

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Fraser
- (b) What are your Christian Names? Frances Margaret
2. (a) Where were you born? (State place and country) Pictou
- (b) What is your present address? Hillside Hall, South Street, Halifax, N.S.
3. What is the date of your birth? 15th., March, 1872
4. What is (a) the name of your next-of-kin? Mrs. Fred. ~~XXXXX~~, Wyatt Fraser
- (b) the address of your next-of-kin? Hillside Hall, 21 South St., Halifax, N.S.
- (c) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? Graduate Nurse
6. What is your religion? Church of England
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes!
8. To what Unit of the Active Militia do you belong? A.M.C., Details.
9. State particulars of any former Military Service. 1 year, 4 months.
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.

Frances M. Fraser (Signature of Officer)

Taken on strength (place) Halifax, N.S.

(date) 22-7-18!

[Signature]
Lt-Col.,
(Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

Category: "P"

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

We consider him her fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date 22-7- 1918

Place Halifax N.S.

*Insert here "fit" or "unfit"

[Signature]
Lt-Col.
Medical Officer.
J. Daykin
Capt. Canm

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

Name

Rank

Service Number

Unit

Signature

Signature

Signature

Signature

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CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above named Officer of the Canadian Overseas Expeditionary Force and find that he is fit for service.

Witness my hand and seal at Ottawa, Canada, this _____ day of _____ 194____.

Signature of Medical Officer

Signature of Officer

Signature of Officer

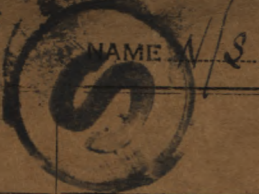
Signature of Officer

Signature of Officer

Signature of Officer

REGIMENTAL DOCUMENTS

604
9/8/91



NAME *N/S*

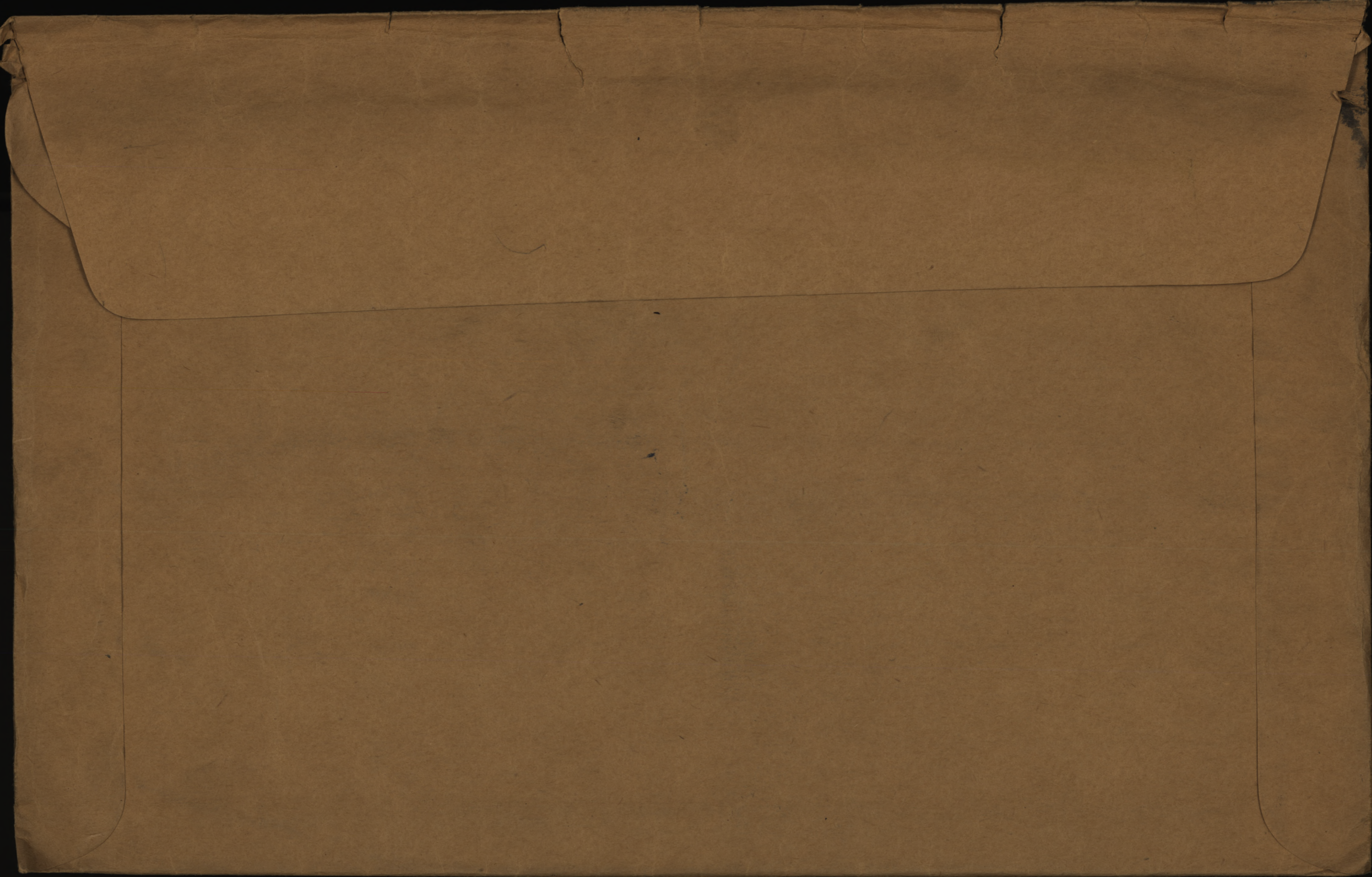
FRASER FRANCES MARGARET

REGT. NO. *N/SISTER*

UNIT *CAMC*

H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
<i>2</i> ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<i>Sup to [unclear]</i>			DEATH	
<i>1</i> CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		<i>Roll 23-121</i>			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)						
<i>1</i> MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)						DISCHARGE
<i>1</i> DENTAL HISTORY SHEET (M.F.B. 465)						Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						<i>Demob</i>
<i>31</i> 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)						
<i>1</i> 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)						
<i>1</i> <i>DISP 10</i>						
<i>1</i> <i>NFW 71</i>						
<i>1</i> <i>pay card</i>						



NAME

Fraser Frances Margaret

REGIMENTAL NO.

RANK

W/Sister

ENLISTED AT

Halifax, N.S.

PROMOTIONS, &c.
AND DATE

DATE

22-7-18

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

Single

NEXT OF KIN

Mrs Fred Wyatt Fraser

RELATIONSHIP

Mother

ADDRESS OF

Hillside Hall 21 South St. Halifax, N.S.

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &C.

NATURE

PART II. D. O.

REMARKS

E.G. ABSENCE, PROMOTION, &C.

No.

DATE

IF IN HOSPITAL, NOTE NAME, &C.

S.O.S. A.M. C.A.L. 6

16

16-1-19

Y.O.S. Camp Hill & Subs

16

16-1-19

Establishment
Demobilization 80-7-19
R.O. 1328 P72

S.O.S. CAMC & Camp Hill

C.O. 694
C.H. 997-7-19
8-7-19

No.

RANK

N/S.

NAME

Fraser, Frances Margt.

T. O. S.

1-10-17.

UNIT

Army, Medical Corps Details

N.O. 312. 8-11-17

M. D.

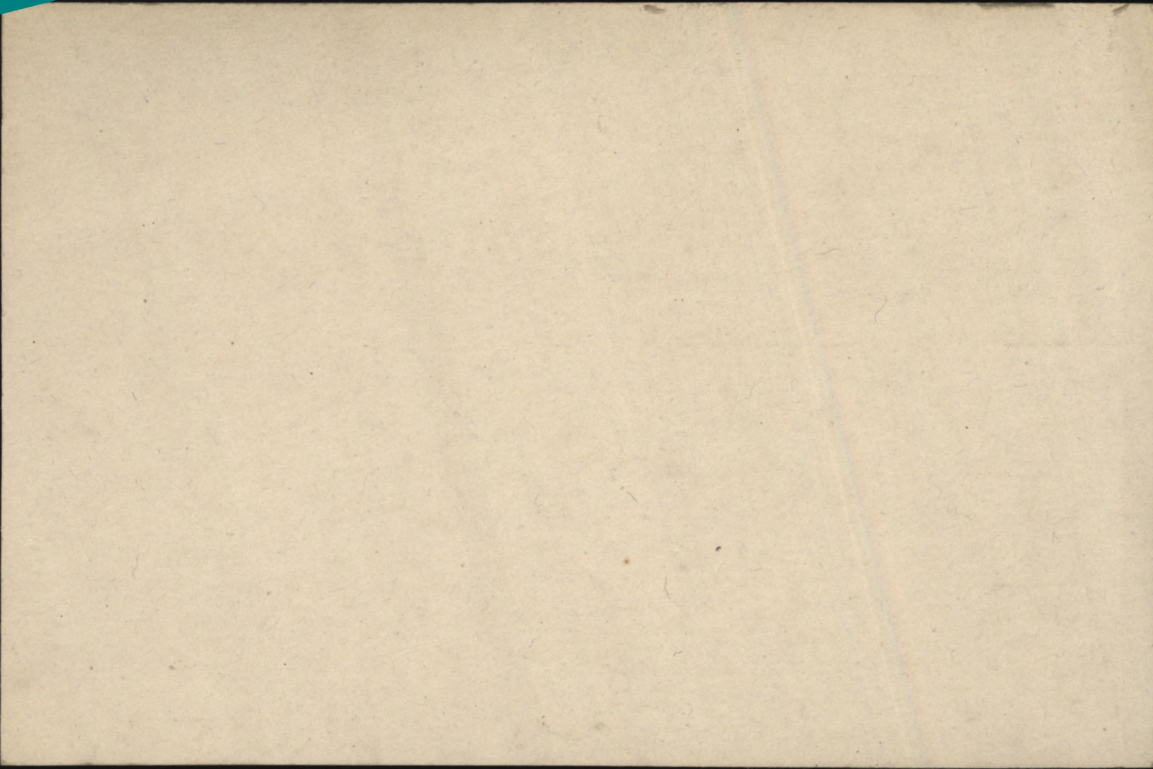
6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Oct 1.	1917. Nov 30	✓		
	Dec-	n.		
1918 Jan	1918	n-	Shuman on C. M. C. In. Dept.	
	Feb.	✓		
	Mar.	✓		
	Apr	✓		
	May	n		
	June	✓		

Surname *Fraser* H. Q.
Christian names *Frances Margaret* M. D. No. *6*
Regtl. No. Rank *N/A* T. O. S. 19.....
Unit *C. A. M. C.* D. O. Pt. II of
S. O. S. *10. 7-1919*
Reason *demob.*
Auth. *2099 8-7-19 CH High*
305 10/7/19 Drink & Sub.
7PB 2100 8/30/7/19

Next of kin *Fraser, Mrs Fred Wyatt* Relationship *Mother*
Address *Hillside Hall, South St.* Also notify:
Halifax N.S.

BORN—Place *Canada, Pictou N.S.* Date *Mar. 15th 1872*
ATTESTED—Place *Halifax, N.S.* Date *July 22nd 1918*
O/S..... R/C.....



MEDICAL HISTORY SHEET.

Surname **FRASER** Christian Name **FRANCES, MARGARET**

Examined { on **22nd.**, day of **July** 1918
 at **Halifax, N.S.**

Birthplace { City or Town **Pictou**
 County **Pictou, N.S.**

Approved by *J. P. Pentecost*
 Rank **Capt Comm** M.O.

Apparent age **46 years**

Trade or occupation **Graduate Nurse**

Height **5** Feet **5 1/2** Inches.

Weight **134** Lbs.

Chest measurement { Minimum **28 1/2** inches.
 Maximum expansion **3** inches.

Physical development **Good**

Small-Pox Marks **None**

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.

Vaccination Marks { Arm **Right** **Left**.
 Number **Nil** **One**

Date.	Result.	VACCINATIONS.
5/8/18		<i>J. P. Pentecost</i> M.O.

When Vaccinated last **1918**

(a) Marks indicating congenital peculiarities or previous disease **None**

(b) Slight defects but not sufficient to cause rejection
Slight varicose veins right leg.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
22/7/18		<i>J. P. Pentecost</i> M.O.
29/7/18		<i>J. P. Pentecost</i> M.O.
5/8/18		<i>J. P. Pentecost</i> M.O.

Enlisted on **22nd** day of **July** 1918 at **Halifax, N.S.**

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	C.A.M.C.,			
Transferred to	C.E.F.	Nil	Regular	22-7-18.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
Halifax N.S.	22-7-18	Halifax N.S.	Lat C. (Hallux Valgus) J. P. Pentecost Capt Comm

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.

INSTRUCTIONS

THESE SHEETS ARE TO BE USED FOR THE RECORD OF THE DENTAL HISTORY OF THE PATIENT.

THE DENTIST SHOULD COMPLETE THESE SHEETS AT THE TIME OF EACH VISIT.

DEPARTMENT OF DENTISTRY
UNIVERSITY OF CALIFORNIA
DENTAL HISTORY SHEET

1950

100

100

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 Fraser
(Given name in full)
Frances Margaret
 Unit or Corps C.A.M.C. Birthplace Pictou N.S.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 130 lbs. Height 5 ft. 9 in. Colour of Eyes Blue
 Nutrition Good
 Pulse 72
 Condition of arteries normal
 Vision Rt. 6/16 Left 6/16
 Hearing (conversational voice) Rt. 15 ft. Left 15 ft.

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

Nil.

Opinion as to general health and physical condition. Very good

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

Nervous System No Genito Urinary System No Cardio-Vascular System No
 Special Senses No Integumentary System No Respiratory System No
 Disturbance of mentality No Muscular System No Digestive System No
 Osseous and Joint System No Any other general condition No

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

EXAMINATIONS

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.)

THIS SECTION FOR USE IN CANADA—

Examined at(Canada)

Date Signed M.O.

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

Signature

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

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

[OVER]

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 *Major* Name *Francis Margaret* Surname *Fraser*
 Unit of Corps *C. A. M. C.* (If a soldier) Regt. No.
 Born at *Pelvic, Nova Scotia* on, (date) *March 16/72*
 Signature (for identification) *Francis Margaret Fraser*

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

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

Weight *130* lbs. Colour of eyes *Grey*
 Height *5* ft. *9* in. Identification Marks *nil*

2. NUTRITION AND DIATHESIS? *good.*

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?
Normal.

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?
none.

5. HEART?
 Abnormal Sounds? *none*
 Abnormal Size? *normal.*
 Pulse Rate? *70.* Intermittence or Irregularity? *reg.* Muscular Tone? *good*

6. ARTERIES.—(a) Any hardening or nodulation?
 (b) Blood Pressure. *Syst 120 Diast 90.*

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

8. GENITO-URINARY SYSTEM?
 Urinalysis—S.G.P. *1012.* Reaction? *acid.* Albumen? *nil* Sugar? *nil*

9. SKIN, MIDDLE EAR, EYE or any other part?
none.

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?
First class "A".

Examined at *Halifax N.S.* Signed *Francis Margaret Fraser* M. O.
 Date *Nov. 27/18.* Signed *Francis Margaret Fraser* M. O.
 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

Date of appointment to class 13. 1. 17.

Medical Examination Report

of an Officer in the General Service of the Government

The following is a summary of the medical examination conducted on the above-named Officer on the 10th day of August 1914.

No.	Name	Age
1	John Smith	35
2	James Brown	40
3	Robert White	30
4	Thomas Green	45
5	Richard Black	38
6	William Grey	42
7	Charles King	33
8	George Lee	48
9	Edward Hall	36
10	Frank Adams	44
11	Henry Jones	31
12	Samuel Miller	41
13	Joseph Taylor	37
14	Benjamin Clark	43
15	Samuel Evans	34
16	George Baker	46
17	John Wilson	32
18	Robert Moore	47
19	Thomas Young	39
20	Richard Hill	49
21	William Scott	35
22	Charles Walker	44
23	George Hall	33
24	Edward King	42
25	Frank Adams	36
26	Henry Jones	45
27	Samuel Miller	31
28	Joseph Taylor	41
29	Benjamin Clark	37
30	Samuel Evans	43
31	George Baker	34
32	John Wilson	46
33	Robert Moore	32
34	Thomas Young	47
35	Richard Hill	39
36	William Scott	49
37	Charles Walker	35
38	George Hall	44
39	Edward King	33
40	Frank Adams	42
41	Henry Jones	36
42	Samuel Miller	45
43	Joseph Taylor	31
44	Benjamin Clark	41
45	Samuel Evans	37
46	George Baker	43
47	John Wilson	34
48	Robert Moore	46
49	Thomas Young	32
50	Richard Hill	47
51	William Scott	39
52	Charles Walker	49
53	George Hall	35
54	Edward King	44
55	Frank Adams	33
56	Henry Jones	42
57	Samuel Miller	36
58	Joseph Taylor	45
59	Benjamin Clark	31
60	Samuel Evans	41
61	George Baker	37
62	John Wilson	43
63	Robert Moore	34
64	Thomas Young	46
65	Richard Hill	32
66	William Scott	47
67	Charles Walker	39
68	George Hall	49
69	Edward King	35
70	Frank Adams	44
71	Henry Jones	33
72	Samuel Miller	42
73	Joseph Taylor	36
74	Benjamin Clark	45
75	Samuel Evans	31
76	George Baker	41
77	John Wilson	37
78	Robert Moore	43
79	Thomas Young	34
80	Richard Hill	46
81	William Scott	32
82	Charles Walker	47
83	George Hall	39
84	Edward King	49
85	Frank Adams	35
86	Henry Jones	44
87	Samuel Miller	33
88	Joseph Taylor	42
89	Benjamin Clark	36
90	Samuel Evans	45
91	George Baker	31
92	John Wilson	41
93	Robert Moore	37
94	Thomas Young	43
95	Richard Hill	34
96	William Scott	46
97	Charles Walker	32
98	George Hall	47
99	Edward King	39
100	Frank Adams	49

Medical Officer: J. H. Smith, M.D. Date: 10th August 1914.

CANADIAN EXPEDITIONARY FORCE

J.B.C. 6-36.
R.A.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

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

(Name in full)..... Frances Margaret FRASER,

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

CANADIAN EXPEDITIONARY FORCE, on the..... ~~.....~~

day of..... 191

AND WAS APPOINTED to COMMISSIONED RANK
in..... Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the..... Thirteenth

day of..... March

He SERVED in CANADA, with the C.A.M.C., Canadian Army Medical Corps

..... Training Depot No. 6., & Camp Hill Military Hospital.,

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

day of..... July

1919 by reason of..... General Demobilisation

Dated at Ottawa, this..... Third

day of..... March

1919 1920.

J.M.

..... Lt. Col.

for

Director of Personal Services.

J.C.

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 _____

of _____ 191____

HE BECAME A MEMBER OF THE _____

and WAS STRUCK OFF THE STRENGTH on the _____ day of _____

of _____ 191____ by reason of _____

_____ Dated at Ottawa, this _____ day of _____ 191____

of _____

Director of Personnel Services

191____
191____
191____

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. Canadian Army Medical Corps.

Regimental No. NIL Rank N/SISTER Name Fraser, Frances, Margaret
13.3.17
C. E. F.

Enlisted (a) 22-7-18 Terms of Service (a) Service reckons from (a) 22-7-18

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) (Graduate Nurse)

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				
20-12-18.	C.A.M.C.	S.O.S.C.A.M.C.T.D.M.D.NO. 6 (Auth G.O. #121 d/ 1-10-18.)	Hfx. N.S.	20-12-18.	
16-1-19	A.D.M.S.	T.O.S.Camp Hill Mil.Hsp. and Subsidiaries. (G.O.#121)(D.O.Pt.2#16.)	Halifax, NS	16-1-19	

F. Goddard
Lieut. R.C.R.

Edmond
805. 16.7, 19
Lieut-Colonel,
D/A.D.M.S., ADMIN., M.D.NO.SIX.

(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.

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				
8-7-19	CAMC	S.O.S. "CAMC" & CAMP HILL & SUBSIDIARIES on DEMOBILIZATION.	Halifax, N.S.	¹⁰ 20-7-19	C. H. & SUB D.O. P2#99 <i>John C. [Signature]</i> Colonel, O.C. CAMP HILL & SUBSIDIARIES.

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

M. OR S. *32* REGT. No. RANK *MS* NAME (IN FULL) *Fraser, Frances Margaret* (BLOCK LETTERS SURNAME FIRST)

ORIGINAL UNIT C.E.F. *No. 1 F.A.U.* IF IN P.F. WHAT UNIT?

ADDRESS *2⁰⁰ Reg Pay
1⁰⁰ F.A.U. Pay
1² Subs* PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *3/3/17* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY \$ *Nil.* DATE EFFECTIVE

PAYABLE TO *Nil.* RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *40 Marconi Row Atlantic St
Louisburg*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED *Halifax, NS. 10/7/19* REASON *Retired.* AUTHORITY *6043-F-145* IF ENTITLED TO POST DISCHARGE PAY *Yes.*

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3							DEBIT	CREDIT			
	31	5 ⁰⁰	93 00	52 70	145 70				6188			145 70							145 70				
April	30	3 ⁰⁰	90 00	51 00	141 00				26			141 00							141 00				sub
May	31	3 ⁰⁰	93 00	52 70	145 70				49			145 30			40				145 70				40 meals
June	30	3 ⁰⁰	90 00	51 00	141 00				70	27/6		134 20			6 80				141 00				Hosp 4 days @ 80 C.H.C
July	10	3 ⁰⁰	30 00	17 00	140 00				80	10/7		139 80			20				140 00				20 meals; 1 st pay @ 80 C.H.C 808. 10/7/19 @ 10. 694(b)
62 days				186 00	186 00							93 00							186				1 st Payment W.S.L. as above
				186	186							93							186				1124 6 48 19-8-14
												186											

*Completed
All payments made
Chas. [Signature]*

BALANCE FROM PREVIOUS ACCOUNT

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



1. RANK *Nursing Sister*
 2. NAME *Fraser Frances Margaret*
 3. UNIT *Same. Camp Hill Sub Hosp.*
 4. DATE STRUCK OFF STRENGTH *10-7-19* PLACE *Harford Wis.*
 5. REASON

Demobilization

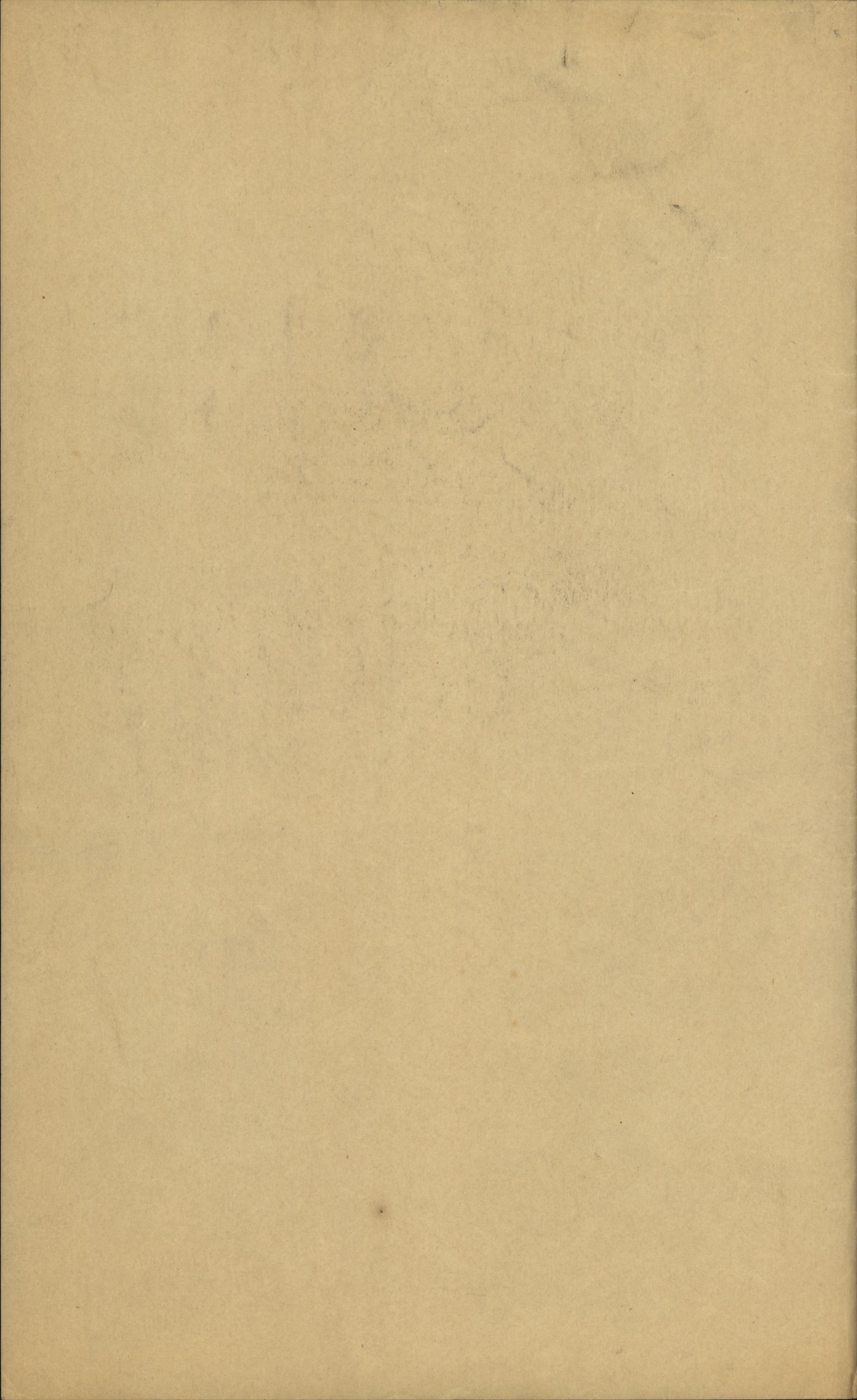
6. AUTHORITY *Ro. 13rd para 7(e)* *6.D. 43-7-145*

7. PROPOSED RESIDENCE

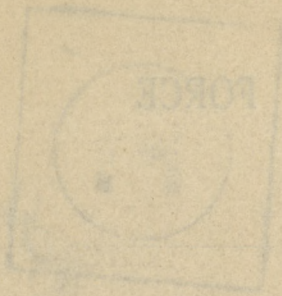
*9th Marconi Trans-Atlantic Station
 Lonsburg.
 Wis.*

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.



PROCEEDINGS OF AN OFFICER OR NURSING SISTER
STRUCK OFF STRENGTH



OF THE
CANADIAN EXPEDITIONARY FORCE

NAME
RANK
REGIMENT
PLACE

[Faint handwritten signature]

PROPOSED PUNISHMENT

This officer should receive the following punishment:
1. Loss of rank for 30 days.
2. Loss of pay for 30 days.
3. Reprimand.
4. Reprimand.
5. Reprimand.
6. Reprimand.
7. Reprimand.
8. Reprimand.

