Unit A.M.C. *Rank* Nur.Sis. *Name* Hicks, Lillian May,

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (*a*) What is your Surname ? Hicks.
   (*b*) What are your Christian Names ? Lillian, May
2. (*a*) Where were you born ? (State place and country) Hinchinbrook, Ont.
   (*b*) What is your present address ? 95 Frontenac, St., Kingston, Ont.
3. What is the date of your birth ? Sept. 7th. 1891.
4. What is (*a*) the name of your next-of-kin ? Mr. G.W. Killins,
   (*b*) the address of your next-of-kin ? Saskatoon, Sask. Can.
   (*c*) the relationship of your next-of-kin ? Father.
5. What is your profession or occupation ? Prof. Nurse.
6. What is your religion ? Methodist
7. Are you willing to be vaccinated or re-vaccinated and inoculated ? Yes.
8. To what Unit of the Active Militia do you belong ? A.M.C.
9. State particulars of any former Military Service 2 years. Military Hospital.
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.

L. M. Hicks Nur.Sis.A.M.C. (*Signature of Officer*)

Taken on strength (place) Kingston, Ont.

(date) Jan., 16th 1916.

Lt-Col.A.M.C.
A.D.M.S., M.D., No. 3
(*Signature of Commanding Officer.*)

CERTIFICATE OF MEDICAL EXAMINATION

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

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

Date Feb., 28th 1918. 191

Place Kingston, Ont.

Lt-Col. A.M.C.
A.D.M.S., M.D., No. 3
Medical Officer.

*Insert here "fit" or "unfit"

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

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.

HICKS LILLEAN MAY N.S. 23703

H

406250

No. Rank N. S. Name Hicks. L. M.

T. O. S. Unit Army Medical Corps.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
Mar 23	Mar 31	✓		
Apr		✓		
May		✓		
June		✓		
July		✓		
Aug		✓		
Sept		✓		
Oct		✓		
Nov		✓		

SURNAME. Hicks

CHRISTIAN NAMES Lillian May

REGL. No. RANK Nursing sister

UNIT C.A.M.C. #12 Can. Gen. Hosp. Bramshott, Hants.

FORMER CORPS Mil. Hosp. (2 yrs.)

3 O/S CARD No. 4

S.O.S. Wis 28-3-19. FOLL. Returning to Britain Vide C.R.O. No. 88 of 5/5. 14-4-19. Bramshott 13. C.G. Hosp.

NEXT OF KIN.

NAMES IN FULL Killins, G. W.

RELATIONSHIP TO SOLDIER Father

ADDRESS Saskatoon Sask,

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Kinchinbrook Ont. DATE Sept. 7th. 1891

PLACE OF ATTESTATION Kingston Ont. DATE Jan. 16th. 1916

O/S 25-3-18 F. 329 2

MARRIED SINGLE WIDOWER

TRADE OR CALLING Prof. Nurse RELIGION Methodist.

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Kingston Ont. DATE Feb. 28th, 1918

Present Address. 95 Frontenac St., Kingston, Ont.

Number ..... Rank N/S

Surname HICKS

Christian Name LILLIAN MAY

Units ..... Theatre of War ENGLAND

Late of Service 25/3/18

Remarks c/o Dr. W. H. Hicks, Nokomis Sask. 27/4/19

Latest Address ~~36 Sonic Rd., Liverpool, Eng.~~

Roll No. A Page 4899

200m.-6-21.

GRATUITY (IMPERIAL)

CHRISTIAN NAME | SURNAME | REG. NO.

SCHEDULE NO. | LINE NO.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA | IMPERIAL DEPOT NO.

DATE RECEIVED FROM REG. DEPOT. | DATE FORWARDED TO OTTAWA

DEPT. APR 29 1929 REGN. NO. 432963

868—D.P.—40M-1-12-19.

36. Lonic Rd, Liverpool. Eng.

1311

FORM OF WILL

208098

I, Lillian May Hicks, (Name in full)

Regimental Number Nursing Sister serving in C.A.M.C., C.E.F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

Nil.	Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Capt. Wm. Harry Hicks, A.M.C. Whitley Camp, Surrey, England.	Name and Address of person or persons to receive personal estate* (*See note*).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 2nd day of March A.D. 1918

Lillian May Hicks Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness [illegible]

Address of Witness [illegible]

Occupation of Witness Physician

Signature of Second Witness Wilfred Wilson

Address of Witness 199 University Ave Kingston

Occupation of Witness Clerk

M. F. W. 82.
300M.-12-16.
1772-39-983.

REGISTERED
WILLS-SECTION
- 5 JUL 19
ESTATES, D.E.

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 HICKS

(Given name in full) LILLIAN MAY

Unit or Corps C.A.M.C. Birthplace KINGSTON ONT.

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

1. GENERAL DESCRIPTION:

Physique good Weight 145 lbs. Height 5 ft. 10 in. Colour of Eyes Blue

Nutrition good

Pulse 80

Condition of arteries good

Vision Rt. 6/6 Left 6/6 (c. glasses)

Hearing (conversational voice) Rt. 25 ft.

Left 25 ft.

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

Nil.

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 Nil Genito Urinary System Nil Cardio-Vascular System Nil

Special Senses Nil Integumentary System Nil Respiratory System Nil

Disturbance of Mentality Nil Muscular System Nil Digestive System Nil

Osseous and Joint System Nil Any other general condition Nil

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.

Nil

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at 13 Berners St: London W1 (Overseas)

Date 31. 3. 19 Signed Thomas Campbell Capt RAMC 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 L M Hicks

(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]

File No. 8587-2-6

WAR SERVICE GRATUITY.

Register No. CAN 520

Reg. No. — 16/8.

Name Hicks, Lillian May

Address ~~433 Brock St.~~ Kingston, Ontario.

Pay Soldier $ 459.00

CAN 520

May

Clerk Gunney worth 10-12-19

Dependent

Address 632 Princess St

Pay Dependent $

Days Rate Due 459.00

Less P.D.P. credited Paid in England. 180.00

Less further Dr. Bal. or overpayment.

Net 279.00

R. W. 134 16/1/20.

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
10/12/19	48446 ✓	13-12-19 544722	279 ~					
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
DF
Date 10/12/19

P Evans
10/12/19

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Hicks, L. M.
Surname Christian Name

Regimental Number

Rank N/S.

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

Rates:—Regimental pay $ per diem; Field Allowance $ per diem. Separation Allowance $ per month.

L.L. 53961—M. & D. 9721

	Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
		Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks:

M. F. W. 127
300M-1-19
1772-39-1140

Form P. 812B
7961 10m 1/5/19 D.671

FILE NO. 8706

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to HICKS. Lillian May — N/S — Dependent 433 Brock St

Address 36 Tonic Rd — Kingston, Ont

Old Swan. Liverpool. — Canada

Date	Cheque No.	Gratuity	Payments	Balance Due.	✓	Remarks
June. 18.	27873		18 9 10			
July 11		112 16 2 (36 19 8) X				
" 11	47628		18 9 10	75 16 6		
Sept 3			~~75 16 6~~	0		~~C.A. 520 to Canada 3/9/19.~~ not sent.
		~~112 16 2~~	~~112 16 2~~ ✓			
			112 16 2 X			Gratg. cancelled by Amended Statement. see file.
Nov 10.	Amended Gratg.	94 6 4 ✓		57 6 8		
" "	C.A.		57 6 8 ✓	0/0.		C.A. for 279 days. No. 520. 10/11/19.
		207 2 6	207 2 6			

WAR SERVICE CERTIFICATE for VOLUNTARY ENLISTMENT

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., C.E.F. .....

.....

(2) Regimental Number ..... Nursing Sister. .....

(3) Full Name of Soldier..... Hicks, Lillian May .....

.....

(4) Place of Birth..... Hinchinbrook, Ont. .....

.....

(5) Are you married, or not ? ..... Yes. .....

(6) If married, state,
(a) Full name of your ~~wife~~ husband. Capt. Wm. Harry Hicks, ...

.....

(b) Present Postal Address..... Whitley Camp, Surrey, England. .....

.....

(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.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes, Mr. C.M. Killins.

If so, state name and address Saskatoon, Sask. Canada.

(10) Is your Mother alive? Yes, Mrs. C. Killins,

If so, state name and address Saskatoon, Sask. Canada.

(11) If your Mother is a widow ----

Are you her sole support, or not? ---

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

----

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

----

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

----

15) Are you insured? No.

If so, in what Company? Mutual Life Co.

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.

R. Gauthier Lieut-Col. A.M.C.
Officer Commanding.

Date Mar., 2nd 1918.

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) L. M. HICKS

REGIMENT C.A.M.C RANK N. Sister 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.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 9.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? no.

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (a) In Canada
- (b) In England yes
- (c) In France

BRAMSHOTT CAMP
HANTS.

Signature of Dental Officer D. MacLaren
Capt

MEDICAL HISTORY SHEET.

Surname Hicks, *Christian Name* Lillian May

Examined { on 16-1-18 day of Ki 191
at Kingston, Ont.

Birthplace { City or Town Hinchinbrook,
County Ont.

Apparent age 26

Trade or occupation Prof. Nurse.

Height 5 Feet 11 Inches.

Weight 150 Lbs.

Chest measurement { Minimum 38 inches.
Maximum expansion 4 inches.

Physical development good.

Small-Pox Marks Nil.

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

When Vaccinated last Nil.

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

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

Approved by [signature]

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

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

Date	Result	Vaccinations.	
1-3-18	good	[signature] Lt Col	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
1-3-18	good	[signature] Lt Col	M.O.
7-3-18	good	[signature] Lt Col	M.O.
17-3-18	good	[signature] Lt Col	M.O.

Enlisted on 1st. *day of* January 1916 *191* *at* Kingston, Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	A.M.C.			
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective ; the date and cause being stated on next page.

M. F. B. 313.
50M—9-14.
H. Q. 1772-39-439.

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

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

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

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

Casualty Form—Active Service.

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

Regimental No. ..... Rank Nur. Sis. Name Hicks, Lillian May
C. E. F.

Enlisted (a) 16-1-16 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				
10 APR 1918	C.A.M.C.	TAKEN ON STRENGTH from Canada	Hoylake	25 MAR 1918	Pte 100 (C.D. 424)
18.4.18	do	do No 4 C.G.Hosp	do	12.4.18	Pte 108 (C.D. 463) O.P. Semmens Capt. Asst. Adjutant, for O.C., C.A.M.C. Depot
18.4.18	No 4 C.G.H.	T.O.S. from C.A.M.C. Depot	Basingstoke	12.4.18	Pt. II D.O. 17/18.4.18
16.10.18	#4. C.G.H.	S.O.S. to No. 12. Can. Gen. Hosp. Bramshott.	Basingstoke	14.10.18	Pt. II D.O. # 55. 16.10.18 H.C. Sharpe Major C.A.M.C.

(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				
26-10-18	H.F.G.H.	J.05 from 1st A. G.H.	Bromshott	14.10.18	Pt II 50 255

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

Surname HICKS **Christian Names** Lillian May.

Rank N/Sister.

Promotion TOS. 16.1.16

Name and Address of Next-of-Kin
G.W.Killins, (Father)
Saskatoon, Sask. Canada.

Unit C.A.M.C.

Place of birth Ontario.

Married (Yes or No)

Appointments

Date of leaving Canada 25.3.18.

Date and Cause of Resignation

Report Date	Report From whom received	Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS Taken from Official Documents
8-4-18	D.M.S.	TOS on arr from Canada & post to CAMCD		25.3.18	60424.
16-4-18	do	Posted to 4 B.G.Hp from Depot		12-4-18	60463
16-10-18	4 CGHp.	S.O.S. to 12 Can. Gen. Hosp.	Bramshott	14-10-18	P.T. ord. 55.
26-10-18	12 CGHp.	T.O.S. on posting from 4 Can. Gen. Hp.		14-10-18	P.T. ord. 255.
4-1-19	Do	Granted leave from 4-1-19 to		19-1-19	P.T. ord. 3.
14-4-19	Do	S.O.S. on retiring in the British Isles		28-3-19	P.T. ord. 88.
3-4-19	Hq. O.M.F.C.	Retires in the British Isles		31-3-19	RO. 5439.

13745

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				

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. | Mess fr Can DATE / AUTHORITY | NAME. 11-11-147

Beneficiary — C.A.M.C. — Pay — N/S — 3 4/18 DHS 60424 d/8 4/18 — Name Hicks

Address — F.A. — Initials Lillian Mary

Amount. $ ~~25.~~ 50.00 Can. 1/4/18 1/11/18 — Messing — Bank of Montreal Traf Sq

Separation Allowance issued. Yes or No..... Add outfit allce 1/4/20 $100

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 20	Pra f 1/4/18-20/4/18 Mess f 3/4/18 Vo. 1181		106				$81 Due Deposited	
22	A P Can				25			
24	Bank	1187		81		✓		
May 9	May Pay (R)		111 60					
13	A P Can				25			
21	Trav allce. 3-6 4/18	2314					1-17-6 $9.12	
23	Bank	2683		86 60		✓		
June 14	June Pay (R) A P Can		108		25			
24	Bank	4166		83		✓		
July 7	July Pay R A P Can		111 60		25			
24	Bank	5626		86 60		✓		
Aug 14	Aug Pay R A P Can		111 60		25			
24	Bank	7258		86 60		✓		
Sep 12	Sept Pay R. A P Can		108		25			
24	Bank	9187		83		✓		
Oct	Oct Pay R. A P Can		111 60		25			
24	Bank.	10404		86 60		✓		
Nov	Nov- Pay R. a. P Can.		140		50			
26	Bank	12571		90		✓		

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	C A M C	Pay 2. 00	R/S	3 4/18	Dmsco 424	Name Hicks
Address		F.A. 1 00			d/8 4/18	Initials L M
		Messing 1 00				Bank of Montreal
Amount. $50. Cash		add outfit allce 4/20 3.			3/19 ms. d. 1/4/19)	Prof Sq
Separation Allowance issued. Yes or No.....		Resigning commn in England			ms 1a 8-H-1749 d. 26 3/19	

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	Pay (R)		124					
	A. P. Can				50			
18	Bank	13792		74				
Jan 22.	A. Pay Can.				50			
	Jan Pay (R)		124					
28	Bank	15564		74				
Feb 11	A. Pay Can				50			
18	Pay (R)		112.					
28	Bank	17078		62				
Mar 18	Pay (R)		124					
	A- Pay Can.				50			
24	Bank	18657		74			Resigning Commn 180 more Pay 9/4	
	W. S. G. Clearance Certificate issued				17 4/19		Transfer to L 12.	
	Duplicate 26 6/19						From Ledger 5 to L. 6.12. 8 4/19	

D.A. England
O.G. 19

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

RECORD OFFICE
BRANCH
12 APR. 1919
CANADIAN
EXPEDITIONARY FORCE.

1. RANK Nursing Sister.
2. NAME Lillian May Hicks
3. UNIT 14. Can Gen Hospital
4. DATE STRUCK OFF STRENGTH | PLACE Liverpool Eng.
5. REASON Demobilization

4/2/2

6. AUTHORITY
7. PROPOSED RESIDENCE Liverpool England

This folder should contain the following documents:

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

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

Date of Enlistment

16/1/16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

H

12761

Date of Assignment

Apl 12th 1918

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

~~$5.00~~ $5.100	0# 50.00		

1-11-18.

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank N/S. Promoted Reverted Discharge

Soldier's Name

Battalion A.M.C. No 8 Draft N. Sisters

Beneficiary

Relationship

Address

Mabee envelope

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 BK.OF TORONTO,ACCT.#303
KINGSTON,
ONT.

2 % N.S.LILLIAN MAY HICKS
TWENTY FIVE DOLLARS 25 25.00

3

4

File 8587-L-6

	Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Apl	I	13554		25	25	✓	① Per 2 m 4/10/18
May	D	9703		25	25	✓	② Acct. closed 1/4/19 per cable P.7698 "Resigned" @ 4/4/19
June	A	19443		25	25	✓	
July	A	27837		25	25	✓	
Aug	D	34118		25	25	✓	
Sept	G	V1929		25	25	✓	
Oct.	E	48589		25	25	✓	
Nov.	~~C~~	~~56652~~		~~25~~	~~25~~		Ord. canc. per 6049. C56652 cancelled 15/11/18 @ 16/11/18
Nov.	M	5751		50	50	✓	Ord. per. 12003. M5751 mailed 18/11/18 @ 26/11/18.
Dec.	E	66813		50	50	✓	
Jan.	C	75606		50	50	✓	
Feb.	E	76467		50	50	✓	
Mar.	E	87583		50	50	✓	
					425		

M-D. #3 ..... A/c Closed 31-3-19

Ret'd per .....

Date ..... F.X. 13-6-19

..... Clerk ..... C. Reads

① O.M.R.O. Att. #1465 issued 15/11/18

② M.R.O. Dest 80082 issued 4/4/19

AUTHORITY FOR NEW ACC'T. NR MD 3 B/5 Mj Reardon 2/4/18

M. F. W. 123.
400m.—6-17—4779 39-1141.
L. L. 22320—M. & D. 7933.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

	Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128.
(Om. 6-7—1772-38-1141
L. L. 22320—M. & D. 7993.