Unit C.A.M.C. *Rank* Nur.Sis. *Name* McConachie, Letitia May

ORIGINAL

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (*a*) What is your Surname ? McConachie,

   (*b*) What are your Christian Names ? Letitia May.

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

   (*b*) What is your present address ? King George Apt's , Oldfield Ave. Montreal, P.Q.

3. What is the date of your birth ? 1880. Feb. 27th.

4. What is (*a*) the name of your next-of-kin ? Mr. Robt. McConachie.

   (*b*) the address of your next-of-kin ? King George Apt's, Oldfield Ave., Montreal, P.Q.

   (*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 ? Nil.

9. State particulars of any former Military Service Nil.

10. Are you willing to serve in the

    CANADIAN OVER-SEAS EXPEDITIONARY FORCE ? Yes.

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

L. McConachie Nur.Sis. (*Signature of Officer.*)

Taken on strength (place) Apr. 16th 1917.

(date) Kingston, Ont.

Lieut-Col.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 April, 30, 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

REGIMENTAL DOCUMENTS

NAME McCONACHIE LETITIA MAY REGT. NO. Nur. Sister UNIT C.A.M.C. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3 A 1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		Ottawa	24/10/19	Para 1231 M.H.	DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		M.S.H. 13-11-19			Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		Cert 27-1-20	Ret 10/2/20		
	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)				C4654	DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category Demob
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
3	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					
32	C.D.3					
1	M.F.W. 67					
42	Misc.					
1	A.F.W. 3212.					
	S.S. Celtic sd 20/10/19					

W 2589
10M-11-18
1922-29-1927

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 McConachie, Letitia May.

(4) Place of Birth Brockville, 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.)

ORIGINAL

(9) Is your Father alive? Yes, Mr. Robt. McConachie,

If so, state name and address King George Apt's, Oldfield Ave., Montreal, P.Q.

(10) Is your Mother alive? Yes, Mrs. Mary McConachie,

If so, state name and address King George Apt's, Oldfield Ave., Montreal, P.Q.

(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? Nil.

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 April, 30, 1917.

R. R. C. 2nd Class. Lg. 31684

7/12-12-19

CARD No.

SURNAME. Mc Conachie

CHRISTIAN NAMES Letitia May

REGL. No. RANK Nursing Sister

UNIT C.A.M.C.

FORMER CORPS Mil.

SOS- 22-10-19 7th

Demob 22-10-19

PO 224 7 FCL. 31-10-19

also PO 230 7 23/11/19

7-4 Bn

NEXT OF KIN.

NAMES IN FULL Mc Conachie, Robert

RELATIONSHIP TO SOLDIER Father

ADDRESS King George apts. Oldfield ave, Montreal, P. Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Brockville Ont., DATE Feb. 27th 1880

PLACE OF ATTESTATION Kingston, Ont., DATE Apr. 16th 1917

O.

R/C 20-10-19 4/30 cn/s

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

M. F. W. 22. 100M.—11-16. H. Q. 17 2-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING Professional Nurse RELIGION Church of England

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Kingston, Ont., DATE Apr. 30th 1917

Present Address King George apts. Oldfield ave. Montreal P.Q.

Number ..... Rank N. S.

Surname MC CONACHIE

Christian Name LETITIA MAY.

Units ..... Theatre of War ENGLAND.

Date of Service 29.2.17

Remarks ~~None~~

Latest Address ~~King George apt. #2.~~
11 Oldfield Ave.
Montreal
Que

Roll No. A Page 5023

200m.-6-21.M.

GRATUITY (IMPERIAL)

CHRISTIAN NAME | SURNAME | REG. NO.

SCHEDULE NO. | LINE NO.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DESP. DUE 7 1928
REGINA N.B.
3 Jan 28

DATE RECEIVED FROM OTTAWA | IMPERIAL DEPOT NO.

DATE RECEIVED FROM REG. DEPOT. | DATE FORWARDED TO OTTAWA

868—D.P.—40M-1-12-19.

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 W/S Surname McCONACHIE

(Given name in full) BETTIA MAY

Unit or Corps C.A.M.C. Birthplace BROCKVILLE ONT

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

1. GENERAL DESCRIPTION:

Physique good Weight 154 lbs. Height 5 ft. 8 in. Colour of Eyes grey

Nutrition good

Pulse 72

Condition of arteries Sound

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

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

nil.

Opinion as to general health and physical condition 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 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.

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

No. 78 CANADIAN GENERAL (ONTARIO) HOSPITAL
BRIGHTON, KENT
16 JUN 1919

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 .....(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.
1033 (D.P.) 500M-11-18.
1772-39-1142.

MEDICAL HISTORY SHEET

ORIGINAL

Surname McConachie. *Christian Name* Betitia ,May.

Examined { on 16th day of April. 191 7
at Kingston, Ont.

Birthplace { City or Town Brockville, Ont.
County Canada.

Apparent age 37.

Trade or occupation Prof.Nurse.

Height 5 feet 8 Inches

Weight 166 lbs.

Chest measurement { Minimum 40 inches
Maximum expansion 4 inches

Physical development good.

Small-pox Marks Nil.

Vaccination Marks { Arm Right Left x
Number 1

When Vaccinated last 1908.

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

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

Approved by R. Gardiner

Rank Lt-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.

Date	Result	Vaccinations	
3-5-17		R. Gardiner Lt-Col.	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
17-4-17	good	R. Gardiner Lt-Col	M.O.
24-4-17	good	R. Gardiner Lt-Col.	M.O.
1-5-17	good.	R. Gardiner Lt-Col.	M.O.

Enlisted on 16th *day of* April, *191* 7 *at* Kingston, Ont.

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

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
16 C.G.H.	26-9-19	Fit	Fit Cat A.

No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL ORPINGTON, Kent. 26 JUN 1919

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				

W.S.

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. ..... Rank Nur. Sis. Name McConachie, Letitia May,

C. E. F.

Enlisted (a) 16.4.17 Terms of Service (a) Duree Service reckons from (a) 16.4.17

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) Prof. Nurse

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	Halifax	29.5.17	
		Disembarked	Liverpool	8.6.17	
25.6.17	C.A.M.C.D	TAKEN ON STRENGTH	Westerhanger	29.5.17	G.D.O. 176
25.6.14	"	Posted to D Mob Hosp. Orpington.	Westerhanger	8.6.14	Pt II D.O. 146 D. Mebelin LIEUT. COL. COMMANDING C.A.M.C. DEPOT.
23.6.17	O.M.H.	Taken on strength	Orpington	8.6.17.	Pt.11.DO.149.

(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				
26/10/19	S.O.S. O.M.F. of O.	ON EMBARKATION FOR CANADA For MAJOR General, Adjutant General, Canadian			
27-10-19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 4	10-10-19	C.E.F. R.O. No. 2244-19
31-10-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 4	22-10-19	C.E.F. R.O. No. 2249-19
		for Director Personal Services			

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 W/S Surname McCONACHIE

(Given name in full) BETITIA MAY

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

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

1. GENERAL DESCRIPTION:

Physique Good Weight 160 lbs. Height 5 ft. 8 in. Colour of Eyes Grey

Nutrition Good

Pulse 74

Condition of arteries Good

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

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

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 N.D. Genito Urinary System N.D. Cardio-Vascular System N.D.

Special Senses N.D. Integumentary System N.D. Respiratory System N.D.

Disturbance of Mentality No Muscular System N.D. Digestive System N.D.

Osseous and Joint System No Any other general condition N.D.

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.

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at .....(Overseas)

Date 26th Nov/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 Letitia M. MacConachie

(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 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 T/S Surname Mc Quachie

(Given name in full) Peter Tracy

Unit or Corps C.A.M.C. Birthplace Brockville, Ont.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 160 lbs. Height 5 ft. 8 in. Colour of Eyes Grey

Nutrition Good

Pulse 74

Condition of arteries Soft

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

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

Nil

Opinion as to general health and physical condition 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 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.

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Aldershot (Overseas)

Date Sept 26th 19 Signed W. Leach Capt M.O.

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

Signature Leslie Le Mesurier

(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.)

56 OR

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

E.T. **Surname** McCONACHIE **Christian Names** Letitia May

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

Promotion R.R.C. 2nd Class Mr. Robt. McConachie.

T.U.S 16.4.17 King George Apts. Oldfield Ave

Unit Reinf, C.A.M.C. Nursing Sisters. Montreal. Quebec. Canada.

Place of birth Brockville. Ontario. Canada.

VC

Married (Yes or No)

Appointments

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

H

M

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. Canc. C.H. on arr. f-			
22.6.17	Dms.	Can. & posted to Canc Dep.		29/5/17	Co. 799.
"	"	Posted to Ontario 9th H.		8-6-17	Co. 802.
8-10-17	"	Posted to No 16 Can Gen Orpington		3-10-17	Co. 1310
20-8-18	16 C.H.	Granted leave from 21-8-18 to		6-9-18	Pt. ord. 197.
		Brought to notice of Sec of State for War for val services rendered in Connection with War.			W.O. List 19-8-19
20 10 19	D.G.M.S	S.O.S on transfer to C.E.F in Canada		10.10.19	Co 131
12.12.19	W O	Awarded Royal Red Cross 2nd Class			Lon Gaz 31684.

Sailed for CANADA 10 10 19 per S S CELTIC S.L.

S.O.S 22.10.19

25104

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					

CANADIAN EXPEDITIONARY FORCE

L.T. 4-41.
R.A.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Letitia May McCONACHIE.

Enlisted in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the [redacted]

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

in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the Sixteenth day

of April 191 7

He SERVED in CANADA, and England with the Canadian Army Medical Corps.

and was STRUCK OFF THE STRENGTH on the Twenty Second day

of October 191 9 by reason of General Demobilization

Dated at Ottawa, this Thirtieth day

of January 191 xx 1920.

for Lieut.
Director of Personal Services.

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

Report No. 3,742 Army Form W. 3212.
(In books of 100)

Regtl. No., Rank and Name } L. le Lieconeelue Age ____ Corps ____

Disease ____ Hospital ~~H~~ 16 C.G.H.

To Officer i/c Laboratory. Ward ____

Please carry out an examination of the accompanying specimen of ____

with special regard to Routine.

Nos. of previous Reports (if any) [redacted]

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date June 16/19. ____

O. i/c Ward.

LABORATORY REPORT.

Pale amber
acid
S.G. 1022
Albn. O
Sugar O

Date of Examination 16/6/19 ____

3G 8

O. i/c Laboratory.

W6591—P1803 300,000 10/18 HWV(iM374)

L. L. Job 4503.—M. & D. 6332.

ASSIGNED PAY.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 177-39-818.

SEPARATION ALLOWANCE

Name Roth-McConachie

Address King George Apts
Oldfield Ave Montreal
Que

Relation to Soldier
wife, child or mother } 30m

Name of Soldier McConachie L. M.

Regtl. No.

Rank N.S.

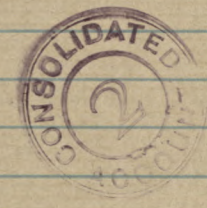
Corps A.M.C.

To what Corps belonging
when called out

JUN - 1917

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
18m.—4-17.
1772—39—819.

Sheet No. 2. Roll. McConachie
(Assignee)

L. L. Job 19227—M. & D. 7814.

Name of Soldier McConachie J. M.
9 M C. N.S.

Month.	Year.	Cheque No.	Amt.	30 00	Remarks. JUN - 1917
April	1916				
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1917				
Feb.					
March					
April					
May					
June		B 20857	30		
July		H 23412	30		
Aug.		S 30729	30		
Sept.		O 37745	30		
Oct.		T 43766	30		
Nov.		G 44101	30		
Dec.		X 56989	30		
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

210 00 R J L.

210 00 XV

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 | AUTHORITY

C A M C | Pay. #2 00 Pd F.A. 60 " Mess 1. 00 "

RANK. Mess ~~DATE~~ AUTHORITY

N. S. p 8 6/17 ₤p 27 5/17 Dm & C 60 799. d/22 6/17 L P C

NAME.

Beneficiary

Address

Amount. $ 30 00 ₤ 1 6/17 Can ✓

Separation Allowance Issued. Yes or No.....

Name McConachie

Initials Lelika. M.

Bank

London County & West Orpington Kent

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								
June 28	Rec'd N/S ratio Mess 8 6/17 ₤p 27 5/17 Dm & C 60 799 d/22 6/17 L P C ho 9413 ₤p 216.		114					
	Bank.	9224		84 80		Bal 84 30		
July 14	July Pay (R)		111 60					
" 17	A P. Canada (2 mths)				60	81 60		
23		Bank.		81 60		0		
Aug 18	August Pay (R)	xxx	111 60					
"	A P. Can				30	81 60		
" 21		Bank	16996	81 60		0		
Sep 15	Sept Pay (R)		108					
11	A P Can.				30	78		
20		Bank	21680	78		0		
Oct 15	October Pay (R)		111 60					
11	A P. Can.				30			
19		Bank	26062	81 60		"		
Nov 14	November Pay (R)		108					
13	A P. Can.				30			
19		Bank	30633	78		"		
Dec 7	A. P. Can				30			
6	Dec: Pay R.		111 60					
1918 13		Bank.	34460	81 60		0		
Jan 15	A. P Canada.				30			
" 12	Jan Pay (R.)		111 60					
" 19		Bank.	39278	81 60		0		
Feb 15	Feb Pay (R.)		100 80					
" 11	A Pay Can.				30			

Carried Forward.

FORM P. 15
5986—25M—19/1/17

ASSIGNED PAY.

UNIT. NAME OF — DATE — AUTHORITY

RANK. — DATE — AUTHORITY

NAME.

Beneficiary

Address

Amount. $ ~~30~~ 00 Can

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

Name Mc Conachie

Initials L. M.

Bank London, Co & West: Orpington Kent

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									
Feb 18	Brought Forward.			100 80	30				
" 19		Bank.	40804		70 80				
Mch	Mch Pay (R)			111 60					
" 11	A. Pay. Can.					30			
" 21		Bank.			81 60				
April 6	Drawallee 6/7.	Bank	31					3/6 ~~4/6~~ 18	

FORM P. 15
5986–25M–19/1/17

ASSIGNED PAY. | **UNIT.** NAME OF ~~AUTHORITY~~ | **RANK.** DATE AUTHORITY | **NAME.**

Beneficiary)
Address

Amount. $30 00 Can
Separation Allowance issued. Yes or No.....

C.A.M.C | Pay $2. 00. Pd. | Fa. 60 " | Mess $1. 00 " | N/S - 8 6/17 | Eff. 27 5/17 DMSeO #799. 22 6/17 L.P.C.

Name McConachie
Initials Lelilia M.
Bank London C. & W. estminster
& Parrs B'k Ltd
Orpington Kent.

Add outfit allce 24 5/19.

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 15	A. Pay Can.				30			
"	April Pay (R.)		108					
26	Bank.	979		78				
May 16	May A. Pay (R.)		111 60					
16	A. Pay. Can.				30			
17	Trav allce. 28-31 5/17.	16581					2-9-4- ~~46-17-0~~	$2.00 ~~$225.00~~
22.	Bank.	2476.		81 60		0		
June	June Pay (R.)		108.					
14.	A. P Can				30			
26.	Bank.	4166.		78				
July	July Pay (R.) A. Pay Can		111 60					
5	Bank.	5499		81 60	30	0		
aug 15	A. P. Can				30			
16	Aug Pay R		111 60					
31	Bank.	6995		81 60				
sept 11	Sept. Pay R. A. P Can		108		30			
21	Bank.	8976.		78				
Oct 14	Oct. Pay R. A. P Can		111 60		30			
22	Bank	10694		81 60				
Nov	Pay R. A P Can.		140		30			
21	Bank	12473		110 -				

FORM P. 15
5986–25M–19/1/17

ASSIGNED PAY.

UNIT. NAME OF: P.A.M.C. DATE: Pay 8/a 4th AUTHORITY: 2.00 1.00 1.00 Q. O. A. 27/5/19

RANK. N/S. DATE: 8/6/17 AUTHORITY: Eff. 27/5/17 M.D.M.S.Co #799 22/6/17 L.R.C.

NAME. Nominal Roll shows Name Letitia Lay

Name Mc CONACHIE
Initials L. M.
Bank London, County & Westminster & Parrs Ltd. Orpington.

Beneficiary
Address Can.
Amount. $ 30.00
Separation Allowance issued. Yes or No.....

DATE 1918-19	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Dec. 12	Pay R.		124					
" 13	a.P. Can.				30			
" 14	Bank	13669		94				
Jan. 16	Pay R.		124					
" 17	a.P. Can.				30			
" 23	Bank	15564		94				
Feb. 10	Lon R. Lat 16/- 3/19 Lat 106 Feb. No. 1038	Gen. A/c.		389				
" 11	Ass. P. Can.				30			
" 17	Pay R.		112					
" 20	Bank	16957		78 11				
Mar. 17	a.P. Can.				30			
" 20	Pay R.		124					
" 21	Bank	18549		94				
April 10th	April Pay. (R.		120					
" 11.	a.P. Can.				30			
" 31	Bank	791.		90				
May 9.	May Pay. (R.		124					
	a.P. Can				30			
" 20	Bank	2474		94				
" 28	Add Outfit allee Vo 554		100					
"	Do Do Bank	2918.		100				
June	a.P. Can				30			
" 23	Pay R		120					
"	Bank			90				
July 16	a.P. Can				30			
" 25	Pay R.		124					
	Bank			94				

FORM P.15
7847 10M 11-2-19 D.565

ASSIGNED PAY.

UNIT. NAME OF: C A M C RATE OF P. AND A.: Pay 2 00 Pd / F.A. / Messing /

RANK. DATE AUTHORITY: M/S

NAME.

Beneficiary

Address

Amount $ 30 00 / ban

Separation Allowance Issued. Yes or No.....

Name McConachie
Initials L. M
Bank Lon Co Westminsr & Parrs Bk Orp - Kent.

DATE 1919	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES TO BE INITIALED BY P.M. IN EVERY CASE	INITIALS
	Br. Forward . Nil							
aug 11	Adv Aug & Sept. R & a Bank.			184		184	Remit Canada.	
	aug & Sept. Pay R.		224				C Rec 30.9.19 (Orp)	
	A. Pay Can.				30	6r. 30	Mar. Mr. Cdn.	
	Sept A R Can				30			
Octy	Trav allce 7-10 10 19 Dirct 92						£2.13.6 # 13 0r	
	22 Advance on a/R. d/r 15/19. £15. hist 23. Vo 180.			73		Br. 73.	Endorsed on Ab.	
Nov 30	Dr. Bal chg'd to Canada	20	73			0		

FORM P.15

7847 10M 11-2-19 D.565

ASSIGNED PAY.

UNIT. NAME OF

RATE OF P. AND A.

RANK.

DATE AUTHORITY

NAME.

Beneficiary

Address

Amount $

Separation Allowance Issued. Yes or No.....

Pay

F.A.

Messing

Name

Initials

Bank

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES TO BE INITIALED BY P.M. IN EVERY CASE	INITIALS

M-324

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

O K

1. RANK Nursing Sister
2. NAME C. McConachie ~~XXX XXX~~ Letitia May
3. UNIT No 16 Canadian Gen. Hospital Orpington
4. DATE STRUCK OFF STRENGTH | PLACE
5. REASON SOS 22-10-19 AO 2249-19

Cessation of Hostilities
Demobilization

6. AUTHORITY
7. PROPOSED RESIDENCE

King George Apts
Ottawa Ont
Montreal Que

Miss C. McConachie Letitia May.

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.

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

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 H.Q.
Checked by No. 2Y
DHH.
Date OCT 9 1919

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Jun 1917.

RATE OF SEPARATION ALLOWANCE

1545

RATE OF ASSIGNMENT

30.			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank N.A. Promoted Reverted Discharge

Soldier's Name L. M. McConachie

Battalion A.M.C.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Robt. McConachie

Address King George Apts.

Change of Address Oldfield Ave. Montreal Que

1

2

3

4

122.07-L-12

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31	P.T.		210 -	210 -	
Jan/18	P. 67107		30	30	
Feb	A 70803		30	30	
March	L 92218		30	30	
April	D 4954		30	30	
May	N 14620		30	30	
June	H 26994		30	30	
July	N 32483		30	30	
Aug	L 36544		30	30	
Sept	M 47941		30	30	
Oct	S 54171		30	30	
Nov	M 59505		30	30	
Dec	S 64535 -		30	30	mD 4
Jan	S 70633		30	30	
Feb	N 81422		30	30	
May	I 88464		30	30	
April	L 1063		30	30	
May	C 5604		30 -	30 -	Cm
June	H 2292		20 -	20 -	Cm
July	E 11417		30	30	
Aug	M 13658		30	30	
Sept.	A 16980		30	30	
Oct	B 14920		30	30	

A/c Closed 31-10-19

Ret'd per ... Celtic .....

Date 30/11/19 M.F.W.187 7-11-19

Clerk ..... R.A. Booth .....

Also Destroy 17062

AUDITED.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400m—6-17—177-39-1141
L. L. 22320—M. & D. 7493.

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.-5-17—1772-39-1141
L. L. 22320—M. & D. 7988.

Mc.194
A.B
G

MILITARY DIST. No. 4
NOV 5 1919
D. of DEMOBILIZATION
PAY DEPT.

M. OR S.

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

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — Nil — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
To Sport o/s on Conduct Pertd to Cos-Co	10-10-19	R22249 D0301/21

AUDITOR | PAYMASTER

REGT. No. — RANK N/STA — NAME (IN FULL) Mc. CONACHIE LETITIA MAY (BLOCK LETTERS SURNAME FIRST)

ORIGINAL UNIT C.E.F. — CAMC — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 16-4-17 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 30.00 — DATE EFFECTIVE 1-11-19

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

Robert Mc Conachie — M.S.G.

ADDRESS

King George Apts — Dominion Bank

Oldfield Avenue — Montreal — Town Guy & St Catherine Sts Montreal

STOP PAYMENT FORM ASSIGNED PAY RENDERED DATE — EFFECTIVE

DISCHARGED — PLACE — SOSTA Montreal — DATE 22-10-19 — REASON Gen Dem'l Rs 2249 — AUTHORITY D0307/21 — IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

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.
							Nil																							Nil						
1-10-19																																				
22-10-19	22	3.00	66	00	340	00		784	00	CR Rol 3247								73	00	90	00			30	00								193	00	114	60		
					459	00		459	00																												
22-11-19																																				
22-12-19																																				
1.2.20																																				

Other Credits — W. S. C. — S. A. — Total

War Service Gratuity

Other Charges — W. & G. — S. A. — Total

	114 60		114 60
	93		93
	90 -		90 -
	161 40		161 40
			459

Balance — Soldier — Dependant

Soldier	Dependant
344 40	
251 40	
161 40	

PARTICULARS OR REMARKS

Deltor
Nil Bal Eng S.D. to 30-9-19
2/10/19 Adm R15.9.0. @ 3.00
13/10/19 Adm 30.5.9 @ 90.00
Treasurer Eng 6.10.19 @ 9.00
P.A. from 7/10/19 22/10/19 @ 66.00
Subpoena 3/10/19 22/10/19
P.P. for Oct 19 paid by Ottawa
Discharged on Eng 22.10.19 @ 30.00

1791656
1798661
1803347 final

2
3

2000-5-19.—L. ... 5878... & D. 3985.
M. F. W. 2.96.
1772-59-1390.