Unit C.A.M.C Rank Nursing Sister Name Eastwood, F.L.

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

ORIGINAL

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Eastwood
   (b) What are your Christian Names? Florence Louise
2. (a) Where were you born? (State place and country) Claremont, Ontario, Canada
   (b) What is your present address? 220 Brock St. Peterboro, Canada.
3. What is the date of your birth? October 21. 1890.
4. What is (a) the name of your next-of-kin? Dr. J.H. Eastwood.
   (b) the address of your next-of-kin? 220 Brock St, Peterboro. Can.
   (c) the relationship of your next-of-kin? uncle
5. What is your profession or occupation? Professional nurse
6. What is your religion? anglican
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
10. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE? yes

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

Florence L. Eastwood (Signature of Officer)

Taken on strength (place) Toronto

(date) 10-12-17.

D. Kay Smith Sr. Col

(Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

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

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

Date Sep. 5th 1918

Place D M Hospital Toronto

K G McKenzie
Medical Officer.

Capt A M C

*Insert here "fit" or "unfit

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

REGIMENTAL DOCUMENTS

NAME EASTWOOD FLORENCE LOUISE REGT. NO. N/Sister UNIT C.A.M.C. H. Q. FILE NO. [illegible]

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
34 ATTESTATION PAPER (M.F.W. 23, 133, or 51)	Ret. 2-10-19	~~Pers.~~	~~10-9-19~~	~~Pers. 1109-D.W.~~	DEATH
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)		Celt			
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		7-1-20			
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
2 DENTAL HISTORY SHEET (M.F.B. 465)				00889	Category Demob
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
2 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 W. 1[illegible]					
St Celtic d 26-8-19	464 740				

PUBLIC RECORDS OFFICE
DEPOT OF ARCHIVES PUBLIQUES
H

W. 2589
100M-11-18
1772-[illegible]-1377

1

H. Q.

M. D. No. 2. area J.

Surname Eastwood

T. O. S. 19

Christian names Florence Louise

D. O. Pt. II of

Regtl. No. Rank N/Sister

S. O. S. Dis 6-9 1919

Unit C. A. M. C.

Reason Demob.

Auth. Do 260 J 17-9-19

R-O 2173 J 13-9-19 # 2.00

Next of kin Eastwood Dr. J. H.

Relationship Uncle

Address 220 Brock St. Peterboro Ont.

Also notify:

BORN—Place Canada, Claremont Ont. Date Oct. 21st 1890.

ATTESTED—Place Toronto, Ont. Date Dec 10th, 1917.

O/S

R/C 4-9-19, 40°/5.

W. 22—100M-7-18. 1772-39-839.

not eligible

Number ..... Rank N/S

Surname EASTWOOD

Christian Name FLORENCE LOUISE

Units ..... Theatre of War ENGLAND

Date of Service 9/12/18

Remarks For Postage

Latest Address 220 Brock St.
Peterboro Ont.

Roll No. A Page 5011

200m.-6-21.

GRATUITY (IMPERIAL)

CHRISTIAN NAME | SURNAME | REG. NO.

SCHEDULE NO. | LINE NO.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA | IMPERIAL DEPOT NO.

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

868—D.P.—40M-1-12-19.

Temp. ad. for purpose of re-eng. dup BOM.

Number ..... Rank N/S

Surname EASTWOOD

Christian Name F. L.

Units ..... Theatre of War Eng.

Date of Service .....

Remarks .....

Latest Address .....

Roll No. "A" 5011

5m-7-23. (M95).

P.T.O.

Replacement: Aut: 649-B-40311

This lady's dup. Bum to be re-eng'd for. 3158670 Pte.
Joseph Paul Emile BELAND.
15/8/25 [illegible]

Surname. Christian Name.
EASTWOOD E. P.
Rank. Unit.
N/Str. C.A.M.C. ~~11 C.G.H.~~ 9 C.G.H.

Date of admission.
No.11 Canadian Gen.Hosp.Shorncliffe. 3-7-18.
Hospital No.9 Canadian Gen.Hosp.Kinmel Park 15-3-19

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis. In fluenza. La Grippe.

Later diagnosis. .....

.....

.....

.....

Discharged:-23-7-18.
Do. 2-4-19

Disposition.
5-7-18 1025-4.
29-7-18 1045-4.
17-3-19 1240-3.
3-4-19 1255-2.

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

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

D. M. S. 1347.

Surname Christian Name Reg. No.

Rank Unit

MEDICAL BOARD held at Date Serial No:

(1)

Other Medical Boards at Date Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Disposition Recommended

(1)

(2)

(3)

(4)

(5)

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

Disposition

Remarks

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

H. W. & V., Ld.—7025-16.

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 EAST WOOD
(Given name in full)
FLORENCE LOUISE

Unit or Corps C. A. M. C. Birthplace CLAIRMONT, ONT.

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

1. GENERAL DESCRIPTION:

Physique good Weight 150 lbs. Height 5 ft. 4 in. Colour of Eyes BLUE

Nutrition good

Pulse 76

Condition of arteries good

Vision Rt. 2/20 Left 2/20

Hearing (conversational voice) Rt. 30 ft.

Left 30 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Undetermined scar
median in vision

Opinion as to general health and physical condition good physical cond'n

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 Buxton (Overseas)

Date 27/6/15 Signed [illegible] 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 Florence Louise Eastwood

(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.

Eeb
N/S. F. L. Eastwood

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

Name N/S. F. L. Eastwood

Regimental No.

Unit N. Toronto Orthopaedic Hospital

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin na

Date and place discharged Transferred to a.m.c. for

Reason for discharge Payment - 30/6/18.

Character on discharge

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
1918																
Apr. 1			2.00	and		.60	per day		78 -	11865		78 -			78 -	a P.L.
May 1st									80 60	77946		80 60			80 60	m.P.L.
June 1st	30	30	2.00	60 -	30	60	18 -		78 -	82624		78 -			78 -	J.P.L.

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

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

Forms R. 150.
3232. 15 M. 14/12/16.

Surname E A S T W O O D **Christian Names** Florence Louise.

Rank N/S. **Name and Address of Next-of-Kin**

Promotion Dr. J.H. Eastwood. (Uncle)
To. S. 10.12.17 220, Brock Street,

Unit C.A.M.C. Peterboro. Canada.

Place of birth Claremont. Ont.

Married (Yes or No)

Appointments

Date of leaving Canada 9-12-18. **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
31-12-18	DMS.	T.O.S. on arrival from	Canada	9-12-18	C.O. 773.
4-1-19	CAMC. R.T. Dep.	T.O.S. on arrival from	Canada	9-12-18	Pt. ord. 4.
		S.O.S on posting to 5CGH	Liverpool	18-12-18	
2-1-19	5CGHp	T.O.S. on posting from	CAMC. R.T. Dep	18-12-18	Pt. ord. 1
		S.O.S. on reporting to	Gran. CSH. Buxton	21-12-18	
31-12-18	Gran. CSH	T.O.S. on posting from	5 Can. Gen. Hp	21-12-18	Pt. ord. 142.
16-9-19	5 C.G.H.	T.O.S. from	Granville C.S.H.	14-9-19	Pl-II O. 150.
30-8-19	D.G.M.S.	S.O.S. on proc: to Canada		26-8-19	C.O. 112.
		S.O.S. 6.9.19.			

22702

Sailed for Canad 26 8 19 .CS CELTIC S L 1

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 N/S/ ..... Surname Eastwood
(Given name in full)
Florence Louise

Unit or Corps Camp ..... Birthplace Claremont Cape.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 146 lbs. Height 5 ft. 4 in. Colour of Eyes Blue.

Nutrition Good.

Pulse 72

Condition of arteries normal

Vision Rt. 4/6 Left 4/6

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

nil

Opinion as to general health and physical condition Fit A

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.

nil

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at S Can Mtn (Overseas)

Date 24/7/19 Signed [illegible] 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 Florence L. Eastwood

(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.)

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Eastwood Christian name Florence Louise

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) 220 Brock St. Peterboro. Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 1st day of September 1917, by the undersigned medical board sitting at D.M. Hospital Toronto

5. Age as stated 27 Years 8 Months. 6. Apparent age 27 Years — Months

7. Height 5 Feet 4 Inches. 8. Weight 156½ Pounds.

9. Chest measurement { Minimum 36 Ins. / Maximum 40 Ins. 10. Complexion fair { Eyes Blue / Hair Light brown

11. Physical development good. { Good / Fair / Poor 12. Smallpox marks

13. Number of vaccination marks { Right arm / Left arm one 14. When vaccinated last June 1918.

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

16. Slight defects but not sufficient to cause rejection nil

The man denies having had { Rheumatism / Tuberculosis / Syphilis We find no evidence of past { Rheumatism / Tuberculosis / Syphilis

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A

17. (a) Vision R. good L. good

(b) Hearing. R. good L. good

K G McKenzie President.

Member. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
1918 June 5	Positive	K G McKenzie M.O.	1918 May 14	Positive	K G McKenzie M.O.
		K G McKenzie M.O.	" 21	"	K G McKenzie M.O.
		K G McKenzie M.O.	" 28	"	K G McKenzie M.O.

Joined December day of the tenth 1918 at Toronto

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	C.A.M.C			10-12-17.
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
G. C. [illegible]	27/6/19	[illegible]	[illegible]
5 C. G. Hos.	27/3/19.	[illegible] A	[illegible]

N. B.—This sheet is 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.—10-17.
1772-39-439.

Signature of Man

Christian Name

Surname

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				

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

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

Casualty Form—Active Service.

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

Regimental No. ..... Rank Nursing Sister Name Eastwood, Florence Louise

Enlisted (a) Dec. 10. 1917. Terms of Service (a) C. E. F. C. E. F. Service reckons from (a) December 10. 1917.

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
S.O.S.		on Proceeding Overseas 2-12-18. Auth:- H.Q. 2MD, 34-3-33, d/2-12-18.			A. F. Moody Capt. & Adjt. Base Hospital, M. D. No. 2
		Embarked Canada, St.John, R.M.S. "Scandinavian" 6-12-18. Disembarked England, Liverpool, 18-12-18.			
4 JAN 1919	O.C., C.A.M.C. R. & T. Depot, T.O.S. from	man on arrival from Canada	SHORNCLIFFE	9/12/18	Pt II DO 4
4 JAN 1919	O.C., C.A.M.C. R. & T. Depot, S.O.S. to	5 S.G.H., Liverpool.	SHORNCLIFFE	18/12/18	Pt II DO 4. [illegible] Capt. Asst. Adjutant For O.C. C.A.M.C. Reserve Depot
2-1-19	No. 5 CANADIAN GENERAL HOSPITAL	T.O.S. from C.A.M.C. Reserve & Training Depot, Shorncliffe.	Liverpool.	18-12-18.	PT. 2 DO. No. 1 D 2/1/1919

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

[P.T.O.

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
2-1-19.	No. 5 CANADIAN GENERAL HOSPITAL	S.O.S. to Granville Can. Special Hospital, Buxton.	Liverpool.	21-12-18.	PT. 2 DO. No. 1 D 2/1/1919 [signature] MAJOR C. A. M. C. ADJT. & REGISTRAR, FOR O. C. No. 5 CANADIAN GENERAL HOSPITAL, LIVERPOOL
31-12-18	GCSH.	T.O.S. 5 C.G.H. Livl	Buxton	21.12.16	Pt II D.O. 142
14-7-19	"	S O S to 5 CGH Liverpool	"	12-7-19	Pt II Do 42 A. T. Young Lieut Capt. & Adjt. For O. C. Granville Canadian Special Hospital,
16-7-19.	No. 5 CANADIAN GENERAL HOSPITAL	T.O.S. FROM. GCSH. BUXTON.	LIVERPOOL.	14-7-19.	PT. 2 DO. No. 150 D 16/7/1919.
11-8-19.	— Do —	S.O.S. TO No 16 CGH ORPINGTON	LIVERPOOL.	11-8-19	PT. 2 DO. No. 168 D 11/8/1919. [signature] MAJOR C. A. M. C. REGISTRAR, FOR O. C. No. 5 CANADIAN GENERAL HOSPITAL, LIVERPOOL
11/8/19	16 CGH	TOS from ~~No~~ CGH 11/8/19 SOS of OM + of Can Embarkation for Canada	Orpington	11/8/19	Pt 2 DO 41 FF [signature] CAPT. C.A.M.C. ASST. ADJT. & REG. FOR O.C. No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL [signature] Capt & Adj.

AUG 26 1919 Embarked Liverpool SS CELTIC

SEP 4 - 1919 Disembarked New York.

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. ..... Rank N. I. S. C. E. F. Name Eastwood Florence Louise

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				
10-9-19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2	6-8-19	C.E.F. R.O. No. 2168-19
13-9-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 4	6-9-19	C.E.F. R.O. No. 2173-19

Ted Winter Capt.
for Director Personal Services.

(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				

CANADIAN EXPEDITIONARY FORCE

D.W. 4-39.
T.N.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

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

(Name in full) Florence Louise EASTWOOD.

Enlisted in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

day of xxxxxxxxxxxxxxxxxxxxxx 191 AND WAS APPOINTED to COMMISSIONED RANK

in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the Tenth day

of December 1917.

S He SERVED in CANADA, and England with the C.A.M.C. Regt'al and Training Depot, Shorncliffe., #5 Can. Gen. Hosp, Liverpool., Granville Can. Spec. Hosp. Buxton., #6 Can. Gen. Hosp. Orpington.

and was STRUCK OFF THE STRENGTH on the Sixth day

of September 1919 by reason of General Demobilization.

Dated at Ottawa, this Twenty-Second. day

of January xxxx 191 1920

[signature]

Lieut.

for. Director of Personal Services.

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

W.H.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

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

(Name in full) .....

Enlisted in .....

CANADIAN EXPEDITIONARY FORCE on the .....

day of ..... 191.. AND WAS APPOINTED to COMMISSIONED RANK

in .....

CANADIAN EXPEDITIONARY FORCE on the ..... day

of ..... 191..

He SERVED in CANADA

.....

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

of ..... 191.. by reason of .....

Dated at Ottawa, this ..... day

of ..... 191..

Director of Personnel Services

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

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

	NAME OF	RATE OF P. AND A.		DATE	AUTHORITY	
Beneficiary	C. A. M. C.	Pay 2. 00 Pd	N/S	Mess 18 12/18	DMS. Co. #773 d/31 12/18	Fr Can 11-E-244
Address		F.A. 1. 00				Name Eastwood
		Messing 1 00				Initials Florence Louise
Amount. $~~40~~ 30.00 1 12/19 Can 1 12/18						Bank of Montreal Traf Sq.
Separation Allowance issued. Yes or No.....	add outfit allce 16 12/20 $100					

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1919								
Jan 13.	P & a. fr 16 12/18 - 31 12/18 messing fr 18 12/18 Vo	16525	62.					
" "	Dr bal fr Can (auth) L P C fr Can Vo	707.		26 90		Cr 35 10		
22	a. P can 2 months.				80			
	Pay (R)		124					
28	Bank	15564		79 10		0		
Feb 11	a. P can				30			
" "	orig Dr 26.90. Dr bal fr Can 15 12/18 shld be Cr of 68.30 diff sub allce 28.9.18 to 23-11-18 56 dys @ 1.70 Pd amended L P C fr Can 227.		95 20					
" "	Do Do. Cash	16184		95 20				
	Pay (R)		112					
25	Bank.	17078		82		0		
Mar 17	Pay (R)		124					
	a. Pay Can.				30			
24	Bank	18651		94		0		
April 10	April Pay (R)		120					
	a. Pay Can.				30			
26.	Bank	1044		90		0		
May 13	Pay (R)		124					
	a. Pay Can				30			
22	Bank	2593.		94		0		
June 11th	Adv June P & a Bank			90				
18	June Pay (R)		120					
"	a. Pay Can.				30	0		
July 12.	Adv July P & a. Bank.			94		Dr 94		
	July Pay R.		124					
	A. P. Can.				30	0		

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
Address
Amount. $ 30 Can
Separation Allowance issued. Yes or No.....

C A M C

Pay 2.00 Pd
F.A. 1
Messing 1

N/S.

Name Eastwood
Initials F L.
Bank

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 Forward						RETURNED TO CANADA L.P.C. TO 30.9.19 Or pt TRANSFER TO N.E. LEDGER	
Aug 14	Adv Aug & Sept. P&A Bank			184		184		
	Aug & Sept. Pay (R)		224					
	A Pay Can.				30	Cr 30		
Sept.	A P Can				30	0		

Date of Enlistment 10-12-17

Date Effective 1-2-19

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

E 3415

Date of Assignment 1 Dec. 1918

RATE OF SEPARATION ALLOWANCE

5	40		

P.A.B

RATE OF ASSIGNMENT

40.00	30		

1-2-19.
Cable 2-2-19.
A.2 M

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion C. A. M. C. M. D. #2. Reinf. Offcs.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Toronto General Trust Corporation

Address Toronto Bay St. Ont.

Change of Address In trust for Mrs Jean, Milne Eastwood

1 ~~THE STANDARD BANK OF CANADA,~~

2 ~~YONGE & CHARLES STS.,~~
TORONTO, ONT. 40 40.00

3 A-C N.S FLORENCE L. EASTWOOD
FORTY DOLLARS

4

	Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
#13885	Dec	O 1643		40	40	mail	File 5234-F-16 mailed; 23/12/18
	Jan	O 76043		40	40	T	MRO. 65898 - Alt. 4-2-19.
	Feby	X 80202	40	30	70	L.	S.A. from 1-2-19. ruling of P.A.B. MRO. 69829 - Alt. 11-2-19.
	Feby	~~S. 82118~~		~~30~~	~~30~~		S.-82118. Canc. per 10620 (wrong amt) V 320-2-19
	Mar.	J 89479	40	30	70	L	
	April	O 506	40	30	70	L	
	May	6189	40	30	70		
	June	K 10361	40	30	70		
	JUL	L 12360	40	30	70		
	Aug	S 13237	40	30	70	✓	
	Sept	A 15300	240	230	70	✓	
			320	320			

A/c Closed 30-9-19

Ret'd per Celtic

Date 4-9-19 F.X. MD 2

Clerk [illegible] 16-9-19

Dest 121179

AUDITED.

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

AUTHORITY FOR NEW ACC

MD 2 B 5
M. Gurski
19-12-18

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

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

Celtic 4/9/19

AUDITOR | PAYMASTER

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

M. OR S. | REGT. NO. | RANK N/S. | NAME (IN FULL) EASTWOOD FLORENCE LOUISE

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes | DATE EFFECTIVE 1/10/19

TO WHOM PAID Toronto General Trust Corporation | RELATIONSHIP

ADDRESS Bay Street, Toronto.

In Trust for Mrs. J. M. Eastwood.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. C.A.M.C. | IF IN P.F. WHAT UNIT? | BLOCK LETTERS SURNAME FIRST

PLACE OF ATTESTATION | TRANSFERRED TO Standard Bank | DATE | AUTHORITY Charles & Yonge St. Toronto

DATE OF ATTESTATION 16/12/17. OK | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 30.00 | DATE EFFECTIVE 1/10/19

PAYABLE TO Same | RELATIONSHIP

ADDRESS

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE 6/9/19 | REASON Demob | AUTHORITY D0260 | IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	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.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 30/9/19					NIL												90	00									36	00									1/9/19 Arrived P.M. Rec'd Messg. 26/8 to 30/9/19
																															126	00	126	00			
Octr 1		30																									126	00									T.O.S. FROM O/S D.O. 260
																											32	–									24 Days A.S.C. Ded from Dep. W.S.G.
					W.S.G.		S.A.																				72	–			230	–	230	–			24 " P.A.C. Ore
122 days		3	–		366	–	160	–	526	–																	W.S.G. 230	–					AMOUNT DUE SOLDIER DEPENDENT				
																													40	–	230	–	168	–	128	–	
																	125	Lapse					1049160.						40	–	270	–	168	–	88	–	
																	149	Oct 24	1463642		1463643						78	–	40	–	388	–	90	–	48	–	
																	163	Nov 10			1464497								8	–	396	–	90	–	40	–	
																	176	Nov 25	1751139								90	–			486	–	0		40	–	
																	185	Dec 5			1751971								40	–	526	–	0		0		
					366	–	160	–	526	–																	398	–	128	–	526	–					

W.S.G. PAID IN FULL

Lieut.
PAYMASTER WAR SERVICE GRATUITY

200M-3-19.—L. L. 58786-M. & D. 9985.
M. F. W. 2596.
1772-29-1398.

Occupational Group 19
Dispensat Assn 9

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

Embarked Liverpool 18
Disembarked New York "

CELTIC AUG 26 1919
SEP 4 - 1919

1. RANK N/S.
2. NAME Eastwood F.L.
3. UNIT Cam C.
4. DATE STRUCK OFF STRENGTH | PLACE
5. REASON Demobolization SOS 6-9-19 RO 2173-19
6. AUTHORITY
7. PROPOSED RESIDENCE

220 Birch St Peterboro

N/S Eastwood Florence L

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.

9.P880
10.C.D.3.
11.A.G.1.A.

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 H.Q.
Checked by No. 2Y
NHS
Date 23 AUG 1919

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