Unit C.A.M.C. *Rank* Nur.Sis. *Name* Minnie Lisk.

DUPLICATE

heard from 20/9/16

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (*a*) What is your Surname ? Lisk.
   (*b*) What are your Christian Names ? Minnie.
2. (*a*) Where were you born ? (State place and country) Eganville, Ont. Canada.
   (*b*) What is your present address ? 1904--16th.Ave.West, Vancouver, B.C. Canada.
3. What is the date of your birth ? 18th.November, 1900.
4. What is (*a*) the name of your next-of-kin ? John Lisk.
   (*b*) the address of your next-of-kin ? Eganville, Ont.
   (*c*) the relationship of your next-of-kin ? Father.
5. What is your profession or occupation ? Prof. 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 ? A.M.C.
9. State particulars of any former Military Service None.
10. Are you willing to serve in the
    CANADIAN OVER-SEAS EXPEDITIONARY FORCE ?

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

Minnie Lisk. (*Signature of Officer.*)

Taken on strength (place) Kingston, Ont.,

(date) Aug., 17th, 1916.

Lt-Col.A.M.C.

(*Signature of Commanding Officer.*)

CERTIFICATE OF MEDICAL EXAMINATION

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

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

Date August 17th., 1916.

Place Kingston, Ont.

Lt-Col/A.M.C. *Medical Officer.*

*Insert here "fit" or "unfit"

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

REGIMENTAL DOCUMENTS

NAME GISK, MINNIE REGT. NO. N Sister UNIT C.A.M.C. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		~~Pers.~~	~~17-7-19~~	~~Pers - 88228~~	DEATH
3	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		Ret 30-5-19			Category
	TRAINING HISTORY SHEET (M.F.W. 113)		M ~~Certs 1842-9~~			H
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)		Ret 9-1-20			
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		SCR 21-12-21 mkp			DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
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	Disp Cert					
1	M.F.W. 67					2
2	Misc					1-6
1	A.F.W. 3212					1-6
1	Disp Cert					
2	Gas cards					
2	R 149					
1	Index cards				407591	

Ref. S.S. Celtic 3-7-19

PUBLIC ARCHIVES RECORDS CENTRE

87516

Number ..... Rank NIS

Surname LISK

Christian Name MINNIE

Units ..... Theatre of War FRANCE

Date of Service 19-12-16.

Remarks .....

Latest Address ~~1904 - 16th Ave., West Vancouver, B.C.~~

38 Elm St
Ottawa
Ont.

Roll No. B

200m.-6-21. Page 20601

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

o.....

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.).....

. 2502.

1-19.

-1269.

DESP. JAN 9 1928
REGN. No. 31366

(392-12-44)

CARD NO.
SOS. 18-7-19
Demob # 3 Dn
DO 226 FOLL 14-8-19

SURNAME. Lisk

CHRISTIAN NAMES Minnie.

REGL. NO. RANK Nursing Sister.

UNIT A.M.C. Nursing Sisters.

FORMER CORPS A.M.C.

NEXT OF KIN.

NAMES IN FULL Lisk, John.

RELATIONSHIP TO SOLDIER Father.

ADDRESS Eganville, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Eganville, Ont. DATE Nov 18th 1900.

PLACE OF ATTESTATION DATE

O/S. 15/5/16. G. 116. R/C 11-7-19 369 N.S. 6

L. L. 90589.—M. & D. 6312.

M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

MARRIED SINGLE WIDOWER

TRADE OR CALLING Prof. Nurse. RELIGION Presbyterian.

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Kingston Ont. DATE Aug 17th 1916.

Present Address 1904-16th Ave West, Vancouver. B.C.

Form R. 149.

E.R.B.

Name LISK Rank N/S Reg. No.

Unit Minnie CAMC 7th CGH

Next of Kin Canada.

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
2-12	24th Gen Hosp Etaples HA 6101		Debility	1158	/	
17-12	Conv Home Le Touquet (Ha 6402)			1170		

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

R. 149.
2345—5c. 12/16.

Name LISK, Minnie *Rank* N/Str. *Reg. No.*

Unit CAMC 7 CGH

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
18-2-17.	24 Gen.Hosp.Etaples		Bronchitis Ac.slt.	610		
13.3.17	Tfd. to Conv. Home, Hardelot		—	627		
23.3.17	Rejoined Unit		—	658		

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

Form R. 149.

Name LISKE Minnie. *Rank* N/STR. *Reg. No.*

Unit CAMC att 7 CGH.

Next of Kin

Canada

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
9-2		24 Gen Hos. Etaples (WO) Debility			907	✓		
18-2-18		Conv Home Le Touquet		—	915	—	(Sta 19969)	
26-2	18	Discharged NR		—	1034	✓		

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

NAME Lisko Minnie

RANK AND CORPS N/Str. C.A.M.C. 87 G.G.A.

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
907"	24 Gen. Etaples	9-2-18.	Debility
915-1	Conv. Home Le Touquet	18/2/18	"
1034-3.	Discharged	26-2-18.	"

REGT'L NO.

H. Q. FILE NO. 649-

NAME Lisk M.

RANK AND CORPS N/Str

C.A.M.C. 7.C.G.H.

FOLLOWS

NO.

CABLE		NATURE OF CASUALTY	FOLLOWS
No.	DATE		

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
610 (1)	24 Gen. Etaples.	18-2-17.	Bronchitis Ac. Sick.
627 (1)	Trans. to Conv. Home Hardelot	13-3-17.	" " "
63-8 (1)	Rep. from Base	23-3-17	Bronchitis (Rej. Unfit)
1158 1.	24 Gen. Etaples	2-12-18.	Debility.
1170 1.	Conv. Home Le Touquet.	17-12-18	"

Liske M.

N/Str. C.A.M.C. 7 CGH.

No. 24. Gen. Hosp. Etaples. 18-2-17.
to Conv. Home. Hardelot. 13-3-17.

No. 24 General Hospital, Etaples. 9-2-19.
Convalescent Home, Le Touquet. 18-2-18.

No. 24 General Hospital, Etaples 2-12-18
Convalescent Home, Le Touquet 17-12-18

Bronchitis. ac. slt.
Debility.
Debility.

R.F.B. rejd. Unit:- 23-3-17
Discharged:-26-2-18

C.L. 27-2-17. 610.
19-3-17. 627.
26-4-17 658-3.
14-2-18. 907.
23-2-18 915.
16-7-18 1034-3.
7-12-18 1158.
21-12-18 1170.

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

R

D. M. S. 1347.

Surname | Christian 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.

H.W. & V., Ld.—7025-16.

CANADIAN EXPEDITIONARY FORCE

V.W. 11-38.
E.S.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Minnie LICK,

Enlisted in The Canadian Army Medical Corps,

CANADIAN EXPEDITIONARY FORCE, on the XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

day of XXXXXXXXXXXXXXX 191 AND WAS APPOINTED to COMMISSIONED RANK

in The Canadian Army Medical Corps,

CANADIAN EXPEDITIONARY FORCE on the Seventeenth day

of August 191 6.

He SERVED in CANADA, ENGLAND and FRANCE with the Can. Army Medical Corps, Duchess of Connaught Can. Red Cross Hospital, #7 Can. General Hospital, #12 Can. General Hospital. + no. 12 Can. Gen. Hosp.

and was STRUCK OFF THE STRENGTH on the Eighteenth day

of July 191 9 by reason of General Demobilization.

Dated at Ottawa, this Twenty-seventh day

of December 191 9.

J.R. for Lt.-Col.,
Director of Personal Services.

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

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 W/S ..... Surname Leak
(Given name in full) Minnie -

Unit or Corps C.A.M.C. ..... Birthplace Eganville Ont

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

1. GENERAL DESCRIPTION:

Physique Slight ..... Weight 110 ..... lbs. Height 5 ft. 2 3/4 in. Colour of Eyes Brown

Nutrition ..... Medium .....

Pulse ..... 88 .....

Condition of arteries ..... Good .....

Vision Rt. ..... 6/9 ..... Left ..... 6/9 .....

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

Nil -

Opinion as to general health and physical condition ..... Good .....

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No ..... Genito Urinary Sytem No ..... Cardio-Vascular System No .....

Special Senses No ..... Integumentary System No ..... Respiratory System No ...

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

Osseous and Joint System No Any other general condition ..... Yes .....

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.

Debility in Feby 1917. Good recovery -

Heart Exam^n - shows systolic murmur and occasional arrhythmia. No evidence of structural heart disease - No disability -

Present condition - fatigue from prolonged stress. No evidence of disease or disability.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Bramshott (Overseas)

Date 24. 5. 19 Signed E. L. Pope Major R.A.M.C. M.O.

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

Signature Minnie Link.

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

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

Date ..... Signed ~~Minnie Link~~ 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.)

[OVER]

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

ORIGINAL.

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Lisk. *Christian Name* Minnie.

Examined { on 14th. day of August 1916.
at Kingston, Ont. Canada.

Birthplace { City or Town Eganville,
County Renfrew Cty, Ontario.

Apparent age 26.

Trade or occupation Prof. Nurse.

Height 5 Feet 1 Inches.

Weight 117. Lbs.

Chest measurement { Minimum 31 inches.
Maximum expansion 3 inches.

Physical development Good.

Small-Pox Marks No.

Vaccination Marks { Arm Right. Left. X
Number ~~six~~ one.

When Vaccinated last 1913.

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

***

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

***

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.
26-8-16	good.	[signature] Lt-Col. M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
14-8-16	good	[signature] Lt-Col M.O.
21-8-16	good	[signature] Lt-Col. M.O.
28-8-16	good.	[signature] Lt-Col. M.O.

Enlisted on 14th *day of* August *1916 at* Kingston, Ont.

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

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.

200M—11-15.
H. Q. 1772 39-479.

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

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	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.
24 G.H. Etaplew		18	2	17	13	3	17	Bronchitis			A610
Conv.Home.Hardelot.		13	3	17	23	3	17	do Ac		Rep from Base rej unit	A627-658 CP.

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

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

Casualty Form—Active Service.

Duch. of Con. Taplow

W.S.B. Class "A"

CERTIFIED CORRECT
OCT. 1916
CANADIAN RECORD OFFICE

Unit, Regiment or Corps

Regimental No. ..... Rank Nur. Sis. C. E. F. Name Minnie Lisk.

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) 10/9/1916

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: 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.
		Left	Canada	10/9/16	H.Q. 25/9/1916
30/9/16	G.O.C. C.T.D.	Taken on strength C Auc. C.E.F. on arr. fr Canada.		25/9/16	D.O. 5125 C.O. 1823
3/10/16	D.M.S.	Transfd to D. of Con. Red x. Hp. Taplow		29/9/16	C.O. 1826.
29-9-16	Letter D.M.S. 10-11-2 28-9-16	Taken on strength of D. of C. C. R. X Hospital.	Taplow, Bucks	29-9-16	R.C. 1389/235/309.16
19.12.16	Wire Medicaw. C.M. 1257 18.12.16	Struck off strength D. of C. C. Red X Hosp. on proceeding to Matron-in-Chief	Taplow, Bucks	19.12.16	R.C. 1927/233/1912.16

J. T. Burnham
MAJOR,
FOR COL. i/c RECORDS, C.E.F.

EMBARKED LiverPool 3.7.19
DISEMBARKED Halifax 11.7.19
S.S. CELTIC SAILING NO. 86.

[signature] Capt:- Adjt. & Registrar
THE DUCHESS OF CONNAUGHT
CANADIAN RED CROSS HOSPITAL

(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.

Nursing Sister LISK, Minnie

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.
19-12-16.	D.M.S.	To No 7 Can. Gen. Hosp	Etables.	19-12-16	C. O. 4115 for M. H. Forbes. h.s. Matron-in-Chief for D. M. S., Canadian Expeditionary Forces.
23/12/16	7 Clyth.	Taken on strength on arrival from No 121 Draft 3854 (Amdt 4) dd- 19/11/16	in France	20/12/16	B213 W50- 1 dd- 4/1/17
18/2/17	24 Gen	Adm (Ac. Bronchitis)		18/2/17	W3034/274
13/3/17	"	To Conv. Home. Handelott (")		13/3/17	" /304
25/3/17	7 Cls N	Rejoined Unit.		23/3/17	B213 Dcs. 31 dd- 4/4/17
7/10/17	"	Granted 14 days leave		9/10/17	" W 59 13/10/17
21/10/17	"	Rejoined Unit.		17/10/17	" " 62 27/10/17
9-2-18.	24 Gen.	Debility adl.	24 Gen.	9-2-18	W3034.
18/2/18.	"	" To Con. Home.		18/2/18	do
3/3/18	7 C.G.H.	From Hosp. to duty.		26-2-18.	B213
30-6-18.	7 C.G.H.	Granted 14 days leave.	U.K.	26/6/18.	B213 PE 45 dd- 9/7/18
14. 7. 18.	"	Rejoined Unit.	Etaples.	11. 7. 18.	B. 213.
2-12-18	24 Gen	Debility (m) Adm	"	2-12-18	W3034 / M-8698
17.12.18.	24 Gen.	" " To Con. Home	Le Touquet.	17.12.18	W3034 B 13 9.
22.12.18	7 C.G.H.	Rejoined Unit from	H bl.	25.12.18	B213
29.12.18	"	7 days special leave.	Paris.	29.12.18	B213 PE No3 of 1919
12.1.19	-	Rejoined from Leave.		5-1-19.	B 213.
20-5-19	7 M. Edm	Proceeded to England. and struck off strength 15 CA MC Can. Comp Unity. (Edm 9 HQ A1-1-49)		21-5-19	K6-13 PE 218 1919

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

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—I. Part I.

(1) *Substantative rank Nursing - Sister.

*Acting rank

*[To be entered in pencil to facilitate alteration.]

(4) Surname Lusk.

(5) Christian Names Minnie.

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

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

(8) Date of birth as stated on enlistment

(9) (*a*)

(2) Regiment or Corps	(3) Regtl. No.
C.A.M.C.	

(10) Enlistment (*b*)

(11) Engagement (*c*)

(12) Service reckons from (*date*)

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

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

Initials and Rank of an Officer.

(Authority) (*date*)

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

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

Industrial Group No.

Trade or Calling

Married or Single

Particulars of Trade Test

Occupation Cards despatched on (*date*)

Second Occupation Card despatched on (*date*)

(17) Next of Kin

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

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

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

(Signature of Posting Officer

(22) Extended

(23) Re-engaged

(24) Miscellaneous entries:—

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

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

Nothing to be written in this margin.

W1889—PP1150 1M 5/18 G.W.P.Co.(3490)

(A) Report Date.	(A) Report From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
7.6.19.	7 C.G.H.	Pt. II D.O. 133	T.O.S. No. 12 C.G.H. on posting from No. 7 C.G.H.	B. shott.	21.5.19	P.
1/7/19			SOS of OMFC on Embarkation for Canada	Taylor Beach	3/7/19	
17.7/19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 11	3/7/19	C.E.F. R.O. No. 2082-19	
20-8-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 11	18-7-19	C.E.F. R.O. No. 2135-19	

Cadanes CAPT. ADJUTANT, No. 12 CANADIAN GENERAL HOSPITAL

D. Stanley Jr. Wei C.A.M.S. REGISTRAR & ADJUTANT FOR OFFICER COMMANDING

M. Winter Capt for Director Personal Services

Nothing to be written in this margin.

C.A.D.C. 5009A

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

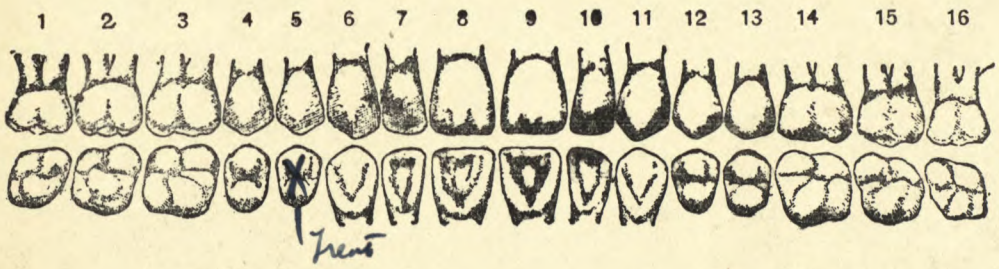
DENTAL CERTIFICATE FOR DEMOBILIZATION

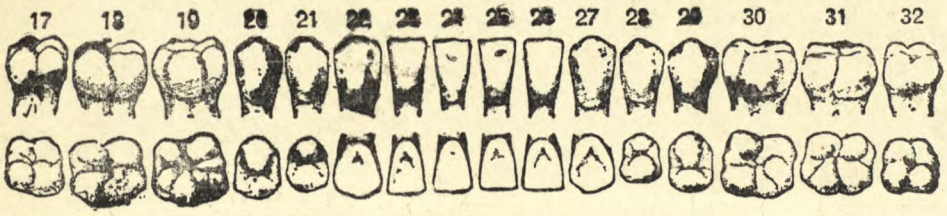
Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) LISK, M.

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

Date of Examination in England 23.5.19. | 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
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? no

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

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

BRAMSHOTT CAMP
HANTS.

Signature of Dental Officer L D Mac Laurin Capt.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 3

NAME OF SOLDIER Lisk M., Sydenham Hospital, Kingston, Ont.

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

Office of D.D.O. AUG 12 Recd AUG 13 Recd M.D. No. 3

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.
3. Only such entries to be made on this sheet as will show:
   1. Condition on examination (in red).
   2. Condition on leaving Canada.
   3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	1920 Aug 4	5 2.3.6 14.15				3 2.3 5.		3 2.3. 5.									1 30			Dr H Simpson 258 Bagot St.		
																						I hereby acknowledge having received the above treatment M Lisk.
																					Completed Aug 1920 H Stewart CAPTAIN DISTRICT DENTAL OFFICER, M.D. NO. 3	

M.F.B. 465. 200m.—6-18. 1772-39-950.

Examination	2.00
Cleaning	1.50
5 amalgam fills (Cupid)	10.00
3 devits	1.50
3 Roofers	4.50
Repair bridge	10.00
1 gold crown	3.00
2 Oxyphosphates	
	$32.50

1904-16th Ave. W.
Vancouver B.C.
MSC 11

ORIGINAL

FORM OF WILL.

I, Minnie Lisk (Name in full)

Regimental Number Nursing Sister serving in C. AM. C.

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

I bequeath all my real estate unto

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

absolutely, and my personal estate I bequeath to

Mrs. William August Lewis Smith.
Eganville, Ont Canada.
Albert Edward Lisk,) Eganville, Ont.
James Lisk,) Canada.
To be divided equally.

Name and Address of person or persons to receive personal estate* *(See note).*

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 11th day of September A. D. 1916

Minnie Lisk Nur. Sis. Signature of Soldier.

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

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

Signature of First Witness R. Gardiner St Calaur
Address of Witness 180 Bagot St Kingston
Occupation of Witness Physician
Signature of Second Witness Wilfred Wilson
Address of Witness 199 University Ave., Kingston
Occupation of Witness Clerk

THE TWO WITNESSES MUST SIGN HERE

SEP 20 1916

M. F. W. 82
300M-5-16.
1772-39-983.

ORIGINAL

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..... A.M.C. .....

.....

(2) Regimental Number ..... *** .....

(3) Full Name of Soldier..... Minnie Lisk. .....

.....

(4) Place of Birth..... Eganville, Ont. Canada. .....

.....

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

(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.

200M.—3-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? Yes.

If so, state name and address John Lisk, Eganville, Ont. Canada.

(10) Is your Mother alive ? Yes.

If so, state name and address Same 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.

***

(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.

Lt-Col. A.M.C. *Officer Commanding.*

Date August 17th., 1916.

File No. 11167 M3

WAR SERVICE GRATUITY.

Register No. Spec. Reg.

Folio 05.
Line 169.

Reg. No. —

Name Lisk, Minnie

Address Box 75.
Eganville.
Ont.

Pay Soldier $ Officer 391.00

L.B. Smart.
T. P. Ullett.

Clerk W. J. Sime.

Dependent —

Address

Pay Dependent $ —

Days 153 Rate 3.00 Due 459.00

Less P.D.P. credited —

Less further Dr. Bal. or overpayment. 68.00

Net 391.00

R 113 7-5-20

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1 Paid by M. D. 3			183 00		1			
2 22/4/20	56278	1817875	208 00		2			
3					3			
4					4			
5					5			
6			391 00		6			

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

GEN'L AUDITOR
Posting checked by
[signature]
Date 20/4/20

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Lisk, (Surname) Minnie, (Christian Name)

Regimental Number

Rank N.S.

Unit

Original Unit C.A.M.C.

District where paid M.D. #3

Date of Discharge 18-7-19

P. D. P. Filing Number

Address (in full) Box 75 Eganville, Ont.

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

L.L. 53961—M. & D. 9721

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

Remarks:

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

FORM P. 15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT. NAME OF: C.A.M.C. DATE: AUTHORITY: Pay $2.00 pd 7 a. 60 Mess 1.00

RANK. DATE: 25/2/18 AUTHORITY: Canada

NAME.

Beneficiary

Address

Amount. $

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

Name Lisk
Initials M
Bank of Montreal
Trafalgar Sq 1-18

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					
26		Bank	3003	108				
May 22	May Pay. R.		111 60			111 60		
23		Bank	5986	111 60				
June 15.	June Pay. (R)		108.			108.		
22		Bank.	9004	108				
July 19	July Pay. (R)		111 60					
25.		Bank.	13092	111 60				
Aug 18	Aug Pay (R)		111 60					
22.		Bank.	17361	111 60				
Sep-17	Sept Pay (R)		108			108		
21		Bank	21863	108				
Oct 15	October Pay - R.		111 60					
20		Bank	26291	111-60				
Nov. 16	November Pay. R.		108					
20		Bank	30763	108				
Dec 7	Dec Pay (R)		111 60					
14		Bank	35096	111 60				
Jan	Jan Pay (R)		111 60					
23		Bank	39501	111 60				
Feb 12	Feb Pay (R)		100 80					
20		Bank	40996	100 80				
Mar 12	March Pay (R)		111 60					
23		Bank		111 60				

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.	UNIT. NAME OF / DATE / AUTHORITY	RANK. DATE / AUTHORITY	NAME.
Beneficiary Address Amount. $ Separation Allowance issued. Yes or No.....			Name Lisk R. Initials M Bank of Montreal Trafalgar Sq 1/6

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS

P—15.

ASSIGNED PAY.

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

RANK. 7/5. Mess. ~~DATE~~ 25-9-16 AUTHORITY: From Canada

NAME. Name Lisk. Initials M. Bank of Montreal.

Beneficiary

Address

Amount. $

Separation Allowance issued. Yes or No

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.
Oct. 5	Bank (Pd fr 16-30 9/16 Mess fr 25-30 9/16)			45				
23	Pay fr 16-30 9/16 Mess fr 25-9/16		45					
	Pay Oct (R)		111 60					
27	Bank	11000		111 60		-0-		
Nov 17	Pay Nov (2)		108					
24	Bank			108		-0-		
Dec 12	Pay Dec		111 60					
18	Bank			111 60		-0-		
1917 Jan 23	Pay Jan		111 60					
25	Bank			111 60		-0-		
Feb 22	Pay Feb		100 80					
22	Bank			100 80		-0-		
March 20	March Pay. Q.		111 60					
23	Bank	24818		111 60		-0-		

FORM P. 15. H.W.V.Ld.—3717-18.
2519—16M—1-3-18

ASSIGNED PAY. **UNIT.** NAME OF: C.A.M.C. RATE OF P. AND A.: Pay 2.00 pd. F.A. .60. Messing 1.00. **RANK.** N.S. DATE: 25 9/16 AUTHORITY: H Canada **NAME.** ~~[illegible]~~ Lesk

Beneficiary

Address

Amount. $ 50 Can 1.10/15

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

Name Lesk
Initials M
Bank of Montreal
Trafalgar Sqr

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 20	apl Pay R		108					
24	Bank	1187		108				
May 19	May Pay (R)		111 60					
23	Bank	2643		111 60				
June	June Pay (R)		108					
24	Bank	4166		108				
July	July Pay R		111 60					
24	Bank	5626		111 60				
Aug	Aug Pay R		111 60					
24	Bank	7258		111 60				
Sep	Sept Pay R		108					
24	Bank	9187		108				
Oct	Oct Pay R.		111 60					
	A P Can.				50			
	Bank	10404		61 60				
31	add outfit allce 25 9/18		100.					
	Bank	10654		100				
Nov	Nov Pay (R)		140					
	a. P. Can.				50.			
26	Bank	17521		90				
Dec	Pay (R)		124					
	a-P-Can.				50			
18	Bank.	13792		74				
Jan 22	a P Can				50			
	Pay (R)		124					
28	Bank	15564		74				
	b. forwd							

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. $ 50.00
Separation Allowance issued. Yes or No.....

Pay 2 00 Pd
F.A. 1 00 "
Messing 1 00 "

N/S. 25 9/16 fr Can

Name Lisk
Initials M.
Bank of Montreal
Traf Square

a. O. a. 25. 9/18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Feb 11								
" "	a. P Can				50			
18	Pay (R)		112					
26	Bank	17078		62		0		
Mar 19	Pay (R)		124					
	a. Pay Can				50			
24	Bank	18651		74		0		
April 12	April Pay (R)		120					
	a. Pay Can				50			
26	Bank	1044		70		0		
May 13.	May Pay (R)		124					
	a P Can				50		Rcd to Can	
24	Bank	2593.		74		0	SPC to 31 7/19 DMS	
June 17.	Adv June & July P&a Bank			144			Tsfr to U E Ledge	
20	June Pay (R)		120					
	a Pay Can				50	Dr 74		
24	Trav alca. ~~30 4 2 6/19~~ 21 5/19	3780					~~1-18-0~~ 9/- 2 19 ~~9 25~~	
July 23	July Pay (R)		124				From Ledg 3 to Ledg 12 14 8/19	
	a P Can.				50	0		

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No | RANK W/Sister | NAME (IN FULL) LISK. Minnie (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Reg Pay $2.00		
Fld allce $1.00		
W/Sister M. Lisk		
Bank of Montreal		
Granville St Branch.		
Vancouver B.C.		
Rgsnville Ont.		

ORIGINAL UNIT C.E.F. C.A.M.C. | 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 Aug 7th 1916 / 1-8-19.

PAYABLE TO Merchants Bank of Canada | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Egansville Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Kingston | DATE 18-7-19. | REASON Demob. | AUTHORITY R.O. 2135 | IF ENTITLED TO POST DISCHARGE PAY

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																				
July																													39 00		29 00		68 00		68 00			1349 Opd rates & allces 18-7-19 to 31-7-19. Opd messing 2-7-19 to 31-7-19.
		W.S.G.	L.A.								War Service Gratuity						W.S.G.	L.A.																			
153 dys @ min		45900					45900										9000												6800								1st pay't W.S.G. d/— Dr bal as per above 21346 Payment W.S.G. C# 9,132364 6-1-6/1.0.19 Cancelled 9-132364 for 208.00 as per d/d 1-4-20 from the Fin Dept. P.B.R. 1-4-20.
Nov 15/19											9,133858						20800														36600		45900				
R. deposited Bk # 132646 208 00 D.R. # 10058 Fol. 22 G.L. 116 M.S.							20800										20800																				Bk # 1/1726 25 21/12/19 W.S.S. Ottawa. 7922

200M-3-19.—L. — 58789-1. & D. 9985.
M. F. W. 2596.
1772-39-1398.

W.S.B. CLASS "A" NO.....

SERVICE GROUP 25.
OCCUPATIONAL GROUP. 19.
DISPERSAL AREA 1.

M

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

18.2.20 I

1. RANK Nursing Sister.
2. NAME Lisk, Mary Minnie
3. UNIT No. 12 CAN. GENERAL HOSPITAL.
4. DATE STRUCK OFF STRENGTH | PLACE Toronto, Ont.
5. REASON SOS 18-7-19 RO 2135-19

Demobilization.

6. AUTHORITY
7. PROPOSED RESIDENCE

1904, 16 Ave., West,
Vancouver B. C.

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.

Lisk, Minnie

EMBARKED LiverPool 3.7.19
DISEMBARKED Halifax 11.7.19
S.S.CELTIC SAILING NO. 96.

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

G.O. 666.

E.R.D.

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

Group A11 HQ
Checked by No. 25 26
Date 2 JUL 1919

R 150

ET

Rank and Name LISK, Minnie. Nursing Sister.

Regimental No.

Name and Address of Next-of-Kin Father.

Unit C.A.M.C. Reinforcements. John LiSk.

Date of enlistment 17.8.16 Eganville.Ontario.Canada.

Place of birth Eganville.Ontario.Canada.

Married (Yes or No)

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments SAILED10 9 16HQ593 3 I 25-9-16.

D of C.H. OCT 25 1916
- do - Nov. 30 1916
7-2-17. 7.C/H

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
	G.O.C	Taken on Strength C.A.M.C. C.E.F.			
30-9-16	C.T.D.	on arr. from Canada.		25-9-16	D.O. 5125. C.O. 1823
3-10-16	D.M.S.	Transferred to Duchess of Connaught's Red x Hp.	Taplow	29-9-16	C.O. 1826. A.F.B. 103 12/10/16
30-9-16	D.of C. Hp.	Taken on Strength	— do —	29-9-16	Pt 11 ord 272. Pt 11 0.352 D. of Con. H.
21-12-16	Dms.	Posted to C.A.M.C. T.S.		19-12-16	Co. 4097
27/12/16	Dms	Posted to No 7. Can. Gen.	Hosp.	19.12.16	Co. 4115.
4.1.17	7.C.Gen.H	T.O.S.	7 Can. Gen. H.	20.12.16	Pt 11 ord. 1.
27.2.17		admitted "24 General Hosp.	Etaples.	18.2.17	C.L. 610. Bronchitis ac. slt.
			rejoined unit	23.3.17	C.L. 658
19.3.17	C.R.O	Trans to Conv. Home. Hardelot.		13.3.17	C.L. 627. " "
13.10.17	7 Can Gen	Granted 14 days leave from		2.10.17	Pt 11 of 59.
			Returned from Leave	17.10.17	Pt 11 of 62
14.2-18	A.M.S	adm 24. ~~Can~~ Gen Hosp	Etaples	9-2-18	C.L. 907. debility
			Disch'd	26.2.18	C.L. 1034
23.7.18	do	adm Conv Home	Le Touquet	18.2.18	C.L. 915. "
9.7.18	7.C.G.H.	Granted 14 days leave from		26.6.18	Pt 11 of 45.

A.F.B. 103.
1-JAN. 1917

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
7-12-18	AMS.	adm 24 Gen. Hosp. Etaples		2-12-18	Ch-1158 Debility
21-12-18	Do	Adm. Convalescent Home Le Touquet		17-12-18	Ch. 1170 —Do—
17-1-19.	7CGH.	Granted 7 days Spec. leave		29-12-18	P[illegible] ord. 3
31-5-19	do	S.O.S. to Eng to bank ba. boy		21-5-19	Pl-II O. 21.
7-6-19	12CGH	T.O.S. from 7 C.G.H.		21-5-19	Pl-II O. 133.
1-7-19	do	S.O.S. on posting to 15 C.G.H.		28-6-19	Pl-II O. 154.
2-7-19	15CGH	T.O.S. on posting from 12CGHsp.		28-6-19	Flord 145
11-7-19	do.	S.O.S. to C.F. in Canada		3-7-19	" 151.
9-7-19	Bmd.	S.O.S. to Canada		3-7-19	C.O. 80.
		Sailed to Canada	Celtic	3-7-19	S.L. 86.
					20130
					SOS. 18.7.19

Date of Enlistment 14-8-16

MILITIA AND DEFENCE

L 11050

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

1st Oct 1918

E

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

50.00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank N.S. Promoted Reverted Discharge

Soldier's Name Minnie Lisk

Battalion C.A.M.C.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 MERCHANTS BANK OF CANADA

2 EGANVILLE., ONT. 50 50.00

3 % N.S.MINNIE LISK FIFTY DOLLARS

4

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS Fgl 11167-m-3- N. Roll 508
Oct.	M 2310		50	50	✓	Spe. Ck ord 11665-21-10-18 Mailed 24/10/18.
Nov	J 60917		50	50	✓	
Dec	O 68544		50	50	✓	
1919 Jan	P 74200		50	50	✓	
Feby	N 78005		50	50	✓	
Mch	T 85282		50	50	✓	
Apl	J 3428		50	50	✓	
May	V 9220		50	50	✓	
June	V 9748		50	50	✓	
July	S 12289		50	50		
			500	500		

A/c Closed 31-7-19

Ret'd per Celtic

Date 11-7-19 M.F.W. 187 Mod 11 24-7-19

Clerk H Quevillon

MRO Dest Rend 104604

M. F. W. 128.
400M. 6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

AUTHORITY FOR NEW ACC'T. 2 M. 19-8-18 J A Kincaid 21-10-18

AUDITED.

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. 123.
4'Om. 6-7—1772-39-1141
L. L. 22320—M. & D. 1933.