30-5-19

REGIMENTAL DOCUMENTS

NAME BENVIE ADA. REGT. NO. 7-Sisters UNIT Coma H. Q. FILE NO. 372-2-64

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1/24	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	27-6-19		31-5-19	Para 597 & Mo.	DEATH
8	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		2) A.P. 1 m. H.S.			Category
	TRAINING HISTORY SHEET (M.F.W. 113)		2) Med. Bd. Proceedings to M.D.6	3-9-19	Ref 6 — 417	
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)			12	19	
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				14753	
1/1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)	27-6-19				DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
1	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)					
1	M.S.W. 3591					
1	Resp Cert					
2+2	A.B. 64 A. 45	27-6-19		4025 41		1
3	Misc					8-2
1	Casualty					8-2
						11-3
	SS "Northland" 13-5-19. Reg Arsenal					

Public Archives Records Centre NO WILL

Original

1434

ATTESTATION PAPER

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

		(ANSWERS)
1.	What is your name?	Ada Bennie
2.	In what Town, Township, or Parish, and in what Country were you born?	Centre Musquodobit, Halifax Co. Nova Scotia
3.	What is the name of your next-of-kin?	Mrs Jas. Bennie
4.	What is the address of your next-of-kin?	Centre Musquodobit, Halifax Co. Canada
5.	What is the date of your birth?	April 28th 1883.
6.	What is your trade or calling?	Graduate Nurse
7.	Are you married?	No
8.	Are you willing to be vaccinated or re-vaccinated?	Yes
9.	Do you now belong to the Active Militia?	Yes
10.	Have you ever served in any Military Force? If so, state particulars of former Service.	No
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

Ada Bennie (Signature of Man.)

M. H. Forbes (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Ada Bennie, 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.

Ada Bennie (Signature of Recruit.)

Date June 3rd 1915 M. H. Forbes (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Ada Bennie, 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.

Ada Bennie (Signature of Recruit.)

Date June 3rd 1915 M. H. Forbes (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 Montreal this 3rd day of June 1915.

E. W. S. Hamilton (Signature of Justice.)

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

R. Waters Major A.M.C. (Approving Officer.)

M. F. W. 23.
200 M.—3-15.
H.Q. 1772-39-841.

1434.

DESCRIPTION OF Ada Bennie ON ENLISTMENT.

Apparent Age 32 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5' ft. 5' ins.	
Chest measurement — Girth when fully expanded		ins.
Chest measurement — Range of expansion		ins.
Complexion	Dark	
Eyes	Brown	
Hair	Black	

Religious Denominations

- Church of England
- Presbyterian
- Methodist Yes
- 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.)

None

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 May 19th 1915 — le R Bourne

Place Montreal P.Q. Lieut A.M.C.

*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.

Ada Bennie 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.

Date June 3rd 1915 — H. H. Forbes (Signature of Officer.)

Adjutant

CANADIAN CONTINGENTS. MEDICAL REGISTRAR, RECORD OFFICE.

Charge Sheet for Medical History Sheets.

ML. Reg. No. Nursing Sister Name BENVIE Ada

DATE	OUT	DATE	IN
24-1-18	6 f 88812. 2 3/8 Orig to 2. A. D. M. S. Hosp. Vincent Sq. S.W. W.f.		

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT.....

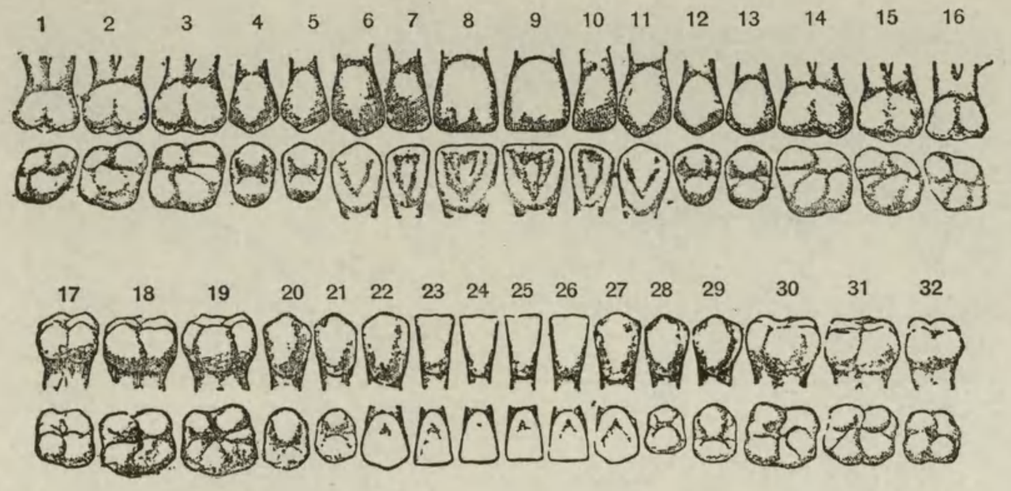
NAME OF SOLDIER.....

No.....

REGIMENT.....

RANK.....

M.F.B. 4
150M—10-18
1772-39-950



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report, record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge from the Service.

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	Prophylaxis	OPERATOR	Military District	REMARKS
Condition on first Examination																								Cavities
																								Extractions

CONFIDENTIAL. Army Form A. 45.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station 13, Berners Street, W.1.

Date 22-1-18.

1. **Rank and Name** N/S. BENVIE (ADA)
2. **Unit** C.A.M.C.
3. **Age** 32 4. **Total Service** 3 yrs. War Service { (*a*) at home 4 months. (*b*) abroad 32 "
5. **Address** 133, Oxford Street W.1.

STATEMENT OF CASE.

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

6. **Disability** ABSCESS ON RIGHT BUTTOCK.
7. **Date of origin of disability** 22-12-17
8. **Place of origin of disability** Le TREPORT.
9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

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

She had worked for one year in France without a leave.

The abscess started just after leave spent in South of France.

It broke, so was not operated open. In bed for a week.

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

OPINION OF THE MEDICAL BOARD.

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

(ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.

(iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.

(iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (*a*) before entering the service? No.
(*b*) in the service? Yes.
11. Was it attributable to military service? Yes.
If so, to what specific military conditions is it attributed? Service conditions.

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

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

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? Not. applicable.

[P.T.O.

14. What is the officer's present condition ? Abscess is healed. She is run down. She reports from Q.A.I.M.N.S. Hosp. Vincent Square.

The Board recommend : 2 weeks leave.

15. To what degree is the officer disabled at the present time ? --
(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 20, under 20, or nil.)

16. Is the disability permanent ? No. --

17. If not permanent, how soon is re-examination recommended ? ~~0~~ 2 weeks months.

18. Is it necessary that the officer should be re-examined by the same Board ? No.

19. What treatment is the officer receiving, and where, and from whom ? None.

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature ? No.

21. Does the officer require the constant attendance of another person ? No.

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 1677/1917. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service. No - two weeks.
B.—Fit for service in a garrison or labour unit abroad. --
C.—Fit for home service :— No - two weeks.
(i) Active duty with troops.
(ii) Sedentary employment only. No - two weeks.
D.—For admission to a command depot. --
E.—Requiring indoor hospital treatment :—
(i) In an officers' military or auxiliary convalescent hospital. --
(ii) In an officers' hospital. --
F.—Permanently unfit for any further military service. Not applicable.

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 1289 of 1917 been complied with ? Not applicable.

G. H. WILSON MAJOR C.A.M.C. A/ President.

H.W.McINTOSH CAPT. C.A.M.C.

J.H.M.BELL MAJOR C.A.M.C. } Members.

VEP

(14436.) Wt. W. 2070—P.P. 313. 500m. 11/17. S. O.

CONFIDENTIAL. Army Form A. 45.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station 13 BERNERS ST. W.1.

Date 5-2-18.

1. Rank and Name N/S BENNIE (Ada)
2. Unit C.A.M.C.
3. Age 32 4. Total Service 3 yrs. War Service { (a) at home 4 mos. (b) abroad 32 mos.
5. Address 133 Oxford St. W.1.

STATEMENT OF CASE.

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

6. Disability Abscess on R.Buttock.
7. Date of origin of disability 22-12-17.
8. Place of origin of disability Le Treport.
9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

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

This Nursing Sister reports after 2 weeks leave, during which her health has improved.

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

OPINION OF THE MEDICAL BOARD.

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

(ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.

(iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.

(iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (*a*) before entering the service? No

(*b*) in the service? Yes

11. Was it attributable to military service? Yes

If so, to what specific military conditions is it attributed? Service conditions.

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

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

If so, by what specific military conditions?

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

[P.T.O.

14. What is the officer's present condition ? There is no disability and she is in good health.

THE BOARD RECOMMEND:- GENERAL SERVICE.

15. To what degree is the officer disabled at the present time ?
(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 20, under 20, or nil.)

16. Is the disability permanent ? No

17. If not permanent, how soon is re-examination recommended ? 0 months.

18. Is it necessary that the officer should be re-examined by the same Board ? No

19. What treatment is the officer receiving, and where, and from whom ? none,

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature ? No

21. Does the officer require the constant attendance of another person ? No

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 1677/1917. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service. .....Yes

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

C.—Fit for home service :—
(i) Active duty with troops.
(ii) Sedentary employment only.

D.—For admission to a command depot.

E.—Requiring indoor hospital treatment :—
(i) In an officers' military or auxiliary convalescent hospital.
(ii) In an officers' hospital.

F.—Permanently unfit for any further military service.

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

S.H. McCoy Major C.A.M.C. President.

G.H. Wilson, Major C.A.M.C.

J.H.M. Bell, Major C.A.M.C. } Members.

(14436.) Wt. W. 2070—P.P. 313. 500m. 11/17. S. O.

qB 1535 1434

CONFIDENTIAL. Army Form A. 45.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station 13 Berners St W.

Date 5-2-18

1. Rank and Name N/S BENVIE (ADA)
2. Unit C.A.M.C.
3. Age 32 4. Total Service 3 years War Service { (a) at home 4 mos. (b) abroad 32 "
5. Address 133 Oxford St W.

STATEMENT OF CASE.

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

6 Disability Abscess on R. Buttock

7. Date of origin of disability 22-12-17
8. Place of origin of disability Le Treport.
9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

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

This Nursing Sister reports after 2 weeks leave during which her health has improved.

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.

OPINION OF THE MEDICAL BOARD.

NOTES.—(i.) The Board will on no account inform the officer of its opinion on any of the following questions.
(ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.
(iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.
(iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service ? No
(b) in the service ? Yes
11. Was it attributable to military service ? Yes
If so, to what specific military conditions is it attributed ? Service conditions

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

12. If not attributable to, was it aggravated by, military service ? N.a.
If so, by what specific military conditions ?
13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct ? If so, in what way, and to what extent ? N.a.

[P.T.O.

1434

14. What is the officer's present condition ? There is no disability.
She is in good health

15. To what degree is the officer disabled at the present time ? ——
(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 20, under 20, or nil.)

16. Is the disability permanent ? No

17. If not permanent, how soon is re-examination recommended ? 0 months.

18. Is it necessary that the officer should be re-examined by the same Board ? No

19. What treatment is the officer receiving, and where, and from whom ? None

The Board recommend General Service.

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature ? No

21. Does the officer require the constant attendance of another person ? No

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 1677/1917. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service. Yes

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

C.—Fit for home service :—
(i) Active duty with troops.
(ii) Sedentary employment only.

D.—For admission to a command depot.

E.—Requiring indoor hospital treatment :—
(i) In an officers' military or auxiliary convalescent hospital.
(ii) In an officers' hospital.

F.—Permanently unfit for any further military service.

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

A. Murray Maj. C.A.M.C. President.

C. H. Vernon Maj. C.A.M.C.
J. H. W. Bell- Maj. C.A.M.C. } Members.

(14436.) Wt. W. 2070—P.P. 313. 500m. 11/17. S. O.

1434

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 ..... Surname .....
(Give name in full)

Unit or Corps ..... Birthplace .....

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

1. GENERAL DESCRIPTION:

Physique ..... Weight ..... lbs. Height ..... ft ..... in. Colour of Eyes .....

Nutrition .....

Pulse .....

Condition of arteries .....

Vision Rt. ..... Left .....

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

Left ..... ft.

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

Opinion as to general health and physical 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 ..... Genito Urinary System ..... Cardio-Vascular System .....

Special Senses ..... Integumentary System ..... Respiratory System .....

Disturbance of mentality ..... Muscular System ..... Digestive System .....

Osseous and Joint System ..... Any other general condition .....

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]

1434

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Belfast (Overseas)

Date 14/2/20 Signed [illegible] 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 [illegible]

(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.

1434

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- sister Surname Benvie

(Given name in full) Ada

Unit or Corps C.A.M.C. Birthplace Musquodoboit N.S. Can.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 118 lbs. Height 5 ft. 5 in. Colour of Eyes Brown.

Nutrition Good

Pulse Tr

Condition of arteries Good

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 30 ft.

Left 30 ft.

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

one large & one small vaccination mark on left arm

Opinion as to general health and physical condition Good Robust 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.

n.o.

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

[OVER]

1434

EXAM. MED. BOARD
23 APR 1919
G. C. S. H.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Buxton. (Overseas)

Date 22-4-19. Signed [signature] 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 [signature]

(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 a Medical Board.)

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

ORIGINAL

Repat 1434

MEDICAL HISTORY SHEET.

Surname Bennie *Christian Name* Ada

Examined { on 19 day of May 1915.
at Montreal.

Birthplace { City or Town Halifax.
County Halifax N.S.

Apparent age 32.

Trade or occupation Graduate Nurse.

Height 5 Feet 5 Inches.

Weight 118. Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 34 inches.

Physical development Good.

Small-Pox Marks No.

Vaccination Marks { Arm Right. Left. Yes.
Number one.

When Vaccinated last 1908.

(*a*) Marks indicating congenital peculiarities or previous disease None.

(*b*) Slight defects but not sufficient to cause rejection None.

Approved by C R Bowne

Rank Lt Adjt. M.O

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

Date	Result	Vaccinations.
June	6+	T.C. Harris M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
19/5/15	500 million	C.R. Bowne.
29 May	1000 do	C.R.B. M.O.
June	8/15	T.C. Harris M.O.

Enlisted on 3 *day of* June 191 5 *at* Montreal

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	C.A.M.C.	9/5.		3.5.15
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
London	22-1-18	Abscess on R. Buttock.	Leave Two weeks Extended Leave
Gen. Hospital.	abt 22-2.	Fit.	Calgary A. Immediate Class

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.

100M.—1-15.
H. Q. 1772-39-439.

Christian Name Ada

Surname Bernie

14134

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.
Montreal P.Q.	2.6.15									No admissions	C.R.B
Ninon Hospital Vincent Square.		14	1	18	22	1	18	Ulcers	5	Invalided from France convalescent after	J. Charlesworth Capt RAMC Dover

1 8 B. 1535 1434

CONFIDENTIAL. Army Form A. 45.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station 13 Berners St. W.

Date 22-1-18

1. Rank and Name N/S BENVIE (ADA)
2. Unit C.A.M.C.
3. Age 32 4. Total Service 3 yrs. War Service { (a) at home 4 months (b) abroad 32 "
5. Address 133 Oxford St. W.

STATEMENT OF CASE.

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

6. Disability Abscess on R. Buttock
7. Date of origin of disability 22-12-17
8. Place of origin of disability L Treport.
9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

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

She had worked for one year in France without a leave. The abscess started just after leave spent in South of France. It broke, so was not operated upon. In bed for a week.

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

OPINION OF THE MEDICAL BOARD.

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

(ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.

(iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.

(iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (*a*) before entering the service ? No

(*b*) in the service ? Yes

11. Was it attributable to military service ? Yes

If so, to what specific military conditions is it attributed ? Service conditions

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

12. If not attributable to, was it aggravated by, military service ? not applicable

If so, by what specific military conditions ?

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct ? If so, in what way, and to what extent ? not applicable (Illegible)

[P.T.O.

1484

14. What is the officer's present condition ? Abscess is healed. She is run down.

She reports from Q.A.I.M.N.S. Hosp., Vincent Square.

The Board recommend: 2 weeks leave.

15. To what degree is the officer disabled at the present time ? —

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

16. Is the disability permanent ? No.

17. If not permanent, how soon is re-examination recommended ? 2 weeks ~~0~~ months. (Jwm)

18. Is it necessary that the officer should be re-examined by the same Board ? No

19. What treatment is the officer receiving, and where, and from whom ? None.

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature ? No.

21. Does the officer require the constant attendance of another person ? No

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 1677/1917. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service. No. Two weeks

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

C.—Fit for home service :—

(i) Active duty with troops. No Two weeks

(ii) Sedentary employment only. No Two weeks

D.—For admission to a command depot. —

E.—Requiring indoor hospital treatment :—

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

(ii) In an officers' hospital. —

F.—Permanently unfit for any further military service. Not applicable

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 1289 of 1917 been complied with ? Not applicable

E. A. Wallace Wraf. Capt. A.A.M.C. President.

Jwm McIntosh Capt. A.A.M.C.

J. M. M. Bell - Maj - A.A.M.C. } Members.

(14436.) Wt. W. 2070—P.P. 313. 500m. 11/17. S. O.

L. L. Job 85095—M. & D. 5953.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
20m.—9-15.
H. Q. 1772-39-819.

To Whom Norman Benoit

Address Centre Musquodoboit
Halifax Co.
N. S.

Rate 50—

By Whom Assigned Benoit, Ada

Regtl. No.

Rank

Corps Nursing Sister, C. A. M. C.

Jun 1-15.

PAYMENTS

	Month	Year	Cheque No.	Amt.	REMARKS
	Aug.	1914			
	Sept.				
	Oct.				
	Nov.				
	Dec.				
	Jan.	1915			
	Feb.				
	March				
	April				
	May				
	June		P2510	50 —	
	July		V1060	50 —	
	Aug.		S4228	50 —	
	Sept.		N7110	50 —	
	Oct.		08325	50 —	
	Nov.		R9235	50	
	Dec.		S9329	50	
	Jan.	1916	W11998	50	
	Feb.		W11419	50	
	March		Y15008	50	

CONSOLIDATED AC

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

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

Sheet No. 2. Norman Bennie

Name of Soldier Bennie Ada
nur. sister C.A.M.C.

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
				*50.
April	1916	K 1254	50 —	
May		24043	50	
June		M 7478	50	
July		B 7718	50 —	
Aug.		20681	50	
Sept.		16438	50	
Oct.		21300	50	
Nov.		P 27754 E 24788	50	cancelled P.S.C.
Dec.		I 34555	50	
Jan.	1917	937722	50	
Feb.		943026	50	50R
March		K 48889	50	50.8.
April		K 799	50	50 cl.
May		26752	50	
June		133554	50	50 to.
July		K 20231	50	
Aug.		N 27382	50	
Sept.		M 26805	50	
Oct.		T 48199	50	
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.				

L. L. Job 80[illegible]—M. & D. 5683.

M. F. W. 12.
20m.—5-15.
H. Q. 1772-39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs. (Bonvie) Norman Bonvie

Address Centre Musquodoboit
Halifax Co.
Nova Scotia

Rate 50.00

JUN 1 1915

By Whom Assigned Bonvie Bonvie Ida

Regtl. No.

Rank

Corps Nursing Sister C.A.M.C.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June		P.2510	50—	
July		V1060	50	
Aug.		S4228	50—	
Sept.		N7110	50—	
Oct.		08328	50—	
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CANCELLED

C.A.D.C. 5009A

CANADIAN ARMY DENTAL CORPS, O.M.F.C. 1434

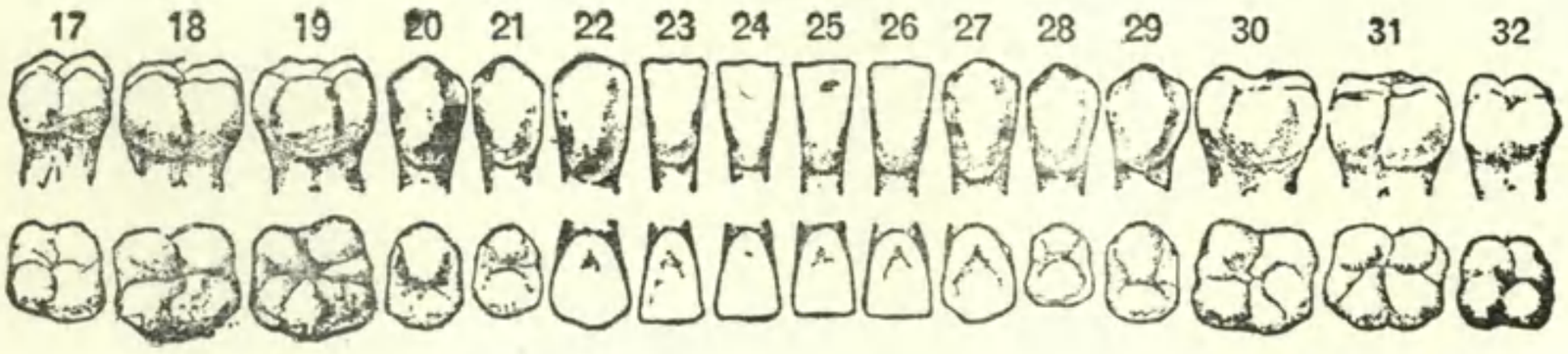
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BENVIE A.

REGIMENT Canes RANK Gr Sanki No.

Date of Examination in England 22.4.19 | 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 8.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (*a*) In Canada
- (*b*) In England Yes
- (*c*) In France

Signature of Dental Officer A. W. Blackwood Capt

1434

CANADIAN EXPEDITIONARY FORCE

F.S.-C-44.
H.C.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

Nursing-Sister

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

Ada DENVIS

(Name in full).....

The Canadian Army Medical Corps

Enlisted in.....

CANADIAN EXPEDITIONARY FORCE, on the.....

day of.....191.....AND WAS APPOINTED to COMMISSIONED RANK

The Canadian Army Medical Corps

in .....

Third

CANADIAN EXPEDITIONARY FORCE on the.....day

June 5

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

S England and France with the Canadian Army Medical

He SERVED in CANADA, ...

Corps.

.....

Twentieth

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

February 20 General Demobilization

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

Second

Dated at Ottawa, this.....day

August

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

Capt.

for Director of Personal Services.

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

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

Rank and Name **Nursing Sister. Ada Benvie.**

Regimental No.

Name and Address of Next-of-kin **Mr James Benvie.**

Unit **Centre Musquo Deboit. Halifax. Canada.**

Date of enlistment **Montreal. 3rd June. 1915.**

Place of birth **Centre Musquodoboit. Halifax. Co. Nova Scotia. Canada.**

Married (Yes or No) **Single.**

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments *Left Canada 4.6.15. No 328*

Report

JAN 1 1918

MAR 1 1918

A.F.B 103

5/1/16

Date	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
		Moore Barracks		*6/1/16.*	*R.L. 88-2.*
1-11-16	*D.M.S.*	*To No 2 General Hosp.*	*France*	*11/1/16.*	*C.O. 66*
22/1/16	*2 Gen H.*	*Taken on Strength*	*Le Treport* rejoined unit	*11-1-16* 26/11/16	*Pt II Ord H.* Pt II ord. 83. 2 C Gen H.
17/11/16.	*2 C. Gen. H.*	*Granted 14 days leave*	*from*	*10/11/16*	*Pt II ord. 76.*
26-6-17	*#2 C Gen H.*	*S.O.S. on reposting to*	*#2 C.C.C. Stat.*	*10-6-17*	*Pt II ord 38*
30-6-17	*2 C C C S.*	*T.O.S.*	*fr. 2 C. Gen. H.*	*11-6-17*	*Pt II ord. 30.*
12.12.17	*do*	*Granted 14 days leave*		*27.11.17*	*Pt II 956*
31.12.17	*C.R.O.*	*Adm No 3 Gen Hosp*	*Etreport.*	*24.12.17*	*C.L. 869 Abscess*
7-1-18	*- do -*	*adm 2 Stat. Hosp*	*Abbeville*	*31-12-17*	*Of 874* "
4-1-18	*2 C C C Stn*	*Reposted to No 2 Can Gen Hp*		*18-12-17*	*Pt II 1. Tos Pt II 1. 2 C Gen Hp.*
22-1-18	*D M S*	*Posted from No 2 C Gen Hp to*	*6. a.m.6. Dep.*	*17-1-18*	*60 101*
4-12-17/18	*G C S H Base*	*Granted leave*			

A.F.B. 103.

19 8

over

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				
23-1-18.	A.M.S.	adm Q.A.I.M.N.S. Hosp	Vincent Sq SW discharged	18-1-18 / 22-1-18	C/888. Abscess. Q.
25-1-18	D.M.S	Granted leave on recom of Med Bd from	Fenham	22-1-18 to 6-2-18	C.O. 119.
13-1-18	do	Posted to Can Spec Hp from	Depot	7.2.18	C.O. 199
26.6.18	do	Posted to Gran Can Sp Hp	Buxton	26.6.18	C.O. 1000
26-6-18	Fenham C.S.H.	S.O.S on Posting to Gran. Sp. Hosp.	Buxton	26-6-18	P.T. II of 54 7.05. G.C.S.H. P.E. 0.16
4-12. 7.18	G.C.S.H. Buxton	Granted leave from 1.7.18 to		17.7.18	P.E. 0.110
31-5-19	do	S.O.S. on transfer to C.S.H in Can.		13-5-19	P.C. II 0.31.
17-5-19	D.M.S.	S.O.S. on trans. to C.S.H in Canada Cessation of Activities		13-5-19	C.O. 64.
		Sailed to Canada S.S. Northland		13-5-19	Sailing No. 62.

10228

S.O.S. 20 Febo

1434

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps CAMC

Regimental No. ..... Rank Nursing Sister Name BENVIE Ada

Enlisted (a) June 3/15 Terms of Service (a) C. E. F. Wardemoi 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		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				
H.Q.	H.Q. OTTAWA	T.O.S. CEF in Canada	M.D. 6		CEFR.O. 1977B/19
7/6/19	H.Q. OTTAWA	Employed in connection with Nursing Services	MD6	23-5-19	CEF RO. 2003A/19
12-6-19	O/S	T.O.S."CAMC" & CAMP HILL & SUBSIDIARIES on returning from OVERSEAS. CAMC C.O.#585 d/12-6-19	Halifax	23-5-19	C.H.&SUB D.O.P2#74 d/13-6-19
15-1-20	SMO	S.O.S.CAMP HILL & SUB EST CAMC C.O.#24 d14-1-20	Do.	15-1-20	CH&SUB DO P2#15 /15-1-20
16-1-20	CH&SUB	T.O.S.COGSWELL MIL HOSPITAL	Do.	15-1-20	Lt-Colonel, O.C.CAMP HILL & SUB M.D.6. COG DO P2#1 d/16-1-20.
18-2-20	CAMC	S.O.S."CAMC" & COGSWELL MIL. HOSPITAL on DEMOBILIZATION. CAMC C.O.#82 d/17-2-20.	Do.	20-2-20	COG DO P2#34 d/18-2-20 Major. O.C.COGSWELL MIL.HOSP.M.D.6.

(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				

1434

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				
24.12.17.	3 Gen. Hosp	Abscess. Adm.	Field.	24/10/17.	W3034/C4073.
22.12.17	2 C.G. Hosp.	So Son Reposting to No 2 C G Hosp. (Auth: DGMS. B.1533/33 dt 6/9/17	-	18/12/17.	B213 Pte I dt 3/1/18.
22/12/17	2 C G H.	Taken on strength		19/12/17	B213 Pte II.
29/12/17	"	Adm		24/12/17	"
31/12/17	3 Gen	To 25 Stat (Abscess)		3/1/17	W3034.
31/12/17	2 Stat	Adm (")		3/1/17	"
~~5/1/18~~	~~2 C G H~~	~~Evac to Engn~~		~~9/1/18~~	~~B213~~
16/1/18	2 Stat	To Eng (Abscess)		16/1/18	W3034
19/1/18	adj.	Posted to Camt Depot Shorncliffe	"	17/1/18	Pte 5 dt 31/1/18
17/1/18	St Denis	Ref adj file 2160 r Sick. Posted to camt. Depot Shorncliffe (Abscess).	Depot	17/1/18	W3083 Pte ~~5 dt 31/1/18~~ 6 6/2/18 Hachriston Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
24-1-18	Camad. T.O.S. from. No 2 C G Hosp.	Shorncliffe		27-1-18.	Pte II 24 (C.O.101)
14.2.18	do	S.O.S. to C.S.H. Leulan	do	17.2.18	Pte II 45. (C.O.199) Embarkation Officer, ASST. ADJUTANT, for O.C., O.A.M.C. DEPOT
26-2-18.	C.A.M.C.	D.T.O.S from. C.A.M.C. Shorncliffe.	Leulan.	26-2-18	Pte 11-11 Pte 12-2-18
26-6-18	C.S.H. Leulan.	S O S to Granville Spa Hosp.	Buxton	26/6/18	Pte II. 28/6/18 Garagas Major Camad for O.C. C.S.H. Leulan Lieut

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

1434

Army Form B. 103.

CERTIFIED CORRECT
12 FEB 1918
CANADIAN RECORD OFFICE

Casualty Form—Active Service.

Regiment or Corps C.A.M.C. Nursing

Regimental No. _____ Rank Sister. Name Benvie, Ada.

Enlisted (a) ~~3/6/15~~ 3-6-15. Terms of Service (a) Duration of War. Service reckons from (a) 3.6.15.

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

Extended _____ Re-engaged _____ Qualification (b) Graduate Nurse.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Left Canada	4.6.15.	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received		Place	Date	
1/11/16	D.M.S.	Moore Barracks. to No 2. General Hosp	France	6/1/16 11/1/16.	R.L. 88-2 C.o. 66.
		J.G. Burnham Major for Lt-Col. i/c Records. C.E.F.			
15-1-16	O.C.2gen.	Arrived from Eng & taken on strength.	LeTreport.	11-1-16	B213 Pt2Ords. 4 d/ 22-1-16
12/11/16	"	Granted 14 days leave	-	10/11/16	" " 76 d/- 14/11/16
3/12/16	"	Rejoined from leave	-	25/11/16	" " 83 d/ 11/12/16
17/6/17	"	SO S on reposting to No2CCCSth DGMS B/1523/21 d/- 8/6/17	-	10/6/17	" " 38 26/6/17
17.6.17	No.2 CCCS	Taken on strength of Field No. 2 CCCS	-	11.6.17	B213. Pt II 30 d/30.6.17
1.[redacted].17	"	Granted 14 days leave	-	27.11.17	B213. Pt II 56 d/12.12.17
22.12.17	2CCHU.	Rejoined from leave.		11.12.17.	B213

(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

Army Form B. 103. 1434 Regimental Number.....

Casualty Form—Active Service.

Hon Lieut
Rank S.R.S. Regiment or Corps C.A.M.C. Surname Benvie. Christian Name Ada.

Religion Presbyn. Age on Enlistment 32 years months.

Enlisted (*a*) 3-6-15. Terms of Service (*a*) Dur. of War. Service reckons from (*a*) 3-6-15.

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

Extended { } Re-engaged { } Qualification (*b*) Graduate Nurse.

or Corps Trade and Rate.....

.....Signature of Officer.

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				
30-6-18	G.C.S.H.	T.O.S from C.S.H Fenham Embarked	Boulton	26-6-18	A.F.B.O. 106.
12-7-18	"	On leave 1-7-18 to 14-7-18 Inc Disembarked	"	1-7-18	A.F.B.O. 110.
		S.O.S on Transfer to the C.E.F. in Canada. BUXTON.			Capt. for O.C G.C.S.H. BUXTON. O.C.
13-5-19		S.O.S on embarkation to Canada			
		H.M.T. ⇒ NORLAND			
		EMB. LIVERPOOL 13.5.19			
		DISEMB. HALIFAX 23 5 19			

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

[P.T.O.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

1434

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				
27/5/19	M.H.Q. Ottawa	T.O.S. C.E.F. In Canada on General Demobilization	M.D. No. 13	13/5/19	C.E.F. R.O. No. 1983-19
7-6-19	HQ Ottawa	Empld in Conn with Pers Ser.	M D - 6	23-5-19	R O 2003-19

T. Hunter Capt
for Director Personal Services

H.S. 6-44.

THIS IS TO CERTIFY that (Rank) N. Sister

(Name in full) Ada BENVIE.

Enlisted in C. A. M. C.

CANADIAN EXPEDITIONARY FORCE, on the

day of 19 AND WAS APPOINTED TO COMMISSIONED RANK

in C. A. M. C.

CANADIAN EXPEDITIONARY FORCE on the Third day

of June 1915.

He SERVED in CANADA, England & France with

C. A. M. C.

and was STRUCK OFF THE STRENGTH on the Twentieth day

of February 1920 by reason of G. D.

Dated at Ottawa, this day

of 19

1434

FORM R. 149.
7106—250m—7/2/17.

Name BENVIE Rank N/Str. Reg. No.

Ada

Unit CAMC 2 ~~CCH~~ CCC Stn.

Next of Kin Canada

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
24-12	3 Gen. Hos. LeTreport (WO)		Abscess	869		
31-12	2 Stat Hos Abbeville (WO)			894		
18.1.18	2a. T M 1.5. Hosp. Rouen Sq. (10948)			688		
22.1.18	Exchanged to 3			1002		

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

1434

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
869.	#3 Gen Le Treport	24-12-17	Abscess
874 [21]	#2 Stat Abbeville	31-12-17	Abscess "D"
888 [21]	2/2 M N S. Vincents Sqn	8-1-18	" "
1002	Discharged	22-1-18	Abscess "D."

NAME Benzie

RANK AND CORPS Pvt. Co. M C. #2 C. O. Bn

REGT'L. No.

H. Q. FILE No 649

FOLLOWS

NO.

FOLLOWS

CABLE

NO. DATE

NATURE OF CASUALTY

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

M. F. W. 71.—200M.—4-16.
1772—39—961.

Ld 43-B-108

NAME Benoit Ada

REGIMENTAL NO.

RANK Nursing Sister

ENLISTED AT Montreal Que

PROMOTIONS, &c. AND DATE

DATE June 3, 1915

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Mrs Jos Benoit RELATIONSHIP

ADDRESS OF Centre Musquodoboit Hlfx Co. N.S

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

R.O. 2003 A
R.O. 1977 B

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME &c.
	NO.	DATE	
T.O.S CAMC & Camp Hill	C.O. 585	12-6-19	from O/S on 23-5-19
	C.H. 74	13-6-19	(A.G. 392-2-64)
S.O.S Camp Hill & Sub	C.O. 24	14-1-20	
	C.H. 15	15-1-20	on 15-1-20
T.O.S Cogswell Mil. Hosp.	Cog 1	16-1-20	
	" 34	18-2-20	
S.O.S. CAMC & Cogswell Mil Hosp	C.O. 83	17-2-20	

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Graduate nurse. RELIGION Methodist

DESCRIPTION.

APPARENT AGE 32 YEARS 2 MONTHS

HEIGHT 5 FEET 5 INCHES

CHEST MEASUREMENT - INCHES EXPANSION - INCHES

COMPLEXION Dark EYES Brown HAIR Black.

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Montreal. P. Q. DATE May 19th 1915

Date of sailing 4-6-15. Auth O. Q. L. Nov. 1st. 1915.

Present Address. Not - stated

SURNAME. Bennie

CHRISTIAN NAMES Ada.

REGL. No. RANK Nursing Sister

UNIT A.M.C.

FORMER CORPS Nil

6 CARD NO.

SOS 20.2.20 Demob
FOLL. auth SOS/18.2.20
Cpl. with M.H. 6
AG 7H03 [illegible] 2.20
cancn 6

NEXT OF KIN.

NAMES IN FULL Bennie Mrs Jas.

RELATIONSHIP TO SOLDIER R.N.S.

ADDRESS Centre Musquodoboit, Halifax N.S.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Halifax N.S. DATE Apr 28th 1883

PLACE OF ATTESTATION Montreal P.Q. DATE June 3rd 1915.

Date of sailing - 4-6-15 per Metagama R/B 22-5-19 30/4 Nfs

O/S 4/6/15 996

L. L. 90589.—M. & D. 6312.

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

Number ..... Rank N/Sister

Surname BENVIE

Christian Name ADA

Units ..... Theatre of War FRANCE

Date of Service 11-1-16

Remarks .....

Latest Address 1087 Bute, Vancouver, B.C.

~~Middle Musquodoboit~~

~~Halifax Co N.S.~~

Roll No. B Page 22406

200m.-6-21.

GRATUITY (IMPERIAL)

CHRISTIAN NAME	SURNAME	REG. NO.
SCHEDULE NO.	LINE NO.	
UNIT RETIRED OR DISCHARGED FROM		
PLACE OF RETIREMENT OR DISCHARGE		
DATE RECEIVED FROM OTTAWA	IMPERIAL DEPOT NO.	
DATE RECEIVED FROM REG. DEPOT.	DATE FORWARDED TO OTTAWA	

868—D.P.—40M-1-12-19.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch B

OVERSEAS CONTINGENTS

5377

Date of Assignment June 1/15

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

50			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank V.A.D. Sister Promoted Reverted Discharge

Soldier's Name Ada Bennie.

Battalion Nursing Sister C. A. M. C.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Norman Bennie.

Address Centre Musquodoboit

Change of Address Halifax N. S.

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	
1917 Oct.			1450	1450	
Nov	C 55990		50	50	
Dec	A 50285		50	50	
1918.					
Jany.	A 57698		50	50	
F + D.	B 100502		50	50	✓
Mar	A 96820		50	50	✓
Apr	C 739		50	50	
May	E. 7358		50	50	✓
June	D. 15532		50	50	✓
July	X 29811		50	50	✓
AUG	B 34810		50	50	✓
SEP	B 39817		50	50	✓
OCT.	B 44774		50	50	✓
NOV	A 60975		50	50	✓
Dec	C 62995		50	50	✓
JAN	D 72214		50	50	
FEB	D 80186		50	50	
MAR	D. 91040		50	50	✓
APR	E. 2360		50	50	✓
MAY	B 7199		50	50	✓
			2400	2400	

REMARKS 1321-a-7

AUDITED.

A/c Closed 31-5-19

Ret'd per Montreal

Date 23/5/19 M.F.W.187 30-5-19

Clerk Leo Green M.D. 13

M.D. 11 2566

CONSOLIDATED ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7693.

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. 22820—M. & D. 7993.

DESCRIPTION OF Ada Bernie ON ENLISTMENT.

Apparent Age 32 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 5 ins.

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

Complexion Dark

Eyes Brown

Hair Black

Religious Denominations { Church of England ..... / Presbyterian ..... / Methodist Geo. / 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.)

None

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

Date May 19th 1915 — L. R. Bourne

Place Montreal P.Q. Lieut Army Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT

Ada Bernie 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.

(Signature of Officer.)

Date June 3rd 1915 —

Nursing Sisters Letters for Wetaskiwin

card 88 R.E. 5-16

ATTESTATION PAPER

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

DEPT. OF MILITIA & DEFENCE JUN -7 1915

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1.	What is your name?	Ada Bennie
2.	In what Town, Township, or Parish, and in what Country were you born?	Centre Musquodobit Halifax Co. Nova Scotia
3.	What is the name of your next-of-kin?	Mrs Jas. Bennie
4.	What is the address of your next-of-kin?	Centre Musquodobit Halifax N.S.
5.	What is the date of your birth?	April 28 - 1883
6.	What is your trade or calling?	Graduate Nurse
7.	Are you married?	No
8.	Are you willing to be vaccinated or re-vaccinated?	Yes
9.	Do you now belong to the Active Militia?	Yes
10.	Have you ever served in any Military Force? If so, state particulars of former Service.	No
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

Ada Bennie (Signature of Man.)

M. H. Forbes (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, ..., 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.

Ada Bennie (Signature of Recruit.)

Date June 3rd 191 5 M. H. Forbes (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, ..., 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.

Ada Bennie (Signature of Recruit.)

Date June 3rd 191 5 M. H. Forbes (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 Montreal this 3rd day of June 191 5

E. A. S. Hamilton (Signature of Justice.)

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

R. B. Hale Major (Approving Officer.) A.M.C.

M. F. W. 23.
200 M.—3-15.
H.Q. 1772-39-841.

1454

3-2-32

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

M

H

1. RANK Nursing Sister

2. NAME Bennie Ada. (Bennie. Ada)

3. UNIT Base M.D.6.

4. DATE STRUCK OFF STRENGTH 20-2-20 PLACE ~~Kentford~~ M.D. 6.

5. REASON Demobilization

6. AUTHORITY R.O. 2403 - 28/2/20. H.Q. 392-2-64. G.O. 43-B-108

7. PROPOSED RESIDENCE
& Middle Musquodoboit
Halifax Co
N.S.

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.

M. F. W. 2591.
2m.—2-19.
1772-39-1380.

M. OR S.

Northland 13.5.19 23.5.19

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

AUDITOR | PAYMASTER

REGT. NO | RANK n/Sisty | NAME (IN FULL) Bjorie A. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID Nil | RELATIONSHIP

ADDRESS

$ P. M.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T O S	20/171	

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

PLACE OF ATTESTATION | TRANSFERRED TO BAMC | DATE 23/5/19 | AUTHORITY 20.171

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 5.00 | DATE EFFECTIVE 1.6.19

PAYABLE TO Norman Benvie Cancelled | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 6 Prince Underwood Court Halifax NS

STOP PAYMENT FORM ASSIGNED PAY RENDERED. DATE | EFFECTIVE

DISCHARGED PLACE Halifax, N. S. DATE FEB 20 1920 | REASON "Demob" | AUTHORITY C.O. 82 | IF ENTITLED TO POST DISCHARGE PAY

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
																																						2706
BALANCE FROM PREVIOUS ACCOUNT	31.5.19	3.00																									11	00									Hearing on boat 13 to 23.5.19
																											90	00									Advance W&S on boat
	June 20	1.00	20	00	77	00			141	00																							101	00	101	00	—	—	1 @ 5. 12/6 1 @ 20.74.60
	July 4.	2.00	92	00	112	70			140	70			72	1/7			100	00									101	00					209	60			33	10	5.40. Meals 83.20. Meals
					56	77	10																															
	Aug. 4.	1.00 2.00	93	00	52	70			228	40			93	1/8	111	28/8	77	10	97	50	50	00			3	80	228	40									Subs @ 70 of 8 days not credited June a/c
																																					P.P. 33.35
																																					Meals 63.80
	SEPT 30	1.00 2.00	30	00	51	00			141	00			136	29/9					141	00													141	00					
	OCT 31	3.00	93	00	52	70			145	70			160	27/10					144	90									80				145	70					Meals 8 of
	NOV 30	3.00	90	00	51	00			141	00			181	26/11					139	60									1 40				141	00					Meals 41.40
	DEC 31	3.00	93	00	52	70			145	70			196	15/12					142	30									3 40				145	70					Meals 43.40
	JAN 31	3.00	93	00	52	70	25		145	95			223	26/1					145	95													145	95					
	FEB 20	3.00	60	00	34	00			94	00			247	21/2					88	30									3 00 2 70				94	00					Meals 32.70. Meals 3.00
			795	00	456	35	77	10	1328	45									899	35	50	00			225	70	1352	35	101	00	77	10					

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

Lt. R.C.A.S.C. D.P.L.
for Senior Officer Pay Services, M. D. 6

JUL 3

200M-3-19.—L. L. 58788-11. & D. 9985.
M. F. W. 2.96.
1772-39-1390.

BALANCE FROM PREVIOUS ACCOUNT

MAN-DEP.

| | | |

FORM P. 15
5986–25M–19/1/17

ASSIGNED PAY.

UNIT. NAME OF: No 2 b. G. H. DATE: Rates Pay 2.00 pd, I A 1.00, Mess 1.00 — AUTHORITY: ~~AUTHORITY~~

RANK. R. S. — DATE — AUTHORITY

NAME. Name Benvie, Initials Ada, Bank of Montreal Trafalgar Sq.

Beneficiary

Address ban.

Amount. $ 50

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

Add. outfit allce 1918

1918-19 | 1919-20

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 ban.				50.			
	Apl Pay (R)		108					
24		Bank	1187.	58		0		
May 19	May Pay (R)		111 60					
10	A P ban				50			
23		Bank	2663.	61 60		0		
June	June Pay (R)		108					
14	A P ban				50			
21		Bank	4166	58		0		
July	July Pay (R)		111 60					
15	A P ban				50			
23		Bank	5626.	61 60		0		
Aug	Aug Pay R		111 60					
13	A P ban				50			
24		Bank	7258	61 60		0		
Sep	Sept Pay R.		108					
11	A P ban				50			
24		Bank.	9167	58		0		
Oct	Oct Pay R.		111 60					
15	A P ban				50			
23.		Bank.	10404	61 60		0		
31	add. outfit allce.		100					
		Bank.	10854	100.		0		
Nov	~~Nov~~ Pay. (R)							
	A P ban.				50			

Carry Forwd

FORM P. 15
5986–25M–19/1/17

ASSIGNED PAY.

UNIT. NAME OF

DATE

AUTHORITY

RANK.

DATE

AUTHORITY

NAME.

Beneficiary

Address

Amount. $ 50. 00 Can

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

No 2. G.H. Pay 2nd
f & a 1st
mess 1st

A/S

Name Benvie
Initials ada
Bank of Montreal
Trafalgar Sqr

a. o. a. 1/18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918								
	Brought Forwd							
Nov 19	Dental Charges 29/10/18 10/- list 104 Dot	Voc 2515		2 43				
"	Dot. Pay R.		140					
	a. P Can				50			
	Bank.	12521		87 57				
26								
Dec.	Dec. Pay (R)		124					
	a. P Can				50			
	Bank	13792		74				
18								
Jan	a. Pay Can				50			
	Pay R.		124					
28	Bank	15564		74				
Feb 10	a. Pay Can				50			
	Pay (R)		112					
24	Bank.	17078		62				
March 14.	Pay (R)		124					
	a. Pay. Can				50			
	Bank.	18657		74				
24								
April	April Pay R		120					
	a. P Can.				50			
26	Bank.	1044		70				
May 1st	a do P & a.							
	Bank.	1338		74				
9	May Pay (R)		124					
	a. Pay Can				50			

RETURNED TO CANADA
L.P.C. TO 3/5/19
TRANSFER TO N.E. LEDGER

from R 5 12 6/19

12

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT. NAME OF ____ DATE ____ AUTHORITY

No 26 G Hosp

Pay $200 pd
Ja 60
Mess 1.00

RANK. ____ DATE ____ AUTHORITY

N/S

NAME.

Name Benvie
Initials Ada
Bank of Montreal
Trafalgar Sq

Beneficiary
Address [illegible] Canada
Amount. $ 50.00
Separation Allowance issued. Yes or No.....

1917-18

DATE 1917	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
April 21	April Pay R.		108 -					
22	A.P. Can				50			
26	Bank	3003		58 -		0		
May	A.P. Can				50			
22	May Pay. R.		111 60			61 60		
23	Bank	5986		61 60		0		
June 8th	A.P. Canada				50			
" 11	June Pay. (R)		108			58		
21	Bank.	9004		58		0		
July 19.	July Pay. (R)		111 60					
17.	A.P. Canada.				50	61 60		
31.	Bank.	13092		61 60		0		
Aug. 18	August Pay. (R)		111 60					
	A P Can				50	61 60		
20.	Bank.	17361		61 60		0		
Sep. 14	Sept Pay (R)		108					
11	A. P. Can				50	58		
21	Bank	21863.		58		0		
Oct 9	October Pay 191		111 60					
10	A. Pay. Canada				50			
19	Bank.	26291		61 60		0		
Nov. 16	November Pay. 191		108		50			
15	A. Pay. Canada.							
20	Bank	30763		58				

Carried Forward.

FORM P.15
2227—10M—1/1/17

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

Beneficiary
Address
Amount. $ 50.00 ban.
Separation Allowance issued. Yes or No.....

No 2 C.G.H
Pay $2.00 p.d
Pa 60.
Dress 1.00.

N.S.

Name Bennie
Initials Ada.
Bank of Montreal
Trafalgar Sq

1917-18

DATE 1917	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Dec 7	December Pay (R)		111 60					
8	a P. ban.				50.			
13		Bank	35096	61 60				
Jan 1918	Jan Pay (R)		111 60					
14	a P. ban.				50.			
21		Bank	39501	61 60				
Feb 13	Feb Pay (R)		100 80					
9	a P. ban.				50.			
19		Bank	40996	50 80				
Mar	March Pay (R)		111 60					
9	A P. ban				50.			
22		Bank		61 60				

FORM P. 15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT. NAME OF: No 2 C.B.H. DATE: AUTHORITY:

RANK. W/S. DATE: AUTHORITY:

NAME.

Beneficiary

Address

Amount. $

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

Name Benoit
Initials Ada
Bank of Montreal

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				50			
22	Pay Jan		111 60					
25	Bank.			61 60		0		
Feb 13	Pay Feb.		100 80					
19	A.P. Can				50			
22	Bank	21943		50 80		0		
March 20	March Pay (R)		111 60					
21	a-P. Can				50			
23	Bank	24818		61 60		0		

P—15.

ASSIGNED PAY.

UNIT. NAME OF — DATE — AUTHORITY: No 26 C.G.H.

RANK. Nursing Sister — DATE — AUTHORITY

NAME.

Beneficiary Norman Benvie
Address Centre Musquodoboit Halifax County N.S.
Amount. $ 50.00
Separation Allowance issued. Yes or No.

Name Benvie
Initials Ada
Bank Bank of Montreal

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			58	50			
24	Pay apl (R)		108			58		
	Bank			58		⌀		
May 22	Pay May		111 60					
	A.P. Can				50	61 60		
	Bank			61 60		⌀		
June 17	Pay June (R)		108 ..					
20	A.P. Can				50 ..			
	Bank	3874		58		⌀		
June 17	A.P. Can.				50			
20	Pay July (R)		111 60					
25	Bank	4997		61 60		⌀		
Aug 16	A.P. Can				50			
17	Pay Aug (R)		111 60					
23	Bank	7299		61 60		⌀		
Sep 18	A.P. Can				50			
20	Pay Sep (R)		108					
28	Bank	9510		58		⌀		
Oct 13	A.P. Can				50			
23	Pay Oct (R)		111 60					
27	Bank	11000		61 60		⌀		
Nov 16	A.P. Can				50			
17	Pay Nov (R)		108					
24	Bank			56		⌀		
Dec 9	A.P. Can				50			
12	Pay Dec		111 60					
18	Bank			61 60		⌀		

Cd fwd to new sheet

NAME Benoit Ada. ✓

DATE OF APPOINTMENT

MARRIED (~~YES~~ OR NO)

NEXT OF KIN:— NAME Mr J. Benoit

ADDRESS Centre musquodoboit. Debois. Halifax

DATE NON-EFFECTIVE AND CAUSE

UNIT Nursing Sisters ~~Hoo'd Barracks Hospital, Shorncliffe~~ No 2 Can Stn Hospital Le Treport

ASSIGNED PAY:— June 1st 1915

MONTHLY AMOUNT 50.00

TO WHOM PAYABLE Norman Benoit

Centre Musquodoboit, Halifax County - N.S.

BANK IN WHICH PAY & ALLOWANCES DEPOSITED Bank of Montreal

1915-16

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 Balance	Deposited in Bank	Carried Forward	REMARKS
June 1	July 31	61	2-	122 ✓				122	60	36 60 ✓		48 - ✓		84 60	206 60 ✓	50 ✓ June				57 93 ✓		£10 Advance
Aug 1	Aug 31	31		62 ✓				62		18 60 ✓		31 ✓		49 60	111 60 ✓	50 ✓		61 60		61 60 ✓		
1/9	30/9	30		60 ✓				60		18 ✓		30 ✓		48	108 ✓	50 ✓		50 TOTAL DR.		58 ✓	11 18 4	
1/10	31/10	31		62 ✓				62 ✓		18 60 ✓		31 ✓		~~49 60~~	111 60 ✓	50 ✓		~~50~~	~~61 60~~	61 60 ✓		
1/11	30/11	30		60 ✓				60 ✓		18 ✓		30 ✓		48	108 ✓	50 ✓		50		58 ✓		
1/12	31/12 1916	31		62 ✓				62 ✓		18 60 ✓		31 ✓		49 60	111 60 ✓	50 ✓		50		61 60 ✓		
31/1	31/1	31		62 ✓				62 ✓		18 60 ✓		31 ✓		49 60	111 60 ✓	50 ✓		50		61 60 ✓		
1/2	29/2	29		58 ✓				58 ✓		17 40 ✓		29 ✓		46 40	~~104 40~~	50 ✓		50		54 40 ✓		
1/3	31/3	31		62 ✓				62 ✓		18 60 ✓		31 ✓		49 60	111 60 ✓	50 ✓		50		61 60 ✓		
																500	48 67			536 33		
		305	days	@ 2 60				793 00														
		292	.	meaning				292 00														1085 -
		Ass Pay						500														
		cash						48 67														
		Depo						536.33														1085.00

SUNDRY PAYMENTS

DATE		CHEQUE No.	PARTICULARS	AMOUNT $	AMOUNT c.	AMOUNT £	AMOUNT s.	AMOUNT d.	REMARKS

O.Q. 19
D.a. R.

B 126

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

O. K.

War Service Badge
Class "A" No.

1. RANK Nursing Sister
2. NAME Bennie A.
3. UNIT C.A.M.C.
4. DATE STRUCK OFF STRENGTH | | PLACE
5. REASON

Demobilization

6. AUTHORITY
7. PROPOSED RESIDENCE 7/52 Royal Bank of Canada Halifax

Group HQ
Checked by No. 29 ans 16
Date 12-5-19

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.

M.S. Bennie. A.

✓ 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.

Dispersal Det.

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

H.M.T. NORTHLAND
EMB. LIVERPOOL 13-5-19
DISEMB. HALIFAX 23. 5. 19.

V

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, &c; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief details, and signature		
June 6th/1915	Vaccination	+	L.C.Harris
19/5/15	Inoculation	500 million	C.R. Bourne
29/5/15	do	1000 "	C.R.B.
8/6/15	do		L.C. Harris

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
Montreal, P.Q.	2/6/15				

ML.

Nursing Sister

Army Form B. 178.

DUPLICATE.

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.

MILITARY DISTRICT NO. 6 HALIFAX, N.S. SEP 10 1919 43-B-108 M.D. NO. 6

MEDICAL HISTORY of

Surname BENVIE *Christian Name* Ada

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Halifax County N.S.

Examined ... ... on 19th day of May 1915. at Montreal

Declared Age ... ... 32 years days.

Trade or Occupation ... Graduate Nurse

Height ... ... 5 feet, 5 inches.

Weight ... ... 118 lbs.

Chest Measurement (Girth when fully Expanded.) 33 inches.

Chest Measurement (Range of Expansion) 34 inches.

Physical Development ... Good

Vaccination Marks — Arm .. Right Left

Vaccination Marks — Number 1

When Vaccinated 1908

Vision ... ... R.E.—V=

L.E.—V=

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

(*b*) Slight defects but not sufficient to cause rejection ... ... (*b*)

Approved by (*Signature*) C.R. Bourne,

(*Rank*) Lt: A.M.C.

Medical Officer.

Enlisted ... ... at Montreal on 3rd day of June 1915

Joined on Enlistment ... Corps: A.M.C. Regtl. No.:

Transferred to ... ...

Became non-effective by

on day of 191 .

(*Signature*)

(*Rank*)

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this man, for the Officer in Charge of Records Canadian Contingents. C.A.M.C.

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

W.R. WARD, Colonel in Charge of Records Canadian Contingents.

(8 82 62) W 2869—1662 20,000 5/15 H W V(R) Forms/B. 178 [P.T.O.