19-4-19
2 mcd

NAME BUNTING MARY ELIZABETH REGT. NO. 7/S UNIT #16 Can Gen. Hpl. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		~~Personal Services Militia HQ Ottawa~~	Ret 13-5-19 ~~22/4/19~~	~~Pers 358 G.S.~~ 50398	DEATH
2	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)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					DISCHARGE
1 + 1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					Category
1	DENTAL HISTORY SHEET (M.F.B. 465)					
	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)					DESERTION
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
	LAST PAY CERTIFICATE (M.F.W. 44)					2
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					4-26
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					2-26
1	M.F.W 2591					
2 + 2	a F a 45					
1	Form C. D. 3					
1	M.F.W. 67					
1	[illegible]					
1	R 149					

W 2589
Ref. S. S. Canada d/24-3-19

CASE HISTORY SHEET.

CAMP HILL HOSPITAL
HALIFAX

Camp Hill Hospital. ..... Station.

No. ..... Rank 7/5 ..... Name Buntup, M. E. Age 24

Unit C.M.C. ..... Completed years of service { Where and how long } .....

Date of admission 16-11-15 ..... Date of discharge .....

Diagnosis Pleurisy ? ..... Place of origin Canada

~~Bronchio Pneumonia~~ Synalgia ?

CONDITION ON ADMISSION AND PROGRESS OF CASE

Admitted C - 13 ? 100. R. 24.
Hx. of Influenza admitted to hospital during second week complains of pain the R. side, malaise shortness of breath

Exam. Dullness on percussion; RB fine crepitation and diminished breath sounds Few rales scattered moist condition mostly located on right side

9/6/18 Marked improvement T. 99 ? 81
12/1/18 Condition normal

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.) Expectorants

CONDITION ON DISCHARGE, Recovered (Proceeded to Home
(and disposal made of case.) on leave & unfit)
16-12-18 - Transf. to Dunedin

Date 23/11/18

Medical Officer i/c case.

838702.

M. F. B. 313a.
200M.–5-18.
1772-39-439.

MEDICAL CERTIFICATE

London: Printed for H.M. Stationery Office by John Rissel

MEDICAL TRANSFER CERTIFICATE. Army Book 172.

(To accompany a Man Transferred from one Hospital to another.)

Admission and Discharge Book of Ernest. Reserve. Hospital at Halifax. Date 10/11/15.

No. of Case.	Regiment or Corps.	Troop or Company.	Regt. No.	RANK AND NAME. Surname first. If Married, write "M" under name.	Completed Years of: Age last birthday.	Service.	Service in the command.	DATES. Admitted into Hospital.	Transferred.	Religion.	DISEASE. (a) Primary. (b) Secondary. (c) Operations,	Destination on Transfer, and to what Hospital or Ship Transferred.
	C.A.M.C.			Bunting M.E. nursing sister.	26	33 months.			10/11/15	Meth	(a) Influenza. (b) Pneumonia (c) Bronchitis	Camp Hill Military Halifax

State here briefly reasons for Transfer, and note any particulars of Case for information of Medical Officer.

E.A. McParker Capt CAMC
Medical Officer in Charge.

Infectious Certificate.....

T.C.S.....

T.C.Cards.....

T.C.Vouchers.....

Crime Sheets.....

A.F.B. 178 of M.A.A.15..... 1

A.F.B. 178.....

M.F.B. 466.....

M.F.B. 237 or S.C.....

M.F.B. 237.....

A.F.B. 178.....

Infectious Certificate.....

T.C.S.....

T.C.Cards.....

Consultants Report.....

Infectious Certificate.....

T.C.S.....

T.C.Cards.....

Kindly receipt and return attached duplicate

LIEUT COLONEL
O.C. CAMP HILL MILITARY HOSPITAL

Report on Sputum
Nursing Sister Bunting
12-11-18
Ward R annex

Amount of Sputum sent very small.
Found to contain a few epithelial cells
No Bacteria except a few Staphylococci

D + W Lewis M.O.
I/c of Lab.

IN [illegible]LICATE

NAME. Bunting

UNIT. Canada

ECTIOUS DISEASES
N,

rd.

Infectious Certificate.

T.C.S.

T.C.Cards.

T.C.Vouchers.

Crime Sheets.

A.M.B. 181 — 1

Kindly receipt and return attached duplicate

LIEUT COLONEL
O.C. CAMP HILL MILITARY HOSPITAL

...CHARGE OR TRANSFER IN DUPLICATE

RANK. ..... NAME. Saunders

Hnia D Neurosis UNIT. Camel

Discharge to.....

transfer to Quetta

CERTIFIED FREE FROM INFECTIOUS DISEASES
VENEREAL OR VERMIN.

DOCUMENTS HEREWITH COMPLETED.

Date 17-12-18 Sgd.....

M.O.i/c.Section..... M.O.i/c.Ward.....

Registrar

Quartermaster

Sergt.Major.

...F.B.179.....

TO. .....

..... Laboratory Re ports.....

..... Consultants Reports.....

..... Infectious Certificate.....

..... T.C.S.....

T.C.Cards.....

T.C.Vouchers.....

Crime Sheets.....

A.F.B. 178 or M.F.B. 15..... 1

A.F.B. 178.....

M.F.B. 465.....

M.F.B. 287 or 340 .....

M.F.B. 283 Kindly receipt and return attached duplicate

A.F.B. 287.....

...F.B.179.....

LIEUT COLONEL
O.C.CAMP HILL MILITARY HOSPITAL

Laboratory Reports.....

Consultants Reports.....

Infectious Certificate.....

T.C.S.....

T.C.Cards.....

T.C.Vouchers.....

B-118

CAMP HILL MILITARY HOS.·ITAL
H..LIF.X N.S.

TO. M.O. i/c Military Camp ....
M.S. Bridewell Camp ....

Herewith the under mentioned Documents in case of marginally noted - Transferred to you.....17-12-18

M.B. 85- 85A......................... /

M.F.B. 313A......................... /

M.F.B. 313 or ~~M.S.A. 15~~.................... /

A.F.B. ~~178~~ 132......................... /

M.F.B. 465.........................

M.F.B. 227- or 380 ....

M.F.B. 288.........................

A.F.I. 1237.........................

..F.B.179.........................

Laboratory Re ports.........................

Consultants Reports.........................

Infectious Certificate.........................

T.C.S.........................

T.C.Cards.........................

T.C.Vouchers.........................

Crime Sheets.........................

A.M.B. 151 /

Kindly receipt and return attached duplicate

[signature]
LIEUT COLONEL
O.C. CAMP HILL MILIT.RY HOSPIT.L

B-118

CAMP HILL MILITARY HOSPITAL
HALIFAX N.S.

TO. Mr. Bunyan

Herewith the under mentioned Documents in case of marginally noted - Transferred to you....17-12-18

M.B. 05- 85A.....

M.F.B. 313A.....

M.F.B. 313 or M.S.A. 15.....

A.F.B. 173.....

M.F.B. 465.....

M.F.B. 227 or 380 .....

M.F.B. 288.....

A.F.I. 1237.....

A.F.B.179.....

TO.

Laboratory Re ports.....

Consultants Reports.....

Infectious Certificate.....

T.C.S.....

T.C.Cards.....

T.C.Vouchers.....

Crime Sheets.....

Kindly receipt and return attached duplicate

LIEUT COLONEL
O.C. CAMP HILL MILITARY HOSPITAL

CLINICAL CHART.

A. F. B181.
Gratis.
15-2-10.

(To be attached to the case sheet.)

Corps CAMC. *No.* *Rank and Name* K.S. Bunting *Age* 24 *Service* *Hospital Station* HMAT Kenkalis.

Disease Influenza + Comp- *Date of admission* 3/11/18 *Date of Discharge* 24/1/18 *Result*

Date of Observation	2/18.	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Day of Disease.																							
Temperature, Fahrenheit.	Time. A.M. P.M.	Time. A.M. P.M.	Time. A.M. P.M.	Time. A.M. P.M.	Time. A.M. P.M.	Time. A.M. P.M.	Time. A.M. P.M.	Time. A.M. P.M.	Time A.M. P.M.	Time. A.M. P.M.	Time. A.M. P.M.	Time. A.M. P.M.	Time. A.M. P.M.	Time. A.M. P.M.	Time. A.M. P.M.	Time. A.M. P.M.	Time. A.M. P.M.	Time. A.M. P.M.	Time. A.M. P.M.	Time. A.M. P.M.	Time. A.M. P.M.	Time. A.M. P.M.	Time. A.M. P.M.
Pulse	106	100	102	96	92	100	102	99	100	100	90	88	80	80	84	88	80	72	82	80	72	80	60	76	52	68	72	72	68	76	76	80	88	88	92	88	76	80	76	76	72
Respiration	24	24	26	24	22	20	20	28	20	24	24	20	20	20	20	20	20	20	20	18	20	20	20	20	22	20	20	20	20	20	20	20	20	20	20	20	20	20	18	18	18

104° 103° 102° 101° 100° 99°

Signature _____ *In charge of case.*

Duplicate

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.....

Ontario Military Hospital

(2) Regimental Number .....

(3) Full Name of Soldier.....Mary Elizabeth Bunting.

.....

(4) Place of Birth.....Indian Head, Sask.

.....

(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 ?.....No

(8) Have you any children ?.....No

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

Also their names and ages.....

.....

.....

.....

.....

M. F. W. 67
20 M.—2-16
1772-39-954

(SEE OTHER SIDE.)

(9) Is your Father alive ?.....No.....

If so, state name and address .....

(10) Is your Mother alive ?.....Yes.....

If so, state name and address.....Mrs. William Andrews,.....

Kenora, Ont.

(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.

.....

.....

.....

(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.

W. T. McLean

.....

Officer Commanding.

CAPTAIN A.M.C.

Date.....March 2, 1916.....

Surname. Christian Name.

BUNTING M. E.

Rank. Unit.

N/Str. C. A. M. C. 7 C. G. H.

Date of admission.

No. 24 General Hospital, Etaples. 17-10-17

Hospital

H.S.to Q.A.I.M.N.S.Hospital, London. 9-11-17.

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis. N.Y.D. (Q).

Adhesions Appendectomy.

Later diagnosis. ..... Rw.

.....

.....

.....

Disposition. Date.

Discharged:-11-12-17.

....

24-10-10 812.

14-11-17 830-4.

21-12-17 862.

C.L. ..... Remarks.

C.L. .....

C.L. .....

C.L. .....

C.L. .....

C.L. .....

C.L. .....

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

D. M. S. 1347.

Surname	Christian Name	Reg. No.
BUNTING	M. E.	

Rank	Unit
N/Str.	C.A.M.C.

MEDICAL BOARD held at | Date | Serial No.

(1) London Area 11-12-17.

do. 12-1-18.

Other Medical Boards at | Date | Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Neuralgia.

Disposition Recommended

(1) Unfit any service 1 month.

(2) Fit for General service.

(3)

(4)

(5)

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

Disposition

Remarks

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

H. W. & V., Ld.—7025-16.

R 119 CANADIAN CONTINGENTS. MEDICAL REGISTRAR, RECORD OFFICE,

Charge Sheet for Medical History Sheets.

Reg. No. Nsg./Str. Name B U N T I N G Mary Elizabeth

DATE	OUT	DATE	IN
10/5/16	Ont. Mil. Hosp. Orpington (Staff) Eng.		
12/11/17	AMS-7001 QAIMNS. Hosp. Vincent Sq. Adm 9/11/17		
	5471		

Surname BUNTING Christian Name MARY ELIZABETH

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Nurses Hospital Vincent Square		8	11	14	12	12	14	Neuralgia ?	34	Invalided from France on account of pains in region of appendicectomy scar and of same character as complained of before appendicectomy of 14.1.1916	[illegible] Major [illegible]

Dept of

ORIGINAL.

Original

MEDICAL HISTORY SHEET.

Surname BUNTING *Christian Name* MARY ELIZABETH

Examined { on 5th day of Feb. 191 6
at Toronto, Ont.

Birthplace { City or Town Indianhead,
County Qu'Appelle, Sask.

Apparent age 23

Trade or occupation Nurse

Height 5 Feet 7 Inches.

Weight 148 Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 36 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left.
Number 2 0

When Vaccinated last 1915

(a) Marks indicating congenital peculiarities or previous disease None

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

Approved by W. T. McLean

Rank Captain A.M.C. M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		12 NOV 1917 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
14/2/16	Good	W. T. McLean M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
7/2/16	Good	W. T. McLean M.O.
11/2/16	do	W. T. McLean M.O.
15/2/16	do	W. T. McLean M.O.

Enlisted on 5 *day of* February, 191 6 *at* Toronto

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	Ont. Military Hospital.	Nog. Sdr.		
Transferred to	O/S 4 6 4 Hp			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
18 Hernes St W 1	11 XII/17	Neuralgia	Leave one month for vaccination case
No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL ORPINGTON, KENT.	19 MAR 1919	Fd	Cat A Ld W Shepherds Bush

CANADIAN

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

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

INSTRUCTIONS

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

[198] Wt. W.8632—M.2739. 100,000. 9/17. V. & S., Ltd.
[228] Wt. W.1327—P.142. 100,000. 11/17. V. & S., Ltd.

CONFIDENTIAL. Army Form A. 45

PROCEEDINGS OF A MEDICAL BOARD

assembled at 13 BERNERS ST. W.1. on 11-12-17.

by order of A.D.M.S. LONDON AREA.

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) N/S Mary Elizabeth BUNTING (Corps) U.A.M.C.

Age 24 Service 22/12 Disability NEURALGIA

Date of commencement of leave granted for present disability 11-12-16.

Date on which placed on half-pay for present disability

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

Nursing Sister reporting from Vincent Sq. M.C.S. States examined by Surgeon & Gynaecologist who diagnosed neuralgia. States that she still has pain at site of appendix scar, much worse when tired and at menstrual period (before) periods are regular. There has been no nausea or vomiting. Constipated. Pale & looks tired Board recommends one months rest.

Hospitals:- Villa Tino Oct. 18th 1917.

Vincent Sq. 8-11-17 to 11-12-17.

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

1. Fit for General Service — No c — one month.
2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category* —
3. Fit for Home Service — No — One month.
4. Fit for Light Duty at Home — No — One month.
5. Requiring indoor hospital treatment—
   (*a.*) In an Officers' Hospital —
   (*b.*) In an Officers' Convalescent Hospital —
6. (*a.*) Fit for light duty at a Command Depôt —
   (*b.*) Fit for treatment only at a Command Depôt —
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation —
8. Was the disability contracted in the service? Yes
9. Was it contracted under circumstances over which he had no control? Yes
10. Was it caused by military service? No
11. If caused by military service, to what specific military conditions is it attributed? Not applicable.
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? Yes strain of nursing.

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

Officer's Address: 37 Glenmore Road, Belsize Park, London NW

Signatures: S.H.McCoy Maj. CAMC. President.
G.H.Wilson Maj. CAMC. Members.
L.W.MacNutt Maj. CAMC. Members.

X

[P.T.O.

INSTRUCTIONS.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

[228] Wt. W.1327—P.142. 100,000. 11/17. V. & S., Ltd.
[235] Wt. W.1984—P.325. 75,000. 11/17. V. & S., Ltd.

CONFIDENTIAL.

Army Form A. 45

PROCEEDINGS OF A MEDICAL BOARD

assembled at 13 BERNERS ST. W.1. on 12-1-18.

by order of A.D.M.S.LONDON AREA.

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) N/S. Mary Elizabeth BUNTING. (Corps) C.A.M.C.

Age 24 Service 23/12 Disability NEURALGIA.

Date of commencement of leave granted for present disability 11-12-17.

Date on which placed on half-pay for present disability

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

reporting one month leave. States:- That she now feels quite fit. still has very slight pain over the scar when very tired, also just before menstruation which was otherwise normal. No recurrence nausea or vomiting. Appetite good. Bowels reg. Sleeps well.

THE BOARD RECOMMENDS:-

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

1. Fit for General Service — Yes
2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category*
3. Fit for Home Service
4. Fit for Light Duty at Home
5. Requiring indoor hospital treatment—
   (*a.*) In an Officers' Hospital
   (*b.*) In an Officers' Convalescent Hospital
6. (*a.*) Fit for light duty at a Command Depôt
   (*b.*) Fit for treatment only at a Command Depôt
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation
8. Was the disability contracted in the service? — Yes
9. Was it contracted under circumstances over which he had no control? — Yes
10. Was it caused by military service? — No
11. If caused by military service, to what specific military conditions is it attributed? — Not applicable.
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? — Yes Strain of nursing.

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

Officer's Address NH. 133 Oxford St.

Signatures: S.H.McCOY MAJ. CAMC. President.
F.E.ROGERS CAPT. CAMC. Members.
L.W.MacNUTT MAJ. CAMC. Members.

[P.T.O.

INSTRUCTIONS.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

[228] Wt. W.1327—P.142. 100,000. 11/17. V. & S., Ltd.
[235] Wt. W.1984—P.325. 75,000. 11/17. V. & S., Ltd.

8B. 1554

CONFIDENTIAL.

Army Form A. 45

PROCEEDINGS OF A MEDICAL BOARD

assembled at 13. Berners St W1 on 12/1/18

by order of A. D. M. S. London Area

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) N/S Mary Elizabeth BUNTING (Corps) C A M C

Age 24 Service 2 3/12 Disability Neuralgia

Date of commencement of leave granted for present disability 11/XII/17

Date on which placed on half-pay for present disability .....

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

Reporting one months Leave.
States: That she now feels quite fit.
Still has very slight pain over the scar when very tired, also sick before menstruation which was otherwise normal - No recurrence nausea or vomiting - Appetite good - Bowels reg - Sleeps well

Board recommend

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

1. Fit for General Service ..... Yes
2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category* .....
3. Fit for Home Service .....
4. Fit for Light Duty at Home .....
5. Requiring indoor hospital treatment—
   (*a*.) In an Officers' Hospital .....
   (*b*.) In an Officers' Convalescent Hospital .....
6. (*a*.) Fit for light duty at a Command Depôt .....
   (*b*.) Fit for treatment only at a Command Depôt .....
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation .....
8. Was the disability contracted in the service? ..... Yes
9. Was it contracted under circumstances over which he had no control? ..... Yes
10. Was it caused by military service? ..... No
11. If caused by military service, to what specific military conditions is it attributed? ..... not applic
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? ..... Yes - Strain of nursing may cause.

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

Officer's Address: 133 Oxford St

Signatures: ..... President.
..... Members.
.....

[P.T.O.

CONFIDENTIAL.

8B 1554

Army Form A. 45

PROCEEDINGS OF A MEDICAL BOARD

assembled at 13 Berners St. W.1 on 11 XII/17

by order of A.D.M.S. London Area

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) N/S Mary Elizabeth BUNTING (Corps) C.A.M.C.

Age 24 Service 2 2/12 yrs Disability Neuralgia

Date of commencement of leave granted for present disability 11 XII/17

Date on which placed on half-pay for present disability .....

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

Nursing Sister reporting from Vincent Sq. M.C.S. states examined by Surgeon & Gynaecologist who diagnosed neuralgia. States that she since has pain at site of appendix scar, much worse when tired & at Menstrual period (before) periods are regular - There has been no nausea or vomiting - Constipated - Pale looks tired - Board recommend one months rest.

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

1. Fit for General Service ..... NO - one month
2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category* .....
3. Fit for Home Service ..... NO - one month
4. Fit for Light Duty at Home ..... NO - one month
5. Requiring indoor hospital treatment—
   (*a.*) In an Officers' Hospital .....
   (*b.*) In an Officers' Convalescent Hospital .....
6. (*a.*) Fit for light duty at a Command Depôt .....
   (*b.*) Fit for treatment only at a Command Depôt .....
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation .....
8. Was the disability contracted in the service? ..... Yes
9. Was it contracted under circumstances over which he had no control? ..... yes
10. Was it caused by military service? ..... yes No know
11. If caused by military service, to what specific military conditions is it attributed? ..... Not applic
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? ..... Yes - Strain of nursing duties may cause.

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

Officer's Address: 37 Gloucester Road, Belsize Park, London

Signatures: ..... President.
..... Members.
..... Members.

[P.T.O.

INSTRUCTIONS

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

[198] Wt. W.8632—M.2739. 100,000. 9/17. V. & S., Ltd.
[228] Wt. W.1327—P.142. 50,000. 11/17. V. & S., Ltd.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
812 1/	#24 Gen Staples	17-10-17	N.Y.D. @ "
83	2.A.1.M.N.S. 71 Vincent-square	9-11-17	Adhesions Appendectomy
862-1	" " " " " " Discharged	11-12-17	" " (Can. Contg)

NAME Bunting M. E.

REGT'L No.

H. Q. FILE No. 649.

RANK AND CORPS M/str Ca M C. 47 C Gth

FOLLOWS

No.

FOLLOWS

CABLE		NATURE OF CASUALTY
NO.	DATE	

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

MARRIED SINGLE WIDOWER

TRADE OR CALLING Nurse. RELIGION Methodist.

DESCRIPTION.

APPARENT AGE 23. YEARS 7. MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Toronto, Ont. DATE Feb. 5th 1916.

"U" 11 CARD NO. L

SURNAME. Bunting.

CHRISTIAN NAMES Mary Elizabeth.

SoS. 12-4-19

FOLL. Demob

R.O. 1909 23/4/19

REGL. No. RANK Nursing Sister

UNIT Ont. Mil. Hosp. C.A.M.C.

FORMER CORPS Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL, Andrews, Mrs. Wm

RELATIONSHIP TO SOLDIER Mother.

ADDRESS Kenora, Ont.

COUNTRY OF BIRTH Canada Indian Head, Sask. DATE July 4th 1892

PLACE OF ATTESTATION DATE

O/S 1-4-16 381/3

R/C 1-4-19 295/1 N/Str

L. L. 90589.—M. & D. 6312. M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

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

FORM R. 149.
7106—250m—7/2/17.

Name BUNTING *Rank* N/Str. *Reg. No.*

Unit Mary Elizabeth
CAMC 7 CGH

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
17.10.17.	24 G.H.Etaples		NYD	812		
9-11-17	Q a Imn S Hos Vincent Sq		Adhesions after Appendectomy	830		
11 12 17	Discharged 1979		— —	865		

REMARKS:

LEDGER NO. 1/14 2/27 SERIAL NO. D38702

REG. NUMBER NAME Bunting M.E. 21

RANK N/S. CORPS Cam C

AGE 24 SERVICE

NAME OF HOSPITAL Camp Hill. PLACE Halifax.

DATE OF ADMISSION 10-11-18.

DISEASE Pleurisy & Broncho Pneumonia.

TRANSFERRED TO OTHER HOSPITALS Pond Hill 16-~~12~~ 11-18

OPERATION

DISCHARGED TO 25-11-18. IN CATEGORY

M. F. W. 2553.
50m.—6-18.
1772-39-1332.

P. T. O.

GRATUITY (IMPERIAL)

DESP. OCT 23 1925
REGN. NO. 17377

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.

Number ..... Rank N/S

Surname BUNTING

Christian Name MARY. ELIZABETH

Units ..... Theatre of War FRANCE

Late of Service 5-4-17.

Remarks .....

Latest Address c/o Carnegie Library
Vancouver.

Roll No. B. Page 22179.

200m.-6-21.

ORIGINAL

Unit Ontario Military Hospital *Rank* N. S. *Name* BUNTING, Mary Elizabeth,

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

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

   (*b*) What are your Christian Names? ..... MARY ELIZABETH

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

   (*b*) What is your present address? ..... Kenora, Ont.

3. What is the date of your birth? ..... July 4, 1892 24

4. What is (*a*) the name of your next-of-kin? ..... Mrs. Wm. Andrews.

   (*b*) the address of your next-of-kin? ..... Kenora, Ont.

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

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

6. What is your religion? ..... Methodist

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 ..... None

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~~ her to the above questions are true.

..... Mary E. Bunting ..... (*Signature of Officer.*)

CERTIFICATE OF MEDICAL EXAMINATION

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

I consider ~~him~~ xxx her fit* ..... for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date ..... February 5th. 1916

Place ..... TORONTO, Ont.

T. J. Munn, Capt. A.M.C.
..... *Medical Officer.*

*Insert here "fit" or "unfit"

M. F. W. 51

40m.—12-15.
H. Q. 1772-39-917.

CANADIAN EXPEDITIONARY FORCE

E.W.-11-30.
H.C.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing-Sister

(Name in full) Mary Elisabeth DUNTING

Enlisted in Ontario Military Hospital (Toronto)

CANADIAN EXPEDITIONARY FORCE, on the [redacted]

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

in Ontario Military Hospital (Toronto)

CANADIAN EXPEDITIONARY FORCE on the Fifth day

of February 191 6

He SERVED in CANADA, England and France with the Ontario Military Hospital, Toronto, C.A.M.C., Ontario Military Hospital Orpington, C.A.M.C. Depot, Orpington, No 7 Can. Gen. Hosp., C.A.M.C. Depot, Shornecliffe, No 9 Can. Gen. Hosp., On Command No 16 Can.Gen. Hosp., C.A.M.C. Casualty Coy., and D.D. No 11.

and was STRUCK OFF THE STRENGTH on the Ninth day

of April 191 9 by reason of General Demobilization

Dated at Ottawa, this Nighth day

of November 191 9

[signature]
Capt.
for Director of Personal Services.

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

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at 16 Can. Genl. Hosp. (Overseas)

Date Mar 10/19 Signed Lieut Chiropractor Capt 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 Mary F Burton

(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.)

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

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

No. ..... Rank N/S ..... Surname Bunting

(Given name in full) Mary Elizabeth

Unit or Corps Nursing Service ..... Birthplace Indianhead Sask.

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

1. GENERAL DESCRIPTION:

Physique Good ..... Weight 150 ..... lbs. Height 5 ft. 7 in. Colour of Eyes Blue

Nutrition Good

Pulse 82

Condition of arteries Soft

Vision Rt. 6/6 ..... Left 6/6

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

Appendectomy Scar.

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

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System No ..... Genito Urinary System No ..... Cardio-Vascular System No .....

Special Senses No ..... Integumentary System No ..... Respiratory System No .....

Disturbance of Mentality No Muscular System No ..... Digestive System No .....

Osseous and Joint System No Any other general condition No .....

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

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

[OVER]

C.A.D.C. 5009 A

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

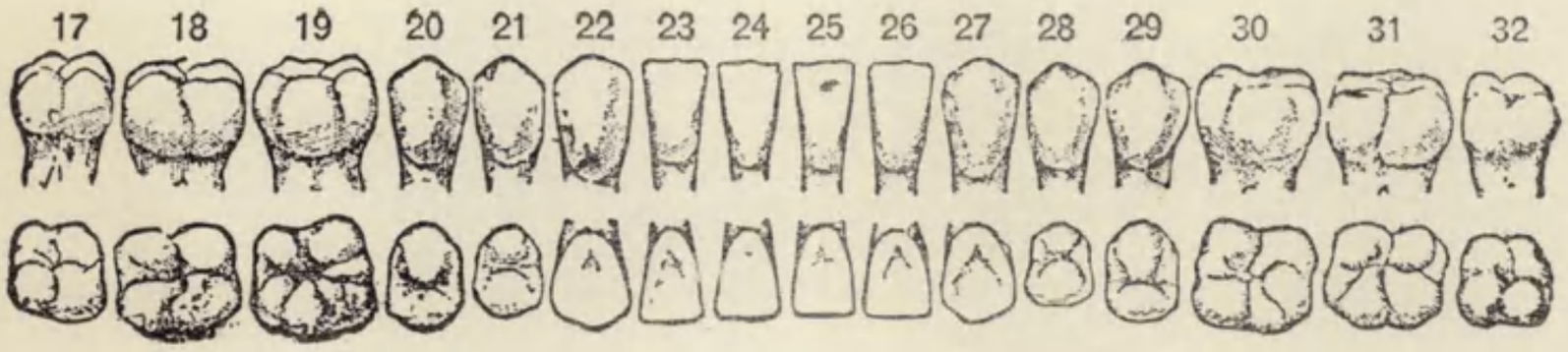
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Bunting M.E.

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

Date of Examination in England Jan 17-19 | 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 No. 25
2. EXTRACTIONS none
3. CROWNS none
4. DENTURES
   - (*a*) Full Upper none
   - (*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 no
- (*b*) In England no
- (*c*) In France no

Signature of Dental Officer Leslie Capt.

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				

Temporary Original not available

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

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

Casualty Form—Active Service.

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

Regimental No. ..... Rank ..... N/S. ..... Name ..... Bunting Mary Elizabeth .....
C. E. F.

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				
		S.O.S. XI DD 24th Mch 1919.			for Canada
		Demobilized Apr 9th 1919.			U. area.
		XI DD D.O. 10 Apr 16th 1919			

(*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.

CERTIFIED CORRECT
25 APR 1917
CANADIAN RECORD OFFICE

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 Ontario Military Hospital

Regimental No. [illegible] Rank N. A. Name Bunting, Mary Elizabeth

C. E. F.

Enlisted (a) ~~2-4-16~~ Terms of Service (a) War Service reckons from (a) ~~2-4-16~~ 2-4-16

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				
		Taken on strength C.A.M.C. and posted to the Ontario Military Hosp.	Orpington	11/4/16. C.R. 606.	
12.H.16	Canada	Taken on strength Ontario Military Hosp.	Orpington	12.H.16.	D.O. Part 2. no 51
H.H.17.	O.M.H.	S.O.S. to Camc Depot	~~Hcliffe~~ Orpington	H.H.17	D.O. Pt 2. 81
6/4/17	C.A.M.C. D	TAKEN ON STRENGTH	Westerham	4/4/17	Pt 2 D696
14/4/17	C.A.M.C. D.	TRANSFERRED Overseas to No 7 Can Gen Hosp.	"	5/4/17	Pt II DO 103
8/4/17	7 C.G.H.	Reinforcement Pt0/121/Dft/etc/5621 (amDft)	dl-8/4/17	4/4/17	B213 Pte 26 dl- 18/4/17

FOR LT.-COL. I/c RECORDS; C.E.F.

CAPT. & ASST. REGISTRAR.
FOR O.C. ONTARIO MILITARY HOSPITAL.

CAPT. ASST. ADJUTANT
FOR O.C. C.A.M.C. TRAINING SCHOOL

(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				
17/10/17	24 Gen	Adm (NYD)		17/10/17	W3034/6931
8/11/17	SS Brighton	Posted to CAMC Dep. (Adhesions Old Appendicitis)	Shorncliffe	8/11/17	W3083/4280 Pty. 66 15/11/17
					D D Bruce Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
16-11-17	CAMCD	T.O.S. from No 9 C.G. Hosp.	Shorncliffe	8-11-17	Pt II D.O. 320 (C.O. 1480)
19-1-18	do	On Command to No 16 C.G. Hosp	do	12-1-18	Pt II 19 (C.O. 27)
					J. B. Blayney Lieut CAPT. ASST. ADJUTANT, FOR D.O., O.A.M.O. DEPÔT.
18-1-18	16 C.G.H.	Attached to from Camc Depot	Orpington	12/1/18	Pt. II Do 16.
30/1/18	16 C.G.H.	Ceases to be attached on being posted from Camc Depot	Orpington	28-1-18	Pt. II Do 26
31.10.18	16 C.G.H.	S.O.S. to H.M.A.T. Neuralia	Orpington	28.10.18	Pt. II Do 29 W. T. Galloway CAPT. O.A.M.O. ASST. ADJT. & P.O. FOR D.O. No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL
27.11.18	H.M.A.T. Neuralia	T.O.S. from No 16 Canadian General (Ontario) Hospital Orpington	Liverpool	28.10.18	Pt II D.O. No 48
-do-	-do-	Adm. Camp Hill Military Hospital Halifax "Pneumonia"	Halifax N.S.	11.11.18	Pt II DO No 48 Walter Ross
-do-	-do-	S.O.S. to CAMC Casualty Company	"	2.12.18	Pt. II DO. No 52 for ADMS Canadian Brixton Area Major ADMS

Army Form B. 103. (Sheet 2) Regimental Number.....

Casualty Form—Active Service.

Regiment or Corps Camb.

Rank N.F.S. Surname Bunting Christian Name Mary Elizabeth.

Religion..... Age on Enlistment 7 years..... months.

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

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

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

or Corps Trade and Rate.....

.....Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
17-12-18.	Camb. Cas. Co.	T.O.S. from HMAT Neuralia "21 Days Casualty"	Sfcliffe	2-12-18.	Pt. II DO. 191.
17-1-19	do.	On Com. HMAT Essequibo	do.	23-12-18.	Pt. II DO. 14.
do.	do.	Ceases Com. do. do.	do.	5-1-19.	do.
18-1-19.	do.	On Com. 16 C.G. Hosp.	do.	do.	Pt. II DO. 15.
			[signature]		Capt.
			OC. Camb.		Cas. Co.
15.1.19	16 C Gott.	Attached from C Camb Cas Co	Orpington	5.1.19	Pt. II D.O. 13
22/3/19.		Struck off strength of OAHC on embarkation to Canada			

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

[P.T.O.

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

For MAJOR General, Adjutant General, Dem. Fund.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
1.2.19	Kc Gott	To Son Ceasing to be attached	Orpington	10.2.19	Pt II Do. 36
		H.M.T.S. Canada Emb. Liverpool. 5 P.M. 24-3-19			
5 4/19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 11	24 3/19	C.E.F. R.O. No. 1862-19
23/4/19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 11	9/4/19	C.E.F. R.O. No. 1909-19
		D Prefachant Lieut. for Director Personal Services			

LABORATORY REPORT.

Report No. 2478B

Army Form W. 3212.
(In books of 100)

Regtl. No., Rank and Name W/S. M.E. Bunting Age ____ Corps B.A.M.C.

Disease ____ Hospital No. 16. C.G.H.

To Officer i/c Laboratory. Ward Staff Maine

Please carry out an examination of the accompanying specimen of Routine

with special regard to ____

Nos. of previous Reports (if any) ____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 8/3/19

O. i/c Ward.

LABORATORY REPORT.

Pale Amber
strong alkaline
S.G. 1020
alb. 0
Sugar 0

Date of Examination 8/3/19

O. i/c Laboratory.

(8690) W. 1369/P1107. 6,000 Bks. 8/5/18.—R. & J., Gy. (E 3123.)

Name _____

M. F. W. 41
100M-1-18.
1772-39-889.

Regimental No.

Name and address of next-of-kin

Unit

Date of enlistment

Place of " "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly $

Reason for discharge

To whom payable

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

M. F. W. 41
100M-1-18.
1772-39-889.

Name N/S. Bunting Mary Elizabeth

392-2-176

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged Med. Attendant

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
Recovered by the PMG. on Acq C. letter 13/2/19								50 00	50 00					50 00	50 00	adv. on Acq R. Halifax

To PMG on Acq C
to recover - 21/19

L. L. Job 88773—M. & D. 6195.

M. F. W. 12.
20m.—11-15.
H. Q. 1772-39-8-9.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs Wm Andrews

Address 440 - 3rd St - S
Kenora Ont -

By Whom Assigned Bunting Mary E

Regtl. No.

Rank N.S.

Corps C.A.M.C.

Rate ~~20 00~~ APR 1 1916
40 00 Aug 1/16 - 2 M - 2 7/16 JaR 29 8/16.

PAYMENTS

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

CONSOLIDATED INT... AC...

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.				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

Sheet No. 2. Mrs Wm Andrews

Name of Soldier Bunting Mary E
C.A.M.C.

L. L. Job 89002.—Req. 6213.

PAYMENTS.

N.S.

Month.	Year.	Cheque No.	Amt.		Remarks.
					~~20.00 APR 1 1916~~ 40.00 Aug 1/16.
April	1916	U 1820	20		
May		T 6297	20		
June		Q 7967	20		
July		E 7880	20		
Aug.		F 10546	20		
Sept.		S 16214	60	--	Sept Cq. to Adj.
Oct.		S 21221	40	--	In future
Nov.		J 24869	40		
Dec.		F 31547	40		
Jan.	1917	Q 35717	40		
Feb.		Q 42058	40		40
March		U 44676	40		40 B.
April		P 413	40		40 W.
May		P 6746	40		
June		Y 13673	40		40 W.
July		S 20837	40		C
Aug.		V 27122	40		B
Sept.		U 33374	40		B
Oct.		T 48761	40		
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

Lell
Lell.

680.00 B.

R 150

C.T.

Rank and Name Nursing--Sister BUNTING Mary Elizabeth

Regimental No.

Name and Address of Next-of-Kin Mrs Wm.Andrews,(Mother)
Kenora,Ontario,Canada.

Unit Ontario Military Hospital.

Date of enlistment Toronto,Ontario.5th Feby.1916

Place of birth Indianhead,Sask.Canada.

Married (Yes or No) Single

If in Permanent Force

Date and place of discharge

Reason for discharge

Character on discharge

OCT 5 1916 O.M.H
NOV 13 1916 O.M.H
12.12.16
1.1.17
31.1.17
25.3.17

O.M.H
O.M.H.
O.M.H.
do
do
O.M.H

MAY 6 1916
31 MAY 1916
JUN 30 1916
AUG 1 1916
SEP 1916

Promotions or appointments

LEFT CANADA 2 4 16

A.F.B. 103

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
		taken on stength and posted to the			
10/4/16	D.M.S.	Ontario Mil.Hosp.	Orpington.	11/4/16	C.O.606
13/4/16	O.M.H.	Taken on strength	"	12/4/16	Pt.ii.ORD.51.
				19.12.16	Pt II ord. 353 D of Con H. 20/12/16
23/12/16.	Dms.	Posted to D.of Con.H. Taplow for temp. duty	" " "	21/12/16	CO. 4110.
21.12.16	O.M.H.	a Command to D. of C.H.		20/12/16	Pt II ord. 265.
29.12.16	Dms.	Posted to Ontario Mil. Hosp.		27/12/16	CO. 4124. Pt II ord. 360. D of C.H
28.12.16	O.M.H	off Command on return from D of Con H.		27.12.16	Pt II ord. 270
4.4.17	do	T.O.S.		4.4.17	Pt II ord. 81
4.4.17	Dms.	Posted to Canc. Depot,		4.4.17	CO. 451 + A.F.B. 103. Pt II ord 96 Depot T.O.S Pt II ord 26. 1916
10.4.17	"	" " 4th C. Gen. H.		5.4.17	CO. 464 Pt II ord. 103. Depot 25 APR. 1917
23.10.17	CRO.	Adm No. 24. Gen Hosp.	Etaples	17.10.17	C.L. 812. "Q"
13.11.17	DMS.	Posted to CAMC Depot		8.11.17	C.O. 1480 Pt II 966. No 1 C.G.H.
13.11.17	CRO	Adm QAIMNS Hosp	Vincent Sq.	9.11.17	C.L. 830 Adhesions Appendectomy
14.12.17	DMS	Granted leave on Rec of Med Bd. 11.12.17	Discharged	11.12.17 11.1.18	C.O. 1627.
17-1-18	do	att.d to 16 C.G.H.p from Canc Depot cease to be att.d		12-1-18 28-1-18	6077. 6½ d/12-16 C.G.H.p 60.132.

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
29-1-18	DMS	Posted from Depot to 16 C.G. Hp. Orpton		28-1-18	C.O. 131
8-8-18	16 CGHp.	Granted leave from 9-8-18 to		25-8-18	Pt II ord 187
31-10-18	- do -	S.O.S. on posting to H.M.A.T. Neuralia		28-10-18	Pt II. ord. 259.
27-11-18	H.M.A.T. Neuralia	T.O.S. from 16 Can. Gen. Hosp.		28-10-18	Pt II. ord. 48.
4.12.18.	"	S.O.S. to C.A.M.C. Cas. Depot Shorncliffe. on being 21 days casualty in Camp Hill Mil. Hos. Halifax.		2.12.18	Pt. II ord. 52.
17-12-18	CAMC. Cas. Coy	T.O.S. on posting from H.M.A.T. Neuralia		2-12-18	Pt II. ord. 191.
10.1.19	H.M.A.T. "Essequibo" CAMC	Att: for return to England. Ceases to be attached on proceeding to 16. C.G.H. Orping Con.		23.12.18. 5.1.19	Pt. II ord: No. 1.
18-1-19	Cas. Coy.	On Command 16 Can. Gen. Hosp.		5-1-19	Pt II. ord. 15
14-2-19	Do	Ceases Command & S.O.S. to 16 Can. Gen. Hp.		10-2-19	Pt II. ord. 38.
11-2-19	16 CGH.	Ceases to be att & T.O.S. from CAMC Cas. Coy.		10-2-19	Pt II. ord. 36.
12-4-19	Do	S.O.S. on trans. to CEF. in Canada Cessation of hostilities		24-3-19	Pt II ord. 88.
10-4-19	DMS.	S.O.S. on trans. to CEF in Canada Cessation of hostilities		24-3-19	CO. 52.
		Sailed to Canada S.S. Canada		24-3-19	Sailing No. 31.
			SOS.	12-4-19	

14332

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

15206

Date of Assignment

Aug 1/1916

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

40			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank N. S. Promoted Reverted Discharge

Soldier's Name Mary E. Bunting

Battalion C. A. M. C.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Wm Andrews

Address 440 3rd St. S. Kenora Ont

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Oct 31. 1914			680	680		
Nov	C 55422		40	40		A.P paid 20.00 from 1/11/16. to 31/7/16. 40.00 from 1/8/16.
Dec	C 64870		40	40		M
Jan/18	T 6552 60		40	40	K	
Feb	C 98364		40	40		
Mar	a 105652		40	40	✓	
apl	a 28553		40	40	B	
May	H 17530		40	40	L	
June	E 16522		40	40	L	
July	V 32127		40	40	L	
aug	E 28933		40	40	L	
Sept	H 43172		40	40	L	
Oct	Z 46700		40	40	L	
Nov	B 58236		40	40		
			44	44		

A/c Closed 31-10-18 auth a3 m ESB 12-11-18 MRO Rend

B 58236 Canc 13-11-18 ESB

A/c Closed
Ret'd per Canada
Date 1-4-19 F.X 8-4-19
Clerk. [illegible]

M. F. W. 128
400M.—6-17—177-38-141
L. L. 22220—M. & D. 1198.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7593.

Occupational Group 19
Dispersal Area T.

War Service Badge
Class "A" No.

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

1. RANK N/SISTER
2. NAME BUNTING, M.E.
3. UNIT No.16 Canadian General (Ontario) Hospital.
4. DATE STRUCK OFF STRENGTH 22/3/19 PLACE
5. REASON For demobilisation

SoS CEF Canada
9/4/19

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

6. AUTHORITY R.O. 1909.
7. PROPOSED RESIDENCE
c/o Carnegie Library,
Vancouver

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. 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.

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

Group HA
Checked by No. 13
Date 22 MAR 1919

12-5-19 DW

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

AUDITOR: [illegible] | PAYMASTER: h

M. OR S. S. REGT. No. RANK Lieut N/S NAME (IN FULL) BUNTING MARY E. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP
ADDRESS
IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE
TO WHOM PAID — RELATIONSHIP
ADDRESS — Nil

Canada 24.3.19
1.4.19

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Eng. S.O.C. adj. to	31.3.19	

ORIGINAL UNIT C.E.F. CAMC.
IF IN P.F. WHAT UNIT?
PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY
DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY
ASSIGNED PAY $ Nil — DATE EFFECTIVE ~~Cont'd by New Unit from~~
PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS: of Imperial Bank Kenora Ont
ADDRESS
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE
DISCHARGED — PLACE — DATE 9.4.19 — REASON — AUTHORITY D.O. 106 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	No. of Days	Rate	Pay and F.A. Amount $	c.	Other Credits $	c.	$	c.	Total Credits $	c.	Acquittance Rolls Col. No. 1 No. / Date	Col. No. 2	Col. No. 3	Cash Payments Col. No. 1 $	c.	Col. No. 2	Col. No. 3 $	c.	Assigned Pay $	c.	Regimental Charges	Other Charges $	c.	$	c.	Total Debits $	c.	Balance Debit $	c.	Credit	Particulars or Remarks
Balance from previous account 31.3.19		3 xx/xx																													Eng. S.O.C. "Olan"
																						*8				8		8		Am[illegible]	* Messing allce @ 1.xx paid in England to 31.3.19 recovered from date of embarkation 24.3.19
Apr.-19	9		27		13	60			40	60	12.4.19 Vic.AR.7			90	-									8	.	98	.	57	40		Sub. allce @ 1 70/xx per to be adjusted from 2.4.19 date following arrival in Canada
											mob. 23.5.19								32	60		57	40			90	.	90	.	GMB	
183 days			549						549	00												90	00			90	00	459	00		
											June 30 809931						183 / 93	00	3rds grd							183 / 93	00	276 / 366	00		
											July 9 821530						93	.	4							93	[illegible]	183	.		
											Aug 9 836552						90	-	5							90	[illegible]	93	-		
											Sept 9 1155541						93	.	7							93	[illegible]	-			
									549	.																549	.				
					27				27		554898 19-1-20			27	00											27	00				Messing Allce 1-27/10/18 27 days @ 1.00 AP/2437-M-3 26/12/19

WAR GRATUITY — 3 years

Certified that all payments have been made on this account for which covering authority has been received to date.
[signature]
Lieut.
Paymaster, Demobilization Pay
M.D. No. 11

I certify that all payments of War Service Gratuity have been made on this account according to the period of Service shown on the M.F.W. 2595 received.
[signature]
Capt.
Officer i/c War Service Gratuity
M.D. No. 11

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

P—15.

ASSIGNED PAY.

Beneficiary Mrs. W. Andrews
Address 440 3rd St South. Kenora, Ont.
Amount. $20.00
Separation Allowance issued. Yes or No.....

UNIT. NAME OF: Ont. Mil. Hosp. DATE: AUTHORITY:

RANK. Pte DATE: 9/4/16 AUTHORITY: D.M.S. C.O. 606 12/4/16

NAME.

Name Bunting
Initials W.E.
Bank ~~of Montreal~~ London City & West End Bk Orpington Kent

1916-17

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case	INITIALS
Apl 25	Pay apl R mess 9/4/16 V0733 A.P. Can		100		20	80		
	Bank			80				
May 22	Pay may A.P. Can		111 60		20	91 60		
	Bank			91 60				
June 17	Pay June		108 ..					
20	A.P. Can				20 ..			
	Bank	3874		88				
July 17	A.P. Can.				20			
20	Pay July (R)		111 60					
25	Bank			91 60				
Aug 16	A.P. Can				40			
17	Pay Aug (R)		111 60					
23	Bank			71 60				
Sep 18	A.P. Can.				40			
20	Pay Sep. (R)		108					
28	Bank	9456		68 ..				
Oct 13	A.P. Can				40 ..			
23	Pay Oct (R)		111 60					
25	Bank	10939		71 60				
Nov 16	A.P. Can				40			
17	Pay Nov (R)		108					
24	Bank			68				
Dec 9	A.P. Can				40			
12	Pay Dec		111 60					
18	Bank			71 60				

Crd fwd to new sheet

UNIT

NAME

DATE OF APPOINT

MARRIED (YES OR

NEXT OF KIN:—

ASSIGNED PAY:—

MONTHLY AMOUNT

TO WHOM PAYABLE

DATE NON-EFFECT

AND CA

BANK IN WHICH PAY & ALLOWANCES DEPOSITED

PERIOD		No. of Days	Regtl. Rate	PAY					Rate of Field Allowance	ALLOWANCES					TO
From	To			Amount of Regimental	Command	Adjutant	Cr. from Prev. Account	TOTAL PAY		Amount of Field Allowance	P. F. Allowance	Messing	Subsistence	TOTAL	ALL

SUNDRY PAYMENTS

DATE	CHEQUE NO.	PARTICULARS

FORM P.15
2227—10M—1/1/17

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

Beneficiary — Ont. Mil Hosp. — 1/5

Address

Amount. $

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

Name Bunting
Initials M. E.
Bank Ldn County & Westminster Bank Orpington Kent.

1916-17

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
	Bro. ford from old sheet					0		
Jan 9	A.P. Can				40			
22	Pay Jan		111 60					
25	Bank			71 60		0		
Feb 13	Pay. Feb.		100 80					
19	A.P. Can				40			
22	Bank.	21921		60 80		0		
March 20	Month Pay .Q.		111 60					
21	A.P. Can				40			
22	Bank	24781		71 60		0		

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT.

NAME OF	DATE	AUTHORITY

RANK.

DATE	AUTHORITY

NAME.

Beneficiary

Address

Amount. $

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

Name

Initials

Bank

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS

FORM P.15
2227—10M—1/1/17

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

Beneficiary — Cut Mil Hosp. — Pay 2.00 pd — n/s — 9/16 — D.M.S.C. order 606 12/16 — Name Bunting

Address — Canada. — T.A. 60 — Initials M E.

Amount. $ 40.00 — Mess 1.00 — Bank London City & West Orpington Kent

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

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
April 21	April Pay R.		108 —					
22	A.P. Can				40 —			
24	Bank	2879		68 —				
May	a.P. can.				40			
22	May Pay R.		111 60			71 60		
23.	Bank.	4725		71 60				
June 8th	A.P. Canada.				40			
" 11	June Pay. (R)		108			68		
" 19.	Bank.	7906.		68				
July 19	July Pay. (R)		111 60					
" 16.	Pres. pd Messg fy 4th to 11th to be deb with diff. 2 days. Auth letter fr OHL No 1278.			2				
" 17.	A.P. Canada.				40	69 60		
" 23	Bank.	12943		69 60				
Aug. 18	August Pay (R)		111 60					
"	A.P. Can				40	71 60		
20.	Bank.	16996.		71 60				
Sep. 15	Sept. Pay. (R)		108					
11	A.P. Canada				40	68		
20	Bank	21680		68				
Oct. 16	October Pay. (R)		111 60					
10	A. Pay. Canada				40	71 60		
19	Bank	26062		71 60				
Nov. 16	November Pay (R)		108					
15	A. Pay. Canada				40			
20	Bank	30633		68				

C Forward.

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
Beneficiary			Pay 2.00 pd	MS.			Name Bunting
Address			F.A. 60				Initials M. E.
Can.			Mess 1.00				Bank London County & Westminster Orpington Kent.
Amount. $40.00							
Separation Allowance issued. Yes or No.....	Leave 11 12/17 - 11 1/18 DMS Co. 1627 14 12/17						

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
Dec 8	December Pay (R)		111 60					
9	A. P. Can.				40			
13	Bank	34460		71 60		—		
1918 Jan	Jan Pay (R)		111 60					
14	A. P. Can.				40			
" 14	Sick leave 11 12/17 - 11 1/18	12057					£3.5.9 $16.00	
21	Bank	39278		71 60		—		
Feb 13	Feb. Pay (R)		100 80					
9	A. P. Can.				40			
19	Bank	40804	...	60 80		—		
Mar	March Pay (R)		111 60					
11	A. P. Can				40			
20	Bank			71 60		—		

FORM P. 15
5986–25M–19/1/17

ASSIGNED PAY. | UNIT. | RANK. | NAME.

	NAME OF	~~DATE~~	Rates ~~AUTHORITY~~		DATE Mess.	AUTHORITY
Beneficiary	Ont Mil Hos.	Pay	2 xx pd.	N. S	9 4/16	DM S Co 606. 12 4/16
Address ~~Can~~ Cane 1 11/18		J. A.	60 "			
		~~Mess~~	+ xx "			

Amount. $ ~~40~~ xx

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

Missing to cease 1 10/18 Vo 1807.

Add. Out-fit allce. 1 8/18 $100.

Name Bunting
Initials M E.
Bank London County & Westminster & Parrs Orpington Kent

1918-19 1919-20

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
Apl 17	A P. Can				40			
	Apl Pay (R)		108					
	Bank	979		68				
May 19	May Pay (R)		111 60					
11	A P. Can				40			
22	Bank	2476.		71 60				
June 14	June Pay (R)		108					
	A P Can				40			
21	Bank	4088		68				
July 16	July Pay (R)		111 60					
	A P Can				40			
22	Bank.	5499.		71 60				
Aug 13	Aug Pay R		111 60					
	A P. Can				40			
21	Bank	6995		71 60				
Sep 12	Sept Pay R.		108					
	A P. Can				40			
21	Bank	8976		68				
Oct 15	Oct Pay R.							
	A P Can		111 60		40			
22.	Bank.	10697.		71 60				
31	add Outfit allce		100.					
	Bank.	11037.		100				
Nov 22.	Nov Pay R.		140					
	Bank	12473.		140				

C. Ferwd

FORM P.15
5986–25M–19/1/17

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

Beneficiary — Address — Amount. $ — Separation Allowance issued. Yes or No.....

c/o Matron in Chief A.M.S.C. O.M.S.C. — Pay 2.00 Pd 7/8 1.00 — R/S. — Name Bunting — Initials M E.

Pembroke House 133 Oxford St. — ~~Messenger 19/8 auth: R.H.Mess~~ 18/9/18 eff: 1/2/19 Vo 23737 — Bank ~~of~~ & M London County Westminster & Parrs. Bk Ltd Orpington Kent

Cancel 1/11/18

To receive messing in future. 6/3/19. auth: letter to C.M.S.

Add outfit allce 1/8/18

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
	2nd Ford							
Dec	Dec Pay (R.)		124					
19/3	Bank	13669		124				
Jan 22	Pay (R)		124					
"24	Bank	15430		124				
Feb 15.	Adv in Can see file 11-B-194. Vo 1463.			50				
"	Feb. Pay (R.)		84 ~~42~~					
18	o/a Messing allce fr 1/8-31/1/19 messing to cease 1/8 Vo 1807.			123.		Dr. 89		
Mar 6.	Bank	17575		34			Recover 28 from Mch Pay	
"	To Rec Mess fr 12/8-22/12/18 also fr 6/1/19. - in future Vo 24633.		95			28		
17.	Pay (R)		124				Rtd to Can	
18	Adv March Pay Cash	18145		96		0	LPb to 31/3/19 (HQ)	
24	Messing allce fr 1/8 27/8 letter fr Matron in Chief Vo 26250		27.			Cr. 27.00	Fr to N & Ledger 5-12-6	12 27 38
Ap. 14	Draw allce. 17-24/3/19.	520					From Ledger 5. 7/4/19	
May 28	Transferred to Canada.	do 2096		27 00			Adv not MAY 1919 5/5/19 Cr. 27 00	
							22	