Unit C.A.M.C Rank Nursing Sister Name Alma, F, Finnie

OFFICERS' DECLARATION PAPER

ORIGINAL

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

BASE HOSPITAL

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Finnie
   (b) What are your Christian Names? Alma Florence
2. (a) Where were you born? (State place and country) Bailieboro Canada
   (b) What is your present address? Base Hospital Toronto
3. What is the date of your birth? July 24th 1891.
4. What is (a) the name of your next-of-kin? Mrs W. Finnie
   (b) the address of your next-of-kin? Bailieboro Ontario
   (c) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? Graduate Nurse.
6. What is your religion? Methodist.
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
8. To what Unit of the Active Militia do you belong? Nil
9. State particulars of any former Military Service None.
10. Are you willing to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

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

Alma F. Finnie (Signature of Officer.)

Taken on strength (place) Toronto.

(date) 21st. December

E B Ryde Lieut. Colonel

(Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

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

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

Date Feby 3rd 191[illegible]

Place Toronto

Capt.

Medical Officer.

*Insert here "fit" or "unfit

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

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname?

   (b) What are your Christian Names?

2. (a) Where were you born? (State place and country)

   (b) What is your present Address?

3. What is the date of your birth?

4. What is (a) the name of your next-of-kin?

   (b) the address of your next-of-kin?

   (c) the relationship of your next-of-kin?

5. What is your profession or occupation?

6. What is your religion?

7. Are you willing to be vaccinated or re-vaccinated if found necessary?

8. To what Unit of the Active Militia do you belong?

9. State particulars of any former Military Service.

10. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE?

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

Taken on enrolment (place)

(Signature of Officer.)

(date)

(Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Active Militia service.

I consider him fit for service with the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date 191

Place

Medical Officer.

M. D. No. 61

R. 0. 1915 page

NAME Jennie Adina Florence REGT. NO. R/S. U[illegible] H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		Dest 4 2 19		07239	Category
TRAINING HISTORY SHEET (M.F.W. 113)		KAIE-2-20			
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)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category Demob.
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
3 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 M7W 2591					1
1 Dest. Cert					1-1
32 Disp "					1-1
1 M7W 67					
1 Casual					
1 W139					
1 R 149					

W. 2589
100M-11-18
4932-35 1377

BASE HOSPITAL

ORIGINAL

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins..... C. A. M. C.

(2) Regimental Number .....

(3) Full Name of Soldier..... Alma Florence Finnie

(4) Place of Birth..... Bailieboro. Ontario

(5) Are you married, or not ? ..... no

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower ? .....

(8) Have you any children ?.....

If so, give number of boys and girls.....

Also their names and ages.....

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? yes.

If so, state name and address W. Callis Finnie Baileboro. Ont.

(10) Is your Mother alive? yes.

If so, state name and address Elizabeth B. Finnie

Baileboro. Ont.

(11) If your Mother is a widow

Are you her sole support, or not? no.

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

Mrs. W. Finnie

Baileboro. Ontario

(Relationship) Mother.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured? no.

If so, in what Company?

Have you made arrangements for payment of your Insurance premium

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

E B Rardy

Lieut. Colonel

Officer Commanding.

Date FEB 13 1917

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) FINNIE A

REGIMENT CAMC RANK N/S No.

Date of Examination in England | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

C.A.D.C. JAW INJURY CLINIC No. 3 - SEP 1919 OPEN

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS /
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper /
   - (c) Full Lower
   - (d) Part Lower

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
- (b) In England yes
- (c) In France

Signature of Dental Officer A. Whitley Capt

BASE HOSPITAL

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Finnie Christian Name Alma Florence

Examined { on 5 day of February 1917 / at Toronto, Ontario

Approved by [signature]

Rank Lieut. Col. M.O.

Birthplace { City or Town Baliebow / County Durham.

Apparent age Twenty-six.

Trade or occupation Graduate Nurse

Height five Feet seven Inches.

Weight One hundred & Sixty-five Lbs.

Chest measurement { Minimum 37 inches. / Maximum expansion 40 inches.

Physical development good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left. / Number

When Vaccinated last no marks Nov. 25-16

(a) Marks indicating congenital peculiarities or previous disease

None

(b) Slight defects but not sufficient to cause rejection

None.

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.
1917 Feb. 12.		Lt Porter Capt M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc. + Para Typh.
1917. Jan. 22.	2	Lt Porter Capt. M.O.
29.		M.O.
Feb. 5		Lt Porter M.O.

Enlisted on 21 day of December 191 6 at Toronto.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	C.A.M.C.			21st. December.
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON, KENT.	23 JUN 1919	Fit Cat A	W. of Base Leave
		Fit Cat A	W. of Base Leave
16 C. G. H.	26-9-1919.	Fit.	J. W. Leach Capt

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

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-438.

Surname Armie Christian Name Alice Vere

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.

Number ..... Rank N/S

Surname FINNIE

Christian Name ALMA FLORENCE

Units ..... Theatre of War FRANCE

Date of Service 27/2/18

Remarks S.I.S. Jarvis St

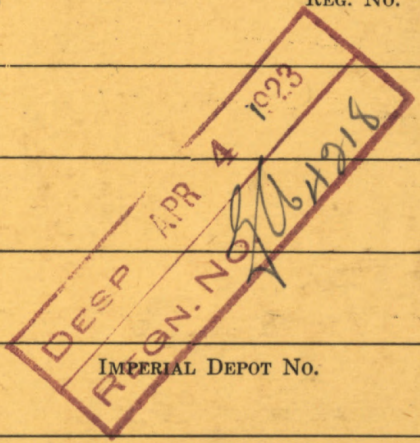
Latest Address ~~Bailieboro~~ Toronto Ont. Can.

Roll No. B Page 22422

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.

CARD NO. 4

SURNAME. Finnie

CHRISTIAN NAMES Alma Florence.

REGL. No. RANK Nursing Sister

UNIT C.A.M.C. Base Hospital M.D. #2.

FORMER CORPS Nil.

~~AOS Demob~~ 3-11-19
DO 3116 of 7-11-19
2210

~~AOS Demob~~ 6-11-19
RO 2289 of 28-11-19
3

AOS Demob 6-11-19
DO 3490 of 15-12-19 200.

NEXT OF KIN.

NAMES IN FULL Finnie Mrs. W.

RELATIONSHIP TO SOLDIER Mother

ADDRESS Baliebro, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada; Baliebro, Ont. DATE July 24th. 1891.

PLACE OF ATTESTATION Toronto, Ont. DATE Dec. 21st.

O. o/s. 29-5-19. 544,8 F.229

R/C 3-11-19 435

MARRIED SINGLE WIDOWER

TRADE OR CALLING Graduate nurse. RELIGION Methodist

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Toronto, Ont. DATE Feb. 5th. 1917.

Present Address Base Hospital, Toronto, Ont.

Form R. 149.

ERB.

Name FINNIE ✓ Rank N/Str. ✓ Florence Reg. No.

Unit ~~16~~ 7 A Alma C.G.H.

Next of Kin Canada

Date 1919	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
	2-5 Can.Red.X.Off.Hosp.Audley St (7001)					
		Debility.		Vath	✓	
27-5	Discharged 7003			13th		

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

NAME Jinnie A J. REGT. No.

RANK AND UNIT N. Str Camel C G.H.

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
1284 2	Can R. C Officers		
	177 Audley St W	2-5-19	Debility
1300	Rusch	27-5-19	"

No. RANK Matron NAME Annie A F

T. O. S. UNIT Base Hospital A.M. 6.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Dec. 21	a/c 1917 Jan. 31		attchd for Duty Rations & quarters	
	Feb.			
	Mar.			
	Apr.			
	May.		Proceeded o/s.	D.D. 147 of 26-5-17.

Surname	Christian Name	
FINNIE.	A.	F.
Rank	Unit	
N/Str.	C.A.M.C. 7 CGH.	

Casualty List		
	C.R.C.O.H., London	2-5-19
9-5-19/1284-2.	"Debility"	
29-5-19/1300.	Discharged.	27-5-19.

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

D.M.S.1347. 5M-10-10-18.

Surname | Christian Name | Serial No.

Rank | Unit

Medical Board held at | Date | Condition found by Board

Remarks.

A.M.D. 2 DEPT.

Bch. of D.C.M.S. O.M.F.C. London.

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 M/C Surname Finnie

(Given name in full) Alma Florence

Unit or Corps C.A.M.C. Birthplace Bailie Bow Ont.

(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 Blue

Nutrition Good

Pulse 75

Condition of arteries Soft

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 2 ft.

Left 2 ft.

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

Appendectomy Scar

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

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 Yes

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.

About May 1-19 became ill at 16 C.G. Hosp and was admitted to Hosp. May 6-19 Symptoms Dysentery - Headache Pain Vomiting. Discharged to Duty June 8-19 no M.H.S. Entry. Appendectomy. 1916

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Aldershot (Overseas)

Date Sept 28th 19 Signed [illegible] Capt. M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature [illegible]

(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.)

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 .....

Regimental No..... Rank. A-S. C. E. F. Name. Finnie Alma J.

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				
13-11-19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2	25-10-19	C.E.F. R.O. No. 2268—19
28-11-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2	6-11-19	C.E.F. R.O. No. 2289-19

Whittier, 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				

CERTIFIED CORRECT
5 MAR 1918
CANADIAN RECORDS OFFICE

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps C. a. m. c. BASE HOSPITAL MILITARY DISTRICT No. 2

Regimental No. ..... Rank Nursing Sister C. E. F. Name Finnie Alma Florence.

Enlisted (a) ~~21-12-16~~ Terms of Service (a) Can. Expd. Force Service reckons from (a) ~~21-12-16~~

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) (a) Nursing Sister (c) Graduate Nurse.

W.S.B. class "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	Halifax	29-5-17	
		Disembarked	Liverpool	8-6-17	
25-6-17	C.A.M.C.D.	TAKEN ON STRENGTH	Weskenanger	29-5-17	Pt II DO 176
25-6-17	"	Posted to O Mtd. Orpington	Weskenanger	8-6-17	Pt II DO 176
23.6.17.	O.M.H.	Taken on strength	Orpington	8.6.17.	Pt.11.DO.149.
27-2-18	16 C.G.H.	SOS to base rep.	Orpington	24-2-18	Pt II DO 50
					Reconnaissance
25-2-18	Rambd.	SOS from No 16 C.G.Hosp.	St Cliffe	24-2-18	Pt II 59 (C.O. 269)
do	do	SOS proceed Opies	do	25-2-18	Pt II 59 (C.O. 265)

N. Webster. LIEUT. COL
COMMANDING C.A.M.C. DEPOT.

Substituted Lunt
DEPT. ADJT. ADJUTA
C.A.M.C.

(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				
2-3-18	2 C.G.H.	T.O.S. in arrival in France. as reinforcement. W.O. 121/Overseas/5349. (A.M.D.4) d/23-2-18. A.A.G. Can. Sect. G.H.Q. 3rd Ech.		27-2-18	B 213. Strength 24568 O/C d. 13-3-18 H.O. 14. d. 13-3-18.
6-4-18	26. G.H.	attached to 3rd Gen Hosp. Temp. Duty. (D.G.M.S. B 1523/91 - d 8-4-18)		4-4-18	B 213. K.M. file 20421
20-4-18.	"	Rejoined from Temp. Duty. Authy: D.G.M.S. B/1523/96 d/ 20-4-18.		16-4-18	B 213.
7-9-18.	26 G.H.	Granted 14 days leave U.K.		4-9-18	B 213. Pte. No 59 d. 1918.
21-9-18.	-	Rejoined from leave.		20-9-18.	B 213.
4-1-19	.	T.O.S. of No 2 C.G.H. reported to No 10 Can. Stat Hosp. C.M.S. Cdn. M 450 d. 7-1-19.		31-12-18	B 213 K.M. 20421 Pte No 4 of 1919.
5-1-19	10 C.S. Hosp	T.O.S. of No 10 Can Stat Hospital.		1-1-19	B 213 K.M. 20421 Pte 2-1919.
19-1-19	10 C.S.H.	Proceeded to 15 A.T. for duty		18-1-19	B 213
16-3-19	7 Can Gen Hosp	Posted to 7 Can. Gen. Hosp. from 10 C.S.H. (Authy: DMS Cdns M 291 4-22-3-19)		12-3-19	B 213 K.M. 20421 Pte No 9 of 1919
16-3-19	Do	T.O.S. 7 Can Gen Hosp from 10 C.S. Hosp (Authy DMS Cdns M 2-9-1 d 22/3/19.		13-3-19	B 213 K.M. 20421 Pte H.O. 14/1919
23-3-19.	Do.	Granted 14 Days Leave S. France		17-3-19	B 213 Pte H.O. 14/1919
6-4-19.	Do	Rejoined from leave		3-4-19	B 213

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—I.
Part I.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—PP1150 1M 5/18 G.W.P.Co.(3490)

(1) *Substantative rank Nursing Sister *Acting rank *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname Jannie (5) Christian Names (6) Army Form, number of, Attestation Form or Record of Service paper a 7 (7) Whether of British or of Alien origin [*vide* A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (*a*)		

(10) Enlistment (*b*) (11) Engagement (*c*)

(12) Service reckons from (*date*) (13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

Initials and Rank of an Officer.

(Authority) (*date*)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) (Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.
Trade or Calling
Married or Single
Particulars of Trade Test

Occupation Cards despatched on (*date*)
Second Occupation Card despatched on (*date*)

(17) Next of Kin
(18) Demobilizer (*f*) (Place) (Signature of Posting Officer
(19) Pivotal-man (*f*) (Date)
(20) Qualifications (*g*) *or* (21) Corps trade and rate

(22) Extended { (23) Re-engaged {

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

(A) Report: Date	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
	A.A.G.	16-1919	Proceeded to England (Mm C. G.H. 15/58 of 12/4/19)		6/4/19	KE 10466
			G.R. Cuddy Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.			
3-5-19	O.C. C.A.M.C. R. & T. DEPOT.		T.O.S. from Camb Ces Coy SHORNCLIFFE. 8-4-19			P II DO 123.
do	do		On Command to No 16 G H	do	do	do
do	do		Cases to be shown as on Command & is S.O.S. to No 16. G. H.	do	30-4-19	P II DO 123.
			H Carlisle Lieut. Asst. Adjutant For O.C. C.A.M.C. Reserve Depot			
8.4.19.	No 16 G H.		Attached from CAMC. 2 R&T.	Orpington.	9.4.19.	P. II. DO. 85
30.4.19.	No. 16 G H.		T.O.S. from CAMC. 2 R.T.	Orpington	7.5.19	P II DO 107.
27.5.19	No. 16 G H.		S.O.S to Camc. Casualty Coy	Orpington	27.5.19	P. II. DO 126
30.5.19	Camb	P II DO 126	T.O.S. from No. 16. G. H.	Wyley	27.5.19	P II DO
9.6.19	Cas Coy	P II DO 134	S.O.S to No. 16. G. H.	do	7.6.19	P II DO 134
			H Carlisle Capt for OC Camb Cas Coy.			
9-6-19.	16. G H.		T.O.S. from CAMR Cas Coy.	Orpington	14.6.19	P II D/o 133
25/10/19	S.O.S. O.M.F. of C. ON EMBARKATION FOR CANADA.		For MAJOR General, Adjutant General, Canadians.			

Nothing to be written in this margin.

CAPT. C.A.M.C. ADJT. A.D.M.S. 2 R.T.D. 10 CANADIAN GENERAL (ONTARIO) HOSPITAL

CANADIAN EXPEDITIONARY FORCE

L.T. 2-42.
C.W.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Alma Florence FINNIE

Enlisted in Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE, on the xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

day of xxxxxxxxxxxxxxxxxxxxxx 191xxx AND WAS APPOINTED to COMMISSIONED RANK

in Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE on the Twenty-first day

of December 191 6.

He SERVED in CANADA, England and France with the Canadian

Army Medical Corps

and was STRUCK OFF THE STRENGTH on the Sixth day

of November 191 9 by reason of General Demobilization

Dated at Ottawa, this Ninth day

of February xx 1920. 191

JMK

Lt.-Col.

for Director of Personal Services.

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

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

(Credit)

L. L. 19226—M. & D. 7814.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m—4-17.
H. Q. 1772-39-819.

To Whom Bnk of Commerce

Address Queen & Yonge Sts. Toronto. Ont.

Rate $40 00 JUN 1 1917

By Whom Assigned A. Y. Finnie

Regtl. No.

Rank N. S.

Corps C. A. M. C. Bse. Hos. M. D. #2

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 5 ACCOUNT

(Credit)

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
18m.—4-17.
1772—39—819.

Sheet No. Bnk of Commerce
(Assignee)

L. L. Job 19227—M. & D. 7814.

PAYMENTS. Name of Soldier A. J. Finnie

N. S. C. A. M. C. Bse. Hos. M.D. #2

JUN 1 1917

Month.	Year.	Cheque No.	Amt.	40 00	Remarks.
April	1916				
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1917				
Feb.					
March					
April					
May					
June		4 19566	40		
July		0 26888	40		C
Aug.		B 33569	40		C
Sept.		X 38774	40	200	C
Oct.		40910	40	200	
Nov.		C 42566	40		
Dec.		M 58218	40		
Jan.	1918			280	
Feb.					
March					
April					
May					
June					
July					

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.				

FORM P. 15
5986—25M—19/1/17

ASSIGNED PAY.

UNIT. NAME OF | DATE | AUTHORITY

RANK. | mess DATE | AUTHORITY

NAME.

Beneficiary
Address

C.A.M.C.D. | Pay 2nd pd 7a.60 Mess 1.00 | N.S. | £8 6/7 | £ff 1 6/7 D.M.S.C.O. 799 d/22 6/7 L.P.C.

Name Finnie
Initials A. F.
Bank London County & West Orpington Kent

Amount. $ 40.00 £1 6/7 Can
Separation Allowance issued. Yes or No.....

1917-18

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
June 29th	A.P. £1 6/7 - 30 6/7. Mess £8 6/7 - 30 6/7.	110	9H3H. 101 .					
" "		Bank.	9229	61 .		62 40		
July 19	July Pay (R)		111 60					
" 17.	A.P. Canada. (2 mths)				80 .	71 60		
" 23		Bank	12943	71 60				
Aug. 18	Aug. Pay (R)		111 60					
	A P Can				40	71 60		
20.		Bank.	16966.	71 60.				
Sep. 17	Sept Pay (R)		108 .					
12	A. P. Canada.				40 .	68 .		
20		Bank	21680	111	68 .			
Oct 16	October Pay (R)		111 60					
12	A. Pay Canada.				40 .	71 60		
19		Bank.	26062.	71 60				
Nov 16	November Pay (R)		108					
15	A. Pay. Canada				40			
20		Bank	30633	68 .				
Dec 7	Dec Pay (R)		111 60					
8	A P Can.				40 .			
13		Bank	34460	71 60				
Jan	Jan Pay (R)		111 60					
15	A P Can				40			
21		Bank	39278.	71 60				
Feb 11	Feb Pay (R)		100 80					
11	A P Can.				40 .			
19		Bank	40804	60 80				

b 7 or.

FORM P. 15
5986–25M–19/1/17

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

Beneficiary

Address

Amount. $ 40

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

Name Finnie
Initials A. F
Bank London County & West Orpington Kent

1917-18

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
	Brought For.							
Mar	March Pay (R)		111 60					
11	A. F. Can.				40			
21	Bank			71 60				

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

ASSIGNED PAY. | **UNIT.** NAME OF: ba h b D. RATE OF P. AND A. | **RANK.** h S. DATE 8 6/17. AUTHORITY Eff. 1 6/17. D h Sb. 799. 22 6/17 2Pt. | **NAME.** Name Jinnie A. Initials

Beneficiary

Address ban

Pay 2 xx pd

F.A. 60 "

Messing 1 xx "

Amount. $ 40 xx

Separation Allowance issued. Yes or No..... add. a. allee. 1.6.19

Bank of Montreal Trafalgar Square & Westminster Br. Eff 18/8

B of M Trafalgar Square London County & Westminster Br. Orpington Kent

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
						Eff B 22/1/18		
apr 17	a.P ban				40 ..			
	apl Pay (R)		108					
23		Bank. 979		68				
May 9	May Pay (R)		111 60					
13	A P ban.				40 .			
22		Bank 2476		71 60				
June	June Pay (R)		108					
14	A P ban				40 .			
21		Bank. 4088		68				
July	July Pay R		111 60					
16	A P ban				40.			
22		Bank 5499.		71 60				
Aug	Aug Pay R.		111 60					
14	A P. ban.				40			
21		Bank 6995		71 60				
Sep	Sept Pay R.		108					
12	A P ban				40			
21		Bank 8976		68				
Oct	Oct Pay R.		111 60					
15	A P ban				40			
24		Bank. 10697		71 60				
Nov	Nov Pay (R)		140					
	a. P Can				40			
21st		Bank 12473		100				

b. Forwd

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

ASSIGNED PAY. | UNIT. NAME OF | RATE OF P. AND A. | RANK. DATE | AUTHORITY | NAME. 1

Beneficiary
Address
Amount. $40.00 ban
Separation Allowance issued. Yes or No.....

Pay
F.A.
Messing

Name
Initials
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
Dec	Pay (R.) a. P Can.		124		40			
18	Bank	13792		84				
Jan 22	a. P Can Pay (R)		124		40			
28	Bank	15564		84				
Feb 11	a. P can Feb Pay R		112		40			
26	Bank.	17078		72				
Mar 17.	Pay (R) a. P ban		124		40			
24	Bank.	18657		84				
April 10	April Pay (R) a. Pay ban		120		40			
26	Bank.	10443		80				
May 13	Pay R a. P can		124		40			
16	Adv May Pay Bank.	2287.		84				
June 7	a O a do 27.		100					
"	do do Bank			100				
18	Pay (R) a P ay ban		120		40		a Rebate Come for 40.	
25	Bank			80				
July 14	Adv July Pa a Bank.			84				
	July Pay R. a. P. ban		124		40			

RETURNED TO CANADA
L.P.C. TO
TRANSFER TO N.E. LEDGER

FORM P.15
7847 16M 11-2-19 9.565

ASSIGNED PAY. | UNIT. NAME OF | RATE OF P. AND A. | RANK. | DATE | AUTHORITY | NAME.

Beneficiary
Address
Amount $ 40 can
Separation Allowance Issued. Yes or No.....

Pay 2
F.A. 1
Messing 1

R S

Name Jimmie
Initials A F.
Bank of Montreal
Traf Sq

DATE 1919	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES TO BE INITIALED BY P.M. IN EVERY CASE	INITIALS
Sept 5	Adv Aug Sept + Oct Pd Bank R.			199 33.			Transcd to L E Ledger 31/10/19.	
18	Adv by acquittance roll $10. List 34 Sept. 28/19 No 518.			48 67.				
19	Aug Sept + Oct Pay R.	368			80 40			
	2 Can Aug Sept + Oct.							
Oct 2	Advance on A/R d/16/10/19. f 16. Ledt 33. No 178.			77 87		Nil 77 87.	Endorsed on L/R. Lr 10.6 18	
24	Trav accts 33.25/10/19 Direct	331						
Nov 30	Dr. Balance chgd to Canada	20	77 87.			0		

FORM P.15

7847 16M 11-2-19 3.565

ASSIGNED PAY.

UNIT. NAME OF

RATE OF P. AND A.

RANK.

DATE AUTHORITY

NAME.

Beneficiary

Address

Amount $

Separation Allowance Issued. Yes or No.....

Pay

F.A.

Messing

Name

Initials

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

Occupational Group 10
Disposal Area I 9.

W/O. A.F. Finnie

W. S. B. CLASS A

F 129

Proceedings of an Officer or Nursing Sister Struck off Strength

OF THE

Canadian Expeditionary Force.

2

O.K.

1. RANK Nursing Sister.
2. NAME Finnie. ~~A.F.~~ Alma Florence.
3. UNIT No. 16 Canadian General (Ontario) Hospital in Orpington, Kent.
4. DATE STRUCK OFF STRENGTH | PLACE
SOS 6-11-19 RO2289-19
5. REASON Demobilization
Cessation of Hostilities.

6. AUTHORITY

7. PROPOSED RESIDENCE
Baltimore
Ont. Can

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.

N.S. Finnie Alma F.

M. F. W. 2591.
(923) Wt. /45P 3/19 15M D.St.

13134
4449

J

Forms I. 1237 14

Army Form I. 123

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		N.S.	Fennie	Alma
Year.	Unit.		Age.	Service.
	16 Can Gen. Hosp.		28	

Station and Date.

D.O.L.

8.5.19

Disease Debility

Complaint.

Tiredness, palpitation on exertion, duration three weeks.

Personal

Join CAMC Dec. 1916

Canada - 6 mos

England. 10 mos.

France - 13 mos.

Came from France 4 weeks ago.

Illness while on service. None

previous to service - Appendectomy 1916, no drainage, interval following acute attack. Both Ovaries. Except measles, whooping Cough & chicken pox. Since puberty periods have tended to occur rather frequently (q. 3 weeks for 6 to 7 days) and flow is rather free. She has noticed a tendency for this to be exaggerated in England.

Present Illness

Came over from France four weeks ago, unconscious of not being quite fit. When at Sisters Club where for first time for ~~I~~ a year she had steps to climb, noticed that she got palpitation going up stairs. ~~She~~ Twelve days ago patient had an attack

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

014) W3081/P/206 3,450m 7/18 Drayton Mill Forms/I. 1237/14 (E. 3429)

Station and Date.

of diarrhoea, about 10 stools in 24 hrs, lasted about six days. Some nausea and headache. Temp up to 100. Remained on duty throughout. Since then has tired easily & has had a certain amount of colicy pain.

Physical Exam.

Well developed, well nourished, does not look ill. Colour good. Pupils Equal reactive to light & accomodation. Tongue clean, throat not injected, tonsils not enlarged not ulcers. Teeth show much dental work, two gold crowns. Skin clear, no adenopathy.

Heart. Lungs & abdomen negative.

A W Mills
Major RAMC

27.5.19 Feeling much better, discharged to duty

A W Mills
Major. RAMC

550K

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

E.T. **Surname** FINNIE **Christian Names** Alma Florence

Rank Nursing Sister **Name and Address of Next-of-Kin** Mother.
Mrs.W.Finnie.
Ballieboro.Ontario.Canada.

Promotion TOS. 21/Jan 16

Unit Reinf.C.A.M.C. Nursing Sisters.

Place of birth Ballieboro.Canada.

Married (Yes or No)

Appointments

Date of leaving Canada 29.5.17 **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
		T.o.S. Can.A.M.C. Overseas Can.			
22.6.17	Dmo.	Posted to Can.A.M.C. Depot.	Orpington	29.5.17	Co.499
27.6.17	Dmo	Posted to Ontario Sn. Hsp.		8.6.17	Co.802
8-10-17	DMS	Posted to No 16 Can Gen Hospital		5-10-17	CO.1310
26-2-18	do	Posted to CAMC Depot from No 2 C.G.Hp.		24.2.18	CO.269.
26-2-18	DMS	Proc o/seas from Depot		25.2.18	C.O 268
13.3.18	2C.G.Hp	Ros on arrm France as reinf.		27.2.18	P.T. 1/4
13-9-18	-do-	Granted 14 days leave		4-9-18	P.T. II. ord. 59.
23-1-19	-do-	S.o.S. reported to 10 Can. Stat: Hosp.		31-12-18	P.T. II. ord. 4.
22-1-19	10CGH	T.O.S. on reposting from 2 C.G.Hp		1-1-19	P.T. II. ord 2.
22-4-19	"	S.O.S. on posting to 7 C.G.H.		12-3-19	" " 9
11-4-19	7-C.G.H.	T.O.S. fm 10 C.S.H. on Reposting		13-3-19	Pt II Ord 14.
11-4-19	do	Granted 14 days leave		17-3-19	do

A.F.B. 103.
5 MAR 1918

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				
-19	7 CGHp.	S.O.S. to Eng. posted to CAMC. Cas: Coy.		6-4-19	PT II ord. 16.
5-19	CAMC Cas. Dep.	T.O.S. on posting from 7 CGHp.		7-4-19	PT II ord 107.
		S.O.S. on posting to CAMC. R.T. Dep.		8-4-19	
3-5-19	Camb R.T. Depot	T.O.S. on posting from Cas Coy.		8-4-19	Pl-II O. 123.
"	do	On command to 16 C.G.H.		8-4-19	
9-5-19	Camb	Adm. Can. Red X Off. Hp. 17 Dudley St. W.		2-5-19	Cl. 1284 Debility
	Depot	Ceases Discharged		27-5-19	Cl. 1300 — Do
3-5-19	Camb Depot	~~Shown on~~ Command to 16 C.G.H.		30-4-19	
3-5-19	R.T. Dep	S.O.S. on posting to 16 C.G.H.		30-4-19	Pl-II O. 123.
7-5-19	16 CGH.	Ceases to be attached on being T.O.S. on posting from CAMC. R.T. Dep.		30-4-19	PT II ord 107.
27-5-19	do	S.O.S. on posting to Camb Cas Coy (21 days Can)		27-5-19	Pl-II O. 124
30-5-19	Camb Cas Coy.	T.O.S. posted from 16 C.G.H. (21 days Can)		27-5-19	Pl-II O. 126.
9-6-19	do	S.O.S. to 16 C.G.H. on Kingston		4-6-19	Pl-II O. 134.
6-6-19	16 C.G.H.	T.O.S. on posting from Cas Coy.		4-6-19	Pl-II O. 133.
30.10.19	Dus	SOS on Off to C.G.H. in Canada		25.10.19	Co 132

Sailed for CANADA 25 10 19 per S S CARMANIA S.L D 59

25258

SOS. 6.11.19

N/S. Minnie A 7.

R.M.S. "CARMANIA"
3-11-19

This is to certify that the present condition of the above named
~~soldier~~ Nursing Sister is unchanged since he was boarded on 26 - 9 - 19

John J. Gee. Capt
C.A.M.C.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch F

OVERSEAS CONTINGENTS

Bank Account For Credit

2120

Date of Assignment ~~2225~~ Jan 1/17

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

40			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank N.S. Promoted Reverted Discharge

Soldier's Name A. F. Fennie

Battalion C.A.M.C. Bse Hos. M.D 2

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Bank of Commerce

Address Queen & Yonge Sts.

Change of Address Toronto Ont

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec. 31			280	280		
Jan	V 66803		40	40	P	
Feb	F 93810		40	40		
Mch	A 13379		40	40		
April	B 11007		40	40	a	
May	Q 17590		40	40	a	
June	M 20374		40	40	a	
July	M 27021		40	40	a	
Aug	M 35677		40	40	a	
Sept	R 47285		40	40	a	
Oct	R 51752		40	40	✓	
Nov.	L 60091		40	40	✓	
Dec.	V 65111		40	40	✓	
Jan	Q 73299		40	40	✓	
FEB	U 80388		40	40	L	
MAR	L 83363		40	40	✓	
APR	O 3511		40	40	✓	
May	L 8705		40	40	✓	
JUN	M 9191		40	40	✓	
JUL	M 11921		40	40		
AUG	G 13607		40	40	✓	
Sept	A 15464		40	40		
OCT	B 14365		40	40	✓	

M.A. #2.

A/c Closed 30.11.19.
Ret'd per Carmania
Date 3.11.19. M.F.W.187 15/11/19.
Clerk C.F. Mitchell
M.R.O. # L.S. 128082

AUDITED.

CONSOLIDATED ACCOUNT

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

Date of Enlistment

MILITIA AND DEFENCE

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
			1160			
Nov	6 14145		40	40	✓	
			1200	1200.		

M. F. W. 128.
400M.—4-17—1772 39-1141
L. L. 22320—M. & D. 7998.

Cermania 3/1/19

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. | RANK N/S | NAME (IN FULL) Fimnie, Alma Florence

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

ADDRESS

IS SEPARATION ALLOWANCE PAID? No.

TO WHOM PAID | RELATIONSHIP

ADDRESS

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

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 20/2/16 OR | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 40.00 | DATE EFFECTIVE 1/1/19.

PAYABLE TO Capt. Asst. A. F. Fimnie | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Bank of Commerce Queen & Yonge Sts. Toronto | Bank of Commerce Yonge & Queen Sts. Toronto.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE 6-11-19. | REASON Demob | AUTHORITY Do 249 | 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 31.10.19					Nil			Nil								77 87		90 00				40 00				7 00			214 87					T.O.S. O/S. D.O. 249
																															214 87		Pay Acct. Rel. January 25. 31/01.19
Nov. - 6	6	30/-	18					18																		214 87			214 87		196 87		1919 Pay Acct.
																																	105.00. 349
153 days	3	-	459	-				459	-																	196 87			1968	26	13		
										200	Dec	23	1753346													92 -			2898	69	13		
										210	Jan	6	1753778													79 13			3690	90	00		
										252	Feb	24	1865970													90 00			4590	0			
			459	00				459	00																	459 00			4590				

PARTICULARS OR REMARKS

C. Reeve

Paymaster, Lieut.-Col. (illegible)

200M-3-19.—L. L. 58788-M. & D. 9985.
M. F. W. 2596.
1772-39-1396.