Unit Camc Rank N/S Name Turner M.A.

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Turner
   (b) What are your Christian Names? Millicent Aileen
2. (a) Where were you born? (State place and country) Riverside Albert Co. N.B
   (b) What is your present address? St. John N.B. 1918
3. What is the date of your birth? June 17th 1889 1889/29
4. What is (a) the name of your next-of-kin? Capt H. A. Turner
   (b) the address of your next-of-kin? Riverside Albert Co. N.B.
   (c) the relationship of your next-of-kin? Father
5. What is your profession or occupation? Nurse
6. What is your religion? Baptist
7. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
8. To what Unit of the Active Militia do you belong? —
9. State particulars of any former Military Service —
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.

Millicent Aileen Turner (Signature of Officer)

Taken on strength (place) St. John N.B.

(date) 8-7-18

E. Thomas Major

(Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

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

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

Date 8-7-1918

Place St. John N.B.

E. Thomas Major
Medical Officer.

*Insert here "fit" or "unfit"

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

4/9/19
of.

REGIMENTAL DOCUMENTS

NAME TURNER MILLICENT AILEEN 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 14/9/19	Pers	4/9/19	Pers-1071 G.S.	DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)				21276	
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Disp. Cert.					
5	misc					
1	M.F.W. 2591					
1	C103					
1	a & D					

Ref. S.S. Columbia 21/8/19.

W. 25[illegible]
100M-11-18
17-2-39-1877

H. Q. C.F.

M. D. No.

Surname Turner.

T. O. S. 19

Christian names Millicent Aileen

D. O. Pt. II of

Regtl. No. Rank W.F.F.

S. O. S. 3.9. 19 19.

Unit C.A.M.C.

Reason Demob.

Auth. R.O. 2162 of 8.9.19 4

Next of kin

Relationship

Address

Also notify:

BORN—Place

Date

ATTESTED—Place

Date

O/S.

R/C. 30.8.19 401 / WB

W. 22—50M.-3-19. 1772-3?-839.

Number ..... Rank N/Sister

Surname TURNER

Christian Name MILLICENT AILEEN

Units ..... Theatre of War ENGLAND.

Date of Service 9.12.'18

Remarks .....

Latest Address Riverside
Albert County
N.B.

Roll No. B. Page 21499.

200m.-6-21.

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

).....

R	RANK	SURNAME	INITIALS	UNIT
.....	.....	.....	.....	.....

al address.....
(Street) (City or Town) (Province)

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

.....

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

..... Railway.....

d, is your wife on board.....Number of children on board.....

stination.....

(Sgd.).....

Form DMS 1401.

A. & D. CARD

HOSPITAL

AT

A. & D. No. 1810 PL. OF ACTION

RANK W/S REG. No. UNIT Camb SICK OR WOUNDED

NAME TURNER M AGE 37 RELIGION Cofe

PLACE IN HOSPITAL North.

DIAGNOSIS Neuritis

ADMITTED 7/5/19 FROM QA IMNS.S. Hoodson

DISCHARGED 30/6/19 TO Dr Matt Uruguay

TRANSFERRED

SERVICE AT HOME 24/12 IN FIELD 5/12

RESULTS

55

(See Document Card for M.H. Sheet and other Documents.)

[P.T.O.

REMARKS.

CANADIAN EXPEDITIONARY FORCE

N.J.A. 7-30.
L.B.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister.

(Name in full) Millicent Aileen SUMNER.

Enlisted in The Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the [redacted]

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

in The Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the Eighth. day

of July. 1916.

~~S~~ He SERVED in CANADA, and England with the C.A.M.C., St. John Military Hospital, M.D. No.7., C.A.M.C. Reserve and Train. Depot, Shorncliffe., No.15 Can. Gen. Hosp. Taplow., No.5 Can. Gen. Hosp. Liverpool and No.16 Can. Gen. Hospital, Orpington.

and was STRUCK OFF THE STRENGTH on the Third. day

of September. 191. by reason of General Demobilization.

Dated at Ottawa, this Fifteenth. day

of January. ~~1919~~ 1920.

L. Clearwater
Lieut.
for. Director of Personal Services.

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

W. H.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) .....

(Name in full) .....

Enlisted in .....

CANADIAN EXPEDITIONARY FORCE, on the .....

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

in .....

CANADIAN EXPEDITIONARY FORCE on the ..... day

of ..... 191 ....

He SERVED in CANADA, ...

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

of ..... 191 .... by reason of .....

Dated at Ottawa, Ont. ..... day

of ..... 191 ....

.....

Director of Personal Services

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

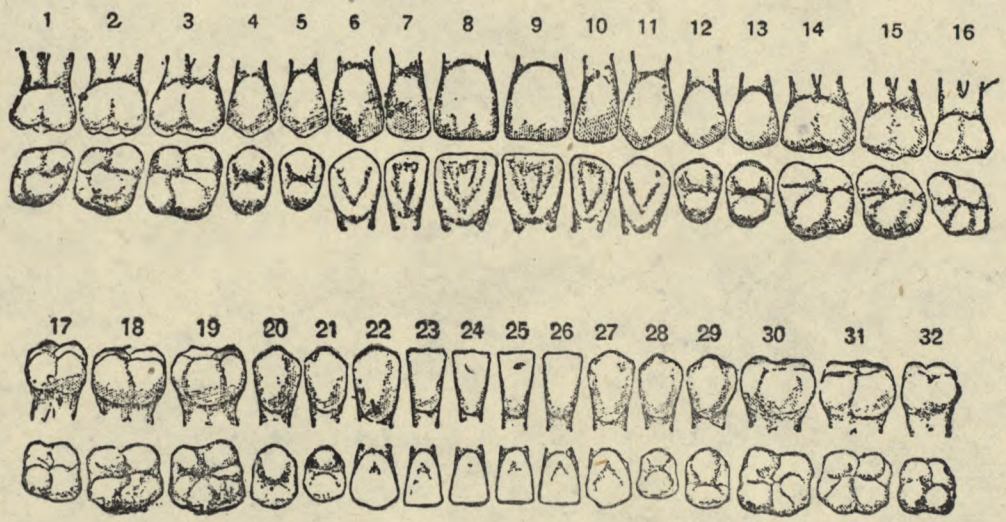
DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) TURNER MA

REGIMENT Ca MC. RANK Nfis No. —

Date of Examination in England 20/6/19. Date of Examination in France



PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT? no

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (*a*) In Canada Yes
- (*b*) In England Yes
- (*c*) In France

Signature of Dental Officer W. Kennedy Capt

PATHOLOGICAL LABORATORY. Lab. No. 4670

Date 2.4.19. Ward N.R.

Name Turner N. Regl. No. 715 Unit C.A.M.C.

URINALYSIS.

Quantity in 24 hours..... Sp. Gr. 1020 Reaction Acid

Consistence Slightly Turbid Colour Amber Sediment None

Chemical.

Albumen approx. Nil Sugar Nil Urea.....

Remarks.....

Microscopical.

Casts.....

Pus.....

Blood.....

Other elements.....

C. Bailey Capt. C.A.M.C.
Pathologist.

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 Turner
(Given name in full) Mellicent Allen
Unit or Corps Chine ..... Birthplace Rossville N.B.

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

1. GENERAL DESCRIPTION:

Physique Good ..... Weight 130 ..... lbs. Height 5 ft. 4½ in. Colour of Eyes Blue

Nutrition Good

Pulse 78

Condition of arteries normal

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).

nil

Opinion as to general health and physical condition A

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

Nervous System no ..... Genito Urinary System no ..... Cardio-Vascular System no

Special Senses no ..... Integumentary System no ..... Respiratory System no

Disturbance of Mentality no ..... Muscular System no ..... Digestive System no

Osseous and Joint System no ..... Any other general condition no

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

nil

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at 5 C.G.H. .....(Overseas)

Date 20/6/19 ..... Signed R. Williamson M.O. .....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 ...William A. Lawson 2/Lt

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

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

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

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

Signature .....

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

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

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.

Regimental No. ..... Rank N/S C. E. F. Name Millicent G. Turner

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		St John Mulcaey Hospital	St John N.B.	12-7-18	
-4 JAN 1919	O.C., C.A.M.C. R. & T. Depot, T.O.S.	on arrival from Canada	SHORNCLIFFE	9/12/18	Pt II DO 4
-4 JAN 1919	O.C., C.A.M.C. R. & T. Depot, S.O.S. to	N.S.G.H. Taplow	SHORNCLIFFE	28/12/18	Pt II DO 4
					Davis Capt. Asst. Adjutant For O.C. C.A.M.C. Reserve Depot
10-1-19	a.m.D 4/29-4-15 of 1-1-19	TOS on reporting from b.a.m.b.(R.T) Depot effect 28/12/18	Taplow Bucks	28/12/18	Pt 2. DO 1 2-1-19
13-5-19	D.gnrs Lig amD 4/6701 of 7-5-19	SOS to No 5. Can Gen Hosp. Kirkdale - Liverpool effect 10-5-19	Taplow Bucks	10-5-19	Pt 2 DO 110 of 13-5-19 Crull. Captain C.A.M.C. REGISTRAR & ADJUTANT FOR OFFICER COMMANDING.

(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				
12-5-19.	No. 5 CANADIAN GENERAL HOSPITAL	T.O.S. FROM. No 15 C.G.H. TAPLOW.	LIVERPOOL.	10-5-19.	PT. 2 DO. No. 101. D 12/5/1919
16-8-19	— Do —	S.O.S to 16. C.G.H Orpington	— Do —	16-8-19	PT. 2 DO. No 172 D 16/8/1919
18/8/19	16 C.G.H	T.O.S from # 5 C.G.H effect 16/8/19	Orpington	16/8/19	Pt 2 DO # 191.
	—	SOS of OR + OR 6 on Embarkation for Canada	—		

W. Brown
MAJOR C.A.M.C.
REGISTRAR,
FOR O.C. No. 5 CANADIAN GENERAL HOSPITAL
LIVERPOOL.

W. Gueldow
CAPT. C.A.M.C.
ASST. ADJT. & FIN
FOR O.C. No. 10 CANADIAN GENERAL (ONTARIO) HOSPITAL

EMB. COLUMBIA
GLASGOW 21.8.19

Turner

FORM OF WILL

SEE INSTRUCTIONS ON BACK

If you do not specifically mention your life insurance it will be assumed to pass by this will.

Name, &c. I, Millicent Aileen Turner

Regimental number ..... Rank N/Sister ..... serving in the

..... Canadian Expeditionary Force,

declare this to be my last will, revoking all previous wills, if any.

Executor I appoint Mrs. H. A. Turner

whose address is Riverside Albert Co. New Brunswick

to be the executor of this my last will.

General gift I give to Mrs. H. A. Turner

whose address is Riverside Albert Co New Brunswick

all my property not disposed of above.

Date Dated at St. John New Brunswick this Sept. 30th. 1918

Signature Millicent Aileen Turner

Signature of Soldier.

Signed and acknowledged by the testator as and for his last will in the presence of us, both present at the same time, who at his request, in his presence and in the presence of each other have hereunto subscribed our names as witnesses.

	1st WITNESS	2nd WITNESS
Witnesses	Signature B.T. Leatherbarrow	Signature Edith T. Hegan
	Address Military Hosp. St. John	Address St. John Military Hospital
	Occupation Physician	Occupation Trained nurse

M. F. W. 82
120m-4-18
1772-39-983

INSTRUCTIONS

NAME

Give your first names and surname in full. Fill in correctly your rank, regimental number and the name of the unit to which you belong.

EXECUTOR

Appoint as executor some responsible person, preferably a civilian, and if possible someone who is permanently resident in the Province where the property is situate. It is advisable that the person to whom you leave your property should be the executor. For instance, if you leave your property to your wife, you should ordinarily appoint her. One, two or more executors may be appointed, but the appointment of more than two is inconvenient.

LIFE INSURANCE

If you do not wish to pass life insurance by the will this should be stated.

SHARES

If you wish to give part of your property to one person and part to another, write in the blank space a gift of the property of which you want to dispose specially, and then complete the rest of the form. Thus, if you wanted to give your farm and implements to your sister, whose name was Mary Smith, and to leave the rest of your property to your mother, whose name was Elizabeth Smith, you would write into the form what appears in italics below.

For example:—

I give to my sister, Mary Smith, whose address is 154 William Street, Winnipeg, my homestead and farm implements.

I give to.....*my mother, Mrs. Eliz. Smith,*.....

whose address is.....*250 Yonge Street, Toronto,*.....

all my property not above disposed of.

DATE

Do not forget to insert the date on which the will is signed.

WITNESSES

Two witnesses are absolutely necessary. They and the soldier must all be present together when the three signatures are made. It is advisable that the witnesses should be persons permanently resident in Canada, and they must not receive any benefit from the will.

MEDICAL HISTORY SHEET.

Surname Turner Christian Name Millicent Aileen.

Examined { on 15 day of July 1918
at St John N.B.

Birthplace { City or Town Riverside
County Albert Co N.B.

Apparent age 29

Trade or occupation Nursing

Height 5 Feet 4 1/2 Inches.

Weight 120 Lbs.

Chest measurement { Minimum 36 inches.
Maximum expansion 39 inches.

Physical development

Small-Pox Marks None

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

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

None

Approved by Eathomas Major

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.
24-10-18	T B a 2	Eathomas Major M.O.
	T a 2	Eathomas Major M.O.
		M.O.

Enlisted on 8 day of July 1918 at St John N.B.

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

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Taylor, Buffalo	3-4-19	Nil	Fit
St Cam Gen H.	20/6/19	A	[illegible]

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

M. F. B. 313.

100M.—1-15.
H. Q. 1772-39-439.

Surname [illegible] Christian Name [illegible]

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				

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 N/S C. E. F. Name Turner Millicent Aileen

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
6-9-19	M.H.Q. Ottawa	T.O.S. ~~S.O.S.~~ C.E.F. in Canada on General Demobilization	M.D. No. 7	21-8-19	C.E.F. R.O. No. 2157-19
8-9-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 7	3-9-19	C.E.F. R.O. No. 2162-19

W. Slinter Capt
for Director Personal Services

(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				

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

ASSIGNED PAY.

UNIT. NAME OF	RATE OF P. AND A.	RANK.	DATE	AUTHORITY	NAME.
C.A.M.C.	Pay 2.00 F.A. 1.00 Messing 1.00	R/S	Mess 18 12/18	DMS.60. #773 d/31 12/18	Fr Can 11-J-82

Beneficiary

Address

Amount. $ 35.00 Can. 1/19

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

Add outfit-all ℄ 1/21

Name Turner,
Initials Millicent Aileen
Bank of Montreal
Traf. Sq.

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. 13	P.A.J. 1/19 - Mess. J. 18-31 12/18 No. 16579		14					
	" " " 1-2-19-7 BANK	14745		14		0		
22	Pay R.		124					
	A.P. Can.				35			
	Bank	15564		89		0		
24								
Feb. 13	A.P. Can.				35			
18	Pay R.		112					
	Bank	17121		77		0		
24								
Mar. 17	A.P. Can.				35			
20	Pay R.		124					
	Bank	18694		89		0		
24								
April	April Pay (R.)		120					
14	A.P. Can.				35			
	Bank	1054		85		4		
24								
May 10.	May Pay (R.)		124					
	A.P. Can				35			
	Bank.	1254		89		0		
June 18	Trav. alloc. 10 5/19	3522					91-	2/19
	A.P. Can				35			
	Pay R		120					
26	Bank.			85		0		
July	July Pay R.		124					
	A.P. Can				35			
25	Bank.			89		0		
	Carry Forward							

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

ASSIGNED PAY.

UNIT. NAME OF	RATE OF P. AND A.	RANK.	DATE	AUTHORITY	NAME.
	Pay 2. 00 Pd F.A. / Messing /	R/S.			Name Turner Initials M a. Bank of Montreal Traf Sqr

Beneficiary

Address

Amount. $ 35

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

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
							Dim S	
aug	Br Forward.					Dr 174	RETURNED TO CANADA L.P.C. TO 30. 9. 19 TRANSFER TO N.E. LEDGER	
" 18	Adv Aug. Pay & Sept Pay Bank.			174				
	aug a Sept Pay R		244					
	a Pay Can				35	35		
Sept	a P Can				35	0		

Occupational Group 19
Disposal Area C

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

1. RANK NURSING SISTER

2. NAME TURNER. MILLICENT AILEEN

3. UNIT C.A.M.C. No 15 CAN. GEN. (D OF C. CAN. RED CROSS) HOSPITAL

4. DATE STRUCK OFF STRENGTH | PLACE

5. REASON SOS 3-9-19 RO 2162-19

Demobilization

I.

6. AUTHORITY

7. PROPOSED RESIDENCE

RIVERSIDE, ALBERT COUNTY. N.B.

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.
20M—11-18.
1172-39-1380.

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.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.

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

560K

Surname TURNER **Christian Names** Millicent Aileen.

Rank N/S. **Name and Address of Next-of-Kin**

Promotion

Capt. H.A. Turner. (Father)
Riverside. Alta. Co.B.N.B.

Unit C.A.M.C.

Place of birth Riverside. Alberta Co. N.B.

Married (Yes or No)

Appointments

Date of leaving Canada 9-12-18. **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
31-12-18	DMS.	T.O.S. on arrival from Canada		9-12-18	CO. 773.
4-1-19	CAMC. R&T. Dep.	T.O.S. on arrival from Canada		9-12-18	Pt II. ord. 4.
		S.O.S. on posting to 15CGH. Taplow		28-12-18	
2-1-19	15CGH.	T.O.S. from CAMC. Res & Tr. Dep		28-12-18	Pt II. ord. 1.
13-5-19	do	S.O.S. on transfer to 5CGH. Liverpool		10-5-19	Pl-II O. 110.
12-5-19	5CGH.	T.O.S. on posting from 15CGH.		10-5-19	Pl-II O. 101
16-8-19.	5th C.G.H.	S.O.S. to 16th C.G. Hosp.		16-8-19.	Pl-II ord 172.
26-8-19	DGMS.	SOS to CE 7 in Canada		21-8-19	DO 27.
		Sailed for Canad		21 8 19	CS COLUMBIA S L 104

23536

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					

DENTAL HISTORY SHEET

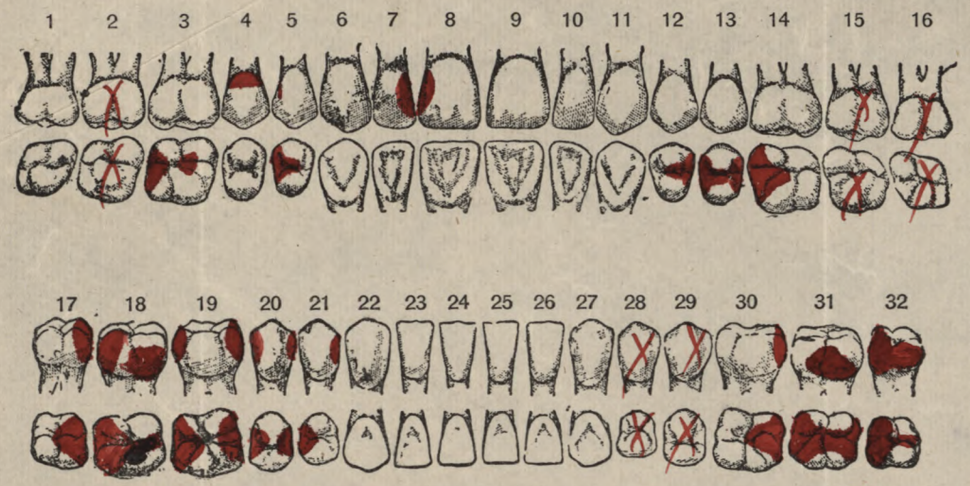
CANADIAN ARMY DENTAL CORPS

District 7

Name of Soldier Turner M. A.

Regiment Nursing Sister Rank

No.



INSTRUCTIONS

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

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

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

	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	1918.	13.									5.					1.		1.		Exam. by	7.	oper. 18.
	Nov. 5.	3. 5. 12. 13. 14. 17. 18. 19. 20. 21. 30. 31. 32.									2. 15. 16. 28. 29.					7. 8.		4.		J. M. Magee, Maj.		
	" 5.	1. 18.																		" " "	"	Completed.

M.F.B. 465.
15/M.—1-18.
177-39-950.

M.D. No. 7

Bank of Montreal St. John N.B.

AUDITOR | PAYMASTER

M. OR S. — PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES — REGT. No. — RANK Nursing Sister — NAME (IN FULL) Turner, Millicent Aileen (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION C.A.M.C. — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION July 8th 1918 — TRANSFERRED TO — DATE — AUTHORITY 25-95

ASSIGNED PAY 33.00 — DATE EFFECTIVE

PAYABLE TO Mrs. E. A. Turner — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Riverside Albert Co. N.B.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE St. John N.B. — DATE 3-9-19 — REASON Demob P.C. 2162 — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

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 Sept.									Nil																						Nil						Columbia 30-8-19 Bal Nil Engd. 30-9-19
					W.S.G.																		W.S.G.										Officer				
122 dys at 3.00			366	00					366														90	00							90	00	276	00			1st P.W.S.G. ck 178504
																											10	00			10	00	266	00			To Cr. Mess on ship
																											108	00	3	00	111	00	155	00			To Cr. P.A. & mess on disc. & To Cr. Mess. 19-3-9/19
			35	00					35 401	00																							190	00			
																											1	00			1	00	189	00			To Cr. Mess 31/8/19
																							63	00							63	00	126				Ck 154976 P.A. 161-3/10/19
																							63								63		63				Ck 155647 P.A. 186-3/11/19
																							63								63						Ck 155966 P.A. 212-3/12/19
			401						401														279				119		3		401		NON-EFFECTIVE				

WAR SERVICE GRATUITY.

86 / 3326

200M-3-19.—L. ... 58769-i.i. & D. 9985.
M. F. W. 2.96.
1772-39-1390.

Date of Enlistment 8/7/18

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

T 75·94

OVERSEAS CONTINGENTS

Date of Assignment 1-1-19

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

35.00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion C.A.M.C. St. John Military Hospital

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 MRS.H.A.TURNER,
RIVERSIDE,
2 ALBERT CO..N.B. 35 35.00
% N.S. MILLICENT AILEEN TURNER
3 THIRTY FIVE DOLLARS
4

Date	Cheque No.	Amount S/A	Amount A/P	Total	
Jan	L 75525		35	35	
Feb	R 79672		35	35	
Mar	B 91264		35	35	L
Apr	T 2499		35	35	
May	S 7966		35	35	✓
June	U 9973		35	35	✓
July	V 11980		35	35	
Aug	W 13585		35	35	

01831-7-M.11

REMARKS

31-8-19 A/c Closed

Ret'd per Columbia.

Date 31-8-19 FX 13-9-19

M.D.7 Clerk A.E.Taylor

MRO P 119749 D 13-9-19

R.W.

AUTHORITY FOR NEW ACCT. MD7 B5 M L Gunley 19/12/18

M. F. W. 128.
4'0m. 6-7—1 72-39-1141
L. L. 22230—M. & D. 1932.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
4'0M. 6-7—1'72-33-1141
L. L. 22320—M. & D. 7993.