

Unit Camp Rank Serjt Name Martin AB

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

Triplicate.

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Martin
(b) What are your Christian Names? Agnes Balfour
2. (a) Where were you born? (State place and country) Dunblair, Perth
(b) What is your present address? 205 1/2 Balmuir St. Regina
3. What is the date of your birth? July 20th 1888
4. What is (a) the name of your next-of-kin? Miss Agnes Martin
(b) the address of your next-of-kin? Dunblair, Perth
(c) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? Nurse
6. What is your religion? Presbyterian
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? None
9. State particulars of any former Military Service. AB
10. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE?

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

Agnes B. Martin (Signature of Officer)

Taken on strength (place) Regina

(date) Oct 17 - 1918

James Macdonald (Signature of Commanding Officer)
O. C. 22nd, Cavalry Field Ambulance, M. D. No. 12

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 October 17th 1918

Place Regina, Sask

*Insert here "fit" or "unfit"

James Macdonald Medical Officer.
O. C. 22nd, Cavalry Field Ambulance, M. D. No. 12

REGIMENTAL DOCUMENTS

NAME **MARTIN AGNES BALFOUR**REGT. NO. *1st*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

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

RECT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

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)

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)

DEATH

Category

DISCHARGE

Category

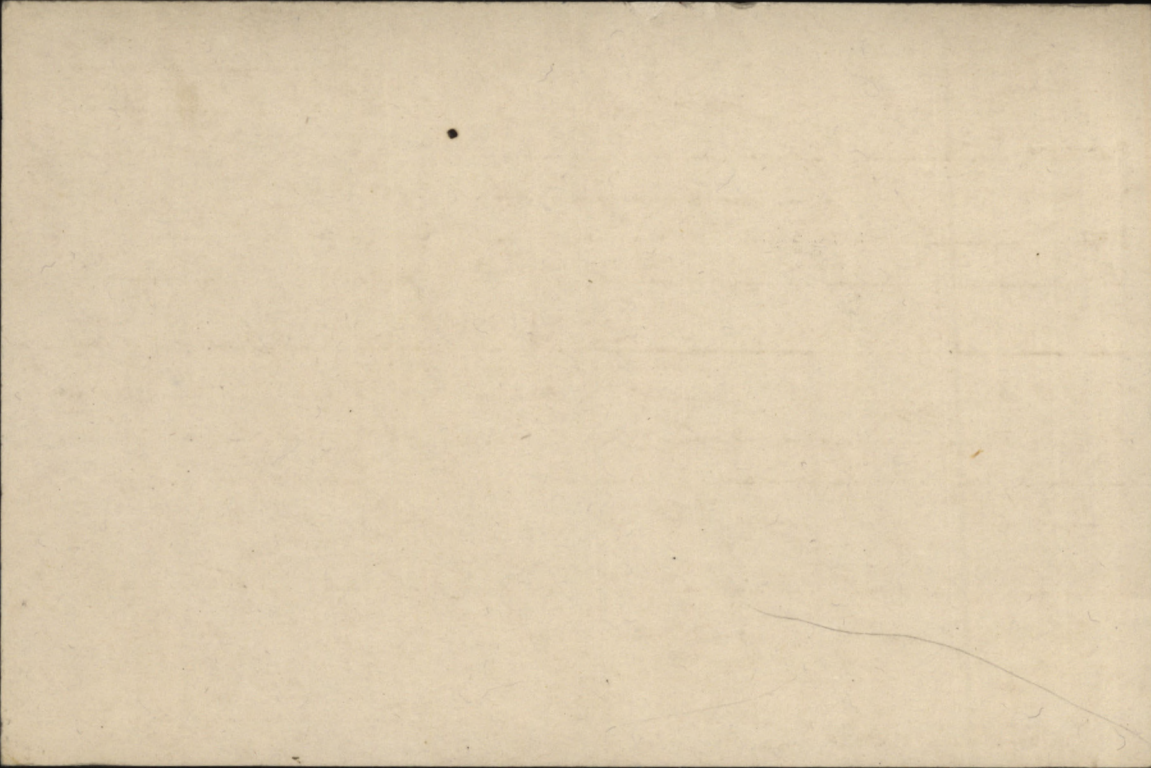
DESERTION

Demob.

Surname *Martin* H. Q.
Christian names *Agnes Balfour* M. D. No. *12, 17, 100163 of 12-6-19*
Regtl. No. Rank *Mr. Sister* T. O. S. *Oct 19th 1918*
Unit *b. A. M. b.* D. O. Pt. II *306 of 2-11-18*
Reason *Demob* S. O. S. *31-5-1919*
Auth. *100153 of 2-6-19 M. P. 12*
Also R. O. 2035 of 10-6-19 Reg. Mil Hosp.

Next of kin *Martin, Mrs Jean* Relationship *Mother*
Address *Disley Sask.* Also notify:

BORN—Place *Canada, Disley Sask.* Date *July 20th 1887*
ATTESTED—Place *Regina Sask.* Date *Oct. 17th 1918*
O/S R/C



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. *6am 77 Cas Hd Amb.*
Regimental No. *17-10-18* Rank *Lieut* Name *Martin*
Enlisted (a) *17-10-18* Terms of Service (a) *600* Service reckons from (a) *17-10-18*
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) *Nil*

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				
4-11-18	12 MARO #261 P 2747	S.O.S. on transfer to Regina Military Hospital	Regina	1-11-18	Pt II DO #315 of 8-11-18
4-11-18, 22nd Cav.	Taken on strength	Regina Military Hospital	Regina	1-11-18	Pt II DO #7 of 7-11-18
13-12-18.	S.O.S. on being re-posted to Sask. Mil. Conv. Hosp. Moose Jaw, Sask.	Moose Jaw, Sask.	Moose Jaw	30-11-18	Pt II DO #30/52 of 30-11-18
1-12-18.	Asms Letter S.O.S. on transfer from Regina Mil. Hosp.	Regina	Regina	1-12-18	DO. 30 d/20.12.18.

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

[P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
2-6-19		S.O.S. Regina Mil. Hosp. Regina on Demobilization.		31-5-19 Pt. II. D.O. 153 of 2-6-19	
					 O. C. Regina Military Hospital.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

H.J.A. 12-33

D.M.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank).....

Nursing Sister

(Name in full).....

Agnes Balfour MARTIN

Enlisted in.....

The Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE, on the.....

day of.....

191

AND WAS APPOINTED to COMMISSIONED RANK

in.....

The Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE on the.....

seventeenth

day

of.....

October

1918

He SERVED in CANADA,

with the Canadian Army Medical Corps.,
22nd Cavalry Field Ambulance., Military Hospital, Regina.,
Military Hospital, Moose Jaw, Sask., and District Depot #12.

and was STRUCK OFF THE STRENGTH on the.....

thirty-first

day

of.....

May

1919

by reason of.....

General Demobilization

Dated at Ottawa, this.....

ninth

day

of.....

December

1919

J. E. Carmichael

For

Lieut.
Director of Personal Services.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to certify that (Rank)

(Name in full)

Enlisted in

CANADIAN EXPEDITIONARY FORCE on the

day of 1917 and was appointed to COMMISSIONED RANK

in

CANADIAN EXPEDITIONARY FORCE on the

day of 1917

has served in CANADA

and was STRUCK OFF THE STRENGTH on the

day of 1917 by reason of

Death in Canada this

day of 1917

Director of General Services

10-2-17
10-2-17
10-2-17

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname.....Christian name.....
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
3. Consecutive number on schedule of men reporting for service (if he appears on it).....
4. Address (including street and number, if any).....

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the.....day of.....1917, by the undersigned medical board sitting at.....

5. Age as stated.....Years.....Months. 6. Apparent age.....Years.....Months
7. Height.....Feet.....Inches. 8. Weight.....Pounds.

9. Chest measurement { Minimum.....Ins. 10. Complexion..... { Eyes.....
Maximum.....Ins. Hair.....

11. Physical development..... { Good
Fair
Poor 12. Smallpox marks.....

13. Number of vaccination marks { Right arm.....
Left arm..... 14. When vaccinated last.....

15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....

16. Slight defects but not sufficient to cause rejection.....

The man denies having had { Rheumatism We find no evidence of past { Rheumatism
Tuberculosis Tuberculosis
Syphilis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

.....President.

.....Member.

.....Member.

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

Joined.....day of.....1918 at.....

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N.B.—This sheet is 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.

Signature of Man

Surname *Marlin* Christian Name *Edward*

[illegible]

[illegible]