

Unit C.A.M.C. Rank Major Name MACINTOSH Bertha M.

# OFFICERS' DECLARATION PAPER

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE

Received in I. C. R. Division  
to be addressed  
MILITIA COUNCIL

OCT 28 1919

### QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname?..... MACINTOSH.
- (b) What are your Christian Names?..... Bertha Margaret.
2. (a) Where were you born? (State place and country)..... Woodstock Ontario.
- (b) What is your present address?..... Strathcona Military Hospital.
3. What is the date of your birth?..... Aug. 29. 1883.
4. What is (a) the name of your next-of-kin?..... Mrs. H. J. MacIntosh.
- (b) the address of your next-of-kin?..... Woodstock Ontario.
- (c) the relationship of your next-of-kin?..... Mother.
5. What is your profession or occupation?..... Nurse.
6. What is your religion?..... Church of England.
7. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.
8. To what Unit of the Active Militia do you belong?..... C.A.M.C.
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.

Bertha M. MacIntosh (Signature of Officer.)

Taken on strength (place)..... Guelph - M.D. #1.

(date)..... Feb. 21-1918.

[Signature]  
(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 <sup>Her.</sup> fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date..... Dec. 13<sup>th</sup>. 1918.

Place..... Edmonton.

[Signature]  
Medical Officer.

\*Insert here "fit" or "unfit"

22  
92  
10  
124

OFFICERS' EMPLOYMENT PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

C.B.

OCT 28 1945

QUESTIONS TO BE ANSWERED BY OFFICER

ANSWERS

1. (a) What is your surname?
- (b) What are your Christian names?
2. (a) What were your two private places and countries?
- (b) What is your present address?
3. What is the date of your birth?
4. What is (a) the name of your present unit?
- (b) the address of your present unit?
- (c) the relationship of your present unit?
5. What is your previous occupation?
6. What is your education?
7. Are you willing to be vaccinated or re-vaccinated and inoculated?
8. To what unit of the Active Militia do you belong?
9. State particulars of any former Military service.
10. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

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

(Signature of Officer)

Place on stamp (date)

(Date)

(Signature of Commanding Officer)

OFFICER'S OR MEDICAL EXAMINATION

I hereby certify that the above answers made by the Officer are true and correct.

For the Canadian Overseas Expeditionary Force

Date

(Signature)

(Signature)

M. J. W. 1945

REGIMENTAL DOCUMENTS

NAME *Mae INTOSH, BERTHA, MARGARET* REGT. NO. *M/S.* UNIT *C. G. M. C.* H. Q. FILE NO. *392-13-648*

**S**  
*19*

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

**DEATH**

Category

*HF*

**DISCHARGE**

Category

*Demerby*

**DESERTION**

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

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)

*2* DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

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)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 233)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

*C. G. M. C. 11-10-19*  
*12-11-19*

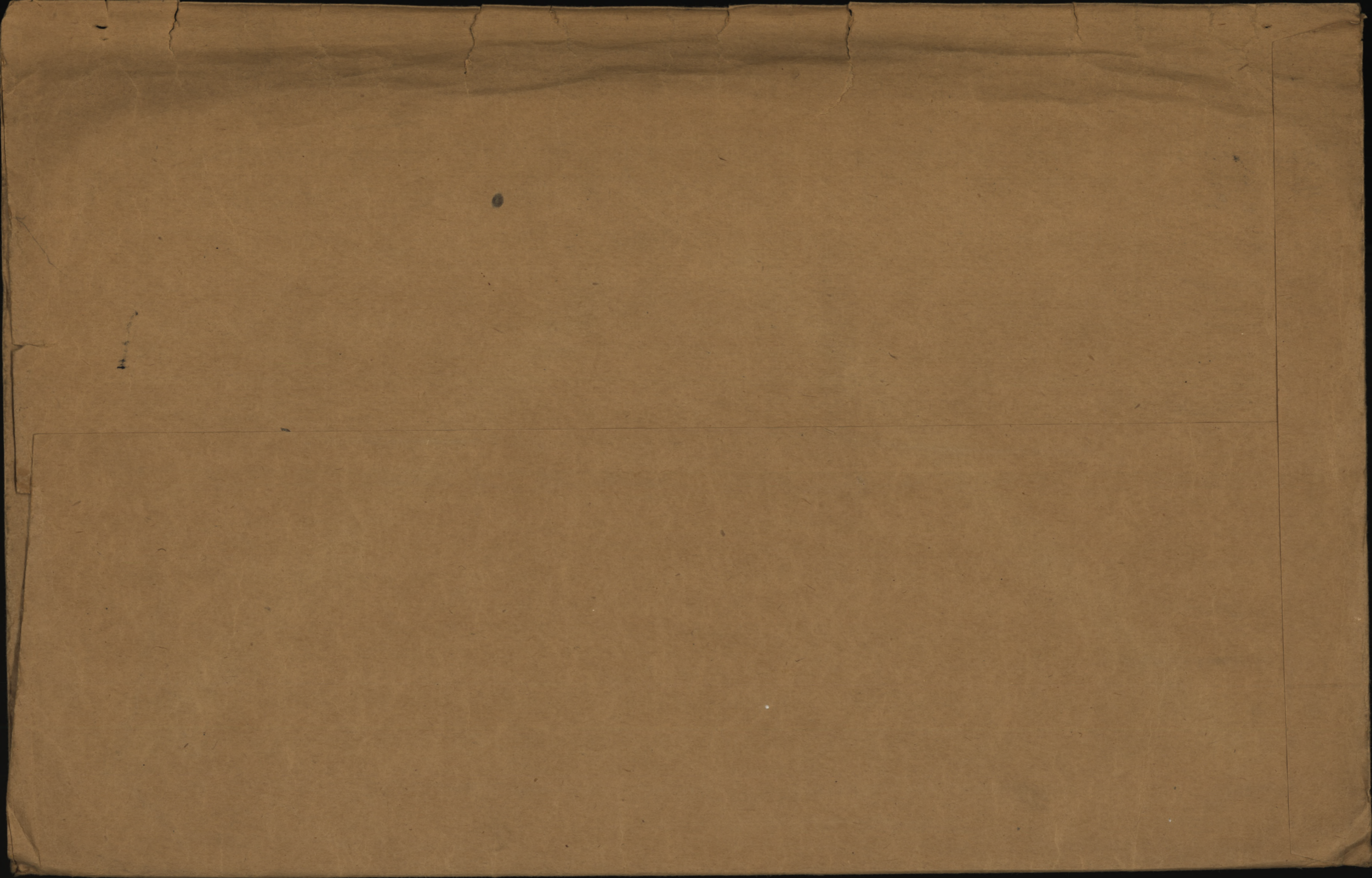
17876

*Handwritten signatures and scribbles*

*1 Ave S & 10*  
*1 Ave S 107*  
*1 Ave S 107*  
*1 Ave S 107*

*HF*

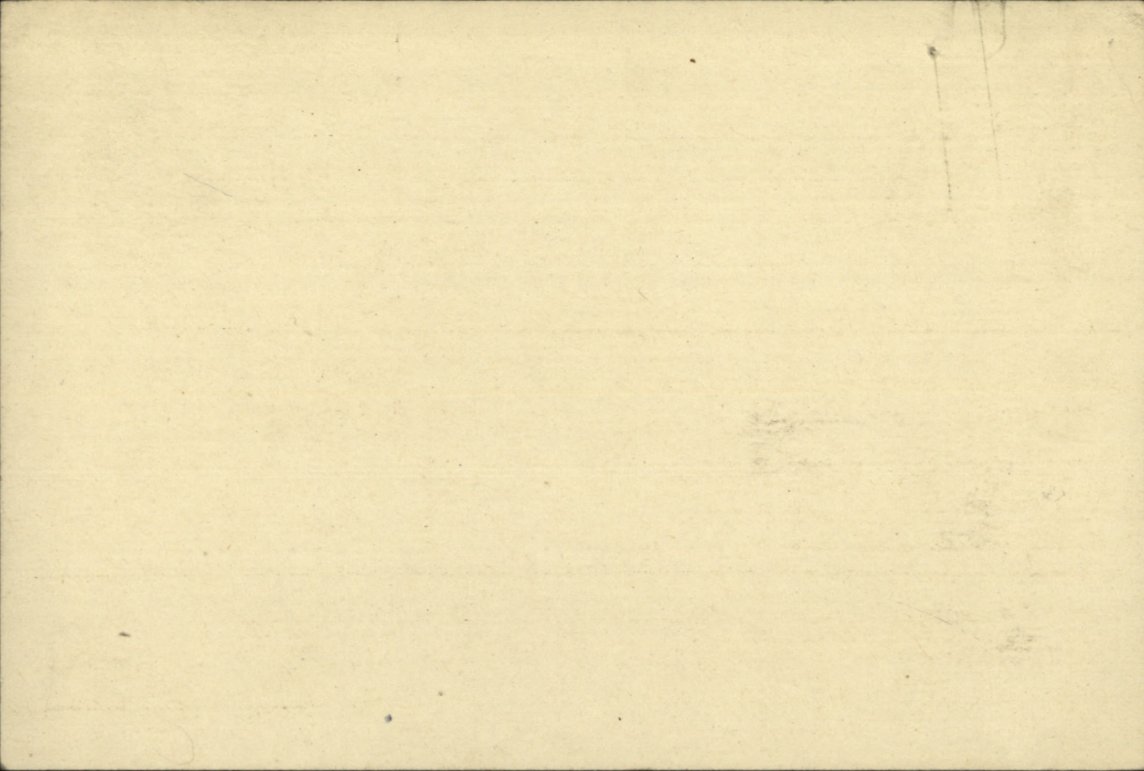
*M*



Surname *Mac Intosh* H. Q. ....  
Christian names *Bertha Margaret* M. D. No. *13* .....  
Regtl. No. \_\_\_\_\_ Rank *Matron* T. O. S. .... 19...  
Unit *# 13 camp* D. O. Pt. II ..... of .....  
S. O. S. .... 19...  
Reason .....  
Auth. ....

Next of kin *Mac Intosh, Mrs. A. J.* Relationship *Mother*  
Address *Woodstock,*  
*Ontario.* Also notify: .....

BORN—Place *Canada, Woodstock* Date *Aug 29<sup>th</sup> 1883*  
ATTESTED—Place *Edmonton, Alta* Date *Feb 21<sup>st</sup> 1918*  
O/S ..... R/C .....



(392-19-640)

NAME

*Mac Intosh,*

REGT. NO.

RANK AND UNIT

*Bertha, Margaret*

NEXT OF KIN

*M/S. ~~Strathcona Mil. Hosp.~~*

CABLE

No.

DATE

NATURE OF CASUALTY

*Dominion Orthopedic Hosp.*

*SOS Div 2/19 M.O. 2.*

*Do 12 5/19 18-4-19 26 #2 20/19  
1/8/19  
1/17/19 1/19 (Auth. o/c. M.O. 2)*

*Demot. #2 a.m.c.s.d*

*A.O. 1876 10-4-19.*

*S.O.S. Demot. 10/4/19.*

*No. 1916 (Sub for entry in  
No. 1876 '67) + Do 177 of 26*

*# 2 Amc 20/19*

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

201 11 20 10

401



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

M. F. W. 54. (A. F. B. 103.)

# Casualty Form—Active Service.

250M.—1-16.  
H. Q. 1772-39-920.

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

Regimental No.        Rank N/S. Name MACINTOSH, Bertha Margaret.  
C. E. F.

Enlisted (a) 2/2/18 Terms of Service (a)        Service reckons from (a)       

Date of promotion to present rank. } 21-2-18 Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended        Re-engaged        Qualification (b)       

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

~~28-2-19. Strathcona Mil Hosp. Struck off strength of S. M. H. 28-2-19. Adms. No. 54 para 24d.~~

23-12-18 Transferred from Adms as from 16/12/18 DOP 11 no 8. 23/12/18

28-2-19. Struck off strength of Strathcona Mil Hosp. + transferred to M. H. 2 for duty. DOP 9. 10/3/19 para 44  
Edmonton 28-2-19  
E. L. W. J. Capt. & Asst. for O. G. Edmonton Mil. Hospital

2-5-19. S.O.S of C.E. 7. Auth R.O # 1876 of 10-4-19 with effect 2-4-19

(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.  
for DOP

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				





~~XXXXXXXXXX~~

~~XXXXXXXXXX~~

XXXXXXXXXX





~~SECRET~~ [Redacted]

[Redacted] [Redacted]

SECRET

••

••

# MEDICAL HISTORY SHEET

Surname MACINTOSH Christian Name Bertin Luargue

Examined { on 16 day of Dec. 1918  
 at Edmonton.  
 Birthplace { City or Town Woodstock  
 County Ont.

Approved by [Signature]  
 Rank Capt. M.O.

Apparent age 35.  
 Trade or occupation Nurse.  
 Height 5.7 feet 7 Inches M.O.  
 Weight 128 lbs. M.O.  
 Chest measurement { Minimum 36 inches M.O.  
 Maximum expansion 39 inches M.O.  
 Physical development Good. M.O.  
 Small-pox Marks Nil. M.O.

Vaccination Marks { Arm Right 2 Left 1  
 Number 1  
 When Vaccinated last 1915 10-10-15 OK R. Luargue M.O.  
 (a) Marks indicating congenital peculiarities or previous disease Nil. M.O.

(b) Slight defects but not sufficient to cause rejection Nil.  
 Date Result ANTI-TYPHOID INOCULATIONS, ETC.  
10-10-15 Good R. Luargue M.O.  
17-10-19 " Rg. Capt. Luargue M.O.

Enlisted on 21 day of Feb. 1918 at London. Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>C. A. T. C. nation.</u>			
Transferred to				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Edmonton</u>	<u>16 - Dec 18</u>	<u>Nil. Class A.</u>	<u>[Signature]</u> <u>Capt. Luargue</u>

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.





# MEDICAL TRANSFER CERTIFICATE.

Army Book 172.

(To accompany a Man Transferred from one Hospital to another.)

Extract from Admission and Discharge Book of Officers Hospital at Roanoke Date 4<sup>th</sup> Dec = 1916

No. of Case.	Regiment or Corps.	Troop or Company.	Regt. No.	RANK AND NAME. Surname first. If Married, write "M" under name.	Completed Years of			DATES.		Religion.	DISEASE. (a) Primary. (b) Secondary. (c) Operations,	Destination on Transfer, and to what Hospital or Ship Transferred.
					Age last birthday.	Service.	Service in the command.	Admitted into Hospital.	Transferred.			
	C Red X. att:- QAIMNS(R) No. 2. Gen H.			Macintosh Spurse. Bertha Margaret.	31	17/12	17/12	30 <sup>th</sup> /16	4 <sup>th</sup> /16	@ 9 F	Debility	No. 1. Gen H. Etretat

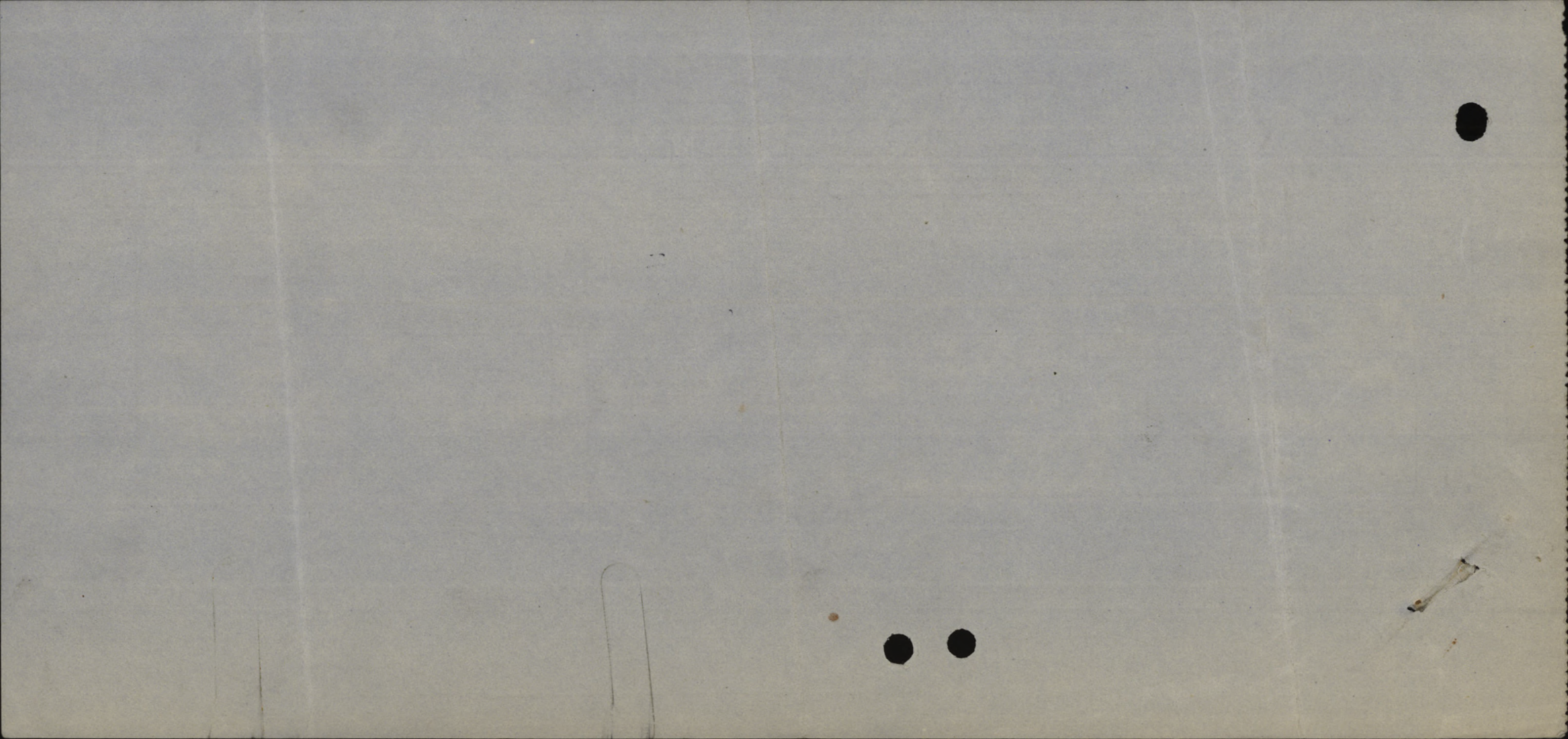
State here briefly reasons for Transfer, and note any particulars of Case for information of Medical Officer.

H. Bordwell

Dr. J. R. ...  
Medical Officer in Charge.

MEDICAL CERTIFICATE BOOK.

London: Printed for H.M. Stationery Office by John Kisson, Ltd., -82.



*Bertha Margaret MacINTOSH*  
**CANADIAN EXPEDITIONARY FORCE**

**H.S.-2-29.**

**Certificate of Service**

**H.C.**

ISSUED TO OFFICERS AND NURSING SISTERS

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

(Name in full)..... **Bertha Margaret MacINTOSH** .....

Enlisted in..... **Canadian Army Medical Corps** .....

CANADIAN EXPEDITIONARY FORCE, on the..... ~~.....~~ .....

day of..... ~~.....~~ 191..... AND WAS APPOINTED to COMMISSIONED RANK

in..... **Canadian Army Medical Corps** .....

CANADIAN EXPEDITIONARY FORCE on the..... **Twenty-First** .....

of..... **February** ..... 191.....

she ~~is~~ SERVED in CANADA,..... **with the Canadian Army Medical Corps.**

**Strathcona Military Hospital, Military District No 2., and  
Military District No 13.**

and was STRUCK OFF THE STRENGTH on the..... **Tenth** .....

of..... **April** ..... 191..... by reason of..... **General Demobilization** .....

Dated at Ottawa, this..... **Twenty-Second** .....

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

for

**Capt.**  
Director of Personal Services.



19

AUDITOR *CHS* PAYMASTER *MB*

M. OR S. **Single.**

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

REGT. No.

RANK *1/S.* *Matron*

NAME (IN FULL) **MacINTOSH**

B. M. *✓*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT	(BLOCK LETTERS SURNAME FIRST)
ADDRESS		DOM. ORP. HOSP. <i>A.M.C.T.D.#2</i>	<i>10-1-19</i>	<i>P.O. 85. 20-50-106</i>	PLACE OF ATTESTATION	TRANSFERRED TO <i>amb.</i>	<i>39 Light St. Woodstock, Ont.</i>
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
<i>no</i>					<i>20-2-18</i>		<i>4-3-19 R0190</i>
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$	DATE EFFECTIVE	
ADDRESS					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE DATE	REASON
						<i>10-4-19</i>	<i>Gen Demob</i>
					DISCHARGED	DATE	REASON
						<i>2-4-19</i>	<i>Demobn</i>
							AUTHORITY
							<i>D.O. 105</i>
							IF ENTITLED TO POST DISCHARGE PAY
							<i>cancelled by DO 177</i>

BALANCE FROM PREVIOUS ACCOUNT

MONTH	NO. OF DAYS	RATE	AMOUNT	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS		
						COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT			
1919																				
MAR 31																				
<i>May</i>	<i>33</i>	<i>4<sup>00</sup></i>	<i>132</i>	<i>8</i>	<i>140</i>			<i>7386</i>			<i>110</i>				<i>140</i>				<i>DO 105-305-2/4/19 - Demobn</i>	
<i>June</i>				<i>28</i>	<i>28</i>						<i>32</i>				<i>32</i>				<i>ASST. PAYMASTER, C.A.M.C., M.D. 2.</i>	
<i>June</i>				<i>32</i>	<i>36</i>			<i>879 489 650 27-4</i>			<i>36</i>				<i>36</i>				<i>DO 105 lane 205 10-4-19 cr 8 days Pr. e 8<sup>00</sup> 32<sup>00</sup> cr 8 days ma 4<sup>00</sup></i>	
<i>5 days</i>		<i>H-1</i>		<i>124</i>	<i>124</i>			<i>189 48</i>	<i>Dec 10 1952 392</i>			<i>124</i>			<i>124</i>				<i>ASST. PAYMASTER, C.A.M.C., M.D. 2.</i>	
				<i>124</i>	<i>124</i>							<i>124</i>			<i>124</i>				<i>W.S.G. PAID IN FULL</i>	

54  
406100  
6222  
40277

No. in Admission and Discharge Book.  Year. 1916.	Regimental No.	Rank.	Surname.	Christian Name.
	/		S/Nurse	Mae Intosh
	Unit.	Age.	Service.	
	Can Red Cross at QAIMNS(R)	31	1 1/2	

Station and Date.  
No 2 Gen  
Officers H.

Disease Debility

Admitted 30/11/16 with a history of fever for a week; and influenza symptoms  
T 98.6

1/12/16 much improved;

Transferred for further treatment

R. Bardwell  
Major R.A.M.C.

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

