R. 171.

Unit C.A.M.C. Rank Nursing Sister Name Frier, D.

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS).

1. (a) What is your Surname? Frier

   (b) What are your Christian Names? Dorothy

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

   (b) What is your present address? Main St. Atwood Ontario. Canada

3. What is the date of your birth? 27. October. 1887.

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

   (b) the address of your next-of-kin? Main St. Atwood. Ontario. Canada.

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

5. What is your profession or occupation? Nursing

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? C.A.M.C.

9. State particulars of any former Military Service? six months with B.E.F. France

10. Are you willing to serve in the CANADIAN OVERSEAS EXPEDITIONARY FORCE? Yes.

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

Dorothy Friers (Signature of Officer).

CERTIFICATE OF MEDICAL EXAMINATION.

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

I consider ~~him~~ her * fit for the CANADIAN OVERSEAS EXPEDITIONARY FORCE.

Date September 9th 1916

Place London. Eng.

J. G. R. Stone Capt. C.A.M.C. Medical Officer.

* Insert here "fit" or "unfit."

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS 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 nationality?

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 and inoculated?

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 OVERSEAS EXPEDITIONARY FORCE?

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

(Signature of officer)

CERTIFICATE OF MEDICAL EXAMINATION

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

I consider him ... for the CANADIAN OVERSEAS EXPEDITIONARY FORCE

Date ... 191...

Medical Officer.

Dec n/s

REGIMENTAL DOCUMENTS

NAME FRIER DOROTHY REGT. NO. n/s UNIT 6 a mC H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				20454	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)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category 2 Retired
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	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	MFW 125					
	Enclosed					
1	R 149					
1	Doc. S.F.10					

H M

W 2589
100M-11-18
1772-19-1377

CASE HISTORY SHEET.

T M C H. Hospital. London Ont. Station.

No. ..... Rank Nursing Sister Name Iriers Age 31

Unit Canc. Completed years of service Where and how long } C. 1 6/12 E. 10/12 I. 7/12.

Date of admission 23.4.19. Date of discharge 14.5.19.

Diagnosis ~~Suspect~~ T.B. Place of origin Unknown. (France?)

CONDITION ON ADMISSION AND PROGRESS OF CASE. Patient is debilitated and underweight. Lungs - Chest well developed and expansion good. Some impairment at Right apex. Bronchio Vesicular breathing Right apex. Fine rales on cough & deep breathing in Rt. Supraspinous Fossa & along border of Right scapula. Left upper lobe questionable. X Ray report 22.4.19 "Diaphragm regular. Rt. hilus shadow heavier than left & numerous Calcified nodules ascending Bronchus & 1st & 2nd Interspaces are thickened slightly & branching extends to apex. There is a smokey shadow in 1st Interspace towards periphery." Sgd. H.D. Wismer Capt. Temp. 100°. Sputum Analyses, Temp. Chart afternoons daily 99° to 100°. Series of 3 Sputum analyses neg. for T.B. Specialists report on lungs 6.5.19. "Signs are indicative of an infiltration of the right upper lobe and possibly the left apex. Consider this a case of pulmonary T.B. Advise treatment in Sanatorium." Sgd. D.A. Craig Capt. 30.4.19 Developed small lump with discoloration 2 ins. over ant. middle third of left Tibia also one over left Tibula, Tender on pressure. Appears to be Erythema nodosum. 3.5.19. Lump still quite hard. Discoloration less. not so tender on pressure.

FAMILY HISTORY. Neg.
(Tuberculosis, mental or nervous diseases.)

TREATMENT. Sputum Analyses. Temperature Chart.
(Especially any specific or special form.) Special diet.
R. Sod. Salicylate Grox. q.i.d.

CONDITION ON DISCHARGE,
(and disposal made of case.) Condition Unchanged. Discharge from Service Medically Unfit. To be taken over by S.C.A.H. for Sanatorium treatment.

Date 14.5.19. Cat E

L.M. Jones Capt Canc
Medical Officer i/c case.

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

A 30300

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

Original.

Army Form B. 103.

APR 22 1918

I. D45-F-9

CERTIFIED CORRECT
CANADIAN RECORDS OFFICE

DEPT. MILITIA & DEFENCE
APR 23 1918
SECTION
CANADA

Casualty Form—Active Service.

Regiment or Corps C.A.M.C.

Regimental No. ____ Rank N.S. Name FRIER, Dorothy

Enlisted (a) 9-9-16 Terms of Service (a) D. of War Service reckons from (a) ~~9th Sept. 1916~~

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) Qual Nurses

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.
		Appointed in England 9-9-16. CO 1718 d/16/9/16			
27-9-16	D.M.S.	attached to G.L.S.H.	Ramsgate	25-9-16	Part II 271
24-9-16.	O.C. G.L.S.H.	T.O.S. from C.A.M.C. Y.S.	Ramsgate	25-9-16	Part II 271.
9-5-17.	O.C. G.L.S.H.	S.O.S. to C.A.M.C. Depot	Ramsgate.	9-5-17	Part II D.O. 129. Major, C.A.M.C. For O.C. Granville Canadian Special Hospital, Ramsgate.
22/5/17	C.A.M.C. D.	TAKEN ON STRENGTH from G.C.S. Hosp	Westenhanger	9/5/17	Pt II DO 141
24/7/19	S. off Sec W.O. M.D. effect 23/5/19 as "Ex General Demobilization R.O. 1989.		London Ontario	23/5/19	W.O. M.H. Lo Pt II No. 134 dated 2/6/19.
	S.O.S. Medically Unfit		London Ont.	19.5.19.	A.G.A. Capt. adjt., W.O. M.H. R.O. (C.F.) 2120. 13/8/19 cancelling previous order 1989. A.G.A. Capt. D.R.O.

(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. 212, Army Form A. 36, or other official documents.
Date	From whom received				

CANADIAN EXPEDITIONARY FORCE

N.W.C. 1-35.
R.A.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Dorothy FRIER.

Enlisted in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the [redacted]

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

in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the Nineteenth day

of September 1915.

SHE SERVED in CANADA, England and France with the C.A.M.C.,

and was STRUCK OFF THE STRENGTH on the Nineteenth day

of May 1919 by reason of being Medically Unfit

Dated at Ottawa, this Twenty Seventh day

of May 1920

for Director of Personal Services.

Capt.

M. F. W. 2618a
10M.—3-20
1772-39-1428

R 150

ET.

Rank and Name FRIER, Dorothy ✓ Nursing-sister. ✓

Regimental No.

Unit C.A.M.C. ✓

Date of enlistment 29 Sep 16 U.K.

Place of birth Atwood. Ontario. Canada ✓

Married (Yes or No)

If in Permanent Force

Promotions or appointments 9-9-16

Name and Address of Next-of-Kin Uncle. ✓
W.R. Humphrey ✓
Main St. Atwood. Ontario. Canada. ✓

Date and place of discharge Gran.H SEP 29 1916
Gran.H NOV 24 1916

Reason for discharge

Character on discharge

Yarrow Lunes. 26.1.17
Ramsg. 25.3.17
" 25.4.17

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
		To be nursing sister C.A.M.C.	C. 67.		Com. Caus. R.O. 1411.
16-9-16	D.M.S.	& posted to C.A.M.C. T.S.		9-9-16	C.O. 1418. 9.9.C.C.T.D. DO. 4851.
28-9-16	- do -	Transfd to Granville C. Sp. Hp.		26-9-16	C.O. 1797 Pt II ord 274 Granv. H.
27-9-16	Granv. Hp.	Taken on strength	Granv. Hp.		Pt II ord. 241.
18.5.17	D.M.S.	Posted to 6 Can. Gen. Hosp.		11.5.17	C.O. 649.
21.8.17.	6. Gen. Hp.	Granted 14 days leave of absence from. Rejoined Unit from Leave.		28.7.17	Pt II Ord 443.
				13.7.17.	Pt II Ord. 443.
31-9-17	- do -	Posted to No 1 Can Gen Hosp.		22-9-17	Pt II 950
28.11.17	C.R.O.	Adm No 24 Gen Hosp Etaples		21.11.17	C.L. 842. Otitis Media
24.12.17	1. Gen. Hp.	S.O.S. (Sick). Posted to. CAMC. Depot. Sciffe		11.12.17	Pt II Ord. 81.
13.12.17	D.M.S.	Posted to CAMC Depot.		11.12.17	C.O. 1622.
15.12.17	C.R.O	Adm QAIMNS. Hosp Vincent Sq		11.12.17	C.L. 858 Otitis Media
				Discharged 4-1-18	
13.2.18	Hsp A.M.F.C.	S.O.S. on being invalided to Canada		31-1-18	R.O. 34 844

F.B. 103. 11 JAN. 1918

A.F.B. 103. 25 MAR. 1918

Svs. 19.5.17

6570

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					

Number _____ Rank NIL

Surname FRIER

Christian Name DOROTHY

Units _____ Theatre of War FRANCE

Date of Service 11.5.'17

Remarks _____

Latest Address ~~Kolapore Barracks~~ Aldwood Ave

Roll No. 13. Fgs 22251.

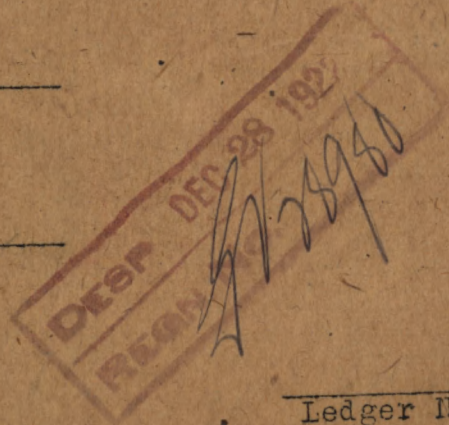
200m.-6-21.M.

IMPERIAL

Surname Christian Name Rank Regtl.No.

File No.

Register No.



Date

Ledger No.

FORM R. 149.
7106—250m—7/2/17.

Name FRIER Dorothy Rank N/STR. Reg. No.

Unit CAMC 1 CGH.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
21-11	24 Gen Hos.	Etaples	(WO)	Otitis Media	/	
11-12 17	(Ladmn St Hos Vincent Sq (2247)			844.2 858		
4-1-18	Discharged (2283)			8111		

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

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
842-1	No 24 Gen. Etaples	21-11-17	Otitis Media (Can Contg)
858-2	E.C.T.S. 7 M.H.S. Vincent Sq.	S.D. 11-12-17	" " " "
877-2	Discharged	4-1-18	" " " "

NAME Frier W.

RANK AND CORPS M/Str. C.A.M.C. C/C.G.H.

REGT'L No.

H. Q. FILE No. 649.

FOLLOWS No.

FOLLOWS

CABLE

No.	Date

NATURE OF CASUALTY

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

H. Q. 392-6-76

M. D. No. 1

Surname Friers

Christian names Dorothy

Regtl. No. Rank Nurs Sister

Unit C.A.M.C.

T. O. S. 19

D. O. Pt. II of

S. O. S. 19-5-19 19

Reason demob

Auth. D.O 154 should read S.O.S. on A. D.O 2079 26-7-19 RD 1989 MD1. WO on A. also R.O 2088 of 25-7-19 D.O 154-3-6-19 W.O MHo

Next of kin

Relationship

Address

Also notify:

BORN—Place Canada Atwood, Ont. Date Oct. 27th 1887

ATTESTED—Place London, Eng. Date Sept 9th 1916

O/S 1-2-16

R/C 13-2-18

W. 22—100M-7-18. 1772-39-839

No. Rank N/S. Name Frier, Dorothy,

T. O. S. 26.3.18. 100. 95- Unit No 1 Training Depot. A. M. C.
of 5-4-18

M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918	1918			
Feb. 1	Apr. 30	V		
May		V		
June				

D. M. S. 1347.

Surname	Christain Name	Reg. No.
FRIER	D.	

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

MEDICAL BOARD held at — Date — Serial No.

(1) London Area. 2-1-18.

Other Medical Boards at — Date — Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Chr.Otitis Media.

Disposition Recommended

Unfit Lt.Duty Home Serv. 2 mths.Permanenetly Unfit General Service. Invalided to Canada.

(2)

(3)

(4)

(5)

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

Disposition

Remarks

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

Surname. Christian Name.

FRIER D.

Rank. Unit.

N/Str. C.A.M.C. 1 C1G.H.

Date of admission.

No. 24 General Hospital, Etaples. 21-11-17.

H.S.to Hospital C.A.I.M.N.S.Hospital, London. 11-12-17.

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis Otitis Media.

Later diagnosis. .....

.....

.....

.....

Disposition. Date.

Discharged:-4-1-18.

....

28-11-17 842.

17-12-17 858-2.

10-1-18 877-2.

C.L. ..... Remarks.

C.L. .....

C.L. .....

C.L. .....

C.L. .....

C.L. .....

C.L. .....

A.M.D. 2 DEPT.

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

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

Name Frier, Dorothy N/S

392-6-76.

Regimental No.

Name and address of next-of-kin

Unit Canc

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $31

To whom payable JAN 5 1918 OLYMPIC FEB 13 1918

Date and place discharged Invalided

Reason for discharge Employed at Med. I. 26/3/18.

Character on discharge Pub. Exp.

"A" L.R.C. clear 31/1/18 C.P.O.

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					
																#173

Emg. F.I. 25/3/18.

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

Name .....

Regimental No. ..... Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no) Date and place discharged

Amount of pay assigned monthly $ Reason for discharge

To whom payable 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					

L.L. 19226—M[illegible]D. 7814.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

Credit

To Whom Bank of Hamilton

Address Alvinston Ont.

By Whom Assigned Frier Dorothy

Regtl. No.

Rank Nursing Sister

Corps Canadian Resp.

Rate ~~31.50~~ ~~June 1/17~~
50.00 Oct. 1st 17

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			2m 13 6/17 BBB ~~30~~ 30 6/17 BBB
Sept.				2m. 16/10/17 / E H. 20/10/17
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 1 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
18m.—4-17.
1772—39—819.

Sheet No. 2 Bank of Hamilton (Assignee) Credit PAYMENTS.

Name of Soldier Frier Dorothy
C.A.M.C. Remp. Nur. Sister

L. L. Job 19227—M. & D. 7814.

Month.	Year.	Cheque No.	Amt.		Remarks.
					35.00 June 1/17
April	1916				50.00 Oct. 1st 17
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1917				
Feb.					
March					
April					
May					
June					
July		S 22945	70	175.	
Aug.		B 33900	25		35.00
Sept.		X 39133	35		03
Oct.		M 42518	35		
Nov.		~~X 47673~~	~~35~~		
Dec.		A 46501	65		
		T 57318	50		
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

Lett. 18B

X 47673 Cancelled

65.00 to adj.
50.00 & future

390

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
2427—10M—1/1/17

ASSIGNED PAY.

UNIT.

NAME OF	DATE	AUTHORITY
C.A.M.C.T.S		Pay $2.00 pd 7a .60 Mess 1.00

RANK.

	DATE	AUTHORITY
N/S	9/8	D.M.S.&C.O. #1718 4/16/8

NAME.

Name Freer
Initials D.
Bank of Montreal Trafalgar Sq 1/8

Beneficiary
Address
Can 50 1 10/17
Amount. $ ~~35~~ +6/17 ✓
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
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 9	A.P. Canada				35			
" 14	June Pay (R)		108			73		
22	Bank	9004		73				
July 19	July Pay (R)		111 60					
" 17	A.P. Canada				35			
21	Bank	13092		76 60				
Aug. 18	Aug. Pay (R)		111 60					
	A P Can				35	76 60		
21	Bank	17361		76 60				
Sept 17	Sept Pay (R)		108					
12	A. P. Canada				35	73		
21	Bank	21863		73				
Oct 9	October Pay (R)		111 60					
12	A. Pay Canada a.2m off - p $35 1917				50			
21	Bank	26291		~~61~~ 60				
Nov 16	November Pay (R)		108					
15	A. Pay Canada				50			
20	Bank	30763		58				
Dec 7	Dec. Pay (R)		111 60					
8	a P Can				50			
14	Bank	35096		61 60				

Carried for.

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT.

NAME OF | DATE | AUTHORITY

Pay $2.00 pd
7 Ja 60
Mess 1.00

RANK.

DATE | AUTHORITY

W/S

NAME.

Name Frier
Initials D.
Bank of Montreal
Trafalgar Sq 1/18

Beneficiary
Address ban
Amount. $ 50
Separation Allowance issued. Yes or No.....

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
Jan 11	Advance Jan P & A Cash	37073		61 60			Remit to Can	
	Jan Pay (R)		111 60				L. Qtrs to 31/18	
15	A P Can				50		Fr Ledger to WE Ledger	
							Fr Ledger 8 to L 12 5/18	

P—15.

ASSIGNED PAY.

UNIT. NAME OF: C.A.M.C. 2.S. DATE: — AUTHORITY: —

RANK. Nursing Sister DATE: 9-9-16 AUTHORITY: mess Dom Corps Order # 1718 d/16-9-16

NAME. Name Grier Initials D. Bank of Montreal

Beneficiary

Address

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.
Sep 20	Bank	9348		79 20		Dr 79 20		
Oct 23	P.A. Mess fr 9-30 9/16		79 20					
	Pay Oct (R)		111 60					
27	Bank	11000		111 60		—		
Nov 17	Pay Nov (R)		108					
24	Bank			108		—		
Dec 12	Pay Dec		111 60					
18	Bank			111 60		—		
1917 Jan 23	Pay Jan		111 60					
25	Bank			111 60		—		
Feb 20	Pay Feb.		100 80					
22	Bank			100 80		—		
March 20	March Pay .07.		111 60					
23	Bank	24818		111 60		—		

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

9-5-1919.1D.

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION London n Ont. DATE 7-5-1919

1. 1 (a) Unit W.O.M.H (b) Regimental No. (c) Rank Nursing Sister

(d) Surname FRIER (e) Christian name Dorothy

(f) Home address Atwood, ont.

(g) Next of Kin Mr. Wm R. Humphry (h) Relationship Uncle.

(i) Address of Next of Kin Atwood Ont.

2. Age last birthday 31 Date of birth Oct. 27th. 1887.

3. Enlistment, or Appointment (if an Officer) (a) Place London Eng. (b) Date Sept.9.16.

4. Personal description:

(a) Height 5' 6" (b) Weight 127 lbs. (stripped) (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks, Scars, etc.

Small scar (pigmented birth mark anterior surface right wrist.

5. Former trade or occupation Trained Nurse.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2	240

	Periods	
	From	To
Canada	13. 2. 18.	7. 5. 19.
England	12. 12. 17. 9. 9. 16.	13- 2. 18. 9. 5. 17.
France or other theatres of War	9. 5. 17.	12. 12. 17.

7. Original disease, or injury 1. Pulmonary tuberculosis. 2. Otoschlerosis in right ear and suppurative. Otitis Media right ear.

(a) Date of origin 1. Since enlistment 2 prior to enlistment. (b) Place of origin 1. Unknown. 2. Canada.

(c) Cause 1. Infection. 2. Infection from tonsilitis.

M. F. B. 227.

300M.—8-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

1. Necessity for rest of the body due to Pulmonary Tuberculosis. 2. Partial loss of function of both ears.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

OBJECTIVE. Patient looks pale and debilitated. She is about five pounds under weight. She has gained 6 lbs. in 2 weeks under treatment. Lungs. Chest fairly well developed. Some impairment at right apex. Broncho vesicular breathing right apex. Fine rale on cough and deep breathing in right supra ~~spinous rales on cough and deep breathing in right~~ & fossa and along the bor of the right scapula. Left upper lobe questionable. X. Ray report on chest. 22.4.19 states. " bony contour of chest. Heart and mortal normal. Both diaphragm shadows are normal. Right lilus shadow is heavier than the left. and numerous calcified nodules are present. Ascending Aronchus and 1st. no 2nd. Interspace trunks are thickened. One smoky shadow in left 1st. interspa well towards periphery. Sgd. H.S. Wisner. Capt. Three specimens of sputum negative for T.B. Temperature chart afternoon rise 99° to 100° F. Specialist report attached with which I agree. Continued ~~below~~.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System NO Cardio-Vascular System NO (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System NO (Albumen and Sugar will be excluded.)

Special Senses Yes 9A. NO in Respiratory System Yes 9A as in Integumentary System NO

Disturbances of Mentality NO Digestive System NO Muscular System NO

Osseous and Joint Systems Yes Any other general condition NO

There is a hard lump the size of 25¢ piece ove the middle third of the left Tibia with discoloration of the skin over it. There is also a small similar lump over the head of the Fibula. These are probably Rheumatic in origin.

10. (*a*) History (of the condition referred to in Section 9 (*a*).) 1. Patient states that she was ill for a month in France with Bronchitis in France in Nov. 1917. She has had a persistant cough since then and has had shortness of breath on exertion. She states she hasn't felt well and strong since that time but has carried on. She lo 11 lbs. but has regained 6 lbs. in the last 2 weeks in Hospital. 2. She had tonsilitis. in 1912 followed by supurative Otitis Media in the right ear. She became quite deaf in it and slighly in the left ear. There was no dis discharbe for 4 years prior to enlistment. In 1917 the discharge returned and has recurred intermittantly since. Since then a Schleratis condition h developed in the right ear.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

In 1916 while with Imperial Medical Service she burned her face from explosion of an alcohol stove. She had a good recovery No disability.

(*c*) (Here give a description of wounds, scars and deformities.

None.

11.—(*a*) Did the disabling condition have its origin before enlistment? 1 No. 2 yes.

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

1. Not applicable. 2. On enlistment hearing was very little affected. No discharge. No Otosclerosis.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? 1 and 2 No

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. 6 months. 2. Indefinite.

14. Treatment (Case reports, general or special, should be secured and attached where possible.) Rest in bed special diet 2 weeks I.V.C.H. 2. Right ear syringed with boric acid and swabbed with alcohol 1 month in France and England.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

(If the answer is "yes" state nature of treatment required and probable duration)

Yes Sanatorium treatment.

16. Can the former trade or occupation be resumed? No not at present due to Pulmonary tuberculosis.

(If not, briefly state why)

17. Recommendations

Discharged from the service Medically unfit to be taken over by S.C.R. for sanatorium treatment.

E. M. Jones Capt. C.A.M.C.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned W.S. D. Fries have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

D. Fries Rank.

Signature of invalid examined.

Clus

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

The board agree that condition is as described. Xray report attached covering subcutaneous nodules. mentioned in 9B.

19. Is the invalid fit for

(*a*) General service,	~~(Category A) (Yes or No.)~~	NO
(*b*) Service abroad, not general service,	~~(" B) (Yes or No.)~~	NO
(*c*) Home service (Canada only),	~~(" C) (Yes or No.)~~	~~YES~~ NO
(*d*) Temporarily unfit.	~~(" D) (Yes or No.)~~	NO
(*e*) Unfit for service in Categories A, B and C	~~(" E) (Yes or No.)~~	~~NO~~ yes.

20. It is certified that the invalid

(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

(*b*) ~~Does not require treatment.~~

(*c*) Should pass under his own control.

(*d*) Should not pass under his own control.

(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

To Soldiers Civil Re-Establishment and given further Sanitorium treatment. according to P.C. 433.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

Major C.A.M.C. *President.*

PLACE London Ont. G.E. Clements Capt. C.A.M.C.

DATE 9-5-19. } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE..... } Members

DATE.....

APPROVED BY

D J McCay for *Assistant Director of Medical Services.*

DATE 13 5 19

APPROVED BY

Major. C.A.M.C. *Director-General of Medical Services.*

DATE.....

Army Form B. 103. (Temp)

Regimental Number.....

Casualty Form—Active Service.

Regiment or Corps.....

Rank.....Surname.....Christian Name.....

Religion..... Age on Enlistment.....years.....months

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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

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

{.....} {.....} or Corps Trade and rate.....

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

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
16.9.16	D.M.S.	To be N/S to Camb 6 BT. posted to			
28.9.16	"	Trans to Evanville Can Spec Hosp. Embarked Disembarked	Camberss	9.9.16	Co 1718
				26.9.16	Co 1797
20/5/17	6 CGH	Reinforcement from England		8/5/17	B 213
		Admitted 3a 2/4401 dy.		10/5/17	Pte 30 31 5/17
		Rejoined files 17070			
10/8/17	"	Granted 14 days leave		13/7/17	Pte 43 18 8/17
29/8/17	"	Rejoined from leave		28/7/17	B 213 " "
23/9/17	"	Posted to No 1 Can Gen Hosp.		22/9/17	B 213 50 30 9/17
		Slyms B 15 73/40 dy 16/9/17.			
	1 CGH	Taken on strength		23/9/17	Pte 61 30 9/17
	"	Admitted Can Gen Hosp.		21/11/17	B 213
21/11/17	24 Gen	Adm (Otitis Media).		21/11/17	W 3034

(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.

W. 5527—M2093 1000m 7/17 (25686) C. P. & S., Ltd. Forms B./103 E/1555.

[P.T.O.

CERTIFIED CORRECT
14 JAN 1918
CANADIAN RECORD OFFICE

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
1/12/17	W.S. Pieter de Connick.	Sick Posted to Canuc Depot Shorncliffe (Otter Media).		1/12/17	W3083/4532 Pte. 81 24/12/17.
					A.H. Christie Capt. for Lt.-Col., A.A.G. Canadian Section G.H.Q. 3rd Echelon, B.E.F.
15:12.17	Canada. S.S. from No 1 CG Hosp	Shorncliffe	11.12.17		Pte 349 (CQ 1622)
15.2.18	do	Sick Invalided to Canada	do		Sgt 57 Field Amb
					W. Sutherland Lieut. ADJUTANT FOR O.C. CANADIAN DEPOT

Continuation of Present Condition. T

SUBJECTIVE SYMPTOMS. Complains of general weakness and lassitude on exertion with shortness of breath and dizziness on exercise. She has aslight chronic cough with expectoration. Worse in the morning. Sleeps well (fairly) appetite good. Suffers from constipation. 2. OBJECTIVE. Specialists full report Page 4. with which I agree. SUBJECTIVE. Complains of deafness in both ears. worse in the right and occasional attacks of buzzing in the right ear. She has a purulen discharge occassionally from the right.

SPECIALIST'S REPORT

Date 31-4-1919.

Symptoms. Some cough and expectoration. Loss of weight. History . Pneumonis Measels. Otitis Media. Exposure. No. T.B. Examination. Chest is fairly well developed. Some impairment at the right apex. B.V. breathing at right apex. Fine rales on cough and deep breathing in right supraspinous fossa and along the border of the right scapula. Left upper lobe questionable. Diagnosis. Evidence is very suggestive of pulmonary T.B. Remarks. X-Ray report on board. Should be in Hospital for further observation and treatment.

SGD. D.A. Craig. Capt. C.A.M.C.

SPECIALISTS REPORT.

Date .6-5-1919.

Symptoms. Note former report. History Note former report.
Examination. The signs are similar to former reports. and are indicative of an infiltration of the right upper love and possibly the left apex.
Diagnosis. Consider this a case of Pulmonary T.B. Remarks. advise treatment in Sanatorium.

SGD. D.A. Craig. Capt. C.A.M.C.

SPECIALISTS REPORT ON EARS.

Date. 17-4-1919.

Otosclerosis. and suppuration in right ear.

R.E.	Ea4	L.E.	R.E.	Ear.	L.E.
Yes perforation.		No	Short	Schwaback.	Short
Slight discharge		No			
Yes Retraction		Yes	Neg.	Rinne. Neg.	

4F. Voice 8Ft.

All Upper fr limit C. 2048 short.
Short lower fork limit C. 2-8- short.
Paracussis. Yes marked.

Chronic catarrhal otitis medial & suppurative existed on enlistment but was dry for4 years prior to enlistment. Claims hearing was practically normal then. Would bonsider this otoscherosis and due to service. No Improvement.

SGD. D.M.J. Brown Major.

AUDITOR S.F. | PAYMASTER W

M. OR S. | PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES | REGT. NO. | RANK N/S[H] | NAME (IN FULL) FRIER D.

NEXT OF KIN Mrs W R Humphrey Uncle — RELATIONSHIP
ADDRESS Alvwood

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP
ADDRESS Fil.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. — IF IN P.F. WHAT UNIT? Bank of Hamilton Alvwood Ont (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION — TRANSFERRED TO Returned (Olympic) — DATE 14-2-18 — AUTHORITY R.O 401 d/4-4-18

DATE OF ATTESTATION 9-9-16 — TRANSFERRED TO A.M.C. T.D. #1 — DATE EFFECTIVE 1-2-19

ASSIGNED PAY $

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE London Ont. — DATE 19-5-19 — REASON M.L. — AUTHORITY C.O. 59 d/2-6-19 — IF ENTITLED TO POST DISCHARGE PAY yes (S.C.R.)

Rewritten from old sheet J.H.T.

BALANCE FROM PREVIOUS ACCOUNT

MONTH	2 PAY AND F.A. 1 NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS V.B. 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.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
Jan pay first					Subs.		nil				aR		aR														—		Nil		—						on Subs. #1 to p.d.
Feb	28	3[00]	84	00	47	60			131	60	94		102				25		56	60	50	00									131	60	0				
Mar	31	"	93	00	52	70			145	70	aR 112		aR 123				40		55	70	50	00									145	70	0				
Apl	30	"	90	00	51	00			141	00	aR 14		aR 30				40		37	40	50	00					11	90			139	30			1	70	Ad Hosp 23-4-19 D.O 114
May	19	"	57	00	32	30			89	30	aR 44		aR 61				40		39	30	50	00					(32	30			162	40	71	40			Dis. " not in order 80¢ meals supplied charge for period in Hosp. against Subs: {24-4-19 — 30-4-19 #11.90 {1-5-19 — 19-5-19 32.30
	324		183	60					507	60							145		189	00	200	00					45	00			579	00	71	40			
																																				L.R. Mottishaw Major
183 days		3[00]			549				549	00																	71	40			71	40			477	60	71 — Dr Bal as above
																											477	60	119 6012		477	60	0				o Dept. of Soldier's Civil Re-Establt Mar 14[th] 1920 G 119 6012
					549 —				549 —																		477	60			549 —						

—WAR SERVICE GRATUITY—

200M-3-19.—L. L. 58788—H. & D. 9985.
M. F. W. 2596.
1772-39-1398.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Oct 1st 1917
June 1st 1917

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

~~35~~	50		

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank N.S. Promoted Reverted Discharge

Soldier's Name Dorothy Frier

Battalion C. A. M. C. Reinf

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Bank of Hamilton Credit

Address Atwood Ont.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec 31.			390 -	390 -		
Jan D	64486		50	50	Br.	
Feb. 9	96987		50	50		

J.M. 13/6/17
2M. 16/10/17 50 Oct-1st 1917 and after.

A.P. A/c Closed 28-2-18.

GR 390 00 Ret'd per Olympic

Date 1-12-18 E. X. 22-2-18.

Clerk Wilsonby

MRO 2B/rend 22-2-18.

3M 20/2/18. effective 1-2-18. H/W. 25 3/18 Mar

CONSOLIDATED ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7693.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
400M.—A17—1772 39-1141
L. L. 22320—M. & D. 7993.

ORIGINAL.

Repot

Army Form B. 178.

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

MEDICAL HISTORY of

Surname Frier *Christian Name* Dorothy

TABLE I.—GENERAL TABLE.

15 DEC 1917

Birthplace ... Parish Atwood. Ont. Canada County Perth

Examined ... ... on 9th day of September 1916.
at London. England

Declared Age ... ... 28 years days.

Trade or Occupation ... Nurse

Height ... ... 5 feet, 2 inches.

Weight ... ... 131 lbs.

Chest Measurement — Girth when fully Expanded. 40 inches.

Chest Measurement — Range of Expansion 2 inches.

Physical Development ... Very Good

Vaccination Marks — Arm ... Right / Left /

Vaccination Marks — Number /

When Vaccinated ... ... January. 1916.

Vision ... ... R.E.—V= Poor

L.E.—V= Good

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

(*b*) Slight defects but not sufficient to cause rejection ... ... (*b*) None

Approved by (*Signature*) J. W. Stone

(*Rank*) Capt. C.A.M.C.
Medical Officer.

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

Joined on Enlistment ...	Corps.	Regtl. No.
	C.A.M.C.	Nog. Sta.
Transferred to	W.C.M.D. 10-10-18	Nog. Sta.

Became non-effective by

35

on day of 191 .

(*Signature*)

(*Rank*)

CANADIAN

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of Days in Hospital	Remarks b use subs give
	Day	Month	Year	Day	Month	Year			
Nurses Hospital Vincent Square	11	12	14	19	12	14	Deafness caused by old- ~~chronic~~ otorrhoea otitis media		Invalided dischgd from treatment
do do	19	12	14	2	1	18	D.	16	:
L. M. C. H.	23	4	19.	24	5	19.	Pulmonary T. B.	23.	Discha To be t treat

...in the Case of Warrant Officers treated in quarters.

bearing on the cause, nature, or treatment of the case, likely to be of interest or of future e. • In cases of syphilis, admissions and re-admissions to hospital will be shown. The bsequent progress, including particulars of treatment out of hospital, transfers, &c., will be ven in the special syphilis case sheet.	Signature of Medical Officer.
ed from Service on account of ulcer medial & old standing cancer ns - Vide Specialist reports / condition quiescent & clean - no active ment necessary 50	J. Charlesworth Major R.A.M.C. & C.S.
charge from Service medically unfit. taken over by D.C.R. for Sanatorium tment.	L. M. Jones Capt

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.
March, 1916.	Inoculated with Anti Typhoid serum Given by Dr J. S. Hay. 23. General Hospital B.E.F. France
January. 1916.	Vaccinated - by Dr. H. Pollock North Chicago Hospital Chicago. Ill.
13 Berners St W.	2-1-18. Chronic Otitis Media. Invaliding to Canada. J.M.D. Bell Maj. C.A.M.C.
London Ont. 10- May. 1919.	Pulmonary tuberculosis. Otoschlerosis. in right ear and suppurative otitis media right ear. Discharge to Soldiers civil re establishment and given further sanatorium treatment according to P.C. 433. pres. S .M. B. Major

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

(6429) W 8466/P1968 1,000,000 1/19 Mc A & W Ltd (E 4374)

Army Form W3997.

Regtl. No..... Rank Nursing Sister.

3/4/34

Name Dorothy Fries.
(Christian Names in full) (Surname)

Unit..... Regt. or Corps 6. A. M. C.

Date of { Discharge* / Disembodiment* / Transfer to the Reserve* } .....191.....

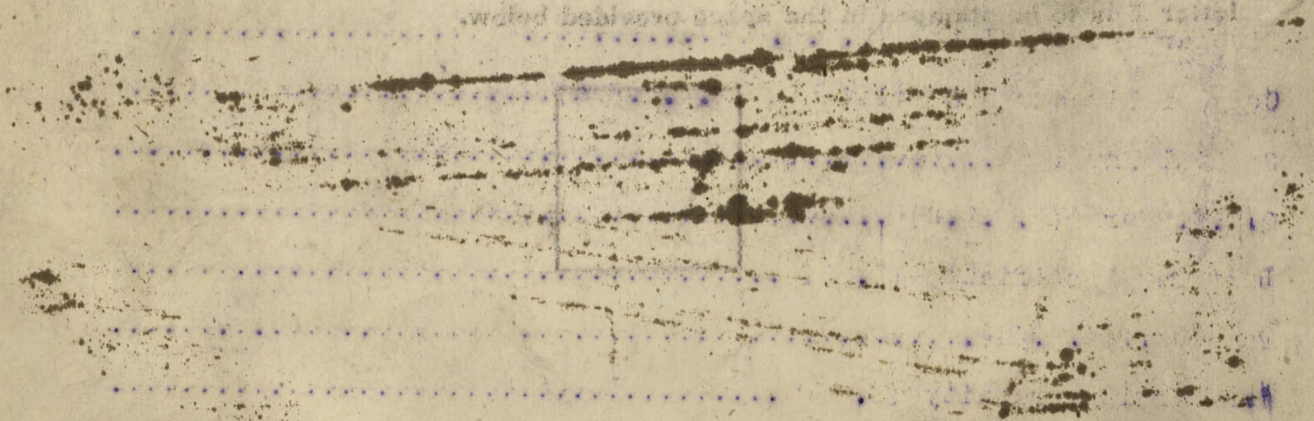
* Strike out whichever inapplicable.

COVER

FOR

DISCHARGE DOCUMENTS.

NOTE.—In every case where A.F Z.22 is included among the documents the letter Z is to be stamped in the space provided below.



WAR SERVICE BADGE
Class A. No.....

D.A.....I...

Regt.Number 3035004 Rank Gte.

Name Ryan Thomas Patrick
(Surname) (Christian Name In full)

Regt or Corps C. O. Reg.

Unit 4th Bn

Original Unit 1st C. O. R.

Category A A.

Occupational Group Policeman 6

Next of kin Wife

Religion R.C.

Place of Residence Jersey City U.S.A.

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Documents	Date
Trip. Attestation Paper	26.3.19
Casualty Form (A.F.B.)	27.3.19
Medical History Sheet 1-1	27.3.19
Proceedings of Medical Board	27.3.19
Dental Board Certificate (C.A.D.C.5009a)	27-3-19
Field Conduct Sheet (A.F.B.122)	2-4-19
Proceedings on Discharge (M.F.D.218a)	30/3/19
Discharge certificate (M.F.D.39)	30/3/19
Copy of Discharge Certificate (M.F.D.39a)	30/3/19
Special Envelope	3-4-19
Q.M.G. Form (D.O.S.2)	5-4-19
Last Pay Certificate (P.85I)	8-4-19
PayBook..(A.B.64)	8-4-19
War Service Gratuity (P.800)	27/3/19
Dispersal Certificate (C.D.3)	27.3.19
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SOUTHAMPTON
12.4.19

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