Unit C.A.M.C. Rank Nursing Sister Name Susanah Blanche Stretton

OFFICERS' DECLARATION PAPER

ORIGINAL

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

BASE HOSPITAL
MILITARY DISTRICT No. 2

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Stretton
   (b) What are your Christian Names? Susanah Blanche
2. (a) Where were you born? (State place and country) Toronto Ont.
   (b) What is your present address? 7 Edgewood Ave. Toronto Ont.
3. What is the date of your birth? Aug 31-1884 1915/31
4. What is (a) the name of your next-of-kin? Mr. and Mrs. Alexander Morley Stretton
   (b) the address of your next-of-kin? 7 Edgewood Ave. Toronto Ont.
   (c) the relationship of your next-of-kin? Father and Mother
5. What is your profession or occupation? Graduate Nurse
6. What is your religion? Anglican
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? Nursing Sister A.M.C.
9. State particulars of any former Military Service Gazetted March 23rd. /1915
10. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

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

Susanah Blanche Stretton (Signature of Officer.)

Taken on strength (place) Base Hospital Toronto

(date) April 30-1917

E. B. Pardy Lt. Col.
(Signature of Commanding Officer.)

BASE HOSPITAL
MILITARY DISTRICT No. 2

CERTIFICATE OF MEDICAL EXAMINATION

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

I consider ~~him~~* her fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date 13/6/ 1917

Place Toronto

Jas. W. Barton Major
Medical Officer.

*Insert here "fit" or "unfit

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

REGIMENTAL DOCUMENTS

NAME STRETTON SUSANAH. BLANCHE REGT. NO. n/Sister UNIT C. A. M. C. 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)		Pers.	15-8-19	Pers - 996 II	DEATH
+1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		Rec'd 15-8-19			Category
	TRAINING HISTORY SHEET (M.F.W. 113)		~~M.D.2~~	~~16/12/19~~	~~2-911 M.H.~~	
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		Ret.			
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
4	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
	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)		46703			
1	M. F. W 2591					
1	Disp. Cert					
5	Misc.					
1	[illegible]					
1	[illegible]					
1	pay card					2
						2-28
						2-28
	St Ordinaire 31-7-19					

Deceased 17-5-55

H

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

Number _____ Rank N.S.

Surname STRETTON

Christian Name SUSANAH BLANCHE.

Units _____ Theatre of War ENGLAND.

Date of Service 25.3.18

Remarks 205676 ver OR BPC

Latest Address 7 Edgewood Ave.
Toronto
Ont.

Roll No. A Page 5035

200m.-6-21.M.

(This form to be filled in by all ranks on voyage to Canada.)

M.D. No.....

NUMBER	RANK	SURNAME	INITIALS
.....	.....	.....	.....

Full postal address.....
(Street) (City or Town) (Province)

Name of one person to be notified of arrival.....

Address.....

Railway Station in Military District to which a furlough warrant is required.....

..... Railway.....

If married, is your wife on board..... Number of children on board.....

Their destination.....

(Sgd.).....

DEC. APR 28 1925
REGN. No. 14931

M. F. W. 2502.

50 M.—1-19.
1772—39—1269.

SURNAME. Stretton 392-19-104 "P" M D 11/2

CARD NO. 4

CHRISTIAN NAMES Susanah Blanche

FOLL. 8 O S 6.7.20 MU
A 02509 F 20.7.20
a a MC

REGL. NO.

RANK Nursing Sister

UNIT C. A. M. C. (M. D. 2)

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL Stretton Alexander Morley

RELATIONSHIP TO SOLDIER Father

ADDRESS 1 Edgewood Ave. Toronto Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Toronto Ont. DATE Aug 31st 1884

PLACE OF ATTESTATION Toronto Ont. DATE Apr. 30th 1917

6/S. 25-3 18. F 329.

R/C 8-8-19 385/7

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING Not stated RELIGION Anglican

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Toronto Ont. DATE June 13th 1917

Present Address 7 Edgewood Ave.
Toronto Ont.

No. RANK N. Sister NAME Stretton, S. B.

T. O. S. 30-4-17 UNIT Base Hospital C.A.M.C.
D.O. 1220 of 1-5-17.

M. D. 2

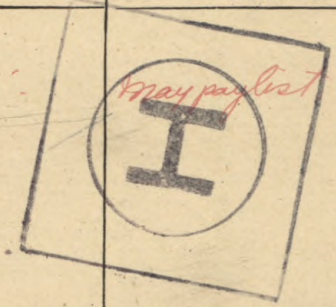
PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
Apr. 30	May 31	✓		
	June.	✓		
	July.	✓		
	Aug.	✓		
	Sept.	✓		
	Oct.	✓		
	Nov.	✓		
	Dec.	✓	Trnsfd. to M.H.C.C. 8-12-17	D.O. 3442 of 10-12-17.
1918	1918			
	Jan.	✓		
	Feb.	✓		
	Mar.	✓	O/S from 20-3-18.	D.O. 80

No. RANK Nursing Sister NAME S tretton S.

T. O. S. UNIT Stationary Hospital A. M. C

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Apr 6	1915 Apr 19	L		
May 1	May 3	L	S.O.S. 3-5-15.	May pay list



a/c closed by payment. S.

Reg. No. ..... Name Stretton S B

Rank N-S. Corps DD 2 Age 33 Service E 14/12 C 18/12

Ledger No. ..... Serial No. .....

HOSPITALS	DATE	DIAGNOSIS
St Andrews Mil Toronto	13.8.19	Debility
trans Brant Mil Burlington	5-9.19	
trans St Andrews Toronto	19.9.19	
trans Dom Orthop "	29.4.20	Fibroid of Uterus
Do Upset	6.7.20	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
50M-6-19.
1772—39-1332.

EKB-

Form R. 149.

Name STRETTON Rank N/STR Reg. No.

Unit Susanah Blanche CAMC 12 CGH.

Next of Kin Canada.

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
19-10	12 Can Gen Hos.	Bramshott	(7001) Influenza.	1118		
28-10-18.	Discharged 7003			1155		

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

Surname. STRETTON

Christian Name. S. B.

Rank. N/Str.

Unit. C.A.M.C. 12 C.G.H.

Hospital. No.12 Canadian Gen.Hosp.Bramshott

Date of admission. 19-10-18.

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis. Influenza.?

Later diagnosis. .....

.....

.....

.....

Disposition. Discharged:-28-10-18.

Date.

22-10-18 1118-4.

4-12-18 1155-9.

C.L. .....

C.L. .....

C.L. .....

C.L. .....

C.L. .....

C.L. .....

C.L. .....

Remarks.

A.M.D. 2 DEPT.

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

D. M. S. 1347.

Surname Christain 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.

EYE DEPARTMENT.
Bramshott - Hants.

Date 11/5/19

To M.O. _____ Battalion.

Rank & Name N/S Stretton S. B. Number _____

Unit _____ Battalion

Visual Acuity R.E. 6/9 L.E. 6/9

Visual Acuity with Glasses. R.E. 6/6 L.E. 6/6

Unfit. Fit.

Remarks:- Astigmatism.
Strabismus left eye
Hearing
Rt normal
Lt normal

(Signed) J. Wiseman
Captain, C.A.M.C.

CANADIAN EXPEDITIONARY FORCE

J.W.S.47.
W.H.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Susanah Blanche STERTON

Enlisted in The Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE, on the [redacted]

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

in The Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE on the Thirtieth day

of April 191[illegible].

SHE SERVED in CANADA, [illegible] with the Canadian Army Medical Corps.

and was STRUCK OFF THE STRENGTH on the Sixth day

of July 1920 by reason of General Demobilization

Dated at Ottawa, this Twenty-seventh day

of August 1920

Capt.
Director of Personal Services.

For

M. F. W. 2618a

10M.—3-20
1772-39-1428

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) STRETTON S.B.

REGIMENT 12 Can. Gen. Hospital RANK L/S. No.

Date of Examination in England | Date of Examination in France

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 10 . 15 . 32.
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
- (b) In England Yes
- (c) In France

Signature of Dental Officer L.D. MacLaurin
Capt

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps C. A. M. C. BASE HOSPITAL MILITARY DISTRICT No. 2

Regimental No. ..... Rank Nursing Sister C. E. F. Name Stretton Annabel Blanche

Enlisted (a) 30-4-17 Terms of Service (a) Canadian Exped. Force Service reckons from (a) 30-4-17

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) (m) Nursing Sister (e) graduate Nurse

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
10 APR 1918	C.A.M.C. D	TAKEN ON STRENGTH from Canada	Sheffe	25 MAR 1918	Pte 100 (Bd 424)
16-4-18	do	do Lt. L. Ho. T. Bishop	do	11-4-18	Pte 106 (Bd 456) C. Stretton Lieut. CAPT. ADJUTANT FOR O.C. C.A.M.C. DEPOT
12.4.18	5th C.G.H	T.O.S. from C.A.M.C. Depot.	Liverpool.	11.4.18	PT. 2 DO. No. 82 D. 12/4/1918
1.10.18	— do —	Granted leave from 1.10.18 to 14.10.18	Liverpool	1.10.18	PT. 2 DO. No. 203 D 1/10/1918
17.10.18	— do —	S.O.S. to ho. 12 C. G. Hpl. Bramshott	Liverpool	16.10.18	PT. 2 DO. No. 215 D 17/10/1918

MAJOR C. A. M. C. ADJT. & REGISTRAR, FOR O. C. No. 5 CANADIAN GENERAL HOSPITAL, LIVERPOOL.

(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				
19.10.18	C.A.M.C. Cas. Coy.	Attd 12 C.G.H. from C.A.M.C. Cas. Coy.	Bramshott	17.10.18	Pt II DO 249
9.12.18	12 C.G.H.	Ceases to be attached	"	6.12.18	Pt. II D.O. 292
9.12.18	12 C.G.H.	T.O.S. 12 C.G.H. from C.A.M.C. Cas. Coy	"	6.12.18	Pt. II D.O 292
12/7/19	AMO 41 29-4-16 of 9/7/19	T.O.S from # 12 C.G.H. effect 8/7/19	Orpington	12/7/19	
23 JUL 1919		S.O.S of O.M.F. of C. Embarkation for Canada	23 JUL 1919		W. Galloway Capt. C.A.M.C. Asst. Adjt. & Reg. No. 10 Canadian General (Ontario) Hospital
15-8/19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 3	31/7/19	C.E.F. R.O. No. 2127-19

W. Stinter Capt.
for Director Personal Services

2nd Sheet

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. ..... Rank M/S. C. E. F. Name Stretton Susanah Blanche

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: 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
31.7.19	O/Seas	T.O.S. #2 Dis. Depot on return from Overseas	Toronto Ont.	31.7.19	#2 DD Pt II DO 231
30.6.20	Toronto	T.O.S. #2 Dis. Depot on transfer to #2 General Hist C.E.F. No 2 Det.	Toronto Ont.	30.6.20	#2 DD. Pt II DO 182
1.7.20	Toronto	T.O.S. #2 Det. C.E.F. on transfer from #2 D.D.	Toronto Ont	1.7.20	#2 ~~DD~~ #2 Det C.E.F. Memo #1.
6.7.20	Toronto	T.O.S. General Hist. C.E.F. (No 2 Det.) as Medically Unfit to take Out-Patient treatment with D.S.C.R.	Toronto Ont	6.7.20	#2 Det C.E.F. Memo #7. [signature] Major. #2 Det. C.E.F.

(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				

Surname STRETTON **Christian Names** Susanah Blanche.

Rank N/Sister.

Name and Address of Next-of-Kin

Mr.& Mrs.Alexander Morley Stretton (Father & Mother

7 Edgewood Ave,Toronto,Ont.

Promotion

TOS-30.4.17

Unit C.A.M.C.

Place of birth Toronto.

Married (Yes or No)

Appointments

Date of leaving Canada 25.3 18.

Date and Cause of Resignation

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
8-4-18	D.M.S.	TOS on arr from Canada & post to CAMCD.		25.3.18	CO.424
15-4-18	do	Posted to 5.B.G.Hp. from Depot		11-4-18	CO 456
1-10-18	5 CGHp.	Granted leave from 1-10-18 to		14-10-18	Pt. ord. 203.
17-10-18	- do -	S.O.S. on being posted to ~~12 Can. Gen. Hosp.~~ Camc. Cas. Coy		17-10-18 ~~16-10-18~~	amended by Pt. ord. 216 Pt. ord. 215.
22-10-18	camc. Cas. Coy	T.O.S. on posting from 5 Can. Gen. Hosp.		17-10-18	Pt. ord. 143
22-10-18	AMS.	Adm. 12 Can. Gen. Hosp.	Bramshott	19-10-18	Ch. 1118. Influenza
	camc.		Discharged	28-10-18	Ch. 1155 Do
24-10-18	Cas. Coy	"On Command" to 12 CGH.	Bramshott	17-10-18	Pt. ord. 145.
11-12-18	Do	Ceases Command 12 CGH. on posting to that unit		6-12-18	Pt. ord. 186
9-12-18	12 CGH.	T.O.S. on posting from CAMC. Cas. Coy.		6-12-18	Pt. ord. 292.
3-1-19	Do	Granted leave from 3-1-19 to		19-1-19	Pt. ord. 2.
10-7-19	do	S.O.S. to 16 C.G.H.		8-7-19	" " 160
11-7-19	16 C.G.H.	T.O.S. from 12 C.G.H.		8-7-19	" 163

Report		Record of Promotions, reductions, transfers, easualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
15.8.'19	16 C.G.H	808 on Tifl to C.E.F. in	Canada	31.7.'19	R II order 192.
			Sailed for Canada	31.7.19	S.L.D-28
			SOS. 6.7.20		

23766

131 BLOOR STREET WEST,
TORONTO.

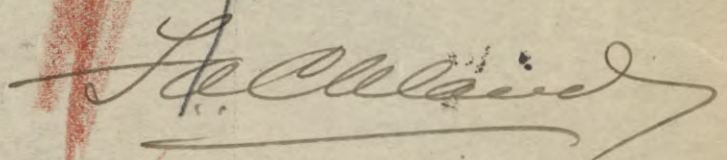
February 5th, 1920.

Lieut-Col. E. B. Hardy,
St. Andrew's Military Hospital,
Toronto.

My dear Colonel:- Re Gynaecological Examination Nursing Sister Stretton.

As requested by Lieut-Colonel McKillip, I have to-day made the above examination and find that Nursing Sister Stretton has a fibroid of the uterus about the size of an orange, and I would recommend that this be removed by operation at as early a date as can be conveniently arranged. Nursing Sister Stretton is a sister-in-law of Dr. G. W. Smith of North Bay and she has asked me to communicate with him. She will probably give her consent if Dr. Smith allows her to do so.

Yours sincerely,



DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 62

NAME OF SOLDIER Sutton

RANK Nursing Sister No.

REGIMENT

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.

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							
	May 4/20	Examination																					
	May 11/20				1 amalgam																Completed Watkin, Capt.		

M.F.B. 465.
DM.—6-18.
1772-39-950.

CASE HISTORY SHEET.

St. Andrew's Hospital. Toronto Station.

No. Nil Rank N/S Name Stretton, S.B. Age 34

Unit 2 D.D. Completed years of service (Where and how long) C 18/12 E 15/12

Date of admission 18-9-19 Date of discharge APR 29 1920

Diagnosis Fibroid of Uterus Place of origin Canada

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaint, -
general debility
menorrhagia
rectal prolapse
Duration - 2 years.

FAMILY HISTORY
(Tuberculosis, mental or nervous diseases.)

Urinalysis - SG 1036, acid, No albumen
RBC. 3,520,000, WBC 8,000

TREATMENT
(Especially any specific or special form.)

Operation T-G-H. Feb 1920

Returned St. Andrews 11-3-20 and granted one months leave.
Made improvement on leave.
Is still easily excited & nervous;
Complains of rectal prolapse still.
To be examined by Lt Col Starr but visit not made at St Andrews.
Transferred Do H. Christie St

CONDITION ON DISCHARGE,
(and disposal made of case.)

Date Ap. 29-20

A V Ritchie
Medical Officer i/c case.

M. F. B. 313a.
100M.—6-18.
1772—39-13.

BASE HOSPITAL
MILITARY DISTRICT No. 2

MEDICAL HISTORY SHEET

ORIGINAL

Surname Stretton Christian Name Susannah Blanche

Examined { on 13th day of June 1917
at Base Hospital Toronto

Approved by Jas. W. Barton
Rank Major M.O.

Birthplace { City or Town Toronto
County Ont.

Apparent age 32

Trade or occupation Graduate nurse

Height 5 feet 5 Inches

Weight 122 lbs. lbs.

Chest measurement { Minimum 31 inches
Maximum expansion 34 inches

Physical development

Small-pox Marks none

Vaccination Marks { Arm Right Left
Number two

When Vaccinated last Childhood

(a) Marks indicating congential 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.

Date	Result	Vaccinations
17		M.O.
6		Geo Porter Capt M.O.
8		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc. 4 para Typh.
May		
22/17		M.O.
29/17		Geo Porter Capt. M.O.
June 5/17		M.O.

Enlisted on 30 day of April 1917 at Base Hospital Toronto

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	C.A.M.C.			April 30-1917.
Transferred to				

BASE HOSPITAL
MILITARY DISTRICT No. 2

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Brantford	12/5/19	Anaemia.	6, Boarded for return to Canada E.H. Pope Maj. C.A.M.C.

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Stretton Christian Name Susanah Blanche

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

CLINICAL CHART.

Corps No 2 D S — Hospital Station St. Aubin's Mil Hospital

No. Mil · Rank and Name W. S. Steele S.B. · Age 37 · Service 6 12 / 6 12

Disease Fibroid of Uterus · Date of Admission 5-1-19 · Date of Discharge 29-1-20 · Result Transferred · Serial No. A. & D. Book 1269

Dates of Observation	Jan 17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Feb 1	2	3	4	5	6	7	8	9
Days of Disease																								
Temperature Fahrenheit — TIME a.m. p.m.																								
107°																								
106°																								
105°																								
104°																								
103°																								
102°																								
101°																								
100°																								
99°																								
98°																								
97°																								
Pulse per Minute	92	88	78	88	94	90	84	121	90	82	96	76	98	94	90	94	90	87	86	90	88	96	46	80	76	80	76
Respirations per Minute																								
Motions																								

M. F. B. 288.
50M.—3-19.
H. Q. 1772-39-513.

Signature J. D. Edmison Capt. In charge of case.

CLINICAL CHART.

Corps (Canc) No 2 DD. Hospital Station St. Andrews Hosp

No. Nil Rank and Name U. S. Stillton S.B. Age 34 Service C 18/12 C 15/12

Disease Fibroid of Uterus Date of Admission 18.9.19 Date of Discharge 24-4-20 Result Transp Dott Serial No. A. & D. Book TD.69

Dates of Observation	March 14	15	16	17	18	19	20
Days of Disease							
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.
107° 8 6 4 2	8 a.m. 4 p.m.	8 a.m. 4 p.m.					
106° 8 6 4 2							
105° 8 6 4 2							
104° 8 6 4 2							
103° 8 6 4 2							
102° 8 6 4 2							
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	94	84	90 84				
Respirations per Minute	20	18	20				
Motions							

On Leave

Discharged

M. F. B. 288.
50M.—3-19.
H. Q. 1772-39-513.

Signature [illegible] In charge of case.

BASE HOSPITAL
MILITARY DISTRICT No. 2

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 ..... Q. A. M. C. BASE HOSPITAL MILITARY DISTRICT No. 2

(2) Regimental Number .....

(3) Full Name of Soldier ..... Susannah Blanche Stetton

(4) Place of Birth ..... Toronto Ont.

(5) Are you married, or not ? ..... No.

(6) If married, state,
(a) Full name of your wife .....
(b) Present Postal Address .....

(7) Are you a widower ? .....

(8) Have you any children ? .....

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

Also their names and ages .....

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Alexander Morley Stretton

(10) Is your Mother alive? Yes. 7 Edgewood Ave. Toronto, Ont.

If so, state name and address Caroline Hornsby Stretton

7 Edgewood Ave. Toronto Ont.

(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.

(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.

E. B. Pardy Lt. Col.

Officer Commanding.

BASE HOSPITAL
MILITARY DISTRICT No. 2

Date JUL 2 1917

TEMPORARY ST. ANDREW'S MILITARY HOSPITAL

MEDICAL HISTORY SHEET

Surname STRETTON *Christian Name* Susannah Blanch

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

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

Apparent age .....

Trade or occupation .....

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

Weight ..... lbs.

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

Physical development .....

Small-pox Marks .....

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

When Vaccinated last .....

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

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

Approved by .....

Rank ..... M.O.

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

Date	Result	Vaccinations
		M.O.
		M.O.
		M.O.

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

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

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	C.A.M.C.	nil		
Transferred to	#2. D.D.	Nursing Sister		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
DOH Toronto	July 5 1920	1. Complete Hysterectomy 2 Haemorrhoids 3 Frequent micturition	Discharge from army as med. unfit to DCCR as out patient J P Clutterbuck Major

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

TEMPORARY ST. ANDREW'S MILITARY HOSPITAL

Surname STRETTON Christian Name Susannah Blanch

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
St Andrew Q. Toronto		13.	8.	19.	5.	9.	19.	Debility	23.	Transferred to St Catharines for convalescence for one month	W W Crawford Major
Oakhill Conv Hosp.		5	9	19	18	9	19	Debility.	44	Still troubled with hemorrhagia, very anemic and pale.	2 J Cockerdale Capt
St. Andrews Milit Hosp. Toronto		18	9	19	29	4	20	Fibroid uterus & Prolapse Rectum	224	Operation at T G H. to remove Fibroid. Returned St. Andrews Hosp. for Convalescence. Granted one months leave. Still complains of Prolapse Rectum. Transferred D O H. Christie St. for Convalescence	A W Ritchie Capt
D O H		29	4	20				Debility.		Has slight Haemorrhoidal engorgement not enough to warrant operation. Is improving from her anaemia; has irritability of bladder, without urinary findings. Discharged to D S C R for treat. as an out-patient.	J L Robinson Capt

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. | Mess p Can DATE | AUTHORITY | NAME. 11-S-201

Beneficiary C.A.M.C. | Pay N/S | 3 4/18 | DMS 60424 d/8 4/18 | Name Stretton

Address | F.A. | Initials Susanah Blanche

Messing | Bank of Montreal Trap Sq

Amount. $ No. Can. 1 4/18

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

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Ap 20	Pra f 1 4/18 30 4/18 Mess f 3 4/18 Vo. 1203		106					
	A Pay Can				40			
26	Bank	1187		66		0		
May	May Pay (R.)		111 60					
14	A. Pay Can				40			
16	Trav allce 3-11 4/18	2087					£1-1-6 $5 23	
23	Bank	2683		71 60		"		
June	June Pay (R.)		108					
	A. P Can				40			
20	Trav allce. 20 3/18	3577					7/- 1.84	
26	Bank	4166		68		0		
July 16	July Pay (R)		111 60					
	A. P Can.				40			
26	Bank	5635		71 60		"		
Aug 15	A. P Can.				40			
16	Aug Pay R		111 60					
26	Bank	7272		71 60		0		
Sept 13	Sept Pay (R.)		108					
"	A. P Can				40			
26	Bank	9187		68		0		
Oct	Oct Pay R		111 60					
	A. P Can.				40			
21	Bank	10428		71 60		0		
Nov	Pay R.		140					
	A P Can.				40			
	Bank	12502		100 -		0		

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~~ Mess	AUTHORITY	NAME.
Beneficiary	C.A.M.C.	Pay	M/S.	3/4/18	D.M.S.C. 424. 8/4/18	Name Stretton
Address		F.A.				Initials S.B.
		Messing				Bank of Montreal
Amount. $ 40 Can. 1/4/18						Trafalgar Sq.
Separation Allowance issued. Yes or No.....		Add. outfit Allce 1/4/20				

DATE 1918/19	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Dec 4	Tour R.V.G. d/29/18 14/- hist 108 Dec Gen a/c Vo	2136.		3 41				
12	Pay R.		124					
14	A.P. Can.				40			
18	Bank	13792		80 59		0		
Jan 22	Pay R.		124					
"	A.P. Can.				40			
24	Bank	15564		84		0		
Feb 13	A.P. Can.				40			
18	Pay R.		112					
24	Bank	17121		72		0		
Mar 17	A.P. Can.				40			
20	Pay R.		124					
24	Bank	18694		84		0		
Apl 11	April Pay R.		120					
14	A.P. Can.				40			
24	Bank	1054		80		"		
May 9	May Pay R.		124					
	A.P. Can				40			
	Bank	2554		84		0		
June	A.P. Can				40			
23	Pay R.		120					
26	Bank			80		0		
July	July & Aug Pay. Bank.			168		Dr 168		
	July Pay R.		124					
	A.P. Can				40	Dr 84		

RETURNED TO CANADA
L.P.C. TO 31.8.19. DMS
TRANSFER TO N.E. LEDGER

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

Address

Amount. $ 40 Can

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

C A M C.

Pay 2.00 Pd

F.A. 1.00 "

Messing 1.00 "

N.I.S.

Name Stretton

Initials S. B.

Bank of Montreal

Traf Sgre.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
July 24	Dr Bal Forwd.					Dr 84	L P C. to 31 8/19	
	Aug Pay (R)		124			Cr 40		
	a Pay Can				40	0	pr L4 to L12. 15 9/19	

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
Address

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

Pay
F.A.
Messing

Name
Initials
Bank

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

NO. 2
MILITARY DISTRICT
NOV 5 1917

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

Station Base Hospital , Toronto.

Date October 30th,1917.

1. (*a*) Unit C. A. M. C., ~~Mil. Dist. No. 2~~
   (*b*) Rank Nursing Sister.
   (*c*) Surname STRETTON (*d*) Christian name Susannah Blanche
2. Age last birthday 33 years Date of birth August 31st.1884.
3. Date of appointment to the C. E. F. (for officers of the C. E. F.) March 23rd.1915.
   Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) March 23rd.1915.
4. Personal description:
   (*a*) Height 5 ft. 6 in. (*b*) Weight 121 lbs.
   (*c*) Complexion Fair (*d*) Colour of hair Light Brown.
   (*e*) Colour of eyes Blue (*f*) Scars or tattoo marks 3 Vacc. scars on Left arm.
5. (*a*) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners) 7 Edgewood Avenue, Toronto.
   (*b*) Address of O. C Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent C.O.C., Mil. Dist. No.2.
6. Former trade or occupation Trained Nurse.

7. Service — Years | 270 Days

	Periods	
	From	To
C.A.M.C.	Mar. 23/1915	July 20/1915.
CAMC.(Base Hospital,MD#2.)	April 30/1917.	Present.

8. Disease or disability (use authorized nomenclature) No Disability.
   (*a*) Date of origin -------- (*b*) Place of origin ----
   (*c*) Cause -----
9. Present condition. (Important, to be a full description of the present condition or conditions.)

Heart, lungs and all other systems normal.

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

M. F. B.380.
50M.—6 17.
1772—33—274.

10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.
[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

Scar of operatio n for appendicitis.

11. To what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined.

0%. (Nil.)

12. Did the disability arise on or off duty? No Disability Now present.

13. Was a Court of Inquiry held? No.

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

Yes ~~No~~ No Disability.

(If the answer is in the affirmative, state in percentages, to what extent the pensioner is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions if there is more than one? None.

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

None.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No

19. Can the former trade or occupation be resumed? Yes

20. Recommendations. Fit for duty.

R H K Moorhouse Capt CMC

Medical Officer by whom the case is brought forward.

(Sections 8, 9 and 10 are to be read to the Officer.)

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

J. B. Hellon N.S.

Signature of Officer examined.

OPINION OF THE MEDICAL BOARD

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

We concur

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

23. It is certified that the Officer

(*a*) ~~Does require treatment~~.
(*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.)

24. It is recommended that the Officer be discharged. (When not for discharge add special recommendation.) No, Is fit for duty.

Category A.2.

Jas. W. Barton *President.*
Major.
Major. *Members.*
Major.

Station Base Hospital, Toronto.
Date October 30th. 1917.

APPROVED BY

Date Nov. 8th/17

Charles Carter Lt. Col.
for Assistant Director of Medical Services.

APPROVED BY

Date

Director General of Medical Services.

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.

2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.

3. In answering the questions, Medical Officers will carefully obtain and record the officer'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 officer concerned, from witnesses, or from documents.

4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space at the foot of this page.

5. The nomenclature of diseases to be followed is that 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.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

Station Base Hospital, Toronto.

Date Sept. 28th, 1917.

1. (*a*) Unit C. A. M. C.
   (*b*) Rank Nursing Sister
   (*c*) Surname STRETTON (*d*) Christian name Susanah Blanche
2. Age last birthday 33 years Date of birth August 31st. 1884.
3. Date of appointment to the C. E. F. (for officers of the C. E. F.) March 23rd. 1915.
   Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) March 23rd. 1915.
4. Personal description:
   (*a*) Height 5 ft. 6 in. (*b*) Weight 121 lbs.
   (*c*) Complexion Fair (*d*) Colour of hair Light Brown.
   (*e*) Colour of eyes Blue (*f*) Scars or tattoo marks Three vacc. scars on L. arm.
5. (*a*) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners) 7 Edgewood Ave. Toronto.
   (*b*) Address of O. C Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent G. O. C., Mil. Dist. No. 2.
6. Former trade or occupation Trained Nurse.

7. Service

	Years	Days	Periods From	Periods To
C. A. M. C.			Mar. 23/1915.	July 20/1915.
CAMC. (Base Hospital, MD#2.)			Apr. 30/1917.	Present.

8. Disease or disability (use authorized nomenclature) Furunculosis.
   (*a*) Date of origin Sept. 22nd/1917. (*b*) Place of origin Toronto.
   (*c*) Cause Infection.
9. Present condition. (Important, to be a full description of the present condition or conditions.)

Patient is anaemic. Appetite is poor. Sleeps poorly. Is seven pounds underweight. On the left cheek there is a deep seated swelling with discoloration, tender to pressure, and evidently containing pus. There is also a small papule on chin which appeared just recently.

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

M. F. B.380.
50M.—6 17.
1772—33—274.

OPINION OF THE MEDICAL BOARD

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

We concur

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

23. It is certified that the Officer
(a) Does require treatment. Yes
(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.)

24. It is recommended that the Officer ~~be discharged~~. (When not for discharge add special recommendation.) Be granted sick leave of absence for one month for vaccine treatment by her family physician.

Category D.3.

Jas. W. Barton President. Major.
Chas B Hamilton Worth Major.
J B Thistle Members. Major.

Station Base Hospital, Toronto.
Date Sept. 28th, 1917.

APPROVED BY

Date Oct. 30/17

Charles Carter Elliot
for Assistant Director of Medical Services.

APPROVED BY

Date

Director General of Medical Services.

10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.
[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

Scar for appendimitis operation in right iliac region.

11. To what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined.

40%

12. Did the disability arise on or off duty? On Duty.

13. Was a Court of Inquiry held? No.

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

Yes ~~No~~ Origin since ~~Yes~~ No Enlistment.

(If the answer is in the affirmative, state in percentages, to what extent the pensioner is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions if there is more than one? One month

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

None.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

Yes.

19. Can the former trade or occupation be resumed? Not at present.

20. Recommendations. Sick leave for one month.

H H Woodhouse Capt CAMC

Medical Officer by whom the case is brought forward.

(Sections 8, 9 and 10 are to be read to the Officer.)

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

S. B. Strellow N. S.

Signature of Officer examined.

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3. In answering the questions, Medical Officers will carefully obtain and record the officer'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 officer concerned, from witnesses, or from documents.

4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space at the foot of this page.

5. The nomenclature of diseases to be followed is that 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.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

Station Base Hospital, Toronto.

Date Sept. 17th, 1917.

1. (*a*) Unit C. A. M. C., (Base Hospital.)
   (*b*) Rank Nursing Sister
   (*c*) Surname STRETTON, (*d*) Christian name Susanah Blanche
2. Age last birthday 33 years Date of birth August 31st. 1884.
3. Date of appointment to the C. E. F. (for officers of the C. E. F.) March 23/1915
   Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) March 23rd.1915.
4. Personal description:
   (*a*) Height 5 ft. 6 in. (*b*) Weight 121 lbs.
   (*c*) Complexion Fair (*d*) Colour of hair Light Brown.
   (*e*) Colour of eyes Blue (*f*) Scars or tattoo marks Three vacc. scars, Left arm.
5. (*a*) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners) 7 Edgewood Ave, Toronto.
   (*b*) Address of O. C Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent C. O. C., Mil. Dist.No.2.
6. Former trade or occupation Trained Nurse.

7. Service	Years	Days
		260

	Periods	
	From	To
C. A. M. C.	March 23/15.	July 20/1915.
C. A. M. C., (Base Hosp. MD#2.)	April 30/17.	Present.

8. Disease or disability (use authorized nomenclature) Abscess, left ear.
   (*a*) Date of origin June 1st.1917. (*b*) Place of origin Toronto.
   (*c*) Cause Unknown.
9. Present condition. (Important, to be a full description of the present condition or conditions.)

The left ear is quite cleared up. General nervous condition improved. Heart and lungs normal. Hearing and vision normal. Appetite fair. Teeth now in good condition.

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

M. F. B.380.
50M.—6 17.
1772—39—274.

10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.
[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

None.

11. To what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined.

0% (Nil)

12. Did the disability arise on or off duty? On duty

13. Was a Court of Inquiry held? No

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

~~Yes~~ No Origin since enlistment.

(If the answer is in the affirmative, state in percentages, to what extent the pensioner is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions if there is more than one? No disability now present.

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

Irrigations, tonics, Base Hospital, Toronto.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No.

19. Can the former trade or occupation be resumed? Yes

20. Recommendations. Fit for duty.

H K Moorhouse Capt CAMC

Medical Officer by whom the case is brought forward.

(Sections 8, 9 and 10 are to be read to the Officer.)

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

S. B. Stellyn N.S.

Signature of Officer examined.

OPINION OF THE MEDICAL BOARD

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

We concur

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

23. It is certified that the Officer

(*a*) ~~Does require treatment.~~
(*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.)

24. It is recommended that the Officer ~~be discharged.~~ (When not for discharge add special recommendation.)

Is fit for duty.

Category A.2.

Jas. W. Barton *President.*
Major.
Chas B Shmilewith Major
H B Thistle Major.
Members.

Station Base Hospital, Toronto.
Date ~~Bxx~~ Sept. 17th, 1917.

APPROVED BY

Date Sept. 24th/17

Charles Carter Lt Col.
Assistant Director of Medical Services.

APPROVED BY

Date

Director General of Medical Services.

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3. In answering the questions, Medical Officers will carefully obtain and record the officer'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 officer concerned, from witnesses, or from documents.

4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space at the foot of this page.

5. The nomenclature of diseases to be followed is that 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.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

Station Base Hospital.

Date Aug. 16/17.

1. (*a*) Unit C.A.M.C.(Base Hospital.)
   (*b*) Rank Lieut. (Nursing Sister)
   (*c*) Surname STRETTON (*d*) Christian name Susanah Blanche.
2. Age last birthday 32 Date of birth Aug. 31/1884.
3. Date of appointment to the C. E. F. (for officers of the C. E. F.) March 23/15.
   Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) March 23/15.
4. Personal description:
   (*a*) Height 5 Ft. 6 In. (*b*) Weight 121
   (*c*) Complexion Fair. (*d*) Colour of hair Light brown.
   (*e*) Colour of eyes Blue. (*f*) Scars or tattoo marks 3 Vacination marks left arm.
5. (*a*) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners) 7 Edgewood Ave., Toronto, Ont.
   (*b*) Address of O. C Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent C.O.C., MD. # 2.
6. Former trade or occupation Nurse.
7. Service

	Years	Days	Periods From	Periods To
C.A.M.C.			March 23/15.	July 20/15.
C.A.M.C.			April 30/17.	D ate.

8. Disease or disability (use authorized nomenclature) Recovering from abscess of left ear.
   (*a*) Date of origin June 1/17. (*b*) Place of origin Base Hospital, Toronto, Ont.
   (*c*) Cause Unknown.
9. Present condition. (Important, to be a full description of the present condition or conditions.)

She was operated upon for abscess of left ear on June 28/17 and the operation was succesful but she is still weak. Her general nervous condition is still below par but she has shown improvemnt since last board (July 16/17. Heart and lungs are normal. Hearing normal. Vision normal. A petite good and she sleeps well. At present she is under the care of a dentist and the dental surgeon reports that there are several cavities in teeth that need filling and immediete attention.

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

M. F. B.380.
50M.—6 17.
1772—33—274.

10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.
[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

None.

11. To what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined.

None.

12. Did the disability arise on or off duty? On duty.

13. Was a Court of Inquiry held? No.

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

Yes ~~XXX~~ Since enlistment. No ~~XXX~~

(If the answer is in the affirmative, state in percentages, to what extent the pensioner is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions if there is more than one? one month.

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

Operative. Rest and medicative.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

Yes. Rest treatment at home and dental treatment.

19. Can the former trade or occupation be resumed? Yes.

20. Recommendations.

We recommend that she have one months extension of her sick leave for the purpose of having teeth treated by dentist and to have rest treatment at home. (CATEGORY D.#3.)

By order of the AIMS., MD. #2.
Medical Officer by whom the case is brought forward.

(Sections 8, 9 and 10 are to be read to the Officer.)

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

A. T. Shelton Lieut.
Signature of Officer examined.

OPINION OF THE MEDICAL BOARD

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

WE CONCUR.

22. Is the Officer fit for (a) General service No. (Category A.) (Yes or No.)

No. (b) Service abroad (not general service) (" B.) (Yes or No.)

No. (c) Home service (Canada only) (" C.) (Yes or No.)

Yes (d) Temporarily unfit (" D.) (Yes or No.)

No. (e) Unfit for service in Categories A, B and C. (" E.) (Yes or No.)

23. It is certified that the Officer

(a) Does require treatment.

(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.)

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

We recommend that she be given one months extension of her sick leave from Aug. 16/17 to September 16/17 for the purpose of having further rest treatment at home and having her teeth teated by a dentist.

W. R. Holme *President.*

G. B. Thistle Capt. AMC.

Station Base Hospital.

Date Aug. 16/17.

Ralph Hargrave Major AMC. *Members.*

Lieut. AMC.

APPROVED BY

Date 22-8-17

Hemingwood Capt.

for Assistant Director of Medical Services.

APPROVED BY

Date

Director General of Medical Services.

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4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space at the foot of this page.

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Name Stretton Enl. 30-4-17

Date of Embarkation for England In England 25-3-18

Proceeded to France. No. Returned to England.

Date returned to Canada. 23-7-19

P.R. 2855. (Conduct Sheets N.A.) Rehtd 25-11-21

Condition when finally boarded for discharge.

D.O.H. July 5, 1920 N/S Stretton, Susanah Blanche.

1. During Summer of 1917 first noticed prolonged menstruations, with increasing amount of flow, without pain. These symptoms increased until during Summer of 1918, while on duty at Liverpool and Brankshott, the duration became two to three weeks; with flow very copious. Carried on and was returned to Canada on 30-2-19, and was admitted to St. Andrews on 17-8-19 for this trouble. Here the flow increased in amount and duration until she would be free only 2 to 3 days per month. Became very anaemic. Was made a bed patient from Sept. 1919 to Feby. 1920, almost constantly bleeding. In Feb. an examination was made and a diagnosis of Multiple Fibro Myomata Uteri made. To T.G.H. where on 12-2-20 complete Hysterectomy done by Col. Starr. Returned to St. Andrews, and admitted to D.O.H. on 1-3-20, since which time she has been on haematinics to overcome her anaemia, with marked improvement in last month. 2. While suffering with profuse menses, was unable to take purgatives because they increased the flow; about the Winter of 1918 began to have pile protrusions with the bowel movements. These increased up to time of operation and gradually improving on treatment since. 3. Bladder irritability began shortly before returning to Canada, got worse at St. Andrews up to time of operation. Improved after operation but is gradually getting worse. 1. Obj. Patient somewhat anaemic. Hgb 90%; is 4 lbs. below normal wt. 5" Median Laparotomy scar of complete hysterectomy. Ovaries left untouched. Scar firmly united. No reflex nervous disturbance. There is some deep tenderness on firm pressure over rt. lower quadrant. No thickening or enlargement felt. No vesical prolapse. Subj. Complete loss of Uterus; some tenderness on Rt. side of lower abdomen. 2. Obj. There is some engorgement, less than would warrant operative interference, with the haemorrhoidal veins; slightly noticeable external, palpable interna. sphincter normal. no pruritus, no bleeding. Protrude slightly with evacuations, easily replacable, more troublesome when constipated. Have been improving very considerably as her general health improved. Is badly constipated. Bowels move daily only by use of 3 A.B.S. &C tablets, and Paraffin Oil. Subj. Slight pain and pile protrusion after each bowel movement. 3. Obj. Nil, to external examination. Urine - Clear Acid S.G. 1024; no pus. No red cells, no sugar, no albumen. Subj. Passes urine about 8 times per day, twice at night; has slight pain felt in bladder region during and after micturition; has urge ncy when in erect position, and if not relieved, has incontinence.

T. B. Adams

CASE HISTORY SHEET.

D. O. H. Hospital. Toronto Station.

No. ..... Rank N/S. Name Stretton S. Age 34

Unit D D "2 Completed years of service (Where and how long) E 1 6/12 C. 2 9/12.

Date of admission 29-4-20 Date of discharge 5/7/20.

Diagnosis Fibroid of Uterus Place of origin Toronto. 12-8-18

CONDITION ON ADMISSION AND PROGRESS OF CASE. Has appearance of Abscess
Pulse-80. no Cardiac involvement
Mucous membranes show extreme pallor.
Some pyorrhoea - L. lower molar and one incisor & Upper molar
tonsils slightly enlarged. -
B.P. 108-78 - Constipated.
W. C. B - 6 5-7.
Appendectomy - 9 yrs ago.
Fibroid removed - in February 1920.
Rectal Sphincter has normal tonicity. On
Straining, no prolapse was observed, but
considerable engorgement of Haemorrhoidal veins
in 3 areas.
Put on full feeding, and Iron and Arsenic tonics; and laxatives.
Weight - 11-5-20 - 127½ Lbs
3-7-20. Weight 4 lbs off. normal; urine 1024. clear acid, no pus
no red cells; no sugar, no albumen.
Hgb. 90%. Slight external and internal Haemorrhoidal
engorgement. Not enough to warrant operation.
Had complete Hysterectomy at T. G. H. on 2-12-20.
FAMILY HISTORY. Is rapidly recovering from her anaemia.
(Tuberculosis, mental or nervous diseases.) Discharged to D. S. C. R as an out-patient
for further observation and treatment. J. L. R

TREATMENT.

(Especially any specific or special form.)

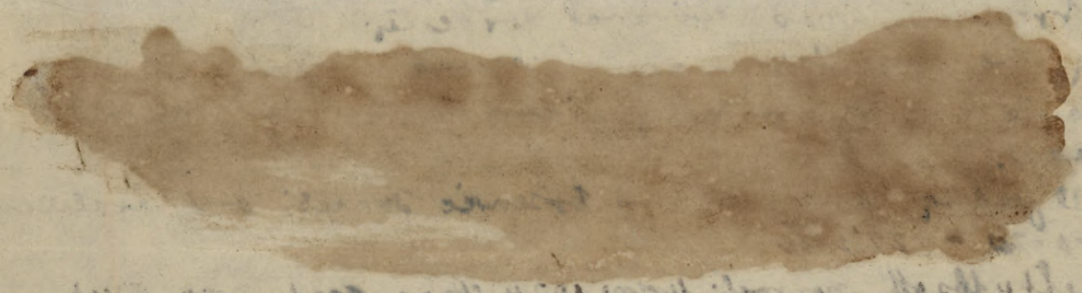
CONDITION ON DISCHARGE.

(and disposal made of case.)

Date. 3-7-20

J. L. Robinson Capt.
Medical Officer i/c case.

M. F. B. 513a.
100M.—6 18.
1772—39-4.19.



Report No. _____ Army Form W. 3212.
(In books of 100.)

Regtl. No., Rank and Name N/S Shetton Age 34 Corps _____

Disease Anaemia Hospital 12. Can Gen Hosp

To Officer i/c Laboratory. Ward _____

Please carry out an examination of the accompanying specimen of Blood

with special regard to R. B. C. and Haemoglobin

Nos. of previous Reports (if any) _____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 11/5/19 K Mackenzie

O. i/c Major Ward

LABORATORY REPORT.

Haemoglobin 74%

Red Blood Cells. 3.904.000

Date of Examination 11/5/19 A. Montgomery Capt

O. i/c Laboratory.

(8690) W. 1369/P1107. 6,000 Bks. 8/5/18.—R. & J., Gy. (E 3123.)

LABORATORY REPORT

DIVISIONAL LABORATORY

URINE REPORT

RANK N/S NAME Stetton NO CORPS

WARD L. S. DATE March 15th 1920

RECEIVED FROM

VOLUME

SP. GR. 1036

REACTION Acid

ALBUMIN 0

BLOOD

GLUCOSE 0

BILE

DEPOSIT

EXAMINED BY G F Laughlen

M. F. W. 2537.

20M. 10-19.

1772-39-1314.

DIVISIONAL LABORATORY M.D. No. 2

CLINICAL EXAMINATION OF BLOOD

Date March 11th 1920

Ward Sick, Sisters

Name N/S Stretton

Unit

Rec'd from N.S. Capt.

Haemocyets 3,520,000

Leucocytes 8,000

Polymorph

Mononuclear

Large

Small —

Eosinophile

Hemoglobin

Examined by G. H. Laughlin

Report No. _____ Army Form W. 3212.
(In books of 100.)

Regtl. No., Rank and Name } N/S Stretton Age _____ Corps _____

Disease Anaemia Hospital _____

To Officer i/c Laboratory. Ward _____

Please carry out an examination of the accompanying specimen of Blood

with special regard to Red cell count + Haemoglobin o/p

Nos. of previous Reports (if any) _____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 11/5/19. Kall McKenzie
O. i/c Major Ward

LABORATORY REPORT.

Haemoglobin 75%

Red Blood Count 3.904.000

Date of Examination 12/5/19 A. Montgomery Capt
O. i/c Laboratory.

(8690) W. 1369/P1107. 6,000 Bks. 8/5/18.—R. & J., Gy. (E 3123.)

Report No. _____ Army Form W. 3212.
(In books of 100.)

Regtl. No., Rank and Name | N/S. Shelton Age _____ Corps _____

Disease Anaemia Hospital _____

To Officer i/c Laboratory. Ward _____

Please carry out an examination of the accompanying specimen of Blood

with special regard to R B Count and Haemoglobin %

Nos. of previous Reports (if any) _____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date _____ _____

O. i/c Ward.

LABORATORY REPORT.

Haemoglobin 45%
Red Blood Count 3,904,000

Date of Examination 11/5/19 A. Montgomery Capt

O. i/c Laboratory.

(90) W. 1369/P1107. 6,000 Bks. 8/5/18.—R. & J., Gy. (E 3123.)

77

84

78

77

77

75

20

488

8000

3,904,000

Report No. _____ Army Form W. 3212.
(In books of 100.)

Regtl. No., Rank and Name N/S. Shelton Age _____ Corps _____

Disease Anaemia Hospital _____

To Officer i/c Laboratory. Ward _____

Please carry out an examination of the accompanying specimen of Blood

with special regard to R B Count and Haemoglobin

Nos. of previous Reports (if any) _____

Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date _____ _____

O. i/c Ward.

LABORATORY REPORT.

Haemoglobin 75%
Red Blood count 3.904.000.

Date of Examination 11/5/19

A. Montgomery Capt
O. i/c Laboratory.

(8690) W. 1369/P1107. 6,000 Bks. 8/5/18.—R. & J., Gy. (E 3123.)

Nursing Sister
Stretton

Sp gr 1000
Reaction Acid
Alb Negative
Sugar Negative

A. Montgomery Capt

THIS FORM WILL BE USED FOR ALL RANKS

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 invalid 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 invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such 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 7, 8, 9 and 10 be communicated to the invalid, 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 Bramshott DATE May 12th 1919

1. 1 (a) Unit C.A.M.C. (b) Regimental No. (c) Rank N/S

(d) Surname STRETTON (e) Christian name SUSANHA BLANCHE

(f) Home address 7 Edgewood. Ave. Toronto

(g) Next of Kin Alex M. Stretton (h) Relationship Father

(i) Address of Next of Kin 7 Edgewood ave

2. Age last birthday 34. Date of birth Aug 31st 1884

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto (b) Date March 23rd 1915

4. Personal description:

(a) Height 5 Ft 8 ins. (b) Weight 127 (stripped) estimated (c) Complexion fair

(d) Colour of hair fair (e) Colour of eyes blue (f) Identification marks, Scars, etc. Appendix scar.

5. Former trade or occupation Nurse.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	4.	49

	Periods	
	From	To
Canada (Patients Statement.)	March 23rd 1915	March 23rd 1918
England	March 23rd 1918	& present time
France or other theatres of War	nil	

7. Original disease, or injury Anaemia.

(a) Date of origin ~~indefinite~~ July 1917 (b) Place of origin Canada

(c) Cause Pernicious.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(Anaemia.) Slight general weakness.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective symptoms: Muscles small and flabby. Very little subcutaneous fat. Skin pale. Conjunctivae pale. Mucus membrane pale.

Blood Examination: Red Blood cells: 3.904.000
Haemoglobin 75% A. Montgomery Capt

Subjective:- Slight shortness of breath. Has difficulty in getting to sleep at night & feels sleepy in morning. Frequently has terrifying dreams

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System no Cardio-Vascular System no (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System no (Albumen and Sugar will be excluded.)

Special Senses no Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System no

Osseous and Joint Systems no Any other general condition yes

Metrorhagia - for past year.

10. (a) History (of the condition referred to in Section 9 (a).)

Was always considered delicate. Was treated for boils July 1914. till Oct 1914.- Then had three months leave. Has not felt in first class health since but has carried on usual duties in the army. Has not reported sick while on duty in England

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Typhoid fever 1891 severe - recovery
Measles, scarlet fever in childhood
Fracture forearm in childhood.

(*c*) (Here give a description of wounds, scars and deformities.

none

11.—(*a*) Did the disabling condition have its origin before enlistment? no

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N. A.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) no (b) no

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? six months

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

N - A.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations

nil.

K A Mackenzie Major Canue
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned Susanah Shetton 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 nil

S S Shetton Rank.
Signature of invalid examined.

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 criticised.

Yes

19. Is the invalid fit for

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

20. It is certified that the invalid

(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.)

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

Boarded for return to Canada, Authority A.G. Ca/8-1-155 of 4-1-19.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

E L Pope Major Cst M C President.

PLACE Bramshott

Kamakenzie Major Cam

DATE 12/5/19

Members

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 invalid 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

APPROVED BY

.....
Assistant Director of Medical Services.

DATE.....

APPROVED BY

.....
Director-General of Medical Services.

DATE.....

Ordered 5/8/19 file ft 1369.

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. | RANK N, S, | NAME (IN FULL) STRETTON SUSANAH BLANCH (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS W S G to Bank of Montreal Queen & Yonge Sts Toronto Ont

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Subs	15 Oct 18	D.O. 91

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

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 23/3/15 | TRANSFERRED TO Service starts 23/3/17. | DATE | AUTHORITY

ASSIGNED PAY $ 40 00 | DATE EFFECTIVE 1/9/19.

PAYABLE TO Mrs C A Stretton | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 7 Edgewood Ave Toronto Ont.

CANCELLED Cancelled

STOP PAYMENT FORM ASSIGNED PAY RENDERED. DATE | EFFECTIVE

14 Gen Hos C.E.F.

DISCHARGED to SCR Out-Patient | PLACE Toronto | DATE 6/7/20 | REASON M U | AUTHORITY Mems. | IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. No. 1 NO.	DATE	COL. No. 2 NO.	DATE	COL. No. 3 NO.	DATE	CASH PAYMENTS COL. No. 1 $	C.	COL. No. 2 $	C.	COL. No. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																		
31-8-19					144			144								90	00									32	00		122	00	122	00			Adj A/c Book 1st to 14 Gen Hos Kebmemery 3/7 & 3/8/19
Sept.	30	3 00	90					90		137-127	13/7/19 789	148-164	26/9 772			20	-	38	00								132	00	180		90				T.O.S. FROM DIS STA, I. D. 0. 231
																																		Pay 249 - 260 to 274
Oct	31	3	93			52	70	145	70	166-185	15/10 2755	168-174	073 28/10			50	-	95	70								90	235	70	235	70	90			
Nov	30	3	90					90		185-199	10/11 867	200-174	21/11 226			45	00	45	00											90		90			
Dec	31	3	93					93		200-216	11/12 744	218-177	18/12 924			45	00	48	00											93		90			
Jany	31	3	93					93		235-180	9/1 969	244-187	26/1 777			45	-	48												93		0			
Feby	29	3	87					87		762-141	10/2 873	774-324	24/2 557			40	-	47	-											87					
Mar	31	3	93					93		328028 304	30.3					93	-													93	-				
Apl	30	3	90			54	40	144	40																									Pay 18-3 to 18-4-20 D.O. 91 Subs ceases 18-4-20 D.O. 112.
										1815	39	331	110																		144	40		
May	31	3	93					93		330	288	47	28.5			144	40	93	-											237	40	0		0	
										1416	60	251	6.9																					
June	30	3	90					90		331	536	332	3/9			45	-	45	-											90					
July	6	3	18					18		7	3					18														18					
										332	554																								
	153		300	940		54	40	32	70	947	10					525	40	421	70								90	-		1037	10	90	-		
					459					459	-	230		3/1/20				180	606								366	-		366		93			
																											90			456		3			
												256		3/1/20				95	254								3			459		0		Closed	
					459	-		459	-																		459	-		459	-				

99 00 Dr Balfwd down Sea Aloud

W. Stretton
PAYMASTER, No. 2 DETACHMENT, C.E.F.

2M-3-19.—L. ... 88/da-... & D. 8985.
M. F. W. 2-96.
1772-89-1390.

Date of Enlistment 30-4-17

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS **S**

Date of Assignment

12940 April 1st 1918

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

40.00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank N.S. Promoted Reverted Discharge

Soldier's Name N.S. Susanah Blanche Stretton

Battalion C.A.M.C. Base Hosp M.D.# 2

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Caroline H Stretton

Address 7 Edgewood Ave Toronto Ont

Change of Address

1

2 MRS.CAROLINE H.STRETTON,

3 7 EDGEWOOD AVE., TORONTO,ONT. 40 40.00

4 % N.S.SUSANAH BLANCHE STRETTON FORTY DOLLARS

175-48-26

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
April	M 11787		40 ✓	40 ✓	✓
May	K 22774		40	40	✓
June	Y 23437		40	40	✓
July	A 22619		40	40	
Aug	W 41175		40	40	
Sept	F 39454		40	40	
Oct	D 46465		40	40	
Nov	E 54604		40	40	
Dec	U 62403		40	40	
Jan-19	I 75851		40	40	
Feb	Q 79460		40	40	
March	B 85198		40	40	
April	W 2156		40	40	
May	Q 8055		40	40	✓
June	S 10173		40	40	✓
July	A 12102		40	40	✓
Aug	V 13447		40	40	✓
				680	

31-8-19 A/c Closed

Ret'd per. Ordered AUDITED 20 8 19

Date 8-8-19 F.X 20-8-19

Mjd. 2 Clerk A Gaylea

H. Roll 16 of 199 D 20-8-19

AUTHORITY FOR NEW ACC'T. N.P. B/S

J.A. Kincaid 2-4-18

M. F. W. 128.
400m.—4-17—1779 39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

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—1772-39-141
L. L. 22320—M. & D. 7993.

OCCUPATIONAL GROUP 19

DISPERSAL AREA I.

15-5-5-31

Proceedings of an Officer or Nursing Sister Struck off Strength

OF THE

Canadian Expeditionary Force.

2509

1. RANK Nursing Sister

2. NAME STRETTON, Susanah Blanche

3. UNIT C. A. M. C.

4. DATE STRUCK OFF STRENGTH | | PLACE

5. REASON

DEMOBOLIZATION

Deceased 17-5-5

6. AUTHORITY

7. PROPOSED RESIDENCE

7, Edgewood Avenue,

Toronto, Ont.

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.

M. F. W. 2591.

(923) Wt. /45P 3/19 15M D.St.

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.227 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.

Group AQ

Checked by No. 24

Date 28 JUL 1919