C.E.F. REGIMENTAL DOCUMENTS

NAME BEERS VIOLA GERTRUDE REGT. No. N-S UNIT CAMC H. Q. FILE No. 9669

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H

12-3-52

Deceased

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

589

UNIT ..... Regimental No. .....

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Viola Gertrude Beers
2. In what Town, Township or Parish, and in what Country were you born? ..... Charlottetown, Prince Edward Island, Canada
3. What is the name of your next-of-kin? ..... Frederick D. P. Beers
4. What is the address of your next-of-kin? ..... 106 Fitz Roy St. Charlottetown, P.E.I. Canada
5. What is the date of your birth? ..... May 10, 1883
6. What is your Trade or Calling? ..... Nursing sister
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? ..... Three months military hospital, France Harvard (American) Unit
    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

Viola G. Beers ..... (Signature of Man).

Virginia McSwayn ..... (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Viola Gertrude Beers, 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.

Viola G. Beers ..... (Signature of Recruit).

Date October 18th 1915. Virginia McSwayn ..... (Signature of Witness).

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Viola Gertrude Beers, 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.

Viola G. Beers ..... (Signature of Recruit).

Date October 18th 1915. Virginia McSwayn ..... (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 London this 18 day of October 1915.

D. Blanchard ..... (Signature of Justice).

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

..... (Approving Officer).

L10439 30-9-15 5,000.

Description of Viola Gertrude Beers on Enlistment.

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

Height ..... 5 ft. 6½ ins.

Chest measurement. { Girth when fully expanded ..... 34½ ins.
Range of expansion ..... 1½ ins.

Complexion ..... Fair

Eyes ..... Hazel

Hair ..... Brown

Religious denominations. { Church of England ..... Church of England
Presbyterian .....
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.)

Vaccination scar on left arm

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~~* fit for the **Canadian Over-Seas Expeditionary Force.**

Date Oct 19 1915 G A Campbell

Place St Stroud London Capt RAMC

* Insert here "fit" or "unfit." *Medical Officer.*

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.

Viola Gertrude Beers 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.

M E Macdonald (Signature of Officer.)
MATRON-IN-CHIEF,
FOR D.M.S.,
CANADIAN CONTINGENTS.

Date 20th Oct 1915.

UNIT ..... Regimental No. 1168

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS).
1. What is your name?	Viola Gertrude Beers
2. In what Town, Township or Parish, and in what Country were you born?	Charlottetown, Prince Edward Island, Canada
3. What is the name of your next-of-kin?	Frederick D. P. Beers
4. What is the address of your next-of-kin?	106 FitzRoy St. Charlottetown, P.E.I. Canada
5. What is the date of your birth?	May, 10, 1888
6. What is your Trade or Calling?	Nursing sister
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? If so, state particulars of former Service.	Three months military hospital, France Harvard (American) Unit
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

Viola G. Beers (Signature of Man).

Virginia McSwayn (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Viola Gertrude Beers, 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.

Viola G. Beers (Signature of Recruit).

Date Oct. 18th 1915. Virginia McSwayn (Signature of Witness).

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Viola Gertrude Beers, 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.

Viola G. Beers (Signature of Recruit).

Date October 18th 1915. Virginia McSwayn (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 London this 18 day of October 1915.

D'Alton McCarthy (Signature of Justice).

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

..... (Approving Officer).

L10439 30-9-15 5,000.

Description of Viola Gertrude Beers on Enlistment.

Apparent Age 32 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6½ ins.

Chest measurement: Girth when fully expanded 34½ ins.; Range of expansion 1½ ins.

Complexion Fair

Eyes Hazel

Hair Brown

Religious denominations.
- Church of England — Church of England
- Presbyterian
- 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.)

Vaccination scar on left arm

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* fit for the Canadian Over-Seas Expeditionary Force.

Date Oct 19 1915 — G A Campbell

Place St Stevens London — Capt RAMC

*Insert here "fit" or "unfit." — *Medical Officer.*

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.

Viola Gertrude Beers 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.

W C Macdonald (Signature of Officer.)

MATRON-IN-CHIEF,
FOR D.M.S.,
CANADIAN CONTINGENTS.

Date 20th Oct. 1915.

CANADIAN EXPEDITIONARY FORCE

W.W.-6-30.
H.C.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing-Sister

(Name in full) Viola Certrude BEERS

Enlisted in Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE, on the [illegible]

day of [illegible] 191 AND WAS APPOINTED to COMMISSIONED RANK

in Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE on the Eighteenth day

of October 191 5

She ~~He~~ SERVED in CANADA, England and France with the C.A.M.C., Granville Special Hosp., No 2 Can. Gen. Hosp., C.A.M.C. Depot., No 16 Can. Gen. Hosp., Orpinton., Canadian Convalescent Officers Hospital., and D.D. No 6.

and was STRUCK OFF THE STRENGTH on the Fourteenth day

of April 191 9 by reason of General Demobilization

Dated at Ottawa, this Tenth day

of November 191 9

Capt.

for Director of Personal Services.

M. F. W. 2618a

30m.—4-19.
1772-39-1428.

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. N/S Rank Lieutenant Surname BEERS
(Given name in full)
Viola Gertrude.

Unit or Corps C. A. M. C. Birthplace Charlottetown. P.E.I.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 133 lbs. Height 5 ft. 6½ in. Colour of Eyes Hazel

Nutrition Good

Pulse Regular in volumn & Rhythim

Condition of arteries Soft palpable

Vision Rt. Defective Left Defective

Hearing (conversational voice) Rt 20 ft.

Left 10 ft.

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

(1) Vaccination mark arm L.

Opinion as to general health and physical condition Generally good health

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 Sytem No Cardio-Vascular System No

Special Senses Yes 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.

Scarlet fever in infancy complicated by double obitis media. operation for removal of adenoids 1906. Diphtheria March 1917 complicated by some Debility & D. A. H.. Boarded 28.9.17 Category A.

This Officer has Myopia and astigmatism of moderate degree corrected by glasses. Defect dates back from (16) years of age. No appreciable disability from the slight ausal defect resulting from the Obitis Media of early life.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Matloch Bath Derbyshire. (Overseas)

Date 9 - 3 -n19 Signed W. J. McAlister Major. C.A.M.C. 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 Viola G. Beers. N/S.

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

THIS SECTION FOR USE IN CANADA—

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 Medical Board.)

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

CONFIDENTIAL. Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at 13, Berners Street. on 12-7-17.

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. V.G. BEERS. (Corps) C.A.M.C.

Age 32. Service 23/12 Disability POST DIPTHERIC DEBILITY.

Date of commencement of leave granted for present disability 11-4-17.

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 Sister has improved greatly but cardiac condition has not cleared up, in fact murmurs are heard more generally viz systolic at apex and in aortic areas with some accentuation of 2nd. Aortic sound. Seems well compensated.

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

1. Fit for General Service — No. 2 months.
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* — Not applicable.
3. Fit for Home Service — No. 2 months.
4. Fit for Light Duty at Home — Yes.
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 Depôt — -
   (*b.*) Fit for treatment only at a Command Depôt — -
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.
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions?

I concur in the findings of the Board of Medical Officers recorded.
D.A.D.M.S. Invaliding
for D.M.S.
Canadian Contingent.

Officer's Address: c/o Matron in Chief. 133, Oxford Street. London. W.1.

B.M.

Signatures: S.H. McCoy, Major., CAMC. President.
J.C.Calhoun, Major., CAMC. Members.
Joseph A.McKee, Capt., CAMC.

[P.T.O.

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.

(2541.) Wt. W16848/G9255. 500,000. 3/17 P.P Ltd. **Est. No. 1069.**

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. W/S Rank Lt. Surname BEERS
(Given name in full)
VIOLA GERTRUDE

Unit or Corps C.A.M.C. Birthplace Charlottetown P.E.I.

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

1. **GENERAL DESCRIPTION:**

Physique Good Weight 133 lbs. Height 5 ft. 6½ in. Colour of Eyes Hazel

Nutrition Good

Pulse Regular in volume & Rhythm

Condition of arteries Soft & Compressible

Vision Rt. Defective Left. Defective

Hearing (conversational voice) Rt. 20 ft.

Left. 10 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
(1) Vaccination mark
Left arm

Opinion as to general health and physical condition Generally good. Under weight.

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 Yes. 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.

Scarlet Fever in infancy complicated by double Otitis media. Operation for removal of adenoids, 1906. Diphtheria - Mar. 17. Complicated by some Debility of Sp. a.-N. Boarded - 28-9-17 - Cat A.
This Officer has myopia & astigmatism producing defect corrected by glasses. Defect dates from (? Childhood) No appreciable disability from the slight aural defect resulting from the otitis media [illegible]

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Maryhock Bath Hosp— (Overseas)

Date 9-3-19 Signed J. McCallister Maj. Can. 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 Viola G. Beers 7/3

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

THIS SECTION FOR USE IN CANADA—

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 Medical Board.)

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

CONFIDENTIAL. 8 B 817 Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at 13 Berners St on 28.9.17

by order of Assist. Director Med. Services

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) N.S/V.G. Beers (Corps) Canc.

Age 33 Service 7 7/12 Disability Post Diphtheric Debility

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

Has Sixth Attack after 2 months C.D. She is now fit - Has heart murmurs cleared up when pressed Condition improved

The Board will classify the officer under one of the following categories, the probable 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 Depôt .....
   (*b.*) Fit for treatment only at a Command Depôt .....
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? Influenza
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? —

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

Officer's Address .....

Signatures: ..... President.
..... Members.
.....

[P.T.O.

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.

(2541.) Wt. W16848/G9255. 500,000. 3/17. P.P.Ltd. **Est. No. 1069.**

167495

CONFIDENTIAL. Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at 13. Berners Street, W.1. on 11-6-17

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) M/S. V. G. BEERS (Corps) C.A.M.C.

Age 32 Service 23-12 Disability POST DIPHTHERIC DEBILITY

Date of commencement of leave granted for present disability 11-6-17

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 N/s reappears after one month's leave improved in health.
Examination by Board. Physical condition fair, lungs neg. Heart systolic murmur at the apex. This was not heard one month ago. Pulse sitting 88 p.p.m. Standing 104 p.p.m. and some irregularity. She tires easily and is still weak.

The Board recommend as noted.

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

1. Fit for General Service ..... No. - 1 month
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 ..... No. - 1 month
4. Fit for Light Duty at Home ..... No. - 1 month
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 Depôt ..... -
   (*b*.) Fit for treatment only at a Command Depôt ..... -
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
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? ..... -

I concur in the finding of the Board of Medical Officers whose recorded.

A.D.M.S. Invaliding for B.E.F. Canadian Contingents.

Officer's Address: C/o Matron-in-Chief.

Signatures:
T.H. MACDONALD. MAJ. CAMC. President.
J.C. CALHOUN. MAJ. CAMC. } Members.
J.A. MCKEE. CAPT. CAMC. }

I/T

[P.T.O.

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.

(2541.) Wt. W16848/G9255. 500,000. 3/17. P.P.Ltd. **Est. No. 1069.**

CONFIDENTIAL.

Army Form A. 45.

160663

PROCEEDINGS OF A MEDICAL BOARD

assembled at 13, Berners Street, W.1. on 10-5-17

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. V.G. BEERS. (Corps) C.A.M.C.

Age 33 Service 23/12 Disability Diphtheria.

Date of commencement of leave granted for present disability 11-4-17

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 re-appears after 4 wks. leave following Diphtheria. She is anaemic and debilitated and has an irregular pulse 120 sitting. She has shortness of breath after slight exertion & perspires freely. The throat appears clear, three neg. cultures having been taken. She complains of marked weakness, but states the past week has shown some improvement.

The Board recommends as follows:-

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

1. Fit for General Service ..... No, one month.

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 ..... No, one month.

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 Depôt ..... -

(*b.*) Fit for treatment only at a Command Depôt ..... -

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? ..... "

10. Was it caused by military service? ..... "

11. If caused by military service, to what specific military conditions is it attributed? ..... Infection

12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? .....

I concur in the findings of the Board of Medical Officers recorded.
A.D.M.S. Invaliding for D.A.D.M.S. Canadian Contingents.

Officer's Address: C/o Matron, 86, Strand, W.C.

Signatures of Board here recorded:

T.H. MACDONALD Maj. CAMC President.

R. HOWEY Capt. CAMC. Members.

J.A. McKEE Capt. CAMC. H.P.

[P.T.O.

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.

(2541.) Wt. W16848/G9255. 500,000. 3/17. P.P.Ltd. **Est. No. 1069.**

153862

CONFIDENTIAL. Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at 76, Strand, W.C. on 11-4-17.

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. V.G. BEERS (Corps) C.A.M.C.

Age 33 Service 21/12 Disability Diphtheria.

Date of commencement of leave granted for present disability 11-4-17.

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

that this Nursing Sister reported sick at No.2 Can. Gen. Hosp. at Le Treport 7-3-17. There 16 days thence to Q.A.I.M.S. Diagnosis Diphtheria. On examination of the throat it is ascertained that the disability has cleared up and throat appears normal. This Officer is anaemic and somewhat debilitated and needs a rest. The Board recommend as below.

The opinion of the Board upon the questions herein is as follows:—

(1.) *a.* Is the officer fit for "General Service"? No

b. If not so fit, how long is he likely to be unfit? Four weeks.

(2.) *a. If unfit for General Service, is he fit for service at home?* No.

b. If not so fit, how long is he likely to be unfit for service at home? 4 wks.

c. If unfit for General Service at home, is he fit for light duty at home? No.

d. If not so fit, how long is he likely to be unfit for light duty at home? 4 wks.

(3.) Was the disability contracted in the service? Yes.

(4.) Was it contracted under circumstances over which he had no control? "

(5.) Was it caused by military service? "

(6.) If caused by military service, to what specific conditions is it attributed? Infection.

(7.) If the disability was not caused by military service, was it aggravated by it? -

(Sgd) T.H. MACDONALD, Major C.A.M.C. President.

Signatures A.H.W.CAULFEILD, Capt. C.A.M.C. Members.

R. HOWEY, Capt. C.A.M.C.

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

Major D.A.D.M.S. Invaliding for D.M.S. Canadian Contingent.

(5725) W. 16789/M260. 200M. 2/16. C. P., Ltd. Forms A.45 27

(529) W. 12554 M12 8. 50M. 1/17.

H.P.

[P.T.O.

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.

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. N/S Rank Lieutenant Surname B.E.E.R.S.
(Given name in full)
Viola Gertrude.

Unit or Corps C. A. M. C. Birthplace Charlottetown. P.E.I.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 133 lbs. Height 5 ft. 6½ in. Colour of Eyes Hazel

Nutrition Good

Pulse Regular in volumn & Rhythim

Condition of arteries Soft palpable

Vision Rt. Defective Left Defective

Hearing (conversational voice) Rt. 20 ft.

Left 10 ft.

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

(1) Vaccination mark arm L.

Opinion as to general health and physical condition. Generally good health

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 Sytem No Cardio-Vascular System No

Special Senses Yes 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.

Scarlet fever in infancy complicated by double obitis media. operation for removal of adenoids 1906. Diphtheria March 1917 complicated by some Debility & D. A. H.. Boarded 28.9.17 Category A.

This Officer has Myopia and astignutism of moderate degree corrected by glasses. Defect dates back from (16) years of age. No appreciable disability from the slight ausal defect resulting from the Obitis Media of early life.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Matloch . Bath (Overseas) Derbyshire.

Date 9.-.3.-19 ..... Signed W. J. McAlister Major M.O. C.A.M.C.

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 ..Viola G. Beers. N/S....

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

THIS SECTION FOR USE IN CANADA—

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 Medical Board.)

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

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. .....N/S.....Rank ..Lieutenant.....Surname ..D.E.E.R.S. .....
(Given name in full)
.....Viola Gertrude.....

Unit or Corps ..C.A.M.C.....Birthplace .....Charlottetown. P.E.I.

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

1. GENERAL DESCRIPTION:

Physique .....Good.....Weight 133.lbs. Height .5..ft.6½.in. Colour of Eyes ..Hazel

Nutrition .....Good.....

Pulse Regular in volum & Rhythim

Condition of arteries .Soft palpable

Vision Rt. .Defective Left ..Defective

Hearing (conversational voice) Rt.20...ft.

Left .10.ft.

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

(1) Vaccination mark arm L.

Opinion as to general health and physical condition..Generally good health.....

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 Sytem .No.....Cardio-Vascular System .No.....

Special Senses .....Yes.....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.

Scarlet fever in infancy complicated by double obitis media. operation for removal of adenoids 1906. Diphtheria March 1917 complicated by some Debility & D. A. H.. Boarded 28.9.17 Category A.

This Officer has Myopia and astigmatism of moderate degree corrected by glasses. Defect dates back from (16) years of age. No appreciable disability from the slight ausal defect resulting from the Obitis Media of early life.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Matloch Bath, Derbyshire. (Overseas)

Date 9 - 3 -ni9 Signed W. J. McAlister Major M.O. C. M. C.

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 ...Viola G. Beers. ...N/S...

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

THIS SECTION FOR USE IN CANADA—

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 Medical Board.)

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

A.F. . 158.

Rank and Name Nursing Sister BEERS, Viola-Gertrude

Regimental No.

Unit C.A.M.C.

Date of enlistment 18-10-15

Place of birth Charlottetown P.E. Island

Married (Yes or No) No

If in Permanent Force

Promotions or appointments

Name and Address of Next-of-kin
Fred^k D. P. Beers.
106 Fitz Roy St.
Charlottetown P.E.I.

Date and place of discharge

Reason for discharge

Character on discharge

Ramsgate Hosp. MAR 17 1916

AUG 11 1916

G.H. Ramsgate MAR 31 1916

18-10-15

Report Date	Report From whom received	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
19-10-15	D.M.S.	Reported and taken on strength C.E.F.		18-10-15.	C.O. 885 (Eng England) 12/10/15 C.O.849 Min.of Mil. (JWC)
26/11/15	D.M.S.	Posted to Granville Can. Spec. Hos., Ramsgate		25/11/15	C.O. 1098
25/11/15	Granville Can. Special Hosp. Ramsgate. O.C.	Attached to Duty.	Ramsgate	25/11/15	Pt. II ord. no. 46.
4/8/16.	C.T.D.	Granted leave from 14/8/16 to		27/8/16	C.O. 4089.
18-10-16	DM.S.	Transf^d to N° 2 Can. Gen. Hp.		14-10-16	C.O. 1917 DO. 5409 Ramsg Pt. II O.291.
28-10-16	2 C.Gen.H.	Taken on Strength	— do —	15-10-16	Pt. II ord. 68
16. 3. 17	CRO	Adm. No 16 Gen. Hosp. Le Treport		8. 3-17	C.L. 625
5. 4. 17	DMS.	Posted to Canic.	Depot.	23. 3. 17 → 25. 3. 17	T.O.S pt. II ord. 99 Dep. CO. 457 S.O.S. Pt. II ord. 22, 29/4
29. 3. 17	CRO.	admitted 2.A.I.M.N.S. H.	discharged 71 Vincent Sq. S.W.	13. 4. 17 25/3/17	C.L. 660. C.L. 636 conv. diphtheria
18 4 17	DMS.	Leave by Med. B. from 11. 4. 17. to	extended to	10. 6. 17 9. 5. 17	CO. 642 CO. 503
21. 6. 17	DMS	Leave extended by M.B. to		11. 7. 17	CO. 797

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				
		To Can. Med. attendant.		18.7.17	NR.
24-9-17.	D.M.S.	Posted from C.A.M.C. Dep to No 16	Inf. Cor. Can Gen Hp. Orpington	5 Sep 17 18-9-17.	C.O. 1253. CO 1310
16.5.18	do	Posted from 16 C.G.Hp. to C. Con. Off. Hp.	Matlock Bath	14.5.18	C.O. 588.
14-10-18	CCO Hosp. Matlock Bath	Granted furlough from 9-10-18 to		25-10-18	Pt II ord. 65.
30-4-19	Do	S.O.S. on trans. to CEF. in Canada		30-3-19	Pt II ord. 22
		Cessation of hostilities			
10-4-19	DMS.	S.O.S. on trans to CEF. in Canada		30-3-19	CO. 52.
		Cessation of hostilities			
		Sailed to Canada S.S.	Saturnia	30-3-19	Sailing No. 35
			Sos	14 Ap 19	

1439

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. ..... Rank Nursing Sister C. E. F. Name Burs Viola Gertrude

Enlisted (*a*) ..... Terms of Service (*a*) ..... 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: 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
15/4/19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 6	30/3/19	C.E.F. R.O. No. 1893-19
23/4/19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 6	14/4/19	C.E.F. R.O. No. 1909-19

O. Prupachard
Lieut.
for Director Personal Services

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

CERTIFIED CORRECT
25 APR. 1917
CANADIAN RECORD OFFICE

Army Form B. 103. Temporary Regimental Number.....

Casualty Form—Active Service.

Regiment or Corps CAMC No 2 Can Gen Hosp

Rank N/Sister Surname Beers Christian Name Viola Gertrude

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

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

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

Extended {.....} Re-engaged {.....} Qualification (b).....

or Corps Trade and Rate.....

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

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
19/10/15	D.M.S.	Reported & T.O.S. C.E.F. ~~Embarked~~		18/10/15	C.O. 849.
26/11/15	"	Posted to Granville Spl. Hosp ~~Disembarked~~	Ramsgate	25/11/15	C.O. 1098.
22/10/16	No 2 C G H	Taken on strength on arrival in France. Auth:- WO/121/Overseas/107 (AMD 4) dt 11/10/16 Ref aaly file 7196		15/10/16	B 213 WO 68 d/- 28 10/16
8/3/17	Do	Adm (Diphtheria Sev)		8/3/17	W3034/294
23/3/17	Do	To England (")		23/3/17	" /318
23/3/17	H S Gautully Cle	Sick. Struck off strength and posted to CAMC Depot Shorncliffe (Diphtheria)		23/3/17	W3083/418 WO 22 d/- 5 4/17

F. L. Vaux
Lt-Col CAMC for D.A.A.G.
Can Sec 3rd Ech G.H.Q.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeing-Smith, &c.

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
18-4-17	D.M.S.	Leave by Med. Bd. from 11-4-17 to		9-5-17	C.O. 503.
25/3/17	Camb D.	Taken on strength	Westbury	25/3/17	Pt 2 No 99
27.9.17	do	S.O.S. to C.G.H. Orpington	do	18.9.17	Pt II do 276
19.9.17	OMSt.	Taken on strength from Camb. Depot.	Orpington	19.9.17	Pt. II Do 224.
13.5.18	16 C.G.H.	Sd to Canadian officers Hosp. Matlock Bath	Orpington	13.5.18	Pt. II Do 113
22-5-18	C.C.O.H.	Taken on Strength of C.C.O.H. from 16th C.G.H.	Matlock Bath	14/5/18	Pt II D.O. 41. Am D 4/7729 of 13/5/18
14-10-18	"	Furlough, October 9th & October 25th 1918	" "	9-10-18	Pt II No 65
30/3/19	S.O.S. on Consumption Ration to Canada				

Wilcked S S Saturnia
Sarrow March 30'19

ORDERLY ROOM
APR 1 1919
No. 13 P.C.S.

Capt., & Registrar,
For O.C. Can. Conv. Off. Hospital,
Matlock Bath.

For MAJOR General,
Adjutant General, Canadians

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M.D.6

NAME OF SOLDIER (Block Letters) BEERS. V.S.

REGIMENT C.A.M.C. RANK N.C. No.

Date of Examination in England 9-3-19 | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS Ext.
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 Yes

C. C. D.H. Matlock Bath.

Signature of Dental Officer E.D. Madden Capt. C.A.D.C.

L. L. JOB. 85506 M. & D. 5997.

M. F. W. 12.
2m.—9-15.
H. Q. 1772-39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Laura M Beers

Address 106 Fitzroy St
Charlottetown
P.E.I.

Rate ~~$75.00~~ 60.00 Dec 1st 1915
Oct 1/16 2m 29/11/16 Gab 4/11/16
2m 22 75 Sy

By Whom Assigned Beers Viola G.

Regtl. No.

Rank Nursing Sister

Corps N.S. Reinfts

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		Z 7794	75-	
Jan.	1916	W.12055	75	
Feb.		W11307	75-	
March		Z/15065	75.	

CONSOLIDATED ACCOUNT 2

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2. Laura M. Beers

Name of Soldier Beers Viola G.

Nursister A.M.C. Reinfts

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
				$ ~~75~~. 60.00 Oct 1/16
April	1916	K 945	75	
May		L 3740	75	
June		M 7688	75	
July		B 2436	75	
Aug.		C 11466	75	
Sept.		T 16228	75	
Oct.		T 21264	75	
Nov.	Cancelled	P 27742 ~~C 24931~~	75 45	45.00 Nov to adj.
Dec.		U. 34870	60	60.00 Future
Jan.	1917	F 36098	60	
Feb.		F 41904	60	60
March		G 48804	60	60 L
April		G 707	60	60 B.
May		F 6738	60 60	
Lall June	L-17931	~~I 13062~~	~~60~~	~~60 Cu~~ I. 13062 Cam Hls
Lall July		J 19845	60	B.
Aug.		J 27461	60	6
Sept.		I 34178	60	6 1470
Oct.		Q 46634	60	1530
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Form—R. 190 8538-25M-25/10/16.

IMPORTANT.

DISPOSAL OF ORIGINAL MEDICAL HISTORY SHEETS.

1. Action by Officer i/c Hospital—

(*a*) See that all entries are properly and fully made, and signed.

(*b*) Forward to Hospital to which man is transferred, immediately it is done. If discharged to Unit—to Officer Commanding such Unit.

2. Action by Officer Commanding Unit—

(*a*) On admission of man to Hospital, forward M.H.S. to such Hospital at once.

(*b*) On transfer to another Unit—to Officer Commanding such Unit.

(*c*) On proceeding Overseas — return to Record Office, London, without delay.

(Authority, Army Council Instruction 831, April, 1916.)

FORM R. 149.
7106—250m—7/2/17.

Name BEERS *Rank* N/Str. *Reg. No.*

Unit Viola Gertrude
CAMC 2 CGH

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
8.3.17	16 Gen.Hosp,Le Treport		Diphtheria sev	625		
25-3-17	Q A I M N S Hos Vincent Sq.		Conv. ✓ ✓	636		
13-4-17	Discharged		✓ ✓	660		

Date	Movement	Place	Casualty	List No.	Notified N. K O.	W.O. List

Reg.	Rank.	Surname	Category.	Dentally Unfit.
Nursing Sister		Christian Names (1) Beers (2) Viola (3) Gertrude	Date A	

Place of Enlistment:	Date of	Taken on from	Religion	Inoculations	Company
London	18.10.15	16th Can Gen Hosp	R of E	June 1915	
Province: Ont	Age on 32	Date 14-5-18		Vaccination June 1915	

On Command	Hospital	Permanent Cadre	Employed as
		Date taken on	N/S
Date Proceeding	Date Admitted		

Record Overseas Service: France from 15.10.16 to 23.3.17

Reason for Return: Sickness

Officers

Profession or Trade (Civil) Nurse

Transferred or Posted to Hosp. Hatlock Date 14/5 18

Married or Single Single

Address of Next of Kin F.D.P. Beers
106 Fitzroy St
Charlottetown. P.E.I.

Country Canada

LEAVE.

No. of Pass Issued	From	To	Free Transportation

G. 10435.

Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
No 16 Cegl.					
113	13.5.18	SLD.			
41	22-5-18	SJ			
65	14-10-18	7			

NAME Beers D. G.

REGT'L NO

H. Q. FILE NO. 649-

RANK AND CORPS Pvt. Co M 26th Inf.

FOLLOWS NO.

FOLLOWS

CABLE

No.	Date

NATURE OF CASUALTY

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
625	16 Gen Le Treport	8-3-17	Diphtheria severe
636	Q.A.I.M.N.S. 71 Vincent Square Sw	25-3-17	Cond. Diphtheria
660	Disch	13-4-17	" "

6 "a"

CARD NO. 4736

Sol 14-4-19
Ret to Act Mil
Re 1909

FOLL.

SURNAME. Beers,

CHRISTIAN NAMES Viola Gertrude

REGL. No.

RANK Nursing sister

UNIT A.M.C.

FORMER CORPS Served in France

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Beers, Frederick D. P.,

RELATIONSHIP TO SOLDIER Father

ADDRESS 106 Fitzroy St.,
Charlottetown, P.E.I.

COUNTRY OF BIRTH Canada, Charlottetown, P.E.I.

DATE

0/35/9/17 3/265

PLACE OF ATTESTATION Shorncliffe, Eng.

DATE Oct. 18th 1915

o Returned to Canada per Sl Troopship 18-7-19
Assisting R.K. 10/4/19 300/3 6 "a" Mr. Str.
(J. 343)

L. L. 90589.—M. & D. 6312.

H. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

Number ..... Rank N/S

Surname BEERS

Christian Name VIOLA GERTRUDE

Units ..... Theatre of War FRANCE

Date of Service 14-10-16

Remarks 48 Prince St

Latest Address ~~14 C Fitzroy St~~

Charlottetown

Roll No. ..... PEI

200m.-6-21 B Page 22405

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

D.....

R	RANK	SURNAME	INITIALS	UNIT
.....	.....	.....	.....	.....

al 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.....

stination.....

(Sgd.).....

DESP. FEB 26 1923
REGN. NO. 38601

Occupational Group 49
Dispersal Area A

War Service Badge
Class "A" No. B. 57.

27-5-52

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

16-12-4
P

M

H
26-1-2

1. RANK N/S Lieutenant
2. NAME Beers, Viola Gertrude.
3. UNIT C.A.M.C.
4. DATE STRUCK OFF STRENGTH ~~30/3/19~~ PLACE
5. REASON
~~Transport Duty to Canada.~~ Los CEF Canada 14/4/19
For Demobilisation

Embarked S S Saturnia
Glasgow March 30'19

6. AUTHORITY R.O. 1909.
7. PROPOSED RESIDENCE

106 Fitzroy Street,
Charlottetown, P.E.I.

Deceased 12-3

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.

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.

Disposal Certificate

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

Group H Q
Checked by No. 3-9
as Will 4
Date 28/3/19

13-5-19 AW

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

B 4455

Date of Assignment

Oct. 1st 1916.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

$60.			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Sq. Str. Promoted Reverted Discharge

Soldier's Name Viola G. Beers.

Battalion N. S. Reinfts.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Laura M. Beers.

Address 106 Fitzroy St. Charlottetown P.E.I.

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Oct 31-17			1530	1530		1209-8-1
Nov	F 51160		60	60		A.P. $75 from 1-12-15
Dec	D 58771		60	60		$60 " 1-10-16
1918 Jan	065632		60	60	D	
Feb	B 99181		60	60		
Mar	A 95495		60	60	✓	
Apl.	K 8306		60	60	C	
May	E 5987		60	60	C	
June	D 14208		60	60	C	
July	X 28467		60	60	✓	R
Aug	B 33431		60	60		C
SEP	B 38362		60	60	C	
OCT	B 43334		60	60	C	
NOV	A 59542		60	60	C	
DEC	B 68834		60	60	C	
JAN	D 70869		60	60	C	
FEB	D 78931		60	60	C	
MAR	D 89877		60	60	C	
APR	E 1413		60	60	C	
			2610	2610		

A/c Closed 30-4-19.

Rec'd per Saturnia 4

Date 10-4-19 M.F.W.187 16-4-19 M.D.6

Discontinued M.O. 89582

AUDITED.

CONSOLIDATED ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7493.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

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—6-17—1772-39-1141
L. L. 22320—M. & D. 7493.

P.-15

UNIT C.A.M.C. Nursing Service ~~London~~ Granville Can. Spec. D.M.S. C.O. Hosp. Ramsgate.

NAME Beers. Gertrude ~~Viola~~. Viola Gertrude

DATE OF APPOINTMENT 18-10-15. D.M.S. C.O. 849. 19 10/15

MARRIED ~~(YES OR NO)~~

NEXT OF KIN:— NAME F D P Beers

ADDRESS 106 Fitzroy St Charlottetown B.E.I.

DATE NON-EFFECTIVE AND CAUSE

1915-16

ASSIGNED PAY:— Dec 1st 1915 (V01693)

MONTHLY AMOUNT 75.00

TO WHOM PAYABLE Laura M. Beers. 106 Fitzroy St Charlottetown P.E.I.

BANK IN WHICH PAY & ALLOWANCES DEPOSITED Bank of Montreal

G. B. & S.

PERIOD From	PERIOD To	No. of Days	Regtl. Rate	PAY Amount of Regimental	PAY Command	PAY Adjutant	PAY Cr. from Prev. Account	PAY Total Pay	Rate of Field Allowance	ALLOWANCES Amount of Field Allowance	ALLOWANCES P. F. Allowance	ALLOWANCES Messing	ALLOWANCES Subsistence	ALLOWANCES Total	Total Pay and Allowances	Assigned Pay	Sundry Deductions	Net P. A.	Paid in Cash	Deposited in Bank	Carried Forward	Remarks
1915																						
18/10	31/10	14	2	28				28	60	8 40		14		22 40	50 40					50 40		Taken on strength 18 10/15 (40433)
1/11	30/11	30		60				60		18		30		48	108					108		
1/12	31/12	31		62				62		18 60		31		49 60	111 60	75		75.		36 60		
1916 1/1	31/1	31		62				62		18 60		31		49 60	111 60	75		75		36 60		
1/2	29/2	29		58				58		17 40		29		46 40	104 40	75		75		29 40		
1/3	31/3	31		62				62		18 60		31		49 60	111 60	75		75		36 60		
		166														300				297 60		

166 days @ 3.60 597 60

Ass Pay 300 00

Deposits 297 60 597 60

SUNDRY PAYMENTS

DATE.	CHEQUE NO.	PARTICULARS	AMOUNT $	C.	£	S.	D.	REMARKS

AUDITOR | PAYMASTER

Austria 10.4.19

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

M. OR S. | REGT. No. | RANK | NAME (IN FULL) | (BLOCK LETTERS SURNAME FIRST)

n/s | Beets Viola Gertrude

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

N/A

ADDRESS

English

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T.O.	D.O. 13	

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT? | PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

b.a.m.b

DATE OF ATTESTATION | 18-10-15 | TRANSFERRED TO | DATE | 1359 | AUTHORITY

ASSIGNED PAY $ 60.00 | DATE EFFECTIVE 1.5.19

PAYABLE TO Laura M. Beets | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 100 Kilroy St. Charlottetown P.E.I.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE 6 D.O. | DATE 14/4/19 | REASON Demob | AUTHORITY 1420 Ro | IF ENTITLED TO POST DISCHARGE PAY

R.T.O. 6 DISTRICT DEPOT PAYMASTER APR 23 1919 5-10 P.M. HALIFAX, N.S.

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.		TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																													12	00							Hearing on Pay 2/3 to 1.8.19
30-4-19		3	00																								90	00							Advance Gratuity
																															102	00	102	00			
																											102	00									
																											64	00				166	00	166	00			Overpayment 15/4/1915 30/4/19 5 00 Rebate Income Tax
		3	59																																	
183 days			549	00		549	00																				90										
																											110	00			166	00					
																											93										
																											90										
																																549					
						549																					383	00			166	00	549					

Certified that all payments due on this Acct. have been paid.

CAPT.
For Senior Officer Pay Services, M. D. 6

100M-1-19.—L. L. 53962-4 & D. 9723.
M. F. W. 2596.
1772-50-1380.

JUN 21 1919

Interpost 84564 14-5-19
60497H 25-6-19
88336 11-7-19
111542 8-8-19

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT. NAME OF | DATE | AUTHORITY

Gran. C. Spec. Hosp.

RANK. | DATE | AUTHORITY

N/S.

NAME.

Name Beers
Initials Viola G.
Bank of Montreal

Beneficiary
Address

Amount. $
Separation Allowance issued. Yes or No.....

1916-17

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
	Bro. ford from old sheet					0		
Jan 9	A.P. Can				60			
22	Pay Jan		111 60					
25	Bank.			51 60		0		
Feb 13	Pay Feb.		100 80					
19	A.P. Can.				60			
22	Bank	21943		40 80		0		
March 20	March Pay (R)		111 60					
21	A.P. Can				60			
23	Bank	24818		57 60		0		

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT.

NAME OF | DATE | AUTHORITY

RANK.

DATE | AUTHORITY

NAME.

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 initialled by P.M. in every case.	INITIALS

P—15.

ASSIGNED PAY. | **UNIT.** NAME OF / DATE / AUTHORITY | **RANK.** / DATE / AUTHORITY | **NAME.**

Beneficiary Laura M. Beers — Gran'l Spec Hosp, Ramsgate — Nursing Sister 18/10/15 — D.M.S. C.O. 849 19/10/15 — Name Beers.

Address 106 Fitzroy St, Charlottetown P.E.I. (Charlottetown) — Initials Viola Gertrude

Amount. $ 75.00 — Bank Bank of Montreal

Separation Allowance issued. Yes or No.

1916-17

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case	INITIALS
apl 22	A.P. Can			75	75			
"	Pay apl (R)		108			33		
	Bank			33		0		
may 22	Pay may		111 60					
	A.P. Can				75	36 60		
	Bank			36 60		0		
June 17	Pay June (R)		108					
20	A.P. Can				75			
	Bank	3874		33		0		
July 17	A.P. Can.				75			
20	Pay July (R)		111 60					
25	Bank	4997		36 60		0		
Aug 15	A.P. Can				75			
17	Pay Aug. (R)		111 60					
23	Bank	7299		36 60		0		
Sep 18	A.P. Can.				75			
20	Pay Sep (R)		108					
28	Bank	9510		33		0		
Oct 13	A.P. Can				60			
23	Pay Oct (R)		111 60					
27	Bank	11000		51 60		0		
Nov 16	A.P. Can				60			
17	Pay Nov (R)		108					
24	Bank			48		0		
Dec 9	A.P. Can				60			
15	Pay Dec		111 60					
18	Bank			51 60		0		

Cd fwd to new sheet

P—15.

ASSIGNED PAY. | **UNIT.** NAME OF / DATE / AUTHORITY | **RANK.** / DATE / AUTHORITY | **NAME.**

Beneficiary Laura. M. Beers — Gen'l Spec Hosp Ramsgate — Nursing Sister 18/10/15 D.M.S. C.O. 849 19/10/15

Address 106 Fitzroy St Charlottetown P.E.I. (Charlottetown)

Amount. $ 75.00

Name Beers.
Initials Viola Gertrude
Bank Bank of Montreal

Separation Allowance issued. Yes or No.

1916-17

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case	INITIALS
apl 22	A.P. Can			75	75			
"	Pay apl (R)		108			33		
	Bank			33		0		
may 22	Pay may		111 60					
	A.P. Can				75	36 60		
	Bank			36 60		0		
June 17	Pay June (R)		108 ..					
20	A.P. Can				75 ..			
	Bank	3874		33		0		
July 17	A.P. Can.				75			
20	Pay July (R)		111 60					
25	Bank	4997		36 60		0		
Aug 15	A.P. Can				75			
17	Pay Aug. (R)		111 60					
23	Bank	7299		36 60		0		
Sep 18	A.P. Can.				75			
20	Pay Sep (R)		108					
28	Bank	9510		33		0		
Oct 13	A.P. Can				60 ..			
23	Pay Oct (R)		111 60					
27	Bank	11000		51 60		0		
Nov 16	A.P. Can				60			
17	Pay Nov (R)		108					
24	Bank			48		0		
Dec 9	A.P. Can				60			
15	Pay Dec		111 60					
18	Bank			51 60		0		

Cnd fwd to new sheet

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT.

NAME OF	DATE	AUTHORITY
Gra C. Sp Hosp Ramsgate		Pay £2.00 p.d 7/a -60. Mess 1.00 -

RANK.

	DATE	AUTHORITY
N/S	18/10/15	D.M.S.C.O. 849 19/10/15

NAME.

Name Beers
Initials V. Gertrude
Bank of Montreal
Trafalgar Sq.

Beneficiary
Address Canada
Amount. $ 60.00
Separation Allowance issued. Yes or No.....

Extn. to 11/7/17. D.M.S.C.O. #797. 21/6/17
Leave Extd. to 10/6/17 D.M.S.C.O. 642. 17/5/17

1917-18

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)		108 -					
22	A.P. Can				60 -			
26	Bank	3003		48 -				
May.	a. P. Can.				60.			
22	May Pay. R.		111 60			51 60		
23	Bank	5986		51 60				
June 8th	A.P. Canada.				60.			
" 11.	June Pay. (R)		108			48		
21	Bank.	9004		48				
July 9	July Pay. (R)		111 60					
" 17.	A.P. Canada.				60.	51 60		
20	Sick leave allce 10/7 - 27/7/17	1513					£6-11-6 $32.00	
24.	Bank.	13092		51 60				
Aug. 18	August Pay. (R) A.P. Can		111 60		60	51 60		
20.	Bank.	17361		51 60				
Sep. 14	Sept Pay. (R)		108					
11	A. P. Can.				60	48		
21	Bank	21863		48				
Oct	Trav allce 12/7/17 - 17/9/17.	6048					£4-17-0 $23.60	
Oct 16	October Pay (R)		111 60					
10	A. Pay Canada				60			
19	Bank	26291		51 60				
Nov. 16	November Pay (R)		108					
15	A. Pay Canada.				60			
20	Bank	30763		48				

Carried Forward.

FORM P. 15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT.

NAME OF | DATE | AUTHORITY

Pay $2.00 pd
Ja 60
Mess 1.00

RANK.

DATE | AUTHORITY

NS

NAME.

Name Beers.
Initials V. Gertrude
Bank of Montreal
Trafalgar Sq.

Beneficiary
Address
Amount. $ 60 00 ban.
Separation Allowance issued. Yes or No.....

1917-18

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Dec 1	December Pay (R)		111 60					
Nov 25	Draw allee 1/8/17. 5/9/17	9368		00			£13.4.0 & 64 25	✓
4	a P. ban.				60			
13	Bank	35096		51 60				
Jan 1916 1	Jan Pay (R)		111 60					
14	a P. ban.				60			
21	Bank	39501		51 60				
Feb 13	Feb Pay (R)		100 80					
9	a P. ban.				60			
19	Bank	40996		40 80				
Mar	March Pay (R)		111 60					
9	A P. ban				60			
22	Bank			51 60				

FORM P. 15
5986—25M—19/1/17

ASSIGNED PAY.

UNIT.

NAME OF	~~DATE~~	~~AUTHORITY~~ Rates
Gran St. Hosp.	Pay	2 pd
Ramsgate.	J A	.60 "
	Mess	1 "

RANK.

	DATE	AUTHORITY
N. S	18 10/15	DMS 60.849.
		19 10/15.

NAME.

Name Beers.
Initials Viola Gertrude
Bank of Montreal Trafalgar Sq

Beneficiary
Address Can

Amount. $60
Separation Allowance issued. Yes or No.....

add outfit allce 1/8/18 $100.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918								
Apl 17	A P. Can.				60			
	Apl Pay (R)		108					
24	Bank.	1187		48		0		
May 19	May Pay (R)		111 60					
10	A P. Can.				60			
23	Bank	2683		51 60		0		
June	June Pay (R)		108					
14	A P. Can.				60			
21	Bank.	4166		48		0		
July	July Pay (R)		111 60					
15	A P. Can				60			
23	Bank	5626.		51 60		0		
Aug	Aug Pay R		111 60					
	A P. Can				60			
24	Bank	7258		51 60		0		
Sep	Sept Pay R.		108					
11	A P. Can				60			
24	Bank	9187		48		0		
Oct	Oct Pay R.		111 60					
15	A P. Can				60			
16	Trav allce. 16-17 8/18.	8522					1-2-6	5 48
23	Bank.	10404		51 60		0		
	add Outfit allce		100					
	Bank	10854		100		0		

Carry Forwd.

FORM P. 15
5986–25M–19/1/17

ASSIGNED PAY. | UNIT. | RANK. | NAME.

	NAME OF	DATE	AUTHORITY		~~DATE~~ mess.	AUTHORITY
Beneficiary	C.A.M.C.	Pay	2 ft	N./S.	18.10/15	DMSCO.849.
Address	Gran. St. Hosp.	FA	1 ft			19.10/15.
		Mess	1 ft			

Name Beers.
Initials V. G.
Bank of Montreal.
Traf. Sgr.

Amount. $60.00 Can.
Separation Allowance issued. Yes or No.....

add. outfit allce. 1.8/18 $100.00

DATE 1918.	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Nov.	Brought Forwd.							
	Nov Pay. (R)		140					
	A. P Can				60			
26	Bank	12521		80		0		
Dec.	Dec. Pay (R)		124.					
	A. P Can.				60			
18	Bank	13792		64		0		
Jan 20	A. P Can				60			
	Pay (R)		124					
28	Bank	15564		64	64	0		
Feb 10	A. P Can				60			
17.	Pay (R)		112.					
24	Bank.	17078		52		0		
Mar.	Pay (R)		124					
	A. P Can				60			
24	Bank.	18657		64		0		
28.	Adv. April P Can. T. can for Pmnt	Cash 18859		60		Dr. 60	Retd. to Can.	
Ap. 5	Trav allce. 26-30 3/19	11 4/19 175					4 6-0 £3-13-0 L. P Ch 30 4/19	
	April Pay (R)		120				Tofer. to N E Ledger 12	
	A. Pay Can				60	0	From Ledger 5 6 5/19	

Table III.—Boards; Courts of Inquiry, 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
June 1915	1, 2, 3 inoculations anti-typhoid by Dr. H. W. Goodall, Boston Mass
June 1915	Vaccinated by Dr. H. W. Goodall, Boston, Mass.
12-4-17	Diphtheria 4 weeks leave, T H Macdonald major cause
Mastock Beth 9-3-19.	Cat. A. [illegible] Maj. Cause

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

ORIGINAL.

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Beers *Christian Name* Viola Gertrude

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Charlottetown County P.E.I. Canada

Examined ... ... on 19th day of October 1915 at London, England

30 MAR 1917

Declared Age ... ... 32 years 5 mths, 9 days.

Trade or Occupation ... Nursing Sister

Height ... ... Five feet, six and a half inches.

Weight ... ... 135 lbs.

Chest Measurement: Girth when fully Expanded. 34½ inches. Range of Expansion 1½ inches.

Physical Development ... good

Vaccination Marks: Arm ... Right Left ✓ Number

When Vaccinated ... June 1915

Vision ... ... R.E.—V= L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a) none

(b) Slight defects but not sufficient to cause rejection ... ... (b) myopia & astigmatism

Approved by (*Signature*) G A Campbell

(*Rank*) Capt Cam C

Medical Officer.

Enlisted ... ... at 86 Strand London on 19th day of October 1915

Joined on Enlistment ... Corps. Regtl. No. Nsg. Str

Transferred to ... ... C.A.M.C

Became non-effective by

on day of 191

(*Signature*)

(*Rank*)

CANADIAN

The Morgan Reeve Co., Ltd., Printers, 20/22, Goldsmith St., Kingsway, W.C. (25506) Wt.W2869/1662. 200m. 5/15 Forms B. 178.

P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick List in the 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				
Q.A. Nurses Hospital Vincent Square.	25	3	1917	11	3	1917	Debility after Diphtheria	14	Invalided from France after Diphtheria - not a severe attack	J. Charlesworth Major RAMC