the SEVENTEENTH

day of DECEMBER 1918 AND WAS APPOINTED to COMMISSIONED RANK

in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the SEVENTH day

of APRIL 1918

HE SERVED in CANADA, England, France and Salonica with the C.A.M.C.,

and was STRUCK OFF THE STRENGTH on the FOURTEENTH day

of MAY 1919 by reason of General Demobilisation

Dated at Ottawa, this FOURTEENTH day

of AUGUST 1920

Awarded the Royal Red Cross, L.C. No. 31482, 31-7-19.

Decoosed 12-11-52

W.D.

for

Capt.
Director of Personal Services.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NON-COMMISSIONED OFFICERS

This is to certify that (Name)

(Rank)

CANADIAN EXPEDITIONARY FORCE

has been appointed to the position of

CANADIAN EXPEDITIONARY FORCE

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

Casualty Form—Active Service.

Duplicate

Regiment or Corps

b. d. m. corps.

Regimental No.

Rank

N. Sister.

Name

Gamble.

W. F. Agaitha Viola

Enlisted (a) 7-4-15

Terms of Service (a)

D of W

Service reckons from (a)

7-4-15

Date of promotion
to present rankDate of appointment
to lance rankNumerical position on
roll of N.C.Os.

Extended

Re-engaged

Qualification (b)

None

CSM

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				
26.2.16.	O.L., H. barr. Gen. Hpl.	Admitted to hospl. "Tonsillitis"	Salonica.	26.2.16.	R. 3635. JH
5.3.16.	---	Discharged hpl to duty.	---	5 3/16.	R. 4138. JH
7-7-16	---	Transf'd. to H.S. "Essequibo" -invalided Dumk. Malta 10/16.	---	7-7-16.	B. 213. D.
3/8/16	Emb. Office	Invalided to England per. H.S. "Valdivia."	Malta.	22.7.16.	Inv. Rel. B. 1153. D. df 3 8/16.

J. Borisy Sgt.
for

NO R.A.M.C. RECORD

Major.
E.F.

P.T.O.

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. 218, Army Form A. 36, or other official documents.
1/8/16	D.H.S.	Invalided & transfd to	Can. C.T.S.	31-7-16	C.O. 1375.
2-8-16	do	Granted sick leave by Med. Bdy		1-8-16 5-9-16	C.O. 1385.
6-9-16	do	Transferred to Moore B ^{ks} Hp.		5-9-16	C.O. 1650
24/1/19	do Westcliff Appl.	Df. to Hqs Ck. Appl. Taplow Bucks Eng. Auth. Decms. am. S 4/3028/22-1-19.	Folkestone Kent.	27-1-19	Pt 20018 d/24/1/19, Capt. C.A.M.C. Adj. & Regr for Officer Commanding WEST CLIFF CANADIAN EYE & EAR HOSPITAL, FOLKESTONE, KENT.
30-1-19	am. D 4/4-9-25 27-1-19.	T.O.S. from Westcliff Can. Eye Ear Hosp. Folkestone with effect 27-1-19	Taplow Bucks	27-1-19	Pt 20023 of 28-1-19
19/3/19.		Sacked off strength of D.H.C. on	embarkation to Canada		Chesworth For MAJOR General, Adjutant General, Canadians.

Casualty Form—Active Service.

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

Regimental No. _____ Rank N.S. Name Gamble, Agatha Viola,

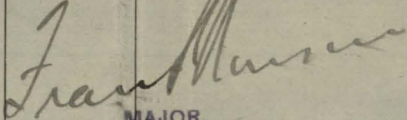
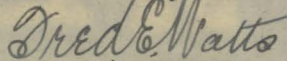
Enlisted (a) 7-7-15 Terms of Service (a) _____ Service reckons from (a) _____

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
20/4/15	o/c R. and Section	attached to N° 5 Brit Rowen Genl Hospital		12/6/15	C 11 30. 19/4/15.
18. 11. 15	do	Transfd to Eng for duty Auth. D.M. A. 2 of 6. 11. 7. 604 d/4. 10. 15.	do	5. 10. 15	D.A.A.G. FILE. K.C/M. 111 C.A.M.C./G/4
<i>P. Minshaw</i> Capt. C. A. M. C. for Lt Col. D. A. A. G.					
6/10/15	H G/H.	Proceeding to Mediterranean		10/10/15	NR.
20/3/16	W. O.	admitted N° 4 Casualty H. Salonica		18/10/15 5/13/16 26/2/16	D.M.S. C.O. 851 19/15. C. L. 322 C. L. 317. Tonsillitis
21/7/16	L. R.	disembarked at Malta per. H/S. Rajjib		10/7/16	C. L. 422. nervous debility

(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.

Date	From whom received	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.
Embarked Alexandria 7/11/15 Disembarked Salonika 11/11/15 H.S. "Carisbrook Castle".					
4-8-16	H.L.	For England per H.S. "Valhalla"		22-7-16	C.L. 1134.
1-8-16	D.M.S.	Invalided & transf'd to C.A.M.C.T.S.		31-7-16	C.O. 1375.
2-8-16	"	Granted Sick leave by Med. Bd. 1-8-16 to		5-9-16	C.O. 1385.
6-9-16	"	Transf'd to Moore Bhs. Hosp. Shorncliffe		5-9-16	C.O. 1650.
			 MAJOR, FOR D.O. RECORDS, C.E.F.		
5-9-16	O.C.M.B.C.H.	S.O.S. from D.M.S.	Shorncliffe.	D.M.S., C.O. 650.	
14-7-17.	do	S.O.S. to Can. Mil. Hosp. Basingstoke	do	12-7-17	Pt. II D.O. 195
14-7-17	Basingstoke.	Posted to Can. Mil. Hosp.	With effect	Pt. II	<u>Company Officer, No. 64, 14-7-17.</u>
14.5.18	No. 4 C.G.H.	Granted leave from 9.5.18 to 22.5.18	Basingstoke	9.5.18	Pt. II No. 21/14.5.18
27-7-18	Do	S.O.S. to West-cliff Canadian Eye & Ear Hospital, Folkestone	Do	22-7-18	Pt. 2.D.O. 33/27-7-18.
			 Major, A.M., Registrar, No. 4 Canadian General Hospital, B'stoke		
21-7-18	West cliff Hpl	Loss of this unit on posting from No. 4 Can. Gen. Hpl Basingstoke with effect 22-7-18. auth Dms and 4-6-25 d/19-7-1918	Folkestone	22-7-18	Pt 200168 d/21-7-18.

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.

E A M C

Regimental No.

Rank

N-S

Name

GAMBLE A

U

C. E. F.

Enlisted (a)

Terms of Service (a)

Service reckons from (a)

Date of promotion to
present rankDate of appointment
to lance rankNumerical 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				
14/19	HQ Ottawa	TOS CEF Canada Gen Dinnick	MD#2 disperstal	19-3-19	CEF RO 1848-19
12-4-19	H.Q. Ottawa	Emp'd in connection with Nursing Serv.	I M.D. *13	18/4/19	B.F. RO. 1884-19 D. Pyalbaum Lieut. for Director Personal Services
	Strathcona Mil Hosp	Taken on strength as from 13/4/19	As P11 120	para 120	
		Struck off strength of the Strathcona Mil Hosp having assumed employment under the D of S ch. as from 14-5-19	Do P11	135.	para 144 15-5-19 Ed Linsey Capt. & Adjt. for Q. B. Edmonton Mil. Hospitals

(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				

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 U/S. Surname GAMBLE A.
(Given name in full)

Unit or Corps Plum (att 15 Can. Inf. (Hq)) Birthplace AGATHA VIOLA
Richmond Hill, Ontario

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

I. GENERAL DESCRIPTION:

Physique poor Weight 110 lbs. Height 5 ft. 3 in. Colour of Eyes Blue
Nutrition poor
Pulse 86
Condition of arteries normal
Vision Rt. 6 Left 6
Hearing (conversational voice) Rt. 15 ft.
Left 15 ft.

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

Apparition Scar
3 (Nov. 1907)

Opinion as to general health and physical condition Fit. A Cat

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 Yes
Disturbance of Mentality no Muscular System no Digestive System Yes
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.

Had Rheumatism with effusion 1909; Lungs - negative now.
Apparition - 1907 - good from scar. No disability at present.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Yaplow, Buck (Overseas)

Date 8-3-19

Signed S. E. Buck, Major C.M.C. 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 Agatha Viola Gamble

(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.)

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

MILITIA & DEFENCE

JUN -2 1919

H.Q. CANADA

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 *Warrant Officer* Surname *Gamble*
(Give name in full)

Unit or Corps *C.A.M.C.* Birthplace *Agatha, Ontario*

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

1. GENERAL DESCRIPTION:

Physique *Good* Weight *110* lbs. Height *2* ft. *3* in. Colour of Eyes *Gray*
Nutrition *Good*
Pulse *Normal*
Condition of arteries *Good*
Vision Rt. *Normal* Left *Normal*
Hearing (conversational voice) Rt. *Normal* Left *Normal*

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

*Abdominal scar
(Operation for Appendicitis)*

Opinion as to general health and physical condition *Very Good*

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]

JUN 2

1919

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Lafayette (Overseas)

Date 15-3-19 SignedM.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at Edmonton (Canada)

Date 21-May-1919 Signed ThurmanM.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 A. V. Lamb

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

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

[OVER]

PROCEEDINGS OF A MEDICAL BOARD

162
 assembled at 86, Strand, on 31st. July 1916

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

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

(Rank and Name) N.S. A.V. Gamble (Corps) C.A.M.C.

Age 31 Service 14/12 Disability Debility

Date of commencement of leave granted for present disability 31st. July 1916

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

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

This Sister is suffering from the strenuous conditions of service at Salonika. She requires a rest.

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

Major, C.A.M.C.

For D.M.S.

Canadian Contingents.

18.16

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

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

Signatures

(sgnd) David Donald, Major, C.A.M.C.

President.

(sgnd) G.W. Davis, Capt. C.A.M.C.

Members.

Instructions.

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

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

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

PROCEEDINGS OF A MEDICAL BOARD

assembled at 86, Strand, London.on 4-9-16by order of D.M.S. Canadians.for the purpose of examining and reporting upon the present state of health of
(Rank and Name) N. Sister A.V. GAMBLE. (Corps) C.A.M.C.Age 31 Service 16/12 Disability Debility.Date of commencement of leave granted for present disability 31-7-16

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

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

this Nursing-Sister has completely recovered.

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

(1.) a. Is the officer fit for "General Service"? Yes.

b. If not so fit, how long is he likely to be unfit? Yes.

(2.) a. If unfit for General Service, is he fit for service at home? _____

b. If not so fit, how long is he likely to be unfit for service at home? _____

c. If unfit for General Service at home, is he fit for light duty at home? _____

d. If not so fit, how long is he likely to be unfit for light duty at home? _____

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

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

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

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

(7.) If the disability was not caused by military service, was it aggravated by it? Not applicable.

Signatures

(Sgd) C.E. Cooper Cole Maj. C.A.M.C.

" G.M. Davis, Capt. C.A.M.C.

President

Members

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

4 SEP 1916 Major, C.A.M.C.
For D.M.S.
Canadian Contingent

Instructions.

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

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

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

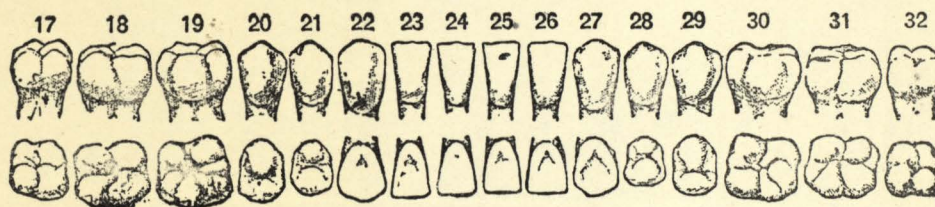
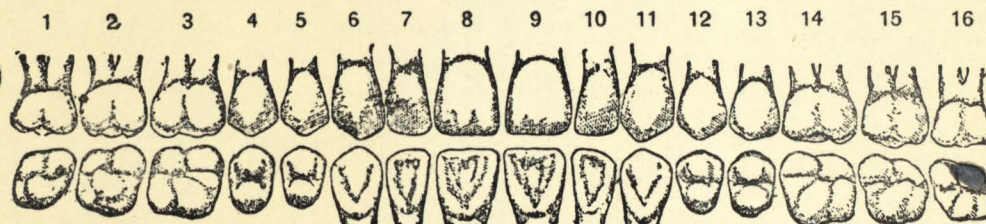
Christian Name...

[illegible]

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) GAMBLE A.V.REGIMENT 2nd RANK 7/5 No. _____Date of Examination in England 7.3.19 Date of Examination in France _____

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 16

2. EXTRACTIONS _____

3. CROWNS _____

4. DENTURES _____

(a) Full Upper _____

(b) Part Upper _____

(c) Full Lower _____

(d) Part Lower _____

HAS HE EVER REFUSED DENTAL TREATMENT? _____

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 —Don't know, yes

Signature of Dental Officer

J. V. Munson CaptDIRECTIONS 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

(1) 1st

(2) 2nd

(3) 3rd

Handwritten text line, possibly a title or description.

Handwritten text line, possibly a title or description.

(4) 4th

(5) 5th

(6) 6th

(7) 7th

Handwritten text line.

Handwritten text line.

Handwritten text line.

Handwritten text line, possibly a title or description.

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *Miss Jennie Gamble* By Whom Assigned *Gamble Agatha V*
 Address ~~*9 Gloucester St*~~ Regtl. No.
24 Arundel Avenue,
Toronto
 Rank *nursing sister*
 Corps *# 4 Gen Hosp*
 Rate *\$50.00* MAY 1 1915

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May		<i>N1514</i>	<i>50 -</i>	
June		<i>P2648</i>	<i>50 -</i>	
July		<i>U1513</i>	<i>50</i>	
Aug.		<i>S4380</i>	<i>50 -</i>	
Sept.		<i>M7261</i>	<i>50</i>	
Oct.		<i>O8476</i>	<i>50 -</i>	
Nov.		<i>R9400</i>	<i>50</i>	
Dec.		<i>S9495</i>	<i>50</i>	
Jan.	1916	<i>U12170</i>	<i>50</i>	
Feb.		<i>M11421</i>	<i>50 -</i>	
March		<i>U15180</i>	<i>50</i>	



MILITIA AND DEFENCE ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2.

Miss Jennie Gamble

PAYMENTS.

Name of Soldier

*Gamble Agatha V.
Nurse Sister H^{1st} Gen Hosp*

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>50.</i>	
April	1916	S 1069	50	
May		T 4013	50	
June		U 7203	50	
July		✓ Q 8887	50	
Aug.		✓ R 12857	50	
Sept.		H 16380	50	
Oct.		✓ H 20918	50	
Nov.		F 26681	50	
Dec.		932570	50	
Jan.	1917	✓ H 37359	50	
Feb.		H 43307	50	
March		J 49394	50	
April		B 1954	50	
May		✓ E 7839	50	
June		E 14968	50	
July		F 21725	50	
Aug.		F 32649	50	
Sept.		P 35357	50	
Oct.		C 41806	50	
Nov.		G 45305	50	
Dec.		M 58569	50	
Jan.	1918		1600 ⁰⁰	
Feb.				
March				
April				
May				
June				
July				

*50-h-
50-ch
50 b*

50. S

C

b

00

mc

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier

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

NAME

Gamble A.

REGT'L NO

H. Q. FILE NO. 649-

RANK AND CORPS

N/1st. 4 C. G. H. C. A MC.

FOLLOWS

No.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
317 ⁽¹⁾	4 C. Gen. Salonica	26-2-16	Tonsillitis
322-(1)	No. 4 " " "	5-3-16	" " Disch.
386 ¹	" " " "	13-5-16	N. G. S.
383 ⁴	Disch. to duty	25-5-16	Enteritis + Colitis
422/1	Disembarked at Malta	10-7-16	Nervous Debility
	Ex H.S. Essequibo (L.R.)		
No 434/1	86 H.S. Valdivia for England (R.H.)	22-7-16	" "

SURNAME.

Gamble

Royal Red Cross 2nd class. £2

R. 4 31482-31-7-19

CARD NO.

13

CHRISTIAN NAMES

Agatha Viola

REGL. No.

RANK

Nursing Sister

UNIT

No. 4. Gen. Hosp. (Univ. of Toronto)

FORMER CORPS

Nil

S.O.S. 14-5-19

P.O. 2053 FOL. demol

DO. 186 8/4/19

4.18 m.d. 1 m. 13.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Gamble Mrs Emma

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Elgin Mills, Ont

COUNTRY OF BIRTH

Canada, Markham, Ip.

DATE

PLACE OF ATTESTATION

Toronto.

DATE

Apr. 7. 1915

o/s 17-4-18 £ 333 details

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

o/s 16-5-15 £ 80
4

P/C. 28-10-18 226

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

Date of sailing 12-5-16

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

DD46

TICKET NO.

Number _____ Rank *NIS*Surname *GAMBLE*Christian Name *AGATHA VIOLA*Units _____ Theatre of War *FRANCE*Date of Service *9/6/15*

Remarks _____

Latest Address _____

Roll No. *B Page 22252*200m.-6-21.4. *28.12.73*

IMPERIAL

Surname

Christian Name

Rank

Regtl.No.

File No.

Register No.

Date

Ledger No.

RECEIVED
DEC 15 1927
HONGKONG
[Signature]

Name ~~N/Str.~~ Gamble, A. Rank N/Str.

Reg. No.

Unit C.A.M.C. 4 C.G.H.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916.						
26-2-16.	No. 4 Can. Gen. Hosp.	Salonica	Tonsillitis	317		
5. 3.	— <u>Discharged</u>		—	322.		
10. 7 16	Disembked. Malta. H.S. Bocequibo	Revs.				
		debility		422		
22. 7 16	H.S. Valdivia for England		~	434		

[illegible]

NAME *Gamble, A.T.* ✓
DATE OF APPOINTMENT *Toronto. 7 April 1915*
MARRIED (YES OR NO)

NEXT OF KIN:- NAME Mrs Emma Gamble (Mother)
ADDRESS Elgin Mills, Ontario P.A.

DATE NON-EFFECTIVE
AND CAUSE

UNIT *Nursing Sister. No 4. General Hospital.*

ASSIGNED PAY:— \$ 50.00

MONTHLY AMOUNT
TO WHOM PAYABLE *Miss J Gamble, 9 Gloucester St. Toronto Ont*

BANK IN WHICH PAY & ALLOWANCES DEPOSITED *Bank of Montreal*

PERIOD		No. OF DAYS	REGTL. RATE	PAY				RATE OF FIELD ALLOWANCE	ALLOWANCES				TOTAL PAY AND ALLOWANCES	Assigned Pay	SUNDY DEDUCTIONS	NET P. A.	PAID-IN CASH <i>Balance</i>	DEPOSITED IN BANK	CARRIED FORWARD	REMARKS				
FROM	TO			AMOUNT OF REGIMENTAL	COMMAND	ADJUTANT	CR. FROM PREV. ACCOUNT		TOTAL PAY	AMOUNT OF FIELD ALLOWANCE	P. F. ALLOWANCE	MESSING									SUBSISTENCE	TOTAL		
1/6	30/6	30	2	60 ✓			28 10	88 10 ✓	60	18 ✓		35 ✓	53	141 10	50 ✓	91 10	91 10 ✓							
1/7	31/7	31		62 ✓				62		18 60 ✓		31 ✓	49 60	111 60	50 ✓	61 60	61 60 ✓							
1/8	31/8	31		62 ✓				62		18 60 ✓		31 ✓	49 60	111 60	50 ✓	61 60	61 60							
1/9	30/9	30		60 ✓				60		18 ✓		30 ✓	48	108	50 ✓	50	58	11-18-4						
1/10	31/10	31		62 ✓				62 ✓		18 60 ✓		31 ✓	49 60	111 60	50 ✓	50	61 60							
1/11	30/11	30		60 ✓				60		18 ✓		30 ✓	48	108	50 ✓	50	58							
1/12	31/12	31		62 ✓				62		18 60 ✓		31 ✓	49 60	111 60	50 ✓	50 -	61 60							
1/1	31/1	31		62 ✓				62		18 60 ✓		31 ✓	49 60	111 60	50 ✓	50	61 60							
1/2	29/2	29		58 ✓				58		14 40 ✓		29 ✓	46 40	104 40	50 ✓	50	54 40							
1/3	31/3	31		62 ✓				62		18 60 ✓		31 ✓	49 60	111 60	50 ✓	50	61 60							
Cr. from Prev a/c								28 10																
308 a/c @ 3.00								1098 00																
5								5																
Memo								1131 10																

Cr From Prev y/c
 308 y/c @ 3.60
 57 Messp

at
Depo

2810			
109800			
5	1131	10	
500.00			
631.10	1131.10		

SUNDRY PAYMENTS

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary *Miss J. Gamble*
Address *9 Gloucester St.
Toronto*

No 46 G.H.

Nursing Sister 4th

Name *Gamble*
Initials *A.V.*
Bank *Bank of Montreal*

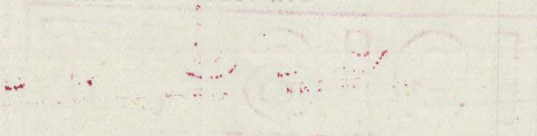
Amount. \$ *50⁰⁰*

Separation Allowance issued. Yes or No.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
<i>1916</i>								
<i>Apr 1</i>	<i>A.P. Can</i>				<i>50</i>			
	<i>Pay Apr (R)</i>		<i>108</i>			<i>58</i>		
	<i>Bank</i>			<i>58</i>				
<i>May 1</i>	<i>Pay May</i>		<i>111 60</i>					
	<i>A.P. Can</i>				<i>50</i>	<i>61 60</i>		
	<i>Bank</i>			<i>61 60</i>				
<i>June 19</i>	<i>Pay June (R)</i>		<i>108</i>					
<i>20</i>	<i>A.P. Can</i>				<i>50</i>			
	<i>Shipboard frats. Paid twice. Adv. Rich</i>			<i>10</i>				
	<i>Bank 3894</i>			<i>48</i>				
<i>July 17</i>	<i>A.P. Can</i>				<i>50</i>			
<i>20</i>	<i>Pay July (R)</i>		<i>111 60</i>					
<i>25</i>	<i>Bank 4997</i>			<i>61 60</i>				
<i>Aug 16</i>	<i>A.P. Can</i>				<i>50</i>			
<i>17</i>	<i>Pay Aug (R)</i>		<i>111 60</i>					
<i>23</i>	<i>Bank 7299</i>			<i>61 60</i>				
<i>Sep 20</i>	<i>Pay Sept (R)</i>		<i>108</i>					
<i>20</i>	<i>A.P. Can</i>				<i>50</i>			
<i>28</i>	<i>Bank 9510</i>			<i>58</i>				
<i>Oct 21</i>	<i>A.P. Can</i>				<i>50</i>			
<i>23</i>	<i>Pay Oct (R)</i>		<i>111 60</i>					
<i>27</i>	<i>Bank 11000</i>			<i>61 60</i>				
<i>Nov 16</i>	<i>A.P. Can</i>				<i>50</i>			
<i>17</i>	<i>Pay Nov (R)</i>		<i>108</i>					
<i>24</i>	<i>Bank</i>			<i>58</i>				
	<i>Ord for to new sheet</i>							

1916-17

ASSIGNED PAY. UNIT. NAME OF DATE AUTHORITY BANK. NAME. DATE AUTHORITY. NAME. INITIALS. BANK. Amount. Separation Allowance issued Yes or No. DATE PARTICULARS. ASSIGNED PAY PAID IN CANADA. SPECIAL AUTHORITIES. Initial.



ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

DATE AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.

Name

Initials

Bank

Gamble.
A. V.
of Montreal

DATE
1916

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

1916-17

B^{ro}ford. from old sheet

Dec 11 A.P. Can

12 Pay Dec

Bank

111 60

50

1917
Jan 19 A.P. Can

23 Pay Jan

Bank.

111 60

50

Feb 9 A.P. Can

24 Pay Feb

Bank

100 80

50

March 20 March Pay R.

26 A.P. Can

111 60

50

23

Bank 24818

61 60

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$ 50⁰⁰

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

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Name

Initials

Bank

1104 eg.#

Pay \$200⁰⁰ pd
7d .60
mess 1.00

11/8

17/5

Jamble
a.v.

Bank of Montreal
Trafalgar Sq. 178

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

1917

April 21 April Pay R.

22 A.P. Can

24

Bank 3003

May 9 May Pay R.

9 A.P. Can

23

Bank 5986

June 9 A.P. Canada.

14

June Pay. (R)

22

Bank 9004

July 19 July Pay (R)

17

A.P. Canada.

24

Bank 13092

Aug. 18 Aug. Pay. (R)

A.P. Can

21

Bank 17361

Sep. 17 Sept Pay (R)

12

A.P. Canada.

21

Bank 21863

Oct. 9 October Pay (R)

12

A. Pay Canada.

20

Bank 26291

Nov 16 November Pay R.

15

A. Pay Canada

20

Bank 30763

Carried For

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

ban

Amount. \$ 50

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

*Pay \$200 pd
7d 60
mess 1.00*

N/S

Name *Gamble*
Initials *A. V.*
Bank *of Montreal*
Trafalgar Sq, 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

*Dec 7 Dec Pay (R)
4 A P. ban.*

111 60

50

14

Bank 35096

61 60

*1918 Jan 15 Jan Pay (R)
15 A P. ban.*

111 60

50

22

Bank 39501

61 60

*Feb 11 Feb Pay (R)
11 A P. ban.*

100 80

50

20

Bank 40996

50 80

*Mar 22 March Pay (R)
22 A P. ban.*

111 60

50

22

Bank

61 60

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount.

\$ 50

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

W H B G H

Pay 2nd pd

F.A. 60

Messing /

h S

7⁴/₁₅

Name Gamble.

Initials A V.

Bank of Montreal
Trafalgar Sq

add Outfit allow 1st 8

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. Can
Apr Pay R.

24

Bank

1187.

108

58

May 19 May Pay R.

13

A. P. Can.

23

Bank

2683

108

61 60

June June Pay R.

14

A. P. Can

24

Bank

4166

111 60

58

July July Pay R.

17

A. P. Can

24

Bank

5626

111 60

61 60

Aug Aug Pay R.

14

A. P. Can

24

Bank

7258

108

61 60

Sep Sept Pay R.

12

A. P. Can

24

Bank

9187

111 60

58

Oct Oct Pay R.

15

A. P. Can

24

Bank

10404

100.

61 60

outfit allow 1st 8

30

Bank

10854

140

100

Nov Nov Pay R.

26

A. P. Can

Bank

12521

140

90

50

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount.

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

Pay

F.A.

Messing

N/S

Name Gamble.

Initials A. V.

Bank of Montreal
Tras Sq

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

Brought Forward

1 Adv Dec Pa a Cash 74

Pay (R)

124

a. P. Can

50

Jan 1st Adv Jan Pa. Bank 14213

74

23 Pay (R)

124

Feb 3 Bal Jan Pa a Cash 15817

50

Pay (R)

112

Bank. 17078

112

Mar 10 Adv March Pa. Bank 17720

124

March Pay (R)

124

RETURNED TO CANADA
L.P.C. TO 31. 3. 19
TRANSFER TO N.E. LEDGER

From Ledger 5. 7. 19

12

Occupational Group 19
Dispensal Area

War Service Badge
Class "A" No. 9-30

PROCEEDINGS OF AN OFFICER OR NURSING SISTER
STRUCK OFF STRENGTH

OF THE
CANADIAN EXPEDITIONARY FORCE



1. RANK

2. NAME

3. UNIT

4. DATE STRUCK OFF STRENGTH

5. REASON

Nursing Sister

Gamble Agatha Viola

C.A.M.C.

19/3/19

PLACE

Taplow.

H.M.T. MINNEKAHTA

EMARKED 19 MARCH 19

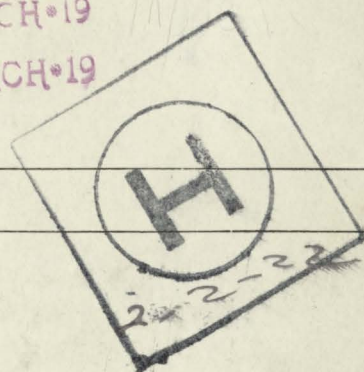
DISEMBARCKED 28 MARCH 19

6. AUTHORITY

7. PROPOSED RESIDENCE

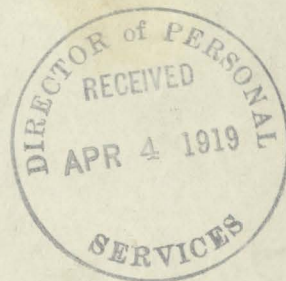
Elgin Mills

Ontario



This folder should contain the following documents:

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.



1. Triplet Declaration Paper (M.F.W. 51), or Triplet Attestation Paper (M.F.W. 23).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Medical Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.A.D.C. 5009a).
6. Proceedings on Striking off Strength (M.F.W. 2591).
7. Last Pay Certificate (P. 41).
8. War Service Gratuity Form (M.F.W. 2595).
9. Sundry Documents.

M. F. W. 2591.
20M-1148.
1772-39-1390.

Dispensal Certificate.

W-S Gamble Agatha Viola

8-1-53
AS

Group.....HQ.....
Checked by No. 13.....
Date.....18/3/95.....

Rank and Name

GAMBLE, Agatha Viola Nursing Sister

RRC 2nd Class.

JAN 11 1916

Regimental No.

Name and Address of Next-of-kin

Unit

4 G/Hp. (Varsity)

Mrs. Emma Gamble, (Mother)

Date of enlistment

April 7, 1915

Elgin Mills, Ont.,

Place of birth

Canada.

Married (Yes or No)

No

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments

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

	N.R.	To British Military Hosp. France	9-6-15	
16-10-15	No 4 G/Hp.	Proceeding to Mediterranean	18-10-15 Dms. Co 851-19 th /15.	
		discharged	10-10-15 N.R.	
10-3-16	W.O.	admitted No 4 P. Gen. Hq. Salonica	5-3-16 b. L. 322.	
		disembarked at Malta	26-2-16 b. L. 317.	(Tonsillitis)
21-7-16	L.R.	per H.S. Esquibo	10-7-16 b. L. 422	n. debility.
4-8-16	H. L.	For England per H.S. Valdivia	22-7-16 b. L. 434.	Pr. II Ord 23.46/H
1-8-16	D.M.S.	Invalided & transf'd to b. a. m. b. G.S.	31-7-16 b. O. 1375.	-do-
2-8-16	- do.	Granted Sick leave from 1-8-16 to 5-9-16	5-9-16 b. O. 1385	
6-9-16	D.M.S.	Transf'd to Moore Bk Hq. Shorncliffe	5-9-16 C.O. 1650.	
16-7-17	Dms.	Posted to Consl. Hq. Basingstoke	12-7-17 C.O. 921.	
9-10-17	Dms	Posted to No 4 Can Gen. - do -	8-10-17 C.O. 1314.	
16-9-17	M.H. Bas.	Granted leave from 14-9-17 to	30-9-17 P. 9/128	
14-5-18	4 G/Hp.	Granted leave from 9-5-18 to	22-5-18 P. 5/21.	

A.F.B. 103

A.F.B. 103.

23 APR. 1917

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
21-7-18	WE&E.Hp.	T.O.S. on posting from 4 C.H.		22-7-18	PT 9/168
27-7-18	4 C.H.	S.O.S. on posting to WE&E.Hp.		24-7-18	PT 1733
24-1-19	WE&E.Hp.	S.O.S. on posting to 15 Can. Gen. Hosp.		27-1-19	PT ord. 18
28-1-19	15 C.H.	T.O.S. on reporting from WE&E.Hp.		27-1-19	PT ord. 23
16-3-19	DD	On Command DMS for Embarkation to Canada		14-3-19	PT ord. 63
25-3-19	DD	S.O.S. to CAMC. R.Y.T. Depot		14-3-19	PT ord. 70
24-3-19	CAMC. R.Y.T. Dep.	T.O.S. on posting from 15 C.H.		14-3-19	PT ord. 83
		On Command 4 C.H.			
16-4-19	DD	Ceases Command 4 Can. Gen. Hosp.		19-3-19	PT ord. 106
17-4-19	DD	S.O.S. on trans to CEF in Canada		19-3-19	PT ord. 107
		Cessation of hostilities			
		Sailing to Canada. SS Minnekada		19-3-19	Sailing No. 27
10-4-19	DMS.	S.O.S. on trans to CEF in Canada		19-3-19	CD. 52
		Cessation of hostilities			
31-7-19	awo	Awarded the Royal Red Cross 2 nd Class			14340
				Sub. 14, 519	

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. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname G A M B L E Christian Name Agatha Viola

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Markham Township County York

Examined ... { on 7th day of April 1915,
at Toronto

Declared Age ... 29 years ... days.

Trade or Occupation ... Professional Nurse

Height ... 5 feet 3 inches.

Weight ... 105 lbs.

Chest { Girth when fully Expanded 33 inches.

Measurement { Range of Expansion 4½ inches.

Physical Development ... good

Vaccination Marks { Arm ... Right Left
Number

When Vaccinated ... Sept 1907

Vision ... { R.E.—V=
L.E.—V=

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

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

Approved by (Signature) N. C. Sharpe
(Rank) Capt. Medical Officer.

Enlisted ... { at Toronto
on 7th day of April 1915.

Corps.	Regtl. No.
<u>No 4 Gen Hosp C.E.F.</u>	<u>Nurse</u>

Became non-effective by ...

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.
on ... day of ... 191 ...

(Signature) H. H. H. H.
(Rank) ...

Table II.—Only for Admissions to Hospital or to the Sick List

[illegible]

Sick List in the case of Warrant Officers treated in quarters.

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

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

[illegible]

Table IV.—Service Table.

[illegible]

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this man:

History Sheet of this man.

G. A. M. G.

for the Officer in Charge of Records
Canadian Contingents.

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

M. & R. S.

REGT. No.

RANK N/S

NAME (IN FULL)

G A M B L E /

Agatha Viola

NEXT OF KIN

RELATIONSHIP

PARTICULARS

EFFECTIVE DATE

AUTHORITY

ORIGINAL UNIT
C.E.F.

IF IN P.F.
WHAT UNIT?

(BLOCK LETTERS SURNAME FIRST)

ADDRESS

PLACE OF
ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

DATE OF
ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

IS SEPARATION ALLOWANCE PAID?

DATE EFFECTIVE

ASSIGNED PAY \$

DATE EFFECTIVE

TO WHOM PAID

RELATIONSHIP

PAYABLE TO

RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

ADDRESS

STOP PAYMENT FORM
ASSIGNED PAY
RENDERED, DATE

EFFECTIVE

DISCHARGED

PLACE

DATE

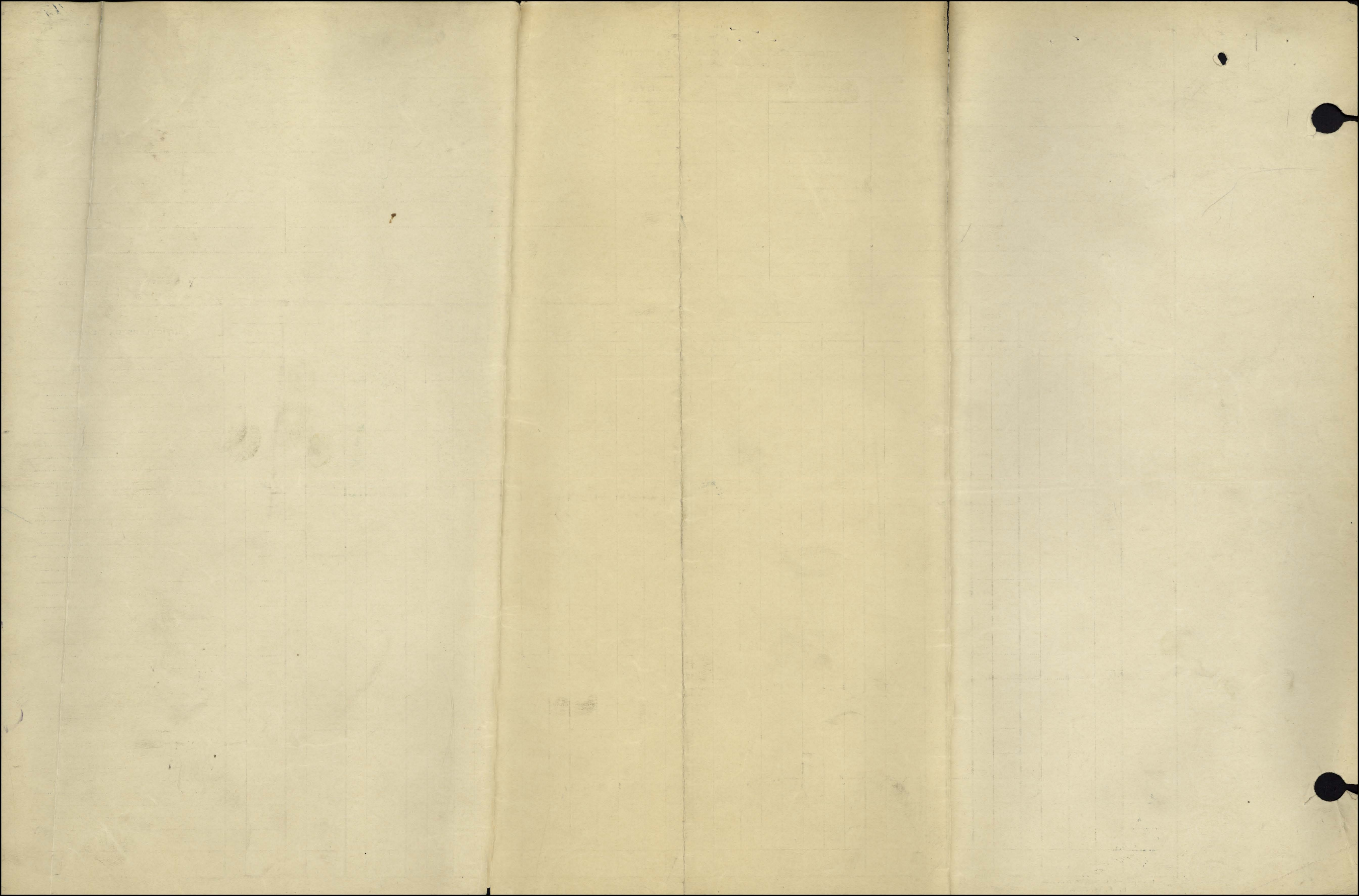
REASON

AUTHORITY

IF ENTITLED TO
POST
DISCHARGE
PAY

BALANCE
FROM
PREVIOUS
ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE	AMOUNT		\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	DEBIT			CREDIT	
			\$	C.																	\$	C.		\$	C.
31-3-19																							Let keeping 19-3/3/19		
April-13	13	300	39		6.50												6.50		6.50		39.00		Makeup Department PAYMASTER, No. 2 DISTRICT DEPOT		
					39.00																				



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

667

May 1915

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

50			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.
 Rank *N. sister* Promoted
 Soldier's Name *Agatha U. Gamble*
 Battalion *#4 Gen. Hosp.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Miss Jennie Gamble*
 Address *24 Arundel Ave, Toronto, Ont*
 Change of Address
 1 *Miss Ella Gamble*
 2 *Elgin Mills*
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					6631-A-5
Dec 31			1600	1600	
Jan					
March	U 81940		50	50	MRD / c. 538
April	Q 15401		50	50	Suspend A.P. acct Lt O'Brien Ruling 17-12-17 1/19/18
May	S 14543		50	50	mailed 20/3/8
May	S 511		100	100	A 27m 7 1/2 changes assignee to Ellen Gamble Elgin Mills effective 1-1-18
June	M 24959		50	50	mailed 21-5-18
July	M 32348		50	50	MRD to destroy 61518 9-1-19 M.C.
Aug	M 40445		50	50	
Sept	T 43206		50	50	
Oct	U 51194		50	50	
Nov	N 59670		50	50	
Dec	V 68645		50	50	
Jan/19	T 70743		50	50	
			3200	3200	

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank

Promoted

Reverted

Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date

Cheque
No.Amount
S/AAmount
A/P

Total

REMARKS

NAME

Gamble, (Miss) Agatha
Viola.

RANK

N. / Sister.

UNIT

C.A.M.S.

AWARD

R.R.C. 2nd. class.

AUTH

R.G. # 31482.

31-7-19.

