

REGIMENTAL DOCUMENTS

NAME *Bowlby ANNIE AMELIA*

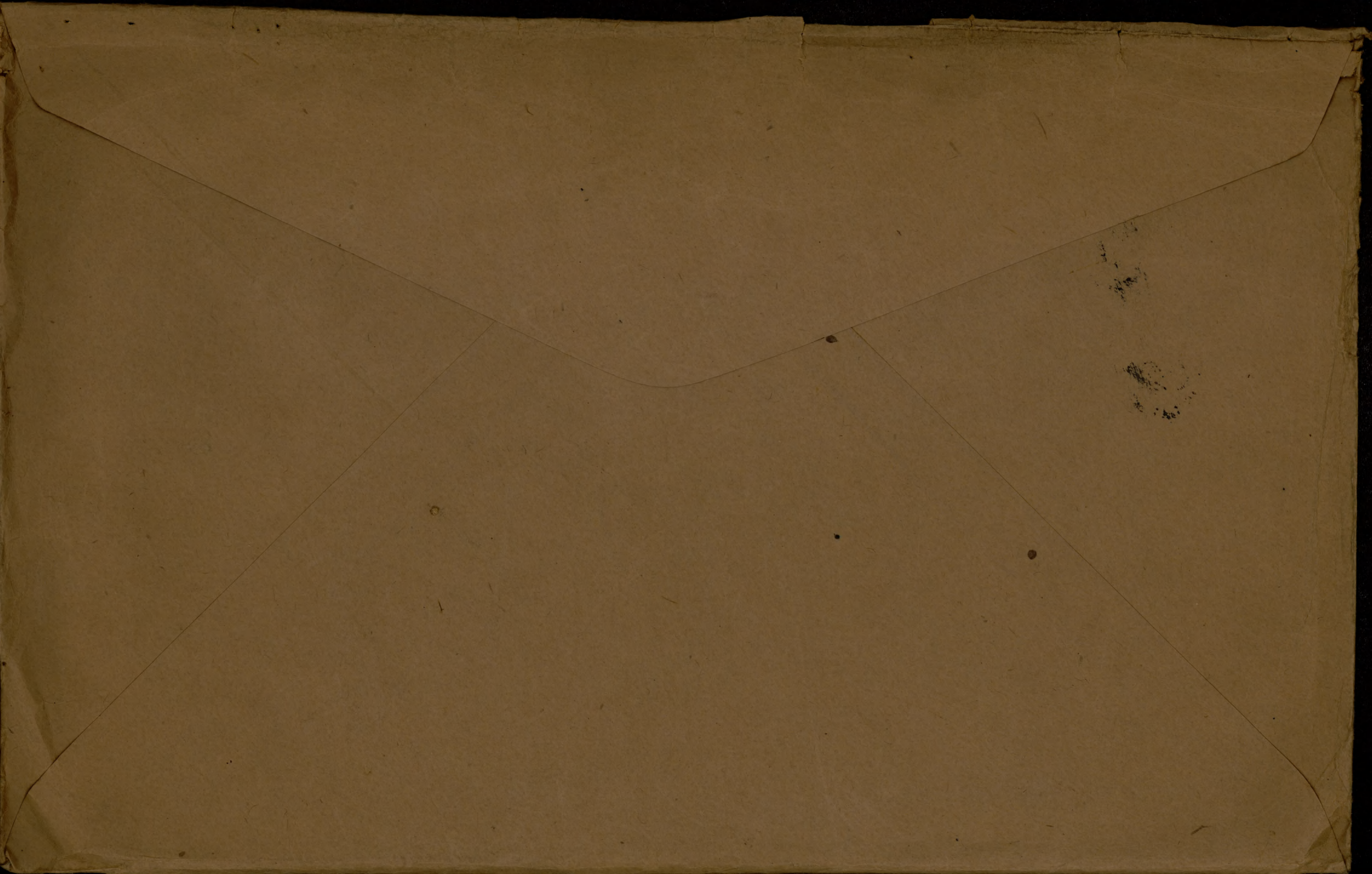
REGT. NO. *N. Sister*

UNIT *C.A.M.E.* H. Q. FILE NO.

*21/8/19*  
*af*

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<i>M</i>	<i>Returned from letters 5-9-19</i> <del>32-8-19</del>		DEATH
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)		<i>H</i>			330-
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					33059
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category
3 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demob<sup>70</sup></i>
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. 393 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)					
<i>2 Disp. Cert.</i>			<i>1</i>		
<i>1 m.f.w. 2591</i>			<i>9-15</i>		
<i>1 Cas Care</i>			<i>9-15</i>		
<i>1 A 49</i>			<i>11-15</i>		
<i>1 A 149</i>					

*Ref. S.S. Megankic 8/8/19*



# CANADIAN EXPEDITIONARY FORCE

J.N. 2-36.

R.A.F.

## Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

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

(Name in full)..... Annie Lucie POWLEY,

Enlisted in..... Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the.....

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

in..... Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the..... Tenth day

of..... December 1917....

He SERVED in CANADA,..... and England with the C.A.M.C. Depot., No. 5 Canadian

General Hospital., Att'd to 12 Canadian General Hospital., No. 16 Canadian  
General Hospital.

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

of..... August 1919.... by reason of..... General Demobilization

Dated at Ottawa, this..... Fifth day

of..... January 1919....

Two years service with the C.A.I.M.C.S.R.

..... Lieut.  
for Director of Personal Services.

O/S file H.P. 716  
For Date: Encl. OR  
Place: Toronto  
Date: Sept. 1954  
Name: J. Clark

**Casualty Form—Active Service.**

Regiment or Corps..... **C. A. M. C.**.....

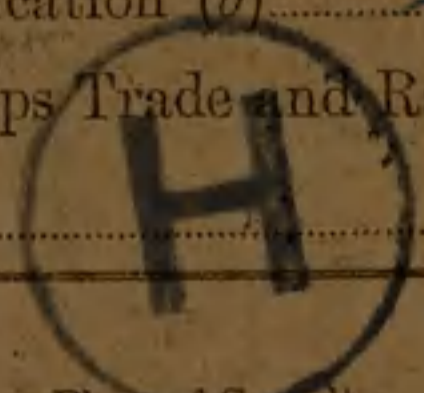
Rank..... **N/S.**..... Surname..... **Bowlby**..... Christian Name..... **Annie Amelia**.....

Religion..... **6/17/18**..... Age on Enlistment..... **29**..... years..... months.....

Enlisted (a)..... **13-12-17**..... Terms of Service (a)..... **2 y 11 m.**..... Service reckons from (a)..... **10-12-17**.....

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

Extended { ..... } Re-engaged { ..... } Qualification (b)..... **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				
			Embarked ...		
			Disembarked...		
<b>6-12-17</b>	<b>Bramshott</b>	<b>1st Appointment to 6th Coy</b>			
<b>29-12-17</b>	<b>do</b>	<b>S.O.S. to 5th Coy</b>			
			<b>York Blayney Street</b>		
<b>19.12.17</b>	<b>5th Coy Hpl.</b>	<b>I.O.S. No 5 Can. Gen. Hpl.</b>	<b>Liverpool</b>	<b>18.12.17</b>	<b>Pl. II No 192</b>
<b>25.6.18</b>	<b>— do —</b>	<b>Granted leave 25.6.18 to 9.7.18</b>	<b>Liverpool</b>	<b>25.6.18</b>	<b>PT. 2 DO. No 136 25/6/1918</b>
<b>9.7.18</b>	<b>— do —</b>	<b>Returned off leave.</b>	<b>Liverpool</b>	<b>9.7.18</b>	<b>PT. 2 DO. No 146 9/7/1918</b>
<b>17.10.18</b>	<b>— do —</b>	<b>S.O.S. to 6th Coy Hpl. Bramshott</b>	<b>Liverpool</b>	<b>16.10.18</b>	<b>PT. 2 CO. No 215 17/10/1918</b>
					<b>MAJOR C. A. M. C.</b>
					<b>ADJ. 15TR.</b>

FOR O. C. No. 5 CANADIAN GENERAL HOSPITAL  
LIVERPOOL

(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.  
(f) Signaller, Shoening-Smith, &c.

[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				
19.10.18	6amb Cos Coy	Attd 12 bSH from 6a m 6 Cos Coy	Brandst	17.10.18	Pr " 50 2249
26.11.18	12 bSH	leaves to be attached from 6amb Cos Coy	Brandst	26.11.18	Pr " 50.281
27.10.18	6amb. Cos. Co.	T.O.S. from 5 bSHoop. Speliffe.	Speliffe	17-10-18	Pr II DO. 143.
24.10.18	do	On hon. to 12 bSHoop.	do	do	Pr II DO. 145.
27.11.18	do	leaves hon to 12 bSHoop.	do	26-11-18	Pr II DO. 176.
20.12.18	do	adm to R bSHoop Consettites	do	19-12-18	Ob T 116.9
17.1.19	do	adm to 5 bSHoop	do	11.1.19	Pr II DO 14
13-1-19	No. 5 CANADIAN GENERAL HOSPITAL	T.O.S. from C.A.M.C. Casualty Co., Shorncliffe.	Liverpool.	11-1-19	Pr. 2 DO, No 10 137 1919 13.1.1919
20-4-19	Do	GRANTED LEAVE	- Do -	17-4-19	PT. 2 DO, No 83 D19/4/1919.
22-4-19	Do	REPORTED OFF LEAVE	- Do -	19-4-19	PT. 2 DO, No 84 D21/4/1919
17-5-19	Do	GRANTED LEAVE	- DO -	29-5-19	PT. 2 DO, No 106 D17/5/1919
30-5-19	- Do -	REPORTED OFF LEAVE	- Do -	30-5-19	PT. 2 DO, No 114 30 5 919.
2-8-19	- Do -	J.O.S. TO No. 6 CGH ORRINGTON	- DO -	2-8-19	PT. 2 DO, No 162 D21/8/1919

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 62nd Regimental Number \_\_\_\_\_

\*Substantive Rank MS Surname Bowby Christian Names James Leslie

\*Acting Rank \_\_\_\_\_  
(\* To be entered in pencil to facilitate alteration.)

To be folded on this line.  
Nothing to be written in this margin.

A1834 W.6425—P1600 500,000 10.18 G.W.P.C.O.3973.

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I., 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received.					
2/8/19	AM 04/ 29-4-12	PTZ 1004 50	10.5 pm 5 62nd 2/8/19	Alington		
8/8/19	SOS of	AMT of	Embarked on Embarkation for service			
			EMBKB. LIVERPOOL AUST. 8.19 ARR QUEBEC 17 8 19			

W. H. A. M. O. C. O.  
ADJUTANT AND REGISTRAR  
CANADIAN GENERAL

919.  
919.  
119.  
19.  
19.

Date

19.10.18

REVERSE AND CHECK FOR SERVICE AND CASUALTY FORM 11

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					
23 8 19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2	9 8 19	C.E.F. R.O. No. 2140-19	
27 8 19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2	18-8-19	C.E.F. R.O. No. 2145-19	

*W. Hunter*  
for Director Personal Services

Nothing to be written in this margin.



SURNAME.

*Bowlby*

CARD NO.

*4*

CHRISTIAN NAMES

*Annie Amelia*

*SDS 18-8-19 16med*  
FOLL.

REGL. NO.

RANK

*Nursing Sister*

*SDS 1450/27-8-19*

*1102*  
*202479-11/9/16*

UNIT *C.A.M.C.*

FORMER CORPS

*A.I.M.N.S (2 yrs)*

*2 AD*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Bowlby Frank*

RELATIONSHIP TO SOLDIER

*Father*

ADDRESS

*Simcoe Ont*

*(auth. 5883-27)*

COUNTRY OF BIRTH

*Canada, Simcoe Ont*

DATE

*May 10th. 1888*

PLACE OF ATTESTATION

*London Eng.*

DATE

*Dec. 10th. 1917*

*PIC 16-8-19 3919 NIS*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

*Nurse.*

RELIGION

*Church of England*

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

*London Eng.*

DATE

*Nov. 19th. 1917.*

*Present Address: Simcoe Ont.*

NAME

*Bowley a*  
*N 15th.*

RANK AND UNIT

NEXT OF KIN

REGT. No.

*Off Casualties Camp*  
*att. CH.*

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
1134	120 Gen. Plam	7-11-18	Influenza
1164	Cantel Spec. Bayton	9-12-18	Tonsillitis
1182	Dorich	4-1-19	..

No. 12 CAN. GENERAL HOSPITAL HOSPITAL.



AT Bramshot

A. & D. No. 835 PL. OF ACTION

RANK M/S REG. No. UNIT SICK OR WOUNDED

NAME Bowley A AGE 30 RELIGION C of E

PLACE IN HOSPITAL B.H.

DIAGNOSIS Influenza

ADMITTED 6 NOV 1918 FROM

DISCHARGED 18-12-18 TO Red X Buxton

TRANSFERRED

SERVICE AT HOME 17/12 IN FIELD

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

REMARKS.

1000 1000 1000 1000 1000 1000







NS/ Bowlby Annie Amelia

Tos. 4-11-16, Camb.

Went to Nov., 1916, then sos to Imp

Jarres, and in Nov. 1917, is

Tos again to Camb.,

Auth., N.I. file.

*W. O. Form 18/24*

*Born by W.O. 392-2-211*  
*Wm mil*

Number \_\_\_\_\_ Rank *N/S.*

Surname *BOWLBY now Mrs Spicer*

Christian Name *ANNIE. AMELIA*

Units \_\_\_\_\_ Theatre of War *ENGLAND*

Date of Service *10-12-17*

Remarks *X Also Imperial service*

Latest Address *Sinnah, Out.*

Roll No. *A Page 4306*

## 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

Surname **BOWLBY**

Christian Names **Annie Amelia**

Rank **N/Sister.**

Name and Address of Next-of-Kin

Promotion

**Frank Bowlby (Father)  
Simcoe, Ont. Can.**

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

Place of Birth **Simcoe, Ont.**

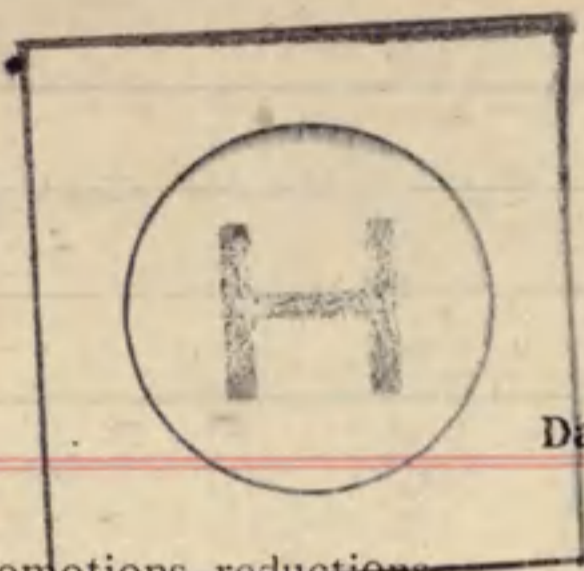
Married (Yes or No)

Appointments

Date of leaving Canada

Date and Cause of Resignation

*29. WIT & M.M. 15. 12*  
*UK*



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				
3.12.17.	D.M.S.	To be N/Str.CAMC & Pstd.to CAMC Dep.		10.12.17	C.O.1573.
27.12.17	do	Posted to No 5 Can Gen Hp Liverpool		18.12.17	CO.1678 SOS Depot P <sup>II</sup> 936 3
25.6.18	5 b.l. 2.	granted leave from		25.6.18 to 9.7.18	On II 0 126
17-10-18	- do - CAMC.	S.O.S. on being posted to	CAMC. Cas. Coy.	17-10-18	amended by P <sup>II</sup> .ord.216
22-10-18	Cas. Coy.	T.O.S. on posting from	12 Can. Gen. Hosp.	16-10-18	P <sup>II</sup> .ord.215.
24-10-18	- do -	"On Command" to	5 Can. Gen. Hosp.	17-10-18	P <sup>II</sup> .ord.143
9-11-18	AMMS. CAMC.	Adm. 12 Can. Gen. Hosp.	12 CCH. Bramshott	18-10-18	P <sup>II</sup> .ord 145.
29-11-18	Cas. Coy.	Ceases Command	12 CCH (2 days Cas.)	7-11-18	CL. 1134 Influenza
20-12-18	AMMS.	Adm. Can. Red X Sp. Hp.	Buxton	26-11-18	P <sup>II</sup> .ord.176.
17-1-19	CAMC	Discharged		19-12-18	CL. 1169 Tonsillitis
<del>13-1-19</del>	Cas. Coy.	SOS on posting to	5 Can. Gen. Hp.	4-1-19	CL 1182 - 150
13-1-19	5 CCH.	T.O.S. on posting from	CAMC Cas. Coy.	11-1-19	P <sup>II</sup> ord No. 14
					CAME Casby P <sup>II</sup> .ord 14

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				
		<i>Sailed to Canada</i>		<i>8.8.19</i>	<i>SLD 32</i>
<i>1-8-19.</i>	<i>16.C.E.H.</i>	<i>T.O.S. from 5.C.E.Hosp.</i>		<i>2-8-19.</i>	<i>Pt. Ord. 180</i>
<i>2-8-19.</i>	<i>5.C.E.H.</i>	<i>S.O.S. to 16.C.E.Hosp.</i>		<i>2-8-19.</i>	<i>Pt. Ord. 162</i>
<i>15 8 19</i>	<i>16 C.E.H.</i>	<i>S.O.S. out to Canada</i>		<i>8.8.19</i>	<i>Pt. Ord 192</i>

*S.O.S. 18/10/19.*

23612

~~23613~~

UNIT C.A.M.C. RANK N.S. NAME Annie Bowlby

OFFICERS' DECLARATION PAPER,  
OVERSEAS MILITARY FORCES OF CANADA.

QUESTION TO BE ANSWERED BY OFFICER.  
(ANSWERS.)

1. (a) What is your Surname? Bowlby
- (b) What are your Christian Names? Annie Amelia
2. (a) Where were you born? (State place and country) Amesbury Ont. Can.
- (b) What is your present address? Amesbury Ont. Can.
3. What is the date of your birth? May 10 - 1888
4. What is (a) the name of your next-of-kin? Frank Bowlby
- (b) the address of your next-of-kin? Amesbury Ont. Can.
- (c) the relationship of your next-of-kin? Father
5. What is your profession or occupation? Nursing
6. What is your religion? C. of E.
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? .....
9. State particulars of any former Military Service? 2 yrs. R.C.I.M. N.S.R.
10. Are you willing to serve in the  
Overseas Military Forces of Canada, Yes

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

Annie Bowlby (Signature of Officer)

Taken on Strength (Place) London

(Date) 10th December 1917.

.....  
(Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

Date 19-11-1917

Place 13-Benares St W. J.H.M. Bell Capt. C.A.M.C.  
\* Insert here "Fit" or "Unfit" Medical Officer

UNIT

OFFICERS' DECLARATION PAPER

OVERSEAS MILITARY FORCES OF CANADA

QUESTIONS ANSWERED BY OFFICER

NAME

UNIT

REGIMENT

POSTAL ADDRESS

CITY

PROVINCE

COUNTRY

REGIMENTAL NUMBER

REGIMENTAL POSITION

REGIMENTAL GRADE

REGIMENTAL NAME

REGIMENTAL ADDRESS

REGIMENTAL CITY

REGIMENTAL PROVINCE

REGIMENTAL COUNTRY

REGIMENTAL REGIMENTAL NUMBER

REGIMENTAL REGIMENTAL POSITION

REGIMENTAL REGIMENTAL GRADE

REGIMENTAL REGIMENTAL NAME

REGIMENTAL REGIMENTAL ADDRESS

REGIMENTAL REGIMENTAL CITY

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above named Officer in accordance with the Regulations

governing the medical examination

of Officers of the Overseas Military Forces of Canada

and find him to be fit for service

in the Overseas Military Forces of Canada

Signed: 10th December 1953

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

### MEDICAL HISTORY of

Surname Bowley

Christian Name Annie

TABLE I.—General Table.

Birthplace	{ Parish <u>Woodhouse to Simeon</u>
	{ County <u>Norfolk</u>
Examined	{ on <u>19</u> day of <u>Nov</u> 19 <u>17</u> ,
	{ at <u>13 Berners St W.</u>
Declared Age	<u>29</u> years <u>85</u> days.
Trade or Occupation	<u>Nursing</u>
Height	<u>5</u> feet <u>4</u> inches.
Weight	<u>118</u> lbs.
Chest Measurement	{ Girth when fully expanded <u>36</u> inches.
	{ Range of Expansion <u>2</u> inches.
Physical Development	<u>Good.</u>
Vaccination Marks	{ Arm <u>Right</u> RIGHT          LEFT
	{ Number <u>1</u>
When Vaccinated	<u>October 1916.</u>
Vision	{ R.E.—V = <u>6/6</u>
	{ L.E.—V = <u>6/6</u>

(a) Marks indicating congenital peculiarities or previous disease—  
None

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

Approved by J. H. M. Bull  
Rank Capt. Camc.  
Medical Officer.

Enlisted { at \_\_\_\_\_  
          { on \_\_\_\_\_ day of \_\_\_\_\_ 191

Joined on enlistment	Corps	Regtl. No.
Transferred to		

Became non-effective by \_\_\_\_\_  
on \_\_\_\_\_ day of \_\_\_\_\_ 191  
(Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_

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

Date	Brief details, and Signature
<u>Oct-1916</u>	<u>Typhoid inoculation</u>
	<u>Canadian Red Cross Special Hospital, Duxton, Derby</u>
<u>31-12-18</u>	<u>Tonsillitis -</u> <u>only for (2 months)</u> <u>Philip Burnett</u> <u>Gen. M. S. C. M. C.</u>
<u>20-5-19</u>	<u>Gen. A. H. Burnett</u> <u>Duxton, Derby</u>
	<u>No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL</u>
	<u>Serial No 30/0/9 A</u> <u>J. H. M. Bull</u>

TABLE IV.—Service Table.

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



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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
12 Can Gen Hosp Bramshott.	6	11	18	18	12	18	Tonsillitis	43	<p>See report - duration 2 days                      patchy granulate on strips of                      tonsils (removed 10 yrs ago)                      Refl. - no expectoration -                      lungs clear - anemic                      had <del>underwent</del> <del>in</del> <del>the</del> <del>past</del>                      to Can Red X Hosp Buxton                      Bounded address Bramshott                      Transferred to Can Red Cross                      Hosp. Buxton -</p>	<p>W. Buxton                      Col</p>
Canadian Red Cross Special Hospital BUXTON, DERBY.	18	12	18	4	1	19	Tonsillitis	17	<p>Gen cond. good. Present wt. 116 lbs which is normal.                      Lungs &amp; kidneys normal. Tonsils slightly hypertrophied.                      That pt. be placed in duty for two months.</p>	<p>E. H. Pope                      Capt. Maj.                      Recommended                      Capt. Pope</p>

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book. <u>6-T.140.</u> Year <u>1918</u>	Regimental No.	Rank.	Surname.	Christian Name.
		<u>2/2</u>	<u>Bowlby</u>	<u>Annie</u>
	Unit.	Age.	Service.	
	<u>Came</u>	<u>30</u>	<u>12</u> <u>12</u>	

Station and Date.  
Lothwood  
19-12-18

Disease Debility - after tonsillitis.  
Family History - Deafness.  
Previous Illnesses. Deafness before enlisting.  
Admitted to No 12 Camp Gen Hosp.  
6-11-18 - 18-12-18 - Diagnosis.  
Tonsillitis. Transferred to Lothwood.  
18-12-18 - Diagnosis. Debility.  
Present Condition. General Condition.  
Good. Present wt 116 lbs which  
is normal. Heart Lungs and kidneys  
negative. Tonsils <sup>moderately</sup> slightly hypertrophied  
and very slightly congested.  
Patient eats and sleeps well.  
4-1-19. Discharged. Leave 61 (2 mos)

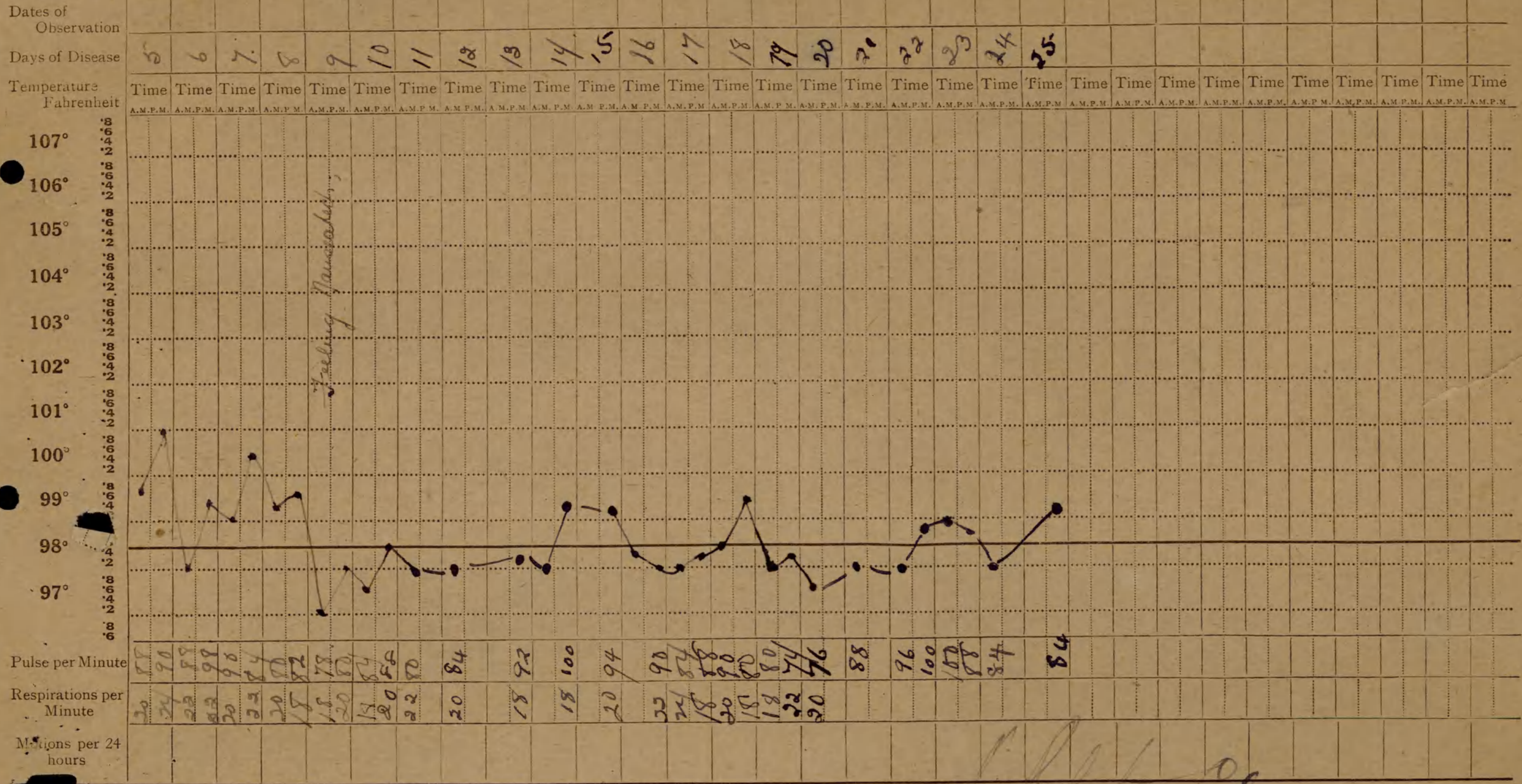
\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
 (6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]

Station  
and Date.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps C. A. M. E. Military Hospital \_\_\_\_\_  
 No. No 12 Can. Gen. Rank and Name N/S. B. Bulby Age \_\_\_\_\_ Service \_\_\_\_\_  
 Disease Conjunctivitis Date of admission 24/18 Date of discharge 18.12.18 Result Recovery



Signature [Signature] In charge of case.

# CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps \_\_\_\_\_

No. \_\_\_\_\_

Rank and Name \_\_\_\_\_

Age \_\_\_\_\_

Military Hospital \_\_\_\_\_

Service \_\_\_\_\_

Disease \_\_\_\_\_

Date of admission \_\_\_\_\_

Date of discharge \_\_\_\_\_

Result \_\_\_\_\_

Dates of Observation

Days of Disease

Temperature Fahrenheit

Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.

107°

106°

105°

104°

103°

102°

101

100°

99°

98°

97°

Pulse per Minute

Respirations per Minute

Motions per 24 hours

Signature \_\_\_\_\_

In charge of case. \_\_\_\_\_

MEDICAL CASE SHEET

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
			Mr Boultby	a-a.
Year	Unit.		Age.	Service.
1918	came			
Station and Date.	Disease			
12 July 18 5/11/18	Tonsillitis			
	complaining of sore throat duration two days.			
	Had tonsils removed ten years ago, having had frequent attacks of tonsillitis.			
	Throat now shows stumps of tonsils with patchy exudate on surfaces. No membrane.			
	Patient has generalized pains in muscles of limbs & body.			
	slight cough, temp 100, p 88, r. 20.			
	Treat: Rest, milk Diet Aspirin gr v qd for 6 doses.			
	Rx Finck Fern Perchlor 3i Potass Chlorate gr xv Glycerin Mij ad 3T apply every 2 hours			
	Ech Pope mij			
6/11/18	Throat better: temp <sup>re</sup> normal			
8/11/18	Temp <sup>re</sup> still subfebrile; throat still injected, headache -			
	aspirin gr. v. qd for 3 doses			
15-11-18	Cough troublesome: throat still sore - Tongue clean - appetite fair - Tonsils clean - Continue bit -			

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

17.11.18 - Better - coughs at night; no exhalation  
Taking Potassium Hypophosphite  
Emulsion for 3 days.

18.11.18. Some heat - is congested - no defecation  
Chest - hot, jaundiced

19.11.18 - Throat painted by Capt. Atkinson  
Rt. gr. i. Ammon. Carb. gr. x 9 - 4 - h.  
Stop Emulsion mixture -

21.11.18 - Get up

22.11.18 - Outside last 2 days - improved -  
no more heat

25.11.18. Feels better - Recommended  
for transfer to (Northward)  
Red Cross Special - Board.

18.12.18 Transferred to Red Cross Hosp Buxton.  
W. W. W. W. W.





9 11 2 1 4

DATE RECEIVED BY: \_\_\_\_\_

NAME OF THE PARTY: \_\_\_\_\_

STATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

NO. \_\_\_\_\_

DATE \_\_\_\_\_

**MEDICAL BOARD REPORT ON A DISABLED OFFICER.**

(ALSO TO BE USED FOR DISABLED NURSES.)

Station Can. Red Cross Special Hospital,

Date 31-12-1918. BUXTON, DERBY.

- 1. Rank and Name Nursing Sister, BOWLBY, Annie.
- 2. Unit, C.A.M.C.,
- 3. Age 30. 4. Total Service 12/12. War Service { (a) at home 12/12.  
(b) abroad Nil.
- 5. Address 133, Oxford Street, London.

STATEMENT OF CASE.

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

- 6. Disability TONSILLITIS.
- 7. Date of origin of disability 6-11-18 -- 18-12-18.
- 8. Place of origin of disability No. 12. Can. Gen. Hosp.
- 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.

Family history negative. Previous illnesses: An occasional attack of Tonsillitis since childhood. Admitted No. 12. Can. Gen. Hosp. 6-11-18 -- 18-12-18 diagnosis Tonsillitis. Transferred from No. 12. Can. Gen. Hosp. to Northwood, Buxton 18-12-18 diagnosis Tonsillitis.

*I concur in the findings of the Board of Medical Officers here recorded.*  
*Captain, D.A.D.M.S. for 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? Yes.  
(b) in the service? No.
- 11. Was it attributable to military service? No.  
If so, to what specific military conditions is it attributed? \_\_\_\_\_

[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? Yes.  
If so, by what specific military conditions? Active service 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? No.

14. What is the officer's present condition? General condition good. Present wt. 135 lbs. which is normal. Heart lungs and kidneys normal. Tonsils slightly hypertrophied.

This board recommends that patient be placed in Category C.i. for two months.

15. To what degree is the officer disabled at the present time? 10%.  
(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20 under 20, or nil.)

16. Is the disability permanent? No.

17. If not permanent, how soon is re-examination recommended? 2 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? N/A.

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature? N/A.

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. 158/1918. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service No- 2 mos.

B.—Fit for service in a garrison or labour unit abroad No- 2 mos.

C.—Fit for home service :—  
(i) Active duty with troops YES- 2 mos.

(ii) Sedentary employment only N/A.

D.—For admission to a command depot N/A.

E.—Requiring indoor hospital treatment :—

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

(ii) In an officers' hospital N/A.

F.—Permanently unfit for any further military service N/A.

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 307 of 1918 been complied with? N/A.

Philip Burnett, Lt. Col., C.A.M.C. President.

H. B. Boyd, Major, C.A.M.C.,  
L. L. Buck, Capt., C.A.M.C., } Members.

# CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

## DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) A BOWLBY

REGIMENT Canb. RANK 1st Lieut No. \_\_\_\_\_

Date of Examination in England Mar 27. 19 Date of Examination in France \_\_\_\_\_

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 5

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

L. D. Speer  
Capt cad

A BOWERY  
Grand

Mar 17-17

1/10

1/10

# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. .... Rank *N/S* ..... Surname *Brodby* .....  
 (Given name in full)  
*Amme*  
 Unit or Corps *Chuse* ..... Birthplace *Seneca, N.Y.* .....

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

**1. GENERAL DESCRIPTION:**

Physique *Good* Weight *116* lbs. Height *5-4* ft. .... in. Colour of Eyes *Blue*  
 Nutrition *Good* .....  
 Pulse *78* .....  
 Condition of arteries *normal* .....  
 Vision Rt. *4/6* ..... Left *4/6* .....  
 Hearing (conversational voice) Rt. *20* ft. ....  
 Left *20* ft. ....

Identification marks, scars, or deformities.  
 (Give cause and date of origin).  
*None noted.*

Opinion as to general health and physical condition *A* .....

**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 ..... 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.**

*nil*

# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at 5 Cur No (Overseas)

Date 20/6/19 Signed J. D. M. Curran 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 Alvin Bowby

(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.)

Feb 8/66

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name *Bowby, Annie Amelia*  
Surname Christian Name

Regimental Number Rank *N/S.*

Address (in full)

Unit

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

District where paid

Date of Discharge *18-8-19.*

P. D. P. Filing Number

Rates:—Regimental pay \$ per diem; Field Allowance \$ per diem. Separation Allowance \$ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127  
300M-1-19  
1772-39-1140

Remarks:



File No. 1931-a-42

**WAR SERVICE GRATUITY.**

Register No. Speckley  
41  
1210

Reg. No. N/S.

Dependent

Name Bowlby, Annie Amelia

Address \_\_\_\_\_

Address c/o Moline Bank.  
Lincol, Ont.

Pay Soldier \$ 183.<sup>00</sup>

Pay Dependent \$

Clerk H. Rothwell.  
J. A. Newell.  
G. M. Gagnier.

Days 122 Rate 3<sup>00</sup> Due 366.<sup>00</sup>

Less P.D.P. credited

Less further Dr. Bal. 183.<sup>00</sup>  
or overpayment.  
Net 183.<sup>00</sup>

R 2134  
13-9-20

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount.
1			90 00		1			
2	8/20 63929	1881013	93 00		2			
3					3			
4					4			
5					5			
6			183 00		6			

GEN'L AUDITOR  
Posting checked by  
[Signature]  
Date 3-9-20

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes.

19. Is the invalid fit for

- |  |              |              |         |
|--|--------------|--------------|---------|
| (a) General service,                           | (Category A) | (Yes or No.) |         |
| (b) Service abroad, not general service,       | " B          | (Yes or No.) |         |
| (c) Home service (Canada only),                | " C          | (Yes or No.) |         |
| (d) Temporarily unfit.                         | " D          | (Yes or No.) |         |
| (e) Unfit for service in Categories A, B and C | " E          | (Yes or No.) | Cat. A. |

20. It is certified that the invalid

(a) ~~Does require treatment~~ (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.  
 (c) Should pass under his own control.  
 (d) ~~Should not pass under his own control~~  
 (Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Categorized A. Auth. A.G.I 9083 of 11-11-19.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

(Sgd) " H.L. Burris " Lt.Col. President.

PLACE No.5 Canadian General Hospital  
 Liverpool.

DATE April 1st 1919.

(Sgd) " F.W. Blakeman." Major. Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....  
 Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE.....

DATE.....

APPROVED BY  
 Assistant Director of Medical Services.

APPROVED BY  
 Director-General of Medical Services.

DATE.....

DATE.....

CERTIFIED TRUE COPY  
 I concur in the finding  
 of the Board of Medical Officers  
 here recorded.  
 Captain D.M.A.  
 for Canadians

THIS FORM WILL BE USED FOR ALL RANKS  
 MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION No.5 Canadian General Hospital, Kirkdale, Liverpool. DATE March 31st, 1919.

1. 1 (a) Unit C.A.M.C. (b) Regimental No. (c) Rank N/S.

(d) Surname Bowlby (e) Christian name Annie

(f) Home address Simcoe, Ontario.

(g) Next of Kin Frank Bowlby (h) Relationship Father

(i) Address of Next of Kin Simcoe, Ontario.

2. Age last birthday 30 Date of birth May 13th 1887.

3. Enlistment, or Appointment (if an Officer) (a) Place London, England. (b) Date Dec 9th, 1917.

4. Personal description:

(a) Height 5 Ft. 4 In. (b) Weight 114 (c) Complexion Dark

(d) Colour of hair Black (e) Colour of eyes Grey (f) Identification marks, Scars, etc.

Vaccination scar on outer side of left calf.

5. Former trade or occupation Nursing.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

Years	Days
1	112

	PERIODS	
	From	To
Canada	Nil.	
England	Dec 9th 1917.	To date.
France or other theatres of War	Nil.	

7. Original disease, or injury Tonsillitis.

(a) Date of origin November 6th 1918. (b) Place of origin No.12 Canadian General Hospital Bramshott.

(c) Cause Infection.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Nil.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

General condition good. Heart, Lungs and Kidneys negative.  
Tonsils slightly enlarged.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?  
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System... No. Cardio-Vascular System... No. Genito-Urinary System... No.  
Special Senses... No. Respiratory System... No. Integumentary System... No.  
Disturbances of Mentality... No. Digestive System... No. Muscular System... No.  
Osseous and Joint Systems... No. Any other general condition... No.

10. (a) History (of the condition referred to in Section 9 (a).)

Has had occasional attacks of tonsillitis since childhood, admitted to No.12 Canadian General Hospital, 6-11-18. then to Canadian Red Cross Special Hospital, Buxton. 18-12-18 to 4-1-19. Mild attack and no complications, Complete recovery.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

None.

(c) (Here give a description of wounds, scars and deformities.)

Vaccination scar on outer side of left calf.

11.—(a) Did the disabling condition have its origin before enlistment? Yes.

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

No.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? No.

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? None.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Nil.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No.  
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes.  
(If not, briefly state why)

17. Recommendations... A.

(Sgd) " Paul Ewart " Captain. CAMC.  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

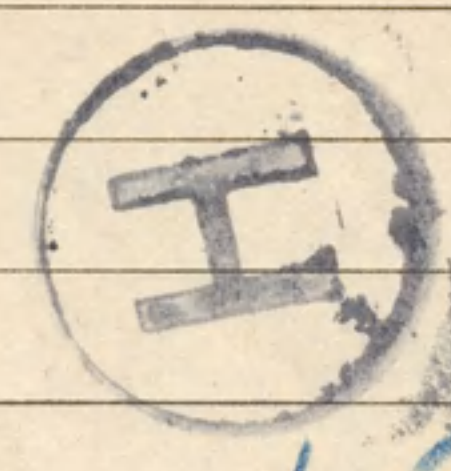
I, the undersigned, Annie Bowlby, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

(Sgd) " Annie Bowlby " N/Sister Rank.  
Signature of invalid examined.

Occupational Group 19  
dispensed area

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



1. RANK	NURSING SISTER	
2. NAME	BOWLBY ANNIE AMELIA	
3. UNIT	No. 5 CAN. GEN. HPL. LPL.	
4. DATE STRUCK OFF STRENGTH		PLACE
5. REASON	205 18-8-19 RO-2145-19  Demobilization	
6. AUTHORITY		
7. PROPOSED RESIDENCE	SIMCOE TORONTO ONT. CANADA	

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. 5551).
7. Last Pay Certificate (P. 41)
8. War Service Gratuity Form (M.F.W. 2593).
9. Sundry Documents.

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.

Group H.Q.  
 Checked by No. 11  
 Date 7 AUG 1919

*Memo 17/8/19*

*MDZ*

*Bowldy*

AUDITOR PAYMASTER

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

M. OR S. REGT. No. RANK N/S. NAME (IN FULL) **BOLBY ANNIE AMELIA**

ORIGINAL UNIT C.E.F. **CAMP** IF IN P.F. WHAT UNIT? **Molson's Bank, Simcoe, Ont** (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION **30/4/16 to 30/4/17 222. M.N.S. & 19/11/17** TRANSFERRED TO **DATE** **1931-2-42** AUTHORITY **Out**

DATE OF ATTESTATION **19/11/17** TRANSFERRED TO **DATE** **1931-2-42** AUTHORITY **Out**

ASSIGNED PAY \$ **RM** DATE EFFECTIVE **18/8/19**

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE **18/8/19** EFFECTIVE **18/8/19**

DISCHARGED **Demot** PLACE **Demot** REASON **Demot** AUTHORITY **D.O. 241** IF ENTITLED TO POST DISCHARGE PAY **Yes**

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3		DEBIT	CREDIT	DEBIT	CREDIT	DEBIT	CREDIT			
			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.								\$	C.	
BALANCE FROM PREVIOUS ACCOUNT																						
<i>30.9.19</i>					<i>RM</i>						<i>90.00</i>					<i>54.00</i>		<i>144.00</i>	<i>144.00</i>			<i>as per book 10/19 Reb amount \$8 to 30/4/19</i>
<i>Oct. 1</i>		<i>3.00</i>													<i>144.00</i>			<i>273.00</i>	<i>273.00</i>			<i>T.O.S. FROM O/S. D.O. 241</i>
<del><i>15.3 days</i></del>		<del><i>2.00</i></del>			<del><i>459.-</i></del>										<del><i>273.-</i></del>			<del><i>273.-</i></del>	<del><i>186.-</i></del>			<del><i>Discharge 14/5 to 30/3/19</i></del>
					<del><i>459.-</i></del>										<del><i>47.50</i></del>			<del><i>370.50</i></del>	<del><i>487.00</i></del>			<del><i>Adjusted under PC 3165</i></del>
					<del><i>459.-</i></del>										<del><i>89.70</i></del>			<del><i>459.-</i></del>	<del><i>Closed</i></del>			<del><i>Discharge 14/5 to 30/3/19</i></del>
					<del><i>459.-</i></del>										<del><i>459.-</i></del>			<del><i>459.-</i></del>				<del><i>Discharge 14/5 to 30/3/19</i></del>
<i>Award 3/9/20</i>					<i>W.S.</i>										<i>W.S.</i>							<i>Requid request for 273.00 W.S. P. File 1931-a-402</i>
<i>A.P. 1931-a-42</i>					<i>93.00</i>						<i>63929</i>				<i>93.00</i>							<i>W.S. 10/1/20</i>

ASSIGNED PAY.

UNIT.

RANK.

Mess  
DATE

NAME.

Beneficiary

Address

Amount. \$

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

NAME OF DATE AUTHORITY

same

Pay 2<sup>00</sup> pd  
72 60  
Mess 1.00

M/Otr

18 12/17

D.M.S. Co. 1573  
d/3 12/17

Name Howlby  
Initials Annie Amelia  
Bank of Montreal  
Hafalgat Sq

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								
Dec 11	Cut-off allce	10373					50-16-5	150 <sup>00</sup>
Jan 2 <sup>nd</sup> 1918	Pa A of 10 <sup>th</sup> 17-31 <sup>st</sup> 17 Mess fr 18 <sup>th</sup> 17 Ant D.M.S. Co. 1573 d/3 17	0616322	71 20					
2 <sup>nd</sup>	Do Do	34991		71 20				
	Jan Pay (R)		111 60					
21	Bank	39501		111 60				
Feb 13	Feb Pay (R)		100 80					
19	Bank	40996		100 80				
Mar	March Pay (R)		111 60					
22	Bank			111 60				

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Name

Initials

Bank

Amount. \$

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

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

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

INITIALS

ASSIGNED PAY.

UNIT.

Rates

RANK.

NAME.

Beneficiary

Address

Amount. \$

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

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

*b. a. m. b*

*Pay*

*2<sup>xx</sup> pd.*

*N. S*

*18<sup>12</sup>/<sub>17</sub>*

*D/S 5621573*

Name *Bowlby*

Initials *Annie Amelia*

Bank *of Montreal*  
*Trafalgar Sq*

*7 A.*

*.60*

*3<sup>12</sup>/<sub>17</sub>*

*Mess*

*1<sup>xx</sup>*

*add outfit. allee 10<sup>12</sup>/<sub>19</sub>*

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
<i>1918</i>								
<i>Apr 19</i>	<i>Apr Pay (R)</i>		<i>108</i>					
<i>24</i>	<i>Bank</i>	<i>1187</i>		<i>108</i>				
<i>May 19</i>	<i>May Pay (R)</i>		<i>111 60</i>					
<i>23</i>	<i>Bank</i>	<i>2683</i>		<i>111 60</i>				
<i>June</i>	<i>June Pay (R)</i>		<i>108</i>					
<i>21</i>	<i>Bank</i>	<i>4166</i>		<i>108</i>				
<i>July</i>	<i>July Pay (R)</i>		<i>111 60</i>					
<i>23</i>	<i>Bank</i>	<i>5626</i>		<i>111 60</i>				
<i>Aug</i>	<i>Aug Pay R</i>		<i>111 60</i>					
<i>24</i>	<i>Bank</i>	<i>7258</i>		<i>111 60</i>				
<i>Sep</i>	<i>Sept Pay R.</i>		<i>108</i>					
<i>24</i>	<i>Bank</i>	<i>9187</i>		<i>108</i>				
<i>Oct</i>	<i>Oct Pay R</i>		<i>111.60</i>					
<i>25</i>	<i>Bank</i>	<i>10410K</i>		<i>111.60</i>				
<i>Nov</i>	<i>Nov Pay (R)</i>		<i>140</i>					
<i>26</i>	<i>Bank</i>	<i>12521</i>		<i>140</i>				
<i>Dec</i>	<i>Dec Pay (R)</i>		<i>124</i>					
<i>18</i>	<i>Bank</i>	<i>13792</i>		<i>124</i>				
<i>1919</i>	<i>Jan R. 6/19 16/- list 84 Jany 101096.</i>				<i>3 89</i>			
<i>Jan 6</i>	<i>Pay R</i>		<i>124</i>					
<i>28</i>	<i>Bank</i>	<i>15564</i>		<i>120 71</i>				
<i>Feb 17</i>	<i>Pay (R)</i>		<i>112</i>					
<i>24</i>	<i>Bank</i>	<i>17078</i>		<i>112</i>				
<i>March 14</i>	<i>Pay (R)</i>		<i>124</i>					
<i>24</i>	<i>Bank</i>	<i>18651</i>		<i>124</i>				
	<i>Carry 7 ad.</i>							



ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

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

*to G.M.C.*

*9/5*

*D.M.S. Co 1573  
3/2/9.*

Name *Bowlby*  
Initials *A. A.*  
Bank *of Montreal*  
*Tray Sqre*

*a.o.a. 10/2/9*

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1919								
April	Brought Forward							
15	April Pay (R)		120					
26	Bank	1044		120				
May 12	Adv May Pay (R)		124					
22	Bank	2593		124				
June 16	June Pay (R)		120					
25	Bank			120				
July 24	July Pay (R)		124					
	Bank			124				
Aug 7	Adv Aug & Sept Pay (R)		244					
	Bank			244		<i>\$244</i>		
	Aug & Sept Pay (R)		244					

RETURNED TO CANADA  
L.P.C. TO  
TRANSFER TO LEDGER

*30/9/19*

*Jr L 3 to L12. 15/9*