Original

Unit Army Medical Corps Rank Nursing sister Name Grace Agnes Matthews

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? Matthews

   (b) What are your Christian Names? Grace Agnes

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

   (b) What is your present address? 66 Cremazie street Quebec, Canada

3. What is the date of your birth? 17th September 1890

4. What is (a) the name of your next-of-kin? John Matthews

   (b) the address of your next-of-kin? 66 Cremazie St. Quebec

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

5. What is your profession or occupation? Trained 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? Army Medical Corps

9. State particulars of any former Military Service None

10. Are you willing to serve in the

    CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

Grace Agnes Matthews (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* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date November 19th 1917

Place Quebec

[illegible] Capt [illegible]

[illegible]

Medical Officer.

*Insert here "fit" or "unfit".

M. F. W. 51

40m.—12-15.

H. Q. 1772-39-917.

REGIMENTAL DOCUMENTS

NAME MATTHEWS GRACE AGNES REGT. NO. N-Sister UNIT Camo. 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)	23-12-20M	Pers (M)	8/7/19	Pers 809 G.S.	DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)	12-1-20M	Returned	22/7/19		Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		~~[illegible]~~			
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)		(H) ~~[illegible]~~			
	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)				13400	DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
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					
1	Cert Disp.					
2	M.F.W. 67					
5.	Misc.					

SS "Caronia" 25-6-19.

3

(H)

W. 2589
100M-11-18
1772-39-1377

E. 5' CARD NO. 4

SURNAME. Matthews

CHRISTIAN NAMES Grace Agnes

REGL. NO. RANK Nursing Sister

UNIT C.A.M.C. Reinforcements

FORMER CORPS nil.

SOS 4-7-19 Demob
RO 2072 of 10-7-19 MD 5

SOS Dis 31-8-19
Demob auth RO
2157 of 6-9-19 MD 5
also auth N/S
DO 131 of 1-9-19
Que Mil Hosp
N/S. MD 5

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Matthews John.

RELATIONSHIP TO SOLDIER Father.

ADDRESS ~~66 Cremazie St.~~ Quebec P.Q.

S.A.A.P. 31/7/18 8 Fraser St.,

COUNTRY OF BIRTH Canada, Quebec P.Q. DATE Sept. 17th. 1890.

PLACE OF ATTESTATION DATE

O/S. 29-11-17. R/C. 2-7-19 360/2 N/S

L. L. 10437. M. & D. 7253. M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

S.S. "Missanabie" from Quebec, 18/12/17. Auth. N.2.392-13-413-J.
M.D. 5-29/11/17.

MARRIED SINGLE WIDOWER

TRADE OR CALLING Trained nurse RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Quebec P.Q. DATE Nov. 19th. 1917.

Present Address: 66 Cremazie St. Quebec P.Q.

Number ..... Rank N/S

Surname MATTHEWS

Christian Name GRACE. AGNES

Units ..... Theatre of War ENGLAND

Date of Service 18-12-17

Remarks .....

Latest Address ~~8 Fraser St.,~~

Now- Mrs Lemesurier
3524 Grande Allee, Quebec, P.Q. ~~Quebec, P.Q.~~

Roll No. C Page 5017

200m.-6-21.

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

o.....

ER	RANK	SURNAME	INITIALS	UNIT
.....	.....	.....	.....	.....

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

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

.....

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

..... Railway.....

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

estination.....

(Sgd.).....

DEEP DEC 1 1922
REGR. No. 25092

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

M. F. W. 5

2[illegible]M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps A. M. C.

Regimental No. — Rank N. Sister C. E. F. Name Grace Agnes Matthews

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: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked Halifax		18.12.17	
		Disembarked L'pool		31.12.17	
5-1-18	C.A.M.C.D.	TAKEN ON STRENGTH from Canada.	Shorncliffe	18.12.17	Pt II 5 (C.O. 7)
9-1-18	do	S.O.S. to No 11 C.G.Hosp.	do	3-1-18	Pt II 9 (C.O. 24)
5-1-18	#11 C.G.H.	I.O.S. from C.A.M.C.	do	3-1-18	Pt. II Do. #1.
7-9-18	—"—	S.O.S. to C.A.M.C.C. Dep. on proceeding to #15 Can. Gen. Hosp.	—"—	8/9/18	Pt. II Do. #72
5-9-18.	D.G.M.S. Ltr. AMD. 4/4-M-1507	attached to No. 15 Can. Gen. Dep. C.A.M.C. Hosp.	Taplow Bucks	5-9-18	R. 2 D.O. 213 7-9-18.

[illegible] CAPT. ASST. ADJUTANT FOR O.C., C.A.M.C. DEPOT

[illegible] COLONEL, C.A.M.C. OFFICER I/c No. XI CANADIAN GENERAL HOSPITAL, 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.

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.
6-12-18	AWMS RO 1871	Ceases to be attached to No. 15 Can Gen Dep C R & Hosp	Taplow Bucks	6.12.18	P.2 D.O. 292 9-12-18
6-12-18	AWMS RO 1871	Taken on strength No 15 Can Gen Dep C R & Hosp	Taplow Bucks	6.12.18	P.2 D.O. 292 9-12-18
23-6-19		S O S - O M S of C - on Embarkation for Canada	Taplow Bucks	25-6-19	D.P. Hamilton Maj C.A.M.C. REGISTRAR & ADJUTANT FOR OFFICER COMMANDING
9-7-19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 5	25/6/19	C.E.F. R.O. No. 2071-19
10-7-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 5	4-7-19	C.E.F. R.O. No. 2072-19

W. F. Winter, Capt
for Director Personal Services

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

Surname MATTHEWS **Christian Names** Grace Agnes.

Rank N/Sister.

Promotion
T.o.s. 19.11.17

Unit C.A.M.C.

Place of birth Quebec.

Married (Yes or No)

VC.

Appointments

Name and Address of Next-of-Kin
John Matthews, (Father)
66 Cremazie St, Quebec.

Date of leaving Canada 19.12.17. **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
		C.A.M.C.Depot.			
3.1.18.	D.M.S.	T.O.S.on arr.from Canada & pstd.to		18.12.17.C.O.7.	
7-1-18	do	Posted from Depot to No 11 C.G.Hp. Moore Bks	3-1-18	C.O. 24	T.O.S. A/2nd/1. No 11 C.G.Hp.
31-7-18	11 C.G.Hp	Granted leave from 24-8-18 to	6-9-18	P.T. 11 of 62	
7-9-18	- do -	S.O.S. to CAMC. T.&R. Depot	5-9-18	P.T. 11. ord. 72	
9-9-18	Can. Dep. Sec	T.O.S. on posting from 11 C.G.H.	5-9-18	P.T. 11. ord. 106	
		On Command to 15 Can. Gen. Hosp.	5-9-18		
10-12-18	Do	Ceases Command 15 Can Gen. Hp on posting to that unit	6-12-18	P.T. 11. ord 185	
9-12-18	15 C.G.H	T.O.S. on posting from CAMC Casley	6-12-18	P.T. 11. ord 292	
7-7-19	do.	S.O.S. on transfer to C.F. in Canada	25-6-19	P.C. II O. 148.	

S.o.s. 4.7.19

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				
30-6-19	DMS.	S.O.S. on Trans. to C.E.F. in Canada Cessation of hostilities	25-6-19		CO 77.
		Sailed to Canada S.S. Caronia	25-6-19		Sailing no. 84. 2029

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) MATHEWS, G A.

REGIMENT Bamb RANK N/S No.

Date of Examination in England 1.24.19. 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
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

nil

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 yes
- (*c*) In France —

Signature of Dental Officer J. F. Morrison Capt

392-13-413

MEDICAL HISTORY SHEET

Surname Matthews Christian Name Grace Agnes

Examined on 19th day of November 1917 at Military Hospital

Birthplace City or Town Quebec County Pro. of Quebec

Apparent age 27 Years

Trade or occupation Trained Nurse

Height 5 feet 2½ Inches

Weight 118 lbs.

Chest measurement Minimum 34 inches Maximum expansion 3 inches

Physical development Good

Small-pox Marks None

Vaccination Marks Arm Right Left Number 0 2

When Vaccinated last 1907

(a) Marks indicating congential peculiarities or previous disease None

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

Approved by [illegible] Capt. Mrs Harrymnell Capt. Camb

Rank M.O.

DEPT. MILITIA & DEFENCE JAN -9 1918 H.Q. CANADA

CATEGORY a2

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

Date 1917	Result	Vaccinations	
Nov 20	Good	Harrymnell Capt.	M.O.
			M.O.
			M.O.

Date 1917	Result	Anti-Typhoid Inoculations, Etc. cf Para A + B	
Nov 20	Good	Harrymnell Capt.	M.O.
27	Good	Harrymnell Capt.	M.O.
Dec 4th	Good	Harrymnell Capt.	M.O.

Enlisted on day of 191 at

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

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

17

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..... 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				

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. / Rank NURSING SISTER Surname MATTHEWS

(Given name in full) GRACE AGNES

Unit or Corps C.A.M.C. Birthplace QUEBEC CANADA

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

1. GENERAL DESCRIPTION:

Physique GOOD Weight 117 lbs. Height 5 ft. 2½ in. Colour of Eyes BROWN

Nutrition GOOD

Pulse NORMAL

Condition of arteries NORMAL

Vision Rt. 6/9 Left 6/12

Hearing (conversational voice) Rt. 20 ft.

Left 20 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 ...TAPLOW.....(Overseas)

Date .....3. 4. 19..... Signed D. S. McCurdy Capt. ...M.O. Camc.

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 ...Grace A. Mathews 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.)

[OVER]

M.F.W. 129.

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. Army Medical Corps

(2) Regimental Number

(3) Full Name of Soldier. Grace Agnes Matthews

(4) Place of Birth. Quebec, Canada

(5) Are you married, or not? Not Married

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

(b) Present Postal Address. 66 Crescent St, Quebec

(7) Are you a widower? No

(8) Have you any children? No

If so, give number of boys and girls. —

Also their names and ages.

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address John Matthews, 66 Cremazie St, Quebec

(10) Is your Mother alive? Yes

If so, state name and address Mrs John Matthews, 66 Cremazie St, Quebec

(11) If your Mother is a widow no -

Are you her sole support, or not? no -

(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 Insurance Company

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

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

[signature] Lt Col A.M.C.

O.C. A.M.C., 5th Div.
Officer Commanding.

Date DEC 13 1917

CANADIAN EXPEDITIONARY FORCE

D.W. 5-35.
R.A.F.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Grace Agnes MATHEWS.

Enlisted in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the [redacted]

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

in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the Nineteenth day

of November 1917

She SERVED in CANADA, England with the Canadian Army Medical Corps Depot, Shorncliffe; No. 11 Canadian General Hospital, Shorncliffe; No. 15 Canadian General Hospital, Taplow.

and was STRUCK OFF THE STRENGTH on the Fourth day

of July 1919 by reason of General Demobilization

Dated at Ottawa, this Fifteenth day

of December 1919

Capt.

for Director of Personal Services.

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

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY. UNIT. Rates RANK. NAME.

	NAME OF	~~DATE~~	~~AUTHORITY~~		DATE	AUTHORITY	
Beneficiary	C. A. M. C.	Pay.	$2. 00 Pd.	N/S		DMSCO #7	Name Matthews
Address		F.A.	60 "			d/3/18	Initials Grace, Agnes.
		Mess	$1. 00 "				Bank of Montreal
Amount. $25 00 Can							Traf. Sq.
Separation Allowance issued. Yes or No.....							

add outfit allce 1 1/20

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918								
April 15	A. Pay Can				25			
18	April Pay (R)		108					
26	Bank.	1187		83		"		
May 10th	A. Pay. Can.				25			
16	May Pay (R.)		111 60					
17	Trav. allce. 16-18 12/17	2205					1-18-2. $9 30	
	— — 16-17 12/17	15141					1-12-10 $8 00	
27	Bank	2683.		86 60		"		
June 14	June Pay (R)		108					
"	A P Can.				25			
" 26	Bank.	4166.		83		0		
July.	July. Pay (R)		111 60					
13.	A. P Can.				25			
26	Bank.	5635		86 60		0		
Aug 13	Aug Pay R		111 60					
14	A. P. Can				25			
26	Bank.	72.72		86 60		"		
Sept 10	Sept. Pay (R)		108					
"	A. P Can.				25			
26	Bank.	9187.		83		0		
Oct 12.	Oct. Pay (R)		111 60					
	A. P Can.				25			
20	Bank.	10428		86 60		0		
Nov	Pay R.		140 ~~108~~					
	A P Can.				25			
22	Bank.	12502		115		0		

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY.	UNIT. NAME OF	Rates ~~DATE~~	~~AUTHORITY~~	RANK.	DATE	AUTHORITY	NAME.
Beneficiary Address Amount. $ 25.00 Can. Separation Allowance issued. Yes or No.....	CAMC.	Pay. 7 a. Mess.	$2-00 pd. 60 1-00	Hys.		DMSCO #7. dy 3 1/18.	Name Matthews Initials Grace Agnes. Bank of Montreal Trafalgar Square.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918-19								
Dec. 11	Pay R		124					
13	A.P. Can.				25			
19	Bank	13792		99		0		
Jan. 14	Dental Charges 17 12/18 - List 65 Jan. 7/0 - No. 918. Gen. A/C			1 70				
15	A.P. Can.				25			
24	BANK	15564		97 30				
" 16	Pay R		124			0		
Feb. 10	A.P. Can.				25			
17	Pay R.		112					
22	Bank	17121		87		0		
Mar 15	A.P. Can				25			
19	Pay R.		124					
24	Bank	18~~549~~ 694		99		0		
April	A.P. Can.							
10.	April Pay R.		120					
12	A.P. Can.				25			
23	Bank	10541		95		0		
May 9.	May Pay R.		124					
	A.P. Can				25			
	Bank	7854		99		0		
June 1	Adv. June P&A	Bank		95				
	A.P. Can				25			
	Pay R		120			0		

RETURNED TO CANADA
L.P.C. TO Jo. 6. 19 Taylor
TRANSFER TO N.E. LEDGER

Tfd. fr Led 4 to Led 12. 14 7/19

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY. UNIT. RANK. NAME. 11-M-378 Dft-301

	NAME OF	DATE	AUTHORITY		~~DATE~~ mess	AUTHORITY	
Beneficiary	C A M C			N/S	31 12/17	DMSCO # 7 from Canada d/3-1-18	Name Matthews
Address							Initials Grace, ~~Ann~~ Agnes
							Bank of Montreal Trafalga Sq

Amount. $25 Can 1 1/18

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

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918.								
Jan: 12.	Pra @ N/S rates Mess: Jr 31 12/17. Eff 1/18. DMSCO 7 d/3/18. Voc 16447.		112 60					
" 18	A-Pay Canada				25			
22.	Bank.			87 60				
Feb 15	Feb. Pay. (R)		100 80					
9	A Pay. Can				25			
" 22	Bank.	40996		75 80				
Mch 4	Travallee 31 12/17. 3 1/18	15507					2.50 $10 95	
Mch 15	March Pay. (R.)		111 60					
9th	A-Pay - Can				25			
22	Bank			86 60				

FORM P. 15.
5936—25M—19/1/17

ASSIGNED PAY.

UNIT.
NAME OF | DATE | AUTHORITY

RANK.
DATE | AUTHORITY

NAME.

Beneficiary
Address

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

Name
Initials
Bank

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS

Occupational Group 19
Hospital Unit E

M

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

HM T.CARONIA
SAILING, No 84
Embarked 25,6,19.

1. RANK — NURSING SISTER
2. NAME — MATTHEWS. GRACE AGNES
3. UNIT — C.A.M.C. NO 15 CAN. GEN. (D OF C. CAN. RED CROSS) HOSPITAL
4. DATE STRUCK OFF STRENGTH — | PLACE — TAPLOW. BUCKS.
5. REASON — SOS 4-7-19 RO 2072-19

Demobilization

6. AUTHORITY
7. PROPOSED RESIDENCE

8, FRASER STREET. QUEBEC. P.Q.

This folder should contain the following documents:

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

N.R.39
Sheet No 1
L-Q.

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 Boards (A.F.A. 179 or M.F.W. 129)
5. Dental Certificate (M.F.B. 465).
6. Proceedings on Strike 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 Cert.

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

Group H2
Checked by No. 13
Date 23 JUN 1919

AUDITOR | PAYMASTER

M. OR S. — PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES — REGT. No. — RANK N/S. — NAME (IN FULL) MATTHEWS GRACE A. (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

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 18.10.16. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 25.00. — DATE EFFECTIVE

PAYABLE TO MRS. J. MATTHEWS. — RELATIONSHIP

ADDRESS 8. FRASER STREET. QUEBEC. P.Q.

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE QUEBEC — DATE 31-8-19 — REASON DEMOB. — AUTHORITY D.O. 131 — IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
																																						T.O.S. 25.6.19. D.O. 185
																																					Ex. "CARONIA"
																												25 6 - ✓									BAL. ORIG. L.P.C. 30.6.19 "NIL"
July 1	4 ✓	3.00 ✓	12 - ✓		6 80 ✓				18 80 ✓																						31 - ✓		12 20 ✓			FR. 25.6.19. DISEM. 2.7.19.
																																					OVERPAID MESSING 25.6.19 - 30.6.19 6.00.
July 31	31	3.85 ✓	174 00 ✓		98 60 ✓				272 60 ✓						44	3/9			272 60 ✓												272 60 ✓		1220 ✓			SUB ALLOW. JULY 6.80.
																																					A.P. JULY PAID BUT NOT CHARGED.
					W.S.G.	S.A.			Total																W.S.G.	S.A.					Total Rl.		Soldier Dependent			T.O.S. C.A.M.C. Depot 21-7-19 (B.C.9) D.O.S.M. 80.
																																					Demobn 31-8-19. (131.)
1/83	Days minimum		469 - ✓		-				469 -																12 20 ✓													
																									93 - ✓													ADV. W.S.G. "CARONIA"
																							✓		77 80 ✓						183 -		276 - ✓	-			4-8-19 - 1086999
																							✓		93 00 ✓						276 00 ✓		183 ✓	-			17-10-19 - 1619303
																							✓		93 - ✓						369 ✓		90 ✓				18-11-19-1621788
																							✓		90 - ✓						459 - ✓		-	-			18-12-19-1623746
			459 - ✓						459 - ✓																459 - ✓						459 - ✓						

100M-1-19.—L. L. 53962—M. & D. 9723.
M. F. W. 2596.
1772-89-1390.

Address
Bund. Bnk. of Commerce
St John Street Branch. Quebec

Date of Enlistment Not Given

MILITIA AND DEFENCE

Separation and Assigned Pay Branch M 24187

OVERSEAS CONTINGENTS

Date of Assignment 1st Jany/18

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

25-00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion C.A.M.C.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

8 Fraser St

2 MRS.JOHN MATTHEWS, M24187
~~66 CREMAZIE ST.,~~
QUEBEC,QUE. 25 25.00
% N.S.,GRACE AGNES MATTHEWS
TWENTY FIVE DOLLARS

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
July	J 5358		1,50	1,50		mailed 16-7-18
July	A 26895		25	25	✓	
Aug	P 34922		25	25	✓	
Sept	S 46102		25	25	✓	
Oct	X 50371		25	25		
Nov	T 56814		25	25		
Dec	Y 65251		25	25		
Jan	V 76312		25	25	✓	
Feb.	T 81736		25	25	✓	
Mar.	K 89627		25	25	✓	
Apr.	P 24		25	25	✓	
May	G 5761		25	25	✓	
JUN	H 9409		25	25		
July	K 12296		25	25		
			4 75	4 75		

011994 G.18

ENTERED IN ACCOUNTS SECTION JUL 12 1918

31/7/19 Chromid

2-7-19 14/7/19 W.J. Jenkins M.D.5

Pro Lp 112631 A 14/7/19 mf RW

AUTHORITY FOR NEW ACC'T. File 011994-G-18 W.M. Dickson 13/7/18

M. F. W. 128.
4'Om. 6-17—1772-39-1141
L. L. 22330—M. & D. 7933.

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.
4'0M. 6-7—1-72-38-1141
L. L. 22320—M. & D. 1933.