

C.E.F. REGIMENTAL DOCUMENTS

NAME CHRISTIE FREIDA HOPE REGT. No. N-5 UNIT CAMC H. Q. FILE No. 19720

CHRISTIE FREIDA HOPE

REGT. No. N-5

UNIT.....CAMC

...H. Q. FILE NO.

19720

Pro forma
no. 1592

W.O. Jamaica Bureau adm. by this Dept.

392-2-327 1592

Number _____ Rank *PRC* *N/S.*

Surname *CHRISTIE*

Christian Name *FRIEDA HOPE*

Units _____ Theatre of War *ENGLAND*

Date of Service *1-7-18*

Remarks *E.B. Christie, Esq. (F) 13 Burr St., Jamaica Plain,
Mass., U.S.A.*

Latest Address *Willow St.*

Roll No. *Page 5041* *Guero* *N.S.*

200m.-6-21... *170 Willow St.
Guero, N.S. on Receipt 6 10/20*

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



H.Q.392-3-327

CHRISTIE, Freida Nursing Sister

M & D father

E.B.Christie,
13 Barr St.,
Jamaica Plains, Mass., U.S.A.

*BOM disp.
W.O. advised
this effect. 259/26*

P & S

"

"

Memorial X-mother

Mrs. Saleah N. Christie,
as above

*Do not
send*

*MS
239/25*

Surname **CHRISTIE**

Christian Names

Frieda Hope

Rank **N/Sister.**

Name and Address of Next-of-Kin

Promotion

TUS-1 (P) 18' (London Eng.)

E.B.Christie, (Father)

Truro, Nova Scotia.

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

Place of birth **Nova Scotia.**

Married (Yes or No)

Appointments

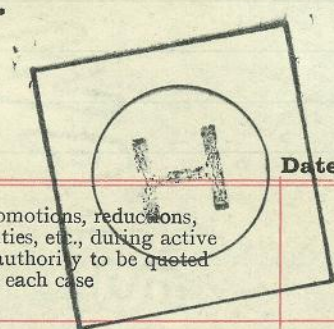
Date of leaving Canada

Date and Cause of Resignation

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
20.6.18.	HQ OMFC	To be N/Str.CAMC		1.7.18.	R.O.4272.
<i>30.6.18</i>	<i>C.A.M.C.</i>			<i>1.7.18</i>	<i>PT. O. 181</i>
1.7.18.	10 C.G.H.	Came	Brighton	3.7.18.	PT. 11 of 27.
<i>16/22-1-19</i>	<i>190</i>	<i>S.O.S. To 16 Can. Gen. Hosp.</i>	<i>Orpington</i>	<i>18-1-19</i>	<i>PT. ord. 3.</i>
22-1-19	1609H.	T.O.S. on posting from 10 C.G.H.		18-1-19	PT. ord. 19.
27-2-19	190	S.O.S. on trans to C.E.F. in Can. on Cess of Host		20-2-19	PT. ord. 50.
24-2-19	O.M.S.	S.O.S on Transfer to C.E.F. in Canada		20-2-19	CO 36.
		upon Cessation of hostilities			
		Sailing To Canada S.S. Lapland		20-2-19	Sailing no 17.

SOS. 15 MAR 19

*Mso sent 15 Mar.
Fr - W 22 Sen. Hosp.*



[illegible]

UNIT C.G.M.C. RANK N.S. NAME Frieda Hope Christie

OFFICERS' DECLARATION PAPER,
OVERSEAS MILITARY FORCES OF CANADA.

QUESTION TO BE ANSWERED BY OFFICER.
(ANSWERS.)

1. (a) What is your Surname? Christie
(b) What are your Christian Names? Frieda Hope
2. (a) Where were you born? (State place and country) Miss. Albert Nova Scotia Canada
(b) What is your present address? Truro Nova Scotia
3. What is the date of your birth? March 4. 1891.
4. What is (a) the name of your next-of-kin? E. B. Christie Esq.
(b) the address of your next-of-kin? Truro Nova Scotia
(c) the relationship of your next-of-kin? Father
5. What is your profession or occupation? Trained nurse
6. What is your religion? Baptist
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? C.G.M.C.
9. State particulars of any former Military Service? Sp. 1st Class Hosp. France. 22 Gen Hosp. 15 months. Haverhill
10. Are you willing to serve in the
Overseas Military Forces of Canada, Yes.

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

Frieda Hope Christie (Signature of Officer)

Taken on Strength (Place) London, England

(Date) 1st July, 1918

(Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider ~~him~~ fit for the Overseas Military Forces of Canada,

Date 10 June 1918

Place 13 Berners St. W.

* Insert here "Fit" or "Unfit"

J. H. W. Bell Major C.G.M.C.
Medical Officer

CANADIAN EXPEDITIONARY FORCE

W.W. 6-27.
L.B.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)..... **Nursing Sister.**
(Name in full)..... **Frieda Hope CHRISTIE.**
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..... **First**..... day
of..... **July**..... **8.**..... 191.....
S He SERVED in CANADA, **and England, with the Canadian Army**
Medical Corps.
and was STRUCK OFF THE STRENGTH on the..... **Fifteenth**..... day
of..... **March**..... **9**..... by reason of..... **General Demobilization.**
Dated at Ottawa, this..... **Nineteenth**..... day
of..... **March**..... **xx 1920.**..... 191.....
Also served 15 months in France with #22 General Hospital.

for.

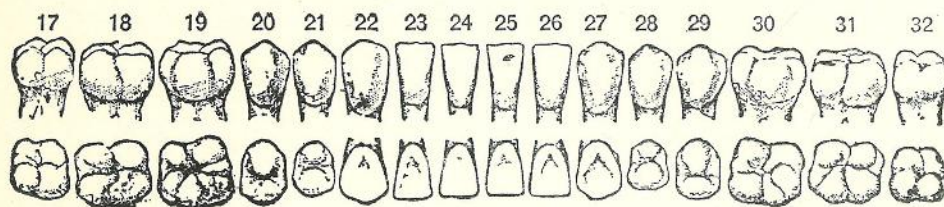
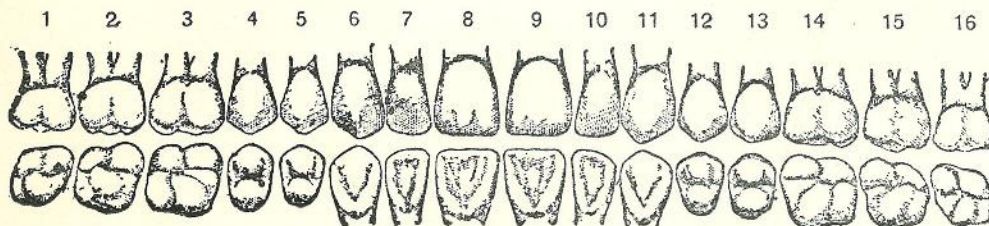
Major.

Director of Personal Services.

CANADIAN ARMY DENTAL CORPS, M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Christie, F.H.REGIMENT C.A.M.C. RANK N/S No. Date of Examination in England Jan. 21-19 Date of Examination in France 

PRESENT DENTAL REQUIREMENTS

1. FILLINGS no
2. EXTRACTIONS no
3. CROWNS no
4. DENTURES no
- (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 no
- (b) In England no
- (c) In France yes

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.

Signature of Dental Officer O. Leslie Capt.

Medical Examination upon leaving the Service **of an Officer fit for general service or a Soldier fit for duty.**

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank..... *N/S* Name..... *FRIEDA HOPE* Surname..... *CHRISTIE*
 Unit or Corps..... *Camb* (If a soldier) Regtl. No.....
 at..... *River Street, Toronto* On, date..... *11/3/1891*
 Signature (for identification)..... *F. Christie*

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe. *Nil*

Weight..... *176* lbs.

Height..... *5* ft..... *2* in.

2. **NUTRITION AND DIATHESIS ?**

Good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM ?**

normal

4. **RESPIRATORY SYSTEM ?**

normal

5. **HEART ?**

Abnormal Sounds? *no*

Abnormal Size? *no*

Pulse Rate? *68*

Intermittence or irregularity? *no*

6. **ARTERIES.**—Any hardening?

no

7. **DIGESTIVE SYSTEM ?**

normal

8. **GENITO-URINARY SYSTEM ?**

Urinalysis—s.g.?..... *1016* Reaction?..... *acid* Albumen?..... *nil* Sugar?..... *nil*

9. **SKIN, MIDDLE EAR, EYE**
or any other part?

normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

16 months service France Harbord Medical Unit - Six month with Camb. in Eng. no hospital admissions -

11. Opinion as to the health and physical condition of the one examined?

General Health Good - no disability - discovered

Examined at..... *No. 78 CANADIAN GENERAL (ONTARIO) HOSPITAL, BRISTOL, KENT.*

Date..... *22 JAN 1919*

Signed..... *A. M. Horton Esq. M.O.*

Signed..... *W. W. G. Hughes Esq. M.O.*

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

ASSIGNED PAY.

UNIT.

RANK.

Mess

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

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

Camb

Pay 2.00

N S

4 7/8

NO 610

4272.20 7/8

F.A. 60

Messing 1.00

address. 10th 6th (Kitcheners) Mess.

Brighton

add outfit allowance

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPEC
To be in

1918

July 2 Outfit Allowance Direct 4159

£30

July 11 Dra of 1 7/8 - 30 7/8 mess 4 7/8 No 10022

108 60

25

July Pay R

Bank

5626

108 60

Aug

Aug Pay R

Bank

7258

111 60

111 60

Sep

Sept Pay R

Bank

9187

108

108

Oct

Oct Pay R

Bank

10404

111 60

111 60

Nov

Nov Pay R

Bank

12521

140

140

Dec Pay R

Bank

13792

124

124

Jan 16

adv P & a

Cash

14941

124

Pay R

124

Feb 25

adv Feb P & a

Cash

15497

112

Feb 17

Trav allow 6-19 1/2 19

Direct 12680

Feb Pay R

112

Dr 112

RETU
L.P.C.
TRAN

£28.
To be

1918-19

add Outfit all 1/20/100

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918								
July 2	Outfit Allnce Direct	4159						
July 11	Prax 1 1/8 - 3 1/8 mess 4 1/8 Vo 10022		108	60				
25	July Pay R	Bank 5626		108	60			
Aug	Aug Pay R		111	60				
24		Bank 7258		111	60			
Sep	Sept Pay R		108					
24		Bank 9187		108				
Oct	Oct Pay R		111	60				
22		Bank 10404		111	60			
Nov	Nov Pay R		140					
		Bank 12521		140				
	Dec Pay R		124					
		Bank 13792		124				
Jan 16	adv Prax	Cash 14941		124				
"	Pay R		124					
25	adv Feb Prax	Cash 15497		112				
Feb 17	Trav allce 6-19 1/2 19	Direct 12680						
"	Feb Pay R		112					

£30-16-5 \$150⁰⁰

RETURNED TO CANADA
L.P.C. TO 28/2/19
TRANSFER TO NE. LEDGER

£28-10-0 \$136³⁶
To Ledger 12 from Ledger 511 3/4

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Pay

F.A.

Messing

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 initialed by P.M. in every case.

INITIALS

Amount. \$

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

Messing

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

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

Lapland 1.3.19

M. OR S.

REGT. No.

NEXT OF KIN

RELATIONSHIP

PARTICULARS

EFFECTIVE
DATE

AUTHORITY

ORIGINAL UNIT
C.E.F.

ADDRESS

PLACE OF
ATTESTATION

DATE OF
ATTESTATION

IS SEPARATION ALLOWANCE PAID?

DATE EFFECTIVE

ASSIGNED PAY \$

TO WHOM PAID

RELATIONSHIP

PAYABLE TO

ADDRESS

ADDRESS

STOP PAYMENT FORM
ASSIGNED PAY
RENDERED, DATE

DISCHARGED

RLAO

BALANCE
FROM
PREVIOUS
ACCOUNT

MONTH

PAY AND F.A.

OTHER
CREDITS

TOTAL
CREDITS

ACQUITTANCE ROLLS

CASH PAYMENTS

ASSIGNED
PAY

REGI-
MENTAL
CHARGES

NO.
OF
DAYS

RATE

AMOUNT

\$ C.

\$ C.

\$ C.

\$ C.

COL. NO. 1

COL. NO. 2

COL. NO. 3

COL. NO. 1

COL. NO. 2

COL. NO. 3

\$ C.

\$ C.

\$ C.

28.2.10

3.00

1/3/19 to 15/3/19

15

3.00

45.00

25.50

70.50

93.00

61.50

154.50

122 21/4/19

154.50

153 days

459.00

459.00

459.00

459.00

459.00

459.00

WAR SERVICE GRATUITY, W.S.G. S.

Certified that all payments
on this acct have been
made
For Senior Officer Pay Services, M.

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

PAYMASTER

(BLOCK LETTERS SURNAME FIRST)

PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)	
TOS with Subs 1-3-19	20060		b. a. m. b			
			PLACE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
			DATE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
			ASSIGNED PAY \$	DATE EFFECTIVE		
			PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS	
			ADDRESS		Willow St. Turo H. S.	
			STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE		
			DISCHARGED	PLACE DATE	REASON	AUTHORITY IF ENTITLED TO POST DISCHARGE PAY.
				655 15/3/19	Demob	2072

ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI- MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	
																								Messing on ship 80 to 18. r. 19
																								Sub 15 Day DO 60
																								+ first months gratuity
WAR SERVICE GRATUITY W.S.G. S. A.																								
																								1494702 17-9-19
Completed																								
Certified that all payments due on this acct have been paid																								
For Senior Officer Pay Services, M. D. G.																								

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps C.A.M.C.

Regimental No. Rank N/S Name Christie, Freda Hope
C. E. F.

Enlisted (a) 10-6-18 Terms of Service (a) D. of W. Service reckons from (a) 1-7-18

Date of promotion to } present rank } Date of appointment } Numerical position on }
to lance rank } to lance rank } roll of N. C. Os. }

Extended Re-engaged Qualification (b) 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				
30-6-18	CAMC D	T O S on Appointment to C.A.M.C.C.E.F.	S'cliffe	1-7-18	Pt, 2,181 (HQR04272)
13.7.18	do	S.O.S. to 10 C.E.F. Brighton	do	3.7.18	Revised 1918
6 7/1918	10 C.E.F.	1. O.S. from C.E.F. M.C. Depot.	Brighton	3 7/1918	FOR OFFICER COMMANDING C.A.M.C. DEPOT.
18 7/1919	"	S.O.S. to C.E.F. M.C. Casby	"	18/1919	FOR O.O. No. 10, CANADIAN GENERAL HOSPITAL.
18.1.19	no. 16 b32L	T.O.S. on posting from no. 10 Can Genl. Hosp.	Orpington	22.1.19	FOR O.O. No. 10, CANADIAN GENERAL HOSPITAL.
20.2.19.	Transfer to C.E.F.				
8 3/19	HQ Ottawa	TOS 684 Canada Gen Demol	M 19	20 3/19	684 RO 1776-19
21/3/19	HQ Ottawa	S.O.S. C.E.F. Canada on Gen Demol	# 6	15/3/19	684 RO 1815-19

(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.

Disembarked
Embarked
Name of Ship
FEB 20 1919
LAPLAND

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				

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

MEDICAL HISTORY OF

Surname Christie Christian Name Frieda Hope

TABLE I.—General Table.

Birthplace { Parish Pine Nebert 7 Nov 1874
County Cumtland

Examined { on 10 day of June 1918,
at 13 Burners St. W.

Declared Age 27 years 98 days.

Trade or Occupation.....*Nurse*

Height.....5.....feet.....2.....inches

Weight 126.....lbs

Chest Measurement { Girth when fully Expanded } 26 inches
 { Range of Expansion 2 inches

Physical Development Good No. 79 CANADIAN

		RIGHT	LEFT
Vaccination Marks {	Arm.....		
	Number		2

When Vaccinated Feb - 4, 1917

Vision { R E.—V = $\frac{1}{6}$
L E.—V = $\frac{1}{6}$

(d) Marks indicating congenital peculiarities or previous disease—

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

Approved by J. H. Bell

Rank Major C. C. M. C.

Medical Officer.

Enlisted { at.....
on..... day of 191.....

Joined on enlistment	Corps	Regtl. No.

Transferred	
-------------	--

Became non-effective by

on..... day of 191.....

(Signature).....

(Rank)

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

Date	Brief Details and Signature
Feb 4 1917	Vaccination
Feb 27, 1917	Inoculation
	Typhoid & Paratyphoid
	Frieds & Christie

22 JAN 1913
GENERAL (ONTARIO) HOSPITAL
INGTON, KENT.
R. M. Wootton Esq. Capt. Genl.

TABLE IV.—Service Table.

[illegible]

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

[illegible]

~~Deceased~~ 19-1-23 392-3-307 H. Q. ✓
Surnames *Christie* *auth. H. Q. file*
Christian names *Frieda Hope* *Essex 21 9*
Regtl. No. Rank *N. Sister*
Unit *C. A. M. C.* S. O. S. *Dis 15/3/19*
Reason *Went*
Auth. *100.728 13/3/19 DDB*

Next of kin *Christie, E. B.* Relationship *father*
Address *Leura, N.S.* Also notify:

BORN—Place *Canada, River, Herbert, N.S.* Date *March 4th, 1891*
ATTESTED—Place *London, Eng.* Date *July 1st, 1918*
O/S. R/C.