Unit C.A.M.C. Rank N.S. Name Esther Louise Hammell

OFFICERS' DECLARATION PAPER

ORIGINAL

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

BASE HOSPITAL

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Hammell
   (b) What are your Christian Names? Esther Louise
2. (a) Where were you born? (State place and country) Beeton, Ontario Canada
   (b) What is your present address? Toronto Base Hospital
3. What is the date of your birth? August 31st 1883
4. What is (a) the name of your next-of-kin? Thomas Hammell
   (b) the address of your next-of-kin? Beeton Ontario Canada
   (c) the relationship of your next-of-kin? Father
5. What is your profession or occupation? Nursing
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? Nil
9. State particulars of any former Military Service None
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.

Hammell Esther Louise (Signature of Officer.)

Taken on strength (place) Toronto

(date) December 11-1916

C B Vandusen Lieut. Colonel

(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 him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date January 17th 1917

Place Toronto

Medical Officer.

*Insert here "fit" or "unfit"

M. F. W. 51
100m.—4-16.
H. Q. 1772. 39-917

Unit C.A.M.C. Rank N.S. Name Esther Louise Hammell

OFFICERS' DECLARATION PAPER

TRIPLICATE

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

BASE HOSPITAL

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Hammell
   (b) What are your Christian Names? Esther Louise
2. (a) Where were you born? (State place and country) Beeton Ontario Canada
   (b) What is your present address? Toronto Base Hospital
3. What is the date of your birth? 1883 Aug 31st
4. What is (a) the name of your next-of-kin? Thomas Hammell
   (b) the address of your next-of-kin? Beeton Ontario Canada
   (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? Nil
9. State particulars of any former Military Service None
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.

Esther Louise Hammell (Signature of Officer.)

Taken on strength (place) Toronto

(date) December 11–1915

G. B. Peck Lieut.-Colonel

(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 him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Jan 17 1916

Place Toronto

Medical Officer.

*Insert here "fit" or "unfit"

M. F. W. 51
100m.—4-16.
H. Q. 1772. 39-917

REGIMENTAL DOCUMENTS

NAME [illegible] ESTHER LOUISE 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
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		Public Archives Records Centre NO WILL	10/11/19	Pers-1259 JS	DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		Recd 11/12/19			Category H
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				05319	DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
3	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	M.F.W. 2591					
32	Form C.10.3					
1	M.F.W. 67					
1	A.F.W. 3212					
2	Misc					
1	[illegible]					

405925

Ref: SS Carmania d/25/10/19

W 2584
100M 11-18

Died on 5 March 1975

OPEN AT 4A

BASE HOSPITAL

ORIGINAL

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins..... C. A. Dn. C.

(2) Regimental Number .....

(3) Full Name of Soldier..... Esther Louise Hammell

(4) Place of Birth..... Beeton, Ontario Canada

(5) Are you married, or not? ..... not

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower? .....

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? Yes

If so, state name and address Thomas Hammell Beeton Welton

(10) Is your Mother alive ? Yes

If so, state name and address Mason Eliza Hammell Beeton Welton

(11) If your Mother is a widow

Are you her sole support, or not ?

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

(15) Are you insured ? No

If so, in what Company ?

Have you made arrangements for payment of your Insurance premium

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

E B Pardy Lieut. Colonel
Officer Commanding.

Date FEB 2 - 1917

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE ....23.4.75....

NAME
NOM .....CHOATE, ESTHER LOUISE.....
A.K.A.: HAMMELL, ESTHER LOUISE

Service No. W.W.1
Matricule Nº .N.S.--C.E.F.-Army-

CPC No.
CCP Nº .....

WVA No.
AAC Nº .....206045.....

Information Received from: Memo & Med. Cert. of Death from S.T.M.O.--TO Dist.
Information reçue de: .....

Date of Death 5.3.75
Date du Décès .....

Place Sunnybrook Hosp.
Endroit .....

Distribution: WSR-DASG
VI - ASS
DO - BD
HO - BC

Pour le chef
for Chief, Central Registry Division.
Dépôt central des dossiers.

DVA 24 (Rev. 2/70) BIL.

CANADIAN EXPEDITIONARY FORCE

T.H. 2-42.
T.H.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

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

(Name in full) Esther Louise HAMMELL.

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 Eleventh day

of December 1916

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

and was STRUCK OFF THE STRENGTH on the Sixth day

of November 1919 by reason of General Demobilization.

Dated at Ottawa, this Ninth day

of February xxxx 1920.

Lt.Col.

for. Director of Personal Services.

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

550K

Forms R. 150.
3232. 15 M. 14/12/16.

E.T. **Surname** HAMMELL **Christian Names** Esther Louise.

Rank Nursing Sister **Name and Address of Next-of-Kin** Father,

Promotion R.R.C. 2nd Class Thomas Hammell.

TOS. 11 Dec 16 Beeton. Ontario. Canada

Unit Reinf. C.A.M.C. Nursing Sisters.

Place of birth Beeton. Ontario. Canada,

Married (Yes or No)

Appointments

Date of leaving Canada 29 May 17 1st/ **Date and Cause of Resignation** Spon. 8.6.17

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
		T.O.S. Canada. C.E.F. on arr. P. Can.			
22-6-17	Dms.	Posted to Canada.	Depot.	29-5-17	Co. 799
22-6-17	Dms.	Posted to Ontario M.H. Orpington		8-6-17	Co. 802.
8-10-17	-do-	Posted to No 16 Can Gen Orpington		5-10-17	CO. 1310
26-2-18	do	Posted to CAMC Depot from 16 CGHp		24.2.18	CO. 269.
26-2-18	Dms	Proc o/seas from Depot		25.2.18	CO. 268.
13.3.18	2 C.G. Hp	TOS on arr in France as reinf.		27.2.18	Pt 2 0/14
13-9-18	-do-	Granted 14 days leave		4-9-18	Pt II. ord. 59.
23-1-19	-do-	S.O.S. reposted to 10 Can. Stat. Hosp		31-12-18	Pt II. ord. 4
22-1-19	10 CSH	T.O.S. on reposting from 2 CGHp.		1-1-19	Pt II. ord. 2.
22-4-19	"	S.O.S. & posted 4 C.G.H.		12-3-19	Pt II - 9
11-4-19	7 C.G.H	T.O.S. fm 10 C.S.H on reposting		13-3-19	Pt II Ord 14.
11-4-19	do	Granted 14 days Leave		17-3-19	Pt II Ord 14

A.F.B. 103,
5 - MAR. 1918

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				
27-4-19	7 CGHosp.	S.O.S. to Eng. posted to CAMC Cas Coy		6-4-19	P.T. II ord. 16.
8-5-19	CAMC Cas. Dep	T.O.S. on posting from 7 CGHosp S.O.S. on posting to CAMC R&T Dep		7-4-19 8-4-19	P.T. II ord. 107.
3-5-19	CAMC R.T. Dep	T.O.S. on posting from Cas Coy		8-4-19	P.T. II O. 123.
	do	on Command to 16 C.G.H.		8-4-19	
	do	Leaves Command to 16 C.G.H.		30-4-19	
	do	S.O.S. on posting to 16 C.G.H.		30-4-19	
7-5-19	16 CGH.	Leaves to be attached on being T.O.S on posting from CAMC R&T Dep		30-4-19	P.T. II ord. 107.
30.10.19.	Dud.	S.O.S. on posting to C.M.F. Canada		25.10.19	Can 32.
		Sailed for CANADA 25 10 19 per S S CARMANIA S.L D 59			
12.12.19	W.O.	Awarded the Royal Red Cross 2nd Class			London Gazette 31684.
				30.6.11.19	

SURNAME. Hammell. R.R.C 2nd Class 2.

CARD NO. 4

CHRISTIAN NAMES Esther Louise L.G. 316847 12-12-19

S. of S. 3-11-19
Demob. FOLL.
Ldo. 311977-11-19
#11 Sold.

REGL. No. RANK Nursing Sister

UNIT C.A.M.C. Base Hospital M.D.#2.

FORMER CORPS nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Hammell Thomas.

RELATIONSHIP TO SOLDIER Father.

ADDRESS Beeton Ont.

COUNTRY OF BIRTH Canada, Beeton Ont. DATE Aug. 31st. 1883

PLACE OF ATTESTATION Toronto Ont. DATE Wed. 11th. 1916.

O/S. 29-6-17 F229 / 1

P/C 3-11-19 435-N/S 9

L. L. 10137. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING Nurse RELIGION Anglican

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Toronto Ont. DATE Jan. 17th. 1917

Present Address: Base Hospital Toronto Ont.

No. RANK N. Sister NAME Hammell. Esther L.

T. O. S. 11-12-16 UNIT Base Hospital A.M. 6.
20 77 of 18-12-16

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Dec. 20 a/c.		N.	attchd for Duty Actions & Quarters	
Dec. 11	1917 Jan. 31	J		
Feb.		V		
Mar.		J		
Apr.		N.		
May.		V	Proceeded o/s.	D.D. 1478 of 26-5-17.

Number ..... Rank N. Sister

Surname HAMMELL

Christian Name ESTHER LOUISE.

Units ..... Theatre of War FRANCE.

Date of Service 23.2.18

Remarks .....

Latest Address Beeton Ont

Roll No. B Lag 22206

200m.-6-21....

DESP. MAY 2 1923
REGN NO 10532

CERTIFIED CORRECT
C-MAR 1918
CANADIAN RECORD OFFICE

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

M. F. W. 5 [illegible]. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

BASE HOSPITAL
MILITARY DISTRICT No. 2

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

Regimental No. ..... Rank. Nursing Sister C. E. F. Name. Hammell, Esther Louise

Enlisted (a). ~~11-2-16~~ Terms of Service (a). Can. Exped. Force Service reckons from (a). ~~11-2-16~~

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

W.S.B. class "A"

Extended ..... Re-engaged ..... Qualification (b) (a) Nursing Sister (c) graduate Nurse

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	Halifax	29.5.17	
		Disembarked	Liverpool	8.6.17	
20.6.17	C.A.M.C.D.	TAKEN ON STRENGTH	Westerhauger	29.5.17	P.II D.O.176.
25.6.17	"	Posted to C.M.H. Orpington	Westerhauger	8.6.17	P.II D.O.176.
					N. Nelson. LIEUT. COL. COMMANDING C.A.M.C. DEPOT.
23.6.17.	O.M.H.	Taken on strength	Orpington	8.6.17.	Pt.11.DO.149.
27.2.18	16 Bgd H.	SOS to Camb Sec.	Orpington	24.2.18	Pt. II DO 50
					To Can Cant Camb.
28.2.18	Camb'd.	Left from No 16 C.C.Hosp.	S'cliffe	24.2.18.	P II 59 (C.O. 269)
do	do	SOS proceeded Overseas	do	25.2.18.	P II 59 (C.O. 269)
					C Sutherland Lieut CAPT. ASST. ADJUTANT. CAN. M.G. DEPOT

(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 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
2-3-18	O.C. Unit.	T.O.S. of unit on Arrival in France as reinforcement W.O. 121/Overseas/5349. (A.M.D.4) d/23-2-18. A.A.G. Con. Sect. G.H.Q. 3rd Echelon		27-2-18	B213. File 24568 T.O. 14 d/13-3-18
6-4-18	26 G.H.	attached to 5H Gen. Hosp. Temp. Duty (D.G.M.S. B/1526/91 d/8-4-18)		4-4-18	B213. K.M. file 20421
20-4-18.	"	Rejoined from Temp Duty. (Authy: D.G.M.S. B/1523/96 d/20-4-18.		16-4-18	B213.
7-9-18.	26 G.H.	Granted 14 days leave.	U.K.	4-9-18	B213. P. No 59 d 1918.
21-9-18.	"	Rejoined from leave.		20-9-18	B.213.
4-1-19.	"	S.O.S. of 2 Can Gen Hosp Ltd transfd to No 10 Can Stat. Hosp. (Authy: D.M.S. Cdns M 6502 d 7-1-19.)		31-12-18	B213 K.M. 20421. Pte No 4 of 1919.
5-1-19	10 C.S.H.	S.O.S. of No 10 Can Stat Hospital.		1-1-19	B213. K.M. 20421 Pte 2-1919.
15-1-19.	10 C.S.H.	Proceeded to 15 A.T. for duty		18-1-19	B213
16-3-19	7 Cdn. Gen. Hosp.	Posted to 7 Cdn. Gen. Hosp from 10 C.S.H. (Authy: D.M.S. Cdns M-2-9-1 d 22-3-19)		12-3-19	B213 K.M. 20421 P.O. 9 4-1919.
16-3-19	Do	T.O.S. 7 Cdn Genl from 10 C.S.H. Authy D.M.S. Cdns M 2-9-1 d 22-3-19.		13-3-19	B213 K.M. 20421. Pt II T.O. 14/1919.
23-3-19	Do	Granted 14 Days Leave to France		17-3-19	B213 Pt II 14/1919

Army Form B. 103. Sheet 2 Regimental Number.....

Casualty Form—Active Service.

Regiment or Corps .....

Rank W/S Surname Hammell Christian Name E. L.

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

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

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

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

or Corps Trade and rate.....

Occupation..... Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...			
6-4-19	7 C.G. Hosp	Returned from Leave		3-4-19	B213
	A.A.G.	Proceeded to England (Hospital)		6-4-19	KE 40966
		(Mus 6 O/M 1558 of 12/4/19			
			Struck off Strength		
			Capt. for Lt.-Col., A.A.G. Canadian Section, G.H.Q. 3rd Echelon, B.E.F.		
3-5-19	O.C. C.A.M.C. R. & T. DEPOT	T.O.S. from Can. Ca. Coy	SHORNCLIFFE.	8-4-19	P II D0123
do	do	On Command to No 16 C.G.H.	do	do	do
do	do	Cases to be shown as On Command v.s. S.O.S. to No. 16. C.G.H.			
			do	30-4-19	do

(*a*) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(*b*) Signaller, Shoeing-Smith, &c.

W. 8635—M2733 2000m 9/17 (356) [illegible] B. [illegible]

O. Caldwell Capt. Asst Adjutant P.T.O.
For O.C. C.A.M.C. Reserve Depot

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
8.11.19	No.16 6th M.	Attached from 6 A.M.C. R.T.	Orpington	9.11.19	P.II Do. 85
30.11.19	No.16 6th M.	T.O.S. from 6 A.M.C. Ret. Depot	Orpington	7.5.19	Pt II Do. 107
					Capt. C.A.M.C. Asst. Adjt. & R.M.O. No. 12 Canadian General (Ontario) Hospital
25/10/19	S.O.S. C.M.F. of C. ON EMBARKATION FOR CANADA.	Chas. Corrie. For MAJOR General, Adjutant General, Canadians.			
	T.O.S. Halifax Depot Clearing Services Command Part II. Order No. 301 dated 7-11-19	25-10-19			
	S.O.S. of Halifax Depot clearing services command part II Order No. 311 Dated 7.11.19	3-11-19			Capt. Adjutant Halifax Depot Clearing Services Command
13-11-19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2 for	25-10-19	C.E.F. R.O. No. 2268-19
4-12-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2	6.11.19	C.E.F. R.O. No. 2298-19
			Medical Capt. for Director Personal Services		

L.L. 19226—M. & D. 7814.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

Miss

To Whom Kate Hammell

Address Beeton, Ont.

Rate $40.00

JUN 1 1917

By Whom Assigned E. L. Hammell

Regtl. No.

Rank N. S.

Corps C A M C; Bse. Hos., M. D. #2

PAYMENTS

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

note envelope

CONSOLIDATED ACCOUNT 7

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
18m.—4-17.
1772—39—819.

Miss

Sheet No. 2. Kate Hammell
(Assignee)

Name of Soldier E. L. Hammell
N. S. C. A. M. C. Base Hos. M. D. #2

L. L. Job 19237—M. & D. 7814.

JUN 1 1917

Month.	Year.	Cheque No.	Amt.	40 00 Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June		Z 21693	40	
July		K 22322	40	
Aug.		L 29265	40.	
Sept.		M 36475	40	
Oct.		L 42813	40	
Nov.		R 48888	40	280 00
Dec.		R 57484	40	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Lell.
Lell.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

FORM A.G. I.a. - OFFICERS RETURNING TO CANADA.

1. RANK Nursing Sister.....

2. NAME... Hammell.....

CHRISTIAN NAME IN FULL. Esther Louise.....

4. UNIT ..16 Canadian General(Ontario)Hospital.....

5. UNIT LEFT CANADA WITH. Reinforcement Ont.Military Hosp.June.8th1917

6. MILITARY DISTRICT TO WHICH PROCEEDING..Toronto.....

7. NEXT OF KIN . Mr. Thos.Hammell.....
Beeton.
. Ontario.....

8. CANADIAN POSTAL ADDRESS c/o. Mr. T.Hammell.....
Beeton.....
Ontario
.....

9. RELIGION . C.of E.....

10. DEPENDENTS RETURNING TO CANADA WITH OFFICER.....None.....

.....

FORM A.G. I.a. - OFFICERS RETURNING TO CANADA.

1. RANK ..... Nursing Sister

2. NAME ..... Hammell.

3. CHRISTIAN NAMES IN FULL ..... Esther, Louise.

4. UNIT ..... 16 Canadian General (Ontario) Hospital

5. UNIT LEFT CANADA WITH ..... Reinforcement Ont. Military Hosp. June 8th 1917

6. MILITARY DISTRICT TO WHICH PROCEEDING ..... Toronto.

7. NEXT OF KIN ..... Mr Thos. Hammell
Beeton.
Ontario

8. CANADIAN POSTAL ADDRESS ..... c/o Mr T. Hammell.
Beeton.
Ontario

9. RELIGION ..... C. of E.

10. DEPENDENTS RETURNING TO CANADA WITH OFFICER .... None.

BASE HOSPITAL

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Hammell Christian Name Esther Louise

Examined { on 17 day of January 1917
at Toronto

Approved by [illegible]

Birthplace { ~~City or~~ Town Beeton
County Simcoe

Rank Staff Nurse M.O.

Apparent age 33 years

Trade or occupation Nurse

Height 5 Feet 5 Inches.

Weight 142 Lbs.

Chest measurement { Minimum 34 inches.
Maximum expansion 36½ inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks { Arm Right. Left.
Number none

When Vaccinated last September 1912

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

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.
1917 Jan 29		G.S. Porter Capt. M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc. Para Typh
1916 Dec 28		G.S. Porter Capt. M.O.
1917 Jan 4		M.O.
" 11		M.O.

Enlisted on 11 day of December 1916 at Toronto

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	C.A.M.C.			December 11/16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
H.Q. TO CANADIAN GENERAL (ONTARIO) HOSPITAL ORPINGTON, KENT.	26 JUN 1919	Nil.	Fit. A. G. Morgan Capt.
Orpington	Repat 2/9	A	Ongman Capt.
	26/9/19	A	J. W. Leach Capt.

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.
400M.—1-16.
H. Q. 1772-39-439.

Surname Hammell Christian Name Esther Louise

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.

C.A.D.C. 5069A

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

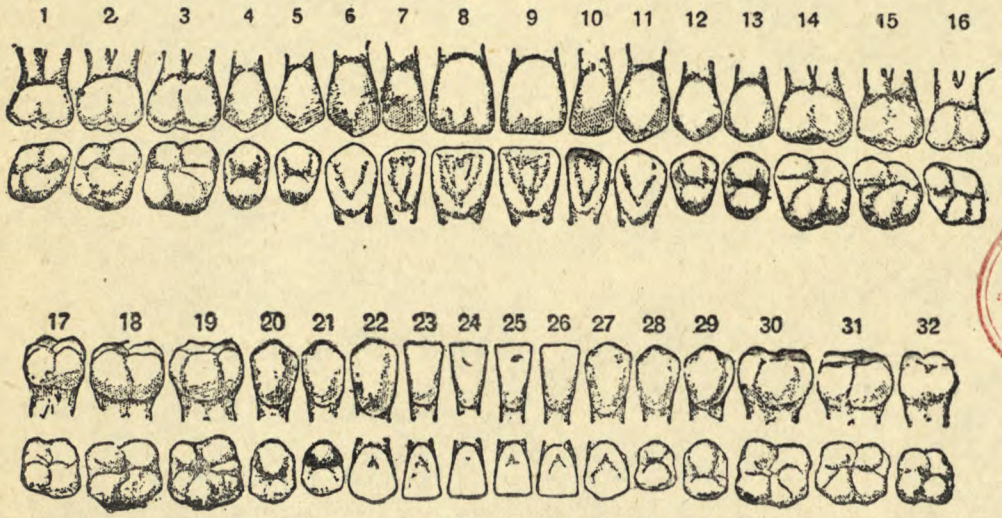
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) HAMELL E.L.

REGIMENT CAMC RANK N/S No.

Date of Examination in England | Date of Examination in France



C.A.D. JAW INJURY CLINIC
No.
3 - SEP 1919
ORPINGTON

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 /
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 Y
- (c) In France

Signature of Dental Officer D.C. Harvey Capt

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 HAMMELL
(Given name in full)
ESTER LOUISE

Unit or Corps C.A.M.C. Birthplace BEETON Ont.

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

1. GENERAL DESCRIPTION:

Physique MEDIUM Weight 142 lbs. Height 5 ft. 5 in. Colour of Eyes GRAY

Nutrition GOOD

Pulse 78

Condition of arteries SOFT

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).

NONE.

Opinion as to general health and physical condition Fit A.

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 No 16 C.G.H. Worthington (Overseas)

Date 16-6-19 Signed A E Morgan capt Can 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 E. L. Hammell

(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]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

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 Hammell

(Given name in full) Esther Louise

Unit or Corps C.A.M.C. Birthplace Brenton N.S.

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

1. GENERAL DESCRIPTION:

Physique Medium Weight 142 lbs. Height 5 ft. 5 in. Colour of Eyes Grey

Nutrition Good

Pulse 78

Condition of arteries Soft

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).

None

Opinion as to general health and physical condition .....

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 .....(Overseas)

Date Sept. 2/19 Signed ..... Capt. 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 E. L. Hammell

(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.)

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 Hammell

(Given name in full) Ester Louise

Unit or Corps C.A.M.C. Birthplace Burton Ont.

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

1. GENERAL DESCRIPTION:

Physique Medium Weight 142 lbs. Height 5 ft. 5 in. Colour of Eyes Grey

Nutrition Good

Pulse 78

Condition of arteries Soft

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 2' ft.

Left 2' ft.

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

None

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 Aldershot (Overseas)

Date Sept. 28/09 Signed J. W. Leach Capt. 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 E. L. Hammell

(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.)

Carmania 3/11/19

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No.

RANK N/S NAME (IN FULL) HAMMELL Esther L. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN

ADDRESS

IS SEPARATION ALLOWANCE PAID? No.

TO WHOM PAID

ADDRESS

RELATIONSHIP

DATE EFFECTIVE

RELATIONSHIP

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F.

IF IN P.F. WHAT UNIT

PLACE OF ATTESTATION

DATE OF ATTESTATION 5/12/16 OK

ASSIGNED PAY $ 40.00

PAYABLE TO Miss Kate Hammell

ADDRESS Beeton, Ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

DISCHARGED PLACE

TRANSFERRED TO Royal Bank, Beaton, Ont. DATE AUTHORITY

TRANSFERRED TO DATE AUTHORITY

DATE EFFECTIVE 1/17/19

RELATIONSHIP

ANY CHANGE IN ASSIGNEE OR ADDRESS

EFFECTIVE DATE 6-11-19 REASON Demob AUTHORITY 400 329 IF ENTITLED TO POST DISCHARGE PAY Yes

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																																						
30/9/19					N/A												82	73	77	87	9000		80	00							330	60	306	60			T.O.S. 2 D.D. from C.S. posted to "as. No., 25-10-19, D.O.#329
					24	00			24	00							82	73	77	87	90	00	80	00							330	60	306	60			
Oct 1st to 7th 16	37	3	00	111					111																		306	60				306	60	195	60		
					W.S.C.																						W.S.C.										
153 days	3		459						459																		195	60				195	60	263	40		
																	187	Dec 8	175	200	7						93					288	60	170	40		
																	210	Jan 6	175	378	3						80	40				369	00	90	00		
																	236	Feb 6	186	553	5						90					459					
			459						459																		459					459					

200M-3-19.—L. ... 58783-... & D. 9935.
M. F. W. 2596.
1772-39-1390.

FORM P.15
5986–25M–19/1/17

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

Beneficiary — C.A.M.C.D. — Pay $2 00 pa / 7 a .60 / Mess 1.00 — N.S. — £8 6/7 — £ff 1 6/7 Dm.S.C.O. 799. d/22 6/7 L.P.C. — Name Hammell

Address — Initials E.L.

Amount. $40.00 £1 6/7 Can ✓ — Bank London County & West Orpington Kent

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

1917-18

DATE 1917	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
June 29th	Pd £ 1/7-30/7. Mess £ 8/7-30/7.	No. 9428.	101.					
" "		Bank. 9229.		61.		62 40.		
July 19	July Pay. (R)		111 60					
" 19.	A.P. Canada. (2 mths)				80.	62. 71 60		
" 23.		Bank. 12943		71 60				
Aug. 18	Aug: Pay. (R)		111 60					
	A P Can				40	71 60		
20.		Bank. 16966		71 60				
Sep. 17	Sept Pay - (R)		108.					
12	A. P. Canada.				40.	68.		
20		Bank 21680		68.				
Oct 16	October Pay (R)		111 60					
12	A. P. Canada.				40.	71 60		
19		Bank. 26062.		71 60				
Nov 16	November Pay. (R)		108					
15	A. Pay. Canada				40			
20		Bank. 30633		68.				
Dec 7	Dec Pay (R)		111 60					
8	A P Can.				40			
13		Bank. 34460		71 60				
Jan 11th	Jan Pay (R)		111 60					
15	A P Can				40			
21		Bank 39278		71 60				
Feb 11	Feb Pay (R)		100 80					
11	A P Can.				40.			
19		Bank 40804		60 80				

6 Jor

FORM P.15
5986–25M–19/1/17

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

Beneficiary
Address
ban
Amount. $ 40
Separation Allowance issued. Yes or No.....

Pay $20 pd
7 a. 60
Mess 1.00

R. S

Name Hammell.
Initials E. L
Bank London County
& West. Orpington
Kent

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918								
	Brought For							
Mar	March Pay (R)		111 60					
12	A. P. ban -				40			
21	Bank			71 60				

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 | AUTHORITY | NAME.

Beneficiary — Can | Unit: 6a 4th 6d. | Pay 2.00 pd | Rank: R.S | 8/17 | Dft Sbo. 799. 22/6/17. L Pb. | Name Hammell.
Address | F.A. .60 | | | Initials E L.
Messing 1.00 | Bank of Montreal, Trafalgar Square | Bank ~~London & County~~ ~~Westminster & Parrs~~ ~~Orpington Kent~~
Amount $40.00 | | | | | | |
Separation Allowance issued. Yes or No..... Outfit allce 1/9 & 6/RB 1/18 | | | | | 22/1/18 | |

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Apl 18	a P. Can				40.			
	Apl Pay (R)		108					
23	Bank	979		68				
May	May Pay (R)		111 60					
13	A P. Can				40.			
22	Bank	2476.		71 60				
June	June Pay (R)		108					
14	A P Can				40.			
21	Bank	4088		68				
July	July Pay R		111 60					
17	A P. Can				40.			
22	Bank	5499.		71 60				
Aug	Aug Pay R		111 60					
14	A P. Can				40.			
21	Bank	6995		71 60				
Sep	Sept Pay R.		108					
12	A P. Can				40			
21	Bank	8976		68				
Oct	Oct Pay R		111 60					
	A P Can				40			
22	Bank.	10697.		71 60				
Nov	Nov Pay (R)		1440					
	A. P Can.				40.			
22	Bank.	12473.		100				

To be Forward

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 | AUTHORITY | NAME. √

Beneficiary
Address
Amount. $ 40- Can
Separation Allowance issued. Yes or No.....

Pay 2 00 Pd
F.A. / 00 "
Messing / 00 "

A/S.

Name Hammell.
Initials E L.
Bank of Montreal
Trof Sar

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Dec	Pay (R)		124					
	a. P Loan				40			
18	Bank	13792		84				
Jan 22	a. P. Can				40			
	Pay. (R)		124					
28	Bank	15564		84		0		
Feb 11	a P Can				40			
	Pay. (R)		112					
26	Bank.	17078		72				
Mar 18	Pay (R)		124					
	a. Pay loan.				40			
24	Bank.	18651		84				
April 11	april Pay (R)		120					
	a. Pay loan				40			
26.	Bank.	1044		80				
May 13	May Pay (R)		124					
	a. Pay loan				40			
	Bank.			84				
June 7	a. O A. 1/10 V° 38		100					
	Bank			100				
19	Pay (R)		120					
	a. Pay loan.				40			
25	Bank			80				
July 4	Adv. July Pay a	Bank.		84				
	July Pay R.		124		40			
	a P. loan							

RETURNED TO CANADA
L.P.C. TO 309 1.9 A M S
TRANSFER TO N.E. LEDGER

FORM P.15
7847 16M 11-2-19 B.565

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

Beneficiary

Address

Amount $ 140.

Separation Allowance Issued. Yes or No.....

Pay

F.A.

Messing

Name D. ammell.

Initials E. L.

Bank of Montreal Traf Sqr

DATE 1919	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES TO BE INITIALED BY P.M. IN EVERY CASE	INITIALS
Aug 22	Br forward						L Pb 30 9/19	
	aug PA Sept Pay (R)		244					
	Adv aug & Sept. Pay.			164		Ba. 80		
Sept	A Can aug & Sept				80			
Oct 22	Advance on a/R d/26 9/19 f 17. Ledt 15. Vo 159.			82 73			Endorsed on L Pb.	
	" 16 10/19. f 16. " 33. Vo 236.			77 87.		Dr. 160 60.	" " #58	
24	Trav acce 23-25 10/19 Direct	331					L 1-10-6 12	
Nov 30	Dr. Bal chgd to Canada	20	160 60.					

FORM P.15

7847 16M 11-2-19 B.565

ASSIGNED PAY.

UNIT.

NAME OF

RATE OF P. AND A.

RANK.

DATE

AUTHORITY

NAME.

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
Duchesse area: I. I.

n/s E. L. Hammell

W.S.B. CLASS A.

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

O.K.

1. RANK Nursing Sister.
2. NAME Hammell. ~~E.L.~~ Esther Louise
3. UNIT No.16 Canadian General(Ontario Hospital, Orpington, Kent.
4. DATE STRUCK OFF STRENGTH | PLACE
5. REASON SOS 6-11-19 RO2298-19
   Demobilization
   Cessation of Hostilities.
6. AUTHORITY
7. PROPOSED RESIDENCE
   Beeton
   Ontario

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.

N. S. Hammell Esther L.

M. F. W. 2591.
(923) Wt. /45P 3/19 15M D.St.

Report No. 3129 C

Army Form W. 3212.
(In books of 100)

Regtl. No., Rank and Name } Ehe Hamilton S/S Age ____ Corps ____

Disease For Medical Board Hospital ____

To Officer i/c Laboratory. Ward ____

Please carry out an examination of the accompanying specimen of ____

with special regard to ____

Nos. of previous Reports (if any) ____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 15-6-19 ____

O. i/c Ward.

LABORATORY REPORT.

Pale amber
Alkaline
S.G. 1020
Alb. 0
Sugar 0

Date of Examination 15/6/19 ____

O. i/c Laboratory.

W6591—P1803 300,000 10/18 HWV(iM374)

R.M.S. "CARMANIA"
3-11-19

N/S. Hammill E.L.

This is to certify that the present condition of the above named
~~soldier~~ Nursing Sister is unchanged since she was boarded on 26-9-19

John J. Lee Capt
C.A.M.C.

Date of Enlistment

RATE OF SEPARATION ALLOWANCE

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

H 173 1590

Date of Assignment

June 1/17.

RATE OF ASSIGNMENT

40			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank N.S. Promoted Reverted Discharge

Soldier's Name E. L. Hammell.

Battalion C.A.M.C. Bse. Hos., M.D. #2.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Miss Kate Hammell.

Address Beeton Ont.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	
Dec 31			280	280	
Jan '18	M	69157	-40	40	C
Feb	N	95206	40	40	A
March	H	97065	40	40	A
April	H	16264	40	40	A.
May	B	11475	40	40	A
June	A	14356	40	40	A
July	K	29278	40	40	A
Aug	D	28840	40	40	A
Sept	C	36242	40	40	A
Oct	E	43101	40	40	
Nov.	G	51187	40	40	A
Dec.	E	63277	40	40	A
Jan	G	70669	40	40	A
Feb	B	77675	40	40	A
Mar	G	83390	40	40	A
Apr	D	1001	40	40	A
May	G	9956	40	40	L
June	O	11196	40	40	L
JIII	O	12184	40	40	
Aug	J	13570	40	40	
Sept	A	15939	40	40	J
Oct	B	14830	40	40	
			1160	1160	

REMARKS 1831-A-13

M.P. 42

A/c Closed 30-11-19

Ret'd per Carmania

Date 3-11-19 M.F.W.187 14-11-19

Clerk P Strasbury

M Roll # 128078 Dest.

CONTROLLER ACCOUNTANT

AUDITED.

over

M. F. W. 128
400m.—6-17—1772-39-1141
L. L. 22320—M. & D. 7493.

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
1919	Ford		1160	1160		
Nov.	6 14256		40	40	✓	
		$	1200	$1200		

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