Unit C.A.M.C. *Rank* Nur.Sis. *Name* Wharrey, Agnes Oliver.

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (*a*) What is your Surname ? Wharrey.

   (*b*) What are your Christian Names ? Agnes Oliver,

2. (*a*) Where were you born ? (State place and country) Quebec,

   (*b*) What is your present address ? Shawville, Quebec, Canada.

3. What is the date of your birth ? Aug. 14th, 1888

4. What is (*a*) the name of your next-of-kin ? Mrs. R. Smart,

   (*b*) the address of your next-of-kin ? Shawville, P.Q. Canada.

   (*c*) the relationship of your next-of-kin ? Aunt.

5. What is your profession or occupation ? Prof. Nurse.

6. What is your religion ? Presbyterian,

7. Are you willing to be vaccinated or re-vaccinated and inoculated ? Yes.

8. To what Unit of the Active Militia do you belong ? Nil.

9. State particulars of any former Military Service Nil.

10. Are you willing to serve in the

    CANADIAN OVER-SEAS EXPEDITIONARY FORCE ? Yes.

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

A.D. Wharrey Nur.Sis. (*Signature of Officer.*)

Taken on strength (place) Kingston, Ont.

(date) May 11th 1917.

Captain, A.M.C.
D/ A.D.M.S. Mil. Dist. No. 3
For A.D.M.S. Military District No. 3
(*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~~* her fit. for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date May 11th 1917. 191

Captain, A.M.C.
D/ A.D.M.S. Mil. Dist. No. 3
For A.D.M.S. Military District No. 3
Medical Officer.

Place Kingston, Ont.

*Insert here "fit" or "unfit"

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

REGIMENTAL DOCUMENTS

NAME WHARREY, AGNES OLIVE REGT. NO. h/s UNIT C.A.M.C. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	12-11-19 M	Personal Services, Militia HQ Ottawa	22-4-19	Pers-359 L. McQ	DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)			14-5-19		Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
3	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					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)				15678	
	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.F.W. 2591					
3	A.F.A. 45					
1	Form O.D. 3					
1	M.F.W. 67					1
	[illegible]					1-16
1	P149					1-16
1	[illegible]					

Card 31/10/19 (NR30) [illegible]

Ref. S.S. canada dd 24-3-19

W 2589

SURNAME. Wharrey.

CARD NO. Dup area G M D 3

CHRISTIAN NAMES Agnes Oliver,

SOS 7-4-19
Demob FOLL.
No 1901

REGL. NO.

RANK Nursing Sister.

O 143 f 23-5-19 # 3DD

UNIT C. A. M. C.

FORMER CORPS Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Smart Mrs. B.

RELATIONSHIP TO SOLDIER Aunt.

ADDRESS Shawville. P. Q.

COUNTRY OF BIRTH Canada. Quebec. P. Q. DATE Aug 14th 1888

PLACE OF ATTESTATION Kingston, Ont. DATE May 11th, 1917.

O/S. 17-6-17. 7 238.

M/C 1-4-19 29 5/5 N/S

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING Prof Nurse. RELIGION Presbyterian.

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Kingston. Ont. DATE May 11th. 1917.

Present Address: Shawville. P.Q.

Number ..... Rank N. S.

Surname WHARREY

Christian Name AGNES OLIVER.

Units ..... Theatre of War ENGLAND.

Date of Service 17.6.17

Remarks .....

Latest Address 465 Somerset St.
Ottawa, Canada.

Roll No. a Page 5043

200m.-6-21.

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

O.....

ER	RANK	SURNAME	INITIALS	UNIT
.....	.....	.....	.....	.....

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

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

.....

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

..... Railway.....

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

stination.....

(Sgd.).....

DEPT MAR 10 1923 REGINA

V. 2502.

NAME Wharrey A 6 REGT. No. N/Str

RANK AND UNIT N/Str CAMC Cas Coy att 1 N Y G Hos

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
1130	Can R C S H Burton	2-11-18	Influenza
1165	Discharged	13-12-18	"

Form R. 149.

ERB.

Name WHARREY *Rank* N/S *Reg. No.*

Unit AGNES Oliver CA MC Cas. Coy att 1 N.Z. GHp.

Next of Kin Canada

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
2-11	Can Spec Red Cross Hosp Buxton	7001	Influenza	1130	✓	C
13-12	Discharged 7003			1165		

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

Surname. WHARREY
Christian Name. A. O.
Rank.
Unit. N/Str. C.A.M.C.Cas.Coy.att.1 NZGH.

Hospital. Canadian Red Cross Hospital, Buxton
Date of admission. 2-11-18

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis. Influenza. RW

Later diagnosis. .....

.....

.....

.....

Discharged:-13-12-18

Disposition. Date.
5-11-18 1130-6.
16-12-18 1165-5.

C.L. ..... Remarks.
C.L. .....
C.L. .....
C.L. .....
C.L. .....
C.L. .....
C.L. .....

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

D. M. S. 1347.

Surname	Christian Name	Reg. No.
WHARREY	A.O.	

Rank	Unit
N/Str.	CAMC

MEDICAL BOARD held at	Date	Serial No.
(1) Buxton Area	7-12-18.	

Other Medical Boards at	Date	Serial No.
(2)		
(3)		
(4)		
(5)		

Condition found by Board

Debility Post Influenza.

Disposition Recommended

(1) Fit for General Service.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at Date.....

Disposition

Remarks

Indicate by a P.T.O. if continued on other side.

FORM A.G. 1a.--Officers returning to Canada.

1. RANK.....Nursing Sister.....
(Substantive not acting.)

2. Name.....Agnes Oliver Wharrey.....
(Including Military decorations.)

3. Christian names in full.....Agnes Oliver.....

4. Unit.....C.A.M.C.....

5. Unit left Canada with.....C.A.M.C.....

6. Military District to which proceeding.....Ottawa.....
(Officers choice.)

7. Next of kin.....Mrs. Bonnalay Smart.....

8. Canadian Postal address.....465 Somerset St., Ottawa.....

9. Religion.....Anglican.....

10. Dependents returning to Canada with Officer, giving ages and sex of children. ..... None. .....

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

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

Casualty Form—Active Service.

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

Regimental No. ..... Rank N Sister C. E. F. Name Wharrey Agnes Oliver

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

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

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

Report		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				
5 4/19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 3	24 3/19	C.E.F. R.O. No. 1862-19
19/4/19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 3	9/4/19	C.E.F. R.O. No. 1901-19

D. Pryor Lieut.
for Director Personal Services

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

[P.T.O.

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

To be made out in duplicate. H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins ..... C.A.M.C.

(2) Regimental Number ..... Nursing Sister.

(3) Full Name of Soldier ..... Wharrey, Agnes Oliver.

(4) Place of Birth ..... Quebec.

(5) Are you married, or not ? ..... No.

(6) If married, state,
(a) Full name of your wife ..... --

(b) Present Postal Address ..... --

(7) Are you a widower ? ..... --

(8) Have you any children ? ..... --

If so, give number of boys and girls ..... --

Also their names and ages ..... --

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... Yes, Wm. Wharrey,.....

If so, state name and address ..... Shawville, Quebec, Canada.....

(10) Is your Mother alive ?..... Yes, Hannah Wharrey,.....

If so, state name and address..... Shawville, P.Q., Canada.....

.....

(11) If your Mother is a widow..... nil.....

Are you her sole support, or not ?..... ---.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

..... ---.....

.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

..... --.....

.....

.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

..... --.....

15) Are you insured ?..... No.....

If so, in what Company ?..... --.....

Have you made arrangements for payment of your Insurance premium..... --.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

..... Captain, A.M.C.
D/ A.D.M.S. Mil.District No.3
For A.D.M.S. Mil.District No.3
..... Lieut-colonel, AM. C.
Officer Commanding.

Date..... June 13th, 1917.

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. ..... Rank Nur.Sis. C.E.F. Name Wharrey, Agnes Oliver.

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

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

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

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked	Canada	17-6-17	
		Disembarked	England	26-6-17	
9/7/17	C.A.M.C. D.	TAKEN ON STRENGTH from Canada	Westenhanger	17-6-17	Pt-II DO 190
14/7/17	CAMC D	S.O.S. on posting to O.M.H. Orpington	Westenhanger	6/7/17	Pt 2-DO 190
12.7.17.	O.M.H.	Taken on the strength	Orpington	11.7.17.	Pt.11.DO.165.
20.9.18	16 C.G.O.H.	SOS to CAMC Regimental Depot.	Orpington	20.9.18	Pt. II DO 224

S.A.W. Wilkinson CAPT ASST ADJUTANT FOR O.C., C.A.M.C. DEPOT

[signature] CAPT. C.A.M.C. ASST. ADJT. & REG. FOR O.C. No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL

(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.

Nfs. A.O. Wharrey. ~~A~~

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				
24-9-18.	Camb. Cas. Co.	T.O.S. from 16 C.G. Hosp.	Sfcliffe.	20-9-18.	Pt. II DO. 119.
do.	do.	On Com. 1 N.Z. Gen. Hosp.	do.	do.	do.
8-11-18.	do.	Ceases Com. 1 N.Z. Gen. H.	do.	10-10-18.	Pt. II DO. 158.
	do.	Adm. CRCSH, Burton, "Broncho Pneumonia".	do.	1-11-18.	
31-1-19.	do.	On Com. CRCOH, London.	do.	20-1-19.	Pt. II DO. 26.
			O.C.,	Camb. Cas. Co.	Capt.
27-1-19	CRCOH.	Attached from Camb Casualty Co	London	20.1.19	Pt. II Do 18.
4.3.19	CRCOH.	Ceases to be attached from Camb Cas Co on being attached from Camb R.I.D	London	20.1.19	Pt. II Do 49

~~22~~/3/19. Struck off strength of OMHC on embarkation to Canada

24 RM

H.M.T.S. Canada
Emb. Liverpool. 5PM
24-3-19

For MAJOR General,
Adjutant General, Canadians.

CANADIAN EXPEDITIONARY FORCE

R.F. 3-20.
R.A.F.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Agnes Oliver [illegible].

Enlisted in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the [illegible]

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

in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the Eleventh day

of May 191 7

He SERVED in CANADA, & England with the C.A.M.C., C.A.M.C., Depot, Ontario Military Hospital, Orpington, C.A.M.C., Reserve Depot, # 16 Can. General Hospital, New Zealand General Hospital, C.A.M.C., Casualty Coy., C.R.C.O.R., C.A.M.C., R. & T. Depot, & D.D. No. 5.

and was STRUCK OFF THE STRENGTH on the Ninth day

of April 191 9 by reason of General Demobilisation.

Dated at Ottawa, this Seventh day

of November 191 9

Lieut.
for Director of Personal Services.

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

MEDICAL HISTORY SHEET

Surname Wharrey, *Christian Name* Agnes Oliver,

Examined { on 11th day of May 1917 / at Kingston, Ont.

Birthplace { City or Town Quebec, / County Quebec,

Apparent age 28

Trade or occupation Prof. Nurse.

Height Five feet three Inches

Weight 120 lbs.

Chest measurement { Minimum 36 inches / Maximum expansion 6 inches

Physical development good.

Small-pox Marks ~~Yes.~~

Vaccination Marks { Arm Right Left / Number Nil.

When Vaccinated last Nil.

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

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

Nil.

Approved by [signature]

Rank ~~Lieut~~ Lt-Col, A.M.C. 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
31-5-17	Good.	[signature] Lt-Col. M.O.
	Good.	[signature] M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
11-5-17	Good.	[signature] Lt-Col M.O.
18-5-17	Good.	[signature] Lt-Col. M.O.
25-5-17	Good.	[signature] Lt-Col M.O.

Enlisted on 11th *day of* May 1917 *at* Kingston, Ont.

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

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Canadian Red Cross Special Hospital BUXTON, DERBY	7-12-18.	Debility	Fit - Category A.
13 Berners St. London	8/3/19	nil.	Philip Burnett Lt. Col. Camb. Fit. Harold Buck Major Camb. President

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname..... Christian Name.....

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				
Canadian Red Cross Special Hospital BUXTON DERBY.		1	11	18.	13	12	18.	Debility (Post Influenzal).	42.	Gen. condition good. Heart lungs & kidneys normal. Present wt 116 lbs which is normal. Patient feels fit in every way. Should return to General Duty	Major RAMC.

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. L Rank N.S. Surname WHARREY

(Given name in full) AGNES OLIVER

Unit or Corps C.A.M.C. Birthplace Ottawa, Ont.

(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. 3 in. Colour of Eyes Blue.

Nutrition Good.

Pulse 74

Condition of arteries normal.

Vision (with glasses) Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 25 ft.

Left. 25 ft.

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

Nil.

Opinion as to general health and physical condition F I T.

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 yes

Disturbance of Mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition yes

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.

Influenza followed by debility - Oct. 1918.
measles, chicken pox - as a child.

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at London Area (Overseas)

Date 8/3/19 Signed Harold Buck Major RAMC 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 Agnes Oliver Wharrey Mrs.

(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.)

CONFIDENTIAL. Army Form A. 45.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.) Canadian Red Cross Special Hospital,

Station BUXTON, DERBY.

Date 7-12-18.

1. Rank and Name N/S. Wharrey Agnes Oliver
2. Unit. C.A.M.C
3. Age 30 4. Total Service 18 / 13 War Service { (a) at home 18 / 13 (b) abroad Nil
5. Address 133 Clifford St. London.

STATEMENT OF CASE:

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

6. Disability Debility (Post Influenzal)
7. Date of origin of disability 10-10-18
8. Place of origin of disability No 1 New Zeland Gen. Hospital
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. Negative before enlisting.
Admitted No 1 New Zeland Gen Hospital
10-10-18 — 1-11-18. Diagnosis. Influenza
Transfered to C.R.C.S Hospital Buxton
1-11-18. Diagnosis. Debility (Post Influenzal)

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 ? Infection

[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 ? N/A

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

Captain, D.A.D.M.S. for D.M.S. Canadians,

13.

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

[P.T.O.

14. What is the officer's present condition ? General condition good
Heart, lungs and kidneys - normal
Present weight 116 lbs which is normal
Patient feels fit in every way.
Should return to general duty

15. To what degree is the officer disabled at the present time ? Nil
(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 ? N/A

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

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

C.—Fit for home service :—
(i) Active duty with troops N/A
(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. President.

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

(C.S. 2342) Wt. W.764—P. 955 500m. 19/4/18 3025 H.S. & Co.

CONFIDENTIAL. Army Form A. 45.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station NZIGH

Date Oct. 25. 1910

1. Rank and Name Sister - WHARRY
2. Unit Canadian Army Nursing Service
3. Age 30 4. Total Service 17 months War Service { (a) at home ____ (b) abroad 17 months
5. Address NZIGH.

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 Bronchopneumonia following Influenza
7. Date of origin of disability 10. 10 18
8. Place of origin of disability NZIGH.
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 Sister was admitted on 10. 10. 18 to NZIGH with temperature of 102.2. She developed symptoms of Bronchopneumonia on. 13. 10. 18. — The temperature fell on 15. 10. 18. and the lung symptoms cleared up.

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?

To exposure to infection of Influenza on duty

[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?

No

[P.T.O.

14. What is the officer's present condition?

There are now no adventitious sounds to be heard in the lungs.
The heart is normal.
She is weak and unfit for any duty.

15. To what degree is the officer disabled at the present time? 75%
(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? One 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?

Rest. & Tonics

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

As in 19.

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. Unfit One month
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.
} N. A
E.—Requiring indoor hospital treatment :—
(i) In an officers' military or auxiliary convalescent hospital. Yes.
(ii) In an officers' hospital.
F.—Permanently unfit for any further military service. No

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

No 1 NEW ZEALAND GENERAL HOSPITAL
No. 25 OCT 1918
BROCKENHURST, HANTS.

P. C. Inmouth Col. President.

[signature] Members.

Concurred
W. Carter
Col
[illegible]

(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 NO 1. N. L. G. H

Date 19/10/18

1. Rank and Name Nursing Sister A. O. Wharrey
2. Unit No. 16. Canadian General Hospital
3. Age 30 4. Total Service 17/12 War Service { (a) at home — (b) abroad 17/12
5. Address 465, Somerset St. Ottawa, Ontario, Canada.

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 Influenza.
7. Date of origin of disability 9-10-18.
8. Place of origin of disability No 1 N. L. G. H Brockenhurst
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.

Severe attack influenza with Bronchopneumonia Pyrexia lasting six days.

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? Infection on Service

[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? See 11.

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? No

[P.T.O.

14. What is the officer's present condition? Debilitated after influenza. Slight cough no pyrexia.

15. To what degree is the officer disabled at the present time? 100%.
(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 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? Medical treatment at NO 1 NZ SH

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?

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 Mpt 2 week

B.—Fit for service in a garrison or labour unit abroad. no

C.—Fit for home service :—
(i) Active duty with troops. no
(ii) Sedentary employment only. no

D.—For admission to a command depot.

E.—Requiring indoor hospital treatment :—
(i) In an officers' military or auxiliary convalescent hospital. (i) Yes 2 weeks
(ii) In an officers' hospital.

F.—Permanently unfit for any further military service. no

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

No 1 NEW ZEALAND GENERAL HOSPITAL
No.
19 OCT 1918
BROCKENHURST, HANTS.

[signature] President.

[signature] Members.

Concurred
W H Parkes
Col
26/10/18

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

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) WHARREY. A O

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

Date of Examination in England 8.3.19. | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS —
2. EXTRACTIONS —
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 Yes
- (*b*) In England No.
- (*c*) In France No.

Signature of Dental Officer A A Smith Lieut

L.L. 19226—M. & D. 7814.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m—4-17.
H. Q. 1772-39-819.

To Whom Bank of Ottawa

Address Acct 33489 Ottawa Ont

By Whom Assigned Wharrey A.O.

Regtl. No.

Rank N/S

Corps A.M.C.

Rate 40.00

JUL 1 1917

July 1/17

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED COUNT ACT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
18m.—4-17.
1772—39—819.

Sheet No. 2. Bank of Ottawa (Assignee) Acct. 33489

For credit

Name of Soldier Wharrey A.O. M/S. A.M.C.

L. L. Job 19227—M. & D. 7814.

40 00

JUL 1 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July		F30223	40	
Aug.		T 33433	40	83
Sept.		J 40954	40	
Oct.		R 46139	40	
Nov.		V 52501	40	
Dec.		062618	40	
Jan.	1918		240	
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

FORM P. 15
5986—25M—19/1/17

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	~~DATE~~ Mess	AUTHORITY	NAME.
Beneficiary	C.A.M.C.D.		Pay $2.00 Pd	N.S.	£ 26 6/17	Letter f. Dm. S.E.O	Name Wharrey
Address			F.A. 60 "			d/5 7/17	Initials Agnes Oliver
			Mess 1.00 "			f. Canada	Bank of Montreal
Amount. $ 40.00 f 1 7/17 f Canada							Trafalgar. Square.
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
July 10	Pr A. & N. Stratis Jr 14-30 6/17 Mess Jr 26 6/17 Mess 40.00 A.P. Letter Dr Dm d/5 7/17 L.P.C. No. 9645 Dft 221.		49 20					
	Bank	10804		9 20		40		
" 19	July Pay (R)		111 60					
" 20	A.P. Canada (2 Months)				80	71 60		
" 25	Bank	13029		71 60		0		
25	Wav Allce 16-29 6/17.	1977					£ 1-10-0 7 30	
Aug 18	August Pay (R)		111 60					
"	A. P. Can				40			
" 22	June A. P. charged N.R. eff 1st July 17. Date 16 8/17 Aut. observation No: 368		40			111 60		
22	Bank	17080		111 60		0		
Sep 11	Wav Allce 15-16 6/17.	4673					£ 1-0-6 5 = 5	
Sep. 17	Sept Pay (R)		108					
12	A P. Can.				40	68		
21	Bank	21813		68		0		
Oct 15	October Pay (R)		111 60					
12	A P. Can.				40			
19	Bank	26291		71 60		"		
Nov 15	November Pay (R)		108					
14	A P. Can				40			
20	Bank	30681		68		"		
Dec 10	A. P. Canada				40			
7	Dec Pay R.		111 60					
" 13	Bank.	35096		71 60		"		
Jan 15	A. Pay. Canada.				40			
15	Jan. Pay. (R.)		111 60					
22	Bank.			71 60				

FORM P. 15
5986--25M--19/1/17

ASSIGNED PAY.

UNIT. NAME OF | DATE | AUTHORITY

RANK. | DATE | AUTHORITY

NAME.

Beneficiary

Address

Canada

Amount. $40.00

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

Name

Initials

Bank

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Feb.	Feb. Pay. (R.)		100 80					
" 12.	A. Pay. Can.				40			
22	Bank.	40996		60 80		0		
Mch 15	Mch Pay(R.)		111 60					
12	A Pay Can				40			
25	Bank.			71 60				

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

ASSIGNED PAY.	UNIT. NAME OF	RATE OF P. AND A.	RANK.	DATE	AUTHORITY	NAME.
Beneficiary	C A M C D	Pay $2.00 Pd.	N S.	26 6/17	Letter of Dm S Co	Name Wharrey
Address		F.A. " 60 "			5 7/17.	Initials Agnes Oliver
Can		Messing $1.00 "			Fr Can	Bank of Montreal
Amount. $40 00						Trap Sq
Separation Allowance issued. Yes or No.....						

1918-19

DATE	PARTICULARS		CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
April 16.	A. Pay Can.					40			
	April Pay (R.)			108					
26		Bank.	1187.		68		"		
May.	May Pay (R.)			111 60					
	A. Pay Can					40			
23		Bank.	2683.		71 60		"		
June	June Pay (R.)			108					
	A. P. Can					40			
26.		Bank.	4166.		68		"		
July 16.	July Pay (R.)			111 60					
	A. P. Can.					40			
26		Bank.	5635		71 60		0		
Aug 16	A. P. Can					40.			
16	Aug Pay R			111 60					
26		Bank.	7272		71 60		0		
Sept 13.	Sept Pay (R)			108					
	A. P. Can.					40			
26		Bank.	9187.		68		0		
Oct	Oct Pay (R.)			111 60					
	A. P. Can					40			
21		Bank	10428		71 60		0		
Nov	Pay R.			140					
	A P Can.					40			
		Bank	12502		100		0		

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

ASSIGNED PAY. | UNIT. NAME OF | RATE OF P. AND A. | RANK. | DATE | AUTHORITY | NAME.

Beneficiary Can. C.D. | Pay 2.00 | N/S. | 26 6/17 | Letter of D.H.S.C.O. 5 2/17 Fr. Can. | Name WHARREY

Address | F.A. 1.00 | Initials A. O.

Messing 1.00 | Bank of Montreal Traff. Sq.

Amount. $ 40.00 Can.

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

Add. out fit All^e 14 6/19

DATE 1918-19	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Dec 12	Pay R.		124					
14	A.P. Can.				40			
18	Bank	13792		84		0		
Jan. 22	Pay R.		124					
"	A.P. Can.				40			
24	Bank	15564		84		0		
Feb. 12	A.P. Can.				40			
18	Pay R.		112					
24	Bank	17121		72		0		
Mch 10	Adv Bal Mch P&A Bank	17720		84				
17	A.P. Can.				40			
20	Pay R.		124			0		

RETURNED TO CANADA
L.P.C. TO 31. 3. 19
TRANSFER TO L.E. LEDGER

Transf^d fr. Led 6 to Led 12 Apr. 1919

Forms I. 1237 / 12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
6-T.106.		N/S	W Harvey	Agnes Oliver.

Year	Unit.	Age.	Service.
1918.	C.A.M.C.	30	C 1/2. E. 16-17 / 12-12

Station and Date. Buxton 2-11-18

Disease Influenza. Con. Debility.

Enlisted 5-17.

Arrived in England 27-6-18.

Family History - Neg.

Past Illness, Neg. Always enjoyed good health.

Hist of Present Illness, Reports sick 10-10-18 when she was admitted to No 1 New Zealand General, Brockenhurst, when she remained until 1-11-18 - Diagnosis Influenza. Admitted to Northwood, 1-11-18.

Present Condition

Subjective, Patient's chief complaint is weakness on slight exertion. Sleeps well and eats well.

Objective - Patient well nourished and color good. Present weight 112, Normal wt 128.

16-11-18 General condition good, Present wt 115. Feels perfectly fit.

13-12-18 Discharged Cat A.

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

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.

Station and Date.	

Occupational Group 19
Dispersal area C

[redacted]

W. 23.

RECEIVED
A 3 19
ACTION TAKEN

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

M

H.M.T.S. Canada
Emb. Liverpool. 5PM
24-3-19

1. RANK NURSING SISTER.
2. NAME WHARREY. A.O.
3. UNIT C.A.M.C. CAN.RED CROSS OFFICERS' HOSPITAL. 17 N.Audley St. W.1.
4. DATE STRUCK OFF STRENGTH ~~24/3/19~~ PLACE
5. REASON

For demobilisation

SoS C&F Canada
9/4/19

6. AUTHORITY R.O. 1901.
7. PROPOSED RESIDENCE

465 Somerset Street.
Ottawa. Ont.

H

This folder should contain the following documents:

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

✓ 1. Triplicate Declaration Paper (M.F.W. 51), or Triplicate Attestation Paper (M.F.W. 23).
✓ 2. Casualty Form (A.F.B. 103).
✓ 3. Medical History Sheet (M.F.B.313 or A.F.B.178)
✓ 4. Proceedings of Med Board (M.F.B.227 or M.F.W. 1[illegible])
✓ 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 Cat

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

12-5-19 DW.

HQ

13

SDoyle

Group

Checked by

Date 22 MAR 1910

Forms R. 150. E.T.
3232. 15 M. 14/12/16.

Surname WHARREY **Christian Names** Agnes Oliver

Rank Nursing Sister **Name and Address of Next-of-Kin** Aunt.

Promotion Mrs. B. Smart

Shawville. Quebec. Canada,

Unit C. A. M. C.

Place of birth Quebec

Married (Yes or No)

Appointments

Date of leaving Canada 17-6-17 **Date and Cause of Resignation**

H M

Report Date	Report From whom received	Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS Taken from Official Documents
		T.O.S. C.A.M.C. C.E.F. on arr. p. Can.			
5.7.17	Dms.	+ posted to C.A.M.C.	Depot.	14.6.17	Co. 858.
11.7.17.	Do.	Posted to Ontario Mil Hp.	Orpington	6.7.17	Co. 894.
8-10-17	-do-	Posted to ~~Ont~~ No 16 Can Gen	Orpington	5-10-17	CO. 1310
20-9-18	16 CGH.	S.O.S. on posting to CAMC.	Regt'l Depot	20-9-18	Pt. II. ord. 224.
24-9-18	Cas. Dep. Sec	T.O.S. on posting from 16 Can.	Gen. Hosp.	20-9-18	Pt. II. ord. 119.
		"On Command" No 1 New Zealand GHp.	Brockenhurst	20-9-18	
5-11-18	AMS	Adm. Can. Red X Sp. Hp.	Buxton	2-11-18	Ch. 1130. Influenza
	CAMC.		Discharged	13-12-18	Ch. 1165 — Do
8-11-18	Cas. Coy	Ceases Command No 1 N.Z. GHp	(21 days Cas)	10-11-18	Pt. II. ord. 158
31-1-19	Do.	On Command. CRCO Hosp	London.	20-1-19	Pt. II. ord. 26
24-2-19	Do.	S.O.S. on posting to CAMC.	R&T. Depot	15-2-19	Pt. II ord. 46
		on attachment to CRCOH	London	20-1-19	
27-2-19	CAMC. R&T. Dep.	T.O.S. from CAMC. Cas Coy &	remains	15-2-19	Pt. II. ord. 58.
		on Command CRCO Hp	London		

Report Date	Report From whom received	Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS Taken from Official Documents
	CAMC.				
16-4-19	R&T. Dep.	Ceases Command CRCOHp.	London	24-3-19	PT ord. 106
17-4-19	Do	S.O.S. on trans to CEF. in Canada		24-3-19	PT ord 107.
		Cessation of hostilities			
10-4-19	DMS.	S.O.S. on trans to CEF. in Canada		24-3-19	CO. 52.
		Cessation of hostilities			
		Sailed to Canada S.S.	Canada	24-3-19	Sailing No. 31

14282

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Jul. 1/17

RATE OF SEPARATION ALLOWANCE

Bank Account 4923
For Credit.

RATE OF ASSIGNMENT

40			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank N/S. Promoted Reverted Discharge

Soldier's Name A. O. Wharrey

Battalion A. M. C.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Bank of Ottawa

Address Acct. 33489, Ottawa, Ont. Change of Address

1

2

3

4

19201. A. 3

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec. 31			240	240	
Jan 18	Y 70516		40	40	
Feb.	A 65092		40	40	
March	X 92426		40	40	✓
April	W 14574		40	40	✓
May	N 20449		40	40	✓
June	J 23369		40	40	✓
July	B 23522		40	40	✓
Aug	V 37674		40	40	✓
Sept.	V 47970		40	40	✓
Oct.	K 51800		40	40	✓
Nov	Q 57766		40	40	✓
Dec 1918	K. 65084		40	40	✓
Jan 1919	N 74433		40	40	✓
Feb	V 79498		40	40	✓
Mar	N 89487		40	40	✓
April	V 1575		40	40	✓
			880	880	

A/c Closed 30.4.19
Ret'd per "Canada"
Date 1.4.19 M.F.W.187
Clerk [illegible]
MRO. 6988 g. Desk. 6.4.19

Sk 8th 19 Rw

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 223.20—M. & D. 1493.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

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—177-39-1141
L. L. 22320—M. & D. 7693.

AUDITOR | PAYMASTER

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

M. OR S.

REGT. NO. | RANK N/S | NAME (IN FULL) WHARREY, Agnes Olive (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Reg. Pay $2.00		
Fld Allce $1.00		
N. Sister A. O. Wharrey a/c #2551 Bank of Nova Scotia Ottawa Ont		

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

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 40.00 | DATE EFFECTIVE 10/5/17 1-5-19

PAYABLE TO Bank of Ottawa Acct #33489 | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Ottawa Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Kingston | DATE 7-4-19 | REASON Demob. | AUTHORITY R.O. 1901 | IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	$ C.	TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1 NO. DATE	COL. NO. 2 NO. DATE	COL. NO. 3 NO. DATE	CASH PAYMENTS COL. NO. 1 $ C.	COL. NO. 2 $ C.	COL. NO. 3 $ C.	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.	$ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	CREDIT $ C.	PARTICULARS OR REMARKS
April	7	3.00	21.00			21.00							40.00		8.00		48.00	27.00		A. Pay for April pd but not chgd O/pd messing 24-3-19 to 31-3-19
			W.S.G. S.A.			War Service Gratuity							W.S.G. S.A.							
122 dys	@	3.00	366.00			366.00														
													339.00		27.00		366.00	0	0	9 FM Dr bal as per above Final Payments W.S.G. ck G. 1323930 - 19/11/19

OK

200M-3-19.—L. L. 58789-M. & D. 9985.
M. F. W. 2596.
1772-39-1398.