

Unit A.M.C.E.F. Rank <sup>Nursing</sup> Matron Name Georgina Jane Pope

**ARMY MEDICAL CORPS**  
**OFFICERS' DECLARATION PAPER**

**CANADIAN OVER-SEAS EXPEDITIONARY FORCE**

**QUESTIONS TO BE ANSWERED BY OFFICER**

[ANSWERS]

1. (a) What is your Surname? Pope
- (b) What are your Christian Names? Georgina Jane
2. (a) Where were you born? (State place and country) Charlottetown P.E. Island
- (b) What is your present address? Military Hospital Halifax N.S.
3. What is the date of your birth? Jan. 1<sup>st</sup> 1862
4. What is (a) the name of your next-of-kin? Sir Joseph Pope
- (b) the address of your next-of-kin? Ottawa
- (c) the relationship of your next-of-kin? Brother
5. What is your profession or occupation? Trained Nurse P.A.M.C.
6. What is your religion? Roman Catholic
7. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
8. To what Unit of the Active Militia do you belong? P.A.M.C.
9. State particulars of any former Military Service. South Africa 1899, 1900, 1901, 1902
10. Are you willing to serve in the  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? yes

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

Georgina Pope (Signature of Officer.)

Taken on strength (place) Halifax N.S.

(date) 9-8-17

A. Schaffer Lt Col  
(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 her fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Aug 9 1917

Place Halifax N.S.

Maoney  
Medical Officer  
Capt Maoney

\*Insert here "fit" or "unfit"



POPE, GEORGINA FAVE

N.S.

C.A.M.C.

2996

DECEASED 6-6-38

PUBLIC ARCHIVES  
RECORDS CENTRE

*Correspondence file 892-1  
Box 145249*

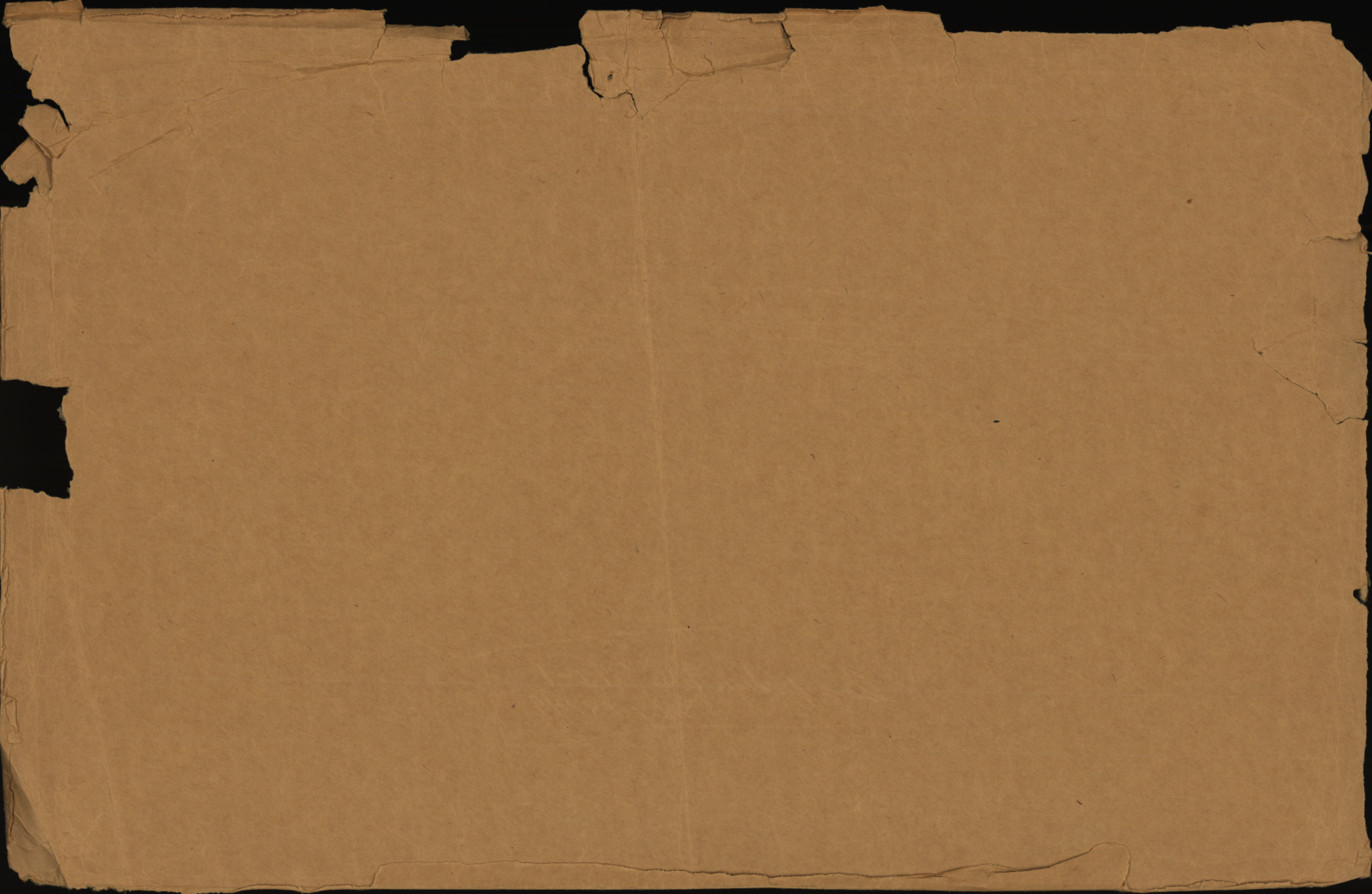
*Box 7901*

*[Handwritten signature]*

PR



C.E.F. REGIMENTAL DOCUMENTS  
WAR SERVICE RECORDS D.V.A.



MATRON  
SIN/NAS

POPE  
Surname/Nom

GEORGINA FANE  
Given names/Prénoms

Open ATIP

released 06/06/38

**CANADIAN FORCES  
FORCES CANADIENNES**

**PERSONNEL RECORDS ENVELOPE  
ENVELOPPE DES DOSSIERS DU PERSONNEL**

"CONTENTS CONFIDENTIAL" Box  
"CONTENU CONFIDENTIEL" 7901

CF 478 (10/74)  
7530-21-870-6931

**COMPONENT  
ÉLÉMENT**

7901  
CEF



R.R.C.

E.R.B.

Name

POPE ✓

Rank

Matron  
N/STR.

Reg. No.

Unit

Georgina Force

CAMC - ~~2 CSH. Coy.~~ Cas. Coy. ✓

Next of Kin

Canada ✓

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
15-8	14 Gen Hos.	Wimereux (HA 3286)	Nervous Debility			
17-8	QAIMNS Hos.	Vincent Sq. (24380)	Debility after shell shock.	1064		
24-8	Discharged	7003		1070		
25-8-18	banked X Spec Ats	Buxton 7003	Arterio Sclerosis	1134		
8-10-18	Discharged	7003		1146		
19-11-18	banked X Spec Ats	Buxton 7001		1149		
19-11	Readmitted	7001				
26-11-18	Discharged	7003.		1155		



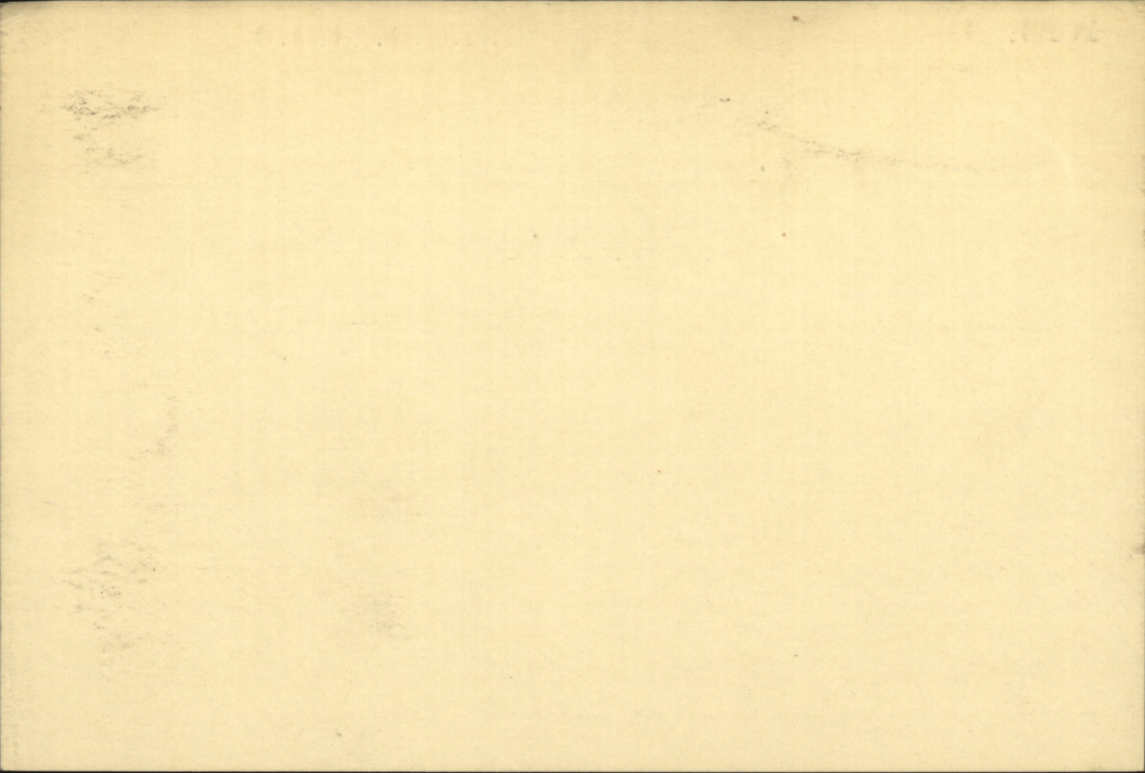


POPE, Georgina Fane (Matron) C.A.M.C. R.R.C.

892-1

Medals            despd.

Cross            Nil. Mother dead.



Number \_\_\_\_\_ Rank MATRON

Surname POPE

Christian Name GEORGINA FANE.

Units \_\_\_\_\_ Theatre of War FRANCE.

Date of Service 22.12.17

Remarks C/o Bank of Montreal

Latest Address Charlottetown

P.E.I.  
~~C/o Geo Joseph Pope~~

~~286 Stewart St~~  
Ottawa

Roll No. \_\_\_\_\_

200m.-6-21.1. Page 22302

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

NAME

*Pope. G. T.*

REG'T'L. No.

RANK AND CORPS

*matron. R. B. G.*

H. Q. FILE NO 649

CABLE

FOLLOWS

NO.

DATE

NATURE OF CASUALTY

NO.

FOLLOWS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
1064 <sup>3</sup>	14 Gen Wimeroux	15-8-18	Nervous Debility
1064	Gen. M. N. S. 71 Vincent St.	17-8-18	Debility after Sh. Shock.
1070 <sup>4</sup>	" " Disch.	24-8-18	" " " "
1134-5	Can. H. S. Spec. Buxton	25-8-18	Arteria Sclerosis
1149	Disch.	8-10-18	" " "
1149-9 <sup>10</sup>	Can. H. S. Spec. Buxton	19-11-18	" " "
1155	Discharged	26-11-18	" " "

SURNAME.

*Pope*

CARD No.

*4*

CHRISTIAN NAMES

*Georgina Jane.*

FOLL.

REGL. No.

RANK

*Nur. Matron*

UNIT

*C.A.M.C.*

FORMER CORPS

*South Africa. 1899-1900-1901-1902*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Pope Sir Joseph.*

RELATIONSHIP TO SOLDIER

*Brother*

ADDRESS

*Ottawa. Ont.*

COUNTRY OF BIRTH

*Canada, Charlottetown P.E.I.*

DATE

*Jan 17<sup>th</sup> 1862*

PLACE OF ATTESTATION

*Halifax N.S.*

DATE

*Aug 9<sup>th</sup> 1914*

*of s. 13-8-17. 7. 256.*

*R/C 7-12-18 237*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

*Trained Nurse P.A.M.C.*

RELIGION

*Roman Catholic*

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

*Halifax N.S.*

DATE

*Aug. 9<sup>th</sup> 1917*

*Present Address Military Hospital, Halifax N.S.*



Surname.

Christian Name.

POPE

G.

F.

(RRC)

Rank.

Unit.

Matron

C.A.M.C. 2-G.G.H. Cas. Coy.

Date of admission.

No.14 General Hospital, Wimereux. 15-8-18.

Hospital Q.A.I.M.N.S. Hospital, London 17-8-18

Canadian Red Cross Hospital, Buxton 25-8-18.

Transferred do. do. do. Hospdo. 19-11-18

..... Hosp.

..... Hosp.

..... Hosp.

Nervous Debility.

Diagnosis. Debility after Shell Shock.

Arterio-Sclerosis. *Ar* *Ar*

Later diagnosis. Arterio-sclerosis.

.....  
.....  
.....

Disposition.

Discharged 24-8-18.

20-8-18 1064-3. & 5. do. 8-10-18.

27-8-18. 1070-4. do. 26-11-18.

9-11-18 1134-5.

27-11-18 1149-9.

5-12-18 1155-10.

C.L. .... Remarks.

C.L. ....

C.L. ....

C.L. ....

C.L. ....

C.L. ....

C.L. ....

A.M.D. 2 DEPT.

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

Surname

Christian Name

Reg. No.

**POPE**

**G**

Rank

Unit

**Matron.**

**C.A.M.C.**

**MEDICAL BOARD** held at

Date

Serial No.

(1) **Buxton Area, 9-10-18.**

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

**Arterio-sclerosis. Neurasthenia.**

Disposition Recommended

(1) **Fit Home ser. Unfit Gen.ser 3 months.**

(2)

(3)

(4)

(5)

**PENSIONS & CLAIMS BOARD** held at

Date.....

Disposition

**To Canada per "Araguaya" V.L'pool.26-11-18.**

Remarks

GEN. CORRECT  
1918

1918

OFFICE

ARMY MEDICAL CORPS  
REINFORCEMENTS

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

*awarded R.P.C. for services in connection with the  
South African Campaign in 1901 & 1902.  
LETTER on R-411-P-34.*

M. F. W. 54. (A. F. B. 103.)  
350M-5-16  
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps A.M.C. Reinforcements C.E.F. (R.P.C.)

Regimental No. \_\_\_\_\_ Rank matron Name Georgina Jane Pope  
C. E. F. C E F

Enlisted (a) 9-8-17 Terms of Service (a) \_\_\_\_\_ Service reckons from (a) 9-8-17

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) Trained nurse nursing matron

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
		Embarked <del>Embarked</del> <i>Halifax</i>	<i>Halifax</i>	<i>10-8-17</i>	<i>Hms "Messenabic"</i>
<i>11-9-17</i>	<i>C.A.M.C. D.</i>	<i>TAKEN ON STRENGTH</i>	<i>England</i>	<i>22-8-17</i>	
<i>16-9-17</i>	<i>do.</i>	<i>On Command O.M.H. Orington</i>	<i>do.</i>	<i>10-8-17</i>	<i>Pt. II D.O. 254</i>
				<i>10-9-17</i>	<i>Pt. II D.O. 259 (60.1207)</i>
<i>17-9-17</i>	<i>arrs.</i>	<i>taken on strength</i>	<i>Orington</i>	<i>10-9-17</i>	<i>Pt. II D.O. 232</i>
<i>10-10-17</i>	<i>16 8802</i>	<i>S.O.S. on being attacked from Camber</i>	<i>Orington</i>	<i>5-10-17</i>	<i>Pt. II D.O. 242</i>
<i>15-10-17</i>	<i>16 8802</i>	<i>leaves to be attached on proceeding to No 15 Gen. General Hosp. Daplow</i>	<i>Orington</i>	<i>14-10-17</i>	<i>Pt. II D.O. 246</i>

*Adjutant*  
FOR O.G. & M.G. DEPT.  
*R. Harrcroft*  
*lane*

(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, Shoing 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				
11.10.17	See AMD 4/4 - P. 341	Taken on strength of 1st Mil. Hosp.	Taflov Bucks	14.10.17	P. 2 D O 263. 15.10.17
17.10.17	AMD M.S. HQ 2292	Attached to D. of C. of Mil. Hosp.	Taflov Bucks	14.10.17	P. 2 D O 267. 19.10.17
27.11.17	D.M.S. Signal AMD 4/4445	beared to be attached D. of C. of Mil. Hosp. posted to No. 4 Can Gen Hosp Basingstoke	Taflov Bucks	27.11.17	P. 2 D O 302 - 29.11.17
5-12-17	46 C. G. H.	acted for quarters Duty & Rations	Basingstoke	5-12-17	Long Lewis P. 2 D O 172 - 5-12-17
28.12.17	No. 4 C. G. H.	Ceased to be attached on proceeding overseas.	Basingstoke	20.12.17	Pt. 11 D. O. No. 175 d/28.12.17 rechange Capt & Adj.
29.12.17	2 Cdn Staff	D.O.S. of No. 2 Cdn Staff Hosp on arrival in France. (auth: W.O. 121/Overseas/3389 (AMD 1.) d/20 <sup>th</sup> /17. D.G.M.S. B/1523/50 d/7/12/17	Outrean	22.12.17	file 22328 & 21614. 823 P/1 = 9 d/27/2/18.
20.7.18	" "	Granted 14 days leave	W.K.	20.7.18	B213. P/1 = 4.3 d/27.7.18.
3.8.18	" "	Rejoined from leave	Outrean	3.8.18	B213.
15.8.18	14 New Hosp	Neuronic Debility adm.	14 New Hosp	15.8.18	H 3034 - H. 233.
16.8.18	"	Debility, S. to England	"	16.8.18	W. 3391/9.9330
16.8.18	O.P. Hosp. Staff A.T. Gunn Breydel	Sick Posted to C.A.M.C. Casualty & S.O.S. No. 2 Cdn Staff Hosp	Shovecliffe Halchiate	16.8.18	W. 3083/5768. P/1 = 50 d/28.8.18

Capt. for Lt.-Col., A. A. G.  
Canadian Section, G. H. O. 3rd Echelon, B. E. F.

# ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2  
(Assignee)

*Royal Bank of Canada*

PAYMENTS.

Name of Soldier

*Pope Georgina*  
*CUMC*

L. L. Job 1927—M. & D. 1814.

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>5000</i>	<b>AUG 1917</b>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.		<i>B 39464</i>	<i>50</i>	<i>J</i>
Sept.		<i>T 40975</i>	<i>50</i>	<i>C</i>
Oct.		<i>B 45581</i>	<i>50</i>	
Nov.		<i>K 52141</i>	<i>50</i>	
Dec.		<i>V 58618</i>	<i>50</i>	
Jan.	1918			<i>2508</i>
Feb.				
March				
April				
May				
June				
July				

*[Handwritten scribble]*

*[Handwritten mark]*

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				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

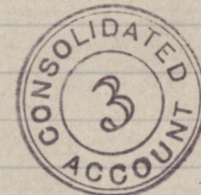
MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

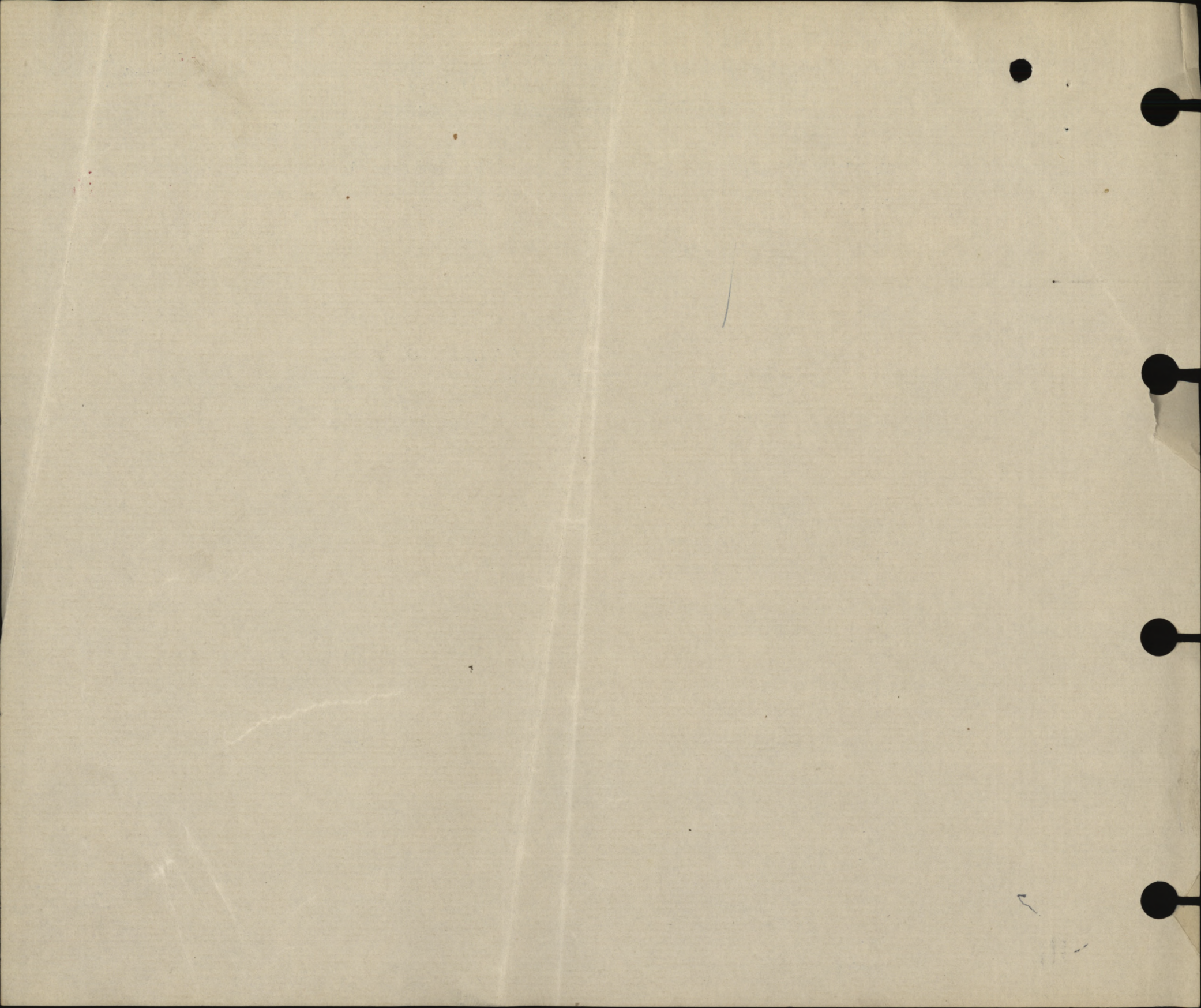
M. F. W. 12.  
 25m-4-17.  
 H. Q. 1772-39-819.

To Whom *Royal Bank of Canada* By Whom Assigned *Pope Georgina*  
 Address *South End Bldg* Regtl. No.  
*Halifax N.S.* Rank *Nursing Sister*  
 Rate *5000* **AUG 1917** Corps *C.A.M.C.*

**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				







**MEDICAL BOARD REPORT ON A DISABLED OFFICER.**

(ALSO TO BE USED FOR DISABLED NURSES.) *Canadian Red Cross Special Hospital,*

Station BUXTON, DERBY.

Date 9/10/18.

- 1. Rank and Name MATRON GEORGINA F. POPE
- 2. Unit Came
- 3. Age 56 4. Total Service 19 yrs. War Service { (a) at home 4/12  
(b) abroad 5/12
- 5. Address 132 Oxford Street London W.

**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 I ARTERIO SCLEROSIS - II Neuroasthenia
- 7. Date of origin of disability unknown - reported sick 16.8.18
- 8. Place of origin of disability unknown - Reported Sick 2 Can. Red Cross Hosp. France
- 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.

Appendectomy 1911. Previous health otherwise good. Present condition became noticeable in France after a bad cold. Had attacks of dizziness. B.P. reported 180. In this condition air raised caused a nervous condition to be developed.

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

**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? I no II ~~yes~~  
(b) in the service? I yes II yes

11. Was it attributable to military service? I no II yes  
If so, to what specific military conditions is it attributed? I n.a. II service conditions of climate

[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? I yes II n.a.  
If so, by what specific military conditions? I service conditions II 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 II

14. What is the officer's present condition? Glau is very slight

Distichosporium. Patient is now cured of  
the mucous condition. The active lesions  
remain but under conditions of service  
in England should cause no symptoms.  
Heart, lungs & other systems normal.  
The board recommends a trial of 3 months  
service in England.

15. To what degree is the officer disabled at the present time? I 20% II nil.  
(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? I yes. II no

17. If not permanent, how soon is re-examination recommended? I permanent  
II nil. 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?

Hospital

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

no

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 for 3 months.

B.—Fit for service in a garrison or labour unit abroad no for 3 months.

C.—Fit for home service:—

(i) Active duty with troops yes for 3 months.

(ii) Sedentary employment only no

D.—For admission to a command depot no

E.—Requiring indoor hospital treatment:—

(i) In an officers' military or auxiliary convalescent hospital no

(ii) In an officers' hospital no

F.—Permanently unfit for any further military service no

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 307 of 1918 been complied with? no

Philip Burnett Lt Col President.

W. B. Byrd Major  
J. M. Nelson Capt. Comm. Members.

# ARMY MEDICAL CORPS RE-INFORCEMENTS

## 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..... *A. M. C. Reinforcements C. E. F.*

.....

(2) Regimental Number..... *2009 Special No. 2*

..... *Nursing Station*

(3) Full Name of Soldier..... *Georgina Fane Pope*

.....

(4) Place of Birth..... *Charlottetown P. E. I. Island*

.....

(5) Are you married, or not?..... *no*

.....

(6) If married, state,

(a) Full name of your wife..... *—*

.....

(b) Present Postal Address..... *—*

.....

(7) Are you a widower?..... *—*

.....

(8) Have you any children?..... *—*

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

Also their names and ages..... *—*

.....

.....

.....

.....

(9) Is your Father alive? no

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

(10) Is your Mother alive? no

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

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

(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.

(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.

Sir Joseph Pope  
Ottawa Ontario

(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? no

If so, in what Company?.....

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

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

[Signature]  
Officer Commanding.

Date 9-8-17

MANY ATTEND FUNERAL OF NOTED NURSE

CHARLOTTETOWN, June 9.

Cecily Fane Georgina Pope, Royal Red Cross, a veteran of the Boer War and the Great War, was buried here today with full military honors. The body of the 75-year old nursing sister, who was a member of one of Canada's most distinguished families, was removed from Government House to St. Dunstan's Basilica where a Solemn Requiem High Mass was celebrated by Rev. Patrick McMahon, rector.

The rector was assisted by Rev. J.A. Dougan, Deacon, and Rev. Charles McCarthy, Sub-Deacon. Services at the grave were conducted by the Rt. Rev. G.J. MacLellan, Vicar General, assisted by Rev. Patrick McMahon and Rev. William McCabe of Kelly's Cross, P.E.I.

The Lament was played by Pipe Major Wilfred Burke, the Last Post was sounded by Bugler Smith and three volleys were fired by the firing party composed of members of P.E.I. Highlanders.

Pall bearers were Col. H.D. Johnson, Lt. Cd. H.C. Cook, Major James S. Walker with whom she had served in the South African War and Lt. Col. John Blake, Major H.J. MacDonald, Captain Sylvere DeRoche with whom she served in the Great War.

The mourners were, Colonel, the Honorable George D. DeBlois, Lieutenant Governor, Arthur Bearisto, Lt. Col. Maurice Pope, G.R. Pope, Summerside; D.B. Stewart, Neil Regan, K.B. Stewart, H.R. Stewart, L.L. Jenkins, Charles Jenkins, H.H. Pethick, Noel DeBlois, Hon. Mark R. McGuigan, representing the Provincial Government; R.L. Cotton, P.E. Palmer, Hon. A.E. Arsenault, Hon. H.L. Palmer, Captain Basil Kelly, Dr. W. MacKenzie, A.A. MacLean, Robert Tomlins and Bruce Huggan.

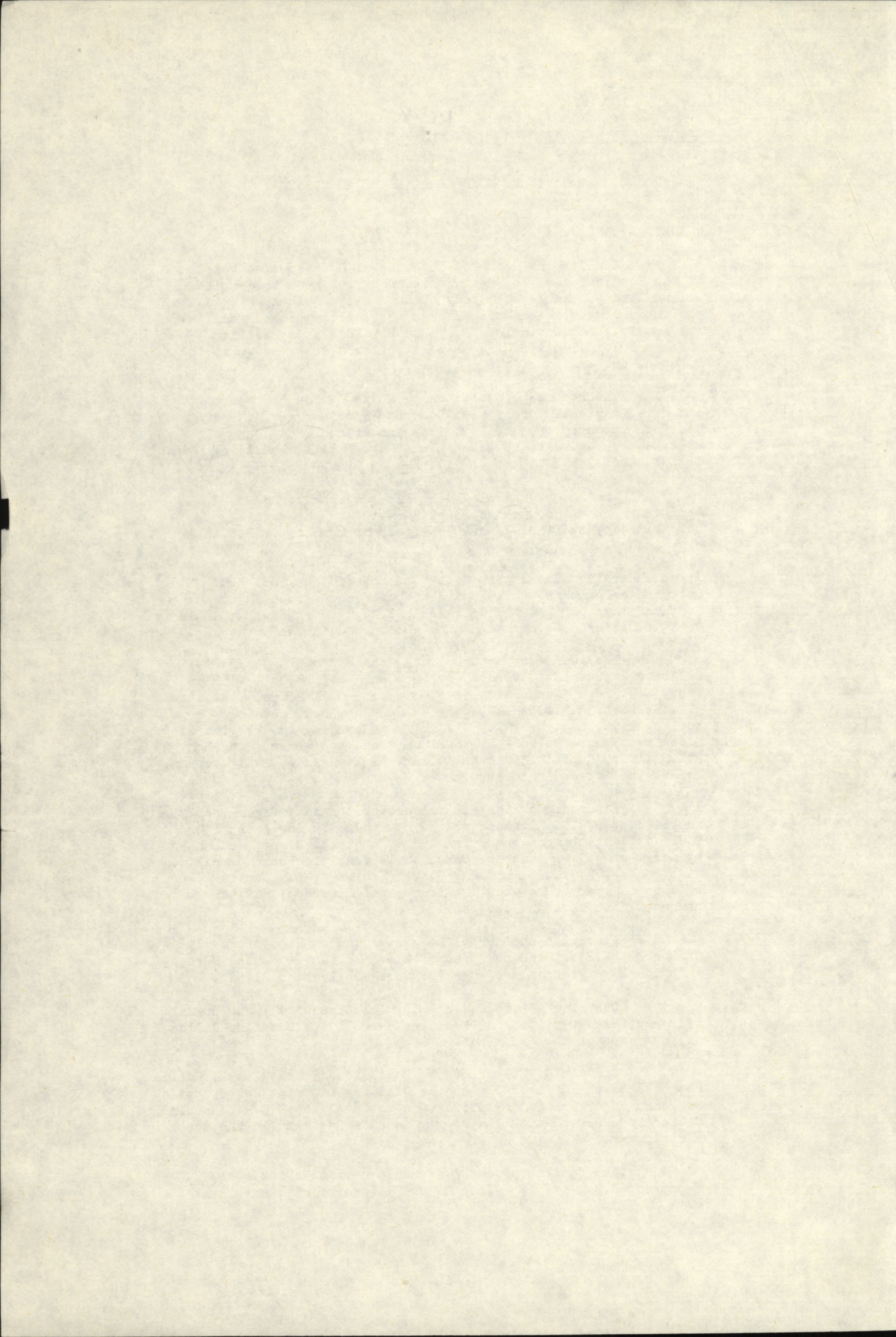
The order of the funeral procession was; firing party, supplied by P.E.I. Highlanders and commanded by Sergeant Major Paul; detachment from the Royal Canadian Signal Corps, commanded by Sergeant Major McMaster; Canadian Legion; pipe band of P.E.I. Highlanders; R.C.M.P.; nursing Sisters; clergy; gun carriage, drawn by a bearer party from the Artillery; pall bearers; military mourners; mourners and the public.

Also with the nurses was Mrs. Glencoe Kile, formerly of Morell, P.E.I., and now head of the American Red Cross Nurses, and Miss Mary MacDonald of the Red Cross Collective Clinic.

Others who attended the services included, Mrs. Wendall Tidmarsh, Miss Mary Hazard, Mrs. Wesley Bell and Miss Ina Gillan, all comrades of the Great War.

Captain G. Foster of the Royal Canadian Regiment, Halifax, represented the Officer Commanding Military District No. 6, while Sergeant Major Irlam, of Halifax, represented the R.C.R. Nursing Sister Pope served with the Royal Canadian Regiment in the South African war.

The funeral procession was in command of Lt.-Col. C.C. Thompson, M.C., of the Prince Edward Island Highlanders.



# ORIGINAL ARMY MEDICAL CORPS

## MEDICAL HISTORY SHEET.

Surname Lowe Christian Name Josephine

Examined { on 9<sup>th</sup> day of August 1917  
 at Halifax, N.S.  
 Birthplace { City or Town Charlottetown  
 County P.E.I.

Approved by Mamey  
 Rank Capt M.O.

Apparent age 57  
 Trade or occupation Trained Nurse  
 Height 138 5 Feet 3 Inches.  
 Weight 138 Lbs.  
 Chest measurement { Minimum 36 inches.  
 Maximum expansion 40 inches.  
 Physical development good  
 Small-Pox Marks nil

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left.  
 Number 2

Date.	Result.	VACCINATIONS.
<u>X</u>		<u>about 1917</u> M.O.
		M.O.
		M.O.

When Vaccinated last about 1917  
 (a) Marks indicating congenital peculiarities or previous disease nil

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>X</u>		<u>(not yet inoculated)</u> M.O.
<u>X</u>		M.O.
<u>X</u>		M.O.

(b) Slight defects but not sufficient to cause rejection nil

Enlisted on 9<sup>th</sup> day of August 1917 at Halifax N.S.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>A.M.C. Reinforcement Nursing</u>	<u>C 42</u>	<u>Matron</u>	<u>9-8-17</u>
Transferred to				

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Canadian Red Cross Special Hospital, BUXTON, DERBY.</u>	<u>9-10-18.</u>	<u>Arteriosclerosis Neurasthenia</u>	<u>Cat C1 for 3 months. Philip Burnett Lt Col.</u>
<u>Canadian Red Cross Special Hospital, BUXTON, DERRY</u>	<u>23-11-18.</u>	<u>(a) Arterio-sclerosis (b) Neurasthenia</u>	<u>Invalid to Canada Philip Burnett Lt Col. Canada President</u>

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

CANADIAN

Surname *Pope*  
 Christian Name *Georgina*

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>P.A.I.M.N.S. H.P.</i> <i>Vincent Square S.W.1.</i>	<i>17.8.18</i>	<i>17</i>	<i>8</i>	<i>18</i>	<i>24</i>	<i>8</i>	<i>18</i>	<i>Arterio-sclerosis</i>	<i>8</i>	<i>Pt. has a blood pressure of 178 systolically thickened arteries. Urine examination negative. Has had no alarming symptoms whilst here but her general condition has improved with rest &amp; suitable diet. Pot. lod gr x obip trinitin in 5 grains tds.</i>	<i>E. Haigh. att.</i> <i>R. A. M. E.</i>
<i>Canadian Red Cross Special Hospital,</i> <i>BUXTON, DERBY.</i>		<i>24</i>	<i>8</i>	<i>18</i>	<i>18</i>	<i>10</i>	<i>18</i>	<i>Arterio-sclerosis</i> <i>Neuroasthenia</i>	<i>65</i>	<i>Arterio-sclerosis now causes no symptoms. Neuroasthenia causes no symptoms</i>	<i>J. M. Moulton capt.</i>
<i>Canadian Red Cross Special Hospital,</i> <i>BUXTON, DERBY.</i>		<i>18</i>	<i>11</i>	<i>18</i>	<i>26</i>	<i>11</i>	<i>18</i>	<i>(a) Arterio Sclerosis</i> <i>(b) Neuroasthenia</i>	<i>8</i>	<i>General condition not good. Present wt 135, Normal weight 140 lbs. Heart, Lungs &amp; Kidneys normal. B.P. Dias 90 Syst 170. Patient complains of frequent headaches &amp; attacks of dizziness. Is easily startled by any sudden noise. Sleeps only about three hours at night. Tires easily on slight exertion. Arterio-sclerosis moderate</i>	<i>H. B. Boyd (Maj) R.A.M.C.</i>



ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$50

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

C. A. M. Co

Pay 5.3.00 Pd ~~Matron~~

F.A. No 75 P. 7.

mess. 1.00 in ~~Matron~~

P.F.A. 27.33 Pm ~~Matron~~

23 <sup>8</sup>/<sub>17</sub> Mrs. 60.1176

d/ 8-9-17

Name Pope

Initials Georgina, Lane

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
Oct 1	messing 23 <sup>8</sup> / <sub>17</sub> -30 <sup>9</sup> / <sub>17</sub> P.F.A. of 27.33 Pm	16:15773	322 41					
"	Bank	22047		222 41		100		
Oct 15	October Pay (R)		174 58					
12	A.P. Can. 29m. eff 1 <sup>10</sup> / <sub>17</sub>				150			
19	Bank	26291		124 58				
Nov 14	November Pay (R)		169 83					
15	A.P. Can				50			
20	Bank	30681		119 83				
Dec 8	A.P. Canada		174 58		50			
Dec 7	Dec Pay R.							
"	Bank			61 60				
" 17	Pat. Dec. P.A.		314501	62 98				
Jan 13	A. Pay. Canada				50			
14	Jan Pay. (R)		174 58					
22	Bank	39501		124 58				
Feb 15	Feb Pay. (R)		160 33					
" 11	A. Pay. Can.				50			
" 21	Bank	40996		110 33				
Mar	Mar Pay (R)		174 58					
" 11	A. Pay. Can				50			
23	Bank			124 58				

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Name

Initials

Bank

Amount. \$

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

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

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

INITIALS

ASSIGNED PAY.	UNIT. NAME OF	RATE OF P. AND A.	RANK.	DATE	AUTHORITY	NAME.
Beneficiary	C.A.M.C.	Pay \$ 3.00 PD.	PF Matron	23 8/19	D.M.S.C.C.	Name Pope.
Address	No 2 Stat Hosp B.C.F. France.	F.A. \$ 75 Messing \$ 100			#1176. d/8 9/17 Ministry O.M.C. No. 6353.	Initials Georgina Fane Bank of Montreal. Tras Sg
Amount. \$ 50 <sup>00</sup> Can.						
Separation Allowance issued. Yes or No.....						

*Add outpt. all 1/19*

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
<b>1918-19</b>								
April 15	a. Pay Can.				50			
19 April	Pay (R.)		169 83					
26	Bank	1187		119 83				
May 17	May Pay (R.)		174 58					
	a. Pay Can.				50			
23	Bank	2683		124 58 61 60				
June	June Pay (R.)		169 83					
14	a. P Can				50			
26	Bank	4166		119 83				
July 15	July Pay (R.)		147 25					
	a. Pay Can				50			
26	Bank	5635		97 25				
Aug 15	a. P Can		144 25		50			
16	Aug Pay R		71 60					
26	Bank	7272		97 25				
Sept	Sept. Pay R		142 50					
	a. P Can				50			
26	Bank	9187		92 50				
Oct.	Oct. Pay (R.)		144 25					
	a. P Can				50			
21	Bank	10428		97 25				
Nov	Pay R.		162 50					
	a. P Can				50			
21	Bank	12079		112 50				

*Ret'd to Canada  
L.P.C. to 30/18  
Refer to N.E. Ledger  
Transf'd J. Led. 6 to Led. 12  
Jan. 1919*

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Pay

Name

Address

F.A.

Initials

Messing

Bank

Amount. \$

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

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

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

INITIALS

~~Nursing~~ - Sister Pope, Georgia  
6. A. M. 6

6.7.38

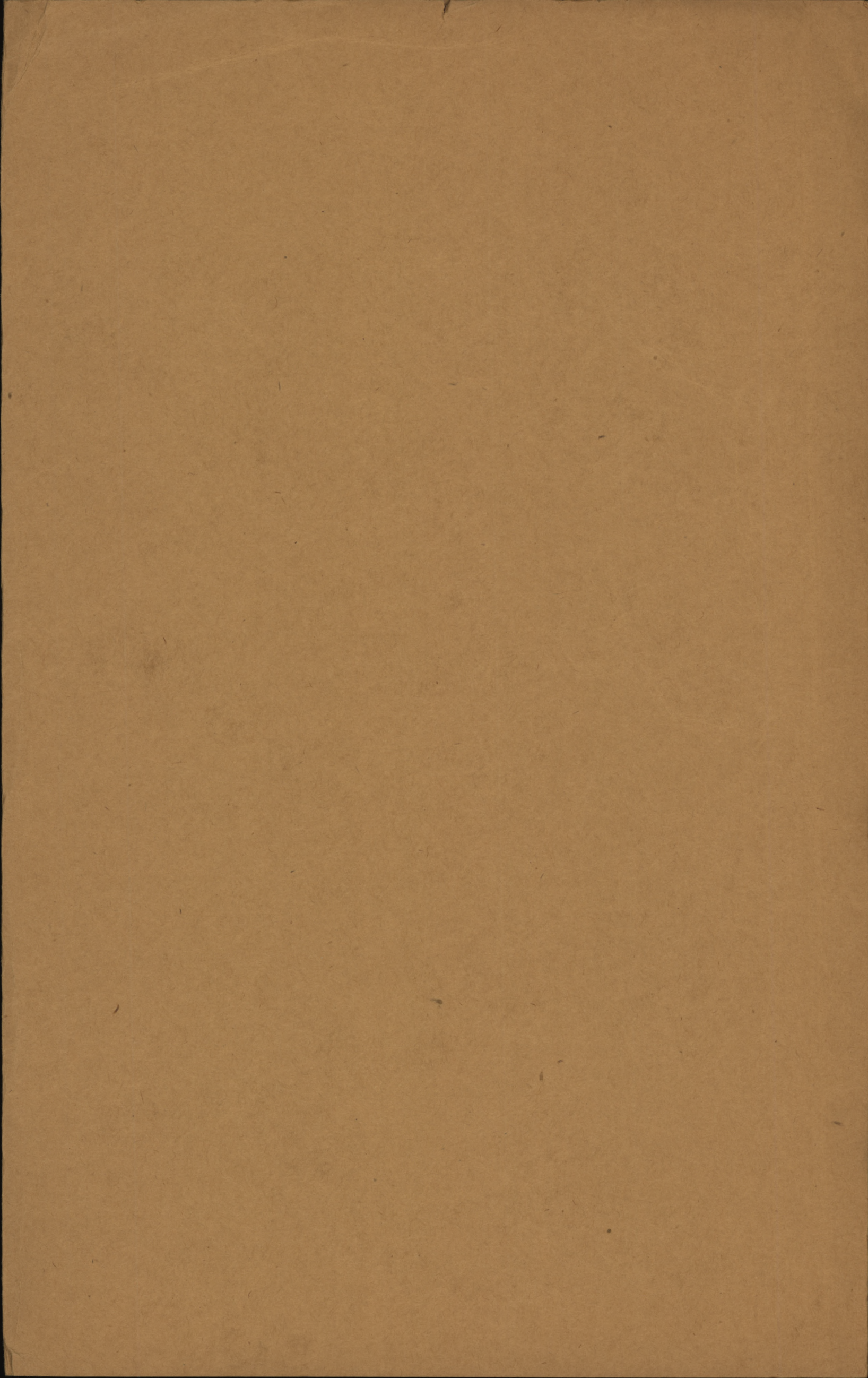
Deceased 6 June, 1938.

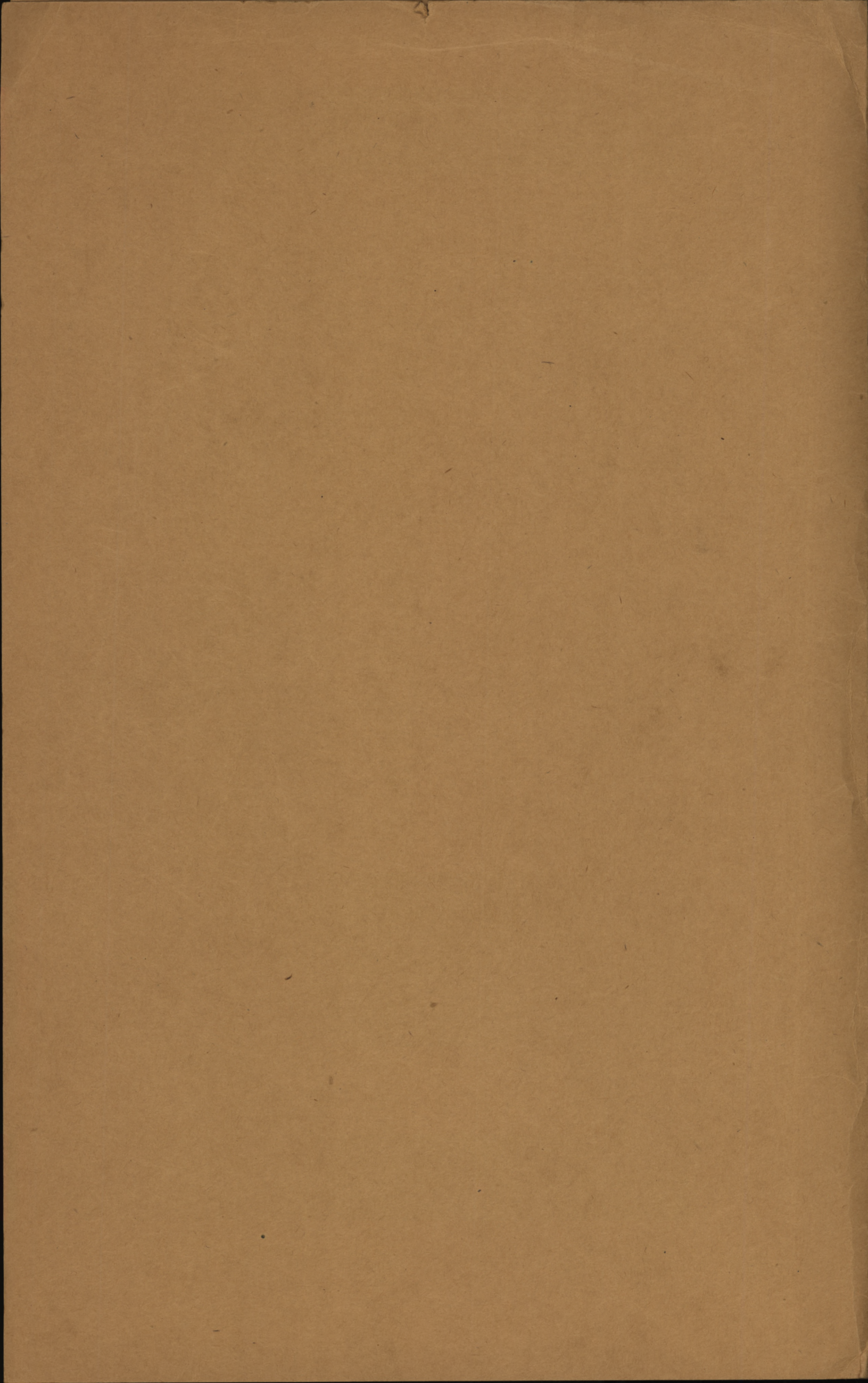
H. Q. 892-1

Box 145249

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THIS FORM WILL BE USED FOR ALL RANKS  
**MEDICAL HISTORY OF AN INVALID**

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

REPT  
 REFERENCE  
 JAN 23 1919

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 initialed 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... Ottawa, Ont. ..... DATE... Jan. 20th 1919.

1. 1 (a) Unit C.A.M.C., C.E.F. (b) Regimental No. .... (c) Rank Captain.  
 (d) Surname... POPE ..... (e) Christian name... Georgina Fane.  
 (f) Home address... 286 Stewart St., Ottawa, Ont.  
 (g) Next of Kin... Sir Joseph Pope. ..... (h) Relationship... Brother.  
 (i) Address of Next of Kin... 286 Stewart St., Ottawa, Ont.

2. Age last birthday... 57 ..... Date of birth... Jan. 1st 1862.

3. Enlistment, or Appointment (if an Officer) (a) Place... Ottawa, Ont. ..... (b) Date... Sept. 1906.

4. Personal description:  
 (a) Height... 5' 3" ..... (b) Weight... 133 lbs. ..... (c) Complexion... Flourid.  
(stripped)  
 (d) Colour of hair... Grey brown ..... (e) Colour of eyes... Blue grey ..... (f) Identification marks, Scars, etc. ....  
Slight vaccination scar left arm (appendectomy scar).

5. Former trade or occupation... Trained 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).

	PERIODS	
	From	To
South Africa 1 9/12 months. 1899-00-01 and 02.		
Canada... <u>11 years.</u>		
England... <u>7-12</u>		
France or other theatres of War... <u>9-12</u>		

7. Original disease, or injury... Arterio-sclerosis.

103

(a) Date of origin... Feb. 1918. ..... (b) Place of origin... France.

(c) Cause... Strain of active service.

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.)

Fatigue constantly with sleeplessness and dizziness.

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.)

Appearance that of good health and general condition improving. Is easily fatigued and if in a crowd becomes nervous. Dizziness most present in the morning with pain in nape of neck. This is not present daily but four or five times a week.

Urine examination- on examination shows no abnormalities.

(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... as stated. Genito-Urinary System... as stated. (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)  
Special Senses... as stated. 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... \*\*\*\*\*

Slight deafness in each ear C.V. 15 ft each. Heart not enlarged pulse 100 full and regular. Systolic blood pressure 200-diastolic 100.

10. (a) History (of the condition referred to in Section 9 (a).)

General health good until Feb. 1918-then began to have dizziness with loss of sleep and felt constantly tired. In July began to have slight diarrhoea. Relieved during August but returned in Sept. and persisted until arrival in Canada about Dec. 16th 1918.

10. (b) (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).)

Appendectomy for suppurative appendicitis in 1911-scar firm and well healed.

MILITARY REFERENCE  
JAN 25 1919  
I.Q. [unclear]  
CANADA

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

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

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? *permanent*

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

*rest and diet.*

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? *No.*  
(If not, briefly state why)

17. Recommendations. *Category "E"-Disability due to service.*

*Hubert Byers Capt*  
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, 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

*AA*

*102*

*Georgina Pope Major* Rank.  
Signature of invalid examined.

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 . . .

27-1-19

26-1-19

27-1-19

19. Is the invalid fit for

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

Retired in Category "E"-Disability due to service.

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.

PLACE Ottawa, Ont.

DATE Jan. 20th 1919.

*[Signature]* President.  
 Lt-Col R.M.S.  
*[Signature]*  
 Lt-Col R.M.S. 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.

PLACE.....  
 DATE.....  
 } President.  
 } Members

APPROVED BY  
*D. B. Muirhead* Major, A.M.C.  
 For A.D. Assistant Director of Medical Services.  
 For A.D.M.S. Mil. District No. 3  
 DATE JAN 23 1919

APPROVED BY  
*Jean Mackie Capt*  
 Director-General of Medical Services.  
 DATE 31, 1, 19

TO BE ATTACHED TO MEDICAL BOARD PROCEEDINGS OF  
OFFICER RECOMMENDED FOR INVALIDING TO CANADA..

A.G. Form 324.

1. Unit on leaving Canada. G. A. M. G. ....
2. Rank on leaving Canada. .... MATRON.
3. Surname. .... POPE.
4. Christian Names, (in full) ... Georgina, F. ....
5. If having served as an Other Rank, give date & Reg. No. .... N.A. ....
6. Address in Canada to which proceeding. .... 286, Stewart Street, ....  
..... OTTAWA, Ontario. ....
7. Canadian Post Office Address. .... 286, Stewart Street, Ottawa. ....
8. Relationship of next-of-kin. .... Brother. ....
9. Say if family in England, and how many. .... N.A. ....
10. If your condition permits, do you desire to travel by Transport  
with your wife and children, as stated in answer to question 9. .... N.A. ....
11. Military District in Canada. .... No. 3. ....
12. Religion. .... R.C., ....

SIGNATURE OF OFFICER BEING INVALIDED. .... *Georgina Pope* .....



(Sheet 2.)  
Casualty Form—Active Service.

Regimental

Regiment or Corps Camb.  
 Rank Matron Surname Pope Christian Name G. E. F.  
 Religion ..... Age on Enlistment ..... years ..... months .....  
 Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 or Corps Trade and Rate .....  
 Signature of Officer .....

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>24-8-18</u>	<u>Camb. bas. Co.</u>	<u>S.O.S. from 2 C.S. Hoop, France.</u>	<u>Speliffe</u>	<u>17-8-18</u>	<u>P. II DO. 93.</u>
<u>do.</u>	<u>do.</u>	<u>Adm. Q. A. I. M. N. S. Hoop.</u>	<u>do.</u>	<u>do.</u>	<u>do.</u>
		<u>"Debility after Shell Shock."</u>			
<u>26-10-18</u>	<u>do.</u>	<u>Granted leave 15-10-18.</u>	<u>do.</u>	<u>7-11-18</u>	<u>P. II DO. 147.</u>
<u>27-11-18</u>	<u>do.</u>	<u>Adm. C. R. C. S. H., Buxton.</u>	<u>do.</u>	<u>19-11-18</u>	<u>O. C. R. 1149.</u>
<u>18-12-18</u>	<u>do.</u>	<u>S.O.S. to C. E. F., Canada.</u>	<u>do.</u>	<u>26-11-18</u>	<u>P. II DO. 192.</u>
		<u>"Invalided."</u>			
			<u>A. R. Newson</u>		
			<u>for O.C., Camb. bas. Co.</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.

[P.T.O.]





*Copy*  
To Officer Commanding,  
No. 14. General Hospital

No 2 Can. Sta. Hospital,  
No. 1059/1/18.

Sir,

Matron Pope has been unwell for some time. She had been complaining of dizzy spells and on examining her I find that she has a blood pressure of 180 and a pulse of 90. The urine examination is negative and I think the condition is purely one of age with slight arteriosclerosis probably normal for her age. The air raids of late have accenuated this condition very much and in my opinion it is dangerous for her to continue longer here and I am admitting her to Hospital with a request that she be evacuated to England.

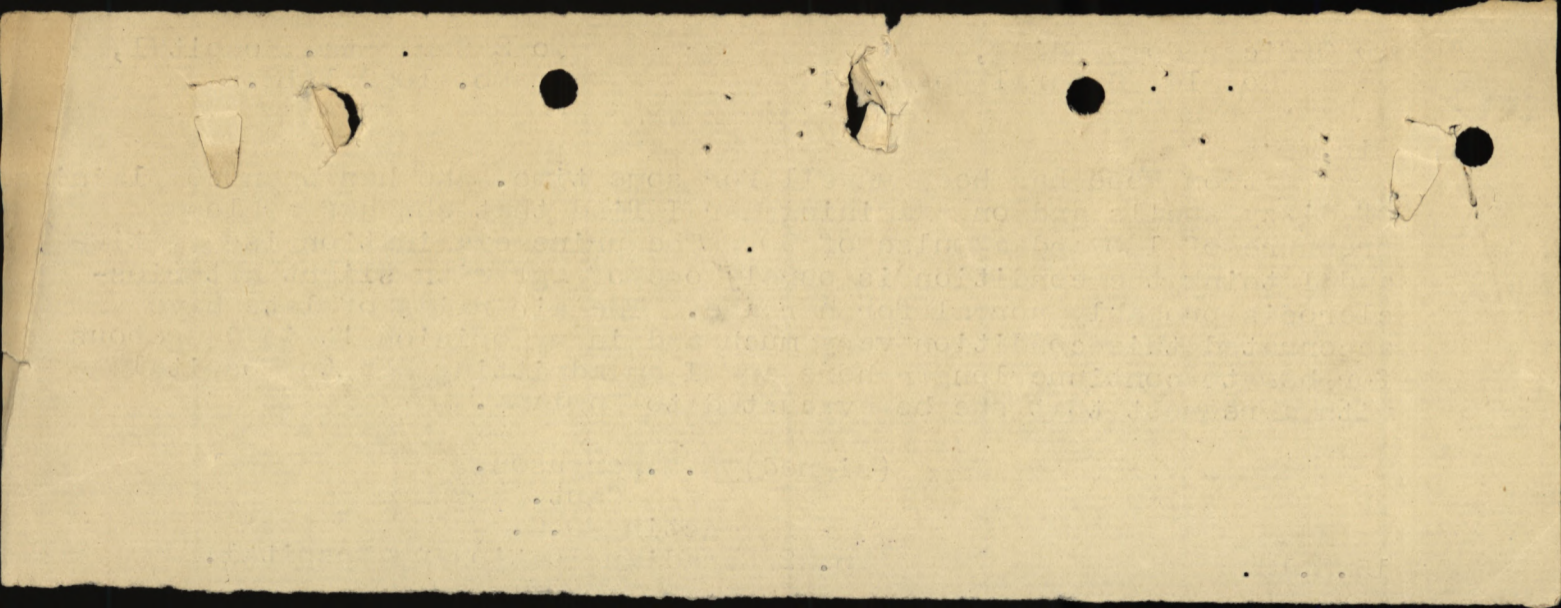
(signed) R.M.Ferguson.

Capt.

Acting O.C.

No. 2 Canadian Stationary Hospital.

15.8.18.



E.T. Surname

POPE

R.R.C.

Christian Names

Georgina Fane.

Rank

Nursing Sister

Name and Address of Next-of-Kin

Brother,

Promotion

MATRON

Sir, Joseph Pope.

Ottawa. Ontario. Canada.

Unit

C.A.M.C.

Place of birth

Charlottetown. Prince Edward Island.

Married (Yes or No)

Appointments

Date of leaving Canada

1 July 1917

R.L. 11 P. 34.

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

8.9.17.

D.M.S.

C.A.M.C. Depot.  
T.O.S. on Arr. from Canada & posted to 10.8.17. C.O. 1176.

14.9.17

Do

Att. to Ont. Mil. Hq. Orpington.

10.9.17

C.O. 1207.

15.9.17

Do

Awarded the R.R.C. for Services in Connection with the South African Campaign in 1901 or 1902.

letter on R.L. 11 P. 34.

8.10.17

Do

Attached to No 16 Can Gen Hosp. (Ont. Mil. Hosp.)

8.10.17

C.O. 1311

16.10.17

do

Ceases to be att to No 16 Can Gen Hq. on

Attint to No 15 Can Gen Hosp. Taplow.

14.10.17

C.O. 1351.

P. 267

4.12.17

do

Ceases to be Att to No 15 Can Gen Hq

28.11.17

C.O. 1580

5.12.17

do

Posted to No 8 Stat Hosp.

28.11.17

C.O. 1584

29.1.18

do

Procopces

22.12.17

C.O. 130

27.2.18

205 Hq

6050 on arr in France

22.12.17

P. 209.

27.7.18

do

I wanted 14 days leave from

20.7.18

P. 443.

20.8.18

AMS.

Adm. 14 Can. Gen. Hosp. Wimereux

15.8.18

Ch. 1064 Nervous Debility

A.F.B. 103.

12 FEB. 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				
8-18	2 CSHp.	S.O.S. (Sick) posted to CAMC Cas. Coy. Schiffe		16-8-18	Pf. ord. 50.
8-18	Cas. Dep. Sec.	T.O.S. on posting from 2 CSH and adm. Q.A. I.M.N.S. Hp.		17-8-18	Pf. ord. 93
8-18	AMS. CAMC.	Adm. Q.A. I.M.N.S. Hosp. 71 Vincent Sq. S.W.		17-8-18	Cl. 1064 Debility after Shell Shock
	Cas. Coy.	Discharged		24-8-18	Cl. 1070
26-10-18		Granted leave from 18-10-18 to		2-11-18	Pf. ord. 147.
9-11-18	AMS.	Adm. Can. Red X Sp. Hp. Buxton		25-8-18	Cl. 1134 Arterio Sclerosis
		Discharged		8-10-18	Cl. 1149
27-11-18	- do - CAMC.	Adm. Can. Red X Sp. Hp. Buxton		19-11-18	Cl. 1149 Arterio Sclerosis
		Discharged		26-11-18	Cl. 1155
18-12-18	Cas. Coy.	S.O.S. on trans. to C.E.F. in Canada (Invalided)		26-11-18	Pf. ord. 192.
		Brought to notice of Sec of State for War for Val. Services rendered in France with War.			W.O. List 19-8-19.
13-12-18	Hq. O.M.F.C.	S.O.S. on trans. to C.E.F. in Canada (Invalided)		26-11-18	RO. 5064.
					Ret. m. 15. 3. 19

995-6

**MEDICAL CASE SHEET.\***

AN DER X III  
BUXTON.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
5-1-91.	<del>Malton</del>	<del>MS</del>	Pope	Georgia Jane
Year	Unit.	Age.	Service.	
1910	AME	56	18 yrs. <sup>4</sup> / <sub>12</sub> 8/12	

Station and Date.	Disease
Worcester	Arterio sclerosis
24/5/8	<p>Previous health good. Appendectomy 1911. Was in South African war. no illness. P. An. n. c. in Halifax. Present illness started in France. Had a bad cold &amp; dyspnea. B. P. has been 180. His veins were a danger to harden arteries. I was sent home for quiet rest.</p>

29. 8. 18	<p>P 120. Tension high. Would suggest bromides &amp; small doses of iodides, &amp; salines every morning. Rest. R. W. Rudolf</p>
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7/10/18	<p>Arterio sclerosis Causes no symptoms &amp; fit for duty in England.</p>
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18/10/18.	<p>Dischg'd Capt. G. J. M. Monton capt. cause</p>
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\*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station  
and Date.

4-P 341

**MEDICAL BOARD REPORT ON A DISABLED OFFICER.**

(ALSO TO BE USED FOR DISABLED NURSES.)

Station Can. Red Cross Special Hospital,

Date 23-11-18. Buxton, Derby.,

- 1. Rank and Name Matron. POPE, Georgina F.
- 2. Unit C. A. M. C.
- 3. Age 56. 4. Total Service 19 yrs. War Service { (a) at home 42/12.  
(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 (i) ARTERIO-SCLEROSIS. (ii) NEURASTHENIA.
- 7. Date of origin of disability (i) Unknown. (ii) June, 1918.
- 8. Place of origin of disability (i) Unknown. (ii) No. 2. Can. Stat. Hosp.
- 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:— Appendectomy in 1911.

Uneventful recovery. Previous health otherwise good until Feb. 1918.

when she reported sick at 2nd Can. Stat. Hosp. Her M.O. diagnosed condition as Arterio-Sclerosis but she was not admitted to Hospital.

In June 1918 began to be nervous. Admitted to Vincent Sq. Hosp. for one week in Aug. 1918 and transferred to C.R.C.S. Hosp. Buxton 24-7-18 to

18-10-18 diagnosis (i) Arterio-Sclerosis, (ii) Neurasthenia. Admitted

C.R.C.S. Hosp. 18-11-18 diagnosis (i) Arterio-Sclerosis, (ii) Neurasthenia

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? (i) No. (ii) No.  
(b) in the service (i) Yes. (ii) Yes.

- 11. Was it attributable to military service? (i) Yes. (ii) Yes.

If so, to what specific military conditions is it attributable? (i) and (ii) Active service condition.

[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? (i) N/A. (ii) N/A.

If so, by what specific military conditions? (i) N/A. (ii) 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? (i) No. (ii) No.

*I concur in the findings of the Board of Medical Officers here recorded.*  
*F. H. [Signature]*  
*Captain, D.A.D.M.S.*  
*D.M.S.*

14. What is the officer's present condition? General condition not good. Present wt. 135, normal wt. 140 lbs. Heart lungs and kidneys normal. B.P. 90. Syst. 170. Patient complains of frequent headaches and attacks of dizziness. Is easily startled by any sudden noise. Sleeps only about three hours at night. Tires easily on slight exertion. Arterio-sclerosis moderate.

15. To what degree is the officer disabled at the present time? 80%.  
(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? (i) Yes. (ii) No.

17. If not permanent, how soon is re-examination recommended? 6 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? Hospital.

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

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— six months.

B.—Fit for service in a garrison or labour unit abroad No— six months.

C.—Fit for home service:—

(i) Active duty with troops No— six months.

(ii) Sedentary employment only No— six months.

D.—For admission to a command depot No— six months.

E.—Requiring indoor hospital treatment:—

(i) In an officers' military or auxiliary convalescent hospital YES— six months.

(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.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

*Aug 1, 1917*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>50<sup>00</sup></i>			
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*Bank Account for credit*

**P**

PARTICULARS OF SEPARATION ALLOWANCE

No. \_\_\_\_\_  
 Rank *N/S* Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_  
 Soldier's Name *Georgina Pope*  
 Battalion *C.A.M.C.*  
 Beneficiary \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Address \_\_\_\_\_

PARTICULARS OF ASSIGNMENT

Name *Royal Bank of Canada*  
 Address *South End Block*  
 Change of Address *Halifax N.S.*  
 1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					<i>14694-G.H</i>
<i>Dec 31</i>			<i>250</i>	<i>250</i>	
<i>Jan 15</i>	<i>Z 66396</i>		<i>50</i>	<i>50</i>	
<i>Feb.</i>	<i>A 66570</i>		<i>50</i>	<i>50</i>	
<i>Mar.</i>	<i>Q 92910</i>		<i>50</i>	<i>50</i>	<i>✓</i>
<i>April</i>	<i>2 9619</i>		<i>50</i>	<i>50</i>	<i>✓</i>
<i>May</i>	<i>7 17585</i>		<i>50</i>	<i>50</i>	<i>✓</i>
<i>June</i>	<i>6 22707</i>		<i>50</i>	<i>50</i>	<i>✓</i>
<i>July</i>	<i>3 32500</i>		<i>50</i>	<i>50</i>	<i>✓</i>
<i>Aug.</i>	<i>6 39407</i>		<i>50</i>	<i>50</i>	<i>8</i>
<i>Sept.</i>	<i>8 40969</i>		<i>50</i>	<i>50</i>	<i>8</i>
<i>Oct.</i>	<i>6 47738</i>		<i>50</i>	<i>50</i>	<i>✓</i>
<i>Nov</i>	<i>2 57499</i>		<i>50</i>	<i>50</i>	<i>✓</i>
<i>Dec</i>	<i>9 66290</i>		<i>50</i>	<i>50</i>	
			<i>850</i>	<i>850</i>	

M. F. W. 126.  
400mc. 17-1772 89-1141  
L. L. 22320-M. & D. 7893.

*Ac Closed 3-12-18*  
*Ret'd per Araguas*  
*7-12-18*  
 Date \_\_\_\_\_ M. F. W. 187 \_\_\_\_\_  
 Clerk *B. Stotesbury*  
*MO# 22469 Destroy*



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
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M. F. W. 128.  
 4004-6-7-1-72-89-1141  
 L. L. 22320-M. & D. 1993.



