Unit C.A.M.C. Rank Nursing Sister Name Little Josephine Sara

# OFFICERS' DECLARATION PAPER

ORIGINAL

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE

### QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname ? ..... Little.
   (b) What are your Christian Names ? ..... Josephine Sara.
2. (a) Where were you born ? (State place and country) ..... Snelgrove Peel County.
   (b) What is your present address ? ..... Inglewood Ont.
3. What is the date of your birth ? ..... April 4th 1884
4. What is (a) the name of your next-of-kin ? ..... Margaret A Little.
   (b) the address of your next-of-kin ? ..... Inglewood Ont.
   (c) the relationship of your next-of-kin ? ..... Mother.
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 ? .....
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~~ her to the above questions are true.

J. S. Little. (Signature of Officer.)

Taken on strength (place) ..... Toronto.

(date) ..... April 27th 1917.

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

Date May 23rd 1918

Place Spadina Military Hospital

Capt. C.W. Walker
Medical Officer.

*Insert here "fit" or "unfit"

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

REGIMENTAL DOCUMENTS

NAME LITTLE JOSEPHINE, SARA REGT. NO. 71 Sisters UNIT Can C H. Q. FILE NO.

| | CONTENTS | DATE RECEIVED | TO WHOM FORWARDED | DATE FORWARDED | M. F. W. 2505 REFERENCE | NON-EFFECTIVE |
|---|---|---|---|---|---|---|
| 1 | ATTESTATION PAPER (M.F.W. 23, 133, or 51) | | Pers M | 23-7-19 | Pers 9182 mcf | DEATH |
| 2 | CASUALTY FORM (M.F.W. 54 or A.F.B. 103) | | Records | 14 | | 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) | | Cert 9-12-19 | | | |
| | COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) | | | | | |
| 1 | MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) | | | | | DISCHARGE |
| | DENTAL HISTORY SHEET (M.F.B. 465) | | | | | Category |
| | MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) | | | | | 27972 Invalid |
| 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 | M.F.W 2591 | | | | | |
| 2 | A.F.A 45 | | | | | |
| 1 | Disp. Cert | | | | | 1 |
| 1 | Misc | | | | | 1-7 |
| 1 | A 71.1237 | | | | | 1-7 |
| 1 | W 3212 | | | | | |
| 1 | Effects | | | | | |
| 1 | P.49 | | | | | |
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| | | | | | | |
| | S Carmania d-5-7-19 | | | | | |

W. 2589

P

Number ..... Rank N/S

Surname LITTLE

Christian Name JOSEPHINE SARA

Units ..... Theatre of War ENGLAND

Date of Service 23/6/18

Remarks .....

Latest Address ~~P.O. Englewood Ont.~~
Cor Richmond & Victoria
London
Ontario.

Roll No. A Page 5-018

200m.-6-21.

(This form to be filled in by all ranks on voyage to Canada.)

).....

R RANK SURNAME INITIALS UNIT

..... ..... ..... ..... .....

al address.....
(Street) (City or Town) (Province)

one person to be notified of arrival.....

.....

Station in Military District to which a furlough warrant is required.....

..... Railway.....

d, is your wife on board..... Number of children on board.....

tination.....

(Sgd.).....

DEP. JUL 6 1923
REGN. NO. 3470

. 2502.
1-19.
-1269.

H. Q. 392-12-127

M. D. No. 22

Surname Little

Christian names Josephine Sara

Regtl. No. Rank N/Sister

Unit C.A.M.C. M.D.2.

T. O. S. 21-5-1917

~~D. O. Pt. II~~ Lt. of 22-6-17 Nfld.

S. O. S. 16-7-1919

Reason Demob

Auth. PW 209 4/25-7-19 MD2

also auth DO 212 of 31-7-19

A/S #2

~~Next of kin~~ Present

Relationship

Address Orillia, Ont.

Also notify:

BORN—Place Canada, Date Apr. 4th 1884

ATTESTED—Place Date

O/S 25-6-18

R/C 12-7-19 371 N/S.

6

W. 22—100M-7-18. 1772-39-839.

Form R. 149.

ERB.

Name LITTLE Rank N/Str. Reg. No.

Unit Josephine Sara

C.A.M.C. 11 Can. H.

Next of Kin Canada

| Date 1918. | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---|---|---|---|---|---|---|
| 21-9 | Can.Red.Cross Spec. | Hosp. Buxton. | (AMS.7001) | | | |
| | | ~~Lumbago~~ | Myalgia Lumbar | 1093 | | |
| 17-10 | Discharged 7003 | | | 1135 | | |
| 18-9 | 11 Can. Gen. Hosp. Sutton West | Newmarket | | | | |

| Date | | Movement | Place | Casualty | List No. | Notified N/K O. | | W.O. List |
|---|---|---|---|---|---|---|---|---|
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NAME Little J. L.

REGT'L No.

H. Q. FILE No. 649.

RANK AND CORPS C. A. Sn. C. (11. C. G.)

FOLLOWS

No.

FOLLOWS

CABLE

NO. DATE

D/Sk NATURE OF CASUALTY

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

| LIST No. | HOSPITAL | DATE OF ADMISSION | REMARKS |
|---|---|---|---|
| 1093 5 | Con + Spec - Buxton | 21-9-18 | Neuralgia Lumbar. |
| 1135 5 | Leic. | 12-10-18 | Neuralgia lumbar |

D. M. S. 1347.

| Surname | Christian Name | Reg. No. |
|---|---|---|
| Little | J. | |

Rank: N/Sister. Unit: C.A.M.C.

| MEDICAL BOARD held at | Date | Serial No. |
|---|---|---|
| (1) Buxton Area. | 9-10-18. | |

| Other Medical Boards at | Date | Serial No. |
|---|---|---|
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |

Condition found by Board

Sciatica L.

Disposition Recommended

(1) Fit Home ser. Unfit Gen.ser 2 months.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at Date.....

Disposition

Remarks

Indicate by a P.T.O. if continued on other side.

Surname. Christian Name.
LITTLE J. S.
Rank. Unit.
N/Str. C.A.M.C. 11 C.G.H.

Date of admission.
Canadian Red Cross Hospital, Buxton 21-9-18
Hospital.

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Myalgia Lumbar. Rw.
Diagnosis.

Later diagnosis. .....

.....

.....

.....

Discharged:-17-10-18
Disposition. Date.
23-9-18 1093-5.
11-11-18 1135-5. .....

C.L. ..... Remarks.
C.L. .....
C.L. .....
C.L. .....
C.L. .....
C.L. .....
C.L. .....

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

M. F. W. 41
100m-1-18.
1772-39-889.

Name Pte. J. Little

Regimental No. Nurse

Unit Spadina Military Hospital

Date of enlistment

Place of "

Married (yes or no) Yes $25 S.A.per month

Amount of pay assigned monthly $

To whom payable Mrs. J. Little

Subsistence 80¢ per day 406 Spadina Av. Toronto.

Name and address of next-of-kin

Date and place discharged S.O.S. D2. 75. 27/4/18.

Reason for discharge

Character on discharge

| Date From 1918 | Date To | PAY No. of Days | PAY Rate | PAY Amount | Field Allowance No. of Days | Field Allowance Rate | Field Allowance Amount | Other Credits | Total Credits | Voucher No. | Voucher Date | Cash Payments | Assigned Pay | Other Charges | Total Debits | Remarks, Casualties, etc. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Apr.1 | 26 | | 1.00 | and | | .10 | per day | 20 80 2/66 | 7/06 | 7/360 | | 36 06 | 35- | | 7/06 | 7/358 a P.L. |

M. F. W. 41
100M-1-18.
1772-39-889.

Name.....

Regimental No. | Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no) | Date and place discharged

Amount of pay assigned monthly $ | Reason for discharge

To whom payable | Character on discharge

| Date | | PAY | | | Field Allowance | | | Other Credits | Total Credits | Voucher | | Cash Payments | Assigned Pay | Other Charges | Total Debits | Remarks, Casualties, etc. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| From | To | No. of Days | Rate | Amount | No. of Days | Rate | Amount | | | No. | Date | | | | | |
| | | | | | | | | | | | | | | | | |

M. F. W. 41
100M-1-18.
1772-39-889.

Name Pte J. S. Little J. S.

Regimental No. Whitby Military Hospital

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $ 30.00

To whom payable Mrs. M. A. Little, Inglewood Ont

Name and address of next-of-kin

Date and place discharged Trans. to Proceed

Reason for discharge Overseas June 1/18

Character on discharge Ard. Rtg.

1918

| Date From | Date To | PAY No. of Days | PAY Rate | PAY Amount | Field Allowance No. of Days | Field Allowance Rate | Field Allowance Amount | Other Credits | Total Credits | Voucher No. | Voucher Date | Cash Payments | Assigned Pay | Other Charges | Total Debits | Remarks, Casualties, etc. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| May 1st | 31 | ~~2.00~~ 31 | 2.00 | 62 - | 31 | 60 | 18 60 | | ~~80 60~~ | 75433 | | ~~40 -~~ ~~80 60~~ | | | ~~80 60~~ | |
| | | | | | | | | | 78 799 | | | 40 60 | | | 80 60 | M P L. |

M. F. W. 41
100M-1-18.
1772-39-882.

Name _____

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

| Date | | PAY | | | Field Allowance | | | Other Credits | Total Credits | Voucher | | Cash Payments | Assigned Pay | Other Charges | Total Debits | Remarks, Casualties, etc. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| From | To | No. of Days | Rate | Amount | No. of Days | Rate | Amount | | | No. | Date | | | | | |
| | | | | | | | | | | | | | | | | |

# CANADIAN EXPEDITIONARY FORCE

## Certificate of Service

S.N. 2-36.
E.S.

ISSUED TO OFFICERS AND NURSING SISTERS

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

(Name in full) Josephine Dan. LITTLE,

Enlisted in The Canadian Army Medical Corps,

CANADIAN EXPEDITIONARY FORCE, on the [illegible]

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

in The Canadian Army Medical Corps,

CANADIAN EXPEDITIONARY FORCE on the twenty-seventh day

of April 191 7.

He SERVED in CANADA, and ENGLAND with the C.A.M.C., C.A.M.C. Training Depot, Shorncliffe, 11th Can.General Hosp., Can.Red Cross Special Hospital, Buxton, 12th Can.General Hosp., 14th Can.General Hosp., Can.Special Hospital, Lenham, 4th Canadian General Hosp.

and was STRUCK OFF THE STRENGTH on the sixteenth day

of July 191 9 by reason of General Demobilization.

Dated at Ottawa, this seventeenth day

of December 191 9.

for Director of Personal Services.

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

Fill in only.—Unit, Number, Rank and Name. WSB OOP B

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

# Casualty Form—Active Service.

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

Regimental No. V Rank Nursing Sister C. E. F. Name Little Josephine Sara

Enlisted (a) Apr 27-17 Terms of Service (a) C.E.F. Service reckons from (a) Apr 27-17

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) Nursing Sister - 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 Canada | | | |
| | | Disembarked England | | 25-6-1918 | |
| 15.7.18 | Canada Str | S.O. from Canada | S'cliffe | 25.6.18 | P.R. 2196 |
| 19.7.18 | " | S.O.S. to 11 C.G. Hosp. | " | 16.7.18 | P.R. 2309 |
| 20-7-18 | O.C. # 11 C.G.H. | S.O.S. from C.A.M.C. 2nd R. Dep. | " | 16/7/18 | P.R. II. Dep. #58. |
| 12.10.18 | O.C. XI C.S.H. | S.O.S. to C.A.M.C. Cas. Dep. having been a casualty for 21 days. | " | 8.10.18 | P.R. II D.O. 82. |

OFFICER I/c No. XI CANADIAN GE... MOORE BARRACKS, SHORNCLIFFE

(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.

Nursing Sister Little G 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 | | | | |
| 11.10.18 | Camb Casbo | TOS from 11 6 SH. 9 | Shotts | 7.10.18 | Pt II DO 134 |
| Do | Casbo | Adm 11 6 SH. 15.9.18 | Do | | Do |
| Do | Do | Trans Buxton 6 R 6 SH. | Do | 20.9.18 | Do |
| 22.10.18 | Do. | SOS to No. 12. 6 SH. | Do | 18.10.18 | Pt II DO 143 |
| | | | | | A A Davies O. C. Camb Casbo |
| 22.10.18 | C.a.m.b Cas. Camp | T.O.S 12. 6. G. H. from Camb Cas Camp | Bramshott | 18-10-18 | Pt II DO. 251 |
| 15.11.18 | 12. 6 GH | S.O.S 12 6 GH to 14. 6. G. H. | " | 13.11.18 | Pt II DO 271 |
| 14/11/18 | #14 C.G.H. | T.O.S. from #12 C.G. Hosp. | Eastbourne | 14/11/18. | Pt. II #53 14/11/18. |
| | | | | | Capt. Adjutant. No. 12 Canadian General Hospital |
| 11/12/18 | do. | S.O.S to Con. Special Hosp. Lenham Kent | do. | 11/12/18 | DO Pt II #58 14/12/18. |
| | | | | | Lt. Col. O.C. No 14 Canadian Gen. Hospital, Eastbourne, Sussex. |
| 17-12-18. | C&H Lenham. | T.O.S from #14 6. G Hosp. | Lenham | 11-12-18 | DO. Pt II 18 & J 16-12-18. |
| 22-1-19. | DO | Granted Leave 15-1-19 to | Lenham | 22-1-19. | DO Pt II 7 of 1919 |
| 6/6/19 | - | S.O.S to No. 4. C. G. H. 31-1-19. Basingstoke | do | 7/6/19 | DO Pt. II: No 41 |
| | | | | | Major C.A.M.C. for O.C. Canadian Special Hospital, LENHAM, KENT. |

Army Form B. 103 Regimental Number.....

## Casualty Form—Active Service.

Regiment or Corps... Canc

Rank... Mrs... Surname... LITTLE ... Christian Name... Josephine Sara

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... | | | |
| | #4 C.G.H. | 30.5. Dm to C.E.F. in Canada | B'stoke | | Pte. D.O.# |
| | | | | | Major Canc |
| | | | | | No. 4 Canadian Gen. Hospital, |
| | | | | | Basingstoke. |

(*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.

(6228) W. 13863/M1477 1,400,000 1/17 MeA & W Ltd Forms B./103/4 (R. 868)

[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 | | | | |
| | | Embark RMS-Carmania Liverpool 5.7.19 Capt. & Adjt. | | | |
| 18/7/19 | M.H.Q. Ottawa | T.O.S. C.E.F. in Canada on General Demobilization | M.D. No. 2 | 2/7/19 | C.E.F. R.O. No. 2084-19 |
| 25-7-19 | M.H.Q. Ottawa | S.O.S. C.E.F. in Canada on General Demobilization | M.D. No. 2 | 16-7-19 | C.E.F. R.O. No. 2094-19 |
| | | for Director Personal Services | | | |

12. 654.

# MEDICAL HISTORY SHEET

ORIGINAL

Surname Little Christian Name Josephine Sara.

Examined { on 25th day of May 1918 / at Epsom Military Hospital

Birthplace { City or Town Speigrove. / County Peel.

Apparent age 34 years.

Trade or occupation Graduate Nurse

Height 5' feet 8" Inches

Weight 181 lbs.

Chest measurement { Minimum 40 inches / Maximum expansion 43 inches

Physical development Good.

Small-pox Marks None.

Vaccination Marks { Arm Right Left / Number 1

When Vaccinated last 1901.

(a) Marks indicating congential peculiarities or previous disease None.

(b) Slight defects but not sufficient to cause rejection None.

Approved by

Capt. C.W. Walker

Rank Captain 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 |
|---|---|---|
| 12.5.18 | | S.S. Ball Capt Came M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | Anti-Typhoid Inoculations, Etc. |
|---|---|---|
| 27.4.18. | | S.S. Ball Capt Came M.O. |
| 4.5.18. | | S.S. Ball Capt M.O. |
| 11.5.18. | | S.S. Ball Capt M.O. |

Enlisted on 27th day of April 1917 at Toronto

| | Corps | Regt'l Number | Habits | Date |
|---|---|---|---|---|
| Joined on enlistment | C.A.M.C | | | april 27-1917. |
| Transferred to | | | | |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

| Station | Date | Disease | Result |
|---|---|---|---|
| Canadian Red Cross Special Hospital, BUXTON, DERBY. | 9-10-18. | Sciatica | Cat-C (for 12 months) Philip Burnett Lt Col. Pres. |

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.

Surname Little Christian Name Josephine Sara

| 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 | | | | |
| Canadian Red Cross Special Hospital, BUXTON, DERBY. | | 20 | 9 | 18. | 17 | 10 | 18 | Scabies | 27. | Commenced about 22/9/18 Ulcers for 3 days now cures practically no symptoms | J. McMoran 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. 1 Rank N/S Surname LITTLE
(Given name in full)
Josephine Sara

Unit or Corps C.A.M.C. Birthplace Snellgrove

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

1. GENERAL DESCRIPTION:

Physique good Weight 180 lbs. Height 5 ft. 8½ in. Colour of Eyes Hazel.

Nutrition Good

Pulse Good

Condition of arteries Normal

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 25 ft.

Left 25 ft.

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

Nil.

Opinion as to general health and physical condition Fit

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

Nervous System Yes 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.

In Oct 1918 had an attack of Sciatica. Symptoms lasted about 10 days. Good recovery but has some (sl) symptoms at times since.

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

[OVER]

# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at ~~C.S.H. Leuhan~~ (Overseas)

Date 21.3.19 Signed T.R. Woodward 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 J. S. Sittler

(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.

**CONFIDENTIAL.** Army Form A. 45.

# MEDICAL BOARD REPORT ON A DISABLED OFFICER.

**(ALSO TO BE USED FOR DISABLED NURSES.)**

Canadian Red Cross Special Hospital, BUXTON, DERBY.

Station

Date 9/10/18.

1. Rank and Name NURSING SISTER JOSEPHINE S LITTLE
2. Unit. Canada
3. Age 34 4. Total Service 17/12 War Service (a) at home 7/12 (b) abroad 0/12
5. Address 133 Oxford St. London W.

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability SCIATICA LEFT
7. Date of origin of disability 20/9/18
8. Place of origin of disability H.C.F. Rochester
9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

Diphtheria 17 yrs. ago. No other illness.
Present illness started 20/9/18 with pain in sacro iliac region more marked on left & radiating down back of L. leg. Given Radiant heat. rest with gradual exercise.

I concur in the findings of the Board of Medical Officers recorded.
W. A. Delany
Lt. Col. A.D.M.S. Invaliding
for D.M.S.
Canadian Contingents.

OPINION OF THE MEDICAL BOARD.

NOTES.—(i.) The Board will on no account inform the officer of its opinion on any of the following questions.

(ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to arrive to a reliable decision on the officer's claim to pension, etc.

(iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.

(iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service? no
(b) in the service? yes
11. Was it attributable to military service? yes
If so, to what specific military conditions is it attributed? Colitis

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease, are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service? n a
If so, by what specific military conditions? n a
13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? no

[P.T.O.

14. What is the officer's present condition ? Q little stiffness & sciatic tenderness remaining on L side. but is able to walk without pain. Heart L lung & other systems normal. F it for duty in England

15. To what degree is the officer disabled at the present time ? R0 %

(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20 under 20, or nil.)

16. Is the disability permanent ? no

17. If not permanent, how soon is re-examination recommended ? 2 months.

18. Is it necessary that the officer should be re-examined by the same Board ? no

19. What treatment is the officer receiving, and where, and from whom ? ~~nil~~ Massage

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature ? no

21. Does the officer require the constant attendance of another person ? no

22 Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 158/1918. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service no for 2 mos'

B.—Fit for service in a garrison or labour unit abroad no for 2 mos

C.—Fit for home service :—

(i) Active duty with troops yes. for 2 mos.

(ii) Sedentary employment only no

D.—For admission to a command depot no

E.—Requiring indoor hospital treatment :—

(i) In an officers' military or auxiliary convalescent hospital no

(ii) In an officers' hospital no

F.—Permanently unfit for any further military service no

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 307 of 1918 been complied with ? n/a

Philip Burnett Lt Col President.

F B Boyd Major A.M.C.

J A Poulton Capt. A.M.C. Members.

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. | Mess DATE | AUTHORITY | NAME. 11-L-113 Fr Can

Beneficiary | C.A.M.C. | Pay 2 -- pd | N/S | 7/18 | D.M.S.O. #671 | Name Little
Address | | F.A. .60 | | | 9/16-7-18 | Initials Sarah Josephine
| | Messing 1 --
Amount. $ 20 Can 6/18 | | | | | | Bank of Montreal Trav Agcy
Separation Allowance issued. Yes or No..... Address until called for 20 Bridge

| 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 |
|---|---|---|---|---|---|---|---|---|
| July 22 | Pd fr 1/18 Mess fr 7/18 Vo 1010H | | 183 60 | | | | | |
| " | Do Do Less A Pay & Adds in Can & 50 | 5201 Cash | | 73 60 | | 110 | a Pay fr 6/18 30 pm | |
| 23 | A P Can 2 months. | | | | 60 | 50 | | |
| Aug 6 | Adds of Pay on a/c at Halifax while awaiting transport thereto Vo 71. | Ant Lists & Aug. | | 50 | | | | |
| | Aug Pay R. | C.C. | 111 60 | | | | | |
| 14 | A P. Can | | | | 30 | | | |
| 24 | | Bank | 7258 | 81 60 | | | | |
| Sep | Sept Pay R. | | 108 | | | | | |
| 13 | A P. Can | | | | 30 | | | |
| 17 | Trav allce. 7-16/18. | 7271 | | | | | 1-0-6 | 4 99 |
| 24 | | Bank | 9187 | 78 | | | | |
| Oct | Oct Pay R. | | 111 60 | | | | | |
| | A P. Can | | | | 30 | | | |
| 24 | | Bank. | 10404 | 81 60 | | | | |
| Nov 13 | Trav allce in Can 6-8 6/18 | 9384 | | | | | 8/5. | 2 50 |
| Nov | Nov Pay (R.) | | 140 | | | | | |
| | a P. Can. | | | | 30 | | | |
| | | Bank | 12521 | 110 | | | | |
| Dec | Pay (R) | | 124 | | | | | |
| | a P. Can | | | | 30 | | | |
| 1918 18 | | Bank | 13792 | 94 | | | | |
| 1919 Jan 8 | Trav allce 7 12/18 | 11165 | | | | | 6/ | 1 46 |
| 13 | " " 28-29 12/18 | 11419 | | | 30 | | 15/- | 3 65 |
| 23 | a P Can | | | | 30 | | | |
| | Pay (R) | | 124 | | | | | |
| 28 | | Bank | 15564 | 94 | | | | |
| | b. Toro | | | | | | | |

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. $30.00
Separation Allowance issued. Yes or No.....

Pay 2.00 Pd
F.A. 1.00 "
Messing 1.00 "

A/S.

a. o. a 1/6/20

Name Little
Initials J. S.
Bank of Montreal
Traf Square

| DATE | PARTICULARS | CK. NO. | CR. | DR. | ASSIGNED PAY PAID IN CANADA | BALANCE | SPECIAL AUTHORITIES To be initialed by P.M. in every case. | INITIALS |
|---|---|---|---|---|---|---|---|---|
| Feb 11 | B. Forwd Bil | | | | | | | |
| " | a. P can | | | | 30 | | | |
| | Pay (R) | | 112 | | | | | |
| 24 | Bank | 17078 | | 82 | | o | | |
| Mar 19 | Pay (R) | | 124 | | | | | |
| | a. Pay can | | | | 30 | | | |
| 26 | Bank | 18651 | | 94 | | o | | |
| april 12 | april Pay (R) | | 120 | | | | | |
| | a. Pay can. | | | | 30 | | | |
| 26 | Bank. | 1044 | | 90 | | o | | |
| May 13 | Pay (R) | | 124 | | | | | |
| | a. P Can | | | | 30 | | | |
| 22 | Bank | 2593 | | 94 | | o | | |
| June 20 | June Pay (R) | | 120 | | | | | |
| | a P Can | | | | 30 | | | |
| 25 | Bank | | | 90 | | o | | |
| 26 | Adv July Pay | Bank. | | 94 | | Ds 94 | | |
| July | July Pay (R) | | 124 | | | | | |
| | a. Pay can. | | | | 30 | o | Tofer fr Ledg 3 to Ledg 12. 14. 7/19 | |

RETURNED TO CANADA
L.P.C. TO 31. 7/19 D'Sloke
TRANSFER TO N.E. LEDGER

BG- 32
OG- 19
DA- 92

WSB class "B"

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

4-7-44

1. RANK N/SISTER
2. NAME LITTLE JOSEPHINE SARA
3. UNIT No.4 Canadian General Hospital. Can.C.
4. DATE STRUCK OFF STRENGTH | | PLACE
5. REASON Demob. SOS 16-7-19 RO2094-19

18 JUL 22

6. AUTHORITY
7. PROPOSED RESIDENCE P.O. Inglewood, Ont. Canada.

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.

Embark RMS-Carmani
Liverpool 5.7.19

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

# Proceedings of an Officer or Nursing Sister Struck off Strength

OF THE

# Canadian Expeditionary Force.

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

Group. A 11
Checked by [illegible] 26
Date JUN 30 1919

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

**Surname** LITTLE **Christian Names** Josephine Sara.

**Rank** N/Sister.

**Name and Address of Next-of-Kin**

**Promotion**

TOS. 27.9.17

Margaret A.Little.(Mother)
Inglewood,Ont.

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

**Place of birth** Ontario.

**Married (Yes or No)**

VIC

**Appointments**

**Date of leaving Canada** 25.6.18. **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 |
|---|---|---|---|---|---|
| 16.7.18. | D.M.S. | T.O.S.on arr.from Canada. | | 25.6.18 | C.O.671. |
| 15.7.18 | C.A.M.C. Rec. Pool | T.O.S. of this Depot | | 25.6.18 | P.T. O. 196 |
| 20-7-18 | 11 CGH. | T.O.S. on posting from | CAMC. T&R.D. | 16-7-18 | P.T. 11 # 58. |
| 19-7-18 | CAMC. R.T.D. | S.O.S. on posting to | 11 CGH. | 16-7-18 | P.T. 11 of 200 |
| 23-9-18 | AMS. | Adm. Can. Red X Sp. Hp. | Buxton Discharged | 21-9-18 CL. 1093. 17-10-18 CL. 1135 | Myalgia Lumbar. " " |
| 12-10-18 | 11 CGHp. CAMC. | S.O.S. on posting to | CAMC. Cas. Depot | 9-10-18 | P.T. 11. ord. 82 |
| 11-10-18 | Cas. Dep. Sec. | T.O.S. on posting from | 11 CGH (Shown in Hosp) | 7-10-18 | P.T. 11 ord. 134. |
| 22-10-18 | -do- | S.O.S. on posting To | 12 Can. Gen. Hosp. | 18-10-18 | P.T. 11. ord. 143. |
| 22-10-18 | 12 CGHp. | T.O.S. on posting from | CAMC | Cas. Coy S'cliffe | 18-10-18 P.T. 11. ord. 251. |
| 15-11-18 | -do- | S.O.S. on posting to | 14 Can. Gen. Hp. | 13-11-18 | P.T. 11. ord. 272. |
| 14-11-18 | 14 CGH. | T.O.S. from | 12 Can. Gen. Hosp. | 13-11-18 | P.T. 11. ord. 53. |
| 14-12-18 | Do | S.O.S. to | Can. Spec. Hosp. | Lenham | 7-12-18 P.T. 11. ord. 58 |

| 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 |
|---|---|---|---|---|---|
| ~~16-12-18~~ | CSH Lenham | T.O.S. from 14 Can Gen Hsp | Eastbourne | 7-12-18 | P.T. ord. 108 |
| 22-1-19 | Do | Granted leave from 15-1-19 to | | 31-1-19 | P.T. ord 7. |
| 7-6-19 | do | S.O.S. to 4 C.G.H. | Basingstoke | ~~7-6-19~~ 5-6-19 | amended Pl-II O. 42. Pl-II O. 41. |
| 7-6-19 | 4 C.G.H | T.O.S. from C.S.H. | Lenham | 5-6-19 | Pl-II O. 45. |
| 30-6-19 | do | S.O.S. on posting to | 15 C.G.H. | 30-6-19 | Pl-II O. 52. |
| 7-7-19 | 15 C.G.H | T.O.S. from | 4 C.G.H. | 30-6-19 | " " 148 |
| | | | | | 21492 |
| 17-7-19 | Dtel | S.O.S. to Canada | | 5-7-19 | C.O. 85. |
| | | Sailed to Canada S.S. Carmania | | 5-7-19 | S.L. 93. |
| | | | | Loss 14.7.19 | |

Forms
I. 1237
12

Army Form I. 1237.

# MEDICAL CASE SHEET.*

| No. in Admission and Discharge Book. | Regimental No. | Rank. | Surname | Christian Name. |
|---|---|---|---|---|
| | CAN. REDEX HP BUXTON. | N/S | Little | Josephine S. |

| Year | Unit. | Age. | Service. |
|---|---|---|---|
| 1915 | Canc | 34 | 17/12 2/12 0/12 |

Station and Date.

Disease ~~Lumbago~~ Sciatica

W C G H.
15-9-15

There were some symptoms which suggested sacro-iliac trouble, but with a normal blood count it was thought that this could be ruled out and that the chief cause of the disability was more likely to be a neuritis.

W. Whitehouse Major

Buxton
6-1-16.

D. M. S. MEDICAL SERVICE No. 1 MOORE BARRACKS, SHORNCLIFFE. LIEUT.-COL. R.A.M.C. MILITARY HOSPITAL

Northwood
21/9/15

Previous history - Diphtheria - 17yrs. ago.
Present - Pain in back. Carry'd on light duty. Able to carry on till Sept. 5th when she went off duty but was not admitted to Hospital. There is sharp pain in left - to left of sacro iliac joint. Worse on exertion. Radiates down left leg & catches down right.

22/9/15
7/10/15

Radiant heat station yesterday. Some pain & stiffness left sciatic but is able to walk without much pain. Fit for duty in England

J. B. Morton Capt.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239)

P.T.O.

Station and Date.

And Ruth said Entreat ~~Thee~~ me not
to leave thee or to return from
following after thee for whither
thou goest I will go & where thou
lodgest I will lodge Thy people
shall be my people — & thy God
my God.

Barmanya 13/7/19

AUDITOR | PAYMASTER

M. OR S. — PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES — REGT. No. F-148 — RANK N/S. — NAME (IN FULL) LITTLE JOSEPHINE SARA (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. ✓ — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|---|---|---|
| | | |

ORIGINAL UNIT C.E.F. Can C — IF IN P.F. WHAT UNIT? Royal Bank, Inglewood, Ont ✓

PLACE OF ATTESTATION ✓ — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 27/4/17 ✓ — TRANSFERRED TO ✓ — DATE — AUTHORITY

ASSIGNED PAY $ 30.00 ✓ — DATE EFFECTIVE 1/8/19

PAYABLE TO Mrs. Margaret A Little — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Inglewood, Ont ✓

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE — DATE 16/7/19 ✓ — REASON Demob — AUTHORITY D.O.212 ✓ — IF ENTITLED TO POST DISCHARGE PAY N/A

| 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. | PARTICULARS OR REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BALANCE FROM PREVIOUS ACCOUNT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31/7/19 ✓ | | | | | NIL ✓ | | | | | | | | | | | 90 00 ✓ | | | | | | | | | | 27 00 ✓ | | | 117 00 ✓ | | 117 00 ✓ | | 13/7/19 Arr. Inglewood 1st Can. Bn. to Bramshott 5-31/7/19 |
| Aug 1- ✓ | | 30/- ✓ | | | | | | | | | | | | | | | | | | | | | | | | 117 00 ✓ | | | 162 | | 162 ✓ | | T.O.S. D.O. 206 ✓ |
| | | | | | W.S.G. | | | | | | | | | | | | | | | | | | | | | 45 ✓ | | | | | | | o/c Pay a/c 17-31-7-19 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | W.S.G. | | | | | | | AMOUNT DUE SOLDIER DEPENDENT |
| 153 days ✓ | 3- | | 459- ✓ | | | | | 459- ✓ | | | | | | | | | | | | | | | | | | 162 ✓ | | | 162 ✓ | | 297- ✓ | | Cash £3 |
| | | | | | | | | | | | | | | | | AR 87 Aug. 11 753669 | | | | | | | | | | 93 ✓ | | | 255 ✓ | | 204- ✓ | | |
| | | | | | | | | | | | | | | | | OD 112 Sept 10 10W7415 | | | | | | | | | | 90 ✓ | | | 345 ✓ | | 114 ✓ | | |
| | | | | | | | | | | | | | | | | OD 135 Oct 3 1W630 27 | | | | | | | | | | 114 ✓ | | | 459 ✓ | | Closed | | |
| | | | 459- ✓ | | | | | 459- ✓ | | | | | | | | | | | | | | | | | | 459- ✓ | | | 459- ✓ | | 8/6 | | W. S. G. PAID IN FULL |

1-Dueber

FOR PAYMASTER WAR SERVICE CONTRACT

100M-1-19.—L. L. 53962-H. & D. 9723.
M. F. W. 2516.
1772-39-1800.

Regtl. No. Rank and Name W. LITTLE Corps Canc.

Disease Febricula (Sacro-iliac) Hospital E C - 14

To Officer i/c Laboratory. Ward Nurses Home

Please carry out an examination of the accompanying specimen of blood

with special regard to W.B.C. ; diff.

Date 9/9/18

O. i/c Ward.

## LABORATORY REPORT.

LIEUT-COL. C.A.M.C.
O. i/c MEDICAL SERVICE No. XI CAN. GEN. HOSPITAL,
MOORE BARRACKS, SHORNCLIFFE.

To Capt Fidler

Leucocyte Count 5600 per c.m.m.

Differentials:-

| | |
|---|---|
| Polys. | 60 % |
| Lymph. | 33 % |
| L. Mono's | 6 % |
| Eosino. | 0.5 % |
| Baso. | 0.5 % |

Platelets seemed prominent but are in normal limits— count about 500,000 per c.m.m on the slide.

E. Fidler Capt CAMC

Date of Examination

O. i/c Laboratory.

W.3212. 50M-4-4-18.

LIEUT-COL. C.A.M.C.

O. i/c MEDICAL SERVICE No. XI CAN. GEN. HOSPITAL,
MOORE BARRACKS, SHORNCLIFFE.

LIEUT-COL. C.A.M.C.

O. i/c MEDICAL SERVICE No. XI CAN. GEN. HOSPITAL,
MOORE BARRACKS, SHORNCLIFFE.

O. i/c MEDICAL SERVICE No. XI CAN. GEN. HOSPITAL,
MOORE BARRACKS, SHORNCLIFFE.

LIEUT-COL. C.A.M.C.

LIEUT-COL. C.A.M.C.

O. i/c MEDICAL SERVICE No. XI CAN. GEN. HOSPITAL,
MOORE BARRACKS, SHORNCLIFFE.

Date of Enlistment 27-4/17

MILITIA AND DEFENCE

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment L ~~000~~ 6067 1st June/18

RATE OF SEPARATION ALLOWANCE

| | | | |
|---|---|---|---|
| | | | |

RATE OF ASSIGNMENT

| | | | |
|---|---|---|---|
| 30.00 | | | |

## PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank N. S. Promoted Reverted Discharge

Soldier's Name Sarah Josephine Little,

Battalion C.A.M.C. Dist dep Nor

Beneficiary

Relationship

Address

## PARTICULARS OF ASSIGNMENT

Name Mrs. Margaret A. Little.

Address Inglewood, Ont.

Change of Address

1

2 MRS.MARGARET A.LITTLE, INGLEWOOD, ONT.

3 A-C N.S. SARAH JOSEPHINE LITTLE

4 THIRTY DOLLARS

30 30.00

| Date | Cheque No. | Amount S/A | Amount A/P | Total | | REMARKS |
|---|---|---|---|---|---|---|
| 1918 | | | | | | 011176-J-70 |
| June | V 27215 | | 30 | 30 | ✓ | |
| July | A 28784 | | 30 | 30 | ✓ | |
| Aug | J 40214 | | 30 | 30 | ✓ | |
| Sept | M 43976 | | 30 | 30 | ✓ | |
| Oct | P 55751 | | 30 | 30 | ✓ | |
| Nov | Q 61076 | | 30 | 30 | ✓ | |
| Dec | O 68654 | | 30 | 30 | ✓ | |
| 1919 Jan | R 74344 | | 30 | 30 | ✓ | |
| Feby | N 78135 | | 30 | 30 | ✓ | |
| Mch | 9 85399 | | 30 | 30 | ✓ | |
| Apl | 9 3522 | | 30 | 30 | ✓ | |
| May | W 9247 | | 30 | 30 | ✓ | |
| June | 2 9798 | | 30 | 30 | ✓ | |
| July | S 12323 | | 30 | 30 | | |
| | | | 420 | 420 | | |

A/c Closed 31-7-19.

Ret'd per: Carmarine

Date 13-7-19 M.F.W.187 24-7-19

Clerk

MD 2

PRO 104641

AUDITED.

AUTHORITY FOR NEW ACC'T. } MD 2 BS — W.M.Dickson 12/6/18

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22820—M. & D. 7493.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

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—1772-39-1141
L. L. 22520—M. & D. 7983.