

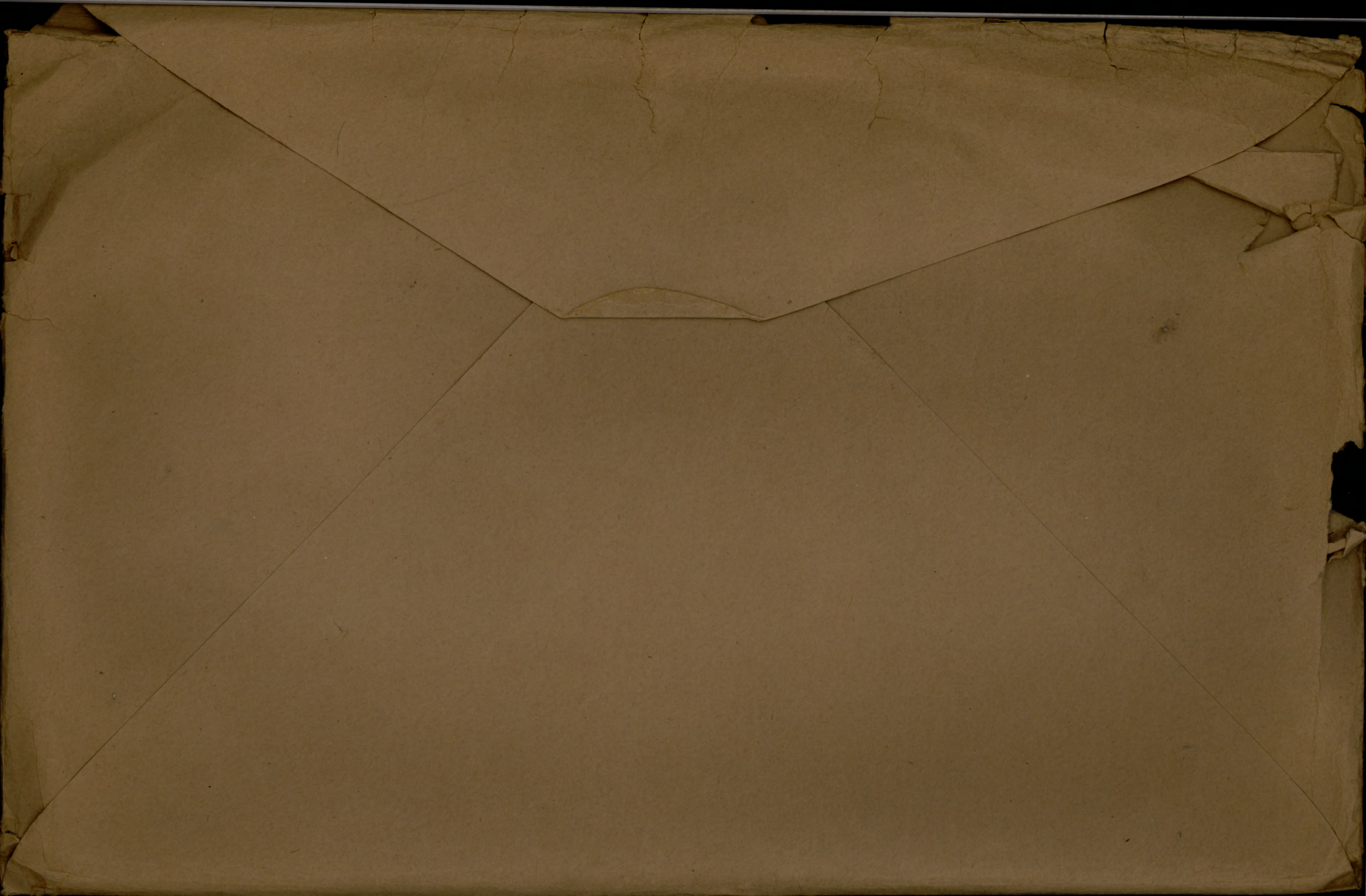
MENTAL DOCUMENTS

NAME *Blackadder Christina*

REGT. NO. *Training Depot* UNIT *CAMB*

H. Q. FILE NO. *21918*

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 S ATTESTATION PAPER (M.F.W. 23, 133, or 51)	<i>23/5/19</i>	M	H		DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				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)					
3 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		H			DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)			Category		
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)			<i>Demob</i>		
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>1971</i>				<i>3</i>	
<i>10.F.21237</i>				<i>9 5</i>	
<i>10.F.B.181</i>				<i>9 5</i>	
<i>1049</i>				<i>11-5</i>	



N/S.

Jobs to Ottawa -

1. 103 } 0279
2 a P }
3 mths | 17.7.18

NAME. *Bleckadder, Christina*

RANK. *N.S.*

UNIT. *C.A.M.C.*

ATTESTATION PAPERS.

CASUALTY FORMS (A.F.B. 103)

BURIAL REPORT.

WILL.

DATE OF RESIGNATION.

CAUSE OF RESIGNATION.

CAUSE OF DEATH.

REPORT OF INVALID.

TRIP, DEC. PAPER TRANS^d TO *C.A.M.C. #1 - 20.3.18.*

*S.O.S. Canada - July - 24.4.18 -
R.O. 3980.*

On His Majesty's Service.

original

0977

UNIT C. A. M. C.

Regimental No. _____

ATTESTATION PAPER.

Sheet
Nurse

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? Christina Blackadder
2. In what Town, Township or Parish, and in what Country were you born? Collingwood Ont. Canada
3. What is the name of your next-of-kin? John Blackadder
4. What is the address of your next-of-kin? Beaulmont P.O. Victoria, B.C. Canada
5. What is the date of your birth? Dec. 18th 1891
6. What is your Trade or Calling? Graduate Nurse
7. Are you married? No.
8. Are you willing to be vaccinated or re-vaccinated? Yes.
9. Do you now belong to the Active Militia? No.
10. Have you ever served in any Military Force?
If so, state particulars of former Service. No.
11. Do you understand the nature and terms of your engagement? Yes.
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes.

Christina Blackadder (Signature of Man).
M. Hewitt (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Christina Blackadder do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date Sep 3rd 1915. Christina Blackadder (Signature of Recruit).
M. Hewitt (Signature of Witness).

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Christina Blackadder, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date Sep 3rd 1915. Christina Blackadder (Signature of Recruit).
M. Hewitt (Signature of Witness).

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at

this 3rd day of September 1915.
Walter A. Swain LT. COL. (Signature of Justice).
 MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE. Q. I/C MOORE BARRACKS.

I certify that the above is a true copy of the Attestation of the above-named Recruit.

Dublan (Approving Officer).

Description of Christina Blackadder on Enlistment.

Apparent Age 24 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height..... 5 ft. 8 ins.

Chest measurement { Girth when fully expanded..... 41 ins.
 Range of expansion..... 2 ins.

Complexion Brunette

Eyes Blue

Hair Dark brown

Religious denominations. { Church of England.....
 Presbyterian.....
 Wesleyan X.....
 Baptist or Congregationalist.....
 Other Protestants.....
 (Denomination to be stated.)
 Roman Catholic.....
 Jewish.....

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
 (Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

None

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him fit for the Canadian Over-Seas Expeditionary Force.

Date Oct 17 1915

Place Shorncliffe

J. B. Blumhugh
Capt Carver
 Medical Officer.

* Insert here "fit" or "unfit."
 NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

M. Macdonald (Signature of Officer.)
 MATRON-IN-CHIEF,
 FOR D.M.S.,
 CANADIAN CONTINGENTS.

Date 23-10- 1915.

13636

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

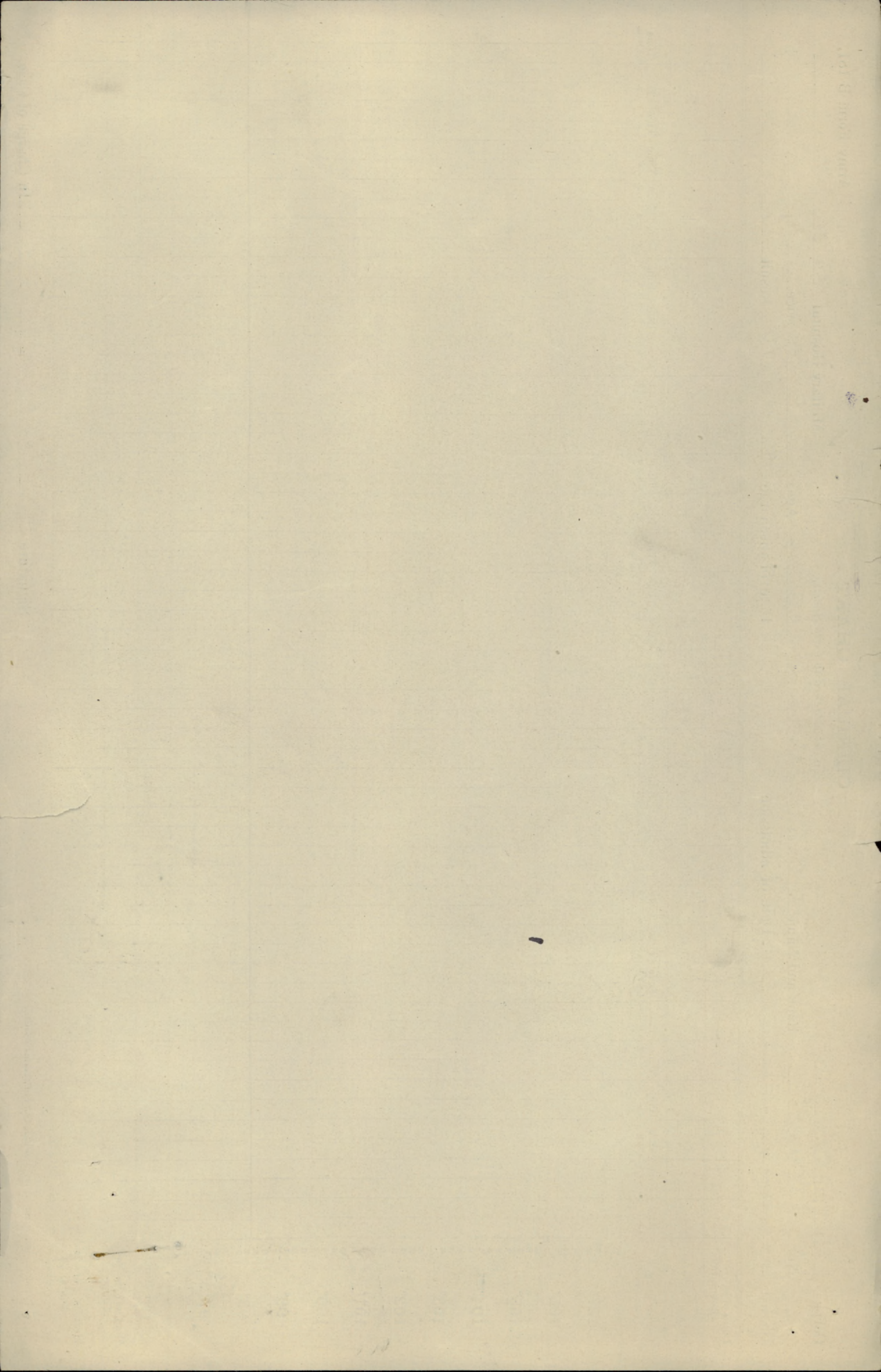
No. in Admission and Discharge Book 13636 Year 1916	Regimental No.	Rank.	Surname.	Christian Name.
		N.S.	Blackader	Christina
		Unit.	Age.	Service.
		C.A.M.C.	24	8/12

Station and Date. 28/4/16	Disease
	German measles Erythema Rash on face neck and wrists. Red blotchy some congestion of mucosa of palate and some en- largement of post-cervical group of lymphatic glands.

29.4.16	Diagnosis changed to Facial Eryema <u>Kersch</u> Quackenburg
---------	---

DISCHARGED
2 MAY 1916

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(J 3521.) Wt. W 5606-2621. 2,000,000. 7/15. D & S. P.T.O.



DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT XI

M.F. 200M. 1772-39 000

NAME OF SOLDIER Mr. S. Blackadder

REGIMENT

RANK

No.



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoxa	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
	<u>Feb. 3. 1919</u>														<u>2</u> <u>8.10</u>			<u>3</u> <u>3.21.5.</u>				
	<u>Feb. 4</u>				<u>1/9</u>															<u>Mr. F. Hill R.I.</u>		
	<u>Feb. 6</u>				<u>1/9</u>																	
	<u>Feb. 10</u>				<u>1/9</u>																	
	<u>Feb. 13</u>				<u>1/9</u>																	
	<u>Feb. 17</u>				<u>1/9</u>																	
	<u>Feb. 24</u>			<u>1/9</u>	<u>1/9</u>															<u>Mr. F. Hill R.I.</u>		<u>Completed.</u>

ORIGINAL MEDICAL HISTORY SHEET.

Surname Blackadder Christian Name Christina

Examined { on 21 day of Sept 1915
at Ottawa

Birthplace { City or Town Victoria, B.C.
Prov. B.C.
County B.C.

Approved by C. Preston
Rank Capt. M.O.

Apparent age 24

Trade or occupation nurse

Height 5 Feet 5 Inches.

Weight 164 Lbs.

Chest measurement { Minimum 210 inches.
Maximum expansion 212 inches.

Physical development very good

Small-Pox Marks

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right nil Left nil
Number nil

When Vaccinated last nil

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease slight varicose veins on left leg

(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>4/9/15</u>	<u>v</u>	<u>C. Preston</u> M.O.
<u>13/4/15</u>		<u>ef</u> M.O.
		M.O.

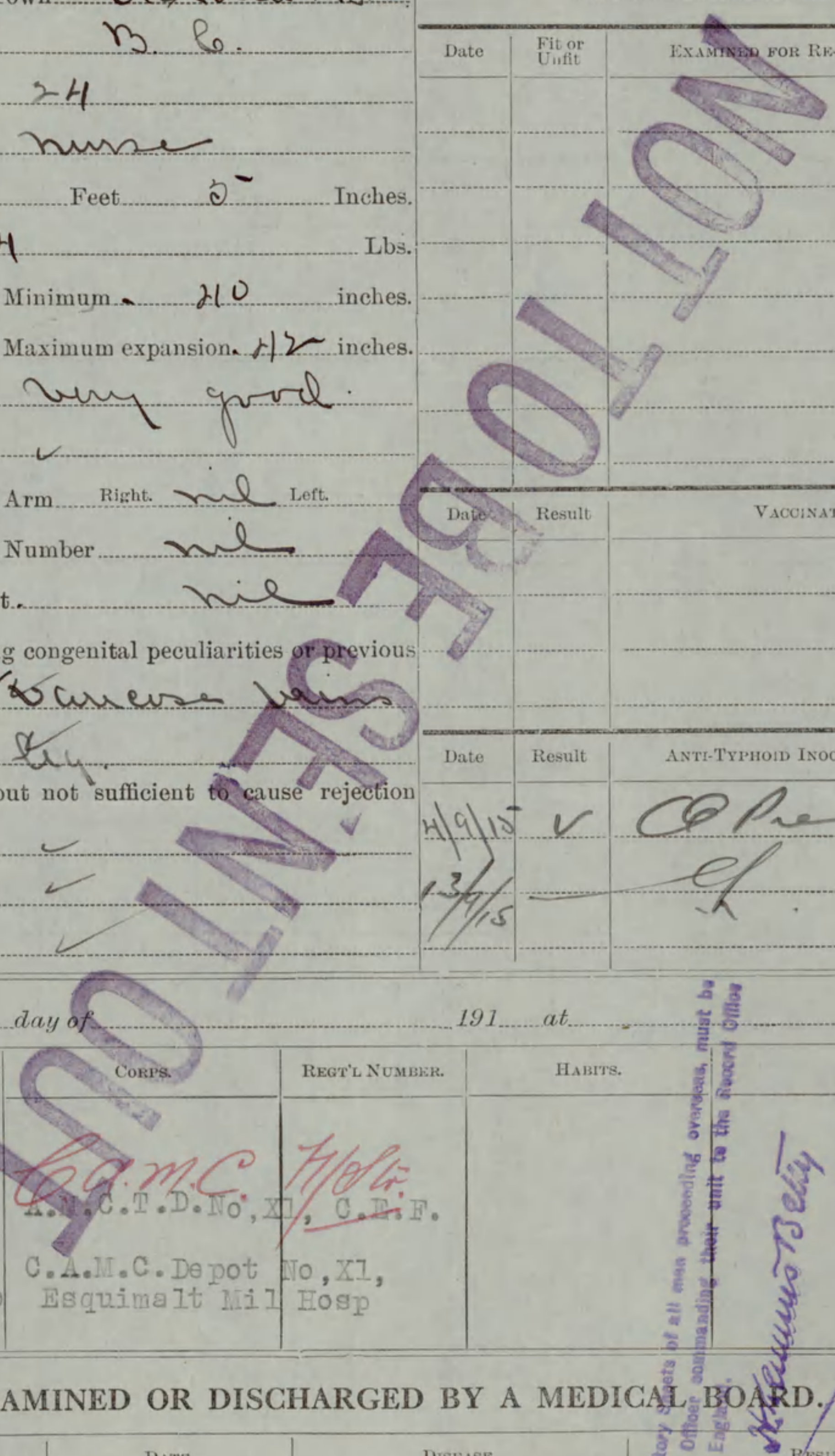
Enlisted on day of 1911 at

Corps	REG'T NUMBER.	HABITS.	DATE
<u>C.A.M.C.</u>	<u>718/11</u>		
Attached to <u>A.M.C.T.D. No. XI, C.P.F.</u>			<u>16/5/18</u>
Transferred to <u>C.A.M.C. Depot No. XI, Esquimalt Mil Hosp</u>			<u>1/2/19</u> <u>1/2/19</u>

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.



The Medical History sheets of all men proceeding overseas, must be returned by the Officer commanding their unit to the Record Office when they leave England.
W. H. H. B. Selby
 Lieut.-Col.,
 In Charge of Records,
 Canadian Contingent.

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 *Blackadder, Christina*
(Given name in full)

Unit or Corps *CAMC* Birthplace *Collingwood, Ont.*

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

1. GENERAL DESCRIPTION:

Physique *Strong* Weight *168½* lbs. Height *5* ft. *6½* in. Colour of Eyes *Blue*
 Nutrition *Stout*
 Pulse *Regular, 72*
 Condition of arteries *Healthy*
 Vision Rt. *normal* Left *normal*
 Hearing (conversational voice) Rt. *25* ft. Left *25* ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
Vaccination mark below Rt knee.
Faint scar of old cut upper lip.

Opinion as to general health and physical condition *Excellent*

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System *no* Genito Urinary System *no* Cardio-Vascular System *no*
 Special Senses *no* Integumentary System *no* Respiratory System *no*
 Disturbance of mentality *no* Muscular System *no* Digestive System *no*
 Osseous and Joint System *no* Any other general condition *no*

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

In October 1918 this officer had influenza complicated by Pneumonia (left side) Lungs & heart are now quite normal.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at(Overseas).....

Date

SignedM.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 *Christena Blackadder*

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

THIS SECTION FOR USE IN CANADA—

Examined at *Reethaven B.C.* (Canada)

Date *Mar 31st / 19*.....

Signed *Emkase Capt*.....M.O.

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

Signature

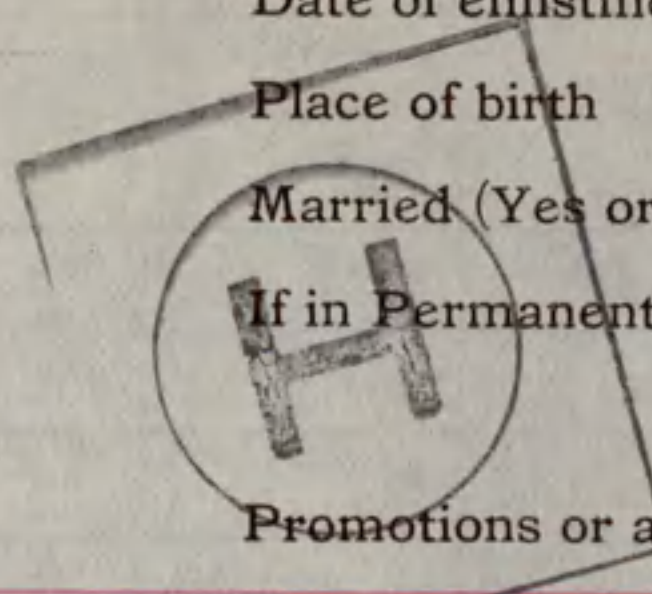
(If not satisfied, M.F.B. 227 will be completed by a Medical Board).

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

JAN 11 1916

Rank and Name **Nursing Sister BLACKADDER, Christina**
 Regimental No. _____ Name and Address of Next-of-kin **John Blackadder**
 Unit **C.A.M.C.** **Beaumont, P.O. Victoria, B.C. Can.**
 Date of enlistment **3rd September 1915.**
 Place of birth **Collingwood, Ont. Canada.**
 Married (Yes or No) **No** Date and place of discharge _____
 If in Permanent Force _____ Reason for discharge _____
 Promotions or appointments **Left Canada. 27-9-15** Character on discharge _____



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				
6-10-15	Wms.	T.O.S. 6-10-15 on arr. from Canada		5-10-15	CO. 447
8-10-15	Wms.	Posted to Moore B ^{ns} Hosp.		7-10-15	CO. 463
4-5-16	A.M.S.	Admitted Moore B ^{ns} Hospital		6/1/16	P.L. 88-2 NR
30 5/16	D.M.S.	Transferred to N ^o 2 b. Staty Hosp.		29-4-16	C.L. 355 German Meades
7 6/16	2 b. Staty H.	Taken on strength N ^o 2 b. Staty H.		23-5-16	b.O. 924
28-11-16	-do-	Granted 14 days leave of absence		28-11-16	Pt II Ord. 72. 2.C. Stat. H.
15-5-17	2. P. Staty H.	Granted 14 days leave from		15-5-17	Pt II Ord. 32. 2.C.S.H.
4-12-17	do	Granted 14 days leave		4-5-17	Pt II Ord. 31
8-3-18	D.M.S.	Posted to CAMC Dep from 2 b. H. Ap.		15-11-17	Pt II Ord. 62.
do	do	Posted to Kings Can R.X.S. Ap. Bushy Park		3-12-17	64
24-4-18	do	Posted to CAMC from K.C.R.X.S. Ap.		28-2-18	b.O. 314
6-5-18	Hqs O.M.F.C.	returned to Canada for duty		11-3-18	b.O. 514
				22-4-18	b.O. 500
				24-4-18	RO 3980

7333

Sus 7 Apr 19

A.F.B. 103,
11 MAR. 1918

A.F.B. 108,
7 JUL. 1918

1910

Rank and Name

Regimental No.

Unit

Date of enlistment

Place of birth

Married (Yes or No)

in Permanent Force

Report

Place and position

Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.

Place

Date

From whom received

Date

REMARKS

Taken from Official Documents

REMARKS

Taken from Official Documents

REMARKS

Taken from Official Documents

REMARKS

Taken from Official Documents

REMARKS

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Report

Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.

Place

Date

From whom received

Date

REMARKS

Taken from Official Documents

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REMARKS

Taken from Official Documents

REMARKS

Date

From whom received

Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.

Place

Date

From whom received

Date

REMARKS

Taken from Official Documents

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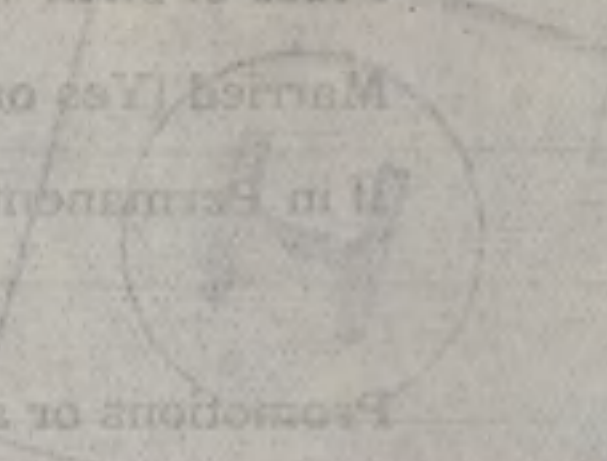
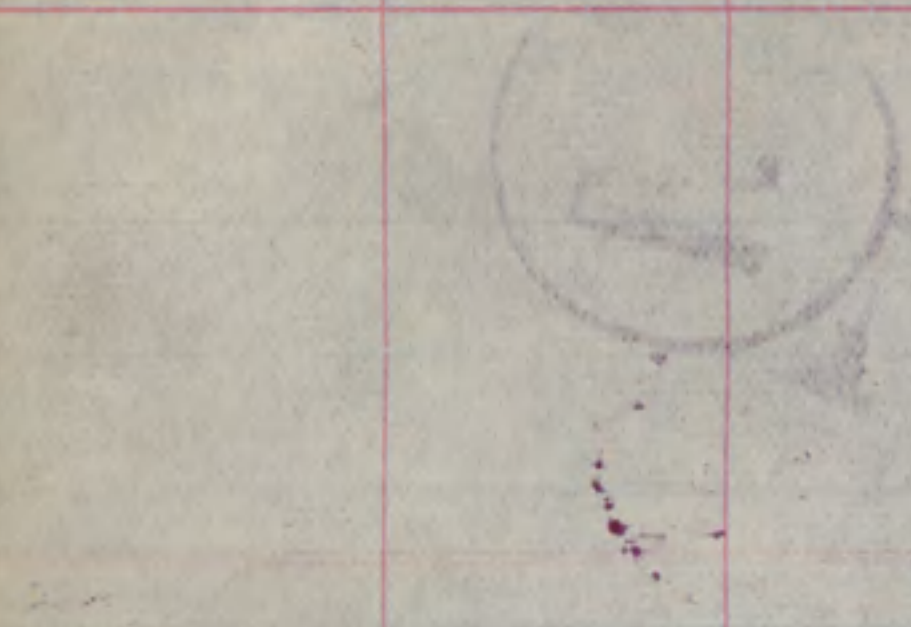
REMARKS

Taken from Official Documents

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REMARKS



REMARKS

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REMARKS

311

A. O. 11-29.

1 THIS IS TO CERTIFY that (Rank) Nursing Sister

2 (Name in full) Christina BLACKADDER

3 Enlisted in The C. A. M. C.

4 CANADIAN EXPEDITIONARY FORCE, on the _____

5 day of _____ 191_____ AND WAS APPOINTED TO COMMISSIONED RANK

6 in The C. A. M. C.

7 CANADIAN EXPEDITIONARY FORCE on the Third day

8 of September 1915

9 She SERVED in CANADA England & France

with the C. A. M. C. #2. Can. Nat. Hosp,

C. A. M. C. D. Homecise, H. C. R. C. Hosp Busby Rk,

659, Mil. Hosp, Victoria, D. D. # 11.

10 and was STRUCK OFF THE STRENGTH on the Seventh day

11 of April 1919 by reason of Gen Demob

12 Dated at Ottawa, this _____ day

13 of _____ 191_____

14

MEDICAL CASE SHEET (EAR, NOSE AND THROAT)

MILITARY HOSPITAL, Sgumalt, Tubke Hospital

DATE 14. 1. 19.

Section

NAME Blackadder, Christina RANK Nursing Sister. NUMBER _____ UNIT _____ AGE _____

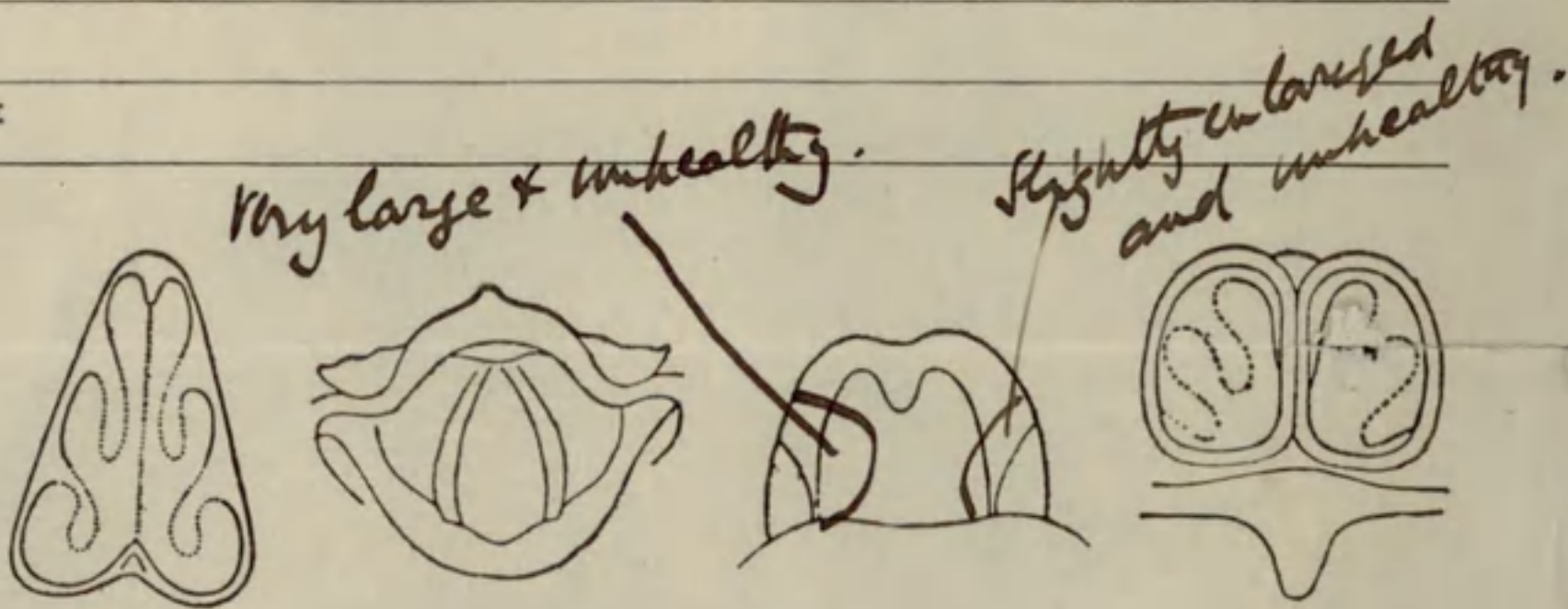
GENERAL HISTORY foliular tonsillitis recent

TEMP. _____ PULSE _____ DIGEST. _____ LUNGS _____ COUGH _____

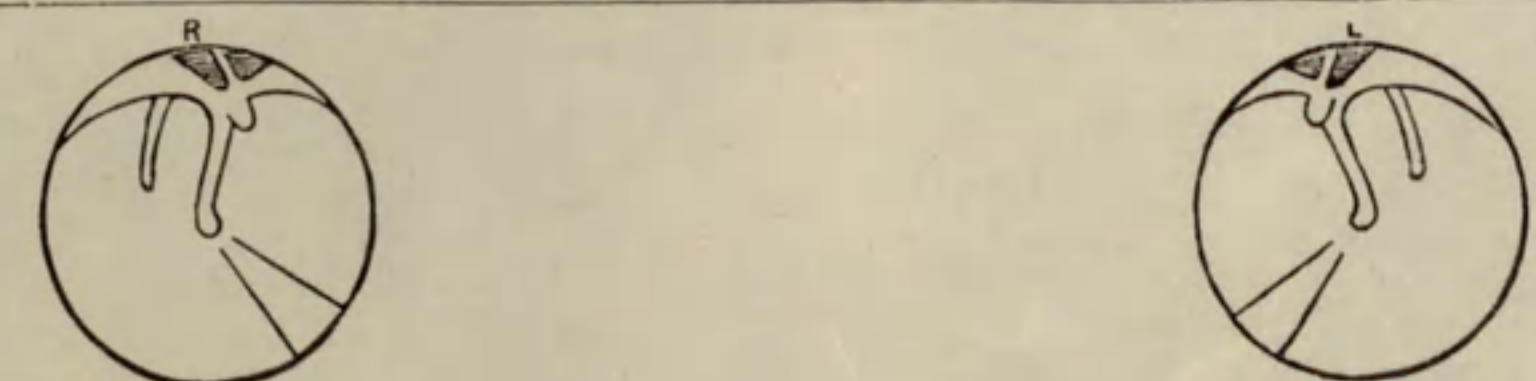
ACCESS. SIN. _____

POST NASAL DISCH. _____ VOICE _____

RIGHT _____ LEFT _____
IMPAIRED HEARING
TINNITUS
DISCHARGE
PAIN
VERTIGO



BEFORE	AFTER	BEFORE	AFTER	TREATMENT AND SUBSEQUENT HISTORY:
				<u>admitted 9th Jan. '19</u>
				<u>10th Jan. '19 Operation, R. tonsil</u>
				<u>enucleated - local anaesthesia</u>
				<u>11th Jan. '19 operation, L. tonsil</u>
				<u>enucleated - local anaesthesia.</u>
				<u>14th Jan. '19 discharged from</u>
				<u>hospital.</u>



W. Scott-Moncrieff
Capt. C.A.M.C.

M. F. W. 143.
10M-3-18.
1772-39-1172.

A 28984

MILITARY HOSPITAL

DATE

AGE

UNIT

NUMBER

GRADE

NAME

COACH

CLASS

LINE

REG'T

COMP

SEX

POSTAL ADDRESS

LEFT

INTERNAL HISTORY

RIGHT

THROAT

NOSE

EAR

ENT

TREATMENT AND SURGICAL HISTORY

OPERATION

RESULTS

REMARKS

DATE

BY

PHYSICIAN

PHYSICIAN

PHYSICIAN

PHYSICIAN

PHYSICIAN

PHYSICIAN

PHYSICIAN

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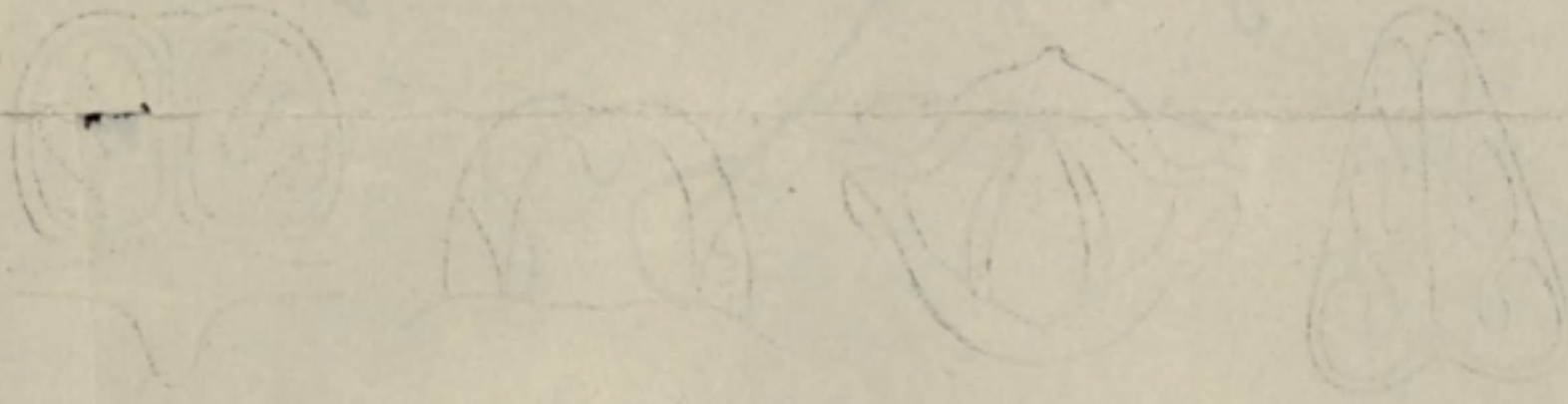
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PHYSICIAN



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

Casualty Form—Active Service.

Unit, Regiment or Corps. C. A. M. C.Regimental No. Rank n./s. Name Blackadder Christina
C. E. F.

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

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } 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				
16.4.19	M. A. Q's. Ottawa	S.O.S.-C.E.F. DEMOB	M. A. 11.	7.4.19	R.O. 1896. M. Macdonnell. Lt. for DofR.

(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.

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				
10.3.18	Cambridge	Sgt from 2nd Coy, Arty	Schiffe	25-2-18	Pl 69 (Co. 314)
do	do	Sgt. G. H. B. H. Bushy Park	do	23-18	Pl 69 (Co. 314)
					Capt. [unclear] CAPT. ASST. ADJUTANT FOR S.O. C.A.M.G. DEPOT.
9-3-18	Cambridge	Sgt Kings C. R. S. Arty	Bushy Park	28-2-18	Pt 2 No # 18
	Bushy Park	Sgt Kings C. R. S. Arty			
27-4-18		to Camc Report	led	22-4-18	Pt 2 No # 22
					Capt. [unclear] FOR S.O. C.A.M.G. DEPOT.
26.4.18	Cambridge	Sgt from Bushy Park	Schiffe	22.4.18	Pl 116 (Co. 500)
9.5.18	do	Sgt to Canada for duty	do	24.4.18	Pl 129 (Co. 500)
					Capt. [unclear] FOR OFFICER COMMANDING, C.A.M.G. DEPOT.
28-5-18	Dist ord #505	Attached to AMC 73 Fleet	Victoria	16-5-18	D.O. Part II No 150 9/30/5/18
31-1-19	Dist Ord No 134 d/31/1/19	Ceases to be Attached to A.M.C.T.D. No, XI, C.E.F.	"	31/1/19	D.O. Pt II. #32
31-1-19	Dist Ord No 134 d/31/1/19	attached to C.A.M.C.D. N.C.E.F	"	d/1/2/19	D.O. Pt II #1. d/1/2/19
4-2-19	A.M.C. Order #13. d/4/2/19	Transferred to Esq. Mil. Hosp	"	1/2/19	D.O. Pt II #6. d/6/2/19
4.2.19		TOS. EMH.	"	1/2/19	D.O. Pt II H1 10/2/19
4.4.19	Dist #249 4/4/19	S.O.S. Elms	Esquimaux	5/4/19	D.O. Pt II 95 5/4/19

MAJOR C.A. [unclear]
MILITARY HOSPITAL

Number

Rank

N/S

Surname

BLACK ADDER.

B

Christian Name

CHRISTINE

Units

Theatre of War

FRANCE

Date of Service

23/5/16

Remarks

Latest Address

Beaumont D.O.

Victoria Bl

Roll No.

B. Page 21997.

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

1925

FEB 17

DESP.

REGN. NO. 10675

M.C. Training Depot No. 11, C.E.F.

M F W 71 5004. -5-16.

1772-39-96L

NAME BLACKADDER Christina

REGIMENTAL NO. Officer

RANK N/sister

ENLISTED AT Shorncliffe

PROMOTIONS, &c.
AND DATE

DATE Sept 3=15

IF SERVED PREVIOUSLY, STATE UNIT, &c. None

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN John Blackadder

RELATIONSHIP

ADDRESS OF Beaumont P.O. Victoria B.C.

ASSIGNMENT OF PAY \$ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &C.

NATURE E.G. ABSENCE. PROMOTION, &C.	PART II, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME &C.
	No.	DATE	
Attached for Pay & Allow from 16/5/18	150	30/5/18	Authy:- Dist Ord No 505 d/28/5/18
Granted S.A. from 23/5/18	159	8/6/18	
Granted S+L Allow. from 1/5/18	220	8/8/18	
Ceases to draw S+L Allow from 3/9/18	247	4/9/18	
Ceases to be attached from 1.2.19.	6.	6.2.19.	" A.M.C. Ord. #13.4.2.19
T.O.S. E.M.H. 1/2/19	41	10.2.19	" . . .
S.O.S. upon taking up work with S.C.R. }	95	5.4.19	Auth. Comm. #249 4/4/19.

SURNAME.

Blackadder

CARD NO.

8063

CHRISTIAN NAMES

Christina

J.D.S. Feb. 12th 1919.

W.D. 841 FOL 10-2-19.

Esq. M. H. Brown

REGL. No.

RANK

Nursing Sister

5084-4-19 to SCR.

0095-70-4-19 E. ind.

UNIT

FORMER CORPS

St. Joseph's Hosp, Grad. April 7th 1915

*Sal 7-4-19
1915 340
R01846*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Blackadder, John

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Beaumont, B. Co.

COUNTRY OF BIRTH

DATE

PLACE OF ATTESTATION

DATE

0/10 27/9/15

R/C 30-4-18 $\frac{171}{3}$ II

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Date of sailing 27-9-15: Auth. O.P.L. Nov 1st. 1916.

NAME *Blackadder C.*

REGT'L. No.

RANK AND CORPS *S/Str. C. A. M. C. Goose Bks. Hosp.*

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

355 " Moore Barr. Can. Shorne. 29-4-16 German measles.
(A. G. S.)

424 Busch (hr) 2-5-16 " "

LEDGER No. 41

SERIAL No. A 28984

REG. NUMBER..... NAME Black added

RANK No/str..... CORPS 60th Bn

AGE..... SERVICE.....

NAME OF HOSPITAL Wook Point..... PLACE Victoria

DATE OF ADMISSION 10. 10. 18..... 9. 1. 19

DISEASE Influenza..... Tonsillitis 5

TRANSFERRED TO OTHER HOSPITALS.....

OPERATION.....

DISCHARGED TO July 4. 11 18..... July 14 1. 19 IN CATEGORY.....

REMARKS:.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Name

Blackadder, Christina

N/S

M. F. W. 41
100M-1-18.
1772-30-839.
392-2-122

Regimental No.

Name and address of next-of-kin

Unit *C.A.M.C.*

Date of enlistment

Place of

Married (yes or no)

Amount of pay assigned monthly \$

To whom payable

24-4-18

TO

30-4-18

Date and place discharged

Reason for discharge

Character on discharge

Public

R.O. 536 C.O.M.F. to C.E.F. 24-4-18

Duty

MD #11

*L.P.C. clear 30-4-18
C.P.*

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	504 Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount						No.
<i>Recovered by MD #11</i>															
<i>Letter 15/19 at. File # 1582-6-14</i>															
							<i>30</i>						<i>30</i>	<i>30</i>	<i>Amnded. L.P.C.</i>

L.X. to MD #11 23/5

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

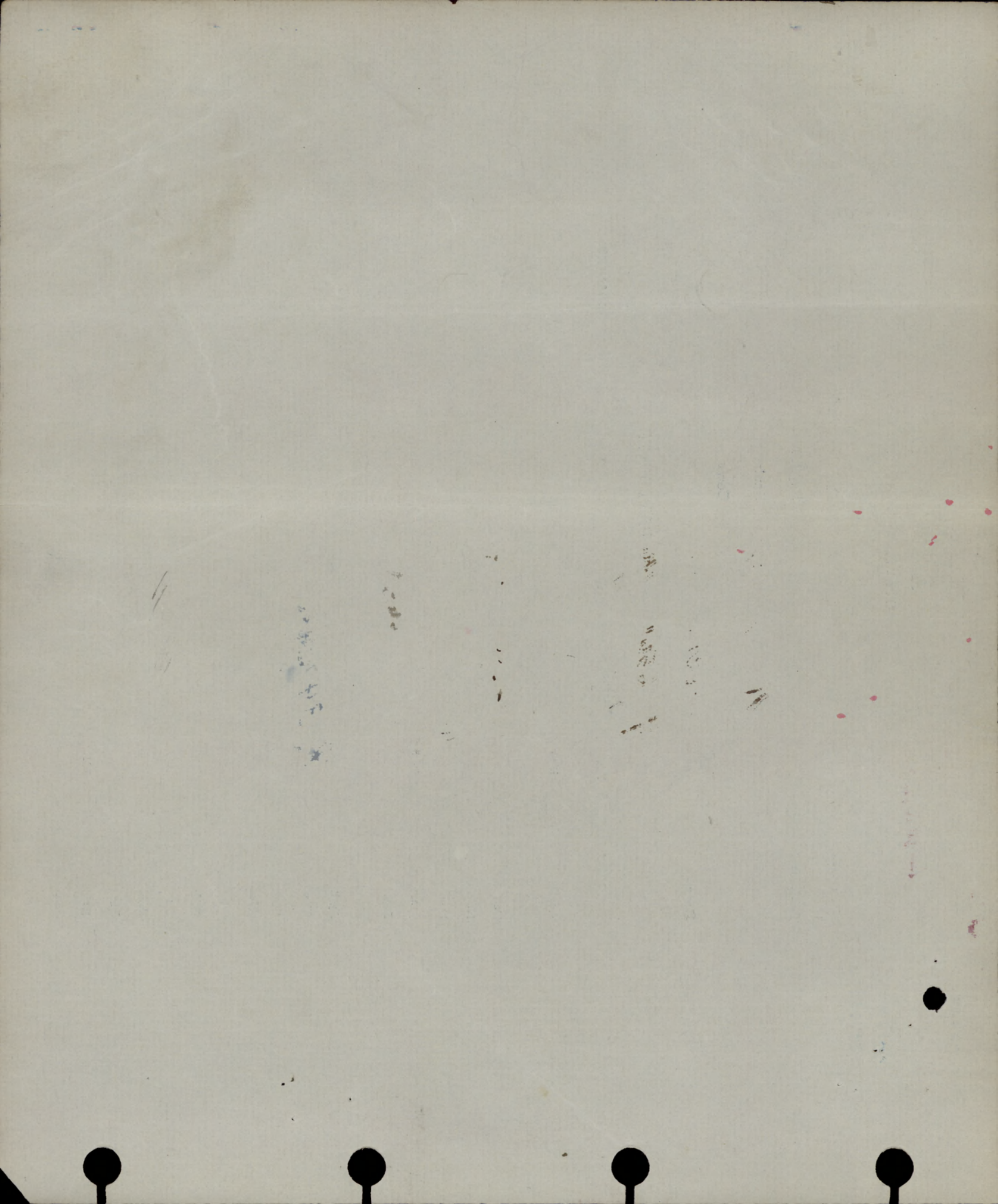
2nd Contingent

Bank of British N. America

To Whom ~~Mrs James Middleton~~ By Whom Assigned *Blackadder C.*
 Address *yates St 608 Harbinger Ave* Regtl. No.
Victoria, B.C. Victoria B.C. Rank *Nursing Sister*
120 McClure St Corps *A.M.B. Reinforcements*
 Rate ~~40⁰⁰~~ *OCT 1 1915 16/17*
50⁰⁰ Nov 1st /17 **PAYMENTS**

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>2 m 16/10/17 app. 18/10/17</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>26378</i>	<i>40</i>	
Nov.		<i>R9290</i>	<i>40</i>	
Dec.		<i>59385</i>	<i>40</i>	
Jan.	1916	<i>W. 12056</i>	<i>40</i>	
Feb.		<i>M 11306</i>	<i>40</i>	
March		<i>Y 15066</i>	<i>40</i>	





Bank of British America

MILITIA AND DEFENCE

M. F. W. 12a.
60m.-12-15.
1772-39-319.

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs Jas. Middleton

Name of Soldier

Blackadder C.

PAYMENTS.

Nursister A.M.C. Reinf

L. E. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amnt.	Remarks.
April	1916	L 160	40	
May		M 3220	40	
June		N 6875	40	
July		O 6314	40	
Aug.		P 11547	40	
Sept.		Q 16501	40	
Oct.		R 16406	40	
Nov.		S 25057	40	
Dec.		T 30294	40	
Jan.	1917	U 36726	40	
Feb.		V 42866	40	40 JW
March		W 49253	40	40 B
April		X 832	40	40 B.
May		Y 6581	40	
June		Z 13736	40	40 W
July		AA 260	40	B. 1120 McChes St, Victoria BC
Aug.		AB 27800	40	
Sept.		AC 34242	40	20 960 ⁰⁰
Oct.		AD 47673	40	
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

40. 50

40 JW
40 B.

40 W
B. 1120 McChes St, Victoria BC
20 960⁰⁰

960
1000

Lell
Lell.

Handwritten initials

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.				

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Nov 1st 17

Oct 1st 15

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>40</i>	<i>50</i>		
-----------	-----------	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. _____
 Rank *N.S.* Promoted _____ Reverted _____ Discharge _____
 Soldier's Name *C. Blackadder.*
 Battalion *A.M.C. Reinforcements*
 Beneficiary _____
 Relationship _____

Address *Oct 31-17*

1000 1000

PARTICULARS OF ASSIGNMENT

Name *Mrs. James Middleton*
 Address ~~*608 Hartinger Ave.,*~~
Victoria B.C.
 Change of Address
 1 ~~*420 McClure St*~~
 2 *Bank of B N America Yates St*
 3 _____
 4 _____

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
<i>Nov</i>	<i>C 57665</i>		<i>50</i>	<i>50</i>		
<i>Dec</i>	<i>A 50888</i>		<i>50</i>	<i>50</i>	<i>B</i>	<i>2 M 16-10-17</i>
<i>Jan/18</i>	<i>N 66370</i>		<i>50</i>	<i>50</i>	<i>D</i>	
<i>Feb</i>	<i>P 91169</i>		<i>50</i>	<i>50</i>	<i>✓</i>	
<i>Mar</i>	<i>A 98405</i>		<i>50</i>	<i>50</i>	<i>✓</i>	
<i>Apr</i>	<i>C 2793</i>		<i>50</i>	<i>50</i>	<i>S</i>	
<i>May</i>	<i>E 9006</i>		<i>50</i>	<i>50</i>	<i>S</i>	

A/c Closed 31-5-18
 Ret'd per *Havitania*
 Date *4-5-18* *7-5-18*
 Clerk *E. X.*
M 190 213 used 7/18



M. F. W. 128
 400M-6-17-177-39-141
 L. L. 22320-M. & D. 1483.

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. _____

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. -6-17-1772-38-1141
 L. L. 22320-M. & D. 1983.

ASSIGNED PAY.

UNIT. RANK. NAME.
NAME OF DATE AUTHORITY DATE AUTHORITY

Beneficiary Address Amount. \$50
 Separation Allowance issued. Yes or No.....
 Unit: Moore Bks
 Date: Pay 2nd pd
 Authority: 7th A .60
 Mess 1st
 Rank: *MS*
 Date: *S.O.S. 24th 18 To Canada for duty No. P.O. 39804/6⁵ 18*

Name: Blackadder
 Initials: *b*
 Bank: *of Montreal*
Trafalgar Sq

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918	1918-19							
Apl 17	a P ban				50			
18	ads apl P a			58 00				
	apl Pay R		108					
Dec 30	Cont of Clinical Thermometer Auth. D.D.M.S.	73563		30				
1919	Jan 31	Blgd to Ban		30				
	hit 199 Dec	22 nd 18						
	Envelope Base	70823		30				

Red to Ban
L. 96 to 30th 18
Up to R. Ledger
fr Ledger to L12. 6.5.18
21/9/19 1919
to Ban
30

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary
Address

Moore Barracks

Pay 2nd pd 11/3
7 a 60 -
Mess 1.00 -

Name Blackadder
Initials C
Bank of Montreal
Trafalgar Sq

Canada
Amount. \$ 40⁰⁰ 50 1¹⁰/₁₇

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

DATE	PARTICULARS	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1917							
April 21	April Pay R.	108					
22	The cost of two clinical thermometers 2 1/2 x 1 1/2 40 No 840		53				
22	A.P. Can		40				
26	Bank 3003		67 47				
May 9	A.P. Can.		40				
22	May Pay R.	111 60			71 60		
23	Bank 5986		71 60				
June 8	A.P. Canada.		40				
11	June Pay (R)	108			68		
15	The cost of three clinical thermometers D.D.M. Boulogne Base 123/94. No. 1076. List 33. 15. 6. 17.		79		67 21		
21	Bank 9004		67 21				
July 19	July Pay (R)	111 60					
12	The cost of five clinical thermometers D.D.M. Boulogne Base 123/110. List 11 29 1/2. No. 1160.		1 32				
17	A.P. Canada.		40		70 28		
24	Bank 13092		70 28				
Aug 18	August Pay (R)	111 60					
10	Cost of 1 clinical thermometer 5 7/8 No 877		26				
10	Cost of 1 clinical thermometer 10 7/8 No 872		26				
14	A.P. Can		40		71 08		
20	Bank 17361		71 08				
Sept 11	Sept Pay (R)	108					
11	A.P. Can		40				
13	The cost of 1 one 1/2 clinical thermometer broken 1 1/2. No. 836.		26				
13	Do (No 2) " " 1 1/2. No. 828.		53		67 21		
21	Bank 2883		67 21				
	Carried forward.						

1917-18

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$ 50⁰⁰

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

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Name Blackadder. G.

Initials

Bank of Montreal.
Trafalgar Sq

Home Barracks.

Pay 2⁰⁰ pd
7 00.
Mess 1.00.

H/B.

ban.
1⁰⁰/₁₇

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	Brought Forward							
Oct 10	October Pay.					111-60		
11	The cost of one clinical Therm. broken. 1917. No. 825.			26				
10	A. Pay. Canada. a. 2 m. eff. Oct 1/17. \$40				50			
16	Hosp. Packages on T.V. 3460. chgd in error. prev. chgd. on T.V. 2457. No. 207			26				
19	Bank. 26291			61-60				
Nov 16	November Pay R.					108		
8	The cost of one clinical Therm. broken 9/9.			26				
15	A. Pay. Canada.				50			
20	Bank. 30763			57-74				
Dec 7	December Pay (R)					111-60		
8	A. P. ban.				50			
13	Bank. 35096			61-60				
1918 Jan	Jan Pay (R)					111-60		
14	A. P. ban.				50			
21	Bank. 39501			61-60				
Feb 6	Cost of 3 clinical thermometers 1/18. List 38 Feb. No. 438.			90				
13	Feb Pay (R)					100-80		
9	A. P. ban.				50			
19	Bank. 40996			49-90				
Mar	March Pay (R)					111-60		
9	A. P. ban.				50			
15	Adv Mar P. A					61-60		

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary
Address

*Moore Barracks
Hosp.*

76/8.

Name *Blackadder*
Initials *C*
Bank *of Montreal*

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
1917								
	<i>Dr. foid from old sheet</i>					<i>0</i>		
<i>Jan 19</i>	<i>A.P. Can</i>				<i>40</i>			
<i>22</i>	<i>Pay Jan</i>		<i>111 60</i>					
<i>25</i>	<i>Bank.</i>			<i>71 60</i>		<i>0</i>		
<i>Feb 13</i>	<i>Pay Feb.</i>		<i>100 80</i>					
<i>19</i>	<i>A.P. Can</i>				<i>40</i>			
<i>22</i>	<i>Bank</i>	<i>21943</i>		<i>60 80</i>		<i>0</i>		
<i>March 20</i>	<i>March Pay . R.</i>		<i>111 60</i>					
<i>21</i>	<i>A.P. Can.</i>				<i>40</i>			
<i>21</i>	<i>Sal of (1) Theunemont or clinical ass.</i>			<i>26</i>				
<i>23</i>	<i>Bank</i>	<i>24518</i>		<i>71 34</i>		<i>0</i>		

1916-17

3/ae
16/2/17
16698
dist 34

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary *M James Middleton*
 Address *608 Harbinger Ave
 Victoria, B.C.*

Moore Barracks A

Nursing Sister

Name *Blackadder*
 Initials *B.*
 Bank *Bank of Montreal*

Amount. \$ *40⁰⁰*

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
<i>apl</i>								
<i>apl 24</i>	<i>A.P. Can Pay apl (R)</i>		<i>108</i>	<i>68</i>	<i>40</i>	<i>68</i>		
<i>may 25</i>	<i>Pay may A.P. Can</i>		<i>111 60</i>		<i>40</i>	<i>71 60</i>		
<i>June 17</i>	<i>Pay June (R) A.P. Can</i>		<i>108</i>		<i>40</i>			
<i>July 17</i>	<i>A.P. Can Pay July (R)</i>		<i>111 60</i>		<i>40</i>			
<i>Aug 15</i>	<i>A.P. Can Pay Aug (R)</i>		<i>111 60</i>		<i>40</i>			
<i>Sep 18</i>	<i>A.P. Can Pay Sep (R)</i>		<i>108</i>		<i>40</i>			
<i>Oct 13</i>	<i>A.P. Can Pay Oct (R)</i>		<i>111 60</i>		<i>40</i>			
<i>Nov 16</i>	<i>A.P. Can Pay Nov (R)</i>		<i>108</i>		<i>40</i>			
<i>Dec 12</i>	<i>A.P. leave Pay Dec</i>		<i>111 60</i>		<i>40</i>			

1916-17

Ad ford to new sheet