Unit C.A.M.C. Rank Nursing Sister Name Grace Edith Hagg Kenney

OFFICERS' DECLARATION PAPER

TRIPLICATE

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

BASE HOSPITAL

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname ? Kenney
   (b) What are your Christian Names ? Grace Edith Hagg
2. (a) Where were you born ? (State place and country) Toronto, Canada
   (b) What is your present address ? Base Hospital, Toronto.
3. What is the date of your birth ? Feb. 14th 1889
4. What is (a) the name of your next-of-kin ? Mrs. Thos. Bond
   (b) the address of your next-of-kin ? 453 Manning Ave, Toronto
   (c) the relationship of your next-of-kin ? sister
5. What is your profession or occupation ? Graduate nurse
6. What is your religion ? Protestant
7. Are you willing to be vaccinated or re-vaccinated and inoculated ? yes
8. To what Unit of the Active Militia do you belong ? Toronto Nil.
9. State particulars of any former Military Service None.
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.

Grace E. H. Kenney (*Signature of Officer.*)

Taken on strength (place) Base Hospital, Toronto

(date) Aug. 29th 1916

F. B. Pardee Lt. Col.
(*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* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date January 15th 1917

Place Toronto

W. A. McCullough Capt. R.A.M.C.
Medical Officer.

*Insert here "fit" or "unfit

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

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

BASE HOSPITAL

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname?
   (b) What are your Christian Names?
2. (a) Where were you born? (State place and country)
   (b) What is your present address?
3. What is your date of your birth?
4. What is (a) the name of your next-of-kin?
   (b) the address of your next-of-kin?
   (c) the relationship of your next-of-kin?
5. What is your profession or occupation?
6. What is your religion?
7. Are you willing on vaccination or inoculation?
8. To what Unit of the Active Militia do you belong?
9. State particulars of any former Military Service.
10. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE?

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

Taken on strength (place)

(date)

(Signature of Commanding Officer)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for the Medical Examination for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date 191

Place

(Signature of Medical Officer)

A.-1. IV. 64

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

KENNEY GRACE EDITH Flagg | N-S | C A M C | 05737

H

CARD NO. 2

SURNAME. Kenney

CHRISTIAN NAMES Grace Edith Stagg

REGL. No. RANK Nursing Sister

UNIT C.A.M.C.

FORMER CORPS Nil

SOS. 3-5-19 Demob. D.O. 150 FDLL. 30-5-19 H2B D

R.O. 19836 27-5-19

NEXT OF KIN.

NAME IN FULL Bond Mrs. Thomas,

RELATIONSHIP TO SOLDIER Sister

ADDRESS 453 Manning Ave, Toronto Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Toronto Ont DATE Feb. 14th 1889.

PLACE OF ATTESTATION Toronto Ont DATE Aug 28th 1916.

A/S. 3-4-17

79/C. 15-4-19 30L 2 A/S.

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

Date of Sailing per S.S. "Lititia" April 3/1917

MARRIED SINGLE WIDOWER

T. 24-3-25

TRADE OR CALLING Graduate Nurse RELIGION Protestant

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Toronto, Ont DATE Jan 15th, 1917.

Present Address - Base Hospital, Toronto, Ont.

No. RANK Sister. NAME Kenney. G. S.

T.O.S. 28-8-16 UNIT Base Hospital A.M.C.
D035 of 3-11-16.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Aug. 28	Nov. 30	J		
Dec.		J		
1917	1917			
Jan.		J		
Feb.		J		
Mar.		L		

Number ..... Rank NIS

Surname KENNEY

Christian Name GRACE EDITH STAGG

Units ..... Theatre of War FRANCE

Date of Service 14-10-18

Remarks Apt 53 - 150 W 104th St New York City N.Y. USA 8th/24

Latest Address ~~453 Manning~~ Ave., ~~Toronto, Ont.~~

Roll No. 13 Fag 22272.

200m.-6-21.

(This form to be filled in by all ranks on voyage to Canada.)

.....

R	RANK	SURNAME	INITIALS	UNIT
.....	.....	.....	.....	.....

al address..... (Street) (City or Town) (Province)

one person to be notified of arrival.....

.....

Station in Military District to which a furlough warrant is required.....

..... Railway.....

d, is your wife on board..... Number of children on board.....

tination.....

(Sgd.).....

DEPT REGN APR 9 1917

NAME Kenney G. E. S.

RANK AND CORPS M. Str. C.A.M.C. Depot.

REGT'L. NO.

H. Q. FILE NO 649

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
974-4	4 Con. Gen. Basingstoke	16-3-18	Inj. L. Fibula Acc.
974-4	Discharged	16-4-18	" " " "
1004-4	4 Can. Gen. Basingstoke	6-6-18	Larrigitis Can. Cart
1013-3	Disch.	19-6-18	" "
1172 1/2	24 Gen Etaples	20-12-18	"
1173	D.A.D.M.S. 71 Vincent S.W.	1-1-19	"
1180 2/2	C.R.C. Officers 17A. Copley St. W.	3-1-19	Myalgia
1184 2/2	C.R.C. Spec. Buxton	15-1-19	"
1243 1/2	Gran Can. "	19-3-19	"
1298 2/2	" " "	31-3-19	" Disch

Form DMS 1401.

A. & D. CARD

.....HOSPITAL.

A. & D No. AT 1738 Pl. of Action .....

Rank W/S Reg. No. ..... Unit Cam'l Corps Sick or Wounded

Name KENNY. G.E.S. Age 25 Religion Presb

Place in Hospital Northwood.

Diagnosis Amygdalitis

Admitted 18/3/19 From CCS 4 Buxton

Discharged 31-3-19 To Sailing 74

Transferred .....

Service at Home 3 1/2 In Field 3 1/2

Results .....

14 days

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

Form R. 149.

E.R.B.

Name KENNEY Rank N/Str. Reg. No.

Unit Grace Edith Stagg

Next of Kin CAMC 7 C.G.H. Canada

Date 1918.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
20-12	No.24 Gen.Hosp.Etaples (HA.6463) Laryngitis			1172		
1-1-19	Ca Impetigo Vincent Sy (7001)			1199		
3-1-19	Con Rest ~~Hosp~~ Boston 7001 Myalgia			1180		
15-1-19	Con Rest Shorncliffe Boston 7001			1230		
19-3-19	Gran. Con Spec. Hosp Buxton 7001			1243		
31-3-19	Discharged (Fit)			1278		

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

Form R. 149.

Name KENNEY *Rank* N/Str. *Reg. No.*

Unit Grace Edith Stagg. C.A.M.C. ~~Detch~~ 4.C.G.Hp.

Next of Kin Canada

Date 1918.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
16-3	No.4 Can.Gen.Hosp. Basingstoke Inj.L.Fibula (Acc)			974		
16-4	Discharged	-		974		
6-6-18	H Can Gen Hos Bramshott 19279 Pte Kenney			1015		
19-6	Discharged 7009					

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

FILE No.....

DENTAL EXAMINATION ON DISCHARGE.

RANK Lt. NAME A Kennedy REGT. No.....

DATE OF ENLISTMENT Aug 10/16 SERVICE, WHERE France

IF ANY DENTAL TREATMENT IN ARMY, WHERE.....

DISCHARGE EXAMINATION AT St Andrews DATE May 6/19

TREATMENT TO BE RECEIVED .....

.....

AT..... EXAMINED BY J.H. Crockett Capt.

ABOVE TREATMENT COMPLETED BY..... DATE.....

COMPLETED HISTORY SHEET FILE No.....

OTHER SIDE FOR REMARKS.

NOTE:—THIS IS TO BE PRESENTED TO C.A.D.C. OFFICERS ONLY, AS CIVILIAN DENTISTS ARE NOT AUTHORIZED TO DO THIS WORK AND CLAIMS FOR SAME BY THEM CANNOT BE PAID.

M.F.B. 484.
100M.-12-18.
1772-39-1219.

A.T. Serum
Dose and date } 1st

2nd

FIELD AMBULANCE NOTES.

Morphia
Dose and time }

Date of wound or
onset of illness }

Religion

Army Form W. 3118.

FIELD MEDICAL CARD.

No.
Rank Sapper.
Name KENNEY. Jas.
Unit 7. Canadian. General. Hosp.

~~Battle Casualty~~ ~~Accidentally Wounded~~. "Sick"
(Strike out description which does not apply)

No. of F.A.
Date of admission
F.A. diagnosis

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

Base Hospital diagnosis (alterations or additional)

Lacuna gibbi

(1012) Wt. W15045/H3401. 1750m. 5-3-17. J.R. & C.

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

No. of C.C.S.

Date of entry

No. of Hospital Villa Jacio

Date of entry 20.12.18

20.12.18 admitted from 7. Canadian General with history of throat trouble:

22.12.18 States that on 20th she began to feel she has been hoarse with cold & cough and gradual aphonia. Occasional pain of Temperature at night

Hospl. for Queen Alexandra's Imperial Nursing Service

31.12.18 Admitted. Convalescent

2.1.19 Transferred to 1 Hyde Park Pl May Thomas Offr.

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

Surname. Christian Name.

KENNEY G. E. S.

Rank. Unit.

N/Str. C.A.M.C. ~~Depot.~~ 7 C.G.H.

Hospital.	Date of admission.
No.4 Canadian Gen.Hosp.Basingstoke.	16-3-18
do. do. do. do.	6-6-18.
No.24 General Hospital, Etaples	20-12-18
Transferred ~~H.S.to C.A.M.C.Hospital~~, Hosp. London	1-1-19
Canadian Red Cross Offs.Hosp.London	3-1-19
Canadian Red ~~Cross Spec.~~ Hosp. Buxton	15-1-19
Granville Can.Special Hosp. Buxton	19-3-19
..... Hosp.	
..... Hosp.	

Diagnosis. Injury lt.Fibula Acc.

Later diagnosis. Laryngitis. Qw Qw

Laryngitis. ax

~~Myalgia.~~ xar

Disposition. Discharged:-16-4-18.

Date. 19-6-18.

Do. 31-3-19.

6-5-18	974-4.
10-6-18	1004-4.
22-6-18	1015-2.
24-12-18	1172.
2-1-19	1177-3.
6-1-19	1180-2.
17-1-19	1190-2.
20-3-19	1243.
27-5-19.	1298-2.

C.L. Remarks.

C.L.

C.L.

C.L.

C.L.

C.L.

A.M.D. 2 DEPT.

Reh. of D.G.M.S. O.M.F.C. London.

D. M. S. 1347.

Surname	Christian Name	Reg. No.
KENNY	G.E.S.	

Rank	Unit
N/Str.	C.A.M.C.

MEDICAL BOARD held at	Date	Serial No.
(1) Buxton Area	17-2-19.	

Other Medical Boards at	Date	Serial No.
(2)		
(3)		
(4)		
(5)		

Condition found by Board

Laryngitis.

Disposition Recommended

(1) Unfit any Serv. 6 mos. Ret. Hspl. Canada.

(2)

(3)

(4)

(5)

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

Disposition

To Canada per Essequibo V. L'pool 31-3-19

Remarks

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

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

~~R.A.M.C.~~ C.A.M.C.

~~R.C.~~

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing-Sister

(Name in full) Grace Edith Stagg [illegible]

Enlisted in Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE, on the [illegible]

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

in Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE on the Twenty-Eighth day

of August 191 6

He SERVED in CANADA, She ~~xx~~ England and France with the C.A.M.C. Depot., Ontario Military Hospital., No.4 Can. Gen. Hospital., C.A.M.C. Casualty Coy., No 7 Can. Gen. Hospital, France., and ~~R.A.M.C.~~ C.A.M.C.

and was ~~STRUCK~~ OFF THE STRENGTH on the Fifth day

of May 191 9 by reason of General Demobilization

Dated at Ottawa, this Nineteenth day

of November 191 9

[signature]

Director of Personal Services.

for

M. F. W. 2618a

30m.—4-19.

1772-39-1428.

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

M. F. W. 54. (A. F. D. 198.
500M.—9-16
H. Q. 1772-39-9-0.

Casualty Form—Active Service.

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

Regimental No. ..... Rank Driver C. E. F. Name Kenny G. E.

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				
16 4/19	M.H.Q.	T.O.S. C.E.F. in Canada ~~on General Demobilization~~ Invaliding	M.D. No. 2	31/3/19	C.E.F. R.O. No. 1896-19 D. Urquhart Lieut. 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				

15-5-R-27

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

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

Temporary - original not available

Casualty Form—Active Service.

Unit, Regiment or Corps Can. Army Medical Corps

Regimental No. ..... Rank N/S. C. E. F. Name Kenny, G. E.S.

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				
	O.M.F.C.	T.O.S. 2 D.D.	Toronto	31-3-19	Auth. R.O. 1896 Part 2 D.O. 112
					A. M. Turner Major, For Lieut.-Colonel, O.C. No. 2 District Depot.
		S.O.S. on Gen. Demob.	Toronto	5-5-19	Auth. R.O. 1983 Part 2 D.O. 150
					A. M. Turner Major, For Lieut.-Colonel, O.C. No. 2 District Depot.

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

[P.T.O

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

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

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

No. ..... Rank Nursing Sister Surname KENNEY
(Given name in full)
Mrs. Grace Edith Stagg

Unit or Corps C.A.M.C. ..... Birthplace Toronto.

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

1. **GENERAL DESCRIPTION:**

Physique Well developed Weight 148 lbs. Height 5 ft. 5 in. Colour of Eyes. Hazel

Nutrition Good

Pulse 78

Condition of arteries Normal

Vision Rt. Normal Left Normal

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

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

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 Yes.

Disturbance of mentality No. Muscular System Yes. Digestive System No.

Osseous and Joint System Yes 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.

Respiratory System:-

An attack of Laryngitis 21-12-18 and admitted to Villa Hospital until 1-1-19. Transferred to I.O.D.E. Hospital, London, 1-1-19 and remained there until 14-1-19, then transferred to Northmoor and received treatment in this Hospital. At present, no disability exists the result of her throat involment. (See Specialist's report attached)

Muscular System:-

Following the attack of Laryngitis, patient has suffered from Muscular pains in the muscles of the neck and thorax for which appropriate treatment was received. At present she has no disability resulting from the Myalgia.

(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 Toronto (Canada)

Date 5. 6. 19. Signed C. E. Imrie Major 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 Grace C. D. Kennedy

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

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

Osseous System:- Fracture of the upper end of left tibia and fibula- treated in No.4 Canadian General Hospital. No Disability at present exists.

APPROVED Apr 7 1919 M.S. M.D. 2

[OVER]

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

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
101 669		RS	Kenney	G. E.

Year	Unit.	Age.	Service.
1918	4 C.E.H. C.A.M.C.		12/12

Station and Date. No. 4 Canadian Gen. Hospital, Basingstoke. 16 3 18

Disease Fracture Injury L L Tibula

OCCUPATION

ENLISTED

ENGLAND

FRANCE

WOUNDED

HOSPITALS

OPERATIONS

REMARKS

SUMMARY OF F.M.C.C.M.H.S.

PRESENT CONDITION

P.T.O.

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sr. (10938). Forms/I. 1237/12. (E239)

[P.T.O.

Station and Date.	
	On 15/3/18 - at night, before going to bed - and while instructing another Sister in a new dance step - Sgt accidentally tripped and fell. Sister Kinney being underneath, received full weight of other Sister on left knee which was, at time fixed slightly at side and muscles in full tension. This sudden strain pulled a small fragment off the upper inner end of fibula.
16-3-18	On Examination great pain on pressure over fibular end - could not bear any weight on limb & X ray confirmed diagnosis of fracture. - Put in bed with flannel compression bandage over absorbent cotton.
16-4-18	Pt. can walk ordinary distance without pain - fit for modified duty.

Fred E. Watts
Major RAMC

Forms
I. 1237
12

19.6.18

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
D1a91		W/Sister	Kenney.	G.
Year 1918	Unit.		Age.	Service.
	Canc 4 C.G.H.			2¼

Station and Date.

Disease Laryngitis.

6-6-18 Moderate laryngitis. Aphonia 2 days. Slight pyrexia.
Intratracheal inj. ections menthol in olbolene.
Patient rather easily upset. Sleeps badly.
Has a cough.

No. 4 Canadian Gen. Hospital, Basingstoke.

8/6. Chest shows scattered moisture

12/6. Chest clearing. A.C. Lawson Lt.Col.

19/6/18. Feels fit. Discharge to duty.
E Lewis Sist Canc

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239)

[P.T.O.

Station and Date.	

Forms I. 1237 10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	—	2/S.	Kenney.	E. E. S.

Unit.	Age.	Service.
Canl.	25.	2 5/12

Station and Date.
D.D.E
T. T. 19

Disease Pharyngitis
Laryngitis.

History of present Illness

For the past three months since going to France she has had frequent attacks of sore throat - hoarseness as often as every week. Two years in Eng but no similar trouble.
With the above there is a dry cough and pains - stiffness across the cervical muscles & down the left shoulder - worse when tired.
Her general health has been good.
Was admitted to Villa Lno - Etaples - from No 7 Can. Gen. France
Admitted to Vincent Dy. 31.12.18 thence to D.D.E. 2.1.19.

Pharynx There is some redness - but no swelling or other abnormality seen.
Teeth are good.
Cervical spines & post cervical muscles are slightly tender - & subjectively feel stiff.
Shoulder jts - are normal
Other muscles & joints are negat:

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	
	Lungs = normal.
	Heart Beyond sl. blurring of apical first sound - heart is normal.
11.1.19.	muscles of neck & left shoulder have much improved. Gen^{l} condition good. Voice normal.
12.1.19.	Laryngitis Myalgia of muscles of neck subsequent to Inflammat^{n} larynx.
	Transfer to Buxton Convalescent Hospital

F. Moffatt Capt.

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.

N.S.

BASE HOSPITAL

Unit, Regiment or Corps ..... MILITARY DISTRICT No. 2 .....

Regimental No. Mil ..... Rank Nursing Sister ..... Name Grace Edith Stagg Kenney,

C. E. F.

Enlisted (a) 28-8-16 ..... Terms of Service (a) War & Six Months ..... Service reckons from (a) 28-8-16

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) Graduate Nurse

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				
		Embarked	Halifax	28.3.17	P.
		Disembarked	Liverpool	7.4.17	
16.4.17	C.A.M.C. D.	TAKEN ON STRENGTH	Westerhanger	27.3.17	P. II D.O. 106
17.4.17		S.O.S. to Ont. Mil. Hosp. Orpington	"	11.4.17	P. II D.O. 106
					J. H. McGarvie CAPT. ASST. ADJUTANT. FOR O.C. C.A.M.C. TRAINING SCHOOL.
16-11-17	16 Gen Hosp.	Struck off Strength to No. 14 B. Basingstoke ~~for proceeding Overseas~~	Orpington	10-11-17	P. II D.O. 207
					R. J. Manley Capt. 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				
16-11-17	4th Can. Gen	Taken on Strength	Basingstoke	16-11-17	Pt II DO 169. 16-11-17
21-3-18.	#4. C.G.H.	Admitted to Hospital (Inj. L. Tibula)	Basingstoke.	16-3-18	Pt II D.O. #12. of 21-3-18.
18. 4. 18	#4 C.G.H.	Discharged from Hospital	Basingstoke	16-4-18	Pt II D.O. #17 / 18/4/18
25/4/18	No 4 C.G.H.	S.O.S. to C.A.M.C. Depot Shorncliffe	Basingstoke	6-4-18	Pt II D.O. 18/25-4-18.
7/5/18	Do.	D.O.S. from C.A.M.C. Depot Shorncliffe.	Basingstoke	16-4-18	Pt. II D.O. 20/7-5-18
11.6.18	Do	Admitted to Hospital (Laryngitis)	Do.	5.6.18	Pt. 2 D.O. 26/11.6.18
16.10.18	Do	S.O.S. to C.A.M.C. Cas. Coy. Shorncliffe.	Do.	11.10.18	Pt. II D.O. #55. 16.10.18. R.C. Sharpe Major C.A.M.C.

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

Casualty Form—Active Service.

Regiment or Corps.....

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

Religion..... Age on Enlistment.....years.....months

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

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

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

or Corps Trade and Rate.....

Occupation..... .....Signature of Officer.

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				
		Embarked ...			
		Disembarked...			
20.10.18	Hosp Gen Hospl	T.O.S. on arrival in France (Auth. WO.121/0/6101 (Anc 24) dy 9.10.18).	Field	15.10.18	R213. KR 25413/3. 4 I 74 a/1918.
20.12.18	24 Gen.	Lumbago. ad.	24 Gen.	20.12.18	W3034.
29.12.18	"	" to	England.	29.12.18	W3034.
31.12.18	Jan Boyder	Invalided sick to England and posted to C.A.M.C. Can. Conv. Shorncliffe.		31.12.18	W3083/6676. TF No3. d 17.1.19 Chas B Chapnell
23.5.19.	C.A.M.C. Cas Coy.	T.O.S. from No. 7 G.H. ~~Bramley 21 days Conv.~~	Byfleet	1.1.19.	P.U. DO 120
do	do.	S.O.S. or transfer to the	do.	31.3.19.	do

(*a*) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(*b*) Signaller, Shoeing-Smith, &c.

C.C. Can Canada

Major

C.A.M.C. Cas Coy.

(6596) Wt. W1289 300,000 5/18 McA & W Ltd. Form B/103 (E. 3109) [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				

BASE HOSPITAL No 3 ORIGINAL

MEDICAL HISTORY SHEET.

Surname Kennedy Christian Name Grace Edith Hoggs

Examined on 15 day of Jan. 1917 at Toronto

Approved by N H McWilliams

Rank Capt arms M.O.

Birthplace City or Town Toronto County York.

Apparent age 28

Trade or occupation Graduate nurse

Height 5 Feet 6 Inches.

Weight 138 Lbs.

Chest measurement Minimum 37 inches. Maximum expansion 36 inches.

Physical development Good

Small-Pox Marks none.

Vaccination Marks Arm Right. [redacted] Number 2.

When Vaccinated last 1915

(a) Marks indicating congenital peculiarities or previous disease none

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

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.
1917		M.O.
Jan 22		G S Porter Capt M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
~~Dec~~ 1916.	and para-Typhoid	
4		G S Porter Capt. M.O.
11		M.O.
18		G S Porter M.O.

Enlisted on 28 day of Aug. 1916 at Toronto

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment				
Transferred to	C.A.M.C			28th Aug. 1916

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.
400M.—1-16.
H. Q. 1772-39-439.

Surname Reeves Christian Name Grace Edith Stagg

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.
No. 4 Canadian Gen. Hospital, Basingstoke.		16	3	18	16	4	18		28	From a fall - small piece of bone from outer end of fibula was pulled off. Court of Inquiry finding:- "Injuries received accidentally when off duty."	Fred E. Wolfe Major. Can. A.M.C.
No. 4 Canadian Gen. Hospital, Basingstoke.		5	6	18	19	6	18	Laryngitis	14	Could scarcely whisper for two days. Cough - Scattered moisture in chest for a few days - cleared. Slept poorly and rather easily upset.	E. Lewis Capt. CAMC

BASE HOSPITAL

DUPLICATE

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. Co. .....

.....

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

(3) Full Name of Soldier..... Grace Edith Mary Kennedy .....

.....

(4) Place of Birth..... Toronto, Canada .....

.....

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

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

.....

(b) Present Postal Address.....

.....

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

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

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

Also their names and ages.....

.....

.....

.....

.....

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?.....

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

(10) Is your Mother alive ?.....

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

.....

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

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

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

.....

.....

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

Mrs. Chas. Boyd (sister)
453 Manning Ave
Toronto.

(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 ?.....

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

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

E B Hardy Lt Col
Officer Commanding.

Date Jan. 15/17

BASE HOSPITAL
MILITARY DISTRICT No. 2

L. L. Job 4503.—M. & D. 6333.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

To Whom Mrs Mabel M. Boyd,

Address 453 Manning Ave, Toronto.

Rate $40.00

APR 191?

By Whom Assigned Kennedy, Grace S.

Regtl. No. ~~N.S.~~

Rank M.D.

Corps Military Dist # 2 – B. Hospital –

PAYMENTS

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

CONSOLIDATED HEAD ACCOUNT 5

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Mrs. Mabel M. Boyd (Assignee)

PAYMENTS.

Name of Soldier Kennedy, Grace S.

M.S. Military Hist #2 Bse. Hospital

I. L. Job 5470—Req. 6888.

#40 m

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			APR 1917
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April ✓		A 6126	40	
May ✓		Z 9289	40	
June		Z 17453	40	Mc
July		Z 25089	40	C
Aug.		K 29913	40	
Mc Sept.		Z 38867	40	C3
Oct.		K 42667	40	
Nov.		N 49803	40	360
Dec.		Q 56011	40	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

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

ASSIGNED PAY. | **UNIT.** NAME OF: 6 A M L. RATE OF P. AND A. | **RANK.** | DATE: 5 4/17 | AUTHORITY: H Canada Dms CO. 483 B 4/17 | **NAME.**

Beneficiary

Address Can

Amount. $ 40 1 4/17

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

Pay 2 x x pd

F.A. 60

Messing 1 x x

R/S.

Name Kennery

Initials Grace Edith Alma 99

Bank of Montreal.

Trafalgar Sqr

27 3/19 X X 19 $100

Add outfit allce

DATE 19 18.	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				40			
	Apl Pay (R)		108					
24	Bank	1187		68				
May 14	May Pay (R)		111 60					
13	A P Can				40			
23	Bank	2683		71 60				
June 14	June Pay (R) A P Can		108		40			
24	Bank	4766		68				
July 17	July Pay R. A P Can		111 60		40			
24	Bank	5626		71 60				
Aug 14	Aug Pay R A P Can		111 60		40			
24	Bank	7258		71 60				
Sep 18	Sept Pay R. A P Can		108		40			
24	Bank	9187		68				
Oct	Oct Pay R. A P Can		111 60		40			
24	Bank	10404		71 60				
Nov	Nov. Pay R. A P Can.		140		40			
24	Bank	12521		100				

Carry Forward

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
Address
Amount. $140 Can
Separation Allowance issued. Yes or No.....

Pay 2 00 Pd
F.A. / 00 "
Messing / 00 "

A.D.A. 14/9 27 3/19

Name Kenney
Initials, G E S.
Bank of Montreal
Traf Agie

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				40			
18	Bank	13792		84				
Jan 22	a Pay Can				40			
	Pay (R)		124					
28	Bank	15564		84				
Feb. 6th	adv. P a	Cash	15990		72			
Feb 11	a Pay Can				40			
	Pay (R)		112					
Mar 3	adv mar P a.	~~Bank~~	17407		84			
19	Mar Pay (R)		124					
"	a P Can				40			
29	adv april Pay	Cash	18886		80			
april 4th	add outfit allee. Vo 76		100					
" 12	april Pay (R)		120					
14	a. Pay Can.				40			
May 29.	Transferred to Canada	V° 2102		100 -				

RETURNED TO CANADA
L.P.C. TO 30 5/19
TRANSFERRED TO N.E. LEDGER

23 MAY 19

Bal. 100

~~Liberty note bal 84 00~~

20 Pay adv note Can 8 00

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY. | **UNIT.** NAME OF / DATE / AUTHORITY | **RANK.** / Mess: DATE / AUTHORITY | **NAME.**

Beneficiary
Address Canada.
Amount. $ 40.00 fr: 1.4.17.
Separation Allowance issued. Yes or No.....

C.A.M.C. — Pay $2.00 pd — F.A .60 — Mess 1.00

R/S. — 5.4.17. — From Canada D.M.S.C.O. 483 d/13.4.17.

Name Kenney, Grace Edith Stagg.
Initials
Bank of Montreal, Trafalgar Sq 1/16

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 24	P.A. to N. Scales Mess f 5/4/17 D.M.S.C.O. 483 d/13/4/17 L.R.C.							
26		Bank 2003		64		6.40		
May.	May Pay R.		111 60					
9.	A.P. Can (2 months)				80	71 60		
23		Bank 5986		71 60				
June 11	A.P. Canada.				40			
" 15.	June Pay. (R)		108			68		
22		Bank 9004		68				
July 19	July Pay. (R)		111 60					
" 18.	A.P. Canada.				40			
25.		Bank 13092		71 60				
Aug. 18	Aug. Pay (R)		111 60					
	A P Can				40	71 60		
Aug 16	Travel 23/26/3/17 in Canada	457					£7-9-3 $12.00	
Aug 22		Bank 17361		71 60				
Sep. 17	Sept. Pay (R)		108					
18	A. P. Canada.				40	68		
21		Bank 21863		68				
Oct 15	October Pay R.		111 60					
12	A Pay Canada				40			
20		Bank 26291		71 60				
Nov	November Pay R.		108					
15	A Pay. Canada				40			
		Bank 30763		68				

Carried Fd

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY.

UNIT.

NAME OF	DATE	AUTHORITY
		Pay & 2nd pd Fa 60 Press 1.00

RANK.

DATE	AUTHORITY
	R.S

NAME.

Beneficiary
Address

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

Name Kenney.
Initials G. E. S
Bank of Montreal
Trafalgar Sq 1/8

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 1	Dec Pay (R)		111 60					
4	A P ban				40			
11	Bank	35096		71 60				
Jan	Jan Pay (R)		111 60					
15	a P ban				40			
23	Bank	39501		71 60				
Feb 12	Feb Pay (R)		100 40					
12	a P ban.				40			
20	Bank	40996		60 40				
Mar 12	March Pay (R)		111 60					
12	A P ban				40			
23	Bank			71 60				

~~ST. ANDREWS~~ BURLINGTON FURLOUGH

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

15-5-K-27

1. RANK Nursing Sister
2. NAME KENNY. Cyrael. Edith Stagg
3. UNIT C.A.M.C.
4. DATE STRUCK OFF STRENGTH 31-3-19. PLACE
5. REASON

Invaliding.

6. AUTHORITY
7. PROPOSED RESIDENCE Toronto. Ont.

Ft. 16/20

- RO effect 5-5-19 Coma RD. 1983

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.
172-39-1380.

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

E.T.

Surname KENNEY **Christian Names** Grace Edith Stagg, 25/4/17. on H

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

Promotion TOS. 28.8.16

Mrs Thos Boyd.
453, Manning Ave. Toronto.
Ontario. Canada.

Unit C.A.M.C.

Place of birth Toronto. Canada

Married (Yes or No)

Appointments

Date of leaving Canada 3.4.17 **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
		T.O.S. on arr. from Canada			
13-4-17	D.M.S.	Posted to Camc.	Depot.	27-3-17	C.O. 483 T.O.S. Pte ord. 106 Depot
14/4/17	D.M.S.	" "	Ontario M. Hosp.	11/4/17	C.O. 486 Pte ord. 106. Depot T.O.S. Pte ord. 91. on H
9-16-17.	D.M.S.	Posted to No 16 Can Gen Hosp Orpington		5-10-17	C.O. 1310
15.11.17	do	Posted to No 4 Can Gen Hosp	Basingstoke	10.11.17	C.O. 1492.
17-4-18	do	Posted to CAMCD from 4 C.G.Hp.		6-4-18	C.O. 468
21.3.18	4.b.G.Hp.	adm Hosp.		16.3.18	P 5/12. C/974 Inf L. Tibula acc
25-4-18	do	Granted leave from	Discharged 23.4.18 to	16-4-18	" 17. C/974 " " "
4.5-18	D.M.S.	Posted to 4 Can G. Hp. from Depot		16-4-18	C 0543.
10.6-18	A.M.S.	Adm 4 Can G Hosp	Basingstoke	6.6.18	Fld 1004 Laryngitis
16-10-18	4 CGH	S.O.S. ~~To Camc Cas. Coy~~ on proceeding O/Seas	Disch Dorset	19.6.18	C/1045 amended by F ord. 63
26-10-18	7 CGH.	T.O.S. on arrival in France		14-10-18	P Tl. ord. 55. Camc Cas Coy P T ord 142.
24-12-18	A.M.S.	Adm. 24 General Hosp.	Etaples	15-10-18	P T. ord. 74
				20-12-18	C.L. 1172 Laryngitis

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				
17-1-19	7 C G H Camb	S.O.S. inv. sick to Eng. posted to CAMC Cas Coy		31-12-18	Pt. ord. 3.
23-5-19	Cas Coy	S.O.S. from 7 C.G.H.		1-1-19	" " 120.
2-1-19	AMS.	Adm. Q.A.I.M.N.S. Hp. 71 Vincent Sq. S.W.		1-1-19	Cl. 1177 Laryngitis
6-1-19	Do	Adm. Can. Red Cross Off. Hp. 17 Hanley St. W.		3-1-19	Cl. 1180 Myalgia
17-1-19	Do	Adm. Can. Red Cross Sp. Hosp.	Buxton	15-1-19	Cl. 1190 Myalgia A.F.B. 103. JAN. 1919
20-3-19	Do	Adm. Gran. Can. Sp. Hp.	Buxton	19-3-19	Cl. 1243 Myalgia
	Camb	Discharged		31-3-19	Cl. 1298
23-5-19	Cas Coy	S.O.S. on transfer to Canada		31-3-19	Pt. II O. 120.
10-4-19	DMS.	S.O.S. on trans. to CEF. in Canada		31-3-19	CO. 52.
		Invalided			1438
		Sailed to Canada	H.M.A.T. Essequibo	31-3-19	Sailing No. 74.
			S.S.	5-5-19	

No. Rank SISTER

Name
(Block letters to be used.) KENNEY

Unit W.D. Canadian

(Above to be filled in by earliest unit possible.)

SHIP LABEL.

The following details, and also the above if not already completed, to be filled in at the last Base Hospital, excepting date and name of ship, which will be entered on board Ship.

Diagnosis (briefly). Jaundice

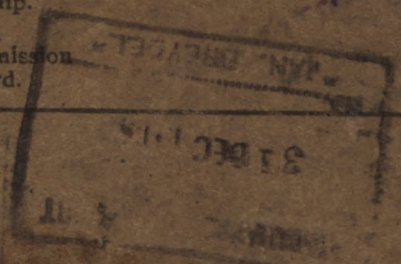
SLIGHT
or
SEVERE

Special attention needed in transit.

Name of Ship.

Date of admission on board.

Special Destination.



Army Form, W 3118 A.

DIARY OF TRANSFERENCE.

1. Every F.A., C.C.S., and Hospital through which the patient is passed must be shown on the diary of transference upon the F.M. Card herein contained. A second F.M. Card may be used when necessary.

2. Every Ambulance Train, or its equivalent Convoy will be shown on the space below on this envelope which must not be destroyed or removed from the patient until his final disposal in U.K.

3. Notes calling attention to special needs in transference may be entered on the blank space below.

No. of Amb. Train and date. 11 2 23/12/18

No. of Amb. Train and date.

(N.B. The inner retaining flap of the envelope must be raised before placing any card inside, and then folded down over the contents).

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

Canadian Red Cross Special Hospital,

STATION BUXTON, DERBY. DATE 17-2-19.

1. 1 (a) Unit C. A. M. C. (b) Regimental No. ..... (c) Rank S/R

(d) Surname Kenney (e) Christian name Grace Elizabeth Stagg

(f) Home address 453 Manning Ave., Toronto, Ont.

(g) Next of Kin Mrs J. Boyd (h) Relationship Sister

(i) Address of Next of Kin 453 Manning Ave. Toronto. Ont.

2. Age last birthday 28 Date of birth 14-2-91

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto (b) Date 16-8-16

4. Personal description:

(a) Height 5' 3" (b) Weight 123 (stripped) (c) Complexion Medium

(d) Colour of hair Brown (e) Colour of eyes Hazel (f) Identification marks, Scars, etc. Nil

5. Former trade or occupation Nurse

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days

	Periods	
	From	To
Canada Patient's statement	16-8-16	21-3-17
	6-4-17	1-10-18
England	1-1-19	To date
France or other theatres of War	1-10-18	1-1-19

7. Original disease, or injury Laryngitis

(a) Date of origin 21-11-18 (b) Place of origin Do ? Canterbury

(c) Cause Acting carried condition

M. F. B. 227.

300M.—8-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Myalgia, which requires rest following an attack of Laryngitis.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Patient well nourished, color good, weight normal No objective signs of any disability. Patient complains of pain through muscles of back of neck and also through muscles of posterior thorax. States these pains become worse in early morning and are also aggravated by damp weather. Says pains are worse when she bends or twists neck.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No — Cardio-Vascular System (If pulse rate is abnormal, B. P. will be taken.) No — Genito-Urinary System (Albumen and Sugar will be excluded.) No

Special Senses No — Respiratory System No — Integumentary System No

Disturbances of Mentality No — Digestive System No — Muscular System No

Osseous and Joint Systems No — Any other general condition No

10. (a) History (of the condition referred to in Section 9 (a).)

Patient states that she first suffered muscular pains during first week of Dec 1918 Was admitted D Villa Hosp. 21-12-18 — 1-1-19 Diagnosis Laryngitis Transferred from there to D.A.D.H.E. 1-1-19 — 14-1-19 Diagnosis Laryngitis And transferred from there to Southwood.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Typhoid fever in 1909. Admitted to Do 4 Can Gen Hosp in Jan 1918 with fracture of upper end of left tibia and fibula. Admitted to Do 4 Can Gen Hosp 1-9-18—15-9-18 diag. Influenza. Admitted to Do 3 Can Gen. 21-11-18. Laryngitis.

(*c*) (Here give a description of wounds, scar. and deformities.

Nil

11.—(*a*) Did the disabling condition have its origin before enlistment? No

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N/a

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) No. (B) No

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? ~~Three months~~ B. Six months

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Convalescent Hospital. given radiant heat and massage.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? Yes

(If the answer is "yes" state nature of treatment required and probable duration)

Convalescent Hospital for ~~three~~ Six months B.

16. Can the former trade or occupation be resumed? No - not for ~~three~~ Six months B.

(If not, briefly state why)

17. Recommendations Pat patient be invalided to Canada

S. Burd Lefr Case

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned Grace E. S. Kennedy have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

B

I complain in addition of

Grace E. S. Kennedy Rank. N. S.

Signature of invalid ~~examined~~.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes

19. Is the invalid fit for

(*a*) General service,	(Category A)	(~~Yes~~ or ~~No.~~)	unfit six months
(*b*) Service abroad, not general service,	(" B)	(~~Yes~~ or ~~No.~~)	not
(*c*) Home service (Canada only),	(" C)	(~~Yes~~ or ~~No.~~)	unfit six months
(*d*) Temporarily unfit.	(" D)	(~~Yes~~ or ~~No~~)	yes six months
(*e*) Unfit for service in Categories A, B and C	(" E)	(~~Yes~~ or ~~No~~)	no

20. It is certified that the invalid

(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

Yes. Convalescent Hosp. for ~~three~~ Six months

(*b*) ~~Does not require treatment.~~

(*c*) ~~Should pass under his own control.~~

(*d*) ~~Should not pass under his own control.~~

(Strike out condition not applicable.)

21. It is recommended that ~~the invalid be discharged~~. (When not for discharge add special recommendation.)

H.B.B. P.B. the patient to be invalided to Canada by transport.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

Philip Burnell Lt Col *President.*

PLACE Canadian Red Cross Special Hospital, BUXTON, DERBY.

DATE 17-2-19.

H B Boyd Major R.A.M.C. } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

.....*President.*

PLACE.....

DATE.....

I concur in the findings of the Board of Medical Officers here recorded.
Captain, D.A.D.M.S. for D.M.S. Canadians

.....Members

APPROVED BY

.....
~~Major, D.A.D.M.S.~~
Assistant Director of Medical Services.
~~For A.D.M.S. Canadians~~
~~Buxton Area.~~

DATE.....

APPROVED BY

.....
Director-General of Medical Services.

DATE.....

DEPARTMENT OF EAR, NOSE AND THROAT

DATE------April 30th, 1919.----------

NAME----KENNEY N/S. G.E.S. NO---------- UNIT---ST. ANDREWS'----------

Age-----27----ENLISTED----------

IN OR OUT PATIENT FOR ----------

DIAGNOSIS----------

HISTORY------Sore throat two months ago.

	RIGHT	LEFT
Ext. Facies	Neg.	
Nasal Septum	Neg.	
Inf. Turbs	Neg.	Neg.
Nas.Pharynx	Neg.	
Pharynx	Neg.	
Tonsils	Small	Neg.
Teeth	Neg.	
Accessory Sinuses	Neg.	
Larynx	Neg.	
Ext. Aud. Canal	Neg.	
Memb. Tymp.	Neg.	
Mastoid		
X-Ray		

Hearing R. Normal H. V. v C256 Air Bone C 512 Weber L. Normal

Treatment and Progress:-

None required.

AUDITOR | PAYMASTER

M. OR S. | PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES | REGT. No. | RANK N/S | NAME (IN FULL) KENNEY/ ~~G.E.S.~~ Grace Edith Stagg (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. C.A.M.C. — IF IN P.F. WHAT UNIT? — (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION — TRANSFERRED TO 453 Manning Ave. Toronto. — DATE — AUTHORITY

DATE OF ATTESTATION Aug 1916 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 40.00 — DATE EFFECTIVE 1/5/19.

PAYABLE TO Mrs H M Kenney — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 453 Manning ave Toronto. Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE — DATE 5-5-19 — REASON Demob — AUTHORITY DO 159 — IF ENTITLED TO POST DISCHARGE PAY Y.C.P.

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	$	C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 30-4-19							Nil.																				15	50			15	50					Rel. missing 1/3/19 - 30/4/19
May 1-5	5	3.00	15	00	2	50			43		6299						20	00									15	50			43	00					T.O.S. 10 112 subs C.E.F. 1-2-19 - 28-2-19 inc
					25	50																					7	50									O/cr missing 14-28-4-19
			W.S.G.																								W.S.G.										
153 days	3		459	00			459	00				June 9	387956														183	00			183	00	276	00			
												July 9	750599														93	00			276	00	183	00			Rebate on missing.
												Aug. 15	754579														90	—			286	50	172	50			
												Sept 9	1047156														82	50			459		82	50			
			459	—			459																				459				459						

AMOUNT DUE SOLDIER OR DEPENDENT

M.S.C. PAID IN FULL

FOR PAYMASTER WAR SERVICES DEPT. LIEUT.

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

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

K 1439

Date of Assignment Apr 1/17

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

40			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank N.S. Promoted Reverted Discharge

Soldier's Name Grace S. Kennedy. (Kennedy 2)

Battalion Military Dist # 2 Base Hosp.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Mabel M. Boyd.

Address 453 Manning Ave

Change of Address Toronto, Ont.

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec. 31st	~	Nil	360	360		9944-9-13
Jan	E 60250		40	40	✓	
Feby	H 71742		40	40	-	
Mar	K 92066		40	40	-	
Apr	K 9573		40	40	-	
May	J 17479		40	40	-	
June	F 15475		40	40	-	
July	R 33090		40	40	-	
Aug	H 38380		40	40	-	
Sept	J 47680		40	40	-	
Oct	N 51956		40	40	✓	
Nov	E 56559		40	40	✓	
Dec.	K 68296		40	40	✓	
Jan	K 72362		40	40	✓	
Feb	G 81044		40	40	✓	
Mar	G 87361		40	40	✓	
Apr	H 1987		40	40	✓	
			1000	1000		

Ltr Cleared 30-4-19 Execmbo

Rec'd per M.F.W.387 10/4/19 Mult 2

Date C. Nicholls 16/4/19

Clerk MRSHA 76196-16/4/19 GBR

M. F. W. 128
400M.—6-17—177439-1141
L. L. 22320—M. & D. 7693.

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. 1193.

Forms I. 1237 12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year		N/S	Kenney	Grace Edith Stagg
		Unit.	Age.	Service.
		Cane	25	H 26/12 + 4/12 = 30/12

Station and Date.

Disease Influenza

Fractured 20-1-19.

Family History — Negative.

Previous Illnesses Before enlisting had typhoid fever in 1909.

Admitted to Y Can Ben Hosp. 3-10-18 left

Diagnosis. Fracture of ~~both forearms~~ Tibia & fibula (upper thirds). Admitted to Y Can Ben Hosp 1-9-18. 15-9-18 Diagnosis Influenza

Admitted to Y. Can Ben Hosp. 21-12-18. — 25-12-18. Diagnosis. Laryngitis.

Transferred to Villa Dina. 25-12-18—1-1-19 Diagnosis. Laryngitis. Transferred to D.C.D.E 1-1-19 — 14-1-19, Diagnosis Laryngitis. Transferred to Larkwood, 14-1-19. Diagnosis Influenza.

Pres. Cond. General condition fair. Pres wt 138 lbs which is normal. Lungs and kidneys — normal.

Heart, Rhythm 1st sound at apex, not transmitted. Complains of pains over lumbar region and in muscles of thighs and legs.

27-1-19. Condition very slightly improved. Still complains of pains over lumbar region.

3-2-19. ~~Patient quiet and resting~~ General condition fair. Only complaint is pains in muscles of back and thighs which are somewhat improved.

10-2-19 Slightly improved

18/3/19 To Granville C.C.S. Exeter

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.

22/3/19 Transfer Completed The [illegible] Major RAMC

Station and Date.	