

UNIT G. A. M. G. RANK Nursing Sister NAME Emma Gertrude Park

*Home
8-12-17.*

OFFICERS' DECLARATION PAPER,
OVERSEAS MILITARY FORCES OF CANADA.

QUESTION TO BE ANSWERED BY OFFICER.
(ANSWERS.)

- 1. (a) What is your Surname? Park
- (b) What are your Christian Names? Emma Gertrude
- 2. (a) Where were you born? (State place and country) Poland, Ontario Canada
- (b) What is your present address? Fleming, Saskatchewan, Canada
- 3. What is the date of your birth? 31 October 1888
- 4. What is (a) the name of your next-of-kin? Duncan Park
- (b) the address of your next-of-kin? Fleming Sask Canada
- (c) the relationship of your next-of-kin? Father
- 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?
- 9. State particulars of any former Military Service? 1st G.A.M.N.S.R.
- 10. Are you willing to serve in the
 Overseas Military Forces of Canada, Yes

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

E. G. Park (Signature of Officer)

Taken on Strength (Place)

(Date)

.....
(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 Overseas Military Forces of Canada,

Date 30-10-17 191

Place London

* Insert here "Fit" or "Unfit"

W. Park
Medical Officer

OVERSEAS MILITARY FORCES OF CANADA
OFFICERS' DISCIPLINARY PAPER

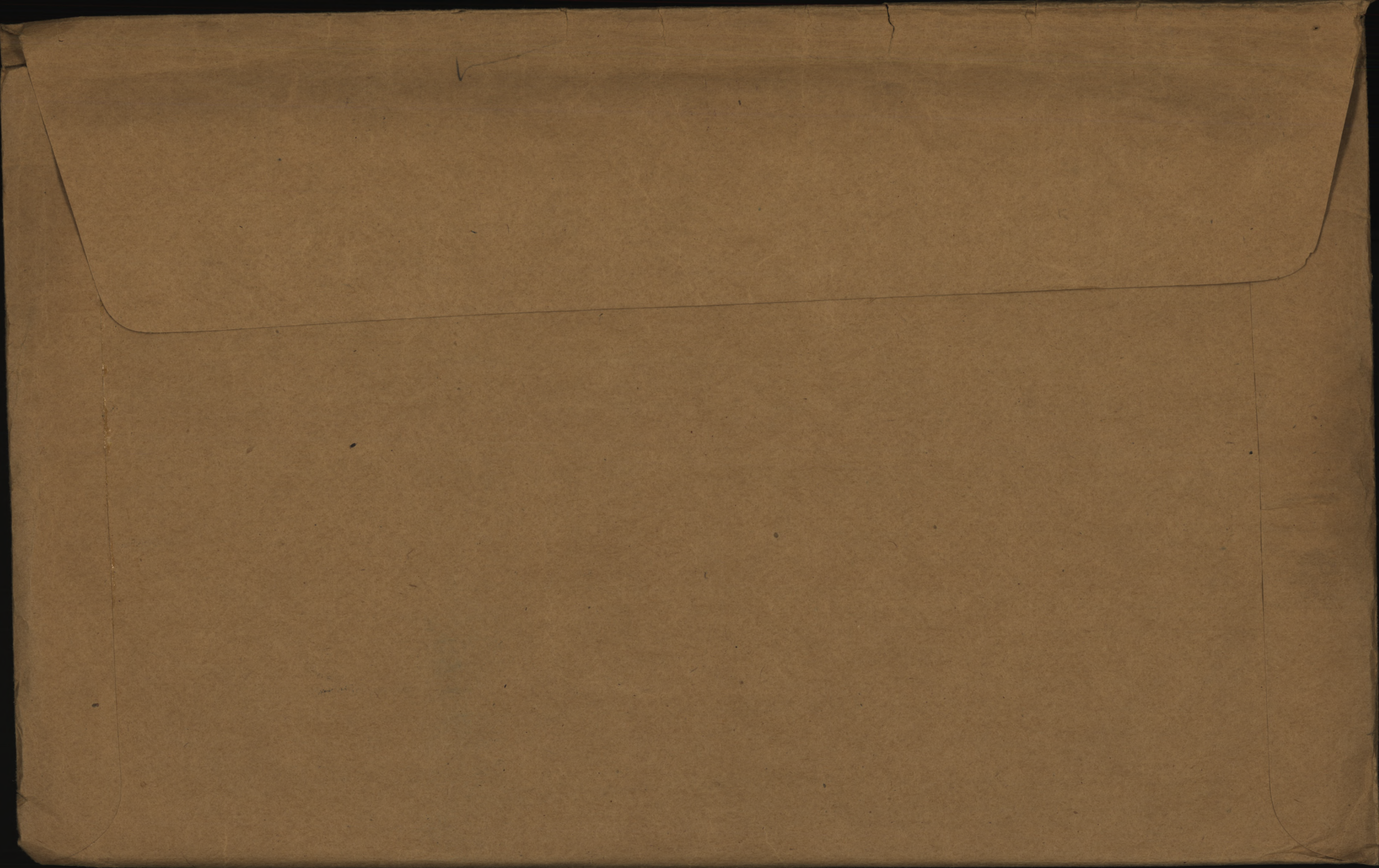
QUESTION TO BE ANSWERED BY OFFICER

ANSWERS

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CERTIFICATE OF MEDICAL EXAMINATION

[Faint, mostly illegible text at the bottom of the page, likely bleed-through from the reverse side.]



392-16-82

92 CARD NO. ✓

SURNAME.

Park.

CHRISTIAN NAMES

Emma Gertrude

REGL. No.

RANK

Nursing Sister (Lieut.)

UNIT C.a.m.c.

FORMER CORPS

Q.A.D.M.N.S.R.

S.O.S. 19-7-19
P.O. 3094 25-7-19
100-212 of 31-7-19
M.S. 2.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Park Bluncan.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Fleming Park.

COUNTRY OF BIRTH

Canada, Poland Ont

DATE

Oct. 31st. 1888.

PLACE OF ATTESTATION

DATE

Sept 4th 1916

O/S 12-10-16 with old n. of K. card.

R/C 12/7/19 37/7 n/S.

L. L. 26989. M. & D. 8191.

(with H.Q. 5883-21)

M. F. W. 22. 100M.-847. H. Q. 1772-39-339.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Nursing Sister

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

London Eng.

DATE

Oct. 30th. 1917.

Present Address: Fleming Sask.

(Handwritten initials)

P Number _____ Rank *N. S.*

Surname *PARK.*

Christian Name *EMMA GERTRUDE.*

Units _____ Theatre of War *FRANCE.*

Date of Service *9.10.18*

Remarks *90 Duncan Park Sq.,*

Latest Address *Fleming, Sask.*

~~*P. O. Fleming, Sask.*~~

Roll No. _____

200m.-6-21..4. *B Page 22307*

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

REG. NO. 20715
DEPT. FEB 19 1926

Surname

Christian Name

Reg. No.

PARK
Rank

Unit **E. G.**

N/Str. C.A.M.C.

MEDICAL BOARD held at

Date

Serial No.

London Area. 15-4-18.

(1)

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Mumps.

Disposition Recommended

(1) **Fit General Service.**

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

A.M.D. 2 DEPT.

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

Surname.

Christian Name.

Rank.

Unit.

Date of admission.

Hospital.

Transferred Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis.

Later diagnosis.

.....

.....

.....

Disposition.

Date.

.....

.....

C.L.

Remarks.

C.L.

C.L.

C.L.

C.L.

C.L.

C.L.

CERTIFIED CORRECT

17 OCT. 1918

Casualty Form—Active Service.

Regiment or Corps..... C.A.M.C.....

CANADIAN RECORD

Rank... N/S... Surname... PARK... Christian Name... EMMA GERTRUDE

Religion... Pres... Age on Enlistment... 24... years... months

Enlisted (a) 3.12.17... Terms of Service (a) 5 years... Service reckons from (a) 3.12.17

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended { } Re-engaged { } Qualification (b) Nursel
or Corps Trade and rate.....

W.S.B. class "A"
Signature of Officer

Occupation.....

Report		Record of promotions, reductions, transfers, casualties, &c. 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked ...		
			Disembarked ...		
<u>28.11.17</u>	<u>RAMB. S.</u>	<u>To La Appointment to RAMB</u>	<u>Shorelife</u>	<u>3.12.17</u>	<u>P210 332 (1579)</u>
<u>8.12.17</u>	<u>do</u>	<u>Post. to No 9 Bldg. Inf. Coy</u>	<u>do</u>	<u>3.12.17</u>	<u>P210 342 (1588)</u>
			<u>Yr. Payment</u>		<u>ASST. ADJUTANT</u>
					<u>FOR O.C., C.A.M.C. DEPOT</u>
<u>4.12.17</u>	<u>M. in C.</u>	<u>Taken on strength of 6th M. H. Coy</u>	<u>Taylor</u>	<u>4.12.17</u>	<u>P210 308</u>
			<u>Bucks</u>		<u>6.12.17</u>
<u>4-7-18.</u>	<u>D. G. S. Str. D.M.W.</u>	<u>Granted 17 days leave 6-7-18</u>	<u>Taylor</u>		<u>P210 159</u>
			<u>Bucks</u>	<u>6-7-18.</u>	<u>6-7-18.</u>
<u>4-10-18.</u>	<u>D. G. M. S. Str. D.M.W.</u>	<u>Struck off strength 10.15</u>	<u>Taylor</u>	<u>9-10-18.</u>	<u>P210 239</u>
			<u>Bucks</u>		<u>8-10-18</u>
		<u>Co. Gen. D. G. S. Str. D.M.W.</u>			<u>Captain, C.A.M.C.</u>
		<u>Has. posted to D. G. M. S. Str.</u>			
		<u>on preceding overseas</u>			

(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) Signaller, Shoeing-Smith, &c.
W. 8635—M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B./103 E/1807. P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
9/10/18	M.H.O.	DISEMBARKED Having arrived as Reinforcement is taken at the strength of <i>C.A.M.C. Gen. (100/10/09 610 (auth) of 4/10/18</i>	HAVRE Field	9/10/18 - IR	NR 34344 PR 60/100
19/10/18	4th Gen. Hq.	Att'd for temporary duty		11/10/18	B203/1902
9/1/19	A. Dy	Posted to 3 C. S. Hosp D.M.S. M/850 d/7/1/19		1/1/19	KM/20421 Pt II 7/1919
"	"	Taken on strength of No. 3 Gen. Staff Hospital		2.1.19	KM 20421 Pt II 3-1919
22.2.19	A.A.S. Ch. Sec.	Posted to C.A.M.C.		22.2.19	WE 50014
	3rd Ech	Casualty Coy. Shorncliffe (Auth. D.M.S. Chas 1st Ech. A.11.35 d/8 ² /19)			B30 9 d. 1.3.19
	Embark R.M.S. Campania				
	Liverpool	537,10 pt. & Adj. <i>J.P. Sully</i>			
8-3-19	No 4 C.S.H.	att. for duty quarters & ration from C.A.M.C. R+J Depot	B'stroke	23-2-19	Pt II D.O #19 D/8-3-19
	do.	S.O.S. on TC & C.E.F. in Canada	50		Pt II D.O # 19
					map came.

No. 4 Canadian Gen. Hospital,
Basingstoke.

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

M. F. W. 54. (A. F. B. 105.)

500M.—9-16

H. Q. 1772-39-910.

Casualty Form—Active Service.

Unit, Regiment or Corps *4th C. S. H*

Regimental No. Rank *N. Senter* Name *Park 89*
C. E. F.

Enlisted (a) Terms of Service (a) Service reckons from (a)

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)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<i>18 7-19</i>	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2	<i>7-19</i>	C.E.F. R.O. No. 2080-19
<i>25-7-19</i>	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2	<i>19-7-19</i>	C.E.F. R.O. No. 2094-19

W. H. Lister, Col.
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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) PARK, E.G.
 REGIMENT C.A.M.C. RANK NURSING SISTER
 Date of Examination in England 29-4-19 Date of Examination in France

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



PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS
 - 2. EXTRACTIONS
 - 3. CROWNS
 - 4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower
- } no.

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
- } no.

No. 4 Canadian Gen. Hospital, Basingstoke.

Signature of Dental Officer

H.H. Smith. Capt
C.A.D.C.

11

STATE OF NEW YORK

PARM. E.C.

MURRAY & SUTHER

OF N.Y.

IN SENATE
JANUARY 11, 1900

REPORT OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1899

ALBANY
1900

ALBANY
1900

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ALBANY

1900

8-P-743

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station 13 Berners St London W1

Date 15-4-18

- 1. Rank and Name N/S - PARK - EMMA - GERT RUDE
- 2. Unit C.A.M.E. Depot - Clonmelife
- 3. Age 29 4. Total Service 4 mos. War Service { (a) at home 0 (b) abroad 4 mos.
- 5. Address # 15 Cav. Gen. Hosp. Taplow - Bucks.

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 Mumps.
- 7. Date of origin of disability 23-3-18
- 8. Place of origin of disability Taplow.
- 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.

This N/S reports from Taplow where she has been treated for mumps since 23-3-18. M.C.S. states that there were enlarged parotids & Temp 101 which gradually came down. Quarantine raised 14-4-18 and N/S says she feels very fit. says her appetite is much improved

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? Infection

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

[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? no If so, by what specific military conditions? _____

- 13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? NA.

14. What is the officer's present condition? N/S states she's feeling quite fit - appetite has improved markedly since being released from Quarantine

The Board Recommends S.S.

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

16. Is the disability permanent? no

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

18. Is it necessary that the officer should be re-examined by the same Board? na,

19. What treatment is the officer receiving, and where, and from whom? none

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature? none

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. 1677/1917. In case of nurses, omit B. and (i) and (ii) of E.

- A.—Fit for general service. yes
- B.—Fit for service in a garrison or labour unit abroad.
- C.—Fit for home service :—
 - (i) Active duty with troops.
 - (ii) Sedentary employment only.
- D.—For admission to a command depot.
- E.—Requiring indoor hospital treatment :—
 - (i) In an officers' military or auxiliary convalescent hospital.
 - (ii) In an officers' hospital.
- 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. 1289 of 1917 been complied with? _____

John McIntosh Capt. C.M.C. President.
J. Regus Capt. C.M.C.
Rose M. P. P. Capt. C.M.C. Members.

no lv.

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 NS. Surname PARK
 (Given name in full)
EMMA GERTKUDE
 Unit or Corps CAMS # 4CAF Birthplace LANARK CO. ONT.

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

I. GENERAL DESCRIPTION:

Physique good Weight 128 lbs. Height 5 4 1/2 ft. Colour of Eyes Brown
 Nutrition good
 Pulse 72
 Condition of arteries good
 Vision Rt. 4/6 Left 6/6
 Hearing (conversational voice) Rt. 42 ft.
 Left 42 ft.

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

Appendicitis - 1917
Scroderma - Rt. ant. limb
neck - Congenital

Opinion as to general health and physical condition ditto

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.

Diphtheria - 1911 - Good recovery, no present disability
Appendicitis - 1917 - acute appendicitis cured, no
Mumps - 1918 - no present disability

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Breungatke.....(Overseas)

Date MAY - 8 1919.....

Signed Russell Palmer.....M.O.
Cap. U.S. Army

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 E. J. Park.....

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

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 a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

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

MEDICAL HISTORY of

Surname Park Christian Name Emma Gertrude

TABLE I.—General Table.

Birthplace { Parish Poland
County Lanark, Ont. Can

Examined { on 30 day of Oct 1917,
at Indr.

Declared Age 28 years 11 mos. 30 days.

Trade or Occupation Graduate Nurse

Height 5 feet 4 1/2 inches.

Weight 125 lbs.

Chest Measurement { Girth when fully Expanded 36 inches.
Range of Expansion 2 inches.

Physical Development Good.

Vaccination Marks { Arm RIGHT | LEFT
Number one | one

When Vaccinated Spring 1914.

Vision { R.E.—V = 6
L.E.—V = 6

(a) Marks indicating congenital peculiarities or previous disease—
None.

(b) Slight defects but not sufficient to cause rejection—
None.

Approved by A. Park
Rank Cpt. Emma
Medical Officer.

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

Date	Brief details, and Signature
<u>30-10-17</u>	<u>F.C.T.</u>
<u>15-4-18</u>	<u>after</u> <u>London</u> <u>15-4-18</u> <u>TAB</u> <u>2cc</u> <u>22-4-18</u> <u>TAB</u> <u>1cc.</u>
	<u>13 Berners St WI</u>
	<u>Roscoe Parkhurst Capt</u>
	<u>Capt. Emma</u>
	<u>on Pension Capt</u>
	<u>Comm</u>

TABLE IV.—Service Table.

	Station or Troopship		Date of arrival or embarkation	Date of departure or disembarkation
	Corps	Regtl. No.		
Enlisted { at on day of 191.....				
Joined on enlistment				
Transferred to				
Became non-effective by				
on day of 191.....				
(Signature).....				
(Rank).....				

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

S.M. 2-36.

R.S.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Mrs. Gertrude PARK,

Enlisted in The Canadian Army Medical Corps,

CANADIAN EXPEDITIONARY FORCE, on the

day of 191 AND WAS APPOINTED to COMMISSIONED RANK

in The Canadian Army Medical Corps,

CANADIAN EXPEDITIONARY FORCE on the Third day

of December 1917.

He SERVED in CANADA, ... with the C.A.M.C., C.A.M.C. Depot, Shorncliffe, 9th Can. General Hosp., Duchess of Connaught Can. Red Cross Hosp., Posted D.G.M.S. Can., C.A.M.C. General, Temp. Att. 74th General Hosp., 3rd Can. Stationary Hosp., 4th Can. General Hosp.

and was STRUCK OFF THE STRENGTH on the Nineteenth day

of July 1919 by reason of General Demobilization.

Dated at Ottawa, this Seventeenth day

of December 1919.

Handwritten signature

for Director of Personal Services.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to certify that (Rank) _____

Name (Full) _____

Entered in _____

CANADIAN EXPEDITIONARY FORCE on the _____

day of _____ 1917 and was appointed to COMMISSIONED RANK

in _____

CANADIAN EXPEDITIONARY FORCE on the _____

day _____

he served in CANADA _____

and was STRUCK OFF THE STRENGTH on the _____

day _____ by reason of _____

Dated at Ottawa this _____

day _____ 1917

Director of Personal Services

1000 1000 1000

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF UNIT. RATE OF P. AND A. DATE AUTHORITY

Beneficiary

Address

Amount.

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

C.A.M.C.

Pay \$2.00 P.D.

F.A. \$60 "

Messing \$1.00

N/S.

Name Park.

Initials Emma Gertrude

Bank of Montreal.

Traf Sq

\$45.00

Add outfit all \$ 3 12/19

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918								
April 19	April Pay (R.)		108					
26	Bank	1187		108				
May 17	May Pay (R.)		111 60					
"	A. Pay Can				45			
23	Bank	2683		66 60				
June 14	June Pay (R.)		108					
"	A.P. Can				45			
26	Bank	4166		63				
July 26	July Pay (R.)		111 60					
"	A. Pay Can				45			
26	Bank	5635		66 60				
Aug 15	A.P. Can				45			
16	Aug Pay R		111 60					
26	Bank	7276		66 60				
Sept 26	Sept. Pay R		108					
"	A. P. Can				45			
26	Bank	9187		63				
Oct 21	Oct Pay R.		111 60					
"	A. Pay Can				45			
21	Bank	10428		66 60				
Nov 21	Pay R.		140					
"	A.P. Can				45			
21	Bank	12502		95				
Dec 12	Pay R.		124					
18	Bank	13792		79				
13	A.P. Can				45			

ASSIGNED PAY.

UNIT.	RANK.	NAME.
UNIT.	RANK.	NAME.
NAME OF	RATE OF P. AND A.	DATE
NAME OF	RATE OF P. AND A.	DATE
Beneficiary	Pay 2 ⁰⁰	N/S
Address	F.A. 1 ⁰⁰	
Amount.	Messing 1 ⁰⁰	
Separation Allowance issued. Yes or No.....	a.	o. a. 3 ¹² / ₁₉

Name **PARK**
Initials **E. G.**
Bank *of Montreal*
125 St. J.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1910 Jan. 20	Pay R. a-p. Can.		124		45			
24	Bank	15564		79	45			
Feb. 11	Pay R. a-p. Can.		111		45			
17	Pay R. Bank		112					
22	Bank	17121		67				
Mar 31	1 ²⁸ / ₁₈ - 2 ¹ / ₁₉	0464	80				1-17-6	
17	Pay R. a-p. Can.		124		45			
20	Pay R. Bank	18694		79				
Apr. 11	April Pay R. a-p. Can.		120		45			
14	Bank	1054		75				
78	Bank							
May 6	Trav. a/c. 21-22 ² / ₁₉	1466					1-10-9 846	
9	May Pay R. a-p. Can.		124		45			
	Bank	9884		79				
June 23	Pay R. a-p. Can.		120		45			
26	Bank			75				
26	Bank			79				
July 19	Pay R. a-p. Can.		124		45			

RETURNED TO CANADA
L.P.C. TO 31⁷/₉ B. B. B.
TRANSFER TO N.E. LEDGER

24th 10⁸/₂₉

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

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

Came

*Pay \$2.00 Pd
F.A. 60 "
mess. 1.00 "*

W/str.

Name

Initials

Bank

*Park
Emma Gertrude
of Montreal
Trafalgar Square,*

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

1917

Nov 16 Outfit allee

(Direct)

9495

Dec: 17. P.A. @ N.S. ratio trans. of 3 1/2% off 3 1/2% + m. dec. 1038 4/26 1/2. No. 16245.

104 40

Cash.

35107

104 40

Jan. 14th Jan. Pay. (R.)

111 60

21

Bank. 39501

111 60

Feb-15 Feb Pay (R.)

100 80

22

Bank 40996

100 80

Mar. Mar Pay (R.)

111 60

23

Bank.

111 60

130-16-5 \$ 180.00

1917-18

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

DATE AUTHORITY

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

Occupational Group 19.

Dispersal Area I.

WSB Class A.

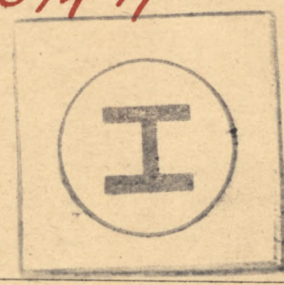
S.E. - 30.

**Proceedings of an Officer or Nursing Sister
Struck off Strength
OF THE
Canadian Expeditionary Force.**

1121 + 2

- 1. RANK **N/SISTER**
- 2. NAME **PARK EMMA GERTRUDE.**
- 3. UNIT **No. 4 CANADIAN GENERAL HOSPITAL.** *Camp Beaumont*
- 4. DATE STRUCK OFF STRENGTH _____ PLACE _____
- 5. REASON *SOS 19-7-19 RO 2094-19*

Demobilization.



- 6. AUTHORITY _____
- 7. PROPOSED RESIDENCE *P.O. Fleming
Sask.
Canada*

This folder should contain the following documents :—

- 1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
- 2. Casualty Form, A. F. B. 103 or M. F. W. 54.
- 3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
- 4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
- 5. Medical Report, M. F. W. 129.
- 6. Dental History Sheet, M. F. B. 465.
- 7. Last Pay Certificate, M. F. W. 44.
- 8. Certificate as to Missing Documents.

*Embark RMS-Carmania
Liverpool 5.7.19
Capt. & A116*

M. F. W. 2591.

(923) Wt. /45P 3/19 15M D.St.

✓

Proceedings of an Officer or Nursing Sister
Struck Off Strength
OF THE
Canadian Expeditionary Force.

1. RANK: _____
 2. NAME: _____
 3. UNIT: _____
 4. DATE STRUCK OFF STRENGTH: _____
 5. REASON: _____



6. AUTHORITY: _____
 7. PROPOSED RESIDENCE: _____

This folder should contain the following documents:

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23
2. Casualty Form, A. F. B. 103 or M. F. W. 54
3. Medical History Sheet, M. F. B. 313 or A. F. B. 176
4. Proceedings of Medical Boards, A. F. A. 170 or M. F. B. 227
5. Medical Report, M. F. W. 120
6. Dental History Sheet, M. F. B. 465
7. Last Pay Certificate, M. F. W. 44
8. Certificate as to Missing Documents

EMPLOYEE'S RESIDENCE
 No. _____
 Street _____
 City _____

- 1. Triplicate Declaration Paper (M.F.W. 51) or
- 2. Triplicate Attestation Paper (M.F.W. 53)
- 3. County Form (A.F.H. 100)
- 4. Medical History Sheet (M.F.B. 318 or A.F.H. 178)
- 5. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 120)
- 6. Dental Certificate (C.A.D.C. 5000a)
- 7. Proceedings on Finding of Strength (M.F.W. 2501)
- 8. Last Day Certificate (M.F.H. 41)
- 9. War Service Gratuity Form (M.F.W. 2505)
- 10. Family Documents

JUN 30 1919
 Checked by
 28

1. Triplicate Declaration Paper (M.F.W. 51), or
Triplicate Attestation Paper (M.F.W. 23).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178)
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Proceedings on Striking off Strength (M.F.W. 2591).
7. Last Pay Certificate (P. 41)
8. War Service Gratuity Form (M.F.W. 2595).
9. Sundry Documents.

Group **A 11**

Checked by Nos. **28**
E. M. M.

Date **JUN 30 1919**

Carmania 12/17/19

AUDITOR *[Signature]* PAYMASTER *[Signature]*

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

M. OR S. _____ REGT. NO. _____ RANK *N/S.* NAME (IN FULL) *PARK EMMA GERTRUDE*

ORIGINAL UNIT C.E.F. *C.A.M.C.* IF IN P.F. WHAT UNIT? *Northern Crown Bn, 7 Div* (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

DATE OF ATTESTATION *31st July 1919* TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY \$ *45.00* DATE EFFECTIVE *1/8/19*

PAYABLE TO *Duncan Park* RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OR ADDRESS _____

ADDRESS *Fleming, Sask* *24/9/19* *Winnipeg Man.*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____

DISCHARGED _____ PLACE _____ DATE *19/11/19* REASON *Demob* AUTHORITY *D.O.212* IF ENTITLED TO POST DISCHARGE PAY *yes*

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT		CREDIT
<i>31/7/19</i>			<i>Nil</i>					<i>90.00</i>									<i>12/17/19 Adv. Cond. P.M. 1 pay 10/19</i> <i>Reb. Mesg 5-31/7/19</i>	
<i>Aug</i>		<i>300</i>															<i>T.O.S.D. 0.206</i>	
<i>18/3/19</i>	<i>3</i>		<i>W.S.G. 459 -</i>	<i>459 -</i>							<i>W.S.G. 153</i>		<i>153 -</i>				<i>18/3/19 Adv. Cond. P.M. 1 pay 10/19</i> <i>Reb. Mesg 5-31/7/19</i>	
							<i>189 Dec 10</i>	<i>1752</i>	<i>400</i>		<i>97.30</i>		<i>250.30</i>	<i>208.70</i>			<i>Temp. W.S.G. Auth. P.M. 18/3-8-19</i> <i>dated 1-12-19 (740-1045)</i>	
							<i>194 Dec 16</i>	<i>1752</i>	<i>890</i>		<i>90</i>		<i>459</i>	<i>408.70</i>			<i>W.S.G. PAID IN FULL</i>	
			<i>459</i>	<i>459</i>							<i>459</i>		<i>459</i>				<i>L. B. Doolley</i>	

100-100-100-100

Date of Enlistment *Not given*

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

1 May 1918

OVERSEAS CONTINGENTS

000770

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>45⁰⁰</i>			
------------------------	--	--	--

P

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____
 Rank Promoted _____ Reverted _____ Discharge _____
 Soldier's Name _____
 Battalion *C. A. M. C. No. 15 Can. Genl. Hosp.*
 Beneficiary _____
 Relationship _____
 Address _____

Name _____
 Address _____
 Change of Address
 1 DUNCAN PARK,
 FLEMING,
 2 SASK. 45 45.00
 3 % N.S. EMMA GERTRUDE PARK
 FORTY FIVE DOLLARS
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

<i>June</i>	<i>J 5943</i>		<i>45⁰⁰</i>	<i>45⁰⁰</i>	<i>✓</i>
<i>June</i>	<i>O 25434</i>		<i>45⁰⁰</i>	<i>45⁰⁰</i>	<i>✓</i>
<i>Jul</i>	<i>X 34152</i>		<i>45⁰⁰</i>	<i>45⁰⁰</i>	<i>✓</i>
<i>Aug</i>	<i>Q 34236</i>		<i>45⁰⁰</i>	<i>45⁰⁰</i>	<i>✓</i>
<i>Sept</i>	<i>- E 35528</i>		<i>45⁰⁰</i>	<i>45⁰⁰</i>	<i>✓</i>
<i>Oct</i>	<i>C 42279</i>		<i>45⁰⁰</i>	<i>45⁰⁰</i>	<i>✓</i>
<i>Nov</i>	<i>g 57411</i>		<i>45⁰⁰</i>	<i>45⁰⁰</i>	<i>✓</i>
<i>Dec</i>	<i>g 62607</i>		<i>45⁰⁰</i>	<i>45⁰⁰</i>	<i>✓</i>
<i>Jan 19</i>	<i>a 69860</i>		<i>45⁰⁰</i>	<i>45⁰⁰</i>	<i>✓</i>
<i>Feb</i>	<i>C 77034</i>		<i>45⁰⁰</i>	<i>45⁰⁰</i>	<i>✓</i>
<i>Mar</i>	<i>a 82823</i>		<i>45⁰⁰</i>	<i>45⁰⁰</i>	<i>✓</i>
<i>Apr</i>	<i>a 839</i>		<i>45⁰⁰</i>	<i>45⁰⁰</i>	<i>✓</i>
<i>May</i>	<i>J 8510</i>		<i>45⁰⁰</i>	<i>45⁰⁰</i>	<i>✓</i>
<i>June</i>	<i>J 11447</i>		<i>45⁰⁰</i>	<i>45⁰⁰</i>	<i>✓</i>
<i>July</i>	<i>X 11938</i>		<i>45⁰⁰</i>	<i>45⁰⁰</i>	<i>✓</i>
			<i>675</i>		

File 14183-E-17-N.R.508

LP 8329. To adjust - May/18. Rend. 11/6/18 Mailed 12/18

M. F. W. 126.
409m. 17-1772 39-1141
L. L. 23320-M. & D. 7993.

Ac Closed

Ret'd per. *Carranaw*

Date. *12/11/19* M.F.W. 187 *25/11/19 MD 2*

Clerk *Empsblee*
MD 2 P 117232 bctroy

AUTHORITY	} <i>27M-25 apr 18</i> <i>P. Garry 10-6-18</i>
FUR	
NEW ACC	

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.		Name
Rank	Promoted Reverted Discharge	Address
Soldier's Name		Change of Address
Battalion		1
Beneficiary		2
Relationship		3
Address		4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128.
 600M.C. - 17 - 1773 39-1141
 L. L. 25320 - M. & D. 7988

Surname **PARK, Emma G** Christian Names **Emma Gertrude. (Relationship, Father.)**
 Rank **Nursing-Sister.** Name and Address of Next-of-Kin **Duncan Park,
 Fleming.
 Saskatchewan,
 Canada.**

Promotion

3.12.17

Unit **CAMC.**

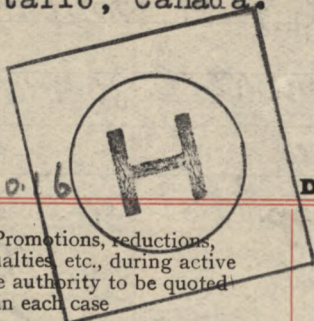
Place of birth **Poland.Ontario, Canada.**

Married (Yes or No)

Appointments

Date of leaving Canada **12.10.16**

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

26.11.17	DNMS.	Total MS. CAMCES. & posted to CAMC Depot.	3.12.17	C.O. 1538.
6.12.17	do.	Posted to No 15 Can Gen Hp Taplow	3.12.17	C.O. 1588
6-7-18	15 C.G.A.	Started 17 day leave 6-7-18 to	22-7-18	P ^T ord. 59.
8-10-18	- do -	S.O.S. having reported to DNMS proceeding O/Seas	9-10-18	P ^T ord. 239
29-10-18	CAMC. Gen.	T.O.S. on arr. in France for attach to Imp. Unit	9-10-18	P ^T ord. 69
13-1-19	DO	S.O.S. posted to 3 Can. Stat. Hosp.	1-1-19	P ^T ord. 2
24-1-19	3 OSH.	T.O.S. from CAMC. Gen.	2-1-19	P ^T ord. 3.
1-3-19	DO	S.O.S. posted to CAMC. Cas. Coy. S Cliffe	22-2-19	P ^T ord. 9.
6-3-19	CAMC. Cas Coy.	T.O.S. on posting from 3 Can. St. Hp.	23-2-19	P ^T ord. 55.
12-3-19	DO	S.O.S. on posting to CAMC. R & T. Dep.	23-2-19	P ^T ord. 60.
11-3-19	CAMC. R & T. Dep.	on attachment to 4 Can. Gen. Hosp.		
		T.O.S. on posting from CAMC Cas. Coy.	23-2-19	P ^T ord. 70.
		S shown on Command 4 Can. Gen. Hp		

A.F.P.

17 OCT. 1918

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
2-5-19	Caub R.D. Dep	P.O.P. + posted to 4 B.G. H.		30-4-19	Pt II O. 122.
10-5-19	40921	T.O.S. on posting from same. R.S.T.O. on ceasing to be attached		30-4-19	Pt II ord. 37.
30-6-19	15	S.O.S. to 15 Can. Gen Hosp.		30-6-19	Pt II ord. 52.
7-7-19	150411	T.O.P. from 4 C.G. H.		30-6-19	" " 148.

17-7-19 Dred P.O.P. to Canada 5-7-19 C.O. 85.
 Sailed to Canada P.S. Barmania 5-7-19 P.L. 93.
 S.S. 19.7.19

21506