

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name?..... Lorinda MacAulay,
2. In what Town, Township or Parish, and in what Country were you born?..... River John, Pictou Co; N. S.
3. What is the name of your next-of kin?..... Alexander MacAulay, Father.
4. What is the address of your next-of-kin?..... Seafoam, Pictou Co., N. S. 2. 11. 11
5. What is the date of your birth?..... October 30th, 1882.
6. What is your Trade or Calling?..... Trained Nurse.
7. Are you married?..... No,
8. Are you willing to be vaccinated or re-vaccinated? and inoculated,..... Yes.
9. Do you now belong to the Active Militia?..... No,
10. Have you ever served in any Military Force?..... No,
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes,
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... Yes,

Lorinda MacAulay (Signature of Man.)

W. Martin (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Lorinda MacAulay, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Lorinda MacAulay (Signature of Recruit)

Date October 28th, 191 5. W. Martin (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Lorinda MacAulay, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Lorinda MacAulay (Signature of Recruit)

Date October 28th, 191 5. W. Martin (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Halifax, N. S. this 21st day of December 191 5.

John Stewart (Signature of Justice)

J. P. in and for the County of Halifax, N. S.

I certify that the above is a true copy of the Attestation of the above-named Recruit.

John Stewart (Approving Officer)

Lt. Col., A.M.C.

Description of Lorinda MacAulay, on Enlistment.

Apparent Age 33 years months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height 5 ft 6 ins.

Weight 140 lbs.,

Chest measurement { Girth when fully expanded 35 ins.
Range of expansion 2 ins.

Complexion Medium,

Eyes Blue,

Hair Brown,

Religious denominations { Church of England
Presbyterian Yes,
Wesleyan
Baptist or Congregationalist
Other Protestants (Denomination to be stated.)
Roman Catholic
Jewish

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date November 10th, 1915.

Place Halifax, N. S.

Capt. A. N. C.

Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Lorinda MacAulay, having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

John Stewart (Signature of Officer)
Lt. Col., A.N.C.

Date December 21st, 1915.

~~22/10/19~~ 22/10/19
aa

NO. _____

MACAULAY Lorinda

...REGT. NO.

UNIT

AMB

H. Q. FILE NO.

Deceased 26-12-51

012

4/80



Name MacAulay, L.

Rank N/Str.

Reg. No.

Unit C.A.M.C.S'cliffe.Milty.Hos.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
21-2-16.	W.Cliff	E&E.Hos.	F'stone.	Neurasthenia.	299	
9-3-16	do.	Disch.	do	376		

[illegible]

Surname

Christian names

Regtl. No.

Unit

H. Q.

M. D. No.

T. O. S.

D. O. Pt. II

S. O. S.

Reason

Auth.

19

of

19

Next of kin

Address

Relationship

Also notify:

BORN—Place

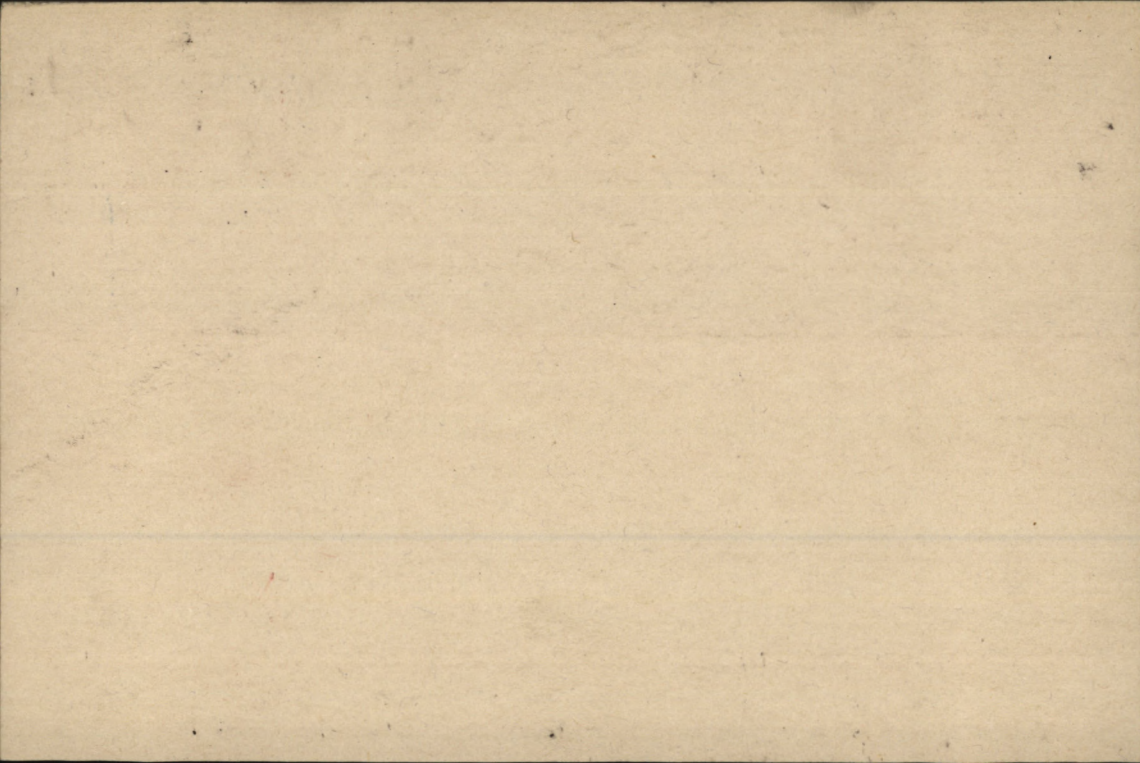
Date

ATTESTED—Place

Date

O/S

R/C



ORIGINAL

M. F. W. 71-500M.-5 13.

1772-39-961.

C

NAME

Macduley Larrado

REGIMENTAL NO.

RANK

E-2

ENLISTED AT

Holifox

PROMOTIONS, &c.
AND DATE

DATE

Nov. 10-1915.

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN

RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &C.
	No.	DATE	
Sgt. S. J. L.	16	16-1-19	Training Depot.
Sgt. C. J. H.	16	16-1-19	Establishments
Sgt. Campbell & Sul	Co. 24	14-1-20	
Sgt. Cogswell St. Hosp.	CH. 15	15-1-20	On 15-1-20
Sgt. CAMC & Cogswell Mil Hosp	Cog 1	16-1-20	
	67	22-3-20	Demolition 30-3-20

P Number

Rank N. S.

B

Surname

MACAULAY

Christian Name

LORINDA.

Units

Theatre of War FRANCE

Date of Service

18.6.16

Remarks

Latest Address

River John

Picton Co.

N. S.

Roll No.

200m.-6-21.

Page 22468.

GRATUITY (IMPERIAL)

DEPT. JUL 6 1923
REG. NO. 3462

CHRISTIAN NAME	SURNAME	REG. No.
SCHEDULE No.	LINE No.	
UNIT RETIRED OR DISCHARGED FROM		
PLACE OF RETIREMENT OR DISCHARGE		
DATE RECEIVED FROM OTTAWA	IMPERIAL DEPOT No.	
DATE RECEIVED FROM REG. DEPOT.	DATE FORWARDED TO OTTAWA	

H. Q. FILE No. 649-

NAME

Mac Aulay L.

REG'T'L No.

RANK AND CORPS

7/str

6 A M C.

CABLE

NO.

DATE

NATURE OF CASUALTY

NO. *54XX*

FOLL.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

299 III	Westbliff Can Eye + Ear. Folkestone	21-2-16	Neurasthenia
376-2	" " " " " "	9-3-16	" Dise

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. *CAMC.*

Regimental No. *Nil*

Rank *2/c*

Name *Macdula Lomda*

C. E. F.

Enlisted (a) *1-1-18*

Terms of Service (a) *2F-10-15*

Service reckons from (a) *2F-10-15*

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				
19-12-18.	CAMC	S. O. S. C. A. M. C. T. D. M. S. NO. 6 (Auth G.O. #121 d/ 1-10-18)			
			Hfx. N.S.	19-12-18.	
					Lieut. R.C.R. A/Adj. C.A.M.C. TRAINING DEPOT. M.D. NO6.
19-12-18	CAMC	TOS Cogswell St. Mil. Hosp. (Auth. C.O. pt/2, #16, para. 1 d/16-1-19)			
			Hfx., N.S.	19-12-18	
					Lt. CAMC. A/Adj. Cogsw 11 St. Mil. Hosp.

(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				
15-1-20	ADMS	S.O.S.CAMP HILL & SUB EST CAMC C.O.#24 d/14-1-20	Halifax	15-1-20	CH&SUB DO P2#15 /15-1-20 Lt.-Colonel, O.C CAMP HILL & SUB M.D.6.
16-1-20	CH&SUB	T.O.S.COGSWELL MIL HOSPITAL	Do.	15-1-20	COG DO P2#1 d/16-1-20
22-3-20	CAMC	S.O.S.CAMC & COGSWELL MIL HOSPITAL on DEMOBILIZATION. CAMC C.O.#144 d/22-3-20.	Do.	30-3-20	COG DO P2#67 d/22-3-20 Major. O.C.COGSWELL MIL HOSP M.D.6.

CERTIFIED CORRECT
31 MAY 1918
CANADIAN RECORD OFFICE

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

Casualty Form—Active Service.

M. E. V. L.
150M. 10-15.
H.Q. 1772-39-920.

Unit, Regiment or Corps No. 7 "Overseas" Stationary Hospital.

Regimental No. Nursing Rank Sister Name Lorinda MacAulay.

Enlisted (a) 28-10-15. Terms of Service (a) Duration of War, Service reckons from (a) 28-10-15. *11.16*

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

Extended Re-engaged *J. B. Burns* 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				

I-I-I-16.

Embarked, Canada,

St. John,

I-I-I-16.

10-I-I-16.

Arrived, England,

Plymouth,

10-I-I-16.

28-2-16.

H.R.

admitd to E. and E. Hosp. Westcliffe
proceeded overseas **discharged**

John Stewart Lieut. Col.
No. 7 "Overseas" Stationary Hospital.
21-2-16. C.L. 299.
9-3-16. C.L. 376. neurasthenia.
18-6-16. C.O. 1098. D.M.S.

20.6.16

H.L.O

arrived in France

Harve

19.6.16

5824.

8.7.17

adustaty

Granted leave.

England

23.5.17

B213. H36 d/20.7.17

Rejoined from leave

arque.

7.6.17

9.12.17

" "

Granted 14 days leave

banes.

4.12.17

H32 H 62 d/22.12.17

(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				
23-12-17	Redn Staty	Rejoined from leave	Arques	22-12-17 B213.	
21-4-18	"	So. No. 7. Gen. Hosp. for Imp Duty.		16-4-18 B213	Pl 23 d/23-5-18
22-5-18	ad. Lt.	beases to be attached to		22-5-18	file KD. 28252.
"	"	No. 7 Gen Hosp for duty			
"	"	Posted to C.A.M.C. Depot England		22-5-18	file KD 28252. Pl 24 d/25-5-18
"	"	Shorncliffe. (Recalled.)			7 Redn Staty Hosp
"	"	(Auth: Gen Rep 3105 d/6-5-18.)			
<i>Stachriste</i>					
4-6-18	C.A.M.C.	S.O.S. from C.B.H. Nottingham	Schliffe		Capt. for Lt.-Col., A. A. G.
do	do	do. C.A.M.C. H. M. H. S. Lep	do	5-6-18	Canadian Section, G. H. O. 3rd Echelon, B. E. F.
		"Laudovery to date"	do	5-6-18	Pl 159 (AMD 4/29-9-79 of 5/6/18)
2-7-18	C.A.M.C.	Dep. T.O.S. from C.A.M.C.	Schliffe	27-6-18	Pl I DO 47.
"	"	On Commission H.M.H.S. "Gen. Castle"	"	5-6-18	
1-8-18	"	S.O.S. on being retained in Canada for duty		17-7-18	Pl I DO 73
<i>Ben Lamb</i> Lieut. Officer of Records for C.A. Schliffe Depots					

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 19. Year Feb. 21, 16.	Regimental No.	Rank.	Surname.	Christian Name.
		N. S.	McAulay	Horndi.
	Unit.		Age.	Service.
	C. A. M. C.	C. M. G.	33	4/12.

Station
and Date.

WEST CLIFF CANADIAN EYE AND
EAR HOSPITAL, FOLKESTONE.

Disease D. A. N.

While walking up a steep hill became very much out of breath and, on descending, ankles appeared later with some enlargement of the heart. The whole picture has resolved itself with rest in bed. — There was probably a slight acute dilatation of the heart with loss of compensation following a very strenuous exertion — to Styrchind given today and here.

R. O.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

INSTRUCTIONS

1. The first part of the book is devoted to a general description of the country and its people. It contains a history of the country from the earliest times to the present day. It also contains a description of the climate, the soil, the minerals, and the products of the country.

2. The second part of the book is devoted to a description of the principal cities and towns of the country. It contains a history of each city and town, and a description of its buildings, its commerce, and its population.

CHARTERED BY THE GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPT. OF THE INTERIOR
BUREAU OF GEOGRAPHICAL NAMES

1890

1890

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 *Surgeon* Surname *Macaulay*
(Given name in full)

Unit or Corps *C.A.M.C.* Birthplace *London Putney*

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

1. GENERAL DESCRIPTION:

Physique *Good* Weight *138* lbs. Height *5* ft. *6* in. Colour of Eyes *Blue*
Nutrition *Good*
Pulse *Good*
Condition of arteries *Good*
Vision Rt. *20/20* Left *20/20*
Hearing (conversational voice) Rt. *20* ft. Left *20* ft.

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

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 (Overseas)

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 SECTION FOR USE IN CANADA—

Examined at (Canada)

Date 31-3-20 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 L. Macaulay n/s. C. a. m. c.

(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.)

Medical Examination upon leaving the Service
of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank 7/Sister Name Lorinda Surname Macaulay
 Unit of Corps C.A.M.C. (If a soldier) Regt. No.
 Born at Lower Leape John on, (date)
 Signature (for identification) Lorinda Macaulay Sister C.A.M.C.

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight 125 lbs. Colour of eyes blue
 Height 5 ft. 6 in. Identification Marks appendix torn

2. NUTRITION AND DIATHESIS?

Normal

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability?

Normal - no improvable history

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

Normal tho pleurisy Diffusion 1906

5. HEART?

Abnormal Sounds? none
 Abnormal Size? no
 Pulse Rate? 75 Intermittence or Irregularity? no Muscular Tone? good

6. ARTERIES.—(a) Any hardening or nodulation?

no

(b) Blood Pressure.

122 - 68

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

Normal.

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1020 Reaction? acid Albumen? no Sugar? no

9. SKIN, MIDDLE EAR, EYE or any other part?

Normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

No

11. Opinion as to the health and physical condition of the one examined?

Good.

Examined at Log. St. New Hosp Signed J. H. Churchman M. O.

Date 9.11.18 Signed J. W. M. Gray M. O.

Lorinda Macaulay Sister
 Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding

Taken on Strength 24-10/1915

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

W.V.6.46.

W.E.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Lorinda MacAULAY

Enlisted in The Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE, on the

~~day of~~ 1918 AND WAS APPOINTED to COMMISSIONED RANK

in The Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE on the Twenty-eighth day

of October 1918.

HE SERVED in CANADA ENGLAND & FRANCE, with the Canadian Army Medical
Corps.

and was STRUCK OFF THE STRENGTH on the Thirtieth day

of March 1920 by reason of General Demobilization

Dated at Ottawa, this Seventeenth day

of September 1920

M. E. Coleman Major

For

Director of Personal Services.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND MEMBERS SERVING

THE 1ST CANADIAN INFANTRY

1914-1918

THE 1ST CANADIAN INFANTRY

CANADIAN EXPEDITIONARY FORCE

AND WAS APPOINTED TO COMMISSIONED RANK

CANADIAN EXPEDITIONARY FORCE

1914

HE SERVED IN CANADA

THE 1ST CANADIAN INFANTRY

1914-1918

THE 1ST CANADIAN INFANTRY

1914-1918

Medical Examination upon leaving the Service
of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank *N/ Sister* Name *Lorinda* Surname *Macaulay*
 Unit of Corps *C.A.M.S.* (If a soldier) Regt. No. _____
 Born at *Lower Cape John* on, (date) _____
 Signature (for identification) *Lorinda Macaulay Sister C.A.M.S.*

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight *125* lbs. Colour of eyes *blue*
 Height *5* ft. *6* in. Identification Marks *Appendix Scar*

2. NUTRITION AND DIATHESIS?

Normal

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability?

Normal no unfavourable history

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

Normal. Pleurisy & effusion 1906

5. HEART?

Abnormal Sounds? *none*
 Abnormal Size? *no*
 Pulse Rate? *75* Intermittence or Irregularity? *no* Muscular Tone? *good*

6. ARTERIES.—(a) Any hardening or nodulation?

(b) Blood Pressure. *122. 68*

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

normal

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? *1020* Reaction? *acid* Albumen? *no* Sugar? *no*

9. SKIN, MIDDLE EAR, EYE or any other part?

normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

no

11. Opinion as to the health and physical condition of the one examined?

good

Examined at *Coxswell St Mill Hosp* Signed *J. H. Churchley Capt R.A.M.C.* M. O.

Date *9.11.18* Signed *J. W. M. Kaye* M. O.

Lorinda Macaulay Sister
 Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding

392-13-293.

lamb

Transport Duties

Character on discharge

(2) SP6 clear $3/18$ ² b.t.

[illegible]

M. F. W 41
1 0M - .16
1772.39 889.

Name and address of next-of-kin

Date of enlistment

Place of “

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

[illegible]

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

2nd. Contingent

To Whom *Mrs. Alexander. MacAuley.*Address *Seafoam.**Pictou Co. N.S.*

Rate

60⁰⁰ Oct 1/16
*~~85⁰⁰~~ JAN 1-1916**271-18-9 264 10 1/16*

By Whom Assigned

MacAuley. Lorinda

Regtl. No.

Rank

Nursing Sister

Corps

7 Stationary Hospt.

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	<i>N 12256</i>	<i>50</i>	
Feb.		<i>N 11721</i>	<i>50</i>	
March		<i>N 14990</i>	<i>50</i>	



RECEIVED
ASSIGNED BY
OFFICE OF THE
SOLICITOR GENERAL

RECEIVED
OFFICE OF THE
SOLICITOR GENERAL

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SOLICITOR GENERAL

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SOLICITOR GENERAL

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SOLICITOR GENERAL

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2

Mrs Alexander MacAuley

PAYMENTS.

Name of Soldier

MacAuley Lorinda
Nurse Sister 7th State Hosp.

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
				# 50.60 Oct 1/16
April	1916	Z 21	50.	
May		G. 1409	50	
June		B 2549	50	
July		P 9018	50	
Aug.		B 14194	50	
Sept.		G. 17447	80	
Oct.		G 18981	50	
Nov.		WO 27834	50	
Dec.		Z 30265	80	80 ⁰⁰ Dec 15 Adj
Jan.	1917	P 39735	60	60 ⁰⁰ full
Feb.		ch P 45764	60	60.60
March		G 51840	60	60.6
April		F 3351	60	60.30
May		F 10313	60	Mc
June		E 16073	60	On
July		F 23501	60	
Aug.		H 30931	60	
Sept.		P 37309	60	60- Aug 10
Oct.		B 4428	60	13
Nov.		O 5055	2 60	
Dec.		R. 59615	60	
Jan.	1918			
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.				

UNIT *Reg. Dist. Hospital. Shorncliffe Military Hosp 10/2/16*

ASSIGNED PAY:-

MONTHLY AMOUNT *50⁰⁰ Jan*
TO WHOM PAYABLE *Mrs Alex Macaulay, Seafoam N.S.*

BANK IN WHICH PAY & ALLOWANCES DEPOSITED

NAME *Macaulay Lorinda Nursing Sister*
DATE OF APPOINTMENT *From Canada. 10-1-16 B.O.D. M.D. 70 12-1-16*
MARRIED (YES OR NO)
NEXT OF KIN:- NAME *Alexander Macaulay*
ADDRESS *Seafoam Pictou Co. N.S.*
DATE NON-EFFECTIVE }
AND CAUSE }

1915-16

G. B. & S.

PERIOD		No. OF DAYS	REGTL RATE	PAY				RATE OF FIELD ALLOWANCE	ALLOWANCES				TOTAL PAY AND ALLOWANCES	ASSIGNED PAY	SUNDY DEDUCTIONS	NET P. A.	PAID IN CASH	DEPOSITED IN BANK	CARRIED FORWARD	REMARKS	
FROM	To			AMOUNT OF REGIMENTAL	COMMAND	ADJUTANT	CR. FROM PREV. ACCOUNT		TOTAL PAY	AMOUNT OF FIELD ALLOWANCE	P. F. ALLOWANCE	MESSING									SUBSISTENCE
1/-	31/1	31	2 ⁰⁰	62				60	18 60		22		40 60	50		50		52 60		Missing 10 ¹⁶ - 31 ¹⁶ 51 P.A. (102618)	
1/2	29/2	29		58					17 40		29		46 40	50		50		54 40			
1/3	31/3	31		62					18 60		31		49 60	50		50		61 60			
																	168 60				
								91 Days @ 3 ⁰⁰ less missing				727 60 9 00 318 60									
				Dep in Bank AP				168 60 150 00 218 60													

1875

1875

1875

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$ 50⁰⁰

Separation Allowance issued. Yes or No.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Name

Initials

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

1916

April A.P. Can

25 Pay April

108

50

58

Bank

58

May 22 Pay May
A.P. Can

111 60

50

61 60

Bank

61 60

June 19 Pay June (R)
A.P. Can

108

50

Bank 3874

58

July 17 A.P. Can
21 Pay July (R)
25

111 60

50

Bank 4997

61 60

Aug 16 A.P. Can
17 Pay Aug. (R)
24

111 60

50

Bank 7299

61 60

Sep 20 Pay Sep. (R)
20 A.P. Can
28

108

50

Bank 9510

58

Oct 21 A.P. Can
23 Pay Oct (R)
27

111 60

60

Bank 11000

51 60

Nov 16 A.P. Can
17 Pay Nov (R)

108

60

Bank

48

Dec 11 A.P. Can
12 Pay Dec
15

111 60

60

Bank

51 60

Carried forward

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary *Mrs. Alex MacLurey Shandiff M.H.*

Address *Seafoam N.S.*

Amount. *\$ 50⁰⁰/₁₀₀*

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

N.S.

10/16

Name *MacLurey*

Initials *Forinda.*

Bank *of Montreal.*

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

1916-17

1917	Brought forward								
Jan 17	A.C. Canada					60			
20	Pay Jan (Reg)			11160				5160	
25	Bank	1928			5160				
Feb 18	A.C. Canada					60			
	Pay Feb (Reg)			10080					
22	Bank	21931			4080				
March 15	Pay March (Reg)			11160					
14	A.C. Canada					60		5160	
23	Bank	24818			5160				

10-10-10

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$ 60⁰⁰/₁₀₀

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

Shorncliffe M.H.

Pay # 2nd Pd. *H. S.*

I.A. 60 "

Mess. 1 00 "

10/16.

Name *MacAuley.*

Initials *Lorinda*

Bank *of Montreal.*
Tragalgal Square.

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>1917</i>								
<i>April 21</i>	<i>April Pay (R)</i>							
<i>" 22</i>	<i>A. P. Cann.</i>							
<i>26</i>	<i>Bank</i>	<i>3009</i>		<i>48</i>	<i>60</i>	<i>12</i>		
<i>May 11</i>	<i>A. P. Canada.</i>				<i>60</i>			
<i>" 15</i>	<i>May Pay (R)</i>		<i>111 60</i>			<i>51 60</i>		
<i>22</i>	<i>Bank.</i>	<i>6003</i>	<i>58 00</i>	<i>51 60</i>		<i>0</i>		
<i>June 14</i>	<i>June Pay (R)</i>		<i>108</i>					
<i>" 8</i>	<i>A. P. Canada.</i>				<i>60</i>	<i>48</i>		
<i>21</i>	<i>Bank</i>	<i>4998</i>		<i>48</i>		<i>0</i>		
<i>July 19</i>	<i>July Pay (R)</i>		<i>111 60</i>					
<i>" 17</i>	<i>A. P. Canada.</i>				<i>60</i>	<i>51 60</i>		
<i>" 24</i>	<i>Bank</i>	<i>13029</i>		<i>51 60</i>		<i>0</i>		
<i>Aug 18</i>	<i>August Pay (R)</i>		<i>111 60</i>					
<i>" 14</i>	<i>A. P. Canada</i>				<i>60</i>	<i>51 60</i>		
<i>" 21</i>	<i>Bank</i>	<i>17080</i>		<i>51 60</i>		<i>0</i>		
<i>Sep 14</i>	<i>Sept Pay (R)</i>		<i>108</i>					
<i>" 11</i>	<i>A. P. Can.</i>				<i>60</i>	<i>48</i>		
<i>20</i>	<i>Bank</i>	<i>21813</i>		<i>48</i>		<i>0</i>		
<i>Oct 15</i>	<i>October Pay (R)</i>		<i>111 60</i>					
<i>" 11</i>	<i>A. P. Can</i>				<i>60</i>			
<i>19</i>	<i>Bank</i>	<i>26291</i>		<i>51 60</i>		<i>0</i>		
<i>Nov 14</i>	<i>November Pay (R)</i>		<i>108</i>					
<i>" 13</i>	<i>A. P. Can.</i>				<i>60</i>			
<i>19</i>	<i>Bank</i>	<i>30681</i>		<i>48</i>		<i>0</i>		
<i>Dec 7</i>	<i>A. P. Canada</i>				<i>60</i>			
<i>6</i>	<i>Dec. Pay R.</i>		<i>111 60</i>					
	<i>Can forward</i>							

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$60

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

Pay. #2 ⁰⁰ Pd
\$A. 60
Mess. ⁰⁰

Name Mac Auley
Initials Lorinda
Bank of Montreal
Trafalgar Square,

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								
	Brought forward		111 60	60				
Dec 13 th 1918	Bank.	35096		51 60				
Jan. 15	A. Pay. Canada.				60			
" 11	Jan Pay (R.)		111 60					
" 21	Bank.	39501		51 60				
Feb 15	Feb Pay. (R.)		100 80					
" 11	A. Pay. Can.				60			
" 22	Bank.	40996		40 80				
" 18	March Pay. (R.)		111 60					
"	A. Pay. Can.				60			
" 22	Bank.			51 60				

ASSIGNED PAY.

UNIT.

Rates

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$ 60 ⁰⁰ Can

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

Shorncliffe M. H. Pay \$ 2. 00. Pd. N. / S. 10 / 16
f. a. 60 "
Mess \$ 1. 00 ..

Name Mac Auley
Initials Lorinda
Bank of Montreal
Inaf. Sq

Retained in Canada for duty 17 1/8 H. Q. R. O. H. H. O. H. 29 1/8

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

1918-19

April 15 A. Pay Can

18 April Pay (R)

26.

Bank.

1187

108

48

60

May 10th A Pay. Can

16

May Pay (R)

111 60

60

27.

Bank.

2.683

51 60

June

June Pay. (R)

108

14.

A. Pay Can

60

26.

Bank.

4166

48

July

July Pay (R)

111 60

A. P Can

60

26

Bank.

5635

51 60

Rtd. to Canada
L.P.B. to 31 1/8
Lef. to N.E. Ledger
from ledg 9 to Ledger 12 5/8

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Name

Initials

Bank

Amount. \$

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

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

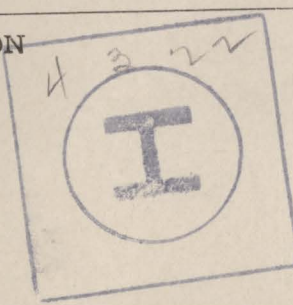
PROCEEDINGS OF AN OFFICER OR NURSING SISTER
STRUCK OFF STRENGTH
OF THE
CANADIAN EXPEDITIONARY FORCE

1. RANK *Macaulay N/Sister*

2. NAME *Macaulay Ronald*

3. UNIT *Cheney M.D.B.*

4. DATE STRUCK OFF STRENGTH *30-1-20* PLACE *Holyston's.*

5. REASON  *Discharged*

6. AUTHORITY *67-43-m-483.*

7. PROPOSED RESIDENCE *John, Pictou Co N.S.*

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.

Rank and Name **MacAulay Lorinda Nursing Sister.**

Regimental No.

Name and Address of Next-of-Kin

Unit **No. 7 Stat. Hospital.**Alexander MacAulay (Father) **do 1 MAR 1916**Date of enlistment **28th October 1915.**Seafoam, Pictou Co. **do MAY 1 1916**Place of birth **River John Pictou Co. N.S.**N.S. Canada. **do 15 MAY 1916**Married (Yes or No) **No.**

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments

LEFT CANADA. 1-1-16.**A.F.B. 1103****76/6/16**

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				
18-1-16	S.M.S.	posted to Moore Brks Hosp		14/1/16	C.O. 111 Pr ii O. 7. (4 th St. Hos.)
10/2/16	S.M.S.	transfd to Mil Hosp Shorncliffe		10/2/16	C.O. 243-254.
11-2-16	7 th St. Hosp	Taken on strength 7.S.H (Shorncliffe)		10-2-16	Pr ii O. 22.
22-2-16	7 th St. Hosp	adm. to Hosp.		21-2-16	Pr ii O. 28
28-2-16	H.R.	admitted Westcliffe E & F Hosp. Folkestone	discharged	13-3-16	Pr ii O. 41. (4 th St. Hos.)
		proceeded 9 seas	discharged	21-2-16	C. 299 (neurasthenia)
				9-3-16	C. 2. 376.
				18-6-16	C.O. 1098, 1120 Pr ii O. 94 (751)
28/6/16	N ^o 76 S/H.	Detailed for duty to N ^o 2 G/H. Flare		25/6/16	Pr ii O. 98
		rejoined for leave		4.6.17	Pr ii O. 36. 40 S.H.
22.12.17	7 th St. H.	Granted 14 days leave		4.12.17	Pr ii O. 62.
25-5-18	7 th St. H.	and for temp duty from 7 th St. H.		16-4-18	" " 29.
28-5-18	S.M.S.	Posted to C.F.M.C Depot Schiffe		23-5-18	C.O. 626
do	do	Posted to Canbourn Hp Bearwood Park		24-5-18	C.O. 626.
28-5-18	7 th St. H.	beast to be adm from 7 th St. H.		22-5-18	C.O. 29
9-6-18	S.M.S.	Posted to C.F.M.C Depot		6-6-18	C.O. 1461
do	do	and to H.M.S. Llandowyn Castle		5-6-18	C.O. 1462

A.F.B. 1103**81 MAR 1916**

Rank and Name (to be filled in by the reporting officer)

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				
2 JUL 1918	Cas. Dep. Sec	TQS CAMC Cas. Dep. Sec. & shown in (Cmt. H.M.H.S.)		5-6-18	PS 47
1-8-18	do.	S.O.S. on being retained in Canada for duty		17-7-18	PF 23
29-7-18	Hqrs. O.M.C.	S.O.S. retained in Canada for duty		17-7-18	RO. 4404
		JUL 30.320			

A.F.B. 103.
1918.10082

5154

ORIGINAL

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.
Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of 1.3.16

Surname MACAULAY Christian Name Igrinda

TABLE I.—GENERAL TABLE.

Birthplace ... Parish River John County Pictou N.S.

Examined ... { on 10th day of November 191 5
at Halifax N.S.

Declared Age ... 33 years ... days.

Trade or Occupation ... Trained Nurse

Height ... 5 feet 8 inches.

Weight ... 140 lbs.

Chest { Girth when fully Expanded 35 inches.
Measurement { Range of Expansion 2 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left
Number ...

When Vaccinated ...

Vision ... { R.E.—V=
L.E.—V=

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

(b) Slight defects but not sufficient to cause rejection ... (b) L.N. Murray
Capt. A.M.C.

Approved by (Signature) L.N. Murray,
(Rank) Capt. A.M.C. Medical Officer.

Enlisted ... { at Halifax
on 28th day of October 191 5

Corps.	Regtl. No.
<u>C.A.M.C.</u>	<u>N/Str.</u>
<u>7th Stationary Hospital</u>	

Became non-effective by ...

This Medical History Sheet has been compared with the corresponding Attestation Paper, and entries made in red ink have been taken from the Attestation Paper.

(Signature) L.N. Murray
(Rank) Lieut.-Col.

The Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding their unit to the Record Office when they leave England.

Lieut.-Col. Murray

Lieut.-Col.
In Charge of Records,
Canadian Contingent.

CANADIAN

Table II.—Only for Admissions to Hospital or to the Sick List in the

[illegible]

Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
-------------------------------------	---	------------------------------

shyts dilatation of heart decreased compensation
discharged & duly

R.D. Caustonay ~~Cont-for~~ REGISTRAR.
WEST CLIFF CANADIAN EYE AND EAR HOSPITAL.

Duplicate Medical History Sheet
posted to here. *L*

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

[illegible]

Table IV.—Service Table.

[illegible]

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

M. OR S.

REGT. NO.

RANK *W.S.*

NAME (IN FULL)

Medley, Lorrinda
(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
ADDRESS		<i>2nd Reg. Pay</i> <i>1st Sub.</i>			PLACE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
					DATE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS	<i>River John Pictou Co. N.S.</i>
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					DISCHARGED	PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
						<i>Halifax, N. S. MAR 30 1920</i> "Demob" <i>C.O. 144</i>

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		
	COL. NO. 1	COL. NO. 2	COL. NO. 3					COL. NO. 1	COL. NO. 2	COL. NO. 3	DEBIT	CREDIT														
				NO.	DATE	NO.	DATE						NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	\$		C.	\$
	31	1 ⁵⁰	93	52	70			145	70			62	1	50	00	90	90			48	0	145	70		7 th meals	
April	30	3 ⁰⁰	90	51	00			141	00			26		50	00	85	60			5	40	141	00		5 th meals	
May	31	3 ⁰⁰	93	52	70			145	70			49		50	00	91	30			4	40	145	70		4 th meals	
June	30	3 ⁰⁰	90	51	00			141	00			70	26	50	00	90	80			20		141	00		3 rd meals	
JULY	31	3 ⁰⁰	93	52	70			145	70			92	29	50	00	93	10			2	60	145	70		2 nd meals	
AUG	31	1 ⁰⁰	31	52	70			145	70			111	28	55	80	88	10			1	80	145	70		1 st meals	
SEP	30	1 ⁰⁰	30	51	00			141	00			136	29			139	00					141	00		Meals \$2.00	
		2 ⁰⁰	60																	2	00				Meals 40¢	
Oct	31	3 ⁰⁰	93	52	70			145	70			160	27			145	30			40		145	70			
NOV	30	3 ⁰⁰	90	51	00			141	00			181	26			141	00					141	00			
DEC	31	3 ⁰⁰	93	52	70			145	70			196	15			145	70					145	70			
JAN	31	3 ⁰⁰	93	52	70			145	95			223	26			143	15			2	80	145	95		Meals 2.80 Dec	
Feb	29	3 ⁰⁰	87	49	30			136	30			242	21			131	20			5	10	136	30		Meals \$5.10	
MAR	30	3 ⁰⁰	90	51	00			141	00			258	25			127	50			5	40	141	00		Meals \$5.40 Meals \$8.10	
			1188	06	73	45		186	145					305	80		151	265			43	00	186	145		

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	
									</									

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

60			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank *N.S.* Promoted

Reverted

Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

Lorinda Macaulay
#7 Stationary Hosp.

Name

Address

Change of Address

1

2

3

4

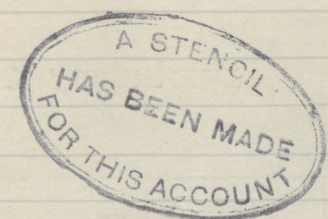
PARTICULARS OF ASSIGNMENT

Name *Mrs. Alexander Macaulay*Address *Seafoam*Change of Address *Pictou Co.**N.S.*

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>Dec 31.</i>			<i>1350</i>	<i>1350</i>
<i>Jan.</i>	<i>60107</i>		<i>60</i>	<i>60</i>
<i>Feb.</i>	<i>72088</i>		<i>60</i>	<i>60</i>
<i>Mar.</i>	<i>91248</i>		<i>60</i>	<i>60</i>
<i>Apr.</i>	<i>3945</i>		<i>60</i>	<i>60</i>
<i>May</i>	<i>13595</i>		<i>60</i>	<i>60</i>
<i>June</i>	<i>26023</i>		<i>60</i>	<i>60</i>
<i>July</i>	<i>31500</i>		<i>60</i>	<i>60</i>
<i>Aug</i>	<i>35531</i>		<i>60</i>	<i>60</i>
<i>Sept.</i>			<i>60</i>	<i>60</i>
			<i>1830</i>	<i>1830</i>

File 11537-L-10

REMARKS

*"in M.D.C." for duty**LH 11840 3M-1-8-18 Ret Canada for duty**\$60.00 refund requested**60.00 Refused. P.M.D.C. C.B. issued**LH 6925.*

Date of Assignment

OVERSEAS CONTINGENTS

RATE OF ASSIGNMENT

RATE OF ASSIGNMENT				

PARTICULARS OF ASSIGNMENT

4

M. F. W. 128
400M.—6-17-1772-39-141
L. L. 22320-M. & D. 7993.