Unit C.A.M.C *Rank* Nur.Sis. *Name* Isabel Innes.

OFFICERS' DECLARATION PAPER

ORIGINAL

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

COPIED Archives COPIE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

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

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

2. (*a*) Where were you born ? (State place and country) Langley Prairie, B.C., Canada.

   (*b*) What is your present address ? 1168 Caledonia Ave., Victoria B.C. Canada.

3. What is the date of your birth ? Nov. 10th 1878

4. What is (*a*) the name of your next-of-kin ? Agnes [redacted] Geddes

   (*b*) the address of your next-of-kin ? Port Moody, British Columbia, Canada.

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

5. What is your profession or occupation ? Nurse.

6. What is your religion ? Presbyterian.

7. Are you willing to be vaccinated or re-vaccinated and inoculated ? Yes.

8. To what Unit of the Active Militia do you belong ? [redacted] A.M.C.

9. State particulars of any former Military Service Nil.

10. Are you willing to serve in the

    CANADIAN OVER-SEAS EXPEDITIONARY FORCE ? Yes.

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

Isabelle Innes Nur-Sis. (*Signature of Officer.*)

Taken on strength (place) Kingston, Ont.

(date) Sept. 12th 1916.

[signature] Lt-Col. A.M.C.

(*Signature of Commanding Officer.*)

O.C.A.M.C., M.D., No.3.

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 Oct., 7th, 1916. 191

Place Kingston, Ont.

[signature] Lt-Col.

Medical Officer.

*Insert here "fit" or "unfit"

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

Innes.

Isabel.

Langley Prairie, B.C., Canada.

1168 Caledonia Ave., Victoria B.C. Canada.

Nov. 10th 1878.

Agnes G. Innes.

Port Moody, British Columbia,
Canada.

Sister.

Nurse.

Presbyterian.

Yes.

xxxxx. A.M.C.

Nil.

Yes.

Nur-Sis.

Kingston, Ont.

Sept. 12th 1916.

Lt-Col.A.M.C.

O.C.A.M.C., M.D., No.3.

xx Ner Fit

Oct., 7th, 1916.

Kingston, Ont.

Lt-Col.

REGIMENTAL DOCUMENTS

NAME Innes Isabelle REGT. NO. n/s 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
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		To Personal Services	7-10-19	Ref Pers — 1201	DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		~~August 15 1919~~			Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				01129	
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)			20		
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)					23-5-19
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)					
1	m. f. w. 2591					
1	P. 780		S. 9 & 10	7/10/19	Misc - 263	Mc
2	Form. C. 03					
1	m. f. w 67					
1	Misc.		B.O.R. #4701			1
1	X 149					2-5
						2-5

W. 2550
100M-11-18
17-2-39-1377

Ref. Per. S. S. Megantic d/ 8-8-19

I.D. number No. d'identification	Surname Nom de famille	Given names Prénoms
	INNES	ISABELLE

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu 4701

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

ARC-1048 (r. 87/05)

SURNAME. Innes

CHRISTIAN NAMES Isabelle

REGL. No. RANK Nursing Sister

UNIT A. M. C. Reinforcements

FORMER CORPS A. M. C.

CARD NO. 2

Los Denot 23 8/19
R.O. 21 4-5-27-8-19 FOLL.

NEXT OF KIN.

NAMES IN FULL Geddes, Agnes

RELATIONSHIP TO SOLDIER Sister

ADDRESS Port Moody, B. C.

CHANGE OF ADDRESS

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COUNTRY OF BIRTH Canada, Langley Prairie B.C. DATE Nov. 10th 1878

PLACE OF ATTESTATION Kingston, Ont. DATE Sept 12th 1916

R/C 16-8-19 3 1/2 N/S.

L. L. 6915. M. & D. 6994.

M. F. W. 22. 100M.—8-18. H. Q. 177-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING Nurse RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

COPIED Archives COPIE

MEDICAL EXAMINATION. PLACE Kingston, Ont. DATE Oct. 7th 1916

Present Address 1168 Caledonia Ave., Victoria, B. C.

REGT'L. No.

H. Q. FILE No. 649

NAME Innes J

RANK AND CORPS M/Str. QAMC 7.C.G.N.

FOLLOWS No.

FOLLOWS

CABLE

No.	Date

NATURE OF CASUALTY

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
983-1	24 Gen. Etaples	13-5-18	Debility
992-2	Conv. Home LeTouquet	20-5-18	Debility

Form R. 149.

Name INNIS Isabell *Rank* N/STR. *Reg. No.*

Unit CAMC 7 CGH.

Next of Kin Canada

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
13-5	24 Gen Hos.	Etaples (HA 1260)	Debility	983		
20-5	Sent Home,	Le Touquet (HA/H12)		993		

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

Number ..... Rank N/S

Surname INNES

Christian Name ISABELLE

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Units ..... Theatre of War FRANCE

Date of Service 5-4-17

Remarks .....

Latest Address 1168 Caledonia Ave. Victoria B.C.

Roll No. B. Page 22392.

200m.-6-21.

GRATUITY (IMPERIAL)

CHRISTIAN NAME | SURNAME | REG. No.

SCHEDULE No. | LINE No.

DESP. OCT 24 1923
REGN. No. 8347

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

COPIED Archives COPIÉ

DATE RECEIVED [redacted]M OTTAWA | IMPERIAL DEPOT No.

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

[redacted]2-19.

No. RANK Nur. Sis. NAME Innes. Isabelle,

T. O. S. UNIT Army. Medical Corps

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Sept 5	1916 Oct 11	—		

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Surname. INNES

Christian Name. I.

Rank.

Unit. N/Str. C.A.M.C. 7 C.G.H.

COPIED Archives COPIED

Date of admission.

No. 24 General Hospital, Etaples. 13-5-18

Convalescent Hospital Home, Le Touquet. 20-5-18.

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis. Debility. Qw.

Later diagnosis. .....

.....

.....

.....

Disposition. Date.

16-5-18 983.

27-5-18 992-2. .....

C.L. ..... Remarks.

C.L. .....

C.L. .....

C.L. .....

C.L. .....

C.L. .....

C.L. .....

A.M.D. 2 DEPT.
Brch. of D.G.M.S. O.M.F.C. London.

D. M. S. 1347.

Surname | Christain Name | Reg. No.

Rank | Unit

MEDICAL BOARD held at | Date | Serial No.

(1)

Other Medical Boards at | Date | Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Disposition Recommended

(1)

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at | Date.....

Disposition

Remarks

Indicate by a P.T.O. if continued on other side.

ORIGINAL.

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Innes. *Christian Name* Isabel.

Examined { on 7th day of Oct., 1916
at Kingston, Ont.

Birthplace { City or Town Langley Prairie
County British Columbia

Apparent age 38.

Trade or occupation Nurse.

Height 5 Feet 6½ Inches.

Weight 120 Lbs.

Chest measurement { Minimum 31½ inches.
Maximum expansion 3 inches.

Physical development good

Small-Pox Marks No.

Vaccination Marks { Arm Right. Left.
Number no

When Vaccinated last Sept. 23rd 1916.

(*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.
23-9-16	good	[signature] Lt-Col. M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
15-9-16	Good.	[signature] Lt-Col. M.O.
21-9-16	good.	[signature] Lt-Col. M.O.
27-9-16	good.	[signature] Lt-Col. M.O.

Enlisted on 12th *day of* September 1916 *at* Kingston, Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	—	—		
Transferred to	A.M.C. O/s 7/6 b Hp	Nsg/Sr		

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 Med Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-489.

Surname _____ Christian Name _____

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.

be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

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

(2) Regimental Number ..... Nil.

(3) Full Name of Soldier ..... Isabel Innis.

(4) Place of Birth ..... Langley Prairie B.C. Canada.

(5) Are you married, or not ? ..... No.

(6) If married, state,
(a) Full name of your wife ..... nil

(b) Present Postal Address ..... nil

(7) Are you a widower ? ..... nil

(8) Have you any children ? ..... nil

If so, give number of boys and girls ..... nil

Also their names and ages ..... nil

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

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DUPLICATE

(9) Is your Father alive ?..... No.

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

(10) Is your Mother alive ?..... No.

If so, state name and address..... No.

.....

(11) If your Mother is a widow..... nil

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.

..... Mrs. Agnes Geddes

..... Port Moody B.C. Canada.

.....

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

..... nil

(15) Are you insured ?..... No

If so, in what Company ?..... nil

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

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

..... Lieut-Col. A.M.C.
Officer Commanding,
A.M.C., M.D., No.3.

Date Oct., 7th, 1916.

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/S Surname INNES
(Given name in full) ISABELLE

Unit or Corps C.A.M.C. Birthplace LANGLEY PRAIRIE B.C.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 120 lbs. Height 5 ft. 6 in. Colour of Eyes Gray-Blue

Nutrition Good

Pulse 72

Condition of arteries Normal

Vision Rt. 6/9 Cor: 6/6 Left 6/9 cor 6/6.

Hearing (conversational voice) Rt. 2ins. ft.

Left 2ins. ft.

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

Nil.

Opinion as to general health and physical condition In good health & condition

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 Yes. 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.

This n/s had ECZEMA of face in December 1917 - which lasted about a month - it returned again in April 1919. At present she is free from the disease.

Specialist Report:-

Eyes: Hyperopic Astigmatism R & L. says her glasses are not satisfactory. Has worn glasses for about six years. Would recommend transfer to Orpington for Refraction.

Newton C. Jones Capt. Spec:

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Shorncliffe Kent (Overseas)

Date 31 May 1919 Signed G.S. Duncan 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 Isabelle Innes W.S

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

THIS SECTION FOR USE IN CANADA— Isabelle Innes 5-8-19

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 Medical Board.)

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

Condition unchanged
[illegible]
5-8-19.

London -

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

C.A.D.C. 3009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) INNES, I

REGIMENT Camc RANK Ndsr No.

Date of Examination in England 31, 5, 19 Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 1 (3U)
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 no
- (b) In England no
- (c) In France yes

Signature of Dental Officer J. M. Rogers

CANADIAN EXPEDITIONARY FORCE

W.●A. 11-38
C.W.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Isabelle [illegible]

Enlisted in Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE, on the xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

day of xxxxxxxxxxxxxxxxx 191 xx AND WAS APPOINTED to COMMISSIONED RANK

in Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE on the Twelfth day

of September 1916.

He SERVED in CANADA, England and France with the C.A.M.C., Duchess of Connaught Canadian Red Cross Hospital., C.A.M.C. Depot Westenhanger., #7 Can. Gen. Hosp. #11 Can. Gen. Hosp. and #16 Canadian General Hospital,

and was STRUCK OFF THE STRENGTH on the Twenty-third day

of August 1919 by reason of General Demobilization

Dated at Ottawa, this Third day

of January 19xx 1920.

Lieut.
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

in

CANADIAN EXPEDITIONARY FORCE on the

day

of

He SERVED in CANADA

and was STRUCK OFF THE STRENGTH on the

day

of

Dated at Ottawa, this

day

of

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

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

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Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No..... Rank N/S C. E. F. Name Innes J.

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

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

Extended..... Re-engaged..... Qualification (*b*)..

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
23-8-19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 11	8-8-19	C.E.F. R.O. No. 2140—19
27-8-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 11	23-8-19	C.E.F. R.O. No. 2145-19

J. Winter Capt.
for Director Personal Services

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

[P.T.O.

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

CERTIFIED CORRECT
25 APR. 1917
CANADIAN RECORD OFFICE

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

W.S.B. class "A"

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

Regimental No. ..... Rank Nur. Sis. Name Isabelle Innes,
C. E. F.

Enlisted (a) 12-9-16 Terms of Service (a) Dur of War Service reckons from (a) 12-9-16

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

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

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
24-10-16 2-11-16	D.M.S.	Arrived London. To D. of C. Can. Red Cross Hosp	England. Taplow	24-10-16. 2-11-16	
2.11.16	Wire Mediterranean 310 2/11/16	Taken on Strength. Duffle & R x Hosp.	Taplow Bucks	2.11.16	P.26.306 4/11/16
2-4-17.	Phone Mess. Mr-in-C.	Struck off strength Duffle & R x Hospital.	Taplow Bucks	4/4/17	P.26.94. 4/4/17 George Capt.
6/4/17	C.A.M.C.	Taken on strength	Weschenbarg	4/4/17	P.R. 2-DO 96
14/4/17	C.A.M.C.	TRANSFERRED Overseas to No 7 Can Gen Hosp.	"	5/4/17	Pte II DO 103 am Duffy Capt. ASST. ADJUTANT. FOR O.C. C.A.M.C. TRAINING SCHOOL.
8/4/17	7 C.G.H.	Reinforcement 270/1/1 Duffle etc/5621 (amd 4)	dft 3/4/17	4/4/17	B213 Pte II 26 dft 18/4/17
17/2/18	"	Granted 14 days leave (Canada)		12-2-18	B213 P II 010d/26 2/18
3/3/18		Rejoined from leave.		2/3/18	B213

(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.

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Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
13-5-18.	24 Gen.	Debility Adm.	24 Gen	13/5/18.	W/F 1184.
20-5-18.	"	" L/ Togoet		20/5/18.	W/F 26442
1-6-18.	7 CGHp.	Rejoined Unit from Hosp.	Etaples	27/5/18.	B213.
8/9/18	76 GH	Granted 14 days leave	U.K.	2-9-18	B213 Pte D.062 d/ 14-9-18.
22-9-18	"	RETURNED FROM LEAVE	Field	17-9-18	B213
16 3 19	"	14 days leave - Rome		11-3-19	B213 Pte 12. 1919.
30/3/19	"	Rejoined from Leave.		26-3-19	B213
31.5.19	P.M. bdm.	Proceeded to England. and posted. to C.A.M.C bar. Comp. Witley. (bdm. GHQ A 1-1-49 d 21.5.19)		30.5.19	K30-9 P:23 of 1919.
	O.C. H	T.D.S. from Ko.	S'cliffe		
3-6-19	C.G.S.	T.C.G.S. France		30/5/19	A.A.D.S. No 2
2-8-19	—"—	S.O.S. on posting to Ko.	—"—	2-8-19	A.A.D.S. #73
		16. C.G.S. Orpington			
8/8/19		S.O.S. O.M.F. of C.			

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

J. H. Nelson
CAPT. & ADJT.
For O/C No. XI CAN. GEN. HOSPITAL.
MOORE BARRACKS, SHORNCLIFFE.

ON EMBARKATION FOR CANADA.

For MAJOR General,
Adjutant General, Canadians

L-L. Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

To Whom Mrs Mary Young

Address 1168 Caledonia Ave
Victoria
B. C.

By Whom Assigned Innes Miss I.

Regtl. No.

Rank Nursing Sister

Corps C. A. M. C. 5 Stat Hosp

Rate ~~$25.00 Nov 1st 1916~~
$50.00 from Nov 1st 1917
~~P.M.L. 6117 Jan 6/17 25/11/17.~~

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			W 2 M 13/11/17 Sam 21/11/17
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

ACCOUNTS CONSOLIDATED

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Mrs Mary King.

L. L. Job 4503.—Req. 6832.

Name of Soldier Innes I.

Nursing Sister C.A.M.C.

Month.	Year.	Cheque No.	Amt.	Remarks.
			$25.00 xx	Nov 1/16. 5 Stat Hol.
April	1916			50.00 from Nov 1st 1916
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917	V37625	75.00	$75.00 Spec Reg 26/1/17. L
Feb.		Q44026	25	$25.00 January Cheque to adjust
March		N54421	25	on future 25-L-
April		2478	25	25-L-
May		8816	25	
June		M15945	25	Mc
July		22709	25	Bw
Aug.		S30238	25	
Sept.		F36513	25	6
Oct.		Q42106	25	
Nov.		N49521	25	
Dec.		O35664 Cancelled	25	75.00 Dec Ch. and
Jan.	1918	357645	75	50.00 in future
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT. NAME OF | DATE | AUTHORITY

RANK. | DATE | AUTHORITY

NAME.

Beneficiary — UNIT: C.A.M.C. — Pay $2 p/d, I a .60, Mess 1.00 — RANK: N/S — 24/12 — O.C. 6133 C.E.F. d/27/11 — Name Innes

Address — Initials J

Canada — Bank of Montreal

Amount. $ ~~25~~ 50 1/11/17 — 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
1917								
April 21	April Pay. R.		108					
22	A.P. Can				25			
26	Bank	3003		83				
May	May Pay. R.		111 60					
9.	a. P. Can.				25	86 60		
23	Bank	5486		86 60				
June 1.	A.P. Canada.				25			
" 15.	June Pay. (R)		108			83		
22	Bank	9004		83				
July. 19.	July Pay. (R.)		111 60					
" 18.	A.P. Canada.				25			
25.	Bank	13092		86 60				
Aug. 18	Aug. Pay. (R)		111 60					
	A.P. Can				25	86 60		
22	Bank.	17361		86 60				
Sep. 17	Sep Pay (R).		108					
12	A. P. Canada.				25	83		
21	Bank	21863		83				
Oct 9	October Pay. R.		111 60					
12	A. Pay Canada.				25			
20	Bank	26291.		86 60				
Nov 16	November Pay. R.		108					
15	A Pay Canada a.m.eff. 1/11 p $25				50			
20	Bank	30763		58				

Carried Fd.

FORM P.15
2227—10M—[illegible]7

ASSIGNED PAY.

UNIT. NAME OF | DATE | AUTHORITY

Pay 2nd pd 7 a 60 Mess 1.00

RANK. | DATE | AUTHORITY

N.S

NAME.

Name Innes.
Initials T.
Bank of Montreal
Trafalgar Sq 1/8

Beneficiary
Address
ban.
Amount. $ 50
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
Dec 7	Dec Pay (R)		111 60					
4	A P ban				50			
11	Bank	35096		61 60		✓		
Jan	Jan Pay (R)		111 60					
15	A P ban				50			
23	Bank	39501		61 60		✓		
Feb 12	Feb Pay (R)		100 80					
12	A P ban				50			
20	Bank	40996		50 80		✓		
Mar 12	March Pay (R)		111 60					
12	A P ban				50			
23	Bank			61 60		✓		

P—15.

ASSIGNED PAY.

UNIT. NAME OF: C.A.M.C. DATE: AUTHORITY:

RANK. N/S. DATE: Mess 24-10-16 AUTHORITY: D.O. #6133 6.D. d/27-11-16

NAME.

Beneficiary

Address

Amount. $

Separation Allowance issued. Yes or No.

Name Innes.

Initials J.

Bank of Montreal.

1916-17

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case	INITIALS
	#168. #25.							
Dec 6	P&A fr 12/10/16 - 30/11/16 Mess fr 24/10/16 less Xtra Assg Pay			143				
11	A.P. Can Nov. & Dec.				50			
12	P&A fr 12/10/16 - 30/11/16 Mess fr 24/10/16		168					
12	Pay Dec.		111 60					
15	Bank			86 60		0		
1917 Jan 19	A.P. Can				25			
23	Pay Jan		111 60					
25	Bank			86 60		0		
Feb 19	A.P. Can				25			
22	Pay Feb		160 80					
23	Bank			75 80		0		
March 20	March Pay - R-		111 60					
21	A.P. Can				25			
23	Bank	24818		86 60		0		

P.-15

G. B. & S.

UNIT

NAME

DATE OF APPO

MARRIED (YES

NEXT OF KIN:

ASSIGNED PAY:—

MONTHLY AMOUNT

TO WHOM PAYABLE

DATE NON-EFF

AND

BANK IN WHICH PAY & ALLOWANCES DEPOSITED

PERIOD		No. of Days	Regtl. Rate	PAY					Rate of Field Allowance	ALLOWANCES					T
From	To			Amount of Regimental	Command	Adjutant	Cr. from Prev. Account	TOTAL PAY		Amount of Field Allowance	P. F. Allowance	Messing	Subsistence	TOTAL	AL

SUNDRY PAYMENTS

DATE	CHEQUE No.	PARTICULARS

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

ASSIGNED PAY.

UNIT. NAME OF: Band 6

RATE OF P. AND A.

RANK.

DATE: 24/10/16

AUTHORITY: 6133 C.T.O. 27/11/16

NAME.

Beneficiary

Address: Can

Amount. $ 50 xx

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

Pay 2xx pd
F.A. 60
Messing 1 xx

Name Innes.
Initials H. J Isabella
Bank of Montreal
Trafalgar Sq

DATE 1918	PARTICULARS		CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Apl 18	A P. Can					50			
	apl Pay (R)			108					
24		Bank	1187		58				
May 19	May Pay (R)			111 60					
13	A P. Can					50			
23		Bank	2683		61 60				
June	June Pay (R)			108					
14	A P. Can					50			
24		Bank	4166		58				
July	July Pay R			111 60					
17	A P. Can					50			
24		Bank	5626		61 60				
Aug	Aug Pay R			111 60					
14	A P. Can					50			
24		Bank	7258		61 60				
Sep	Sept Pay R.			108					
12	A P. Can					50			
24		Bank	9187		58				
Oct	Oct Pay R.			111 60					
	A P Can					50			
24.		Bank	10404		61 60				
	Outfit allce 24 10/18			100.					
30		Bank	10854		100.				
Nov	Nov Pay R.			140					
	A. P Can.					50			
26		Bank	12521		90				

FOR[illegible] 15. H.W.V.Ld.—3717-18.
12519—1-3-18

ASSIGNED PAY. | UNIT. NAME OF | RATE OF P. AND A. | RANK. DATE AUTHORITY | NAME. [illegible] 4

Beneficiary | Pay | Name
Address | F.A. | Initials
Messing | Bank
Amount. $ 50. Can
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
Dec	Pay (R)		124					
	a. P Can				50			
14	Bank	13792		74				
Jan 22	a. P Can				50			
	Pay (R)		124					
28	Bank	15564		74				
Feb 11	a. Pay Can				50			
18	Pay (R)		112					
26	Bank	17075		62				
Mar 18	Mar Pay (R)		124					
	a. Pay Can				50			
24	Bank	18651		74				
April 11	April Pay (R)		120					
	a. P Can				50			
26	Bank	1044		70				
May 13	Pay (R)		124					
	a P Can				50			
22	Bank	2593		74				
June 16	Trans alece 29-30 5/19	3412					191-	
20	Pay (R)		120					
	a. Pay. Can				50			
25	Bank			70				
July	Pay R		124					
	a P Can				50		Issue P.C. to 3/8/19 only	
24	Bank			74				D 8/19

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

ASSIGNED PAY.

UNIT. NAME OF

RATE OF P. AND A.

RANK.

DATE AUTHORITY

NAME.

Beneficiary

Address

Amount. $ 50 ban

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

Pay 2.00 Pd

F.A. 1.00

Messing 1.00

AIS

Name Innes

Initials J.

Bank of Montreal

Trafalgar

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Aug 6	Br. Forwd					Dr 74	D32	
"	Adv Aug Pay Bank.			74			RETURNED TO CANADA L.P.C. TO 30.8.19 TRANSFER TO N.E. LEDGER	
	Aug Pay (R)		124					
	A. Pay ban				50	0		

F. M. P. 15.
12[illegible] M—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			Name
Address		F.A.			Initials
		Messing			Bank
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

Occupational Corps 19
Dispersal Area K.

M

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

COPIED Archives COPIE

O.K.

1. RANK	NURSING SISTER		
2. NAME	INNES, ISABELLE		
3. UNIT	C.A.M.C.		
4. DATE STRUCK OFF STRENGTH		PLACE	
5. REASON	SOS 23-8-19 RO 2145-19 Demobilization		
6. AUTHORITY			
7. PROPOSED RESIDENCE	1168 CALEDONIA AVE. VICTORIA, B.C. CANADA.		

10.2.22

H

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.

W. S. Innes. J.

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

R. 150

C.T.

Surname INNES /

Rank Nursing-Sister /

Promotion 12.9.16

Unit Draft Nursing-Sisters /

Place of birth Langley Prairie, B.C. Canada. /

Married (Yes or No)

Appointments

Date of leaving Canada

Report

Christian Names Isabelle /

Name and Address of Next-of-Kin — do — 1-2-17

Agnes Geddes, (Sister) /

Port Moody, British Columbia. /

Canada. /

Date and Cause of Resignation

D.of C.H Nov. 30. 1916

D. of Con. 17 JAN 7 1917

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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
		Taken on Strength, C.A.M.C. Ch. for arr			D.O. 6133. C.T.D. 24/10/16. R.O. 440. Com. Cas. Bngalow 4/12/16.
29-11-16	D. Nrs.	from Canada & posted to C.A.M.C. Y.S.		24/10/16	C.O. 3084. C.O. 4050. Dms.
3-11-16	Dms.	Posted to Duch. of Connaught's R.X.H. Taplow		3-11-16	C.O. 2028.
4-11-16	D.of Con. H.	Taken on Strength	— do —	2-11-16	Pt II ord 306.
6.2.17	D.of C.H.	Granted 3 days leave fr. 5/2/17 to	returned to duty	7/2/17	Pt II ord. 39 D.of C.H
4/4/17	— do —	S.O.S.		7/2/17	Pt II ord 37
4.4.17	Dms.	Posted to C.A.M.C.	Depot.	4.4.17	Pt II O.W. 94
				4.4.17	C.O. 451. T.O.S. Pt II O.W. 103. 26 APR. 1917 T.O.S. Pt II O.W. 26. 7 C/C H. Depot
10.4.17	"	" " "	7 C. Gen. H.	5.4.17	C.O. 464 Pt II O.W. 103 Depot
28.2.18	7.C.G.H.	Granted 14 days leave		12.2.18	Pt 2 9/10.
16.5.18	A.M.S.	Adm. 24 Gen. Hosp. Etaples		13.5.18	C.L. 983. Debility.
27.5.18	do.	Adm Conv Home	Le Touquet	20.5.18	C.L. 992 Debility.
14-9-18	7 C.G.H.	Granted 14 days leave from		2-9-18	P II. ord. 62.
29.3.19	do	Granted 14 days leave.		11.3.19	P II ord 12.
10-6-19	do	S.O.S. to Eng to Canad Cas Coy		30-5-19	P II O. 23.

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				
3-6-19	11 C G H	T.O.S. on reporting from 7 C.G.H.		30-5-19	Pt II O. 52.
2-8-19.	16. C.G.H.	T.O.S. from 11th C.G. Hosp.		4-8-19	Pt II Od. 181.
15.8.19	do	S.O.S. Outfit to C.E.F. Canada		8.8.19	Reverted 19/.
					23684
			23.8.19		~~23685~~

MEGANTIC 14 8 19

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. | RANK N/S | NAME (IN FULL) TONNES, ISABELLA (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

Reed. 8.8.19 Dis. 15.8.19

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Long Lt	6 adj to 31.8.19	

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

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 50 00 | DATE EFFECTIVE 1.9.19 blosed

PAYABLE TO Mrs Mary King | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 1168 Caledonia Ave Victoria BC | c/o B.N. of Montreal Victoria B.C.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Quebec | DATE 23.8.19 | REASON Dem. | AUTHORITY R.O. 2145 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																		Long Lt 6 blear.
31.8.19	30																								24 00		24 00		24 00			24 00 Lt charge - Overpaid August.
																									24 00		24 00		48 00			24 00 Lt charge - Messing paid to 31.8.19 recovered from date of embarkation 8.8.19
																											48 00		48 00			Balance
Lieut., Paymaster, Demobilization Pay M.D. No. 11																																
	153 days	3 00	459 00				459 00																		48 00		48 00		411 00			
									Jan 29	1594	6	4			318 00												318 00		93 00			
									Dec 23	160	2	95			93 00												93 00		-			
			459				459																				459					

War Service Gratuity

Service 2 years ..... months

I certify that all payments of War Service Gratuity have been made on this account according to the period of Service shown on the M.F.W. 2595 received.

Capt.,
Officer i/c War Service Gratuity
M.D. No. 11

I certify that all payments have been made on this account for which covering authority has been received to date.

Lieut.,
Paymaster, Demobilization Pay
M.D. No. 11

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

10/11/19

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

299 Nov 1st 1916

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

~~25.~~	50		

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank N. S. Promoted Reverted Discharge

Soldier's Name ~~Miss~~ J. Innes

Battalion b.c. m.b. 5th Stat. Hospt.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Mary ~~King~~ King

Address 1168 Caledonian Ave. Victoria B.C.

Change of Address

1

2

3

4

	Date	Cheque No.	Amount S/A	Amount A/P	Total	J	REMARKS
	Dec 31/17	~~~		400	400	1	25.00 from Nov 1st/16 x 50 from Nov 1st 1917.
1918	Jany	B 69378		50	50	10	
	Feb.	T. 72984		50	50	9.	2 m. 13-11-17.
	March	I 97175		50	50	9.	
	April	J. 11516		50	50	9.	
	May	F 7336		50	50	8	
	June	C 17442		50	50	8	
	July	Le 33672		50	50	8	
	Aug	F 32759		50	50	8	
	Sept	[illegible] 48137		50	50		
	Oct	53669		50	50	-	-
	Nov	50225		50	50	-	-
	Dec	L 63980		50	50	-	-
1919	Jan	7 73920		50	50	-	-
	Feb	E 81608		50	50	-	-
	Mar	S 82471		50	50	-	-
	Apl	+ 3174		50	50	-	-
	May	U 66550		50	50		
	June	[illegible] 9151		50	50	L	
	July	[illegible] 12992		50	50	8	
	Aug	[illegible] 13300		50	50	1	

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7983.

A/c Closed 31/8/19

Ret'd per... Megantic

Date 1/8/19 M.F.W. 128

Closed ... Thos Coulter

AUDITED 9186 sent 3/8/19

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7493.