3B
11-8-19

REGIMENTAL DOCUMENTS

NAME BROWN Jane Elizabeth REGT. NO. N/str UNIT Camc H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		[illegible]			DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				44527	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)					
1	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)					Gen Demob
	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)					
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	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	DOCSA 10					
1	MFW 2618					

H

W 25-9
100M-11-18
1772-39-1377

8.0.S.6.8.3. ~~S.1.5.19.~~ D.C.179/2 d/28.6.19.
22.6.19.

Unit C. A. M. C. Rank Nursing Sister Name Brown E J

Original

MAJOR C. A. M. C.
O. C. Sask. Military Hospital

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? Jane Elizabeth
2. (a) Where were you born? (State place and country) Port Stanley Ont. Canada
   (b) What is your present address? 1632 Victoria Ave. Regina
3. What is the date of your birth? 9 Oct 1877
4. What is (a) the name of your next-of-kin? Mrs. E. A. Brown
   (b) the address of your next-of-kin? Moosomin Box 140
   (c) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? Trained Nurse
6. What is your religion? Protestant
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? C. A. M. C.
9. State particulars of any former Military Service. Employed by Mil. Hosp. Commn. Commandant Matron, Mil. Hosp., Moose Jaw from Apr 4th, 1917 to June 14th, 1918.
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.

Jane Elizabeth Brown (Signature of Officer.)

Taken on strength (place) Regina

(date) 15 June 1918

R. A. Scott Capt. C.A.M.C.
(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 her* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date 10. January 1919.

Place Regina

A. Scott Capt. C.A.M.C.
Medical Officer.

*Insert here "fit" or "unfit"

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

CANADIAN EXPEDITIONARY FORCE

N.F. 12-29.
R.A.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Jane Elizabeth MOON.

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 Fifteenth day

of January 191

He SERVED in CANADA, with the Regina Military Hospital, C.A.M.C.

and was STRUCK OFF THE STRENGTH on the Fourteenth day

of April 191 by reason of General Demobilization.

Dated at Ottawa, this Thirty First day

of October 191

This Nursing Sister also served as Matron Military Hospital, Rouen Jan.4-4-17.

Lieut.
for Director of Personal Services.

©

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

S.O.S. 6.8.7. 22.6.19.
D.O. 179/2 of 28.6.19.

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Brown Christian name Jane Elizabeth

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule —

3. Consecutive number on schedule of men reporting for service (if he appears on it) —

4. Address (including street and number, if any) 1632 Rae[illegible] Ave Regina

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 14 day of Jan 1918 by the undersigned medical board sitting at Regina

5. Age as stated 41 Years 4 Months. 6. Apparent age Years Months

7. Height 5 Feet 7½ Inches. 8. Weight 150 Pounds.

9. Chest measurement { Minimum 38 Ins. Maximum 41 Ins. 10. Complexion fair { Eyes blue Hair Blond

11. Physical development Good { Good Fair Poor 12. Smallpox marks No

13. Number of vaccination marks { Right arm 0 Left arm one 14. When vaccinated last Aug 1918

15. Distinctive marks and marks indicating congenital peculiarities or previous disease None

16. Slight defects but not sufficient to cause rejection None

The man denies having had { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.) We find no evidence of past { Rheumatism Tuberculosis Syphilis

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A II

President.

Member. G. W. Henderson Member.

Signature of Man

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 15th day of Jan 1918 at Winnipeg

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	C.A.M.C.	—		15/6/18
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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

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				

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

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

Casualty Form—Active Service.

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

Regimental No. ..... Rank Nursing Sister C. E. F. Name Brown Jane Elizabeth Gd A

Enlisted (a) 15 June 18 Terms of Service (a) b Service reckons from (a) 15 June 1918

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
9-12-18	Sask Mil Conval Hosp	T.O.S. Regina Mil Hosp.	Regina	8-12-18	Pt II D.O. 39/70 of 9-12-18.
~~21.6.19~~ Mac D	ADMS Corps order 558.	S.O.S: C.E.F. on demobilization	Moose Jaw	~~22.6.19~~ Mac D	~~D.O. 179/2 d/2 8.6.19.~~
17.4.19	M.A. Q's. Ottawa	S.O.S., C.E.F. on Demob.	M.D. 12	14.4.19	R.O. 1899. 17. Mac D. Lt for D of R

J. J. Gray

MAJOR C. A. M. C.
O. C. Sask. Military 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

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				

NAME Brown Jane Elizabeth REGT. NO.

RANK AND UNIT N/S. 392-2-257.

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY

R.O. 1899.-17/4/19

SOS Demob 14-4-19
Do 105 15-4-19 12 DD.

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS