

Unit C.A.M.C. Rank Nursing Sister Name Robina Carlaw Lyle

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

- 1. (a) What is your Surname? Lyle
- (b) What are your Christian Names? Robina Carlaw
- 2. (a) Where were you born? (State place and country) St Thomas. Ont.
- (b) What is your present address? St Thomas. Ont.
- 3. What is the date of your birth? August 27th, 1886
- 4. What is (a) the name of your next-of-kin? David Lyle
- (b) the address of your next-of-kin? St. Thomas. Ont.
- (c) the relationship of your next-of-kin? Father
- 5. What is your profession or occupation? Registered Graduate 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? C.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? Yes

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

Robina Carlaw Lyle (Signature of 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.

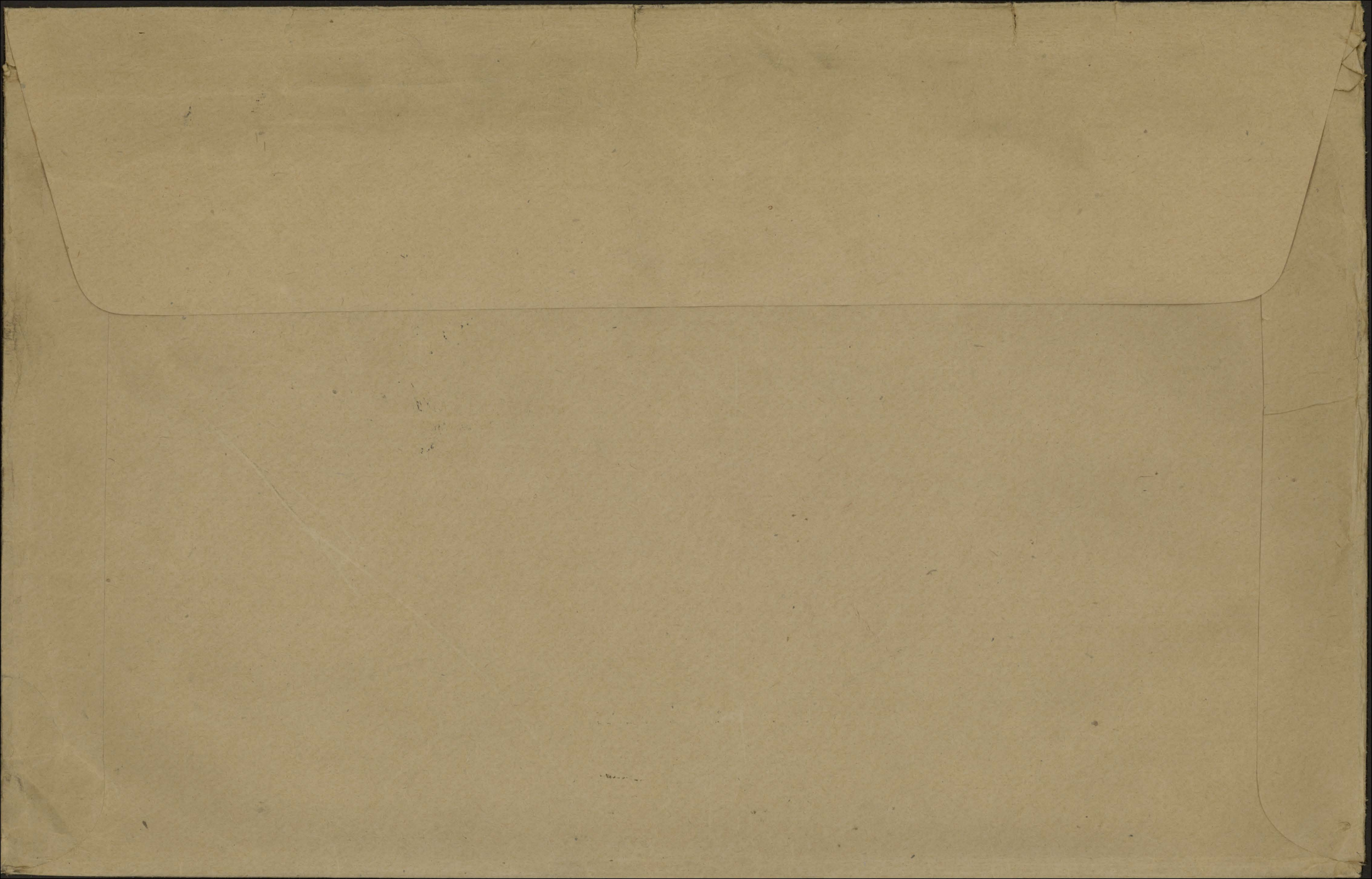
Date 21st July 1916

Place London Ont.

B. B. Bell
Medical Officer.

*Insert here "fit" or "unfit".

adon S. M.D. N. 1



Number Rank N/Sister
Surname LYLE

Christian Name ROBINA CARLAW
Units Theatre of War FRANCE

Date of Service 17-2-17

Remarks 2041 E 96th St., Cleveland Ohio Osa
BPC

Latest Address: Sp. Thomas, Ont.

207598 verb

Roll No. B. Page 20752

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

RANK

SURNAME

INITIALS

UNIT

Home address.....

(Street)

(City or Town)

(Province)

Name of 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.....

Destination.....

(Sgd.).....

DEPT	DEC 24 1924
REGN NO.	8859

2502.

SURNAME.

Lyle

82 CARD NO. ✓

CHRISTIAN NAMES

Robina Carlaw

So S Dis 17-7-19
FOLL.

REGL. NO.

RANK

Nursing Sister

RD 2102 of 1-8-19

UNIT *C.A.M.C.*

Reinforcements

Demph
Do 225 of 13-8-19
#200

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Lyle, David

RELATIONSHIP TO SOLDIER

Father

ADDRESS

St. Thomas, Ont.

COUNTRY OF BIRTH

Canada, St. Thomas, Ont.

DATE

Aug. 27th 1886

PLACE OF ATTESTATION

DATE

Date of Sailing per S.P. "Ascania"

Aug 16th 1916
R/C 12-7-19

371 N/S
6

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Registered Graduate nurse

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

London, Ont.

DATE

July 21st 1916

Present address:- St. Thomas, Ont.

Name **Lyle** Rank **N/Sister** Reg. No.
 Unit **Robina Barlow**
2nd B.C.C.P.
 Next of Kin **~~David Lyle~~ Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
14-3-19	Adm. Queen Mary Nursing Home	Edinburgh	Rheumatism, Sit.	1230	X	X
22-3-19	Discharge to Casualty (Book)	Myalgia		1297	X	X

NAME

Leple P.C.

REGT. No.

RANK AND UNIT

Infstr.

C. A. M. C., 2 C. C. S.

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

1239.

Queen Mary
Nursing Home

14/3/19

Pneumonia
myalgia

Edinburgh

1297

3

Dise

22-3-19

as per d. 1320
myalgia

No.

RANK

1st Lt

NAME

Lyle R. Co.

T. O. S.

UNIT

*Army medical corps (Reinforcement)*M. D. *4*

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID
FROMPAID
TOSIG.
OR
REC'T

PARTICULARS

AUTHORITY

*1916
July 21**1916
Aug 31**L*



Surname

Christian Name

LYLE

R. C.

Rank

Unit

N/Str

C.A.M.C. 2 CCCS.

Casualty List

Q.M.Nurs.Home, Edinburgh 14-3-19

15-3-19/1239. ~~Ø~~ "Rheumatism" (Admitted whilst
on leave from ⁰0/seas.)

26-5-19/1297-3. Discharged:-22-3-19

24-6-19/1320 note. ~~Ø~~ Correct diagnosis "Myalgia"
at

A.M.D. 2 DEPT.

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

Surname

Christian Name

Serial No.

Rank

Unit

Medical Board
held at

Date

Condition found
by Board

Remarks.

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 *m/s* Surname *LYLE*
(Given name in full)
ROBINA CARLAW
 Unit or Corps *O a m. e* Birthplace *St. Thomas Ant*

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

I. GENERAL DESCRIPTION:

Physique *Good* Weight *145* lbs. Height *5* ft. *7* in. Colour of Eyes *Brown*
 Nutrition *Good*
 Pulse *84*
 Condition of arteries *Soft*
 Vision Rt. *6/6* Left *6/6*
 Hearing (conversational voice) Rt. *21* ft.
 Left *21* ft.

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

Scar left wrist lateral
Scar Rt neck

Opinion as to general health and physical condition *Fitch*

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.

"Flu" Muscular - 21/19 - no disability

MEDICAL EXAMINATIONS
OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

No. 76 CANADIAN GENERAL (ONTARIO) HOSPITAL,
Examined at ORPINGTON, KENT, (Overseas)

Date 8 MAY 1918

Signed [Signature] 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 [Signature]

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date

Signed M.O.

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

Signature

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

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

[OVER]

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..... *Army Medical*.....
- (2) Regimental Number..... ✓
- (3) Full Name of Soldier..... *Robina Carlaw Lyle*.....
- (4) Place of Birth..... *St. Thomas Ont*.....
- (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 *Mr. David Lyle St. Thomas Ont.*

(10) Is your Mother alive? *Yes*
If so, state name and address *Mr. A. Lyle St. Thomas Ont.*

(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.

Assistant Director Medical Services
M. D. No. 4
Date *21st July 1916*
MONTREAL, P. Q.

[Signature]
Officer Commanding
A. M. C. M. D. 4

Casualty Form—Active Service.

Regiment or Corps.....

Rank *n/s*..... Surname *Lyle*..... Christian Name *R. G.*.....

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>28.3.19</i>	<i># 16 G.S.H.</i>	<i>T.O.S. on posting from Cume n 7 Depot</i>	<i>Orpington</i>	<i>5.4.19</i>	<i>JK 11 DO. 82</i>

(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) Signaller, Sheehy-Smith, Ltd.
 W. 5507-11905 10000 5400 22000 G. P. & G. Ltd. FORMS B/103 B/105 B. I.P.T.O.

"W.S.B. Class A"

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

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

Casualty Form—Active Service.

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

Nursing Sister

Regimental No. _____ Rank Sister Name Robina Carlaw Lyle
C. E. F.

Enlisted (a) 21-7-16 Terms of Service (a) _____ Service reckons from (a) 16/8/1916

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	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.
31/8/16	Du.S.	Taken on Strength Casualty on arrival from Canada & posted to Casualty Coy. T.S. Hq.	Canada	16/8/16	Proc. C.T.O. DO. 4575.
31/8/16	Du.S.	Transf'd to Duch. of Con. Redx Hq.	Redx Hq. Taptow	24/8/16	C.O. 1613.
31/8/16	Du.S.	Transf'd to Duch. of Con. Redx Hq.	Redx Hq. Taptow	29/8/16	C.O. 1615.
J.G. Bunnham Major for Colonel i/c Records. C.E.F.					
29.8.16	Du.S. 21/11/16 28.8.16	Taken on Strength Duple & R x Hospital	Taptow, Bucks	29.8.16	L. 26 211. 29.8.16
15-2-17	Wine Medicines 1917 15-2-17	Struck off strength on proceeding to France. Duple & R x block	Taptow, Bucks	17-2-17	L. 26 no 48 / 17-2-17
14-3-19.	D. L. H. L. Hq.	Atk'd. from the C. A. M. C. R. & 2. Depot on reporting from France.	S'chiff	7/3/19	Capt.- Adj. & Registrar DUCHESS OF CONNAUGHT CANADIAN RED-CROSS HOSPITAL H. K. B. G. S. W. ILL CAPT. & ADJT. GEN. HOSPITAL MORNINGTON

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

Parisinghulu **LYLE**, Robina Carlaw

130

100-20

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
10/2/17	Camb 75	Taken on strength from 50th CBX Hosp	Westknuff	17/2/17	Pt II 2027
3/3/17	CAMB 38	L.O.S on transfer to No 2. Can Gen Hosp.	Westenhanger	21/2/17	Pt II NO 61 to 15/18 Capt Adjutant for C.C. C.A.M.C. Training School
21/2/17	20GH	Taken on strength on arrival 10/12/17 Dfto etc/4927 (AMND 4) dt-12/2/17 KR. 5-489		21/2/17	B213 Pt II 15 dt 3/3/17
16/9/17	"	Granted 14 days leave		12/9/17	" " 55 30/9/17
29/9/17	"	Rejoined Unit.		28/9/17	" " 57 8/10/17
15/6/18	26GH	Granted 14 Days Leave	UK	15/6/18	B213 pt II NO 38/1/18
6/7/18	"	Rejoined from leave		11/7/18	B213
10/8/18	2 C.C.H.P.	Reposted to No 2 C.C.C.S and S.O.S of No 2 Cdn. Gen. HP. Auth: D.G.M.S. D.G. 8/1 d. 13. 8. 18		10. 8. 18	B213 - KM 204 21 Pt II NO 52 d. 1918.
17/8/18	2 C.C.S.	T.O.S. on posting from 2 C.C.H.		11-8-18	B213. Pt II 38 dt-28/8/18
22-2-19	3 CGH	Granted 14 days leave	Nice	17-2-19	B213 Pt II 10/1919
14-3-19	Ady.	Posted to Camb Gen on exp. of leave.		3-3-19	KM/18/2769. Pt II 10/1919
"	"	T.O.S. of C.A.M.C. General. Proceeded to England		4-3-19	Pt II 13. 1919

Churlew

Capt. for C.C., A. A. G.
Canadian Section, G. H. O. 3rd Echelon. B. E. F.

Original ORIGINAL

MEDICAL HISTORY SHEET.

Surname Ryle Christian Name Robina Barlow

Examined { on 21st day of July 1916
at London Ont.

Approved by C. Bell

Birthplace { City or Town St. Thomas
County Elgin Ont.

Rank Major M.O. Edm. S. M. D. N. 1/2

Apparent age 29

Trade or occupation Trained Nurse

Height 5 Feet 7 Inches

Weight 128 Lbs.

Chest measurement { Minimum 32 inches
Maximum expansion 34 1/2 inches

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right Left
Number 1

When Vaccinated last 1912

(a) Marks indicating congenital peculiarities or previous disease Scar 7 cut 2" long. upper side; left wrist. Linear scar 1/2" vertical right side neck. Appendectomy scar.

(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.
		M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>28 1/2</u>	<u>500 mill</u>	M.O.
<u>5 8</u>	<u>1000 mill. (mixed vaccine)</u>	M.O.
<u>19 8</u>	<u>1000 mill triple</u>	M.O.

Enlisted on 21st day of July 1916 at London Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment				
Transferred to	<u>NO 2. Can. En. Dep.</u>	<u>W/Sg Str</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>No. 78 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON, KENT.</u>	<u>27 MAY 1919</u>	<u>FA Cat A</u>	<u>unfit</u>

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.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

H.S. 2-37

L.B.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Robert Garlow LIND

Enlisted in The Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the

day of AND WAS APPOINTED to COMMISSIONED RANK

in The Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the Twenty-first day

of July 1919

He SERVED in CANADA, ... with the Can. Army Medical Corps, Duchess of Connaught's Can. Red Cross Hospital ... #2 Can. General Hospital, #8 Can. Casualty Clearing station, #3 Can. General Hospital, Can. Army Medical Corps General List, #16 Can. General Hospital.

and was STRUCK OFF THE STRENGTH on the Seventeenth day

of July 1919 by reason of General Demobilization.

Dated at Ottawa, this Nineteenth day

of December 1919

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

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

<p>Name (in full) _____ Rank _____ Number _____ Branch _____</p>	<p>THIS IS TO CERTIFY THAT _____ OF THE _____ AND WAS APPOINTED TO COMMISSIONED RANK _____ ON _____ AND WAS STRUCK OFF THE ROLL ON _____</p>
<p>_____</p>	<p>HE SERVED IN CANADA _____ AND WAS STRUCK OFF THE ROLL ON _____</p>
<p>_____</p>	<p>_____</p>

Director of General Services

*30/1/17
Edh
Bank of Montreal
Ottawa ON*

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *Bank of Montreal*
Address ~~Ottawa ON~~
*for Mr. Miss R L Lyle Bank of Montreal
Montreal P2*

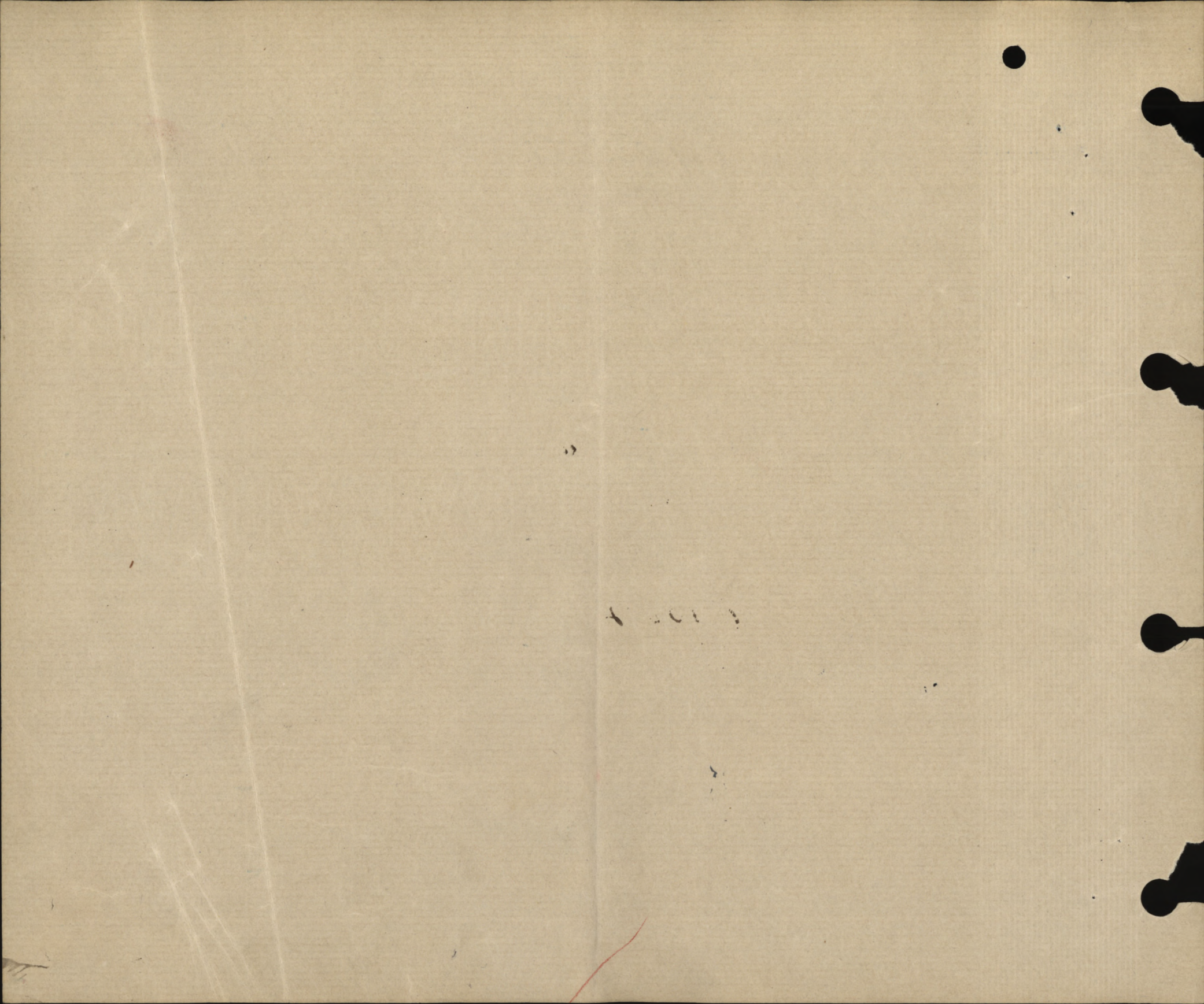
By Whom Assigned *Lyle RL*
Regtl. No.
Rank *N S.*
Corps *C. A. M. S.*

Rate ~~46%~~ *May 1915*
\$50.⁰⁰ August 1/17
2m 3146 R 20 7/8

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>① 2M 16/8/17 ORD 17/8/17</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





Bank of Montreal

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

~~Miss R. L. Lyle~~ *Bar. sept*

Name of Soldier

Lyle R. L.
L a m c

PAYMENTS.

nr.

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

Month.	Year.	Cheque No.	Amt.	Remarks.
				40.00 Nov 16
April	1916			50.00 <i>aug 1st/17</i>
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		M 36176	80	}
Jan.	1917	<i>Ch</i> M 39396	40	
Feb.		m 45271	40	
March		E 51390	40	40.00 ✓
April		D 2844	40	40.00 <i>Q</i>
May		W 9511	40	
June		C 15412	40	<i>d</i>
July		D 23258	40	<i>b</i>
Aug.		<i>B39182</i> O 30455	50	<i>D 23258 mailed 30/9/17 E.H.</i>
Sept.		X 40981	50	<i>50.00 ⁰⁰ aug future O 30455 cancelled</i>
Oct.		P 42982	50	<i>Q</i>
Nov.		X 49064	50	
Dec.		R 59072	50	
Jan.	1918			
Feb.				<i>b10</i>
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.				

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary
Address *ban.*
Amount. \$ *50.*
Separation Allowance issued. Yes or No.....

ban.

Pay *2^{xx} pd.*
F.A. *.60*
Messing *1^{xx}*

W/S

24⁸/₇₆

Fr ban

Ro 4575 bTD
30⁸/₇₆

Name *Lyle*
Initials *R. C.*
Bank *of Montreal*
Trafalgar Sq

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
<i>1918</i>								
<i>apl 18</i>	<i>a P ban</i>				<i>50</i>			
	<i>apl Pay (R)</i>		<i>108</i>					
<i>24</i>	<i>Bank</i>	<i>1187</i>		<i>58</i>				
<i>May 19</i>	<i>May Pay (R)</i>		<i>111 60</i>					
<i>13</i>	<i>A P ban</i>				<i>50</i>			
<i>23</i>	<i>Bank</i>	<i>2683</i>		<i>61 60</i>				
<i>June</i>	<i>June Pay (R)</i>		<i>108</i>					
<i>14</i>	<i>A P ban</i>				<i>50</i>			
<i>24</i>	<i>Bank</i>	<i>4166</i>		<i>58</i>				
<i>July</i>	<i>July Pay R</i>		<i>111 60</i>					
<i>17</i>	<i>A P ban</i>				<i>50</i>			
<i>24</i>	<i>Bank</i>	<i>5626</i>		<i>61 60</i>				
<i>Aug</i>	<i>Aug Pay R</i>		<i>111 60</i>					
<i>14</i>	<i>A P ban</i>				<i>50</i>			
<i>24</i>	<i>Bank</i>	<i>7258</i>		<i>61 60</i>				
<i>Sep</i>	<i>Sept Pay R.</i>		<i>108</i>					
<i>12</i>	<i>A P ban</i>				<i>50</i>			
<i>24</i>	<i>Bank</i>	<i>9187</i>		<i>58</i>				
<i>Oct</i>	<i>Oct Pay R.</i>		<i>111 60</i>					
	<i>A P ban</i>				<i>50</i>			
<i>24</i>	<i>Bank</i>	<i>10404</i>		<i>61 60</i>				
<i>31</i>	<i>add outfit allee</i>		<i>100</i>					
<i>..</i>	<i>Bank.</i>	<i>10854</i>		<i>100</i>				
<i>Nov</i>	<i>Nov. Pay (R.)</i>		<i>110</i>					
	<i>a. P ban.</i>				<i>50</i>			
<i>26</i>	<i>Bank</i>	<i>12521</i>		<i>90</i>				

ASSIGNED PAY.	UNIT.	RANK.	RANK.	DATE	AUTHORITY	NAME.
Beneficiary		Pay 2.00 Pd	A/S	24 ⁸ / ₁₆	fr Can.	Name Lyle
Address		F.A. 1	"		R0 4575CTD	Initials R. C.
Amount. \$ 50.00 Can		Messing 1	"		30 ⁸ / ₁₆	Bank of Montreal Tras Sgre
Separation Allowance issued. Yes or No.....						

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Dec	Pay (R) a P Can		124		50			
18	Bank	13792		74				
Jan 22	a. P Can Pay (R)		124		50			
26	Bank	15564		74				
Feb 11	a. P Can Pay (R)		112		50			
18	Bank	17078		62				
26	Adv P & a Pay (R)	17831		74				
Mar 12	Pay (R)		124		50			
19	a. Pay Can							
April 12	April Pay (R) a. P Can.		120		50			
26	Bank	1044		70				
May 13	Pay (R) a. Pay Can		124		50			
22	Bank	2593		74				
June 19	Adv June & July Pay Bank.		144					
20	June Pay (R) a. Pay Can.		120		50			
July 16	unpaid to ledger \$1.65 to 19. Bldg M to. List 7 & July 19, 958			24 33				
July	July Pay (R) a. Pay Can		124		50			
Aug 30	Charged to Canada	% 645	24 33					

RETURNED TO CANADA
L.P.C. TO 31.3.19
TRANSFER TO N.E. LEDGER

RETURNED TO CANADA
L.P.C. TO 31.7.19
TRANSFER TO N.E. LEDGER

From ledg 3 to ledg 12 14⁸/₁₉
22⁸/₁₉ Adv to Canada. R. J. # 24³/₃

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

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

NAME OF DATE AUTHORITY

DATE AUTHORITY

B.C.M.C.

Pay 2⁰⁰pd N/S

24 Feb Canada

Name *Lyle*

Initials *R.C.*

Bank *of Montreal*

Trafalgar Sq, '18

Canada
~~*40⁰⁰*~~ *50 - 1⁸⁷*

7 a .60

mess 1⁰⁰

B.O. 4575 E. 12

d/30 '16

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

1917-18

1917

April 21

April Pay R.

188

22

A.P. Can

40

26

Bank 3003

68

May 9

May Pay R.

111 60

23

A.P. Can

40

71 60

23

Bank 5986

71 60

June 11

A.P. Canada

40

15

June Pay (R)

108

68

22

Bank 9004

68

July 17

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 (A.2.M. 1⁸⁷)

50

61 60

22

Bank 17361

61 60

Sept 17

Sept Pay (R)

108

12

A.P. Canada

50

58

21

Bank 21663

58

Oct 10

Unpaid Cheques - L.H. 11-1- 125 post 697

22570

4527

22-13

15

October Pay R

111 60

12

A. Pay Canada

50

20

Bank 26291

39 47

Nov 16

November Pay R

108

15

A. Pay Canada

50

20

Bank 30763

58

Carried For

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$ 50

ban

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

Pay 209pd
7 A .60
mess 1.00

R S

Name Lyle
Initials R. B.
Bank of Montreal
Trafalgar Sq 113

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 7	Dec Pay (R)		111 60					
4	A P. ban				50			
14	Bank	35096		61 60				
Jan 15	Jan Pay (R)		111 60					
	A P. ban				50			
23	Bank	39501		61 60				
Feb 12	Feb Pay (R)		100 40					
12	A P. ban				50			
20	Bank	40996		50 80				
Mar 12	March Pay (R)		111 60					
12	A P. ban				50			
23	Bank			61 60				

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

INSTR. DATE AUTHORITY

Beneficiary

Address

Amount. \$

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

C.d.m.c.

n/s.

24816 From Canada
D.O.#4575C.7.D
d/30-816.

Name Lyle.
Initials P.C.
Bank of Montreal.

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED PAY PAID IN CANADA

BALANCE

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

INITIALS.

1916

1916-17

Sep 20

Pay for 1-30/16 Mas 24/16 No. 7816

116

28

Bank

9510

116

Oct 23

Pay Oct (R)

111 60

27

Bank

11000

11 60

Nov 16

A.P. Can

40

17

Pay Nov (R)

108

24

Bank

68

Dec 11

A.P. Can

40

12

Pay Dec

111 60

18

Bank

71 60

1917

Jan 19

A.P. Can

40

23

Pay Jan

111 60

25

Bank

71 60

Feb 19

A.P. Can

40

22

Pay Feb

160 80

22

Bank

60 80

March 20

March Pay R.

111 60

21

A.P. Can

40

27

Bank 24818

71 60

NAME

DATE

UNIT

ASSIGNED PAY

NAME

POWER

ADDRESS

ACCOUNT

ASSIGNED PAY

NAME

DATE

UNIT

ASSIGNED PAY

S. 9. 25 7281
6-9. 19
D.A. I

WSB class 'A'

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

2070-98

7-7-33

1. RANK *n/sister*

2. NAME ~~Lyle, A. B. Robina Carlaw~~ **LYEE, ROBINNA CARLAW**

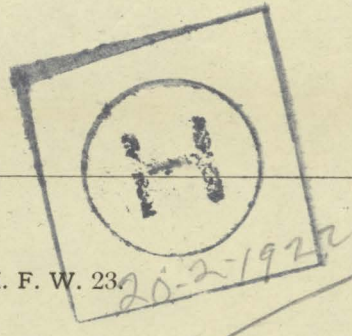
3. UNIT *pamib H. C. G. H.*

4. DATE STRUCK OFF STRENGTH _____ PLACE _____

5. REASON *808 17-7-19 RD 2102-19*
~~Resignation of Enlistment~~
Demobilisation

6. AUTHORITY _____

7. PROPOSED RESIDENCE
*St Thomas.
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.

*Embark RMS-Carmari
Liverpool 5.7.19
Capt. & A...*

MS Lyle Robina C.

E. R. J.

- 7281
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 A 11
Checked by No. 28
C.M.M.
Date JUN 20 1919

W.S. Lyle Robina Co.

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				
5-7-19	Camb Genl	S.O.S. to Ing to Camb	Cas Coy	7-3-19	Pl- <u>II</u> O. 44.
8-7-19	Camb Cas Coy	S.O.S. from Camb Genl.		7-3-19	} PC- <u>II</u> 0159.
	"	S.O.S. to 16 Ch. H. Orpington		28-3-19	
5-4-19	16-c.g.H.	T.O.S. on posting from C.A.M.C.R.T.		28-3-19	Pl- <u>II</u> Ord 82.
1-7-19	do	S.O.S. on posting to 4 Ch. H.		30-6-19	Pl- <u>II</u> O. 154.
2-7-19	4 Ch. H. T.	S.O.S. on posting from 14 Ch. H.		30-6-19	Pl- <u>II</u> O. 53.
30-6-19	do	S.O.S. on posting to 15 Ch. H.		30-6-19	Pl- <u>II</u> O. 52.
7-7-19	15 Ch. H.	S.O.S. from 4 Ch. H.		30-6-19	" " 148.

17-7-19 Dml S.O.S. to Canada 5-7-19 C.O. 85. 21491
 Sailed to Canada P.P. Barmenia 5-7-19 P.L. 93.

5-7-19

Barmania 13/7/19

AUDITOR *[Signature]* PAYMASTER *[Signature]*

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

M. OR S. REGT. No. *P-140* RANK N/S. NAME (IN FULL) *LYLE ROBINA CARLAW*

ORIGINAL UNIT C.E.F. *same* IF IN P.F. WHAT UNIT? *Bank of Montreal, Montreal, Can.*

PLACE OF ATTESTATION *Bank of Montreal* TRANSFERRED TO *Bank of Montreal* DATE *21/7/16* AUTHORITY

DATE OF ATTESTATION *21/7/16* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY \$ *50.00* DATE EFFECTIVE *1/8/19*

PAYABLE TO *Miss R. C. Lyle* RELATIONSHIP *Wife* ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *Savings Dept, Bank of Montreal*

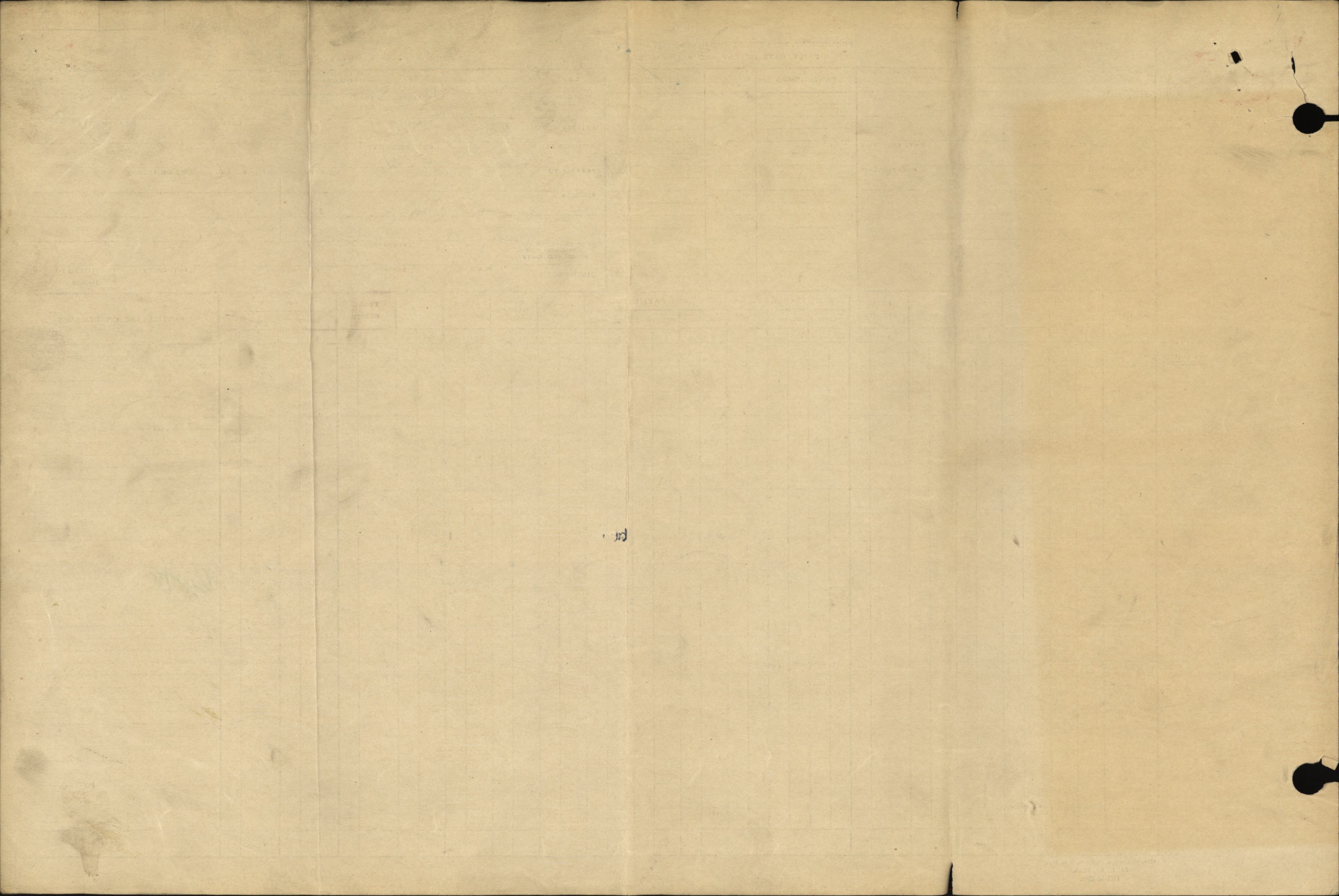
Address *Main office, Montreal*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE DATE *17/7/19* REASON *Disch* AUTHORITY *60225* IF ENTITLED TO POST DISCHARGE PAY *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		CREDIT
BALANCE FROM PREVIOUS ACCOUNT																		
<i>31/7/19</i>			<i>N/A</i>					<i>90 00</i>				<i>27 00</i>		<i>117 00</i>	<i>117 00</i>		<i>12/7/19 Adv. Cond. P.M. pay 1059. Feb. Meas. 5-31/7/19</i>	
<i>Aug. 1-</i>		<i>300</i>										<i>117 00</i>		<i>159</i>	<i>159</i>		<i>T.O.S. D.O. 206</i>	
			<i>W.S.G.</i>									<i>42</i>					<i>for P & A 18-31-7-19</i>	
<i>15/3/19</i>		<i>3-</i>	<i>459</i>	<i>459</i>								<i>159</i>		<i>159</i>	<i>300</i>		<i>W.S.G. PAID IN FULL</i>	
								<i>AR 94. Aug 19. 1045179.</i>				<i>92</i>		<i>252</i>	<i>207</i>		<i>Unpaid cheques \$63850. P.M. 5.0.0. Authy. letter from ADPS Sept. 16/19 AP 11478-R-5. See Supp. Statement.</i>	
								<i>AV 119 6/15 1045216</i>				<i>90</i>		<i>342</i>	<i>117</i>			
								<i>AV 137 00/9 1462535</i>				<i>24 33</i>		<i>366 33</i>	<i>92 67</i>			
			<i>459</i>	<i>459</i>								<i>92 67</i>		<i>459</i>	<i>459</i>		<i>Closed.</i>	

FOR PAYMASTER WAR SERVICE GRATUITY



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

L 8203 Nov, 1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

#0	50 ⁰⁰ 7/8/17		
----	-------------------------	--	--

Bank Account

PARTICULARS OF SEPARATION ALLOWANCE

No. _____

Rank N. S. Promoted _____ Reverted _____ Discharge _____

Soldier's Name R. C. Lyle

Battalion C A M C

Beneficiary _____

Relationship _____

Address _____

PARTICULARS OF ASSIGNMENT

Name Miss R C Lyle { for

Address Bank of Montreal Credit

Montreal Change of Address P.Q.

1 _____

2 _____

3 _____

4 _____

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917			45		
1918			610	610	40 ⁰⁰ Nov 1916 - July 31/1917
Jan	D 68705		50	50	50 ⁰⁰ Augt 1917 & future
Feb	K 73950		50	50	
Mar	L 90551		50	50	✓
April	D 3235		50	50	✓
May	N 12857		50	50	✓
June	H 25316		50	50	✓
July	N 30774		50	50	✓
Aug	L 34787		50	50	✓
Sept	M 46113		50	50	✓
Oct	S 52344		50	50	✓
Nov	M 57699		50	50	✓
Dec	S 63235		50	50	✓
1919					
Jan	P 76288		50	50	✓
Feb	N 79917		50	50	✓
Mar	D 87068		50	50	✓
Apr	J 4852		50	50	✓
May	K 9993		50	50	
June	V 10462		50	50	
July	S 12949		50	50	
			1560	1560	

11478-R-5

M. F. W. 128
400M-6-17-1772-38-1141
L. L. 22220-M. & D. 7583.

Acc Closed 31-7-19
Ret'd per Cannan
Date 13-7-19 M. F. W. 187
Clooch 23-7-19
ms 2-10-1940 retd

AUDITED



