

Unit C. A. M. C. Rank Nursing Sister Name Wooyentha Cecil Riddell

OFFICERS' DECLARATION PAPER

DEPT
MILITIA & DEFENCE

FEB 20 1917

H. Q. CANADA

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

MARRIED. NAME - HUNTER. WOORYENTHA. CECIL

11TH MEMO. WSR 914 H.O. FILE - 919-K
18-6-58
QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Riddell
(b) What are your Christian Names? Wooyentha Cecil
2. (a) Where were you born? (State place and country) Lachute Quebec Canada
(b) What is your present address? 248 Mackay Street, Montreal, P. Q.
3. What is the date of your birth? August 1892
4. What is (a) the name of your next-of-kin? Mrs A Riddell
(b) the address of your next-of-kin? Lachute Mills, Lachute Quebec
(c) the relationship of your next-of-kin? Father
5. What is your profession or occupation? Graduate nurse
6. What is your religion? Presbyterian
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? Army Medical Corps
9. State particulars of any former Military Service —
10. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

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

Winnie Riddell (Signature of Officer)

Taken on strength (place) Montreal P. Q.

(date) 24-1-17

[Signature] Major,
(Signature of Commanding Officer.)
A.D.M.S., M. D. No. 4

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 January 25 1917

Place Montreal P. Q.

[Signature]
Medical Officer.

*Insert here "fit" or "unfit"

7-2-02-1924

2009/20/2/17

R. C. FEB 20 1917

OFFICER'S DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(Answers)

1. (a) What is your name?
- (b) What is your rank?
- (c) What is your service number?
- (d) What is your present address?
- (e) What is your date of birth?
- (f) What is your date of enlistment?
- (g) What is your date of discharge?
- (h) What is your date of return to Canada?
- (i) What is your date of arrival in Canada?
- (j) What is your date of departure from Canada?
- (k) What is your date of return to the United Kingdom?
- (l) What is your date of arrival in the United Kingdom?
- (m) What is your date of departure from the United Kingdom?
- (n) What is your date of return to the United Kingdom?
- (o) What is your date of arrival in the United Kingdom?
- (p) What is your date of departure from the United Kingdom?
- (q) What is your date of return to the United Kingdom?
- (r) What is your date of arrival in the United Kingdom?
- (s) What is your date of departure from the United Kingdom?
- (t) What is your date of return to the United Kingdom?
- (u) What is your date of arrival in the United Kingdom?
- (v) What is your date of departure from the United Kingdom?
- (w) What is your date of return to the United Kingdom?
- (x) What is your date of arrival in the United Kingdom?
- (y) What is your date of departure from the United Kingdom?
- (z) What is your date of return to the United Kingdom?

CANADIAN OVERSEAS EXPEDITIONARY FORCE

The undersigned hereby declares that the above answers are true and correct to the best of his knowledge and belief.

(Signature of Officer)

(Date)

(Place)

(Signature of Officer)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above named Officer and find him to be fit for service with the Canadian Overseas Expeditionary Force.

(Signature of Medical Officer)

(Date)

(Place)

(Signature of Medical Officer)

(Date)

(Place)

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

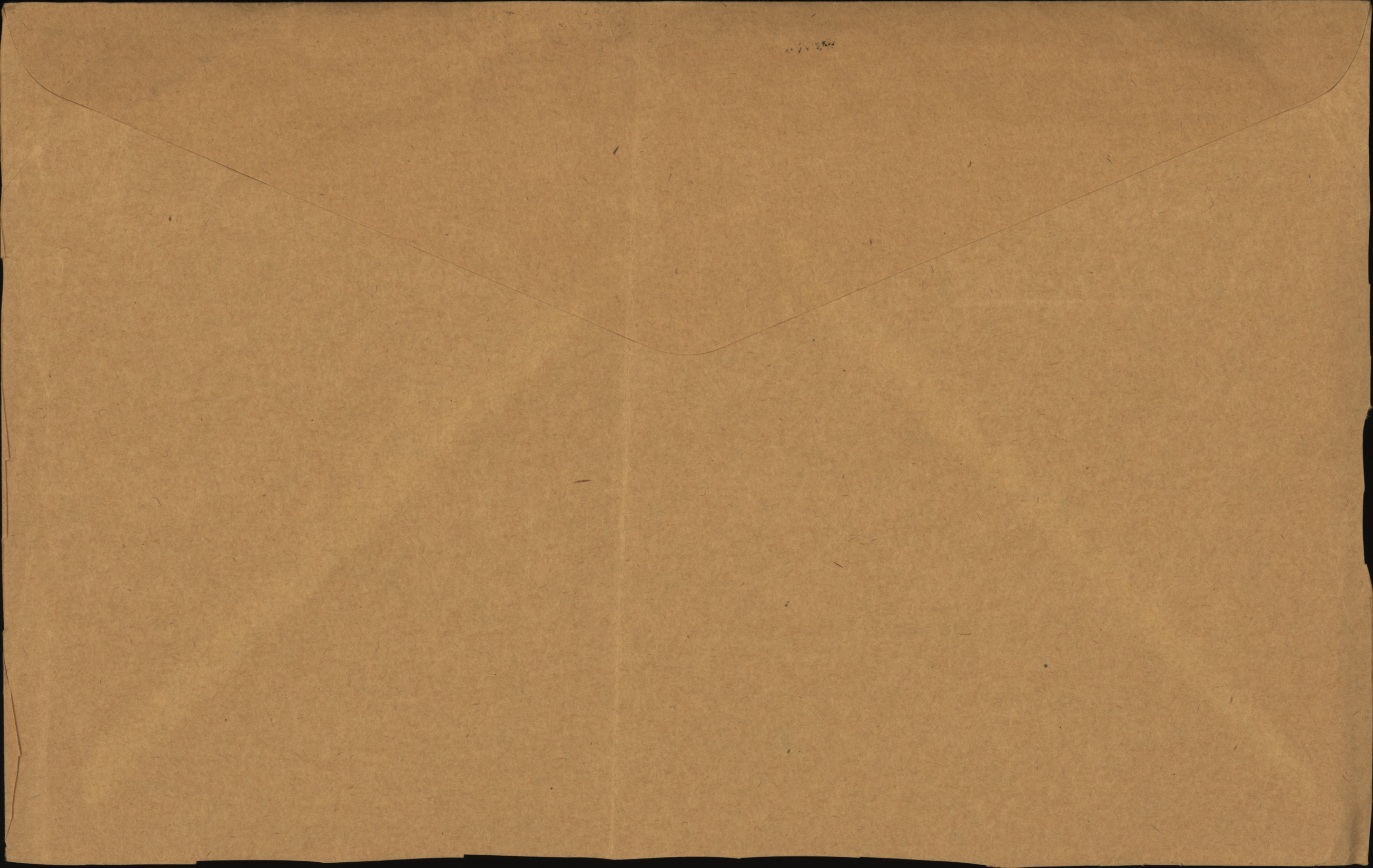
HUNTER. WOORYENTHA. CECIL - N/S. UNIT C.A.M.C.

MARRIED. NAME. FOR. DOCS. SEE
ANTH. MEMO. WSR9 & H.O. FILE. - 919-W
d/18-6-58

N/S. RIDDELL. WOORYNETHA. CECIL.

RETURN THESE DOCUMENTS
TO WAR SERVICE RECORDS
DEPT. OF VETERANS AFFAIRS

RETURN THESE DOCUMENTS
TO WAR SERVICE RECORDS
DEPT. OF VETERANS AFFAIRS



N/S

I.D. number
No. d'identification

Open ATIP

Riddell

Surname
Nom de famille

dec'd 21/06/60

WOOYNETHA CECIL

Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

Location
Lieu

8267



RIDDELL, WOONYNETHA CECIL

N.S.

C.A.M.C.

11809

MARRIED . NAME —

DE MOB

HUNTER. WOONYNETHA CECIL

AUTH. MEMO. WSR.9. & H.O. FILE - 919-W
d/ 18-6-58

Deceased
21-6-60



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

PR

H. Q. Reference

No.

Rank

N/S.

Unit

3rd Can. Gen.
Hosp.

Surname

Riddell

Christian names

Winnie Cecil

WOODYNETHA

Kindly forward Medals, to which I am entitled by reason of my
service in FRANCE

(Theatre of War)

with

3rd Can. Gen. Hosp., + 2 Can. C.C.S.
(Mobile)

(Unit with which served in Theatre of War)

No.

Street

1316-14th Ave. West

Town

Vancouver

County

B.C.

(Signature)

(WRITE IN BLOCK LETTERS AND IN INK)

Winnie Riddell
Winnie Riddell

B222328



POSTAGE
FREE

SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.

SURNAME.

CHRISTIAN NAMES

REGL. No.

UNIT

FORMER CORPS

RANK

NEXT OF KIN.

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADDRESS

CHANGE OF ADDRESS

COUNTRY OF BIRTH

PLACE OF ATTESTATION

DATE

DATE

CARD NO.

SOS Demob 30-6-19.
DO, 170 FOLL. 19-6-19.
STE ANNE DE B. M. H.

Disp Card 7 m 24

Riddell

Winnie Cecil.

Nursing Sister

C.a.m.c.

Riddell A.

Father.

Lachute Mills, Lachute P.Q.

Canada, Lachute P.Q.

Montreal P.Q.

Aug. - 1892.

Jan 24th. 1917.

Q.

R/E 1074/19 300 n.s.
3

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Nurse.

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

45 YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Montreal P.Q.

DATE

Jan. 25th. 1917.

Present Address: 248 Mackay St. Montreal P.Q.

Number.....

Rank

N.S.

Surname.....

RIDDELL

Christian Name

WOODYNETHA CECIL.

Units.....

Theatre of War

FRANCE.

Date of Service.....

16.5.17

Remarks.....

Latest Address.....

Lachute

Ont.

Roll No.

"B" Page 22328

200m.-6-21....

(This form to be filled in by all ranks on voyage to Canada.)

M.D. No.....

NUMBER

RANK

SURNAME

INITIALS

Full postal address.....

(Street)

(City or Town)

(Province)

Name of one person to be notified of arrival.....

Address.....

Railway Station in Military District to which a furlough warrant is required.....

Railway.....

If married, is your wife on board.....Number of children on board.....

Their destination.....

(Sgd.).....

No.

RANK

N. Str

NAME

Riddell W. E.

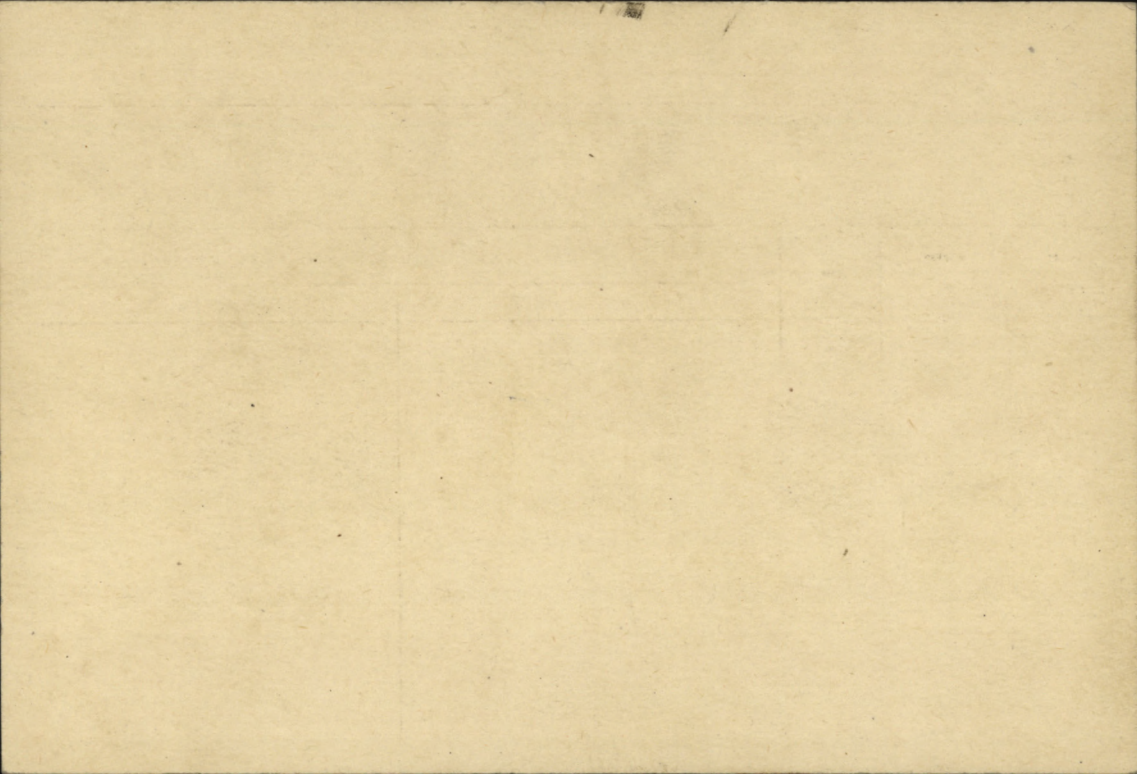
T. O. S.

UNIT

Army medical corps. Reinforcements

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1918			
Jan 24	Jan 31	L		
Feb.		L		
Mar.		L		



Surname	Christian Name	Serial No.
RIDDELL	W. C.	4-R-451.
Rank	Unit	
N/SBr.	C.A.M.C.	
Medical Board held at	Date	Condition found by Board
London Area	9-3-19	D.A.H.
Fit Home ser.unfit Gen.service.		

Remarks.

A.M.D. 2 DEPT.

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

Surname

Christian Name

Rank

Unit

Casualty List

MEMO TO W.S.R. 8

CHANGE OF NAME

Lt.N.S. RIDDELL, Woynetha Cecil (CEF)

Please note the following change of name for the
above-noted. Now known as:-

Lt.N.S. HUNTER, Woynetha Cecil (by marriage)

Authority: H.O. File No. (919-W)

Date: 18 Jun 58

(Miss) *J. Dignard*
W.S.R. 9.

42

MEMO TO W.S.R.

OFFICE OF THE

Mr. J. Edgar Hoover

Please note the following change of name for the
above-named. Now known as:-

Mr. J. Edgar Hoover

Author: H.O. T. H.

(Miss) J. D. H.
W.S.R. 2

Date: 1/1/33

Reg. No.....

Rank... *7/3*

Name... *Riddle, Wagnetha Carl*

Unit... *Came*

This form, after completion, is to be
attached to the documents of the m/n and filed in envelope.

H.Q. File Reference.....

Date Struck off Strength... *50 6 19*

Reason... *Death*

Military District... *5 W*

D.O. 170

Clerk's Initials... *DD*

Date... *5 7 19*

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
200M-3-19 (D.P. 254).
1772-39-903 (9986).

LAST PAY CERTIFICATE

Regimental No..... Rank N/S Name Riddell, W.C.
(Surname first)
Unit Ste. Anne de Bellevue M. Hospital who was* Discharged
On 30th June 1919 to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st June.....to 30th June 1919
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		
Regimental Pay..... <u>30</u> days at \$ <u>2</u> c. <u>00</u>		<u>60</u> <u>00</u>
Field Allowance..... <u>30</u> days at \$ <u>1</u> c. <u>00</u>		<u>30</u> <u>00</u>
Separation Allowance.....		
Clothing Allowance.....		
War Service Gratuity <u>1st Months War Service Gratuity</u>		<u>90</u> <u>00</u>
*Other Credits <u>30 days Messing Allow @50¢ per diem</u>		<u>15</u> <u>00</u>
Advances <u>cheque No. 757</u>	<u>105</u> <u>00</u>	
Separation Allowance and Assigned Pay Cheque No.....		
*Other Charges.....		
Balance on transfer or on discharge, cheque No <u>763</u>	<u>90</u> <u>00</u>	
Total	<u>195</u> <u>00</u>	<u>195</u> <u>00</u>

*Give particulars.

A monthly stoppage of \$.....(†) has.....(‡) been paid on account of
Assigned Pay for the month of.....191..... }
and Separation Allow. for month of.....191..... } (to) Assignee.....
(Address)
(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

1st Months War Service Gratuity Paid
ON TRANSFER OF AN OFFICER.

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment.....married or single.....
(2) Separation Allowance, entitled or not..... (3) Reason for discharge Demobilization
(4) Authority for discharge or transfer H.Q. 392-18-104 Dated 13-6-19

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 2nd July 1919
Place Montreal.

Paymaster
Ste. Anne de Bellevue Military Hospital No. 4 (Personnel)

N.B.—(A) This form is to be used for all ranks (vide Articles 122 and 130) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.

SUPPLEMENTARY CREDITS, DEBITS, ADVANCES, Etc.

Credits, Debits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

[illegible]

DEPARTMENT OF THE INTERIOR.



OTTAWA, CANADA.

LETTER OF IDENTIFICATION.

The bearer of this letter, Miss Woynetha C. Riddell,
whose signature and photograph appear in the margin hereof, has
produced satisfactory evidence that she is a British-born subject,
(he or she)
and, as the said person will apply for entry to the United Kingdom,
the present letter is issued for identification purposes only.

Signature W. C. Riddell

L. W. Scott

Superintendent of Immigration.

Countersigned A. Regimbal

Office Dominion Immigration Agent,

Address Montreal, Canada.

Date February 5th 1917.

(Canadian Army Medical Corps)



A. Regimbal

N.B.—This LETTER OF IDENTIFICATION will enable the holder to enter, but not to leave, the United Kingdom: a regular British passport will be required to leave any port in the United Kingdom. This letter will readmit the bearer to Canada if presented within one year.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

RIDDLELL, W.C

REGIMENT

Came

RANK

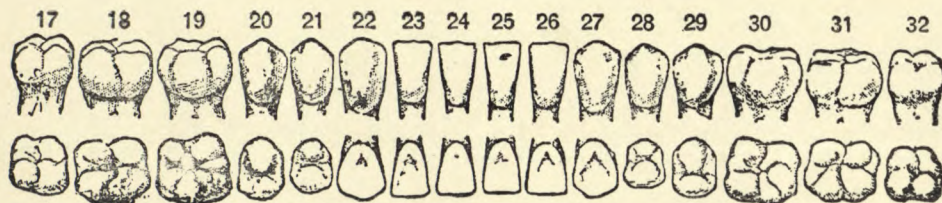
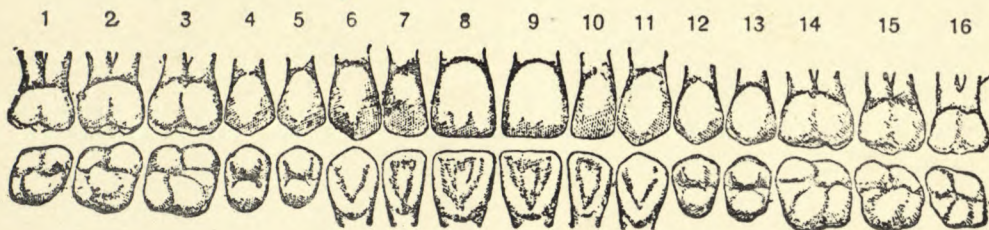
N/SH

No.

Date of Examination in England

9/3/19

Date of Examination in France

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.

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

Signature of Dental Officer

J.M. Rogers

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..... Army Medical Corps
- (2) Regimental Number..... ✓
- (3) Full Name of Soldier..... Woolyntha Cecil Riddell
- (4) Place of Birth..... Lachute Quebec
- (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?.....

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

(10) Is your Mother alive?.....

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.

(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?.....

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.

Date.....

Lieut. Colonel,
A.P.M.S. Mil. District No. 4.
Officer Commanding.

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 7/5 Surname Riddell
(Given name in full)
Wynne L.
Unit or Corps D.D. 4 Birthplace Lachute, Ind.
(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Good Weight 124 lbs. Height 5 ft. 4 in. Colour of Eyes Grey
Nutrition Good
Pulse 84
Condition of arteries Normal
Vision Rt. O.K. Left O.K.
Hearing (conversational voice) Rt. O.K. ft.
Left O.K. ft.

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

Scar one
inch in diameter
on back of neck

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
Special Senses no Integumentary System no Respiratory System no
Disturbance of mentality no Muscular System no Digestive System no
Osseous and Joint System no Any other general condition no

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.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date

Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date June 23 - 19

Signed J. Martin 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 W. E. Riddell

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

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

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

F.F. 4-35

D.M.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank).....

Nursing Sister

(Name in full).....

Moynetha Cecil HIBBELL

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.....day

Twenty-fourth

of.....191.....

January

7

He SERVED in CANADA,

England and France with the C.A.M.C. Depot,
Shorncliffe., Kitchener Military Hospital., #5 Can. General Hosp.,
#2 Can. Gas. Clearing Station., C.A.M.C. Gas. Coy., Shorncliffe., H.D.4
St. Anne de Bellevue Military Hospital.

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

thirtieth

of.....191.....by reason of.....

June-

9

General Demobilisation

Dated at Ottawa, this.....day

ninth

of.....191.....

December

9

J. E. Macpherson

Director of Personal Services

FOR

CANADIAN EXPEDITIONARY FORCE
Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)

(Name in full)

Enlisted in

CANADIAN EXPEDITIONARY FORCE, on the

day of 191 AND WAS APPOINTED to COMMISSIONED RANK

in

CANADIAN EXPEDITIONARY FORCE, on the

day of 191

HE SERVED IN CANADA

and was STRUCK OFF THE STRENGTH on the

day of 191 by reason of

Dated at Ottawa, this

day of 191

Director of Personnel Services

1-15-20-25
1-15-20-25
1-15-20-25

E.T. Surname **RIDDELL**

Christian Names

Woodynetha Cecil. ✓Rank **Nursing Sister**Name and Address of Next-of-Kin **Father.**

Promotion

Mr A. Riddell.**Lachute Mills. Lachute.** ✓Unit **C.A.M.C. Nursing Sisters. Reinf.,****Quebec. Canada.**Place of birth **Lachute. Quebec. Canada.**

Married (Yes or No)

Appointments

Date of leaving **Canada**

Date and Cause of Resignation

Report

Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case

Date

From whom received

Place

Date

REMARKS
Taken from Official Documents

Taken on strength on arrival from Canada

22-3-17. D.M.S. & posted to the CAMC Depot, Shorncliffe 7-3-17. C.O. 396. *Pr. ord. 83. Dep. T.O.S.*17-4-17 *Kitchener war hp.* T.O.S.Brighton 20-3-17 *Pr. ord. 35*21-5-17 *Dms.* Posted to #3. Can. Gen. Hsp. 16-5-17 *Co. 659.*3-12-17 3 C.G. Hp. Granted 14 days leave Rejoined unit. 22-11-17 *Pr. ord. 76*18-7-18 - do - Granted 14 days leave from 5-7-18 *Pr. ord. 39.*5-8-18 - do - S.O.S. Reposted to 2 Can. Cas. Chr. Sta. 22-7-18 *Pr. ord. 43*6-8-18 2 Can. Cg. Sta. T.O.S. on reposting from 3 Can. Gen. Hp. 23-7-18 *Pr. ord. 36*21-3-19 *GO* Granted 14 days leave 19-2-19 *Pr. ord. 10.*27-3-19 CAMC Gen. S.O.S. on exp. of leave to CAMC. Gen. 5-3-19 *Pr. ord. 13.*

T.O.S. from 3 C.C. Stat 5-3-19

22-3-19 15 C.G. Hp. S.O.S. to Eng. posted to CAMC. Cas. Coy. 8-3-19 *Pr. ord. 13.*22-3-19 15 C.G. Hp. T.O.S. on posting from CAMC Cas. Coy. 10-3-19 *Pr. ord. 68.*A.F.B. 103
6 JUN. 1917

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				
25-4-19	1509	S.O.S. on trans. to CEF in Canada Cessation of hostilities		30-3-19	Ptford 95
10-4-19	OmS	S.O.S. on Trans. to CEF in Canada Cessation of hostilities Sailed to Canada SS. Saturnia To 30. 6 19		30-3-19	CD 52. Sailing No. 35.

1439

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

M. F. W. 54. (A. F. B. 103:

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps Canadian Army Medical Corps.

Regimental No. Rank N/Sister Name RIDDELL, Woynetha Cecil.

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				
19-6-19	S.A.B.	S.O.S. Ate. Anne de Bellevue Mil. Hospital. 30th. June, 1919. Authority:- H.Q. 392-18-104 dated 13th. June, 1919. S.A.B. Daily Orders Part 2 No. 170 dated 19th. June, 1919.			<i>R. Renalan</i> Captain Adjutant, Sté. Anne de Bellevue MILITARY HOSPITAL.

(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				

Army Form B. 103.

Regimental Number.....

Casualty Form—Active Service.

Regiment or Corps.

Rank N/S. Surname Riddell Christian Name Woolmètha Cecil

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

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

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...			
22-3-17	DMS.	T.O.S. on arrival from Canada & posted to Cams. Depot S horndcliffe		7-3-17	CO. 396
17-4-17	Kitchener War. Hosp.	T.O.S.	Brighton	20-3-17	Pt ord. 35
21-5-17	DMS.	Posted to 3 Can. Gen. Hosp.		16-5-17	CO. 659
5-8-18	3 Can. Gen. Hosp.	S.O.S. reported to 2 Can. Cas. Qg. Stat.		22-7-18	Pt ord. 43
6-8-18	2 CCCS.	T.O.S. on reporting from 3 Can. Gen. Hp		23-7-18	Pt ord. 36

(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.

(6228) W. 13863/M1477 2,400,000 1/17 McA & W Ltd Forms B./103/4 (E. 856)

[P.T.O.]

CERTIFIED CORRECT

6 JUN 1917
CANADIAN RECORD OFFICE

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

M. F. W. 54. (A. F. B. 103.

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. *Army Medical Corps*

Regimental No. *24-1-17* Rank *Nursing Sister* Name *W. Wynne Cecil Riddell*
C. E. F.

Enlisted (a) *24-1-17* Terms of Service (a) *Defw* Service reckons from (a) *24-1-17*

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) *Graduate Nurse*

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		<i>Embarked</i> <i>Halifax</i>		<i>7-3-17</i>	
		<i>Disembarked</i> <i>Liverpool</i>		<i>16-3-17</i>	
<i>24-3-17</i>	<i>C.A.M.C.</i>	<i>TAKEN ON STRENGTH</i>	<i>Westenhanger</i>	<i>7-3-17</i>	<i>Pt II DO 83</i>
<i>3-4-17</i>	"	<i>On Com. to Kitchener Hosp.</i>	"	<i>20-3-17</i>	<i>Pt II DO 92</i>
<i>17th 1917</i>	<i>R.M.H.</i>	<i>Duty with Kitchener Military Hospital</i>	<i>Brighton</i>	<i>20/17</i>	<i>CAPT. ASST. ADJUTANT. FOR O.G. C.A.M.C. TRAINING SCHOOL.</i>
<i>16th 1917</i>	"	<i>to C.A.M.C. Depot Westenhanger</i>	"	<i>16/17</i>	<i>Pt II DO 64</i>
<i>24/5/17</i>	<i>C.A.M.C.</i>	<i>Returns from On Command to Westenhanger</i>		<i>16/5/17</i>	<i>Pt II DO 143</i>
		<i>R.W. Hooper Posted to No 3 C.G. Hosp</i>			<i>for O.G. C.A.M.C. Training School</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

Casualty Form - Active Service

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
19/5/17	3 C.G.H.	Reinforcement		16/5/17	B213
25/11/17	"	110/121/12/16/5411 (AMD+) d/-13/5/17		22/11/17	B213 Pt 76 3/12/17
8/12/17	"	Granted 14 days leave		6/12/17	" 78 15/12/17
6-7-18	"	Rejoined Unit		5/7/18	B213 Pt 39 d/-18/1/18
20-7-18	"	Granted 14 days leave. OK.		19/7/18	B213
27-7-18	26.6.6 S.	Rejoined from leave.		22-7-18	B213. KM20421
		S.O.S. of no 3 Cdn. Gen. HP. on reporting			Pt 43 d/-1918
		to no 2 Cdn. S.O.S.			
		D.G.M.S. 29 8/18 d 29. 7.18.			
27-7-18	2000 S.	S.O.S. on posting from 3 C.G.H.		23-7-18	B213 Pt 36 d/-6/8/18
22-2-19	3 C.G.H.	Granted 14 days leave to France		19-2-19	B213 Pt 10/1919
14-3-19	Ady.	Posted to Camb. Gen. on exp of leave		5-3-19	KM/18/22769 Pt 10/1919
"	"	S.O.S. of C.A.M.C. General		6-3-19	Pt 13. 1919
8-3-19	36 S. 214	S.O.S. of C.A.M.C. General England		8-3-19	Ka. 50028 Pt 13-1919
		reported to same base.			
		by S. Cliffe. (auth. leave)			
		Recd HQ A1-1-42 d/19/1/19)			
			C. Rivlinson Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.		

S.O.S. - 30.6.19
A.O. 128

init. d.
Remot.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.

25m-4-17.

H. Q. 1772-39-819.

*Credit*To Whom *Bank of Montreal*By Whom Assigned *Riddell W. C.*Address *West End Branch*

Regtl. No.

St. Catherine St. W.

Rank

*N. S.**Montreal Que.*

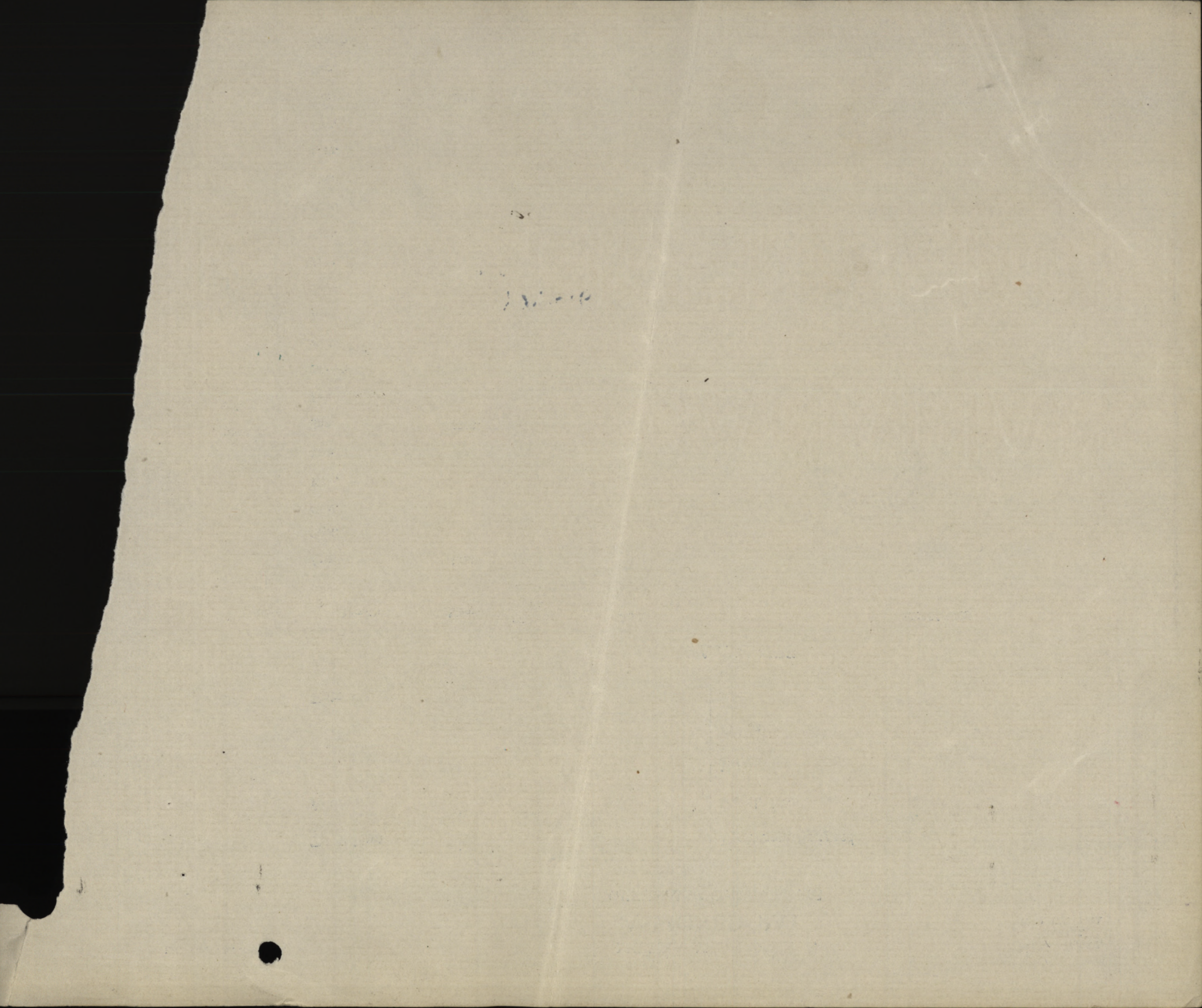
Corps

*A. M. C. Acinf.*Rate *\$30⁰⁰/₁₀₀**April 1/17.*

PAYMENTS

	Month	Year	Cheque No.	Amt.	REMARKS
<i>make envelope of it.</i>	Aug.	1914			
	Sept.				
	Oct.				
	Nov.				
	Dec.				
	Jan.	1915			
	Feb.				
	March				
	April				
	May				
	June				
	July				
	Aug.				
	Sept.				
	Oct.				
	Nov.				
	Dec.				
	Jan.	1916			
	Feb.				
	March				





MILITIA AND DEFENCE ASSIGNED PAY

M. F. W. 12a.

18m.-4-17.

1772-39-819.

Sheet No. 2.

(Assignee)

OVERSEAS CONTINGENTS

Credit
PAYMENTS.

Name of Soldier

Riddell W. C.

H. I. A. M. C. Reinf.

L. L. Job 19227-M. & D. 7814.

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>\$ 30⁰⁰/_{xx}</i>	<i>April 1917.</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*amx
amx
amx
amx*

1917

F 29535

T 32533

Y 39216

d 45476

K 52774

O 60715

120-

30

30

30

30

30

30

*lin
30-
lin*

\$ 270⁰⁰ (JP)

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.				

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount.

\$ 30⁰⁰/₁₀₀ 1-4-17

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

B.A.M.C.

Pay \$2.00 pd.

N.S.

F.A. 60.

mess. 1.00

17th from Canada

D.M.S.C.O. #396

d. 22nd 1/4

Name

Initials

Bank

Riddell
H.C.
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

1917-18

April 21st
- 22

April Pay (R)
A.P. Cann.

108

30

26

Bank

3009

78

May 11

A.P. Canada

30

" 15

May Pay (R)

111 60

81 60

22

Bank

6003

81 60

June 14

June Pay (R)

108

" 8

A.P. Canada

30

78

21

Bank

7998

78

July 14

July Pay (R)

111 60

" 18

A.P. Canada

30

81 60

23

Trav. Exps

H-6th

1766

£1.12.10 \$8.00

" 24

Bank

13029

81 60

Aug 18

August Pay (R)

111 60

"

A.P. Can

30

81 60

21

Bank

17080

81 60

Sep. 14

Sept Pay (R)

108

" 12

A.P. Can.

30

78

21

Bank

21813

78

Oct 15

October Pay (R)

111 60

12

A.P. Can.

30

19

Bank

26291

81 60

Nov 14

November Pay (R)

108

13

A.P. Can.

30

20

Bank

30681

78

carried forward

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$30 Canada

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

Pay \$2.00 pd. to S.
F.A. 60 "
Mess 1.00 "

Name Riddell
Initials W. b.

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
1914								
Dec 8	A. R. Canada				30			
7	Dec. Pay R		111 60					
" 13		Bank 35096		81 60				
Jan 15 th	A. Pay. Canada.				30			
" 14	Jan. Pay. (R.)		111 60					
22		Bank 39501		81 60				
Feb 16	Feb. Pay. (R.)		100 80					
" 12	A. Pay. Can.				30			
" 21		Bank 40996		70 80				
Mch	Mch Pay (R.)		111 60					
" 11	A. Pay Can.				30			
23		Bank		81 60				

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

Msgg: DATE AUTHORITY

Beneficiary

Address

Amount.

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

C. A. M. C.

N/S.

14-3-14 From Canada

Name

Initials

Bank

Riddell,

W. C. V.

of Montreal.

Canada

\$ 30⁰⁰ fr.

D. M. S. C. O. #396

d/22-3-14

1916-17

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

1914

Mar 31 Mess 14³/₄ - 31³/₄
Mess 14³/₄ - 31³/₄

Banks 24905

15

15

15

—

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

Address

Amount.

\$30⁰⁰ Can

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

C.A.M.B.

Pay \$2.⁰⁰ Pd.

N/S.

17³/₁₇ 7¹¹ Can

Name Riddell

F.A. \$60 "

DMSC0#396.

Initials W.C.

Messing \$1.⁰⁰ "

4/22³/₁₇

Bank of Montreal

Tras Sq

Add outfit. Ad⁴ 1⁴/₁₉

DATE

PARTICULARS

1918-19

CK. NO.

OR.

DR.

1919-20

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

April 15 A. Pay. Can.
April Pay (R.)

108

30

26

Bank.

1187.

78

May 17 May Pay. (R.)
A. Pay Can.

111 60

30

23

Bank.

26.83.

81 60

June June. Pay. (R.)
A Pay Can.

108

30

26

Bank

41.66.

78

July July Pay (R.)
A. P. Can

111 60

30

26

Bank.

56.35

81 60

Aug 16 A. P. Can
Aug Pay R

111 60

30

26

Bank.

72.72.

81 60

Sept. Sept. Pay (R.)
A. P. Can.

108.

30

26

Bank

9187.

78

Oct Oct Pay. R.
A. P. Can

111 60

30

21

Bank

10428

81 60

Nov Pay R.
A. P. Can

140

30

Dec. 12 Pay R.

Bank

12502

110 -

124

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount. \$ 30. ban.

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

b a h b.

Pay 2

F.A. 1

Messing $\frac{1}{4}$ 10

hfs.

17³/₁₇ plan. out 10
396. d 25³/₁₇

Name Riddell.

Initials W. b.

Bank of Montreal
Dupelgne Sq

Add. out fit All 1⁴/₁₉

1918-19

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

Dec. 17

A. P. Can.

Bank

13792

124

94

30

124

Jan. 18

Pay R.

A. P. Can.

Bank

15864

94

30

Jan. 21

2nd

nt

Feb. 13

18

Pay R.

A. P. Can.

Bank

17121

112

82

30

Mar. 22

Apr. 17

20

24

28

Pay R.

A. P. Can.

Bank

18694

124

94

30

Add. out fit All 1⁴/₁₉

Bank

18838

100

100

Apr. 11

nt.

Adv. April P. & A.

April Pay R.
A. P. ban.

Bank

18836

120

90

30

Sgt Lewis Auth 28³/₁₉
Ret'd to Can.
L.P.C. 30⁴/₁₉
Super. M. E. Ledger
10 L12 p 26 May 6⁴/₁₉

Occupational Group 19
Superior Area

War Service Badge
Class "A" No. *R-33*

PROCEEDINGS OF AN OFFICER OR NURSING SISTER
STRUCK OFF STRENGTH
OF THE
CANADIAN EXPEDITIONARY FORCE

O.K.

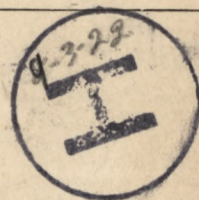
1. RANK *Nursing Sister*
2. NAME *Riddell Woynetha Cecil*
3. UNIT *C.A.M.C.*
4. DATE STRUCK OFF STRENGTH *30/3/19.* PLACE *Taplow*
5. REASON *For demobilisation*

Arrived S S Saturnia
Glasgow March 30'19

6. AUTHORITY

7. PROPOSED RESIDENCE

*Lachute
Quebec*



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.



*Decided
21-6-60*

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.

M. F. W. 2591.
20M-11-18.
1772-39-1380.

sheet 9 NR 33

✓

N.S. Riddell Woynetha Cecil

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 Form M. F. W. 31 or Attachment Paper M. F. W. 32

2. Certificate Form A. F. H. 102 or M. F. W. 33

3. Medical History Sheet M. F. H. 212 or A. F. H. 103

4. Proceedings of the Board A. F. A. 112 or M. F. W. 34

5. Medical Report Form M. F. H. 101

6. Dental History Sheet M. F. H. 104

7. Dental Examination Form M. F. W. 35

8. Certificate as to Missing Documents

9. Certificate as to Missing Documents

10. Certificate as to Missing Documents

11. Certificate as to Missing Documents

12. Certificate as to Missing Documents

13. Certificate as to Missing Documents

14. Certificate as to Missing Documents

15. Certificate as to Missing Documents

16. Certificate as to Missing Documents

17. Certificate as to Missing Documents

18. Certificate as to Missing Documents

19. Certificate as to Missing Documents

20. Certificate as to Missing Documents

Group.....
Checked by No.....
Date 29/3/19

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 Shorncliffe DATE 9th March 1919

1. 1 (a) Unit C.A.M.C. (b) Regimental No. (c) Rank N/S
 (d) Surname RIDDELL (e) Christian name WOOYNETHA CECIL
 (f) Home address Lachute Quebec Canada.
 (g) Next of Kin Alexander Riddell (Father) (h) Relationship Father
 (i) Address of Next of Kin Lachute, Quebec Canada.
2. Age last birthday 27 years Date of birth 15th August 1892.
3. Enlistment, or Appointment (if an Officer) (a) Place Montreal Que (b) Date January 1917.
4. Personal description:
 (a) Height 5' 4" (b) Weight 124 (c) Complexion Fair
 (d) Colour of hair Auburn (e) Colour of eyes Hazel (f) Identification marks, Scars, etc. Scar(circular- ar) on abck of neck 1" in Diameter.
5. Former trade or occupation Trained Nurse.

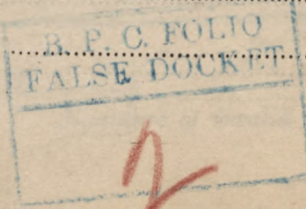
	PERIODS	
	From	To
Canada	27th January 1917	7th March 1917.
England	23rd March 1917	16th May 1917.
France or other theatres of War	16th May 1917	8th March 1919.

7. Original disease, or injury D.A.H.

(a) Date of origin MAY 1918. (b) Place of origin BOULOGNE FRANCE
 (c) Cause ACTIVE SERVICE CONDITIONS

M. F. B. 227.

400M.-11-18.
1772-39-117.



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).)

nil

(c) (Here give a description of wounds, scars 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.)

N.A.

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? **This is uncertain- 6 months.**

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

There has been none.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

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

Yes (Rest)

16. Can the former trade or occupation be resumed? **Not at Present.**

(If not, briefly state why)

17. Recommendations. **Rest or Leave.**

W. C. Riddell 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, **W. C. Riddell.** 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



W. C. Riddell

Signature of invalid examined.

Rank.

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.)

(DISORDERED ACTION OF HEART) DYSPNOEA

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.)

The pulse is very rapid 100 when at rest- 120 upon standing -
there is also intermittence -about one beat in six to one beat in ten.

The N/S gets short of breath upon exertion-but she does not ~~EE~~ complain of pain- but sometimes at night when she is in bed she states that she has to sit up to get her breath.

- (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	Genito-Urinary System.....	no
		(If pulse rate is abnormal, B. P. will be taken.)		(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		

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

The sister first noticed this condition in May 1918 in France
at
just after the push- Arras when she noticed that her heart was
beating rather frequently- she was never examined- nor did she
apply for treatment

JUL 4 1919

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, except that in Q 9. Pulse at present is 96 (standing)

Very occasional systole Apex beat in nipple line. Pulse of fair tension. Has only very slight dyspnoea on exertion, but complains of heart pounding at night after going to bed. She is apparently nervous owing to exposure to air raids in France.

Question 17 should be Category "C 1" in our opinion.

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

(Category A)	(Yes or No.)	no
(" B)	(Yes or No.)	no
(" C)	(Yes or No.)	C 1
(" D)	(Yes or No.)	Yes
(" E)	(Yes or No.)	Yes

not applicable

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.)

No.

- (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.)

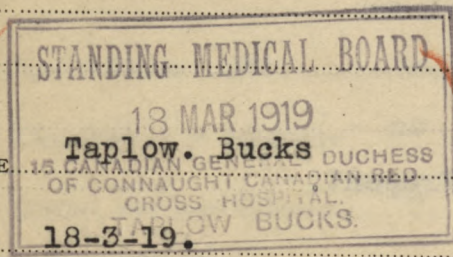
S.E.B. P.W.B.

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

Category "C 1" Bearded for return to Canada.

Authority A.G. 1a/8-1-155 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.



W. H. C. Mayo President.
W. H. C. Mayo 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

APPROVED BY
Assistant Director of Medical Services.
DATE.....
APPROVED BY
I concur in the findings of the Board of Medical Officers.
Director General of Medical Services.
here recorded
DATE.....
Captain, D.A.D.M.S. for D.M.S. Canadians.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF ASSIGNMENT

RATE OF SEPARATION ALLOWANCE

--	--	--	--

30+16
Bank Account.

30			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank

Promoted

Reverted

Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31	—		270	270	
Jan 18	69438		20	20	
Jan 18	71844		30	30	
Feb	K. 71611		30	30	
Mar	92302 R		30	30	
Apr	10032 R		30	30	
May	12537 V		30	30	
June	23412 S		30	30	
July	24589 F		30	30	
Aug	37799 S		30	30	
Sept	47097 O		30	30	
Oct	52590 H		30	30	
NOV	60877 S		30	30	
Dec	63460 I		30	30	
Jan	73124 E		30	30	
Feb	80870 H		30	30	
Mar	82470 G		30	30	
Apr	2937 B		30	30	
			750	750	

REWRITE

15-359-20-61

69438 Cancelled

M. F. W. 128
400M-617-1772-39-1141
L. L. 22320-M. & D. 7983.

A/c Closed

Ret'd per.

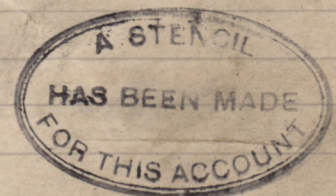
Date

Clerk

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

16/4/19

24/4/19



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

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/AAmount
A/P

Total

REMARKS

M. F. W. 128
4004-6-17-1772-39-141
L. L. 2220-M. & D. 1886.

MEDICAL HISTORY SHEET

Surname Riddell Christian Name Woynetta Cecil

Examined	on <u>25th</u> day of <u>January</u> 191 <u>7</u> .	Approved by	<u>[Signature]</u>
	at <u>Montreal P.Q.</u>	Rank	<u>Capt. Qu.</u> M.O.
Birthplace	City or Town <u>Lachute</u>		
	County <u>Argenteuil</u>		
Apparent age	<u>24</u>		
Trade or occupation	<u>Graduate nurse</u>		M.O.
Height	<u>5</u> feet <u>3 1/2</u> Inches		M.O.
Weight	<u>118</u> lbs.		M.O.
Chest measurement	Minimum <u>30</u> inches		M.O.
	Maximum expansion <u>33</u> inches		M.O.
Physical development	<u>good</u>		M.O.
Small-pox Marks	<u>✓</u>		M.O.
Vaccination Marks	Arm Right <u>0</u> Left <u>✓</u>		
	Number <u>—</u> <u>1</u>		
When Vaccinated last	<u>about three years ago</u> <u>16-2/17</u>		M.O.
(a) Marks indicating congenital peculiarities or previous disease	<u>✓</u>		M.O.
			M.O.
(b) Slight defects but not sufficient to cause rejection	<u>✓</u>		
	<u>25 1/17</u>		M.O.
	<u>3-2/17</u>		M.O.
	<u>12 2/17</u>		M.O.

Enlisted on 24th day of January 1917 at Montreal P.Q.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>C. A. M. C. nursing</u>	<u>541</u>		<u>24 - 1 - 17</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Captn. Buck</u>	<u>18-3-19</u>	<u>D. G. A.</u>	<u>Ret. C. i.</u> <u>Wagon Camp</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.

alt

MEDICAL HISTORY SHEET

Wynetha Cecil

Surname Riddell

Christian Name Wynetha Cecil

STATION	Date of Arrival at the Station	DATES OF				DISEASE	Number of Hospital days in	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.
		Admission into Hospital	Discharge from Hospital					
Day	Month	Year	Day	Month	Year			

Montreal P. Q. 24-1-17.

Signature of Medical Officer

W. B. S. M. I. District No. 4.

Examined { on 25th day of January 1917
at Montreal P. Q.

Birthplace { City or Town Lachute
County Argenteuil

Apparent age 24

Trade or occupation Graduate nurse

Height 5 feet 3 1/2 Inches

Weight 118 lbs.

Chest measurement { Minimum 30 inches
Maximum expansion 33 inches

Physical development good

Small-pox Marks ✓

Vaccination Marks { Arm Right 0 Left ✓
Number 1

When Vaccinated last about three years ago 16-2-17

(a) Marks indicating congenital peculiarities or previous disease ✓

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

Approved by

Rank Capt Amc 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
		M.O.
		M.O.
		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

Enlisted on 24th day of January 1917 at Montreal P. Q.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>C. A. M. C.</u>	<u>huring Sklar</u>		<u>24 - 1 - 17</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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

M. F. B. 313.

500M.—3-16.

H. Q. 1772-39-439.

Surname	Christian Name	Wynnetta Cecil
Riddell		

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				
Montreal P.Q.	24-1-17.									<i>[Handwritten signature]</i> Lieut. Colonel, A.D.M.S. Mtl. District No. 4.	