Unit C. A. M. C. Rank Lieut. N/S Name Gertrude Irene Gogo

OFFICERS' DECLARATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS.)

1. (a) What is your Surname? Gogo

   (b) What are your Christian Names? Gertrude Irene

2. (a) Where were you born? (State place and country) Montreal Quebec

   (b) What is your present address? Ogden Military Convalescent Hospital Calgary.

3. What is the date of your birth? July 20th 1893

4. What is (a) the name of your next-of-kin? William Albert Gogo

   (b) the address of your next-of-kin? Dowling Lake, Alta.

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

5. What is your profession or occupation? Nurse

6. What is your religion? Anglican

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

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.

Irene Gogo (Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

Date Dec 4 1918.

Place Ogden M. C. H. A. A. Duncan

*Insert here "fit" or "unfit." Medical Officer.

M. F. W. 51.

20m.—10-15.
H. Q. 1772-39 917.

REGIMENTAL DOCUMENTS

NAME GOGO GERTRUDE IRENE REGT. NO. N/S UNIT C.A.M.C. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
47/6/19						
32	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
2	TRAINING HISTORY SHEET (M.F.W. 113)				16205	
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
32	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
2	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	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)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	MFW 129					
1	S 7 10					
						1
						1-23
						1-23

W. 2569
100M-11-18
1772-39-1377

Temporary Sheet.

MEDICAL HISTORY SHEET

Surname N/S Gogo, *Christian Name* Gertrude.

Examined { on ..... day of ..... 191..... / at .....

Birthplace { City or Town ..... / County .....

Apparent age .....

Trade or occupation .....

Height ..... feet ..... Inches

Weight ..... lbs.

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

Physical development .....

Small-pox Marks .....

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

When Vaccinated last .....

(*a*) Marks indicating congential peculiarities or previous disease .....

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

Approved by .....

Rank ..... M.O.

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

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

	Corps	Regt'l Number	Habits	Date
Joined on enlistment				
Transferred to	C.A.M.C.			

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 Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Temporary Sheet.

Surname N/S. Gogo. Christian Name Gertrude.

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				
Mil.Hosp. Calgary		28	10	18	10	11	18	#21 Influenza.	14	Recovered -	[illegible]

Squadron / Battery / Company C.A. M. C. unit or battalion

MORNING SICK REPORT October 28th/1918 19

Regt'l No.	RANK AND NAMES (Christian Name in full)	Age	Completed Years of Service: In Canada	Completed Years of Service: Overseas—Where and how long	Religion	Whether for duty a prisoner or defaulter	Married or Single	Disease	Medical Officer's Remarks and initial
	N/s Gogo, Gertrude I.	25	3/12		C. of E.		S.	Influenza	
	Sent to General Hpspital.								
	Next of Kin: W. A. Gogo, Dowling Lake, Alberta.								

C Howson Capt. C.A.M.C. Medical Officer.

James Mewhort Cpl. Orderly N.C.O.

M. F. B. 292.
H. Q. 1772-39-248.
300M.—5-18.

(OVER)

TO BE DISCHARGED FROM HOSPITAL TO-MORROW

Troop, Battery or Company	Corps	Regt'l No.	RANK AND NAMES	

TO BE DISCHARGED FROM HOSPITAL TO-MORROW

Troop, Battery or Company	Corps	Regt'l No.	RANK AND NAMES
			Military Hospital, Calgary 10-11-18
Nursing Sister Gogo, Gertrude.			C.A.M.C.
	Discharged from Calgary General Hospital 10-11-18		
	One copy temporary Medical History Sheet to Principal Matron, M.D.13 One copy on file at Military Hospital.		

.....{ Squadron / Battery / Company }.....unit or battalion

MORNING SICK REPORT .....19.....

Regt'l No.	RANK AND NAMES (Christian Name in full)		Age	Completed Years of Service: In Canada	Completed Years of Service: Overseas—Where and how long	Religion	Whether for duty a prisoner or defaulter	Married or Single	Disease	Medical Officer's Remarks and initial

.....Medical Officer. .....Orderly N.C.O.

M. F. B. 292.

H. Q. 1772-39-248.
300M.—5-18.

(OVER)

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Nursing Sister Gogo

DISTRICT 13

REGIMENT

RANK

No.

M.F.B. 465.
200M.—6-18.
1[illegible]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 1919		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	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	Jan.	8	9 2 3 4 14 18 20 29 31		2 6.10							17 19 7.16					7.6				Captain J. Elmer Wright		Cavity 30

RECORDS OFFICE
M. D. 13
MAY 17 1919

STRATHCONA MILITARY HOSPITAL, M. D. #13.

Edmonton South,
May 15th, 1919.

To: District Record Officer,
M. D. #13,
Calgary, Alberta.

N/S. GOGO, Gertrude I.

Attached hereto please find documents, as listed below, for the marginally noted, who is struck off the strength of this Unit as from 14-5-19, being employed by the S.C.R. Department.

M. F. W. 51	1
M. F. W. 54	1
M. F. B. 313	1
M. F. B. 465	1

Kindly acknowledge receipt.

Capt. & Adj.
for O.C. Strathcona Military Hospital.

M. F. W. 129.
50m.—7-17.
1772—39—1142.

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 Lt. N/S. Name Gertrude Irene Surname Gogo

Unit of Corps C.A.M.C. (If a soldier) Regtl. No.

Born at Brockville, Ont. on, (date) July 20th., 1893

Signature (for identification) Irene Gogo

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

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

Weight 170 lbs. Colour of eyes Brown

Height 5 ft. 3½ in. Identification Marks none

2. NUTRITION AND DIATHESIS? Nutrition good
Diathesis none

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

3. NERVOUS SYSTEM? Is there a history of previous disability? No

4. RESPIRATORY SYSTEM? Is there a history of lung trouble? No. Normal

5. HEART?

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 82 Intermittence or Irregularity? no Muscular Tone? good

6. ARTERIES.—(a) Any hardening or nodulation? no

(b) Blood Pressure. 120

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

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 10.24 Reaction? Acid Albumen? none Sugar? none

9. SKIN, MIDDLE EAR, EYE or any other part?

Normal

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? General Health good. Rather fleshy and over-weight.

Examined at Ogden. Calgary. Alta. Signed [illegible] M. O.

Date 22-11-18 Signed [illegible] M. O.

Irene Gogo
Signature note of Soldier.

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

M. F. W. 129.

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: Name: Surname:

Unit of Corps: If a soldier, Regtl. No.

Born at: on (date):

Signature for identification:

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

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

Weight: Colour of eyes:

lbs.

Height: Identification Marks:

in.

2. NUTRITION AND DIATHESIS:

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

3. NERVOUS SYSTEM—Is there a history of previous disability?

4. RESPIRATORY SYSTEM—Is there a history of lung trouble?

5. HEART?

Abnormal Sounds?

Abnormal Size?

Pulse Rate? Intermittence or irregularity? Muscular Tone?

6. ARTERIES—(a) Any hardening or nodulation?

(b) Blood Pressure

7. DIGESTIVE SYSTEM—Condition of teeth and tonsils to be included.

8. GENITO-URINARY SYSTEM—

Urinalysis S.G.? Reaction? Albumen? Sugar?

9. SKIN, MIDDLE EAR, EYE or any other part?

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

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

Examined at: Signed: M.O.

Date: Signed: M.O.

Signature note of Soldier.

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

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-9:0.

Casualty Form—Active Service.

Unit, Regiment or Corps Edmonton Mil Hospital

Regimental No. ..... Rank N/Sister C. E. F. Name Gogo. Gertrude Irene

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				
4/2/19.		Taken on Strength Strathcona Mil Hospital.	Edmonton	24-1-19.	DO P11. 35- 4/2/19.
15-5-19.		Struck off strength of Strathcona Mil Hosp. having assumed employment under the 1 of SCR. Strathcona Hosp.	Edmonton	14-5-19.	DO P11 135. 15-5-19.

E. Livesey
Capt. & Adjt.
for O. C. Edmonton Mil. Hospitals

(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				

ORIGINAL
DEPT MILITIA & DEFENCE
MAY 1 1919
CANADA

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 Nursing Sister Surname Gogo
(Give name in full)
Gertrude Irene
Unit or Corps C. A. M. C. Birthplace Brockville Ont.

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

1. GENERAL DESCRIPTION:

Physique Normal Weight 178 lbs. Height 5 ft. 4½ in. Colour of Eyes Brown

Nutrition Normal

Pulse Normal - 74

Condition of arteries Normal

Vision Rt. Normal 20/20 Left Normal 20/20

Hearing (conversational voice) Rt. Normal 20/20 ft.

Left Normal 20/20 ft.

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

Opinion as to general health and physical condition Good - 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]

MAY 31 1919

MAY 31 1919

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date ..... Signed .....M.O.

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at Edmonton (Canada)

Date May 16th - 1919 Signed J. Carmichael Capt C.A.M.C. M.O.

CAPT. C. A. M. C.

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 Irene Gogs

(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]

M.F.W. 129.
1033 (D.P.) 500M-11-13.
1772-39-1142.

MEDICAL HISTORY SHEET

Surname Gogo Christian Name Gertrude Irene

Examined { on 1st day of August 1918 / at Ogden M. C. H.

Birthplace { City or Town Montreal / County Pro Quebec

Apparent age 25

Trade or occupation Graduate Nurse

Height 5 feet 4 Inches

Weight 177 lbs.

Chest measurement { Minimum 38 inches / Maximum expansion 2 1/2 inches

Physical development good

Small-pox Marks nil, states she has had small pox

Vaccination Marks { Arm ~~Right~~ ~~Left~~ / Number 0

When Vaccinated last never

(a) Marks indicating congential peculiarities or previous disease

Appendix Operation scar

(b) Slight defects but not sufficient to cause rejection

none

Approved by M Danks

Rank Capt M.O.

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
4/10/18	No Resdt	M Danks Capt M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
3/8/18	+	M Danks Capt M.O.
13/8/18	+	M Danks Capt M.O.
23/8/18	+	M Danks Capt M.O.

Enlisted on day of August 1917 at Calgary

	Corps	Regt'l Number	Habits	Date
Joined on enlistment				
Transferred to				

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.

300M.—1-17.
H. Q. 1772-39-439.

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

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				

Reg. No.----------

Rank----N/Sisli----------

Name----Gogo Gertrude Irene----

Unit----C.A.M.C.----

This form, after completion, is to be attached to the documents of the m/n and filed in envelope.

H.Q. File Reference----392-7-196

Date Struck off Strength----14-5-19

Reason----To Reserve of Officers----

Military District----13----

Auth R.O. 2007 of 10-6-19

H

Clerk's Initials---RSB---

Date----18-6-19----

Hallerin 4-2-22

Doc. S. F. 10.
500/11/18.

CASE HISTORY SHEET.

Military Hospital. Calgary, Alta., Station.

No. --- Rank Lieut N/S. Name Gogo, Gertrude I. Age 25.

Unit C.A.M.C. Completed years of service (Where and how long) C 3/12. year. A&D# 9.(N/S)

Date of admission Oct. 28th.1918 Date of discharge Nov. 10th.1918.

Diagnosis #21 Influemza. Place of origin Sarcee Camp Hospital.

CONDITION ON ADMISSION AND PROGRESS OF CASE

CAUSE:- Exposure to Influenza while nursing cases in Sarcee Isolation Hospital.

Admitted with chilliness, severe pains in head and back. Temp.104. Respirations hurried, considerable cough; a few fine crepitant rales heard in right base. This soon cleared up (3 days) was running normal temp.& pulse when discharged from Hospital

FAMILY HISTORY Neg.

(Tuberculosis, mental or nervous diseases.)

TREATMENT Aspirin & phemacetin, Sinapisms of mustard to chest.

(Especially any specific or special form.) Nourishing diet.

CONDITION ON DISCHARGE, Temp. Pulse and resps normal. Lungs negative.

(and disposal made of case.) Heart normal; ~~pxxxi~~ position, rate, & rythm.

Felt well on discharge but a little shakey when on her feet for a short time. One weeks sick leave after leave feeling fit & returned to duty.

Date Nov.10th.1918

Medical Officer i/c case.

for. Officer i/c Military Hospital, M. D. No. 13, Calgary

A 13325

M. F. B. 313a.
50M.—3-18.
1772—39-439.

H. Q.

M. D. No.

Surname Gogo

T. O. S. 19

Christian names Gertrude Irene

D. O. Pt. II of

Regtl. No. Rank N/S.

S. O. S. 14-5-19 ~~19~~

Unit C.A.M.C.

Reason RO. ~~1893~~ 2007

Auth. M.S. 13

DO 1689 17-6-19 13 DD

Next of kin Gogo, William Albert

Relationship Father

Address Dowling Lake Alta

Also notify:

BORN—Place Canada Montreal Date July 20th 1893

~~ATTESTED~~ Med Ex—Place Calgary Alta Date Dec 4th 1918

O/S

R/C

W. 22—100M 7-18. 1772-39-839.

CANADIAN EXPEDITIONARY FORCE

D.W.13-33.
L.B.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister.

(Name in full) Gertrude Irene GOGO.

Enlisted in The Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

day of XXXXXXXXXXXXXXXXXXXX 191XXX AND WAS APPOINTED to COMMISSIONED RANK

in The Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the First day

of August 1918.

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

and was STRUCK OFF THE STRENGTH on the Fourteenth day

of May 1919 by reason of General Demobilization.

Dated at Ottawa, this Eighth day

of May 191xx 1920.

for. Lt.Col.
Director of Personal Services.

M. F. W. 2618a
30m.—4-19.
1772-39-1428.

CLINICAL CHART.

Lieut N.S Gogo, Gertrude I. C.A.M.C.

Admitted to Generzl Hospital. Oct. 28th.1918

A&D# 9.(N/S)

Discharged from Genl. Hospital. Nov.10th.1918

Diagnosis. #21 Influenza.

Original Clinical chart remainint at General Hospital.

[signature] Captain [illegible]

for Officer i/c Military Hospital, M. D. No. 13, Calgary

MEDICAL HISTORY OF AN INVALID.

1. Station.

2. Regiment or Corps.

3. Regimental No. and Rank.

4. Name.

5. Age last Birthday.

6. Enlisted on

at

7. Former Trade or Occupation.

8. General remarks on his :—

(a) Conduct.

(b) Habits.

(c) Temperance.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date.

9. Service. Years. Days.

	PERIODS.	
	FROM.	TO.

10. (a) Disease or disability.

(b) Date of origin.

(c) Place of origin.

(d) Cause.

11. Present Condition. (Most Important)
(To include full description of present disabling condition or conditions.)

12. (a) Is the disability the result of service or climate ?

(b) Has it been aggravated by intemperance, vice or misconduct ?

M. F. B. 227.

100 M—2-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held ?

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

14. Treatment

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent ?

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes ?

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions.

18. State if for discharge on account of unfitness for Service.

.....

.....

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

A&D#9. Officers. (N/S)

CALGARY MILITARY HOSPITAL, M.D. NO. 13 CALGARY, NOV 1 0 1918

Does the Board concur with the preceding report? If not, give differing opinion.

Nursing Sister Gogo, Gertrude, I. Canadian Army Medical Corps.

10.

Admitted 28-10-18. Discharged.. November 10/1918.

11.

12.

15.

16.

17.

19. Is he unfit for Military Service.

20. Recommendations :

Signatures :—

.....President.

.....

Station. Members.

Date. .....

Date. .....

Asst. Director of Medical Services.

Approved.

Date. .....

Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

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Date of final Medical Board or decision. } .....

Administrative Medical Officer.

Militia Form B. 227.

100 m-2-16.
H. G. 1772—89—117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal. }

Date of final disposal }

How finally disposed of }

The original Report is invariably to accompany the discharge documents of invalids.

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. M. C.

Regimental No. ..... Rank Lieut. N/S. C. E. F. Name Gogo, Gertrude Irene

Enlisted (a) 30.10.17 Terms of Service (a) ..... Service reckons from (a) 1.8.18

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

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

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
		Ogden Military Convalescent Hospital.	Calgary.	1-8-18	R.O.No.1116, 1st. August, 1918. H.Q. 392-7-196
		Transferred from Ogden Military Hospital to Calgary Military Hospital	Calgary	4-12-18	D.O.No.24, para, 55, d/24-1-19.
		Transferred from Calgary Military Hospital to Strathcona Military Hospital.	Edmonton S.	24-1-19.	D.O.No.32, para.224 d/1-2-19.
					Mr. P. Richardson Prin Matron for Lieut.-Col. A. D. M. S., M. D. No. 13
	Strathcona Mil Hospital	Struck off strength as from 14/5/19 having assumed employment under the D of S C R			DO P11 135 - 15-5-19. E. Livesey Capt. & Adjt. for O. C. Edmonton Mil. Hospital

(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				

1197

AUDITOR | PAYMASTER

M. OR S.

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

REGT. NO.

RANK LIEUT NAME (IN FULL) GOGO, G I

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

Certified opening entries on this Ledger Sheet have been audited by J.W. Date 7-5-19

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

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE: Edmonton, Alta | DATE: 14 5/19 | REASON: Empl^d with D. of S.C.R. | AUTHORITY: D.O. Pt. II No 135. 15 5/19 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	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.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 1.5.19																																					
1 5/19 to 14 5/19	14	3.00	42						42						13	15 5/19					42										42		L				D.O. 135. Str off. Str as fr 14.5.19 Dist. O. 133-845.
					W.S.G.		S.A.				War Service Gratuity												W.S.G.		S.A.								Soldier		Dependent		
					37	50			37	50																											C+37.50 Messing allowance 1-3-19 to 14-5-19 2-7-19
																							37	50							37	50					G854 359 7-7-19
					37	50			37	50													37	50							37	50	L				

P. E. Poirier CAPT.
PAYMASTER STRATHCONA MILITARY HOSPITAL M.D. 13

All Payments Due on This Account have been completed.

C. G. Leddall
Paymaster War Service Gratuity

Not Eligible for W.S.G.

100M-1-19.—L. L. 53962-M & D. 9723.
M. F. W. 2596.
1772-39-1390.

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