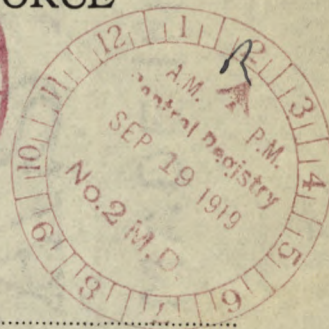
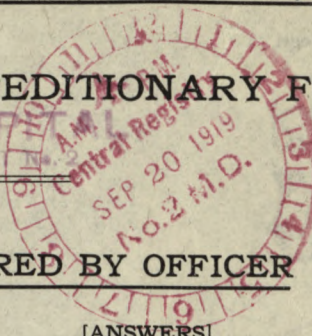


Unit C. A. M. E. Rank 21. S. Name Mac Lewis, Flora Campbell

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

BASE HOSPITAL
MILITARY DISTRICT No. 2



QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Mac Lewis
(b) What are your Christian Names? Flora Campbell
2. (a) Where were you born? (State place and country) Bognor, Grey Co.
(b) What is your present address? Bognor, R.R. No. 1
3. What is the date of your birth? Jan. 7, 1885
4. What is (a) the name of your next-of-kin? Mrs. Mary Mac Lewis
(b) the address of your next-of-kin? Bognor, R.R. No. 1
(c) the relationship of your next-of-kin? mother
5. What is your profession or occupation? Graduate nurse
6. What is your religion? Protestant
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.

Flora Campbell Mac Lewis (Signature of Officer.)

Taken on strength (place) April 11/17 Base Hospital Toronto

(date) April 11/17

E. J. Partridge, Col.
(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 May 22nd 1917

Place Toronto

Wm. J. MacLennan
Capt. AMC
Medical Officer.

*Insert here "fit" or "unfit"

Name

Rank

11.11.11

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

1. Name

2. Rank

3. Service Number

4. Date of Birth

5. Date of Entry into Service

6. Date of Last Promotion

7. Date of Last Transfer

8. Date of Last Discharge

9. Date of Last Re-Entry

10. Date of Last Award

11. Date of Last Commendation

12. Date of Last Citation

13. Date of Last Medal

14. Date of Last Ribbon

15. Date of Last Bar

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

16. Date of Last Award of the Order of the British Empire

17. Date of Last Award of the Victoria Cross

18. Date of Last Award of the Distinguished Service Order

19. Date of Last Award of the Distinguished Conduct Medal

20. Date of Last Award of the Distinguished Medal

CERTIFICATE OF MEDICAL EXAMINATION

21. Date of Last Medical Examination

22. Date of Last Medical Certificate

23. Date of Last Medical Report

24. Date of Last Medical Statement

25. Date of Last Medical Certificate

26. Date of Last Medical Report

27. Date of Last Medical Statement

28. Date of Last Medical Certificate

REGIMENTAL DOCUMENTS

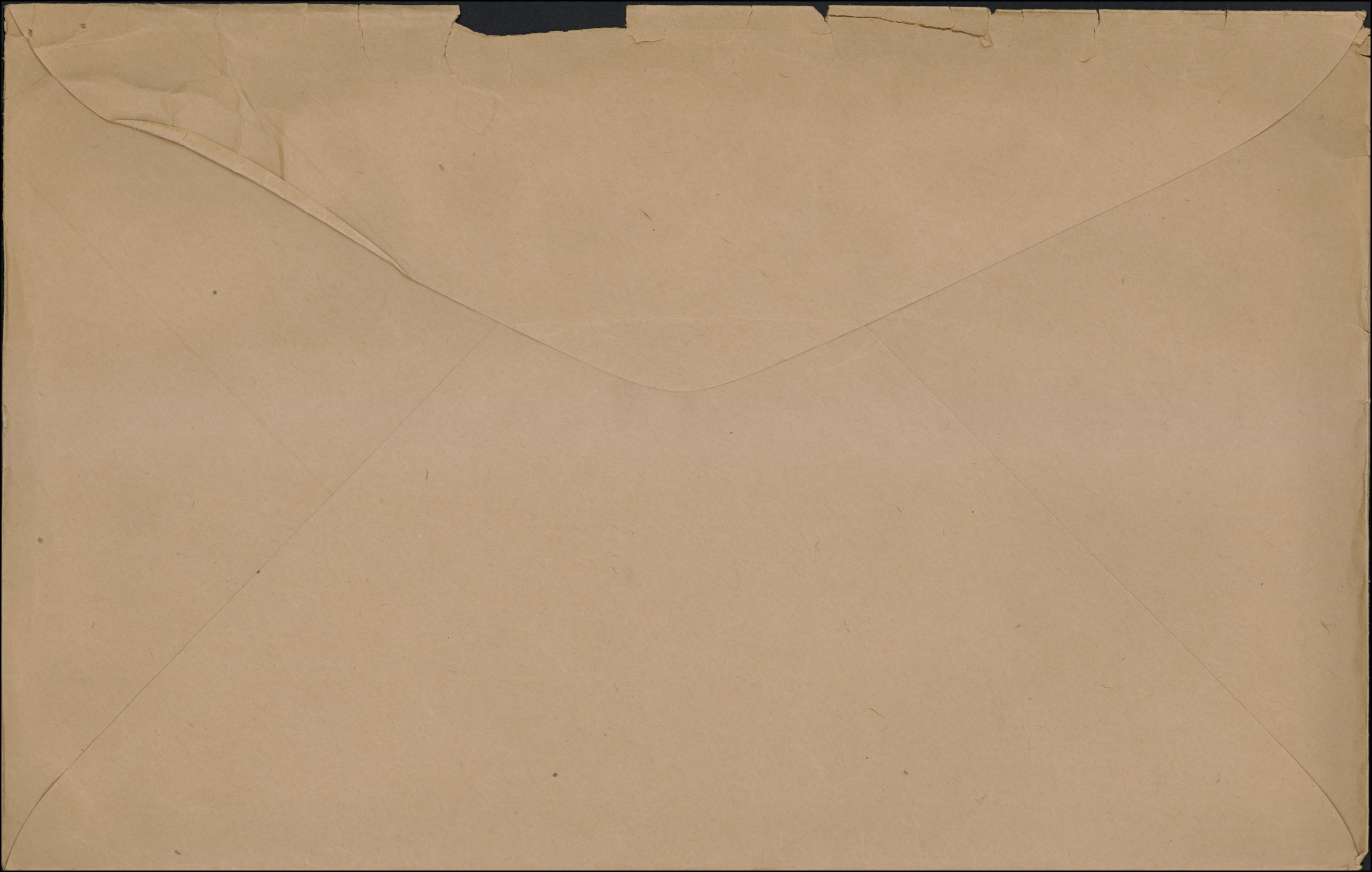
NAME _____

REGT. NO.

UNIT

H. Q. FILE NO.

[illegible]



No.

RANK

N. Sister.

NAME

Mac Innes, Jr. C.
Mac Innis (Feb. Paylist.)

T. O. S. 11-4-17

UNIT

Base Hospital. C. R. M. C.

D. O. 1500 of 29-5-17.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917		attached.	D. O. 103.
Apr. no a/c		in.		
Apr. 11	May 31	✓		
June		✓		
July.		✓		
Aug.		✓		
Sept.		✓		
Oct.		✓		
Nov.		✓		
Dec.		✓		
1918	1918			
Jan.		✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		
May.		in.		

1918
June 1

1918
June 30

NAME

REGIMENTAL NO.

RANK

ENLISTED AT

PROMOTIONS, &c.
AND DATE

DATE

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

MacLinnis Clara Campbell
Nursing Sister
Toronto Ont
11-4-17
Mrs Mary MacLinnis Mather
RR no # 1 Bagnor

CASUALTIES, &c.

NATURE

E.G. ABSENCE, PROMOTION, &c.

PART II. D. O.

No.

DATE

REMARKS

IF IN HOSPITAL, NOTE NAME, &c.

Sgt. W. A. C. H.
Mil. 7-7-19

202

21-7-19

Adms Do
170.

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.

C.A.M.C. BASE HOSPITAL

MILITARY DISTRICT No. 2

Regimental No. Rank Nursing Sister Name Mac Innes Flora Campbell
C. E. F.

Enlisted (a) 11-4-17 Terms of Service (a) Canadian Exp. force Service reckons from (a) 11-4-17

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) (a) Nursing Sister (c) 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				
24-1-19	S.O.S. Base Hospital, MB#2 on being transferred to Davisville Military Orthopaedic Hospital (auth. C.O. #23 sub. sec. 183 of 28-1-19)				D.O. # 29-29-1-19
11/2/19	S.O.S. Davisville Mil. Hosp. to Spadina Mil. Hosp.				D.O. # 43 of 12/2/19 Lt. Col. Gowing M.D.
13-2-19	Davisville T.O.S. Spadina Mil. Hosp. eff. 11-2-19 D.O. 36 A.D.M.S.		TORONTO.	11-2-19	PT. II D.O. # 44
22-2-19	O.C. SPADINA MIL. HOSP. Granted partial subsist. in lieu quarters 11-2-19- indef.		TORONTO	18-2-19	PT. II D.O. # 53
30-5-19	O.C. SPADINA MIL. HOSP. CEASES TO DRAW SUBSISTENCE		TORONTO	26-5-19	PT. II D.O. # 150
29-5-19	ADM. SMOL. S.O.S. SPADINA MILITARY HOSPITAL AND IS POSTED TO THE AMCTD-2-AUTH. A.D.M.S. D.O. # 126 PARA 981		TORONTO	26-5-19	PT. II D.O. # 149

Capt. and Adgt.
SPADINA MILITARY HOSPITAL
TORONTO

(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.]

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				
7-7-19	for remilitarization returns to active military ADMS Do 170.				<i>J. J. Lewis</i>

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

D. E. -2-55,

H.C.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing-Sister
(Name in full) Flora Campbell MacLENNAN
Enlisted in C.A.M.C. Base Depot H.B. No 2.
CANADIAN EXPEDITIONARY FORCE, on the 19th
day of April 191 7 AND WAS APPOINTED to COMMISSIONED RANK
in Canadian Army Medical Corps
CANADIAN EXPEDITIONARY FORCE on the 19th day
of April 191 7
He SERVED in CANADA, with the C.A.M.C. Base Depot H.B. No 2.,
Davisville Military Hospital., and Spadina Military Hospital.
and was STRUCK OFF THE STRENGTH on the 7th day
of July 191 7 By reason of General Demobilization
Dated at Ottawa, this 5th day
of December 191 9

21-4-19
J

J. G. Maclellan
Lieut.
for Director of Personal Services.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NON-COMMISSIONED RANKS

The Case of _____

Rank in 1917 _____

Enlisted in _____

CANADIAN EXPEDITIONARY FORCE, ON THE _____

DAY OF _____ AND WAS APPOINTED TO COMMISSIONED RANK _____

CANADIAN EXPEDITIONARY FORCE, ON THE _____

HE SERVED IN CANADA _____

HE WAS STRUCK OFF THE ROSTER OF THE _____

ON THE _____ DAY OF _____

Dated at Ottawa, this _____

1917

Witness my hand and seal this _____

BASE HOSPITAL
MILITARY DISTRICT No. 2
MEDICAL HISTORY SHEET

ORIGINAL

Surname Mac Eavis Christian Name Hora Campbell

Examined { on 22nd day of May 1917
at Toronto

Approved by

W. Macdonald

Birthplace { City or Town
County Grey

Rank Capt M.O.

Apparent age 32 years

Trade or occupation Graduate nurse

Height 5 feet 6 Inches

Weight 155 lbs.

Chest measurement { Minimum 31 inches

{ Maximum expansion 40 inches

Physical development

Small-pox Marks nil

Vaccination Marks { Arm Right Left
Number one

When Vaccinated last five years ago

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection

none

Date Fit or Unfit EXAMINED FOR RE-ENGAGEMENT

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

Date Result VACCINATIONS

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

Date Result ANTI-TYPHOID INOCULATIONS, ETC.

M.O.

M.O.

M.O.

M.O.

Enlisted on 11th day of April 1917 at Base Hospital Toronto

Joined on enlistment { CORPS C.A.M.C.
BASE HOSPITAL
MILITARY DISTRICT No. 2

Transferred to { M.O. H.
SPADINAMIL HOSP
AMCTOOL

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.

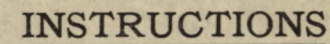
Surname *Mac Lenn* Christian Name *Flora Campbell*

[illegible]

Miss Mac, Miss. F.C.

RANK.

No.



1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. 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:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge from the Service.

[illegible]

100
100
100

100
100
100

100
100
100

DENTAL HISTORY SHEET

DATE OF EXAMINATION

DATE OF EXAMINATION

DATE OF EXAMINATION

DATE OF EXAMINATION

DATE OF EXAMINATION

DATE OF EXAMINATION

M. OR S. Single.

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

REGT. No.

RANK N/S.

NAME (IN FULL)

^aMACINNIS Flora Campbell.

(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	(BLOCK LETTERS SURNAME FIRST)			
Mrs. Mary MacInnis	Mother.								
ADDRESS		SPADINA M. HOSP.			PLACE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY	
Bognor, P.O. Ontario.		No T D 2	26-5-19	Sb DO 149. Sb 149	Base Hosp.				
					DATE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY	
					11-4-17.				
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE			
No.									
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS		
ADDRESS					ADDRESS				
					STOP PAYMENT FORM	EFFECTIVE			
					ASSIGNED PAY RENDERED, DATE				
					DISCHARGED	PLACE	DATE	REASON	AUTHORITY
					Toronto	7-7-19	Gen Remov	D.O. 202	IF ENTITLED TO POST DISCHARGE PAY

MONTH	2 nd PAY AND F.A. 1 st		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		\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	DEBIT	CREDIT																	
			\$	C.																				NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.
BALANCE FROM PREVIOUS ACCOUNT																																							
MAR 31 1919					59 50																		on com. Feb 26.5-1926. 149 20.185 leave com 30-6-19 Ceases to draw sub 26.5. Had 26.50																
April 30 1919	30	90			59 50			195 70	5 8 B			2 18 B	65							195 70			PT Subs. 45.1-20.10.19. 1. Increase 2.15 220. 24.2.19. 20. 4.19.																
May 31 1919	31	93			36			129	12 32 B			3 14 B	60							129			PT Subs (1 st) 21. 4 19-20. 5 19.																
June 1-30 1919	30	90			7 20			114 70		3 83 C			60							60			Inheritance from 1 st com 20.150 Had sub from 21.5.19. 11.10.19 PT Subs 26.5.19 26.5.19 20. 17.50 27.5. 6 30.6. 17.50 leave 1.7.5. 7.7.19. Had 20.188																
July 1-7 1919	7	21			54 70			75 70			574 907 826 2217			75 70						75 70																			
61 day 3-					183			183			OR 84 Aug 7 753438								183				W.S.O. AMOUNT DUE SOLDIER DEPENDENT																
1920					11 90			11 90						11 90						11 90			W.S.O. PAID IN FULL * Sub Allow 179-779 = 7 days C. 170 Auth. Am 19-7-106 dt 21.30. 202 6.11.20 C.M. 7131974 27 8 FOR PAYMASTER WAR SERVICE COM. 1919																

