Officer's Declaration Form

R.

UNIT ..... Rank. ~~Regimental No.~~ .....

~~ATTESTATION PAPER.~~

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

~~QUESTIONS TO BE PUT BEFORE ATTESTATION.~~

(ANSWERS)

1. What is your name? Margaret - Eaton
2. In what Town, Township or Parish, and in what Country were you born? Carlisle. Halton Co - Ont. Canada
3. What is the name of your next-~~of-kin~~ Relation? Capt. J. M. Eaton C.A.M.C. & B.S. Eaton
4. What is the address of your next-of-kin? 938. Portage Ave. Winnipeg Man
5. What is the date of your birth? 1878 - June 21st.
6. ~~What is your Trade or Calling?~~
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~~?
10. Have you ever served in any Military Force? No
    If so, state particulars of former Service.
11. ~~Do you understand the nature and terms of your engagement~~ Rank + Unit? Nursing Sister. C.A.M.C
12. ~~Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force~~?

Margaret - Eaton (Signature of ~~Man~~ Officer).

(~~Signature of Witness~~).

DECLARATION TO BE MADE BY ~~MAN ON ATTESTATION~~ Officer.

I, Margaret - Eaton, 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.

Margaret - Eaton (Signature of ~~Recruit~~ Officer).

Date June 2nd 1916 H. Adams Capt CAMC (Signature of Witness).

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, ..., 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.

..... (Signature of Recruit).

Date ..... 191 ..... (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

..... this ..... day of 191

..... (Signature of Justice).

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

..... (Approving Officer).

V. & S., Ltd. 30M. 18-12-15. 48297.

Description of Margaret - Eaton **on ~~Enlistment~~.**

Apparent Age 38 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7 ins.

Chest measurement. Girth when fully expanded 38 ins.
Range of expansion 3 ins.

Complexion Brunette -

Eyes Brown.

Hair Brown - turning Grey.

Religious denominations.
- Church of England Yes.
- Presbyterian
- Wesleyan
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic
- 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.)~~

Mole on upper lip.

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date June 2nd 1916

Place London

Capt Caine
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the ~~Recruit~~ officer 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.

.....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.

.....(Signature of Officer.)

Date.....191

REGIMENTAL DOCUMENTS

NAME Eaton Margaret REGT. NO. Mur Lister UNIT H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2 +1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	Rk4-1020				DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				61060	DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M.F.W. 192					

W. 2589
100M-11-18
1722-39-1377

rm B. 103.

SECTION

Regimental Number

CERTIFIED CORRECT
23 OCT. 1916
CANADIAN RECORD OFFICE

Casualty Form—Active Service.

Regiment or Corps C A M C

Rank N/S. Surname Eaton Christian Name Margaret.

Religion _____ Age on Enlistment _____ years _____ months.

Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) 19/5/16

Date of promotion to present rank 14/5/16 Date of appointment to lance rank _____

Extended { _____ } Re-engaged { _____ } Qualification (b) _____

or Corps Trade and Rate _____

_____ Signature of Officer i/c Records.

CERTIFIED CORRECT 25 MAR 1918 CANADIAN RECORD OFFICE

DEPT. MILITIA & DEFENCE APR 13 1918 H.Q. CANADA

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 ...	Canada	19/5/16	
		Disembarked ...			
17/6/16	Dms	To be Nursing Sister	Camc.	14/5/16	Co 1063.
20/6/16	Do	Posted Moore Bks	Hosp	19/6/16	Co 1087.
		J G Burnham			
					MAJOR, FOR COL. i/c RECORDS, C.E.F
6-8-17	O.C., M.B.C.H.	S.O.S. to Manor House, Folkestone.	Shorncliffe	10-7-16	Pt. II DO. 218.
					A R Mann Lieut
		S.O.S. is Canceled			Company Officer, For Colonel, Officer i/c Hospital.
			11-11-17		Pt. II Do. #298
7-12-17	#11 C.G.H.	S.O.S. to C.A.M.C.	S L'cliffe	4-12-17	Pt. II Do. #310
					Company Officer, For Colonel, Officer i/c Hospital
7-12-17	CAMCD.	S.O.S. from No. 11. C.G. Hosp.	Shorncliffe	4-12-17	Pt. 341 (CO 1584)

(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) Signaller, Shoeing-smith, &c.

[P.T.O.

(4 27 29) W 15012—5156 100,000 12/15 H W V (P 1977) Forms/B. 103/3

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	Ren[illegible] Taken from [illegible] B. 213, Army [illegible] or other [illegible] documents
Date	From whom received				
21-1-18	C.A.M.C.D.	S.O.S. Retained in Canada.	Slowcliffe	7-12-17	Pt II 21 (Cl 13)
					[illegible] Blayney Lieut [illegible] ASST. ADJUTANT, FOR O.D., O.A.M.C. DEPOT.
30-5-20	C.A.M.C.	T. O. S. of No. 10 District Depot,			
		Part 2 Order No. 140 Para 2			
		J. P. Morrow Major			
		O. C. No. 10 District Depot.			
		S. O. S.			
31-5-20		Do. 182 para 3.			
		J. P. Morrow Major			
		Officer Commanding No. 10 District Depot			

CANADIAN EXPEDITIONARY FORCE

W.H. 10-47.
R.A.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

M

27-1-22

This is to Certify that (Rank) Nursing Sister

(Name in full) Margaret EATON.

Enlisted in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

day of xxxxxxxxxxxxxxxxxxxxxxxx 191xxx AND WAS APPOINTED to COMMISSIONED RANK

in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the Eighth day

of May 1916

S HE SERVED in CANADA, and England with the Canadian Army Medical Corps..

and was STRUCK OFF THE STRENGTH on the Thirty First day

of May 1920 by reason of General Demobilization

Dated at Ottawa, this Twenty Fifth day

of September 1920

W.E.L. Coleman Major
for Director of Personal Services.

M. F. W. 2618a

10M.—3-20
1772-39-1428

M. F. W. 129.
50m.—7-17.
1772—39—1142.

no Card

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

☞ Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank N/S Name Margaret Surname Eaton.

Unit of Corps C.A.M.C. (If a soldier) Regtl. No.

Born at Carlyle, Ont. on, (date) June 21st, 1889

Signature (for identification) Margaret - Eaton

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight 148 lbs. Colour of eyes Brown

Height 5 ft. 7½ in. Identification Marks Small mole under nose

2. NUTRITION AND DIATHESIS? Normal.

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability? No - normal.

4. RESPIRATORY SYSTEM? Is there a history of lung trouble? No - normal.

5. HEART?

Abnormal Sounds? No.

Abnormal Size? No.

Pulse Rate? 84 Intermittence or Irregularity? No. Muscular Tone? Good.

6. ARTERIES.—(a) Any hardening or nodulation? ~~Nox~~ No.

(b) Blood Pressure. S. 140. D 95.

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

Normal.

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1025 Reaction? Acid. Albumen? None. Sugar? None.

9. SKIN, MIDDLE EAR, EYE or any other part? Normal - slight astigmatism in both eyes - corrected by glasses.

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. None.

11. Opinion as to the health and physical condition of the one examined? Good.

Examined at M.M.H. Tuxedo Park Signed [signature] M.O.

Date Nov. 22nd, 1918. Signed W. [signature] for Capt. M.O.

Margaret - Eaton Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding

CENTRAL REGISTRY No. 33-M-7 DEC 19 1918 MILITARY HEADQUARTERS P.O. M.D. 10 CANADA WINNIPEG

Ass't Director Medical Services No. NOV 27 1918 Mily. Dist. No. 10, Winnipeg

APPROVED NOV 27 1918 [signature] FOR A.D.M.S., M.D. No. 10 WINNIPEG, MAN.

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank: [illegible] Name: Harvest Surname: [illegible]

Unit of Corps: [illegible]

Norm at: [illegible] on [illegible] June 21st, 1889

Signature (for Identification):

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, malming or lameness? If so, describe:

Weight: 140 lbs. Colour of eyes: Brown

Height: 5 ft. 7½ in. Identification Marks: Small mole under nose

2. NUTRITION AND DIATHESIS?

Normal.

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe:

3. NERVOUS SYSTEM? Is there a history of previous disability?

No - normal.

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

No - normal.

5. HEART?

Abnormal Sounds? No.

Abnormal Size? No.

Pulse Rate? 84 Intermittence or irregularity? No. Muscular Tone? Good.

6. ARTERIES—(a) Any hardening or nodulation? No.

(b) Blood Pressure: S. 170. D. 68.

7. DIGESTIVE SYSTEM? Condition of teeth and tonsils to be included.

Normal.

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1025 Reaction? Acid. Albumen? None. Sugar? None.

9. SKIN, MIDDLE EAR, EYE or any other part? Normal - all at satisfaction in both eyes - corrected by glasses.

10. Is there any evidence of impairment of health or physical condition unmentioned above? If so, describe:

None.

11. Opinion as to the health and physical condition of the one examined?

Good.

Examined at: M. & H. Tuxedo Park Signed: M.O.

Date: Nov. 22nd, 1910. Signed: M.O.

Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered uncomplained of by the soldier examined, this report should be sent at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular Boarding.

33-E-7

CENTRAL REGISTRY
No.
MAY 8 1920
MILITARY HOSPITALS COMMISSION
M. D. 10
WINNIPEG

SPECIALISTS REPORT.

(EYES)

Date May 15th 1920

Name N/S Margaret EATON, No. ---------- Unit CAMC, MMH.

Age 42 Enlisted At Winnipeg, Man.

History Has worn glasses for 20 years or more; Greatest trouble now is in seeing at intermediate distances with her present glasses. Says she had corneal ulcers in Childhood, left eye being much the worse.

	RIGHT	LEFT.
Ext. Pts. and T.	Slight external strabismus	
Mvts.	Normal	
Cornea	"	
Ant. Chamber	"	
Pupils	"	
Vision	< 6/60 c̄ glasses 6/9 ?	6/60 c̄ glasses 6/9 ??
Mydriatic	H & C	
Lens	Normal	
Vitreous	"	
Fundus	"	
Fields	"	

Diagnosis: Hypermetropia x presbyopia

REMARKS:- Given Rx. for new glasses.

Did the condition originate on service ? No

If the condition pre-existed enlistment, was is aggravated by service and to what extent (in percentage) No

(Sgd) W.E. Campbell, Capt. C.A.M.C.
(Signed).

President, Standing Medical Board. Capt. CAMC.

33-E-7

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY

CENTRAL REGISTRY
MAY 1920
MILITARY HEADQUARTERS
M. D. 10
WINNIPEG

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.....Name ..EATON, Margaret.....
(Name in full in block letters.)

Age.....42.....Address after discharge.....950 Portage Avenue, Winnipeg, Man.

Unit or Corps.....CAMC, MMH, #10 D.D.Cas.Co.....Birthplace ..Carlysle, Ontario.....

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

1. GENERAL DESCRIPTION:

Physique Good.....Weight 142 lbs. Height..5...ft...7...in. Colour of Eyes..Brown

Nutrition .....Good.....

Pulse .....78 Regular.....

Condition of arteries.....Good.....

Vision Rt...6/9?.....Left. 6/60 c̄ glasses

Hearing (conversational voice) Rt..6/9 >> 20 ft.

Left..20 ft.

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

Mole under Rt.nostril.

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

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

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

Special Senses.....YES.....Integumentary System NO.....Respiratory System.....NO.....

Disturbance of mentality NO...Muscular System.....NO.....Digestive System....NO.....

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

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

Defective vision - See specialist's report attached. No disability.

Ass't Director Medical Services
No.
MAY 18 1920
Mily Dist. No. 10, Winnipeg

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

[OVER]

EXAMINATIONS.

4. THIS SECTION FOR USE OVERSEAS—

Examined at..... (Overseas)

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.)

---

5. THIS SECTION FOR USE IN CANADA—

Examined at Winnipeg ..... (Canada)

Date ...May 15th 1920..... 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.)

APPROVED
W. J. Chapman
MAY 18 1920
Major
FOR A. D. M. S., M. D. No. 10
WINNIPEG, MAN.

M.F.W. 129.
350—D.P.—50M-4-19.
1772-39-1142 (10076).

[OVER]

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Eaton, Margaret. N/S.

Regimental No.

Name and address of next-of-kin 392-5-27.

Unit Army Med. Corps.

Date of enlistment

Place of "

C.A.M.C. 7 12/17.

Married (yes or no) Nil

Date and place discharged Duty.

Amount of pay assigned monthly $ Nil

Reason for discharge

To whom payable

Character on discharge

Oylmpic 6 11/17 - 14 11/17 - Public Expense. (2) L.P.C. clear 31 12/17, C.P. 1 for Officer 2 from C.P.

Job 5351—M. & D. 6880.

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. L.P.C. #.75
1.1.18	31.1.18	31	2 00	62 00	31	.60	18 60	52.70 x						9 00 △		x Subs in Can 31 Days 1 1/18 to 31 1/18.
								11 20 ⊗	144 50	Credit Balance				135.50	144 50	△ Off Mess. on Boat 9 Days at 1.00 6 11/17 - 14 11/17
				62 00			18 60	63 90	144 50					144 50	144 50	
		By M.D. 10. letter 22.2.18.						135 50	135 50					135 50	135.50	⊗ Diff. between Subs. in Can & Mess in Engl. 16 Days at 70¢. 15 11/17 - 30 11/17
		Transferred to M.D. no. 10. L.P.C. Sent 7.2.18.														

M. F. W 41
10M—7.16
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					

*Name Eaton M. Rank N/S. Regtl. No.

Fy[illegible] Depot

Original unit Present unit MMH. M. or S. Age Religion Ref. H.Q.

Port, ship, and date of arrival

Next of kin

Address on leave

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
30-5-20	Tos Cas Co. Do	140.
31. 5. 20	Sos Cas Co. Co 147 Do	182

*—Name will be given in full; surname first.

[OVER]

Date	Remarks.	Pt. 2 Order No.

M.F.W. 192.
233-D.P.-200M-3-19.
1772-39-1243.

Number ..... Rank N/S. BX

Surname EATON

Christian Name MARGARET

Units ..... Theatre of War ENGLAND

Date of Service 19-5-16

Remarks .....

Latest Address ~~address not available~~
950 Portage Ave
Winnipeg
Man.

Roll No O 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.

P—15.

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
Beneficiary	C.A.M.C.			N/S.	14 5/16	D.O. 3141 C.T.D. d/16 6/16	Name Eaton
Address							Initials Margaret
							Bank of Montreal.
Amount. $							
Separation Allowance issued. Yes or No.....							

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.
June 23	Bank			72 80		D 72 80	Auth. compiling Dept.	
July 20	Pay fr 14 5/16 – 31 7/16 Vo. 4215		284 40					
25	Bank	4997		211 60		0		
Aug 17	Pay Aug (R)		111 60					
23	Bank	7299		111 60		0		
Sep 20	Pay Sep (R)		108					
28	Bank	9510		108		0		
Oct 23	Pay Oct (R)		111 60					
27	Bank	11000		111 60		0		
Nov 17	Pay Nov (R)		108					
24	Bank			108		0		
Dec 12	Pay Dec		111 60					
18	Bank			111 60		0		
1917 Jan 23	Pay Jan		111 60					
25	Bank			111 60		0		
Feb 20	Pay Feb.		100 80					
22	Bank			100 80		0		
March 20	March Pay . a.		111 60					
23	Bank	24818		111 60		0		

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.	UNIT.			RANK.			NAME.
	NAME OF	DATE	AUTHORITY		DATE	AUTHORITY	
Beneficiary	C.A.M.C.		Pay $2.00 P.D.	N/S	4/5/16	D.O. 3141 G.T.D. 4/16/16	Name Eaton
Address			P.A. $0.60				Initials Margaret
			Insg $1.00				Bank of Montreal
Amount. $							Trafalgar Sq
Separation Allowance issued. Yes or No.....	S.O.S. 29/7/17. Rtd in Canada for duty. A.G. Can. L.O. 3317-18 1/8						1/18.

1917-18

DATE	PARTICULARS		CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917									
April 21	April Pay (R)			108					
26		Bank	3003		108				
May 22	May Pay. (R)			111 60			111 60		
23		Bank	5986		111 60				
June 14	June Pay (R)			108			108		
22		Bank	9004		108				
July 19	July Pay (R)			111 60					
21		Bank	13092		111 60				
Aug. 18	August Pay (R)			111 60					
21		Bank	17361		111 60				
Sep. 17	Sept Pay (R)			108			108		
21		Bank	21863		108				
Oct. 9	October Pay (R)			111 60					
20		Bank	26291		111 60				
Nov. 16	November Pay (R)			108					
20		Bank	30763		108			Retd to Can.	
Dec 7	Dec Pay (R)			111 60				L.P.b to 31/12/17	
14		Bank	35096		111 60			Off. to W.E. Ledger.	
Jan	Jan Pay (R)			111 60					
19	Overcredited Pa a. Jan. 1918. aut L.P.b to 31/12/1018				111 60			fr Ledger 8 to L12. 5/18	

FORM P. 15
2227—10M—1/1/17

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
Beneficiary				N./S.			Name Eaton.
Address							Initials Margaret.
							Bank of Montreal
Amount. $							Trafalgar Sq.
Separation Allowance issued. Yes or No.....							1/18.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS

R 150

Rank and Name	EATON, Margaret	Nursing Sister	
Regimental No.		Name and Address of Next-of-Kin	
Unit	C.A.M.C.	(1.) Capt. J.M.Eaton,	
Date of enlistment	~~2-6-16~~ 8.5.16	C.A.M.C. (2) B.S.Eaton	
Place of birth	Carlisle, Hamilton, Co. Ont. Canada.	938 Partage Ave., Winnipeg, Man. Canada	
Married (Yes or No)	No	Date and place of discharge	
If in Permanent Force		Reason for discharge	
		Character on discharge	
Promotions or appointments	Left Canada 19-5-16		

M.B. OCT 8 1916
M.B. SEP 5 1916
M.B. OCT 4 1916
M.B.H. NOV 1 1916
M.B.H. 25/3/17
M.B.H. 24/4/17

VIC.

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
					C.T.D.D.O. 3141
17 6/16	D.M.S.	To be Nursing Sister, C.A.M.C. C.E.F. with effect from		14-5-16	C.O. 1063.
20 6/16	D.M.S.	Posted to Moore B. Hosp.		19/6/16.	C.O. 1087.
~~19 7/16~~	~~-do-~~	~~Transfd to Manor House Folkestone~~		~~10-7-16~~	~~C.O. 1287~~
		Posted to No. 11 Can Gen Hos, Moore Bks.		1 10 17	CO 1299
4-10-17	D.M.S.				
11.11.17	No 11 C.G.Hp.	Att to Manor House Hp. Folkstone		10.7.16.	2.11.17 Pt. 9/298
13.11.17	do	Granted leave from 6 11.17 to			19.11.17 Pt. 9/299
5.12.17	D.M.S.	Posted to CAMC Depot.			4.12.17 C.O. 1584
18-1-18	Hqs OMFC	SOS. Retained in Canada			7-12-17 RO 3315.

Cancelled by Co. 1453 dt. 4.11.17

~~A.F.B. 103~~ H.B. 21/10/16 Can by Pt. 9/298.

~~Pt. 9/218. M. Bk. Hosp~~

A.F.B. 103.
20 MAR. 1918

Sos. 31.5.20.

6257

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					

E 91

AUDITOR | PAYMASTER

M. OR S. Single

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

REGT. NO.

RANK Nursing Sister NAME (IN FULL) EATON, M (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Lieut 1st	1-1-20	Do 9

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

PLACE OF ATTESTATION TRANSFERRED TO Ca. Co. DATE 30/5/20 AUTHORITY DO 140

DATE OF ATTESTATION December 7th 1917 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ Nil DATE EFFECTIVE

PAYABLE TO RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE MDIO DATE 31/~~XX~~/20/20 REASON Dem. AUTHORITY DO 182 IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	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 Mar 31																																					
April	30	3.00	90	00					90	00					30/2	30					90	00									90	00					Leave Apr 5-21/19 C079B063
May	31	3.00	93	00	37	50			130	50	28/2	28					130	50													130	50					Messing Allow @ 50¢ Mar 1-Apr 4¢ Apr 22-May 31-75 days: $37.50 R01836
June	30	3.00	90	00	15	50			113	50	18/2	26					113	50													113	50					Messg Allow @ 50¢ Apr 05-21/19-85.50
July	31	3.00	93	00	15	50			108	50	35/2	28					108	50													108	50					
Aug	31	3.00	93	00	15	50			108	50	56	27					108	50													108	50					
Sept	30	3.00	90	00	15	00			105	00	79/6	26					105	00													105	00					
Supplementary W.S.G. Sheet passed																									Debit Balance				OCT 22 1919								
Oct.	31	3.00	93	00	15	50			108	50	95	27					108	50													108	50					
Nov.	30	3.00	90	00	15	00			105	00	112	26					105														105	00					
Dec.	31	3.00	93	00	15	50			108	50	125	20					108	50													108	50					Lv 15-12 to 31-12-19 @ 32.1. Pay 1.1.20 1301 o/a Message 415.50
Jany	31	3.00	93		15	25 50			108	75	149	28					145	95									15	50			161	45					
Feb.	29	3.00	87	00	49	52 70 30			136	30							136	30													136	30					
Mar	31	3.00	93	00	28	90			~~137~~	~~40~~	41	28					166	10									8	50			174	60					Pub for 15-12 to 31-12-19 Leave 28.90 o/a Pubs " " " 8.50
Apr	30	3	90			52 70			174	60	78	42					141	00													141	00					
May	31	3.00	93		52	70			145	70			25	29/5	67	50	145	70													145	70					
			1281	00	456	05			1737	05							1623	05			90	00					24	00			1737	05					

Enter Account completed to date of discharge

Capt.

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

P+C Sheets + file

previously found.

listed to 31-7-20

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Eaton *Christian Name* Margaret Eaton

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Carlisle County Halton

Examined ... ... on 20th day of March 1916 at Winnipeg

Declared Age ... ... 38 years days.

Trade or Occupation ... Nursing Sister

Height ... ... Five feet, Seven inches.

Weight ... ... 140 lbs.

Chest Measurement: Girth when fully Expanded. 38 inches.

Range of Expansion 3 inches.

Physical Development ... Good

Vaccination Marks: Arm ... Right Left

Number One

When Vaccinated ... 10 years ago

Vision ... ... R.E.—V= L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a) Mole on upper lip.

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

Approved by (*Signature*) S H Cohen

(*Rank*) Capt Camc *Medical Officer.*

Enlisted ... ... at Winnipeg, Canada on 4th day of May 1916

Joined on Enlistment ...

Transferred to ... ...

Corps.	Regtl. No.

Became non-effective by

on day of 191 .

(*Signature*) Margaret Eaton

(*Rank*) Nursing Sister.

The Morgan Reeve Co., Ltd., Printers, 20/22, Goldsmith St., Kingsway, W.C. (25506) Wt.W2869/1662. 200m. 5/15.

Forms B. 178.

P.T.O.

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospit	Remar
	Day	Month	Year	Day	Month	Year			

List in the case of Warrant Officers treated in quarters.

ks 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

NOT CHARGED MAR 13 1918

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
June 3rd 1916.	1st Inoculation (Mixed Typhoid Sera)
12th 1916	1 c.c. mixed P.T.

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

E 561

M. OR S.

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

REGT. No. | RANK N/S | NAME (IN FULL) EATON. M

AUDITOR | PAYMASTER

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
SOLDIER STILL ON STRENGTH		

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

PLACE OF ATTESTATION May 30. 1916 | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION ~~Dec 17/1917~~ | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ nil | DATE EFFECTIVE

PAYABLE TO WSG | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS ~~Bk of Montreal (Savings A/c) Cor. Portage & Main. Wpg~~ | *Hand cheques to Capt. Eaton. Minto Bks

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	$ C.	TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1 NO. DATE	COL. NO. 2 NO. DATE	COL. NO. 3 NO. DATE	CASH PAYMENTS COL. NO. 1 $ C.	COL. NO. 2 $ C.	COL. NO. 3 $ C.	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.	$ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	CREDIT $ C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT														Debit Balance "Nil"						
183 days		3.00	549.00			549.00														
~~15 days~~			~~[illegible]~~			~~[illegible]~~	OCT 29 1919				1692506		90.00				~~[illegible]~~	SOLDIER DEPENDENT		Est WSG
																		~~[illegible]~~	nil	
																		459.00	nil.	
							Nov. 8				1647360		90.-					369.-		90 2nd Payt.
							Dec. 1				1822154		90.-					279.-		90 3rd
							DEC 24 1919				466205		90.-					189.-		90 4
							JAN 19 1920				468108		90.00					99.00		90 5th
							FEB 18 1920				469397		99.-					NIL		99 6th
			549.-			549.-							549.-				549.-			

Certified Account Completed to date of discharge

[signature] Capt.

2001-3-19.—L. L. 58786-M. & D. 9985.
M. F. W. 2596.
1772-39-1390.