Nursing

Triplicate

Unit C.A.M.C. *Rank* Sister *Name* Annie H. Henry.

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (*a*) What is your Surname? Henry

   (*b*) What are your Christian Names? Annie Henderson.

2. (*a*) Where were you born? (State place and country) Whitechurch, Ont. Canada.

   (*b*) What is your present address? Whitechurch, Ont. Bruce Co. Canada

3. What is the date of your birth? July 6th. 1889 May 5 1917

4. What is (*a*) the name of your next-of-kin? Frank Henry

   (*b*) the address of your next-of-kin? Whitechurch Ont. Canada.

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

5. What is your profession or occupation? Graduate Nurse.

6. What is your religion? Presbyterian.

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 Nil

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.

Annie Henderson Henry (*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 May 5th 1917

Place London Ont. Canada

A. R. L. Tourgeau Capt. C.A.M.C.
Medical Officer.

*Insert here "fit" or "unfit"

M. F. W. 51
40m.—12-15.
H. Q. 1772-39-917.

REGIMENTAL DOCUMENTS

NAME Henry Annie Henderson REGT. NO. N. Sister 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)		To Personal Services	25-7-19	Ref. to 19 and Ref. Pers — 938	DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		Certs R 26-12-19			Category
	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)				20753	
	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)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					S.O. 24-2-19 Canada
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)					
2+	Disp. Cert.					1
1	M.F.B. 380					2-31
1	M.F.W. 2591					2-31
2	M2W 67					
1	M2B 380					
1	R192 Pl. Ques					
1	Casualty					
1	R149					

Ref. S.S. Royal George 12/7/19.

W. 2589
100M-1-18
[illegible]

Number ..... Rank N/S

Surname HENRY

Christian Name ANNIE HENDERSON

Units ..... Theatre of War ENGLAND

Date of Service 29-5-17

Remarks .....

Latest Address Whitechurch, Ont.

Roll No 2 Page 4899

200m.-6-21.

GRATUITY (IMPERIAL)

CHRISTIAN NAME | SURNAME | REG. NO.

SCHEDULE NO. | LINE NO.

14138

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

868—D.P.—40M-1-12-19.

No. RANK W/S. NAME Henry, A. H.

T. O. S. UNIT No 1 Training Depot. A. M. C.

M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Mar. 27	1917 May Apr. 30	✓		

Form R. 149.

ERB.

Name HENRY Annie *Rank* N/Str. *Reg. No.*

Unit CAMC 9 CGH H enderson

Next of Kin Canada

Date 1919	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
25-4	9 Can.Gen.Hosp.	Kimmel Park (7001)				
	Cont. Head & Shldr.			1232	✓	
12-5	Discharged 700 B			1580		

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

NAME Henry, A. H. REGT. No.

RANK AND UNIT N/Str. C.A.M.C. 9 C.G.H.

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
1273. "	9 Can. Gen. Kinmel Pk.	25-4-19.	Cont. Head & Shld.
1287. "	Dusch. "	12-5-19.	" " & "

SURNAME. Henry. K.I.

CHRISTIAN NAMES Annie Henderson

REGL. NO. RANK Nursing Sister

UNIT C.A.M.C. (T. Hl. No. 1.)

FORMER CORPS C.A.M.C.

CARD No. 4

S.O.S. Demob. 28/7/19
No. 225 Pol. 8/8/19
Rel to Cust Mil 100.
R.02106 of 5-8-19

NEXT OF KIN.

NAMES IN FULL Henry. Frank

RELATIONSHIP TO SOLDIER Father

ADDRESS Whitechurch, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Whitechurch Ont. DATE July 6th 1889

PLACE OF ATTESTATION London. Ont. DATE May 5th 1915

O/S. 29-5-17 F 229 / 1

R/C. 20-7-19. 376/5.

L. L. 10437. M. & D. 7253.

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

MARRIED SINGLE WIDOWER

TRADE OR CALLING Graduate Nurse. RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE London. Ont. DATE May 5th 1917

Present Address Whitebhurch. Ont.

Trained for Employment. March 31/1917 April 1st. April 31/1917.

Surname	Christian Name
HENRY	A. H.
Rank	Unit
N/Str.	C.A.M.C. 9 CGH.

Casualty List	
	No.9 C.G.H.Kinmel Park 25-4-19
26-4-19/1273.	"Contus.Head & Shldr."
13-5-19/1287.	Discharged:-12-5-19

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London

D.M.S.1347. 5M-10-10-18.

Surname	Christian Name	Serial No.

Rank Unit

Medical Board held at	Date	Condition found by Board

Remarks.

A.M.D. 2 DEPT.
Rch of D.G.M.S. O.M.F.C. London

CANADIAN EXPEDITIONARY FORCE

J.W.-1-37.
H.C.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing-Sister

(Name in full) Annie Henderson HENRY

Enlisted in Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE, on the [illegible]

day of [illegible] 191 [illegible] AND WAS APPOINTED to COMMISSIONED RANK

in Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE on the Fifth day

of May 191 7

She SERVED in CANADA, and England with the C.A.M.C. Depot., Granville Can. Special Hospital., Can. Officers Hospital, Yarrow House., No's 9., and 13 Can. Gen. Hospitals.

and was STRUCK OFF THE STRENGTH on the Twenty-Eighth day

of July 191 9 by reason of General Demobilization

Dated at Ottawa, this Eighteenth day

of December 191 9

Lieut.

for Director of Personal Services.

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

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

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

Surname HENRY **Christian Names** Annie Henderson

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

Promotion TOS 5 May 17 Frank Henry.

Whitechurch.Ontario.Canada.

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

Place of birth Whitechurch.Ontario.Canada.

V. IC.

Married (Yes or No)

Appointments

Date of leaving Canada 29-5-17 **Date and Cause of Resignation**

Report Date	Report 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. Camc. Ch.H. Man. p. Can.			
22-6-17	Dms	Posted to Camc. Dep.		29-5-17	Co. 799
22-6-17	Dms	Posted to Granville C. Sp. H Ramsgate		8-6-17	Co. 802
14-4-17	Dms.	Posted to C. offg. Hp. Taken H. Broadstairs		30-6-17	Co. 929.
25-9-17	"	" " No 4 Can Gen Hosp		23.9.17	C.O. 1259.
11.12.17	do	Posted to No 13 Can Gen. Hastings		2.12.17	C.O. 1611
1-2-18	do	Posted to 9 Can Gen Hs Shaffe		28-1-18	C.O. 148.
31-7-18	9 Cl Hsp.	Granted leave from 29-7-18 to		14-8-18	P.T. II 0/146
12-3-19	Dz	Granted leave from 12-3-19 to		29-3-19	P.T. ord. 18.
26-4-19	ams.	Adm 9 Can. Gen. Hosp. Kinmel Park. Discharged		25-4-19 12-5-19	Ch. 1273 Cont. Head & Shldr Ch. 1287 Do
8-7-19	9 Cl H	S.O.S. to 16 Cl. H.		4-7-19	P.T. II 0. 49.
9-7-19	16 Cl. H	T.O.S. from 9 Cl. H. Rhyl		7-7-19	P.T. II 0. 161.

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				
29.7.19	16th C4H.	Sof S to C.E.F.		12/7/19	Pte 7/177
		SOS trans to CEF in Canada		12 7 19	CO 99
		Sailed to Canada "Royal George"		12-7-19	R.L. 506. 21226
		S.O.S. 18/7/19			

VII 22-H-86
1 P.M.

ORIGINAL

9-14-50

LAST PAY CERTIFICATE

Regt.No. ——— Rank N/S Name HENRY Annie Henderson

Corps Canc who was Discharged

on 28-7-1919 to Struck off Strength

The following is a statement of the account of the above named from Adjusted to 28-7-19

Bal Dr from mon. of from L.P.C.	Bal Cr from mon. of from L.P.C.
ASSIGNED PAY:	Regt.Pay dys. @ $3.00 F'ld All. dys. @ $
SEPARATION ALLOWANCE:	SEPARATION ALLOWANCE: W&S 90.00
OTHER CHARGES: O/C Messing Allce 20.00 O/C P+A 29-7 to 31-7-19 9.00 D213878 90.00	OTHER CREDITS: ~~Clothing Allowance~~ Nil ~~35.00~~ Do 220 Subs from 23-7-19 10.20 Subsistence @ 80¢ per day
PAYMENTS:	
Bal.Credit (to be pd.) 119.00	Bal.Dr.(to be deducted) 18.80 (from soldier $) (from Dependent $) 119.00

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BND
at $ per month has been by this Unit to Nil	at $ 30 per month has been paid by this Unit to 31-7-19 Ottawa	Subscribed $ Nil Pd.by other Units $ pd.by this Unit $

Dependent or Beneficiary : Frank Henry

Address: Whitechurch, Ontario

REMARKS: D.O. 220 S.O.S. Discharged on Demobilization. 28-7-19

Date of Enlistment: 5-5-17
If married and if Separation Allowance card submitted. No No

I have carefully examined this statement of account and find it to be a correct extract from the Paylist of this Unit.

Paymaster
District Depot

Date: OCT 14 1919
London Ontario.

No. 1
LONDON, ONT.

J D Patterson Captain.
Paymaster, No.1 District Depot.

.....M. D.....Depot Battalion.....Regiment

Regtl. No.....

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class.....)

1. Surname.....
2. Christian name.....
3. Present address.....
4. Military Service Act letter and number.....
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension. or surrender)
5. Date of birth.....
6. Place of birth.....
   (town, township or county and country)
7. Married, widower or single.....
8. Religion.....
9. Trade or calling.....
10. Name of next-of-kin.....
11. Relationship of next-of-kin.....
12. Address of next-of-kin.....
13. Whether at present a member of the Active Militia.....
14. Particulars of previous military or naval service, if any.....
15. Medical Examination under Military Service Act :—

    (a) Place.....(b) Date.....(c) Category.....

DECLARATION OF RECRUIT

I,....., do solemnly declare that the above particulars refer to me, and are true.

.....(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... yrs..... mths.

Height.....ft.....ins.

Chest measurement: fully expanded.....ins.; range of expansion.....ins.

Complexion.....

Eyes.....

Hair.....

Distinctive marks, and marks indicating congential peculiarities or previous disease.

.....

O. C.....Depot Btn.

.....Regt.

Place..... Date.....

M. F. W. 133.
500M.—5-18.
1772—39—1158.

CONFIDENTIAL.

The signature of each Officer composing the Board, &c., should be attached at the end of the Proceedings.

Original

FOR OFFICERS ONLY.

PROCEEDINGS OF A MEDICAL BOARD assembled

at London Ont Canada

on the 5th day of May 1917 by order of

O.C. T. D. No 1

for the purpose of examining and reporting upon the present state of health of

Nursing Sister Annie Henderson Henry

PRESIDENT. J. R. LeTouzel Capt Can A.M.C.

MEMBERS { D. Allison Capt Can A.M.C.
M. G. Graham Lt Can A.M.C.

The Board having assembled pursuant to order, proceed to examine the above-named officer and find that She is in good mental & bodily health & free from any physical defect likely to interfere with the efficient performance of military duty

The opinion of the Board upon the questions herein is as follows:—

(1) Is the officer fit for service?* Yes

(2) If not so fit, how long is the disability likely to continue? —

(3) To what extent does it prevent his earning a livelihood? —

SIGNATURES { J. R. LeTouzel Capt Can A.M.C.
D. Allison Capt A.M.C.
M. G. Graham Lt A.M.C.

*If an officer of the Active Militia sick or injured at Annual Training, etc., state if he is able to return to his civil duties.

M. F. B. 280.
25 m.—8-16.
H. Q. 17-2-39-274.

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 Henry
(Given name in full) Annie Henderson

Unit or Corps CAMC Birthplace Whitechurch Ont. Bruce Co.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 137 (Est) lbs. Height 5 ft. 1/2 in. Colour of Eyes Hazel

Nutrition Good

Pulse 72

Condition of arteries Normal

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.

Nil.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Kinmel Park Mil Hospl (Overseas)

Date 5-6-19 Signed F H Lougher Capt CAMC 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 Annie H. Henry N. S. C. A. M. C.

(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 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.

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

MD1

NAME OF SOLDIER (Block Letters) HENRY A. H.

REGIMENT C.A.M.C. RANK Lieut No.

Date of Examination in England 5-6-19 | 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
3. CROWNS 19
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 } No
- (c) In France

KINMEL PARK, NORTH WALES.

Signature of Dental Officer A A Hollins Capt.

Original

MEDICAL HISTORY SHEET

Surname HENRY Christian Name Annie Henderson

Examined on 5th day of May 1917 at London Ont. Canada

Birthplace City or Town Whitechurch Ont. County Bruce

Apparent age 27 years 10 mos.

Trade or occupation Graduate Nurse

Height 5 feet ½ Inches

Weight 135 lbs.

Chest measurement Minimum 31½ inches Maximum expansion 34½ inches

Physical development Good

Small-pox Marks Nil

Vaccination Marks Arm Right Left 1 Number 1

When Vaccinated last Two years ago

(a) Marks indicating congential peculiarities or previous disease Nil

(b) Slight defects but not sufficient to cause rejection

Vision Both Eyes 20/20

Approved by J.B. LeTouzel

Rank Capt Can. 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	
2/5/17	+	L. J. Sebert Captain	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
20/4/17		L. J. Sebert Captain	M.O.
27/4/17		L. J. Sebert Captain	M.O.
1/5/17		L. J. Sebert Captain	M.O.

Enlisted on 5th day of May 1917 at London Can.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	Came-	Nursing Sister		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
			Fit
London Ont. Can.	May 5th 1917	Medical Board	J.B. LeTouzel Capt Can. Pro Tem
Kinmel Park Mil Hospl	5-6-19	Fit	Cat (A) H Longher Capt C.A.M.C.

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 HENRY Christian Name Annie Henderson

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
169 C9 Hr.		24	4	19	12	5	19	Contusion Head	19	Recovered.	J. M. Taylor Major

MILITARY HOSPITAL
KINMEL PARK. RHYL

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

M. F. W. 54. (A. F. B. 199.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. ..... Rank M Sole C. E. F. ..... Name Henry A. H .....

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				
26-7-19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 12	12/2/19	C.E.F. R.O. No. 2095-19
5-6-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 1 28-7-19		C.E.F. R.O. No. 2106-19

for Director Personal Services

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

[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				

Army Form B. 103.

Casualty Form—Active Service.

NS

Regiment or Corps R.A.M.C. Regimental Number

Rank Sister Surname Henry Christian Name Annie Henderson

Religion Presbyterian Age on Enlistment 27 years 10 months.

Enlisted (a) 5-5-17. Terms of Service (a) D.o.w. Service reckons from (a) 5-5-17.

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

Extended Re-engaged Qualification (b) Graduate Nurse

or Corps Trade and Rate

Signature of Officer i/c Records.

Report: Date	Report: From whom received	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
		Embarked ...	Halifax	29-5-17	
		Disembarked...	Liverpool	8-6-17	
25-6-17	C.A.M.C.D.	TAKEN ON STRENGTH	Westenhanger	29-5-17	P.R. 20.176
25.6.17	C.A.M.C.D.	Posted to Gen. Hosp. Ramsgate	Westenhanger	8.6.17	P.R. 20.176
				H. Melvin LIEUT. COL. COMMANDING R.A.M.C. DEPOT	
10-6-17	C.G.H.	Taken on Strength	Ramsgate	8-6-17	Part II 20.161
19-7-17	" "	S.O.S. to C.O.H. Yarrow	"	30-6-17	Part II 20.200
				Major, R.A.M.C. For O.C. Granville Canadian Special Hospital, Ramsgate.	
20-7-17	C.G.H.	T. on Sof. Can off. Hosp.	Broadstairs	16-7-17	Part II 20.3
21-9-17	C.O. Yarrow	Leave from 9-9-17 to 23-9-17	do	9-9-17	Part II 20.12
24-9-17	do	Posted to No 4 Can Gen Hosp Basingstoke	do	24-9-17	Part II 20.13
				Capt. R.A.M.C. Yarrow House, Broadstairs.	

(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.

(B99130) W 15012—5156 J. P. & Co., Ltd. Forms/B103/3.

P.T.O.

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				
5-12-17	#4 C.G.H.B.	S.O.S. To #13. Can Gen. Hosp. Hastings.	Basingstoke	5-12-17	Pt II D.O. 172. 5-11-17 Recharge Capt. [illegible]
12-2-17	13 C G H	Taken On Ho 13 C G H Hastings		2-12-17	Pt 2 D.O 316
3.2.18	"	SOS to No 9 C G H Shorncliffe Hastings	28.1.18	"	13.

W. Williams LIEUT. COL.
OFFICER COMMANDING No. 13 CANADIAN GENERAL HOSPITAL, HASTINGS.

3/2/18	No 9. C.G.H. Sclifte	S.O.S from to 13. C.G. Hosp Hastings	Sclifte	28.1.18	Part 2 Do 34.
9/7/18	Am'd 4/24-4-16 of 4/7/7/14	TOS from # 9 C G H effect 7/7/18	Orpington	9/7/18	Pt 2 DO 161 of 9/7/18
10/7/14	16 C G H	SOS [illegible] Embarkation [illegible]	Orpington	12/7/14	

Embarked 12 7 18
Liverpool
Disembarked 22,7,18
Halifax H M T Royal George

W. Gaskin
[illegible] Asst. Q. Mr.
[illegible] (CANADIAN) HOSPITAL

Duplicate

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~~ Nursing Sister. joins Canadian Army Medical Corps.

(2) Regimental Number .....

(3) Full Name of ~~Soldier~~ Nursing Sister. Annie Henderson Henry.

(4) Place of Birth .....

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

(6) If married, state,
(a) Full name of your wife Not applicable.

(b) Present Postal Address .....

(7) Are you a widower ? Not applicable.

(8) Have you any children ? Not applicable.

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

Also their names and ages .....

M. F. W. 67.

200M.—3-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? Yes.

If so, state name and address Frank Henry Whitechurch, Ont. Canada.

(10) Is your Mother alive ? Yes.

If so, state name and address Jennie Henry

Whitechurch, Ont. Canada.

(11) If your Mother is a widow Not applicable.

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.

Not applicable.

(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.

Not applicable.

(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.

Not applicable.

(15) Are you insured ? Yes

If so, in what Company ? Sun Life Ass. Co.

Have you made arrangements for payment of your Insurance premium Yes.

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

Officer Commanding.

Date May 5th. 1917.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
18m.—4-17.
1772—39—819.

Sheet No. 2. Frank Henry
(Assignee)

Name of Soldier Henry Annie H.
N. S. A. Mfte. F. D #1.

L. L. Job 19227—M. & D. 7814.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			$30.00 JUN - 1917
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June		Z 21764	30	
July		T 22649	30	C
Aug.		X 29161	30	
Sept.		K 36183	30	150 03
Oct.		W 43802	30	
Nov.		S 49884	30	
Dec.		L 59414	30	$210.00
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

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.

To Whom Frank Henry.
Address Whitechurch Ont.

By Whom Assigned Henry Annie H.
Regtl. No.
Rank N. S.
Corps A. M. C. I. D #1.

Rate $30.00

JUN - 1917

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				

CONSOLIDATED 6 ACCOUNT

FORM P.15
5986–25M–19/1/17

ASSIGNED PAY.

UNIT. NAME OF | DATE | AUTHORITY

RANK. | mess ~~DATE~~ | AUTHORITY

NAME.

Beneficiary
Address

C.A.M.C.D | Pay $2.00 pd 7h 60 Mess 1.00 | N.S. | $8 6/17 | Eff 1/6/17 DMS.GO 799 d/22/6/17 LPG

Name Henry
Initials Annie Henderson
Bank of Montreal
Trafalgar Sq 1/18

Amount. $ 30.00 £1 6/17 Can ✓
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 28	B.A.f. 1 6/17 Mess f. 8 6/17 – 30 4/17 D.O.	9265	101					
	to Bearer Can. D.O.	589	35 30					
	Bank.	922b		1.56 30		16 30		
July 19	July Pay (R)		111 60					
" 19	A.P. Canada (2 mths)				60			
26	Bank.	13092		81 60				
Aug. 18	Aug. Pay (R)		111 60			81 60		
	A P Can				30			
22	Bank.	17361		81 60				
Sep. 17	Sept Pay R.		108					
12	A. P. Canada				30	78		
21	Bank	21863		78				
Oct 9	October Pay R.		111 60					
12	A. Pay Canada				30			
20	Bank	26291		81 60				
Nov. 16	November Pay R.		108					
15	A Pay Canada				30			
20	Bank	30763		78				
Dec 7	Dec Pay (R)		111 60					
8	A P. Can				30			
14	Bank.	35096		81 60				
Jan	Jan Pay (R)		111 60					
15	A P Can.				30			
22	Bank	39501		81 60				

b Jr.

FORM P.15
5986–25M–19/1/17

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

Beneficiary

Address

ban.

Amount. $ 30

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

Name Henry.
Initials Annie Henderson.
Bank of Montreal
Trafalgar Sq 1+6

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Feb 12	Feb Pay 1R1		100 80					
12	A P ban.				30			
20	Bank	40996		70 80				
Mar 12	March Pay 1R1		111 60					
12	A P ban				30			
23	Bank.			81 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. | C A M.C.D | Pay 2.00 pd. | M S | 8 6/12 | D M S 60. | Name Henry

Address | F.A. 60" | 799. 22 6/12 L.R. | Initials Annie Henderson

Messing 1.00" | Bank of Montreal Trafalgar Sq.

Amount. $30.00

Separation Allowance issued. Yes or No..... Add outfit allce 1/9 & 00

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				30.			
	apl Pay (R)		108.					
24	Bank	1187.		78				
May 14	May Pay (R)		111 60					
13	A P. Can				30.			
23	Bank	2683		81 60				
June	June Pay (R)		108.					
14	A P Can				30.			
24	Bank	4166		78				
July	July Pay. R.		111 60					
17	A P. Can				30.			
24	Bank	5626.		81 60				
Aug	Aug Pay R		111 60					
14	A P. Can				30.			
24	Bank	7258		81 60				
Sep	Sept Pay R.		108					
13	A P. Can				30			
24	Bank	9187		78				
Oct	Oct Pay R.		111 60					
	A P Can				30			
24.	Bank	10404		81 60				
Nov	Nov Pay (R)		140					
	a - P Can.				30			
26	Bank	12581		110				

b. f orwd

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

ASSIGNED PAY.

UNIT. NAME OF

RATE OF P. AND A.

RANK.

DATE AUTHORITY

NAME. ✓

Beneficiary

Address

Amount. $30.00 Can

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

Pay 2.00 Pd.

F.A. 1.00 "

Messing 1.00 "

N/S

a. oa 16/19

Name Henry

Initials A H.

Bank of Mon Traf Sa

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 can.				30			
18	Bank	13792		94		4		
Jan 22	a P can				30			
	Pay (R)		124					
28	Bank	17521		94		0		
Feb 11	a Pay Can				30			
18	Pay (R)		112					
26	Bank	17078		82		0		
March 10	Aaron a/c R.A.	Bank	17720		94			
18	Pay (R)		124					
	a Pay Can				30	0		
April 11	april Pay (R)		120					
	a. Pay Can.				30			
26	Bank.	1044		90		0		
May 13	Pay (R)		124					
	a P can				30			
22	Bank	2593		94		0		
June 7	a Oa Vo 37.		100					
"	do do	Bank		100		0		
" 19	Adv June & July P&a	Bank.		184				
" 20	Pay (R)		120					
June "	a Pay Can.				30	94	From ledg 3 to ledg 12	14.8.19.
July	Pay R.		124					
Aug 19	Last allce 6 7/19 To can 12 Mos	5767			29		£0.10.0	2 x 3

RETURNED TO CANADA L.P.C. TO 31 7/19 6 Mos TRANSFER TO N.E. LEDGER

Occupational Group 19
Disposal Card P

M

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

1. RANK: Nursing Sister
2. NAME: Henry, Annie Henderson
3. UNIT: C.A.M.C.
4. DATE STRUCK OFF STRENGTH: | PLACE:
5. REASON: Demobilization

R. T. C.
SOS 28-7-19 RO 2106-19

6. AUTHORITY:
7. PROPOSED RESIDENCE:

Whitchurch
Ontario
Canada

11/2/19

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.

Henry.

N/S.

1. Triplicate Declaration Paper (M.F.W. 51), or Triplicate Attestation Paper (M.F.W. 23).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178)
4. Proceedings of Medical Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5000a).
6. [illegible] Strength (M.F.W. 2591).
7. Last Pay Certificate
8. War Service Gratuity Form (M.F.W. 2595).
9. Sundry Documents.

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

1. Triplicate Declaration Paper (M.F.W. 51), or
Triplicate Attestation Paper (M.F.W. 20).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B.315 or A.F.B.178)
4. Proceedings of Med Board (M.F.W. or M.F.W.129)
5. Dental Certificate (C.A.D.C. 5009a).
Certificate of Strength (M.F.W. 2591).
Last Pay Certificate (M.F.W.)
War Casualty Grading Form (M.F.W. 2595).
9 Sundry Documents.

Suspend

Group NO

Checked by No. 13

Date 11/7/19

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch H 6182

OVERSEAS CONTINGENTS

Date of Assignment June 1/17

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

30			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Nur. Sis. Promoted Reverted Discharge

Soldier's Name Annie H. Henry

Battalion A. M. C. T. D. #1

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Frank Henry

Address Whitechurch Ont

Change of Address

1

2

3

4

8441-G-44

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec. 31			210	210	✓	
Jan.	W 69895		30	30	Br.	
Feb.	P 74882		30	30	✓	
Mar.	1 90412		30	30	✓	
Apr.	1 17639		30	30	✓	
May	D 8158		30	30	✓	
June	A 18557		30	30	✓	
July	W 33573		30	30	✓	
Aug.	D 33212		30	30	✓	
Sept.	C 40774		30	30	✓	
Oct.	E 47669		30	30	✓	
Nov.	C 55733		30	30	✓	
Dec.	E 66278		30	30	✓	
Jan	C 74757		30	30	✓	
Feb	B 81442		30	30	✓	
Mar.	E 86866		30	30	✓	
Apr.	D 3763		30	30		
May.	R. 7141		30	30	✓	
June	Q. 9796		30	30	✓	
July	O 13049		30	30		
			780	780		

A/c Closed 21-7-19

Ret'd per Royal George

Date 22/7/19. M.F.W.187 M.D. 13

Clerk Kuruchetan

M.D. 10576 send 28/7/19

AUDITED

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400M.—6-17—1774-39—141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 22320—M. & D. 7693.

ID 22-H-86

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. | RANK N/S | NAME (IN FULL) HENRY Annie Henderson (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP | ADDRESS | IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE | TO WHOM PAID Nil | RELATIONSHIP | ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. came | IF IN P.F. WHAT UNIT? Whitechurch Ont. | PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION ~~5-5-17~~ | TRANSFERRED TO 27-3-17 | DATE | AUTHORITY

ASSIGNED PAY $ 30.00 paid to 31-7-19 | DATE EFFECTIVE

PAYABLE TO Frank Henry | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Whitechurch Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED. DATE | EFFECTIVE

~~DISCHARGED~~ S.O.S. | PLACE LONDON, ONT. | DATE 28-7-19 | REASON on Gendlemobd DO 220 | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	S.S. "Royal George" PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																		
31-7-19		30			90	00		90	00	F 213878						90	00									20	00		110	00	20	00		20.00 O/a Messing allce
					10	20		10	20																	9	00		9	00	18	80		DO 220 Subs from 23-7-19
																										90	00		90	00	108	80		90.00 Pte 26-7 to 31-7-19
																																		90.00 1st Inst W.S.S.
16-10-19																																		L.R. Mortimore Maj
				WAR SERVICE GRATUITY																														
			wks	da												wks	da													Soldier Depend				
153 days			45	9				45	9							90										18	80			369				1st pay wks as above
																251	20													350	20			D° Bal on discharge
																99	00													99				OCT 24 1919 1180505
																																		NOV 26 1919 1186388
			45	9				45	9							440	20									18	80		459					

Capt

200m-3-19.—L. ... 58/58-... & C. 9985.
M. F W 2.96.
1774-89-1390.

360