

TRIPPLICATE

Unit

C. A. M. C.

Rank

N. Sister

Name

Monbourquette, Kathrine

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname?..... Monbourquette
- (b) What are your Christian Names?..... Kathrine Kathrine (K. M.)
2. (a) Where were you born? (State place and country)..... L'Ardoise, Cape Breton, N.S.
- (b) What is your present address?..... 348 Robie Street, Halifax, N.S.
3. What is the date of your birth?..... July 20th., 1889
4. What is (a) the name of your next-of-kin?..... Frederick Monbourquette,
- (b) the address of your next-of-kin?..... 348 Robie Street, Halifax, N.S.
- (c) the relationship of your next-of-kin?..... Father.
5. What is your profession or occupation?..... Graduate Nurse.
6. What is your religion?..... Roman Catholic.
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..... 2 years 1 month.
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.

Kathrine Monbourquette (Signature of Officer.)

Taken on strength (place)..... Halifax, N.S.

(date)..... 4-4-18

[Signature]
(Signature of Commanding Officer.) Lt-COL

CERTIFICATE OF MEDICAL EXAMINATION

We *N. Sister* have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

we consider him *fit* for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date..... 4-4-1918

Place..... Halifax, N.S.

*Insert here "fit" or "unfit"

[Signature]
Medical Officer.
[Signature] Captain

100-100000
100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

CERTIFICATE OF MEDICAL EXAMINATION

100-100000

CANADIAN OVERSEAS EXPEDITIONARY FORCE

100-100000

100-100000

100-100000

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100-100000

100-100000

100-100000

QUESTIONS TO BE ANSWERED BY OFFICER

CANADIAN OVERSEAS EXPEDITIONARY FORCE

OFFICER'S DESTROYALION LABEL

100-100000

REGIMENTAL DOCUMENTS

NAME

MAUBOURQUETTE KATERINE

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

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

1 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)

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)

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

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

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)

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 Disp. Cert.

1 m.f.w. 67.

4 misc.

1 m.f.w. 2591

1 m.f.w.

Ref. S. S. Scotiam 11/6/19.

DEATH

Category

DISCHARGE

Category

13852

DESERTION

ORIGINAL

To be made out in duplicate.

H.Q. 54-21-23-51

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 Canadian Army Medical Corps

(2) Regimental Number Nil

(3) Full Name of Soldier Kathrine Menbourquette (A.M.)

(4) Place of Birth L'Ardoise, Cape Breton, N.S.

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

(6) If married, state,
(a) Full name of your wife Not applicable.

(b) Present Postal Address 348 Robie Street, Halifax, N.S.

(7) Are you a widower? No.

(8) Have you any children? Not applicable.

If so, give number of boys and girls Not applicable.

Also their names and ages Not applicable.

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

If so, state name and address 348 Robie Street, Halifax, N.S.

(10) Is your Mother alive?.....No.....

If so, state name and address.....Not applicable.....

(11) If your Mother is a widow.....Not applicable.....

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

(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.

.....Not applicable.....

(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.

.....Not applicable.....

(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.

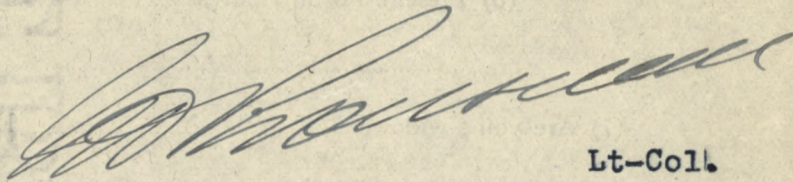
.....Not applicable.....

15) Are you insured?.....No.....

If so, in what Company?.....Not applicable.....

Have you made arrangements for payment of your Insurance premium.....Not applicable.....

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.

Officer Commanding.

Date.....4-4-18.....

P Number

Rank

N/S

Surname

MAUBOURQUE

Christian Name

KATHERINE

Units

Theatre of War

ENGLAND

Date of Service

17-4-18

Remarks

Latest Address

Hall's St., Halifax,
N.S.

Roll No.

A Page 5017

200m.-6-21.

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

RANK

SURNAME

INITIALS

UNIT

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.....

Destination.....

(Sgd.).....

NAME

RANK AND UNIT

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

REGT NO.

Mau bourquette Katherine Area 6

N/S. C.A.M.C.

SOV. 28-6-19-

- Demol.

Do 2060 J-4.7-19.

Do 233 J-18-19/MD 6.

#6 DD

File sent for

R/c 22-6-19 $\frac{350}{2}$ N/S.

LIST No.

HOSPITAL

**DATE OF
ADMISSION**

REMARKS

(392-13-334)

SURNAME.

Monbourquette

CHRISTIAN NAMES

Kathrine

REGL. No.

RANK

Nursing Sister

UNIT

b. a. m. c.

FORMER CORPS

A. M. C. (2 yrs 1 mth.)

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Monbourquette, Frederick

RELATIONSHIP TO SOLDIER

Father

ADDRESS

348 Robie St, Halifax N.S.

COUNTRY OF BIRTH

Canada

L'Ardoise, C.B.

DATE

July 20th 1889

PLACE OF ATTESTATION

Halifax N.S.

DATE

Apr. 4th 1918

015.17-4-18 7337
1

CARD NO.

SOS 26-6-19

Det. # 6 (ok)
auth. file 392-13-334
folio 15.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Graduate
nurse.

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Halifax N.S.

DATE

Apr. 4th, 1918

Present address, 348 Robie St., Halifax, N.S.

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

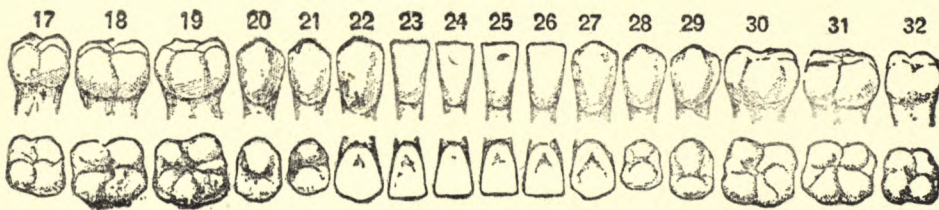
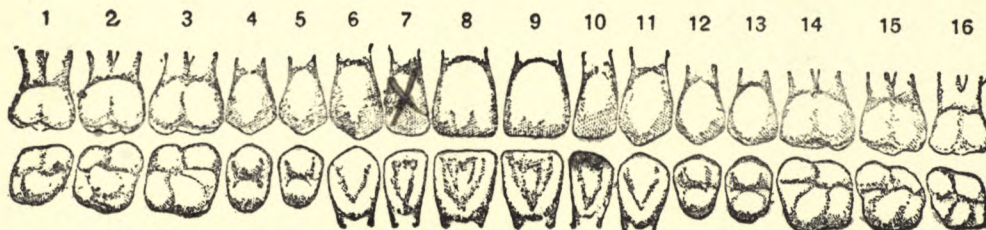
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) KATHERINE MAUBOURGUE

REGIMENT _____ RANK Sister No. _____

Date of Examination in England 3/5/19 Date of Examination in France _____



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 ye
- (c) In France _____

Signature of Dental Officer _____

R. M. L. Cunn
Capt

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

Handwritten notes at the top right of the page.

(b) (1) (A)
(b) (1) (C)
DRAFT

Handwritten mark or symbol.

Handwritten text, possibly a date or reference number.

Handwritten text, possibly a signature or title.



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 *MA^{AU} BOURQUETTE*
(Given name in full)
Katherine
Unit or Corps *C.A.M.C.* Birthplace *Ardoise Cape Breton N.S.*

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

1. GENERAL DESCRIPTION:

Physique *medium* Weight *115* lbs. Height *5* ft. *2* in. Colour of Eyes *brown*
Nutrition *good*
Pulse *normal*
Condition of arteries *normal*
Vision Rt. *6/6* Left *6/6*
Hearing (conversational voice) Rt. *20* ft. Left *20* ft.
Identification marks, scars, or deformities.
(Give cause and date of origin.)
Appendix scar.
Nov. 1917

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 *yes*
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.

Slight varic both legs - gives no trouble.

*Appendix operation in Nov. 1917
no disturbance of digestive system since.*

THIS SECTION FOR USE OVERSEAS—

Date 2/5/19

Signed W. H. F. Kallie M.O.

Signature _____

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

Examined at (Canada)

Date

Signed M.O.

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.)

DUPLICATE

MEDICAL HISTORY SHEET.

Surname ²⁰ Monbourquette

Christian Name Katherine

Examined { on 4th., day of April 1918
at Halifax, N.S.

Birthplace { City or Town L'Ardoise
County Cape Breton, N.S.

Apparent age 29 years

Trade or occupation Graduate Nurse.

Height 5 Feet 3 Inches.

Weight 115 Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 3 inches.

Physical development Good.

Small-Pox Marks None.

Vaccination Marks { Arm Right Left.
Number nil two,

When Vaccinated last 1904

(a) Marks indicating congenital peculiarities or
previous disease Appendectomy scar

(b) Slight defects but not sufficient to cause rejection
Slight varix both legs.

Approved by

Rank Lt. Col 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.

8/4/18 M.O.

M.O.

M.O.

Date. Result. ANTI-TYPHOID INOCULATIONS, ETC.

6/4/18 M.O.

15/4/18 M.O.

M.O.

Enlisted on 4th day of April 1918 at Halifax, N.S.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	C.A.M.C., C.E.F.	Nil	Good	4-4-18.
Transferred to				

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.

Christian Name Katherine

[illegible]

ASSIGNED PAY.

UNIT.

RANK.

NAME OF

RATE OF P. AND A.

mess.
DATE

AU

Beneficiary

Address

Amount. \$

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

bank

Pay

F.A.

Messing

N/S

28th

Vol. 2.

add on travel allowance 17th 20

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

1918

May 8th B.A. & P. Rates eff. 17th 18 to 30th 18 Vol 2291

39 40

16 May Pay (R.)

111 60

27.

Bank.

2683.

151

June 14 June Pay (R.)

108

26

Bank.

4166.

108

July 9 Travel allowance 6-24th 17

4402

July Pay (R.)

111 60

24

Bank

5635

111 60

Aug 13 Aug Pay R

111 60

26

Bank.

7212.

111 60

Sept 10 Sept. Pay (R.)

108

26

Bank.

9187.

108

Oct 12 Oct. Pay (R.)

111 60

19

Bank

10428

111 60

Nov Nov Pay (R.)

140

108

26

Bank

12502

140

Dec 11 Pay R.

124

Bank

13792

124

1919 Jan 15 L.C. Can Pay R.

124

Bank

15564

124

Feb 17 Pay R.

112

Bank

17121

112

Mar 19 Pay R.

124

Bank

18549

124

UNIT.		RANK.		NAME.				
NAME OF	RATE OF P. AND A.	DATE	AUTHORITY	NAME.	11-M-1-10			
6446	Pay F.A. Messing	N/S	28 th 18	DM 560524/18	Canada			
				Voce 2291	Name Maubourquette Initials Katherine Bank of Montreal Tras Sgre			
ance issued. Yes or No.....				add only it all 17 th 20				
PARTICULARS		CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Rates eff 17 th 18 to 30 th 18 Voce 2291			39 40			6 th 39 40	Cancelled 21/5/18	
Pay (R.)			111 60			29 40	add 60 so add 16 th 18.	
Bank 2683.				151				
Pay (R.)			108					
Bank 4166				108				
all 6-24 th 17		4402					19/ # 84	
Pay (R.)			111 60					
Bank 5635				111 60				
Pay R			111 60					
Bank 7272.				111 60				
Pay (R.)			108					
Bank 9187.				108				
Pay (R.)			111 60					
Bank 10428				111 60				
Pay (R.)			140					
Bank 12502			108					
Pay R			124					
Bank 13792				124				
Pay R			124					
Bank 15564			1	124				
Pay R			112					
Bank 17121				112				
Pay R			124					
Bank 18569				124				

ASSIGNED PAY.

UNIT.

NAME OF

RATE OF P. AND A.

RANK.

Mess.

~~DATE~~

AUTHORITY

NAME.

Beneficiary

Address

Amount. \$

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

b. a. m. b.

Pay 2

F.A.

Messing /

ms.

28th / 18. Bus. Sat. 4/18.

No. 2591.

Name M

Initials

Bank of
Trafalgar

Add. but hit Allen: 17-4-20

DATE _____

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTH
To be initialed by P.M.

1919.

April Day (R)

Balsford:

120

120

hil

RETURN
L.P.O.
TRANS

Sep. Tra

RETURNED
L.P.C. TO 3
TRANSFER

2
Hd fr led 4

UNIT. NAME OF	RATE OF P. AND A.	RANK.	Mess. DATE	AUTHORITY	NAME.
to. A.M. to	Pay 2 F.A. 1 Messing 1/4	M/S.	28 th 18. 1890	524. 4/1/18. No 2391.	Name Maubargnetts Initials K. Bank of Montreal Trafalgar Sq.

RS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
					nil		
Balford:		-	-				
		120					
Bank.	1054.		120				
	1895	124					
Bank.			121				
Bank	2566		120				
		120					

RETURNED CANADA
L.P.C. TO
TRANSFER LEDGER
31.5.19

RETURNED CANADA
L.P.C. TO
TRANSFER LEDGER
30.6.19
Laplow

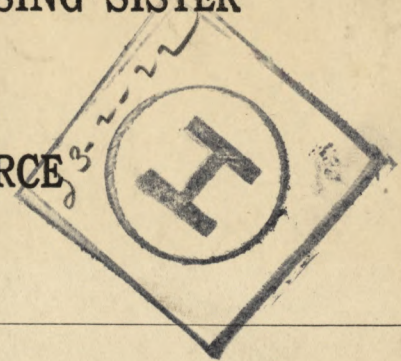
Sep. Tra as usual
21/9

Yd fr Led 4 to Led. 12. 14th 19

Occupational Group 19.

Dispersal Area "B"

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



1. RANK *Nursing - Sister*
2. NAME *Maurbourg, Katherine*
3. UNIT *No. 12 Canadian General Hospital*
4. DATE STRUCK OFF STRENGTH *26-6-19* PLACE *Halifax*
5. REASON *RO 2068-19*

Demobilization

6. AUTHORITY

7. PROPOSED RESIDENCE

*Holles Street,
Halifax, Nova Scotia,
Canada.*

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 Medical Boards (A.F.A. 179 or M.F.B. 227)
5. Dental Certificate (C.F.D.C. 546).
6. Proceedings of Medical Boards (M.F.W. 2501)
7. Last Pay Certificate (P. 44)
8. War Service Summary Form (M.F.W. 2595)
9. Sundry Documents.

EMBARKED RMS. SCOTIAN,
LIVERPOOL JUNE 11. 19

Dispersal Certificate

Group.....
Checked by No. 13.....
Date 11 JUN 1919.....

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



1. RANK

2. NAME

3. UNIT

4. DATE STUCK OFF STRENGTH

PLACE

5. REASON

6. AUTHORITY

7. PROPOSED RESIDENCE

This folder should contain the following documents:

1. Discharge Paper, M. F. W. 51, or Attestation Paper, M. F. W. 32.
2. Casualty Form A, F. B. 102 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 312 or M. F. B. 178.
4. Proceedings of Medical Board, A. F. A. 179 or M. F. B. 221.
5. Medical Report, M. F. W. 120.
6. Dental History Sheet, M. F. B. 463.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

Handwritten signature and date

IN SERVICE OF NURSING SISTER
OF THE
ARMY MEDICAL FORCES



[Faint, illegible handwritten text]

[Faint, illegible handwritten text]

Surname **MAUBOURQUETTE**

Christian Names **Katherine.**

Rank **N/Sister.**

Name and Address of Next-of-Kin

Promotion

Frederick Maubourquette (Father)

Unit **C.A.M.C.**

348 Robie St. Halifax, N.S.

Place of birth **Nova Scotia.**

Married (Yes or No)

Appointments

Date of leaving Canada

**17.4.18 (R.L. 28-15
4/78 & 79)**

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

1.5.18. D.M.S.

T.O.S. arr. Canada & pstd. CAMC Depot.

17-4-18 CO 600
13.4.18 C.O. 524.

6.5.18. do.

Posted to No. 12. Cam. Gen. Hp.

3.5.18. C.O. 547.

21-5-19 12 C.G.H. S.O.P. on posting to 15 C.G. H.

13-5-19 Pt II O. 118.

22-5-19 15 C.G.H. T.O.P. from 12 C.G. H.

13-5-19 " " 118

27-6-19 80 S.O.S. on trans. to CEF in Can.

12-6-19 P Ford. 142.

24-6-19 Dist. S.O.P. on transfer to CEF in Can.

12-6-19 C.O. 74

Cessation of Hostilities
ailed to Canada "P.S. Scotian"

12-6-19 Sailing 80.

501 26.6.19

18877

Report		Name and Address of Next of Kin	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case			

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. ---- Rank N/Sister Name Katherine Monbourquette

C. E. F.

Enlisted (a) 4-4-18 Terms of Service (a) ----- Service reckons from (a) -----

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended ----- Re-engaged ----- Qualification (b) Graduate Nurse

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

		Embarked for overseas	Wolfe	16-4-18	
3.5.18	do	T.O.S. from Canada	Schiffe	13.4.18	No 123 (C.O. 524)
8/5/18	do	No 12 B.C. Hosp.	do	3.5.18	No 125 (C.O. 547)
					P. Sunnyside CAPT. ASST. ADJUTANT. FOR OFFICER COMMANDING, C.A.M.C. DEPOT.
4.5.18	do.	T.O.S. No 12 B.C. H. from C.A.M.C.H.	Bramhall	3.5.18	Fez No 107.
					CAPT. ADJUTANT. IN THE CANADIAN GENERAL HOSPITAL
13-5-18		S.O.S. on embarkation to Canada			

(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.

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				
13/5/19	Demid #4 -M-154.0 9/20/19	T.O.S. on Postings from # 12 6/1/19 effect 13/5/19	Taplow Becks	14/5/19	P2 100 # 115 of 22/5/19
10-6-19		SOS on Embarkation EMBARKED RMS. SCOTIAN, LIVERPOOL JUNE. 11. 19	Taplow Becks	11-6-19	Registrar & Assistant FOR OFFICER COMMANDING.
26 6/19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 6	1/6 C.E.F. R.O. No. 2047-19	
4-7-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization W. H. K. Cap for Director Personal Services	M.D. No. 6	26-6-19 C.E.F. R.O. No. 2060-19	