

ORIGINAL

Unit C.A.M.C. Rank N/S Name GAMBLE, Beryl, Irvine

# OFFICERS' DECLARATION PAPER

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE

### QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Gamble
- (b) What are your Christian Names? Beryl, Irvine
2. (a) Where were you born? (State place and country) London, England.
- (b) What is your present address? Windsor Hotel, Montreal, P.Q.
3. What is the date of your birth? 20th July, 1885.
4. What is (a) the name of your next-of-kin? Miss Muriel Gamble
- (b) the address of your next-of-kin? National Childrens Home, H. Ennar Rd  
London, Eng.
- (c) the relationship of your next-of-kin? Sister
5. What is your profession or occupation? Nurse
6. What is your religion? C. of E.
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 4 months, M.D. 11
10. Are you willing to serve in the  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

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

Beryl Irvine Gamble (Signature of Officer.)

Taken on strength (place) Vancouver B.C.

(date) 11. 4. 18

W. C. [Signature] Major, C.A.M.C.  
O.C. (Signature of Commanding Officer.)

### CERTIFICATE OF MEDICAL EXAMINATION

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

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

Date Aug 28 1915

Place Dunsmuir, Montreal, Que. W. C. [Signature] Medical Officer.

\*Insert here "fit" or "unfit"

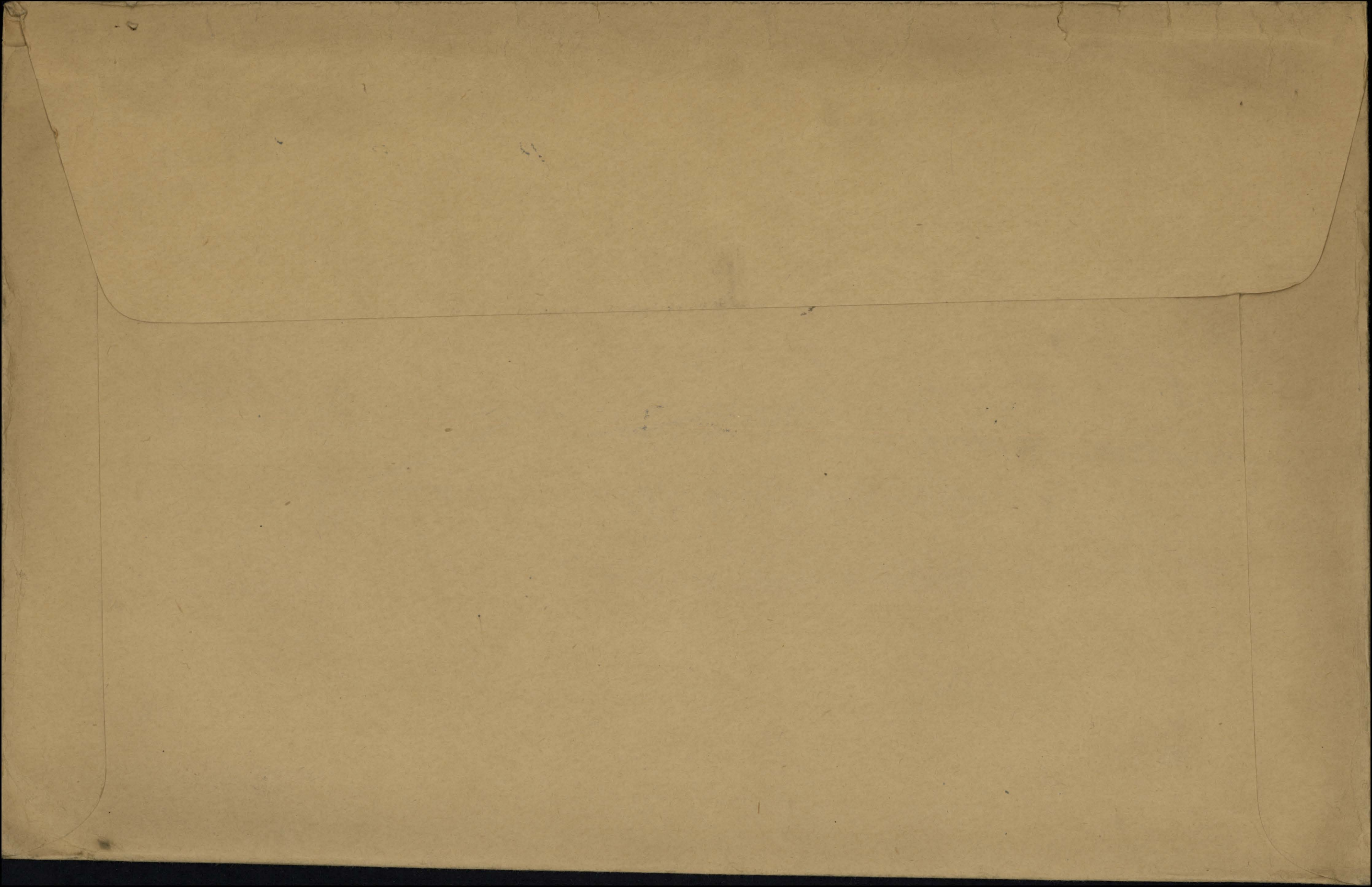














# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

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 T. S. Surname GAMBLE  
 (Given name in full)  
BERYL - IRVINE  
 Unit or Corps C.A.M.E. #466H Birthplace LONDON - ENG

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

## I. GENERAL DESCRIPTION:

Physique good Weight 140 lbs. Height 5 ft. 5 in. Colour of Eyes Brown  
 Nutrition 9000  
 Pulse 80  
 Condition of arteries good  
 Vision Rt. -8.50 Left -8.50  
SPH SPH  
 Hearing (conversational voice) Rt. 4.2 ft.  
 Left 4.2 ft.

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

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 yes Integumentary System no Respiratory System no  
 Disturbance of Mentality no Muscular System no Digestive System no  
 Osseous and Joint System no Any other general condition no

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

Special Senses - R. - -8.50 Sph  
L. - -8.50 Sph.  
Fully corrected with glasses. No disability.



# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at Birmingham (Overseas)

Date MAY - 8 1919

Signed Roscoe Palmer M.O.  
Capt. Army

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 Benjamin H. Gable

(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.)



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

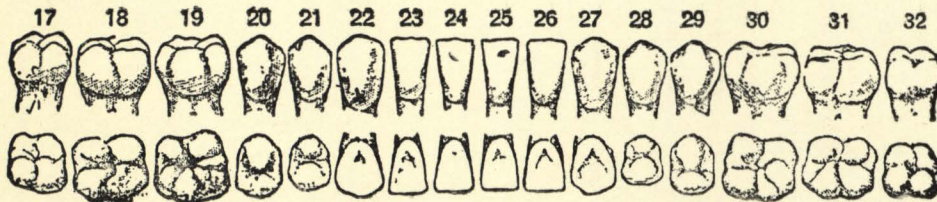
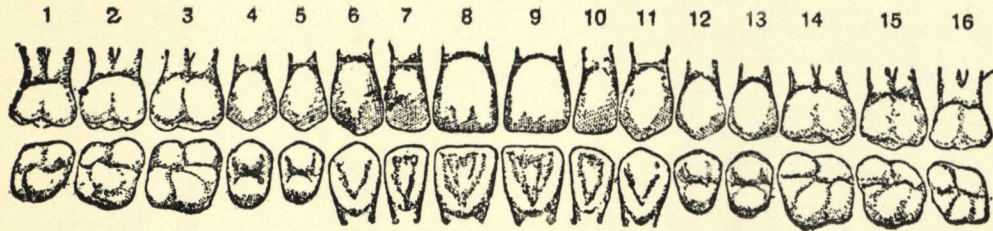
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) CAMBLE B.I.

REGIMENT ea mc. RANK Nursing Director

Date of Examination in England 15-4-19 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 Three

2. EXTRACTIONS no

3. CROWNS no

4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

no

HAS HE EVER REFUSED DENTAL TREATMENT? no

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

- (a) In Canada
- (b) In England
- (c) In France

no







# MEDICAL HISTORY SHEET

Surname **GAMBLE.** Christian Name **Beryl Irvine.**

Examined { on **28** day of **Aug** 191**8**  
 at **DMCH. Montreal. Que.**

Approved by *J.M.P. Malone*  
 Rank **Capt. C.M.C.** M.O.

Birthplace { City or Town **London.**  
 County **England.**

Apparent age **33 years.**

Trade or occupation **Nurse,** M.O.

Height **5** feet **5** Inches M.O.

Weight **192** lbs. M.O.

Chest measurement { Minimum **38** inches M.O.  
 Maximum expansion **41** inches M.O.

Physical development **Good** M.O.

Small-pox Marks **none** M.O.

Vaccination Marks { Arm **Right**  **Left**  
 Number **one**

When Vaccinated last **Aug. 1918** **Aug 27/18** **at Macleod's Cpt. Aug.** M.O.

(a) Marks indicating congenital peculiarities or previous disease **none** M.O.

(b) Slight defects but not sufficient to cause rejection **none** M.O.

Enlisted on **11** day of **April** 191**8** at **Vancouver B.C.**  
**Montreal, Que.**

	CORPS	REGT'L NUMBER	HABITS	DATE
Joined on enlistment	<b>C.A.M.C.</b>	<b>N/S.</b>		<b>11. 4. 18</b>
Transferred to				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<b>Montreal</b>	<b>Aug. 28-18</b>	<b>fit</b>	<b>E.E. Robbing</b> <b>Capt. AMC</b> <b>at Macleod's Cpt. Aug.</b>

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.



48.4 Canadian Gen. Hospital  
Wasingstoke.

Surname GAMBLE. Christian Name Beryl Irvine.

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
		15	2	19	9	3	19	Influenza - 25	headache cough pain in chest cough fever T. 101 Tongue coated in dellen in chest. harsh breath sounds. rough systolic at apex no thrill. history of rheumatism 3 yrs before ill 3 mos. Aspirin Chloride. had coughed 90. rheumatism in joints 20-2-19 temperature normal marked adherens. Discharged 9-3-19	<i>Beryl Irvine</i> Med.	

MEDICAL HISTORY SHEET

CHECKED BY A MEDICAL BOARD



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

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps *C. a. h. C*

Regimental No. .... Rank *N. Sister* Name *Gamble B I*

C. E. F.

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

Date of promotion to } Date of appointment } Numerical position on }  
 present rank } to lance rank } roll of N. C. Os. }

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<i>11 2/29</i>	<i>M.H.Q. Ottawa</i>	<i>T.O.S. C.E.F. in Canada on General Demobilization</i>	<i>M.D. No. 11</i>	<i>26/6/19</i>	<i>C.E.F. R.O. No. 2073-19</i>
<i>1-8-19</i>	<i>M.H.Q. Ottawa</i>	<i>S.O.S. C.E.F. in Canada on General Demobilization</i>	<i>M.D. No. 11</i>	<i>16-7-19</i>	<i>C.E.F. R.O. No. 2102-19</i>

*W. Winter Capt*  
 for Director Personal Services

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.



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				















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				
5.10.18	No. 4 C.F.H.	Attached for Duty, Quarters and Rations from Camb. Casualty Depot, Thomcliffe.	Basingstoke	30.9.18	Pt. 2 D.O. 52/5.10.18
11/12/18	Do.	T.O.S. from C.A.M.B. has boy on leaving to be att. here	Do.	9/12/18	Pt. II D.O. #71/11.2/18
19-2-19	No. 4 C.F.H.	Adm. to Hoap. (Influenza)	Do.	14-2-19	Pt. II D.O. No 1410/19-2-19.
12-3-19	Do.	Dis from Hoap. "Influenza"	Do.	9-3-19	Pt. IV D.O. #208/12-3-19.
1/6/19	came 4/24-4-15 3/6/19	T.O.S. on Posting from #4 effect 26/5/19	Taplow Bucks	4/6/19	Pt. 2 D.O. #126 1/6/19
24/6/19		S.O.S. of Disembarked 5th June 26 '19.	Taplow Bucks	26/6/19	

Disembarked 5th June 26 '19.  
 Disembarked July 5-19  
 ENFIELD NORTHLAND

*Stanley*  
 REGISTRAR & ADJUTANT  
 FOR OFFICER COMMANDING  
 C.A.M.



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.

*Temporary Original not Available*

*S. J. Evans*  
Asst. Adjutant, District Depot, M. D. XI  
Lieut.

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

Regimental No..... Rank *N/3* Name *Gamble Beyle*  
C. E. F.

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

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<i>21.7.19</i>	<i>OVERSEAS</i>	<i>T.O.S. DISTRICT DEPOT XI</i> <i>S.O.S. XI DD on demobilization</i> <i>T. Area.</i>	<i>HASTINGS PARK VANCOUVER, B.C.</i> <i>" " "</i>	<i>25.6.19</i> <i>16.7.19</i>	<i>D. O. Pr. II 202/- 1919.</i>

*S. J. Evans*  
Asst. Adjutant, District Depot, M. D. XI  
Lieut.

(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, Shoening Smith, etc., etc., also special qualifications in technical Corps duties.







# CANADIAN EXPEDITIONARY FORCE

## Certificate of Service

J.C.T. 11-37.

R.S.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Beryl Irvine GIBLIN,

Enlisted in The Canadian Army Medical Corps,

CANADIAN EXPEDITIONARY FORCE, on the ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~

day of ~~XXXXXXXXXXXX~~ 191 AND WAS APPOINTED to COMMISSIONED RANK

in The Canadian Army Medical Corps,

CANADIAN EXPEDITIONARY FORCE on the Eleventh day

of April 191 8.

He SERVED in CANADA, and ENGLAND with the Can. Army Medical Corps, Drummond Military Convalescent Hospital, Montreal, Can. Army Medical Corps Depot, Shorncliffe, 14 Can. General Hospital, Basingstoke.

and was STRUCK OFF THE STRENGTH on the Sixteenth day

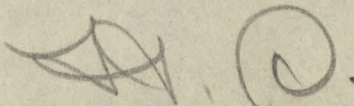
of July 191 9 by reason of General Demobilization.

Dated at Ottawa, this Twenty-third day

of December 191 9.

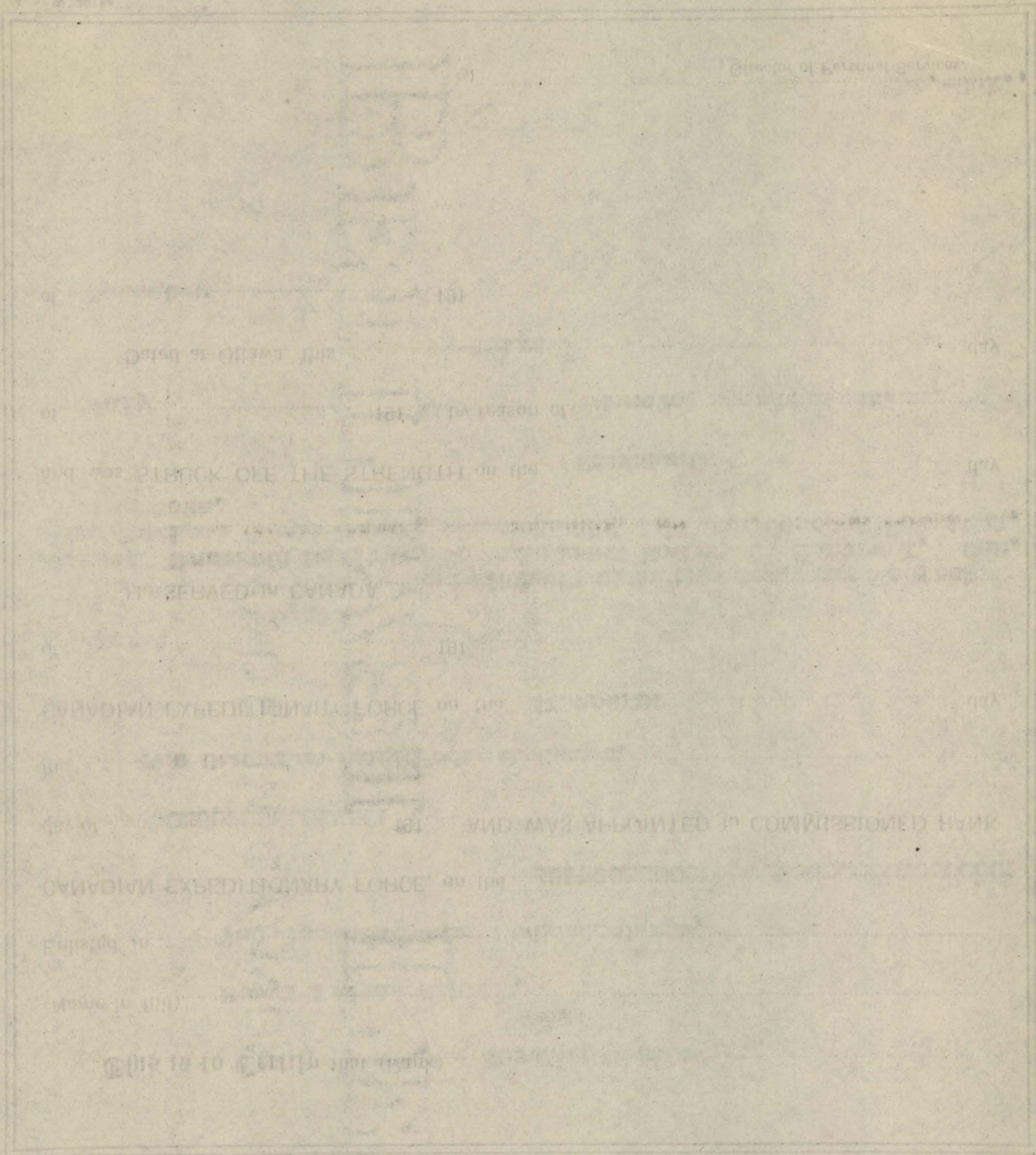


Lt.-Col.  
for Director of Personal Services.





100-100000  
100-100000  
100-100000



ISSUED TO OFFICERS AND MEN OF THE

REGIMENT OF ARTILLERY

CANADIAN EXPEDITIONARY FORCE



Number

Rank

N/S

Surname

GAMBLE

Christian Name

BERYL IRVINE

Units

Theatre of War

ENGLAND

Date of Service

4-9-18

Remarks

265 South West

Latest Address

~~774~~ 13<sup>th</sup> Ave  
Miami Florida  
West

Roll No.

A Pag 4904



IMPERIAL

Surname

Christian Name

Rank

Regtl.No.

File No.

Register No.

Date

Ledger No.

DESH. OCT 17 1924  
REGN. NO. 6428

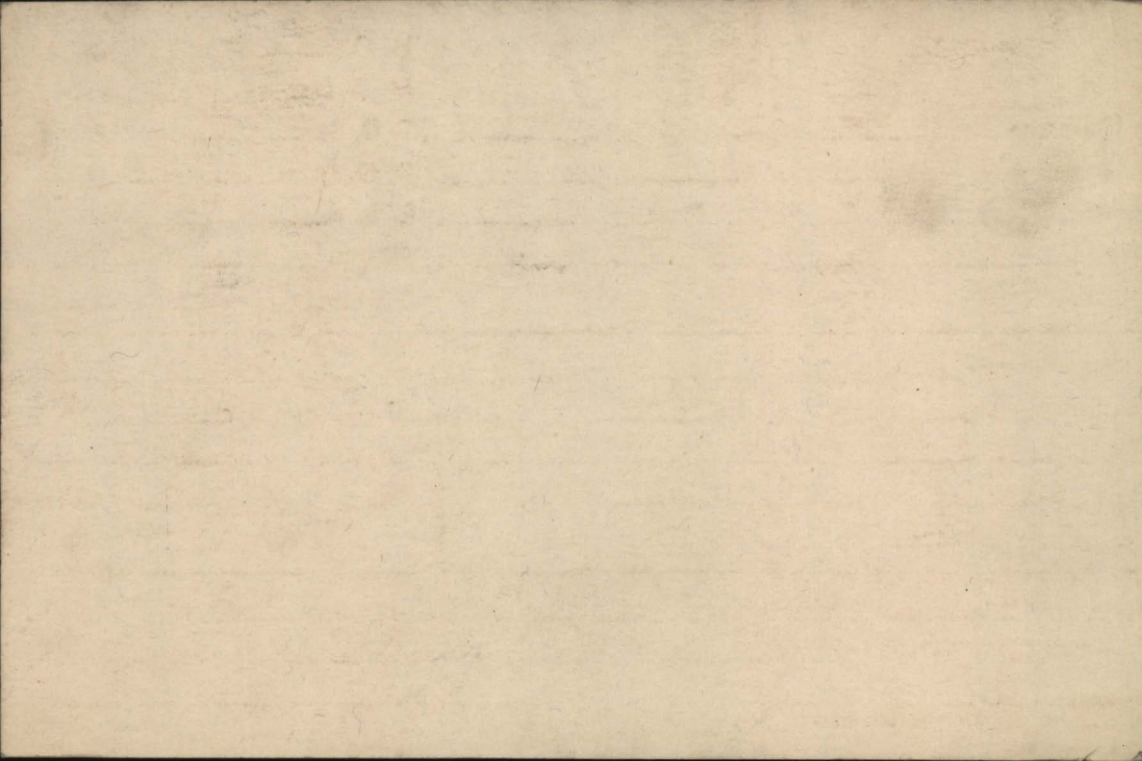


Surname Gamble H. Q. ....  
Christian names Beryl Irvine M. D. No. Pl. 57 36-8-RD 7/11  
Regtl. No. .... Rank N/Sister T. O. S. Aug. 18 1918  
Unit b.c.m.c. D. O. Pt. II 187 26-8-18  
S. O. S. 16.7.1919  
Reason Demot  
Auth. RO 2012. 1.8.19

Next of kin Gamble, Miss Muriel Relationship sister  
Address National Children's Home Also notify: ..  
Bonnar Rd., London, Eng.

BORN—Place England, London Date July 20th 1885  
ATTESTED—Place Vancouver B.C. Date Sept. 11th 1918  
O/S 30-8-18 1417 R/C 5/7/19 362 7/11







No. 4 Canadian Gen. Hospital, HOSPITAL.

A. & D.  
CARD

Basingstoke.

AT.....

A. & D. No. D. 1. a 172 PL. OF ACTION UKRANK NYS REG. NO. B UNIT same SICK OR WOUNDEDNAME Gamble, B AGE..... RELIGION C/EPLACE IN HOSPITAL S/S.DIAGNOSIS Influenza.ADMITTED 15. 2. 19 FROM lines.DISCHARGED 11. 3. 19. TO duty.

TRANSFERRED.....

SERVICE AT HOME 47 moos. IN FIELD.....

RESULTS.....

(See Document Card for M.H. Sheet and other Documents.)







NAME

Gamble B. J.

REGT. NO.

RANK AND UNIT

N/Str

6 Ambr. H C G. H.

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE



LIST NO.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

1218<sup>4</sup>

4 Gen Basingstoke

16-2-19

Influenza

1236<sup>3</sup>

Ditch

9-3-19











Surname

GAMBLE

Christian Name

B. I.

Rank

Unit

N/Str.

CAMC 4C.G.H.

Casualty List

4 C.G.H. Basingstoke

16-2-19.

19-2-19/1218-4 Influenza. *at*

12-3-19/1236-3 Dis. 9-3-19.

A.M.D. 2 DEPT.

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



Surname

Christian Name

Serial No.

Rank

Unit

Medical Board  
held at

Date

Condition found  
by Board

Remarks.



ASSIGNED PAY.

UNIT. RANK.  
NAME OF RATE OF P. AND A.

DATE AUTHORITY

NAME. 11-9-133  
Canada

Beneficiary

Canada

Pay 2<sup>nd</sup> pd

R/S

16<sup>9</sup>/<sub>18</sub> Dms Boy 10<sup>2</sup>/<sub>20</sub> 18

Name Gamble

Address

F.A. 60

Initials Beryl Irvine

Amount \$

Messing 1

Bank of Montreal  
Tray Sqre

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

add outfit allow. 1/20

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Sept 27	Port for 1 <sup>9</sup> / <sub>18</sub> mess for 16 <sup>9</sup> / <sub>18</sub> vo 15072.		93					
	Do Do cash	9204		93				
Oct 24	Oct Pay R.		111 60					
	Bank	10404		111 60				
Nov 26	Nov Pay R.		140					
	Bank	12521		140				
Dec 6	Draw. allow. 16-30 <sup>78</sup>	10366					1-16-6	8 <sup>88</sup>
	Dec Pay R.		124					
	Bank	13792		124				
Jan 3	Draw allow. 18 <sup>8</sup> / <sub>18</sub>	11050					5-10-11	27 <sup>00</sup>
	Pay R.		124					
	Bank	15564		124				
Feb 18	Pay R		112					
	Bank	17078		112				
Mar 18	Mar Pay R.		124					
	Bank	18651		124				
April 11	April Pay R.		120					
	17 Hosp Breakages 2 <sup>3</sup> / <sub>19</sub> 2 <sup>6</sup> / <sub>16</sub> list 110 April vo 1535			61				
	Bank	1044		119 39				
May 13	Pay R		124					
	Bank			124				
June 1 <sup>st</sup>	adv June Psa. Bank.			120				
	June Pay R.		120					

RETURNED TO CANADA  
L.P.C. TO 3019 Taplow.  
TRANSFER TO THE LEDGER  
Yd for Fed 4 to Fed 12. 14 19



ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

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

Pay

F.A.

Messing

Name

Initials

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

SPECIAL AUTHORITIES  
To be initialed by P.M. in every case.

INITIALS



Occupational Group 19.

Dispersal Area "T"

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

1111  
↓



1. RANK N/SISTER

2. NAME GAMBLE BERYL IRVINE.

3. UNIT No. 4 CANADIAN GENERAL HOSPITAL. *Basingsstoke*

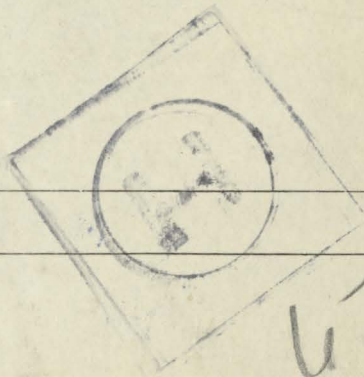
4. DATE STRUCK OFF STRENGTH PLACE

5. REASON *500 16-7-19 R02102-19*

DEMOBILIZATION.

6. AUTHORITY

7. PROPOSED RESIDENCE *774 - 13<sup>th</sup> Ave.  
Vancouver B.C.*



*6-2-1922*

This folder should contain the following documents:

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

**UNIT NORTHLAND**  
**11 PK. 26.6.19.**  
**11 PK. 5.7.19**

1. Triplicate Declaration Paper (M.F.W. 51), or Triplicate Attestation Paper (M.F.W. 23).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178)
4. Proceedings of Medical Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Proceedings on Striking off Strength (M.F.W. 2591).
7. Last Pay Certificate (P. 41)
8. War Service Gratuity Form (M.F.W. 2595).
9. Sundry Documents.

M. F. W. 2591.  
20M-11-18.  
1772-39-1380.

*M/S Gamble Beryl Irvine*

*Dispersal Certificate*



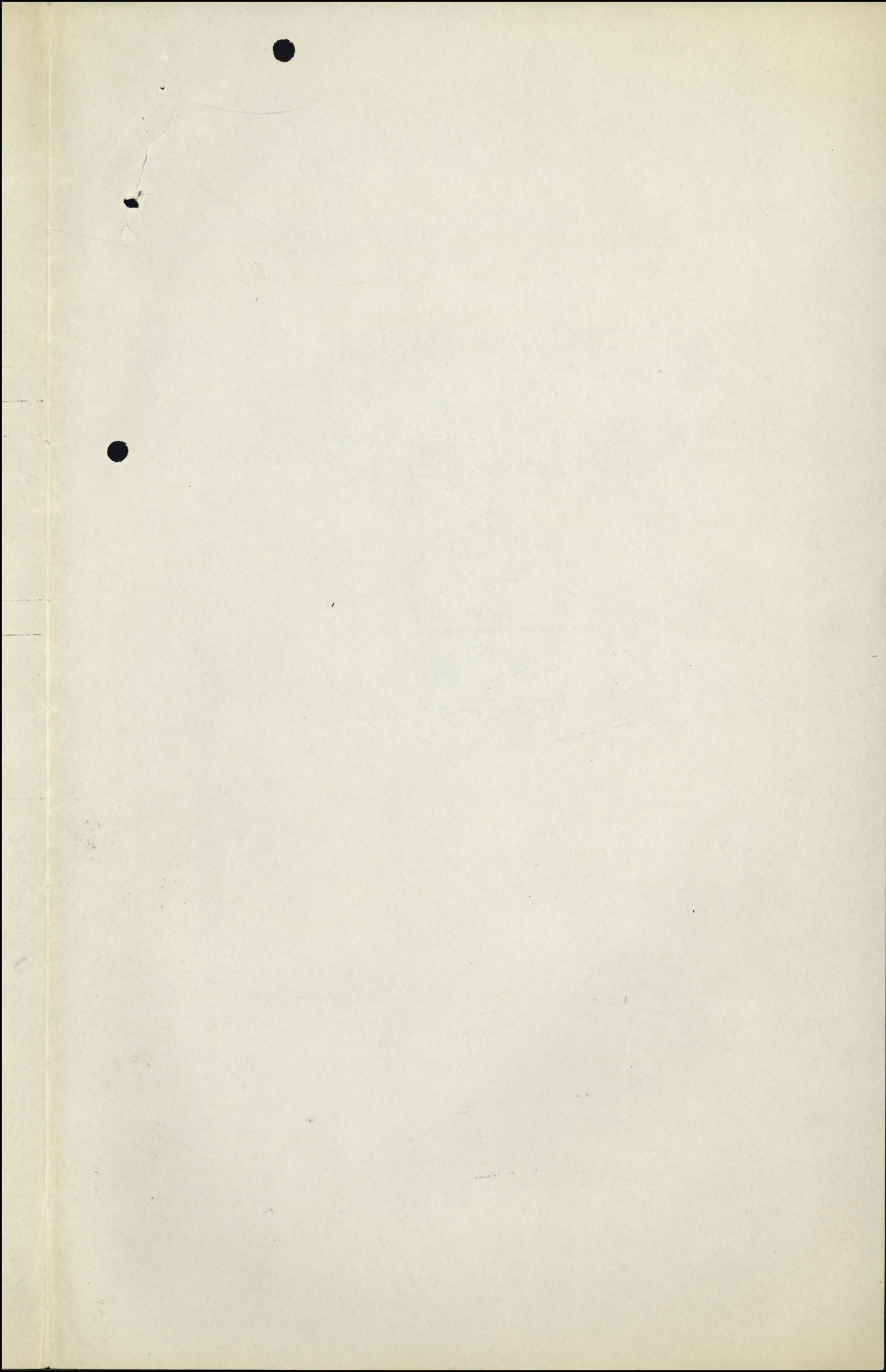
OFFICE OF THE ADJUTANT GENERAL  
DEPARTMENT OF THE ARMY  
WASHINGTON, D. C.

UNITED STATES GOVERNMENT

FORM NO. 10  
MAY 1962 EDITION  
GSA FPMR (41 CFR) 101-11.6

1. PURPOSE AND SCOPE  
This form is used for the purpose of recording the results of a physical fitness test. It is to be filled out by the tester and the testee. The testee's name, service number, and grade are to be entered in the appropriate spaces. The test results are to be recorded in the spaces provided. The testee's signature and the tester's signature are to be entered in the spaces provided. The date of the test is to be entered in the space provided.







Group.....*40*.....  
Checked by No.....*13*.....  
Date.....*25 JUN 1919*.....



Surname **GAMBLE**Christian Names **Beryl Irvine**Rank **N/Str.**

Name and Address of Next-of-Kin

Promotion

Miss Muriel Gamble (sister)

Unit **CAMC.**

National Childrens Home,

Honnar Rd. London, Eng..

Place of birth **London, Eng.**

Married (Yes or No)

Appointments

Date of leaving Canada **4-9-18.** **RL. 28-15, 7/90, 7/187.** Date and Cause of Resignation

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	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
20-9-18.	DGMS. CAMC	TOS. on arrival from Canada,		4-9-18.	C.O. 710.
21-9-18	Res & Tr. Dep.	T.O.S. on arrival from Canada		4-9-18	P <sup>T</sup> . ord. 264.
4-10-18	- do -	S.O.S. on posting to CAMC Cas. Depot		30-9-18	P <sup>T</sup> . ord. 277.
4-10-18	Cas. Dep. Sec.	T.O.S. on posting from CAMC. R & T. Dep.		30-9-18	P <sup>T</sup> . ord. 128.
		"On Command" to 4 Can. Gen. Hosp.		30-9-18	
12-12-18	Do	Leaves Command 4CGH on posting to that unit		9-12-18	P <sup>T</sup> . ord. 187.
11-12-18	4CGH.	T.O.S. from CAMC Cas Coy on ceasing to be att		9-12-18	P <sup>T</sup> . ord. 71.
19-2-19	AMBS	adm. 4 Can. Gen. Hosp. Basingstoke		16-2-19	Ch. 1218 Influenza
		Discharged		9-3-19	Ch. 1236
28-5-19	4CGH.	S.O.S. on posting to 15 C.G.H.		26-5-19	PI-II 0. 42.
1-6-19	15CGH	T.O.S. on posting from 4CGH		26-5-19	" " 126
5-7-19	Do	S.O.S. on Trans. to CEF. in Canada		26-6-19	P <sup>T</sup> . ord. 147.
		cessation of hostilities			





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				
30-6-19	DMs.	S.O.S on trans. to CEF in Canada Creation of Hostilities Sailed to Canada Northland		26-6-19	CO. 77. Sailing 88. SOS. 16.7.19

20282



S.S.  
MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book. D. a. 173. Year. 1919.	Regimental No.	Rank. MS.	Surname. Gamble.	Christian Name. B. J.
		Unit.	Age.	Service.
		Gambel 4th B. G. St.		
Station and Date. 15. 2. 19.	Disease Influenza.			
	Admitted to hospital with (1) headache.			
	(2) cough. pain in chest			
	(3) Coryza.			
	(4) fever			
	T-99.8 P 80 R 18. Temperature the night before 101°			
	Given aspirin capsule. had doubts. Codeine at night.			
16. 2. 19.	T 101° P 88 R 20.			
	Patient has slight cough but areas of dullness in chest. Small rales, numerous over large bronchi.			
	Heart: systolic (rough) murmur at apex. no thrill.			
	History of Rheumatism 3 yrs before ill 3 months.			
	Tongue covered with thick yellowish grey fur.			
	Lymphatic: this must expect good.			
	Vomited once during day.			
18. 2. 19.	T 102 P 98 R 20. patient feels a little better			
	given morphine. felt better in evening.			
19. 2. 19.	Had fairly good night. feels very restless, no cough no pain.			
9. 3. 19.	patient fit discharged today.			
	Duncan G. G. M. D.			

30. 4. Canadian Gen. Hospital, Bangalore

\* 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.











# CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 131.

Corps \_\_\_\_\_ No. \_\_\_\_\_ Rank and Name \_\_\_\_\_ Age \_\_\_\_\_ Military Hospital \_\_\_\_\_  
 Disease \_\_\_\_\_ Date of admission \_\_\_\_\_ Date of discharge \_\_\_\_\_ Result \_\_\_\_\_

Dates of Observation																																
Days of Disease																																
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time			
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.			
107°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
106°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
105°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
104°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
103°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
102°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
101°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
100°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
99°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
98°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
97°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
Pulse per Minute																																
Respirations per Minute																																
Motions per 24 hours																																

Signature \_\_\_\_\_ In charge of case.







