Unit C.A.M.C. *Rank* Nur.Sis. *Name* Lynchke, Margaret Rachel.

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (*a*) What is your Surname ? Lynchke.
   (*b*) What are your Christian Names ? Margaret Rachel.
2. (*a*) Where were you born ? (State place and country) Carp. Ont., Canada.
   (*b*) What is your present address ? Carp, Ont., Canada.
3. What is the date of your birth ? Jan., 29th, 1891.
4. What is (*a*) the name of your next-of-kin ? Dr. P.J. Lynchke,
   (*b*) the address of your next-of-kin ? Carp, Ont., Canada.
   (*c*) the relationship of your next-of-kin ? Father.
5. What is your profession or occupation ? Prof. Nurse.
6. What is your religion ? C. of E.
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 --
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.

M. A. Lynchke. Nur. Sis. (*Signature of Officer.*)

Taken on strength (place) Kingston, Ont.

(date) Mar. 15, 1917.

Lieut-Colonel, A.M.C
(*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 Mar. 15, 1917. 191

Place Kingston, Ont

Lieut-Colonel, A.M.C.
Medical Officer.

*Insert here "fit" or "unfit

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

LYNCHKE MARGARET RACHEL N.S. CAMC. 35677

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.

DEMOB.

IIB

Surname	Christian Name	Serial No.
LYNCKE	M. R.	

Rank	Unit
N/Str.	C.A.M.C.

Medical Board held at	Date	Condition found by Board
London Area	6-3-19	Influenza.

Fit Home ser.unfit Gen.ser.2 months.

Remarks.

Surname	Christian Name
LYNCKE	M. R.
Rank	Unit
N/Str.	C.A.M.C. 2 CSH.

Casualty List	
18-2-19/1217	HS.to Q.A.I.M.N.S.H.Ldn. 15-2-19
28-2-19/1226	2. "Influenza".
21-3-19/1244.	C.R.C.Officers H. London 27-2-19.
	Discharged:-20-3-19.

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

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

NAME Lynchke, M. R. 392-12-108. REGT. No. MD3G.

RANK AND UNIT N/S. C.A.M.C

NEXT OF KIN

SD, 5-6-19 Demob
DO 1814 of 30-6-19. #3410
Also RO 2034 of 18-6-19.

CABLE	
No.	DATE

NATURE OF CASUALTY

Country of Birth, Canada

Jan, 29th 1891

Canada, J

R/C 2-6-19 340/2 N/S.

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS

Number ..... Rank OK N/Sister

Surname LYNCHKE

Christian Name MARGARET. RACHEL

Units ..... Theatre of War FRANCE

Date of Service 31-8-18

Remarks Christie St. Hospital Toronto, Ont. 1923

Latest Address Carp, Ont.

Roll No. B. Page 20752

200m.-6-21....

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

RANK SURNAME INITIALS UNIT

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

ne person to be notified of arrival

tation in Military District to which a furlough warrant is required

Railway

, is your wife on board Number of children on board

ination

(Sgd.)

DEP. JAN 24 1923 REGINA

Form R. 149.

E.R.B.

Name LYNCKE *Rank* N/Str. *Reg. No.*

Unit C.A.M.C. Margaret Rachel 2 C.S.H.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K	O.	W.O. List
1919							
15-2	Q.A.Mil.Hosp.Millbank	(7001) Influenza.		1213			
27-2-19	Embkd Off Ho Audley St	7001	—	1225			
26-3-19	Discharged Pass 3		—	1246			

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

NAME Leyneke M. R. REGT. No.

RANK AND UNIT Capt. C. G. M. C. 2. C. S. H.

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY

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

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
1217. 2.	G.H.S. 10 C.A.I.		
	Br. M.S. 71	15/2/19	Influenza.
	Vincent Square		
	W.		
1226. 1.	Con. + Officers	27/2/19	"
	17 Audley Street		
1244 1.	Desc. W.	20/3/19	"

CERTIFIED CORRECT
14 SEP 1918
CANADIAN RECORD OFFICE

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

W.S. Bo... Cla... 19...

M. 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. ..... Rank Nur. Sis. Name Margaret Rachel Lynchke.

Enlisted (a) ..... Terms of Service (a) C.E.F. Dofw Service reckons from (a) 6.4.17

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

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				
		Embarked	Canada	6.4.17	
		Disembarked	England	16.4.17	
24.4.17	C.A.M.C.	TAKEN ON STRENGTH	Westenhanger	16.4.17	P.R. D.O. 114
25.4.17	"	Posted to Dofs. 6 K. 6 Hosp. Taplow	"	17.4.17	P.R. D.O. 114
					A. MacLaren CAPT. ASST. ADJUTANT FOR O.C. C.A.M.C. TRAINING SCHOOL
17-4-17	Wire Medircan 6 M. 2674	Taken on strength Dof 6 6 R X Hospital.	Taplow Bucks.	17-4-17	P.2. D.O. No. 108/1 d/18/4/17
26.1.18.	WMS.4.6. 353 AMD 44	Granted 17 days leave from. 26-1-18	Taplow Bucks	26.1.18	P 2 D O. 24 28-1-18.
13.8.18.	WMS Ltr. AMD. 4/4-L-484	Granted leave from 27-8-18 to 12-9-18	Taplow Bucks	27.8.18	P.2 D O. 203 27.8.18

(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				
28-8-18	W.G.M.S. Ltr Amd. 4/4-L-610.	Struck off strength No. 15 Can. Gen. Hosp. on reporting to W.G.M.S. Office from leave for duty overseas	Taplow Bucks	31-8-18	P.2 W.O. 207 — 31-8-18. C. Burton Wilkes ..... Captain, C.A.M.C.
7.9.18	2 Con. Stat. Hosp	T.O.S. of M.C. 2 Con. Stat. Hospital, on arrival in France. (Auth: W.O. 121/O'Seas/6101 (AMD 4) d/d 27-8-18.)	Outreau	31.8.18	B213 from K.R. 32662 + 25 4/13/2 Pte 55 d/18.9.18.
1.2.19	"	Granted 14 days leave	from	1.2.19	B213 P20 6 d/- 18.2.19
1.4.19	A.D.C. Ch. Sec. 3rd Echl.	Posted to C.A.M.C. on unit pro. to Eng. for demob.	General	1.4.19	K.A.R. 5.0027 Pte D.O. 13 d/- 11.4.19.
"	"	T.O.S. of A.M.C. General Proceeded to England		2.4.19	W.O. 21-4-1919.
7-4-19.	C.C.H. Bearwood.	Attached from C.A.M.C.R.&.T. Depot. Shorncliffe.	Bearwood.	4-4-19.	Pt.D.O.97. Capt. C.A.M.C. For. O.C., C.C.H. Bearwood. Wokingham
23/5/19	—	S.O.S. on embarkation to Canada.			

Capt. for Lt.-Col., A. A. G.
H.Q., C. M. O. 3rd Echelon, B. E. F.

Adjutant General, Canadian

E.T.

Surname LYNCHKE **Christian Names** Margaret Rachel. 1-5-17 D of C

Rank Nursing Sister **Name and Address of Next-of-Kin** Father, 25.9.17. No 15 CGH

Promotion TOS 15.3.17

Dr. P.J. Lynchke.
Carp. Ontario. Canada.

Unit C.A.M.C.

Place of birth Carp. Ontario. Canada.

Married (Yes or No)

Appointments

Date of leaving Canada **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. on arr. from Canada			
20/4/17	Dms	& posted to C.amc. Depot		6-4-17	CO. 510
20/4/17	Dms.	Posted to D. of Con. C. Red X. H. Taplow		17-4-17	CO 509 T.O.S. Pt II ord. 108. D of C
4-10-17.	Dms.	Posted to No. 15 Can Gen Hosp. (D of C Red X)		1-10-17.	CO. 1299.
28-1-18	15 C.G.Hp.	Granted 17 days leave		26-1-18	Pt II. ord. 24
27-8-18	-do-	Granted leave from 27-8-18 to		12-9-18	Pt II. ord. 203.
31-8-18	-do-	Reported at D.G.M.S. office from leave and S.O.S. on proceeding O/Seas for duty		31-8-18	Pt II. ord. 207.
18-9-18	2 CSH.	T.O.S. on arrival in France		31-8-18	Pt II. ord. 56.
18-2-19	Do	Granted 14 days leave from		1-2-19	Pt II. ord. 6.
24-2-19	Camc Cas Coy	T.O.S. from Camc. France & adm. Hosp.		15-2-19	Pt II. ord. 46.
18-2-19	AMS.	Adm. Q.A.I.M.N.S. Hp. 71	Vincent Square	15-2-19	Cl. 1217 Influenza.
28-2-19	Do	Adm. Can. Red X Off. Hp. 17	11. Audley St. Discharged	27-2-19 20-3-19	Cl. 1226 Influenza. Cl. 1244 Do

A.F.B. 103.
11 SEP. 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				
11-4-19	2-C.S.H	S.O.S. to C.A.M.C. & Gen on Unit proceeding to Eng.		~~8~~-4-19	Pt II Ord 13.
12-4-19	Canad Genl	T.O.S. from 2 C.S.H.		2-4-19	" " 21.
6-4-19	do	S.O.S. to Canad Cas Coy.		15-2-19	" " 44.
14-5-19	CAMC. Cas. Coy	S.O.S. on posting to CAMC. R&T. Dep.		4-4-19	Pt II ord. 112.
4-6-19	Canad R&T Dep	T.O.S. from Canad Cas Coy		4-4-19	Pt II O. 142.
	"	On command to C.C.H.	Bearwood	4-4-19	
	"	Ceases Command to	Bearwood	30-4-19	
	"	S.O.S. to C.C.H.	Bearwood Park.	30-4-19	
30-5-19	Dmd.	S.O.S. on trans. to C.P. Fin Can Cessation of Hostilities		23-5-19	C.O. 67.
		Sailed to Canada S.S. Megantic		23-5-19	Sailing ~~No 501~~
		SOS. 5.6.19			

17229

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. Sister ..... Surname LYNCH KE
(Given name in full) MARGARET RACHEL

Unit or Corps C.A.M.C. ..... Birthplace Carp. Ont. Canada

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

1. GENERAL DESCRIPTION:

Physique good ..... Weight 122 ..... lbs. Height 5 ft. 2 in. Colour of Eyes Grey

Nutrition Lean

Pulse 76. regular

Condition of arteries soft

Vision Rt. 6/12+ Left 6/18+

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
2 vaccination scars on upper left arm

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 nil ..... Genito Urinary System nil ..... Cardio-Vascular System nil

Special Senses Yes ..... Integumentary System nil ..... Respiratory System nil

Disturbance of Mentality nil ..... Muscular System nil ..... Digestive System nil

Osseous and Joint System nil ..... Any other general condition nil

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.

Has double myopic condition. does not wear glasses. causes no inconvenience and no disability.
Had an attack of Influenza (slight) from 14-2-19 - 25-2-19. In St Vincent Dy Hospital on above dates. Full recovery no disability.

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at 13 Bernard (Overseas)

Date 29-4-19 Signed Graeled Major M.O.

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

Signature M. B. Symchke N.S

(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.)

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

J.W. 3-33.
M.R.

ISSUED TO OFFICERS AND NURSING SISTERS

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

(Name in full)..... Margaret Isabel White, ...

Enlisted in..... The Canadian Army Medical Corps, ...

CANADIAN EXPEDITIONARY FORCE, on the..... [redacted] .....

day of..... [redacted] .....191.....AND WAS APPOINTED to COMMISSIONED RANK

in ..... The Canadian Army Medical Corps, ...

CANADIAN EXPEDITIONARY FORCE on the..... fifteenth .....day

of..... March .....191.....

He SERVED in CANADA, ... and [redacted] with the C.A.M.C. Depot, Duchess of Connaught Can.Red Cross Hosp., #2 Can.Stationary Hosp., C.A.M.C.Convt., 4th Can.Convalescent Hosp., Beauvoir .....

and was STRUCK OFF THE STRENGTH on the..... fifth .....day

of..... June .....191.....by reason of..... Demobilization .....

Dated at Ottawa, this..... twenty-eighth .....day

of..... November .....191.....

J. Gearmore
.....Lieut.
for Director of Personal Services.

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

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9 0.

Casualty Form—Active Service.

Unit, Regiment or Corps. Cmb

Regimental No. ..... Rank. Sdr C. E. F. Name. Lysechko M P

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				
10/6/19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No 3	23/5/19	C.E.F. R.O. No. 2007 '5
18-6-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No 3	5-6-19	C.E.F. R.O. No. 2034-19

de Pfister Capt
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				

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.M.C.....

(2) Regimental Number..... Nursing Sister.

(3) Full Name of Soldier..... Lynchke, Margaret Rachel.

(4) Place of Birth..... Carp, Ont., Canada.

(5) Are you married, or not ?....No.

(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. Dr. P.J.Lynchke.

If so, state name and address Carp, Ont., Canada.

(10) Is your Mother alive? Yes. Mrs. P.J. Lynchke.

If so, state name and address Carp, Ont., Canada.

(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.

Lieut-colonel, A.M.C.
Officer Commanding.

Date Mar., 15, 1917.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

NAME OF SOLDIER (Block letters) LYNCHKE, M.R.

REGIMENT C.A.M.C. RANK N/S No.

Date of Examination in England 29/4/19 | 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 1 - 2 - 12 - 15 - 31
2. EXTRACTIONS - 17 -
3. CROWNS —
4. DENTURES
   - (*a*) Full Upper —
   - (*b*) Part Upper —
   - (*c*) Full Lower —
   - (*d*) Part Lower —

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (*a*) In Canada —
- (*b*) In England —
- (*c*) In France —

Signature of Dental Officer J. Coghlan Capt. CADC

25M.—12-18.
H.Q. 1772-39-950

ORIGINAL

MEDICAL HISTORY SHEET

Surname Lynchke, *Christian Name* Margaret Rachel.

Examined { on 15th day of Mar., 1917
at Kingston, Ont.

Birthplace { City or Town Carp,
County Ont.? Canada.

Apparent age 26.

Trade or occupation Prof. Nurse.

Height 5 feet 3 Inches

Weight 122 lbs.

Chest measurement { Minimum 36 inches
Maximum expansion 3 inches

Physical development good.

Small-pox Marks Nil.

Vaccination Marks { Arm Right Left X
Number 2

When Vaccinated last 1914

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

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

Approved by [signature]

Rank Lieut-Col, A.M.C. M.O.

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

Date	Result	Vaccinations	
2-4-17	good	[signature] Lt-Col.	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
15-3-17	good.	[signature] Lt-Col.	M.O.
22-3-17	good	[signature] Lt-Col.	M.O.
29-3-17	good.	[signature] Lt-Col.	M.O.

TAB 19-4-18 C D Macpherson Capt
1 cc TAB 26-4-18 C D Macpherson Capt

Enlisted on 15th *day of* March 1917 *at* Kingston, Ont.

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

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
13 Bowes Sq. W.	15-3-19	Debility	C[illegible] for 2 mos.
13 Bowes Sq W	29-4-19	Nil	J. A. M. Bell, Major, C.A.M.C. ~~Adm~~ Fit A. Grunlaed Asst. Cmdt

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.

CANADIAN

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

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
71. Vincent Sq.	14-2-19	14	2	19	25	2	19	Influenza	11	Slight attack of influenza with Bronchitis	Maj Thorne OC. Hosp. for 2 A.F.M.N.

L-L.Job 5470—M[illegible]D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

To Whom Mrs P. J. Lynchuke

Address Carp. Ont.

By Whom Assigned Lynchuke M. R.

Regtl. No.

Rank Nurse Sister

Corps C.A.M.C.

Rate 15.00

APR 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

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Mrs P. J. Lynchke. (Assignee)

I. L. Job 5470—Req. 6888.

Name of Soldier Lynch Lt. W. R. Next Sister Ont.

15.00 Remarks. APR 1917

Month.	Year.	Cheque No.	Amt.	
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		L 61722	15	
May		~~X 10254~~	~~15~~	~~15 Can~~ X 10254 Can
June		~~C 15497~~	~~15~~	~~Can~~ C 15497 Can
July		D 23349	15	C
Aug.		O 30543	15	
Sept.		J37864	15	J
Oct.		O 42567	15	
Nov.		Y 49769	15	
Dec.		S 59548	15	
Jan.	1918		135	
Feb.				
March				
April				
May				
June				
July				

P 18621

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 P. 15.
5986—25M—19/1/17

ASSIGNED PAY.

UNIT.

NAME OF | DATE | AUTHO

Beneficiary

Address

Canada

Amount. $ 15.00 for 1/17

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

C.A.M.C. T.D

Pay
Fa
Mess

DATE	PARTICULARS	CK. NO.
1917		
April 24	P.A for 1-30/4/17 Mess for 16/4/17 (less 15.00 a P)	Bank 2940
27	P.A. & n.S. rals Mess for 16/4/17 Dm.S.B.O. 510 d/20/4/17 A.P.C. can	Vol 64 1
may	may Pay - R.	
9.	a. P. Can (2 months)	
23		Bank 5986
June 11.	A.P. Canada.	
" 15.	June Pay. (R)	
22		Bank. 9004.
July 17.	July Pay (R)	
" 18.	A.P. Canada	
25.		Bank. 13092
Aug. 18	Aug Pay (R)	
	A P Can	
22.		Bank. 17361
Sep 17	Sept Pay (R)	
12	A. P. Canada	
21		Bank 21863
Oct 15	October Pay - R -	
12	A. Pay Canada	
20		Bank. 26291
Nov 16	November Pay R.	
15	A Pay Canada	
20		Bank. 30763
Dec 7	Dec Pay (R)	
8	A P Can	
14		Bank 35096

6 Fd.

OF	DATE	AUTHORITY	RANK.	~~DATE~~ Mess	AUTHORITY	NAME.
6.TD		Pay $2.00 pd Ja. 60 Mess 1.00	N/S	16th/17	Fr. Canada Dmsco. 510 d/20th	Name Lynchke - Initials M R. - Bank of Montreal - Trafalgar Sq 1/18

1917-18

	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
) Bank	2940		98				
4/17 LP.Plan	Vol641	93			Cr 15		
		111 60					
)				30	96 60		
ank.	5986		96 60				
				15			
		108			93		
ank.	9004		93				
		111 60					
				15			
Bank.	13092		96 60				
		111 60					
				15	96 60		
Bank.	17361		96 60				
		108					
				15	93		
Bank	21863		93				
		111 60					
				15			
Bank.	26291		96 60				
		108					
				15			
Bank.	30763		93				
		111 60					
				15			
Bank	35096		96 60				

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY. UNIT. RANK.

NAME OF DATE AUTHORITY DATE A

Beneficiary

Address

Pay $2.00 pa
7 a .60
Mess 1.00

N.S

Amount. $ 15 ban

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

DATE	PARTICULARS		CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BAL
Jan	Jan Pay (R)			111 60			
15	a P. ban					15.	
14	Instalment ban Victory War Loan #10	Cash	37174		10.		
23		Bank	39501		46 60		
Feb 12	Feb Pay (R)			100 60			
12	a P. ban.					15.	
13	3rd Instalment ban Vic War Loan	Cash	40342		20.		
20		Bank	40996		65 60		
Mar 6th	4th Instalment ban Vic War Loan	Cash			20 00		
	March Pay (R)			111 60			
12	A P. ban					15	
23		Bank			76 60		

ORITY	RANK. DATE	AUTHORITY	NAME.
$2 00 pa 60 $ 1.00	N.S		Name Lynchke Initials M. R. Bank of Montreal Trafalgar Sq 1/18

CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
111 60					
		15.			
	10.				
	86 60				
00 60					
		15.			
	20.				
	65 60				
	20 00				
11 60					
		15			
	76 60				

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

ASSIGNED PAY.

UNIT.

NAME OF

RATE OF P. AND

Beneficiary

Address Can

Amount. $ 15. 1/4/17.

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

1918-19

C.A.M.C. T.D.

Pay 2 ~~1a~~ pd

F.A. \ ~~60~~

Messing /

Add. Outf

DATE 1918	PARTICULARS	CK. NO.	CR.
Apr 8	6th Instlt Can. Victory Loan	267	
16	A P Can		
	Apl Pay (P)		108
24	Bank	487	
May 6	6th Instalment Can Vic Loan Cash	1663	
19	May Pay (P)		111 6
13	A P Can		
23	Bank	1683	
June	June Pay (P)		108
14	A P Can.		
24	Bank	4166	
July	July Pay R.		111 6
17	A P Can		
24	Bank	5626	
Aug	Aug Pay R		111 6
14	A P Can		
24	Bank	7258	
Sep	Sept Pay R.		108
12	A P Can		
24	Bank	9157	
Oct	Oct Pay R.		111 6
	A P Can		
24	Bank	10404	
Nov 6	Belletin Galle France 1-30 7/8		

b arry f owd.

T. NAME OF	RATE OF P. AND A.	RANK. DATE	AUTHORITY	NAME.
C.T.D.	Pay 2 ~~1~~ pd F.A. ~~1~~ 90 Messing 1 xx	1/S.	H Canada DNSCO. 510	Name Lynchke Initials M R. Bank of Montreal Trafalgar Sqr.

1919-20 20 4/19

Add. outfit allce 1/19 $100

	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
	267		20 ..				
				15			
C		108					
Bank	#187		73				
cash	1663		20				
C.C.		111 60					
				15			
Bank	#683		76 60	1			
		108					
				15			
Bank	4166		93				
		111 60					
				15			
Bank	5626		96 60				
		111 60					
				15			
Bank	7258		96 60				
		108					
				15			
Bank	9157		93				
		111 60		15			
				15			
ank	10404		96 60				
30 9 18						Fncs 90	

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

ASSIGNED PAY. **UNIT.** **RANK.**

NAME OF RATE OF P. AND A.

Beneficiary — 6 A M 6 — Pay 2. 00. Pd — N/S.

Address — T D. — F.A. 1. 00 "

Messing 1 00 "

Amount. $15: 00. 6an.

Separation Allowance issued. Yes or No..... a. O. a. 4/19

DATE 1918.	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID CANADA
Nov.	Brought Forwd.				
	Nov Pay (R)		140		
	a. P Can.				15.
28	Bank	12521		125	
Dec.	Pay (R.)		124		
	a P. Can				15
18	Bank	13792		109	
Jan 22	a P Can				15
	Pay (R)		124		
28	Bank	15564		109	
Feb 11	a Pay Can				15
13	Rat'ns Belg Mar 1-31 10/18 France	2785			
18	Pay. (R)		112		
25	Bank	17078		97	
Mch 12	Adv P&a Cash	17831		109	
18	Blty allee France 1-30 11/18	3327			
18	Pay (R)		124		
	a Pay Can				15
April 4	add outfit allee No 85		100		
	Do Do Cash	2170		100	
12	April Pay (R)		120		
	a Pay Can				15
25	Bank	1044		105	
28	Adv May P&a Bank	1203		109	
May.	Pay (R)		124		
1	A. Pay Can				15

RATE OF P. AND A.	RANK.	DATE	AUTHORITY	NAME.
Pay 2. 00. Pd	N/S.		In can	Name Lynchke.
F.A. 1. 00 "			Dm Secy 5/0	Initials M. R.
Messing 1 00 "			20 4/17.	Bank of Montreal Traf Sqr
a. o. a. 4/19				

CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
	140					
			15			
12521		125		0		
	124					
			15			
13792		109		14		
			15			
	124					
15564		109		0		
			15			
2785					Fcs 93	
	112					
17078		97		0		
17834		109				
3327					Fcs 30	
	124				RETURNED TO CANADA L.P.C. TO 31 5. 19 TRANSFER TO N.E. LEDGER	
			15	0	Dep Pd a/c naval 6/34/19	
	100					
2170		100		0		
	120					
			15	0	RETURNED TO CANADA L.P.C. TO 31 5/19 TRANSFER TO N.E. LEDGER	
1044		105		Dr. 109	D 28 4/19 D 95 2	
1203		109				
	124			0	To Ledger 12 From L 5 12/6/19.	
			15			

War Service Badge
Class "A" No. .....

O. G. 19.
D. A. G.

L. 23
5-10-33

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

O.K.

1. RANK	Nursing Sister		
2. NAME	LYNCHKE. Margaret Rachel		
3. UNIT	C.A.M.C.		
4. DATE STRUCK OFF STRENGTH		PLACE	Penetanguishene

5. REASON

Demobilization.
SOS 5-6-19 RO 2034-19

6. AUTHORITY

7. PROPOSED RESIDENCE

Carp. Ont.

This folder should contain the following documents:

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

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

Dispersal Certificate

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

Group 18

Checked by No. 10

22 MAY 1919

Date 22 MAY 1919

AUDITOR | PAYMASTER — 2FM | 2285

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

M. OR S. | REGT. No. | RANK N/Sister | NAME (IN FULL) LYNCHKE, Margaret Rachel (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Reg. Pay $2.00		
Fd. Allce $1.00		
N/Sister Margaret R. Lynchke.		
C/o Dr Lynchke.		
Carp.		
Ont.		

ORIGINAL UNIT C.E.F. C.A.M.C. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION Mar. 15-17 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $15.00 | DATE EFFECTIVE 1/7/19.

PAYABLE TO Mrs P. J. Lynchke, | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Carp, Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Ottawa | DATE 5/6/19 | REASON Demob. | AUTHORITY R.O 2034. | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																			
1919 May																							15	00			~~15 00~~ 8 00			23 00					Dr. A/Pay for month June 1919.
June	5	3.00	15	00					15	00																					8	00			Cr. Pd Mrs All ce May 24-31, 1919.
			W.S.G. S.A.														War Service Gratuity						W.S.G. S.A.												
153 days @ min			45	00																			90	00			~~10 00~~ 8 00			90					
July 1/19																	4	35	20				85							183		276			
Aug 4/19																	4	95	66				93							276		183			
Sept 4/19																	5	30	48				90							366		93			
Oct 1/19																	5	18	79				93							459					

M.F.M. 1st Pay & W.S.G. ck # D. 68631, 20/5/19. Dr. Bal as per above.

OK G

M.F.W. 2595 Rec

200M-3-19.—L. — 58788-11. & D. 9985.
M. F. W. 2596.
1772-39-1390.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch L 8306

OVERSEAS CONTINGENTS

Date of Assignment Apr. 1, 1917

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank N.S. Promoted Reverted Discharge

Soldier's Name M. R. Lynchke

Battalion W. M. C.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs P. J. Lynchke

Address Carp. Ont.

Change of Address

1

2

3

4

	Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
						11497-M.-16.
	Dec 31	—		135	135	
1918	Jan	D 68795		15	15	
	Feb	K 74035		15	15	
	Mar.	L 90639		15	15	✓
	April	D 3327		15	15	✓
	May	N 12955		15	15	✓
	June	H 25398		15	15	✓
	July	N 30860		15	15	✓
	Aug.	L 34877		15	15	✓
	Sept.	M 46211		15	15	
	Oct	S 52003		15	15	✓
	Nov	M 57793		15	15	✓
	Dec	S 63298		15	15	✓
	Jan	P 76368		15	15	✓
	Feb.	N 79994		15	15	✓
	Mar.	J 87141		15	15	✓
	Apr.	L 46		15	15	✓
	May	W 9839		15	15	
	June			15	15	
				405	405	

A/c Closed 30-6-19

Ret'd per Megantic

Date 3-6-19 M.R.W. 11-6-19

Closed E.E. Lapointe

MRO Dec. 119573.

M. D. 3.

AUDITED.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

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

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—1772-39-1141
L. L. 22320—M. & D. 7668.

Bob 5-6-19 RO 2034-19

23

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION London - Eng DATE 6-3-19

1. 1 (a) Unit C.A.M.C. (b) Regimental No. (c) Rank NURSING-SISTER
(d) Surname LYNCHKE (e) Christian name MARGARET, RACHEL
(f) Home address Carp, Ont.
(g) Next of Kin Jr. P. J. Lynchke (h) Relationship Father
(i) Address of Next of Kin Carp, Ont

2. Age last birthday 28 Date of birth 29-1-91

3. Enlistment, or Appointment (if an Officer) (a) Place Kingston, Ont. (b) Date 15-3-17

4. Personal description:
(a) Height 5 feet 3 (b) Weight 122 (stripped) (c) Complexion Medium
(d) Colour of hair Brown (e) Colour of eyes grey (f) Identification marks, Scars, etc.
Vaccinations left arm (2 marks)

5. Former trade or occupation Prof. Nurse

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	1	356.

(Statement)

		Periods From	Periods To
Canada	1 mos	15-3-17	1-4-17
		1-4-17	20-8-18.
England	17 mos	1-2-19	6-2-19.
France or other theatres of War	6 mos	30-8-18	1-2-19

7. Original disease, or injury INFLUENZA.

(a) Date of origin 10/2/19 (b) Place of origin London.
(c) Cause Infection.

M. F. B. 227.

300M.—8-18.
1772-39-117.

4

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

(DEBILITY) weakness moderate.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Imp... ant, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Skin and mucous membranes slightly pale
States that still tires somewhat easily
Cough - moderate. worse at nights. Sputum
Mucous quantity moderate. nose slightly stuffy
Lungs clear.
Ant. Pillar R. Tonsil slightly reddened.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System no Cardio-Vascular System no (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System no (Albumen and Sugar will be excluded.)

Special Senses no Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System no

Osseous and Joint Systems no Any other general condition no

Urine exam - sp. gr. 1025. amphoteric. clear
no sugar no alb. nil microscopically

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

she states about 10/2/19 while on short leave from France
began to feel ill. Had Temp 100°. was admitted to Vincent
Square Hosp. 14/2/19 Had cough. was feeling Miserable.
Gradually Improved. Transferred to I.O.D.E Hosp.
26/2/19. Note on M.C.S 5/3/19 feeling fairly well
tires easily. cough moderate.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Rheumatic Fever at age of 10. — no Heart Involvement.
Diphtheria, measles, mumps, Chicken Pox. — as a child.
Albuminuria — Jan. and Feb. 1918. — no notes on medical document.

(Here give a description of wounds, scars and deformities.)

no scars.

11.—(*a*) Did the disabling condition have its origin before enlistment? no

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

n.a.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? no.

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Two three months.
H.B.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Hospital - no particulars noted on M.C.S.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

no.

16. Can the former trade or occupation be resumed? yes
(If not, briefly state why)

17. Recommendations C.F.

Harold Buck
Medical Officer by whom the case is brought forward.
Major C.A.M.C.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, N.S./M.R. Lynchke. have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

H.H.B.

M. R. Lynchke N.S. Rank.
Signature of invalid examined.

B.H.C. Fund
Paid

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Concur

19. Is the invalid fit for

(*a*) General service,	(Category A)	(~~Yes~~ or No.)	Two months
(*b*) Service abroad, not general service,	(" B)	(~~Yes or No.~~)	~~C~~ N.A.
(*c*) Home service (Canada only),	(" C)	(~~Yes or No.~~)	C
(*d*) Temporarily unfit.	(" D)	(~~Yes or No.~~)	
(*e*) Unfit for service in Categories A, B and C	(" E)	(~~Yes or No.~~)	

20. It is certified that the invalid

(*a*) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(*b*) Does not require treatment.
(*c*) ~~Should pass under his own control.~~
(*d*) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. It is recommended that ~~the invalid be discharged~~. (When not for discharge add special recommendation.)

Lt for C.T.

Auth: A.M.D. 5/4941 of 15-3-19

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

J.H.P. Bell, Major, C.A.M.C. *President.*

PLACE 13 Berners St. London

DATE 6/3/19 Thomas Campbell Capt. } Members C.A.M.C.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

.....*President.*

PLACE..... } Members

DATE.....

APPROVED BY

.....
Assistant Director of Medical Services.

DATE.....

APPROVED BY

I concur in the findings of the Board of Medical Officers as recorded.

.....
Director-General of Medical Services.

Captain, D.A.D.M.S. for D.M.S. Canadians.

DATE.....