REGIMENTAL DOCUMENTS

NAME CHRISTIE, AMEE MARY (ARRC) REGT. NO. N. S. UNIT C A M C H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
4	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				19666	Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
	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)					
2.	M F W 2618.					
1	Dent Cert					
4	A F A H S					
2	Disp Cert					
						2
						1-8
						1-8

W. 2539
100M-11-19
1772-39-1377

6

Forms
I. 1237
14

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
D1a166		N/S.	Christie	A M.
Year.	Unit.		Age.	Service.
	C A M C 6. 4th G H.			4 Years.

Station and Date.	Disease Diptheria
2-2-19	Admitted complaining of sore throat temperature normal.
	throat pultches on tonsil.
	throat. 1.2.19 - negative
	throat 2-2-19. B diphtheriae present.
	Patient given 10000 units of antitoxin intramuscularly
3-2-19	Bowels open from aperient no temperature
	Patient feeling well.
6-2-19.	throat from throat positive for B diphtheria
	no sore throat.
7-2-19	complains of pain over tendon achilles painted with iodine.
10-2-19.	Patient complaining of peculiar sensation in throat says "throat does not feel the same - has to swallow twice" to regurgitation of food.
11-2-19	Throat better
12-2-19	Patient sat up for an hour. throat from throat positive
14-2-19	Patient took a short walk.
16 2 19	while sitting in room patient felt faint returned to bed.
	Heart rate slightly accelerated no murmurs no enlargement.
	complains of pains in legs. Patient to remain in bed.
	Iron Tonic of iron arsenic and strychnine
19-2-19.	Patient had short attack of poliplotic thin aphasia
	was up to the toilet in the morning but returned
	aphasia. Attack came on suddenly some poliplotic
	throbbing in neck. Examined 15 min after attack
	pulse regular thyroid accelerated pulsation in neck

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

(A 1014) W3081/P/1296 3,450m 7/18 Drayton Mill Forms/I. 1237/14 (E. 3420) P.T.O.

Station and Date.	
	No murmurs in heart. Lungs just sound as rather faint especially at bases. Pulse rather nervous. Gave bottle Bromide
25. 3.19	Patient has been in bed for three days. No return of vomiting attacks allowed up for some hours and afternoon
15. 3.19	Discharged today fit. Duncan Evans M.C.

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, Dysentry, 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.

Army Form [illegible]45.

CONFIDENTIAL.

PROCEEDINGS OF A MEDICAL BOARD

Assembled at..13.BERNERS.STREET.W.1..... on.....17-11-17.....

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

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

(Rank & Name)..N/S.A.M.CHRISTIE.....(Corps).....No. [illegible]Can Gen.

Age..30..... Service..3.2/12.....Disability..DEBILITY.....

Date of Commencement of leave granted for present disability..16-10-17

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 named officer and find that

.....this Nursng Sister reports after one months

.leave and states she is feeling quite well. EXAM: Pulse normal,

.colour good. General condition good.....

.....

.....

.....THE 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.

Yes.

1. Fit for General Service.....
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 Depot.....
   (b) Fit for treatment only at a Command Depot.....
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 .....

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

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.....
11. If caused by military service, to what specific military conditions is it attributed?.....STRAIN.OF.SERVICE..
12. If the disability was not caused by military service was it aggravated thereby, and if so, by what specific military conditions?. .....

Officers Address { .....133,. Oxford. Street.....London W.1..... } { S.H.MOODY. MAJOR. CAMC. President; J.W.McIntosh Capt.CAMC; G H Wilson Maj. CAMC } Members

VEP

(P.T.O.)

Unit C.A.M.C. Rank N.S. Name Annie Mary Christie

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (*a*) What is your Surname? Christie
   (*b*) What are your Christian Names? Annee Mary
2. (*a*) Where were you born? (State place and country) Toronto, Can
   (*b*) What is your present address? 330 Berkeley St.
3. What is the date of your birth? August 15. 1883
4. What is (*a*) the name of your next-of-kin? Mrs Mary A. Christie
   (*b*) the address of your next-of-kin? 330 Berkeley St Toronto,
   (*c*) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? Professional Nurse
6. What is your religion? R. C.
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? No
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.

(Signed) Annee Mary Christie (Signature of Officer) (Nursing Sister)

Taken on strength (place) Toronto, Ont

(date) April 7th 1915

(Signed) J. A. Roberts Lt. Col.
(*Signature of Commanding Officer.*)

CERTIFICATE OF MEDICAL EXAMINATION

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

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

Date Apl 7 1915

Place Toronto, (Signed) W. C. Sharpe
Medical Officer.
Capt. A.M.C.

*Insert here "fit" or "unfit

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

Certified to be a true Copy Adjt Jackson Maj. & Adjt.

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

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 Vivant Square		9	10	14	16	10	14	Debility		General debility (slight) after service in Salonika.	[illegible] Major RAMC
No. 4 Canadian Gen. Hospital, Basingstoke.		2	2	19	15	3	19	Diphtheria	41	Sore throat, greyish patch on tonsil, temp. normal. B. diphtheria found - 10000 units antitoxin intramuscularly, mild attacks of paralysis of throat. Throat swab & strychnine tonic. Allowed up from bed on 10 days. Slight attacks of paralysis & faintness after short walks. Heart again rapid with dilatation. Must abstain rest in bed for 10 days. Discharged fit	Duncan Grahm Capt

1
13
30
17
61

ORIGINAL

MEDICAL HISTORY SHEET.

118

Surname Christie Christian Name Annie Mary

Examined on 7th April day of ~~June~~ 1915 at Toronto

Approved by N C Thayer

Rank Captain M.O.

Birthplace City or Town Toronto County York

Apparent age 31

Trade or occupation Professional Nurse

Height 5 Feet 7 3/4 Inches.

Weight 130 Lbs.

Chest measurement Minimum 27 inches. Maximum expansion 30 inches

Physical development

Small-Pox Marks

Vaccination Marks Arm Right. Left. ✓ Number 5

When Vaccinated last a Great Childhood

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	Examined for Re-engagement,
		15 OCT 1917 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
		M.O.
APR 24 1915		Jan. M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
3 Comp		M.O.
APR 13 1915		Inoculated M.O.
		M.O.

Enlisted on 7 day of April 1915 at Toronto

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment				
Transferred to.. No. 4,	GENERAL HOSPITAL C.E.F.	1/Str.		7/4/15

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Brantford	18-3-19	Return to Canada	A- Lieut Abraham Asst CAMC

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.

100M.—1-15.
H. Q. 1772-39-439.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Basingstoke (Overseas)

Date March - 18 - 1919 Signed Roscoe C Baker Captain 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. M. Christie

(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 CHRISTIE

(Given name in full)

AIMEE - MARY

Unit or Corps C.A.M.C. #4 C.B.H. ..... Birthplace TORONTO

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

1. GENERAL DESCRIPTION:

Physique Good ..... Weight 132 ..... lbs. Height 5 ft. 7¼ in. Colour of Eyes GREY

Nutrition Good

Pulse 80

Condition of arteries Good

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

Hearing (conversational voice) Rt. 4' ..... ft.

Left. 4' ..... ft.

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

NIL

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

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 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 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.

There is slight myopia one marked in R. eye. Condition has existed for years is fully corrected by Glasses and causes no inconvenience or disability.

[illegible]

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

[OVER]

CONFIDENTIAL. Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at 13, BERNERS STREET on 16-10-17

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. A.M. CHRISTIE (Corps) No. 4 CAN. GEN.

Age 30 Service 31/12 Disability DEBILITY

Date of commencement of leave granted for present disability 16-10-1917

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

this N.S. reports after treatment in Hospital.
HOSPITALS:- 43rd Gen. Salonika. 1.8.17.
Queen Alex. Hospital 9.10.17.
States her appetite is fair and feels improved.
EXAMINATION:- Anaemic in appearance. Pulse 85 weak. Exam: Heart and lungs neg. She is very much run down but otherwise no abnormal condition.

THE BOARD RECOMMEND AS BELOW:-

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
11. If caused by military service, to what specific military conditions is it attributed? — Strain of Service
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? — -

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

Officer's Address
133, Oxford Street.
LONDON
VEP

Signatures
S.H. MCCOY MAJ. CAMC. President.
F.E. ROGERS CAPT. CAMC } Members.
G.H. WILSON MAJ. CAMC.

[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.

(2541.) Wt. W16848/G9255. 500,000. 3/17. P.P.Ltd. **Est. No. 1069.**

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Christie A. M.

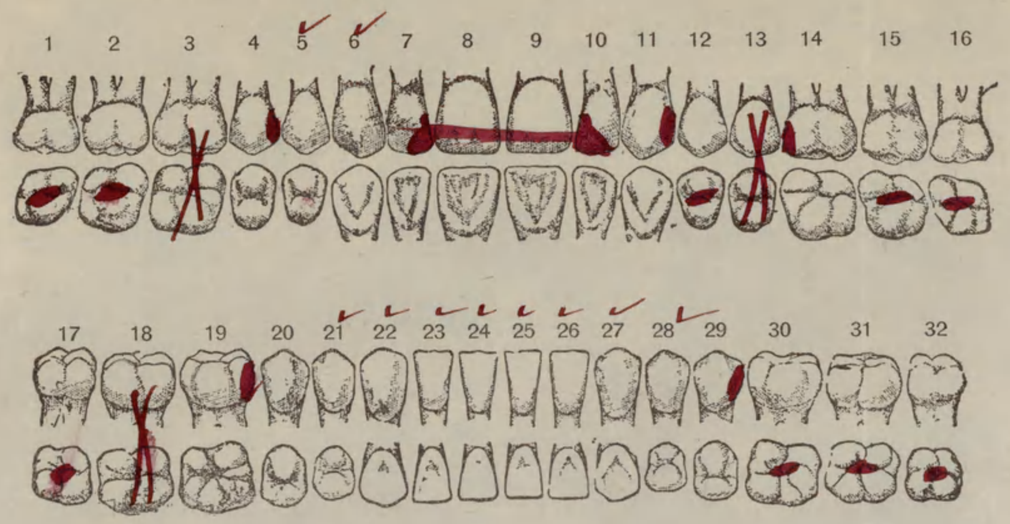
REGIMENT

RANK Nursing Sister

DISTRICT #2.

No.

M.F.B. 465.
150M.—6-18.
1772-39-950.



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Sept 13/20			Examined								Dentally fit.									[illegible], Capt [illegible]		

M. F. W. 54. (A. F. B. 103.
500M.—[redacted]
H. Q. 1772-[redacted]

Temporary

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

Casualty Form—Active Service.

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

Regimental No. ..... Rank N/S ..... Name CHRISTIE, Aimee ~~Maud~~ Mary.
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				
	O.M.F.C.	T.O.S.#2 D.D.	Toronto	23-5-19	Auth R.O.2007 Pt.2 D.O. 179
		S.O.S.#2 D.D. on trans to- A.M.C. T.D.M.D.#2	Toronto	6-6-19	Auth H.Q.392-3-77 dated 13-6-19 Pt. 2 D.O. 179

Capt.
For O.C. No. 2 District Depot

For O.C. No. 2 District De[redacted]

(*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				

Report No. 3040 Army Form W. 3212.

(In books of 100.)

Regtl. No., Rank and Name } W. S. Churchill Age Corps

Disease Hospital #4 Canadian Hospital

To Officer i/c Laboratory. Ward Sister Stokes

Please carry out an examination of the accompanying specimen of throat for

with special regard to B. diphtheriæ

Nos. of previous Reports (if any) two - both positive

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

Date 9.2.19 Duncan Graham

O. i/c Hut. Ward.

LABORATORY REPORT.

Positive for diphtheria bacilli

Date of Examination 9.2.19 C.P. Brown

O. i/c Laboratory.

(S.O. 1452) W. 5750/Ps21. 6,000 Bks. 3/18.—McC. & Co., Ltd., Ldn.—

Report No. 3029 Army Form W. 3212.

(In books of 100.)

Regtl. No., Rank and Name } Sgt A. Charlie Age Corps

Disease Diphtheria. Hospital

To Officer i/c Laboratory. Ward

Please carry out an examination of the accompanying specimen of Swab

with special regard to Throat Culture

Nos. of previous Reports (if any)

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

Date 7.2.19. W. H. Lowry

O. i/c Ward.

LABORATORY REPORT.

Feb. 2nd Positive for B diphtheriæ

Feb 5th Positive for diphtheria bacilli

Feb. 17 Positive for B diphtheriæ.

Date of Examination 6.2.19 C. P. Beam

O. i/c Laboratory.

(S.O. 1452.) W. 5750/P621. 6,000 Bks. 3/18.—MoC. & Co., Ltd., Ldn.—

LABORATORY REPORT.

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

M. [illegible] W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 177[illegible]

Casualty Form—Active Service.

Unit, Regiment or Corps. C a m c

Regimental No. ..... Rank N Sisters C. E. F. Name Christie A m

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

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

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

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B 213, Army Form A. 36, or other official documents
18/6/19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization Duty	M.D. No. 5	23/5/19	C.E.F. R.S. No. 2007 19
20/6/19		S.O.S. Pasteur Dominion Orthopaedic Hospital. (auth ADMS DO 14 of)			

W. Hunter, Capt.
for Director Personal Services

G. J. Lemmon
O.C. ARMY MEDICAL CORPS.
T. D. No. 2

(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				
29-9-20		S.O.S. D.O.H. with effect from 29-9-20, on being posted to C.A.M.C.T.D.#2.	Toronto	29-9-20	ADMS.D.O.223 of 27-9-20
		T.O.S., CAMC., T.D.2. from D.O.H. with effect from 29-9-20. for Demob'n.	Toronto.	29-9-20.	ADMS., D.O.No.223 d/27-9-20.
		S.O.S. (CAMC., T.D.2.) No.2. Det. General List C.E.F. with effect from 29-9-20. On General Demob'n.			ADMS., D.O.#223 d/27-9-20.

Ealsodref
CAPT. & ADJUTANT
DOMINION ORTHOPAEDIC HOSPITAL

Lieut-Col. CAMC.

O.A., CAMC., T.D.No.2.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
12.10.17	DMS.	Posted to CAMC. Depot		9.10.17	CO 1331.
					[signature] MAJOR FOR O. i/c RECORDS, C.E.F.
17.10.17	CAMCD.	T.O.S. from No. 4 C.G. Hosp.	Shoreliffe	9.10.17	Pt II D.O. 290. (ADMS 3725)
23-11-17	do	S.O.S. to No 4 C.G.H. Basingstoke	do	17.11-17	Pt II D.O. 326 (CO 1505)
					[signature] Capt. Asst. Adjutant FOR O.O. C.A.M.C. DEPOT
21-11-17	#4 C.G.H.	Taken on Strength	Basingstoke	21-11-17	Pt II D.O. 170. 21-11-17
21.5.18	Do.	Granted Leave 17.5.18-2-6.18	Do.	17.5.18	Pt. 2 D.O. 22/21.5.18
~~22-1-19~~ 5-2-19	Do.	Adm. to Hosp. (Diptheria)	Do.	22-19	Pt 2 Do no 10 D/5-2-19
28-2-19.	Do.	S.O.S. to Canc Cas. Coy. (21 days casualty)	Do.	21-2-19.	Pt II D.O. #17 D/28-2-19.
					Fred E. Watts Major Canc.
					No 4 Can. Gen'l Hospital.
23/5/19		S.O.S. on embarkation to Canada			[signature] For MAJOR General. Adjutant General, Canadians.

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

H Can Genl Hospl.

Army Form B. 103.

Casualty Form—Active Service.

Roman Catholic

Regiment or Corps C. A. M. Corps.

Regimental No. _____ Rank N Sister Name Christie Aimer A. Mary

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

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Embarked Alexandria 7/11/15 Disembarked Salonika 11/11/15 H.S. "Carisbrook Castle".					
22.6.17	O.C. 4 C.G.P.	Proceeded to N.S. Conv. Home	— "	20.6.17	B.213.
29.6.17	— " —	Rejoined unit for duty.	— " —	27.6.17	B.213.
29.7.17	— 43 G.P.	Adm. P. "N.Y.D."	— " —	29.7.17	W.3034 103/21 } O 1810.31 D/-5/8/1917
30.7.17	O.C. 43 G.P.	Disch. P. to duty. "Debility."	— " —	30.7.17	W.3034 104/159 } O 1810.32 D/-12/8/1917
21.7.17	H. & R. List.	Mentioned in Lt.-Gen. G.F. Milne's Despatch, d/- 29.3.17.	In the field.	29.3.17	Supp't. to Lon. Gaz., d/- 21.7.17. } O 1810.33 D/-19/8/1917
20.8.17	A.D.M.S. East.	Evacuated to Malta per H.S. "Goorkha." "Debility."	Salonika.	18.8.17	N/R. 124/420 O 1810.34 D/-26/8/1917
25.8.17	S. & W.I.B.	Disembarked	Malta	24.8.17	N/R 151/M/2
2.10.17	— " —	Invalided to England per H.M. F.M. "Isonzo" "Debility."	— " —	1.10.17	N/R 181/M/14. O 1810.D/20/-21/10/1917

W. H. Fleetwood, Capt.
Major
I/C R.A.M.C. Records Salonika Army

(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.

Next-of-kin: Mother: Mrs. M. A. Christie, 330 Berkeley St., Toronto, Ontario, Canada.

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) CHRISTIE A. M.

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

Date of Examination in England 18-3-19 | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS — no.
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper — no.
   - (*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 SALONIKA - yes.

No. 4. Can. Sen. Hosp. *Signature of Dental Officer* J. H. Smith Capt. C.A.D.C.

JAN 11 1916

Rank and Name CHRISTIE, ~~Annie~~ Aimee. Mary Nursing Sister RRC 2nd Class.

Regimental No.

Unit 4 G/Hp. (Varsity)

Date of enlistment April 7, 1915

Place of birth Toronto

Married (Yes or No) No

If in Permanent Force

Promotions or appointments

Name and Address of Next-of-kin

Mrs. Mary A. Christie,
330 Berkeley St.,
Toronto, CANADA.

Date and place of discharge

Reason for discharge

Character on discharge

4. G/H
MAR 1 1916
4 G/H MAY 15 1916
4 G/H NOV 15 1916

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
			Emb. Cm 17.5.15		
6.6.15	OC. D.C. Hosp.	Taken on Strength	Taplow	3.6-15	A. F B 213
6-10-15	No 4 G/Hosp	Proceeding to Mediterranean		18-10-15 / 10-10-15	DMS CO 851-19 10/15. NR. Shown on NR as Aimee Pearl Christie
6-10-15.	D of C. Hp	Struck off strength to Matron in Chf London		6-10-15	Pt II ord 116.
		Mentioned in Despatches		29.3.17	L.G. 30196 2 4/7/17
			Discharged	30-7-17	Pt 0/32
5.8.17	4 C. Gen H	admitted to Hospital		29.7.17	Pr ord 31
29.8.17	C.R.O.	Disembarked at Malta		25.8.17	C.L. 764. Debility
21.10.17	camc Details 3rd Ech.	Invalided from Malta to Eng. per H.M.S.M. Georgio 1.10.17 (Debility)		1.10.17	Pt II Ord 12.
12-10-17	DMS	Posted to C.A.M.C. Depot.		9-10-17	C.O. 1331
			Discharged	17.10.17	C.L. 811
12-10-17	C.R.O.	Adm O.A.I.M.N.S. Hp Vincent Sq.		10-10-17	C.L. 803 Debility
18.10.17	DMS.	Granted Leave on Rec. of Med. Bd.	16.10.17 to	16.11.17.	C.O. 1362.
7.11.17	CRO	Adm Can Red x Spec Hp	Buxton	5.11.17	C.L. 825 Gen Debility.
			Discharged	15-11-17	C.L. 886.
19.11.17	DMS.	Posted to No 4 Can Gen	Basingstoke	17.11.17	C.O. 1505.
21-5-18	4 C.G. Hp	Granted leave from	17-5-18 to	8-6-18	Pt 2 0/22.

NOV. 1917

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
8-2-19	AMS.	Adm. 4 Can Gen Hosp.	Basingstoke	3-2-19	A. 1209 Diphtheria
28-2-19	4 CGHp CAMC.	S.O.S. to CAMC. Cas. Coy. (21 days Cas.	Discharged	15-3-19	A. 1242 — do —
6-3-19	Cas. Coy.	T.O.S. on posting from 4 CGHp	"	21-2-19	P.T. Ford. 17.
25-3-19	Do	S.O.S. on posting to 4 Can Gen Hosp.		15-3-19	P.T. Ford. 55
26-3-19	4 CGH.	T.O.S. on posting from CAMC Cas Coy.		15-3-19	P.T. Ford. 71.
4-6-19	do	S.O.S. on transfer to C.S.T. in Canada		23-5-19	P. II D. 44.
31-7-19	WO	Awarded Royal Red Cross 2nd Class.			Lon Gaz 31482.
30-5-19	D.M.S.	S.O.S. on trans. to C.R. Fin Can. Cessation of Hostilities		23-5-19	C.O. 67.
		Sailed to Canada SS. Megantic		23-5-19	Sailing No 501. Eos. 29 Sept 20

17210

42013 THE MORTIMER SYSTEMS,
OTTAWA, CANADA

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Helen Christie

Address 330 Berkley St-

Toronto

Rate $50,00 MAY 1 1915

By Whom Assigned Christie Aimee M.

Regtl. No.

Rank Nursing sister

Corps # 4 Gen Hosp

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May		N1491	50 —	
June		P2625	50 —	
July		01190	50	
Aug.		S4357	50 =	
Sept.		N72638	50 —	
Oct.		08453	50 —	
Nov.		R9377	50	
Dec.		S94772	50	
Jan.	1916	N12146	50	
Feb.		N11396	50 —	50
March		15156	50	

ACCOUNT. CONSOLIDATED

I

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

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

Sheet No. 2. Helen Christie

Name of Soldier Christie Aimee M

Nursister 4th Gen Hosp

L. L. Job 89602.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	1339	50	
May		3839	50	
June		P7269	50	
July		E6714	50	
Aug.		A10293	50	
Sept.		A16039	50	
Oct.		A20381	50	
Nov.		A25289	50	
Dec.		A32212	50	
Jan.	1917	K38047	50	
Feb.		K43285	50	
March		R46340	50	50
April		S863	50	50 B.
May		I6898	50	
June		U13578	50	50 Cu
July		L21036	50	Cu
Aug.		A27477	50	
Sept.		P34146	50	
Oct.		W46001	50	
Nov.		K54948	50	
Dec.		A44434	50	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

1600 00

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.				

Surname. Christian Name.

CHRISTIE A. M.

Rank. Unit.

N/Str. C.A.M.C. 4. C.G.H.

Date of admission.

Disembarked at Malta 25-8-17.

Hospital.

Q.A.I.M.N.S.Hospital, Vincent's Sq. 10-10-17

Can.Red Cross Hospital, Buxton. 5-11-17.

Transferred ..... Hosp.

No.4 Canadian Gen.Hosp.Basingstoke 3-2-19

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis Debility.

Gen. Debility. and

Later diagnosis. .....

Diphtheria. at

.....

.....

.....

Disposition. Date

Discharged:-17-10-17.

..... do. 15-11-17.

do. ~~15-3-19~~

29-8-17 764-2.

13-10-17 803-2.

C.L. ~~23-10-17~~ 81[illegible]-2.

C.L. ~~8-11-17~~ 825-6.

C.L. ~~21-1-18~~ 886-8.

C.L. ~~8-2-19~~ 1209-4.

C.L. ~~19-3-19~~ 1242-2.

C.L. .....

C.L. .....

Remarks.

A.M.D. 2 DEPT.

Sch. of D.G.M.S. O.M.F.C. London.

D. M. S. 1347.

Surname	Christain Name	Reg. No.
CHRISTIE	A. M.	

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

MEDICAL BOARD held at	Date	Serial No.
(1) London Area	16-10-17.	
Other Medical Boards at do.	Date 17-11-17.	Serial No.
(2)		
(3)		
(4)		
(5)		

Condition found by Board

Debility.

Disposition Recommended

(1) Unfit any service 1 month.

(2) Fit General service.

(3)

(4)

(5)

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

Disposition

Remarks

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

Report No. 3118

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

Regtl. No., Rank and Name } H. S. Christie Age Corps

Disease Hospital

To Officer i/c Laboratory. Ward Beth Lesley

Please carry out an examination of the accompanying specimen of

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

O. i/c Ward.

LABORATORY REPORT.

Throat swab — cultured — negative
for diphtheria bacilli

Date of Examination 25. 2. 19

C P Brown
O. i/c Laboratory.

(S.O. 1452.) W. 5750/P821. 6,000 Bks. 3/18.—McC. & Co., Ltd., Ldn.—

LABORATORY REPORT

SURNAME. Christie Desp. L.G. 130196. R.R.C. 2nd class L.G. 31482-31-7-19

CARD NO. C5.

CHRISTIAN NAMES Aimée Mary

FOLL.

REGL. NO.

RANK Nursing Sister

UNIT No 4. Gen. Hosp. (Univ. of Toronto)

FORMER CORPS Nil

TOS MD2 from M.D.1-6-6-19. Ad. 179 of 23-6-19 + 2nd AM C.S.D.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Christie, Mrs. Mary A.

RELATIONSHIP TO SOLDIER Mother

ADDRESS 330 Berkeley St., Toronto, Ont.

COUNTRY OF BIRTH Canada, Toronto, Ont. DATE

PLACE OF ATTESTATION Toronto, Ont. DATE Apr. 7th. 1915

O/S. 17/5/15

R/C 2-6-19 340 Mtr

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

Date of Sailing 17-5-15
(auth. D.G.L. Nov. 1st 1915)

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

FORM R. 149.
7106—250m—7/2/17.

Name [redacted] CHRISTIE Aimee Rank N/Str Reg. No.

Unit CAMC

Next of Kin Canada

Date 1917	Movement	Place	Casualty	List No	Notified N/K O.	W.O. List
	5-11 Can.Red X Sp.Hosp.	Buxton	Gen.Debility	825		
15.11.17	Discharged Rw			886		

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

FORM R. 149.
7106—250m—7/2/17.

ERB

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

Aimee Mary

Unit CAMC 4 CGH

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
25.8.17.	Disembarked at Malta		Debility	764		
10.10.17	Q A Imn S Hos Vincent Sq		—	803		
17.10.17	Discharged			811		
3.2.19	H Can Gen Hos Basingstoke		62 Hd Diphtheria	1204		
15-3-19	Discharged 4003		—	1242		

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

Number ..... Rank N/S

Surname CHRISTIE

Christian Name AIMEE. MARY

Units ..... Theatre of War FRANCE

Date of Service 10-10-15

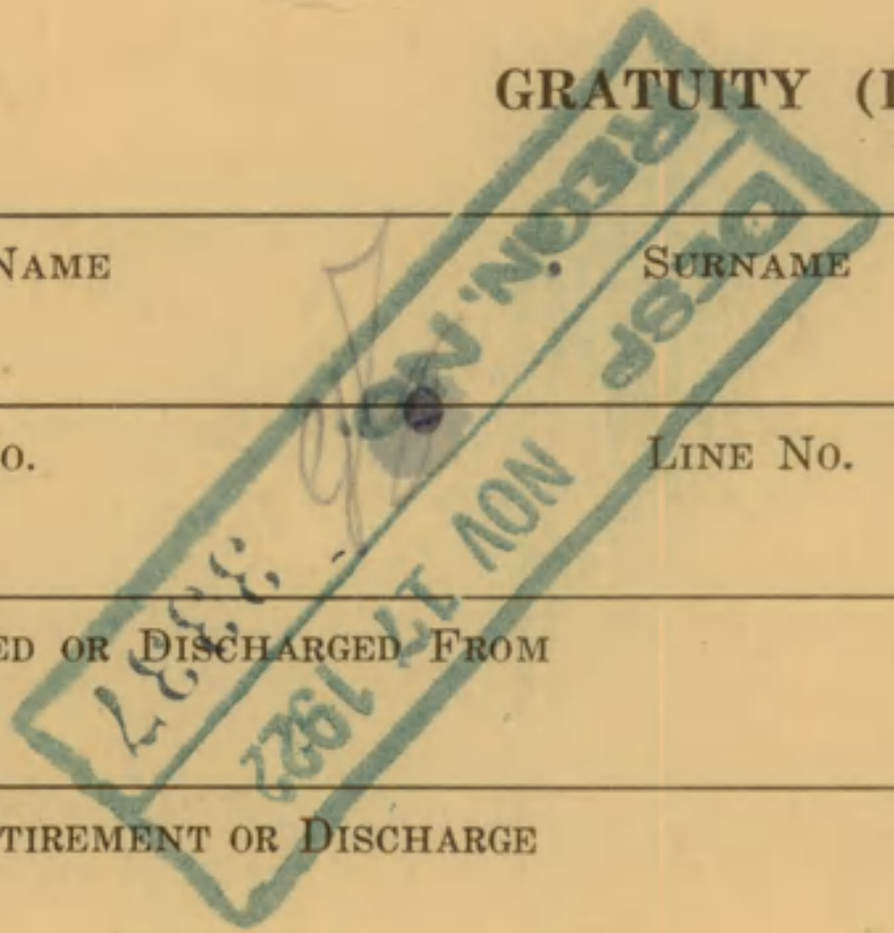
Remarks .....

Latest Address 330 Berkly St.
Toronto
Ont.

Roll No. .....

200m.-6-21. B Page 22211

GRATUITY (IMPERIAL)



CHRISTIAN NAME | SURNAME | REG. NO.

SCHEDULE NO. | LINE NO.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA | IMPERIAL DEPOT NO.

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

868—D.P.—40M-1-12-19.

Form DMS 1401.

A. & D. CARD

No. 4 Canadian Gen. Hospital, HOSPITAL.

AT Basingstoke.

A. & D. No. D 1 A 166 PL. OF ACTION W K.

RANK N/S. REG. No. UNIT C A M C 4th C G H SICK OR WOUNDED

NAME Christie A.M. AGE RELIGION R C.

PLACE IN HOSPITAL S/S.

DIAGNOSIS Diptheria

ADMITTED 2-2-19 FROM Lines

DISCHARGED 13. 3. 19 TO duty

TRANSFERRED

SERVICE AT HOME 4 Years IN FIELD

RESULTS

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

P.T.O.

REMARKS.

H. Q. Reference

No. Rank N/S. Unit No 4 Can. Gen. Hosp

Surname CHRISTIE

Christian names AIMEE MARY

I Kindly forward Medals, to which I am entitled by reason of my service in SALONIKI

(Theatre of War)

with No. 4 CANADIAN General Hospital

(Unit with which served in Theatre of War)

No. 330

Street BERKELEY St.

Town TORONTO, Ont.

County

A. M. Christie

(Signature)

(WRITE IN BLOCK LETTERS AND IN INK)

O.H.M.S.

TORONTO, ONT.
OCT 23
11 PM
1922
TERM'L STN. A

POSTAGE
FREE

SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.

200M.-4-21.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

C

Date of Assignment ~~5538~~ May 1st/15

RATE OF SEPARATION ALLOWANCE

5692

RATE OF ASSIGNMENT

50			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank N. S. Promoted Reverted Discharge

Soldier's Name Aimee M. Christie

Battalion 4 Gen Hosp.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Helen Christie

Address 330 Berkley St. Toronto.

Change of Address

1

2

3

4

Date	Cheque No.		Amount S/A	Amount A/P	Total		REMARKS
1917							3181-A-35
Dec. 31				1600	1600		
Jan.	65618	S		50	50	B	
Feby 18	94046	D		50	50		
Mar	112232	A.		50	50	✓	
April	7570	M		50	50	✓	
May	18273	K		50	50	✓	
June	22277	G		50	50	✓	
July	32269	T		50	50	✓	
Aug	35408	G.		50	50	✓	
Sept.	43761	J		50	50	✓	
Oct.	52967	I		50	50	✓	
Nov.	52970	D		50	50	✓	
Dec	67874	M.		50	50	✓	
JAN	73254	J.		50	50	✓	
FEB	77497	M		50	50	✓	
MAR	84595	H		50	50	✓	
APR	3218	J		50	50	✓	
MAY	8473	F		50	50	✓	
JUN	9139	G		50	50	✓	
				2500	2500		

A/c Closed 30-6-19

Ret'd per Megantic

Date 3/6/19 M.F.W.187 M. D. 5

Closed T Shanahan

M.R.O. 122929 - 11

6/19.

AUDITED

CONSOLIDATED ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

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

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—1774-39-141
L. L. 22520—M. & D. 7483.

Report No. 3147 Army Form W. 3212.

(In books of 100.)

Regtl. No., Rank and Name } 2/5 Schuster Age Corps

Disease Diphtheria Hospital

To Officer i/c Laboratory. Ward Hut 5 Section

Please carry out an examination of the accompanying specimen of

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

O. i/c Ward.

LABORATORY REPORT.

Throat swab – negative for Diphtheria bacilli

Date of Examination 5·3·19

C P Brown

O. i/c Laboratory.

(S.O. 1452.) W. 5750/P821. 6,000 Bks. 3/18.—McC. & Co., Ltd., Edin.—

W.H.2.46.

W.H.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Aimee Mary CHRISTIE (A.R.R.C.)

Enlisted in The Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE, on the [redacted]

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

in The Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE on the Tenth day

of April 191 6.

S HE SERVED in CANADA, ENGLAND & SALONICA, with the Canadian Army Medical Corps.

and was STRUCK OFF THE STRENGTH on the Twenty-ninth day

of September 19 20 by reason of General Demobilisation

Dated at Ottawa, this Twenty-fourth day

of November 1920

Mentioned in Despatches, L.G. #30196 d/21-7-17.
Awarded The Royal Red Cross, 2nd. Class, L.G. #31402 d/31-7-19.

Major

For Director of Personal Services.

M. F. W. 2618a

10M.—3-20
1772-39-1428

P—15.

ASSIGNED PAY.

UNIT. NAME OF 104 G.H. DATE AUTHORITY

RANK. M/S. DATE AUTHORITY

NAME.

Beneficiary

Address

Amount. $

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

Name Christie

Initials A. M.

Bank of Montreal

1916-17

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case	INITIALS
1916	B/F'd from old sheet.							
Dec 11	A.P. Can				50			
12	Pay Dec		111 60					
15	Bank			61 60		0		
1917 Jan 19	A.P. Can				50			
22	Pay Jan		111 60					
25	Bank.			61 60		0		
Feb 19	Pay Feb.		100 80					
19	A.P. Can				50			
22	Bank	21943		50 80		0		
March 20	March Pay. R.		111 60					
21	A.P. Can				50			
23	Bank	24818		61 60		0		

UNIT

NAME

DATE OF APPOINT

MARRIED (YES OR

ASSIGNED PAY:—

MONTHLY AMOUNT

TO WHOM PAYABLE

NEXT OF KIN:—

DATE NON-EFFECT

AND CAU

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	ALLO

SUNDRY PAYMENTS

DATE		CHEQUE NO.	PARTICULARS

P—15.

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

Beneficiary Miss Helen Christie — No. 4 Gen Hr. — Nursing Sister 7-4-15. — Name Christie

Address 330 Berkley St. Toronto Ont. — Initials A. M.

Amount. $ 50 00 — Bank

Separation Allowance issued. Yes or No.

1916-17

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case	INITIALS
1916								
apl 1st	A.P. Can				50			
	Pay apl (R)		108			58		
	Bank			58		0		
may 17	Pay may		111 60					
	A.P. Can				50	61 60		
	Bank			61 60		0		
June 17	Pay June (R)		108					
20	A.P. Can.				50			
	Shipboard Prats. Paid twice. adv Bch			10				
	Bank	3874		48				
July 17	A.P. Can				50			
20	Pay July (R)		111 60					
25	Bank	4991		61 60				
Aug 16	A.P. Can				50			
17	Pay Aug (R)		111 60					
23	Bank	7299		61 60				
Sep 20	Pay Sep (R)		108					
20	A.P. Can				50			
28	Bank	9510		58				
oct 17	A.P. Can				50			
23	Pay Oct R.		111 60					
27	Bank	11000		61 60				
nov 16	A.P. Can				50			
17	Pay Nov (R)		108					
24	Bank			58				

Carry forward to next sheet

NAME Christie. A.M. ✓

DATE OF APPOINTMENT Toronto 7 Apl 1915

MARRIED (~~YES~~ OR NO)

NEXT OF KIN:— NAME Mrs Mary A. Christie. Mother

ADDRESS 330. Berkeley St Toronto.

DATE NON-EFFECTIVE AND CAUSE

UNIT Nursing Sister No 4. General Hospital ✓

ASSIGNED PAY:— $50.00

MONTHLY AMOUNT

TO WHOM PAYABLE Helen Christie, 330 Berkley St. Toronto Ont

BANK IN WHICH PAY & ALLOWANCES DEPOSITED Bank of Montreal

1915-16

PERIOD From	PERIOD To	No. of Days	Regtl. Rate	PAY Amount of Regimental	PAY Command	PAY Adjutant	PAY Cr. from Prev. Account	PAY Total Pay	Rate of Field Allowance	ALLOWANCES Amount of Field Allowance	ALLOWANCES P. F. Allowance	ALLOWANCES Messing	ALLOWANCES Subsistence	ALLOWANCES Total	Total Pay and Allowances	Assigned Pay	Sundry Deductions	Net P. A.	~~Paid in Cash~~ Balance	Deposited in Bank	Carried Forward	Remarks
1/6	30/6	30	2	60			28 10	88 10	60	18		35		53	141 10	50		91 10		91 10		
1/7	31/7	31		62				62		18 60		31		49 60	111 60	50		61 60		61 60		
1/8	31/8	31		62				62		18 60		31		49 60	111 60	50		61 60		61 60		
1/9	30/9	30		60				60		18		30		48	108	50		TOTAL DR. 50		58	11.18 4	
1/10	31/10	31		62				62		18 60		31		49 60	111 60	50		50	~~61 60~~	61 60		
1/11	30/11	30		60				60		18		30		48	108	50		50		58		
1/12	31/12	31		62				62		18 60		31		49 60	111 60	50		50		61 60		
1/1 1916	31/1	31		62				62		18 60		31		49 60	111 60	50		50		61 60		
1/2	29/2	29		58				58		17 40		29		46 40	104 40	50		50		54 40		
1/3	31/3	31		62				62		18 60		31		49 60	111 60	50		50		61 60		
																500				631 10		

Cr from Prev a/c 28 10
305 days @ 3.60 1098 00
5 " messing May 5 00 1131 10

Ass Pay 500.00
Deposits 631.10 1131.10

SUNDRY PAYMENTS

DATE 1915		CHEQUE No.	PARTICULARS	AMOUNT $	C.	£	S.	D.	REMARKS
Aug	14.	99.	Hotel accom. Thackeray Hotel, London. 29-30 4/15.				12		
Oct	11	971	Outfit allce - Tropical			5	10	0.	

FORM P.15
2227—10M—1/1/17

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

	NAME OF	DATE	AUTHORITY		DATE	AUTHORITY
Beneficiary	No4 C.G.H		Pay 2 pd	N/S	7-4-15	
Address			F.A. 60			
Canada			Mess 1.00			

Name Christie
Initials A.M.
Bank of Montreal
Trafalgar Sq

Amount. $ 50.00

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

Leave 16 10/17 - 16 11/17. Dms Co. 1362. 18 10/17.

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								
April 21	April Pay - R.		108					
22	A.P. Can				50			
26	Bank	3003		58		—		
May 9	A.P. Can				50			
22	May Pay - R.		111 60			61 60		
23	Bank	5986		61 60		—		
June 9th	A.P. Canada				50			
" 14	June Pay (R)		108			58		
22	Bank	9004		58		—		
July 19	July Pay (R)		111 60					
17	A.P. Canada				50			
24	Bank	13092		61 60		—		
Aug. 18	August Pay (R)		111 60					
"	A.P. Can				50	61 60		
21	Bank	17361		61 60		—		
Sep. 15	Sept Pay (R)		108					
12	A.P. Canada				50	58		
21	Bank	21863		58		—		
Oct 9	October Pay (R)		111 60					
10	A. Pay Canada		111		50			
19	Bank	26291		61 60		—		
23	Trav allce 2-10 10/17.	7504					£6-0-0 29.50	
Nov. 16	November Pay (R)		108					
8	Adv. by C-Paymaster. Malta £5. 1 10/17. List 40.	No. 588.		24 35				
15	A. Pay Canada				50			
20	Bank	30763		33 65		—		

Carried For.

FORM P.15
2227—10M—1/1/17

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

	NAME OF	DATE	AUTHORITY		DATE	AUTHORITY
Beneficiary			Pay 2.00 pd	N S		
Address			F A 60			
			Mess 1.00			

Name Christie
Initials A M
Bank of Montreal
Trafalgar Sq

Amount. $ 50 can
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								
Nov 24	Sick leave allce 17 10/17 - 16 11/17 (less 11 dys)	9370					52-1-1 10.00 ✓	
Dec 7	December Pay (R)		111 60					
4	A P. can				50			
13	Bank	35096		61 60		—		
1918 Jan	Jan Pay (R)		111 60					
15	A P. can				50			
22	Bank	39501		61 60		—		
Feb 11	Feb Pay (R)		100 80					
11	A P. can				50			
20	Bank	40996		50 80		—		
Mar	March Pay (R)		111 60					
11	A P. can.				50			
22	Bank			61 60		—		

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

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

	NAME OF	~~DATE~~ Rates	~~AUTHORITY~~		DATE Mess	AUTHORITY
Beneficiary	No 4 C. G. H	Pay	2 ** pd	N. S	7 4/15	
Address Can		J. A.	1.60 "			
		Mess	1 ** "			

Name Christie
Initials A. M.
Bank of Montreal Trafalgar Sq

Amount. $50 **
Separation Allowance issued. Yes or No.....

1918-19 1919-20

add. Outfit allce 1/8/18 $100

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918								
Apl 17	A P. Can				50			
	Apl Pay (R)		108					
24	Bank	1187		58		0		
May 19	May Pay (R)		111 60					
11	A P. Can				50			
23	Bank	2683		61 60		0		
June	June Pay (R)		108					
14	A P. Can.				50			
21	Bank	4166		58		0		
July	July Pay (R)		111 60					
16	A P Can				50			
23	Bank	5626		61 60		0		
Aug	Aug Pay R		111 60					
13	A P. Can				50			
24	Bank	7258		61 60		0		
Sept	Sept Pay R		108					
12	A P. Can				50			
24	Bank	9187		58		0		
Oct	Oct Pay R.		111 60					
15	A P Can				50			
22	Bank	10404		61 60		0		
	Outfit allce 1/8/18		100					
30	Bank	10854		100		0		
Nov	Nov Pay. (R.)		140					
	A. Pay Can.				50			
26	Bank.	12521		90		0		
	C. Forwd							

FORM P.15
5986–25M–19/1/17

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

Beneficiary — Address — Amount. $ 50. Can

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

UNIT: C.A.M.C. — Pay $2.00 Pd / Fa $1.00 " / Mess $1.00 "

RANK: A/P — 7 4/15

NAME: Name C. Christie — Initials A. M. — Bank of Montreal Traf Sqre

a. o. a. 1918.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Dec								
	Dec Pay R. a P Can		124		50			
18	Bank	13792		74		1		
Jan 22	a. P Can Pay (R)		124		50			
28	Bank	15564		74		0		
Feb. 10	a. Pay Can Pay. (R)		112		50			
25	Bank	17078		62				
Mar 17.	Pay (R) a. P Can.		124		50			
24	Bank	18657		74		0		
April 9	april Pay (R) a. Pay Can.		120		50			
26	Bank.	1044		70		0		
28	adv. May Pay Bank.	1203		74		Dr. 74		
May 12	Pay R a. Pay Can.		124		50	0	To Ledger 12 fr R 5 12 6/19	

RETURNED TO CANADA
L.P.C. TO 31/5/19
TRANSFER TO N.E. LEDGER
$25 4/19

Megantic 3/6/19 Ck-547 PBI-11-19

AUDITOR | PAYMASTER

ORIGINAL

(1)

M. & R S. — PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES — REGT. No. — RANK N/S. — NAME (IN FULL) CHRISTIE AIMEE MARY (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
To T.H.Q.	6-6-19	T.H.Q. 174 A.D.O.M.
To A.D.O.M.	23-6-19	" " 174 A.F. 153

ORIGINAL UNIT C.E.F. C.A.M.C. — IF IN P.F. WHAT UNIT? 330 Berkeley St Toronto Ont

PLACE OF ATTESTATION — TRANSFERRED TO A.M.C.T.D. #2 — DATE 6-6-19 — AUTHORITY D.O. 179

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

JUL 1 - 1920 No. 2 DETACHMENT, C.E.F. 56

ASSIGNED PAY $ 50.00 — DATE EFFECTIVE 1/7/19

PAYABLE TO Helen Christie — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 330 Berkeley Street Toronto

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Toronto — DATE 29/9/20 — REASON Demobilized — AUTHORITY A.M.S. 68 memo — IF ENTITLED TO POST DISCHARGE PAY Yes

C.A.M.C. C.E.F. No. 2

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																			
31/5/19					N/L												90	00					50	00			9	00			149	00	149	00			20/5/19 A.D.O. 1st pay 1059. Ord. Reg. June Reb. Medy 23-31/5/19
June 1-	6	3	00	18					18	-																			149	00	131	-			T.O.S. D.O. 179 from O/S 23-5-19
June 7 to Oct 31	147	3	00	441	23	80			531	80	S91 314	491 497					300		50	80	50								531	80	131	-	400	00	L.O.A. 6 to 19 June T.H.Q. 174 A.D.O.M. to 23 30 June to 6-19 June — or leave 67 M.A. 20 June to 31 Oct. 50 00 A.F. 5 12323 1443 124 1717 A.P. 19 1758-165A-24-11 M-A-1-30 75 00 Mar. A.F. 5 12930 180A 18-17 15 50 Mch 1-31 Mar. Xmas acc.
Nov	30	3		90	15	-			105	-							15		30	-	50								105						
Dec.	31			93	15	50			108	50							30		28	50	50								108	50					
Dec. 1920						25				25																	25						25		
Jan	31	3		93	15	50			108	50	S93 324	543 527					25	-	33	50	50								108	50					ap 5 936 gr. 207 00 78/. 15 50 Mch 1-31 Jan. 14 00 Mch 1-29 Feb. AP 5 3178 75 23/3 229A
Feb.	29	3		87	14	50			101	50	201A 15/- 212A 30/- 228A 16/3 231A 27/3						25		26	50	50								101	50					
March	31	3		93	15	50			108	50	24 4A 16/3 24 4A 24/3						25		33	50	50								108	50					
April	30	3		90	15				105		320772 320550 (AR9 141 B) 27/4						25		30		50								105						AP 3 9277 23/3 249 A AP April 2 3 2040 3 29/4 13A
May	31	3	-	93	15	50			108	50	323856		324065		323964		25	-	33	50			50						108	50					
June	30	3		90	15 23	80			128	80	32-12.5 324265 27-11.6		44-26.5		41-21.5		50	-			28	80	50				7	00			135	80	7	00			L.O.A. 1-6 to 14-6-20 R.O. 411 D.A. 153 83 2441 56 - 61 - 23-6-20 7 00 over credited via 1 to 14-6-20.
July	31	3	00	93	15	50			108	50	32 66		33 045				25	-	26	50			50	-					101	50					
Aug.	31	3	00	93	15	50			108	50	25-5 46						25	-	33	50			50	-					108	50					
Sept	29	3	00	87	14	50			108	50	28/9-25 34/604						25	-	~~30~~				50	-					~~105~~ 101	50					
																	26	50																	
			1440	-	281	85			1724	85							146	50	548	50	261	60	600	-	-	25	138	-			1724	85					

CAPTAIN, PAYMASTER, No. 2 DETACHMENT, C.E.F.

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-89-1390.

see sheet #2

(2)

AUDITOR 40 | PAYMASTER

M. OR S.

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

REGT. No. | RANK N/S. | NAME (IN FULL) Christie Annie Mary (BLOCK LETTERS SURNAME FIRST)

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

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

JUL 1 - 1920 No. 2 DETACHMENT C.E.F. 56

ASSIGNED PAY $ 50 xx/100. | DATE EFFECTIVE

PAYABLE TO Helen Christie | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 330 Berkeley St Toronto Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Toronto | DATE 29/9/20 | REASON Demobd | AUTHORITY asms 68 memo | IF ENTITLED TO POST DISCHARGE PAY

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

C.A.M.C., M.D. No. 2

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																				

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

The Board concurs

19. Is the invalid fit for
- ~~(a) General service,~~ ~~(Category A) (Yes or No.)~~
- ~~(b) Service abroad, not general service,~~ ~~(" B) (Yes or No.)~~
- ~~(c) Home service (Canada only),~~ ~~(" C) (Yes or No.)~~
- ~~(d) Temporarily unfit.~~ ~~(" D) (Yes or No.)~~
- (e) Unfit for service in Categories A, B and C (" E) (Yes or No.)

20. It ~~is certified that the invalid~~
(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

(b) Does not require treatment.
(c) ~~Should pass under his own control.~~
(d) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)
As fit for General Service.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

J. H. Cathcart Major *President.*

PLACE D.O.H. Toronto.

DATE Sept. 14, 1920

J. D. Edmison Capt } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned ..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness ..... Signed .....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

APPROVED
SEP 14 1920
C. H. McKillip
Lieut. Col.
For A.D.M.S., M. D. 2

President

PLACE

DATE

} Members

APPROVED BY

Assistant Director of Medical Services.

DATE

APPROVED BY

H. A. Chestnut Col
for *Director-General of Medical Services.*

DATE 6-10-20

G.A.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION D.O.H. Toronto DATE 7-9-20

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

(d) Surname CHRISTIE (e) Christian name MARY AIMEE

(f) Home address 330 Berkely Street, Toronto

(g) Next of Kin Mrs. Mary CHRISTIE (h) Relationship Mother

(i) Address of Next of Kin Same address

2. Age last birthday 37 Date of birth August 15th, 1883

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto (b) Date Mar. 25/15

4. Personal description:

(a) Height 5' 7½" (b) Weight 140 (stripped) (c) Complexion medium

(d) Colour of hair dark (e) Colour of eyes grey (f) Identification marks, Scars, etc. nil

5. Former trade or occupation Professional Nurse

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	5	166

N/S's Statement.	Periods From	Periods To
Canada	Mar. 25/15	May 15/15
England	May 15/15	Oct. 18/15
~~France~~ or other theatres of War Salonika & East England and Canada...	Oct. 18/15 Oct. 17/17	Oct. 17/17 to date

7. Original disease, or injury Diphtheria

(a) Date of origin 2.2.19 (b) Place of origin Basingstoke, England.

(c) Cause Infection

M. F. B. 227.
400M—11-18.
1772-39-117.

B. P. C. FOLIO
FALSE DOCKET
3

18

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

Nil

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Subjective: Occasional shortness of breath in climbing stairs;
otherwise no complaint.
Objective: Patient looks well. On examination heart souhds normal
& no Valvular lesion. Slight increase in heart's action. Pulse 82
All other systems normal. See Col. McVicar's Report.

Col. McVicar's Report.

Occasional breast pain on exertion. Exam.- No Cardiac enlargement.
Sounds clear - no murmurs. Spleen not palpable, and not apparently
enlarged to percussion. This Nursing Sister had to my knowledge a
malarial infection in Salonica in 1917 but was not admitted to Hospital.
Impression: No disability. (Sgd.) C.S.S. McVicar, Lt. Col.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

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

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

Disturbances of Mentality..No..Digestive System..No..Muscular System..No..

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

Wears suitable glasses.

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

Patient had Diphtheria with heart affection afterwards in February
and March 1919 (M.H.S.) Good recovery. Was in the East 2 years.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Measles when child. Debility (M.H.S.) 1917, England.
Tertial Malaria Salonika 1917.

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

Nil

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

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N.A.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment?..N.A.

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?..N.A.

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

See M.H.S.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?..No..
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed?..Yes..
(If not, briefly state why)

17. Recommendations..

Discharged from Service as fit.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned..have heard the description of my disability and present condition read, and am satisfied (or not ~~satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of..

A. M. C. Christie..Rank.
Signature of invalid examined.

FALSE DOCKET 2