Original

Unit ARMY MEDICAL CORPS *Rank* NURSING SISTER *Name* EMMA GRACE MOORE.

OFFICERS' DECLARATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS.)

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

   (*b*) What are your Christian Names ? EMMA GRACE

2. (*a*) Where were you born ? (State place and country) SEELEY'S BAY, ONTARIO, CANADA

   (*b*) What is your present address ? 30 Aberdeen Street, Kingston, Ontario.

3. What is the date of your birth ? May 6th 1887

4. What is (*a*) the name of your next-of-kin ? HIRAM MOORE Seeley's Bay, Ontario.

   (*b*) the address of your next-of-kin ? Seeley's Bay Ont. Can.

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

5. What is your profession or occupation ? Nurse

6. What is your religion ? Methodist

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~~ her to the above questions are true.

Emma Grace Moore (*Signature of Officer.*)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider ~~him~~ her* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date January 8th 1916

Place Kingston, Ontario, Canada.

J. S. Parks

Medical Officer.
Capt. A.M.C.

*Insert here "fit" or "unfit."

M. F. W. 51.

20m.—10-15.
H. Q. 1772-39 917.

REGIMENTAL DOCUMENTS

16/7/19

S

NAME Moore Emma Grace REGT. NO. N. Sister UNIT C.A.M.C. H. Q. FILE NO. 392-13-302

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3 1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		~~Pers~~ M	~~16-7-19~~	~~Pers 8772 Mcd~~	DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		Ret.	30-8-19		Category
	TRAINING HISTORY SHEET (M.F.W. 113)	13/7/19	~~Docs to M.D. 3~~	~~2-9-19~~	3-460 L. Mcd	H
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		Returned 27-1-20		29261	
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1 1	DENTAL HISTORY SHEET (M.F.B. 465)	—	~~Dental Services~~ 4/5	~~10/6/20~~	Spec-516	Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
2	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)					
1	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	Disp. Cert.					
1	M.F.W. 67					
3	Misc.					
1	M.F.W. 2591					
	H & A Cards					

H

Ref S.S. Celtic 3/7/19

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

Number ..... Rank N/S

Surname MOORE

Christian Name EMMA GRACE

Units ..... Theatre of War FRANCE

Date of Service 17/6/16

Remarks .....

Latest Address Lydenham Hosp.
Kingston, Ont.

Roll No. B. Pay 22377.

200m.-6-21.

(This form to be filed 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.).....

DESP. NOV 13 1924
REGN. No 7449

. 2502.

1- 9.
-1269.

M. F. W. 71—500M.—5 18.
1772—39—961.

NAME Emma Grace Moore

REGIMENTAL NO. RANK Nursing Sister

ENLISTED AT Kingston PROMOTIONS, &c. AND DATE

DATE Jan. 6th 1916

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN Mr. Hiram Moore RELATIONSHIP Father

ADDRESS OF Seeley's Bay - Ontario

ASSIGNMENT OF PAY $ 48.00 C. TO Standard Bank. Kingston.

ADDRESS Seeley's Bay. Ontario.

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	Date	

R.R.C. 2nd Class
L.G. # 31370 of 3-6-19

SURNAME. Moore

CHRISTIAN NAMES Emma Grace

REGL. No. RANK (Nursing Sister.)

UNIT No. 7 Gen. Hospital. (Queens Draft.)

FORMER CORPS A.M.C.

H 3 CARD NO.
S.O.S. dis 31-12-19
"Demob"
RO 233 FOLL. 29-12-19
MD 3

also DO 109 of 31-12-19
Sydenham. Fwd Hq

NEXT OF KIN.

NAMES IN FULL Moore Hiram

RELATIONSHIP TO SOLDIER (Father)

ADDRESS Seeley's Bay, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Seeleys Bay Ont. DATE

PLACE OF ATTESTATION DATE

R/C 11/7/19 369/4 n/S

L. L. 94504. M. & D. 6512. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

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..... No 7 General Hospital, Reinforcements

(2) Regimental Number .....

(3) Full Name of Soldier..... Nursing Sister MOORE, Emma Grace

(4) Place of Birth..... Seeley's Bay, Ont Can

(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
200M.—2-16
1772-39-954

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Hiram Moore, Seeley's Bay, Ont.

(10) Is your Mother alive? Yes

If so, state name and address Lucy Amelia Moore " "

(11) If your Mother is a widow —

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.

(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? Yes

If so, in what Company? Mutual Life Ins Co

Have you made arrangements for payment of your Insurance premium Yes

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

Wm Begg Capt Came
Officer Commanding.

Date FEB 23 1916

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 Moore
(Give name in full)
Emma Grace

Unit or Corps C.A.M.C. Birthplace Keelagos Bay Ont.

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

1. GENERAL DESCRIPTION:

Physique good ... Weight 134 lbs. Height 5 ft. 7 in. Colour of Eyes Brown

Nutrition good

Pulse Normal regular.

Condition of arteries good

Vision Rt. 20/20 ... Left w/a.

Hearing (conversational voice) Rt. 2.5 ft.

Left. 2.5 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.

Fit for General Service

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

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 SECTION FOR USE IN CANADA—

Examined at. Kingston, Ont. (Canada)

Date 16-12-19 Signed [illegible] M.O.

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

Signature E. G. Moore

(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. 139.
1033 (D.P.) 500M-11-18.
1773-39-1143.

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 MOORE.

(Given name in full) EMMA GRACE.

Unit or Corps CAMC. Birthplace Seeleys Bay. Ontario. Canada

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

1. GENERAL DESCRIPTION:

Physique good. Weight 130 (estim). lbs. Height 5 ft. 7 in. Colour of Eyes brown.

Nutrition good.

Pulse 78

Condition of arteries Soft.

Vision Rt. normal Left normal

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

Scar dorsum tongue.

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.

Not applicable.

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Taplow. Bucks. (Overseas)

Date 1. 6. 19. Signed J Trull. Captain RAMC. M.O.

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

Signature E. Grant Moore U.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.)

MEDICAL HISTORY SHEET.

ORIGINAL.

Surname Moore *Christian Name* Emma Grace

Examined { on 8a day of January 1916 / at Kingston Canada

Birthplace { City or Town Seeley's Bay / County Leeds Canada

Apparent age 28

Trade or occupation Graduate Nurse

Height 5 Feet 7 Inches.

Weight 134 Lbs.

Chest measurement { Minimum ..... inches. / Maximum expansion ..... inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks { Arm Right. Left. / Number None

When Vaccinated last Childhood

(*a*) Marks indicating congenital peculiarities or previous disease

(*b*) Slight defects but not sufficient to cause rejection

Approved by J. S. Parks

Rank Capt AMC M.O.

Date	Fit or Unfit	Examined for Re-engagement,
1-6-19	A	J. C. Tull. Captain CAMC M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
Jan. 25	OK	J. F. S. M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
Jan. 18	OK	J. F. S. M.O.
Jan. 28	OK	J. F. S. M.O.
		M.O.

Enlisted on 8 *day of* January 1916 *at* Kingston, Ont. Can.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	No. 1. Gen.	Nsg. Str.		✓
Transferred to..	Hosp.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Kingston.	16-12-19	nil	A with Hecks left cause

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.

50M—8-14.
H. Q. 1772—39—439.

Surname Moore Christian Name Emma Grace 19

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) MOORE. E. G.

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

Date of Examination in England 29/5/19 | 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 31.
2. EXTRACTIONS
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 Yes

Signature of Dental Officer E. V. Jamieson Capt.

DENTAL HISTORY SHEET

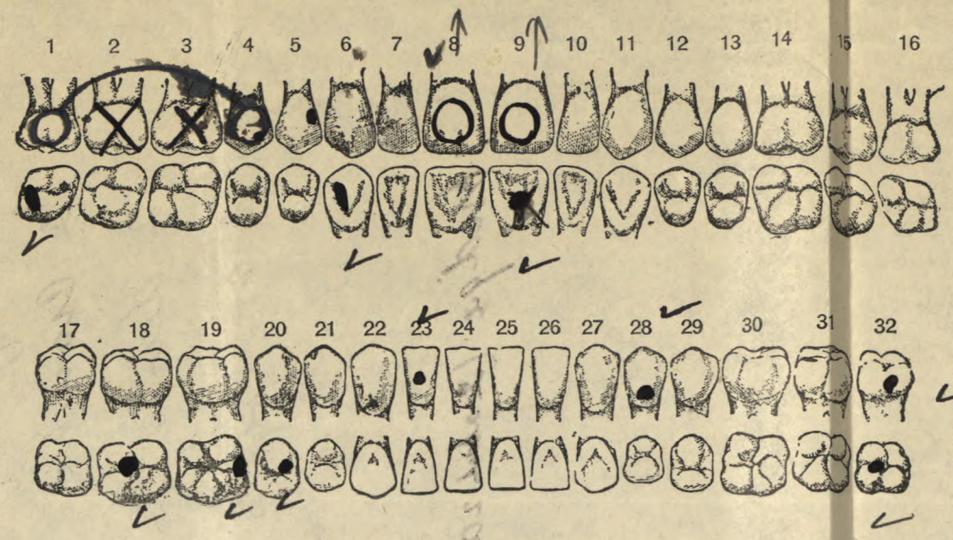
CANADIAN ARMY DENTAL CORPS

DISTRICT 3

NAME OF SOLDIER E.G. MOORE SYDENHAM HOSPT.

REGIMENT C.A.M.C. RANK N. Sister No.

M.F.B. 465.
150M.—4-18.
127-39-350.



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Office of D.D.O. AUG 4 - Rec'd M.D. No. 3

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	1920 May 18	6 / 1.18.19. 20.32.				2/8.9		2/8.9.		4 / 5.6. 23.28							2/8.9.		1/1-4	J.H. Simpson 258. Bagot St Kingston		

Completed Aug 1920

H.A. Stewart CAPTAIN
DISTRICT DENTAL OFFICER, M.D. NO. 3

I hereby acknowledge having received the above treatment.

SIGNATURE..... E. Grace Moore, N.S. (over)

Examination	2.00
Cleaning	1.50
6 amalgam fills (Simple)	9.00
2 Crowns Gold	20.00
2 devts	1.00
2 Vul fills	3.00
	$36.50
1 Bridge (2 abut 2 dem)	36.00
	$72.50

W.W.3-42.
L.B.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister.

(Name in full) Emma Grace MOORE. R.R.C.

Enlisted in The Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

day of xxxxxxxxxxxxxxxxxxxxxxxx 191xxx AND WAS APPOINTED to COMMISSIONED RANK

in The Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the Eighth day

of January 191 6.

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

and was STRUCK OFF THE STRENGTH on the Thirty-First day

of December 19 19 by reason of General Demobilization.

Dated at Ottawa, this Twenty-Sixth day

of May 1920

Awarded the Royal Red Cross (2nd Class) L.G.#31370,-3-6-19.

Capt.

for. Director of Personal Services.

M. F. W. 2618a

10M.—3-20
1772-39-1428

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

M. P. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

W.S.B. class "A"

Unit, Regiment or Corps No. 5 Stationary Hospital, Reinforcements

Regimental No. ..... Rank Nursing Sister C. E. F. Name MOORE, Emma Grace.

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) .....

J. Burnham major
FOR LT.-COL. I/c RECORDS; C.E.F.

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.
26/6/16	D.M.S.	transfd. to 7. C. G/H.	Le Treport	17/6/16	C.O. 1120.
					J. Burnham major
					FOR LT.-COL. I/c RECORDS; C.E.F.
25/6/16.	7.C.G.H.	Taken on Strength on arrival in France.	LeTreport.	18/6/16	.B.213.Pt.II Ord.127.7/7/16.
24/6/17	"	Granted 14 days leave		17/6/17	" " 41 4/7/17
8/7/17	"	Rejoined Unit.		4/7/17	" " 44 17/7/17.
20/1/18	"	Granted 14 days leave		14/1/18.	" " 3 29/1/18.
3/2/18	"	Rejoined Unit.		31/1/18	"
3/8/18.	2.C.G.H.	Granted 14 days leave.	U.K.	30/7/18	B213 Pt II 54/1918.
8/8/18.	7.C.G.H.	Rejoined from Con.		15/8/18.	B213.
15-9-18	"	attd for temp duty to 22 C.C.S. (auth DGMS DS 8/1 d/9-9-18)	Field	7-9-18	B213.
15-9-18	4 C.C.S.	attd for temp duty from 22 C.C.S.		11-9-18	B213
22-9-18	7 C.G.H.	Rejoined Unit from 4 C.C.S.	"	15-9-18	B213

(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				
13/4/19	7 C G H/p.	7 days leave		9/4/19	B213 A-O 16/1919
20.4.19	"	Rejoined Unit		17.4.19	B213
31.5.19	Pri mat bdm.	Proceeded to England and posted to [illegible] bar. Comp. Witley. (bdm. G H Q. B1-1-49 d. 21.5.19)		28.5.19	K30-9 pg 23 of 1919
1/7/19		SOS of QMP of C Taylor on Embarkation for Bush Canada		3/7/19	J. G. Cunson Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. O. 3rd Echelon, B. E. F.
		EMBARKED LiverPool 3'7' 19 DISEMBARKED Halifax 11,5,19 S.S.CELTIC SAILING NO.86.			J. Gull. Captain for REGISTRAR & ADJU[illegible] FOR OFFICE[illegible] EMBARKED LiverPool 3'7' 19 DISEMBARKED Halifax 11,7,19 S.S.CELTIC SAILING NO.86.

L. L. Job 85095—M. & D. 5953.

Bank Account 2nd. Contingent.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
20m.—9-15.
H. Q. 1772-39-819.

To Whom Standard Bank
Address Kingston, Ont.
C. of E. Grace Moore

Rate $48

By Whom Assigned Moore E. Grace
Regtl. No.
Rank Nursing Sister
Corps 7 Gen'l. Hospl.

MAR 1 - 1916

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		4 16814	48 —	

CONSOLIDATED 6 ACCOUNT

2nd. Contingent

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

(Credit)

PAYMENTS.

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2. Standard Bank Br.

Name of Soldier Moore E. Grace
Nursing Sister #7 Gen. Hospital

L. L. Job 89002.—Req. 6213.

MAR 1 - 1916

Month.	Year.	Cheque No.	Amt.	$48.00 Remarks.
April	1916	J 1991	48	
May		K 5429	48	
June		C 2987	48	
July	✓	S 9712	48	
Aug.	✓	E 13953	48	
Sept.		S 18619	48	
Oct.		S 23861	48	
Nov.		S 29514	48	
Dec.		R 31388	48	
Jan.	✓ 1917	P 40030	48	
Feb.	48-E	~~P 46068~~ C 49072	~~48~~ 48	P 46068 Can 19-2-17. A.A.M.
March		I 52498	48	48 E.
April		E 3769	48	48 E.
May		F 10579	48	48 Nil
apr June		D 16463	48	Cu
apr July		E 24124	48	D
Aug.		R 32143	48	
Sept.		R 38028	48	Cu
Oct.		44281	48	
Nov.		T 51088	48	
Dec.		R 59917	48	1056 W. H.D.
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

P—15.

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
Beneficiary cr a/c Standard Bank.	No 7 Genl Hosp.			N/S.	13 3/16.	Fr. Canada.	Name Moore.
Address Kingston. Ont.						Dms. Corps Order.	Initials Emma G.
						442 d/ 14 3/16.	Bank of Montreal.
Amount. $48.00 fr 1 3/16.							
Separation Allowance issued. Yes or No.							

1916-17

DATE 1916	PARTICULARS		CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case	INITIALS
Apl 25	Pay apl fr 1 3/16 messg 13 3/16	Vo 535.		207 60					
	A.P. Can					48			
						48	111 60		
		Bank			111 60		— " —		
May 22	Pay May			111 60					
	A.P. Can					48	63 60		
		Bank			63 60		— " —		
June 19	Pay June			108 ..					
	A.P. Can					48			
		Bank	3874		60		— 0 —		
July 17	A.P. Can					48			
21	Pay July (R)			111 60					
25		Bank	4997		63 60		— 0 —		
Aug 16	A.P. Can					48			
17	Pay Aug (R)			111 60					
24		Bank	7299		63 60		— 0 —		
Sep 20	Pay Sep (R)			108					
20	A.P. Can					48			
28		Bank	9510		60		— 0 —		
Oct 21	A.P. Can					48.			
23	Pay Oct (R)			111 60					
27		Bank	11000		63 60		— 0 —		
Nov 16	A.P. Can					48			
17	Pay Nov (R)			108					
24		Bank			60		— 0 —		
Dec 11	A.P. Can					48			
12	Pay Dec			111 60					
15		Bank			63 60		— 0 —		

Carried forward

UNIT

NAME

DATE OF APPOINT

MARRIED (YES OR

NEXT OF KIN:—

ASSIGNED PAY:—

MONTHLY AMOUNT

TO WHOM PAYABLE

DATE NON-EFFECT

AND CA

BANK IN WHICH PAY & ALLOWANCES DEPOSITED

PERIOD		No. of Days	Regtl. Rate	PAY					Rate of Field Allowance	ALLOWANCES					TO
From	To			Amount of Regimental	Command	Adjutant	Cr. from Prev. Account	TOTAL PAY		Amount of Field Allowance	P. F. Allowance	Messing	Subsistence	TOTAL	ALL

SUNDRY PAYMENTS

DATE	CHEQUE NO.	PARTICULARS

FORM P. 15
2227—1M—9/12/16

ASSIGNED PAY.	UNIT. NAME OF	UNIT. DATE	UNIT. AUTHORITY	RANK.	RANK. DATE	RANK. AUTHORITY	NAME.
Beneficiary c/o a/c Standard Bank	No 7 Gen. Hosp.			N. S.	13/1/16.	Fr. Canada	Name Moore
Address Kingston Ont.						D.M.S. Corps Order	Initials Emma G.
						442 d. 14/3/16.	Bank of Montreal.
Amount. $45.00/100 fr. 1/3/16.							
Separation Allowance issued. Yes or No.....							

1916-17

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917	Brought Fwd from old sheet.					—		
Jan 7	A. P. Canada				48			
20	Pay Jan (Reg).		111 60			63 60		
25	Bank	19286		63 60		—		
Feb 18	A. P. Canada				48			
	Pay Feb (Reg)		100 80					
20	Bank	21931		52 80		—		
March 15	Pay March (Reg)		111 60					
14	A. P. Canada				48	63 60		
23	Bank.	24818		63 60		—		

FORM P. 15
5986–25M–19/1/17

ASSIGNED PAY. | UNIT. Rates | RANK. | NAME.

	NAME OF	~~DATE~~	~~AUTHORITY~~		DATE	AUTHORITY
Beneficiary	No 7. Gen Hosp	Pay	$ 2. 00. Pd.	N/S.	13 3/16	Frm Can
Address		F A.	60 "			Dmsco # 442
		Mess	$ 1. 00 "			d/ 14 2/16

Amount. $48. 00 Can.

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

Name Moore.
Initials Emma. G.
Bank of Montreal Traf Sq.

Add outfit allce 1 8/18 $100 00

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
april 13	A. Pay. Can				48			
	April Pay. (R).		108					
26	Bank.	1187		60		"		
May 10th	A. Pay. Can				48			
	May Pay (R)		111 60					
27	Bank.	2683.		63 60		"		
June. 14th	June Pay (R)		108.					
	A P Can				48.			
26.	Bank.	4166		60				
July. 13	July Pay (R)		111 60					
	A. Pay Can.				48.			
26	Bank	5035		63 60				
aug 14	A. P. Can				48			
16	Aug Pay R		111 60					
26	Bank.	72.72.		63 60				
Sept 10	Sept. Pay (R)		108.					
	A. P Can				48.			
26	Bank.	9187.		60				
Oct 12	Oct. Pay (R)		111 60					
	A. P Can				48			
20	Bank.	10428		63 60				
30	Add outfit allce		100 -					
	Bank	10841		100 -				
nov	Pay R.		140 ~~108~~					
	A P Can.				48			
26	Bank.	12502		92 -				

FORM P.15
5986–25M–19/1/17

ASSIGNED PAY.

UNIT. NAME OF Rates ~~DATE~~ ~~AUTHORITY~~: Hosp. Gen Hosp. Pay $2-00 pd. 7 a. 60 Mess. 1-00

RANK. Hqs. DATE 13 3/16. AUTHORITY From Can DMSCO # 442. dj 14 2/16.

NAME. Name Moore. Initials Emma A. Bank of Montreal Trafalgar Sq.

Beneficiary

Address

Amount. $ 48 00 Can.

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

Add'l Pt allce 1/8 $100 00.

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					
12	A.P. Can.				48.			
18	A.P. Can. Bank	13792		76	48			
Jan. 15								
Jan. 16	Pay R.		124					
24	Bank	15564		76				
Feb. 10	A.P. Can.				48			
17	Pay R.		112					
22	Bank	17171		64				
11	Rat's Allce Sept France	2693					Fcs 22-20	
Do	Rations 5-13 11/18	9617					18/8	
Mar 15	A.P. Can				48			
19	Pay R.		124					
24	Bank	18694		76				
27	Ration allce France 27-9 to 5 10/18	3658					Fcs 38 35	
April 10	April Pay. (R)		120					
12	A.P. Can.				48			
23	Bank	1051		72.				
May 9.	May Pay. (R)		124					
	A.P. Can				48			
22	Bank	2854		76				
June 4	Adv June Pay Bank			72.				
	A.P. Can				48			
	Pay (R)		120					

RETURNED TO CANADA
L.P.C. TO Dr Ledger
TRANSFER TO N.E. LEDGER

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

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
Beneficiary	Ho Y. Genl Hosp.	.	Pay. # 2 00 pd.	N. S.	13 3/16.	From Canada	Name Moore
Address			F.a. 60 "			D.M.S. Corps Order	Initials Emma G.
Canada			Mess. 1 00 "			#442 d. 14 3/16.	Bank of Montreal.
Amount. $48 00/100							Trafalgar Square
Separation Allowance issued. Yes or No.....							1/8

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
1917								
April 21st	April Pay (R)		108					
" 22nd	A. P. Cann.				48			
" 26	Bank	3009		60	~~48~~	0		
May 11	A. P. Canada.				48			
" 15	May Pay (R)		111 60			63 60		
22	Bank.	6003		63 60		0		
June 14	June Pay (R)		108					
" 8	A.P. Canada.				48	60		
21	Bank.	7998	111 60	60		0		
July 19	July Pay (R)		111 60					
" 17	A.P. Canada.				48	63 60		
" 24	Bank	13029		63 60		0		
Aug 18	August Pay (R)		111 60					
14	A. P. Canada				48	63 60 ~~48 60~~		
" 21	Bank	17080		63 ~~48~~ 60		0		
Sep 14	Sept Pay (R)		108					
11	A. P. Can.				48	60		
20	Bank	21813		60		0		
Oct 15	October Pay (R)		111 60					
11	A. P. Can				48			
19	Bank	26291		63 60		"		
Nov 14	November Pay (R)		108					
13	A. P. Can.				48			
19	Bank	30681		60		"		
Dec 7.	A. P. Can				48			
6.	Dec: Pay R.		111 60					

Carr Forward.

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
Beneficiary			Pay. # 2.00 pd.	N. S			Name Moore.
Address			F. A. 60 "				Initials E. G.
			Mess 1.00 "				Bank of Montreal
Amount. $48 Canada							Trafalgar Square 1/18
Separation Allowance issued. Yes or No.....							

DATE 1917	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
	Brought Forward.		111 60	48				
Dec 13.	Bank.	35096		63 60		"		
1918 Jan 15	A. P Can				48			
" 11	Jan. Pay. (R.)		111 60					
" 21	Bank.	39501		63 60		"		
Feb 15	Feb. Pay. (R.)		100 80					
" 11	A. Pay. Can				48			
22	Bank.	40996		52 80		"		
Mch 15	March Pay (R.)		111 60					
11	A. Pay. Can.				48			
22	Bank.			63 60		"		

OCCUPATIONAL GROUP 19.
DISPERSAL AREA 1A

WAR SERVICE BADGE
CLASS A.

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

M

24.2.22

1. RANK NURSING SISTER
2. NAME MOORE EMMA GRACE
3. UNIT C.A.M.C.
4. DATE STRUCK OFF STRENGTH | | PLACE
5. REASON

DEMOBILIZATION 11-M-44

6. AUTHORITY
7. PROPOSED RESIDENCE

Sudbury Ont.

Central Registry Office
JAN 8 1920
M. D. No. 3. Kingston

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.

EMBARKED LiverPool 3'7' 19
DISEMBARKED Halifax 11,7,19
S.S.CELTIC SAILING NO.86.

Nurse Moore Emma Grace

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

Central Registry Office
SEP 5 1919
M. D. No. 3, Kingston

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~~ H 9
Checked by No. 25
Date 2 JUL 1919

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

Casualty Form—Active Service.

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

Regimental No. ..... Rank M Sister C. E. F. Name Moore E. G.

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
17-7-19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization M Shinter Capt. for Director Personal Services	M.D. No. 3	3/19	C.E.F. R.O. No. 2082-19
26.7.19	ADMS MD 3	TOS No 3 Camp Depot on transfer from No 3 District Depot with effect 13.7.19.	Kingston	13.7.19	Auth ADMS C.O. No 540 of 26th 7-19.
30.7.19	ADMS MD 3.	Detailed for duty at Queen Mil Hosp with effect 27.7.19	Kingston	27-7-19	Auth ADMS C.O No 550 of 30-7-19
5.8.19	ADMS MD 3	S.O.S No 3 Camp Depot on transfer to Queen Mil Hospital with effect 31-7-19	Kingston	31-7-19	Auth ADMS CO No 570 of 5-8-19

for C. G. Gamble Pres Major.
O.C. No. 3 A. M. C. Depot.

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

[P.T.O.

Report		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				
31-12-19.		S. O. S. of the C. E. F. in Canada on Genl Demob. effective 31-12-19. auth A.D.W.S. C.O. 1009 of 30-12-19. R.O. 2339			

[illegible] Major

Adjutant & Registrar
Sydenham Military Hospital.

Rank and Name MOORE, Emma Grace ARRC. NURSING SISTER.

Regimental No.

Unit C.A.M.C.

Date of enlistment 7.1.16

Place of birth Seeley's Bay,

Married (Yes or No)

If in Permanent Force

Promotions or appointments

Name and Address of Next-of-Kin

Hiram Moore, (Father),
Seeley's Bay,
Ontario. CANADA.

Date and place of discharge

Reason for discharge

Character on discharge

LEFT CANADA 2-3-16.
ARRIVED ENG. 13 MAR 1916

A.F.B. 103 11/7/16

APR 10 1916
7/4/17. 2C/H

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
14.3.16	D.M.S.	Taken on Strength,	C.E.F.	13.3.16	C.O. 442
15.3.16	D.M.S.	Posted to D. of Con.	Hosp.	14.3.16	C.O. 445
15.3.16	D of Con Hp.	Taken on Strength,	D. of Con. Hosp	14.3.16	Pr II O. 74
26-6-16.	D.M.S.	transfd to T. G/H.	Le Treport	17-6-16	C.O. 1120 D of C Hp Pt II 167. 7/16
7-7-16	No 7 C.G.H	Taken on Strength	— do —	15/6/16	Pr II ord 127.
4.7.17	K Gen Hp	Granted 14 days leave	rejoined unit	4.7.17	Pt II ord. 44
29.1.18	T.C. Gen Hp.	Granted 14 days leave		14.6.17	Pt II ord. 41.
12-8-18	— do —	Granted 14 days leave from		14.1.18	C.E. 2. 9/3.
27-4-19	do.	Granted 7 days leave		30-7-18	Pt II ord. 54
10-6-19	Do	S.O.S. posted To CAMC Cas. Coy.		9-4-19	" 16.
				28-5-19	P T II ord 23.

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				
3-6-19	15 CGH	T.O.S. on posting from 7 Can. Gen Hsp.		28-5-19	P[T] Ford. 127.
3-6-19	W.O.	awarded Royal Red Cross 2nd Class			Lon. Gaz 31370.
11-7-19	15 CMH	S.O.S. to C[A]F in Canada		3-7-19	Pl-II O. 151.
9-7-19	Duds	S.O.S. to Canada		3-7-19	C.O. 80.
		Sailed to Canada	Celtic	3-7-19	S.L. 86

201 53

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

M 18566

Date of Assignment Mar 1, 1916

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT 48

Bank Account.

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank N. S. Promoted Reverted Discharge

Soldier's Name E. Grace Moore.

Battalion 7. Genl Hospl.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Standard Bank.

Address Kingston, Ont.

Change of Address Cr of E. Grace Moore.

1

2

3

4

013053-E-86

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
1917 Dec. 31	—		10 56	10 56		
Jan	H63246		48	48	✓	
Feb	75212		48	48	✓	
Mar	91106 N		48	48	✓	
Apr	9099 N		48	48	✓	
May	16293 R		48	48	✓	
June	20579 N		48	48	✓	
July	29978 H		48	48	✓	
Aug	39227 P		48	48	✓	
Sept	50660 S		48	48	✓	
Oct	X54933		48	48	✓	
Nov	J61359		48	48	✓	
Dec 1919	X66614		48	48	✓	
Jan	H71318		48	48	✓	
Feb	75718 W		48	48	✓	
Mar	85050 M		48	48	✓	
Apr	2868		48	48	✓	
May 2	7510		48	48	✓	
June	H10916		48	48	✓	
July	11270		48	48		
			1968	1968		

A/c Closed 31-7-19. Ind. 3.

Ret'd per Celtic.

Date 11-7-19. M.F.W.187 23-7-19

Ind. Clerk

Ind. 117014

CIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400m.—6-17—1772-39-1141
L. L. 22320—M. & D. 1933.

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. 22320—M. & D. 7993.

Old Ledger sheet passed to "C R" 6/10/19

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. | RANK N/S | NAME (IN FULL) Moore E G. | (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/-	✓	
F A 1/-	✓	
Messg. Allce. 5d	13/7/19	AO 1836

ORIGINAL UNIT C.E.F. 6 A M 6 | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO A M 4. | DATE 13/7/19 | AUTHORITY 20211

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 48.00 | DATE EFFECTIVE

PAYABLE TO The Standard Bank | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 62 E E Moore, Kingston

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE ✓

DISCHARGED | PLACE Kingston | DATE 31/12/19. | REASON Demob. | AUTHORITY DO 109 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	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
BALANCE FROM PREVIOUS ACCOUNT																																					1st Part H & G ✓
1919																																						
Oct.	31	3	93 ✓		15 50 ✓				108 50 ✓						438806 ✓						60 50 ✓		48 ✓										108 50 ✓		108 50 ✓			437956 ✓
Nov.	30	3	90 ✓		15 00 ✓				105 00 ✓						444483 ✓						57 00 ✓		48 ✓										105 00 ✓					441261 ✓
Dec	31	3	93 ✓		15 50 ✓				108 50 ✓						443906 ✓						60 50 ✓		48 ✓										108 50 ✓					443957 ✓
			276		46 00				322 00												178 00		144										322 00					Paymaster, Misc. Units, M. D. 3

90.00 W.S.G. already paid, to be carried first as Debit, month by month, & adjusted when finally discharged

AUDITOR | PAYMASTER

M. ORS.

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

REGT. NO. | RANK N/S. | NAME (IN FULL) MOORE. Emma Grace (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		
Fld. Allce $1.00	✓	✓
Messing .50	1.7.19 ✓	A.O. 1386
Standard Bk of Canada Kingston. Ont.		

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

PLACE OF ATTESTATION | TRANSFERRED TO 1 C.M.G. Dep ✓ | DATE 13.7.19 ✓ | AUTHORITY A.O. 111 ✓

DATE OF ATTESTATION | TRANSFERRED TO Queens Mil Hosp | DATE 15.7.19 | AUTHORITY

ASSIGNED PAY $ 48.00 | DATE EFFECTIVE 1-8-19.

PAYABLE TO The Standard Bank | RELATIONSHIP

ADDRESS C/A of E.L. Moore Kingston, Ont.

ANY CHANGE IN ASSIGNEE OR ADDRESS

M 377

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MONTH 1919	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																																			
June							3 00 ✓		3 00 ✓								95 00 ✓						48 00 ✓								143 00 ✓		140 00 ✓				Cr mess. allce 1-7-19 to 3-7-19. Cash adv. CR 278/125 of 4-8-19
183 dys	@	3.00			549 00 ✓																				90 00 ✓										1st payt. W.S.G.
July	31	3.00	93 ✓		9 50 ✓				102 50 ✓																				230 ✓				127 50 ✓			
Aug	31	3.00	93 ✓		15 50 ✓				109 50 ✓						435244 ✓				23 ✓		48 ✓										71 00 ✓		90 ✓		1477359 ✓
SEP	30	3.00	90 00 ✓		15 ✓				105 00 ✓						436793 ✓				57 ✓		48 ✓										105 ✓		90 ✓		1554497 ✓

Subtotal now distributed to accounts on this sheet. Bear Ledger sheet no. Brought Forward

YMG

200M-3-19.—L. ... 5878a-... & L. 9985.
M. F. W. 2.96.
1772-39-1390.