

UNIT C. G. M. C. RANK M. S. NAME Cecile Leonore McFibben

*Ham
19-4-18*

OFFICERS' DECLARATION PAPER,
OVERSEAS MILITARY FORCES OF CANADA.

DEPT. MILITIA & DEFENCE
APR 17 1918
H.Q. CANADA

QUESTION TO BE ANSWERED BY OFFICER.
(ANSWERS.)

1. (a) What is your Surname? McFibben
- (b) What are your Christian Names? Cecile Leonore
2. (a) Where were you born? (State place and country) Glaxford, Ontario, Canada
- (b) What is your present address? 12 Somerset Ave. Hamilton, Ont. Can.
3. What is the date of your birth? Aug. 2, 1883
4. What is (a) the name of your next-of-kin? Mrs C. C. Wilkins
- (b) the address of your next-of-kin? 12 Somerset Ave. Hamilton Ont. Canada
- (c) the relationship of your next-of-kin? Sister
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? C. G. M. C.
9. State particulars of any former Military Service? C. G. M. S. R.
10. Are you willing to serve in the

Overseas Military Forces of Canada, Yes

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

Cecile Leonore McFibben (Signature of Officer)

Taken on Strength (Place)
(Date)

.....
(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 * fit for the Overseas Military Forces of Canada,

Date 12-3-1918

Place 13 Berners St. W. J. H. M. Bell, Maj. C. G. M. C.
* Insert here "Fit" or "Unfit" Medical Officer

81/4/21/564

29181 H/A

53

OFFICERS' DECLARATION PAPER
OVERSEAS MILITARY FORCES OF CANADA

QUESTIONS TO BE ANSWERED BY OFFICER
(Answers)

1. (a) What is your name?
 2. (b) What is your present address?
 3. (c) What is the date of your birth?
 4. (d) What is the name of your next-of-kin?
 5. (e) What is your profession or occupation?
 6. (f) What is your rank?
 7. (g) Are you a member of any organization?
 8. (h) Are you a member of any religious organization?
 9. (i) Are you a member of any political organization?
 10. (j) Are you a member of any other organization?
- The undersigned hereby declares that the above answers made by him to the above questions are true.

(Signature of Officer)

Taken on (Date)

By (Name)

CERTIFICATE OF MEDICAL EXAMINATION

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

I consider him fit for the Overseas Military Forces of Canada.

Date

Place

Insert here "fit" or "unfit"

Medical Officer

REGIMENTAL DOCUMENTS

NAME *M^s KIBBEN CECILE LEONORE* REGT. NO. *n/s* UNIT *Co. G, M. H.* H. Q. FILE NO.

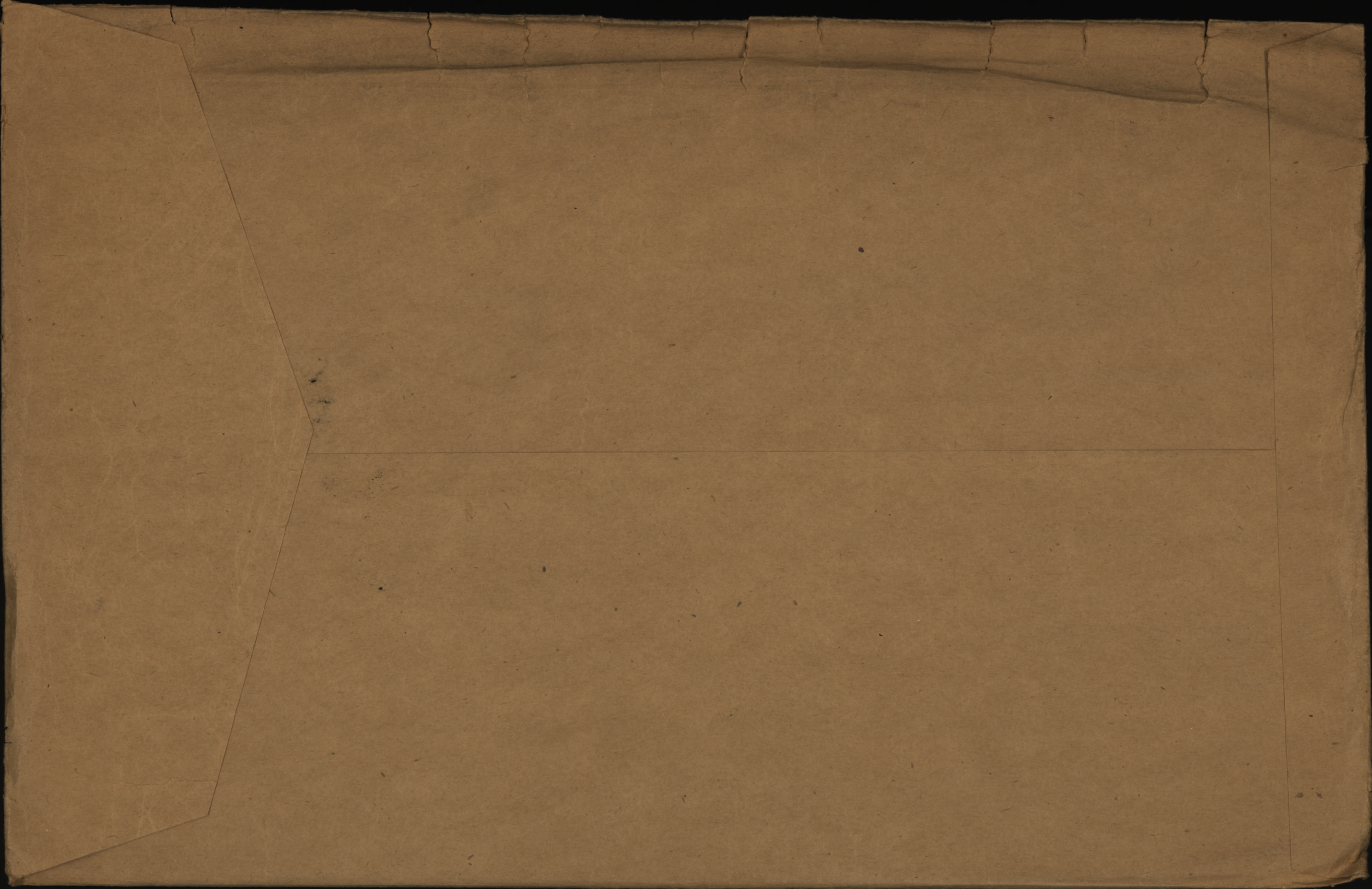
CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<i>Personal services included in attestation</i>	2-3-4-19	Cons 362 L. H. 1919	DEATH
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		<i>Docs returned</i>	<i>14-5-19</i>		Category
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
2 DENTAL HISTORY SHEET (M.F.B. 465)					Category <i>Demob</i>
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)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)				<i>22909</i>	
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 <i>M.F.W. 2591</i>					
1 <i>D.M.S. 1375</i>					
1 <i>Forms. C. 10. 3</i>					
2 <i>Misc</i>					
1 <i>R 149</i>					
1 <i>cas card</i>					
					2
					1-26
					1-26

M

H

H

R/S.S. Canada d/24-3-19



Number..... Rank N. S.

Surname Mc KIBBEN

Christian Name CECILE LEONORE.

Units..... Theatre of War ENGLAND.

Date of Service 5.4.18

Remarks.....

Latest Address Mount Hope Out Cas

Roll No. A page 4970

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

DESP. APR 16 1924

REGN. NO. 3481

NAME

W. Kibben, Co. I

REGT. NO.

RANK AND UNIT

A/Str. Co. A. M. Co. (1000th)

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

1223-3	Hitchener Mt Brighton	18-1-19.	Influenza
1223-3	Discharged	6-2-19.	"

Surname
McKIBBEN

Christian Name
C. L.

Rank
N/Str.

Unit
CAMC 10CGH.

Casualty List

Kitchener Mil. Brighton 18-1-19.

25-2-19/1223-3

Influenza *ab*
Dis. 6-2-19.

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London

Surname

Christian Name

Serial No. ♣

Rank

Unit

Medical Board
held at

Date

Condition found
by Board

Remarks.

CANADIAN EXPEDITIONARY FORCE

J.S.-8-31.

Certificate of Service

H.C.

ISSUED TO OFFICERS AND NURSING SISTERS

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

(Name in full)..... Cecile Leonore McKIBBIN.....

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

CANADIAN EXPEDITIONARY FORCE, on the..... 19th.....

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

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

CANADIAN EXPEDITIONARY FORCE on the..... 19th..... day

of..... April..... 191.....

He SERVED in CANADA,..... and England with the C.A.M.C. Depot,

No 15 Gen. Hospital., Duchess of Connaught's Can. Military Hospital., No 10 Gen. Gen. Hospital., and H.Q. No 2.

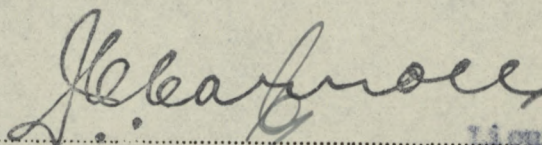
and was STRUCK OFF THE STRENGTH on the..... 19th..... day

of..... April..... 191..... by reason of..... General Demobilisation.....

Dated at Ottawa, this..... 17th..... day

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

Also service in France with Queen Alexandra's Imperial Military Nursing Sister Reserve, and No's 13 & 14 General Hospital's.


..... Lieut......
for Director of Personal Services.

Casualty Form—Active Service.

Regiment or Corps C.A.M.C.

Rank N/S Surname McKIBBEN Christian Name CECILE LEONORE

Religion Presbyterian Age on Enlistment 34 years..... months

Enlisted (a) 8-4-18 Terms of Service (a) D. of War Service reckons from (a) 8-4-18

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended { } Re-engaged { } Qualification (b) Nurse,
or Corps Trade and rate.....

Occupation..... Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked ...		
			Disembarked ...		
<u>4-4-18</u>	<u>C.A.M.C. Depot</u>	<u>T.O.S. on Appointment</u>	<u>Shorncliffe</u>	<u>8-4-18</u>	<u>Pt 2-94</u>
<u>12-4-18</u>	<u>do</u>	<u>LOS to No. 15. Bishop</u>	<u>do</u>	<u>do</u>	<u>do</u>
			<u>Cyprusland Lt</u>		<u>CAPT. ASSY. ADJUTANT, FOR O.O. C.A.M.C. DEPOT</u>
<u>8-4-18</u>	<u>Mediscan Wire</u>	<u>Taken on strength D of</u>	<u>Taflo</u>	<u>8-4-18</u>	<u>P. 2. 0. 54</u>
	<u>am d 4/7101</u>	<u>C.C. Mil H Hosp</u>	<u>Bucks</u>		<u>9-4-18</u>
<u>25-11-18</u>	<u>Sg. N. S. Str. AmB</u>	<u>Granted leave from 19-11-18</u>	<u>Taflo</u>	<u>19-11-18</u>	<u>P. 2. v. 0. 283-</u>
	<u>4/4-7-1519</u>	<u>to 5-12-18 (Inclusive)</u>	<u>Bucks</u>		<u>28-11-18</u>
<u>9-12-18</u>	<u>Sgt. N. S. Str. AmB</u>	<u>Struck off strength No. 15</u>	<u>Taflo</u>	<u>9-12-18</u>	<u>P. 2. 0. 293</u>
	<u>4/4-7-1539</u>	<u>then transferred to C.C. Mil H Hosp</u>	<u>Bucks</u>		<u>10-12-18</u>
		<u>Rated to No. 11. Can Gen Hosp</u>	<u>do</u>		<u>Adjutant, C.A.M.C.</u>
<u>14/12/1918</u>	<u>No. C.S.F.</u>	<u>2 O.S. from #15 C.S.F.</u>	<u>Taflo. Brighton</u>	<u>9/18</u>	<u>471048</u>
		<u>Struck off strength</u>	<u>do</u>		<u>Adjutant</u>

(1) 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 shall be entered.
(2) Signader, Shering-Smith, & Co. W. 8635—M2733 2000m 9/17 (35611; C. P. & S., Ltd.) Form B. 103, E/180 GENERAL P.T. 57M

22
Rml
3/19

Struck off strength of unit on embarkation to Canada
Remains no
Adjutant General, Canadians.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
16 ⁴ / ₇₉	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2	84 ³ / ₇₉	C.E.F. R.C. No. 1896-19
2/5/19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2	11/4/19	C.E.F. R.C. No. 1935-19
<p><i>D. J. P. [Signature]</i> Lieut. for Director Personal Services</p>					

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) McKIBBON C.L.

REGIMENT C.A.M.C. RANK N.S. No. —

Date of Examination in England March 10th/19 Date of Examination in France —



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

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 yes

(b) In England yes

(c) In France

Signature of Dental Officer

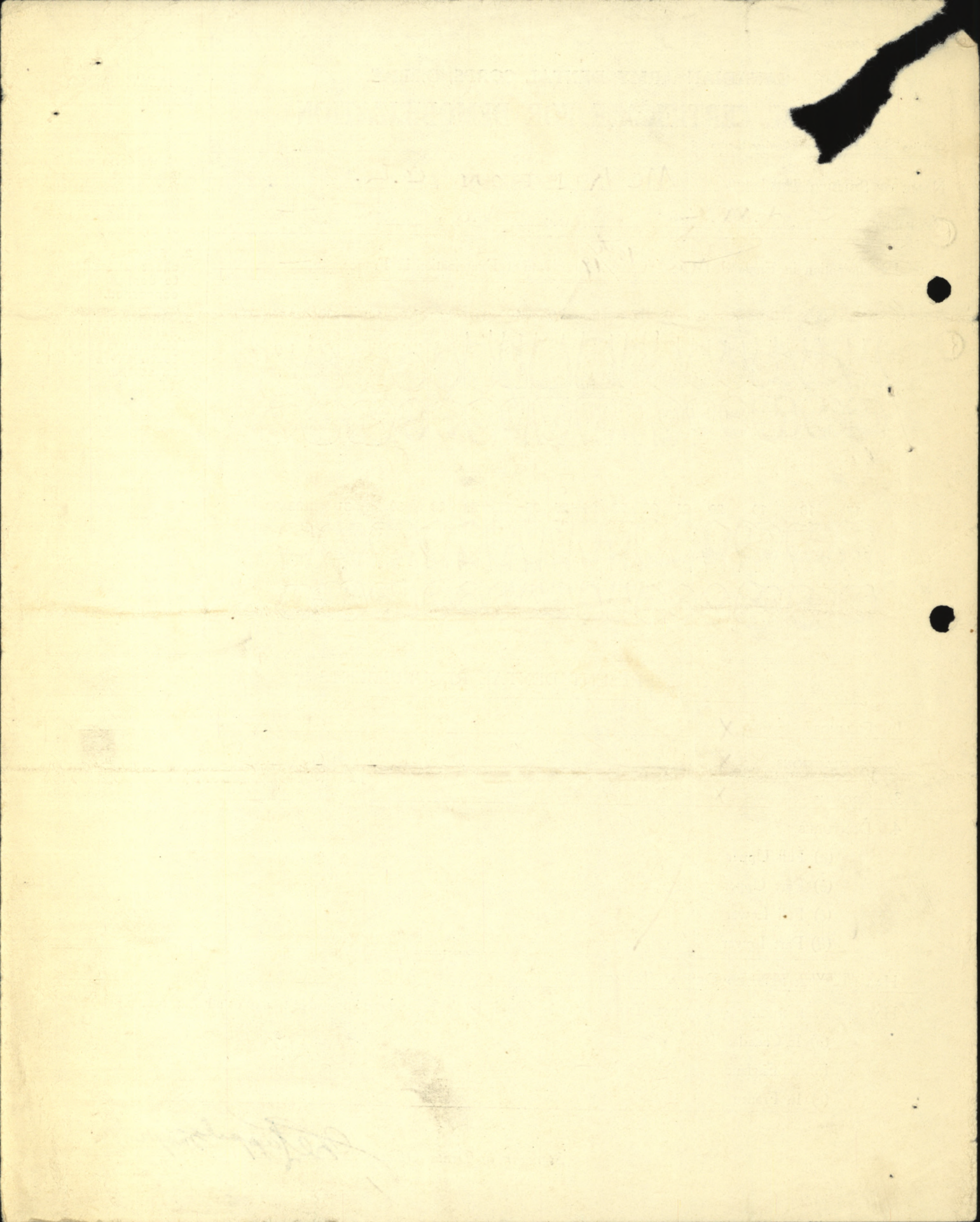
[Handwritten Signature]

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.



To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname McC Gibben Christian Name Cecile Leonore

TABLE I.—General Table.

Birthplace { Parish Glanford, Ontario
County Canada
Examined { on 12 day of March 1918,
at 13 Bonus St W.
Declared Age 34 years 222 days.
Trade or Occupation Nurse
Height five feet three inches.
Weight 185- lbs.

Chest Measurement { Girth when fully Expanded 36 inches.
Range of Expansion 2 inches.

Physical Development

Vaccination Marks { Arm RIGHT LEFT 1
Number 2

When Vaccinated February 1917

Vision { R.E.—V = 6/6 With glasses
L.E.—V = 6/6 " "

(a) Marks indicating congenital peculiarities or previous disease—

Small lesion: left foot

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

Appendectomy scars.
Inguinal hernia: scars of operation.

Approved by J. H. M. Bell

Rank Regt. C. Am. C. Medical Officer.

Enlisted { at
on day of 191.....

	Corps	Regtl. No.
Joined on enlistment		
Transferred to		

Became non-effective by

on day of 191.....

(Signature)

(Rank)

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and Signature
<u>Feb. 1917</u>	<u>vaccination</u>
<u>Feb. 1917</u>	<u>Inoculation (Typhoid)</u> <u>Cecile L. McC Gibben</u>

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

Auth. AMO 5/4 - 8-902

Letter 10-3-19

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 N.S. Surname McKIBBEN
(Given name in full) CECILE LEONORE
Unit or Corps C. A. M. C. Birthplace Glanford Ont

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

I. GENERAL DESCRIPTION:

Physique Good Weight 125 lbs. Height 5 3 ft. Colour of Eyes Green
Nutrition Normal
Pulse 70
Condition of arteries Normal
Vision Rt. 6/6 Left 6/6
Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Scars R. Elbow region
appendectomy Ringuine hernia
1912. 1915.

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 yes Integumentary System no Respiratory System no
Disturbance of Mentality no Muscular System no Digestive System yes
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.

- Had acute appendicitis in 1912 - operation
- Had operation for R. Inguinal hernia. 1914.
- Ears. R ear. bone soft M.T. negative
L ear + 1 foot M.T. reaction with scarring
in post quadrant. L ear deaf on
examination not appraised.

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at 13 Bernard St (Overseas)

Date 10-3-19

Signed Lodewijk B. [unclear] 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 C. L. McKeever M.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 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 *R/S* Name *Lucile* Surname *Mc Kibbon*
 Unit or Corps *Chine* (If a soldier) Regtl. No. _____
 Born at *Hamilton ont* on, date *1883*
 Signature (for identification) *C. L. McKibbon*

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

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

Weight *120* lbs.
 Height *5* ft. *3* ins.

Good physique

2. NUTRITION AND DIATHESIS ?

1. good 2. active

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

3. NERVOUS SYSTEM ?

Healthy

4. RESPIRATORY SYSTEM.

Healthy

5. HEART ?

Healthy
 Abnormal Sounds? *no*
 Abnormal Size? *no*
 Pulse Rate? *70* Intermittence or irregularity? *no*

6. ARTERIES.—Any hardening?

no

7. DIGESTIVE SYSTEM ?

Good

8. GENITO-URINARY SYSTEM ?

Urinalysis—s.g. ? *1078* Reaction ? *ac* Albumen ? *no* Sugar ? *no*

9. SKIN, MIDDLE EAR, EYE or any other part ?

Healthy

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 health

KITCHENER HOSPITAL
BRIGHTON

Examined at *5-2-19*
 Date

Signed *J. J. Mc Kay M.O.*
 Signed *J. Blaylock Capt. C.M.C.*

If any disease or impairment of health or physical condition is discovered, 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.



Mr. Peckham

Dear Sir

1883

Wm. Peckham

1883

1883

Wm. Peckham

Wm. Peckham

Wm. Peckham

1883

1883

1883

Wm. Peckham

Wm. Peckham

KITCHENER HOSPITAL
BRIGHTON

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$ 50.⁰⁰ Can. 18/8

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

Unit Name: *canb*

Pay

F.A.

Messing

Rank: *ns.*

DATE

AUTHORITY

Name *McKibben*
Initials *bcile*
Bank *Leonore*
of Montreal
Tras Sq.

Add. outfit all @ 8 4/20

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
<i>1918</i>								
	<i>Apr 15 Outfit all</i>							
								<i>30.16.5</i>
	<i>7 Pa @ N.S. rates messing fr 8 4/18 effective 8 4/18 DMS Co 404-3 4/18 Dec 22 68</i>			<i>182 80</i>				
	<i>" " " " " Cash</i>	<i>1667</i>		<i>182 80</i>				
<i>May 17</i>	<i>May Pay (R)</i>			<i>111 60</i>				
<i>29</i>	<i>Bank</i>	<i>26.83</i>		<i>111 60</i>				
<i>June</i>	<i>June Pay (R)</i>			<i>108</i>				
<i>26</i>	<i>Bank</i>	<i>4166</i>		<i>108</i>				
<i>July 13</i>	<i>July Pay (R)</i>			<i>111 60</i>				
<i>26</i>	<i>Bank</i>	<i>5635</i>		<i>111 60</i>				
<i>Aug 15</i>	<i>A.P. Can</i>				<i>50</i>			
<i>16</i>	<i>Aug Pay (R)</i>			<i>111 60</i>				
<i>26</i>	<i>Bank</i>	<i>72.72</i>		<i>61 60</i>				
<i>Sept 11</i>	<i>Sept. Pay (R)</i>			<i>108</i>				
<i>"</i>	<i>A.P. Can</i>				<i>50</i>			
<i>26</i>	<i>Bank</i>	<i>9187</i>		<i>58</i>				
<i>Oct 14</i>	<i>Oct. Pay (R)</i>			<i>111 60</i>				
<i>"</i>	<i>A. Pay Can</i>				<i>50</i>			
<i>21</i>	<i>Bank</i>	<i>10428</i>		<i>61 60</i>				
<i>Nov</i>	<i>Pay R</i>			<i>140</i>				
<i>"</i>	<i>as can</i>				<i>50</i>			
<i>Dec 12</i>	<i>Pay R</i>			<i>124</i>				
<i>13</i>	<i>A.P. Can</i>				<i>50</i>			
<i>18</i>	<i>Bank</i>	<i>13792</i>		<i>74</i>				

1918-19

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount.

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

Can. C.

Pay 2⁰⁰/₁₀₀
F.A. 1⁰⁰/₁₀₀
Messing 1⁰⁰/₁₀₀

N/S.

Name

M^{rs} KIBBEN

Initials

C. L.

Bank

Bank of Montreal
772 St. J. Sq.

\$ 50⁰⁰ / 18

Q. 0. Q. 8^H/₂₀

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918-10								
Jan. 16	Pay R. A.P. Can.		124					
18	Bank	15564		74	50	0		
24	Pay R. A.P. Can.		112					
Feb. 17	Bank	17121		62	50	0		
11	Pay R. A.P. Can.							
22	Bank	17527	20	74	50	0		
Mar 5	Bal Mar Tra							
17	Pay R. A.P. Can.		124					
20	Bank							
22	Draw a/c. 10-22 ³ / ₄	14353						

RETURNED TO CANADA
L.P.C. TO 31.3.19
TRANSFER TO N.E. LEDGER

2-13 0 Led. 6 h
24/19

Occupational Group ¹⁹
Supersal Area J.

M^c 27
26/1/39

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

RECEIVED
RETURNED TO
ACTION
TAKEN
M.C.S. Canada
Lt. Col. Liverpool, J.P.M.
24-3-19*



1. RANK	Nursing Sister		
2. NAME	MCKIBBEN, Cecile Leonore.		
3. UNIT	No. 10 Canadian General (Kitchener) Hospital.		
4. DATE STRUCK OFF STRENGTH	24/3/19	PLACE	BRIGHTON.
5. REASON	Cessation of Hostilities. <i>Sol 687 Canada</i> <i>11/4/19</i> <i>R.O. 1935.</i>		
6. AUTHORITY			
7. PROPOSED RESIDENCE	Mount Hope, Ontario. CANADA.		

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.

- ✓ 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. 179 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

M. F. W. 2591.
20M-11-13.
1772-39-1380.

M.S. Mc Kibben Cecile Leonore

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

14-0-3-19K
 T. 2
 L. 13
 100-354
 Canada



1. RANK	Warrant Officer
2. NAME	McKinnon, Cecil Lesore
3. UNIT	1st Canadian General (Kitcheners) Hospital
4. DATE STRUCK OFF STRENGTH	15/11/1917
5. REASON	Exhaustion of Reserves
6. AUTHORITY	
7. PROPOSED RESIDENCE	
8. PLACE	
9. SIGNATURE	

The following documents:

1. Discharge Paper, M. F. W. 51, or Amputation Paper, M. F. W. 22.
2. Certificate of Medical Board, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 310 or A. F. B. 173.
4. Proceedings of Medical Board, A. F. A. 179 or M. F. B. 327.
5. Medical Report, M. F. W. 119.
6. Dental History Sheet, M. F. B. 102.
7. Certificate of Medical Board, M. F. W. 119.
8. Certificate and Missing Documents.



Group _____
Checked by No. _____
Date _____

Group.....*82*.....
Checked by No.....*13*.....
[Signature]
Date.....**22 MAR 1918**.....

Surname MCKIBBEN

Christian Names Cecile Leonore.

Rank N/Sister

Name and Address of Next-of-Kin

Mrs. E.C. Wilkins, (Sister)

Promotion

12 Somerset Ave. Hamilton, Ont. Canada.

TS 8.4.18

Unit C.A.M.C.

Place of birth Ontario.

Married (Yes or No)

Appointments

RAIMS Co. - Fr.

Date of leaving Canada

Date and Cause of Resignation



10-11-18

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

3-4-18	D.M.S.	Jose W.S. CAMC, CEF. Posted to Depot	8-4-18	60404	
10-4-18	do	Posted to 15 B.G. Np from Depot	8-4-18	60437	
28-11-18	15 CPH	Granted leave from 19-11-18 to	5-12-18	PTI. ord. 283	
10-12-18	Do	S.O.S. having reported to 10 Can. Gen. Hosp.	9-12-18	PTI. ord. 293	
8/14-12-18	100 CPH	T.O.S. from 15 Can. Gen. Hosp.	9-12-18	PTI. ord. 48	
25-2-19	AMS.	Adm. Kitchener Mil. Hp. Brighton Discharged	18-1-19 6-2-19	CL. 1223 150	Influenza
6/12-4-19	10 CPH	S. O.S. on trans to CEF. in Canada Cessation of hostilities	24-3-19	PTI. ord. 14.	

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

10-4-19 AMS

S.S. on trans. to CEF in Canada

24-3-19 CD 52

Cessation of hostilities

Sailed to Canada S.S. Canada

24-3-19 Sailing no 31

Sus. 11. 4. 19

14305

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		N/S	McKibben	C. L.
Year	Unit.	Age.	Service.	
	P. O. M. C.	35	9/12.	
Station and Date.	Disease <i>neurasthenia Influenza</i>			
	<i>Patient inclined to cry & become hysterical. Has also a slight cold.</i>			
	<i>Eyes: Nictitating lids.</i>			
	<i>General Condition good.</i>			
	<i>Heart - Lungs - Abdomen negative.</i>			
	<i>Functions regular.</i>			
	<i>Has been prescribed rest.</i>			
6-2-19	<i>Discharged to light duty & a good recovery.</i>			
	<i>Issued Slight Capt.</i>			

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures. (6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E2349) [P.T.O.]

Station
and Date.

Date of Enlistment *not given*

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

M. 26629

1st Aug. 18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>50.00</i>			
--------------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____
 Rank _____ Promoted _____ Reverted _____ Discharge _____
 Soldier's Name _____
 Battalion *C.A.M.C.*
 Beneficiary _____
 Relationship _____
 Address _____

Name _____
 Address _____
 Change of Address _____
 1 BANK OF MONTREAL,
 HAMILTON,
 2 ONT. 50 50.00
 3 % N.S. CECILE L.MC KIBBEN
 FIFTY DOLLARS
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>Aug</i>	<i>L 2493</i>		<i>50</i>	<i>50</i>
<i>Sept</i>	<i>Q 47301</i>		<i>50</i>	<i>50</i>
<i>Oct</i>	<i>J 54551</i>		<i>50</i>	<i>50</i>
<i>Nov.</i>	<i>P 60028</i>		<i>50</i>	<i>50</i>
<i>Dec.</i>	<i>S 68979</i>		<i>50</i>	<i>50</i>
<i>Jan.</i>	<i>S 76241</i>		<i>50</i>	<i>50</i>
<i>Feb</i>	<i>Q 80940</i>		<i>50</i>	<i>50</i>
<i>Mar</i>	<i>X 83349</i>		<i>50</i>	<i>50</i>
<i>Apr</i>	<i>N 25</i>		<i>50</i>	<i>50</i>
			<i>450</i>	<i>450</i>

J. 12452-C-24 REMARKS *NK. 508.*

(1) L 2493 mailed 5/9/18 A.C. # 4628 FK 6/9/18

..... A/c Closed *31-3-19*
 Ret'd per *Canada*
 Date *1-4-19* F.X. *8-4-19*
 Clerk *Bundora*
Duty 76301

M.F.W. Read on file 12442-C-12

M. F. W. 128
400M-6-17-1772-39-1141
L. L. 23320-M. & D. 7583.

AUTHORITY *2m. 19. July 18*
 FOR
 NEW ACC'T. *Silvatto 30-8-18.*

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

PARTICULARS OF ASSIGNMENT

No. *7 25 1945*

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

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-6-17-1772-89-1141
 L. L. 22220-M. & D. 7983.

No. 2 DISTRICT DEPOT

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

AUDITOR *[Signature]* PAYMASTER *[Signature]*

M. OR S.	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	REGT. No.	RANK N/S	NAME (IN FULL) McK I B B E N / Cecile Lanora
NEXT OF KIN					ORIGINAL UNIT C.E.F. <i>C.A.M.C.</i>		IF IN P.F. WHAT UNIT? <i>Spirit River</i>
ADDRESS					PLACE OF ATTESTATION <i>7/3/17 to 10/3/18 2997th St. S. with CP 12412-C-20</i>		DATE <i>12/2/20</i>
IS SEPARATION ALLOWANCE PAID? <i>No</i>	DATE EFFECTIVE				DATE OF ATTESTATION <i>15-2-17</i>	TRANSFERRED TO	DATE
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$ <i>50.00</i>	DATE EFFECTIVE <i>1/5/19</i>	
ADDRESS					PAYABLE TO <i>Bank of Montreal</i>	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS <i>Hamilton</i>		
					STOP PAYMENT FORM RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE	DATE <i>11.4.19</i>
						REASON <i>Demol.</i>	AUTHORITY <i>20/26</i>
							IF ENTITLED TO POST DISCHARGE PAY <i>Yes</i>

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL 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.			
31-3-19																	<i>see the apie</i>	
April	30	<i>300</i>	<i>90</i>	<i>15</i>													<i>T.O.S. D.O.#107</i>	
																	<i>of P.A. 4-19-30-4-19</i>	
																	<i>Missing</i>	
15-3-19																	<i>Adjusted to Com. Service</i>	
15-3-19																	<i>Bank of Montreal</i>	
15-3-19	3-1		<i>459</i>	<i>459</i>													<i>Adjusted missing to apie</i>	
																	<i>By letter on 1/10/19</i>	
																	<i>Service 1/1/25 MCK-230</i>	
																	<i>Adjusted under</i>	
																	<i>7C. 3165 for Com. Service</i>	
																	<i>service</i>	
																	<i>\$20.00-40.59 from</i>	
																	<i>Deposited</i>	

