945

Unit C.A.M.C. *Rank* Lt. *Name* Belle Grace Brown.

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

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

   (*b*) What are your Christian Names? Belle Grace.

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

   (*b*) What is your present address? Ste. 11 West Apts. Alverstone St. Wpg.

3. What is the date of your birth? 1892. Dec. 14th.

4. What is (*a*) the name of your next-of-kin? Duncan Brown.

   (*b*) the address of your next-of-kin? Elm Creek. Man.

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

5. What is your profession or occupation? 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?

9. State particulars of any former Military Service

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.

Belle Grace Brown (*Signature of Officer.*)

Taken on strength (place) Winnipeg, Man.

(date) 27th. Oct. 1917.

C. V. Fotheringham Major A.M.C.

for Asst. Director Medical Services, D. 10

(*Signature of Commanding Officer.*)

Belle Grace Brown.

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 Febr 28th 1918

Place Winnipeg. Man

C. V. Fotheringham Major

Medical Officer.

*Insert here "fit" or "unfit"

M. F. W. 51

100m.—4-16.

H. Q. 1772. 39-917

REGIMENTAL DOCUMENTS

NAME Brown. Belle. Grace REGT. NO. Lieut. 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
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				46285	
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
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)					DESERTION
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
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)					
7 R 149				1	
				9.24	
				2-24	
			403042		

W. 2589
100M-11-18
1777-1327

945

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
1226-4	C.R.C. Off. 17 Cadby Hall,	27-2-19	A.Y.H. ~~to~~ Bradbury
1241-(3)	" " " Hall	15-3-19	" " "

NAME Brown. B. J. REGT. No. —

RANK AND UNIT W/Sto. C. A. M. C., C. S. H. Lenham.

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

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

Number ..... Rank N/S

Surname BROWNE

Christian Name BELLE, GRACE.

Units ..... Theatre of War ENGLAND

Date of Service 25-3-18

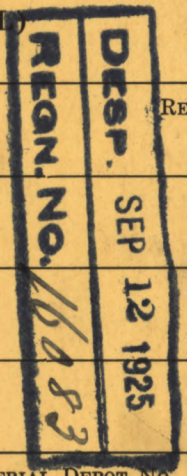
Remarks c/o Duncan Browne Esq Elm Creek Man.

Latest Address 1K West Apartments
Winnipeg, Man.

Roll No. A. Pags 5-038

200m.-6-21.

GRATUITY (IMPERIAL)



CHRISTIAN NAME | SURNAME | REG. NO.

SCHEDULE NO. | LINE NO.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA | IMPERIAL DEPOT NO.

DATE RECEIVED FROM REG. DEPOT. | DATE FORWARDED TO OTTAWA

868—D.P.—40M-1-12-19.

Form R. 149.

945 E.R.B.

Name BROWN Belle Rank N/Str. Grace Reg. No.

Unit C.A.M.C. C.S. H. Lenham.

Next of Kin Canada.

Date 1919	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
27-2	Can.Red.X.Off.Hosp.	N.Audley St.(7001) N.Y.D.		1224	✓	
15-3	Discharged (Casualty Book)		Bronchitis	1241 1256		

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

945

CANADIAN EXPEDITIONARY FORCE

E.S. 10-30.
R.A.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Nellie Grace BROWN.

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 Twenty Seventh day

of Octoler 1917.

She SERVED in CANADA, and England with the C.A.M.C., C.A.M.C.Depot Shorncliffe, # 10 Canadian General Hospital, Canadian Convalescent Hosp., Brighton, & D.D., No. 10.

and was STRUCK OFF THE STRENGTH on the Nineteenth day

of April 1919 by reason of General Demobilization

Dated at Ottawa, this Sixth day

of November 1919.

H. Gladwell Lieut.

for Director of Personal Services.

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

C.A.D.C. 5009 A

945

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) BROWNE. B.G.

REGIMENT C.A.M.C. RANK N.S. No. —

Date of Examination in England Feb 6/19 Date of Examination in France —

PRESENT DENTAL REQUIREMENTS

1. FILLINGS —
2. EXTRACTIONS —
3. CROWNS —
4. DENTURES
   - (*a*) Full Upper —
   - (*b*) Part Upper —
   - (*c*) Full Lower —
   - (*d*) Part Lower —

HAS SHE 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 no
- (*b*) In England no
- (*c*) In France no

Signature of Dental Officer A.C. Steel Capt CADC

945

Forms
I. 1237
10

file

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year		N.S.	Brown	B.E.
	Unit.		Age.	Service.
	C.A.M.C.		26	

Station and Date.

Disease

~~Car. Red X~~

26.2.19 -

Complaint.

Cough, headache, neuralgia, general malaise.

I.O.D.E. Hosp Hyde Park Pl.

Present Illness

26.2.19

Taken ill 22.2.19 with cough, headache, feverishness and general malaise. Has been at Lancaster Gate waiting for boat to Canada.

Physical Exam.

Well developed, well nourished. Face somewhat flushed. Eyes puffy. No respiratory distress. Tongue moist & clean.

Respiratory

Lungs clear throughout.

Cardiac -

Nothing abnormal.

Abdomen

negative

27.2.19

Severe earache right Ear last night. No pain this morning, Urine negative.

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	
1.3.19	Sudden intestinal attack with vomiting, abdominal pain + bilious urticaria. Painful. Symptoms lasted a few hours only.
5.3.19	Feeling well. No further intestinal disturbance

Alb Mitchell
Major RAMC

945

MEDICAL HISTORY SHEET

Surname Browne Christian Name Belle Grace

Examined { on 30th day of Jany 1918
at Winnipeg

Birthplace { City or Town Emerson
County Man

Apparent age 25

Trade or occupation nurse

Height 5 feet 4 Inches

Weight 130 lbs.

Chest measurement { Minimum 34 inches
Maximum expansion 36 inches

Physical development Good

Small-pox Marks none

Vaccination Marks { Arm Right Left
Number —

When Vaccinated last —

(a) Marks indicating congential peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none -

Approved by W S Jakeni
Rank Capt. 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	
			M.O.
			M.O.
Feb	24	Dr C Bridgman	M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
Feb 4	good	Dr C Bridgman	M.O.
" 14	good	Dr C Bridgman	M.O.
" 24	good	Dr C Bridgman Caps done	M.O.

Enlisted on day of 191 at

	Corps	Regt'l Number	Habits	Date
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Can. Spec. Hosp. Lenham Rd. 13 Berners St. W.1.	4.2.19. 15-3-19	Asthma. Debility	C.i. (Home Service) A. Burton Wilkes Capt. C.A.M.C. C.F. for 6 mos. J. H. N. Bell, Major, C.A.M.C.

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.

945

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				
D.O.D.								Bronchitis		Bronchitis Moderate severity Complete recovery. Intestinal upset with urticaria. Recovery	Actg Surg Capt Major Canl

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..... Lieut..

(3) Full Name of Soldier..... Belle Grace Brown.

(4) Place of Birt..... Emerson, Man. Canada.

(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?..... N.

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

Also their names and ages.....

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes.

If so, state name and address Elm Creek. Man..

(10) Is your Mother alive? No.

If so, state name and address

(11) If your Mother is a widow

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.

Mrs. J.A. Picard. (Sister)

Ste 211 West Apts., Wpg. Man..

(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.

C.E. Fiset Major A.M.C.

For Asst. Director Medical Services M.D. 10

Officer Commanding.

Date Feb. 23rd. 1918.

945

Regtl. No. Rank and Name Nursing Sister B. Browne Corps Q. A. M. N. S.

Disease Hospital Cow Shore Lowland

To Officer i/c Laboratory. Ward

Please carry out an examination of the accompanying specimen of Urine

with special regard to

Date 31. 1. 19 O. i/c Ward.

LABORATORY REPORT.

Pale Amber.

Acid.

1012.

Albumin - negative.

Sugar - negative.

Date of Examination

W.3212. 50M-4-4-18.

R. Inr. Cullwell. M. R.
-for- O. i/c Laboratory.

28

MEDICAL HISTORY SHEET

Surname Brown Christian Name Bella Grace

Examined { on 30th day of January 1918
at Winnipeg

Birthplace { City or Town Emerson
~~County~~ Manitoba

Apparent age 25

Trade or occupation Nurse

Height 5 feet 4 Inches

Weight 130 lbs.

Chest measurement { Minimum 34 inches
Maximum expansion 36 inches

Physical development Good

Small-pox Marks none

Vaccination Marks { Arm Right — Left
Number

When Vaccinated last —

(a) Marks indicating congential peculiarities or previous disease None

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

Approved by W. S. Jahns
Rank Capt. 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	
			M.O.
			M.O.
Feb 24	good	W. C. Bridgman	M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
Feb 1	good	W. C. Bridgman	M.O.
" 14	good	W. C. Bridgman	M.O.
" 24	good	W. C. Bridgman Capt Canc	M.O.

Enlisted on day of 191 at

	Corps	Regt'l Number	Habits	Date
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical 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				

Army Form A 45.

CONFIDENTIAL.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station Canadian Special Hospital Lenham.

Date Feb. 4th. 1919.

1. Rank and Name Nursing Sister (Lieut.) Browne, Belle Grace.
2. Unit C. A. M. C.
3. Age 25 4. Total Service 16/12 War Service { (a) at home 5/12 (b) abroad 11/12
5. Address Canadian Special Hospital Lenham.

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 ASTHMA (Neurotic)
7. Date of origin of disability July 1918.
8. Place of origin of disability England.
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 H. negative. Usual childhood diseases. Typhoid Nov. 1912. In spring of 1914 noticed onset of a chest condition. States T.B. diagnosed. Went to LosAngeles. Treatment 6 months. Good recovery. Carried on at profession for 6 months and returned to Canada, but on account of climate being unsuitable (colds etc.) returned to Calf. and remained there in appar. good health till time of enlist. To Eng. Apr. 1918. Carried on at Kitcheners Hosp. Brighton in appar. good health till June. Trans. to Lenham. After arrival here had severe Asthmatic attack in July at meustrual period. another more severe attack followed in Aug. At this time there was marked cyanosis dyspnoea oedema of face and increased secretion from eyes and nose. The chest showed sl. dim res. Rt. base with few fine creps. and marked expiratory musical rales and rhonchi throughout. Has had two attacks since this in a lesser degree. Complains at present of palpit. on exertion. These attacks are of very short duration (not over 1 hr.) and have never been known except at meustrual periods.

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? No
If so, to what specific military conditions is it attributed? N.A.

[Enteric Fever, Dysentery, Malaria, etc., 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? Climatic

I concur in the finding of the Board of Medical Case here recorded.
Colwin, D.A.D.M.S. for D.M.S. Canadians,

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? No cough. No expec. No dyspnoea. Palpitation on exertion. No pain. App. good Bowels reg. Dig O.K. General condition and appearance good. Very well nourished. Lungs apparently normal except for sl. dullness Rt. base and few fine creps. No conclusive evidence of old T.B. and certainly none requiring treatment. Cordis Vase. Pulse reg. and good quality. 76 at Rest. Heart not enlarged and sounds appar. normal. Other systems appar. normal.
Recommended for Cat. C.i.

15. To what degree is the officer disabled at the present time? under twenty per cent.
(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? Not likely

17. If not permanent, how soon is re-examination recommended? 6 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? Symptomatic treatment at time of attack only

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

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

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

A.—Fit for general service. No 6 months.
B.—Fit for service in a garrison or labour unit abroad. N.A.
C.—Fit for home service:—
(i) Active duty with troops. Yes (Ci)
(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. N.A.
(ii) In an officers' hospital.
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. 1289 of 1917 been complied with? N.A.

(Sgd) C.W.Torrance Capt. C.A.M.C. President.

(Sgd) A.Burton Wilkes Capt. C.A.M.C.
Members.

W277 P878 100,000 4/18 DSG(52136)

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

Surname BROWN **Christian Names** Belle Grace.

Rank N/Sister.

Promotion

TOS. 27 Oct 17

Unit C.A.M.C.

Place of birth Manitoba.

Married (Yes or No)

Appointments

Name and Address of Next-of-Kin

Duncan Brown, (Father)
Elm Creek, Man. Canada.

Date of leaving Canada 25.3.18. **Date and Cause of Resignation**

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
8-4-18	D.M.S	TOS on arr from Canada & posted to Cam		8-4-18	C 0424
10-4-18	do	Posted to 10 C.G.Hp. from Depot		6-4-18	C 0437.
8-to 14-6-18	10 C.G.Hp.	Granted leave	10.6.18 to	15.6.18	P.R. 2 of 24
22-30.6.18	do	S.O.S. to C.C.H. Lenham		26.6.18	P.II. O.26
28-6-18	Lenham C.Sp.Hp.	T.O.S. from 10 Can. Gen. Hosps.		26-6-18	P.T. II. ord. 54
26-10-18	-do-	Granted leave from	20-10-18 to	5-11-18	P.T. II. ord. 91
28-2-19	ams.	Adm. Can. Red X Off. Hp. 17	St. Audley St. Discharged	27-2-19 15-3-19	Cl. 1226 Cl. 1241
4-4-19	C.Sp.Hp. Lenham	S.O.S. on trans. to CEF in Canada Cessation of hostilities		23-3-19	P.T. II ord. 26.

Bronchitis Ch. 1256.

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
31-3-19	DMS.	S.O.S. on transfer to C.E.F. in Canada Cessation of hostilities		23-3-19	C.O. 49.
		Sailed to Canada S.S. Empress of Britain		23-3-19	Sailing No. 33.
			S.O.S. 19/Apr/19		

13757

CONFIDENTIAL. Army Form A 45.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

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

Family H. negative. Usual childhood diseases. Typhoid Nov. 1912. In spring of 1914 noticed onset of a chest condition. States T.B. diagnosed. Went to LosAngeles. Treatment 6 months. Good recovery. Carried on at profession for 6 months and returned to Canada, but on account of climate being unsuitable (colds etc.) returned to Calf. and remained there in appar. good health till time of enlist. To Eng. Apr. 1918. Carried on at Kitcheners Hosp. Brighton in appar. good health till June. Trans. to Lenham. After arrival here had severe Asthmatic attack in July at menstrual period. another more severe attack followed in Aug. At this time there was marked cyanosis dyspnoea oedema of face and increased secretion from eyes and nose. The chest showed sl. dim res. Rt. base with few fine creps. and marked expiratory musical rales and rhonchi throughout. Has had two attacks since this in a lesser degree. Complains at present of palpit. on exertion. These attacks are of very short duration (not over 1 hr.) and have never been known except at meustrual periods.

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? No
If so, to what specific military conditions is it attributed? N.A.

[Enteric Fever, Dysentery, Malaria, etc., 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? Climatic
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

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

Captain, D.S.O.
for D.G.M.S.
Canadians.

[P.T.O.

14. What is the officer's present condition? No cough. No expec. No dyspnoea. Palpitation on exertion. No pain. App. good Bowels reg. Dig O.K. General condition and appearance good. Very well nourished. Lungs -apparently normal except for sl. dullness Rt. base and few fine creps. No conclusive evidence of old T.B. and certainly none requiring treatment. Cordia Vasc. Pulse reg. and good quality. 76 at Rest. Heart not enlarged and sounds appar. normal. Other systems appar. normal.
Recommended for Cat. C.i.

15. To what degree is the officer disabled at the present time? under twenty per cent.
(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? Not likely

17. If not permanent, how soon is re-examination recommended? 6 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?
Symptomatic treatment at time of attack only

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

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

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

A.—Fit for general service. No 6 months.
B.—Fit for service in a garrison or labour unit abroad. N.A.
C.—Fit for home service:—
(i) Active duty with troops. Yes (Ci)
(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. N.A.
(ii) In an officers' hospital.
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. 1289 of 1917 been complied with? N.A.

(Sgd) C.W.Torrance Capt. C.A.M.C. President.

(Sgd) A. Burton Wilkes Capt. C.A.M.C. } Members.

W277 P878 100,000 4/18 DSG(52136)

PATHOLOGICAL LABORATORY Lab.No. 945

DATE 27.2.19 WARD BED

NAME N.S. Brown RANK N.S. UNIT

"URINALYSIS"

Quantity in 24 hours Sp.Gr. 1004 Reaction Ft. alk.

Consistence Colour Sediment 0

"CHEMICAL"

Albumin approx. 0 Sugar Urea

Remarks

"MICROSCOPICAL"

Casts 0

Pus 0

Blood 0

Other Elements Epith debris

Major R.A.M.C.

Pathologist.

945

14. What is the officer's present condition? - No cough. no expec. no dyspnoea "Palpitation" on exertion. No pain. Apex good Bordet reg Rhythm OK.
General condition & appearance good. Very well nourished. Lungs - Apparently normal except for. st. success Rt base and few fine crepts. No conclusive evidence of old Tb. and certainly none requiring treatment. condition. Pulse reg & good quality. 76 at Rest. Heart not enlarged & sounds appear normal.
Other systems appear normal.
Recommended for Cat. C1

15. To what degree is the officer disabled at the present time? under twenty per. cent.
(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? Not likely

17. If not permanent, how soon is re-examination recommended? 6 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?
Symptomatic treatment at time of attack only.

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

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

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

A.—Fit for general service. No. 6 months
B.—Fit for service in a garrison or labour unit abroad. N.A.
C.—Fit for home service:—
(i) Active duty with troops. - Yes. (C.1.)
(ii) Sedentary employment only.
D.—For admission to a command de[illegible] N.A.
E.—Requiring indoor hospital treat[illegible]:—
(i) In an officers' military or auxiliary convalescent hospital. N.A.
(ii) In an officers' hospital.
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. 1289 of 191[illegible] been complied with? N.A.

[illegible] President.
Geo Orrens Capt.
A. Burton Wilkes Capt (A.M.C.) Members.

W277 P878 100,000 4/18 DSG(52136)

945

Army Form A 45.

CONFIDENTIAL.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station Can. Spec. Hosp. Lenham.

Date Feb 4. 1919.

1. Rank and Name Nursing Sister. (Lieut.) Browne. Bertie Grace.
2. Unit C.A.M.C.
3. Age 25. 4. Total Service 1 6/12 War Service (a) at home 5/12 (b) abroad 11/12
5. Address Can. Spec. Hosp. Lenham.

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 Asthma. (Neurotic)
7. Date of origin of disability July. 1918.
8. Place of origin of disability England
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 hist. negative. Usual childhood diseases. Influenza Nov. 1918. In spring of 1914 noted onset of chest condition. States T.B. diagnosed. Went to Los Angeles. Treatment 6 mos. Good recovery. Carried on at profession for 6 mos. and enlisted returned to Canada but on account of climate being unsuitable (colds etc) returned to Calif. and remained there in apparently good health till time of enlist. In Eng. Apr. 1918. Carried on at Ketherens Hosp. Brighton in apparently good health till June 1918 when transferred to Lenham. After arrival here (July) had severe asthmatic attack in July. at menstrual period. Another more severe attack followed in Aug. At this time there was marked cyanosis, dyspnoea, oedema of face and increased secretion from eyes & nose. Ht chest showed slight dim. res. at base with few fine crips and marked expiratory musical rales & rhonchi. Has had two attacks since this in a lesser degree. Complains at present of palpitation on exertion.

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? No.

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

[Enteric Fever, Dysentery, Malaria, etc , 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?

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

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

These attacks are of very short duration (rather due to) has been known exception of neurotic periods.

945

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

M. F. W. 54. (A. F. B. 10s.
500M.—9-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

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

Regimental No. ..... Rank Lieut. Name Belle Grace Brown.

Enlisted (a) 27th Oct. 1917 Terms of Service (a) C. E. F. C.E.F. Service reckons from (a) Oct 27th 1917

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) Nurse.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
10.4.18	Canada	S.O.S. from Canada	Ilkley	25.3.18	Pt II 100 (C.O. 434)
12.4.18	do	S.O.S. to No 10 C.G.H.	do	6.4.18	Pt II 102 (C.O. 437)
					C. Sutherland Lt ... CAPT. ASST. ADJUTANT, FOR O.C. C.A.M.C. DEPOT.
13/4/1918	to C.G.H.	taken on strength	Brighton	9/4/18	Pt II Do 15
27.6.18	"	S.O.S. to Can. Conv. Hospl Lenham.	"	26/6/18	Pt II Do. 26
					CAPT. & ADJT. FOR O.C. No. 10 CANADIAN GENERAL HOSPITAL.
26/6/18	No 10 C.G.H. Brighton	T.O.S. of C.S.H.	Lenham.	26/6/18	Pt II No. 54. 28/6/18.
20-2-19	C.S.H. Lenham	S.O.S. on proceeding to C.E.F. Canada	Lenham		
23/2/19.	Struck off strength of unit on embarkation to Canada				

R. Brutinel
FOR MAJOR General,
Adjutant General Canadian

(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.

945

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				
4-19.	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 10	23/3/19	C.E.F. R.O. No. 1860-19.
24/4/19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 30	19/4/19	C.E.F. R.O. No. 1916-19

O Bryce Lieut.
for Director Personal Services

FORM OF WILL.

I, Belle Grace Brown (Name in full)

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

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

I bequeath all my real estate unto

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

absolutely, and my personal estate I bequeath to

Mrs J.A. Picard Ste 11 West apt Winnipeg Man.	Name and Address of person or persons to receive personal estate* *(See note).*

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

this 22nd day of February A. D. 1918

Belle Grace Brown Signature of Soldier.

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

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Sgt Harry Rhymer

Address of Witness 305 Vaughn St Winnipeg Man

Occupation of Witness Accountant A.D.M.S. Office M.D. #10

Signature of Second Witness Chas S. McLeans.

Address of Witness 1015 Garfield St. Winnipeg Man

Occupation of Witness Chief Clerk. A.D.M.S. M.D. 10

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

Occupational Group 19
Dispersal area M.

15-2-32 B 28
OK

945

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

1. RANK Nursing Sister.
2. NAME BROWNE. Bella Grace.
3. UNIT C.A.M.C.
4. DATE STRUCK OFF STRENGTH 19/4/19. PLACE
5. REASON For demobilisation SoS 667. Canada 19/4/19
6. AUTHORITY K.O. 1916.
7. PROPOSED RESIDENCE 11 West Apartments. W/Reg.

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.

Browne Bella Grace

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

DISPERSAL CERTIFICATE

M-5

RCP 13-3-19
5-5-19

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

Group .....

Checked by No.....

.....

Date 21 MAR 1919

QQ162F 19-4-19

945

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. 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.
2. 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."
3. 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.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. 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 London. Eng. DATE 6-3-19

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

(d) Surname BROWNE (e) Christian name BELLE GRACE

(f) Home address 11 West Gracedieu St Winnipeg.

(g) Next of Kin Mr. D. Browne. (h) Relationship Father

(i) Address of Next of Kin As above.

2. Age last birthday 26 years Date of birth Dec 14th 1892

3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg. (b) Date Oct 27th 1917

4. Personal description:

(a) Height 5ft 7 ins. (b) Weight 124 (stripped) (c) Complexion Dark

(d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Scar left arm

5. Former trade or occupation Nurse

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	129

	Statement. PERIODS	
	From	To
Canada	Oct 27th 1917	Mar 24th 1918
England	April 3rd 1918	Mar 6th 1919
France or other theatres of War		

7. Original disease, or injury INFLUENZA.

(a) Date of origin 22. 2. 19. (b) Place of origin London

(c) Cause INFECTION

B.P.C. FOLIO
FALSE DOCKET
6

M. F. B. 227.

300M.—8-18.
1772-39-117.

945

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.)

(DEBILITY) Weakness and necessity for rest of body.

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.)

Pale and anaemic appearance. Eyes somewhat puffy.
Respiratory. Breath Sounds harsh throughout slight prolongation of respiration.
Cardiac. No enlargement. No murmurs. Pulse at rest 74 rising to 130 on running up 17 steps. returning to 74 in three minutes.
General condition poor

Complaint of being easily tired. general weakness. Cough which is worse at night. Hoarseness. Palpitation on exertion

(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. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No. (Albumen and Sugar will be excluded.)

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).)

M.C.S. States. Contracted Influenza 22.2.19 while at Lancaster Gate waiting for boat for Canada. Admitted to 10 D.E Hospital 26.2.19 with Cough headache. fever and general malaise.
M.H.S. 10.D.E (not dated) Bronchitis. moderate severity. Complete recovery. Intestinal upset with urticaria. Recovery
M.H.S. states was Boarded at Cav Special Hosp Cuhan 4.2.19 ASTHMA and recommended C.J. (Home Service) 6 months.

10.—(b) (I[illegible] to or s[illegible]

(c) (Here give a[illegible]

11.—(a) Di[illegible]

(b) If [illegible] conn[illegible]

12. Was the[illegible]

refusa[illegible]
The r[illegible]
(If the ans[illegible] this q[illegible]

13. What is[illegible]

than

14. Treatm[illegible]

15. Is furt[illegible]

16. Can t[illegible]

17. Recom[illegible]

(Sections [illegible]

I, the[illegible] present co[illegible]

I complai[illegible]

945

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*).)

Typhoid in 1912. Has had attacks repeated of Spasmodic Asthma last in Jan. 1919 which lasted three days.

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

Scar of burn on upper left arm

11.—(*a*) Did the disabling condition have its origin before enlistment? No

(*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.)

NA

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? Six months

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

No mention of treatment in M.C.S.

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 C & D six months

Thomas Campbell Capt A.M.C.

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 Belle Grace Browne 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

Nil.

Belle Grace Browne N.S. Rank.

Signature of invalid examined.

B. P. C. FOLIO
FALSE DOCKET
3

945

4

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.

Concur.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(~~Yes~~ or No.)	6 months
(*b*) Service abroad, not general service,	(" B)	(Yes or ~~No.~~)	NA.
(*c*) Home service (Canada only),	(" C)	(Yes ~~or No.~~)	C/L
(*d*) Temporarily unfit.	(" D)	(~~Yes or No.~~)	
(*e*) Unfit for service in Categories A, B and C	(" E)	~~(Yes or No.)~~	

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.)

Ans: C.M.D. 5/4941 of 15-3-19.

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.

J.H.D. Bell, Major C.A.M.C. *President.*

PLACE 13 Berners St. W.

DATE 15-3-19

Jno Macoun Major CAMC } 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.

President.

PLACE.....

DATE..... } Members

APPROVED BY

Assistant Director of Medical Services.

DATE.....

APPROVED BY

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

Director-General of Medical Services.

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

DATE.....

Date of Enlistment 27.10.-17.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

B207558

Date of Assignment 1st Nov.-18.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

40.00			

4

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion L.R.M.R.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 BANK OF MONTREAL,
2 PORTAGE & MAIN BR.,
WINNIPEG, MAN. 40 40.00
% N.S. B.G.BROWNE
3 FORTY DOLLARS
4

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total	
Nov	N 3516		40	40	✓
Dec	C 69052		40	40	
Jan 1919	H 77723		40	40	✓
Feb.	I 81599		40	40	H
Mar.	J 87814		40	40	
			200	200	

REMARKS Fyle, 02.251. B.-21. N.R.S.O.S.

A.C.O. 3206 - $40.00 Payment of Nov. A/P. 29-11-18 — 5-12-18

A/c Closed 31.3.19 G. of Britain

Ret'd per F. X. Date 31.3.19 6.4.19

Clerk D.10 Sm. X. 0.85483.

AUDITED.

AUTHORITY FOR NEW ACC'T. A.A.G. 2nd. 9.-18. T. Short. 27.11.18.

M. F. W. 128.
400M.—4-17—1772 39-1141
L. L. 22330—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

CANCELLED J

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Eattalion

Eeneficiary

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.
40ᵐᵐ.—4-17—1772 39-1141.
L. L. 2-2939—M. & D. 7933.

AUTHORITY FOR NEW ACC'T. .....

B.1297

31-3-19. "Empress of Britain".

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

AUDITOR | PAYMASTER

M. or S. | REGT. No. | RANK N/S | NAME (IN FULL) Browne Belle Grace (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

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

PLACE OF ATTESTATION | TRANSFERRED TO C.C. | DATE 23.3.19 | AUTHORITY D099

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 40.00 | DATE EFFECTIVE 1-4-19

PAYABLE TO Bank of Montreal | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Portage & Main St. Winnipeg

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE 19-4-19. | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																						
31-3-19.																													9	00			9	00	9	00			Paid Mess'g. from 23/3/19 to 31/3/19. 9 days @ 1.00
																																						Dess Pay. Chg. in Eng. L.P.C. to 31/3/19.
																																						Subsistence @ 1.00 per diem Effective 1/4/19.
1/4/19-19/4/19	19	3.00	57	00	32	30			89	30			26	26/4	26	26/4			55	30					25	00			9	00			89	30					Rep. S.O.S. 62 R.A. 19-4-19. Audit D.P.M. d. 24-4-19.
			57	00	32	30			89	30									55	30					25	00			9	00			89	30					
May 15	127	3.00			366	00			366	00																													90 d. 1st Part W.S.B.
10/6																																							180-283rd " "
9/7																																							96 - Final
					366	00			366	00															366	00							366	00					

56877 90 00
76254 180 00
78100 96 00
366 00

a/b closed

AUDITED JUL 19 1919 Audit Clerk M.D. No. 10

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-30-1390.

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

ASSIGNED PAY.

UNIT. NAME OF: C.A.M.C. RATE OF P. AND A.: Pay 2 ×× pd; F.A. 60; Messing 1 ××

RANK. N/S

DATE 3 4/18 AUTHORITY D.H.S.B.O. 1424 4/8 4/18

NAME. 11-B-200 (Personal sig. on or as in front of S.)

Name Browne

Initials Belle Grace

Bank of Montreal Trav Sq

Beneficiary

Address

Amount. $ 40 Can 1 7/18

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

add outfit allce $100. 3. 3/20

1918-19

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Apr 19	Pay f 3 3/8 31 3/8 (no Mess) Vo 1162		75 40					
-	Do Do (bal f bal $5.20) Cash	669		80 00		$ 5 20		
-	Apnl Pay (Mess f 3 4/8)		106					
24	Bank	1187		106		5 20		
26	br bal f ban 2 3/16 Aur. L Pb f. ban No. 221		5 20					
	Trav allce pd in ban 5.23 3/18.						$88	
May 19	May Pay (R)		111 60					
16	Trav allce 4-6 4/18	2106					1-16-0	
23	Bank	2643		111 60				
June 21	June Pay (R)		108					
	Bank	4166		108				
July 23	July Pay (R)		111 60					
	Bank	5626		111 60				
Aug 24	Aug Pay R		111 60					
	Bank			111 60				
Sep 24	Sept Pay R.		108					
	Bank	9187		108				
Oct 25	Oct Pay R		111 60					
	Bank	10404		111 60				
Nov	Nov Pay (R)		140					
	A. P Can.				40			
26	Bank	12521		100				
Dec 5	Trav allce. 25. 26 11/18.	10277					1-2-6	5 48
	Dec Pay (R)		124					
	A. P. Can				40			
18	Bank.	13792		84				

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

ASSIGNED PAY. | UNIT. NAME OF: 6a M 6. RATE OF P. AND A. | RANK. DATE: 3/4/18 AUTHORITY: DMSCO 424 dd 8/4/18 | NAME.

Beneficiary
Address
Amount. $40.00 1/11/18
Separation Allowance issued. Yes or No.....

Pay 2.00 Pd
F.A. 1.00
Messing 1.00

R/S.

Name Brown.
Initials B. G.
Bank of Montreal
Trafalgar Sqr

Add'l outfit allce 3.3/20

DATE 1919	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Jan	a. Pay Can Pay (R)		124		40			
28	Bank	15564		84		0		
Feb 10	a. Pay Can Feb Pay (R)		112		40			
25	Bank	17178		72				
26.	adv. March Pay Cash	17147.		84		Dr 84	Retd. to Can. L/Cs 3/3/19	
Mar 17	a-Pay Can Pay (R)		124		40	0	Ofcrs. & N.C. Ledger 12 From Ledger 5 - 7/4/19	