R. 171-1M
3365 25-7-17.

UNIT C.A.M.C. RANK N.S. NAME Eunice Knapp Harrison

OFFICERS' DECLARATION PAPER.

OVERSEAS MILITARY FORCES OF CANADA.

QUESTION TO BE ANSWERED BY OFFICER.
(ANSWERS.)

1. (a) What is your Surname? Harrison
   (b) What are your Christian Names? Eunice Knapp
2. (a) Where were you born? (State place and country) Southampton, Nova Scotia
   (b) What is your present address? Nappan, Nova Scotia
3. What is the date of your birth? March 31 - 1856
4. What is (a) the name of your next-of-kin? Mrs M. C. Harrison
   (b) the address of your next-of-kin? Nappan, Nova Scotia
   (c) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? Nursing Sister
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? 2.A.G.M.N.S.R. Lord Derby War Hospital, Warrington Eng.
10. Are you willing to serve in the Overseas Military Forces of Canada, Yes

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

Eunice Knapp Harrison (Signature of Officer)

Taken on Strength (Place) London

(Date) 20th December 1917.

(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 * ..... for the Overseas Military Forces of Canada,

Date ..... 191 .....

Place .....

* Insert here "Fit" or "Unfit"

Medical Oficer

REGIMENTAL DOCUMENTS

S NAME HARRISON EUNICE KNAPP REGT. NO. N. Sister UNIT C.A.M.C. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		Pers	28-6-19	Pers - 771	DEATH
3	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		Pers	21-7-19		Category
	TRAINING HISTORY SHEET (M.F.W. 113)	Ret. 24-2-20	~~To M.D.6~~	~~23-7-19~~	~~Ref 6 - 382~~	
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				11210	
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category Demob.
	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)					DESERTION
	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)					
2	Disp. Cert.					
1	M.F.W. 28-91					
1	MFW 71					

Ref. S.S. Scotian 11/6/19.

W. 2589
100M-11-18
1772-39-1377

CERTIFIED COPY
17 OCT. 1918.
CANADIAN RECORD OFFICE

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

Casualty Form—Active Service.

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

Rank....N/S..... Surname....HARRISON..... Christian Name...EUNICE KNAPP.....

Religion....Pres..... Age on Enlistment 31.....years.....months

Enlisted (a)....20.12.17..... Terms of Service (a)....D of M..... Service reckons from (a)....20.12.17....

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

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (b)....Nurse..... or Corps Trade and rate.....

W.S.B. class "A"

Occupation..... Signature of Officer

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
19.12.17	DMS.	P.be N/S to Canada. Embarked	—	20.12.17	Co 1633.
19.12.17	Bd Mb D.	To Sea Apartment to Bd Mb C. Disembarked	Shrewsbury	20.12.17	Pass Co 1633
12-1-18	do	D.O.S. to 15 B Hosp	do		
			Y. M. Blagrave Lieut. ASST. ADJUTANT FOR D.O.C. C.A.M.C.		
12-1-18	D.M.S. Ltr A.M.D. 4-C 28.6.2.4H-709	Taken on strength W of B Mil Hosp.	Taplow Bucks	12-1-18.	P.2 W.O. 11 12-1-18
7-3-18	D.M.S. Signal A.M.D. 4/6562	Struck off strength W of B Mil Hosp. Posted to Hospital Ship	Taplow Bucks	10-3-18	P.2 W.O. 60 11-3-18
15/3/18	Hatto "Araguaya"	To Sea reporting from D.M.S. London	Liverpool	15/3/18	Sh 2 W.O.

(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.

W—8635—M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B./103 E/1807.

P.T.O.

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				
5.10.18	HMHS "Araguaya	S.O.S. to West Cliff Canadian Eye and Ear Hospital.	Shorncliffe	18.9.18	"Araguaya" Pt II DO 122 of 10/18
					Major, D.A.D.M.S. For A.D.M.S. Canadians Buxton Area.
19-9-18	West cliff Hospital	TOS of this Unit on posting from HMHS "Araguaya" auth DMS and 4/4-HL 709 of 17-9-18	Folkestone Kent	18-9-18	Pt 2 DO 213 of 19-9-18.
8-10-18	do.	SOS of this Unit on proceeding overseas for nursing duties auth ADMS 6085-4/R-3-42 of 7-10-18	do.	9-10-18	Pt 2 DO 227 Capt. C.A.M.C. Officer Commanding West Cliff Canadian Eye & Ear Hospital, Folkestone, Kent
		DISEMBARKED HAVRE			
9/10/18	M.O.	Having arrived as Reinforcement is taken on the strength of CAMC Gen Hosp (AHJ 4) of 4/10/18	Field	9/10/18	KR. KR 34344 Pt 69/1918
12/10/18	M.O. Gen Hosp	A/a for Temp duty		10/10/18	B213 Pt 119
12-1-19	3 C S H	Posted to 3 C S Hosp DMS M/850 of 7/1/19		8-1-19	B213 Pt 4/1919
"	"	TOS of M.O. 3 Can Stat Hospital		9-1-19	B213 Pt 4/1919
23-2-19	3 C S H.	Posted to 8 Can Stat Hospl (Auth: DMS Cdns M/1-9-1 of 17/2/19)		20-2-19	B213 Pt 9 of 1-3-19
					EMBARKED RMS. SCOTIAN, LIVERPL. JUNE. 11. 19

RO
R.O. 2081A

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II, D. O. No.	PART II, D. O. Date	REMARKS IF IN HOSPITAL, NOTE NAME &c.
T.O.S CAMC & Camp Hill	C.O. 753	22-7-19	from O/S 26/6/19
	CH. 114	23-7-19	H.Q. 392-8-161
S.O.S CAMC & Camp Hill & Sal	CO. 15	10-1-20	
	CH. 12	12-1-20	Demobilization 12-1-20

M. F. W. 71.—200M.—4-16.
1772—39—961.

6243-H-227

NAME Harrison, Eunice Knapp

REGIMENTAL NO.

RANK Nursing Sister

ENLISTED AT London Eng.

PROMOTIONS, &c. AND DATE

DATE Dec 20, 1917

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Mrs M. L. Harrison

RELATIONSHIP Mother

ADDRESS OF Nappan, N. S.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

MARRIED SINGLE WIDOWER

TRADE OR CALLING Nursing Sister RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

Present Address:

SURNAME. Harrison

CARD NO. 6

CHRISTIAN NAMES Eunice Knapp.

REGL. No.

RANK Nursing Sister

UNIT C.A.M.C.

FORMER CORPS C.A.N.M.N.S.

Sos 12-1-20
Demob. FOLL. 20,127
12-1-20, Camp H. Hop
M.D. 6
R.O. 2383 of 31/1/20

NEXT OF KIN.

NAMES IN FULL Harrison Mrs. M. S.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS Nappan, Cumberland Co. N.S.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Southampton N.S. DATE Mar. 15th. 1886

PLACE OF ATTESTATION Tp. 30-F-18 1420/1

DATE RIC 22-6-19 350/2 N/S.

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

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

Number _____ Rank N/Sister

Surname HARRISON

Christian Name EUNICE KNAPP

Units _____ Theatre of War FRANCE

Date of Service 9-10-18 Camp Hill Hosp Halifax

Remarks _____

Latest Address ~~Nappan~~, N.S. Can

Roll No. B. Reg 22138.

200m.-6-21.M.

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

DEPT. OF PENSIONS
DEC 22 1922

868—D.P.—40M-1-12-19.

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

Surname HARRISON **Christian Names** Eunice Knapp.

Rank N/Sister.

Name and Address of Next-of-Kin
Mrs.M.L.Harrison, (Mother)
Nappan, Nova Scotia.

Promotion
TOS. 20 Jan 17

Unit C.A.M.C.

Place of birth Nova Scotia.

Married (Yes or No)

Appointments

Date of leaving Canada ~~3 Jan 18~~ (Cwd)

Date and Cause of Resignation

H
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
17.12.17.	D.M.S.	To be N/Str.CAMC & Pstd.to CAMC Depot.		20.12.17.	C.O.1633.
16-1-18	do	Posted from Depot to 15 CGHp.	Taplow	11-1-18	60.70
12-3-18	do	Posted from 15 CGH to ~~Depot~~ HMHS. Araguaya		10.3.18	60329.
5-10-18	H.M.H.S. Araguaya	S.O.S. on being posted to WEDE Hosp.		18-9-18	P.T. II. ord. 122.
19-9-18	WEDEHp.	T.O.S. on posting from HMHS. Araguaya		18-9-18	P.T. II. ord. 213.
8-10-18	– do –	S.O.S. on proceeding O/Seas for duty		9-10-18	P.T. II. ord. 227.
29-10-18	CAMC. Gen.	T.O.S. on arr. in France (for attmt to Imp Unit)		9-10-18	P.T. II. ord. 69.
23-1-19	Do	S.O.S. posted to 3 Can. Stat. Hosp.		8-1-19	P.T. II. ord. 4
29-1-19	3CSH.	T.O.S. from CAMC. Cas. Coy.		9-1-19	P.T. II. ord. 4
1-3-19	Do	S.O.S. posted to 8 Can. Stat. Hosp		20-2-19	P.T. II ord. 9.
5-3-19	8CSHp.	T.O.S. from 3 Can. Stat. Hosp.		21-2-19	P.T. II ord. 7.
23-4-19	do	S.O.S. to Camb ~~General~~		16-4-19	Pl-II O. 11.

17 OCT. 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				
24-4-19	CAMC. Gen.	T.O.S. from 8 Can. Stat. Hosp.		17-4-19	PT II ord. 23.
7-5-19	Do CAMC	S.O.S. posted to CAMC Cas. Coy		28-4-19	PT II ord. 28.
9-5-19	Cas. Dep.	T.O.S. on posting from CAMC Gen.		29-4-19	PT II ord. 108.
29-5-19	do	S.O.S. to 15 C.G.H. Lapelou		24-5-19	" " 125.
27-5-19	15 C.G.H.	T.O.S. on posting from Cas Coy		24-5-19	" " 122
27-6-19	do	S.O.S. on transfer to CEF in Can		12-6-19	PL-II O. 142.
24-6-19	DMS.	S.O.S. on trans. to CEF in Canada		12-6-19	CO. 74.
		Cessation of hostilities			18835
		Sailed to Canada "Scotian"		12-6-19	Sailing 80.
					S.O.S. 12.1.20.

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

MEDICAL HISTORY of

Surname Harrison *Christian Name* Eunice Knapp

TABLE I.—General Table.

Birthplace { Parish Southampton / County Cumberland County, Nova Scotia, Canada

Examined { on 4th day of Decr 1917, / at 13 Berners St – London W.1.

Declared Age 31 years 264 days.

Trade or Occupation Nursing Sister

Height 5 ft feet 6 inches.

Weight 110 lbs.

Chest Measurement { Girth when fully Expanded 34 inches. / Range of Expansion 2 inches.

Physical Development Good

Vaccination Marks { Arm / Number — RIGHT | LEFT: 1

When Vaccinated June 1914

Vision { R.E.—V = 6/6 / L.E.—V = 6/6

(a) Marks indicating congenital peculiarities or previous disease—

nil

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

nil

Approved by Geo. McIntosh Capt.

Rank Capt. Canc.

Medical Officer.

Enlisted { at ..... / on ..... day of ..... 191..

	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
June 1914	Vaccination (
" 1914	Inoculation (typhoid)
	Eunice Knapp Harrison
Dec. 4. 1914.	Fit for Overseas Service Can. Exp. Fce.
	Geo. McIntosh Capt. Canc.

TABLE IV.—Service Table.

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

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[1189] W11425/M1166 200m 12/16R 45 59

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				

CANADIAN EXPEDITIONARY FORCE

L.T.-6-40.
H.C..

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing-Sister

(Name in full) Eunice Emma Tomlison

Enlisted in Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE, on the [redacted]

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

in Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE on the Twentieth day

of December 1917.

He SERVED in CANADA, England and France with the Canadian

Army Medical Corps.

and was STRUCK OFF THE STRENGTH on the Fourth day

of January 1920 by reason of General Demobilization

Dated at Ottawa, this Ninth day

of April 1920.

Capt.
for Director of Personal Services.

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

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) .....

(Name in full) .....

Enlisted in .....

CANADIAN EXPEDITIONARY FORCE, on the .....

day of ..... 19 ..., AND WAS APPOINTED to COMMISSIONED RANK

in .....

CANADIAN EXPEDITIONARY FORCE on the ..... day

of ..... 19 ...

He SERVED in CANADA .....

.....

and was STRUCK OFF THE STRENGTH on the ..... day

of ..... 19 ..., by reason of .....

Dated at Ottawa, this ..... day

of ..... 19 ...

.....

Director of Personal Services

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

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) HARRISON. E. K.

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

Date of Examination in England 29/4/19 | Date of Examination in France

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? 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 —
- (*c*) In France —

Signature of Dental Officer J. Moghlan Capt CADC

25M.—12-18.

H.Q. 1772-39-950

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

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

No.....Rank N. Sister.....Surname HARRISON.....
(Given name in full)
EUNICE KNAPP

Unit or Corps C.A.M.C.....Birthplace Southampton N.S. Can.

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

1. GENERAL DESCRIPTION:

Physique good.....Weight 112.....lbs. Height 5.....ft. 3..in. Colour of Eyes Brown

Nutrition Lean

Pulse 76. regular

Condition of arteries opt.

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 20...ft.

Left 20...ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
vaccination scar on left arm

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

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 13 Bernard (Overseas)

Date 29-4-19 Signed A. Gwynfed Mayr. Capt M.O.

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

Signature Eunice R. Harrison

(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.)

[OVER]

N. S. Harrison

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 Nursing Sister ..... Surname Harrison, Eunice Knapp.
(Give name in full)

Unit or Corps C.A.M.C. ..... Birthplace Nova Scotia .....

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

1. GENERAL DESCRIPTION:

Physique Good Weight 115 lbs. Height 5 ft. 4 in. Colour of Eyes Brown

Nutrition Good

Pulse 74

Condition of arteries Good

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

nil

Opinion as to general health and physical condition 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]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

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

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at 8-1-20 (Canada)

Date ~~Emmie K. Harrison~~ 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 Emmie K. Harrison

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

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

[OVER]

M.F.W. 129.
1038 (D.P.) 500M-11-18.
1772-39-1142.

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
23.4.19	8 C.S.	H.	Posted to Canc General Unit pro. to Eng	on	16.4.19	P.O. 11
"	"		S.O.S. obt. Canc General		17.4.19	H. 23.4.19
29.4.19	Fin Matron Cans.		S.O.S. obt. Canc General posted to Canc Cas Coy Crookham Beach Bexhill (Auth: GR 15/58 of 29/4/19.)		28.4.19 file KAR 50052	H. 28.4.19.

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

9.5.19.	Cam C	Pt 108.	T.O.S. from Cam C General	Bexhill	29.4.19.
2-6-19.	Cas Coy.	Pt 128	S.O.S. on posting to No. 15 Convalescent Hosp. Taplow.	Witley	24.5.19.

O. Carlisle Capt.
for O.C. Cam C Cas Coy.

10-6-19			S.O.S. on Embarkation	Taplow Bucks	11-6-19

REGISTRAR & ADJUTANT
FOR OFFICER COMMANDING.

Nothing to be written in this margin.

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—I.
Part I.

(1)* Substantive rank N/S
Acting rank
*[To be entered in pencil to facilitate alteration.]

(2) Regiment or Corps: C.A.M.C.

(3) Regtl. No.

(4) Surname Harrison,

(5) Christain Names E.K. Eunice Knapp.

(6) Army Form, number of, Attestation Form or Record of Service paper

(7) Whether of British or of Alien origin [*vide* A.C.I. 578 of 1918]

(8) Date of birth as stated on enlistment

(9) (*a*)

Original to HAR - for unit.

(10) Enlistment (*b*)

(11) Engagement (*c*)

(12) Service reckons from (*date*)

(13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

Initials and Rank of an Officer.

(Authority) (*date*)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) (Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.
Trade or Calling
Married or Single
Particulars of Trade Test

Occupation Cards despatched on (*date*)
Second Occupation Card despatched on (*date*)

(17) Next of Kin

(18) Demobilizer (*f*) (Place)

(19) Pivotal-man (*f*) (Date)

(20) Qualifications (*g*) *or* (21) Corps trade and rate

(Signature of Posting Officer)

(22) Extended

(23) Re-engaged

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

T.O.S. No 3 Cam. H. Hosp. 21-2-19

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—P21150 1M 5/18 G.W.P.Co (3490)

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
26 6 -19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 6	11/6 -19	C.E.F. R.O. No.	2047-19
16-7-19	H Qr Ottawa	Empld. In Comm. With	Mus System Md. 6 Minister. CH for Director Personal Services		26-6-19	RO 2081-19
23-7-19	O/S	T.O.S."CAMC" & CAMP HILL & SUBSID/ iaries from OVERSEAS. CAMC C.O.#753 d/22-7-19.		Halifax	26-7-19	C.H.SUB D.O.P2# #114 d/23-7-19
12-1-20	CAMC	DS.O.S."CAMC" & CAMP HILL & SUBSID- IARIES on DEMOBILIZATION. CAMC C.O.#15 d/10-1-20.		Do.	12-1-20	CH&SUB DO P2# #12 d/12-1-20

Lt.-Colonel,
O.C. CAMP HILL & SUB M.D.6.

Nothing to be written in this margin.

Sheet 2

Army Form B. 103—II.
Part II.

(SERVICE AND CASUALTY FORM Part II).

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

*Substantative Rank N/S Surname Harrison Christian Names Eunice Knapp

*Acting Rank

(* To be entered in pencil to facilitate alteration.)

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
						B213
22.2.19	8 C.S.H.		TOS 8 C.S.H.		21.2.19	BO 74.5 3/19
			Proceeded to England 16/4/19 C. Hunter Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.			
~~18-5-19~~			~~SOS on embarkation to Canada~~			~~[illegible]~~
24/5/19	AMD #29-415 d/24/5/19	PAD #122 d/27/5/19	T.O.S. on Posting from Bl Sqn to leave by effect 24/5/19	Taylor Blucks		

Nothing to be written in this margin.

To be folded on this line.

W1889—PP1500 500,000 5/18 G.W.P.Co (3490)

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
Beneficiary	Camc		Pay $2.00 pd N/Str				Name Harrison
Address			Fa .60				Initials Eunice Knapp
			Mess 1.00				Bank of Montreal
Amount. $							Trafalgar Sq 1/18
Separation Allowance issued. Yes or No.....							

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
Dec 20	Outfit allce	10961					6-20-16-S $150.00	
Jan 22	Pa fr 20/12/17-31/1/18 mess fr 11/1/18-31/1/18 Aut DRS bo. 1632 a/17/12/17 No. 16516		132 80					
	Do Do	cash 39302		132 80		—		
Feb 14	Feb Pay (R)		100 80					
20		Bank 40996		100 80		—		
Mar 12	March Pay (R)		111 60					
23		Bank		111 60		—		

FORM P. 15.
5986—25M—19/1/17

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. 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	6 C M.G.	Pay 2 - - pd	N.S			Name Harrison
Address	3rd Can St Hosp	F.A. 1 6 "				Initials Eunice Knapp.
	France	Messing 1 00				Bank of Montreal
Amount. $		to receive messing allce in future Vo 23265.				Trafalgar Sq
Separation Allowance issued. Yes or No.....		add outfit allce 20 12/19				

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
Apl 17	Trav Allce 9-10 3/18.		701					15/- 3 65/	
	apl Pay (R)			108					
24		Bank	1187		108		—		
May	May Pay (R)			111 60					
23		Bank	2683		111 60		—		
June	June Pay (R)			108					
24		Bank.	4166		108		—		
July	July Pay R.			111 60					
24		Bank	5626		111 60		—		
Aug	Aug Pay R.			80 60					
24		Bank.	7258		80 60		—		
Sep	Sept Pay R.			78					
24		Bank	9129		78		—		
Oct	Oct Pay R			80 60					
24		Bank.	10404		80 60		—		
Nov	Nov Pay (R)			110					
26		Bank	12521		110		—		
Dec	Dec Pay. (R)			93					
18		Bank	13792		93.		—		
1919 Jan 22	Jan. Pay R.			93					
28		Bank.	15564		93		—		
Feb 13.	messing allce fr 12/8/19-2/9/189 fr 18/9/189 in future. Cert Claim on file (S.O.S. H.M.T.S. Baraguayat) Do Do Vo 23265.			158.					
		Cash.	16313		158		—		
13.	Pay (R)			112					
		Bank.	17078		112		—		
	9-4-19		0476					1-17-6	

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		Pay 2.00 Pd	R/S.			Name Harrison
Address		F.A./ "				Initials E K.
		Messing/ "				Bank of Montreal Trafalgar Sq.
Amount. $						
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
Mar 20	March Pay (R)		124					
26	Bank.	18651		124		0		
Apr 11	Rations 8/10/18 - 7/1/19	07429					9-0-5	
11	april Pay (R)		120					
26	Bank.	1044		120		0		
May 10	adv May Pa a Bank	1895		124		0		
13	Pay (R)		124					
22								
June 1st	adv June Pa a Bank			120		0		
20	June Pay (R)		120					
July	~~Rations~~		~~4 5 cl~~					

RETURNED TO CANADA L.P.C. TO 30/6/19 Taylor TRANSFER TO N.E. LEDGER

Dep. Ledger as usual 6/5/19

RETURNED TO CANADA L.P.C. TO 30/6/19 Taylor TRANSFER TO N.E. LEDGER

fr Ledg 3 to Ledg 12. 14/7/19.

Scotian 11.6.19 / 27.6.19

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

AUDITOR | PAYMASTER

M. OR S. | REGT. NO. | RANK N/Sisle | NAME (IN FULL) Harrison B.K. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID Nil | RELATIONSHIP

ADDRESS

B.H.B.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
TOS	20.1.19	

ORIGINAL UNIT C.E.F. b.a. mb | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO Crime | DATE 24/6/19 | AUTHORITY 20183

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ | DATE EFFECTIVE

PAYABLE TO Nil | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Halifax, N.S. JAN 12 1920 | DATE | REASON "Demob" | AUTHORITY C.O. 15 | IF ENTITLED TO POST DISCHARGE PAY

No. 6 DISTRICT DEPOT PAYMASTER JUL 8 1920 HALIFAX, N.S.

adjusted to MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																											~~17 00~~										1768
30.6.19		3 00																									93 00										Herring on boat 11 to 27.6.19
									—	—																	14 00				100 00		100 00		—	—	Advance W.T. on boat
																															107 00		107 00				Taken On Strength 26-6-19 A.D.M.S. 753(a)
July	31	3 00	93 00		112 70				145 70						92 29/7				36 70								107 00				145 70						
																											2 00				~~109 00~~						Meals $2.00
		1 00	31 00		14 20											28																					Subs not Credited July a/c $14.20 Meals $1.00
AUG	31	2 00	62 00		52 70				149 90						111 18				148 90										1 00		149 90						
SEP	30	1 00	30 00		51 00				141 00						136 29/9				141 00												141 00						
OCT	31	3 00	93 00		52 70				145 70						160 27/10				145 70												145 70						
NOV	30	3 00	90 00		51 00				141 00						181 26/11				141 00												141 00						
DEC	31	3 00	93 00		52 70				145 70						196 15/12				145 70												145 70						
JAN	12	3 00	36 00		20 40 25				56 65						220 23/1				56 45										20		56 65						

Certified that all payments due on this account have been paid.

A. Macom CAPT.
for Senior Officer Pay Services, M.D. 6

200M-3-19.—L. L. 58788-... & D. 9985.
M. F. W. 2.96.
1772-39-1390.

War Service Gratuity

Oct	122	3.00	366	00	366 00	140 19/10	93 00	93 00	273 00		Awaiting adjustment
						168 5/11	93 00	93 00	180 00		
						184 1/12	90 00	90 00	90 00		

Certified that all payments due on this acct. have been paid.
[signature] CAPT.
For Senior Officer — Pay Services, M. D. 6

Occupational Group 19.

Dispersal Area "B"

War Service Badge Class A

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

M

War Service Badge Class "A" No. 3/3/2

1. RANK	Nursing Sister
2. NAME	Harrison, Eunice Knapp
3. UNIT	C.A.M.C. Camp Kilt Stat Hosp.
4. DATE STRUCK OFF STRENGTH	Jan 12/20. PLACE Buxfonts.
5. REASON	M.W. 6.

Demobilization

6. AUTHORITY R.O. 2383 - 31/1/20. R.O. 392-8-161. R.O. 1323 para 1(e) 6 D. 43-H-227

7. PROPOSED RESIDENCE

Nappan, N.S. Canada.

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.

EMBARKED RMS. SCOTIAN, LIVERPL. JUNE. 11. 19

1. Triplicate Declaration Paper (M.F.W. 51), or Triplicate Attestation Paper (M.F.W. 23).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178)
4. Proceedings of Med. Board (A.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.

Dispersal Certificate

29 4/7 3

N/S Harrison Eunice K.

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

Group H2
Checked by No. 13
Date 11 JUN 1919