ATTESTATION PAPER

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? Anna Hoig, 223 Sherbourne St.
2. In what Town, Township, or Parish, and in what Country were you born? Peterborough Ontario.
3. What is the name of your next-of-kin? Herbert Hoig, (Brother).
4. What is the address of your next-of-kin? Peterborough, Ontario.
5. What is the date of your birth? April 14, 1890.
6. What is your trade or calling? Professional nurse.
7. Are you married? No.
8. Are you willing to be vaccinated or re-vaccinated? Yes.
9. Do you now belong to the Active Militia? No.
10. Have you ever served in any Military Force? If so, state particulars of former Service. No.
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

Anna Hoig (Signature of Man.)

Margaret McEwen (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Anna Hoig, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

15 92 16 ~~193~~ 9 23 18 ~~50~~ 7 14

Anna Hoig (Signature of Recruit.)

Date April 7 1915 Margaret McEwen (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Anna Hoig, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Anna Hoig (Signature of Recruit.)

Date April 7 1915 Margaret McEwen (Signature of Witness.)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Toronto this Seventh day of April 1915.

(Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

W B Hendry Major (Approving Officer.)

M. F. W. 23.
200 M.—3-15.
H.Q. 1772-39-841.

DESCRIPTION OF Anna Doig **ON ENLISTMENT.**

Apparent Age 25 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 4 ins.

Chest measurement
- Girth when fully expanded ..... 42 ins.
- Range of expansion ..... 5 ins.

Complexion Fair

Eyes Blue

Hair Mid brown

Religious Denominations
- Church of England .....
- Presbyterian .....
- Wesleyan .....
- Baptist or Congregationalist .....
- Other Protestants ..... (Denomination to be stated.)
- Roman Catholic X
- Jewish .....

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Scar in left groin.

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider ~~him~~* fit for the **Canadian Over-Seas Expeditionary Force.**

Date April 7 191 5

Place Toronto.

N C Sharpe Capt.
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT

Anna Doig having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

J A Roberts (Signature of Officer.)
Lt. Col.

Date April 7 191 5

Unit CAMC Rank Nursing Sister Name Laig Anna

15-5-D-27

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

2526 Demob

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Laig
   (b) What are your Christian Names? Anna.
2. (a) Where were you born? (State place and country) Peterboro Ont.
   (b) What is your present address? 423 Sherbourne St.
3. What is the date of your birth? April 14 1890.
4. What is (a) the name of your next-of-kin? Mr Herbert Laig
   (b) the address of your next-of-kin? Peterboro Ont
   (c) the relationship of your next-of-kin? Brother
5. What is your profession or occupation? Professional Nurse
6. What is your religion? Roman Catholic
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? CAMC
9. State particulars of any former Military Service Nil
10. Are you willing to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

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

Anna Laig (Signature of Officer)

Taken on strength (place) Toronto

(date) April 7 11 ~~1915~~ 1915

W B Hendry

(Signature of Commanding Officer.)

Major CAMC

CERTIFICATE OF MEDICAL EXAMINATION

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

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

Date April 7 11 1915 1915

Place Toronto Ont

W B Hendry

Medical Officer.

Major CAMC

*Insert here "fit" or "unfit"

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

Certified Correct Copy By FW 23

Ellsworth Capt. & Adjt.
St. Andrew's Military Hospital
Toronto

C.E.F.

DOIG ANNA N-S C.A.M.C. 19445

DEMOB

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

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

NAME OF SOLDIER (Block Letters) Doig. A.

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

Date of Examination in England 22-4-19. | Date of Examination in France —

PRESENT DENTAL REQUIREMENTS

1. FILLINGS One.
2. EXTRACTIONS no
3. CROWNS no
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

   } no

HAS HE EVER REFUSED DENTAL TREATMENT? No.

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

(a) In Canada – no.
(b) In England – yes.
(c) In France – No.

Signature of Dental Officer H. H. Smith. Capt. C.A.D.C.
4th Can. Gen. Hospital.

TEMPORARY, ST. ANDREW'S MILITARY HOSPITAL

MEDICAL HISTORY SHEET

Surname 21/5 Doig Christian Name Anna

Examined { on ..... day of ..... 191 ....
at .....

Birthplace { City or Town .....
County .....

Apparent age .....

Trade or occupation .....

Height ..... feet ..... Inches

Weight ..... lbs.

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

Physical development .....

Small-pox Marks .....

Vaccination Marks { Arm Right Left
Number .....

When Vaccinated last .....

(*a*) Marks indicating congential peculiarities or previous disease .....

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

Approved by .....

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
		M.O.
		M.O.
		M.O.

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

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

	Corps	Regt'l Number	Habits	Date
Joined on enlistment				
Transferred to	C.A.M.C. D. O. H.	Nil Nursing Sister		

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 Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

TEMPORARY, ST. ANDREW'S MILITARY HOSPITAL.

Surname Long Christian Name Ramsay

N/S

STATION	Date of Arrival at the Station	Dates of Admission into Hosrital			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				
St. Andrews Toronto	Hosp.	10	4	20	28	4	20	Influenza	18.	Mild attack, slight soreness throat, + back pains for 3 days. States she had Malaria 1917, but no Malarial organisms found in blood during this attack. Good recovery Discharged to duty at D.O.H.	A.W. Ketchum Capt

St. Andrews Military Hospital.

HOSPITAL

REQUISITION FOR TREATMENT OR EXAMINATION. Date 9/5/18/20

Reg'tal No. ..... Rank N/S Name Doig A Unit CAMC (2.0.H)

Bed ..... Ward .....

Injury or disease Influenza Part affected .....

Treatment or Exam

Blood Exam for Malarial parasites.
History of Malaria in Mediterranean 1918.

Report

absence of Malaria parasites

M. F. W. 2509.
50m-4-19.M.
1772-39-1276.

Signed A M Tilley Capt.

W.H.2.48.

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) Annie DOIG

Enlisted in The Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE, on the [redacted]

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

in The Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE on the Seventh day

of April 191 5.

SHE SERVED in CANADA, ENGLAND & FRANCE, with the Canadian

Army Medical Corps.

and was STRUCK OFF THE STRENGTH on the Ninth day

of August 19 20. by reason of General Demobilization

Dated at Ottawa, this Eleventh day

of November 1920

Major

Director of Personal Services.

For

M. F. W. 2618a

10M.—3-20
1772-39-1428

Doig. A.

N/Str. C.A.M.C. No. 4 C.G.H.

No. 4 Can. Gen. Hosp. Salónica. 1-3-16.
do. 11-4-16.
do. do. do. do. 25-6-17.

Disembarked at Malta. 25-8-17.
Q.A.I.M.N.S.Hospital, Vincent's Sq. 10-10-17.
No.4 Canadian Gen.Hosp.Basingstoke 12-7-18
do. do. do. do. 11-12-18
do do do do 17-2-19.

Enteritis.

Dis. to duty:-. 11-3-16.

Frac. toe.

Malaria.

~~N.Y.D.-(Q).~~

Influenza.

~~N.Y.D.-(Q).~~

Dis. to duty:-. 24-4-16.

Influenza

Discharged:-17-10-17.
do. 20-7-18.

C.L. 20-3-16. 317. do. 17-12-18
28-3-16. 324.(2). do. 11-3-19
2-5-16. 353(2). 20-2-19 1219-2 DW.
13-5-16. 363. 14-3-19 1238-3.
1-7-17 Hosp.Report.
24-7-17 733-3.
29-8-17 764-2.
13-10-17 803-2.
23-10-17 811-2.
16-7-18 1034-5.
22-7-18 1039-4.
18-12-18 1167-4.
20-12-18 1169-5.

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

Surname	Christian Name	Reg. No.
DOIG	A.	

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

MEDICAL BOARD held at	Date	Serial No.
(1) London Area	16-10-17.	
do.	17-11-17.	

Other Medical Boards at	Date	Serial No.
(2)		
(3)		
(4)		
(5)		

Condition found by Board

Malaria.

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.

H. W. & V., Ld.—3594-15.

Form DMS 1401.

No. 4 Canadian Gen. Hospital,
Basingstoke.
HOSPITAL.

A. & D. CARD

AT

A. & D. No. D/A 154 PL. OF ACTION UK

RANK H/Sister REG. No. - UNIT Can M.C. # 6 Gen SICK OR WOUNDED

NAME Doig A. AGE - RELIGION R.C.

PLACE IN HOSPITAL G/S.

DIAGNOSIS Ty.F. ac Follicular Tonsilitis

ADMITTED 10. 12. 18 FROM Lines

DISCHARGED 17. 3. 19 TO Duty.

TRANSFERRED

SERVICE AT HOME 40 mos. IN FIELD

RESULTS

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

P.T.O.

REMARKS.

Form DMS 1401.

No. 4 Canadian Gen. Hospital,
11.3.19 Basingstoke. HOSPITAL.

AT.....

A. & D. CARD

A. & D. No. D. A. 175 PL. OF ACTION UK

RANK N.S. REG. NO. UNIT Canc. & C.Sk.H. SICK OR WOUNDED

NAME Doig A. AGE ? RELIGION R.C.

PLACE IN HOSPITAL S.S.

DIAGNOSIS Influenza.

ADMITTED 16.2.19 FROM Lewis.

DISCHARGED 11.3.19 TO duty.

TRANSFERRED .....

SERVICE AT HOME 4 4 mos. IN FIELD.....

RESULTS .....

.....

.....

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

P.T.O.

REMARKS.

Form DMS 1401.

No. 4 Canadian Gen. Hospital, HOSPITAL.
Basingstoke.
AT

A. & D. CARD

A. & D. No. D1 a/100 PL. OF ACTION

RANK M/Sister REG. No. UNIT Camc 44 C.S.H. SICK OR WOUNDED

NAME Doig A AGE RELIGION R.C.

PLACE IN HOSPITAL S/S.

DIAGNOSIS Influenza.

ADMITTED 11.7.18 FROM Lines

DISCHARGED 20.7.18 TO Lines.

TRANSFERRED

SERVICE AT HOME 4 0 mos. IN FIELD

RESULTS

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

P.T.O.

REMARKS.

[redacted]ne Doig, A. ~~and~~ Rank N/Str. Reg. No.

Unit [redacted].A.M.C.4 C.G.H.

Next of Kin Canada.

Date 1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1-3.	No.4 Can.Gen.Hosp.	Salonica	Enteritis	317		
11-3.	Do.	Discharged to duty	—	324		
11-4-16.	No.4. Can. Gen. Hosp.	Salonica	Tract. Toe.	353		
24-4-16	do	Died to Duty	—	363		
25-6-17	4 Can Gen Hos	Salonica	Malaria	733		
25-8-17	Disembarked at	Malta	—	764		
10-10-17	R A M N S Hos.	Vincent Sq	Malaria	803.		
17-10-17	Discharged			811		
12-7-18	H Can Gen Hos	Basingstoke	21324 Nyd	1034		

~~Can Dett~~ ~~Invalided Eng~~ over

Date	Movement	Place	Casualty	List No.	Notified N/K O.	List
20-7-18	4 C.G.H. Basingstoke Discharged 7003		Influenza	1039		C

Form R. 149.

Name DOIG Rank N/STR Reg. No.

Unit A-mid CAMC 4 CGH

Next of Kin Canada

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
11-12	4 Can Gen Hos.	Basingstoke	(2997) NYD Q	1167		
17-12	Discharged POS			1164		
17-2	19 4 Can Gen Hos Basingstoke 762					
11-3	Discharged POS			1238		

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

Number ..... Rank N/S

Surname DOIG

Christian Name ANNA.

Units ..... Theatre of War FRANCE

Date of Service 4-6-15

Remarks Cadillac Hotel, 380 Eddy St San Francisco Cal. U.S.A

Latest Address ~~423 Sherbourne St~~ Toronto Ont

Roll No. 20

200m.-6-21. Page 20498

GRATUITY (IMPERIAL)

CHRISTIAN NAME | SURNAME | REG. No.

SCHEDULE No. | LINE No.

DE AUG 14 1923
REGN. NO. 5354

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.

SURNAME. Doig

CHRISTIAN NAMES Anna.

REGL. NO. RANK Nursing Sister.

UNIT No 4 Gen. Hosp. (University of Toronto) No. 2 Stat Hosp.

FORMER CORPS Nil.

92 CARD NO. V

FOLL.

NEXT OF KIN.

NAMES IN FULL Doig, Herbert.

RELATIONSHIP TO SOLDIER (Brother)

ADDRESS Peterboro. Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Peterboro. Ont. DATE

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

O.S. 16-5-15 80/7

Rtd 9-7-19 361 6. N.S.

L. L. 94504. M. & D. 651a.

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

Date of sailing 17-5-15

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

Nurse 1/8

ORIGINAL
MEDICAL HISTORY SHEET.

Surname Hoig Christian Name Anna

Examined on 7 day of April 1915 at Toronto

Approved by J C Harpe

Rank Captain M.O

Birthplace City or Town Peterborough County Ontario

Apparent age 25

Trade or occupation Professional Nurse

Height 5 Feet 4 Inches.

Weight 158 Lbs.

Chest measurement Minimum 37 inches. Maximum expansion 42 inches

Physical development

Small-Pox Marks

Vaccination Marks Arm Right. Left. X Number

When Vaccinated last 1899

(a) Marks indicating congenital peculiarities or previous disease Scar in left groin

(b) Slight defects but not sufficient to cause rejection

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

Date	Result	Vaccinations.
		M.O.
APR 21 1915	Jan.	M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
3 Comps.		M.O.
APR 13 1915	Jahnpt	M.O.
		M.O.

Enlisted on 7 day of April 1915 at Toronto.

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

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
London	16-10-17	MALARIA.	One Months leave and Ark Capt. Can.

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.

Christian Name

Surname

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.
No 4 Can Genl Hosp Salonika	1	3	16	11	3	16	Enteritis	10	Dis to Duty	317 – A 324	
No 4 Can Genl Hosp Salonika	11	4	16	24	4	16	Frac. Toe.	13	Dis to Duty	A 353 – 363	
Nurses Hospital Queens Square	9	10	14	16	10	14	"Malaria"	4	Invalided home from Salonika after Malaria. June 16 – now free from fever & infection –	[illegible]	
No. 4 Can. Gen. Hosp. Basingstoke.	11	7	18	20	7	18	Influenza	9	Morning after 1 puncture had some frontal and occipital headache with nausea. Up on 3rd day but weak. Discharged to duty fit on 9th day.	[illegible]	
No. 4 Canadian Gen. Hospital Basingstoke.	10	12	18.	17	12	18	Acute Follicular Tonsillitis	7	acute follicular tonsillitis tonsils acutely injected – swollen – many points of greyish exudate on both – nose & ears clear – Discharged from Hosp. Dec 17/18	[illegible]	
No 4 Canadian Gen. Hospital Basingstoke.	16.	2.	19.	11	3	19	Influenza	23	headache has not been bad – cough still from malaise. Chest negative 26.2.19 Temp. normal marked asthenia. Iron arsenic & strychnine tonic 28.2.19 – up from tonic 11.3.19 Discharged	[illegible]	

847

DEPARTMENT OF EAR NOSE & THROAT

DATE July 9. 20

NAME Doig RANK N.S. NUMBER ——— UNIT CAMC

Diagnosis Chronic Tonsilitis.

History Frequent attacks of Tonsilitis dating from June 1917 when had malaria. Throat always irritable.

	Right	Left
Ext. Facies		
Nasal Septum	✓	
Inf. Turbs	✓	+
Mid. Turbs	✓	
Nas. Pharynx	✓	
Pharynx		
Tonsils	cryptic R. & L. swab from Crypts – Strept. Viridens.	
Adenoids / Sinuses		
Larynx	normal	
Ext. Aud. Canal	clear	clear
Memb. Tymp.	intact opaque	normal
Mastoid		
X-Ray		

Hearing — Right 21 feet — H.V.T. — Air Bone — Weber.

Left 21 feet

Treatment & Progress:- Seen on Mar. 2. 1920. operation not advised as it was thought condition would clear up under local treatment.
June 11. '20. Acute inflamation of Crypt Rt. tonsil. Swab taken for Vincents & K.L. Throat irrigation & daily application of Bowmans sol.
June 14. Throat clearing. Lateral Pharyngitis. No Vincents nor Kl in swab.
" 16. For tonsillectomy as soon as throat clears.
July. 9. General anaesthetic. Tonsils removed.
" 10. General condition OK. Reaction on both sides.
" 22. Throat practically healed. Might be discharged from hospital No disability re E.N.T.

H.H. Nobbs Major
CAMC

Treatment & Remarks:-

Heart..... Air Bone.....

Right..... R.V.T.....

Hearing

DEPARTMENT OF EAR NOSE & THROAT

DATE July 15. 20.

NAME Doig. Arthur FRANK N.S. NUMBER — UNIT CAMC.

Diagnosis. Chr. Tonsilitis.

History. Has had several attacks of acute tonsilitis since 1917. Has had malaria. Attack in June 1920.

	Right	Left
Ext. Facies		
Nasal Septum	✓	
Inf. Turbs	✓	+
Mid. Turbs	✓	
Nas. Pharynx	✓	
Pharynx		
Tonsils	cryptic. Rt. L.	swab for crypts. shows Strept. Viridens.
Accessory Sinuses		
Larynx	normal.	
Ext. Aud. Canal	clear	clear
Memb. Tymp.	intert. opaque	normal.
Mastoid		
X-Ray		

Hearing — Right 21 feet — H.C.V.T. — Air Bone — Weber.

Left 21 feet

Treatment & Progress:-

July 9. 20. General anaesthetic. Tonsils removed.
" 10. 20. General condition OK. Reaction on both sides.
" 15. 20. Throat healing nicely.

H.H. Macdonald. Capt.

Treatment & Prescription :-

CLINICAL CHART.

Corps Camc (DoH) Hospital Station St. Anders

No. — Rank and Name Mrs. anna Doig. Age 29 Service C 10/12 + E 2/12 + F 4 10/12 (?)

Disease Influenza Date of Admission 10.4.20 Date of Discharge APR 28 1920 Result Recovered (Ward Master) Serial No. A. & D. Book

Dates of Observation	april																															
Days of Disease	10.		11																													
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
107°	12 n. 4pm 8pm.																															
106°																																
105°																																
104°																																
103°																																
102°																																
101°																																
100°																																
99°																																
98°																																
97°																																
Pulse per Minute	84 88	86	80 78	76 92																												
Respirations per Minute	20	20	20 20	18 18																												
Motions																																

M. F. B. 288.
50M.—3-19.
H. Q. 1772-39-513.

Signature A M Mitchell Capt — In charge of case.

St. Andrew's
Military Hospital,
Toronto, Can.

CASE HISTORY SHEET.

Hospital. Toronto, Ont. Station.

No. Nil Rank Nursing Sister Name DOIG, Anna Age 29

Unit C.A.M.C. D.of.f. Completed years of service (Where and how long) O. 10/12. E.21/12. F.40/12.

Date of admission April 10th. 1920 Date of discharge APR 28 1920

Diagnosis Influenza Place of origin Toronto

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaint Headache
Sore throat
Pains throughout body
General malaise

Duration 2 days

Present Condition — Throat congested, moderate, but clean. Patient states she has had several attacks of Tonsillitis. At present Malaise 1917 (Mediterranean)
Temp 99°.

FAMILY HISTORY
(Tuberculosis, mental or nervous diseases.)

TREATMENT
(Especially any specific or special form.) Quin Sulph, Mag Sulph & Saline

11-4-10 — Feeling Better. Temp 99°
Throat clean
Lt Col. Cole visits.

13-4-10 — Has some soreness of throat and back of neck.
Blood exam shows absence of malaria parasites.

22-4-10 — Granted 6 days leave of absence.

CONDITION ON DISCHARGE
(and disposal made of case.)

Date APR 28 1920 Discharged to Duty Medical Officer i/c case.

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

C12429

DEPARTMENT OF EAR, NOSE AND THROAT.

DATE Mar. 2, '20.

NAME Doig. RANK N.S. NUMBER _____ UNIT Anl C AGE _____

Diagnosis... Chr. Tonsillitis.....

History... Had malaria in June 1917. (several attacks). Has had attacks of acute tonsillitis since and throat irritable often. Last attack of acute Tonsillitis. Dec. 1918.

	RIGHT	LEFT.
Ext. Facies		
Nasal Septum	✓	
Inf. Turbs	✓	✓
Mid Turbs	✓	
Pos. Pharynx	✓	
Pharynx		
Tonsils	crypts. R.T.L.	no exudate. swab for crypts.
Accessory Sinuses		
Larynx		
Ext. Aud. Canal	clear.	clear.
Memb. Tymp.	intact opaque.	normal.
Mastoid		
X-Ray		

Hearing — Right... 21 feet.

H.C.V. v. Air Conc Weber.

Left... 21 feet.

Treatment and Progress:- Would not advise operative work on tonsils at present. the tonsils are not diseased in appearance and condition may have rendered to climate overseas.

W.H.K. Morrow Capt.

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

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

Casualty Form—Active Service.

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

Regimental No. N/Sister Rank C. E. F. Name DOIG. Anna.

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				
			Toronto Ont	9-8-20	
		S.O.S. D.O.H. #2 Det.Gen.List.C.E.F. with effect from 9-8-20. on being posted to the ANCTD #2. Auth. ADMSDO 184 dated 11-8-20			
		T.O.S. (CAMC.,T.D.2.(No.2. Det List C.E.F. posted from D.O.H.	General Toronto.Ont.	9-8-20.	ADMS.,D.O.#184 d/ 11-8-20.
		S.O.S.,(CAMC.,T.D.2.) No.2. Det General List C.E.F. On General Demobilization.	Toronto.Ont.	9-8-20.	" "
		O.A.?CAMC.,T.D.No.2.			

Ed Godfrey
CAPT & ADJUTANT
DOMINION ORTHOPAEDIC HOSPITAL

T. McKellis
Lieut-Col. CAMC.

(*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				

Army Form B. 168 — Sheet 2 — Regimental Number.....

Casualty Form—Active Service.

Regiment or Corps C.A.M.C.

Rank M. Sister Surname Doig Christian Name Anna

Religion R.C. Age on Elistment 25 years ..... months

Enlisted (a) 7-4-15 Terms of Service (a)..... Service reckons from (a) 7-4-15

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

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

or Corps Trade and rate.....

Occupation..... .....Signature of Officer

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked ...			
		Disembarked			
13.7.18.	# H.Q.G.S.	Adm to Hospital (N.Y.D.)	B-stoke	11-7-18	Pt II Do. 31. 13.7.18.
20/7/18.	Do.	Discharged from Hospital	Do.	20/7/18.	Pt II Do. 32. 20/7/18.
~~11/12/18~~	~~Do.~~	~~Adm to Hosp. (N.Y.D.)~~			
11/12/18	Do	Adm. to Hosp (N.Y.D.)	Do.	10/12/18	Pt. II Do #71/11/12/18.
18.12.18.	Do.	Dis from Hosp (Convalcit)	Do.	17.12.18	Pt II Do 73/18.12.18
19-2-19.	Do.	Adm. to Hosp. (Influenza)	Do.	16-2-19.	Pt II Do. 14/19-2-19.
15-3-19.	Do.	Dis from Hosp. "Influenza"	Do.	11-3-19.	Pt II Do 21/15-3-19.
12 JUL 1919	Do	S.O.S. O.M.F.C. to C.E.F in Canada. EMBKD. SOUTHAMPTON 2.7.19 HALIFAX JULY 8 19	Do	12 JUL 1919	Pt II Do 53 2 JUL 1919 Inoculate May Card

(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 quoted.

(b) Signaller, Shoeing-Smith, &c.

W. 5527—M2093 1000m 7/17 (25686) C. P. & S., Ltd. Forms B./103 4585.

Canadian Gen. Hospital, Basingstoke. P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
16 7/19	M.H.O. T.O.S. Ottawa, on	C.E.F. In Canada General Demobilization M.D. No. 2	2/19	C.E.F.	R.O. No. 208-19
30-7-19	H.Q. Ottawa	Empld in Comm'd Nur Servs W. Foster Cpt for Director Personal Services	M.D.-2	11-7-19	R.O. 2100-19
11-7-19	A.D.M.S. M.D.#2	T.O.S. St Andrew's Mil. Hosp with effect 11-7-19	Toronto	2-8-19	Auth. A.D.M.S. D.O. 182 Para 2214 D-2-8-19 Ellsworthy Capt. & Adjt. St. Andrew's Military Hospital Toronto
1-4-20	A.D.M.S.	SOS. St Andrews Mil. Hosp. Posted to the A.M.C.T.D#2 with effect from 27-3-20.	TORONTO.	27-3-20	Auth. A.D.M.S.D.O#78 dated 1-4-20. Ellsworthy Capt. & Adjt. St. Andrew's Military Hospital Toronto
		S.O.S. C.A.M.C., T.D.No.2. posted to Dominion Orthopaedic Hospital. T. H. Cruikshank Lieut-Col. CAMC. O.C., CAMC., T.D.No.2.	Toronto.	8-7-20.	ADMS., D.O. #154 d/6-7-20.

6643

(9178)—Wt. W12165—2146.—1,250,000.—2-15.—C & G. Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Roman Catholic

Regiment or Corps C.A.M.C.

Regimental No. _____ Rank N.S. Name Doig Anna

Enlisted (*a*) _____ Terms of Service (*a*) _____ Service reckons from (*a*) W.S.B.

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

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				
24/6/15	OC. 2 Can Stat. Hosp	To Reinforcement strength of No 2 Can. Stat. Hosp	Le Touquet	4/6/15	B213 5/6/15.
9.10.15	Do	Transferred to England	Do	5.10.15	B213
					Lieut. for Lt.Col. D.A.A.G.
6/10/15	4 Gen H.	Proceeding to Mediterranean		10/10/15.	NR.
				18/10/15	D.M.S. G.O. 851 dated 19/10/15
20/3/16	W.O.	admitted No 4 Can. Gen/H.	discharged. Salonica	11/3/16 1-3-16	G.L. 324 G.L. 317 enteritis.
2/5/16	W.O.	admitted No 4 G. Gen. Hp.	discharged. Salonica	24/4/16 11/4/16.	G.L. 363. G.L. 353 Trench toe.

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

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

[P.T.O.

CERTIFIED CORRECT
CANADIAN RECORD OFFICE
NOV. 1917

Next of kin: Father: Mr. F. T. Doig, Peterborough, Ontario, Canada.

N. S. Doig A.

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"
28.6.17.	O.C. No. 4 Can. Gen. H.	Adm. H. "Malaria B.T. P.I."	— .. —	28.6.17.	W.3034 (70/139). O 1810.27 D/-8/7/ 191)
8.7.17	— .. —	Evacuated Sisters Convalescent Home "Malaria B.T. PI"	— .. —	7.7.17	W 3034 (83/6).
29.7.17.	O.C. 43 G.H.	Adm. H. "Malaria."	— .. —	29.7.17.	W.3034 103/21.
30.7.17.	— .. —	Disch. Duty.	— .. —	30.7.17.	W.3034 104/159. O 1810.32 D/-22/9/ 1917
20.8.17.	A.D.M.S. (E.)	Evacuated to Malta per H.S. "Goorkha" "Malaria."	— .. —	18.8.17.	N/R 126/420. O 1810.34 D/-26/8/ 191)
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. H.M. "Isonzo." "Malaria."	— .. —	1.10.17.	N/R 181/M/14. O 1810.12 D/-31/10/ 191)
					W. H. Heatwood. Major. Capt. I/C R.A.M.C. Records Salonika Army
12.10.17	D.M.S.	Posted to Camb. Depot		9.10.17	C O 1331 Major FOR O. i/c RECORDS, C.E.F.
17.10.17	Camb 2	L.O.S. from No 4 C.C.H.	Shoreditch	9.10.17	P.T.D.O. 290.
23-11-17	do	do L.O.S. to No 4 C.C.H. Basingstoke	do	17.11.17	P.T.D.O. 526. (C.O. 75-05) J. H. B. Blayney Lieut. ADJT. ASST. ADJUTANT GEN. FOR O.C., C.A.M.C. DEPOT
21-11-17	Capt	Taken on Strength from C.A.M.C. Dep't	Basingstoke	21-11-17	P.T.D.O. 170 21-11-17
28.5.18	Do	Granted Leave 21.5.18 to 6.6.18	Do.	21.5.18	O.R. 2[illegible] O. 23/28 5.18

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 DOIG
(Given name in full)
ANNA -

Unit or Corps CAMC - # 4 Cdn Gen Hosp Birthplace PETERBORO - ONT

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

1. GENERAL DESCRIPTION:

Physique Good Weight 155 lbs. Height 5 ft. 3 in. Colour of Eyes Blue

Nutrition Good

Pulse 72

Condition of arteries Good

Vision Rt. 6/6 Left 6/6

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

Left 4ft. ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
Scar on Rt Eye - accident - childhood

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 Yes

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.

Influenza - Feb. 1918 - Good recovery. No present disability
Malaria - Benign Tertian - June 1917 - Last attack July 1917. No present disability
Tonsilitis - 3 attacks July 1917 - Again Nov. 1918 - Not removed no present disability

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Basingstoke (Overseas)

Date 10.6.19. Signed Rowe Graham Capt CAMC 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 Anna Boig W.S. C.A.M.C.

(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]

CONFIDENTIAL. Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at 13, BERNERS STREET W.1. 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. DOIG (Corps) C.A.M.C.

Age 27 Service 31-12 Disability MALARIA

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 above-named officer and find that

this Nursing Sister reports Q.A.I.M.N.S. Vincents Square. She arrived from Salonika 9-10-17. Reported sick 25-6-17 suffering from Malaria, was in Hospital at that time ten days, later at Convalescent Home two weeks. She has had no return of Malaria since July but was invalided home on account of general debility being detained at Malta five weeks where she had tonsillitis, three attacks. M.C.S. states "She is now well - spleen and liver normal: No Malarial parasites in Blood and no sign of malarial infection present.

Present Condition - Very well. Tires easily. 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.

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? — Active Service Conditions.
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 here recorded.
Captain, D.A.D.M.S. for D.M.S. Canadians.

Officer's Address: 133, Oxford St., LONDON.

Signatures: S.H.MCCOY MAJ. CAMC. President.
F.E.ROGERS CAPT. CAMC. Members.
A.W.PARK CAPT. 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.**

Army Form A. 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

(Rank & Name).....N/S.A..DOIG.....(Corps) 4th Can Gen:Hos. (late of CAMC)

Age..27.... Service..30/12.....Disability.....MALARIA.....

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 Nursing Sister reports after one months

...leave granted by this Board on 16-10-17 after convalescence from

...malaria in Q.A.M.H.

...Exam: finds her in every way fit.

THE BOARD RECOMMENDS:

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

1. Fit for General Service.....Yes.....
2. Fit for service in a Garrison or Labour Battalion abroad. No officer likely to be fit for general service within six months should be classed in this category.
3. Fit for Home Service.....
4. Fit for Light Duty at Home.....
5. Requiring indoor hospital treatment:-
   (a) In an Officers' Hospital.....
   (b) In an Officers' Convalescent Hospital.....
6. (a) Fit for light duty at a Command Depot.....
   (b) Fit for treatment only at a Command Depot.....
7. In any 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 here recorded.....

I concur in the findings of the Board of Medical Officers
Captain, D.D.M.S.
for D.M.S. 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?.....INFECTION.....
12. If the disability was not caused by military service was it aggravated thereby, and if so, by what specific military conditions?.....Not applicable.....

Officer's Address: .....
133 Oxford Street,
London W.1.

S.H.MCCOY..MAJOR. CAMC. President
W G G COULTER CAPT CAMC } Members
J.W.McINTOSH CAPT CAMC }

VEP

(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, 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.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

8/5.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Dr a		Nursing Sister	Doig	a
Year	Unit.		Age.	Service.
	Canc & C.E.F.			3 yrs 1/12

Station and Date.

Disease Influenza

11. 7. 18 Complaint - Severe headache frontal and occipital giddiness on standing nausea after food.

Enlisted April - 1915
England May - 1915
France June 1915
England ~~October~~ 1915
Volunteer - transfer 1915 - June 1917
Invalided to England June 1917 with malaria.
England ~~Feb~~ 1917 - Queen Square Hospital.

Past Illness. Patient in hospital April 1916. with Enteritis. Re Hospital May 1916 with fractured Toe. Re hospital June 1917 with malaria invalided to Malta then to England. arrived Oct. 1917.

Present Illness. Two days before admission to hospital felt suddenly faint. Next day perfectly well Taken ill with severe frontal and occipital headache felt nauseated after food.
Examination - Chest nothing abnormal.
Abdomen - liver palpable and slightly tender - Abdominal wall very lax.
Patient given aspirin and Calomel followed by Mag. Sulph.

12. 7. 18. Still complains of frontal and occipital headache.

Ld. 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 6504/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239) [P.T.O.

Station and Date.	
13.7.17	Headache practically gone. No vomiting. Patient feels very weak on getting out of bed.
16.7.17.	Patient up feeling well but to rather weak.
20.7.17	Patient has been walking about walks fair. Fit discharge from hospital.

Duncan Grant
Major.

Forms
I. 1237
14

Army Form I. 1237.

11/3/19
8/5/19

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
D/A 175	—	N/S.	Doig	A. D
Year.	Unit.		Age.	Service.
	Canc 4 Cgt H		?	4 4/12

Station and Date.	Disease Influenza
16.2.19	Admitted to hospital with (1) severe frontal headache (2) Pain in back of neck & lumbo. (3) fever 4 coughing. sore throat
	T. 102.4 R. 20 P 96.
	Gave aspirin capsule repeated in half hour. Lt dull. Chest examination. no area of dullness in chest. no moisture
	Gave application to throat.
	Pte was in hospital in Dec. 18 with sore throat.
17.2.19	Had fairly good night. Gave aspirin capsule for headache and pain in back. T 102 P 100 R 20
19.2.19	Condition remains about the same no cough. Chest examination negative T 102 P 96 R 20
26.2.19	Temperature normal. Patient marked from remain Hospital Time
28.2.19	Pass up for one hour.
11.3.19.	Discharged

D Mcan Graham Lieut.

Canadian Gen. Hospital, Basingstoke.

* 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.	

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

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

L. L. Job 89002.—Req. 6213.

Sheet No. 2. Dominion Bank Credit Toronto

Name of Soldier Doig Anna
nurse sister 4th Gen Hosp

$60.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	Q 104	60	
May		R 7863	60	
June		S 62999	60	
July		H 70900	60	
Aug.		L 12528	60	
Sept.		L 15917	60	
Oct.		L 20603	60	
Nov.		Y 228401	60	
Dec.		L 33558	60	
Jan.	1917	W 32744	60	
Feb.		W 39766	60	60. L.
March		X 48899	60	60 Ch
April		X 4444	60	60 45.
May		R 7918	60	
June		L 14680	60	60. Lu
July		W 23814	60	Lu
Aug.		D 28739	60	60
Sept.		D 35671	60	Lu
Oct.		Q 40373	60	
Nov.		H 50895	60	
Dec.		L 57243	60	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

1800

Lell
Lell

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.				

42013 THE MORTIMER SYSTEMS,
OTTAWA, CANADA

[Bank Account.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Dominion Bank
Address Cor Sherbourne & Bloor Sts
Credit to account
of Azora Doig
Toronto
Rate $60.00 MAY 1 1915

By Whom Assigned Doig Azora
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		N1501	60 —	
June		P2635	60 —	
July		U500	60	
Aug.		S4367	60 =	
Sept.		N7248	60 —	
Oct.		04463	60 —	
Nov.		R4387	60	
Dec.		594482	60	
Jan.	1916	U12157	60	
Feb.		W11408	60 —	
March		Y15167	60	

CONSOLIDATED 4 ACCOUNT

FORM P. 15
5986–25M–19/1/17

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

Beneficiary
Address cancelled 1/6/19.
Amount. $ ~~60~~ xx
Separation Allowance issued. Yes or No.....

UNIT. NAME OF: R.H.G.A.
RATES: Pay 24/- pd
I.A. ~~4/-~~.
Ress. ~~x 20 to cease 23/1/19~~
$4.80.
RANK. R.S.
DATE: 4/4/15
Ress
NAME. Name Doig
Initials Anna.
Bank of Montreal Trafalgar Sq

Add outfit allce. 1/8. $100.00

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
apl 17	a P can				60.			
	apl Pay (R)		108					
24	Bank	1187		48				
May 14	May Pay (R)	48	111 60					
13	A P can.				60.			
23	Bank	2683		51 60				
June 14	June Pay (R) A P can		108.		60.			
24	Bank	4166.		48				
July 16	July Pay R A P can		111 60		60.			
24	Bank	5626		51 60				
Aug 13	Aug Pay R. A P can.		111 60		60.			
24	Bank	7258		51 60				
Sep 12	Sept Pay R. A P can		108		60.			
24	Bank	9187		48				
Oct 15	Oct Pay R. A P can		111 60		60.			
	Bank	12404		51 60				
	outfit. allce 1/8/18		100.					
30.	Bank	10854		100				
Nov	Nov Pay (R) A P Can.		140		60.			
	Bank	12521		80				

FORM P.15
5986–25M–19/1/17

ASSIGNED PAY.

UNIT. NAME OF: No H.C.G.D. DATE: 1.6.19 AUTHORITY: A.O.A. 8/18

RANK. DATE: 4.4.15 AUTHORITY:

NAME.

Beneficiary

Address

Amount. $ 60.00 cancelled 1.6.19

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

Pay. 2.00 Pd
Fa. 1.00 "
Mess 1.00 "

N/S.

Name Doig
Initials A Ina
Bank of Mon
Trafalgar Sqr

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
	Brought Forward.							
Dec.	Pay (R)		124					
	a. P. Can				60			
	Bank	13792		64				
1919 Jan 22	a. P Can				60			
	Pay (R)		124					
28	Bank	15564		64				
Feb 10	a. Pay Can				60			
17	Pay (R)		112					
26	Bank	17078		52				
Mar.	Pay (R)		124					
	a. Pay Can				60			
25	Bank	18651		64				
April 10	April Pay (R)		120					E
	a Pay Can				60			
26	Bank	1044		60				
May 13	Pay (R)		124					
	a. Pay Can				60			
27	Bank	2593		64				
June 16	Adv June. R a	Bank.		120				
18	June Pay (R)		120					
26	Adv July R a a	Bank.		124				
July	July Pay R a		124					

A/C cancelled 1-6-19 AWF

RETURNED TO CANADA
L.P.C. TO 31 7/19. 15 Orders
TO N.E. LEDGER

Effect fr Ledg 3 to Ledg 12. 14.7/19.

FORM P.15
2227—10M—1/1/17

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

Beneficiary
Address
Canada
Amount. $ 60.00
Separation Allowance issued. Yes or No.....

UNIT: No 4 C.G.H.
AUTHORITY: Pay 2nd pd. 1/3. 7d .60 Mess 1.00
RANK: 1/3.
DATE: 4/15
Leave 16.10.17 - 16.11.17 Dms.CO. 1367. 18.10.17

1917-18

Name Doig
Initials Anna
Bank of Montreal
Trafalgar Sq. Br

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				60			
26	Bank	3003		48		0		
May 9	A.P. Can				60			
22	May Pay R.		111 60			51 60		
23	Bank	5986		51 60		0		
June 9	A.P. Canada.				60			
" 11	June Pay (R)		108			48		
22	Bank	9844		48		0		
July 19	July Pay (R)		111 60					
" 19	A.P. Canada.				60			
21	Bank	13092		51 60				
Aug. 18	Aug. Pay (R)		111 60					
"	A P Can				60	51 60		
21	Bank	17361		51 60				
Sept 17	Sept Pay (R)		108					
12	A. P. Canada				60	48		
21	Bank	21863		48				
Oct 9	October Pay. (R)		111 60					
10	A. Pay. Canada.				60			
19	Nov allce 1-10.17.	7887				£6-0-0	29.10	J
20	Bank	26291		51 60				
Nov 16	November Pay (R)		108					
15	A Pay Canada				60			
20	Bank	30763		48				
24	Sick Leave allce 17.10.17 - 16.11.17	9379				£3-3-8	15.50	J

Carried Fwd.

FORM P.15
2227—10M—1/1/17

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

Beneficiary
Address

Amount. $60 ban
Separation Allowance issued. Yes or No.....

Pay 20th pd
Jan 60
Mess 100

P/S

Name Doig
Initials Anna.
Bank of Montreal
Trafalgar Sq. 148

DATE 1917	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Dec 1	Dec Pay (R)		111 60					
4	a P. ban.				60			
13	Bank	35096		51 60				
1918 Jan 1	Jan Pay (R)		111 60					
15	a P. ban				60			
22	Bank	39501		51 60				
Feb 11	Feb Pay (R)		100 80					
11	a P. ban				60			
20	Bank	40996		40 80				
Mar	March Pay (R)		111 60					
11	A P. ban.				60			
22	Bank.			51 60				

1917-18

P—15.

ASSIGNED PAY.

UNIT. NAME OF — DATE — AUTHORITY

RANK. — DATE — AUTHORITY

NAME.

Beneficiary

Address

Amount. $

Separation Allowance issued. Yes or No.

Name Doig

Initials Asa

Bank of Montreal

1916-17

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case	INITIALS
	B/fo'd. from old sheet							
Dec 11	A.P. Can				60			
12	Pay Dec.		111 60					
15	Bank			51 60		0		
1917 Janu 9	A.P. Can				60			
22	Pay Jan		111 60					
25	Bank.			51 60		0		
Feb 19	A.P. Can				60			
20	Pay Feb.		100 80					
22	Bank			40 80		0		
March 20	March Pay -R-		111 60					
21	A.P. Can				60			
23	Bank	24818		51 60				

P.-15

G. B. & S.

UNIT

NAME

DATE OF APPO

MARRIED (YES

NEXT OF KIN:

ASSIGNED PAY:—

MONTHLY AMOUNT

TO WHOM PAYABLE

DATE NON-EFF

AND

BANK IN WHICH PAY & ALLOWANCES DEPOSITED

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

SUNDRY PAYMENTS

DATE		CHEQUE No.	PARTICULARS

P—15.

ASSIGNED PAY. **UNIT.** **RANK.** **NAME.**

UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY
N.o.4 C.G.H.			Nursing Sister	4/15	

Beneficiary Dominion Bank
Address cor Sherbourne & Bloor Toronto.
Amount. $ 60.00
Separation Allowance issued. Yes or No.

Name Doig
Initials Anna
Bank Bank of Montreal

1916-17

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case	INITIALS
apl 1	a.P. Can				60			
	Pay apl (R)		108			48		
	Bank			48		0		
may 1	Pay may		111 60					
	a.P. Can				60	51 60		
	Bank			51 60		0		
June 19	Pay June (R)		108 ..					
20	a.P. Can				60 ..			
	Shipboard fats. Paid twice. Adv Bck			10 .				
	Bank	3174		38		0		
July 17	a.P. Can				60			
20	Pay July (R)		111 60					
25	Bank	4997		51 60		0		
Aug 16	a.P. Can				60			
17	Pay Aug (R)		111 60					
23	Bank	7299		51 60		0		
Sep 20	Pay Sep - (R)		108					
20	a.P. Can				60			
28	Bank	9570		48		0		
Oct. 19	a.P. Can.				60 ..			
23	Pay Oct (R)		111 60					
27	Bank	11000		51 60		0		
Nov 16	a.P. Can				60			
17	Pay Nov (R)		108					
24	Bank			48		0		

Cd forward to new sheet.

NAME Doig, Anna

DATE OF APPOINTMENT Toronto 7th Apl. 1915

MARRIED (YES OR NO)

NEXT OF KIN:— NAME Herbert Doig Brother

ADDRESS Peterborough Ont.

DATE NON-EFFECTIVE AND CAUSE

UNIT Nursing Sisters No 4 General Hospital

ASSIGNED PAY:— $60.00

MONTHLY AMOUNT

TO WHOM PAYABLE Dominion Bank, cor Sherbourne + Bloor 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	Deposited in Bank	Carried Forward	REMARKS
1/6	30/6	30	7	60			18 10	78 10	60	18		35		53	131 10	60		71 10		71 10		
1/7	31/7	31		62				62		18 60		31		49 60	111 60	60		51 60		51 60		
1/8	31/8	31		62				62		18 60		31		49 60	111 60	60		51 60		51 60		
1/9	30/9	30		60				60		18		30		48	108	60		60 TOTAL DEBITS		48	9-17-3	
1/10	31/10	31		62				62		18 60		31		49 60	111 60	60		60	54 60	51 60		
1/11	30/11	30		60				60		18		30		48	108	60		60		48		
1/12	31/12	31		62				62		18 60		31		49 60	111 60	60		60		51 60		
1/1	31/1	31		62				62		18 60		31		49 60	111 60	60		60		51 60		
1/2	29/2	29		58				58		17 40		29		46 40	104 40	60		60		44 40		
1/3	31/3	31		62				62		18 60		31		49 60	111 60	60		60		51 60		
																600				521 10		
		C/F Bal from Page					18 10															
		305 days @ 3 60					1098 00															
		5 " " Mess May					5 00	1121 10														

Ass Pay 600.00
Deposits 521.10 1121.10

SUNDRY PAYMENTS

DATE		CHEQUE No.	PARTICULARS	AMOUNT $	AMOUNT c.	AMOUNT £	AMOUNT s.	AMOUNT d.	REMARKS
Sep	14/30	403	Trav exes England - France				3	2	
Oct	11	971	Outfit allce - Tropical			5	10	0.	

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
D1 a154	-	N/Sister	Doig.	A.
Year	Unit.		Age.	Service.
	C.A.M.C. 4 Cl. Hosp.			4y 12

Station and Date.	
	Disease acute tonsilitis N.Y.D.
10.12.18	Nose - clear
	Throat - acutely inflamed swollen - many points of greyish exudate on each tonsil.
	Lungs - N.A.D.
	Ears - clear -
Dec-14/18	Throat cleaning up - tonsils much improved -
Dec 17/18	Tonsils look quite well. Pt is am. patient may be discharged today.
	H.F. Farmer Capt

No. 4 Canadian General Hospital, Bustard.

* 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 2349)

[P.T.O.

Station and Date.	

Rank and Name	DOIG, Anna	Nursing Sister	
Regimental No.		Name and Address of Next-of-kin	
Unit	4 G/Hp.(Varsity	Herbert Doig (Brother)	
Date of enlistment	April 7,1915	Peterborough, Ontario	
Place of birth	Ontario		
Married (Yes or No)	No	Date and place of discharge	
If in Permanent Force		Reason for discharge	
		Character on discharge	

Promotions or appointments

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
		Dc. 2 Stat. Hosp. Taken On Strength,	Le Touquet	4-6-15	Part ii order 32.
6-10-15	No 4 G. Hosp	Proceeding to Mediterranean		18-10-15	D.M.S. Co 851-19/10/15.
				10-10-15	N.R.
30/10/15.	No 2 St Hosp.	Trans to Eng. struck off strength		5/10/15.	Part II ord No 314. 30.10.15.
20-3-16	W.O	admitted no 4 Gen. Hp.	discharged Salonica	11.3.16	G.L. 324
				1-3-16	G.L. 317. Enteritis.
2-5-16	W.O.	admitted No 4 Gen. Hp.	discharged Salonica	24-4-16	G.L. 363
				11-4-16	G.L. 353 fract. toe.
24-7-17	CRO.	admitted to 4 Can. Gen. Hosp.	Discharged Salonika	30.7.17	Pt of 32
				25-6-17	C.L. 433. Malaria.
29. 8. 17	Do	Disembarked at Malta.		25. 8. 17	C.L. 764. Malaria
21. 10. 17	camc. Details 3rd Ech.	Invalided to Eng from Malta. per H.M.S.M. Soomo. (Malaria).		1. 10. 17	Pt II Ord 13
12-10-17	DMS	Posted to CAMC Depot		9-10-17	C.O. 1331.
12-10-17	CRO.	Adm. R.A.M.C. Hp. Vincent Sq.	Discharged	17.10.17	C.L. 811
				10-10-17	C.L. 803. Malaria
18.10.17	DMS.	Granted Leave on Rec of Med. Bd. from 16.10.17 to		16.11.17	C.O. 1362.
19-11-17	do	Posted to No 4 Can Gen Hp	Basingstoke	17.11.17	C.O. 1505
28-5-18	4 C.G. Hp	Granted leave from 21-5-18 to		6-6-18	Pt 2 of 23.

JAN 1 1916

MAR 1 1916
MAY 15 1916
NOV 15 1916
A.F.B. 103

3176.

A.F.B. 103. 8 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				
16.7.18	A.M.S.	Adm. 4 C.G.H. Basingstoke	Discharged	12.7.18 20.7.18	C.L. 1034 N.Y.D. C.L. 1039 Influenza
18-12-18	A.M.S.	Adm. 4 Can. Gen. Hosp. Basingstoke	Discharged	11-12-18 17-12-18	Ch. 1167 N.Y.D. (2) Ch. 1169 do
20-2-19	do	Adm. 4 Can. Gen. Hosp. Basingstoke	Discharged	17-2-19 11-3-19	Ch. 1219 Influenza Ch. 1238 do
2-7-19	4 C.G.H.	S.O.S. on transfer to C.M.D. in Canada		2-7-19	Pl. II. O. 53.
9-7-19	Dual.	S.O.S. to Canada		3-7-19	C.O. 80.
		Sailed to Canada S.S. Olympic		2-7-19	Sailing No. 97.

2096

CASE HISTORY SHEET.

Dom. Orthop. Hospital. Toronto Station.

No. Rank N/S. Name Doig, A. Age 29.

Unit C.A.M.C. Completed years of service (Where and how long) F. 2 6/12 E. 1 9/12 C. 1

Date of admission 8-7-20 Date of discharge 22-7-20

Diagnosis Tonsillitis Place of origin Toronto 8-7-20.

CONDITION ON ADMISSION AND PROGRESS OF CASE 9-7-20 Under gen anaesthesia, Capt Moorehouse, tonsils enucleated. J.L.R

22-7-20 Recovered from operation. Throat practically healed.

Discharged to duty. J.L.R

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE

(and disposal made of case.)

Date 22-7-20

J. L. Robinson Capt
Medical Officer i/c case.

M. F. B. 3154.
100M.—6 18.
1572—39-4.53.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps _____ Military Hospital _____

No. _____ Rank and Name N/S Dong _____ Age _____ Service _____

Disease _____ Date of admission 16-2-19 Date of discharge _____ Result _____

Dates of Observation

Days of Disease 16 17 18 19 20 21 22 23 24 25 26 27 28 1 2 3 4 5 6

Temperature Fahrenheit

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.)

Army Form B. 181.

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

| | | |

M. OR S.

NEXT OF KIN

ADDRESS

IS SEPARATION ALLOWANCE PAID? No

TO WHOM PAID

ADDRESS

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

REGT. No.

RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY
DATE EFFECTIVE			
RELATIONSHIP			

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

ORIGINAL UNIT C.E.F.

PLACE OF ATTESTATION

DATE OF ATTESTATION

ASSIGNED PAY $

PAYABLE TO

ADDRESS

STOP PAYMENT IF ASSIGNED RENDERED, PAY DATE

DISCHARGED

AUDITOR | PAYMASTER

RANK N/S NAME (IN FULL) Doig. Anna.

IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

TRANSFERRED TO DATE AUTHORITY

TRANSFERRED TO JUL 1 - 1920 No. 2 DETACHMENT, C.E.F. DATE AUTHORITY 56

DATE EFFECTIVE

RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

M.O.'s sent to Dominion Bnk. Can; Rosedale Br. Sherbourne & Bloor. adm't wants 22

FORM PAY DATE EFFECTIVE

PLACE Toronto DATE 9/8/20. REASON Demobbed. AUTHORITY 2037 IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTH CRED $	C.	BALANCE FROM PREVIOUS ACCOUNT	OTHER DEBITS $	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1	COL. NO. 2	COL. NO. 3	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.
Aug.	9	3.00	27	23		50			51	30	9/8-35 3455221			51	30						
Aug						50			50		23B-113 3455263			50							

REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
					51	30					Leave 26/7-8/8/20 Memo 174 A.D.175.
					50						50¢ M.A. 1 day 9/8/20
											Maureen CAPTAIN, A.D.M.S. PAYMASTER, No. 2 DETACHMENT, C.E.F.
											6 - 50 Paid Gd on acquittance roll
											21 - 36/3 Pro Cy 344 812 extended as $101 50 - should be $101 50

W.S.C.

183 days 549 - ✓

S.A.

— 549 - ✓

A.R. NO	C.H. GRADE NO
156 B. 11/11	S 313247 ✓
192B 21/2/20	S 213760
213B 2/2/20	S 316444
253B 1-3-20	S 317175

W.S.C.	S.A.	AMOUNT SOLDIER.	DUE DEPENT.
183 - ✓	— ✓ 183	366 - ✓	36
183 - ✓	183	183 - ✓	18
93 - ✓	93	90 - ✓	
90 - ✓	90		
549 - ✓	549 -		

200m-3-19.—L. ... 587de-... & L. 1985.
M. P. W 2-96.
1772-49-1390.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

D 5181

Date of Assignment

May 1st/15

RATE OF SEPARATION ALLOWANCE

Bank Account.

RATE OF ASSIGNMENT

60			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Nursing Sister Promoted Reverted Discharge

Soldier's Name Anna D oig.

Battalion #4. Gen. Hosp.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name for credit (Anna D oig) Dominion Bank.

Address Corner Sherbourne & Bloor St.

Change of Address Toronts Ont.

1

2

3

4

4761-A-17

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec. 31			1920	1920		ap closed 31-5-19 Acc 2 M Forms
Jan	67267 M		60	60	M	M Roha 12&12.5 destroy 14-6-19
Feb	96586 E		60	60	mo	AUDITED case 14 4 19
March	12567 8 A		60	60	m	Acc 6180 - case 14 4 19
April	7944 B		60	60	m	
May	16898 O		60	60	m	
June	20145 K		60	60	m	
July	32595 Q		60	60	m	
Aug	34603 K		60	60	m	
Sept	45065 N		60	60	m	
Oct	54109 O		60	60		
Nov	62171 I		60	60		
Dec 1918	65659 T		60	60	J	
Jan 1919	72259 O		60	60	J	
Feb	78631 S.		60	60	Je	
Mar	86214 J		60	60		
Apr	2753 My		60	60	a	
May	8442 My		60	60		
June	8947 JK		60	60		Canc Jun VS 18-6-19
			3940	2940		

A/c Closed

Rec'd per Olympic

Date 7-7-19 21-7-19

M.F.W.187

Lt Leeder DAG.

M. F. W.-128
400M.—4-17—177-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.-6-17—1772-39-1141
L. L. 22520—M. & D. 1983.

D U P L I C A T E NURSE

ARMY FORM B. 178.

To be used (*a*) for recruits enlisting direct into the Regular Army, and (*b*) for men of the Territorial Force when they are admitted to Hospital.
Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname D O I G *Christian Name* Anna

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Peterborough County Ontario

Examined ... ... on 7th day of April 191 5,
at Toronto

Declared Age ... ... 25 years days.

Trade or Occupation ... Professional Nurse

Height ... ... 5 feet 4 inches.

Weight ... ... 158 lbs.

Chest Measurement — Girth when fully Expanded 42 inches.

Chest Measurement — Range of Expansion 5 inches.

Physical Development ...

Vaccination Marks — Arm ... Right Left

Vaccination Marks — Number x

When Vaccinated 1899

Vision ... ... R.E.—V=
L.E.—V=

(*a*) Marks indicating congenital peculiarities or previous disease ... (*a*) Scar in left groin

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

Approved by (*Signature*) N.C. Sharpe
(*Rank*) Captain.
Medical Officer.

Enlisted ... ... at Toronto
on 7th day of April 191 5.

Joined on Enlistment ...	Corps.	Regtl. No.
	No. 4 Genl. Hospital	
Transferred to	C.E.F.	N U R S E

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

This Soldier non-effective by ...

on day of 191 .

(*Signature*)

(*Rank*) Lieut.-Col.

In Charge of Records, Canadian Contingent.

(4887.) W. 9597/1588. 500M. 9/15. C. P., LTD. Forms B. 178 39

P.T.O.

AS
2-10-52
22-6-53

Table II.—Only for Admissions to Hospital or to the Sick List in the

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the caus use. In cases of syp subsequent progress, be given in the spec
	Day	Month	Year	Day	Month	Year			
No 4 Can Gen Hosp Salonica	1	3	16	11	3	16	Enteritis	10	Dis to
No 4 Can Gen Hosp. Salonica	11	4	16	24	4	16	Fractured Toe.	13	Dis to

the Sick List in the case of Warrant Officers treated in quarters.

nber days n pital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
10	Dis to Duty	317 - A324
3	Dis to Duty	A353 - 363

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
April 24 '15	Vaccinated J.A.A.
April 13. '15	Inoculations (3) J.A. Amyot.

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

I certify the foregoing to be a true copy of an original entry in the Medical History Sheet of this man.

C.A.M.C.
for the Officer in Charge of Records
Canadian Contingents.

Olympia 7/7/19

AUDITOR | PAYMASTER

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

M. OR S. | REGT. NO. | RANK N/S. | NAME (IN FULL) DOIG ANNA (BLOCK LETTERS SURNAME FIRST)

M.F.W. 2503 - 1-11-19

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY DD-20	AUTHORITY TD-20
DD2 to TD2	11-7-19	2014	2114
To St Andrews	11-7-19	DD 2-17	St and 2-17
			DD 9-7

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

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

PLACE OF ATTESTATION | TRANSFERRED TO AMC MD#2 | DATE 11/7/19 | AUTHORITY DD704

DATE OF ATTESTATION | TRANSFERRED TO JUL 1 - 1920 | DATE | AUTHORITY

ASSIGNED PAY $ | DATE EFFECTIVE a/c closed 3/5/19

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Dominion Bank Br. Bloor & Sherbourne

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Toronto | DATE 9/8/20 | REASON Demobd'jr | AUTHORITY ADMS memo 22 | IF ENTITLED TO POST DISCHARGE PAY NIL

No. 2 DETACHMENT, C.E.F. 56

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 31-7-19					NIL				NIL								90	00									3	00			121	00	121	00			A.P.C. Boat 1st Dft Reb. mess. 1-31-7-19
AUG 11 1919 Aug		3.00																									121	00							T.O.S. D.O. 203
Aug	31	3.00	93	-	15	50			108	50																	121	-			128	-	19	50	Waterworth Capt RAMC DISTRICT DEPOT
Sept	30	90	-		15	-			105	-	S314326 1138 10/9						S314067 123823/11	40									108	00							Mess Aug 26 to 31-7-19 - 6 days @ 50¢ - 3.00 Mess mem Sept 15.00
Oct	31		93		15	50			115	50	S311689 135 14/10 B.		S312354 146 29/10 B.				S314369	55									60	50			115	50					Rs 7 days Fa - see hosp. 11 to 25-7-19 = 7.00 M.A. Oct 15.50
Nov	30		90		15				105	-	S314796 180 16/12 B.						S315321 185 23/11 B.	50									55				105	-					M.A. Nov 15.00
Dec	31		93	-	15	50			108	50																	58	50			108	50					M.A. Dec. 15.50
Dec 1920 Xmas						25			25																			25			25					Christmas Dinn
Jan 1920	31	3.00	93		15	50			108	50	S315861 20/2 15/1 B.						S314209	50									58	50			108	50					M.A. Jan 15.50
Feb	29	3.00	87		14	50			101	50	S316548		S316907					50									61	50			101	50					M.A. Feb 14.50
March	31	3.00	93	-	15	50			108	50	S317275						S317611	50	-								58	50			108	50					M.A. Mch. 15.50
Apr	30	3	90	-	5	-			95	-	16 12/11						006 7/4	50	-								45				95						SD 106 Adm Hosp 10-4-20 MA 1-10-5.00
May	31	3	93	-	15 1	50 00			109	50	323900 32-12.5		324118 45-27.5					50	-	59	50										109	50					Disch Hosp DO 120 25-4-20. MA 3.00
June	30	3	90		15 23	80			128	80	324307 57-11.6						324 182 63 25/6	70	-								58	80			128	80					23.80 Subs 12-7 to 25-7-19. CO 763 admitted to Hosp. 8/7/20 Memo 190 4.00 M.A. 11-7-8/7/20.
July	3	3.00	93	-	4 4	- 50			101	50	326612							101	50													101	50					Dis Hosp 22/7/20.

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