Unit A.M.C. Re-inforcem Rank N. Sister Name Edith M. McKenzie.

card written.

OFFICERS' DECLARATION PAPER

DUPLICATE

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? MacKenzie
   (b) What are your Christian Names? Edith Mary
2. (a) Where were you born? (State place and country) Halifax Nova Scotia
   (b) What is your present address? 120 Creighton St.
3. What is the date of your birth? 1883 Oct 16th 1919
4. What is (a) the name of your next-of-kin? Catherine Mackenzie (Mother)
   (b) the address of your next-of-kin? 120 Creighton St.
   (c) the relationship of your next-of-kin? mother
5. What is your profession or occupation? Nursing Sister
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? A.M.C. 6th Division
9. State particulars of any former Military Service
10. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE?

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

Edith M. Mackenzie (Signature of Officer)

Taken on strength (place) 8th Detachment Halifax. Nova Scotia

(date) ~~December 6th 1916~~ February 22nd 1916 Dec 5 1916

Adjutant major pro tem
(Signature of Commanding Officer.)

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 Dec 5 1916

Place Military Hospital Halifax N.S.

V.D. Macculloch Capt A.M.C.
Medical Officer.

*Insert here "fit" or "unfit"

M. F. W. 51
100m.—4-16.
H. Q. 1772. 39-917

REGIMENTAL DOCUMENTS

NAME MACKENZIE Edith MARY 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)		~~Pers~~	9-9-19	Pers — 1099 S.W.	DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		K.C.I.D. 19110			Category
	TRAINING HISTORY SHEET (M.F.W. 113)		Ret 20-10-19			
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)		~~S.C.R. 25-10-19~~			
	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)		~~R.A. 30-10-19~~		21659	DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
3	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)		~~Pers. Transfer~~			Demob.
	MEDICAL EXAMINATION (M.F.W. 129)		R.A. 18-12-19			
	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)		~~S.C.R.~~ 2-12-19			
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)		R.A. 2-12-19			DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)				~~30-12-19~~	
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)			~~S.C.R.~~ R.A. 1-20		
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
2	Disp. Cert.					1
1	misc.					1-25
1	m.& w. 25-91					1-25
1	a 7a 45					
1	a 7a 1351					
1	R.C.					
	~~A.A.~~					
1	Cancelled					

Ref S.S. Celtic 26/8/19

W. 2589
1004-11-18

Number ..... Rank N. S.

Surname MAC KENZIE.

Christian Name EDITH MARY.

Units ..... Theatre of War FRANCE.

Date of Service 28.3.'17

Remarks Box 527 Church St Weston Ont

Latest Address ~~389 Barrington St~~ ~~Halifax N.S.~~

Roll No Page 22433

200m.-6-21.

GRATUITY (IMPERIAL)

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

DEPT NOV 25 1922 5392 REG. NO.

868—D.P.—40M-1-12-19.

Form R. 149.

E. R. 13

Name MacKENZIE -Rank N/STR. Reg. No.

Unit E dtl M.arg

Next of Kin CAMC 9 CGH. Cas Coy. Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918 15-10	West Cliff Can Eye & EarHos.	F'stone	(7001) Debility	1115		C
26-10	Hunkey Spec Sta	Buxton	7001 —	1154		
4-1 19	Discharged 903			1187		
17-1-19	Canterbury Hos.	Audley St	7001 Nyd	1192	X	
8-2-19	Canterbury Hos.	Buxton	7001 Debility	1260	X	
	Cancel. X			1222.		

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

NAME Mac Kenzie E. M. REGT. No.

RANK AND UNIT N/Sister. C.A.M.C. 9. C. G. H.

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-898.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
1115 (4)	West Cliff Can. E & L. Folkestone.	15-10-18	Debility
1126 (4)	Can. Red Cross Spec. Buxton.	26-10-18	" "
1182. (3)	Disch.	4-1-19.	" "
~~T192~~ (5) 1222-4	C.R.C.A. 17 N. Audley Street W.	17-1-19	N. Y. W. "Q" (15 C. L. H.)
~~1210-3.~~ (1222-5)	Can. Red. Cross. Spec. Buxton	8-2-19.	Debility (auth 12/5-6-4) Debility
1222-5.	Cas lists 1192 & 1210. Cancelled.		
1243-3.	Granville Can. Spec. Buxton.	19-3-19	Debility.
1299-1	Discharged	31-3-19	"

Reg. No. ..... Name Clbc Dennis G Clbc

Rank N. S. Corps C A M C Age 34 Service G 12/12 G 25/12 F 12/12

Ledger No. 224 2/73 Serial No. B43414 A3 305-38

(3) A25732

HOSPITALS	DATE	DIAGNOSIS
Camp Hill Halifax	24.6.19	(1) Debility OS
Trans Cogswell St Halifax	26.7.19	Debility and Pul TB
Dis L G R	26.8.19	
Adm Camp Hill Halifax From (L G R)	26.8.19	(2) TB OS
Dis L G R	26.8.19	
Adm Camp Hill Halifax From (L G R)	24.10.19	(3) Chronic Rheumatism OS
Dis L G R	16.12.19	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

D. M. S. 1347.

Surname	Christian Name		Reg. No.
MacKENZIE	E.	M.	4-M-1622.
Rank	**Unit**		
N/Str.	C.A.M.C.		

MEDICAL BOARD held at — Date — Serial No.

(1) Buxton Area — 31-12-18

do. — 5-3-19

Other Medical Boards at — Date — Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Debility.

Disposition Recommended

(1) Fit Home ser.unfit Gen.ser.3 months.

(2) Unfit any service 6 months, returned to Hospital in Canada.

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at — Date.....

Disposition

To Canada per Essequibo W L'pool 31-3-19

Remarks

Indicate by a P.T.O. if continued on other side.

H. W. & V., Ld.—7025-16.

Surname. MacKENZIE Christian Name. E. M.

Rank. N/Str. Unit. C.A.M.C. ~~9 C.G.H.~~ 15 C.G.H. Cas.Coy.

	Hospital	Date of admission.
	West Cliffe Eye & Ear Hosp.	Folkstone 15-10-18
	Canadian Red Cross Hospital,	Buxton 26-10-18.
~~Transferred~~	~~Canadian Red Cross Offrs. Hosp.~~	~~London 17-1-19~~
Transferred	Canadian Red Cross Spec. Hosp.	Buxton 8-2-19
	Can. Red Cross Officers Hspl.	London 17-1-19.
	Granville Can. Special Hosp.	Buxton 19-3-19.
	.....	Hosp.
	.....	Hosp.

Diagnosis. Debility. ~~N.Y.D.(Q).~~ Debility.

Later diagnosis. .....

.....

.....

.....

Disposition. Discharged:-4-1-19.

Date. 31-3-19 do

18-10-18 1115-4.
31-10-18 1126-4.
8-1-19 1182-3.
20-1-19 1192-5.
10-2-19 1210-3.)
24-2-19 1222-5.)
C.L. ~~24-2-19~~ 1222-5 Remarks:- Note.
C.L. ~~24-2-19~~ 1222-4
C.L. ~~20-3-19~~ 1243-3.
C.L. ~~4-4-19~~ 1256-4.note.
C.L. ~~28-5-19~~ 1299.
C.L. .....
C.L. .....

A.M.D. 2 DEPT.

Bch. of O.G.M.S. O.M.F.C. London.

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

SHEET No 2

Army Form B. 10[redacted]

Casualty Form—Active Service.

Regiment or Corps C.A.M.C.

Regimental No. _____ Rank N/Sister Name Mackenzie Edith Mary

Enlisted (a) 5-12-16 Terms of Service (a) Dur of War Service reckons from (a) 5-12-16

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) Qualified Nurse

Report: Date	Report: From whom received	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.
8-11-18	No 9 C. G. Hosp S'cliffe	S.O.S. to CAMCCasCoy having been in Hosp for 21 days Y	Shorncliffe	3-11-18	Part 2 D.O. 172 C.A.M.C. O. i/c Admission & Discharge Dept. for O. i/c Military Hospital, Shorncliffe.
11-11-18.	Camb. Cas. Co.	T.O.S. from 9 C.G. Hosp.	Sfcliffe.	3-11-18.	Pt. II D.O. 160.
	do.	Adm. 6R C.S.H. Buxton, "Debility"	do.	25.10-18.	
20-1-19	do.	Trafd. 6R C.O.H., London, "N.Y.D."	do.	17-1-19.	O.C. L 1192.
31-1-19.	do.	S.O.S. to 9 C.G. Hosp.	do.	18-1-19.	Pt. II D.O. 26.

Capt.
O.C., Camb. Cas. Co.

(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				
26-1-19	4096 GH.	T.O.S. from Camb Cas. Coy.	Kinmel Park	18.1.19	Pt ii D.O. #6
12.7.19	O.C. XI C.G.H.	T.O.S. from #9 Can. Gen. Hosp.	Sidcliffe	11-7-19	Pt II D.O. #67.
31.7.19	— " —	S.O.S. on posting to No. 16. C.G.H.	— " —	30.7.19	Pt. II D.O. #72.
31/7/19	166 GH	T.O.S from # XI C Gth effect 30/7/19	Aperyton	30/7/19	Pt 2 D.O # 178
13/8/19		SOS & O.M.F.C. a Embarkation for Canada	—	12/8/19	
AUG 26 1919	Embarked Liverpool Cs		CELTIC		
SEP 4 - 1919	Disembarked Newyork				

CAPT. & ADJT
FOR O/C No. XI CAN. GEN. HOSPITAL
MOORE BARRACKS, SHORNCLIFFE.

CAPT. O.A.M.C.
ASST. ADJT. & PAY
FOR O/C No. 10 CANADIAN GENERAL (ONTARIO) HOSPITAL

A. H. Hall Capt. Adj

ORIGINAL

To be made out in duplicate.

H.Q. 54-21-23-53

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.....

.....

(2) Regimental Number .....

(3) Full Name of Soldier..... Edith Mary Mackenzie .....

.....

(4) Place of Birth..... Halifax . Nova Scotia .....

.....

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

(6) If married, state,
(a) Full name of your wife.....

.....

(b) Present Postal Address..... 120 Creighton St. .....
..... Halifax . Nova Scotia .....

(7) Are you a widower ? ..... —— .....

(8) Have you any children ?..... —— .....

If so, give number of boys and girls..... —— .....

Also their names and ages..... —— .....

.....

.....

.....

.....

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No.

If so, state name and address .....

(10) Is your Mother alive? Yes.

If so, state name and address 120 Creighton St. Halifax N.S.
(Mrs.) Catherine Mackenzie

(11) If your Mother is a widow Yes.

Are you her sole support, or not? Yes.

(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.

I wish to allow my Mother $50.00 per month as usual. Because I am her only support.

(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.

(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.

(15) Are you insured? Yes.

If so, in what Company? Mutual Life of Canada

Have you made arrangements for payment of your Insurance premium Yes.

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

A Lacon Mackenzie
Officer Commanding

Date 5-12-16

ORIGINAL

MEDICAL HISTORY SHEET

ORIGINAL

Surname Mackenzie · Christian Name Edith Mary ·

Examined { on 3rd day of Dec. 1916
at Halifax. N.S.

Birthplace { City or ~~Town~~ Halifax
County Halifax

Apparent age 33.

Trade or occupation Nursing Sister

Height 5" feet 3 Inches

Weight 128 lbs.

Chest measurement { Minimum 33 inches
Maximum expansion 3 inches

Physical development Good.

Small-pox Marks Nil

Vaccination Marks { Arm Right Left ✓
Number 1

When Vaccinated last 7 years ago.

(a) Marks indicating congenital peculiarities or previous disease No

(b) Slight defects but not sufficient to cause rejection

Approved by [illegible]

Rank Capt. & Matron 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	
6-12-16	Took	Vaccinated	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
Dec 16		Typhoid	M.O.
" 23		Vaccinated	M.O.
" 30		Vaccinated	M.O.

CANADIAN

Enlisted on 29 day of July 1915 at Halifax N.S.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment				"
Transferred to	C.A.M.C.	W/Str		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Canadian Red Cross Special Hospital, BUXTON, DERBY.	31-12-18.	Debility	Sick Lt (3 months)
Returned Cert Mil Hos	28-4-19	Debility	Phthisis Bronchitis Cat Catarrh Lues. Asthma. 3 months T J Scobie Capt. Cause

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname ..... Christian Name .....

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.		14	10	18	25	10	18.	Debility	12	Improved + to 1x C Gt.	S. A. Tinsgmill Major Officer Commanding Adjt. & Regr. WEST CLIFF CANADIAN EYE & EAR HOSPITAL, FOLKESTONE, KENT
Canadian Red Cross Special Hospital, BUXTON, DERBY.		25	10	18	11	1	19.	Debility	71	Gen. condition good. Heart lungs & Kidneys neg. Normal wt. 128. Present wt. 122 lbs. Rather anaemic in appearance. Haemoglobin 74%. Red blood count 4,250,000. Patient claims she feels perfectly fit. It is recommended that patient be placed in Cat. C1 for 3 months. J. B. Burch	Capt. RAMC

WEST CLIFF CANADIAN EYE & EAR HOSPITAL

FOLKESTONE. KENT. 24-10-18.

No M-N-1

To:- Officer Commanding
Northwood Convalescent Hospital
Buxton. Derby.

CONFIDENTIAL.

The marginally named N/S was admitted to this Hospital 16-10-18 suffering with Debility.

N/S. McKenzie.M.M.
C. A. M. C.
No.3. Can Gen Hosp.

As she is requiring further convalescence we are transferring her to you for same please.

WSL/HB/4.
24-10-18.

W S Logie Captain. C.A.M.C.
For O.C. West Cliff Canadian Eye & Ear Hospital.

CASE HISTORY SHEET.

Camp Hill. Hospital. Halifax N.S. Station.

No. ~~5~~ Rank E.M.S. Name MacKenzie. L. Age 34.

Unit D.S.C.R. Completed years of service (Where and how long) 6 7/12 2 8/12 7 12/12

Date of admission 24-10-19. Date of discharge 16-12-19

Diagnosis Chronic Diarrhoea Place of origin Eng.

CONDITION ON ADMISSION AND PROGRESS OF CASE. Complaint — "thick yellow discharge dropping in back of throat — it stops sight of eyes developes" Duration — One yr. Previous — Appendicitis in July 1918 — Relapsed in October (general debility) Bad headaches & sleeplessness.

Present. Tenderness Lower Right Quadrant Abdomen — Mass 3c on R. Side. Stool Purulent material in S. Nos Dil.

Persistent Diarrhoea.

Examination of Urine — Neg —

Coagulation Time 8 min 35 sec. Calcium lactate. prescribed.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT All things considered — the cure would probably be worse than the disease so operation was decided against.

(Especially any specific or special form.)

CONDITION ON DISCHARGE, Unchanged.

(and disposal made of case.)

Date 5/12/19

Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

A 25-732

CONFIDENTIAL. Army Form A. 45.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station Can. Red Cross Special Hospital,
Date 31-12-1918. BUXTON, DERBY.

1. Rank and Name Nursing Sister, MACKENZIE, Edith Mary.
2. Unit. C. A. M. C.
3. Age 33. 4. Total Service 36/12. War Service { (a) at home 27/12. (b) abroad 9/12.
5. Address 133, Oxford Street, London.

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability DEBILITY.
7. Date of origin of disability 14-10-18.
8. Place of origin of disability West Cliff Hospital.
9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

Family history negative. Previous illnesses: Turbinates operated on 1913. Tonsils and adenoids removed in 1913. Admitted Westcliff Hospital 14-10-18 - 25-10-18 diagnosis Debility. Transferred to Northwood Buxton 25-10-18 diagnosis Debility.

I concur in the findings of the Board of Medical Officers here recorded.
Captain, D.A.D.M.S. for D.M.S. Canadians,

OPINION OF THE MEDICAL BOARD.

NOTES.-(i.) **The Board will on no account inform the officer of its opinion on any of the following questions.**
(ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.
(iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.
(iv) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service ? No.
(b) in the service ? YES.
11. Was it attributable to military service ? Yes.
If so, to what specific military conditions is it attributed ? Active service conditions.

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease, are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service ? N/A.
If so, by what specific military conditions ? N/A.

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct ? If so, in what way, and to what extent ? No.

[P.T.O.

14. What is the officer's present condition ? General condition good. Heart. lungs a[illegible] kidneys negative. Normal wt. 128. Present wt. 122 lbs. Rather anaemic in appearance. Haemoglobin 74%. Red Blood Count 4,250,000. Patient claims she feels perfectly fit. It is recommended that patient be placed in Category C.i. for three months.

15. To what degree is the officer disabled at the present time ? 10%.
(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20 under 20, or nil.)

16. Is the disability permanent ? No.

17. If not permanent, how soon is re-examination recommended ? 3 months.

18. Is it necessary that the officer should be re-examined by the same Board ? No.

19. What treatment is the officer receiving, and where, and from whom ? N/A.

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature ? N/A.

21. Does the officer require the constant attendance of another person ? No.

22 Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 158/1918. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service — No- 3 mos.

B.—Fit for service in a garrison or labour unit abroad — No- 3 mos.

C.—Fit for home service :—
(i) Active duty with troops — Yes- 3 mos.

(ii) Sedentary employment only — N/A.

D.—For admission to a command depot — N/A.

E.—Requiring indoor hospital treatment :—
(i) In an officers' military or auxiliary convalescent hospital — N/A.

(ii) In an officers' hospital — N/A.

F.—Permanently unfit for any further military service — N/A.

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 307 of 1918 been complied with ? — N/A.

Philip Burnett, Lt.Col., C.A.M.C. President.

H.B.Boyd, Major, C.A.M.C.,
L.L.Buck, Capt., C.A.M.C. } Members.

(C.S. 2342) Wt. W.764—P. 955 500m. 19/4/18 3025 H.S. & Co.

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

C[illegible]an Printing and Stationery Services, London

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.

NAME OF SOLDIER (Block Letters) McKENZIE. E M. MD 6

REGIMENT Canc. RANK Lieut 2/8 No.

Date of Examination in England 28/4/19 | 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 —
- (*c*) In France Yes

CANADIAN ARMY DENTAL CORPS
ORDERLY
ROOM
KINMEL PARK CAMP, RHYL

KINMEL PARK, NORTH WALES.

Signature of Dental Officer J. A. Somerville Capt.

CANADIAN EXPEDITIONARY FORCE

W. F. 6-39.
C.W.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Edith Mary MacKenzie

Enlisted in Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE, on the xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

day of xxxxxxxxxxxxxxxxx 191 xx AND WAS APPOINTED to COMMISSIONED RANK

in Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE on the Fifth day

of December 191 6.

[3] He SERVED in CANADA, England and France with C.A.M.C., 3/Cliffe Wil.Hosp., C.A.M.C.Depot., #2 Can.Hosp., #14 Can.Gen.Hosp., H.M.H.S. "Araguaya", #9 Can.Gen.Hosp., C.A.M.C.Cas.Coy., Duchess of Connaught Can.Red.Cross Hosp., #11 Can.Gen.Hosp., and Dist.Depot #6, and was #16 Canadian General Hospital

STRUCK OFF THE STRENGTH on the Seventh day

of September 191 9 by reason of General Demobilization

Dated at Ottawa, this Seventeenth day

of January 191 1920.

for Director of Personal Services.

Lieut.

M. F. W. 2618a.
30m.—4-19.
1772-39-1428.

WH.

OK

DEPARTMENT OF VETERANS AFFAIRS

To ● Copy for H.O. File

P.A.

Ottawa, Ont.
Date Oct. 30, 1964

Attention of

NAME ~~HALL, Edith Mary~~ (Mrs)
NEE: McKENZIE, Edith Mary

SERVICE NUMBER N.S.(WW1)

C.P.C. No. 192487
W.V.A. No.

NAVY
ARMY XXX
R.C.A.F.

The DEPARTMENT has received information from

Mr. William T. Hall, 110 Church St., Weston, Ontario. letter d/Oct. 5, 1964

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

B01 110 - 870

Date of Death August 30, 1964
Cause of Death
Place of Death not stated

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~PAXX~~
~~XXXX~~
H.O.

} Destroy form if advice of death already received.

for Chief, Central Registry

DVA 24

FORM P.15
2847 15M 11-2-19 D.S&S

ASSIGNED PAY.

UNIT. NAME OF: C.A.M.C. RATE OF P. AND A.

RANK. W/Sister DATE AUTHORITY

NAME. Mc Kenzie E. M.

Beneficiary

Address

Amount $

Separation Allowance Issued. Yes or No.....

Pay

F.A.

Messing

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
	Brot forwd		"	"				
1919 Sept 22	AR 98 15 5/19 £15 Asst 2 Sept No 118 End on L.P.C. Orpington			73		Dr 73.00		
Dec 31	Chgd to Can	No 99	73			0		

FORM P.15

7847 16M 11-2-19 B.565

ASSIGNED PAY.

UNIT. NAME OF

RATE OF P. AND A.

RANK.

DATE AUTHORITY

NAME.

Beneficiary

Address

Amount $

Separation Allowance Issued. Yes or No.....

Pay

F.A.

Messing

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

FORM P. 15
5986–25M–19/1/17

ASSIGNED PAY.

UNIT. NAME OF ~~AUTHORITY~~ RATES

RANK. DATE AUTHORITY

NAME.

Beneficiary
Address

Amount. $ 50 00 Can
Separation Allowance issued. Yes or No.....

UNIT	RATES		RANK	DATE	AUTHORITY	NAME
C.A.M.C.T.S	Pay.	$2.00 Pd.	N/S.	7/1/17	From Can D.M.S.C.O. 4/162 d/ 2/2/17	Name McKenzie
	Fa.	60 "				Initials Edith M.
	Mess	$1.00 "				Bank of Montreal. Trap. Sq

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
april 15	A. Pay Can				50			
"	April Pay (R)		108					
26	Bank.	1187.		58				
May 17.	May Pay (R.)	"	111 60					
"	A. Pay Can				50			
29	Bank.	2683.		61 60				
June.	June Pay (R)		108.					
14	A Pay Can				50			
26.	Bank.	4166.		58				
July.	July Pay (R)		111 60					
	A. P. Can				50			
26	Bank.	5636		61. 60				
aug 15	A. P. Can.				50			
16	Aug Pay R		111 60					
26	Bank.	7272		61 60				
Sept 11	Sept. Pay (R)		108					
	A P Can.				50			
26.	Bank.	9187.		58				
Oct 14	Oct. Pay (R)		111 60					
	A. Pay Can				50			
21	Bank	10428		61 60				
nov	Pay R.		140					
	A P Can.				50			
	Bank	12502		90				
Dec. 12	Pay R.		124					

FORM P. 15
5986–25M–19/1/17

ASSIGNED PAY.

UNIT. NAME OF: Ca.M.P.T.S. DATE: AUTHORITY:

RANK. N/S. DATE: 7/17 AUTHORITY: A. Can. D.H.S.Co. #162 d/2 2/17

NAME. Name McKENZIE Initials E. M. Bank of Montreal Traf. Sq.

Beneficiary

Address

Amount. $ 50.00 Can.

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

Add. outfit Allce 7/19

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				Bf. forward		124		
Dec. 13	a. P Can.				50			
17	Bank	13792		74				
Jan. 9	Add. outfit Allce	50366	100					
16	BANK	14570		100				
16	Pay R.		124					
18	a. P. Can.				50			
24	Bank	15564		74				
Dec. 14	Pay R.		112					
12	a P. Can.				50			
22	Bank	17121		62				
Jan. 17	a. P. Can.				50			
20	Pay R.		124					
24	Bank	18694		74				
Apl 10.	April Pay R.		120					
14	a P. can.				50			
23	Bank	1054		70				
May 9.	May Pay R.		124					
	a P Can			—	50			
	Bank	2854		74			Rated to Can 7 A.P.C. to 31-7-19 Left to A. Edger P. Hmce 20 8/19	
June 18	A. P. can				50			
20	Add June & July to P Bank			144				
	Pay R.		120			74		
July 16	Pay R.		124				P Litton 12 · 15 9/19	
	a P Can				50			
Aug 15	Leave allce	11/7/19	To can to Pay	5683	C/Bank		13/3 16	

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT. NAME OF: C.A.M.C.Y.S. DATE: — AUTHORITY: Pay. # 2.00 Pd. Fa. 60.. Mess. 1.00

RANK. N.S. DATE: 7/17. AUTHORITY: From Canada D.M.S.C.O. #162 d. 2/7/17

NAME. Name Mackenzie Initials Edith M. Bank of Montreal Trafalgar Square.

Beneficiary

Address Canada

Amount. $ 50.00/100

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

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
April 21st	April Pay (R)		108					
" 22nd	A.P. Canada				50			
21		Bank 3009		58		0		
May 11	A.P. Canada				50			
" 15	May Pay (R)		VIII 60			61 60		
22		Bank 6003		61 60		0		
June 14	June Pay (R)		108					
" 8	A.P. Canada.				50	58		
21		Bank 7998		58		0		
July 19	July Pay (R)		111 60					
" 17	A.P. Canada.				50	61 60		
" 24		Bank 13029		61 60		0		
Aug 18	August Pay (R)		111 60					
11	Pres. pd. Messing £7/17 should be £6/17 (date of arrival in Eng)	V.D. 1267		9..				
"	A.P. Can				50 "	52 60		
" 21		Bank 17080		52 60		0		
Sep 15	Sept Pay (R)		108					
" 11	A.P. Can.				50	58		
20		Bank 21813		58		0		
Oct 15	October Pay (R)		111 60					
11	A.P. Can.				50			
19		Bank 26291		61 60		0		
Nov 14	November Pay (R)		108					
13	A.P. Can.				50			
20		Bank 30681		58		0		

Carr. Forward

FORM P.15.
2227—10M—1/1/17

ASSIGNED PAY.

UNIT. NAME OF — DATE — AUTHORITY

RANK. — DATE — AUTHORITY

NAME.

Beneficiary

Address

Amount. $ $50. can

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

Pay. #2.00 Pd. — N.S.
F.A. 60 "
Mess 1.00 "

Name Mc Kenzie
Initials E.M.
Bank of Montreal
Trafalgar Square.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
Dec 8	A. P. can.				50			
6	Dec: Pay R.		111 60					
" 13	Bank.	35096		61 60				
1918 Jan 15th	A. P can.				50			
12.	Jan. Pay. (R.)		111 60					
" 21	Bank.	39501		61 60				
Feb 15	Feb Pay. (R.)		100 80					
" 11	A. Pay. Can				50			
" 22	Bank.	40996		50 80				
Mch	Mch Pay. (R.)		111 60					
" 11	A. Pay: Can.				50			
23.	Bank.			61 60				

FORM P. 15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT.

NAME OF	DATE	AUTHORITY
C.A.M.C.Y.S.		

RANK.

	Mess. DATE	AUTHORITY
R/S	4-1-14	From Canada S.M.S.C.O. 162 d/2-2-14.

NAME.

Beneficiary
Address

Amount. $ 50.00 fr. 1-1-14.

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

Name Mc Kenzie
Initials Edith M
Bank of Montreal

1916-17

DATE 1917	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Feb 15	Bank (L-a 4/1/17-31/1/17 mess 4/1/17-31/1/17 Less Ad.	20169		40		Dr 40		
	Pay 4/1/17-31/1/17 mess 4/1/17-31/1/17.		90					
	Pay Feb (Reg)		100 80					
19	A.P. Canada Jan & Feb				100	50 80		
22	Bank	21931		50 80				
March 20	Pay March (Reg).		111 60					
	A.P. Canada.				50			
	Bank	24818		61 60				

FORM P. 15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT.
NAME OF | DATE | AUTHORITY

RANK.
DATE | AUTHORITY

NAME.

Beneficiary

Address

Amount. $

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

Name

Initials

Bank

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS

Celtic 26-8-19 4-9-19

AUDITOR | PAYMASTER

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

M. OR S. | REGT. NO. | RANK W/Sister | NAME (IN FULL) MacKenzie Edith M. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? 40.00 | DATE EFFECTIVE 1-10-19

TO WHOM PAID | RELATIONSHIP

ADDRESS Same as AP

EDPC

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. CAMC | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 50.00 | DATE EFFECTIVE 1-10-19

PAYABLE TO Mrs Catharine MacKenzie | RELATIONSHIP

ADDRESS 285 North St Halifax NS

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Cstd | DATE 7/9/19 | REASON Demob | AUTHORITY RO 2173 | IF ENTITLED TO POST DISCHARGE PAY

Adjusted to

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																			
31-7-19		3.00																									100 00								AP Aug-Sept
																											73 00								Orpington
																											90 00								Advance AD Steamboat
																															263 00	263 00			
1/8/19 7/9/19	38	3.00	114	00	25	00	139	00																			31 00	263 00			294 00	155 00			La Overpaid
	183	Dys	549	00	240	00	789	10									90 00														459 00				1st payment W&E as above
																											31 00								La Overpaid
																											34 00								Amb overpaid
																	90 00	49 00													369 00	160 00			150610 8/9 6-10-19
																	59 00	40 00													276 00	120 00			176914 3/11/19.
					330	00	1119	00									90 00	40 00													186 00	48 00			178151 1/2 5-12-19
																			330	00												80 00			Sa from 1-1-17 to 30-11-19.
																																			PM6 no 3275 10-12-19
																																			178390 3 23-12-19
																	93 00	40 00													93 00	40 00			178659 7/8 2-1-20.
																	93 00	40 00													1119 00	N.1	N.1		178777 1/2 28-1-20.
			549 -		570 -		1119 -										515 00	539	00						65	50			1119	00					

Allum & Co

200M-3-19.—L. L. 58786-1... & D. 9985.
M. F. W. 2.96.
1772-39-1390.

Date of Enlistment

Jan 12/17

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

7041

Date of Assignment

Jan 1/17

RATE OF SEPARATION ALLOWANCE

~~30~~	40		

1-12-17 - 9-18

mo 36345

RATE OF ASSIGNMENT

50			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Nur Sis Promoted Reverted Discharge

Soldier's Name Edith MacKenzie

Battalion C.A.M.C.

Beneficiary

Relationship Wid. mother M.F.W.2554

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Cath. MacKenzie

Address 120 Creighton St.

Change of Address Halifax N.S.

1

2

3

4

0-12433-E-10

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec/31/17	—		600	600		
Jan/18	K 66237		50	50	A	(1) S.A. to mother from 1-12-17. auth. B. of R. Fyle 012433-E-10 F.W. 8/3/18.
Feb.	F 72776		50	50		(2) a March adj. cheque for $120.00 to adj. arrears ordered. F.W. 8/3/18.
Mar.	U 79638	120		120		(3) U 79638 - $120.00 mailed 9/3/18 F.W. 11/3/18
"	M 91378		50	50		
apr.	E 5037	30	50	80	✓	
May	P 12105	30	50	80	✓	
June	J 24438	30	50	80	✓	
July	L 31173	30	50	80	✓	
Aug.	M 34480	30	50	80	✓	
Sept	Q 46876	30	50	80	✓	
Oct.	T 54134	30	50	80	✓	
Nov	P 59603	30	50	80	✓	
Dec	L 67352	70	50	120	✓	
Jany	S 25849	40	50	90	✓	
Feb	Q 80366	40	50	90	✓	
Mar	K 82998	40	50	90	✓	
apr	L 4603	40	50	90	✓	
		590	1400	1990		

A/c Closed 30-4-19

Ret'd per ... Cheque 50

Date ... 6/4/19 ... M.F.W.187 17-4-19

Clerk ... Birden

Reopen closed account

Dishonoured 8/6/19

M. F. W. 128
400m.—6-17—177-39-1141
L. L. 22320—M. & D. 7493.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

Date of Enlistment

Jan 12/17.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

M 70741

Date of Assignment

Jan 1-17.

RATE OF SEPARATION ALLOWANCE

30	40 1/9/18.		

RATE OF ASSIGNMENT

50			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank N.S. Promoted Reverted Discharge

Soldier's Name Edith MacKenzie

Battalion C.A.M.C.

Beneficiary

Relationship Wid. Mother

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Lath. MacKenzie

Address ~~120 Creighton St. Halifax, NS~~

Change of Address

1 285 North St. Halifax, N.S.

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Jan	77.	590	1400	1990.		012433-E-10.
May-19	6 8531	40	50	90	✓	See reverse side of sheet
June	11120	40	50	90	✓	MKO Lpt 52878 chg of add. ken. 6/5/19. Ltr OK-R.W.
July	12561	40	50	90	✓	N 13519 canc. by M.O.
Aug	N 13519	40	50	90		
Aug	14683	40	50	90		
Sept	a 17168	40	50	90	✓	
		790	1650			

Mrs Mc A/c Closed 30.9.19

Ret'd per 19

Date 4-10-19 M.F.W.187 19

Clerk .....

MKO 121457 Dec

AUDITED.

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 1493.

L. L. Job 4503.—M. & S. 6232.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

To Whom Mrs Cath. MacKenzie

Address 120 Creighton St., Halifax, N. S.

By Whom Assigned MacKenzie Edith

Regtl. No.

Rank N. S.

Corps C. A. M. C.

Rate $50.00

JAN 1 1917

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			
Feb.				
March				

CONSOLIDATED 5 ACCOUNT

1/2 0
1/2 0
1/2 0
1/2 0

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Mrs Cath. MacKenzie

L. L. Job 4503. - Req. 6832.

Name of Soldier MacKenzie Edith
N. S., C. A. M. C.

50.00 JAN 1 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917	Q 41290	50	
Feb.		R. 43688	50	
March		H 35455	50	50 - Ck
April		H 35455	50	50 - B.
May		H 10274	50	50 Bal
June		Q 17142	50	2
July		H. 23837	50	6
Aug.		T 30790	50	
Sept.		R37839 ~~R37838~~	~~50~~	In R37838 canc B.
Oct.		D 44656	50	
Nov.		H 50022	50	
Dec.		V 57732	50	50.00
Jan.	1918			600
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
'y				
	1920			

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 6

NAME OF SOLDIER Mac Skinner E M

REGIMENT C.M.R. RANK Lieutenant No.



INSTRUCTIONS

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.

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	Prophylaxis	OPERATOR	Military District	REMARKS
Condition on first Examination			8.												P.K.		1.	5.		1.				Cavities / Extractions
			1.		1.																	Capt Wickes		Required P.K. Upper plate, Prophylaxis.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.

Corps C. Am. Co. 100: Can: G.H. Military Hospital

No. Rank and Name M/S. MacKenzie. E. M. Age 33. Service 36/12 9/12

Disease Date of admission 14. 10. 18. Date of discharge Result

Dates of Observation	14	15	16.	17	18	19	20	21	22	23	24
	October.										
Days of Disease		1	2.	3.	4	5					

Temperature Fahrenheit — Time A.M. P.M. (8 6 4 2 per day)

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute		78	80		72	80	76	Lost	76	84	76	84	84	88	70
Respirations per Minute		18			20										
Motions per 24 hours		Calomel 1													

(3253) W7204—1542. 750,000. 8/15. McA. & W. Ltd. Forms/B. 181/3.

Signature In charge of case.

Original SOS 7-9-19 RO 2173-19 M.1-0-6

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Kinmel Park Mil Hospl DATE 26-4-19

1. 1 (a) Unit C.A.M.C. (b) Regimental No. ——— (c) Rank N/S.

(d) Surname Mackenzie (e) Christian name Edith Mary

(f) Home address 120 Creighton St Halifax N.S.

(g) Next of Kin Katherine A. Mackenzie (h) Relationship Mother

(i) Address of Next of Kin 120 Creighton St Halifax N.S.

2. Age last birthday 34 Yrs Date of birth Oct 18th 1884

3. Enlistment, or Appointment (if an Officer) (a) Place Halifax N.S (b) Date July 29th 1915

4. Personal description:

(a) Height 5'3" (b) Weight 124 (Est) (stripped) (c) Complexion Fair

(d) Colour of hair Dk Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Nil

5. Former trade or occupation Graduate Nurse.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	271

(Nursing Sister's Statement)

	Periods From	Periods To
Canada	29-7-15	5-1-17
England	5-1-17	25-5-17
France or other theatres of War	25-5-17	22-1-18
England	21-1-18	Date

7. Original disease, or injury Debility.

(a) Date of origin Aug 12th 1918 (b) Place of origin Shorncliffe Military Hospl Shorncliffe Kent.

(c) Cause Over worked on active Service

M. F. B. 227.

300M.—8-18.
1772-39-117.

B.P.C. FOLIO FALSE DOCKET 6

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(Debility) Complain of Weakness - Tires Easily - Disturbed Sleep and Headaches

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective Symptoms :- General Conditon fair - appearance aenemic. Heart lungs + kidney normal. normal Weight 128 Present weight 122 lbs. MXS states. Blood Examination Can Red Cross Hospital Buxton 4-1-19 Haemoglobin 74% Red Blood Count 4.250.000. Subjective Symptoms :- Complains of General weakness. Tires easily Disturbed sleep fregnent Headaches. states that she has fregnent Colds. get rid of one and batches another.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System no Cardio-Vascular System no (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System no (Albumen and Sugar will be excluded.)

Special Senses no Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System no

Osseous and Joint Systems no Any other general condition no

Nil.

10. (a) History (of the condition referred to in Section 9 (a).) Nursing Sister states that Previous to Aug 12th 1918 she had enjoyed the best of Health. but on that date she Completely broke down due to over work and no rest.
W.H.S. States West Cliffe Hospital Folkestone 14-10-18 To 25-10-18 Debility Can Red Cross Spec Hospital Buxton 25-10-18 To 4-1-19 a.F.a 45 Dated 31-12-18 Can Red Cross Special Hospital Buxton Derby Recommended C+ for Three Months

10.—(a) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Absorbing Sister States Diphtheria at 7 years of age Turbinates operated upon. Tonsils & adenoids removed 1913 No Entries on M.S.

(c) (Here give a description of wounds, scar. and deformities.

Nil

11.—(a) Did the disabling condition have its origin before enlistment? No

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Not applicable

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? No

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Six months.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

M.S.I.S. States. West Cliffe Hospital Folkestone 14-10-18 To 25-10-18 Can. Red. Cross Hospital Buxton Derby 25-10-18 To 4-1-19.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes

(If not, briefly state why)

17. Recommendations

Category C 1

F.H. Longher Capt RAMC

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned Edith M. Mary Mackenzie have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of Nothing T.S.

E. M. Mackenzie A/S. Rank.

Signature of invalid examined.

R.P.C. FOLIO FALSE DOCKET

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes we Concur

19. Is the invalid fit for

(*a*) General service,	(Category A)	(~~Yes~~ or No.)	Unfit Six Months
(*b*) Service abroad, not general service,	(" B)	(~~Yes~~ or No.)	No
(*c*) Home service (~~Canada only~~),	(" C)	(Yes ~~or No.~~)	Cat C for Six Months
(*d*) Temporarily unfit.	(" D)	(~~Yes or No.~~)	No
(*e*) Unfit for service in Categories A, B and C	(" E)	(~~Yes or No.~~)	No

20. It is certified that the invalid

(*a*) ~~Does require treatment~~. (Give the nature of the condition and of the treatment required and its probable duration.)

(*b*) Does not require treatment.
(*c*) ~~Should pass under his own control~~.
(*d*) ~~Should not pass under his own control~~.
(Strike out condition not applicable.)

21. It is recommended ~~that the invalid be discharged~~. (When not for discharge add special recommendation.)

Cat C for Six Months. Boarded for return to Canada Auth. A.G. 1A/8 1-15'S of 4-1-19

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

M/S Satisfied

PLACE Kinmel Park Mil Hosp

DATE 28-4-19

Lieut Col Major *President.*

Capt & Adjt *Members*

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE.....

DATE.....

Members

I concur in the findings of the Board of Medical Officers here recorded.

Captain, R.A.M.C.
for D.M.S.
Canadians.

APPROVED BY

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

Forms
I. 1237
12

Army Form I. 1237.

Pres. **MEDICAL CASE SHEET.**

WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, BRANCH OF

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1206.		W/S.	MacKenzie	E M.
Year	**Unit.**		**Age.**	**Service.**
1918.	C.A.M.C. Nog Can Gen Hpl.		33.	3 6/12 9/12

Station and Date.

Disease Debility:—

14/10/18. Cachexia. T.H. of T.B—On continuous duty for last 3 years and complains very often of being tired and unable to carry on. T 98—P 78. Eyes Pale + anaemic and Condition of Skin + Subcutaneous fat evidences a loss of weight. Mucous Membranes pale — Lungs Negative Heart — Negative except for a somewhat accentuated pulmonary 2nd Sound.

W Skaggs Capt.

Milk Special diet — forced feeding — bed — Laxative p.r.n.

Sig Hyposphos Co. ℥ j ℥ ij t.i.d. in aqua.

W Skaggs Capt.

21.10.18 Feeling better but as a longer period of rest is required am transferring to Buxton.

W. Skaggs Capt.

25/10/18 CR + Sp Hp. Buxton

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

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F.&S. Forms/I. 1237/12. (E239)

P.T.O.

tation and Date.	

CONFIDENTIAL. Army Form A. 45.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station Canadian Red Cross Special Hospital, BUXTON, DERBY.

Date 31-12-1918.

1. Rank and Name N/S Mackenzie Edith Mary
2. Unit. C.A.M.C.
3. Age 33 4. Total Service 3 6/12 War Service { (a) at home 2 7/12 (b) abroad 9/12
5. Address 133 Alford St. London

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability Debility
7. Date of origin of disability 14-10-18
8. Place of origin of disability West Cliff Hospital
9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

Family History Negative.
Previous Illnesses, Tubinalis operated on 1913
Tonsils and adenoids removed in 1913.
Admitted West Cliff Hospital 14-10-18
— 25-10-18. Diagnosis. Debility. Transferred
to Northwood, Buxton, 25-10-18. Diagnosis
Debility.

I concur in the findings of the Board of Medical Officers recorded.
Captain, D.A.D.M.S. for D.M.S. Canadians,

OPINION OF THE MEDICAL BOARD.

NOTES.—(i.) **The Board will on no account inform the officer of its opinion on any of the following questions.**
(ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.
(iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.
(iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service ? No
(b) in the service ? Yes
11. Was it attributable to military service ? Yes
If so, to what specific military conditions is it attributed ?
Actual service conditions

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease, are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service ? N/A
If so, by what specific military conditions ? N/A

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct ? If so, in what way, and to what extent ? No

[P.T.O.

14. What is the officer's present condition ? General condition good. Heart, Lungs and kidneys : negative. Normal wt 128. Pres Wt 122 lbs Rather anaemic in appearance. Haemoglobin 74% Red Blood Count 4,250,000. Patient claims she feels perfectly fit. It is recommended that patient be placed in category C i for three months

15. To what degree is the officer disabled at the present time ? 10%
(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20 under 20, or nil.)

16. Is the disability permanent ? No.

17. If not permanent, how soon is re-examination recommended ? 3 months.

18. Is it necessary that the officer should be re-examined by the same Board ? No

19. What treatment is the officer receiving, and where, and from whom ? N/a

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature ? N/a

21. Does the officer require the constant attendance of another person ? No

22 Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 158/1918. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service No - 3 mos

B.—Fit for service in a garrison or labour unit abroad No - 3 mos

C.—Fit for home service :—

(i) Active duty with troops Yes. 3 mos.

(ii) Sedentary employment only N/a

D.—For admission to a command depot N/a

E.—Requiring indoor hospital treatment :—

(i) In an officers' military or auxiliary convalescent hospital N/a

(ii) In an officers' hospital N/a

F.—Permanently unfit for any further military service N/a

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 307 of 1918 been complied with ? N/a

Philip Burnett Lt Col President.
A Maydmoyd Capt
S Buck Capt Members.

(9178)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

Army Form B. 103

Casualty Form—Active Service.

N/S

CERTIFIED CORRECT
5 - JUL 1977
CANADIAN RECORD OFFICE

Regiment or Corps C.A.M.C.

Regimental No. _____ Rank N. Sister Name Mackenzie, Edith Mary

Enlisted (a) ~~5-12-16~~ Terms of Service (a) D of W Service reckons from (a) ~~5-12-16~~

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) Qual Nurse CRO

Report: Date	Report: From whom received	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.
17-1-17.	D.G.N.S.	Arrived from Canada. Posted to T.S.	London	17-1-17	C.O. 162. AGH a(1) 21-1-17 d. 31-1-17
22-1-17	D.M.S.	To Shorncliffe Military Hosp.	Shorncliffe	22-1-17	C.O. 165. for M. H. Forbes Matron-in-Chief for Major-General Commanding Canadian Expeditionary Forces
5/2/17.	M.H.S.	T.O.S. Mil. Hosp'l.	Shorncliffe	22-1-17	Part II D.O. 36
5-6-17.	M.H.S.	S.O.S to Cambo. D.	Shorncliffe	26-5-17	Part II D.O. 155.
8-6-17	C.A.M.C.D.	TAKEN ON STRENGTH from S. M. Hosp	Westenhanger	26-5-17	Pt II D.O. 159
1-7-17.	"	S.O.S to Overseas to No. 2 Can. Gen. Hosp	Westenhanger	28-5-17	Pt II D.O. 182 D.R. Fletcher Lieut. A/ASST. ADJUTANT FOR O.C., C.A.M.C. DEPOT

(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: Date	Report: From whom received	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.
3/6/17	2 C&H	Reinforcement. W.O./21/D.R.'s etc/6313 (A.M.S.4) dd 24/5/17 K.R. 12421 & 12407		28/5/17	B.213 Pte 36 12/6/17
15/12/17	"	Granted 14 days leave		9/12/17	" " 73 21/12/17
29/12/17	"	Rejoined Unit		26/12/17	B.213
21/1/18	"	Posted to C.A.M.C. Depot. Shorncliffe auth. Can. Rep. 1731 dd 6/1/18. Ref Adjt file 22786		21/1/18	Pte 4 25/1/18. A.A. Christie Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
27-1-18.	Cambs.	L.O.S. from No 2 C.G.H.	Sheffe	22-1-18	Pte 27 (G.O. 117)
31-1-18	do	L.O.S. to No 14 C.G.H.	do.	24-1-18	Pte 31 (G.O. 126)
7-2-18	do	L.O.S. from No 14 C.G.H.	do	2-2-18	Pte 35. (G.O. 164)
do	do	Ordered to Command H.M.H.S. "Araguaya"	do	2-2-18	Pte 35. (G.O. 165)
6-3-18	do	Ceases to be on Command to H.M.H.S. "Araguaya.	do	16-2-18	Pte 65. (G.O. 295.)
11-4-18	do	L.O.S. to No 9 C.G.H.	do	6-4-18.	Pte 101 (G.O. 431) Struck off strength 18 CAPT. ASST. ADJUTANT FOR O.C., O.A.M.C. DEPOT
8/4/18	No 9 C.G.H. Sheffe	L.O.S. from Camp Depot	Sheffe	6-4-18	Part II G.O. 98.

Forms I. 1237 12

Army Form I. 123

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
6-T.98.		S/S	Mackenzie	Edith Mary
Year 1918	Unit. C.A.M.C.	Age. 33	Service. 12/12 C. 15/12 E. 2/12 3 6/12	

Station and Date.

Disease Debility

Buxton 31/10/18 — Enlisted Jan. 1916 at Halifax

Family History; One paternal uncle and aunt died of T.B. Otherwise negative.

Past History; Had Diph at age of 7 yrs. Submaxs operated on Jan 1913, Tonsils & Adenids removed Feb 1913. Visit referred sick since enlisting 12-10-18. Admitted to West Cliff Hosp. 14-10-18. Diagnosis Debility. Remained there until 24-10-18 when she was sent to Northwood.

Present Condition

Patient only fairly well nourished. Pale and anaemic. Present wt 114. Formal 120. Affitite fair. Sleeps poorly. Tires easily on slight exertion.

4-11-18 — Moderate improvement, Affitite good, Sleeps poorly; Slight improvement in strength.

11-11-18 — General condition much improved. Present Wt 114. Sleeps better. Doesn't tire as easily. Tonsils Normal.

15-11-18 — Condition slightly improved.

Cream and eggs.

23/11/18 — Condition improving, Getting stronger.

30-11-18 — Condition improving.

7-12-18 — Condition improving.

14-12-18 — Feeling stronger, sleeping better, pres wt.

28-12-18 — Condition improved. Haemoglobin 74%. RBC. 4250000

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

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	
11/1/19.	Discharged Cadj- to (3 months).

M. F. W. 54. (A. F. B. 103:
500M.—9-16
H. Q. 1772-39-9-20.

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

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. ..... Rank N/S C. E. F. Name MacKenzie Edith Mary

Enlisted (a) ..... 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) .....

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				
10-9-19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 6	26-8-19	C.E.F. R.O. No. 2168-19
13-9-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 6	7-9-19	C.E.F. R.O. No. 2173-19

W. Hunter Capt
for Director Personal Services.

(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				

E.T.

Surname MACKENZIE **Christian Names** Edith Mary 25/4/17 Sclyff

Rank Nursing Sister **Name and Address of Next-of-Kin** Mother.

Promotion TVS 5.12.16 Catherine Mackenzie.

120. Creighton St. Halifax. Nova Scotia.

Unit Reinforcements, C.A.M.C. Canada,

Place of birth Halifax. Nova Scotia.

Married (Yes or No)

Appointments

Date of leaving Canada 7.1.17 - M.O. 261.21.9.17 **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				
		T.O.S. C.A.M.C. C.C. for ass.			
2/2/17	Dms.	fr. Canada & posted to C.A.M.C. T.S.		7/1/17	CO. 162 — Pte. on 36 C.A.M.C. T.S.
2/2/17	Dms.	Posted to Shorncliffe M. Hosp.		22/1/17	CO. 165.
5-2-17	C.A.M.C. T.S.	T.O.S.	to Sclyffe	22-1-17	Pte. on 36.
5-2-17	Sclyffe	T.O.S.	fr. C.A.M.C. T.S.	22-1-17	Pte. on 36.
4-6-17	Dms.	Posted to #2 C. Gen. Hosp		28-5-17	Co. 416.
21.12.17	2. Can Gen.	Granted 14 days Leave.		9.12.17	Pte. 073
25-1-18	do	Posted to C.A.M.C. Depot		21-1-18	Pte. 04.
28-1-18	Dms	Posted from Depot to 14 C.G.Hp.		24.1.18	C.O. 126
5-2-18	do	Posted to C.A.M.C. Depot		2.2.18	C.O. 164
do	do	att. H.M.H.S. Araguaya		2-2-18	C.O. 165
		cease to be attached		16.2.18	" 29.5
16-2-18	H.M.H.S. Araguaya.	Ceases to be att. on proc on leave in Canada		16-2-18	Pte. 047.
8-4-18	9 C.G. Hp	T.O.S. from C.A.M.C. Depot		6-4-18	Pte. 098 C.O. 431

A.F.B. 103.
5-JUL.1917

A.F.B. 103.
8-

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				
18-10-18	AMS.	Adm. W.E.&E. Hosp. Folkestone		15-10-18	Cl. 1115 Debility
31-10-18	- do -	Adm. Can. Red X Sp. Hosp.	Buxton	26-10-18	Cl. 1126 Debility
			Discharged	4-1-19	Cl. 1182 - Do -
8-11-18	9 CGH	S.O.S. to CAMC. Cas. Coy. (21 days Cas.)		3-11-18	P.T. ord. 172.
	CAMC.				
11-11-18	Cas. Coy.	T.O.S. on posting from 9 CGH. (21 days Cas.)		3-11-18	P.T. ord. 160
		Cancelled by Cl. 1222 d/ 24-2-19.			
~~20-1-19~~	~~AMS~~	~~Adm. Can. Red X Off. Hp. 17 n. Audley St. W.~~		~~17-1-19~~	~~Cl. 1192. A.J.D.(2)~~
31-1-19	CAMC. Cas. Coy.	S.O.S. on posting to 9 Can Gen. Hosp.		18-1-19	P.T. ord. 26.
26-1-19	9 CGH	T.O.S. on posting from CAMC Cas. Coy.		18-1-19	P.T. ord. 6.
		Cancelled by Cl 1222 d/ 24-2-19.			
~~10-2-19~~	~~AMS~~	~~Adm. Can. Red X Sp. Hp. Buxton~~		~~8-2-19~~	~~Cl. 1210 Debility~~
12-7-19	do	S.O.S. to 11 Cl. H	Chorncliffe	11-7-19	P.C. II O. 50.
12-7-19	11 Cl. H	T.O.S. from 9 Cl. H	Rhyl.	11-7-19	P.C. II O. 67.
31-7-19	do	SOS to 16 CGH.	Orpington.	30-7-19	P.T. ord. 72.
30-8-19.	D.G.M.S.	S.O.S. to C.E.F. in Canada		26-8-19	C.O. 112.

Sailed for Canad 26 8 19 .SS CELTIC S L 100

SOS 7.9.19

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