MK 16.7.19

REGIMENTAL DOCUMENTS

NAME Clancy, Mary REGT. NO. N/Sister 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
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		~~Pers.~~	~~17-7-19~~	~~Pers - 88628~~	DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		Returned 5/8.19.			Category
	TRAINING HISTORY SHEET (M.F.W. 113)				20649	
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category Demob
	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)					
1	M. F. W. 2591					
1	Disp. Cert					
1	Misc					
1	C.A.D.C. 5009A					

Ref S.S. Altic 3.7.19

W. 2589
100M-11-18
1772-39-1377

OK

Number ..... Rank N/S

Surname CLANCY

Christian Name MARY

Units ..... Theatre of War ENGLAND

Date of Service 7/6/18

Remarks 10 Ashford St Allston Mass.

Latest Address ~~Chatham~~

~~N.B.~~

Roll No. .....

200m.-6-21. a Page 5041

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

DESP. JUN 12 1923
REGN. NO. 1948

868—D.P.—40M-1-12-19.

392-3-306

H. Q. .....

M. D. No. ~~6B~~ 7

Surname Clancy

T. O. S. June 16 1918

Christian names M

R. O. P. 741 July of 2 1918

Regtl. No. ..... Rank N/S

S. O. S. 14/7/1919

Unit C. A. M. C. (Rein. Drap.) Details

Reason Ret. to Aust. Mil. unit on demob.

Auth. R.O. 2094 25/7/19 DD 1997 of 16-7-19 DD 7.

Next of kin ..... Relationship .....

Address .....

Also notify: .....

BORN—Place ..... Date .....

ATTESTED—Place ..... Date .....

O/S 5-6 8 7350/6

R/C 11-7-19 369/3 N/S 6B

W. 2[illegible] M-7-18. 1772-39-839

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

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

Casualty Form—Active Service.

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

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

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
5.7.18	Camb D.	T.O.S. from Canada	S Cliffe	17-6-18	Pt II 186 (AMD 4/10-14-0
9.7.18	do	S.O.S. 6 No 16 C.G.Hosp	do	29/6/18	Pt 190 (16 C.G.H. Pt 155)
2.7.19	16 C.G.Hosp.	T.O.S. from Camb Dep	Orsington	29.6.18	Pt. II do 155.
1/7/19		S.O.S. of O.M.F. of C. on Embarkation for Canada	Tapley Barks	3/7/19	

O. P. Stensrud Capt. ASST. ADJUTANT. FOR OFFICER COMMANDING. C.A.M.C. DEPOT.

EMBARKED LiverPool 3'7' 19
DISEMBARKED Halifax 11,7,19
S.S.CELTIC SAiliNG NO.36.

J. E. Hull Captain C.A.M.C.
REGISTRAR & ADJUTANT
FOR OFFICER COMMANDING.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
17 7/19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 7	3/7/19	C.E.F. R.O. No. 2082-19
25-7-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 7	14-7-19	C.E.F. R.O. No. 2094-19

W. Hinter. Capt
for Director Personal Services

CANADIAN EXPEDITIONARY FORCE

E.J.A.7-36.
L.O.H.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)........Nursing Sister.........

(Name in full)........Mary CLANCY.........

Enlisted in........Canadian Army Medical Corps.........

CANADIAN EXPEDITIONARY FORCE, on the.....xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

day of....xxxxxxxxxxxxxxxxxx191.xx.AND WAS APPOINTED to COMMISSIONED RANK

in ....Canadian Army Medical Corps.........

CANADIAN EXPEDITIONARY FORCE on the........Twelfth........day

of........April........1918..

SHe SERVED in CANADA, & England with the Canadian Army Medical Corps., Canadian Army Medical Corps Depot Shorncliffe., #16 Can. General Hospital.

and was STRUCK OFF THE STRENGTH on the........Fourteenth........day

of........July........1919..by reason of........General Demobilization.........

Dated at Ottawa, this........Twelfth........day

of........December........1919..

........Lieut.

for Director of Personal Services.

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

Forms R. 150.
3232. 15.M. [redacted]

Surname CLANCY **Christian Names** Mary

Rank N/Sister.

Name and Address of Next-of-Kin
Mrs.Sarah Clancy, (Mother)
Chatham,N.B.

Promotion

Harvard Surgl. unit at a Br. Hosp. France, 1 year

TOS. 12 Apr 18

Unit C.A.M.C.

Place of birth Newcastle,N.B.

Married (Yes or No)

Appointments

Date of leaving Canada 17.6.18.

Date and Cause of Resignation

Report: Date	Report: From whom received	Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS Taken from Official Documents
4.7.18.	D.M.S.	T.O.S.on arr.from Canada.		17.6.18	C.O.666.
9.7.18	C.A.M.C. Depot	S.O.S. & posted to 16 C.G.H.		29.6.18	Pt II. O. 190
2.7.18	16 C.G.H.	T.O.S. from C.A.M.C. Depot		29.6.18	Pt II. O. 155 C.A.M.C.D. Pt II. O. 190
31-1-19	Do	Granted leave from 31-1-19 to		16-2-19	Pt. ord. 27.
4-7-19	do.	S.O.S. & posted to 15 C.G.H.		2-6-19	Pt II O. 157.
8-7-19	15 C.G.H.	T.O.S. from 16 C.G.H. Orpington		2-6-19	" " 149.
11-7-19	do	S.O.S. to C.E.F. in Canada		3-7-19	" 151.
9-7-19	D.M.S.	S.O.S. to Canada		3-7-19	C.O. 80.
		Sailed to Canada Celtic		3-7-19	S.L. 86.

SOS. 14.7.19.

20109

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					

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 ....3/S.....Surname ....CLANCY.....

(Given name in full) ....MARY.....

Unit or Corps ....Camc.....Birthplace ....Newcastle N.B.....

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

1. **GENERAL DESCRIPTION:**

Physique ....good.....Weight ....105....lbs. Height ....5....ft....3....in. Colour of Eyes ....brown....

Nutrition ....good.....

Pulse ....72.....

Condition of arteries ....normal.....

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

Hearing (conversational voice) Rt....21....ft.

Left ....21....ft.

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

1 Vacc^n mark. left arm

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

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

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

Special Senses ....no.....Integumentary System ....no.....Respiratory System ....no....

Disturbance of mentality ....no....Muscular System ....no.....Digestive System ....no....

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

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

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Orpington (Overseas)

Date May 17, 1919 Signed C. C. Ballantyne 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 Henry Clancy

(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 Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

MEDICAL HISTORY SHEET

Surname Clancy *Christian Name* Mary

Examined { on 12 day of April 1918 / at St. Johns. N.B.

Birthplace { City or Town Newcastle / County N.B.

Apparent age 29

Trade or occupation Trained nurse

Height 5 feet 3 Inches

Weight 128 lbs.

Chest measurement { Minimum 34 inches / Maximum expansion 37 inches

Physical development Good

Small-pox Marks None.

Vaccination Marks { Arm ~~Right~~ Left / Number 1

When Vaccinated last August 1916

(*a*) Marks indicating congential peculiarities or previous disease None.

(*b*) Slight defects but not sufficient to cause rejection

Approved by E. Thomas Capt

Rank M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
16-4-18	Good	E. Thomas Capt	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
12-4-18		E. Thomas Capt	M.O.
19-4-18		E. Thomas Capt	M.O.
26-4-18		E. Thomas Capt	M.O.

Enlisted on ..... *day of* ..... *191* ..... *at* .....

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

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

M. F. B. 313.

300M.—1-17.
H. Q. 1772-39-439.

Surname Clancy Christian Name Mary

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

MEDICAL HISTORY SHEET

ORIGINAL

Surname Clancy Christian Name Mary

Examined on 12 day of April 1918 at St. John - N. B.

Approved by E O Thomas Capt

Birthplace City or Town Newcastle County N. B.

Rank M.O.

Apparent age 29

Trade or occupation Trained nurse

Height 5 feet 3 Inches

Weight 128 lbs.

Chest measurement Minimum 34 inches Maximum expansion 37 inches

Physical development Good

Small-pox Marks None.

Vaccination Marks Arm ~~Right~~ Left Number 1

When Vaccinated last August 1916

(a) Marks indicating congential peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
16-4-18	Good	E O Thomas Capt	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
12-4-18		E O Thomas Capt	M.O.
19-4-18		E O Thomas Capt	M.O.
26-4-18		E O Thomas Capt	M.O.

Enlisted on ..... *day of* ..... *191* ..... *at* .....

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

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
No. 18 CANADIAN GENERAL (ONTARIO) HOSPITAL ORPINGTON, KENT.	14/5/19	Fit A.	C C Ballantyne Capt.

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.

300M.—1-17.
H. Q. 1772-39-439.

Surname Clancy Christian Name Mary

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

Unit C.A.M.C. Rank N/S. Name Mary Clancy

OFFICERS' DECLARATION PAPER Original

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (*a*) What is your Surname? Clancy.
   (*b*) What are your Christian Names? Mary
2. (*a*) Where were you born? (State place and country) Newcastle, N.B. Canada
   (*b*) What is your present address? Chatham, N.B.
3. What is the date of your birth? 1888 - 22 December.
4. What is (*a*) the name of your next-of-kin? Mrs Sarah Clancy.
   (*b*) the address of your next-of-kin? Chatham - N.B.
   (*c*) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? Trained 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? C.A.M.C.
9. State particulars of any former Military Service. 1 year of active service with the Harvard Surgical Unit as a British Hospital in France
10. Are you willing to serve in the C.A.M.C. Armouries Hospital, St. John N.B.
    CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes. 5 months.

The undersigned hereby declares that the above answers made by ~~him~~ her to the above questions are true.

Mary Clancy (*Signature of Officer*)

Taken on strength (place).....

(date).....

.....
(*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* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Apr 12 1918

Place St. John N.B.

E. Thomas Capt
Medical Officer.

*Insert here "fit" or "unfit

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

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICERS

(Ministers)

1. Name in full ..... Name .....
2. What are your Christian names? .....
3. Where were you born? (State place and country) .....
4. What is your present address? .....
5. What is your present occupation? .....
6. What is your religion? .....
7. Are you married or single? .....
8. Are you married or widower? .....
9. Are you married or widower? .....
10. What is your nationality? .....
11. Are you willing to be vaccinated or re-vaccinated and inoculated? .....
12. To what Unit are you willing to go? .....
13. Have you relatives in any Overseas Military Service? .....
14. Are you willing to serve in the C. A. M. C. .....

CANADIAN OVER-SEAS EXPEDITIONARY FORCE?

I hereby declare that the above answers made by me to the above questions are true.

(Signature of Officer) .....

(Date) .....

(Place) .....

(Signature of Witness) .....

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Military Service for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

(Date) .....

(Place) .....

.....

Medical Officer.

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

Group ~~A11~~ HQ
Checked by No. 25
Date 2 JUL 1919

Accupational Group 19
Disposal Area C

Clancy M

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

Chas Herbert 110590 1111

1. RANK	Nursing Sister
2. NAME	Clancy Mary
3. UNIT	C.A.M.C.
4. DATE STRUCK OFF STRENGTH	PLACE Orpington
5. REASON	SOS 14-7-19 RO 2094-19 Cessation of Hostilities.
6. AUTHORITY	
7. PROPOSED RESIDENCE	Chatham. N.B.

I

23-1-2

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.

EMBARKED LiverPool 3'7' 19
DISEMBARKED Halifax 11,7,19
S.S. CELTIC SAILING NO. 86.

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

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

ASSIGNED PAY. | UNIT. NAME OF | RATE OF P. AND A. | RANK. | Mess DATE | AUTHORITY | NAME. 11-C-217 Fr Canada

Beneficiary | CAMC | Pay 2.00 | N/S | 28 6/18 | DMSCO #666 d/4 7/18 | Name Clancy

Address | F.A. .60 | Initials Mary

Messing 1.00 | Bank of Montreal Traf. Sqre

Amount. $

Separation Allowance issued. Yes or No..... add. Outfit allce $100. 8 6/20

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
July 11	Pra f 8 6/18 - 30 6/18 Mess f 28 6/18 V010002		62 80					
	Do (+ Cr bal fr Can $30.10) Bank	4722		92 90				
15	Cr bal Can 7 6/18 aut LP C fr Can Vo 190		30 10.					
	July Pay (R)		111 60					
23	Bank	5626		111 60		0		
Aug	Aug Pay R		111 60					
24	Bank	7258		111 60		0		
Sep	Sept Pay R		108					
24	Bank	9187		108		0		
Oct	Oct Pay R.		111 60					
27	Bank	10404		111 60		0		
Nov	Nov Pay (R)		140					
	Bank	12521		140		0		
Dec 18	Dec Pay (R)		124					
	Bank	13792		124		0		
Jan	Jan Pay (R)		124					
28	Bank	15564		124		0		
Feb 17.	Pay (R)		112					
25	Bank	17078		112		0		
Mar.	Pay (R)		124					
25	Bank.	18651		124		0		
April 9	April Pay (R)		120					
26	Bank.	1044		120		0		
May 12	Pay (R)		124					
22	Bank	2593		124		0		

C Forwd

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

ASSIGNED PAY.	UNIT. NAME OF	RATE OF P. AND A.	RANK.	DATE	AUTHORITY	NAME.
Beneficiary	C Amb.	Pay 2. 00 Pd	N/S			Name Clancy
Address		F.A. 1 00 "				Initials Mary
		Messing 1 00 "				Bank of Mon
Amount. $						Traf Sqre
Separation Allowance issued. Yes or No.....		A. O a. 86/20				

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
	Br Fowd							
June 16	June Pay (R)		120				Rcta to Can	
17.	Adv June & July Rea Bank.			244		Dr 124	LPC to 31 2/19 Imb	
July	July Pay R.		124				Tsfr to N E Ledge 12.	
							From Ledg 3 14. 8/19	

M.D. No. 7

Bank of Nova Scotia Chatham N.B. | AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. | RANK N Sister | NAME (IN FULL) Clancy, Mary. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP | PARTICULARS | EFFECTIVE DATE | AUTHORITY

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

ADDRESS

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

IS SEPARATION ALLOWANCE PAID? Nil | DATE EFFECTIVE | ASSIGNED PAY $ Nil | DATE EFFECTIVE | April 9th 1918. | 2595

TO WHOM PAID | RELATIONSHIP | PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE St John N.B. | DATE 14-7-19 | REASON Demob | AUTHORITY DO. 197 | IF ENTITLED TO POST DISCHARGE PAY

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 July						Nil											Nil			S.S. Celtic 11-7-19. Bal Nil Eng LPC 31-7-19
WAR SERVICE GRATUITY.																				
				WSG.									WSG.					Officer		
122 dys at 3.00				366 00		366 00							90 00				90 00	276 00		1st P WSG ck #
															9 00		9 00	267 00		Cr Messonship
															68 00		68 00	199 00		Cr P&A mess. on disc 15-7-31/7/19
													63				63	136		Ck 1257464 ap 116 12/8/19
													46				230 46	90		Ck 131545410 ap 143. 13/9/19
													90				90			ck 1553113 AR 169-14-10-19
																	NON-EFFECTIVE			
				366		366							77 289 30 47		77		366			

200M-3-19.—L. L. 58786-11. & D. 9985.
M. F. W. 2596.
1772-39-1390.