ATTESTATION PAPER

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? — Lillie Ellen Galbraith,
2. In what Town, Township, or Parish, and in what Country were you born? — 764 Shaw St., Barrie, Simcoe, Ont.
3. What is the name of your next-of-kin? — Mrs. Martha Galbraith, Mother,
4. What is the address of your next-of-kin? — 764 Shaw St.
5. What is the date of your birth? — Sept. 10th, 1882.
6. What is your trade or calling? — Professional Nurse,
7. Are you married? — No.
8. Are you willing to be vaccinated or re-vaccinated? — Yes.
9. Do you now belong to the Active Militia? — No.
10. Have you ever served in any Military Force? If so, state particulars of former Service. — No.
11. Do you understand the nature and terms of your engagement? — Yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? — Yes.

Lillie Ellen Galbraith (Signature of Man.)

W. J. McCombe (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Lillie Ellen Galbraith, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Lillie Ellen Galbraith (Signature of Recruit.)

Date April 10th 1915. W. J. McCombe (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Lillie Ellen Galbraith, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Lillie Ellen Galbraith (Signature of Recruit.)

Date April 10th 1915. W. J. McCombe (Signature of Witness.)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Toronto this 10th day of April 1915.

J. MacMurchy (Signature of Justice.)

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

W. B. Hendry Major (Approving Officer.)

M. F. W. 23.
200 M.—3-15.
H.Q. 1772-39-841.

DESCRIPTION OF Lillie Ellen Galbraith ON ENLISTMENT.

Apparent Age 32 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7 ins.

Chest measurement:
- Girth when fully expanded 32 ins.
- Range of expansion 29 ins.

Complexion Sandy

Eyes Brown

Hair Red

Religious Denominations:
- Church of England
- Presbyterian x
- Wesleyan
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic
- Jewish

*Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Small mole on left cheek.

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

I consider him* Ft. for the **Canadian Over-Seas Expeditionary Force.**

Date 10/4/15 191 .

Place Toronto

Capt. A.M.C.
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate ~~only~~ in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT

Lillie Ellen Galbraith having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

J. A. Roberts (Signature of Officer.)
Lt. Col.

Date April 10th 1915

REGIMENTAL DOCUMENTS

GALBRAITH - LILIAN ELLEN REGT. NO. M/Sister UNIT Can. C. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		Pers	9-6-19	Pers - 66
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		Field	8-7-19	
	TRAINING HISTORY SHEET (M.F.W. 113)		M.D.2.	10/2/19	2 01563
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		Retd.	9-1-20	
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)	Retd 11/4/21	M.D.2	22/1/20	2 - 9468
	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)				
1	DENTAL HISTORY SHEET (M.F.B. 465)				
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				
1	MEDICAL EXAMINATION (M.F.W. 129)				
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)				
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)				
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)				
	LAST PAY CERTIFICATE (M.F.W. 44)				
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)				
	PARTICULARS OF CHARACTER (A.F.W. 3226)				
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				
1	M.D. 2/2591				
2	Disp. Cert.				
1	R.H.G.				
1	Casualty				
1	479237				
1	479187				
1	R.H.G.				
1	2 F G				

Ref. S.S. Megantic 23.5.19

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DESERTION

2
1 - 11
1 - 11

W 2559
100M-11-18
1772-99-1377

3

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

M. F. W. 54. (A. F. B. 103.)
350m.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No..... Rank N/S C. E. F. Name GALBRAITH. LILLIAN ELLEN

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: 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
29-9-20		S.O.S.D.O.H. with effect from 29-9-20 on being posted to CAMC.TD#2.	Toronto	29-9-20	ADMS.D.O. 223 d/27-9-20
		Ed Godfrey CAPT. & ADJUTANT DOMINION ORTHOPAEDIC HOSPITAL			
		T.O.S.,C.A.M.C.,T.D.No.2. from D.O.H. with effect from 29-9-20.			
		S.O.S. (CAMC.,T.D.2.) No.2. Det. General List C.E.F. with effect from 29-9-20 On General Demob'n. Toronto.			ADMS.,D.O.#223 d/27-9-20.
		W. McCallum Lieut-Col.CAMC.			
		O.A.,CAMC.,T.D.No.2.			

(*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				

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

Sheet 1.

4288

Army Form B. 103.

Casualty Form—Active Service.

Presbyterian.

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

Regimental No. ____ Rank N.S. Name Galbraith ~~Lillian Ellen~~ Lillian Ellen ~~H.~~

Enlisted (*a*) ~~10 4 15~~ 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*) ____

CERTIFIED CORRECT 16 OCT 1917 CANADIAN RECORD OFFICE

Next of kin: Mrs. M. Galbraith, 174 Christie Str., Toronto, Canada.

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.
	NR	To Britain Mil Hosp.	France	9.6.15	
21.11.15	G.G.H. Brit. Gen.	Transfd to Hosp for duty Auth D.M.S. Lobb G.7.604 d/4.10.15	Rouen.	5.10.15	D.A.A.G. File K.V.III C.A.M.C/G/10
		A R Shaw Capt. C. A. M. C. for Lt Col. D. A. A. G.			
6/10/15.	4 G.G/H	Proceeding to Mediterranean	10/10/15		
			18/10/15.		D.M.S. 6.6. 851. 19/10/15 J. Bunbury Major
					FOR LT.-COL. I/C RECORDS; C.E.F.
		Embarked Alexandria 7/11/15 Disembarked Salonika 11/11/15 H.S. "Carisbrook Castle".			
		Oct. 4 C.S.H.			
1.1.17.	—	Transferred to Sisters Conv. Dep.	Salonika	31.12.16.	A.1360

(*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.

Sheet 1.

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				
		See 2nd sheet.			

Galbraith **ORIGINAL.** 118

MEDICAL HISTORY SHEET.

Surname Galbraith Christian Name Lillie Ellen

Examined { on 10 day of April 191- / at Toronto

Birthplace { City or Town Barrie / County Simcoe

Apparent age 32

Trade or occupation Professional Nurse

Height 5 Feet 7 Inches.

Weight 110. Lbs.

Chest measurement { Minimum 29 inches. / Maximum expansion 32 inches

Physical development Fair.

Small-Pox Marks none

Vaccination Marks { Arm Right. Left. X / Number 1

When Vaccinated last 3 years ago

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by

Rank Capt A.M.C. M.O

Date	Fit or Unfit	Examined for Re-engagement,
		31 OCT 1917 M.O
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
		M.O.
APR 24 1915	Jan	M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
3 Compl		M.O.
APR 13 1915	Jan mpt.	M.O.
		M.O.

CANADIAN

Enlisted on 10th day of April 1915 at Toronto.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment				
Transferred to..	No. 4 GENERAL HOSPITAL C.E.F.	Nurse		10.4.15

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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.
100M.—1-15.
H. Q. 1772-39-439.

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

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.
4 C.G.H. Salonica		18	12	16	31	12	16	N.Y.D.			566-575
Disembarked at Malta Ex. H.S. 24-3-17. Embarked for duty Salonica on H.M.F.M." Osmaneh" 18-6-17.								Nervous Debility.			634-718 PC
No 4 Canadian Gen. Hospital, Basingstoke.		17	2	19	24	2	19	Influenza	7	Taken ill with headache cough & pain in back chest & eyes. Pulse & temp normal. Has been taking mist tonic. Given aspirin capsule at once. 20.2.19 better. Discharged today 24.2.19.	J Duncan Forbes Hon. Lt.

DEPARTMENT OF VETERANS AFFAIRS

To Copy for H.O.file

Ottawa 4, Ont.
Date August 28,1967.

Attention of (GENERAL SUBJECT)

NAME GALBRAITH Lilliam Ellen SERVICE NUMBER N/S CEF. C.P.C. No. 205964 W.V.A. No. NAVY ARMY X R.C.A.F.

The DEPARTMENT has received information from

Superintendent of Veterans Insurance. July 13,1967.

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death June 16,1967.
Cause of Death
Place of Death Not stated.

Name and Address of next of kin (if known)

Copies to: W.S.R.
~~V.O.I.~~
~~PAY~~
~~D.C.~~
H.O.

Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry

DVA 24

Copy for N.O. file

Obsawa Co. Crk.
August 25, 1907.

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

H base Genl Hospl

Army Form B. 103.

Sheet 2

Casualty Form—Active Service.

CERTIFIED CORRECT 16 OCT 1917 CANADIAN RECORD OFFICE

Regiment or Corps b. a. m. b.

Regimental No. _____ Rank N Sister Name Galbraith. R.R.C. ~~H.C.~~ Lillian Ellen.

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 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 Alexandria 7/11/15 Disembarked Salonika 11/11/15 H.S. "Carisbrook Castle"					
22.12.16.	OC 4 Can Gen SP	Admitted to SP N.Y.D.	In the field	~~20.12.16~~ 18.12.16.	B. 213. Corrected O.C. Amb. Memo dated 11/1/17 f. o. 15/17 C.
5.1.17	— —	Discharged from SP "Anaemia"	— —	31.12.16	B. 213.
20.3.17.	— —	Adm. P. "Nervous Debility"	— —	19.3.17.	A. 2738. W.S. O 1810/13 D/- 1/141/1917.
23.3.17.	— —	Evacuated to Hosp. Ships.	— —	21.3.17.	B. 213. W.S. O 1810/13 D/- 1/141/1917.
25.3.17.	Embarkn. Officer	Disembarked ex H.S. "Llandovery Castle"	Malta.	24.3.17.	I.R.B. 171. W.S.
22.6.17.	O.C. 4 C.G.H.	Rejoined unit from H. in Malta.	In the field	22.6.17.	B. 213. O 1810/25 D/- 15/Y/1917.
21.6.17.	Embarkn. Officer	Embarked H.M.F.M. "Osmanieh" for Madros.	Malta	18.6.17.	Emb. Ret. 67/M/10.
		Disembarked ex H.T. "Barry".	Salonika	21.6.17.	
25.9.17	M.L.O.	Embarked for Taranto	— —	16.8.17	E 238 O 1810/35 D/- 2/9/1917.
8.9.17	C.M.A.P. Basingstoke	T.O.S. from Salonica	Basingstoke	7.9.17	P.C. 0120

MAJOR,
FOR O. i/c RECORDS, C.E.F.

(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.

Sheet 2.

Receipt: Date	Receipt: 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.
7-5-18	No. 4 C.G.H.	Granted Leave from 1-5-18 to 17-5-18	Basingstoke	1-5-18	Pt. II D.O. 20/7-5-18.
30/6/18.	Do.	Awarded. (R.R. 6)	Do.	27/6/18.	Pt II Do. 29 - 30-6-18.
~~28-2-19~~ 23/5/19	~~Do.~~	S.O.S. on embarkation to Canada			
10/6/19	Ottawa	T.O.C. C.E.F. in Canada on General ~~Demobilization~~ Duty	M.D. No. 5	23/5/19	C.E.F. R.O. No. 2004. 19
20/6/19		S.O.S. Sales to Domestic Orthopaedic Hospital. (with arms Do 143)			

For MAJOR General,
Adjutant General, Canadians.

for Director Personal Services

O.C. ARMY MEDICAL CORPS.
T. D. No. 2

CANADIAN EXPEDITIONARY FORCE

W.H. 2-48.
R.A.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Millie Ellen GALBRAITH, A.R.R.C.,

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 Tenth day

of April 1915

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

and was STRUCK OFF THE STRENGTH on the Twenty Ninth day

of September 1920 by reason of General Demobilisation

Dated at Ottawa, this Twenty Fourth day

of November 1920

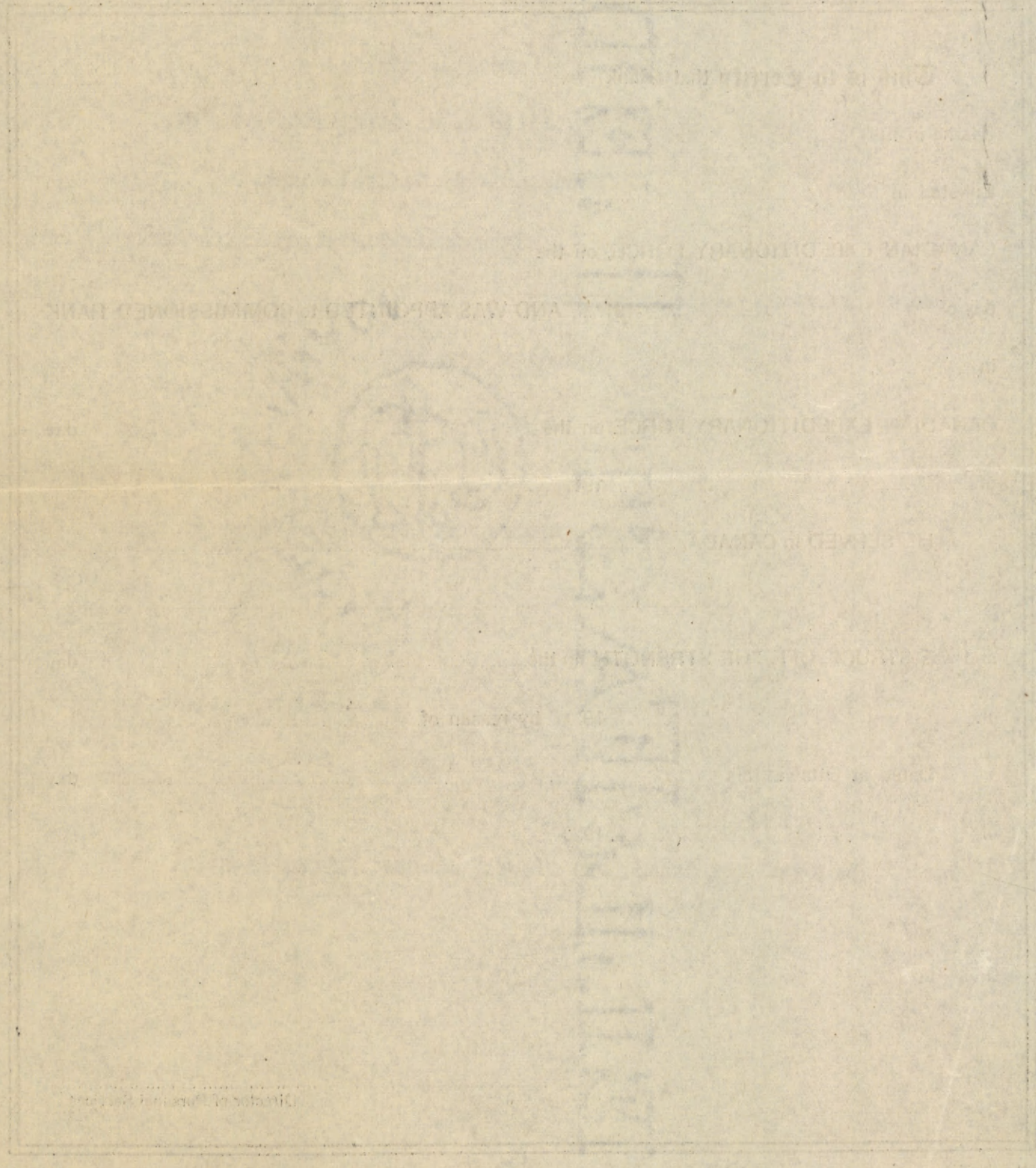
Awarded the Royal Red Cross, 2nd Class, L.G. No. 30758, 21-6-18.

M.E. Sobeman Major

for Director of Personal Services.

M. F. W. 2618a

10M.—3-20
1772-39-1428



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) GALBRAITH. L. E.

REGIMENT C. A. M. C. RANK NURSING SISTER. No.

Date of Examination in England 3-4-19 | 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.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS } no
2. EXTRACTIONS }
3. CROWNS (Rep - 2.)
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper } no
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS SHE EVER REFUSED DENTAL TREATMENT? no

HAS SHE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

(*a*) In Canada No

(*b*) In England yes.

(*c*) In ~~France~~ SALONIKA - yes.

No 4 Can Gen Hosp

Signature of Dental Officer H.b. Smith. Capt CADC

Number (2) Rank NIS

Surname GALBRAITH

Christian Name LILLIE ELLEN

Units Theatre of War FRANCE

Date of Service 9/6/15

Remarks

Latest Address 17½ Christie St Toronto Ont

Roll No. B. Tags 22251

200m.-6-21.M.

IMPERIAL

Surname Christian Name Rank Regtl.No.

File No.

Register No.

Date

Ledger No.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
5-66 (2)	4th Scan Gen Salonica	18-12-16	N. Y. D. (2)
572 (2)	Trans. to Sister's Conv. Depot Salonica	31-12-16	N. Y. D. "Q"
34 2	Disembarked Malta ex HS.	24-3-17	Nervous debility.
718 (5)	Embarked for duty Salonica on Llandovery Castle	18-6-17	" "
	H. M. T. M "Osmanleh"		

NAME Galbraith L. E.

RANK AND CORPS Pvt Str Co A M Co

REGT'L NO

H. Q. FILE NO. 649-

FOLLOWS 4th Gen Gen Hosp.

FOLLOWS

CABLE

No. | Date

NATURE OF CASUALTY

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

R. 149.

Name GALBRAITH Lillie Ellen *Rank* N/Str. *Reg. No.*

Unit C.A.M.C. 4 C.G.H.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
18-12-16	4 Can.Gen.Hos.	Salonica	N.Y.D.	566		
31.12.16	To Sisters Conv. Depot, Salonica			575		
24-3-17	Disembkd. Malta ex. HS Glandovey Castle		Nervous debility	634		
18-6-17	Embk for duty			718		

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

Royal Red Cross (2nd class) Awd. 31-6-18. Austn. L.G. 30/58.

392-7-3-7
CARD NO.

SURNAME. Galbraith

CHRISTIAN NAMES Lillie Ellen

REGL. No. RANK Nursing Sister

FOLL.

UNIT No. 4. Gen. Hosp (University of Toronto)

FORMER CORPS Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Galbraith Mrs. Martha

RELATIONSHIP TO SOLDIER Mother

ADDRESS 17½ Christie St. Toronto, Ont.

L.S.A.A.P. 17-11-16

COUNTRY OF BIRTH Canada, Barrie, Simcoe DATE

PLACE OF ATTESTATION Toronto DATE Apr. 10. 1915

O/S. 16-5-15 80/4

R/C. 2-6-19 340/1 M/S.

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

Galbraith L.E.

N/Str. C.A.M.C. 4 C.G.H.

4 Canadian General Hosp. Salonica 18-12-16.

Sisters Conval Depot Salonica 31-12-16

Disemb. at. Malta.ex H.S.Llandovery Castle. 24-3-17.

Embarked for Duty Salomica on H.M.F.M. " OSMANLEH" 18-6-17

N.Y.D."Q"

Nervous debility.

C.L. 6-1-17 566-2

17-1-17 575-2

27-3-17. 634-2.

6-7-17 718-3.

A.M.D. 2 DEPT.

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

R

D. M. S. 1347.

Surname | Christian Name | Reg. No.

Rank | Unit

MEDICAL BOARD held at | Date | Serial No.

(1)

Other Medical Boards at | Date | Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Disposition Recommended

(1)

(2)

(3)

(4)

(5)

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

Disposition

Remarks

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

9 12 61 21 103

P—15.

ASSIGNED PAY.

UNIT.

NAME OF | DATE | AUTHORITY

Beneficiary — No 4 C.G.H.

Address

Amount. $

Separation Allowance issued. Yes or No.

1916-17

DATE	PARTICULARS	CK. NO.	CR.
1916	Brot. ford. from old sheet		
Dec 11	A.P. Can		
12	Pay Dec		111 6
18	Bank		
1917 Jan 19	A.P. Can		
22	Pay Jan		111 6
25	Bank.		
Feb 19	A.P. Can		
21	Pay Feb		100 8
22	Bank		
March 20	March Pay. B.		111 6
21	A.P. Can		
22	Bank	24818	

T.

NAME OF	DATE	AUTHORITY
C.G.H.		

RANK.

	DATE	AUTHORITY
M/S.		

NAME.

Name Galbraith
Initials L. E.
Bank of Montreal

-17	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case	INITIALS
Sheet					-0-		
				60			
		111 60					
Bank			51 60		-0-		
				60			
		111 60					
Bank.			51 60		-0-		
				60			
		100 80					
Bank			40 80		-0-		
		111 60					
				60			
Bank	24818		51 ~~60~~		-0-		

UNIT

ASSIGNED PAY:—

MONTHLY AMOUNT

TO WHOM PAYABLE

BANK IN WHICH PAY & ALLOWANCES DEPOSITED

PERIOD		No. of Days	Regtl. Rate	PAY			
From	To			Amount of Regimental	Command	Adjutant	Cr. f Prev. A

DATE	CHEQUE NO.	

NAME

DATE OF APPOINT

MARRIED (YES OR

NEXT OF KIN:—

DATE NON-EFFECT

AND CAU

PAY				RATE OF FIELD ALLOWANCE	ALLOWANCES					TO
ND	ADJUTANT	CR. FROM PREV. ACCOUNT	TOTAL PAY		AMOUNT OF FIELD ALLOWANCE	P. F. ALLOWANCE	MESSING	SUBSISTENCE	TOTAL	ALLO

SUNDRY PAYMENTS

PARTICULARS

P—15.

ASSIGNED PAY. **UNIT.**

NAME OF	DATE	AUTHORIT
No 46 G.H.		

Beneficiary Mrs M Galbraith

Address 164 Shaw Street
Toronto.

Amount. $ 60.00

Separation Allowance issued. Yes or No.

1916-17

DATE	PARTICULARS	CK. NO.	CR
1916			
apl 14	A.P. Can		
	Pay apl (R)		108
	Bank		
may 22	Pay may		111
	A.P. Can		
	Bank		
June 19	Pay June (R)		108
20	A.P. Can		
21	Shipboard Sats. Paid twice. Adv. Beh		
	Bank	3874	
July 17	A.P. Can		
20	Pay July (R)		111
25	Bank	4997	
Aug 16	A.P. Can		
17	Pay aug (R)		111
23	Bank	7299	
Sep 20	Pay Sept (R)		108
20	A.P. Can		
28	Bank	7510	
Oct 21	A. P. Can		
23	Pay Oct (R)		111
27	Bank	11000	
Nov 16	A.P. Can		
17	Pay Nov (R)		108
24	Bank		

Crd. fwd to new sheet

DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
		Nursing Sister	10/7/5		Name Galbraith Initials L. E Bank Bank of Montreal

	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case	INITIALS
				60			
		108			48		
nk			48				
		111 60					
				60	51 60		
nk			51 60				
		108 ..					
				60			
w. Bch			10 ..				
k	3874		38				
				60			
		111 60					
k	4997		51 60				
				60			
		111 60					
k	7299		51 60				
		108 ..					
				60			
k	7510		48				
				60.			
		111 60					
k	11000		51 60				
				60.			
		108					
nk			48				

ASSIGNED PAY.

Beneficiary

Address

Amount: $

Separation Allowance issued. Yes or No.

DATE

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

ASSIGNED PAY.

UNIT.

NAME OF

RATE OF P. AND A.

Beneficiary

Address ban

Amount. $ 60 xx

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

K W H b G H. Pay 2 xx pd
F.A. 1 ·00 "
Messing 1 xx "

add outfit a

1918-19

DATE 1918	PARTICULARS	CK. NO.	CR.
Apr 18	A. P. ban Apl Pay (R)		108
24		Bank 1187	
May 19	May Pay (R)		111 60
13	A P. ban.		
23		Bank 2683	
June	June Pay (R)		108
14	A P. ban.		
24		Bank 4166	
July	July Pay R		111 60
17	A P ban		
24		Bank 5626	
Aug	Aug Pay R.		111 60
14	A P. ban		
24		Bank 7258	
Sep	Sept Pay R.		108
12	A P. ban		
24		Bank 9187	
Oct	Oct Pay R.		111 60
15	A P ban		
		Bank. 10404	
31.	outfit. allce 1/8/18		100.
"		Bank 10854	
Nov.	Nov Pay (R.)		140
	A. P Can.		
		Bank 12521	

UNIT. NAME OF: R.H. & G.A. RATE OF P. AND A.: Pay 2.00 pd; F.A. 1.00; Messing 1.00

RANK. DATE: A.S. 10 4/15

NAME.

Name Galbraith
Initials Lillian E.
Bank of Montreal Trafalgar Sq

..... add outfit allee 1/8/18

S	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918-19				1919-20			
				60			
		108					
Bank	1187		48				
		111 60					
				60			
Bank	2683		51 60				
		108					
				60			
Bank	4166		48				
		111 60					
				60			
Bank	5626		51 60				
		111 60					
				60			
Bank	7258		51 60				
		108					
				60			
Bank	9187		48				
		111 60					
				60			
Bank.	10404		51 60				
allee 1/8/18		100.					
Bank	10854		100				
		140					
				60			
Bank	12521		80				

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

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

Beneficiary — Pay

Address — F.A.

Messing

Amount. $ 60, Can

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

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA
Dec.	Pay. (R.)		124		
	a. P Can Bank.			64	60
1,18	Bank	13798		64	
Jan22	a. P Can				60
	Pay. (R)		124		
28	Bank	15564		64	
Feb11	a. P Can				60
	Pay R		112		
26	Bank.	17078		52	
Mar	Pay (R,		124		
	a Pay Can.				60
24	Bank.	18651		64	
April 11	April Pay (R)		120		
	a. Pay Can				60
26.	Bank.	1044		60	
28	Adv May Pay Bank	1203		64	
May 13	Pay (R)		124		
"	a Pay Can				60

. AND A.	RANK.	DATE	AUTHORITY	NAME.
				Name
				Initials
				Bank

CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
24					
	64	60			
		60			
24					
	64				
		60			
12					
	52				
24					
		60			
	64				
120					
		60			
	60				
	64		64		
124					
		60			

RETURNED TO CANADA
L.P.C. TO 31/5/19
TRANSFER TO N.E. LEDGER
$25 $25 4/19

To Ledger 12 f l 5 12 6/19.

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT.

NAME OF	DATE	AUTHORITY
No 4 C.G.H.		Pay $2.00 J/A .60 Press 1.00

Beneficiary

Address Canada

Amount. $ 60.00

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

1917-18

DATE	PARTICULARS	CK. NO.	CR.
1917			
April 21	April Pay P.		108 -
21	A.P. Can		
26	Bank	3003	
May ~~Pay~~ May Pay R.			111 6
9	a.p. can.		
23	Bank	5986	
June 9.	A.P. canada.		
" 13.	Advanced by can P.M. Malta (£5.0.0.) 16.5.17. Leit 19. Van 526.		
" 14.	June Pay. (R)		108.
22	Bank.	9004	111
July 19	July Pay. (R)		111 6
" 12.	Advanced by can P.M. Malta (£5.0.0.) 2-6-17. Leit 17. Van 1033.		
" 13.	" " " " " (£5.0.0.) 11-6-17. Leit 30. Van 1263.		
" 17.	A.P. canada.		
21	Bank.	13092	
Aug. 18	Aug. Pay. (R)		111 6
	A P can		
21	Bank.	17361	
Sept 17	Sept Pay (R)		108.
12	A P. canada.		
21	Bank	21863	
25	Advance £6 8/- 3/9/17.	5725	
Oct 9	October Pay. (R)		111 6
12	A. Pay Canada.		
20	Bank.	30763	
1	Carried For.		

NIT. | RANK. | NAME.

NAME OF	DATE	AUTHORITY		DATE	AUTHORITY
04 Cg.H.		Pay 2 0 p.d	n/s	10 4/15	
		Fa 60			
		Mess 1.00			

Name Galbraith
Initials L E
Bank of Montreal,
Trafalgar Sq 1/18

1917-18

	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
		108 -		60 -			
Bank	3003		48				
		111 60		60	51 60		
Bank	5986		60				
				60			
17. Leit 19. Von 526.			24 33				
		108			23 67		
Bank.	9004	111	23 67				
		111 60					
-17. Leit 17. Von 1033.			24 33				
6-17. Leit 30. Von 1262			24 33				
				60			
Bank.	13092		2 9				
		111 60					
				60	51 60		
Bank.	17361		51 60				
		108					
				60	48		
Bank	2863		48				
	5775					£5-5-0	
		111 60					
				60			
Bank.	30763		51 60				
or.							

FORM P.15
2227—10M—1/1/17

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

Beneficiary
Address

L & N. C.
104. Can Gen Hts.

Pay $20 pd
7 a .60
Mess 1.00

11/5.

Amount. $ 60. Canada
Separation Allowance issued. Yes or No.....

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	B
1917						
	Brought Forward.					
Nov.	November Pay (R)		104			
15	A. Pay Canada.				60	
		Bank		48		
Dec 1	Dec Pay (R)		111 60			
4	A P. Can.				60	
14		Bank	35096	51 60		c
1918 Jan	Jan Pay (R)		111 60			
15	A P Can				60	
22		Bank	39501	51 60		c
Feb 11	Feb Pay (R)		100 80			
11	A P. Can.				60	
20		Bank	40996	40 80		c
Mar	March Pay (R)		111 60			
11	A P. Can.				60	
22		Bank		51 60		c

THORITY

$2.00 pd
a .60
ss 1.00

RANK.

DATE 11/5.

AUTHORITY

NAME.

Name Galbraith
Initials F. C.
Bank Montreal
Trafalgar Sq 1/8

1917-18

CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
104					
	48	60			
111 60					
	51 60	60			
111 60					
	51 60	60			
100 80					
	40 80	60			
111 60					
	51 60	60			

NAME Galbraith. L.C.

DATE OF APPOINTMENT Toronto 10th April 1915.

MARRIED ~~(YES~~ OR NO)

NEXT OF KIN:— NAME Mrs Martha Galbraith (Mother)

ADDRESS 764. Shaw St. Toronto

DATE NON-EFFECTIVE AND CAUSE

PERIOD From	PERIOD To	No. of Days	Regtl. Rate	PAY Amount of Regimental	Command	Adjutant	Cr. from Prev. Account	TOTAL PAY	Rate of Field Allowance	Amount of Field Allowance	All
1/6	30/6	30	✓	60 ✓			18 10 ✓	78 10	60	18 ✓	
1/7	31/7	31		62 ✓				62		18 60 ✓	
1/8	31/8	31		62				62		18 60	
1/9	30/9	30		60 ✓				60		18 ✓	
1/10	21/10	21		62				62		18 60	
1/11	30/11	30		60				60		18	
1/12	31/12 1916	31		62				62		18 60	
1/1	31/1	31		62				62		18 60	
1/2	29/2	29		58				58		17 40	
1/3	31/3	31		62				62		18 60	
Ct	From Prev a/c						18 10				
305	a/s @	360					109800				
5				Mess	May		5	1121 10			

600.00
521.10 1121.10

aP
Deps

DATE	CHEQUE No.	PARTICULARS
Sept 14	403	Trav exes England - France
Oct 11	971	Outfit allce - Tropical

...L.C.

...to 10th April 1915.

UNIT Nursing

ASSIGNED PAY:— $60.00

MONTHLY AMOUNT

TO WHOM PAYABLE Mrs ...

...artha Galbraith (Mother)
...Shaw St. Toronto

BANK IN WHICH PAY & ALLOWANC...

PAY					RATE OF FIELD ALLOWANCE	ALLOWANCES					TOTAL PAY AND ALLOWANCES	ASSIGNED PAY
...NT OF ...IENTAL	COMMAND	ADJUTANT	CR. FROM PREV. ACCOUNT	TOTAL PAY		AMOUNT OF FIELD ALLOWANCE	P. F. ALLOWANCE	MESSING	SUBSISTENCE	TOTAL		
			18 10	78 10	60	18		35		53	131 10	60
				62		18 60		31		49 60	111 60	60
				62		18 60		31		49 60	111 60	60
				60		18		30		48	108	60
				62		18 60		31		49 60	111 60	60
				60		18		30		48	108	60
				62		18 60		31		49 60	111 60	60
				62		18 60		31		49 60	111 60	60
				58		17 40		29		46 40	104 40	60
				62		18 60		31		49 60	111 60	60 / 600
Pres a/c			18 10									
360			109800									
Mess May			5	1121 10								

600.00
$521.10 1121.10

SUNDRY PAYMENTS

PARTICULARS	AM... $	c.
...xes England - France		
...llee - Tropical		

UNIT Nursing Sister. No 4 General Hospital.

ASSIGNED PAY:— $60.00

MONTHLY AMOUNT

TO WHOM PAYABLE Mrs M Galbraith 16H Shaw St Toronto Ont

1915-16

BANK IN WHICH PAY & ALLOWANCES DEPOSITED Bank of Montreal.

ALLOWANCES			TOTAL PAY AND ALLOWANCES	ASSIGNED PAY	SUNDRY DEDUCTIONS	NET P. A.	PAID IN CASH Balance	DEPOSITED IN BANK	CARRIED FORWARD	REMARKS
MESSING	SUBSISTENCE	TOTAL								
35		53	131 10	60		71 10		71 10		
31		49 60	111 60	60		51 60		51 60		
31		49 60	111 60	60		51 60		51 60		
30		48	108	60		TOTAL DEBITS 60		48	9-17-3	
31		49 60	111 60	60		60	51 60	51 60		
30		48	108	60		60		48		
31		49 60	111 60	60		60		51 60		
31		49 60	111 60	60		60		51 60		
29		46 40	104 40	60		60		44 40		
31		49 60	111 60	60		60		51 60		
				600				571 10		

NDRY PAYMENTS

	AMOUNT					REMARKS
	$	C.	£	S.	D.	
				10	10	
				5 10	0	

Forms
I. 1237
14

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
D1 a 177		n/s	Galbraith	~~H~~ L.E.
Year.	Unit.		Age.	Service.
	Can. 4th G.H.			

Station and Date.	Disease Influenza
17.2.19	Taken ill with headache coughs. fever slight. T99 P80 R30. no sore throat chest negative. Given aspirin capsule and hot drinks.
18.2.19	Slept fairly well. Patient is thin not very strong. Has been taking. Mist Tonica.
20.2.19	Temperature normal allowed up.
24.2.19	Discharged to duty.
	Duncan Graham Capt.

No. 4 Canadian Gen. Hospital
Shaingarlohl

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

(A 1014) W3081/P/1296 3,450m 7/18 Drayton Mill Forms/I. 1237/14 (E. 3420) P.T.O.

Station and Date.	

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps_____ Military Hospital_____

No._____ Rank and Name Pte Galbraith - Age_____ Service_____

Disease_____ Date of admission 17-2-19. Date of discharge_____ Result_____

Dates of Observation: Feb -

Days of Disease: 17 18 19 20 21 22

Temperature Fahrenheit — Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute: 80 88 80 88 88 88 88 72

Respirations per Minute: 20 20 20 20 20 20 20 20

Motions per 24 hours

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature_____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation

Days of Disease

Temperature Fahrenheit

Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M. | Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute

Respirations per Minute

Motions per 24 hours

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature_____ In charge of case.

CASE HISTORY SHEET.

Dom. Orthop. Hospital. Toronto Station.

No. ..... Rank N/S. Name Galbraith, L. Age 27

Unit C.A.M.C. Completed years of service (Where and how long) F. 1 10/12 E 2 2/12 C. 1 3/12

Date of admission 9-7-20 Date of discharge 14/7/20.

Diagnosis Alveolar Abscesses Place of origin Toronto

CONDITION ON ADMISSION AND PROGRESS OF CASE Admitted with large alveolar abscess Left upper. Was gas. anaesthetized, and 3 teeth extracted and abscess drained.
10-7-20 Progress satisfactory.
14-7-20 Discharged to duty. J.L.R

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE

(and disposal made of case.)

Date 14-7-20 J.L. Robinson Capt
Medical Officer i/c case.

M. F. B. 315a.
100M.—6 18.
1772—39-4.18.

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 GALBRAITH.

(Given name in full) LILLIAN-ELLEN

Unit or Corps CAMC #4 C.G.H. Birthplace BARRIE-ONT

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

1. GENERAL DESCRIPTION:

Physique Good Weight 110 lbs. Height 5 ft 6½ in. Colour of Eyes BROWN

Nutrition Good

Pulse 80

Condition of arteries Good

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 12 ft.

Left. 12 ft.

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

PALE-NAEVUS-Rt-FOREARM

Opinion as to general health and physical condition Fit.

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

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of Mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

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

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Bramshott (Overseas)

Date APR - 4 1919 Signed Rogers R. Graham Capt. R.A.M.C. 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 Lillian E. Galbraith. N.S.

(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]

Rank and Name: GALBRAITH, Lillie Ellen — Nursing Sister — R.R.C. 2nd Class JAN 11 1918

Regimental No.

Unit: 4 G/Hp.(Varsity)

Date of enlistment: April 10,1915

Place of birth: Ontario

Married (Yes or No): No

If in Permanent Force

Promotions or appointments

Name and Address of Next-of-kin: Mrs. Martha Galbraith (Mother)
764 Shaw St., ~~Barrie~~ Toronto
Simcoe, Ont

NOV 15 1916 48/H 49/H

Date and place of discharge: MAY 15 1916 HG/H

Reason for discharge

Character on discharge

A.F.B. 103 29/7/6

Report

Date	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
		N.R. To British Military Hosp. Embk 16.5.15	France	9-6-15	
				18-10-15	Dms CO851-19 10/15
10-10-15	No 4 G/Hosp	Proceeding to Mediterranean admitted		10-10-15	N.R.
6.1.17	W.O.	No 4 Can. Gen. H.	Salonica	18.12.16	C.L. 566. N.y.D.Q
14.1.17	W.O.	Transferred to Sisters' Convalescent Depot.	Salonica	31.12.16	C.L. 575. — do —
27/2/17	C.R.O.	Disembarked Malta ex H.S. "Llandovery Castle."		24.3.17	C.L. 634. mem. Deb.
6.7.17	C.R.O.	Embarked for duty at Salonica on H.M.F.M. "Osmanieh"		18.6.17	C.L. 415.
15.7.17	A.C.Gen.H.	Rejoined unit from Hosp in Malta		22.6.17	Pt II ord. 28
8-9-17	Can Mil Hq	10 days from Salonica	Basingstoke	7-9-17	Pt II/120
16-9-17	do	Granted 2 days from 14-9-17		30-9-17	Pt II 9/128
2-9-17	No 4 C.G.	SOS Salonica Force on Embk	England	16-8-17	Pt II 9/35
7-5-18	do	~~Granted leave from 1-5-18~~ to		17-5-18	Pt II 20/20
21-6-18	W.O.	Awarded R.R.C. 2nd Class			LG 30758

A.F.B. 103 16 OCT. 1917

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				
4-6-19	H C & H	S.O.S. on transfer to C.R.T. in ban.		23-5-19	Pt II O. 44.
30-5-19	Dmt.	S.O.S. on trans. to C.R.T. in ban		23-5-19	C.O. 64.
		Cessation of Hostilities			
		Sailed to Canada S.S. Megantic		23-5-19	Sailing no 501.
				Svc. 29.9.20	

17211

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT.....

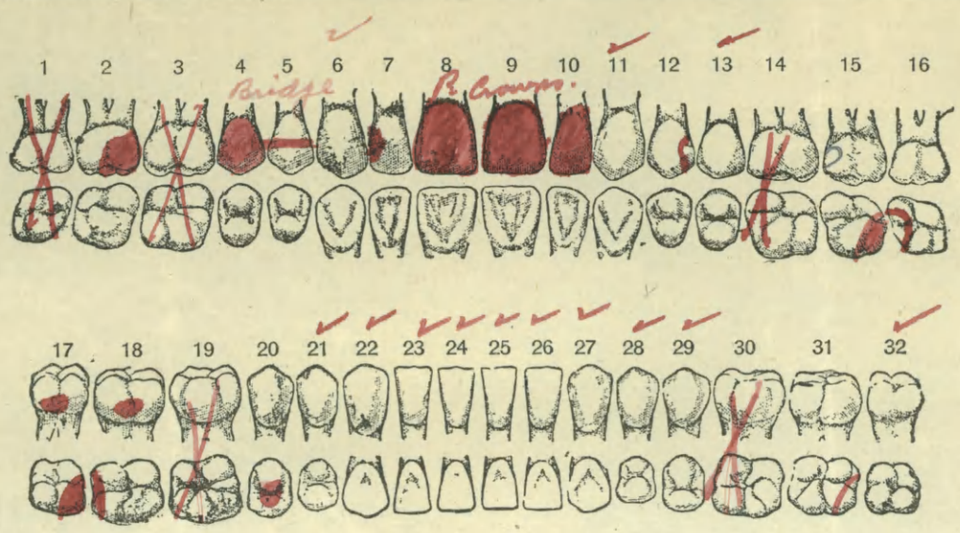
NAME OF SOLDIER Hans K. E. Gerrard

REGIMENT.....

RANK N. Siev.

No.....

M.F.B. 465.
1500m.—6-18.
17-39-950.



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																						
			$AgNO_3$																			
Nov	12/19		~~Dyana~~ in 16																			
"	13/19		Amalgam with pulp cap 16																			
"	18/19		Amalgam in 12																			
"	20/19		Amalgam in 31																			
Dec	18/19		Amalgam in 15									Completed								C Thevin		
July	22/20			part	upper						impression									W. K. Thornton, Capt.		
"	23			"	"						Bite + Try in									"	"	
"	27			"	"						Inserted	2 cast clasps								"	"	

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

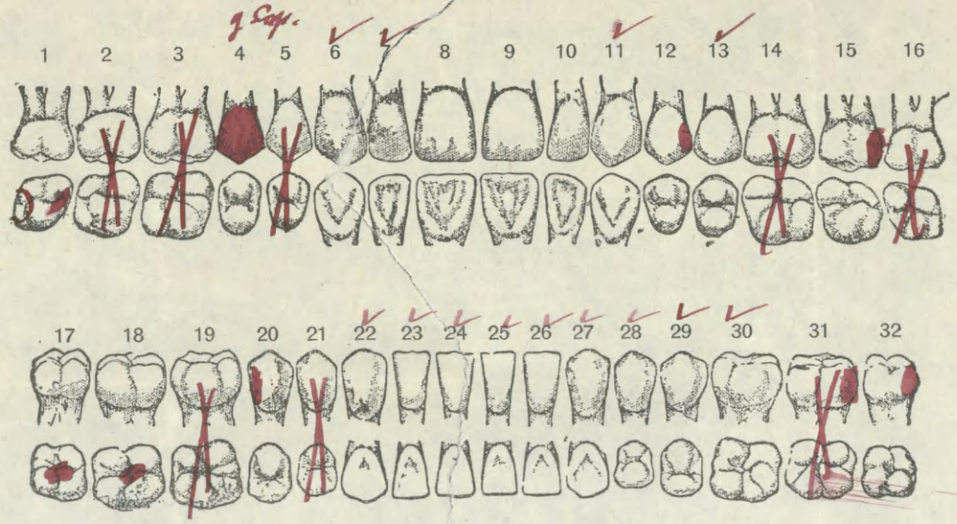
DISTRICT #2.

NAME OF SOLDIER Galbraith

RANK Private

REGIMENT Dista

No.



INSTRUCTIONS

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Condition on first Examination																							
	Sept 10/20			Final				Examination														Dalton Kirby Capt A.D.S.		
													Cavity			#1.							

M.F.B. 465.
150M.—1-18.
1772-39-850.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

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.

DEPT. OF MILITIA & DEFENCE
SEP 1 1920
H.Q. CANADA

STATION D.O.H. Toronto DATE Sept. 9, 1920

1. 1 (a) Unit C.A.M.C. (b) Regimental No. (c) Rank N/S

(d) Surname GALBRAITH (e) Christian name LILLIE ELLEN

(f) Home address 17-1/2 Christie St., Toronto

(g) Next of Kin Mrs. Martha Galbraith (h) Relationship Mother

(i) Address of Next of Kin Same address

2. Age last birthday 37 Date of birth Sept. 10, 1882

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto (b) Date Mar. 25, 191[illegible]

4. Personal description:

(a) Height 5'7" (b) Weight 109 (stripped) (c) Complexion Fair

(d) Colour of hair Augurn (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Faint birth mark Rt. Forearm

5. Former trade or occupation Professional 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
	5	170

N/S's Statement

	Periods From	Periods To
Canada	Mar. 25, 1915 June 5, 1919	May 15, 1915 To Date
England Sept. 1, 1917 - May 24/19	Mar. 26, 1915 Oct. 5, 1915	June 13, 1915 Oct. 18, 1915
France or other theatres of War Salonika & Malta	June 13, 1915 Oct. 18, 1915	Oct. 5, 1915 Sept. 1, 1917

7. Original disease, or injury N.A.

(a) Date of origin N.A. (b) Place of origin N.A.

(c) Cause N.A.

B.P.C. E.M.J.O.
FALSE DOCKET
4

26

M. F. B. 227.
400M—11-18.
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.)

Nil

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.)

All systems normal.

Pulse rate 70

(*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.....Genito-Urinary System.....No.....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses.....No.....Respiratory System.....No.....Integumentary System.....No.....

Disturbances of Mentality.....No.....Digestive System.....No.....Muscular System.....No.....

Osseous and Joint Systems.....No.....Any other general condition.....No.....

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

22 months service in ~~xxxxxx~~ Salonika and Malta.

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*).)

M.H.S. 4 C.C.H. Salonika 18-12-16 to 31-12-16. NYD Nervous Debility
3 mos. leave in Malta No other illnesses

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

See Sect. 4 f.

11.—(*a*) Did the disabling condition have its origin before enlistment? N.A.

(*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.)

N.A.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? a. & b. N.A.

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? N.A.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

N.A.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? N.A.
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes
(If not, briefly state why)

17. Recommendations Discharge as fit for general service.

J. H. Galbraith Major
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 Lillie Ellen Galbraith 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 Nil

L. E. Galbraith Rank.
Signature of invalid examined.

PAY BOOK

23

SEC 'C' OCT 1 - 1920

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.

Yes

19. Is the invalid fit for

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

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.)

As fit for general service.

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.

H. S. Lattard Maj. *President.*

PLACE D.O.H. Toronto.

DATE Sept. 9, 1920

J. P. Edmison Capt. } 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.....

DATE..... } Members

APPROVED BY

APPROVED
Assistant Director of Medical Services.

DATE SEP 14 1920

G.A.

APPROVED BY

for *Director-General of Medical Services.*

DATE 4-10-20

DUPLICATE. NURSE

Army Form B. 178.

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

MEDICAL HISTORY of

Surname GALBRAITH *Christian Name* Lille Ellen

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Barrie County Sinicoe

Examined ... ... on 10th day of August 191 5.
at Toronto

Declared Age ... ... 32 years days.

Trade or Occupation ... Professional Nurse

Height ... ... 5 feet, 7 inches.

Weight ... ... 116 lbs.

Chest Measurement — Girth when fully Expanded. 32 inches.

Chest Measurement — Range of Expansion 3 inches.

Physical Development ... Fair

Vaccination Marks — Arm ... Right Left

Vaccination Marks — Number 1

When Vaccinated ... ... 3 years ago

Vision ... ... R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a)

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

Approved by (*Signature*) N.T, Yellowlees

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

Enlisted ... ... at Toronto
on 10th day of April 191 5

Joined on Enlistment ...	Corps.	Regtl. No.
	No 4 Gen: Hospital CEF	NURSE
Transferred to		

Became non-effective by

This Medical History Sheet has been compared with the corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

on day of 191 .

(*Signature*)

(*Rank*) Lieut.-Col.
In Charge of Records,

2966. Wt. W8005/2748. 300,000 8/15 D. D. & L.

[P.T.O.

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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number of Days in Hospital	Remarks bea use. subsec given
	Day	Month	Year	Day	Month	Year			
4 C.G.H.Salonica.	18	12	16	31	12	16	N.Y.D.		
Disembarked at Malta Ex.H.S. 24-3-17. Embarked for duty Salonica on H.M.F.M. "Osmaneh" 18-6-17							Nervous Debility.		

Sick List in the case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital must be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer.
	566-575
	634
	718, PC.

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.
Apl 24.15	Vaccinations J.A.A.
" 13.15	Anti-typhoid Inoculations 3 complete J.A.Amyot

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

I certify the foregoing to be a true copy of an original Sheet of the Nominal Roll of the Canadian Contingent.

for the Officer in Charge of Records C.A.M.C.

ORIGINAL

(1)

Megantic 3/6/19

PB 1-11-19

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. | RANK N/S. | NAME (IN FULL) GALBRAITH LILLIAN ELLEN

P.B. issued.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
From CAMC	6-6-19	MD 169
TO to CAMC M	30-6-19	TD 165 MD 115
From CAMC	6-6-19	TD MD 175
TO CAMC MD 169 Cancelled by MD 185		

C.A.M.C., M.D. No. 2

ORIGINAL UNIT C.E.F. CAMC | IF IN P.F. WHAT UNIT? 17½ | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 60.00 | DATE EFFECTIVE 1/7/19

PAYABLE TO Mrs. Martha Galbraith | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 17½ Christie Street Toronto

CANCELLED

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Toronto | DATE 29/9/20 | REASON Demobbed | AUTHORITY adms memo 68 | IF ENTITLED TO POST DISCHARGE PAY Yes

Christie Street Toronto Ont

OTTAWA JUL 1 - 1920 DETACHMENT, C.

56

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 31/5/19					N/A												90	00					60	00			9	00									20/5/19 A/C Cond. P.M. 1st pay of 59
																															159	00	159	00			Less 1st pay June Bal. Wages 23 to 31/5/19
June 1-to		3 00																									159	00									T.O.S. D.O. 197 Nom 2/6/19
Sept 30	122	366	366		61				427		S91 673 1214 29-9						74 29						180				7				420				7		61 M.A. 1 months 30 Sept Cheque S91674 A125 A 29-9 Leave 6-6-19 to 19-6-19 MD 169 Wh with pay
Oct	31	3	93		15	50	7		115	50	S91 103 134A 10-10 491 560 1589 13/11		S93 610 1164A 29/10 S91843 1660 27/11				60	-	55	50											115	50					15.50 MA 1-31 Oct.
Nov.	30	3	90		15	-			105	-							50		55												105						M.A. 1-30 75cts Nov.
Dec.	31		93		15	50			108	50	S92 782 180A 15/12		S93 251 185H 22/12				50		58	50											108	50					15.50 MA 1-31 Dec.
							25			25																		25				25					Xmas acc.
1920. Jan.	31	3.00	93		15	50			115	50	S93 449 201A 15/1		S93 854 212A 29/1				55	-	60	50											115	50					Cr 7.00 MA Loa. Dp. 169 15.50 MA 1-31 JAN.
Feb	29	3	87		14	50			101	50	331 539 227A 16/2		331 1124 239A 27/2				50		51	50											101	50					14.50 MA 1-29 Feb.
March	31	3	93		15	50			108	50	S3 195 244A 16/3		S3 949 254A 29/3				50		58	50											108	50					Loa. from 21-4 to 4-5-20. RO. 44 DO. 113 Cr 10.00 MA 20 days April.
apl	30	3	90		17	00	10	00	117		1320 1587 Apl 9 14/4						50														50	00			67	00	Cr. 17.00 Loa. 21-4 to 30th April
May	31	3	93		13	50	6	80	113	30	323 868 32-12.5		324 075 44-26.5				100	-	80	30											180	30					
June	30	3	90		16	90	15		121	80	324 274 57-11.6				334 150 63 20/6		60	-			61	80									121	80					Diff N.D. of Duto 6-6 to 19-6-19 Auth RO. 763 -
July	31	3.00	93	-	8	50			105	50	187 2227		344 836				50	-	55	50											105	50					Limited to 20% 7/7/20 Mem 192
Aug.	31	3.00	93	-	15	50			108	50	14 1/8 346 522		348 235 346 635				50	-	58	50											108	50					Discl from Hosp. 15/7/20 Mem 201
Sept	29	3.00	87	-	14	50			101	50	344 082		348 [illegible] 344 602				50	-	51	50											101	50					8.00 MA 4/7-8/7/20 8.50 " 15/7-31/7/20
			1095	-	227	35			1322	35							310	-	554	30	452	80	-	25							1322	35					

See Sheet #2

PAYMASTER, No. 2 DETACHMENT, C.A.M.C.

Date of Enlistment

1/4/15.

RATE OF SEPARATION ALLOWANCE

30			

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

278

Date of Assignment

May 1/16

RATE OF ASSIGNMENT

60			

PARTICULARS OF SEPARATION ALLOWANCE

No. 2

Rank N. S. Promoted Reverted Discharge

Soldier's Name Lilian E. Galbraith

Battalion # 4 Gen Hosp.

Beneficiary Mrs. Martha Galbraith

Relationship Widowed Mother

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Martha Galbraith

Address 172 Christie St Toronto

Change of Address

1

2

3

4

6597-2-3.

Date 1919	Cheque No.		Amount S/A	Amount A/P	Total		REMARKS
Dec 31			990	1920	2910		Mrs 118996 rend. 11.6.19
Jany	69534	C	30	60	90	9	
Feb	98074 / 97018	C	30	60	90		98074 Cancelled.
March	137880	A	30	60	90		
April	15068	G	30	60	90	8	
May	14175	S	30	60	90		
June	24600	M	30	60	90	8	
July	31982	M	30	60	90	6	Close S.A to mother. Nursing Sister not sole support
6352 Aug	6652	K		120	120		Cancelled 18/1/15 auth File 6597-2-3.
Aug	45066	M	30	60	90		Cease 19-8-18. 8/7/18.
Sept	42798	T		60	60		marked 22-8-18. M.R.O. 76334 N.S. 10-3-19
Oct	56454	R		60	60		M.R.O 63695 - Dec 30.1.19. E&J
Nov	59250	N		60	60		
Dec	68325	V		60	60		
Jan/19	70365	T	31.1.19	60	60		acct closed in error.
			A/c Closed				A/c Closed 30. 6. 19
			Ret'd per Essequibo				Ret'd per Megantic Jan 5.
			Date 26.1.19 E.K. 30.1.19				Date 3/6/19 M.F.W.187 11.6.19
			Clerk E.A. Johnson				Clerk
1915 Mar.	1048	P.		60	60.	J	M. 13. 3/19. Do adv. a.P. for Feb.
1916 Mar.	1448	P.		60	60	JEH	M. Do.
Apr	1388	P.		60	60		AUDITED.
May	10752 / 4401	N		60	60		
			1170	3600			

M. F. W. 128
400M—6-17—1772-30-1141
L. L. 22520—M. & D. 1683.

CONSOLIDATED ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22520—M. & D. 1483.

~~4/4/16~~ 1-4-15

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
50m.—4-16.
1772—39—818.

Sheet No. 2. Mrs Martha Galbraith

PAYMENTS.

Name of Soldier Lillie E. Galbraith

Widowed mother

L. L. Job 310.—Req. 6574.

(Lieut) Nursing sister

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May					
June					
July		A 10238	120	120	
Aug.		S 13327	30	30	
Sept.		K 15718	30	30	
Oct.		S 19152	30	30	
Nov.	17	T 22632	30	30	17½ Christie St Toronto Ont.
Dec.		T 25306	30	30	
Jan.	1917	U 28296	30	30	Mailed 6/2/17
Feb.		O 31310	390	390 R	Adj a/c from 1-4-15
March		U 34482	30	30	Can Pat Fund L 17/1/17
April		U 957	30	30	Ruling Sm O'Brien
May		U 4204	30	30	30/1/17
June		Y 7609	30	30	J.
July		X 10661	30	30	
Aug.		F 14828	30	T	
Sept.		E 18592	30	Bo	
Oct.		E 19981	30	T	
Nov.		~~W 23109~~	~~30~~	B	~~Nov. cheque not cancelled~~
Dec.		J 26504	30	Br	
Jan.	1918		990		
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

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.				

1/4/16 1-4-15

95

L. L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Mrs Martha Galbraith

Address ~~764 Shaw St.~~, Toronto, 17½ Christie St. Ont

Relation to Soldier wife, child or mother } Widowed mother

Name of Soldier Lillie E. Galbraith

Regtl. No.

Rank Nursing sister (Lieut)

Corps No. 4 Canadian Gnl. Hospital

To what Corps belonging when called out }

PAYMENTS

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

CONSOLIDATED 5 ACCOUNT

42013 THE MORTIMER SYSTEMS,
OTTAWA, CANADA

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs. Martha Galbraith

Address ~~764 Shaw St~~
17½ Christie St.
22-11-16 M.G.
Toronto

Rate $60.00 MAY 1 1915

By Whom Assigned Galbraith Lillian E

Regtl. No.

Rank Nursing Sister

Corps # 4 Gen Hosp

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May		K1517	60 —	
June		P.2646.	60 —	
July		[illegible]	60	
Aug.		S4378	60 —	
Sept.		N7259	60 —	
Oct.		08474	60 —	
Nov.		R9398	60	
Dec.		~~Cancelled~~ 78943	~~60~~	
Jan.	1916	2112165	60	
Feb.		M11419	60 —	
March		Y15178	60	

CONSOLIDATED 7 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2 Mrs Martha Galbraith

Name of Soldier Galbraith Lillian E.
nursing sister 4th Gen Hosp

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
			60	$60.
April	1916	51008	60	
May		J3953.	60	
June		[illegible]	60	
July		[illegible]8829	60	
Aug.		R12722	60	
Sept.		ZH6188	60	
Oct.		H20711	60	
Nov.		F[illegible]	60	
Dec.		932371	60	
Jan.	1917	[illegible]87565	60	
Feb.		[illegible]	60	
March		[illegible]	60	60. M
April		[illegible]1720	60	60. E.
May		[illegible]7808	60	
June		D14691	60	60 - Rec
July		A21995	60	do.
Aug.		K28801	60	do
Sept.		36063	60	do
Oct.		F4677	60	
Nov.		A27732	60	
Dec.		L58975	60	
Jan.	1918		1920 00	
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.				

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. RANK N/S. NAME (IN FULL) Galbraith Lillian Ellen (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

C.A.M.C., M.D. No. 2

ORIGINAL UNIT C.E.F.

IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO JUL 1 - 1920 — DATE — AUTHORITY

ASSIGNED PAY $ — DATE EFFECTIVE — No. 2 DETACHMENT, C.E.F. 56

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Toronto — DATE 29/9/20 — REASON Demobd — AUTHORITY arms 18 nurses — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.		C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. No. 1 NO.	ACQUITTANCE ROLLS COL. No. 1 DATE	ACQUITTANCE ROLLS COL. No. 2 NO.	ACQUITTANCE ROLLS COL. No. 2 DATE	ACQUITTANCE ROLLS COL. No. 3 NO.	ACQUITTANCE ROLLS COL. No. 3 DATE	CASH PAYMENTS COL. No. 1 $	CASH PAYMENTS COL. No. 1 C.	CASH PAYMENTS COL. No. 2 $	CASH PAYMENTS COL. No. 2 C.	CASH PAYMENTS COL. No. 3 $	CASH PAYMENTS COL. No. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.		C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
		WSG									Acquittance Roll No						Cheque No						Other Charges	WSG							Amount due Soldier		MRW 2595 on file.	
No	183 days	3/549					549		A R 155 A	Nov 10							$92303							183			183		366		46		
									183 A	Dec 18							$93046							93			276		273		93		
									192 A	2/1/20							$93298							90			366		183		93		
									213 A	2/2/20							$3155	81						93			459		90		WSG		
									233 A	1/3/20							$3193	99						90			549		0		46		
							549																	549			549						

200m-4-19.—L. — 5878—... & L. 3985.
M. F. W. 2.95.
1772-59-1390.