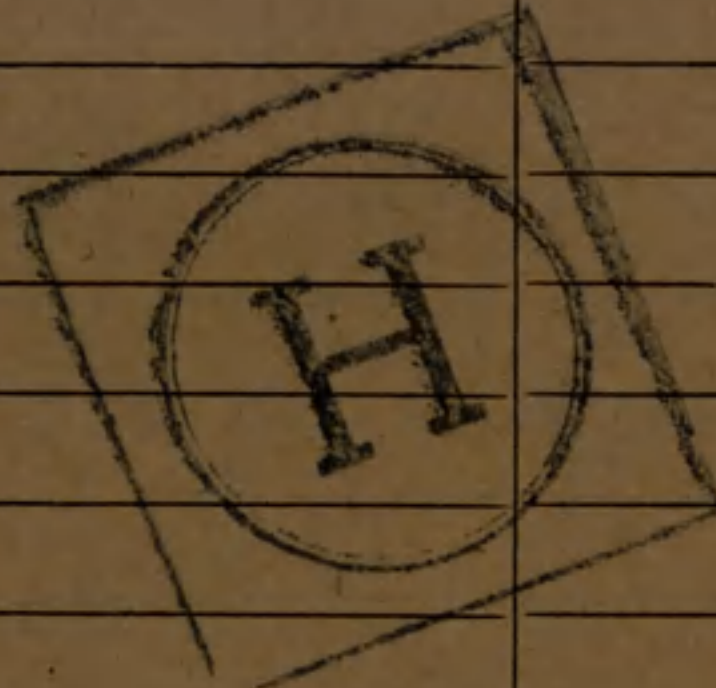


REGIMENTAL DOCUMENTS

25-3-19
2. mco

NAME CASE, RACHEL MARY REGT. NO. 7/5 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)		Personnel Section (M.F.W. 23, 133, or 51)	25-3-19	250-242, 11-18	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>DEATH</p> <p>Category</p> </div>
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		Returned 25-6-19			
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				11037	
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
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)					Demobilization
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 mfw 2591					3
2 Form 0 2. 3					4-8
1 P. 58 0					2-9
1 mfw 67					
2 miscell					
1					
2 227 1207					
2 228 151					
1 144					



Date of Enlistment 16/2/18.

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

3165

51
Apr 1 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

30			
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PARTICULARS OF SEPARATION ALLOWANCE

No.	
Rank	
Promoted	
Reverted	
Discharge	
Soldier's Name	
Battalion	C. A. W. B. Ser. Depot, no 1. Dft. 23.
Beneficiary	
Relationship	
Address	

PARTICULARS OF ASSIGNMENT

Name	
Address	
Change of Address	
1	JOSEPH CASE
2	BOX 58
3	CLAVERING. ONT 30 30.00
3	% N.S. RACHEL M. CASE
4	THIRTY DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
April	X 12299		30	30	✓
May	J 19157		30	30	✓
June	G 20223		30	30	✓
July	T 30173		30	30	✓
Aug	E 33659		30	30	✓
Sept	H 48156		30	30	✓
Oct	J 50612		30	30	✓
Nov	S 50645		30	30	✓
Dec	M 66201		30	30	✓
Jan/19	J 71116		30	30	✓
FEB	J 81207		30	30	✓
MAR	H 82772		30	30	✓
			360	360	

02888-4-3

AUTHORITY FOR NEW ACCT.

M. F. W. 128.
4'OM. 6-7-1-72-83-1141
L. L. 2220-M. & D. 1931.

Ac Closed 31 3/19
 Ret'd per Citie
 Date 18/3/19 M.F.W.187 28/3/19 M.D. 2
 Clerk G. Garbriels
 MR 0.80879

AUDITED.

AUTHORITY FOR NEW ACCT.
 N. B. W. D. 1. B. 5.
 W. Shipley 1918.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.				
Rank	Promoted	Reverted	Discharge	
Soldier's Name				
Battalion				
Beneficiary				
Relationship				
Address				

Name	
Address	
Change of Address	
1	
2	
3	
4	

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

M. F. W. 126
 4004-17-1772-39-1141
 L. L. 22320-M. & D. 7993.

MEDICAL HISTORY SHEET.

Surname CASE Christian Name Rachel May.

Examined { on 26th day of Feb. 1918
 at London, Ont.
 Birthplace { City or Town
 County
 Approved by J.R. Le Touzel
 Rank Capt. A.M.S. M.O.

Apparent age 24
 Trade or occupation Nurse.
 Height 5'5" Feet 114 Inches.
 Weight 114 Lbs.
 Chest measurement { Minimum 31 inches.
 Maximum expansion 33 1/2 inches.
 Physical development Good.
 Small-Pox Marks None.

Vaccination Marks { Arm Right Left.
 Number One.
 When Vaccinated last 1/3/18
 (a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection
R.E.V. 20/20. L.E.V. 20/40.
 Date. Result. ANTI-TYPHOID INOCULATIONS, ETC.
19/2/18 J.R. Le Touzel Capt M.O.
24/2/18 J.R. Le Touzel Capt M.O.
1/3/18 J.R. Le Touzel Capt M.O.

Enlisted on 3rd day of Nov. 1917 at London, Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
London, Ont. Examined by S.M. Board.	<u>26/2/18.</u>	<u>Nil.</u>	<u>Fit.</u> <u>Pres.</u>
		<u>J.J. M. Gally Capt. A.M.S.</u>	<u>6</u>

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.

Surname CASE

Christian Name Rachel May

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
No. 4 Canadian Gen. Hospital, Basingstoke.		19	4	18.	8	5	18	Pneumonia	20.	Explosion on ship board, J. 101.5. Swelling on left side then on right. No complications. Recovery rapid & complete. Throat swabs. key for test.	A. Channon M.D.
No. 4 Canadian Gen. Hospital, Basingstoke.		24	11	18.	21	12	18	Tracheitis	27	Admitted with loss of voice for a week over severe coughing spasm from acute infection of trachea and pharynx had found relief with meds. whole system discharges fit	A. Channon M.D.

MEDICAL CASE SHEET.*

Duty
8/5/18

No. in Admission and Discharge Book. <i>Dia 77.</i> Year	Regimental No.	Rank.	Surname.	Christian Name.
		<i>N/Sister</i>	<i>Case</i>	<i>R.M.</i>
		Unit.	Age.	Service.
		<i>Came 4 Geny</i>		
Station and Date.	Disease <i>Influenza Parotitis, etc.</i>			
<i>19/4/18</i>	<i>Inland Came C. Feb. 16/1918</i>			
	<i>Suppl. and April 3/18.</i>			
	<i>Posted to this unit: 11/4/18.</i>			
	<i>She had been exposed to Parotitis on board ship.</i>			
	<i>18/4/18. had headache, vomiting + 7 107.3. Cough.</i>			
	<i>After admission to hospital, developed pain & swelling at left angle of jaw.</i>			
	<i>this subsided in 3 days. 4-5 days later appeared on right side.</i>			
	<i>Swabs from throat by for R.S.</i>			
	<i>exam: Pale, + weak.</i>			
	<i>Hearting.</i>			
	<i>Lungs clear.</i>			
	<i>abdomen neg.</i>			
	<i>temp. ^{temp.} Rectum rapid. + A. Except for slight anaemia.</i>			
	<i>Pil Mand + Corium F. 10 p.c.</i>			
<i>8/5/18</i>	<i>D up. H. Carson M.D.</i>			

No. 4 Canadian Gen Hospital
Basingstoke

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
Wt. W 6604/M 2870-1,500,000-8/17-H. & Sp. (10938). Forms/I. 1237/12. (E239) [P.T.O.]

Station
and Date.

18
1880

Original

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? CASE
- (b) What are your Christian Names? Rachel Mary
2. (a) Where were you born? (State place and country) Moose Jaw Sask Canada
- (b) What is your present address? Clavering Ont.
3. What is the date of your birth? July 3rd 1893
4. What is (a) the name of your next-of-kin? Joseph W. Case
- (b) the address of your next-of-kin? Clavering Ont.
- (c) the relationship of your next-of-kin? Father
5. What is your profession or occupation? Nursing Sister
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. T.D. No.1 C.E.F.
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 to the above questions are true.

Rachel Mary Case (Signature of Officer.)

Taken on strength (place) London, Ont., Canada

(date) Nov 3rd 1917

[Signature] Major
Comd'g A.M.C. Training Depot, No. 1, C.E.F.
(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 Feb 26th 1918

Place London, Ont., Canada

*Insert here "fit" or "unfit"

[Signature] Capt
A.M.C. Training Depot No. 1, C.E.F.
Medical Officer.

Original

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

1. What is your name in full?
 2. What is your rank?
 3. What is your service number?
 4. What is your date of birth?
 5. What is your date of entry into the service?
 6. What is your date of arrival in the theatre of operations?
 7. What is your present assignment?
 8. What is your present position?
 9. What is your present station?
 10. What is your present command?
 11. What is your present unit?
 12. What is your present formation?
 13. What is your present division?
 14. What is your present corps?
 15. What is your present army?
 16. What is your present service?
 17. What is your present country?
 18. What is your present theatre of operations?
 19. What is your present area of operations?
 20. What is your present zone of operations?

21. What is your present status?
 22. What is your present grade?
 23. What is your present rank?
 24. What is your present position?
 25. What is your present station?
 26. What is your present command?
 27. What is your present unit?
 28. What is your present formation?
 29. What is your present division?
 30. What is your present corps?
 31. What is your present army?
 32. What is your present service?
 33. What is your present country?
 34. What is your present theatre of operations?
 35. What is your present area of operations?
 36. What is your present zone of operations?

CERTIFICATE OF MEDICAL EXAMINATION

1. Name of Officer
 2. Rank
 3. Service Number
 4. Date of Examination
 5. Name of Medical Officer
 6. Rank of Medical Officer
 7. Name of Hospital
 8. Name of Station
 9. Name of Theatre of Operations
 10. Name of Area of Operations
 11. Name of Zone of Operations

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..... C.A.M.C. T.D. No. 1 C.E.F.

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

(3) Full Name of Soldier..... Rachel Mary Case

(4) Place of Birth..... Moose Jaw, Sask.

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

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

(b) Present Postal Address..... Williams Glaxing Ont.

(7) Are you a widower?..... No.

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

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

Also their names and ages.....

(9) Is your Father alive? Yes

If so, state name and address Joseph William Case

(10) Is your Mother alive? Yes

If so, state name and address Hannah Case

Clareing Ont.,

(11) If your Mother is a widow X

Are you her sole support, or not? X

(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.

X

(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.

Joseph William Case

Clareing Ont.,

(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? X

Have you made arrangements for payment of your Insurance premium? X

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

Drum

Major

Officer i/c Mil. Hospital, M. D. No. 1.

Officer Commanding.

Date MAR 19 1918

CLINICAL CHART.

Army Form B. 181.

Corps C.A.M.C.

(To be attached to Case Sheet.)

Military Hospital _____

No. _____

Rank and Name W/S Case

Age _____

Service _____

Disease _____

Date of admission 24-11-18

Date of discharge _____

Result _____

Dates of Observation	24	25	26	27	28	29	30	1st Dec	2nd	3rd	4th	5th	6th	7th	8th	9th
Days of Disease																
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
107°	4 p.m.	8 p.m.	9 a.m.	12 noon	4 p.m.	8 p.m.	9 a.m.	12 noon	4 p.m.	8 p.m.	9 a.m.	12 noon	4 p.m.	8 p.m.	9 a.m.	12 noon
106°																
105°																
104°																
103°																
102°																
101°																
100°																
99°																
98°																
97°																
Pulse per Minute	86	96	80	76	78	72	80	68	72	78	72	68	72	78	72	84
Respirations per Minute		22	20	20	20				18	22	18	22	22	20	22	22
Motions per 24 hours																

Signature _____

In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____ No. _____ Rank and Name _____ Age _____ Military Hospital _____
 Disease _____ Date of admission _____ Date of discharge _____ Service _____ Result _____

Dates of Observation																															
Days of Disease																															
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	
107°																															
106°																															
105°																															
104°																															
103°																															
102°																															
101°																															
100°																															
99°																															
98°																															
97°																															
Pulse per Minute																															
Respirations per Minute																															
Motions per 24 hours																															

Signature _____
In charge of case. _____

CLINICAL CHART
(To be attached to Case Sheet.)

Corps 6 A.M. Co.

Military Hospital _____

No. _____ Rank and Name n/s. base Age _____ Service _____

Disease _____ Date of admission 24-11-18 Date of discharge _____ Result _____

Dates of Observation																												
Days of Disease	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25												
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
107°																												
106°																												
105°																												
104°																												
103°																												
102°																												
101°																												
100°																												
99°																												
98°																												
97°																												
Pulse per minute	68	72	72	74	80	84	88	72	72	72	88	72	70	84	60	68	74											
Respirations per Minute																												
Motions per 24 Hours																												

Signature _____ In charge of case.

21-12-18

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
D 1A 146 Year	A.S.	Case	R. M.	17/2
Station and Date.	Disease <u>Tracheitis</u>			
24-11-18	Admitted to hospital with (1) loss of voice			
	(2) pain over neck and sternum			
	(3) cough no sputum			
	T. 99 P 96			
	Patient had had cough with soreness over sternum for a couple of days. given local application to larynx and trachea. no improvement. patient losing her voice sent to hospital.			
	Examination.			
	Patient is pale and anemic looking. Remarks in a wheezy harsh cough with no sputum.			
	no areas of dullness in chest. breath sounds harsh over lower bronchi.			
	No foundation applied to throat. oil introduced to trachea. Patient given morphine in evening.			
25-11-18	Slept poorly. some headache. tracheal condition unchanged. Given Syp of Codein 3i to control coughing as patient had starting vomiting. In afternoon patient able to take small quantities of hot drinks.			
	Given codein gr 1/2 repeated in afternoon. unable to rest. given morphine gr 1/6. T. 98.4 P 72 R 22			
26-11-18	T. 99.5 did not rest very well through the night. Coughing of hoarse quality given aspirin gr 4. Given Syp Codein for cough.			
27-11-18	Slight improvement. Given bromide in evening.			
28-11-18	Slept after midnight. Patient not eating well.			
	T 99 P 72 Given 10 p glucose enemata.			

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2849) [P.T.O.]

Station
and Date.

Nov 24/18

Nose - clear -

Tonsils - injected - pharyngeal wall injected -

Larynx - cords show slight if any injection but
shocked acutely injected - hoarseness out of
all proportion to appearance of larynx.

Ears - clear. - Acute Tracheitis - J. W. Cameron.

Dec 1/18

Condition of tonsils & throat improved - but can not
see larynx - epiglottis hangs over backwards,
obstructing view of larynx - J. W. Cameron

Dec 4/18

voice is improving - did not examine larynx today.
J. W. Cameron

Dec. 11. 18

Patient up. appetite poor given tonic

Dec. 21. 18

Patient discharged today fit

Duncan - Grob -
M.D.C.

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/sister Surname Case
 (Given name in full)
Richard M.
 Unit or Corps Cante. Birthplace More jaw, Mass.

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

I. GENERAL DESCRIPTION:

Physique good Weight 108 lbs. Height 5 ft. 5 1/2 in. Colour of Eyes Blue
 Nutrition good
 Pulse Rapid - 120
 Condition of arteries normal.
 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 yes
 Special Senses yes 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 (yes) slightly anaemic

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.

Cardiovascular - Complain of shortness of breath on climbing stairs. Heart not enlarged - sounds clear but forcible. reaction to slight exercise and emotion excessive. No murmurs. Date from November 1918 when patient for 5 weeks with influenza, severe attack.
 Anaemia also dates from attack of influenza. to moderate in degree -
 Recurring attacks of tracheitis and laryngitis with occasional low fever. since attack of influenza.

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

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at ^{4. C. S. H.} Barrington (Overseas)

Date 8. 3. 19 Signed Ernest C. Jackson 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 A. W. Case M.D.

(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.)

[OVER]

Surname **CASE**

Christian Names **Rachel Mary**

Rank **N/Sister.**

Name and Address of Next-of-Kin

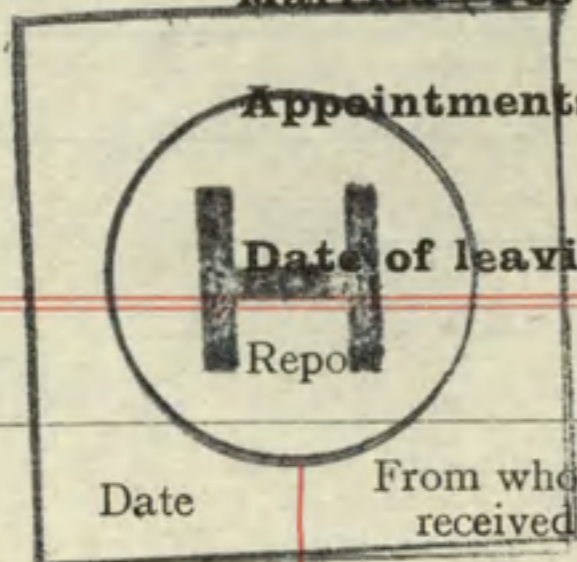
Promotion
22M418

Joseph W. Case, (Father)
Clavering, Ont.

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

Place of birth **Sask.**

Married (Yes or No)



Appointments

Date of leaving Canada **25.3.18.**

Date and Cause of Resignation

Date	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.	S.O.S. on arrival from Canada & post to Camm		25.3.18	CO 424
13-4-18	do	Posted to 4 B.G. Hqs from Depot		11-4-18	CO 450
23-4-18	A.M.S.	Adm 4 Can Gen Hq Basingstoke		20-4-18	Ch 963 Influenza
30-11-18	AMMS	Adm 4 Can. Gen. Hosp. Basingstoke		25-11-18	Ch. 1152 Tracheitis
19-3-19	4 OR Hq	S.O.S. on transfer to CEF. in Canada		10-3-19	Ch. 1173 PTI ord. 22.
17-3-19	AMMS	S.O.S. on trans. to CEF. in Canada		10-3-19	CO. 43.
		Sailed to Canada S.S. Celtic		10-3-19	Sailing list 26.

{Cessation of hostilities}

12783

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

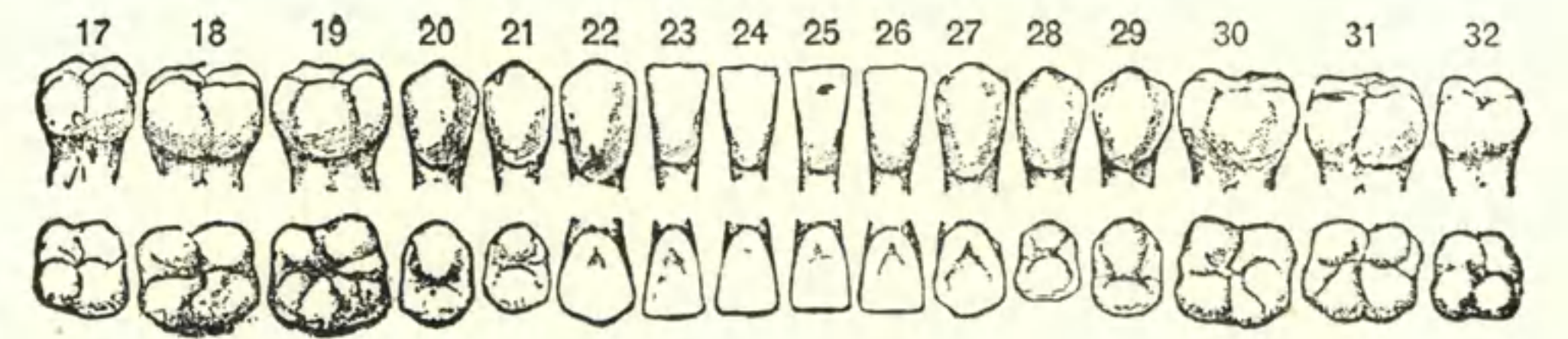
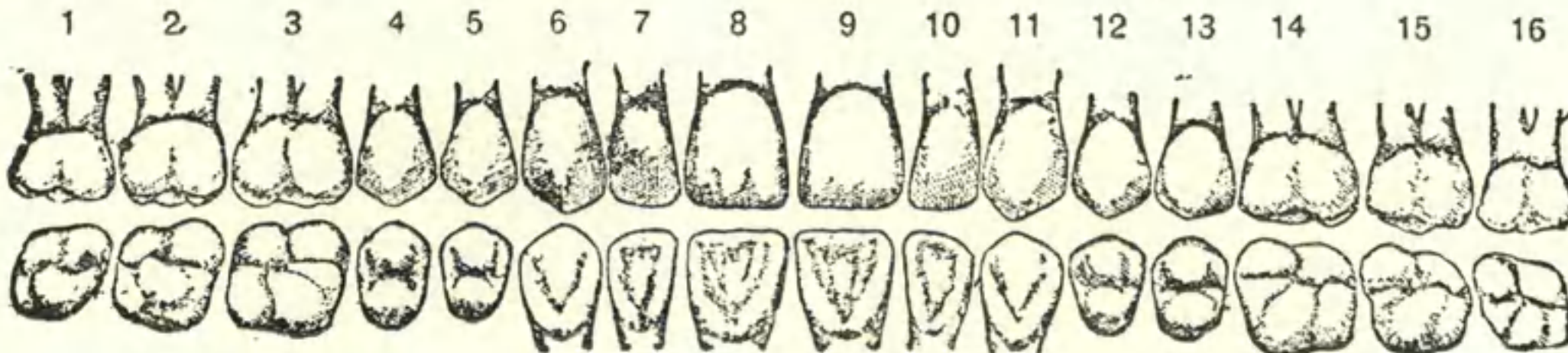
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) *Nursing Sister. CASE. R. M.*

REGIMENT *C. A. M. C.* RANK *Nursing Sister.* No. *—*

Date of Examination in England *Jan 21/19.* Date of Examination in France *—*



PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS *One.*
- 2. EXTRACTIONS *None.*
- 3. CROWNS *None.*
- 4. DENTURES
 - (a) Full Upper
 - (b) Part Upper *None.*
 - (c) Full Lower
 - (d) Part Lower

HAS SHE EVER REFUSED DENTAL TREATMENT? *no.*

- HAS SHE 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 - *yes.*
 - (c) In France - *no.*

Signature of Dental Officer *H. L. Smith.*
21-1-19 *Capt. C. D. C.*

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.

June 24

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W. B. W.

CANADIAN EXPEDITIONARY FORCE

J.C.F. 4-27.
R.A.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Rachel Mary CARR,

Enlisted in Canadian Army Medical Corps Training Depot No. 1

CANADIAN EXPEDITIONARY FORCE, on the ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~

day of ~~XXXXXXXXXXXXXXXXXXXX~~ 191 ~~XXXX~~ AND WAS APPOINTED to COMMISSIONED RANK

in Canadian Army Medical Corps Training Depot No. 1

CANADIAN EXPEDITIONARY FORCE on the Third day

of November 191 7

He SERVED in CANADA, and England with the C.A.M.C., Training Depot # 1,

C.A.M.C., Depot, No. 4 Canadian General Hospital, and D.D., No. 4.

and was STRUCK OFF THE STRENGTH on the Twentieth day

of March 191 9 by reason of General Demobilization

Dated at Ottawa, this Twenty First day

of October 191 9

J. Kearney

for Lieut.
Director of Personal Services.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to certify that _____
 (Name in full) _____
 Entered in _____
 CANADIAN EXPEDITIONARY FORCE on the _____
 day of _____ and was appointed to Commissioned Rank _____
 in _____
 (CANADIAN EXPEDITIONARY FORCE on the _____
 day of _____)
 He served in Canada _____
 and was struck off the strength on the _____
 day of _____
 Dated at Ottawa this _____
 day of _____ 191____

 (Signature of Officer or Nursing Sister)

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

M. F. W. 54. (A. F. B. 103.)

Casualty Form—Active Service.

250M.—1-16,
H. Q. 1772-39-920.

Unit, Regiment or Corps C.A.M.C. T.D. No. 1 C.E.F.
Nursing Sister

Regimental No. XXXX Rank Lieut. Name CASE, Rachel Mary

Enlisted (a) 26-2-18 Terms of Service (a) C.E.F. Service reckons from (a) 26-2-18

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) Lieut. Nursing Sister

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				

20-3-18	A.M.C. T.D. No. 1 C.E.F.	Transferred Overseas Embarked..... Disembarked.....	London, Ont Canada.... England	20-3-18	H.Q. 87-14-2, d/19-3-18 H.M.T.
---------	--------------------------------	---	--------------------------------------	---------	-----------------------------------

10 APR 1918
16:4-18

C.A.M.C.
do
do

TAKEN ON STRENGTH from Staffe 25 MAR 1918
Canada
do

Pt 100 (Co. 424)
Pt 105 (Co. 450)
espittuland

18-4-18	No. 4 CGH	T.O.S. FROM C.A.M.C. DEPOT. SHORNCLIFFE.	BASINGSTOKE.	11-4-18	Pt. 2.D.O. 17/18-4-18.
25-4-18	No 4 CGH	Admitted Hospital (Influenza)	Basingstoke	19-4-18	Pt. II D.O. No 18/25-4-18.
27.11.18.	Do.	Adm to Hosp. (Tracheit)	Do.	24.11.18.	Pt. II D.O. #64-27-11-18
26.12.18.	Do.	Dis. from Hosp. (Tracheit)	Do.	21.12.18.	Pt. II D.O. 45 D./26.12.18.

(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, Shoeling 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				
10-3-19		202. Office on embarkation for Canada Guantanamo Bay and all out etc.			
26 ³ / ₁₉	HQ Ottawa	TOS 667 Canada Gen Demob	MD# 4 Disper Stat (F)	10-3-19	667 RO 1826-19
26/3/19	HQ Ottawa	Sol 667 Canada au Gen Demob.	MD 1	20/3/19	667 RO 1826. 1826-19 1826.
			<i>D. P. [Signature]</i> Lieut. for Director Personal Services		

Surname. Christian Name.
 CASE R. M.
 Rank. Unit.
 N/Str. C.A.M.C. 4 C.G.H.

Date of admission.

No. 4 Can. Gen. Hosp. Basingstoke 20-4-18.
 Hospital. do. do. 25-11-18.

Transferred Hosp.
 Hosp.
 Hosp.
 Hosp.

Diagnosis. Influenza
 Tracheitis

Later diagnosis.

Disposition. Discharged: -8-5-18.
 Date. 21-12-18
 23-4-18 963-2.
 16-5-18
 30-11-18 1152-3.
 27-12-18 1173-3.

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

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

Surname

Christain Name

Reg. No.

Rank

Unit

MEDICAL BOARD held at

Date

Serial No.

(1)

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Disposition Recommended

(1)

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date

Disposition

Remarks

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REGT'L. No.

H. Q. FILE NO 649

FOLLOWS

No.

FOLLOWS

Case R. In

1/str (6 a mb) 4th 6 8/6

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

963	#4 Can Gen Basingstoke	20-4-18	Influenza
983-4	Discharged	8-5-18	
1152	4 lean Gen Basingstoke	25-11-18	Tracheitis
1173	Discharged	21-12-18	" " "

SURNAME. *Case*

CHRISTIAN NAMES *Rachel Mary*

REGL. NO. RANK *Nursing Sister*

UNIT *C.a.m.c.*

FORMER CORPS *C.a.m.c. (I.D.#1)*

21
CARD NO. *25-3-19*
81822-3-19 202
FOLL.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Case Joseph W.*
RELATIONSHIP TO SOLDIER *Father.*

ADDRESS *Clavering Ont.*

COUNTRY OF BIRTH *Canada, Clavering Ont.* DATE *July 3rd. 1893*

PLACE OF ATTESTATION *London Ont.* DATE *Nov. 3rd. 1917*

0/8.25-3-18 #329 Details

R/C 18/3/19 284 n/s

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Nursing Sister

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

London, Ont.

DATE

Feb 26th 1918

Present Address Clavering, Ont.

No. 4 Canadian Gen. Hospital, HOSPITAL.



Basingstoke.

AT.....

A. & D. No. *D 1 a 77* PL. OF ACTION.....

RANK *N Sister* REG. No. UNIT *came 4 CG* SICK OR WOUNDED

NAME *Case, R-m* AGE..... RELIGION.....

PLACE IN HOSPITAL *S/S*.....

DIAGNOSIS *Influenza*.....

ADMITTED *19. 4. 18* FROM *lines*.....

DISCHARGED *8. 5. 18.* TO *lines.*.....

TRANSFERRED.....

SERVICE AT HOME..... IN FIELD.....

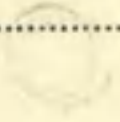
RESULTS.....

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

REMARKS.



A series of horizontal dotted lines spanning the width of the page, providing a guide for writing remarks.



No. 4 Canadian Gen. Hospital,

HOSPITAL.



AT.....

A. & D. No. DIA 146 PL. OF ACTION United Kingdom

RANK N.S. REG. NO. UNIT C.A.M.C 4th C.Y.N. SICK OR WOUNDED

NAME Case R.M. AGE RELIGION Meth

PLACE IN HOSPITAL Sick Sisters Ward

DIAGNOSIS Tracheitis

ADMITTED 24-11-18 FROM Lines

DISCHARGED 21.12.18. To Lines

TRANSFERRED

SERVICE AT HOME 12 mos. IN FIELD.....

RESULTS

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

No.

RANK

91/8.

NAME

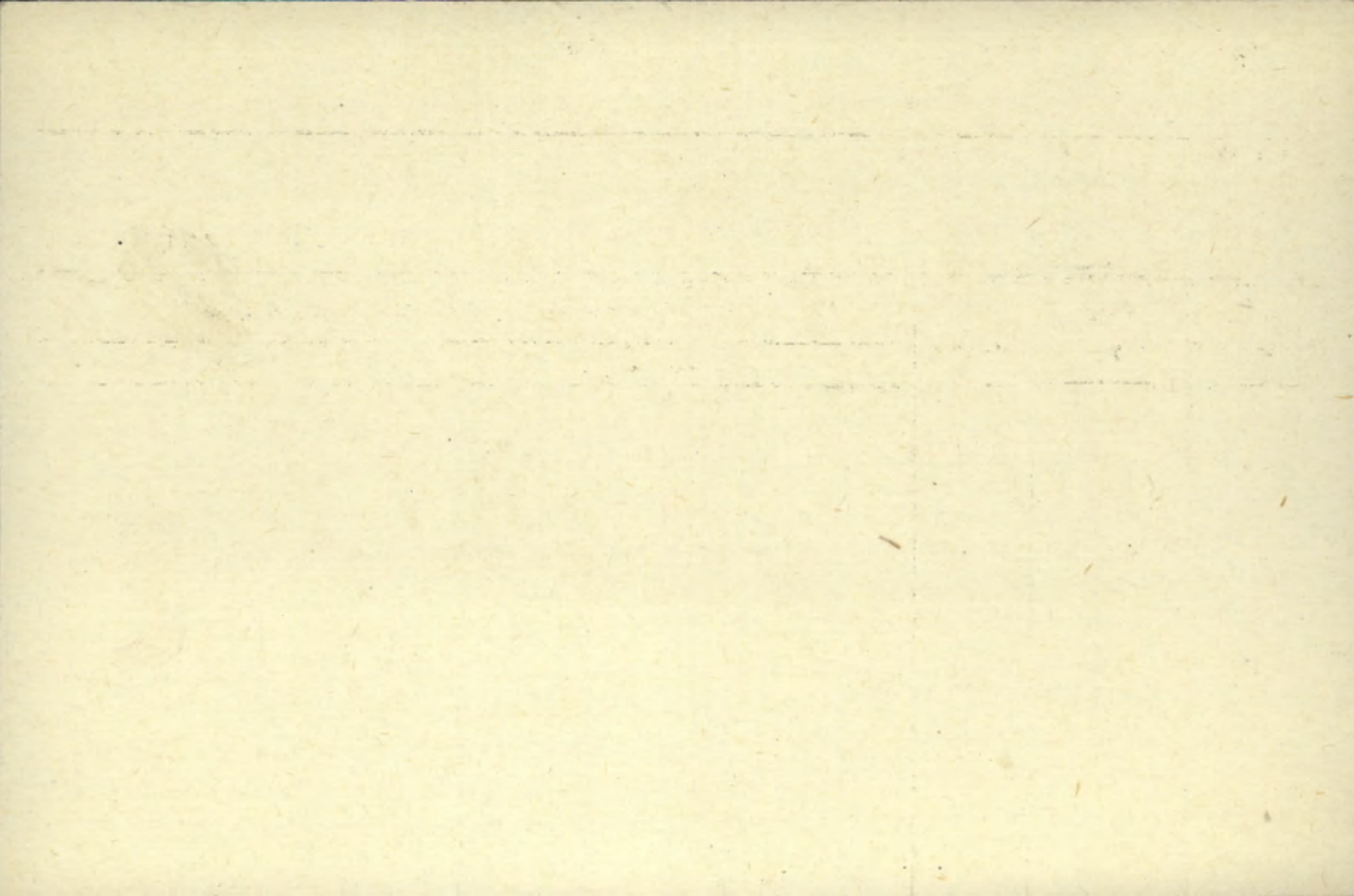
Cass, P.

71.

T. O. S. *16-2-18* *10,050* UNIT *901 Training Depot, A. M. C.*
of 19-2-18

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1918</i> <i>Feb. 16</i> <i>mar.</i>	<i>1918</i> <i>Feb. 28</i>	<i>✓</i> <i>✓</i>	<i>Trans. O/S. 20-3-18</i>	<i>D.O. 79 of 20 3-18</i>



Number.....

Rank

~~W/S~~
~~B~~

Surname

CASE

Christian Name

RACHEL MARY

Units.....

Theatre of War

ENGLAND

Date of Service

25.3.-18

Remarks.....

Latest Address

c/o Dr. J. B. Murray
Dover Sound -

Roll No.

a Page 5040.

Out.

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

57 - 382

LEDGER NO.

SERIAL NO.

REG. NUMBER NAME *Case R.M.*

RANK *N.S.* CORPS *Ca. M.C.*

AGE SERVICE *3/5-2*

NAME OF HOSPITAL *Civil Hosp.* PLACE *London*

DATE OF ADMISSION *6-3-18* *2-3-19*

DISEASE *Infected Toe* *Influenza*

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO *Duty 20-3-18* IN CATEGORY *Over*

REMARKS:

Admitted Queen's Univ. Nov - 2-3-19 Influenza

bellic 18/3/19

AUDITOR PAYMASTER
20

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

M. OR S.

REGT. No.

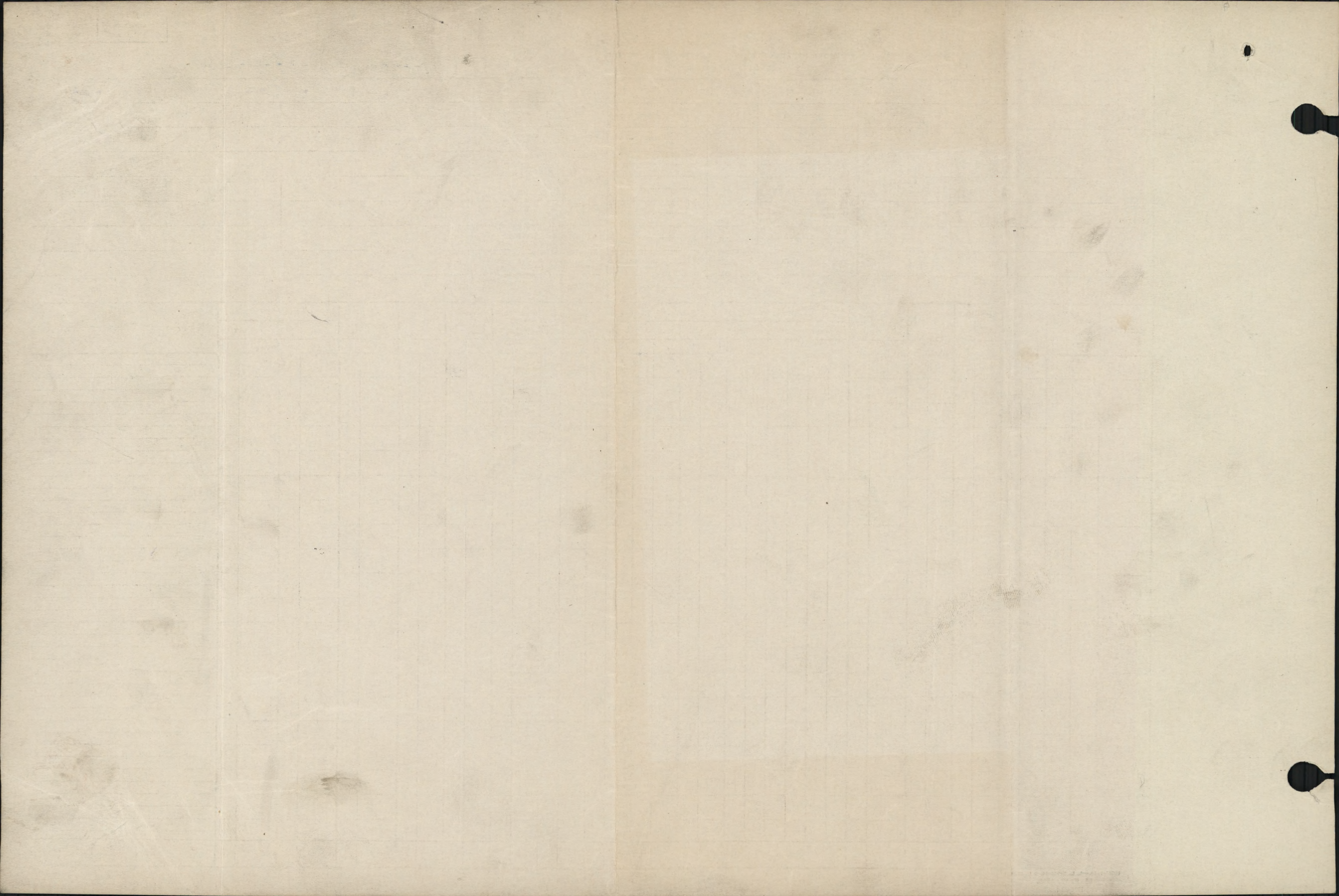
RANK N/S

NAME (IN FULL) CASE/ Rachel Mary

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
					DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE	
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE	DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE			AMOUNT		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1					COL. NO. 2	COL. NO. 3		DEBIT	CREDIT
					\$	C.	\$	C.	NO.	DATE					NO.	DATE			
31/3/19																	15/3/19 1/2nd PM		
																	Ret Meag. 10-31/3/19		
																	3081		
April		300															3081 from O/S 20-3-19		
																	C. Leve		
																	Paymaster, Dispersal Station		
																	OC P.W. 21-36 31-3-19		
122 dupl 3-1																	AMOUNT DUE SOLDIER DEPENDENT		
																	167 Nov 17 1750247		
																	199 Dec 22 1753338		
																	W.S.G. PAID IN FULL		

BALANCE FROM PREVIOUS ACCOUNT



ASSIGNED PAY.

UNIT. NAME OF RATE OF P. AND A.

RANK.

mess plan DATE AUTHORITY

NAME.

11-6-206

Beneficiary

Address

Amount.

\$ 30. ban. 1⁴/₁₈

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

C.A.M.C.

Pay 2⁺ pd

F.A. 60

Messing 1⁺

N/S

3⁴/₁₈ 21560424/8⁴/₁₈

Name Case

Initials Rachel Mary

Bank of Montreal
Tray Sq

1918-19
Add outfit allow 1/4/20 \$100.

DATE 1918	PARTICULARS	CR. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Apr 20	Pay 1 ⁴ / ₁₈ 30 ⁴ / ₁₈ mess 1 ⁴ / ₁₈ 10.1175		106					
22	A P ban				30			
24	Bank 1187			92		216		
26	br bal fr ban. 1 ⁴ / ₁₈ amt 2 ⁶ / ₁₈ fr ban No 241.		16					
May 19	May Pay (P)		111 60					
11	A P ban				30		X	
21	Draw allow. 3-6 ⁴ / ₁₈	2314					1-17-6 \$9 ¹²	
25	Bank 2683			81 60				
June 14	June Pay (P) A P ban		108		30			
10	Pres with 16 ²² / ₁₈ Overcredited Subs march amt amended L.P.C. should be 5.80. To be Dr with Diff. No. 230.			10 20				
21	Bank 4166			67 80				
July 16	July Pay (P) A P ban		111 60		30			
23	Bank 5626			81 60				
Aug 13	Aug Pay P A P ban		111 60		30			
21	Bank 7258			81 60				
Sep 12	Sept Pay P A P ban		108		30			
24	Bank 9187			78				
Oct 15	Oct Pay P A P ban		111 60		30			
26	Bank 10404			81 60				

Carry forward.

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE AUTHORITY

Beneficiary

6AmC

Pay 2.00. Pd

N/S.

3¹/₁₈ D.M.S.B.O 424

Name base.

Address

F.A. 60. "

4/8¹/₁₈

Initials R. M

Amount. \$ 20.⁰⁰ Can

Messing 1.00. "

Bank of Montreal -
Tranf. Dep.

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

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

1918

Brought Forw.

Nov. Pay (R.)

140

a. Pay Can.

30.

26

Bank

12521

110

Dec

Dec. Pay (R.)

124

a. P. Can

30

Bank

13792

94

1919

a. P. Can

30

Jan 21

Pay (R.)

124

26

Bank

15564

94

Feb 10

a. Pay can

30

Pay (R.)

112

Feb 25

Bank 17078

82

Mar 3

Adv. Man P.A.

Bank 17401

94

8 Trav. allow 28¹/₁₉-10³/₁₉

Direct 13605

March Pay (R.)

124

a. Pay Can

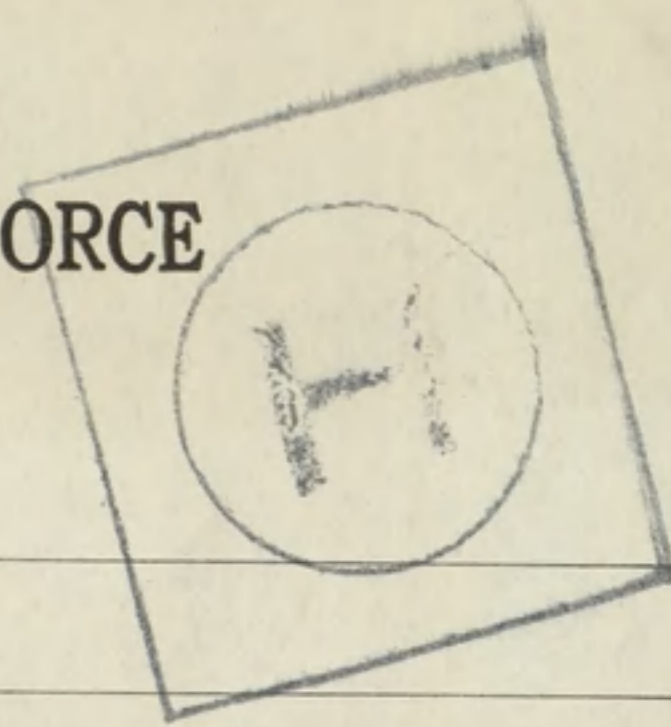
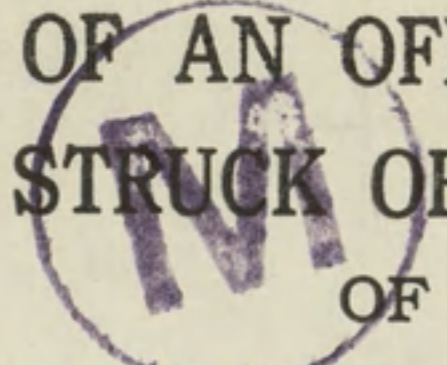
30

Net to Can
L.A. low 31³/₁₉
Ofr to V.C. Ledger
16-0-0¹⁰/₂₄
Trans to H.C. Ledger 12
From Ledger 5¹/₄ 19

Service Grant 31
Occupational Grant 9
Personal award

G. 19.

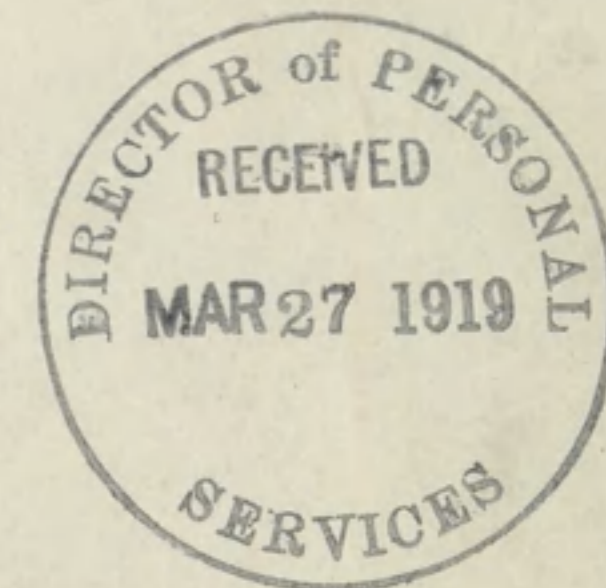
PROCEEDINGS OF AN OFFICER OR NURSING SISTER
STRUCK OFF STRENGTH
OF THE
CANADIAN EXPEDITIONARY FORCE



1. RANK	Nursing Sister
2. NAME	CASE Rachel Mary
3. UNIT	C.A.M.C.
4. DATE STRUCK OFF STRENGTH	20.3.19 PLACE
5. REASON	For demobilisation
6. AUTHORITY	Routine Order 1826 of 26.3.19.
7. PROPOSED RESIDENCE	Box 58 Blavering Ontario

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.



M.S. Case Rachel Mary
SAME

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) 7 Duplicates
8. War Service Gratuity Form (M.F.W. 2595).
9. Sundry Documents.

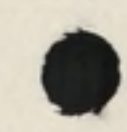
Group B
Checked by No. 17
Date 9-3-19

PROCEEDINGS OF AN OFFICE OF THE

STATE OF MICHIGAN

OF THE

CANADIAN REPRESENTATIVE FORCE



PLACE

DATE

REASON

STUDENT

WORKING

NAME

ADDRESS

CITY

STATE

COUNTRY

DATE OF BIRTH

DATE OF ARRIVAL

DATE OF DEPARTURE

DATE OF RETURN

DATE OF RE-ENTRY

DATE OF DEPARTURE

DATE OF RETURN

DATE OF RE-ENTRY

DATE OF DEPARTURE

DATE OF RETURN

DATE OF RE-ENTRY

DATE OF DEPARTURE

DATE OF RETURN

DATE OF RE-ENTRY

DATE OF DEPARTURE

DATE OF RETURN