R. 171-1M
3365 25-7-17.

UNIT C.A.M.C. RANK N.S. NAME Ellen Louise Thresher

OFFICERS' DECLARATION PAPER.

OVERSEAS MILITARY FORCES OF CANADA.

24 Jan 30.3.18.

MILITIA & DEFENCE MAR 21 1918 H.Q. CANADA

QUESTION TO BE ANSWERED BY OFFICER. (ANSWERS.)

1. (a) What is your Surname? Thresher
   (b) What are your Christian Names? Ellen Louise
2. (a) Where were you born? (State place and country) Coventry, England
   (b) What is your present address? 34 Norway Avenue, Hamilton Ont
3. What is the date of your birth? March 30th 1879
4. What is (a) the name of your next-of-kin? William James Thresher
   (b) the address of your next-of-kin? 34 Norway Ave. Hamilton Ont.
   (c) the relationship of your next-of-kin? Father
5. What is your profession or occupation? Registered nurse
6. What is your religion? Church of England
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
8. To what Unit of the Active Militia do you belong? C.A.M.C.
9. State particulars of any former Military Service? 2 C.A.F.M.H.S.B. 14th General Hospital - Frame - one year
10. Are you willing to serve in the Overseas Military Forces of Canada, Yes

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

Ellen Louise Thresher (Signature of Officer)

Taken on Strength (Place) .....

(Date) .....

.....
(Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION.

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

I consider her * fit for the Overseas Military Forces of Canada,

Date 7-2- 1918

Place 13 Berners St. W. J.H.T. Bell. Maj. C.A.M.C.

* Insert here "Fit" or "Unfit" Medical Oficer

REGIMENTAL DOCUMENTS

NAME THRESHER ELLEN LOUISE REGT. NO. N. Sister UNIT W.A.A.C. 9th Hosp. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
X	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		Pens.	12-8-19	Pens – 982 Sr
/	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				
	TRAINING HISTORY SHEET (M.F.W. 113)				
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				
/	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				
/	DENTAL HISTORY SHEET (M.F.B. 465)				
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				
/	MEDICAL EXAMINATION (M.F.W. 129)				
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)				
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)				
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)				
	LAST PAY CERTIFICATE (M.F.W. 44)				
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)				
	PARTICULARS OF CHARACTER (A.F.W. 3226)				
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				
1	M. & W. 2391.				
1	Disp. Cert.				
1	S.R.M.L. 1378:				
2	mails.				
1	C 193				

11872

NON-EFFECTIVE BY

DEATH

Category H

DISCHARGE

Category

DESERTION

Ss "Adriatic" 28-7-19.

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

Disp. Area J.2.4
CARD No.

SURNAME. Thresher.

CHRISTIAN NAMES Ellen Louise

SOS. 8/8/19
FOLL. Demob
P6 2127 d. 15/8/19.
P6.2329 d. 20/8/19.

REGL. No. RANK Nursing Sister

UNIT C.A.M.C.

FORMER CORPS Q.A.I.M.N.S. (1 yr.)

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Thresher William James.

RELATIONSHIP TO SOLDIER Father.

ADDRESS 34 Norway Ave. Hamilton Ont

COUNTRY OF BIRTH England, Coventry. DATE Mar. 30th. 1879

PLACE OF ATTESTATION DATE

P/C 4-9-19 383/6 N/S.

L. L. 26989 M. & D. 8191.

M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING Registered Nurse RELIGION Church of England

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE London Eng. DATE Feb. 7th. 1918.

Present Address: 34 Norway Ave. Hamilton Ont.

Number ..... Rank N. S.

Surname THRESHER

Christian Name ELLEN LOUISE.

Units ..... Theatre of War ENGLAND.

Date of Service 25.2.18

Remarks B.W. for Service in Q.A.I.M.N.S. have been administered by War. Office

Latest Address ~~See~~ file 397-70-81 34 Bowdoy Ave Hamilton Ont

19 11/29

Roll No. ~~A Regt~~ 5044

200m.-6-21. C.L. 9/1072 P.T.O

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

M.D. No.....

NUMBER RANK SURNAM. INITIALS U

.....

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.).....

M. F. W. 2502

Return of W/O. Thorsteinson
R. to be engaged for Ctr.
W/O. Pearce
14/10/29 M.

FILE No. N/S VOL.

SUBJECT Thresher Ellen Louise

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE
		NOV 09 192[illegible]	✓		

THIS CHARGE-OUT AND ABSENT CARD **MUST NOT** LEAVE THE REGISTRY

M. & D. FORM O.S.S. 5.
12070—50M—7-22.

FILE No. VOL.

SUBJECT

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE

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

Casualty Form—Active Service.

Regiment or Corps....C.A.M.C.....

Rank....N/S.... Surname....THRESHER.....Christian Name...ELLEN LOUISE.....

Religion....C of E.....Age on Enlistment....39....years.....months

Enlisted (*a*).....Terms of Service (*a*)....D.O.S.W....Service reckons from (*a*).....

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

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

or Corps Trade and rate.....

Occupation.....Signature of Officer

Report Date	Report From whom received	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.
		Embarked ...			
		Disembarked ...			
27.2.18.	Cambrd	T.O.S on Appt. to 60 Amb	S'cliffe	25.2.18.	Pte 5th (Cdn) Sig Co
7.3.18	do	Admitted to 60 Amb	do		
					Cpl Scotland Lines
7.3.18	to C.C.S	Attached from C.M.C. Depot	Brighton	2 3/18	H.T. D.O. 10
28.3.18	"	Taken on Strength	"	26 3/18	H.T. D.O. 13
14.3.19		S.O.S to #12 C.G.H. Blanchett	"	13 3/19	H.T. D.O. 10
					J. Rowe CAPT. & ADJT. FOR O.C. No. 10 CANADIAN GENERAL HOSPITAL
24.5.19.	C.A.M.C. P.T. Dep.	T.O.S to No. 12 C.G. Hosp and cease to be att. on posting from C.A.M.C. P.T. Dep	Bramshott.	24.5.19.	Pte II D.O. 121
					CAPT. ADJUTANT. No. 12 CANADIAN GENERAL HOSPITAL

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

W. 8635—M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B./103 E/1807. P.T.O.

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				
	CMH 4/25/446	TOS fm 1st 28 Jul 19	Reinforcements	11/7/19	
	9/7/19	effect 9/7/19			

S.O.S., O.M.F.O.C. ON ⇒ 3 JUL 1919

EMBARKATION FOR CANADA

SAIL LIVERPOOL DAY 28TH/19

ARRIVE HALIFAX 5 AUG 1919

R.M.S. ⇐ ADRIATIC ⇒

Capt. O.A.M.C.
Asst. Adjt. & Rec
No. 10 Canadian General (Ontario) Hospital

14-8-19 M.H.Q. Ottawa — T.O.S. C.E.F. in Canada on General Demobilization — M.D. No. 2 — 28/7/19 — C.E.F. R.O. No. 8123-19

15-8-19 M.H.Q. Ottawa — S.O.S. C.E.F. in Canada on General Demobilization — M.D. No. 2 — 13-8-19 — C.E.F. R.O. No. 2127-19

for Director Personal Services

Forms R. 150.
3232. 15 M. 14/12/16.

Surname THRESHER **Christian Names** Ellen Louise.

Rank N/Str.

Promotion

Name and Address of Next-of-Kin
William J.Thresher, (Father)
34 Norway,Ave.Hamilton,Ont.

Unit C.A.M.C.

Place of birth England.

Married (Yes or No)

Appointments

Date of leaving Canada

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
25.2.18.	D.M.S.	To be N/Str.CAMC & Pstd.to CAMC Dep.		25.2.18	C.O.259.
5-3-18	do	Attd to 10 b.G.H/p from Depot. Cease to be attd		2.3.18 26-3-18	60.301 " 390
27.3.18	do	Posted to 10. Can.G.H/p " "		26.3.18	60.389.
8 to 14-9-18 22/31-3-19	10 CGH to	Granted leave from 10-9-18 to SOS to Camb. R.T.O. dep. & Cliffe.		23-9-18 13-3-19	Pt II ord 36. Pt I ord 12.
~~9/14-3-19~~	~~do~~	~~S.O.S. to 12 Can Gen Hosp Bramshott~~		~~13-3-19~~	~~Pt I ord 10~~ cancelled by Pt I ord 12
25-3-19	CAMC. R.T.O. Dep.	T.O.S. on posting from 10 CGH Brighton On Command 12 CGH Bramshott		13-3-19 13-3-19	Pt I ord 84.
2-5-19	do	Cease Command & S.O.S. to 12 b G H		30-4-19	Pt II 0. 122.
24-5-19	12 CGH	T.O.S. on posting from Camb Depot		30-4-19	" " 121.
10-7-19	do	S.O.S. to 16 Cl. H		8-7-19	" " 160
11-7-19	16 CGH	T.O.S. from 12 Cl. H.		8-7-19	" " 163.
8-8-19	DMS	SOS on transfer to CEF in Canada		28-7-19	C097 SLD-27.
9-8-19	16 GH	S of S to C E F. Canada		28-7-19	Pt II 0/187

21925

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					

CANADIAN EXPEDITIONARY FORCE

S.M. 2-37.
R.A.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Ellen Louise THRESHER.

Enlisted in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the [redacted]

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

in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the Twenty Fifth day

of February 191 .

S HE SERVED in CANADA, and England with the Canadian Army Medical Corps.

and was STRUCK OFF THE STRENGTH on the Thirteenth day

of August 19 by reason of General Demobilization

Dated at Ottawa, this Eleventh day

of June 1920

Previously served in France with the C.A.I.M.N.S.R.

Capt.
for Director of Personal Services.

M. F. W. 2618a

10M.—3-20
1772-39-1428

CANADIAN EXPEDITIONARY FORCE

S.M.2.37.
N.H.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Allen Louise THRASHER

Enlisted in The Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE, on the XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX

XXday of XXXXXXXXXXXXXXXXXXXXX 191XX AND WAS APPOINTED to COMMISSIONED RANK

in The Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE on the Twenty-fifth day

of February 191[illegible]

SHE SERVED in CANADA, ENGLAND, with the Canadian Army Medical

Corps.

and was STRUCK OFF THE STRENGTH on the Eighth day

of August 1919 by reason of General Demobilization

Dated at Ottawa, this Nineteenth day

of July 1920

Previous Service in France with the Q.A.I.M.N.S.R.

W.D.

Capt.

For Director of Personal Services.

M. F. W. 2618a

10M.—3-20
1772-39-1428

H.S.

Army Form B. 178.

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

MEDICAL HISTORY of

Surname Thresher *Christian Name* Ellen Louise

TABLE I.—General Table.

Birthplace { Parish Trinity / County Coventry Warwickshire Eng.

Examined { on 7 day of Feb 1918, / at 13 Berners St W.

Declared Age 40 years 813 days.

Trade or Occupation Registered nurse

Height five feet four — inches.

Weight 122 lbs.

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

Physical Development Good

Vaccination Marks { Arm — RIGHT | LEFT — / Number — | 1

When Vaccinated Oct 23rd 1917

Vision { R.E.—V = 6/6 / L.E.—V = 6/9

(*a*) Marks indicating congenital peculiarities or previous disease—

none

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

none

Approved by J. H. O. Bell

Rank Maj. C.A.M.C.

Medical Officer.

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

	Corps	Regtl. No.
Joined on enlistment		
Transferred to		

Became non-effective by .....

on ..... day of ..... 191..

(*Signature*) .....

(*Rank*) .....

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

Date	Brief details, and Signature
Oct 23rd 1917	Vaccination
Oct 1917	inoculation Paratyphoid
	Ellen L. Thresher

TABLE IV.—Service Table.

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

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[1188] W11425/M1166 200m 12/16R 45 59

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				

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) ELLEN L. THRESHER

REGIMENT C.A.M.C. RANK Nursing Sister

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
2. EXTRACTIONS 2w.
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower 1

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
- (c) In France

Signature of Dental Officer Lt. Wm Lamont
asst.

D.M.S. 1375.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

☛ *Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.*

Rank W/S. Name Thresher Surname Ellen

Unit or Corps C.W.A.C. (If a soldier) Regtl. No. —

Born at Coventry Warwick England on, date Mar 20. 1884.

Signature (for identification) Ellen L. Thresher

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

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

Weight 120 lbs.

Height 5' ft. 4 ins.

average physique

2. NUTRITION AND DIATHESIS?

1. good 2. active.

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

3. NERVOUS SYSTEM?

Normal.

4. RESPIRATORY SYSTEM.

Healthy

5. HEART?

Abnormal Sounds? No

Abnormal Size? No.

Pulse Rate? 70

Healthy.

Intermittence or irregularity? No

6. ARTERIES.—Any hardening? No.

7. DIGESTIVE SYSTEM?

Healthy.

8. GENITO-URINARY SYSTEM?

Urinalysis—s.g.? 1020 Reaction? ac Albumen? No Sugar? No.

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

Healthy

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

No.

11. Opinion as to the health and physical condition of the one examined?

Good health.

Examined at KITCHENER HOSPITAL, BRIGHTON

Date 4 2 19.

Signed J. J. Thomson Major M.O.

Signed [illegible] Major M.O

☛ *If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.*

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 THRESHER ELLEN
(Given name in full)

Unit or Corps C.A.M.C. Birthplace Coventry England

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

1. GENERAL DESCRIPTION:

Physique Medium Weight 117 lbs. Height 5 ft. 4 in. Colour of Eyes Grey

Nutrition Normal

Pulse Normal

Condition of arteries Normal

Vision Rt. 6/6 Left 6/9

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
Vaccination mark right arm

Opinion as to general health and physical condition Normal

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 Sytem 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.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Bramshott (Overseas)

Date May 6th 1919 Signed K. MacKenzie Major C.A.M.C. 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 Ellen L. Thrasher n/s

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

THIS SECTION FOR USE IN CANADA—

Examined at ..... (Canada)

Date ..... Signed ..... M.O.

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

Signature .....

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

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-89-1142.

Army Form B. 178.

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

MEDICAL HISTORY of

Surname Thresher *Christian Name* Ellen Louise

TABLE I.—General Table.

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Examined { on 7 day of Feb. 1918, / at 13 Barnes St W.

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Trade or Occupation Registered nurse

Height five feet four inches.

Weight 122 lbs.

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

Physical Development Good.

Vaccination Marks { Arm — RIGHT | LEFT / Number — | 1

When Vaccinated Oct: 23rd 1917

Vision { R.E.—V= 6/6 / L.E.—V= 6/9

(*a*) Marks indicating congenital peculiarities or previous disease—

none

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

none

Approved by J.H.M. Bell

Rank Maj. C.A.M.C.

Medical Officer.

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

	Corps	Regtl. No.
Joined on enlistment		
Transferred to		

Became non-effective by .....

on ..... day of ..... 191..

(*Signature*) .....

(*Rank*) .....

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

Date	Brief details, and Signature
Oct 23rd 1917	Vaccination
Oct: 1917 -	inoculation. (Paratyphoid)
	Ellen L. Thresher

TABLE IV.—Service Table.

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

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[1188] W11425/M1166 200m 12/16R 45 59

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				

P—15.

ASSIGNED PAY.

UNIT. NAME OF: Camb — DATE — AUTHORITY

RANK. N.S. — DATE — AUTHORITY

NAME.

Beneficiary

Address

Amount. $

Separation Allowance issued. Yes or No.

Name Thresher

Initials Ellen Louise

Bank of Montreal

Draft sf

1917-18

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case	INITIALS
Mch 12	Outfit allce	15992					£30.16.5	
" 18	P & a @ N.S. rates fr 25 2/8 to 28 2/8 aut D.M.S. Co. 259 d/ 25 2/8 Voc	22666	10 40					
	" " " Cash			10 40		0		
22	March Pay (R.)		109 60					
25	Bank.			109 60		11		

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 — 6 A M 6 — Pay $ 2.00 Pd — N S.

Address — F.A. $60 "

Messing $1.00 "

Amount. $ 50. 6an. 1 5/18

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

Add. on 1st All$ 25 2/20

Name Thresher

Initials Ellen Louise

Bank of Montreal Trafalgar

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
19	April Pay (R)		108					
26	Bank.	1187.		108				
May	May Pay (R.)		111 60					
	A. Pay Can				50			
23	Bank.	2653.		61 60				
June	June. Pay (R)		108					
	A. P Can				50			
26	Bank.	4166.		58.				
July 16	July Pay (R.)		111 60					
	A P Can.				50			
26	Bank.	5635		61 60				
Aug 16	A. P. Can.				50			
16	Aug Pay R		111 60					
26	Bank.	7272		61 60				
Sept 13	Sept. Pay (R)		108.					
	A P Can				50			
26.	Bank.	9187.		58				
Oct	Oct Pay R		111 60					
	A. P Can				50			
21	Bank	10428		61 60				
Nov	Pay R.		140					
	A P Can.				50			
Dec 12	Bank	12502		90				
	Pay R.		124					
14	A. P. Can.				50			
18	Bank	13792		74				

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. 1

Beneficiary — Pay 7 — M/S — Name Brooker

Address — F.A. 1 — Initials Allen Louise

Messing 1/11 — Bank of Montreal Trafalgar Sq.

Amount. $ 50 Jan. 1/18

Separation Allowance issued. Yes or No..... — Add. Outfit allce. 25 2/20

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1919								
Jan. 22	Pay R.		124					
..	A. P. Can.				50			
24	Bank	15564		74		0		
Feb. 13	A. P. Can.				50			
18	Pay R.		112					
24	Bank	17121		62		0		
Mar. 17	A. P. Can.				50			
20	Pay R.		124					
24	Bank	18694		74		0		
Apl 11	April Pay (R)		120					
14.	A. P. ban.				50.			
21.	Bank.	1054		70.				
May 10.	May Pay. R.		124					
	A. P. Can				50.			
	Bank	19854		74		0		
June	A. P. Can				50			
23	Pay R		120					
26	Bank			70		0		
July 10.	Add July + Aug P a. Bank.			148		Dr 148	RETURNED TO CANADA L.P.C. TO 31.8.19. TRANSFER TO N.E. LEDGER	
	July Pay R.		124.					
	A. P. ban.				50.	Dr 74.		
	Aug. Pay (R)		124			Cr. 50		
Aug 19	A. Pay ban				50	0	Jr Lethbridge 15 9/19	

27 SERVICE GROUP
19 OCCUPATIONAL GROUP.

"J." DISPERSAL AREA

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

1. RANK: Nursing Sister
2. NAME: THRESHER Ellen Louise
3. UNIT: No. 12 CAN. GENERAL HOSPITAL
4. DATE STRUCK OFF STRENGTH: | PLACE: Hamilton. Ont.
5. REASON: ~~SOS~~ 13-8-19 RO 2127-19.

Demobilization.

6. AUTHORITY
7. PROPOSED RESIDENCE

34 Fonway Ave.
Hamilton, Ont.
Canada.

This folder should contain the following documents:

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

SLD LIVERPOOL JULY 28TH/19
ARRIVED HALIFAX 5 AUG 1919
R M S ADRIATIC

M. F. W. 2591.
20M—11-18.
1772-39-1380.

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.224 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009s).
6. Proceedings on Striking off Strength (M.F.W. 2584).
7. Last Pay Certificate (P. 41)
8. War Service Gratuity Form (M.F.W. 2595).
9. Sundry Documents.

Group HQ.
Checked by No. 21
CMS
Date 27-7-19

Adriatic 5/8/19

AUDITOR | PAYMASTER

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

M. OR S. | REGT. NO. | RANK N,S, | NAME (IN FULL) THRESHER ELLIN LOUISE (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. C.A.M.C. | IF IN P.F. WHAT UNIT? Bank of Montreal, Hamilton, Ont.

PLACE OF ATTESTATION 6/2/17 to 6/2/18 | TRANSFERRED TO 2 Q.M.R. | DATE | AUTHORITY

DATE OF ATTESTATION 14/2/18 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 50.00 | DATE EFFECTIVE 31/8/19

PAYABLE TO Pte. E. L. Thresher | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Bank of Montreal, Hamilton, Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE 8-8-19 | REASON Demob | AUTHORITY AO 232 | IF ENTITLED TO POST DISCHARGE PAY GCS

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					Nil				Nil								90	00										35	00			125	00	125	00		Ad Pay Bal to 31/8/19 Rob Treasury 26/7 to 31/8/19
Sept 1.		3.00 per																										135	00			194		194			T.O.S. ERO 10/S D.O. 231
																												69								
			W.S.G.																									W.S.G.						AMOUNT DUE SOLDIER DEPENDENT		
153 days	3		459						459																			194				194		265		
																												9730				29130		16770		
											210	Jan 6	19	53822.														16770				459		Closed.		
			459						459																			459				459				

Pay Grat. to 20 Aug. C.R.O. 17993-E-5 dated 5/12/19.

W. S. G. PAID IN FULL

LIEUT. FOR PAYMASTER WAR SERVICE GRATUITY

200M-3-19.—L. L. 58786-H. & D. 9965.
M. F. W. 2596.
1772-39-1390.

Date of Enlistment Not given

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

T

3334

Date of Assignment 1st. May 18

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

50 ao			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 2. a.I. M. N. S. R.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2 ELLEN L.THRESHER, BANK OF MONTREAL, HAMILTON, ONT. 50 50.00

3 A-C N.S.ELLEN L.THRESHER, FIFTY DOLLARS

4

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total	
May	J. 293.		50	50	✓ 54
June	P 24266		50	50	✓ 54
July	D 21296		50	50	✓
Aug	T 36049		50	50	✓
Sept	P 44712		50	50	✓
Oct	G 50448		50	50	✓
Nov	F 59661		50	50	✓
Dec	K 65838		50	50	✓
Jan	L 73126		50	50	✓
Feb	R 77427		50	50	✓
Mar	B 89156		50	50	
Apr	839		50	50	
May	L 6612		50	50	✓
June	V 9122		50	50	
July	A 13110		50	50	✓
Aug	W 13348		50	50	✓
				800	

Lyle 17993-E-5 N.R. 508 REMARKS

LP # 8335 Red 11 6/18 WHS.

J. 293. mailed 20/6/18 (LP 41)

31-8-19 A/c Closed

Ret'd per A. Greale

Date 5-8-19 F.X. 16-8-19

Clerk A. Clark

Mrd 2

MRO CH 10/8/19 16-8-19

AUDITED

AUTHORITY 2 M. 18 April 18

FOR NEW ACC'T. G. Raymond 10/6/18

M. F. W. 126.
400m.—7-17—1772 39-1141
L. L. 22320—M. & D. 1903.

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—1772:39-1141
L. L. 22320—M. & D. 7993.