

REGIMENTAL DOCUMENTS

NAME **SAMPSON** **MAE BELLA** REGT. NO. **21/1st** UNIT **C.A.M.C.** H. Q. FILE NO.

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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DEATH

Category

Deceased

DISCHARGE

Category

DESERTION

02688

2

1-27
1-27

A.M. 50580

Nursing Sisters
1st Con't

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *Mae Belle Sampson*
2. In what Town, Township or Parish, and in what Country were you born?..... *Simcoe County - Northamptn. Towns Hip.*
3. What is the name of your next-of-kin?..... *Mrs Hugh Sampson (Mother)*
4. What is the address of your next-of-kin?..... *Dundee P.O. Ontario*
5. What is the date of your birth?..... *June 5th 1890*
6. What is your Trade or Calling?..... *Graduate Nurse*
7. Are you married?..... *no*
8. Are you willing to be vaccinated or re-vaccinated?..... *yes*
9. Do you now belong to the Active Militia?..... *yes*
10. Have you ever served in any Military Force?.. *no*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *yes*
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *yes*

Mae Belle Sampson (Signature of Man).

Kenneth Lamont (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Mae Belle Sampson*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Mae B. Sampson (Signature of Recruit)

Date *Sept 24* 1914 *Kenneth Lamont* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Mae Belle Sampson*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Mae B. Sampson (Signature of Recruit)

Date *Sept 24* 1914 *Kenneth Lamont* (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at..... this..... day of..... 1914.

..... (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

..... (Approving Officer)

Nursing Sister

Description of *Tampson Mac* on Enlistment.

Apparent Age.....years.....months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....*5* ft. *6* ins.

Chest measurement { Girth when fully expanded.....*36* ins.
Range of expansion.....*31* ins.

Complexion.....*fair*

Eyes.....*blue*

Hair.....*fair*

Religious denominations. { Church of England.....
Presbyterian.....*yes*
Wesleyan.....
Baptist or Congregationalist.....
Other Protestants.....
(Denomination to be stated.)
Roman Catholic.....
Jewish.....

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Small-pox mark over left eye.

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider *him**.....for the Canadian Over-Seas Expeditionary Force.

Date.....*Sept 24*.....1914.

Place.....*Quebec*.....

Medical Officer. *W. H. Cameron*

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Mac Belle Tampson having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Wm. MacLachlan (Signature of Officer)
Lieut.-Colonel

Date.....*Sept 24*.....1914.

O. C. No. 1. GENERAL HOSPITAL,
CANADIAN EXPEDITIONARY FORCE.

Rank and Name

Sampson, Mae Belle,

Regimental No.

Unit

A.M.C.

Date of enlistment

Sept. 24. 1914.

Place of birth

Simcoe, Nottawasaga.

Married (Yes or No)

No.

If in Permanent Force

Name and Address of Next-of-kin

Mrs. Hugh Sampson,
Duntroon, P.O. Ontario.

Date and place of discharge

Reason for discharge

Character on discharge

Promotions or appointments

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

29.3.18	DMS	Proc of seas with 2 Can Hy Hp	8-11-14	Letter on R/ 70-18
		R. 2 Can Hy Hp	Le Touquet	Report 10-4
3-7-15	O.C. 2 Stat Hp	Struck off. Transf. to 1 Can. bl. Stat.	9-6-15	Part II ord. 17- auth. D. M. S. Canada
8-4-16	D. M. S.	Transferred to No 2 C. Stat. Hp	30-3-16	E.O. 578 P. 10.16 (No 1. C. Stat. CS)
14-4-16	2 C. Stat. Hp	Taken on strength	No 2 C. Stat. Hp	31-3-16 P. 11. Dnd 16.
31/8/16	D. M. S.	Transf. to C. Couv. Hp	Uxbridge	P. II ord. 245. Came detachment.
1-10-16	Uxbridge	S.O.S.	Uxbridge	C.O. 1615 P. II ord. 34. 28/H.
29-9-16	G.O.C. 16	overseas to No 1 Can. Stat. Hp	24-9-16	P. II ord. 274
12-11-16	1 S.C.H.	Taken on strength	1 Stat. C.H.	6-10-16 P. II. ord. 34.
8-10-17	DMS	Posted to No 16 Can Gen Hp (Ontario Unit)	26-9-17	60/1310
2-9-17	1 C.S. Hp	Detached Force on Embk to England	16-8-17	P. II 204
24-10-17	16 C.S. Hp	Adm. No 16 Can Gen Hp.	Uxbridge	24-10-17 P. II 204 "Diphtheria" C. 8/17
14-11-17	DMS	Posted to A.M.C. Depot	12-11-17	" 272
28-11-17	W.O.	Mentioned in Despatches	14-11-17	E.O. 1501
				Con Log 30404

JAN 11 1916

A.F.B. 103.
16 OCT. 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				
11-1-18	CAMC Dep	Proc on Com ^{Port} trans duty to Canada		17-11-17	Letter on file 10081 25/9/11
7-1-18	Dof. M.S.	On duty in Canada is granted leave 2-2-18		6.0.26	
21.2.18	do	by 2-2-18 on return of Med Board		19.2.18	6.0.244.
25.3.18	do	Posted to 16 CGHs from Depot		22.3.18	6.0.384
6.7.18	A.M.S.	Mussing believed drowned		27.6.18	CL 1026
7.3.19	do	Previously reported Missing believed Drowned now for official purposes presumed to have died on exercise		24.6.17	CL 1232 (R2H 1041-93 Excluded 12-3-19)

7888

Casualty Form—Active Service.

Regiment or Corps No 2 Stationary Hospital

Regimental No. _____

Rank Serving SisterName Sampson, M. B. Mac BelleEnlisted (a) 23/9/14Terms of Service (a) war

Service reckons from (a) _____

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

Extended _____

Re-engaged _____

Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 218, 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. 218, Army Form A. 36, or other official documents.
Date	From whom received				
27/4/15	O.C. Unit	Transferred to 2 Can. Stationary Hosp. Cas. Clg. station struck off	Le Longuet	10/6/15	B213 13/6/15
2-4-16	O.C. Unit	Taken on strength of 1 Can. Cas. Clg. Stationary Hosp. auth. D.G.M.	Ludlowfield	11/6/15	B213 13/6/15
1-4-16	O.S. No. 10000	Reposted to No 2 Can. Sta. Hospital auth. D.G.M.	in the field	30-3-16	B213 Pt II and 16 14 7/16
2-9-16	O.S. No. 10000	GHQ B/50 d/24/76	Outrean	31-3-16	B213 Pt II Cuds 16 d/14-4-16
2-9-16	O.S. No. 10000	Transferred to England for duty with ban bowal Hosp. unbridge. auth: 00.12/000000/2028/AM D4) d/19/16	England	28-8-16	B213. Pt II 37 d/9/16. aag file 6308.

(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.

NURSING SISTER SAMPSON M.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				
20-9-16	GOC Div Order. 6106	Transferred to No 1. Can Stationary Hosp.	Overseas	24-9-16	Part II Orders No 274. 20.5106
<i>J. Bunnham</i> MAJOR, FOR COL. 1/6 RECORDS, C.E.F.					
25-8-17	M.S.O.	Embarked for Toronto	Salonika	16-8-17	E 238
Joined 1 Canadian Stationary Hospital 6/10/16. <i>hnp</i> Embarked Southampton 24/9/16. H.S. "Britannic". Disembarked Salonika 6/10/16. <i>hnp</i> O 181035D/- 2/9/ 1917					
8-10-17	DMS.	Posted to No 16 Can Gen Hp (Ox mil Hp)		26-9-17	601310
<i>Franklin</i> MAJOR, FOR O. 1/6 RECORDS, C.E.F.					
28-9-17	16.68 O.H.	Taken on strength from No 1. Can Gen Hosp Oxington		16-9-17	Pl II Do 242
19-11-17	16.68	Sol to same dep Oxington		14-11-17	Pl II Do 276.
<i>W. W. Crawford</i> MAJOR, FOR O. 1/6 RECORDS, C.E.F.					
20-11-17	16.68	Los from No 16 G. Hosp. Shercliffe		14-11-17	Pl II Do 324
11-1-18	16.68	mentioned in Dispatches, Lda Coy. 30404 of 28-1-17. Pl II Do 339 (601568)		17-1-17	Pl II (Amnd. 4/7-1-17 of 23-1-17)
22-2-18	16.68	Amnd. Co. Lda Coy. 30404 of 28-1-17. Pl II Do 339 (601568)		19-2-18	Pl II 53 (60.244)
<i>J. B. Layne</i> MAJOR, FOR O. 1/6 RECORDS, C.E.F.					

Casualty Form—Active Service.

Regiment or Corps... *Cams*Rank *4th Lieut* Surname *Sampson* Christian Name *Maie Bella*

Religion..... Age on Enlistment..... years months

Enlisted (a) *23.9.14* Terms of Service (a) *5 years* Service reckons from (a) *23.9.14*

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

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

Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 88, 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. 88, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked...			
<i>22.2.18</i>	<i>166 JH.</i>	<i>2nd form. Cams Dep</i>	<i>Orpington</i>	<i>19.7.18</i>	<i>Pt. 5 No 46</i>
<i>27.3.18</i>	<i>166 JH.</i>	<i>Sos to 1st Mss</i>	<i>Orpington</i>	<i>22.3.18</i>	<i>Pt. 4 No 74</i>
		<i>2nd Mss</i>			
<i>22/6/18</i>	<i>2nd Mss</i>	<i>2nd Mss</i>			
	<i>2nd Mss</i>	<i>2nd Mss</i>			
<i>24/7/18</i>	<i>do.</i>	<i>S.O.S. Missing believed</i>			
		<i>drowned.</i>	<i>At Sea</i>	<i>24.6.18</i>	<i>Pt. 4 No 678</i>

(4) In the case of a man who has re-engaged for, or re-joined into Section D, Army Reserve, particulars of such re-engagement or re-joining will be entered.

(5) Signaller, Shipping-Staff, Sec.

W. 2137-13263 10076 7117 (5000)

For A.D.M.S. CANADIANS

P.T.O.

BUTON AREA

MEDICAL HISTORY of

ME
SAMPSON

M. BELLE

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.

Declared Age 24 years 3 months days.

Trade or Occupation. *Graduate Nurse*

Height 5 feet 6 inches

Weight.....lbs

Chest Measurement { Girth when fully Expanded } 36 inches.
 { Range of Expansion } 3. inches.

Physical Development

Vaccination Marks	Arm.....	
	RIGHT	LEFT
Number		

When Vaccinated

Vision { R.E.—V =
L.E.—V =

(a) Marks indicating congenital peculiarities or previous disease—

Small Scar (Small Pox).
over left eye.

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

Approved by Sgt Kenneth Cameron

Rank Tent-Cool.

Medical Officer.

Enlisted { at Lutes
on 25 day of September 1914

Joined on enlistment	Corps	Regtl. No.
	1 Gen. Hqs. L.	N. STR.

Transferred to		

Became non-effective by.....

on day of 191.....

(Signature).....

(Rank).....

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.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
ONTARIO MILITARY HOSPITAL WINDSOR, KENT.	24	10	17				Diphtheria		Throat swabbing culture report sent Oct 23rd/17 with headnote, from nose and throat - Examination revealed membrane on right tonsil: culture (4 vials made) - all given - (Oct 24/17) culture from throat positive - 4 vials made again given Recovery has been unobstructed - Patient released from observation Nov 7th/17 ft Two negative cultures at interval of 24 hours	J. McPherson Capt R.C.M.C.

CONFIDENTIAL.

Army Form A. 45.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station 13 Berners St - London W.1.Date 18-II-'18.

1. Rank and Name N/S. SAMPSON - MAE. BELLE.
 2. Unit C.A.M.C.
 3. Age 27. 4. Total Service 40/12 War Service { (a) at home Nil
 (b) abroad 40 mos. { 23 mos. France
 12 " Greece
 5. Address 133 Oxford St. London.

STATEMENT OF CASE.

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

6. Disability Debility.
 7. Date of origin of disability 1-XII-'17.
 8. Place of origin of disability Canada
 9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

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

This N/S. appears before the Board by order D.M.S. as above cited. She had sick leave in Canada, & at expiration of leave she was detailed for 'Transport Duty' without a Board.
 She states she is now fit.

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

Lt Col W. J. L. L. L.
 A.D.M.S. Invaliding
 for D.M.S.
 Canadian Contingents.

OPINION OF THE MEDICAL BOARD.

NOTES.—(i.) The Board will on no account inform the officer of its opinion on any of the following questions.

- (ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.
 (iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.
 (iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service? No.
 (b) in the service? yes.

11. Was it attributable to military service? yes.
 If so, to what specific military conditions is it attributed? Transport duty
Conditions.

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

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

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

14. What is the officer's present condition?

14. What is the officer's present condition? General condition good. . .
She states she is quite fit and the Board
finds her so.

Recommendation - "Fit for G.S."

15. To what degree is the officer disabled at the present time?
(Degree of disability)

(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 20, under 20, or nil.)

16. Is the disability permanent? No

17. If not permanent, how soon is re-examination recommended? 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? None

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

A.—Fit for general service.

B.—Fit for service in a garrison or labour unit abroad.

C.—Fit for home service :—

(i) Active duty with troops.

(ii) Sedentary employment only.

D.—For admission to a command depot.

E.—Requiring indoor hospital treatment :—

(i) In an officers' military or auxiliary convalescent hospital.

(ii) In an officers' hospital.

F.—Permanently unfit for any further military service.

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 1289 of 1917 been complied with?

Sunday May 1st 1861 President.
 1st Lieut. Wm. C. C. C.
 2nd Lieut. Capt. C. C. C. } Members.

CONFIDENTIAL.

PROCEEDINGS OF A MEDICAL BOARD

assembled at 13 Berners St London W.1. on 12-11-17

by order of A. D. M. S. - London area

for the purpose of examining and reporting upon the present state of health of
(Rank and Name) N/S. M. B. Sampson (Corps) 16th C. G. Hosp

Age 24 Service 37/12 Disability Diphtheria

Date of commencement of leave granted for present disability

Date on which placed on half-pay for present disability

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

this nursing sister reported at 16. C. G. Hosp
Orpington on 23-10-17 with positive K-L
entered Hosp. where she remained till date
when she was discharged sent to Board

Cured
Examⁿ finds her fit for S.S.

The Board recommends -

The Board will classify the officer under one of the following categories, the period of unfitness for the higher categories being stated.

1. Fit for General Service yes
2. Fit for service in a Garrison or Labour Battalion abroad. No officer likely to be fit for general service within six months should be classed in this category
3. Fit for Home Service.
4. Fit for Light Duty at Home.
5. Requiring indoor hospital treatment—
 - (a.) In an Officers' Hospital.
 - (b.) In an Officers' Convalescent Hospital.
6. (a.) Fit for light duty at a Command Depot
- (b.) Fit for treatment only at a Command Depot
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation
8. Was the disability contracted in the service? yes
9. Was it contracted under circumstances over which he had no control? yes
10. Was it caused by military service? yes
11. If caused by military service, to what specific military conditions is it attributed? Infection on duty.
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? not applicable

Officer's Address

16th Can. Gen. Hosp
Orpington

Signatures

W. J. G. M. S.
W. J. G. M. S.
W. J. G. M. S.

Capt. Caine

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

INSTRUCTIONS.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Oct 1914

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

45			
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PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank

N.S.

Promoted

Reverted

Discharge

Soldier's Name

Mae B Sampson

Battalion

1 Exped Gen Hosp.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Bert Sampson

Address

Collingwood Ont.

Change of Address

1

2

3

4

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

1917
Dec 31

m

1755
XXX

1755

15927-M-3

a/c closed, 31/12/17

Retd per Saxon 17/11/17 J. H. 6/12/17

Per Rept. Miss. Del. Dragned. Now for
official purp. pres to have died on
only since 27th June 1918.
Sold for 1st and 2nd 1/4 1918.

Date Noted	1918
C. L.	
Missing	
Died of Wounds	
Killed in Action	
Pensions Notified Date	

Pensions Notified Date	19th July 1918
Killed in Action	
Died of Wounds	
Missing	
C. L.	
Clerk	J. H. Allen
Date Noted	19th July 1918

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

--	--	--	--

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
------	------------	------------	------------	-------	---------

NAME

Sampson M. B. ✓

Regimental No.

Name and address of next-of-kin

Unit

Nursing Sisters.

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

Sheet 1

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
9/9	31/10/14	39	78	23 40	39	60	23 40		101 40			56 40	45		101 40	
11/11/14	30/11/14	30	60	18	30	18	18		78			33	45		78	
1/12/14	31/12/14	31	62	18 60	31	18 60	18 60		80 60			35 60	45		80 60	
1/1/15	31/1/15	31	62	18 60	31	18 60	18 60		80 60			35 60	45		80 60	
1/2/15	28/2/15	28	56	16 80	28	16 80	16 80		72 80			27 80	45		72 80	
1/3/15	31/3/15	31	62	18 60	31	18 60	18 60		80 60			35 60	45		80 60	
		190	380	11 40	190	11 40	11 40		494 00			224 00	270		494 00	

[illegible]

Name Sampson M B Mae Belle NPS

M. F. W. 41
1 OM-7-16
1772-39 889

Regimental No.

Unit

Camb

Date of enlistment

AP 45⁰⁰ closed 31¹² 17

Place of

SA. Mil } Can.

Married (yes or no)

Date and place discharged

Attendant M. J.
21 Feb 2/18.

Amount of pay assigned monthly \$ 45⁰⁰ not paid Eng.

Reason for discharge

To whom payable

Character on discharge

PExpense L.P. cleared to 30¹¹ 17 1 copy C.P.

Saxonia NOV 19 1917
NOV 30 1917

Ob 5351-M. & D. 6880.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount	No.	Date					
1-12-17	31-1-18	62	2 ⁰⁰	124 00	62	60	3720 105 40	266 60	1218 14/18	209 60	45 00	12 00	266 60	+ <u>Old Man 19-30 17</u> <u>1⁰⁰</u> <u>2 A.P. Dec 17</u> <u>CR 1366 31/18 P.M.</u>
											✓ 150 00			
Returned to England L.P. sent C.P. on 15 ² 18														
Recovered by the Chief Paymaster							359 60	359 60				359 60	359 60	B* Balance
side folio 39														

File B 31³ 18

Name and address of next-of-kin

Date of enlistment

Place of “

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

[illegible]

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12a.
60m.—12-15.
1772-39-319.

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

Bert Sampson-

PAYMENTS.

Name of Soldier *Sampson. Mae B.*

Nurse.

Month.	Year.	Cheque No.	Amt.
April	1916	4.551	45
May		H2558	45
June		25403	45
July		✓ 13338	45
Aug.		✓ 14427	45
Sept.		19461	45
Oct.		124726	45
Nov.		✓ 29223	45
Dec.		532280	45
Jan.	1917	H40118	45
Feb.		H46212	45
March		253474	45
April		Q 4807	45
May		511177	45
June		R 17825	45
July		S 25275	45
Aug.		J 32536	45
Sept.		P 39009	45
Oct.		M 44948	45
Nov.		L 52543	45
Dec.		Q 59728	45
Jan.	1918		
Feb.			
March			
April			
May			
June			
July			

45⁰⁰

Remarks.

*1 Gen. Hosp.

17⁵⁵ 31-12-17
 Closed
 Ret'd per. *Saxonia*
 Date 17-11-17
 16-12-17
 R8 ap.

45 R

03

1755

*WVA
WVA
JH*

all

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.				

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom

Address

Sampson Beut
Collingwood Ont

By Whom Assigned

Regtl. No.

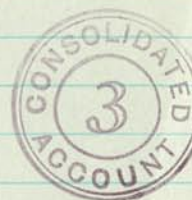
Rank

Corps

Sampson Mac B
Nurse
No 1. Expd Gen Hosp.Rate 45⁰⁰ per month

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.		6790	45	✓
Nov.		B1411	45	
Dec.		3. 2553	45	
Jan.	1915	E 3757	45	
Feb.		D 5664	45	-
March		66144	45	
Apl.		B 746 3	45	
May		a 8282	45	
June		J 3578	45	
July		24544	45	
Aug.		H 11542	45	
Sept.		L 12948	45	
Oct.		712266	45	
Nov.		D 15020	45	
Dec.		C 15327	45	
Jan.	1916	B 16108	45	
Feb.		A 18311	45	
March		J 14195	45	



Paid Notified Date 14th July 1918.
 Date 24th June 1918.
 Missing Date 24th June 1918.
 C. L. 130. Italia 1... Clerk...
 5th July 1918
 Date Noted 19th July 1918

make
envelope
dp.

Surname.

Christian Name.

SAMPSON

M. B.

Rank.

Unit.

N/Str.

C.A.M.C. - 16-0-6-H. "Llandovery

Castle".

Date of admission.

16 Can. Gen. Hosp. Orpington.

26-10-17.

Hospital.

Transferred Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis. Diphtheria - ~~Susp.~~MISSING believed ^{an} DROWNED: -27-6-18.Later diagnosis. Now for Official Purposes presumed
to have died on or since 27-6-18.

Disposition.

Date.

Discharged: -12-11-17

30-10-17 817-3.

21-11-17 836-4.

6-7-18 1026-3.

C.L. 7-3-19 ^{Remarks.} 1232.

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
SAMPSON.Christian Name
M.B.

Reg. No.

Rank
N/Str.Unit
C.A.M.C.

MEDICAL BOARD held at

Date

Serial No.

London Area.

12-11-17.

(1)

do.

18-2-18.

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board
Diphtheria. Debility.

Disposition Recommended

(1) Fit General Service.
Fit for General service.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

SURNAME.

CHRISTIAN NAMES

REGL. No.

UNIT #

FORMER CORPS

RANK

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADDRESS

NEXT OF KIN.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

PLACE OF ATTESTATION

DATE

DATE

CARD NO.

FOLL.

Desps. (H.Q. 392-19-3)
 S.G. 30404 (Missing, believed Drowned)
 27-6-18

SURNAME. *Sampson*
 CHRISTIAN NAMES *Mae, Belle*
 REGL. No. *Nursing sister*
 UNIT # *C. A. M. C. Nursing sister # Can. Coas.*
 FORMER CORPS *Nil*

NAMES IN FULL *Sampson Mrs. Hugh*
 RELATIONSHIP TO SOLDIER *Mother.*
 ADDRESS *Wentworth P. Ont. Can.*

COUNTRY OF BIRTH *Canada Simcoe Co.*
 PLACE OF ATTESTATION *Wellby*

DATE

DATE

Sept 24/1914

0/13-2-18 7.317
 L. 94504. M. & D. 6512.

M. F. W. 22. 250M.-2-16. H. Q. 1772-39-339.

Date of sailing - 22-9-14.

Returned to Canada per SS "Saxonia"

17/11/17. Granted 2 mos leave from 17/11/17. Feb. 2nd 1918. 392-192. 1089ms. 26/12/17

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

graduate nurse

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

24 YEARS

3 MONTHS

HEIGHT

5 FEET

6 INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

3 INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Fair

DISTINGUISHING MARKS

Small pox mark over left eye

MEDICAL EXAMINATION.

PLACE

Quebec

DATE

Sept-24th 1914

Name **SAMPSON** Rank **N/STR.**
Mae Belle.
 Unit **CAMC HMHS Llandovery Castle.**
 Next of Kin **Canada.**

Reg. No. **11-8-48**

AFB 104-93

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918 27-6	Reported					
	<u>MISSING BELIEVED DROWNED.</u>			1026	0610	6/7/18
	<u>Ex Llandovery Castle.</u>					
	<u>Now for official purposes presumed</u>					
	<u>to have died on or since</u>					
	<u>27-6-18.</u>			1232		

[illegible]

Number

Rank

N/S

Surname

SAMPSON

Christian Name

MAE. BELLE

Units

Theatre of War

FRANCE

Date of Service

8-11-14

Remarks

Latest Address

(2.) Hugh A. Sampson Esq.,
Dunrobin, Ont.

Roll No.

200m.-6-21...

Page 22310

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

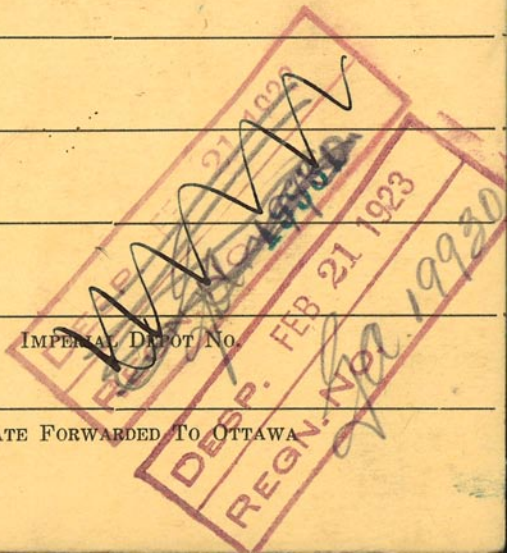
PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA



✓
Sampson, Mae Belle---N/S. o----C.A.M.C. att. ✓ #2 Sta. Hoop

~~Not~~ Elig. for 1914-15 Stat. ✓

~~H.M.H.S.~~

N.S. No 2 Stat. Hoop ✓

MEDALS &
DECORATIONS

Hugh A. Sampson (Father)
DUNTROON. ONT.

5879

PLAQUE &
SCROLL

Father as above.

Scroll missing

CROSS OF
SACRIFICE

Mrs. Florence P. Sampson (Mother)
DUNTROON. ONT.

Serial No 783840 Also #808933.

Dep MAY 17 1920 67692

Noted on file
for W.O.

NOV 22 1924
Scroll Desp. _____ Reqn. No. 1240

NOV 22 1924
Plague Desp. _____ Reqn. No. 1376

81

Name	SAMPSON	Rank	N/Str.	Reg. No.
Unit	Mae Belle			
	CAMC 16	CGH		
Next of Kin	Canada			

[illegible]

[illegible]

NAME

Sampson Mabelle

RANK AND CORPS

M/Str. C. O. M. O.

REG'T L No.

H. Q. FILE No. 649.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

Mrs Hugh Sampson (mother)
 Dunroon P.O. Ont.

2.8.
 4/19/18
 06/18-6

3-7-18
 6-7-18

Sailed from England on Llandoverry
 Castle. Kept missing bel. drowned.

June 27th 1918

Miss Sect. Cas. R. 24-249

Presumed dead 27-6-18

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
817 825	16 Can Gen Op Tent Discharged	21-10-17 12-11-17	Diphtheria susp Came 16 C.A.H.
1026 ³	Missing believed	drowned 27-6-18	Llandoverry Castle.
1232'	Previously reported Missing	Believed	Drowned Now for official purposes
	presumed to have died on or since 27-6-18	C.A.M. Co.	H.M. H.S. Llandoverry Castle

No.

RANK

Nursing Lists

NAME

Sampson, M.

28

T. O. S.

UNIT

*Army Medical Corps, Nursing Service*M. D. *a.s.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1914 Sept. 23</i>	<i>1914 Oct. 31</i>	<i>✓</i>		

27-4 26

MEDICAL EXTRACT OF INFORMATION FORM

Regt'l No *H. S.*NAME : Surname *Sampson*Christian Names *Mae Belle*

	CODE No.	1	2	3	4	5	6
No. of Admissions	1	1	0				
Invalided to Canada		0 0	0 0				
Married or Single	2	2	2				
Unit	3	7 4 2	8 6 4				
Enlisted at	4	5 1 9	5 1 9				
Birth Place	5	0 5	0 5				
Age		2 7	2 8				
Occupation	6	6 6	6 6				
Rank	7	2	2				
Date of Admission to Hospital		2 1 10 4	2 7 6 5				
Days off Duty		0 2 2	0 0 0				
W. or D.	8	0	1				
Wound (or Disease)	9	0 0 5 3 6	0 0 0 0 0				
(Wound or) Disease	10						
Operation	11						
Operation							
Place of Treatment	12	1	1				
Check							
Results	13	0	3				
No. of times a Casualty	14	0	2				

12-11-17 Ground

VOL.

ECT
Jansson Mal B.

[illegible]

THIS CHARGE-OUT AND ABSENT CARD **MUST NOT** LEAVE THE REGISTRY

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

Bank of Montreal
Tras Sgr

Missing believed Drowned 27 ⁶ / ₁₈	b. L. 1026 d/6 ⁷ / ₁₈	ASSIGNED
--	---	----------

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								
	Brought Forward fr March							
18	Draw Alice 25-26 ³ / ₁₈	9.						
April 19	Adv in Can \$50 Auth. letter fr. P.M. D.R. 26 ³ / ₈ Voc. 839			150				
	April Pay (R.)		108					
26	Bank.	1187.		50				
May 17	May Pay (R.)		111 60					
23	Bank.	2683.		61 60				
June.	June Pay (R.)		108					
12	Draw Alice 16-19 ⁵ / ₁₈	3298.						
26	Bank.	4166.		58				
			3090 60	2010 60	1580 00			
			135-	1080				
			2855 60	3090				
			3090.00					
			1348 60					
			194					
			4933.20					
			135-					
			4798					

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

[illegible]

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Sheet 11

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$45.00

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

1016.6.6.5th

M. S.

24 9/14

Name

Initials

Bank

Sampson
M. S.
of Montreal

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

1914 Brought forward

Jan 14 A.R. Canada

22 Pay Jan (Reg)

24

Bank 17286

Feb 19 A.R. Canada

20 Pay Feb (Reg)

23

Bank 21921

Mar 20 Pay March (Reg)

A.R. Canada

Bank 24818

990 00 585 00 405 00

45

111 60

66 60

66 60

45

100 80

55 80

111 60

45

66 60

1314 00 774 00 540 00

Amount. \$45⁰⁰/₁₀₀

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

Bank of Montreal

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	Brought forward		990 00	585 00	405 00	—		
Jan 17	A.B. Canada				45			
22	Pay Jan (Reg)		111 60			66 60		
24	Bank 17286			66 60		—		
Feb 19	A.B. Canada				45			
20	Pay Feb (Reg)		100 80					
23	Bank 21921			55 80		—		
Mar 20	Pay March (Reg)		111 60					
	A.B. Canada				45			
	Bank 24418			66 60		—		
			1314 00	774 00	540 00			

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

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

Name

Initials

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

Amount. \$

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

Amount. \$

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

[illegible]

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Sheet 11

Beneficiary

Address

Amount.

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

no 1. b. c. b. Stm

Pay 52.00 Pd.

F.A. 60 "

mens. 1.00 "

H.S.

24 9/11

Name

Initials

Bank

Trappalgar, Square -

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

1917

April 21

April Pay (R)

1314 00

774 00

540 00

" 22

A.P. Cann.

" 26

Bank

3009

63

May 11

A.P. Canada

" 15

May Pay (R)

111 60

66 60

22

Bank

6003

66 60

June 14

June Pay (R)

108

" 8

A.P. Canada

45

63

" 21

Bank

7998

63

July 19

July Pay (R)

111 60

" 18

A.P. Canada

45

66 60

" 24

Bank

13029

66 60

Aug 18

August Pay (R)

111 60

"

A.P. Can

45

66 60

" 22

Bank

17080

66 60

Sep 17

Sept Pay (R)

108

" 12

A.P. Can.

45

63

18

Trav Allee 269- 39/17.

5714.

21

Bank

21813

63

Oct 15

October Pay (R)

111 60

" 12

A.P. Can.

45

16

Unpaid cheque. no 842190. 27 Refunded to P.M. by C.P. cheque. List no 461195.

24 33

15-50 1555

Amount. \$ ~~45.00~~
 Separation Allowance issued. Yes or No.....

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								
April 21	April Pay (R)		1314 00	774 00	540 00			
" 22	A.P. Cann.		108					
" 26	Bank	3009		63	45			
May 11	A.P. Canada				45			
" 15	May Pay (R)		111 60			66 60		
" 22	Bank	6003		66 60				
June 14	June Pay (R)		108					
" 8	A.P. Canada				45	63		
" 21	Bank	7998		63				
July 19	July Pay (R)		111 60					
" 18	A.P. Canada				45	66 60		
" 24	Bank	13029		66 60				
Aug 18	August Pay (R)		111 60					
" 22	A.P. Can				45	66 60		
" 22	Bank	17080		66 60				
Sep 17	Sept Pay (R)		108					
" 12	A.P. Can.				45	63		
18	Draw Allee 269- 39/17.	5714					5-5-0	2555
" 21	Bank	21813		63				
Oct 15	October Pay (R)		111 60					
" 12	A.P. Can.				45			
" 16	Unpa cheque. no 5842190. 27/17 Refunded to P.M. by C.P. cheque. List no 1195.			24 33				
" 19	Bank	26291		42 27				
Nov 14	November Pay (R)		108					
" 13	A.P. Can.				45			
" 14	Adl of Pay	28827		63				
	Carried forward		219240	129240	90000			

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount.

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

Name *Sampson.*Initials *M. B.*Bank *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

Dec. 8. A. P. Canada.

" 7 Dec. Pay R.

" 13 A. Pay. Canada.

Jan. 14 Jan. Pay (R).

Feb. 16 Feb. Pay. (R).

" 12 A. Pay. Can.

Mch 12 A. Pay Can.

" 14 March Pay (R.)

" 12 Bal Dec. Jan & Feb P & A. Cash

Mch 15 Adv in Canada \$150⁰⁰ aut L.P.C.

" 19 A. Pay Can. fr 1/8-31/8 chgd. not Pd. in Can aut. file 11-3-48 Voc 206

" 20 Further adv in Can 14/18 aut. L.P.C. fr Can. Voc 863

Apr 6 Travelling (Can) 31/18-4/18 100.

2192 40 1292 40 900

45

111 60

45

111 60

100 80

45

Cr. 189

45

111 60

39 00

150

135 00

209 60

2763 00 1691 00 1080

*Leant to 2/18-19msco.**19msco. 26. 7/18.**Transport duty to Can**L.P.C. to 30/11/17**P.A. to be carried**Food centre return**12/18 Doc 150⁰⁰ adv in Can**Sup P & A as usual w**16/18 2400⁰⁰ fuel 209⁰⁰ adv in Can**47.4 #21.25*

Amount. \$ *45-Canada*
Separation Allowance issued. Yes or No.....

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								
			2192 40	1292 40	900		<i>Letter to 2/18-19msco.</i>	
Dec. 8.	<i>A. P. Canada</i>				45		<i>19msco. 26. 7/19.</i>	
" 7	<i>Dec. Pay R.</i>		111 60			66 60	<i>transport duty to Can</i>	
" 13	<i>A. Pay. Canada.</i>				45		<i>L. P. & to 30 1/2</i>	
Jan: 14	<i>Jan: Pay (R).</i>		111 60			133 20	<i>P. & to be carried</i>	
Feb 16	<i>Feb. Pay. (R).</i>		100 80				<i>food centre return</i>	
" 12	<i>A. Pay. Can.</i>				45	cr. 189	<i>12/18 Loc 150 adv in Can</i>	
Mar 12	<i>A. Pay Can.</i>				45		<i>Rep P. & as usual w</i>	
14	<i>March Pay (R.)</i>		111 60				<i>11/13 2/18 Feb. 209 62 adv in Can</i>	
" 12	<i>Bal. Dec. Jan & Feb P & A. cash</i>			39 00				
Mar 15	<i>Adv in Canada. \$150⁰⁰ aut L. P.C.</i>			150				
" 19	<i>A. Pay Can. fr 1/18-31/18 chgd. not Pd. in Can aut. file 11-3-48 Voc 206</i>		135 00			<i>8 00</i>		
" 20	<i>Further adv. in Can 14/18 aut. L. P.C. fr Can. Voc 863</i>			209 60		<i>8 00</i>		
Apl 6	<i>Travel Allow (Can) 31/18-4/18 100.</i>						<i>4.74 #21 25</i>	
			2763 00	1691 00	1080			

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$ 45⁰⁰

Separation Allowance issued. Yes or No.

Name

Initials

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

1916.

Apr 24 A. P. Can.

76 Apr Pay R.
Bank

1058

108

63

45

03

May 24 A. P. Can.

May Pay R.
Bank

2441

111 60

66 60

45

June 17 June Pay R.

21 A. P. Can.

Bank 3834

108

63

45

July 17 A. P. Can.

July Pay R.

Bank 4497

111 60

66 60

45

25 Aug 16 A. P. Can.

Aug. Pay R.

Bank 7400

111 60

66 60

45

24 Sept 19 A. P. Can.

Sept. Pay R.

Bank 9469

108

63

45

26 Oct 13 A. P. Canada

Oct. Pay R.

111 60

45

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case	INITIALS
1916.								
Apr 24	A. P. Can.				45			
26	Apr Pay R Bank	1058				03		
		1058		63				
May 24	A. P. Can.				45			
	May Pay R. Bank		111	60				
		2441		66	60			
June 17	June Pay R		108					
21	A. P. Can				45			
	Bank	3824		63				
July 17	A. P. Can.				45			
	July Pay R.		111	60				
25		Bank	4997		66	60		
Aug 16	A. P. Can.				45			
	Aug. Pay R.		111	60				
24		Bank	7400		66	60		
Sept 19	A. P. Can.		108		45			
	Sept. Pay R.		108					
26		Bank	9469		63			
Oct 13	A. P. Canada				45			
Oct. 18	Oct. Pay R		111	60				
24		Bank	10998		66	60		
Nov 23	A. P. Can				45			
	Pay Nov R		108					
24	Bank			63				
Dec 11	A. P. Can				45			
Dec 11	Dec Pay R.		111	60				
14	Bank			66	60			
	Carried forward		990	00	585	00	405	

NAME

Sampson M B Sister

DATE OF APPOINTMENT

Sept 24 - 1914

MARRIED (YES OR NO)

No

NEXT OF KIN: - NAME

Mrs Hugh Samson

ADDRESS

Duntroon P.O. Ontario.

DATE NON-EFFECTIVE

AND CAUSE

PERIOD		No. OF DAYS	REGTL. RATE	PAY				RATE OF FIELD ALLOWANCE	AMOUNT OF FIELD ALLOWANCE
FROM	TO			AMOUNT OF REGIMENTAL	COMMAND	ADJUTANT	CR. FROM PREV. ACCOUNT		
1/4	30/4	30	✓	60				60	18
1/5	31/5	31		62				62	18 60
1/6	30/6	30		60				60	18
1/7	31/7	31		62				62	18 60
1/8	31/8	31		62				62	18 60
1/9	30/9	30		60				60	18
1/10	31/10	31		62				62	18 60
1/11	30/11	30		60				60	18
1/12	31/12	31		62				62	18 60
1/1	31/1	31		62				62	18 60
1/2	29/2	29		58				58	17 40
1/3	21/3	31		62				62	18 60
		366		732				732	219 60

366 Days @ 3⁶⁰
messing

Dep in Bank 808.60
A.P. 540.00
1348.60

DATE

CHEQUE No.

PARTICULARS

1915
Sep 30. 899 Hotel accom. Kingsley London 6-7⁹/₁₅

24-1914

No

No. *Hugh Samson*
Duntroon

Ontario.

ASSIGNED PAY:—

MONTHLY AMOUNT \$4

TO WHOM PAYABLE

BANK IN WHICH PAY & A

PAY				RATE OF FIELD ALLOWANCE	ALLOWANCES					TOTAL PAY AND ALLOWANCES	
AMOUNT OF GIMENTAL	COMMAND	ADJUTANT	CR. FROM PREV. ACCOUNT		TOTAL PAY	AMOUNT OF FIELD ALLOWANCE	P. F. ALLOWANCE	MESSING	SUBSISTENCE		TOTAL
60				60	60	18		61		79	139
62				62		18 60		31		49 60	111 60
60				60		18		30		48	108
62				62		18 60		31		49 60	111 60
62				62		18 60		31		49 60	111 60
60				60		18		30		48	108
62				62		18 60		31		49 60	111 60
60				60		18		30		48	108
62				62		18 60		31		49 60	111 60
62				62		18 60		31		49 60	111 60
58				58		17 40		29		46 40	104 40
62				62		18 60		31		49 60	111 60
62				73 2		21 9 60		34 7		61 6 60	1318 60
				3660 Days @ 3 60		1317.60					

Park 808.60
 P. 540.00

 1348.60

366 Days @ 3⁶⁰
missing

$$\begin{array}{r} 1317.60 \\ 31.00 \\ \hline 1348.60 \end{array}$$

SUNDRY PAYMENTS

PARTICULARS

com. Kingsley London 6-7 $\frac{9}{15}$

UNIT

Nursing Sisters' barr., casualty station. B.C. F.

ASSIGNED PAY:—

MONTHLY AMOUNT \$45⁰⁰

TO WHOM PAYABLE

Berth Samson,

Collingwood, Ont.

BANK IN WHICH PAY & ALLOWANCES DEPOSITED

Bank of Montreal.

SUBSISTENCE	TOTAL	TOTAL PAY AND ALLOWANCES	ASSIGNED PAY	SUNDY DEDUCTIONS	NET P. A.	PAID IN CASH	DEPOSITED IN BANK	CARRIED FORWARD	REMARKS
	79.	139	45.		94		94		Incl Wch.
	49 60	111 60	45		66 60		66 60		
	48	108	45.		63		63		
	49 60	111 60	45		66 60		66 60		
	49 60	111 60	45		66 60		66 60		
	48	108	45		45		63	12-18-11	
	49 60	111 60	45		45	66 60	66 60		
	48	108	45		45		63		
	49 60	111 60	45		45		66 60		
	49 60	111 60	45		45		66 60		
	46 40	104 40	45		45		59 40		
	49 60	111 60	45		45		66 60		
	61 60	1348 60	54 0				808 60		

PAYMENTS

AMOUNT					REMARKS
\$	c.	£	s.	d.	
			12	0	