mt 22-419

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No. 392-16-68

Name PARKER META MARGARET

Regt. No. ..... Rank N/d

Corps C a m c

Demobilization

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 3

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 3

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

Doc S.F. 10 - 1
misc — 1
D.S.B — 1

Est. 4 pp
Att 7 1/2 x 4

4248

2
2-23
2-23

M. F. W. 62.
50m.—9-16.
H. Q. 1772—30—935.

2

CARD NO.

SURNAME. Parker.

CHRISTIAN NAMES Meta Margaret

REGL. NO. RANK N. Sister (also D.O. 641 6/3/19 & 2nd Clasp)

UNIT Ont. Military Hospital. R.A.M.C.

FORMER CORPS Mil.

S.O.S. Demob. 31-12-18
½ R.O. 15-38 16.
S.O.S. Sept. 1st, 1918
D.O. 377 28-9-18

NEXT OF KIN.

NAMES IN FULL Singer, Herbert M.

RELATIONSHIP TO SOLDIER Uncle

ADDRESS 3 Palmerston Ave., St. Andrew's Scot.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England. Cheltenham DATE Feb. 10th 1887

PLACE OF ATTESTATION DATE

O O/S 1-4-16 381/4

L. L. 90.89.—M. & D. 6312.

M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

2

MARRIED SINGLE WIDOWER

TRADE OR CALLING Nurse RELIGION C. of England.

DESCRIPTION.

APPARENT AGE 28 YEARS 11 MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Toronto, Ont. DATE 31/1/16

FORM R. 149.
7106—250m—7/2/17.

Name PARKER *Rank* N/Str *Reg. No.*

Meta Margaret

Unit CAMC 2 CGH

Next of Kin Mr.Herbert M.Singer(uncle)3Palmerston Avenue St.Andrews Scotland

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
14.3.17	3Gen.Hosp.Le Treport		N.Y.D.	630		
20.3.17	16. G.H. Le Treport	Germany	measles	Slt	634	
1-4-17	Rouen Depthage					
22-4-17	3 Gen Hos Le Treport	Ty D	Slt		663	
9-5-17	Dis to unit	D Abbey			677	

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

SURNAME. McLarren

CHRISTIAN NAMES Philip Doane

REGL. NO. RANK Lieut

UNIT C. A. M. C.

FORMER CORPS C. A. M. C.

CARD NO.

B. 6.

S.O.S. (Demob) 124-206

FOLL.

D.O. 10 10-1-20

Camp Hill Hosp

also MD6

RD 2376 26-1-20 MD6

NEXT OF KIN.

NAMES IN FULL McLarren, Mrs. Annie P

RELATIONSHIP TO SOLDIER Mother

ADDRESS c/o Mrs Geo Piers

North West arm P.O.

Halifax N.S.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada PLACE Halifax N.S. DATE June 14th 1895

PLACE OF ATTESTATION Halifax N.S. DATE July 16th 1917

Capt. R.F.C. 20-9-19. 415-2

L. L. 10137. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING Doctor of Medicine RELIGION Methodist

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Halifax. N.S. DATE July 16th 1917

Present Address. 93 Morris St.,
Halifax. N.S.

REGT'L NO

NAME Parker M. M.

H. Q. FILE No. 649-

RANK AND CORPS Pvt. Sig. C. A. M. C 2. C. G. H.

FOLLOWS No.

CABLE

No.	Date

NATURE OF CASUALTY

FOLLOWS

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
630 1	#3 Gen., Le Treport	14-3-17	M.y.D.
634	16 Gen. Le Treport	20-3-17	Rubella
644 3	do do do Local Disc.	1-4-17	do
663 3	#3 Gen., Le Treport	22-4-17	Myd. sh
677 3	~~Gen~~ Disc to Unit	9-5-17	Rubella

LEDGER NO. 43 SERIAL NO. A 43266

REG. NUMBER ..... NAME Parker M eta. M

RANK Pte/Sgt CORPS C A M C

AGE 30 SERVICE 2/12

NAME OF HOSPITAL Base PLACE Toronto

DATE OF ADMISSION 9 9 18

DISEASE Debility

TRANSFERRED TO OTHER HOSPITALS .....

.....

OPERATION .....

DISCHARGED TO Duty 9 9 18 IN CATEGORY .....

M. F. W. 2553.
50m.—6-18.
1772-39-1332.

P. T. O.

REMARKS:

Number _____ Rank N. S.

Surname PARKER

Christian Name META MARGARET

Units _____ Theatre of War FRANCE.

Date of Service 23.1.17

Remarks _____

Latest Address 3 Queens Bldgs
Cheltenham
Eng.

Roll No. _____

200m.-6-21.d. B Page 22308

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

868—D.P.—40M-1-12-19.

Parker. M. M.

N/Str. C.A.M.C. 2 CGH.

No 3 Gen.Hosp.Le Treport 14-3-17
No. 3. Gen. Hosp. Le Treport. to.
No. 16. Gen. Hosp. Le Treport. 20-3-17.
No 3 Gen Hosp.Le Treport 22-4-17

N.Y.D.
Rubella.
N.Y.D.slt. "Q"
Debility R

Local discharge:-. 1-4-17.
Dis.to Unit:-9-5-17

22-3-17 630
C.L. 27-3-17. 634.
10-4-17. 644-3.
2-5-17 663-8.
18-5-17 677-3.

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

R

D. M. S. 1347.

Surname Christian Name Reg. No.

Rank Unit

MEDICAL BOARD held at Date Serial No.

(1)

Other Medical Boards at Date Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Disposition Recommended

(1)

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at Date.....

Disposition

Remarks

Indicate by a P.T.O. if continued on other side.

H. W. & V., Ld.—7025-16.

Duplicate

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.....

Ontario Military Hospital

(2) Regimental Number .....

(3) Full Name of Soldier..... Meta Margaret Parker.

(4) Place of Birth..... Cheltenham, England.

(5) Are you married, or not ? ..... Single

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower ? ..... No

(8) Have you any children ?..... No

If so, give number of boys and girls.....

Also their names and ages.....

M. F. W. 67

20 M.—2-16
1172-39-954

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... No .....

If so, state name and address .....

(10) Is your Mother alive ?..... No .....

If so, state name and address.....

.....

(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.

Herbert Mclinger (Uncle)
3 Palmerston Ave
St Andrews, Scotland.

(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 ?..... No .....

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.

W. T. McLean
Officer Commanding.
CAPTAIN A.M.C.

Date March 2nd, 1916.

CLINICAL CHART.

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

Corps Canc. BASE Hospital Station TORONTO

No. Rank and Name W/S. Parker. Mc Mc. Age 30. Service 34/12

Disease Debility typ Date of Admission SEP 1 1916 Date of Discharge Sept 9/16 Result Cured Case Book 2158 Folio

Dates of Observation	1	2	3	4	5	6	7																								
Days of Disease		1	2.	3	4	5	6																								
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
107°	8 6 4 2																														
106°	8 6 4 2																														
105°	8 6 4 2																														
104°	8 6 4 2																														
103°	8 6 4 2																														
102°	8 6																														
101°	8 6 4 2																														
100°	8 6 4 2																														
99°	8 6 4 2																														
98°	8 6 4 2																														
97°	8 6 4 2																														
	8 6																														
Pulse per Minute		92	80	74	78		82																								
Respirations per Minute		22	20	20	20		20																								
Motions																															

M. F. B. 288.

50M—11-16.
H. Q. 1772-39-513.

Signature Howard Capp In charge of case.

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

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

Temporary.

Casualty Form—Active Service.

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

Regimental No. ..... Rank N/S Name PARKER, N/Sister, Meta Margaret.
C. E. F.

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

Date of promotion to present rank ..... Date of appointment to lance rank ..... Numerical position on roll of N. C. Os. .....

Extended ..... Re-engaged ..... Qualification (b) .....

Report		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				
	O.M.F.C.	T.O.S.#2 D.D.	Toronto	1-9-18	Auth.R.O.1112. Pt.2 D.O.176
		S.O.S. to C.A.M.C. M.D.2 Auth.R.O.1167	Toronto	9-9-18	Auth.R.O.1167. Pt.2 D.O.# 176.

Lieut.
For O.C. No. 2 District Depot

Lieut.
For O.C. No. 2 District Depot

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

[P.T.O.

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

CERTIFIED CORRECT
19 FEB. 1917
CANADIAN RECORD OFFICE

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps Ontario Military Hospital

Regimental No. ____ Rank N. A. C. E. F. Name Parker, Meta Margaret

Enlisted (a) 31-1-1916 Terms of Service (a) ____ Service reckons from (a) 2.4.1916

Date of promotion to present rank. ____ Date of appointment to lance rank ____ Numerical position on roll of N. C. Os. ____

Extended ____ Re-engaged ____ Qualification (b) ____

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Taken on Strength C.A.M.C. and posted to			
		Ontario Military Hosp.	Orpington	11/4/16. C.O. 606.	
Orpington	O.M.H.	Taken on Strength	Orpington	12.4.16.	Part II DO 51-13.4.16
"	"	S.O.S. on transfer to Camb. T.		22.1.17	" " " 31-24.1.17
23-1-17	D.M.S.	To No 2 Can Gen. Hosp	he Treport	23-1-17	

J. Burnham Major
FOR COL. I/c RECORDS; C.E.F.

W. B. Brooke Capt.
LT. COL. C.A.M.C.
O.C. ONTARIO MILITARY HOSPITAL

C. Gen. M. H. Forbes

(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				
27/1/17	2 C&S H	Taken on strength as reinforcement.		23/1/17	B213 Pt 50- 9 dt 3/2/17.
		10/21/Overseas/ 4603 (adm D4) dt 16/1/17			
14/3/17	3 Gen	adm (NYD)		14/3/17	W3034/303
20/3/17	16 Gen	" (Getmon measles)		20/3/17	" /312
20/3/17	3 Gen	To 16 Gen (" ")		20/3/17	" /314
1/4/17	16 Gen	To Unit (" ")		1/4/17	" /334
8/4/17	2 C&S H	Rejoined Unit.		1/4/17	B213 DCS 339 dt 18/4/17
21/4/17	"	adm 3 Gen		23/4/17	"
22/4/17	3 Gen	adm (NYD)		22/4/17	W3034/365
9/5/17	"	To Unit (Debility)		9/5/17	" /821
13/5/17	2 C&S H	Rejoined Unit.		9/5/17	B213 DCS 342 dt 21/5/17.
20/5/17	"	Granted 6 weeks leave		13/5/17	" Pt 50. 32 dt 26/5/17
24/6/17	"	Rejoined Unit.		23/6/17	" " 40 5/7/17
29/9/17	daily	Posted to Camc Dep Shorncliffe		27/9/17	Pt II 56 3/10/17
		Cancels R 30-97 dt 13/9/17			
		Ref daily file 17664			
					W. D. Brace Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
28.9.17	DMS	Posted to Camc Depot		28.9.17	Co 1275
8.10.17.	do.	Posted to No 16 C. Gen Hosp (Ontario Mil)		28.9.17	Co 1310
					MAJOR FOR O i/c RECORDS, C.E.F.
29.9.17	16 C&S (O)H.	Taken on strength from Camc Dep	Orpington	28.9.17	Co 2472

CANADIAN EXPEDITIONARY FORCE

N.S.-2-21.
N.C.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing - Sister

(Name in full) Kate Margaret [illegible]

Enlisted in the Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE, on the [illegible]

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

in the Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE on the Thirty-First day

of January 191 6

He SERVED in CANADA, England and France with the C.A.M.C., Ontario Military Hospital., C.A.M.C. Training School., No 2 Can. Gen. Hospital., C.A.M.C., Depot., No 16 Can. Gen. Hospital and C.A.M.C., (Transport Duty).

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

of December 191 8 by reason of General Demobilization

Dated at Ottawa, this Third day

of October 191 9

J. Learmonth Lieut.
for Director of Personal Services.

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

M. F. W. 41
100M-1-18.
1772-39-889.

Name W. S. Parker M. M.

Regimental No.

Unit Can. C.

Date of enlistment

Place of "

Married (yes or no) No

Amount of pay assigned monthly $60.00 from 1.12.18

To whom payable Mrs. F. Chamberlain
56 Elm Grove Cres, Toronto

Name and address of next-of-kin

Date and place discharged 9.9.18

Reason for discharge D.O. 176

Character on discharge Trans. to Can. M.D. 2

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
Oct.																D.O. 176 Oct 1.9.18 - 9.9.18 D.O. 176. Ps ceasing & cred on Eng. a/c.
Nov.																
Oct 1	10	10	3	20	10	1	10	15.30	45.30					113.40	113.40	
Dec 1	2							Dr. Bal 67.10								

M. F. W. 41
100M-1-18.
1772-39-889.

Name

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

M. F. W. 41a.
120m. 1-18
1772-39-1213

English L.P.C. No. P.25

Name Parker W M.

Regt'l No. ..... Rank Pte/Sister File Numbers { P.M. 25-Pa-737

Former Units ..... Original Unit C.A.M.C.

Date of arrival in Canada ..... Boat Hospital Ship Port of Disembarkation .....

Rates of Pay:—Regt'l. 2 00 Field 1 00 Date of arrival in M.D. 30-9-18

Separation Allowance. Date paid to Nil. Rate ..... If continued by Chief Paymaster, England No.

Assigned Pay. Date paid to 30-11-18 Rate 60 00 If continued by Chief Paymaster, England No.

Name and address of Beneficiary { Mrs F. Chamberlain
56 Glenrose Rd. Toronto.

Pay claimed on English L.P.C. to 30-9-18 to be paid by new Unit from 30-9-18

Name of new Unit No 7 Dist. Depot Date L.P.C. forwarded to new Unit 30-9-18.

Further Med. Treatment. HQ. CRO. 4730. 31-8-18.

L.L. 34682—M. & D. 864a.

Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out				OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT				REMARKS
						On Boat		At Cl. Depot &c.						Credit		Debit		
$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	
		7	60.															Add Fa. 40 4 p/day 12- 30.9-18.
										120	00							Ass'ts. Oct Thro.
				7	60							120	00.			112	40.	

M. F. W. 41a.
120m. 1-18
1772-39-1213

English L.P.C. No.....

Name.....

Regt'l No.....Rank.....File Numbers {.....

.....

Former Units.....Original Unit.....

Date of arrival in Canada.....Boat.....Port of Disembarkation.....

Rates of Pay:—Regt'l.....Field..... Date of arrival in M.D.....

Separation Allowance. Date paid to.....Rate.....If continued by Chief Paymaster, England

.....

Assigned Pay. Date paid to.....Rate.....If continued by Chief Paymaster, England

.....

Name and address of Beneficiary {.....

.....

Pay claimed on English L.P.C. to.....to be paid by new Unit from.....

Name of new Unit.....Date L.P.C. forwarded to new Unit.....

Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out				OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT				REMARKS
						On Boat		At Cl. Depot &c.						Credit		Debit		
$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	

M. F. W. 41
100M-1-18.
1772-39-889.

Name Parker n/S. Meta Margaret.

Regimental No. 392-16-68

Name and address of next-of-kin

Unit C.A.M.C.

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged Duty in M.D.2.

Amount of pay assigned monthly $

Reason for discharge R.O. 1234 leave without p. to date from 23 10/18.

To whom payable

Character on discharge

I.L.P.C. clear 30.9.18 CP

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					325

M. F. W. 41
100M-1-18.
1772-39-389.

Name _____

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

L. L. Job 88773—M. & D. 6195.

M. F. W. 12.
20m.—11-15.
H. Q. 1772-39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs Fred Chamberlane

Address 56 Elm Grove Ave.
Toronto Ont-

By Whom Assigned Parker Meta ~~Meta~~ M.

Regtl. No.

Rank NS

Corps C.A.M.C.

Rate 40 cts APR 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Stop Payments July 1/17
Sept.				No cause given
Oct.				3M 20/7/17 O.H.C. 21/7/17
Nov.				
Dec.				
Jan.	1915			
Feb.				
Marc/				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
60m.—12-15.
[illegible]—819.

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

Mrs Fred Chamberlane

Name of Soldier Parker

Meta M.
Note
C.A.M.C.

N.S

40 cts APR 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	W3079	40.	
May		46214	40	
June		C4182	40	
July		P12016	40	
Aug.		G12758	40	
Sept.		M17743	40	
Oct.		M22484	40	
Nov.		H27780	40	
Dec.		F33707	40	
Jan.	1917	D40659	40	E
Feb.		O46673	40	
March		E52275	40	40 Co
April		C4142	40	40 C.A.
May		C10393	40	40 H
June		B19114	40	Bw Stop July 1/17
July		C23958	40	D C 23958 Canc. Cw
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

FORM P. 15. H.W.V.Ld.—3717-18.
12519—16M—1-3-18

ASSIGNED PAY. | **UNIT.** NAME OF | RATE OF P. AND A. | **RANK.** | DATE | AUTHORITY | **NAME.**

Beneficiary — Ont Mil Hosp. — Pay $2.00 PD. — N°/S. — 9 4/16. — D.M.S. C.O. — Name Parker.

Address — F.A.. 9 60 " — #606 dy 12. 4/16. — Initials Meta M.

Amount. $ 60. Can. 1 4/18. — Messing ~~$1.~~ 00. — Bank London Co & Westminster & Parrs Bk Ltd Orpington Kent.

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

1918-19

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
April 15	a. Pay Can				60			
	April Pay (R)		108					
23	Bank.	979		48				
May 17	May Pay (R)		111 60					
"	a. Pay Can.				60			
22	Bank.	2416		51 60		0		
June	June Pay (R)		108.					
14.	A Pay Can.				60			
26.	Bank.	4088.		48.				
July.	July. Pay (R)		111 60					
	a Pay. Can				60			
	Bank.	5499		51 60		6		
Aug 15	a.P. Can.				60 ..			
16	Aug Pay R		80 111 60					
26	Bank.	6995		20 51 60				
Sept.	Sept. Pay (R)		78.					
	A. P Can				60			
23.	Bank.	8976.		18				
Oct.	Oct. Pay (R)							
	a Pay Can							
22	Bank							

Refd to Can L. O. 6 to 30 9.18
Of to N.C. Ledger from hq 15 to 92 9 12/18.

3/19 add'l allowance $1.00 per month to Oct 31 P/L 76-18

FORM P. 15.
12519—16m—1-3-18 H.W.V.Ld.—3717-18.

ASSIGNED PAY.	UNIT. NAME OF	RATE OF P. AND A.	RANK. DATE	AUTHORITY	NAME.
Beneficiary		Pay			Name
Address		F.A.			Initials
		Messing			Bank
Amount. $					
Separation Allowance issued. Yes or No.....					

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.

Beneficiary
Address
Amount. $ ~~162.00~~ Cancelled 1/17.
Separation Allowance issued. Yes or No.....

UNIT.

NAME OF	DATE	AUTHORITY
Ont. Mil. Hosp.		Pay $2.00 Pd F.A. 60 " Mess 1.00 "

RANK.

	DATE	AUTHORITY
N. S.	9th/16.	D.M.S. Copy Ord. #606 d. 12th/16.

NAME.

Name Parker
Initials Mota M.
Bank London County & Westminster
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								
April 21st	April Pay (R)		108					
22nd	A.P. Canada				40			
24		Bank 2879		68				
May 11th	A.P. Canada				40			
" 15	May Pay (R)		111 60			71 60		
21		Bank. 4725		71 60		0		
June 14	June Pay (R.)		108					
" 8.	A.P. Canada.				40	68		
" 19.		Bank. 4906		68.		0		
July 19	July Pay (R)		111 60					
" 16.	Pres pd Mrs ~~Gy~~ Gy 6/16 shd be £11 4/16. & be debit: with £3 4/ settlg. Ord. No 10343.			£.		109 60		
" 19	Sick Leave 14 5/17 - 25 6/17	362					£4.8.4 $21.50	
23		Bank.		109 60		0		
Aug 18	August Pay (R)		111 60			111 60		
" 21		Bank 16996		111 60		0		
Sep 15	Sept Pay (R)		108			108		
20		Bank 21680		108		0		
Oct 15	October Pay (R)		111 60					
19		Bank 26062		111 60		0		
Nov 15	November Pay (R)		108					
19		Bank 30633		108				
7	Dec: Pay R.		111 60					
13		Bank. 34460		111 60		0		
Jan 14	Jan Pay (R.)		111 60					
" 19		Bank. 39278		111 60		0		

Carry Ford —

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT.

	NAME OF	DATE	AUTHORITY
Beneficiary	Qn Vic. Hosp		Pay $2.00 Pd
Address			F.A. 60 "
			Mess 1.00 "

RANK.

	DATE	AUTHORITY
N S.		

NAME.

Name Parker.
Initials Mata M
Bank London County & Westminster Orpington Kent

Amount. $
Separation Allowance issued. Yes or No.....

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be Initialled by P.M. in every case.	INITIALS
Feb 15	Feb Pay. (R.)		100 80					
" 19	Bank.	40804		100 80				
Mch	Mch Pay (R)		111 60					
" 21	Bank.			111 60				

FORM P.15
2227—10M—1/1/17

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

Beneficiary Fred A Chamberlaine | Unit Mil Hosp | | | N. S. | 9th/16. | | Name Parker

Address 56 Elm Grove Ave Toronto Ont. | | | | | | | Initials Meta M

Amount. $ 40.00/100 | | | | | | | Bank London County & Westminster Orpington Kent.

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

1916-17

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917	Brt fwd from Prev Sheet					—		
Jan 14	A.P. Canada				40			
22	Pay Jan (Reg).		111 60			71 60		
23	Bank	19275		71 60		—		
Feb 19	A.P. Canada				40			
	Pay Feb (Reg)		100 80					
21	Bank	21931		60 80		—		
March 20	Pay March (Reg).		111 60					
"	A.P. Canada				40			
23	Bank	24781		71 60		—		

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
Beneficiary							Name
Address							Initials
							Bank
Amount. $							
Separation Allowance issued. Yes or No.....							

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS

P—15.

ASSIGNED PAY.

UNIT. NAME OF | DATE | AUTHORITY

RANK. | DATE | AUTHORITY

NAME.

Beneficiary Fred C Chamberlain
Address 56 Elm Grove Ave. Toronto, Ont.
Amount. $40.00
Separation Allowance issued. Yes or No.

Unit: Ont. Mil. Hosp.

Rank: N/S — 9/4/16 — Bks. & Co. #606 12/4/16

Name Parker
Initials Meta M.
Bank ~~Bank of Montreal~~ D. L. County & W. D. Orpington Kent.

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case	INITIALS
Apl 26	A.P. Can				40			
	Apl Pay R Cums 9/4/16		100			60		
	Bank	1079		60		—		
May 24	A.P. Can.				40			
	May Pay R.		111 60					
	Bank			71 60		0.		
June 17	June Pay R.		108					
20	A.P. Can.				40			
	Bank	3833		68		—		
July 17	A.P. Can.				40			
	July Pay R.		111 60					
25	Bank	5499		71 60		—		
Aug. 16	A.P. Can.				40			
	Aug Pay R.		111 60					
24	Bank	7394		71 60		—		
Sept 19	Sept Pay R.		108					
21	A.P. Can.				40	68.		
26	Bank	9456		68		—		
Oct 13	A.P. Can				40			
Oct 18	Oct Pay R		111 60					
24	Bank	10939		71 60		—		
Nov 23	A.P. Can.				40			
	Pay Nov R		108					
	Bank			68		0		
Dec 11	A.P. Can				40			
	Pay Dec.		111 60					
14	Bank.			71 60		0		

Carried forward

ORIGINAL. Originae

MEDICAL HISTORY SHEET.

Surname PARKER Christian Name META MARGARET

Examined on 31st day of Jan. 1916 at Toronto Ont.

Approved by R J Mynn

Rank Captain, A.M.C. M.O.

Birthplace City or Town Cheltenham, County England.

Apparent age 28

Trade or occupation Nurse

Height 5 Feet 8½ Inches.

Weight 130 Lbs.

Chest measurement Minimum 30 inches. Maximum expansion 33 inches.

Physical development Fair

Small-Pox Marks None

Vaccination Marks Arm Right. Left. Number 0 3

When Vaccinated last 1894

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
14/2/16	Good	R J Mynn M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
7/2/16	Good	R J Mynn M.O.
11/2/16	do	R J Mynn M.O.
15/2/16	do	R J Mynn M.O.

Enlisted on 31 day of January, 1916 at Toronto

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	Can. Military Hospital.	No. 3 Sch.		
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.

CANADIAN

8

Surname PARKER Christian Name META MARGARET

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
No 3 G.Hos.Le Treport	14	3	17	20	3	17	N.Y.D.			A630	
Trans. to 16 G.Hosp. Le Treport	20	3	17	1	4	17	Rubella slt		Local discharge	A634-A644	WH
3.GenHos.LeTreport.	22	4	17	9	5	17	Debility		Dis to unit Duplicate Medical History Sheet posted to here. mrs	663-677	CP.

C.T.

Rank and Name Nursing-Sister PARKER, Meta Margaret

Regimental No.

Name and Address of Next-of-Kin (Uncle) Mr Herbert M.Singer, 3,Palmerston Ave,St Andrews,Scotland.

Unit Ontario Military Hospital.

Date of enlistment Toronto,Ontario.31st Jan.1916.

Place of birth Cheltenham,England.

Married (Yes or No) Single

If in Permanent Force

Promotions or appointments LEFT CANADA 2 4 16

Date and place of discharge O.M.H MAY 6 1916

Reason for discharge

Character on discharge

OCT 5 1916 O.M.H
NOV 13 1916 O.M.H
12-12-16 do
1-1-17

O.M.H 31 MAY 1916
O.M.H JUN 30 191
O.M.H AUG 1 1917
O.M.H SEP 1 1916
A.F.B. 103
1/8/16

Report Date	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
		Taken on strength & posted to			
10/4/16	D.M.S.	Ontario Mil. Hp.	Orpington	11/4/16	C.C. 606
13/4/16	O.M.H.	Taken on Strength	"	12-4-16	Pt II 6.51.
24-1-17	ONT.M.H.	S.O.S. to T.S.		22.1.17	Pt II ord. 21
28-1-17	D.M.S.	Posted to C.A.M.C.	T.S	22/1/17	C.O. 117.
6-2-17	C.A.M.C. T.S.	S.O.S. to	2C.Gen.H.	23.1.17	Pt II ord 39
3-2-17	D.M.S.	Posted to No 2 Can. Gen. Hosp.		23.1.17	C.O. 171.
3-2-17	2C.Gen.H.	T.O.S.	fr. England	23.1.17	Pt II ord 9
22-3-17	C.R.O.	Adm. 3 Gen Hosp. Le Treport.		14-3-17	C.L.630.
27/3/17	C.R.O.	transfd 16 Gen. Hosp.	local discharge Le Treport.	1.4.17	C.L.644.
2/5/17	C.R.O.	admitted No 3 General Hosp.	discharged Canada Le Treport.	20/3/17	C.L.634
26.5.17	2C.Gen.H.	Granted 6 weeks leave	rejoined unit	9.5.17	C.L.677.
				22/4/17	C.L.663
				23.6.17	Pt II ord 40
				18.5.17	Pt II ord. 32.
28-9-17	D.M.S.	Posted to C.A.M.C. Depot from No 2 C.G.Hp.		28.9.17	C.O.1275
8-10-17	----	Posted to No 16 Can Gen Hosp. (Ontario Unit)		28.9.17	C.O.1310.
27.5.18	do	Posted to H.M.H.S. Aragonaya		24.5.18	C.O.620.

8576

A.F.B. 103. 19FEB.1917

umbella sh. Debility N.Y.D.Q sh

A.F.B. 103. 10 OCT. 1917

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
10 AUG 1918	W.O.	Brought to notice of Secretary of State for War for Valuable Service rendered in connection with the War.			W.O. Communique amended by P.T. II. ord 125
10-10-18	H.M.A.T. Araguaya Canada.	S.O.S. on being posted to Canc. ~~R.T. Dep.~~ Regtl Dep.		31-8-18	P.T. II. ord. 123.
6-11-18	Cas. Coy.	T.O.S. on posting from H.M.A.T. Araguaya		31-8-18	P.T. II. ord. 156
21-11-18	Do	S.O.S. to C.E.F. in Canada		31-8-18	P.T. II. ord. 169.
1-10-18	Hq. C.M.F.C.	S.O.S. on Transfer to CEF in Canada for Med. Treatment		31-8-18	RO. 4730
				Svs 12-1-20	
	8876				

Army Form B. 103. Regimental Number.....

Casualty Form—Active Service.

Regiment or Corps.....Canl C.....

Rank.....N/S..... Surname.....Carder..... Christian Name.....Greta Margaret.....

Religion..... Age on Enlistment.....years.....months

Enlisted (*a*)..... Terms of Service (*a*)..... Service reckons from (*a*).....

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

Extended {.....} Re-engaged {.....} Qualification (*b*).....

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				
		Sheet No. 2.			
		Embarked ...			
		Disembarked...			
28-5-18	16 C.G.H.	S.O.S. on posting to Hmstt. Araguaya.	Orpington	27-5-18	Pt. II Do 126
					Capt. & Adjt. Registrar, 16 Canadian General (Ontario) Hospital.
25-5-18	Hmstt "Araguaya"	T.O.S. on reporting from D.M.S. Office London	For O.C. No. Newport Mon	24/5/18	Do. Pt II No 111. d/ 25-5-18
10-10-18	D°	S.O.S. to C.A.M.C. Regt Depot	Liverpool	31/8/18	Do Pt II No 123
					Major, D.A.D.M.S. for A.D.M.S. Canadians Buxton Area.

(*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 ente

(*b*) Signaller, Shoeing-Smith, &c.

W. 5337—M2303 1000m 7/17 (2440) C. F. & S., Ltd. Forms/B.103/ 3/1628. [P.T.O.

Nursing Sister Parker M M

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				
6/11/18	Hamb Base	TOS from H.M.A.T. Kaiapoi	St Jeliffe	31/8/18	Pt II 20. 156
20/11/18	Do	SO Lieut. A.A.M.C. Canada	do	31/10/18	Pt II SO 169
					Struck off Strength of Unit 6 6 Hamb Base

D 158

CASE HISTORY SHEET.

No. ..... Rank N/S. Name Parker Nella M. Age 20

Unit Canad. Army Med. Service. Where and how long } 8 7/12 Completed years of service

Date of admission SEP 1 1918 Date of discharge Sept. 9/18

Diagnosis Debility Place of origin From Aug. 1/18.

CONDITION ON ADMISSION AND PROGRESS OF CASE

She has been acting as a hospital Ship. On being admitted to hospital Temperature Pulse & Respir. are normal She appears pale & tired.

Heart - normal
Lungs - normal
Kidneys - normal
Skin - mucous system - normal

appetite is fair - sleeps well

Sept. 3/18 Complains of a cold in the head with Coughs & Sneezing. otherwise she feels better and is more rested

Sept. 5/18 - Much improved

FAMILY HISTORY Sept. 7/18: Boarded fit.

(Tuberculosis, mental or nervous diseases.) Ng.

TREATMENT

(Especially any specific or special form.) Rest

Easlins Syrup 3ss T.I.D. p.c.

Spray nose & throat Spray

CONDITION ON DISCHARGE,

(and disposal made of case.) Her cold is better and she looks & feels much improved

Date Sept 8/18

H. O. Wolfe Capt.
Medical Officer i/c case.

M. F. B. 313a.
50M.-11-17.
1772—39-439.

A 43286

A.M. P.M. Central Registry

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Brockville DATE Jan. 17th./19..

1. 1 (a) Unit C.A.M.C. (b) Regimental No. Nil (c) Rank Nursing Sister

(d) Surname Parker (e) Christian name Meta Margaret.

2. Age last birthday 30 Date of birth 4th. Feb.

3. Enlisted at Toronto, Ontario. on 1st. Jan. 1916.

4. Personal description:—

(a) Height 5'., 8". (b) Weight (stripped) (c) Complexion Medium

(d) Colour of hair Dark (e) Colour of eyes Brown (f) Identification marks Nil

5. Address after discharge (for the use of the Board of Pension Commissioners)

Eastern Hospital, Brockville, Ont.

6. Former trade or occupation Nurse.

7. (a) Service	Years	Days	Periods From	Periods To
C.A.M.C.			1st, Jan./16	Date.

(b) Has he been overseas? Yes 8. Original disease or disability Nil

(a) Date of origin N/A. (b) Place of origin N/A.

(c) Cause* N/A.

(d) Present disease or disability Nil

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

--Subject: Nursing sister states herhealth is very good at present.

---Object: There is no disability apparent.

54

M. F. B. 227.

300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

But while the board were examining her she appeared very nervous. Her speech and movements are rapid. She is thin, pale and anaemic looking.

(b) Are the following systems normal? If not, briefly state abnormality.....

Nervous.....Yes.....Digestive.....Yes.....Respiratory.....Yes.....Cardiac.....Yes.....

Genito-Urinary.....Yes.....Skin, Middle Ear, Eye or any other part.....Yes.....

10. History: (*a*) of Condition referred to in "a" section 9.

N/A.

(*b*) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?.....

N/A.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?.....N/A.....

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?.....N/A.....

14. Treatment (Case reports, general or special, should be secured and attached where possible).

N/A.

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?
(If the answer is "yes" state nature of treatment required and probable duration.)

N/A.

16. Can the former trade or occupation be resumed ? Yes
(If not, briefly state why.)

17. Recommendations Category: A 2. Noiisability iue to service.

G. [illegible] Capt' A.M C
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned Nursing Sister. have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

[illegible] W/s.
Signature of soldier examinea.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report ? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Yes.

19. Is the soldier fit for

(a) General service,	(Category A)	(Yes or No). A2
(b) Service abroad, not general service,	(" B)	(Yes or No).
(c) Home service, (Canada only),	(" C)	(Yes or No).
(d) Temporarily unfit.	(" D)	(Yes or No).
(e) Unfit for service in Categories A, B and C,	(" E)	(Yes or No).

20. It is certified that the soldier
(a) ~~Does require treatment~~. (Give the nature of the condition and of the treatment required and its probable duration).

(b) Does not require treatment.
(c) Should pass under his own control.
(d) ~~Should not pass under his own control~~.
(Strike out condition not applicable).

6- 2- 19

OPINION OF THE MEDICAL BOARD—(*Continued*).

21. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Fit for Category A2. No disability due to service.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

P McCann ..... *President.*

PLACE Brockville, Ont. .....

DATE Jan. 17th, 1919. ..... } Members.

APPROVED BY

D.R. Brundell Major, A.M.C.

for D/ A.D.M.S. *Assistant Director of Medical Services.*

For A.D.M.S. Mil. District No.3

DATE JAN 22 1919

APPROVED BY

Jas. W. Mackie Capt

Director-General of Medical Services.

DATE 15/2/19

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, ... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness ..... Signed .....

Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

..... *President.*

PLACE .....

DATE ..... } Members.

Date of Enlistment

31.1.16.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS **P** 001010

Date of Assignment

Apl 1st 1918

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

60 00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion C.A.M.C.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 — MRS.F.CHAMBERLAIN, 56 ELM GROVE AVE,, TORONTO,ONT. % N.SISTER M.M.PARKER SIXTY DOLLARS 60 60.00

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total
~~Apr.~~	~~X 16044~~	~~—~~	~~60~~	~~60~~
Apr.	G 5987		60	60
May	M 12715		60	60
June	O 25662		60	60
Jul	I. 27680		60	60
Aug	Q 34468		60	60
Sept	E 35759		60	60
Oct	C 42510		60	60
~~Nov~~	K 57646		60	60
~~Dec~~			~~60~~	~~60~~

Fyle 014199. M.3. REMARKS NK. 508.

Cancelled: 24/4/18 LP 4125 Rendered 22-4-18. Mailed 23/4/18 Mailed 23/4/18

Acc closed 30/11/18. On Leave without pay From 23/10/18 Auth Fols 7. on Fyle. MTR O LP 44909. Duties ended 26/11/18.

AUTHORITY FOR NEW ACC'T. W.H. Thorne 13/2/19. 20.48.

M. F. W. 128.
40M. 6-17—1772-39-1141
L. L. 22330—M. & D. 1933.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128.
400m. 6-17—1772-39-1141
L. L. 22320—M. & D. 1993.

AUDITOR | PAYMASTER

P.25

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

M. OR S. | REGT. No. | RANK N/S. | NAME (IN FULL) Parker, Neta Margaret (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT? Hospital for Insane, Brockville, Ont.

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 31/1/16 OK. | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

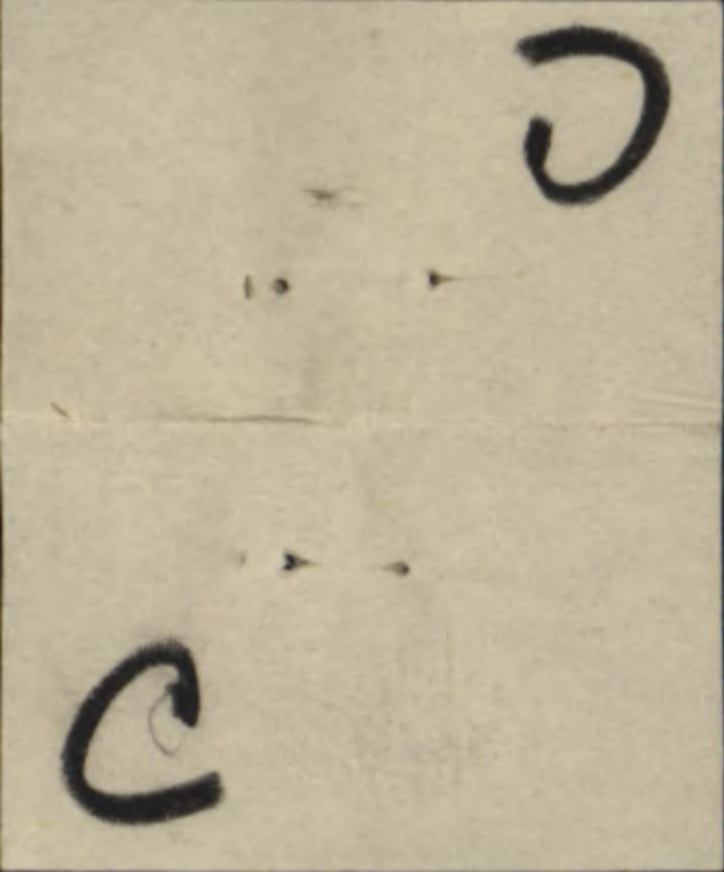
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE 31/12/18 | REASON Demob. | AUTHORITY Base Hospital | IF ENTITLED TO POST DISCHARGE PAY? Yes

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.	COL. No. 1 DATE	COL. No. 2 NO.	COL. No. 2 DATE	COL. No. 3 NO.	COL. No. 3 DATE	CASH PAYMENTS COL. No. 1 $	COL. No. 1 C.	COL. No. 2 $	COL. No. 2 C.	COL. No. 3 $	COL. No. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT	153 days	3.00			459				459								Apr. 24	284177					93				185	90					278	90			180	10	Dr. in C.P.C.
																	May 20	386601					90										368	90			90	00	
																	Jun 18	388165		AR 45			90	10									459	00	N	Closed.			
					459				459														273	10			185	90					459	00	N	FULL			

LIEUT.
FOR PAYMASTER WAR SERVICE GRATUITY

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.



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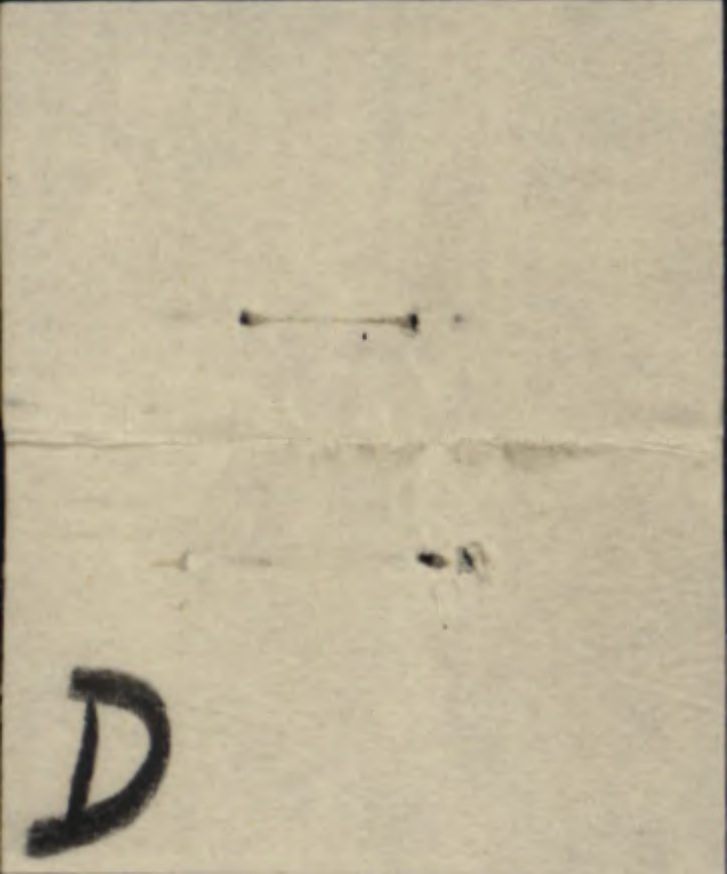

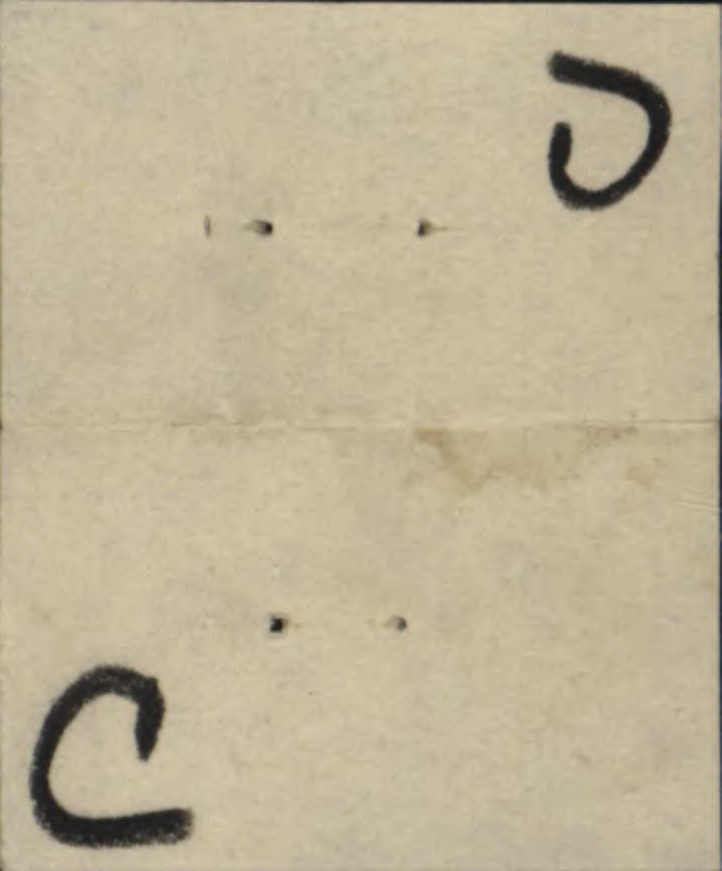

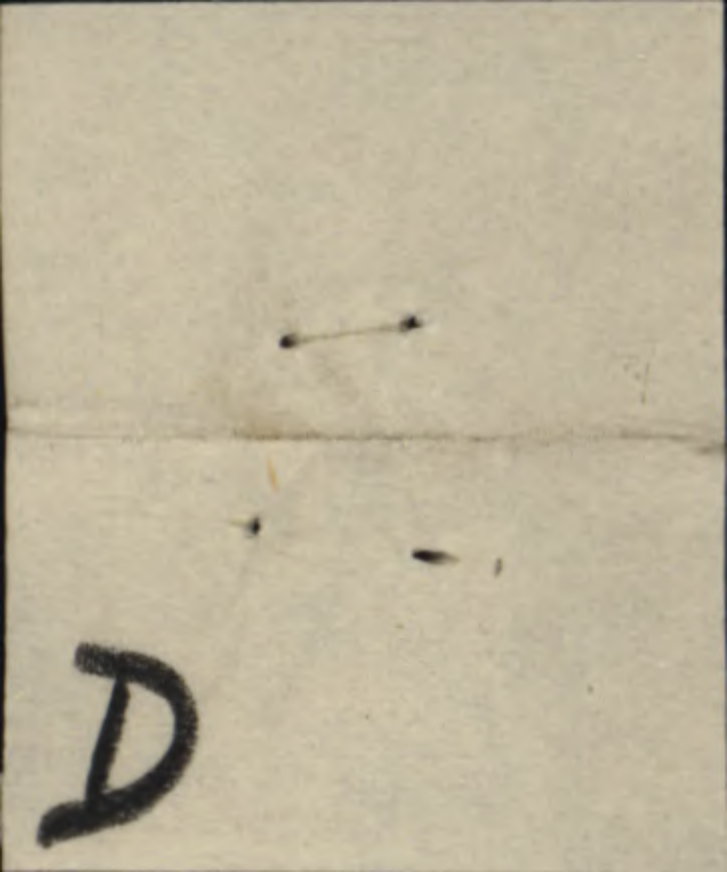
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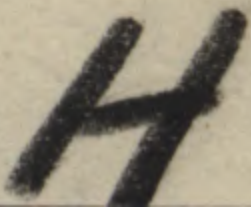

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