Unit C.A.M.C. *Rank* N. Sister *Name* MacInnes, Ellaphalie Curr

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (*a*) What is your Surname ? ..... MACINNES
   (*b*) What are your Christian Names ? ..... Ellaphalie Curry
2. (*a*) Where were you born ? (State place and country) ..... Halifax, N. S.
   (*b*) What is your present address ? ..... 311, Windsor Street, Halifax, N. S.
3. What is the date of your birth ? ..... 10th., June, 1892
4. What is (*a*) the name of your next-of-kin ? ..... Ronald MacInnes
   (*b*) the address of your next-of-kin ? ..... 311, Windsor, Street, Halifax, N. S.
   (*c*) the relationship of your next-of-kin ? ..... Father
5. What is your profession or occupation ? ..... 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 ? ..... A.M.C., Details
9. State particulars of any former Military Service ..... 2 years.
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.

E. C. MacInnes (*Signature of Officer.*)

Taken on strength (place) ..... Halifax, N. S.

(date) ..... 7-11-18.

J. W. Lawrence
Lt. Col C. 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 7-11-1918

Place ..... Halifax NS

A. H. Gluffus Lt Colonel
Medical Officer.

*Insert here "fit" or "unfit"

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

Unit C.A.M.C. *Rank* N.Sister *Name* MacInnes,Ellaphalie Curr

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (*a*) What is your Surname ? MACINNES
   (*b*) What are your Christian Names ? Ellaphalie Curry
2. (*a*) Where were you born ? (State place and country) Halifax,N.S.
   (*b*) What is your present address ? 311,Windsor Street,Halifax,N.S.
3. What is the date of your birth ? 10th.,June,1892
4. What is (*a*) the name of your next-of-kin ? Ronald MacInnes
   (*b*) the address of your next-of-kin ? 311,Windsor,Street,Halifax,N.S.
   (*c*) the relationship of your next-of-kin ? Father
5. What is your profession or occupation ? 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 ? A.M.C.,Details
9. State particulars of any former Military Service 2 years.
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.

E. C. MacInnes (*Signature of Officer.*)

Taken on strength (place) Halifax,N.S.

(date) 7-11-18.

Lt. Col C. A. M. C., No. 6
(*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 7-11-1918

Place Halifax NS

H. H. Hoffmeister Lt Col AMC
Medical Officer.

*Insert here "fit" or "unfit

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

REGIMENTAL DOCUMENTS

NAME MACINNES ELLAPHALIE, CURRY REGT. NO. Nur. Sister UNIT C.A.M.C. H. Q. FILE NO.

30-4-19
M.L.C.

	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)	Married Name —	Simpson & C.			DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category 1
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	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	DENTAL HISTORY SHEET (M.F.B. 465)					Category Demob
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
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)				17442	
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	Misc					1 1-19 1-19

Rtd 8-11-19

Discharged 342-13-5

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

Reg. No. ..... Name Cllc Innes G Carrie

Rank N S 1 Corps C A M C Age 26 Service .....

Ledger No. 2 336 Serial No. G 11625

HOSPITALS	DATE	DIAGNOSIS
Clin Halifax	16.12.17	1 Rheumatism
Dis Duty	7-1-18	
Adm Cog St Halifax	19.2.19	2 Influenza
Dis Unit	24.2.19	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

a.

ORIGINAL

M. F. W. 71—500M.—5 18.
1772—39—961.

NAME McGinnis Ellaphallet, Cumy.

REGIMENTAL NO. ——— RANK W/S,

ENLISTED AT Aldershot N.S. PROMOTIONS, &c. AND DATE

DATE July 29/18

IF SERVED PREVIOUSLY, STATE UNIT, &c. Same Details (2 years).

MARRIED, WIDOWER, OR SINGLE Single.

NEXT OF KIN Ronald MacInnis RELATIONSHIP Father

ADDRESS OF 311 Windsor St. Halifax N.S

ASSIGNMENT OF PAY $ C. TO

ADDRESS

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	
Lt. J.D.	16	16-1-19	Training Depot.
Sgt. Cog. H.H.	16	16-1-19	Establishment
S.O.S. Completed Book Book	112	22-4-19	To be Reverted

CANADIAN EXPEDITIONARY FORCE

F.H.H. 6-30.
R.A.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Ellaphallie Curry MacINNES.

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 September 191 6

He SERVED in CANADA, 8 with the Canadian Army Medical Corps.

and was STRUCK OFF THE STRENGTH on the Twenty First day

of April 191 9 by reason of General Demobilization

Dated at Ottawa, this Seventh day

of April 191 xx 1920.

M.D.

Capt.

for

Director of Personal Services.

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

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. C.A.M.C.

Regimental No. Nil Rank W/O Name McInnis Allaphallie

Enlisted (a). Truro Terms of Service (a). C. E. F. D.O.W. Service reckons from (a). 15-9-16.

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). Graduate 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				
19-12-18.	CAMC	S.O.S.C.A.M.C.T.D.M.D.NO.6. (Auth G.O. #121. d/ 1-10-18.	Hfx. N.S.	19-12-18.	
		F Goddard Lieut. R.C.R. A/Adjt. C.A.M.C. TRAINING DEPOT. M.D. NO.6.			
19-12-18	CAMC.	TOS Cogswell St.Mil.Hosp. MD No.6 Consumptive Soldiers (Auth.C.O. pt.2, #16, Para.1 d/16-1-19)	Hfx., N.S.	19-12-18	
		A H Brewer Lt.CAMC. A/Adjt.Cogswell St.Mil.Hosp.			
22-4-19	Camc.	S.O.S. Consumptive and Sick Hfx No. 21-4-19 CA 50 St Ex 112 wash. C.G.M.C. Corp Order 313 22-4-19 Quartermaster Sergeant			

(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.

CAMP HILL HOSPITAL HALIFAX

[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				

M. F. W. 129.
50m.—10-17.
1772—39—1142.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

☞ Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Nursing Sister Name Elizabeth Cassy Surname Mac Innes.

Unit of Corps C. A. M. C. (If a soldier) Regtl. No.

Born at Halifax on, (date) June 10 - 1892.

Signature (for identification) Elizabeth Innes.

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight	Colour of eyes
110 lbs.	Blue.
Height	**Identification Marks**
5 ft. 4 in.	

2. NUTRITION AND DIATHESIS? Good.

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability? no.

4. RESPIRATORY SYSTEM? Is there a history of lung trouble? no.

5. HEART?

Abnormal Sounds? none

Abnormal Size? none.

Pulse Rate? 78 Intermittence or Irregularity? none Muscular Tone? Good

6. ARTERIES.—(a) Any hardening or nodulation? none

(b) Blood Pressure. 116 Systolic.

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

Good

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1020 Reaction? acid Albumen? none Sugar? none.

9. SKIN, MIDDLE EAR, EYE or any other part? Vision normal with glasses

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no.

11. Opinion as to the health and physical condition of the one examined? Good - Cat. B 1/1

Examined at Halifax Signed H. Miller Capt. A.M.C. M. O.

Date Nov 8/18 Signed [illegible] M. O

Elizabeth Innes.
Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding

MEDICAL HISTORY SHEET.

Surname MACINNES? *Christian Name* Ellaphalie Currie,

Examined { on 7th day of November 191 8
at Halifax, N.S.

Approved by A.T. Chaffee
Rank Lt-Col amc M.O.

Birthplace { City or Town Halifax,
County Halifax, N.S.

Apparent age 26 years

Trade or occupation Graduate Nurse,

Height 5 feet Feet 4 Inches.

Weight 110 Lbs.

Chest measurement { Minimum 30½ inches.
Maximum expansion 2½ inches.

Physical development Good,

Small-Pox Marks NIL

Vaccination Marks { Arm Right. Left.
Number NIL one

When Vaccinated last 1918.

(*a*) Marks indicating congenital peculiarities or previous disease D.A.H.

(*b*) Slight defects but not sufficient to cause rejection One vaccination scar right leg.

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.
		M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 7th *day of* November 1918 *at* Halifax, N.S.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	C.A.M.C., C.E.F.	NIL		7-11-18.
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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.
400M.—1-16.
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				

CASE HISTORY SHEET.

Cogswell St. Military Hospital

Hospital. Halifax N.S. Station.

No. ____ Rank W/S Name Mrs Innis Ella Age 26

Unit C.A.M.C. Completed years of service Where and how long }

Date of admission 19/2/19 Date of discharge FEB 24 1919

Diagnosis Influenza Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE. Ill since 18/2/19 with headache, backache and malaise, x slight sore throat. P.E. negative except for few spots of measles rash on right knee.
20/2/19 Temp to normal, now only has backache.
21/2/19 Feeling much better.
24/2/19 Marked out

FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.)

TREATMENT.

(Especially any specific or special form.) Symptomatic

CONDITION ON DISCHARGE. Discharged as recovered

(and disposal made of case.)

Date 24/2/19 Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

C11625

CLINICAL CHART

(To be pasted into Case Book opposite Patient's Case.)

Cogswell St, Military Hospital
Ward IV

Corps C.A.M.C. Hospital Station Halifax N.S.

No. Rank and Name Sister McInnis (E.I.A.) Age Service

Disease Influenza Date of Admission 19.2.19 Date of Discharge 24/2/19 Result Recovery Case Book Folio

Dates of Observation	19			20			21			22		
Days of Disease In Hospital	1			2			3			4		
Temperature Fahrenheit	TIME am pm	TIME am pm	TIME am pm	TIME am pm	TIME am pm	TIME am pm	TIME am pm	TIME am pm	TIME am pm	TIME am pm	TIME am pm	TIME am pm
107°	4 p.m.	8 p.m.	4 a.m.	8 a.m.	12 noon	4 p.m.	8 p.m.	12 mid	4 a.m.	8 a.m.	12 noon	4 p.m.
106°		12 mid										
105°												
104°												
103°												
102°												
101°		sleeping										
100°												
99°												
98°												
97°												
Pulse per Minute	116	92	88	100	104	88	88	78	80	80	72	
Respirations per Minute	32	24	22	32	28	24	22	20	20	20	20	
Motions			T									

M. F. B. 288.
1M—12-17.
H. Q. 1772-39-513.

Signature Mamey In charge of case.
Capt A.M.C.

9/81 Company

MEDICAL HISTORY SHEET

Surname Mc Innes *Christian Name*

Examined { on ..... day of ..... 191 ....
at .....

Birthplace { City or Town .....
County .....

Apparent age .....

Trade or occupation .....

Height ..... feet ..... Inches

Weight ..... lbs.

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

Physical development .....

Small-pox Marks .....

Vaccination Marks { Arm Right Left
Number .....

When Vaccinated last .....

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

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

Approved by .....

Rank ..... 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
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on ..... *day of* ..... *191* ..... *at* .....

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

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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 McMillan Christian Name E.

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				
Halifax		19	2	19	25	2	19	Influenza	6	Anuld injection no complications recovery	Manley Capt MC

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 Ella Rhoelia McMann
(Give name in full)
Halsey

Unit or Corps Canada Birthplace Kansas

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

1. GENERAL DESCRIPTION:

Physique good Weight 114 lbs. Height 5 ft. 4 in. Colour of Eyes blue

Nutrition good

Pulse normal

Condition of arteries good

Vision Rt. 15/20 Left. 15/20 with glasses

Hearing (conversational voice) Rt. 15 ft.

Left. 15 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 nil Cardio-Vascular System yes

Special Senses no Integumentary System nil Respiratory System nil

Disturbance of mentality no Muscular System nil Digestive System nil

Osseous and Joint System yes 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.

Cardio-vascular system. Heart normal in size and place after exertion a slight systolic apical murmur heard not transmitted to axilla. Heart at rest 72-80. after 10 body bends 100. Becomes normal three minutes

Tonsils flat. Spongy in appearance. On palpation none, crackling is felt a condition which peri-arteritis

(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.....Bargent.....(Canada)

Date .....19.4.....1919..... Signed .....M.O.

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

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 8, overleaf, only.)

No limitation in movement or function of any joint. Able to do ordinary work-work. History of tonsillitis and rheumatic conditions at time of explosion. Dec 1917
Followed by attacks of tonsillitis

[OVER]

M.F.W. 139.
1033 (D.P.) 500M-11-18.
1772-39-1142.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT .....

NAME OF SOLDIER ..... F. R. MacQueen

REGIMENT ..... Canine RANK ..... Pte. No. ..... M/S

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 from the Service.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	Prophylaxis	OPERATOR	Military District	REMARKS
Condition on first Examination	17-4-18	1-2-13 14-15-16 17-18-19 20-29-31-32									3 30								4 5		Capt. Mann	6.	Cavities
																							Extractions
"																					" "	"	

Prophylaxis

Completed

OFFICER IN CHARGE DENTAL SURGERY

M.F.B. 465
150M--10-18
1772-39-950

DENTAL HISTORY SHEET

Draw file please

No record of service

from 15-9-16

N. R 30

MEMO

Officer i/c Doc's. 9/4/20

Doc's for this officer are incomplete. Passed to you for necessary action.

Attention Doc's.- /

G.G.M.

for D.R. 1.

THE CANADIAN
PENSION COMMISSION

DEPARTMENT OF VETERANS' AFFAIRS
MAY 28 1949
R3F
WAR SERVICE RECORDS
OTTAWA - CANADA

IN REPLY REFER TO
CPC 218557

OTTAWA, May 27th, 1949.

Dept. of Veterans' Affairs
War Service Records
Returned To R3F
MAY 28 1949
File No.
Charged To.

Director of War Service Records,
Department of Veterans' Affairs,
No. 8 Temporary Building,
OTTAWA, Ontario.

RE: N. S. - MACINNES, E. C.

I am directed to inform you that the above named was married on February 16th, 1922, to Lyle Simpson.

For your information and records please.

for W. E. Dexter,
Secretary.

EM/vem

FHH 6-30

THIS IS TO CERTIFY that (Rank) N/S.

(Name in full) Ellaphallie Curry MacInnes

Enlisted in C.A.M.C.

CANADIAN EXPEDITIONARY FORCE, on the ——

day of —— 19— AND WAS APPOINTED TO COMMISSIONED RANK

in C.A.M.C.

CANADIAN EXPEDITIONARY FORCE on the 16th day

of Srpt. 1916.

He SERVED in CANADA with the C.A.M.C.

and was STRUCK OFF THE STRENGTH on the 21st day

of April, 1919 by reason of Gen. Demob.

Dated at Ottawa, this day

of 19

3-7

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

1. RANK Nursing Sister
2. NAME MacInnes, Ellaphalie Curry
3. UNIT C.A.M.C., C.E.F.
4. DATE STRUCK OFF STRENGTH April 21, 1919 | PLACE

CAMP HILL HOSPITAL HALIFAX

5. REASON Demobilization

6. AUTHORITY R.O. 1420 6D 43-M-823

7. PROPOSED RESIDENCE

545 Bannatyne ave
Winnipeg
Man

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.

Received 6-5-19
393-13-5-19

M. F. W. 2591.
2m.—2-19.
1772-39-1380.

E. R. J.

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. | RANK N/S. | NAME (IN FULL) Mc Innes, Billa B. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

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

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 545 Bannatyne Ave. Winnipeg, Man.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Halifax, N.S. | DATE 2/4/19 | REASON Demob. | AUTHORITY P.O. 112 | IF ENTITLED TO POST DISCHARGE PAY

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
Balance from previous account																										10 20							1353
Mar.	31	3.00	93	00	52	70	145	70					6234		50	00			135	50							145	70	50	00			W.B. not pd. March
Apr.	21	3.00	63	00	35	70	93	00	191	70			22 27/4						141	70						50	00	191	70					93.00 1st Payment W.S.G.
	153				459	00							W.S.G.						9300								366	00	366	00	Nil		1st Payment W.S.G.
																			90														17/5/19 # 589028
																			93														14-6-19 # 595961
																			90														886786 19-7-19.
																			98	00							459	00	Nil.				1125566 20-8-19.
			459	00									459														459	00					

WAR SERVICE GRATUITY W.S.G. S. A.

Completed.

Overpaid W.S.G. 276.00
Paid at Ottawa 1/6/20
Le. Pd. at Toronto 17/9/20 E.R.

Refund requested 23/8/20

RW.

60m.-11-18 L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	