C.E.F. REGIMENTAL DOCUMENTS

NAME ANDERSON MABEL REGT. No. N-SISTER UNIT C.A.M.C. H. Q. FILE No. 9097

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					DEMOB
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
CARDS					
PAY-SHEETS					

H

H

M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

TRIPLICATE

Unit C.A.M.C. *Rank* N/Sister *Name* ANDERSON, Mabel

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

H.M.T. CANADA
Embked L'pool 4-9-19
Disembked QUEBEC 13-9-19

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (*a*) What is your Surname? ANDERSON
   (*b*) What are your Christian Names? Mabel
2. (*a*) Where were you born? (State place and country) Oxford, England.
   (*b*) What is your present address? 124 Morris St., Halifax, N.S.
3. What is the date of your birth? March 4th., 1888.
4. What is (*a*) the name of your next-of-kin? Mrs. Thomas Cheesman
   (*b*) the address of your next-of-kin? Domas, Carshalton Road, Sutton, England.
   (*c*) the relationship of your next-of-kin? Sister
5. What is your profession or occupation? Graduate Nurse
6. What is your religion? Church of England
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.A.M.C.
9. State particulars of any former Military Service 8 Months
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~~ her to the above questions are true.

Mabel Anderson (*Signature of Officer*)

Taken on strength (place) Halifax, N.S.

(date) 8-7-18.

W. Thomson Lt-Col

(*Signature of Commanding Officer.*)

CERTIFICATE OF MEDICAL EXAMINATION

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

I consider ~~him~~ her* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date 8-7- 1918

Place Halifax N.S.

W. Thomson Lt-Col

Medical Officer.

*Insert here "fit" or "unfit

M. F. W. 51
100m.—4-16.
H. Q. 1772. 39-917

OK. 392-1-100

Number ..... Rank N/S. B

Surname ANDERSON

Christian Name MABEL

Units ..... Theatre of War ENGLAND

Date of Service 11-7-18

Remarks 29A Parker Ave., San Francisco Calif., USA 11 8/31

Latest Address ~~117 Inglis Street~~ ~~Halifax N.S.~~

29/8/23 SCR

Roll No. A Page 4299

200m.-6-21.

Forms R. 150.
3232. 15 M. 14/

540K

Surname ANDERSON **Christian Names** Mabel.

Rank N/Sister.

Promotion 8.V.18.

Name and Address of Next-of-Kin
Mrs. Thomas Cheesman (Sister)
Domas, Carshalton Road, Sutton, England.

Unit C.A.M.C.

Place of birth England.

Married (Yes or No)

Appointments

Date of leaving Canada 11.7.18.

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				
31-7-18	DMS.	T.O.S. on arrival from Canada		11-7-18	CO. 683
27-7-18	CAMC.R.T.D.	T.O.S. on arrival from Canada		11-7-18	Pt II ord. 208
6-8-18	- do -	S.O.S. on posting to CAMC. Cas. Dep. Sec.		2-8-18	Pt II ord 218
7-8-18	11 CGHp.	Att. for duty from CAMC. Reg Dep.		2-8-18	Pt II ord 64
5-8-18	CAMC. Cas. Dep. Sec.	T.O.S. on posting from CAMC. Res. & Tr. Dep.		2-8-18	Pt II ord 76
		"On Command" to 11 Can. Gen. Hosp.		2-8-18	
24-9-18	- do -	Cease to be shown on Command and SOS. to 11 CGHp.		20-9-18	Pt II. ord. 119.
25-9-18	11 CGHp.	T.O.S. on posting from CAMC. Cas. Coy.		20-9-18	Pt II. ord. 77.
18-1-19	Do	Granted leave from 3-2-19 to		19-2-19	Pt II ord. 5.
			Discharged.	14.8.19	Ch. 1305.
5.8.19	ams.	Adm Can. Red X O Hp 17 N. Audley St		3.8.19	Ch. 1349. Conjunctivitis (Traumatic)
2.8.19	11 CGH	SoS to No 16 CGH Orpington		2.8.19	Pt II ord 73.
		Shown on 16 CGH Roll			

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				
6-8-19.	16 C.G.H.	T.O.S. from 11th C.G. Hosp.		2-8-19.	Pt II Ord 184.
12 9 19	"	S of S on trans to C.E.F. Canada		4.9 19	Pt II O/216
11.9.19	Depu S.	S of S. on T of C. to C.E.F. in Canada		4.9.19.	Co 119
		Sailed for Canad 4 9 19 SS. CANADA SLD 47			
			Sus.	15 Sep 19	23600

ORIGINAL

MEDICAL HISTORY SHEET.

Surname ANDERSON *Christian Name* Mabel

Examined { on 8th day of July 1918 / at Halifax, N.S.

Birthplace { City or Town Oxford / County Oxfordshire

Apparent age 30 years

Trade or occupation Graduate Nurse

Height 5 Feet 5 Inches.

Weight 111 Lbs.

Chest measurement { Minimum 28½ inches. / Maximum expansion 3½ inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left. / Number Nil Two

When Vaccinated last 1918

(*a*) Marks indicating congenital peculiarities or previous disease Nil

(*b*) Slight defects but not sufficient to cause rejection Mole right Scapula

Approved by B Bailly Capt A.M.C.

Rank M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

H.M.T. CANADA Embarked L'pool 4-9-19 Disembked QUEBEC 13-9-19

Date.	Result.	Vaccinations.
		M.O.
		M.O.
30/5/18	OK	B Bailly Capt M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
1/7/18.		B Bailly Capt M.O.
8/7/18.		B Bailly Capt M.O.
19/7/18		W Morrish Lt. S M.O.

Enlisted on 8th *day of* July 1918 *at* Halifax, N.S.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	C.A.M.C. C.E.F.	—	------	8-7-18.
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.

400M.—1-16.
H. Q. 1772-39-139.

Surname ANDERSON Christian Name Mabel

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
Halifax, N.S.	8-7-18			No admissions							J. Reilly Capt A.M.C.
Can. Off Hosp. London		2	8	19	14	8	19	Conjunctivitis (Traumatic)	12	Injured by a blow near outer side of left eye. Sub conjunctival haemorrhage & swelling of tissues. Almost cured. Very slight haemorrhage & swelling. No injury to eye.	W. H. Eyres Capt. C.A.M.C.

Embked L'pool 4-9-19
H.M.T. CANADA
Disembked QUEBEC 13-9-19

Forms
I. 1237
14

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		N/Sister	Anderson	M.

Year.	Unit.	Age.	Service.
	CAMC	30	

Station and Date. Disease Conjunctivitis (left) Traumatic

CRC O Hosp 2-8-19

Pt admitted complaining of some pain in left eye, swelling & discoloration in tissues around the eye and stylo hyoidal. Was hit on the face near external canthus of left eye.
Examn Small incision above ½" in length just external & below left eye. Almost healed. Lower eye lid and neighboring tissues swollen and much discolored. Haemorrhage present in conjunctiva externally.
Sight and reflexes, field of vision not impaired.

W. H. Evans Capt.

6-8-19 Feeling much better, headache disappeared and sleeping better. Swelling & haemorrhage disappearing.

14-8-19 No injury to eye (Capt Gibson - specialist)
Very little haemorrhage & swelling

W. H. Evans
Capt. CAMC

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(A 1014) W3081/P/206 3,450m 7/18 Drayton Mill Forms/I. 1237/14 (E. 3429)

[P.T.O.

Station
and Date.

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

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

NAME OF SOLDIER (Block Letters) Anderson M

REGIMENT C.A.M.C. RANK Lieut. No.

Date of Examination in England | Date of Examination in France

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 ?

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

Signature of Dental Officer W. L. Lewis
Capt. C.A.D.C.

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

.....

RANK SURNAME INITIALS UNIT

....

l address.....
(Street) (City or Town) (Province)

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

.....

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

..... Railway.....

d, is your wife on board.....Number of children on board.....

tination.....

(Sgd.).....

AUG 11 1951
5840

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 N/S. Surname ANDERSON.
(Given name in full) MABEL

Unit or Corps Canc. Birthplace OXFORD. OXEN. ENG.

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

1. GENERAL DESCRIPTION:

Physique Good. Weight 114 lbs. Height 5 ft. 6 in. Colour of Eyes Blue -

Nutrition Good.

Pulse 78.

Condition of arteries Normal -

Vision Rt. Nor: Left Nor:

Hearing (conversational voice) Rt. Nor. ft.

Left Nor. ft.

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

Small mole on back of right shoulder -

Opinion as to general health and physical condition in good health & condition

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.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS

June 16, 1919

THIS SECTION FOR USE OVERSEAS—

Examined at Shorncliffe Kent (Overseas)

Date 5th March 1919 Signed J. Duncan Capt. 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 Mabel Anderson (M.A.)

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

THIS SECTION FOR USE IN CANADA— Mabel Anderson 25-8-19.

Examined at .....(Canada)

Date ..... Signed ..... M.O.

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

Signature .....

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

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

Condition unchanged
A Stoppard
Capt.
London 25-8-19.

[OVER]

CANADIAN EXPEDITIONARY FORCE

J.C. 6-39.
E.S.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Mabel ALLDRESON,

Enlisted in The Canadian Army Medical Corps,

CANADIAN EXPEDITIONARY FORCE, on the XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

day of XXXXXXXXXXXXXXXXXX 191 AND WAS APPOINTED to COMMISSIONED RANK

in The Canadian Army Medical Corps,

CANADIAN EXPEDITIONARY FORCE on the Eighth day

of July 191 8.

He SERVED in CANADA, and ENGLAND with the Can. Army Medical Corps Reserve and Training Depot, Can. Army Medical Corps Casualty Company, Shorncliffe, On Command #11 Can. General Hospital, #16 Can. General Hospital.

and was STRUCK OFF THE STRENGTH on the Fifteenth day

of September 191 9 by reason of General Demobilization.

Dated at Ottawa, this Ninth day

of January 191 20.

Lt.-Col.,
for Director of Personal Services.

M. F. W. 2618a.
30m.—4-19.
1772-39-1428.

NAME Anderson M. REGT. No.

RANK AND UNIT N/str Ca M C 11 C GH

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

M. F. W. 42—100M.—8-18.
H.Q. 1772-39-893.

ORIGINAL.

FORM OF WILL.

I, Mabel Anderson (Name in full)

Regimental Number Nil serving in C.A.M.C.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

.....	Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

.....	Name and Address of person or persons to receive personal estate* *(See note).*

This Nursing Sister declines to make a Will.

Lt.-Colonel, CAMC, C.O. C.A.M.C. Training Depot, M.D. 6.

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this ..... day of ..... A. D. 191

..... Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness .....

Address of Witness .....

Occupation of Witness .....

Signature of Second Witness .....

Address of Witness .....

Occupation of Witness .....

Rtd. undelivered.
Nom Roll 71.

M. F. W. 82
300M-5-16.
1772-39-983.

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. Camb

Regimental No. — Rank N/Sister C. E. F. Name Anderson Mabel

Enlisted (a) 8-7-18 Terms of Service (a) Wear & 6 mos 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) Graduate Nurse

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked for overseas	Halifax N.S.	10-7-18	[signature] Capt Amc
27-7-18	Camb. R.G.D.	T.O.S. from Canada	S'cliffe	11-7-18	Pt II 208 (AMD 4/29-8-0)
6.8.18	do	T.O.S. to C.A.M.C. Cas Depot. S'cliffe Depot Groups	do	2-8-18	Pt II 208 (AMD ADMS S.A. 1859) [signature] Lieut. Capt. Asst. Adjutant For Officer Commanding, C.A.M.C. Depot
5.8.18	Camc Cas Dep.	T.O.S. from Camc R & T D	S'cliffe	2.8.18	Pt II Do 76.
5.8.18	—	On Command No 11 C.G.H.	—	2.8.18	Pt II Do 76. [signature] Lieut. O. i/c Records for O.C. S'cliffe Depot Group.
7-8-18	O.C. #11 C.G.H.	T.O.S. attchd. from C.A.M.C. R. & T. Depot.	— " —	2-8-18	Pt. II. Do - 63.
	—	S.O.S. on posting to No. 16 C.G.H. Orpington	— " —	2-8-19	Pt. II Do. #73 [signature] F. H. Nelson Capt. & Adjt. For D/C No. XI Can. Gen. Hospital, Moore Barracks, Shorncliffe.

...n who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
...ng 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				
8/8/19	16 C.G.H.	T.O.S. from X1 C.G.H. 2/8/19	Orpington	2/8/19	Pt. 2 A.C.G.H. 154
	—	S.O.S. of O.M.F. of C. in Embarkation for Canada			
4/9/19.	—	S.O.S. O.M.F. of C. ON EMBARKATION FOR CANADA. R. Masterson For Major General, Adjutant General, Canadians			W. F. Gallow CAPT. C.A.M.C. ASST. ADJT. & REC. FOR C.O. No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL
17-9-19	HQ Ottawa	T.O.S. C.E.F. Canada on Gen Demob.	In D. #4.	4-19-19	C.E.F. R.O. 2177-19
19-9-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 6	15-9-19	C.E.F. R.O. No. 2181-19

W. Hinter. Capt.
for Director Personal Services

Canadian Red Cross Officers Hospital.

17, North Audley Street. London. W.1.

NAME. Mr Anderson DATE. Aug 17-19.

L. Eye - Struck with hockey ball 2 weeks ago - Considerable Ecchymoses of Skin & Conjunctiva.
Vision good - No injury to eye itself

A. S. Gibson
Capt. C.A.M.C.
Eye. Ear. Nose & Throat. SPECIALIST.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
1349 (1)	Can Red + officers 17 N Avalon St. W.	3-8-19	Conjunctivitis Traumatic

C.A.D.C.5009. 50M-3-5-18.

CANADIAN ARMY DENTAL CORPS.

DENTAL CERTIFICATE.

NOTE:- This form will be attached to the Medical History sheet of each Other Rank being returned to Canada for disposal.

REGTL. No. * NAME ANDERSON M RANK Pte UNIT Came

Date of Examination	6. 1. 19
Present Dental Condition	Good.
In case of loss, or decay of teeth, is the loss due to wounds, injury, or disease, directly attributable to Active Service?	
Has he ever declined Dental Treatment?	No
Recommendation	No work done. None required.

Date 6. 1. 19

Station C F A No 11

Signature of Examining Officer Jas Rogers Capt. C.A.D.C.

* Name should be entered in block letters.

Date of Enlistment 1-7-18

MILITIA AND DEFENCE

Separation and Assigned Pay Branch A

OVERSEAS CONTINGENTS

5390

Date of Assignment 1st Aug/18

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

40.00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank N.S Promoted Reverted Discharge

Soldier's Name Mabel Anderson

Battalion A. M. C.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 ROYAL BANK OF CANADA, A5390

2 SPRING GARDEN ROAD BRANCH, HALIFAX, N.S. 40 40.00

3 A-C N.S. MABEL ANDERSON, FORTY DOLLARS

4

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total		0377-M-37 REMARKS
Aug	A 30812		40	40		
Sep	A 37502		40	40		
Oct.	A 44145		40	40	M	
Nov	A 52232		40	40	M	
Dec.	B 63899		40	40	M	
Jan	B 71520		40	40	M	
Feb.	A 78490		40	40		
MAR	B 84159		40	40		
APR	B 1668		40	40		
MAY	A 6600		40	40		
JUN	A 4652		40	40		
July	A 11698		40	40		
Aug	A 13286		40	40		
Sept	A 13814		40	40		
			560			

A/c Closed 30-9-19

Ret'd per Canada

Date 12-9-19 M.F.W. 187 19-9-19

Clerk Collins RAB

MRO rend. 19-9-19 - 122303. - Dest.

AUDITED. A

ENTERED IN AUDIT LEDGER JUL 26 1918 McG. VOUCHER SECTION

M. F. W. 128. 400M. 6-17—1772-39-1141 L. L. 22320—M. & D. 7993.

AUTHORITY FOR NEW ACC'T. MD6-B5 WMDickson 26/7/18

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

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

M. F. W. 128.
400m. 6-'7—1772-39-1141
L. L. 22320—M. & D. 7993.

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

Group A.O.
Checked by No. 22
Date 3 SEP 1919

Occupational Group 19
Disposal Area B B

AT26

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

M

S.S. Canada.

1. RANK N/S.
2. NAME ANDERSON Mabel.
3. UNIT Canadian Army Medical Corps
4. DATE STRUCK OFF STRENGTH | PLACE
5. REASON SOS 15-9-19 RO 2181-19

Demobilization

H.M.T. CANADA
Embked L'pool 4-9-19
Disembked QUEBEC 13-9-19

H

6. AUTHORITY
7. PROPOSED RESIDENCE

117 Inglis Street.

Halifax.

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.

N-S Anderson, Mabel.

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

M.D. No. 7

P.O. Box 2 — South Devon. | AUDITOR | PAYMASTER

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

M. OR S.

REGT. No. | RANK S/S | NAME (IN FULL) ANDERSON, Martha Jane. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Not. | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION St John | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 19-2-17 | TRANSFERRED TO | DATE | AUTHORITY 2595

ASSIGNED PAY $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE St John | DATE 17-2-19. | REASON Demob | AUTHORITY D.O. 1681 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ c.	OTHER CREDITS $ c.	$ c.	TOTAL CREDITS $ c.	ACQUITTANCE ROLLS COL. No. 1 NO. DATE	COL. No. 2 NO. DATE	COL. No. 3 NO. DATE	CASH PAYMENTS COL. No. 1 $ c.	COL. No. 2 $ c.	COL. No. 3 $ c.	ASSIGNED PAY $ c.	REGIMENTAL CHARGES $ c.	OTHER CHARGES $ c.	$ c.	TOTAL DEBITS $ c.	BALANCE DEBIT $ c.	CREDIT $ c.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT															93 00		93 00			Balance of Pay 1st page A.D.B.1.
				Pd											Pd			Soldier		
31 days @ 3				93 00		93 00									93 00		93 00	—	—	1st page as above.
																Non effective				
				93 00		93 00									93 00		93 00	0	0	

200M-3-19.—L. ... 58783-... & D. 9983.
M. F. W. 2/96.
1772-39-1390.

Canada 4.9.19 13.9.19 DRO 9-10-19 R.D.

AUDITOR | PAYMASTER

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

M. OR S.

REGT. NO. | RANK N/Sister | NAME (IN FULL) Anderson Mabel (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID Nil | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. Bamb | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY 12-12-19

ASSIGNED PAY $ 40.00 | DATE EFFECTIVE 1.10.19 | 777

PAYABLE TO Royal Bank of Canada | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS 117 Inglis St. City

ADDRESS Spring Garden Rd Brch Halifax NS

~~Royal Bank of Can~~ ~~Halifax NS~~ ~~Spring Garden Road~~ Branch

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE 6 DEC | DATE 13/9/19 | REASON Demob | AUTHORITY RO 2181 | IF ENTITLED TO POST DISCHARGE PAY

E.L.H.

adjusted MONTH No	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	$ C.	TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1 NO. DATE	COL. NO. 2 NO. DATE	COL. NO. 3 NO. DATE	CASH PAYMENTS COL. NO. 1 $ C.	COL. NO. 2 $ C.	COL. NO. 3 $ C.	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.	$ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	CREDIT $ C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 30.9.19		3.00													10 00					Messing on boat 4 to 13.9.19
															120 00					Advance W.S.G. on boat
						— —											130 00	130 00		
				1 40		1 40									60 00	130 00	190 00	188 60		Diff Sub & Messing 14/9/19 to 15/9/19 Pd & Messing 16/9/19 to 30/9/19
	122 dys.			366		366							90 00					276 00		1st payment W.S.G.
				30 00											98 60					Amt overpaid
													84 40					93 00		1771601 7/11/19
													93 00					Nil		1780443 9-12-19
													30 00				366			x overcharged W.S.G.
																				P.M.G. A. 852
				396 -		396 -							297 40		98 60		396			1782614 13-12-19

Payments W.S.G. Completed
H A Allyn Lt

WAR SERVICE GRATUITY W.S.G. S.A.

WAR SERVICE GRATUITY W.S.G. S.A.

SEP 23 1919

200M-3-19.—L. L. 58785-... & D. 9985.
M. F. W. 2.96.
1772-39-1390.

FORM P. 15. 12519—16M—1-3-18 H.W.V.Ld.—3717-18.

ASSIGNED PAY. UNIT. NAME OF RATE OF P. AND A. RANK. Mess DATE AUTHORITY NAME. 11-A-85 Fr Can

Beneficiary CAMC Pay 2 pd N/S 22 7/18 DMSCO #683 Name Anderson

Address F.A. 1 d/31-7-18 Initials Mabel

Messing 1 Bank of Montreal Trav Agre

Amount. $ 40 Can. 1 8/18

Separation Allowance issued. Yes or No..... add outfit allce $100 1 8/20

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Aug 6th	P & A fr 1 8/18) Mess fr 22 7/18 Do 10281		10					
	Do Cash	6103		10				
	Aug Pay R.		111 60					
13	A P Can				40			
23	Bank	7258		71 60		0		
Sep	Sept Pay R.		108					
11	A P Can				40			
17	Trav allce 22 7-2 5/18	7273					1-0-6 4 99	
23	Bank	9187		68		0		
Oct	Oct Pay R.		111 60					
15	A P Can				40			
23.	Bank.	10404		71 60		0		
22	Trav claim in Can no Period	—					PM-6-J-254 £1-2-0 5 34	
Nov.	Pay (R)		140 ~~108~~					
	A P Can				40			
26	Bank.	12521		100		0		
Dec	Dec Pay (R)		124					
	A P Can				40			
18	Bank	13792		84		0		
Jan 20	A P Can				40			
	Jan Pay (R)		124					
28	Bank	15564		84		0		
23	Trav allce. 10 7/19.	11788					8/4 2 03	

Carry Forwd.

FORM P. 15. 12519—16M—1-3-18 H.W.V.Ld.—3717-18.

ASSIGNED PAY.	UNIT. NAME OF	RATE OF P. AND A.	RANK.	DATE	AUTHORITY	NAME.
Beneficiary	C A M C	Pay 2.	N/S.	22 7/18	Dmsco 683	Name Anderson
Address		F.A. 1.			d/31 7/18	Initials M.
		Messing 1				Bank of Montreal
Amount. $40.00 Can						Traf Sqr
Separation Allowance issued. Yes or No.....		Add. Outfit allce 18/20				

DATE 1919	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Feb	Brought Forwd							
10	a P Can				40			
17.	Pay (R)		112.					
24	Bank	17078		72		0		
Mch 14	Pay (R)		124					
	a. P Can				40			
24	Bank	18651		84		0		
April	Pay (R)		120					
	a. Pay. Can				40			
26	Bank.	1044		80		0		
May 4th	May Pay (R)		124					
	a. Pay Can.				40			
22	Bank	2593.		84		0		
June 13	June Pay (R)		120					
16	a P Can				40			
25	Bank			80		0		
July 5	Adv July P & a Bank.			84				
16	A.P. Can				40			
	Pay R.		124			0		
Aug 7.	Adv Aug & Sept Pay Bank.			164		Dr 164		
	Aug & Sept Pay (R)		244					
	a. Pay Can.				40	Cr 40		
Sep 2	Trav allce 25.26 8/19 Dmt	6327					£1-16.0	
2	" " 2 4 9/19 "	6328					£1-18 0	
	a P Can				40	0		

RETURNED TO CANADA D.R.C. TO 30 9/19 DMS. TRANSFER L. LEDGER