

Unit C. A. M. C. Rank N/A Name Margaret Violet Glendenning

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS).

- 1. (a) What is your Surname? Margaret Violet
- (b) What are your Christian Names? Glendenning
- 2. (a) Where were you born? (State place and country) Cambridge Glouc. Co. N.B.
- (b) What is your present address? Cambridge, Glouc. Co., N.B.
- 3. What is the date of your birth? August 12th 1893
- 4. What is (a) the name of your next-of-kin? E. P. Glendenning
- (b) the address of your next-of-kin? Cambridge, N.B. Canada
- (c) the relationship of your next-of-kin? Brother
- 5. What is your profession or occupation? Graduate Nurse
- 6. What is your religion? Presby. Terian
- 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? Harvard Surgical Unit 22nd General, B.E.F. France. One year.
- 10. Are you willing to serve in the
CANADIAN OVERSEAS EXPEDITIONARY FORCE? Yes

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

Margaret V. Glendenning (Signature of Officer).

CERTIFICATE OF MEDICAL EXAMINATION.

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

I consider him fit for the CANADIAN OVERSEAS EXPEDITIONARY FORCE.

Date 10-6-18 1918

Place 13 Bernier St W T

Roscoe R. Balaclava
Medical Officer.

* Insert here "fit" or "unfit."

Unit _____ Rank _____ Name _____

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname?
- (b) What are your Christian Names?
2. (a) Where were you born? (State place and country)
- (b) What is your present address?
3. What is the date of your birth?
4. What is (a) the name of your next-of-kin?
- (b) the address of your next-of-kin?
- (c) the relationship of your next-of-kin?
5. What is your profession or occupation?
6. What is your religion?
7. Are you willing to be vaccinated or re-vaccinated and inoculated?
8. To what Unit of the Active Militia do you belong?
9. State particulars of any former Military Services?
10. Are you willing to serve in the CANADIAN OVERSEAS EXPEDITIONARY FORCE?

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

(Signature of Officer)

CERTIFICATE OF MEDICAL EXAMINATION

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

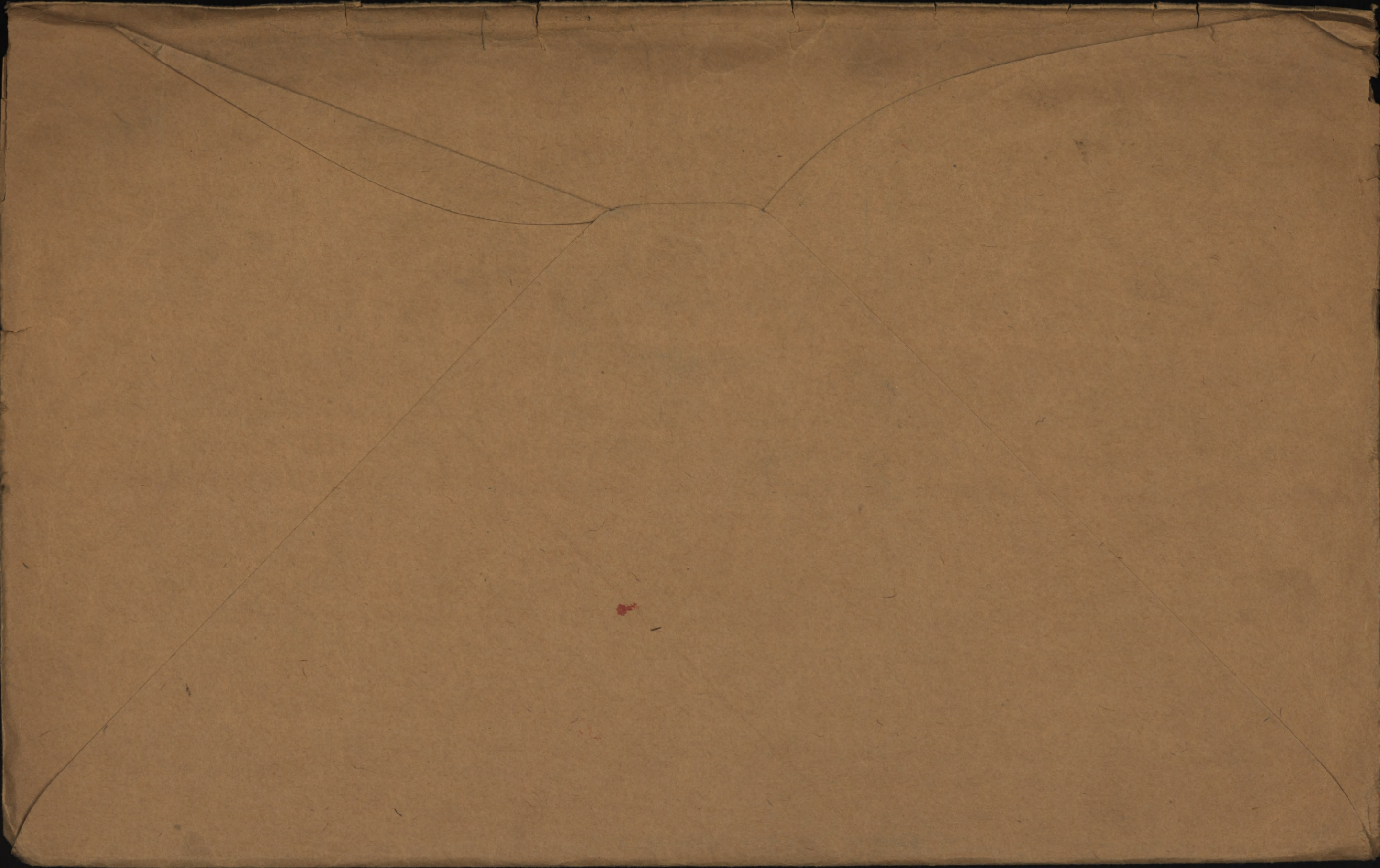
I consider him fit for the CANADIAN OVERSEAS EXPEDITIONARY FORCE

191

Date

Place

Medical Officer



Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank N.S. Name MARGARET VIOLET Surname GLENDENNING
 Unit or Corps C.A.M.C. (If a soldier) Regtl. No. _____
 Born at Bathurst N.S. on date Aug 12, 1893
 Signature (for identification) M. Glendenning

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

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

Weight 147 lbs. no.
 Height 5 ft. 8 ins.

2. NUTRITION AND DIATHESIS ? no.

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM ? Good, no

4. RESPIRATORY SYSTEM. no

5. HEART ?
 Abnormal Sounds? no
 Abnormal Size? no
 Pulse Rate? 88 Intermittence or irregularity? no

6. ARTERIES.—Any hardening? no

7. DIGESTIVE SYSTEM ? no.

8. GENITO-URINARY SYSTEM ? no
 Urinalysis—S.G.? 1.030 Reaction? acid Albumen? neg Sugar? neg

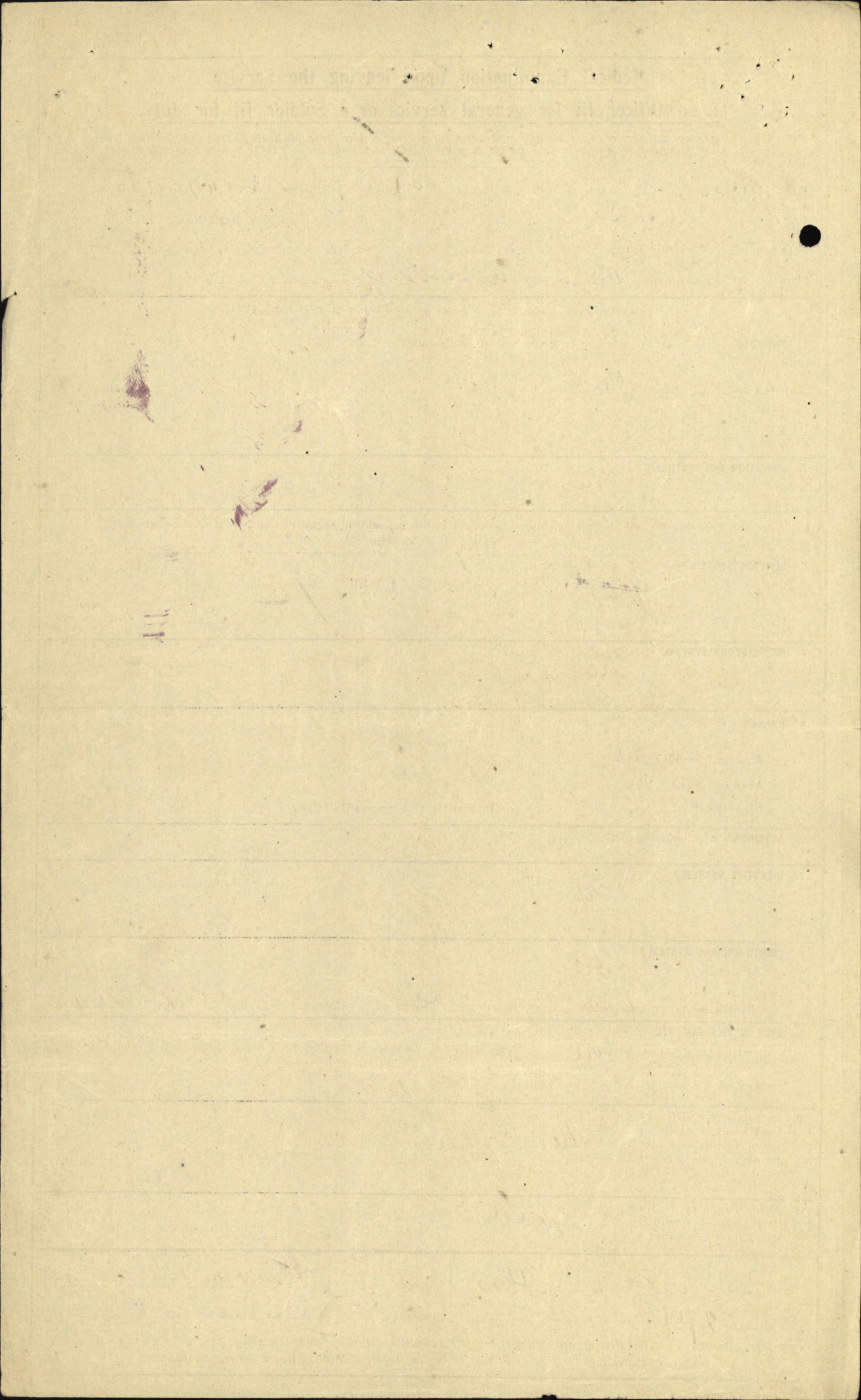
9. SKIN, MIDDLE EAR, EYE
 or any other part? no

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no

11. Opinion as to the health and physical condition of the one examined? Good

Examined at W.X.I. Coy. Hosp. { Signed [Signature] M.O.
 Date 7/2/14 { Signed [Signature] M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.



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 *Glendenning*
(Given name in full)
Margaret Violet
 Unit or Corps *Came* Birthplace *Bathurst N.B.*

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

1. GENERAL DESCRIPTION:

Physique *Good* Weight *146 (Est)* lbs. Height *5* ft. *8* in. Colour of Eyes *Blue*
 Nutrition *Good*
 Pulse *72*
 Condition of arteries *Good*
 Vision Rt. *6/6* Left *6/6*
 Hearing (conversational voice) Rt. *21* ft.
 Left *21* ft.

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

Nil

Opinion as to general health and physical condition *Good*

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

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

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

Mx. S. States Xunnel Park Mil. Hosp. 14-3-19 to 2-4-19 Influenza - Discharged Cured.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Kimmel Park Mil Hsp (Overseas)

Date 2-6-19

Signed A. Lougher Bapt 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 M. J. Henderson

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

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date

SignedM.O.

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

Signature

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

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

[OVER]

CANADIAN EXPEDITIONARY FORCE

W.W. 7-39.

F.H.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

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

(Name in full)..... **Margaret Violet CHANDENING.**

Enlisted in..... **the Canadian Army Medical Corps.**

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

day of..... ~~XXXXXXXXXXXXXXXXXXXX~~ 191..... AND WAS APPOINTED to COMMISSIONED RANK

in..... **the Canadian Army Medical Corps.**

CANADIAN EXPEDITIONARY FORCE on the..... **seventh**..... day

of..... **June**..... 191..... **8.**

He SERVED in CANADA,..... **and England with the C.A.M.C., C.A.H.C.**

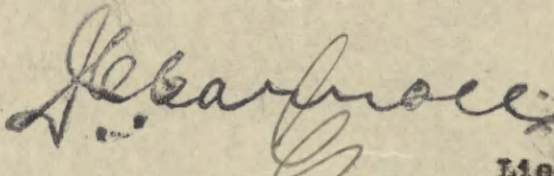
..... **Depot., #11 Can. Gen. Hosp., #9 Can. Gen. Hosp., #16 Can. Gen. Hosp.**

and was STRUCK OFF THE STRENGTH on the..... **Seventh**..... day

of..... **September**..... 191..... **9** by reason of..... **General Demobilization.**

Dated at Ottawa, this..... **Twelfth**..... day

of..... **January**..... 191..... ~~XXXX~~ 1920.


..... **Lieut.**
for. Director of Personal Services.

W. H.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

Issued to OFFICERS AND NURSING SISTERS

This is to certify that (Name)

Name in full

Entered in

CANADIAN EXPEDITIONARY FORCE on the

day of [Month] 19[Year] and was appointed to COMMISSIONED BARRACK

CANADIAN EXPEDITIONARY FORCE on the

day of [Month] 19[Year]

and was STRUCK OFF THE STRENGTH on the

day of [Month] 19[Year]

at [Location]

By

Director of Prison & Training

Number []
Date []

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

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

350M.—5-26

H. Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. Rank N/S Name Glendenning Margaret Violet
C. E. F.

Enlisted (a) 10-6-18 Terms of Service (a) D. of W. Service reckons from (a) 1-7-18

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) Nurse

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
30-6-18	CAMC Depot	T O S on Appointment to the C A M C, C E F .	S'cliffe	1-7-18	Pt. 2.181 (HQRO4272)
19.7.18	"	SOS to 11 C.F. Hosp.	"	2-7-18	<i>[Signature]</i>
20-7-18	O.C. #11 C.F. Hosp.	T.O.S. from C.A.M.C. 24 R. Depot	"	2/7/18	Pt. I.D. #58.
16.2.19	Moore Barracks	T.O.S. from 11 C.F. Hosp.	<i>[Signature]</i> Himmel Park	11.2.19	OFFICER in No. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS, SHORNOLIFFE. Pt. II D.O. No. 12.
12.7.19	O.C. XI C.F. Hosp.	T.O.S. from #9 C.F. Hosp.	S'cliffe	11.7.19	Pt II D.O. #67.

(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				
31-7-19	XLC.G.N.	S.S.S on posting to No. 16.C.G. Hospo.	Schiffe	30.7.19	Pt. II D.O. #72. C. J. ... CAPT. & ADJT For C/O No. 16 CAN. GEN. HO. MOORE BARRACKS, BURNHOLME.
31/7/19	160000	T.O.S. in 11 B. efft effect 30/7/19	Orpington	30/7/19	Pt 2100 H 125
13/1/19	SOS J OMA + 1/6 in	Embarked for Canada		13/1/19	W. ... CAPT. O.A.M.C. ASST. ADJT. & REG No. 10 CANADIAN GENERAL (ONTARIO) HOSPITAL
AUG 26 1919 SEP 4 1919		Embarked Liverpool S.S. Disembarked New York	CELTIC		M. M. ... Capt. ...
10-9-19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization		M.D. No. 26-8-19	C.E.F. R.O. No. 2168-19
13-9-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization		M.D. No. 7-9-19	C.E.F. R.O. No. 2173-19
				W. ... Capt. for Director Personal Services	

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M.D.7

NAME OF SOLDIER (Block Letters)

GLENDENNING M.V. *M*

REGIMENT

C.A.M.C.

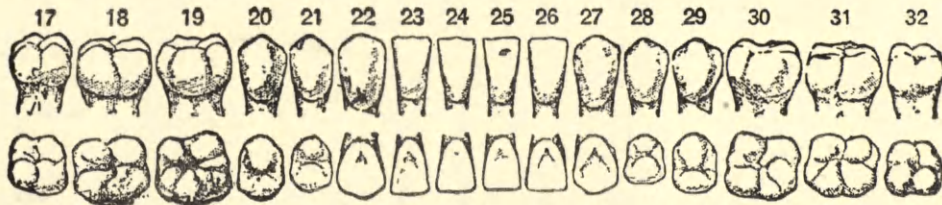
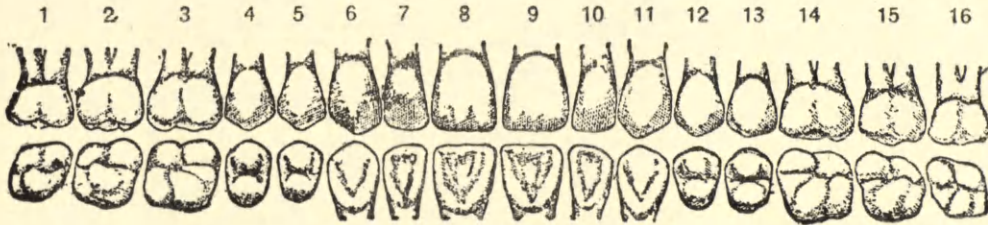
RANK

Lieut

No.

Date of Examination in England *3-6-19*

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

2. EXTRACTIONS

Fit

3. CROWNS

4. DENTURES

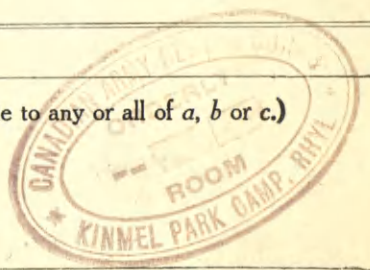
- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

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



Signature of Dental Officer

A.A. Holmes Capt

KINMEL PARK, NORTH WALES

M.D.

GLENDENIA M.V. 271

1968

3-6-11

fit

- 1. Name
- 2. Description
- 3. Cause
- 4. Details
- 5. (a) For Open
- 6. (b) For Open
- 7. (c) For Open
- 8. (d) For Open

100

100

CANADIAN ARMY DENTAL CORPS, O.M.F.C.
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) GLENDENING, M.B.
 REGIMENT CA M C RANK PLS. No. _____

Date of Examination in England 8.2.49 Date of Examination in France _____



PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT? No

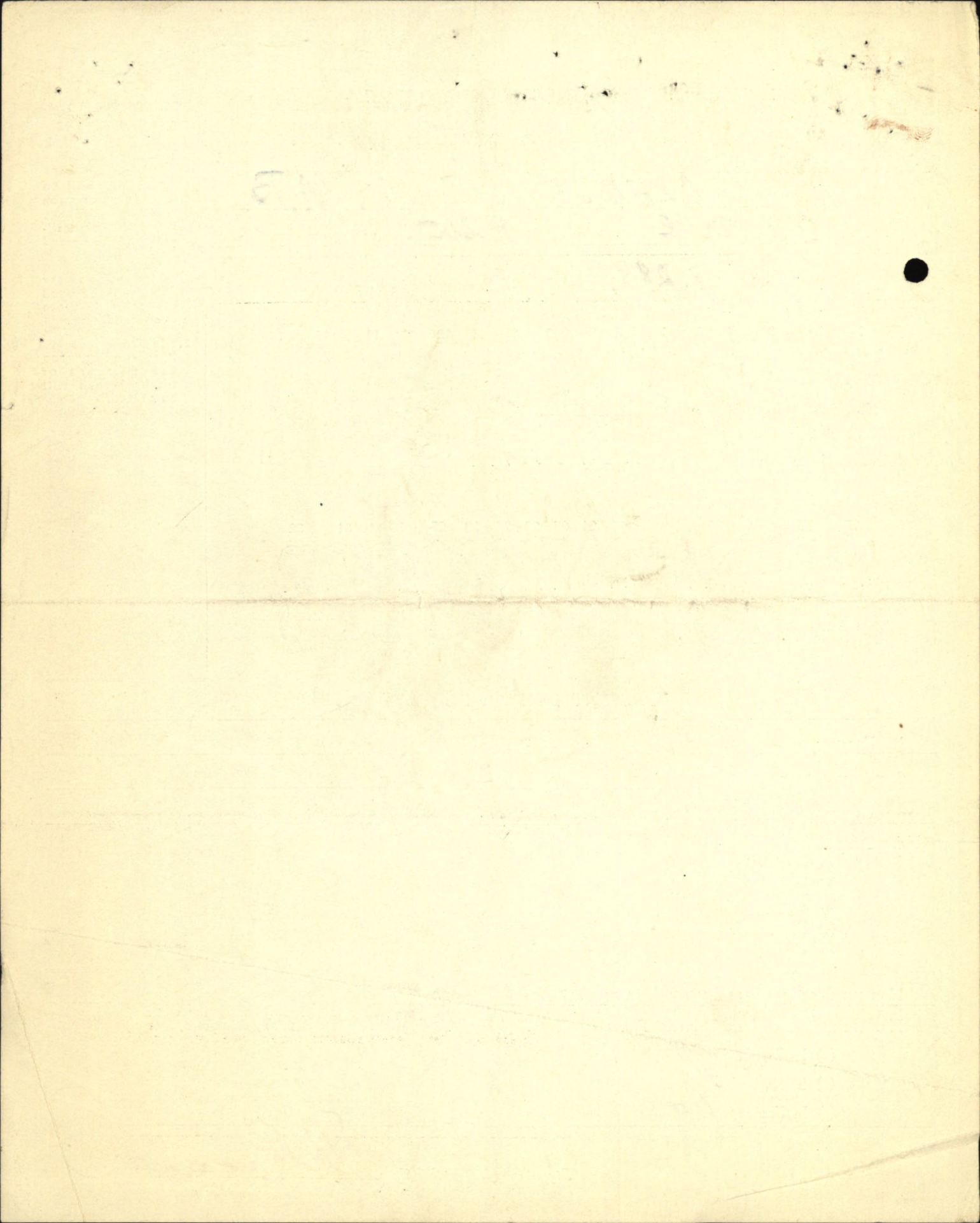
HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada No
- (b) In England No
- (c) In France No

Signature of Dental Officer J.H. Rogers

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.



Surname **GLENDENNING**

Christian Names **Margaret Violet**

Rank **N/Sister**

Name and Address of Next-of-Kin

Promotion

To 10 Jun 18

G.R.Cledenning, (Brother)

Canobie, N.B.Canada.

Unit **C.A.M.C.**

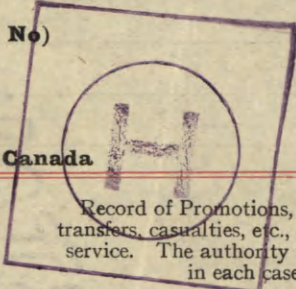
Place of birth **N.B.**

Married (Yes or No)

Appointments

Date of leaving Canada

Date and Cause of Resignation



VK

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				
28.6.18.	D.M.S ¹ / ₂	To be N/Str.CAMC		1.7.18.	R.O.4272.
30.6.18	C.A.M.C.D	T.O.S. on Appointment		1.7.18	Pt. II. O. 181
20-7-18	11 CSH	T.O.S on posting from Camc. FRD.		2-7-18	Pt. 9 58.
19-7-18	CAMC R.T.D.	S.O.S. on posting to 11 CSH.		2-7-18	Pt. 9 200.
21-12-18	11 CSH.	Granted leave from 15-1-19 to 31-1-19		31-1-19	Pt. ord. 101.
16-2-19	9 CSHp.	T.O.S. from 11 Can Gen. Hqs. Schiffe		11-2-19	Pt. ord. 12.
17-3-19	Arms	Adm 9 Can. Gen. Hqs. Munition park		15-3-19	Cl. 1240 Tonsillitis
12.7.19	9 Cl. H	S.O.S. to 11 Cl. H.		2-4-19	Cl. 1250 - 80
"	11 Cl. H	T.O.S. from 9 Cl. H.		10-7-19	Pt. II 0. 50.
"	"	"		11-7-19	" 69.
31.7.19	do	SOS to 16 CSH. Orpington		30.7.19	OPad 72

over

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				
30-8-19.	D.G.M.S.	S.O.S. to C.B.4. in Canada		26-8-19.	C.O. 112.
		Sailed for Canad	26 8 19		SS CELTIC S L 100
				S.S. 7.9.19	
					22713

The Matron

XI C.G.H.

Neutrophils		95
Lymphocytes		16
Large Mononuclear		9
Eosinophiles		76
Basophile		24

White Red : 76
 68

Leucocytes / Count
 Eosinophils
 Basophile : 214.400

Lymphocytes	Large		103
	Small		117
Large group or Eosinophils			126
			126
			105
			<hr/>
			577 0000

URINALYSIS.

No. XI Canadian General Hospital,
Moore Barracks, Toronto

Reg. No.

Rank

9/5

Name

Ward

Unit

Exam. required

Gludennig

Diagnosis

Officer i/s Ward

Date

7-2-1919

Officer i/s Ward

R E P O R T

Colour

Amber

Microscopic

Sp. Gr.

1030

Reaction

Acid

Sugar

Neg.

Albumen

Neg.

E. S. Brown
Officer A/c Laboratory

Reg. No.

Rank

Name

Ward

Unit

Exam. required

Diagnosis

Date

1919

Officer i/s Ward

Surname

Christian Name

GLENDENNING

M.. V.

Rank

Unit

N/Str.

C.A.M.C. 9 C.G.H.

Casualty List

No. 9, C.G.H. Kinmel Park 15-3-19

~~17-3-19~~/1240-3.

"Tonsillitis". *also*

3-4-19/1255-2.

Discharged:-2-4-19

A.M.D. 2 DEPT.

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

Surname

Christian Name

Serial No.

Rank

Unit

Medical Board
held at

Date

Condition found
by Board

Remarks.

392-7-1951

Number _____ Rank NIS

Surname GLENDENNING

Christian Name MARGARET VIOLET

Units _____ Theatre of War ENGLAND

Date of Service 1-7-18

Remarks _____

Latest Address Canobie, N. B.

Roll No. A Page 4902

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

NAME

Glendenning

m 91

REGT. No.

RANK AND UNIT

N/Str

AME. 9 Cpl.

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

1240 $\frac{3}{2}$ 1255 $\frac{2}{2}$ 9 Case Law Kennel Ph.
Dis.

15-3-19

2-4-19

Tonsillitis

"

Surname

Glendenning

Christian names

Margaret Violet

Regtl. No.

Rank

N. Sister

Unit

C.A.M.C.

H. Q. 397-7-195 V

M. D. No.

"C" N.

T. O. S.

1-7-18 on 2/19

D. O. Pt. II

181 of 30-6-18
Carve C.P.S.

S. O. S.

4-9-19 19

Reason

demob.

Auth.

PO 2173 13-9-19

Next of kin

Glendenning, G.R.

Relationship

Brother

Address

Canobie, Gloucester Co.

Also notify:

N.B.

BORN—Place

Canada, Canobie, N.B.

Date

Aug 12th, 1893

~~ATTESTED~~—Place

London, Eng

Date

June 10th, 1918

O/S

R/C

4-9-19 400/11/5 "C"



ASSIGNED PAY.

UNIT.

RANK

NAME OF

RATE OF P. AND A.

Beneficiary

Lamb

Pay 2nd pd *N.*

Address

F.A. .60"

Messing 1st"

Amount. \$

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

add O. all

DATE	PARTICULARS	CK. NO.	CR.	DR.
<i>1918</i>				
<i>July 7</i>	<i>Profit allnce Direct #157</i>			
<i>27</i>	<i>Pa d fr 1 3/8 huss fr 3 3/8</i>	<i>Do 10172.</i>	<i>109 60</i>	
	<i>Do Do</i>	<i>cash 5635</i>		<i>109</i>
<i>Aug 24</i>	<i>Aug Pay R</i>	<i>Bank 7258</i>	<i>111 60</i>	<i>111</i>
<i>Sep 24</i>	<i>Sept Pay R</i>	<i>Bank 9187</i>	<i>108</i>	<i>108</i>
<i>Oct 24</i>	<i>Oct Pay R</i>	<i>Bank 10404.</i>	<i>111 60</i>	<i>111</i>
<i>Nov 26</i>	<i>Nov Pay R</i>	<i>Bank 12521</i>	<i>140</i>	<i>140</i>
<i>Dec 18</i>	<i>Pay R</i>	<i>Bank 13792</i>	<i>124</i>	<i>124</i>
<i>Jan 22</i>	<i>Jan Pay R</i>	<i>Bank 15564</i>	<i>124</i>	<i>124</i>
<i>Feb 7</i>	<i>Adv P & A.</i>	<i>cash 16009</i>		<i>112</i>
<i>18</i>	<i>Pay R</i>		<i>112</i>	
<i>Mar 24</i>	<i>Pay R</i>	<i>Bank 18651</i>	<i>124</i>	<i>124</i>
<i>April 11</i>	<i>April Pay R</i>		<i>120</i>	
<i>26</i>		<i>Bank 1044</i>		<i>120</i>
<i>May 13</i>	<i>May Pay R</i>		<i>124</i>	
		<i>Bank</i>		<i>124</i>
<i>June 11</i>	<i>Trav allca. 8-11 3/4</i>		<i>3168</i>	
<i>19</i>	<i>June Pay R</i>		<i>120</i>	
		<i>Bank.</i>		<i>120</i>

UNIT.	RANK.	NAME.
NAME OF	RATE OF P. AND A.	DATE
		AUTHORITY
<i>Canada</i>	Pay 2 nd pd N.S. F.A. .60" Messing 1 st "	3 rd 18. HQ R04272 4/26 th 18.
		Name <i>Glendinning</i> Initials <i>Margaret</i> Bank <i>of Montreal</i> <i>Trafalgar Sq.</i>

add 0.allee 17/20.

RS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
						<i>\$ 30.16.5</i>	<i>150⁰⁰</i>
	<i>Direct #157</i>						
	<i>Do 10172.</i>	<i>109 60</i>					
	<i>cash 5635</i>		<i>109 60</i>				
		<i>111 60</i>					
	<i>Bank 9258</i>		<i>111 60</i>				
	<i>Bank 9187</i>	<i>108</i>	<i>108</i>				
		<i>111 60</i>					
	<i>Bank 10404.</i>		<i>111 60</i>				
		<i>140</i>					
	<i>Bank 12521</i>		<i>140</i>				
		<i>124</i>					
	<i>Bank 13792</i>		<i>124</i>				
		<i>124</i>					
	<i>Bank 15564</i>		<i>124</i>				
	<i>cash 16009</i>		<i>112</i>				
		<i>112</i>					
		<i>124</i>					
	<i>Bank 18651</i>		<i>124</i>				
		<i>120</i>					
	<i>Bank 1044</i>		<i>120</i>				
		<i>124</i>					
	<i>Bank</i>		<i>124</i>				
	<i>3168</i>						
		<i>120</i>					
	<i>Bank</i>		<i>120</i>				

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

Rep P. Adams
3rd 19 15

2-19-6 *14⁴⁷*

ASSIGNED PAY.

UNIT.

RANK.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

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

l.o.a.M.b.

Pay

F.A.

Messing

\$2.00

1.00

1.00

H/S.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPE To be i
1919.							
July 10	Bal Forward						
	Adv July + Aug P.A. Bank			248.			
	July Pay R.		124				
	Aug Pay R.		124				
Sep 22	Ak. of 193. - 12 ⁸¹ / ₁₉ to 15 <u>Endorsed with H.S. 100</u> 93			173 - ✓			
Dec 31	chgd to Can	No 99	73				

Mail
248
124

REL
L.P.
TRA

OF P. AND A.

RANK.

DATE AUTHORITY

NAME.

290
100
essing 100

76/8.

Name *Glendenning*
Initials *Margaret V.*
Bank *of Montreal*
Traf Sqr.

NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
-----	-----	-----	-----------------------------------	---------	---	----------

248.

Oil
248
248

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

124
124

21 12 15 99

73 - ✓

93

9 73

1000 1100

29

M.D. No. 7

Bank of Montreal Bathurst No. 10

AUDITOR *[Signature]* PAYMASTER *[Signature]*

M. OR S.

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

REGT. NO.

RANK

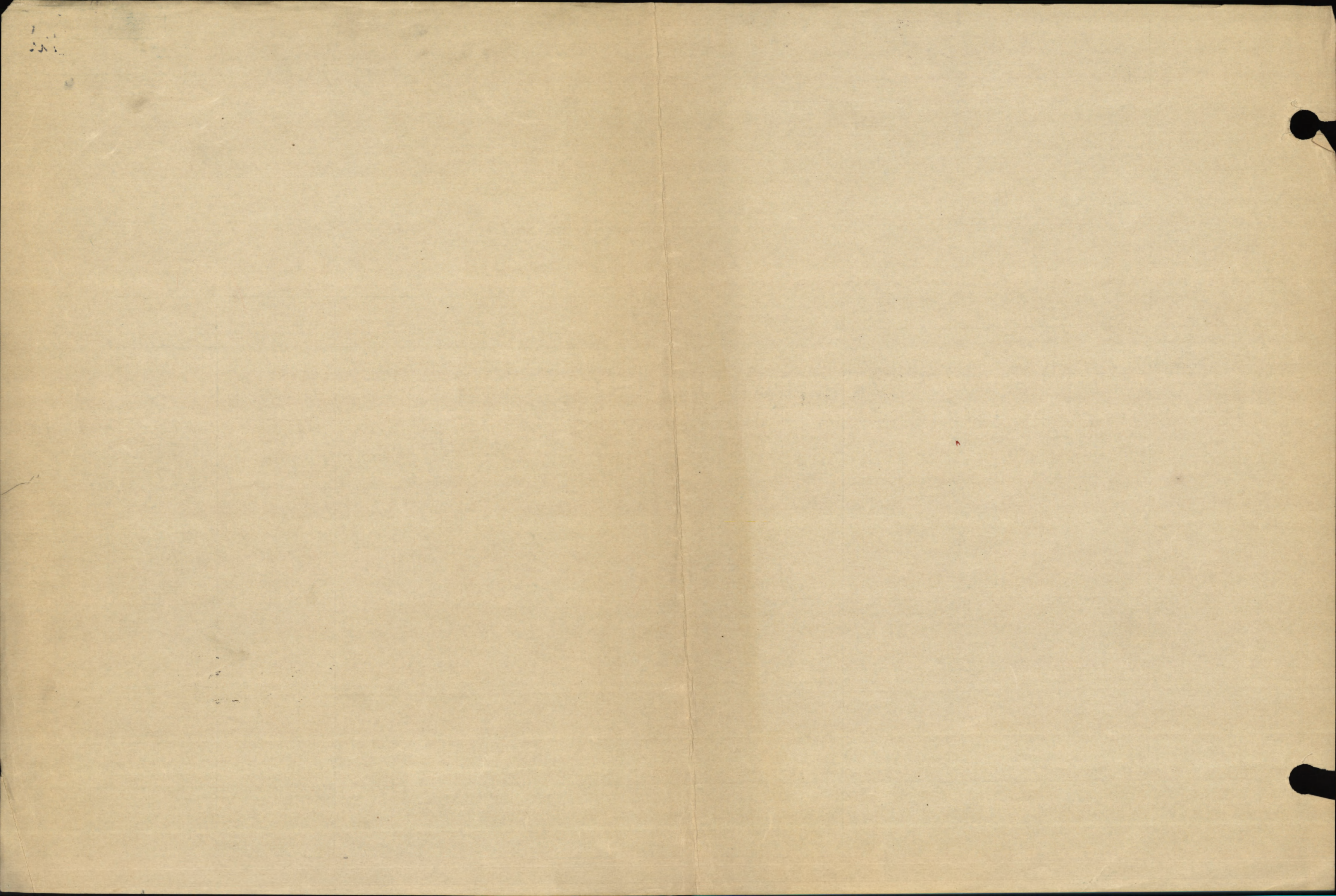
NAME (IN FULL)

Glendenning, Margaret Violet

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	PLACE OF ATTESTATION	DATE OF ATTESTATION	ASSIGNED PAY \$	PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					<i>C.A.M.C.</i>		<i>10-June 1918</i>	<i>Nil</i>			
IS SEPARATION ALLOWANCE PAID?		DATE EFFECTIVE									
TO WHOM PAID		RELATIONSHIP									
ADDRESS											
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE		EFFECTIVE									
DISCHARGED		PLACE	DATE	REASON	AUTHORITY	IF ENTITLED TO POST DISCHARGE PAY					
		<i>St John N.B.</i>	<i>7-9-19</i>	<i>Remob</i>	<i>RC-2173</i>						

Waiting 1000 & M.F.W.

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2				COL. NO. 3	DEBITS		CREDIT
<i>Aug</i>																<i>Celtic 4-9-19</i>	
				<i>Nil</i>												<i>Bal Nil long 31-8-19</i>	
					WAR SERVICE GRATUITY.												
			<i>122 days at 3⁰⁰</i>	<i>366 00</i>												<i>Officer</i>	
								<i>73 00</i>								<i>164075</i>	
																<i>v Ocr. Mess on ship</i>	
																<i>ch 1560009/18215-6-19</i>	
																<i>1537/14/19 9-7-19</i>	
																<i>ch 1560009/18215-6-19</i>	
																NON-EFFECTIVE	



Occupational Group 18
Hospital Area C

Proceedings of an Officer or Nursing Sister
Struck off Strength
OF THE
Canadian Expeditionary Force.

Embarked Liverpool ^{CELTIC} AUG 26 1919
Disembarked New York " SEP 4 - 1919

1. RANK Nursing Sister
2. NAME GLEN DENNING Margaret Violet
3. UNIT C. F. A. V. C.
4. DATE STRUCK OFF STRENGTH _____ PLACE _____
5. REASON SOS 1919 RO 2173-19

Demobilization

1-7-22

6. AUTHORITY _____
7. PROPOSED RESIDENCE Canada
New Brunswick

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.
- 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 Med 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.
(923) Wt. /45P 3/19 15M D.St.

Group H. O.
Checked by No. 28
BHS.
Date 23 AUG 1919

Margaret V. Glendenning
N/S

.....
Checked by Mr.
.....
Date

Office of Nursing School

of Strength

of the

and Expeditionary Force

of the

of the



Proceedings of an Officer or Nursing Sister
Struck Off Strength
OF THE
Canadian Expeditionary Force.

1919
SEP 1 - 1919

	DATE STRUCK OFF STRENGTH	PLACE	REASON	UNIT	NAME	RANK
A. AUTHORITY						
B. PROPOSED RESERVE						



THIS FORM SHOULD CONTAIN THE FOLLOWING DOCUMENTS:

1. Certificate Panel, M. F. W. 51, or Assessment Paper, M. F. W. 28.
2. Casualty Form, A. F. B. 103 or M. F. W. 34.
3. Medical History Sheet, M. F. B. 813 or A. F. B. 178.
4. Proceedings of Medical Board, A. F. A. 139 or M. F. B. 221.
5. Medical Report, M. F. W. 179.
6. Dental History Sheet, M. F. B. 495.
7. Last Post Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

Group _____
Checked by No _____
DATE _____

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname Glendinning Christian Name Margaret Violet

TABLE I.—General Table.

Birthplace { Parish Canobie, N. B. Can.
County Gloucester

Examined { on 10 day of June 1918
at 13 Beacon St W

Declared Age 24 years 202 days

Trade or Occupation Graduate Nurse

Height five feet eight inches

Weight One hundred forty two lbs.

Chest Measurement { Girth when fully Expanded forty inches
Range of Expansion two inches

Physical Development Good

Vaccination Marks { Arm RIGHT | LEFT
Number Two

When Vaccinated May 1, 1917

Vision { R.E.—V = 6/6
L.E.—V = 6/6

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

(b) Slight defects but not sufficient to cause rejection—
nil

Approved by R. S. Thomas
Rank Capt. Cause
Medical Officer.

Enlisted { at
on day of 191..

Joined on enlistment	Corps	Regtl. No.
Transferred to		

Became non effective by
on day of 191..
(Signature).....
(Rank).....

TABLE III.—Boards; Courts of Enquiry, 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
<u>Apr. 22nd 1917</u>	<u>Vaccinated</u>
<u>May 1st 1917</u>	<u>Inoculation (Typhoid)</u>
<u>2-8-18</u>	<u>TAB</u> <u>Margaret J. Glendinning</u> <u>W. H. Whitmore</u>
<u>7 FEB 1919</u>	<u>A</u> <u>Major G. A. M. C.</u> PRESIDENT MEDICAL BOARD No. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS, SHORNCLIFFE.
	<u>Kimmel Park Mil Hosp</u> <u>2-6-19</u> <u>Cat (A)</u> <u>FN Longher Capt Cause</u>

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	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 will 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
	Day	Month	Year	Day	Month	Year				
MILITARY HOSPITAL, UNMEL PARK, ROYCE	14	3	19	2	4	19	Influenza	20	Developed Influen. Condition of larynx & throat. Discharged to out patient treatment	Putzforbis

C
1

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

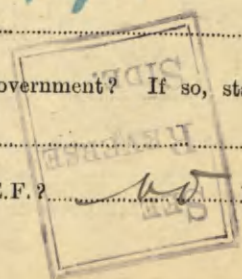
Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if a soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

PAY OFFICE M. D.
SEP 17 1919
PAYMASTER'S NO.

1. Christian names Margaret Violet 2. Surname Hensening
3. Rank W/S 4. Original Unit Camp 5. Reg. No. Not applicable
6. Address, in full, to which future payments of gratuity are to be forwarded
Bank of Montreal
Bathurst N.B.
7. Date of enlistment in the C.E.F. 10th June 1918
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge no
9. Relationship of such dependent not applicable
10. Address, in full, of such dependent not applicable
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? no
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
~~.....~~
~~.....~~
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? ~~.....~~
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service ~~.....~~
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served England: 13 mths
no. Feb. 1919 no. 9. C.E.F. Hop Feb 1919 to 2/7/19
16 best 9/7/19
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department no
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? no



18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments and under what regimental numbers and units. *no*

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid *no*

20. Have you been issued with a War Service Badge? If so what class? *no*

21. Have you, during the present war, served in the Imperial Forces? *no*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled *not applicable*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *not applicable*

~~24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge (b) Reason for discharge~~

~~25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit~~

~~26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit~~

~~27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?~~

~~(b) If so, are you in receipt of full pay and allowances from that Department?~~

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *M. V. Henderson*

Place of Residence: *Canobie, N. Brunswick*

Declared before me at: *Kingsport Park, N. Wales*

This *12* day of *June* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

E. Williams Cal
Questions 12, 13, 14, 20, 24, 25, 26 & 27 are unanswered

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....

Certified Correct.

District Paymaster.