

Unit C a m c Rank N. Sister Name Mary Christina MacCallum

OFFICERS' DECLARATION PAPER

DUPLICATE

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

BASE HOSPITAL

MILITARY DISTRICT No. 2

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? MacCallum
(b) What are your Christian Names? Mary Christina
2. (a) Where were you born? (State place and country) Ardenaraig, Perthshire, Scotland
(b) What is your present address? 42 Gloucester St. Toronto, Ontario
3. What is the date of your birth? December 2nd 1884
4. What is (a) the name of your next-of-kin (Miss) Margaret Isabel MacCallum
(b) the address of your next-of-kin? 42 Gloucester St. Toronto, Ontario
(c) the relationship of your next-of-kin? Sister
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? —
9. State particulars of any former Military Service —
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.

Mary Christina MacCallum (Signature of Officer.)

Taken on strength (place) Base Hospital, Toronto

(date) April 27th 1918

G. S. Hardy Lieut Colonel, A.M.C.
(Signature of Commanding Officer.)

BASE HOSPITAL
MILITARY DISTRICT No. 2

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 July 18 1918

Place Base Hospital Toronto

*Insert here "fit" or "unfit"

Jas. W. Bartons Major
Medical Officer.

OFFICER'S DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE
BASE HOSPITAL

QUESTIONS TO BE ANSWERED BY OFFICER

1. What is your name?
2. What is your rank?
3. What is your position?
4. What is the name of your unit?
5. What is the name of your ship?
6. What is the name of your hospital?
7. What is the name of your base?
8. What is the name of your country?
9. What is the name of your province?
10. What is the name of your city?
11. What is the name of your street?
12. What is the name of your house?
13. What is the name of your family?
14. What is the name of your father?
15. What is the name of your mother?
16. What is the name of your brother?
17. What is the name of your sister?
18. What is the name of your friend?
19. What is the name of your enemy?
20. What is the name of your dog?
21. What is the name of your cat?
22. What is the name of your horse?
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CANADIAN OVER-SEAS EXPEDITIONARY FORCE

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NAME

M^cCALLUM Mary Christina

REGT. NO

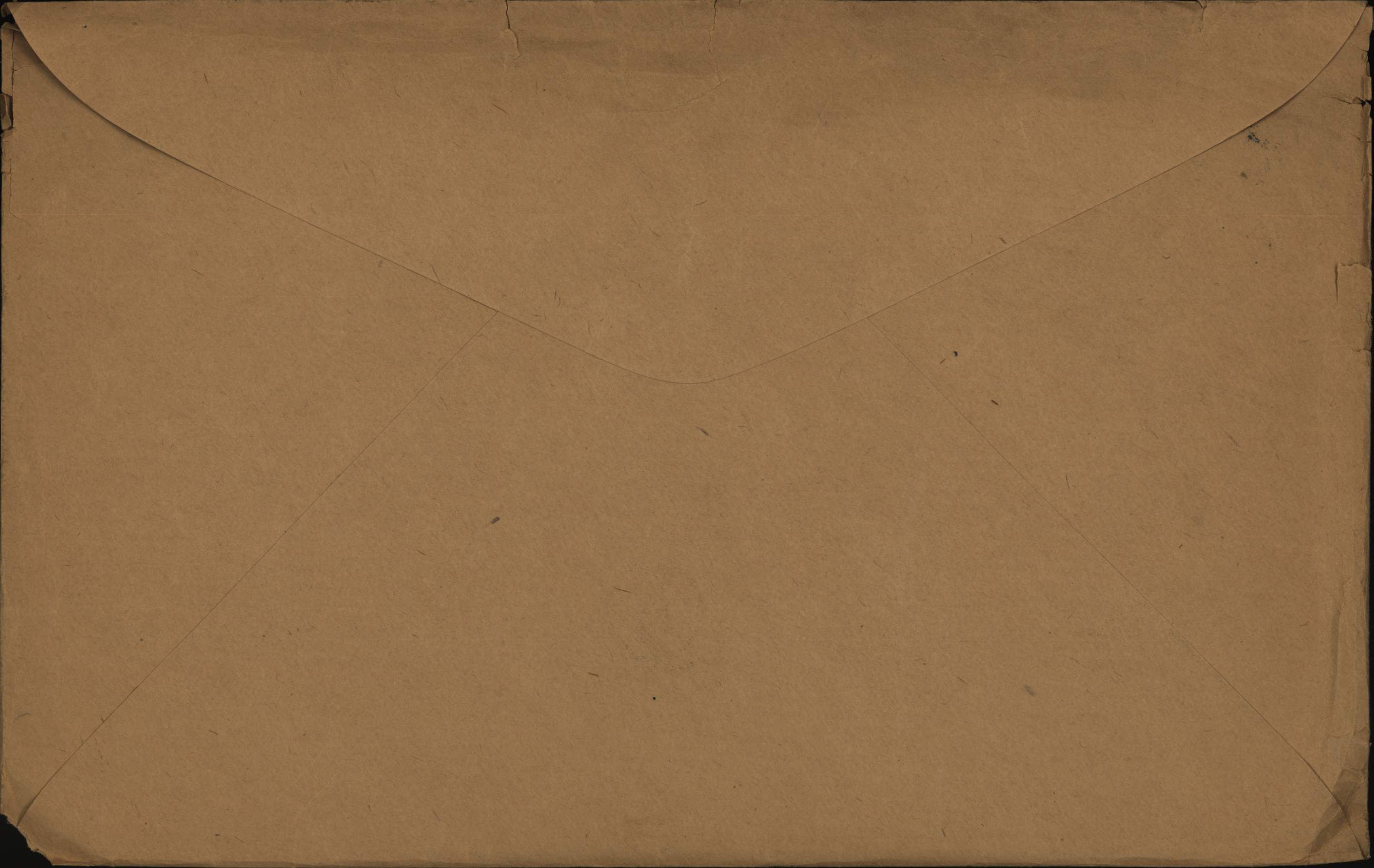
W/Ste

UNIT

Camel

H. Q. FILE NO.

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Surname *Mac Callum.* H. Q.
Christian names *Mary Christina* M. D. No. *2.*
Regtl. No. Rank *Nur. Sister* T. O. S. *Apr. 27. 1918.*
Unit *C. A. M. C.* D. O. Pt. II *186* of *5-7-18.*
S. O. S. *30-9-* 19 *19*
Reason *Demob.*

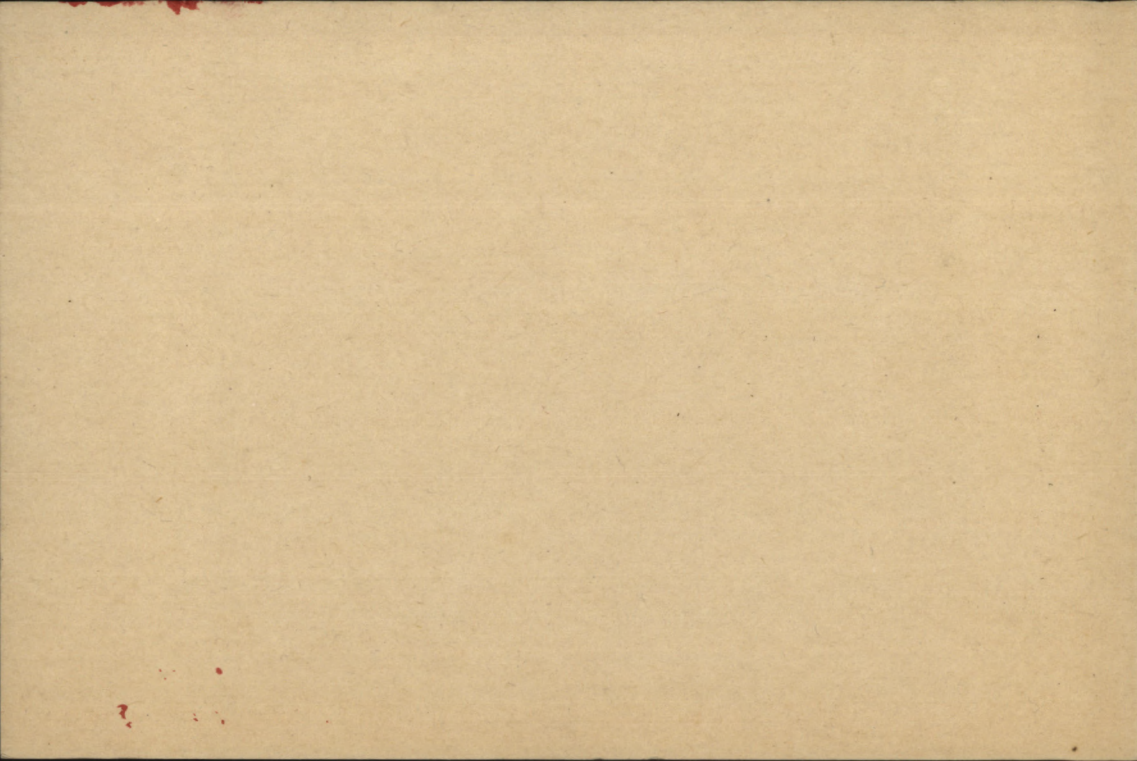
Auth. No. *2226-14-10-19*
also 262-20-10-19 16 m.m. 12
Next of kin *Mac Callum, Miss Margaret J.*
Relationship *Sister.*

Address *72 Gloucester St.*
Toronto, Ont.
Also notify:

BORN—Place *Scotland, Aberdeen* Date *Dec. 21st 1884.*

ATTESTED—Place *Toronto, Ont.* Date *April 27th 1918.*

O/S..... R/C.....



LEDGER NO. 169

SERIAL NO. A 13962

REG. NUMBER.....NAME Maclellan M. C.

RANK 11.5.....CORPS C. A. M. C.

AGE 34.....SERVICE C. 7-12

NAME OF HOSPITAL Deer Lodge.....PLACE Winnipeg Man

DATE OF ADMISSION 22-11-18

DISEASE Influenza

TRANSFERRED TO OTHER HOSPITALS.....

OPERATION.....

DISCHARGED TO 26-11-18.....IN CATEGORY.....

REMARKS:.....

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No.

RANK

n. Sister

NAME

m^c Callum, m. c.

T. O. S.

*30-4-18, UNIT Base Hospital, C.A.M.C.**June Paylist.*

M. D. 2

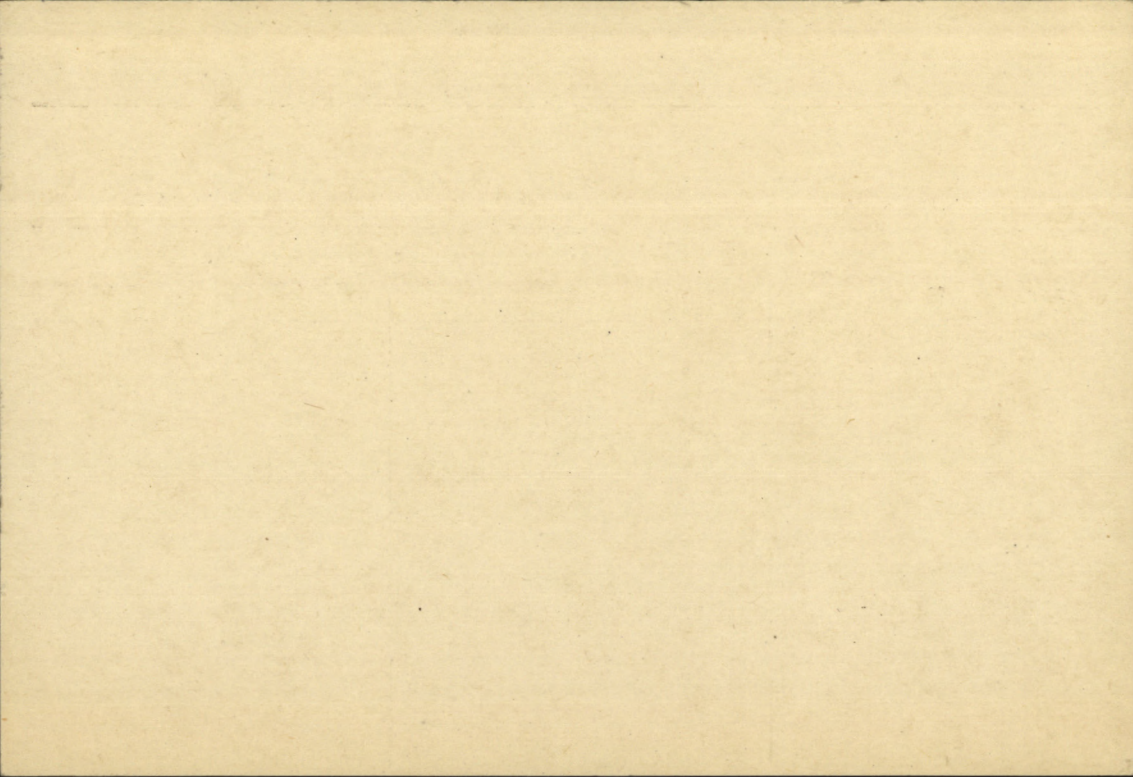
PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

*1918**1918**apr. no**a/c**m.**Attached from 27-4-18**D.O. 120.**may. no**a/c**n**apr 30**June 30**c.*



M. F. W. 71-500M.-618.

1772-39-96L.

NAME

MacCallum, Marie Christina

REGIMENTAL NO.

RANK

Nursing Sister

ENLISTED AT

Toronto

PROMOTIONS, &c.
AND DATE

DATE

27/4/18

Grad. Nurse

IF SERVED PREVIOUSLY. STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN

Miss Margaret Isabel

RELATIONSHIP

Sister

ADDRESS OF

MacCallum
72 Gloucester St Toronto

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

Leave to June 28/19 DO 139/4

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

Presby

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	DATE	
I.O.S. 10 M.M.H. S.O. 1/1		1/2/19.	effect 1/2/19
S.O.S. " S.O. 262 P. 2.			" 30/9/19

Name *Mae Ballum, Mary Christina*

Age *33*

Address *72 Gloucester St. Toronto*

Graduated from *General Hospital, Toronto.* No. of beds *730*

Reported for duty *27-4-18* Leave of absence

M.F.B. 287 sent in *27-5-18.* From *22-1-18* To *24-1-18*

Authority for Employment *H.Q. 392-13-675*
dated June 20 1918

Detailed to *T.G.H. 11-6-18*

Ret'd Base *19-6-18*

Set'd T.G.H. *27-6-18*

Ret'd Base *28-6-18*

Set'd Petawawa *19-7-18*

Ret'd to Base *8-8-18*

~~Set'd to T.G.H. *9-8-18*~~

Transferred to M.D. 10 *30-8-18*

Illness..... Vaccinated *18-7-18*.....

Inoculated *11-7-18*.....

18-7-18

Petawawa 3rd 29-7-18.

28-7-18

Night duty *18-5-18 to 22-6-18.*

Uniform Allowance

Applied for..... Rec'd *13-8-18*

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This card to be sent with N.S. when detailed to other Hospitals

2-MC-7
REGT. NO..... RANK N/S NAME McCallum, Mary Christina

UNIT CAMC AGE - SERIAL NO. IN A. AND D. BOOK 15-E

TOTAL SERVICE WHERE C AND HOW LONG DATE AND PLACE OF ORIGIN Winnipeg, Man.

DISEASE OR INJURY Influenza *~~DUE TO SERVICE~~
*NOT DUE TO SERVICE

OPERATIONS.....

RESULT OF OPERATIONS

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION 3-11-18

(B. AS A TRANSFER (STATE WHERE FROM).....
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT 30-11-18 IN CATEGORY

DATE OF DISCHARGE AS AN INVALID

DATE OF DEATH

DATE OF TRANSFER (STATE WHERE TO).....
NAME OF HOSPITAL

OTHER INDEPENDANT CONDITIONS DIAGNOSED

Kin: Sister Miss. Margaret Isabell.
72 Gloucester St. Toronto, Ont.

M. F. W. 142.

1772-39-1171.

100M.-6-18.

* CROSS OUT CONDITION NOT APPLICABLE.

(OVER)

REMARKS:-

20-11-18: Immunulated Oct. 19. Took ill 30th complaining of
headache, being sore all over, obstinately constipated. Face slightly
flushed, eyes feverish, tongue flabby and coated, heart and chest
negative, is very depressed, lies in bed very listless, rather anemic.
Other systems normal. Temp. 103.2, pulse 110, respirations 24. Nov. 19:
Temp normal all day, feels quite well. Further convalescence
uneventful.

Family History: Negative.

Treatment: Dover's Powder 5 grs. Q. nixine.

Con. of Dis: all systems negative.

J. A. Macdonald, Capt.

Deer Lodge Officers. 22/11/18. Convalescent (up) Gen. Condition Good,
only complaints weakness moderate in character, following attack of Flu,
no pain. Nerves easily disturbed, Treatment. Rest, exercise, Fresh air.
26/11/18 Recovery except for general slight weakness & nervousness.
Returned to duty. A. S. Hanks Capt.

2-Me-7

REGT. NO. RANK Nursing Sister NAME MacCullam, Mary Christina

UNIT C.A.M.C. AGE 34 SERIAL NO. IN A. AND D. BOOK 72

TOTAL SERVICE WHERE AND HOW LONG Canada 7-12; E.Nil. DATE AND PLACE OF ORIGIN

DISEASE OR INJURY Spanish Influenza (Convalescent) *DUE TO SERVICE
*NOT DUE TO SERVICE

OPERATIONS

RESULT OF OPERATIONS

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION 22-11-18

(B AS A TRANSFER (STATE WHERE FROM) NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT 25-11-18 IN CATEGORY

DATE OF DISCHARGE AS AN INVALID

DATE OF DEATH

DATE OF TRANSFER (STATE WHERE TO) NAME OF HOSPITAL

OTHER INDEPENDANT CONDITIONS DIAGNOSED N/K Sister, Margaret MacCullam,
72 Gloucester Ave., Toronto, Ont.

M. F. W. 142.

1772 39-1171.

100M.-6-18.

* CROSS OUT CONDITION NOT APPLICABLE.

(OVER)

REMARKS:-

Condition on Admission Convalescent (46) General Condition fair
No Complaint except general weakness of only moderate amount. Thinks she will be able to
go to work in a few days. Is yet easily startled.

OTHER SYSTEMS normal.

HISTORY of CASE Attack of "FLL" began about three weeks ago Recovery without
complications at "Le Salle" Hospital Elmwood. (was masseuse at Tuxedo at time of attack).
Family History Good.

TREATMENT. None (medicinally).

Condition on Discharge and disposal of case. Recovery except for some slight
general weakness & nervousness.

Returned to Duty (at present on leave)

A. Shanks, Capt. C.A.M.C.
M.O.C. Deer Lodge Hosp.

CANADIAN EXPEDITIONARY FORCE

H.P.-10-40.

Certificate of Service

H.C.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank).....Nursing-sister.....

(Name in full).....Mary Christina MacGILLIVRAY.....

Enlisted in.....Canadian Army Medical Corps.....

CANADIAN EXPEDITIONARY FORCE, on the.....~~XXXXXXXXXXXXXXXXXXXX~~.....

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

in.....Canadian Army Medical Corps.....

CANADIAN EXPEDITIONARY FORCE on the.....Twenty-seventh.....day

of.....April.....191.....0

He SERVED in CANADA,.....with the Canadian Army Medical Corps.,

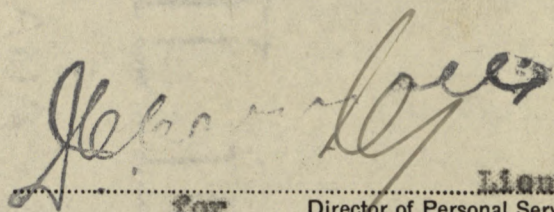
Base Hospital H.Q. No 2., Manitoba Military Hospital., and
District Depot No 10.

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

of.....September.....191.....By reason of.....General Demobilization.....

Dated at Ottawa, this.....Twenty-third.....day

of.....January.....191.....1920.


.....Lieut......
for Director of Personal Services.

mf

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to certify that

(Name in full)

Entered in

CANADIAN EXPEDITIONARY FORCE on the

day of 1917 and was appointed to COMMISSIONED RANK

CANADIAN EXPEDITIONARY FORCE on the

day of 1917

He served in CANADA

and was STRUCK OFF THE STRENGTH on the

day of 1917 by reason of

Discharged to Obey the

day of 1917

Director General

1917

no Card

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.

Nursing Sister Mary Christina MAC CALLUM
Rank C.A.M.C. Name Surname
Unit of Corps Perthshire Scotland (If a soldier) Regtl. No. 1007
Born at on, (date) December 22/1894
Signature (for identification) m. c. mac callum
DEC 7 1918
H.Q. CANADA

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

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

Weight 135 lbs. Colour of eyes Blue
Height 5 ft. 9 in. Identification Marks 1 vaccination mark left arm

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.

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

Normal - No

5. HEART?

Abnormal Sounds?

No
No

Abnormal Size?

84

Pulse Rate?

Intermittence or Irregularity?

No

Muscular Tone?

Good

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

No

(b) Blood Pressure

Systolic 132 Diastolic 88

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

Normal

8. GENITO-URINARY SYSTEM?

1020

Acid

None

None

Urinalysis—S.G.? Reaction? Albumen? Sugar?

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 H.M.H. Tuxedo Park
December 7th 1918.

Date ES

Signed S. J. McCallum M. O.

Signed W. J. McCallum M. O.

m. c. mac callum
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

33-M-379

RECEIVED
SEP 23 1919
A.D.M.S.
M.D./10
WINNIPEG
CENTRAL REGISTRY

No. 10 MANITOBA MILITARY HOSPITAL
SEP 22 1919

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..... Name ... McCALLUM... Mary Christina...
(Name in full in block letters.)

Age..... 35..... Address after discharge... 72.. Gloucester St., Toronto:.....

Unit or Corps.. C.A.M.C.... M.M.H..... Birthplace Scotland.....

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

1. GENERAL DESCRIPTION:

Physique Good..... Weight.. 132bs. Height.. 5...ft... 9½.in. Colour of Eyes.. Blue

Nutrition Good.....

Pulse 72.....

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.)

None

Opinion as to general health and physical condition..... Good..... 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..... YES.....

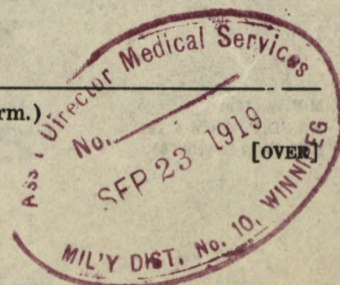
3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Scarlet fever, measles, in childhood.

No disability.

MD.

(If space is insufficient, continue on back of form.)



EXAMINATIONS.

4. 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.)

5. 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.)

W. J. Chapman

MEDICAL HISTORY SHEET

Surname Mac Callum Christian Name Mary Christina

Examined { on <u>18th</u> day of <u>July</u> 191 <u>8</u> at <u>Base Hospital Toronto</u>	Approved by <u>Jas. W. Barton</u> Rank <u>Major</u> M.O.	
Birthplace { City or Town _____ County <u>Scotland</u>	Date	Fit or Unfit
Apparent age <u>34</u>	EXAMINED FOR RE-ENGAGEMENT	
Trade or occupation <u>Nurse</u>		M.O.
Height <u>5</u> feet <u>9</u> Inches		M.O.
Weight <u>134</u> lbs.		M.O.
Chest measurement { Minimum <u>32 1/2</u> inches		M.O.
{ Maximum expansion <u>34</u> inches		M.O.
Physical development <u>good</u>		M.O.
Small-pox Marks _____		M.O.
Vaccination Marks { Arm <u>Right</u> Left _____ Number <u>one two</u>	Date	Result
When Vaccinated last <u>1913</u>	VACCINATIONS	
(a) Marks indicating congenital peculiarities or previous disease _____	18-7-18	<u>Abbrinkshank</u> M.O.
(b) Slight defects but not sufficient to cause rejection _____	11-7-18	<u>Abbrinkshank</u> M.O.
	18-7-18	<u>Abbrinkshank</u> M.O.
	25-7-18	<u>Abbrinkshank</u> M.O.
		ANTI-TYPHOID INOCULATIONS, ETC. <u>Spec. Typh</u>

Enlisted on 27 day of April 1918 at Base Hospital, Toronto

Joined on enlistment	CORPS <u>C. A. M. C.</u> BASE HOSPITAL MILITARY DISTRICT No. 2	REG'TL NUMBER	HABITS	DATE <u>April 27/18</u>
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.

CASE HISTORY SHEET.

Deer Lodge Officers Hospital. Winnipeg, Man. Station.
 No. Rank N/Sister Name MacCallum, Mary Christina Age 34
 Unit C.A.M.C. Completed years of service Where and how long } Canada 7-12; E. Nil.
 Date of admission 22-11-18 Date of discharge 26-11-18
 Diagnosis Flu! (Convalescent) Place of origin Winnipeg

CONDITION ON ADMISSION AND PROGRESS OF CASE

Convalescent (Up) General Condition Fair
 only complaint is weakness moderate in character following her
 attack of "Flu". No pains. Nerves are easily disturbed

OTHER SYSTEMS normal

HISTORY (of attack of "flu" Began 3 weeks ago while at massage work in
 Tweed's Hosp. Was sent to "Le Salle" Hospital and from there to Deer Lodge Hosp.
 no pneumonia nor other complication developed.

FAMILY HISTORY

good
 (Tuberculosis, mental or nervous diseases.)

TREATMENT

no medicinal treat. Rest, gradual exercise, fresh air etc.
 (Especially any specific or special form.)

CONDITION ON DISCHARGE

(and disposal made of case.)

Recovery except for some general slight weakness & nervousness.
 Returned to duty (on leave at present)

Date 24/11/18

A. Shanks, Optician
 Medical Officer i/c case.

CASE HISTORY SHEET.

Hospital Station Winnipeg
vice _____

No. 7 Nursing Disb Bank and Name N. S. Mc. Callum M. C. Age 70

Disease Influenza Date of Admission 3/11/18 Date of Discharge _____ Result _____ Case Book _____ Folio _____

[illegible]

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's case.)

Agc

Rank and Name

Date of Admission

Date of Discharge

Signature

MILITARY DISTRICT No. 2



350M.—5-16

H. Q. 1772-39-920.

Unit, Regiment or Corps.

C. A. M. C. BASE HOSPITAL

MILITARY DISTRICT No. 2

Regimental No. 1 Rank Moving Soldier Name M^cCallum Mary Christina

C. E. F.

Enlisted (a). 27-4-18 Terms of Service (a). Can. Expd. Force Service reckons from (a). 27-4-18

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

Extended..... Re-engaged..... Qualification (b) University of Sierra Leone, graduate course

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				
0-8-18	A.D.M.S M.D.No2	S.O.S. with effect from 31-8-18. Transferred to M.D.No.10. Auth. H.Q. 5883-34	Toronto	30-8-18	<i>H. J. G. Gandy</i> Capt. & Adj. Base Hospital, M. D. No. 2
S.	#10 M M H.	D.O. 1/1	Effective 1-2-19		
S.	" " "	D.O. 262/2	" " 30-9-19		
					<i>N. V. Gandy</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) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

[illegible]

2-M^c-7

(Not Signed)

MEDICAL HISTORY SHEET

Surname *McCullum* Christian Name *Pray Christina*

Examined { on _____ day of _____ 191 at _____	Approved by _____		
Birthplace { City or Town _____ County _____	Rank _____ M.O. _____		
Apparent age _____	Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
Trade or occupation _____			M.O. _____
Height _____ feet _____ Inches			M.O. _____
Weight _____ lbs.			M.O. _____
Chest measurement { Minimum _____ inches Maximum expansion _____ inches			M.O. _____ M.O. _____
Physical development _____			M.O. _____
Small-pox Marks _____			M.O. _____
Vaccination Marks { Arm Right Left Number _____	Date	Result	VACCINATIONS
When Vaccinated last _____			M.O. _____
(a) Marks indicating congenital peculiarities or previous disease _____			M.O. _____ M.O. _____
(b) Slight defects but not sufficient to cause rejection _____	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
			M.O. _____ M.O. _____ M.O. _____

Enlisted on _____ day of _____ 191 at _____

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<i>Came</i>	<i>R. S.</i>		
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 *Mary Christina*

W. H. Taylor Esq. Secy. Genl.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT

NAME OF SOLDIER

REGIMENT

RANK

No.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyorrhea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
Cor.	22	3	20								10									Dr. M. Carter		6 av. 21
"	22	3	29		1						1-16									"	"	10
"	22	3	32		2						18-19									"	"	10



INSTRUCTIONS

- On examination the condition of patient's mouth to be marked on diagram in red ink.
- On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

- Condition on examination (in red).
- Condition on leaving Canada.
- Condition on discharge.

Full upper 3 weeks

10
MacCallister
Private

INT. JUDICIAL

RECEIVED
JULY 10 1900

RECEIVED
JULY 10 1900

DEPT. OF JUSTICE

CASE HISTORY SHEET.

LA SALLE Hospital. WINNIPEG
No. /// Rank N.S. Name McCallum, M. C. Age
Unit C. A. M. C. Completed years of service Where and how long } --
Date of admission 3-11-18 Date of discharge 20-11-18
Diagnosis Influenza Place of origin Winnipeg

CONDITION ON ADMISSION AND PROGRESS OF CASE..... Inoculated Octr. 19th. Took ill 30th complaining of headache, being sore all over; obstinately constipated.
Face slightly flushed; eyes feverish, tongue flabby and coated; heart and chest negative; is very depressed; lies in bed very listless; rather enemic. Other systems normal.
Temperature 103.2, pulse 110, respirations 24.
Nov. 10th. Temperature normal all day; feels quite well.
Further convalescence uneventful.

FAMILY HISTORY..... Negative

(Tuberculosis, mental or nervous diseases.)

TREATMENT..... Dover's Powder 5grs. Quinine

(Especially any specific or special form.)

CONDITION ON DISCHARGE..... All systems negative

(and disposal made of case.)

Date..... 20-11-18

J. A. Macdonald
Medical Officer i/c case.

CASE HISTORY SHEET.

Patient's Name		Date	
Room		Admission	
Physician		Referring Physician	
Chief Complaint		History of Present Illness	
Past History		Family History	
Physical Examination		Laboratory Studies	
Diagnosis		Prognosis	
Treatment		Outcome	

