

Unit C. A. M. C. Rank nursing ^{sister} Name A. Hilda Lowe.

OFFICERS' DECLARATION PAPER

ORIGINAL

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Lowe
- (b) What are your Christian Names? Anne Hilda
2. (a) Where were you born? (State place and country) Port Carling, Muskoka, Ont.
- (b) What is your present address? 55 Albany Ave. Toronto
3. What is the date of your birth? 1892 April 24
4. What is (a) the name of your next-of-kin? Rev. A. T. Lowe
- (b) the address of your next-of-kin? Port Sydney, Muskoka
- (c) the relationship of your next-of-kin? Father
5. What is your profession or occupation? graduate nurse
6. What is your religion? Church of England
7. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
8. To what Unit of the Active Militia do you belong? nil
9. State particulars of any former Military Service. nil
10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? yes

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

A. Hilda Lowe (Signature of Officer.)

Taken on strength (place) Base Hospital Toronto

(date) March 23 - 1917

Lieut. Colonel
(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 her fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Mar 23rd 1917

Place Toronto

M. Muscivius
Capt. R.C.M.C.
Medical Officer.

*Insert here "fit" or "unfit"

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(Answer)

1. (a) What is your surname?
- (b) What are your Christian names?
2. (a) Where were you born (give place and country)?
- (b) What is your present address?
3. What is the date of your birth?
4. (a) What is (or) 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 to be vaccinated or administered and quarantined?
8. To what Unit of the Army do you belong?
9. State your rank in your former Military Service.
10. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

The undersigned hereby declares to the above answers given by him to the above questions and that

(Signature of Officer)

Taken on oath (date)

(date)

(Signature of Commanding Officer)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above named Officer in accordance with the Medical Rules

I consider him fit for service in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date

Place

Medical Officer

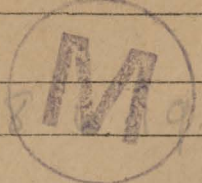
REGIMENTAL DOCUMENTS

NAME **LOWE ANNE HILDA**

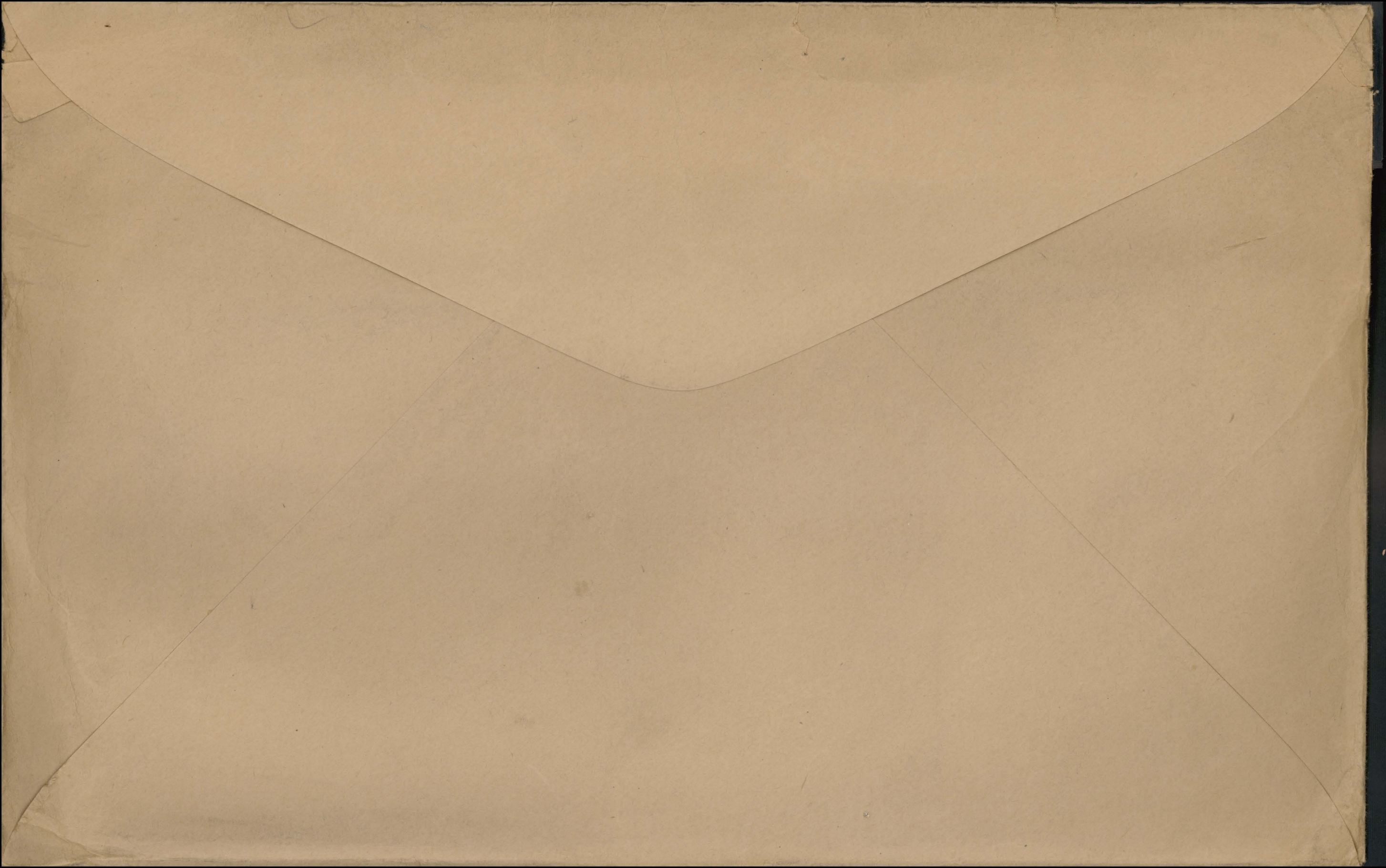
REGT. NO. *7-Sister*

UNIT *Company*

H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<i>Pers</i> 	<i>30-5-19</i>	<i>Pers-593dmed</i>	DEATH
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		<i>Returned</i>			Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
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)				<i>32972</i>	DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)		<i>[Signature]</i>			Category <i>Bonus</i>
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)		<i>19</i>			
1 MEDICAL EXAMINATION (M.F.W. 129)		<i>Ret 28-11-1918</i>			
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 <i>m. w. 2591.</i>					
1 <i>Drop Cert.</i>					
1 <i>m. w. 67</i>					
1 <i>card</i>					<i>1-12</i>
1 <i>m. w. 22</i>					<i>1-12</i>
<i>SS "Northland" 13-8-19</i>					





SURNAME. *Lowe*

CHRISTIAN NAMES *Anne Hilda.*

REGL. No.

RANK

Nursing Sister.

UNIT *C.A.M.C.*

FORMER CORPS *Nil.*

CARD No. *92. 80's Demob'd*
25-5-19 D.O. 1600
FOLL. *9/6/19 # 20 D 1*
also R.O. 1925-3
94-6-19.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Lowe, Rev. A. J.*

RELATIONSHIP TO SOLDIER *Father.*

ADDRESS *Port Sydney, Muskoka, Ont.*

COUNTRY OF BIRTH *Canada, Port Carling, Ont.*

DATE

Apr. 24th. 1892.

PLACE OF ATTESTATION *Base Hospital, Toronto*

DATE

May 23rd. 1917.

O/S 6-4-17 209.

n/c 22-5-19 330
3.

MARRIED

~~SINGLE~~

WIDOWER

TRADE OR CALLING

Graduate Nurse.

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Toronto, Ont.

DATE

Mar. 23rd. 1917.

Present Address: - 55 Albany Ave., Toronto, Ont.

No.

RANK

n. Sister.

NAME

*Lowe. A.**H.*

T. O. S.

UNIT

Base Hospital a. m. c.

M. D.

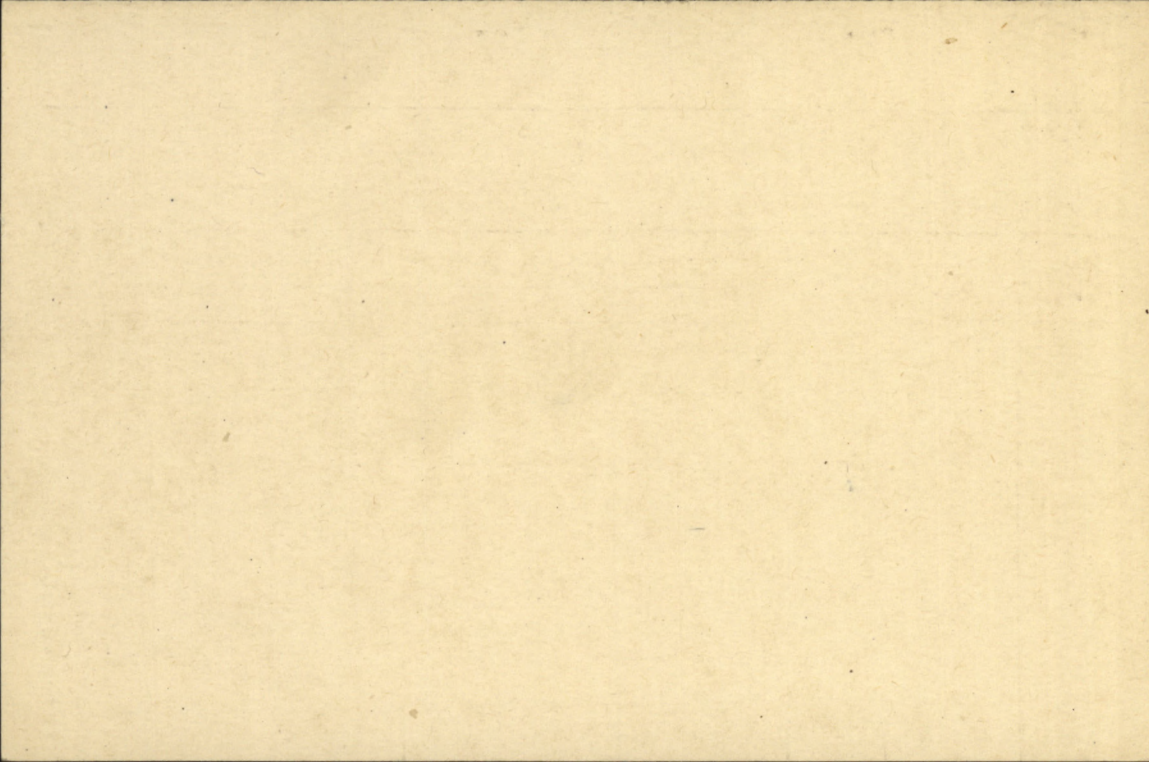
*2*PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

*1917**1917**Mar 23**Mar 31**✓**Proc. o/p. 31-3-17**909418 3-4-17*



NAME

Lowry A. H.

RANK AND CORPS

1st Lt. C.A.M.C.S.

CABLE

NO.

DATE

NATURE OF CASUALTY

REG'TL. No.

H. Q. FILE NO. 649

FOLLOWS

No.

FOLLOWS

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

939. (1)	Sisters Com. Home Retreat	3-3-18	debility
" "	Discharged	15-3-18.	"

Number

Rank

N/Sister

Surname

LOWE

Christian Name

ANNE HILDA

Units

Theatre of War

FRANCE

Date of Service

22-12-17

Remarks

Latest Address

55 Albany Ave.,
Toronto, Ont

Roll No.

B. Page 2073-1

200m.-6-21...

(This form to be filled in by an inmate on voyage to Canada.)

RANK SURNAME INITIALS UNIT

Home 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.....

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

..... ination.....

..... (Sgd.).....

REG. NO. 4255-A
DESP. MAR 11 1929

Surname.

Christian Name.

LOWE
Rank.

A. H.
Unit.

N/Str.

C.A.M.C. 8 C.S.H.

Date of admission.

sisters' Convalescent Home, Etretat. 3-3-18.
Hospital.

Transferred Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis.

Debility^{2w}.

Later diagnosis.

.....

.....

.....

Disposition.

Discharged^{Date} 15-3-18.

23-3-18 939.

C.L. Remarks.

C.L.

C.L.

C.L.

C.L.

C.L.

C.L.

A.M.D. 2 DEPT.

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

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

MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Sheet No. 2. *Miss E. Margaret Lowe*

OVERSEAS CONTINGENTS

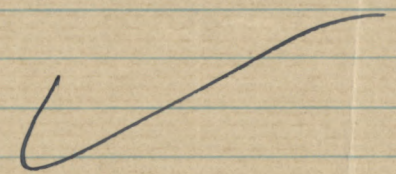
Name of Soldier *Lowe Anne Hilda*

PAYMENTS.

N.S. same

L. L. Job 4503. - Req. 6332.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>60.</i>
				APR 1 1917
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>916025</i>	<i>60</i>	
May		<i>X 10227</i>	<i>60</i>	<i>60 cu</i>
June		<i>217976</i>	<i>60</i>	<i>cu</i>
July		<i>B 24689</i>	<i>60</i>	<i>cu</i>
Aug.		<i>M 32822</i>	<i>60</i>	<i>cu</i>
Sept.		<i>H 37312</i>	<i>60</i>	<i>cu</i>
Oct.		<i>O 43328</i>	<i>60</i>	
Nov.		<i>Q 49690</i>	<i>60</i>	
Dec.		<i>O 58080</i>	<i>60</i>	
Jan.	1918		<i>540</i>	
Feb.				
March				
April				
May				
June				
July				



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.				

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-819

Miss

To Whom *E Margaret Lowe*

By Whom Assigned *Lowe Anne Hilda*

Address *55 Albany Ave
 Toronto Ont*

Regtl. No.

Rank *N.S*

Corps *came*

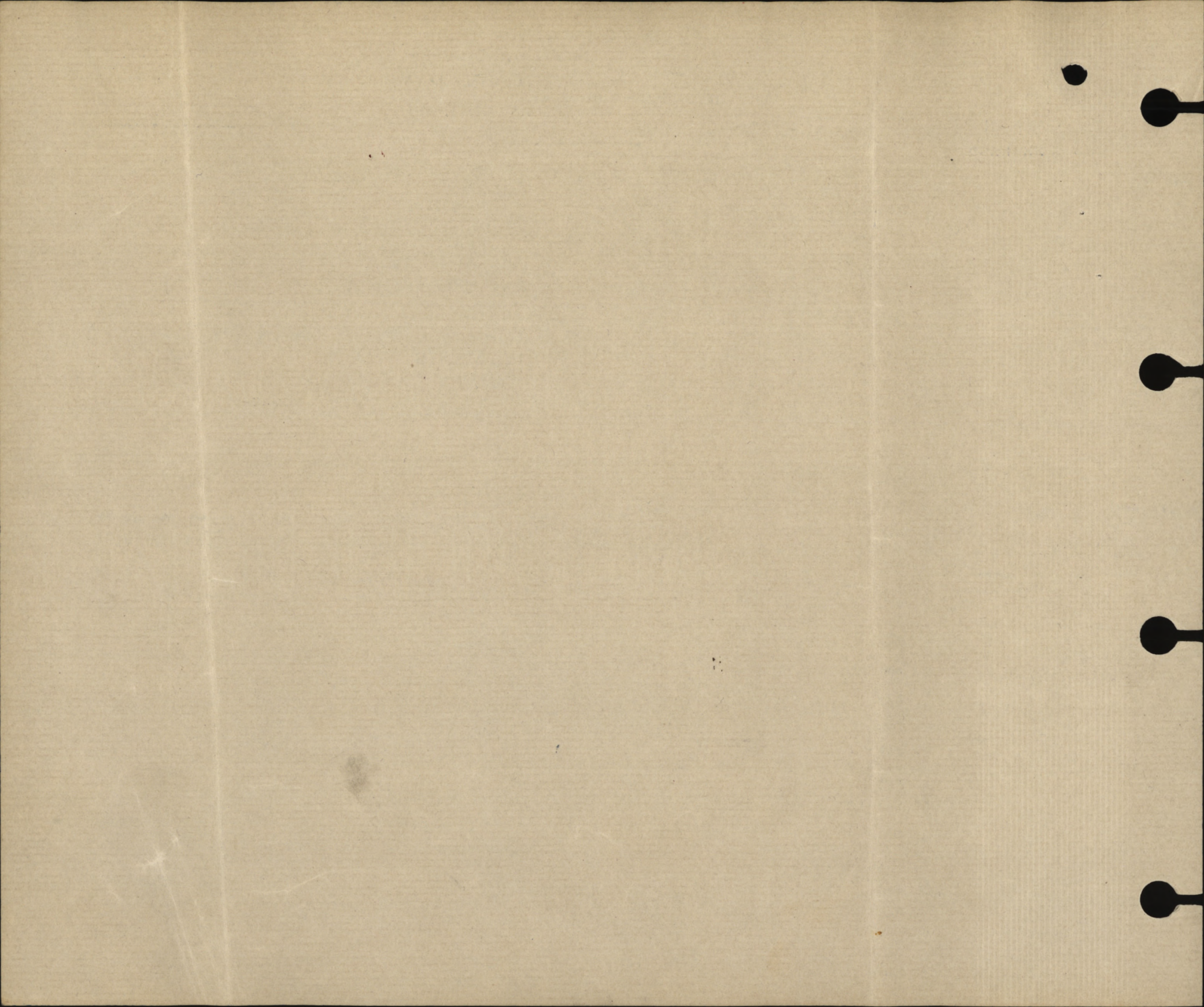
Rate *60.*

APR 1 1917

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				





CANADIAN EXPEDITIONARY FORCE

Certificate of Service

F.Z. 2-32.

B.S.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Anne Hill, LOWE,

Enlisted in The Canadian Army Medical Corps,

CANADIAN EXPEDITIONARY FORCE, on the ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~

day of ~~XXXXXXXXXXXX~~ 191 ~~XXXX~~ AND WAS APPOINTED to COMMISSIONED RANK

in The Canadian Army Medical Corps,

CANADIAN EXPEDITIONARY FORCE on the Twenty-third day

of March 191 7.

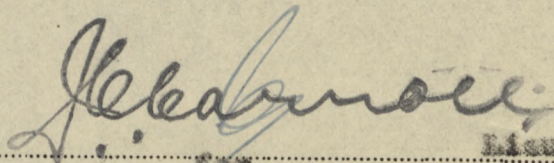
He SERVED in CANADA, ENGLAND and FRANCE with the C.A.M.C.,
Base Hospital, H.Q. #2., Ontario Military Hosp. Orpington, 516 Can.
General Hosp., 88 Can. Stationary Hosp., 77 Can. General Hospital.
511 Can. General Hospital.

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

of May 191 9 by reason of General Immobilization.

Dated at Ottawa, this Twentieth day

of November 191 9.


.....
for Director of Personal Services.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND WARRANT OFFICERS

THIS IS TO CERTIFY THAT _____
OF THE _____
AND WAS APPOINTED TO (COMMISSIONED RANK) _____
ON _____ 191____
AND WAS STRUCK OFF THE STRENGTH ON THE _____
OF _____ 191____
Dated at Ottawa this _____ day of _____ 191____

191____

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

M. F. W. 54. (A. F. B. 103.)

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. C. A. M. C. BASE HOSPITAL
MILITARY DISTRICT No. 2

Regimental No. Rank Nursing Sister Name Ann Hilda Lowe
C. E. F.

Enlisted (a) Mar. 23 1917 Terms of Service (a) duration of war and Service reckons from (a) Mar. 23 1917.

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) Nursing Sister

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	taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

W.S.B. class "A"

		Embarked <u>Canada</u> <u>6-4-17</u>			
		Disembarked <u>England</u> <u>16-4-17</u>			
<u>24-4-17</u>	<u>C.A.M.C. D</u>	TAKEN ON STRENGTH	<u>Westenhanger</u>	<u>16-4-17</u>	<u>P. II D.O. 114</u>
<u>25-4-17</u>	"	<u>Posted to Capt. Mil. Hosp. Orpington</u>	"	<u>17-4-17</u>	<u>P. II D.O. 114</u>
<u>28-11-17</u>	<u>160822</u>	<u>Set to No. 10 Barr Stationary Hosp</u>	<u>Orpington</u>	<u>28-11-17</u>	<u>P. II D.O. 284</u>
<u>27/1/17</u>	<u>D.M.A.</u>	<u>205 Barr Can Gen Hosp</u>	<u>Eastbourne</u>	<u>28/1/17</u>	<u>P.O. 13 d 29/1/17</u>
<u>20/1/17</u>	<u>D.M.A.</u>	<u>Posted to 10 Barr Can Gen Hosp</u>	<u>Eastbourne</u>	<u>29/1/17</u>	<u>P.O. 260 d 29/1/17</u>

(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.]

Casualty Form - Active Service

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				
20/11/17	W. Easton	Proceeded overseas with command. To be cancelled	Eastbourne	5/12/17	P.T.O. 264 d/4/12/17
					Major, CAMC. for O.C. 10th Can. Stat. Hpl.
5/12/17.	D.M.S.	Remained in England for temporary duty when unit proceeded overseas 5/12/17.	Eastbourne.	5/12/17.	P.T.O. 264, d.4/12/17. Major, CAMC. for O.C. 10th Can. Stat. Hpl.
13-12-17.	A.M.D.	Attached for Duty.	Basingstoke.	5-12-17.	P.T.O. 173. d/ 13-12-17.
31.1.18.	No. 4 C. 2 H.	Cease to be att. on proceeding overseas.	Basingstoke.	26.1.18.	P.T.O. No. 5 d/31.1.18.
28.12.17.	No. 4 C. 4 H.	Cease to be attached on proceeding overseas.	Basingstoke.	28.12.17.	P.T.O. No. 175. d/28.12.17. Reserve Capt & Adj
29.12.17	86th Hosp	I.O.S. of No. 8 Bandage Hosp on arrival in France (auth. WO. 121/mesical/3389 (AMDI) 0420/17)		22.12.17	B213. file No. 22328. H/8 d/25.2.18.
3.3.18	1 hos USA - In Sisters Conv Home.	Debility adm		3-3-18	W 3034 / X 1953
9.3.18	8 C B H	Granted 14 days leave to Etretat		2/3/18	B 213
15/3/18	1 USA Gen (SS)	Discharged		15/3/18	W 3034 / X 2081
23.3.18	86th Hosp	20th. 7 bandage Hosp for temp. duty.		19.3.18	B213.

Casualty Form—Active Service.

Regiment or Corps *6. A. M. 6*

Rank *Maxing Sister* Surname *Howe* Christian Name *Anne Hilda*

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.....

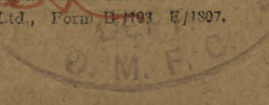
Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ..			
<i>13.4.18</i>	<i>86 S. Hosp</i>	<i>Rejoined unit</i>	<i>86 S. Hsp</i>	<i>13.4.18</i>	<i>B213</i>
<i>7.9.18</i>	<i>" "</i>	<i>Granted 14 days leave</i>	<i>U.K.</i>	<i>1.9.18</i>	<i>B213 No 30 d/17/18</i>
<i>21.9.18</i>	<i>" "</i>	<i>Rejoined from leave</i>	<i>Charnes</i>	<i>17.9.18</i>	<i>B213</i>
<i>17.11.18</i>	<i>36 S. Hosp</i>	<i>Joined for duty</i>	<i>36 S. Hosp</i>	<i>9.11.18</i>	<i>B213</i>
<i>22.11.18</i>	<i>86 S. Hosp</i>	<i>Granted spec. leave from</i>	<i>U.K.</i>	<i>27.10.18</i>	<i>7/16/18 17/7/14-1</i>
		<i>27.10.18 to 6.11.18.</i>		<i>6.11.18</i>	<i>No. 43 d/19/18</i>
<i>11.1.19</i>	<i>86 S. Hosp</i>	<i>Rejoined unit</i>		<i>4.1.19</i>	<i>B213</i>
<i>22.3.19</i>	<i>8 C.S.H.</i>	<i>Granted 14 days leave in</i>	<i>France</i>	<i>16.3.19</i>	<i>B213 No 8 d/27/18</i>
		<i>Proceeded to England</i>	<i>16.4.19</i>		

Christas
Capt. for Lt.-Col., A. A. G.
Canadian Section G. H. O. 3rd Echelon, K. F. E.

15-279

S.O.S. on Embarkation to Canada

(4) 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.
(5) Signaller, Shipping Dept. &c.
W. 8835-32-3 20/04/17 (3611) C. P. & S., Ltd., Form B.103 E/1907. P.T.O.



CANADIAN ARMY DENTAL CORPS, O.M.F.C.
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

**DIRECTIONS TO
DENTAL OFFICERS**

NAME OF SOLDIER (Block Letters) LOWE A.H.
 REGIMENT C A M E RANK MS No. _____
 Date of Examination in England 25/4/19 Date of Examination in France _____

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.



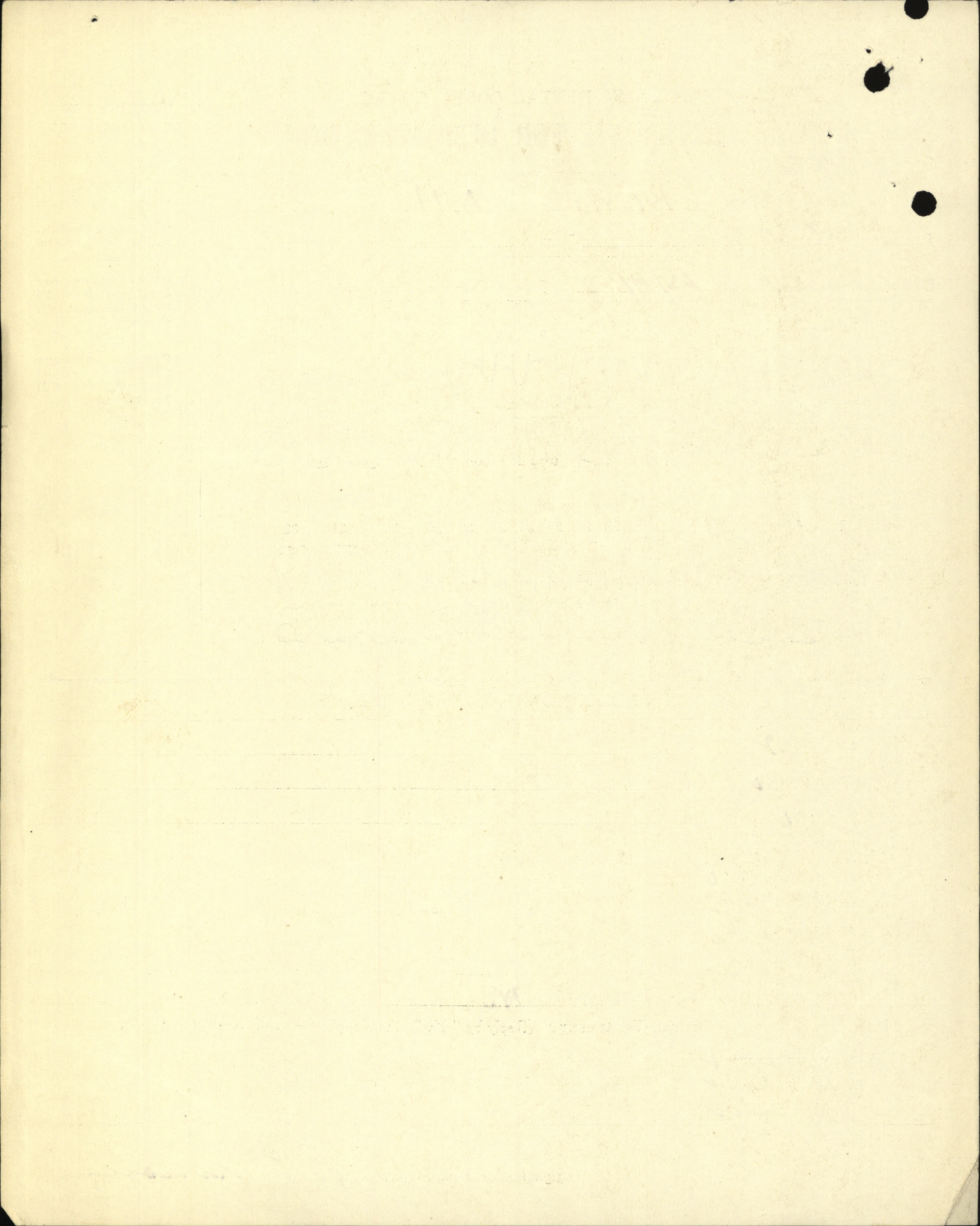
PRESENT DENTAL REQUIREMENTS

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

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 1
 - (b) In England 1
 - (c) In France 1

Signature of Dental Officer B. R. Larsson



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

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

No. Rank *N.S.* Surname *Lowe*
(Given name in full)
Anne Hilda
 Unit or Corps *Canada* Birthplace *Muskoka, Ont.*

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

1. GENERAL DESCRIPTION:

Physique *Good* Weight *150^(est)* lbs. Height *5-6* ft. Colour of Eyes *Brown*
 Nutrition *Good*
 Pulse *64*
 Condition of arteries *Soft*
 Vision Rt. *Normal* Left. *Normal*
 Hearing (conversational voice) Rt. *20* ft.
 Left. *20* ft.

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

Opinion as to general health and physical condition *Good*

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

Nervous System *no* Genito Urinary System *no* Cardio-Vascular System *no*
 Special Senses *no* Integumentary System *no* Respiratory System *no*
 Disturbance of mentality *no* Muscular System *no* Digestive System *no*
 Osseous and Joint System *no* Any other general condition *no*

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at *Shorncliffe*.....(Overseas)

Date *3/5/19*.....

Signed *Amlevert Capt*.....M.O.

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

Signature *A. Hilda Lowe*.....

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

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date

SignedM.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]

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

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

(2) Regimental Number ✓

(3) Full Name of Soldier Anne Hilda Lowe

(4) Place of Birth Port Carling, Muskoka

(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.....

(9) Is your Father alive? yes

If so, state name and address Rev. A. T. Lowe Port Sydney N.S.W.

(10) Is your Mother alive? No

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.

(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. P. Sandy Lieut. Colonel
Officer Commanding.

Date MAR 31 1917

ORIGINAL

MEDICAL HISTORY SHEET

Surname Lowe

Christian Name Anne Hilda

Examined { on 23 day of March 1917
at Toronto

Approved by W. Macdougall

Birthplace { City or Town Port Carling
County Muskoka

Rank Captain M.O.

Apparent age 25

Trade or occupation graduate nurse

Height 5 feet 6 Inches

Weight 147 lbs.

Chest measurement { Minimum 34 inches
Maximum expansion 36 1/2 inches

Physical development

Small-pox Marks none

Vaccination Marks { Arm Right Left
Number 3

When Vaccinated last 19 years ago 1897 1917

(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.

Date	Result	VACCINATIONS
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

Enlisted on 23rd day of March 1917 at Toronto

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>C. G. M. C.</u>			<u>23rd March</u>
Transferred to	<u>10th Canadian Stationary Hospital</u>	<u>W/str</u>		<u>29 NOV 1917</u>

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.

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount.

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

b.l.m.b.T.D.

Pay 2nd pd

W/S

16th 19

7th Can. Dmsllo

Name

Lawe

Initials

Annie Aida

Bank

Lanbanntij

+ West + Pass Ltd

oxington 3rd 17

1918-19

1919-20

Add outfit allowance 179 \$ 00

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED PAY PAID IN CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

Apr 14 a P ban
apl Pay (R)

108

60

23

Bank

979

48

May 19 May Pay (R)

111 60

13

A P ban

60

22

Bank 2476

51 60

June June Pay (R)

108

14

A P ban

60

21

Bank 4088

48

July July Pay R.

111 60

17

A P ban

60

22

Bank 5499

51 60

Aug Aug Pay R.

111 60

14

A P ban

60

21

Bank 6995

51 60

Sep Sept Pay R.

108

18

A P ban

60

21

Bank 8976

48

Oct Oct Pay R.

111 60

27

A P ban

60

Nov Nov Pay (R)

110

a. P Can.

60

27

Bank 12473

80

b. Forward

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount. \$ 60

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

Pay 2.00 Pd A/S. 16/4/19. In Can

F.A. 1.00 ✓

Messing 1.00 "

Name Lowe

Initials A. D.

Bank London Co West -

4 Paris St Ltd

Orpington Kent

A.O.A. 14/19

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Dec	Pay (R) A.P. Can		124		60			
13	Bank	13669		64				
Jan 22	A.P. Can Pay (R)		124		60			
27	Bank	15430		64				
Feb 11	A.P. Can Pay (R)		112		60			
20	Bank	16957		52				
Mar 19	Mar Pay (R) A.P. Can		124		60			
19	Trav. allow France 6-9/18	3335					Frs. 56.70	
20	Bank	18549		64				
April 4	add outfit allow 10 83		100					
"	Do Do		207		100			
12	April Pay R A.P. Can		120		60			
23	Bank	738		60				
May 12	add May Pay Pay (R) A.P. Can		124		60			
	Bank	1976		64				

RETURNED TO CANADA
L.P.C. TO 31519
TRANSFER TO N.E. LEDGER

To Ledger 12 fr. L. 5.12.6/9.

12.

ASSIGNED PAY.	UNIT.	RANK.	NAME.
Beneficiary	NAME OF	DATE	AUTHORITY
Address	DATE	AUTHORITY	
Amount. \$ 60 ⁰⁰			
Separation Allowance issued. Yes or No.....			

UNIT: C.C.M.C.L.D.
 RANK: N/S
 NAME: Lowe
 Initials: Annis Bilda
 Bank: ~~Wentworth~~
 Ldn. County Westminster St. Dr. King's Cross. 3/17.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1917								
April 27	Pay for 1-30 1/2 mon for 16 1/2 Bank	3005		33				
28	Pay for 1-30 1/2 mon for 16 1/2 Bank	3104	93			60		
May 9	May pay R.		111	60				
23	A.P. Can (2 months)				120	51 60		
June 11	Bank	5986		51 60				
15	A.P. Canada				60			
22	June Pay (R)		108			48		
July 6	Bank	900H		48				
17	Trav. Allowance 15-17 1/2	327						
18	July Pay (R)		111	60				
23	A.P. Canada				60			
Aug 18	Trav. Allow 2-6 1/2	1222						
20	Bank	12943		51 60				
Sept 17	Aug Pay (R)		111	60				
20	A.P. Can				60	51 60		
Oct 15	Bank	16996		51 60				
17	Sept Pay (R)		108					
20	A.P. Canada				60	48		
Nov 16	Bank	21680		48				
19	October Pay (R)		111	60				
20	A. Pay Canada				60	51 60		
Nov 16	Bank	26062		51 60				
15	November Pay (R)		108					
20	A. Pay Canada				60			
	Bank	30633		48				
	Carried For.							

1917-18

\$7 3/4 - 10/- P/m in error

£1-16-0 8 1/2

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$ *60*

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

ban

*Pay #200pd R.S
7 Dec 60
mess 1.00*

Name

Initials

Bank

*Lowe.
Annie Hilda
London County
West. Orpington
Kent-*

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

Dec 7	Dec Pay (R)		111 60					
4	A.P. <i>ban</i>				60			
13	Bank	34460		51 60				
Jan 15	Jan Pay (R)		111 60					
15	A.P. <i>ban</i>				60			
21	Bank	39278		51 60				
Feb 12	Feb Pay (R)		100 80					
12	A.P. <i>ban</i>				60			
19	Bank	40804		40 80				
Mar 12	March Pay (R)		111 60					
12	A.P. <i>ban</i>				60			
21	Bank			51 60				

52.1

25/4/17 CMH

Surname LOWE **Christian Names** Anne Hilda.
Rank Nursing Sister **Name and Address of Next-of-Kin** Father.
Promotion *TUS-23 Mar 17*
Unit C.A.M.C. **Rev.A.T. Lowe.**
Place of birth Port Carling. Muskoka. Ontario. Canada.
Married (Yes or No)
Appointments



Date of leaving Canada		Date and Cause of Resignation			
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				
		T.O.S. on an. p. Canada			
20.4.17	Dues.	Posted to C.A.M.C. Depot.		6.4.17	Co. 510
20.4.17	Dues.	Posted to Ontario M. Hosp. Orpington.		17.4.17	Co. 509 T.O.S. Pt. ord. 92. DMH
8-10-17	DMS	Posted to No 16 Can Gen Orpington		5-10-17	CO. 1310
5.12.17	do	Posted to No 8 Can Stat Hosp.		28.11.17	CO. 1584
29-1-18	do	Proc ops		22-12-17	60130
26-2-18	8.6. Pt. Hp	505 on an in France		22-12-17	Pt. ord. 8.
23-3-18	A.M.S	Adm Anders home & ret. Discharged		2-3-18	Pt. ord. 39. Debility
14-9-18	8 CS Hp	Granted 14 days leave to U.K.		1-9-18	Pt. ord. 30.
10-12-18	- do -	Granted special leave from 27-10-18 to		6-11-18	Pt. ord. 43.
27-3-19	- do -	Granted 14 days leave		16-3-19	Pt. ord. 8.
23-4-19	do	P.O.S. to bank Car Coy.		16-4-19	Pt. II O. 11.
2-5-19	C.A.M.C. Car. Coy.	T.O.S. on posting from 8 Can. Stat. Hp.		17-4-19	Pt. ord. 102.

A.F.B. 1918
8-FEB. 1918

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
17-5-19	Camic. Cas. Coy.	S.O.S. on posting to 11 th Can. En. Hq		22-4-19	P/Hord. 115
26-4-19	11 th Cdn. H.	T.O.S. from Camic.		22-4-19	P/Hord. 37.
21-5-19	do.	S.O.S. on transfer to PPT Canada		13-5-19	Pt-II 0. 47.
17-5-19	Omst.	P.O.P. on trans. to CPT in Canada Cessation of Hostilities Sailed To Canada SS Northland		13-5-19	C.O. 64. 16204 Sailing No. 62
				20.5.19	

Cas Coy amended Pt-II 0. 59
~~P/Hord. 37.~~

6.4. 19
10.0. 9.

L 83



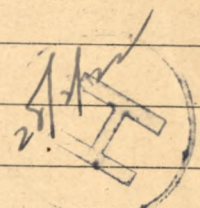
Proceedings of an Officer or Nursing Sister
Struck off Strength
OF THE
Canadian Expeditionary Force.

OK

War Service Badge

Class 'A' No.

1. RANK	N/S	
2. NAME	LOWE, Anne Hilda	
3. UNIT	CAMC	
4. DATE STRUCK OFF STRENGTH		PLACE
5. REASON		



108. 25 ⁵/₉ - 1995

Demobilization

6. AUTHORITY

7. PROPOSED RESIDENCE

55 Albany Ave. Toronto, Ont.

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.


- ✓ 1. Triplicate Declaration Paper (M.F.W. 51), or Triplicate Attestation Paper (M.F.W. 23).
- ✓ 2. Casualty Form (A.F.B. 103).
- ✓ 3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
- ✓ 4. Proceedings of Med. Board (A.F.A. 179 or M.F.W. 129).
- ✓ 5. Dental Certificate (C.A.D.C. 5009a).
- ✓ 6. Proceedings on Struck off Strength (M.F.W. 2591).
- ✓ 7. Last Pay Certificate (P. 41).
- ✓ 8. War Service Gratuity Form (M.F.W. 2595).

M. F. W. 2591 Documents.

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

Disposal Cert.

H. M. T.
 EMB. LIVERPOOL
 LISEMB. HALIFAX
 NORTHLAND
 13-5-19
 23-5-19


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

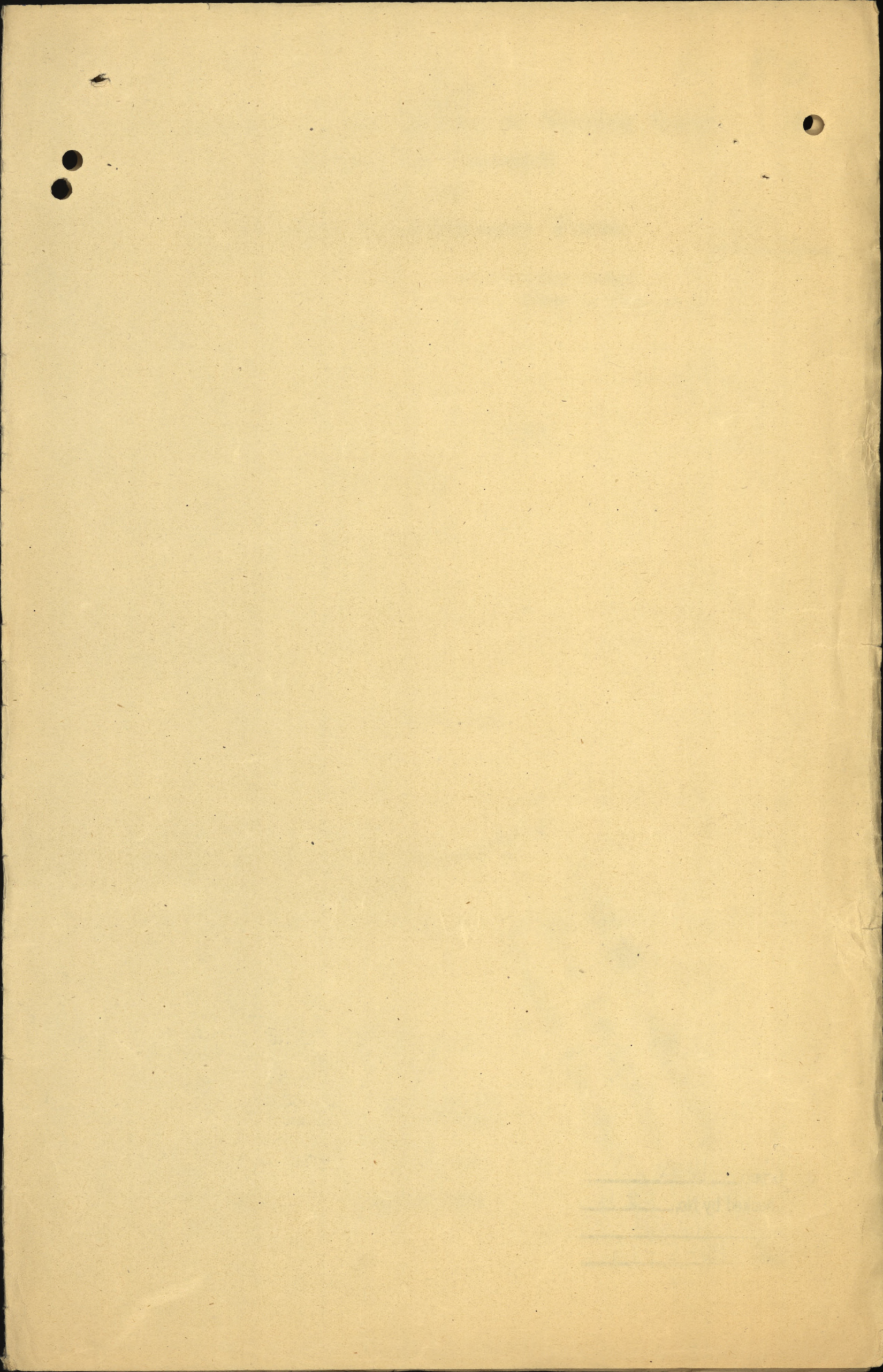
1. RANK		4. DATE STRUCK OFF STRENGTH		5. REASON	
2. NAME		PLACE		6. AUTHORITY	
3. UNIT				7. PROPOSED RESIDENCE	

65 Albert Street, Toronto, Ont.

The folder should contain the following documents:

1. Declaration Paper (M.F.W. 51) or Attestation Paper (M.F.W. 52)
2. Casualty Form (A.F.B. 105) or (M.F.W. 53)
3. Medical History Sheet (M.F.B. 513) or (A.F.B. 175)
4. Proceedings of Medical Board (A.F.A. 170) or (M.F.B. 527)
5. Medical Report (M.F.W. 120)
6. Dental History Sheet (M.F.B. 465)
7. Last Pay Certificate (M.F.W. 44)
8. Certificate as to Missing Documents
9. Triplicate Declaration Paper (M.F.W. 51) or
 Triplicate Attestation Paper (M.F.W. 52)
10. Certificate of Discharge (A.F.B. 101)
11. Certificate of Discharge (A.F.B. 102) or (M.F.W. 128)
12. Certificate of Discharge (A.F.B. 103)
13. Certificate of Discharge (A.F.B. 104)
14. Certificate of Discharge (A.F.B. 106)
15. Certificate of Discharge (A.F.B. 107)
16. Certificate of Discharge (A.F.B. 108)
17. Certificate of Discharge (A.F.B. 109)
18. Certificate of Discharge (A.F.B. 110)
19. Certificate of Discharge (A.F.B. 111)
20. Certificate of Discharge (A.F.B. 112)
21. Certificate of Discharge (A.F.B. 113)
22. Certificate of Discharge (A.F.B. 114)
23. Certificate of Discharge (A.F.B. 115)
24. Certificate of Discharge (A.F.B. 116)
25. Certificate of Discharge (A.F.B. 117)
26. Certificate of Discharge (A.F.B. 118)
27. Certificate of Discharge (A.F.B. 119)
28. Certificate of Discharge (A.F.B. 120)
29. Certificate of Discharge (A.F.B. 121)
30. Certificate of Discharge (A.F.B. 122)
31. Certificate of Discharge (A.F.B. 123)
32. Certificate of Discharge (A.F.B. 124)
33. Certificate of Discharge (A.F.B. 125)
34. Certificate of Discharge (A.F.B. 126)
35. Certificate of Discharge (A.F.B. 127)
36. Certificate of Discharge (A.F.B. 128)
37. Certificate of Discharge (A.F.B. 129)
38. Certificate of Discharge (A.F.B. 130)
39. Certificate of Discharge (A.F.B. 131)
40. Certificate of Discharge (A.F.B. 132)
41. Certificate of Discharge (A.F.B. 133)
42. Certificate of Discharge (A.F.B. 134)
43. Certificate of Discharge (A.F.B. 135)
44. Certificate of Discharge (A.F.B. 136)
45. Certificate of Discharge (A.F.B. 137)
46. Certificate of Discharge (A.F.B. 138)
47. Certificate of Discharge (A.F.B. 139)
48. Certificate of Discharge (A.F.B. 140)
49. Certificate of Discharge (A.F.B. 141)
50. Certificate of Discharge (A.F.B. 142)
51. Certificate of Discharge (A.F.B. 143)
52. Certificate of Discharge (A.F.B. 144)
53. Certificate of Discharge (A.F.B. 145)
54. Certificate of Discharge (A.F.B. 146)
55. Certificate of Discharge (A.F.B. 147)
56. Certificate of Discharge (A.F.B. 148)
57. Certificate of Discharge (A.F.B. 149)
58. Certificate of Discharge (A.F.B. 150)
59. Certificate of Discharge (A.F.B. 151)
60. Certificate of Discharge (A.F.B. 152)
61. Certificate of Discharge (A.F.B. 153)
62. Certificate of Discharge (A.F.B. 154)
63. Certificate of Discharge (A.F.B. 155)
64. Certificate of Discharge (A.F.B. 156)
65. Certificate of Discharge (A.F.B. 157)
66. Certificate of Discharge (A.F.B. 158)
67. Certificate of Discharge (A.F.B. 159)
68. Certificate of Discharge (A.F.B. 160)
69. Certificate of Discharge (A.F.B. 161)
70. Certificate of Discharge (A.F.B. 162)
71. Certificate of Discharge (A.F.B. 163)
72. Certificate of Discharge (A.F.B. 164)
73. Certificate of Discharge (A.F.B. 165)
74. Certificate of Discharge (A.F.B. 166)
75. Certificate of Discharge (A.F.B. 167)
76. Certificate of Discharge (A.F.B. 168)
77. Certificate of Discharge (A.F.B. 169)
78. Certificate of Discharge (A.F.B. 170)
79. Certificate of Discharge (A.F.B. 171)
80. Certificate of Discharge (A.F.B. 172)
81. Certificate of Discharge (A.F.B. 173)
82. Certificate of Discharge (A.F.B. 174)
83. Certificate of Discharge (A.F.B. 175)
84. Certificate of Discharge (A.F.B. 176)
85. Certificate of Discharge (A.F.B. 177)
86. Certificate of Discharge (A.F.B. 178)
87. Certificate of Discharge (A.F.B. 179)
88. Certificate of Discharge (A.F.B. 180)
89. Certificate of Discharge (A.F.B. 181)
90. Certificate of Discharge (A.F.B. 182)
91. Certificate of Discharge (A.F.B. 183)
92. Certificate of Discharge (A.F.B. 184)
93. Certificate of Discharge (A.F.B. 185)
94. Certificate of Discharge (A.F.B. 186)
95. Certificate of Discharge (A.F.B. 187)
96. Certificate of Discharge (A.F.B. 188)
97. Certificate of Discharge (A.F.B. 189)
98. Certificate of Discharge (A.F.B. 190)
99. Certificate of Discharge (A.F.B. 191)
100. Certificate of Discharge (A.F.B. 192)
101. Certificate of Discharge (A.F.B. 193)
102. Certificate of Discharge (A.F.B. 194)
103. Certificate of Discharge (A.F.B. 195)
104. Certificate of Discharge (A.F.B. 196)
105. Certificate of Discharge (A.F.B. 197)
106. Certificate of Discharge (A.F.B. 198)
107. Certificate of Discharge (A.F.B. 199)
108. Certificate of Discharge (A.F.B. 200)

H. M. T. BARNWELL
 65 ALBERT STREET, TORONTO, ONT.



Group..... HQ

Checked by No..... 29

..... and

Date..... 12-5-19

Northland 23/5/19

AUDITOR PAYMASTER

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

F-99

M. OR S. REGT. No. RANK N/3 NAME (IN FULL) LOWE ANNE HILDA

ORIGINAL UNIT C.E.F. *C.A.T.C. Bank of Commerce, Bloo & Dixieincott Sts Toronto*

IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *20-5-1917* TRANSFERRED TO *13-5-17.01* DATE AUTHORITY

ASSIGNED PAY \$ *60.00* DATE EFFECTIVE *1/6/19*

PAYABLE TO *Miss & Ernest Lowe* RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

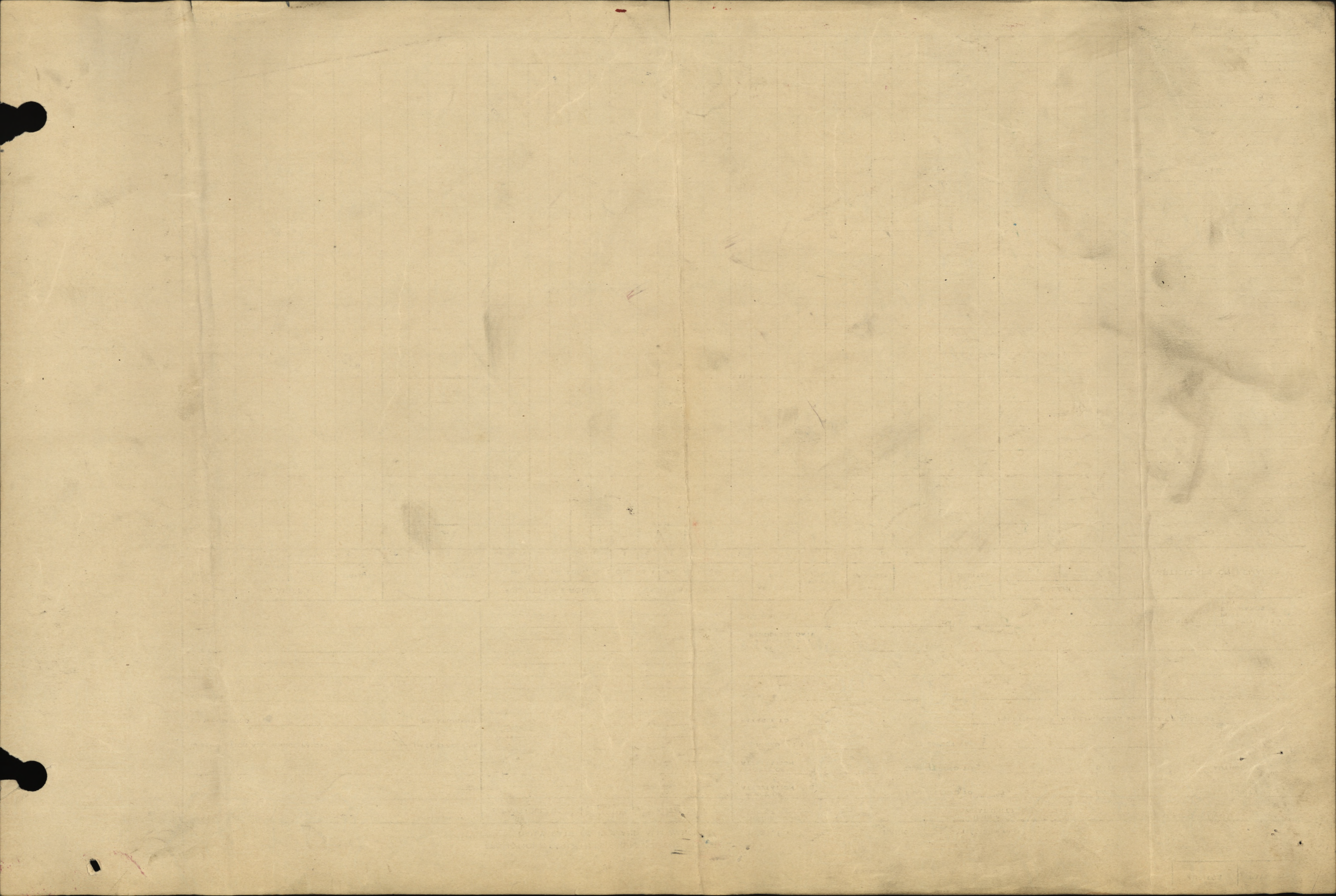
ADDRESS *55 Albany ave Toronto Ont*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

25-5-19 *Senior* *SS 160* *YES*

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT	
Pr 5.19			<i>Nil</i>	<i>Nil</i>				<i>90.00</i>					<i>9.50</i>	<i>99.50</i>	<i>99.50</i>		<i>ad by bank 1 May 1919</i>
Jul 1		<i>3.00</i>											<i>99.50</i>				<i>T.O.S.D.O. 150</i>
													<i>18</i>				<i>of P.A. 26-31/5/19</i>
													<i>3</i>	<i>120.50</i>	<i>120.50</i>		<i>of Mus. 26-31/5/19</i>
<i>15.3 days</i>		<i>3.00</i>	<i>U.S.G.</i>	<i>4.59</i>									<i>120.50</i>	<i>120.50</i>	<i>3.38</i>		<i>AMOUNT DUE SOLDIER DEPENDENT</i>
								<i>June 18 388306 AR 4.55</i>					<i>93.00</i>	<i>213.50</i>	<i>245.50</i>		
								<i>July 15 751419</i>					<i>90</i>	<i>303.50</i>	<i>55.50</i>		
								<i>1046158</i>					<i>6.50</i>	<i>310</i>	<i>114.9</i>		<i>Rebate on messing</i>
								<i>1049762</i>					<i>1.49</i>	<i>4.59</i>	<i>4.59</i>		<i>Rebilled</i>
													<i>4.59</i>	<i>4.59</i>			<i>W.S.G. PAID IN FULL</i>



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

L

7541

Apr 17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

60			
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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. *lc*

Rank *MS* Promoted Reverted Discharge

Soldier's Name *Anne Hilda Lowe*

Battalion *C.A.M.*

Beneficiary

Relationship

Address

Name *Miss E Margaret Lowe*

Address *55 Albany Ave., Toronto Ont*

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec 31</i>	<i>—</i>		<i>540</i>	<i>540</i>	
<i>1918</i>					
<i>Jan 2</i>	<i>69688</i>		<i>60</i>	<i>60</i>	<i>Bk</i>
<i>Feb 9</i>	<i>71694</i>		<i>60</i>	<i>60</i>	
<i>Mar 5</i>	<i>95859</i>		<i>60</i>	<i>60</i>	<i>✓</i>
<i>Apr 8</i>	<i>2616</i>		<i>60</i>	<i>60</i>	<i>✓</i>
<i>May 11</i>	<i>12231</i>		<i>60</i>	<i>60</i>	<i>✓</i>
<i>June 14</i>	<i>24722</i>		<i>60</i>	<i>60</i>	<i>✓</i>
<i>July 17</i>	<i>30167</i>		<i>60</i>	<i>60</i>	<i>✓</i>
<i>Aug 20</i>	<i>41616</i>		<i>60</i>	<i>60</i>	<i>✓</i>
<i>Sept 23</i>	<i>45455</i>		<i>60</i>	<i>60</i>	
<i>Oct 26</i>	<i>51689</i>		<i>60</i>	<i>60</i>	
<i>Nov 29</i>	<i>57045</i>		<i>60</i>	<i>60</i>	
<i>Dec 31</i>	<i>62755</i>		<i>60</i>	<i>60</i>	<i>✓</i>
<i>1919</i>					
<i>Jan 3</i>	<i>75682</i>		<i>60</i>	<i>60</i>	
<i>Feb 6</i>	<i>79359</i>		<i>60</i>	<i>60</i>	<i>✓</i>
<i>Mar 9</i>	<i>86548</i>		<i>60</i>	<i>60</i>	<i>✓</i>
<i>Apr 12</i>	<i>4441</i>		<i>60</i>	<i>60</i>	<i>✓</i>
<i>May 15</i>	<i>9449</i>		<i>60</i>	<i>60</i>	
			<i>1560</i>	<i>1560</i>	

11351-a-30

AUDITED.

M. F. W. 128
400M-6-17-1772-39-1141
L. L. 22320-M. & D. 7588.

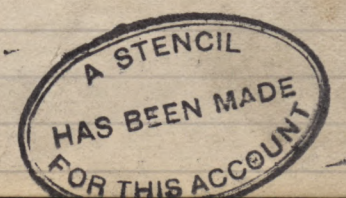
A/c Closed *31-5-19*

Ret'd per *Northland*

Date *23-5-19* M.F.W. 187 *29-5-19*

Closed *A.W. Logan*

MP#2 *NR# 114225*



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128
 40034-6-17-1772-39-1141
 L. L. 22320-M. & D. 7493.