

REGIMENTAL DOCUMENTS

26225

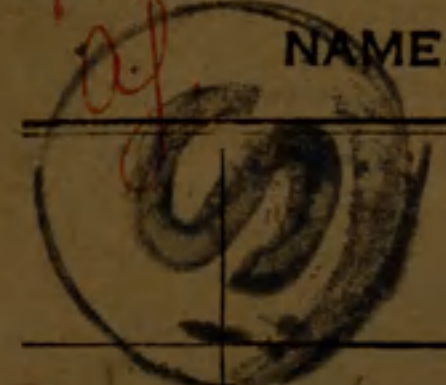
23/7/19.

NAME COATES DORA EVELYN

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)

1 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)

1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

1 DENTAL HISTORY SHEET (M.F.B. 465)

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)

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)

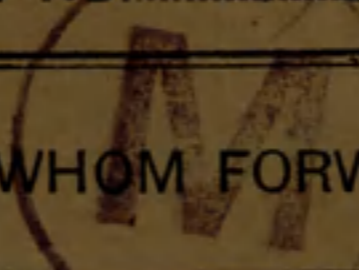
11 Disp. Cert.

3 misc

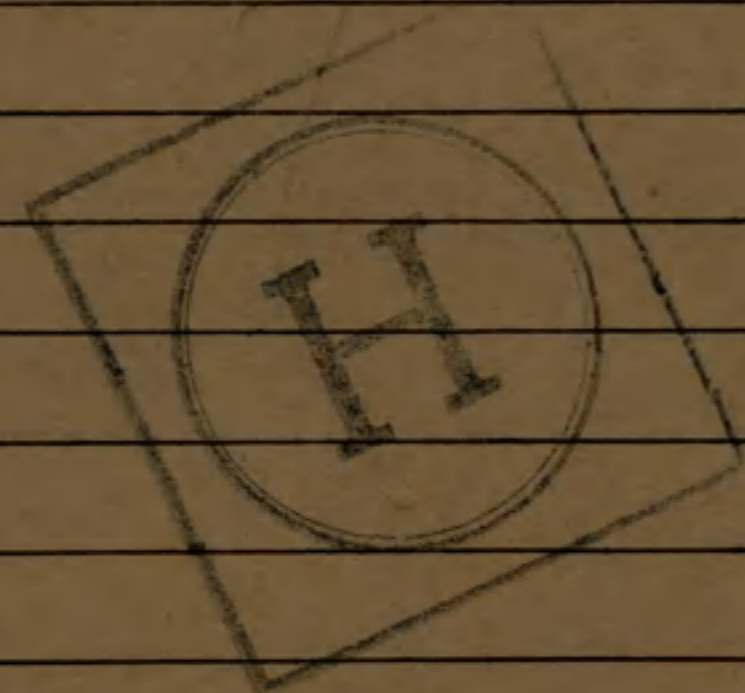
1 m. f. w. 2591

1 C.A.D.C. 5009A.

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Returned 6/8/19
Col. [unclear]



DEATH

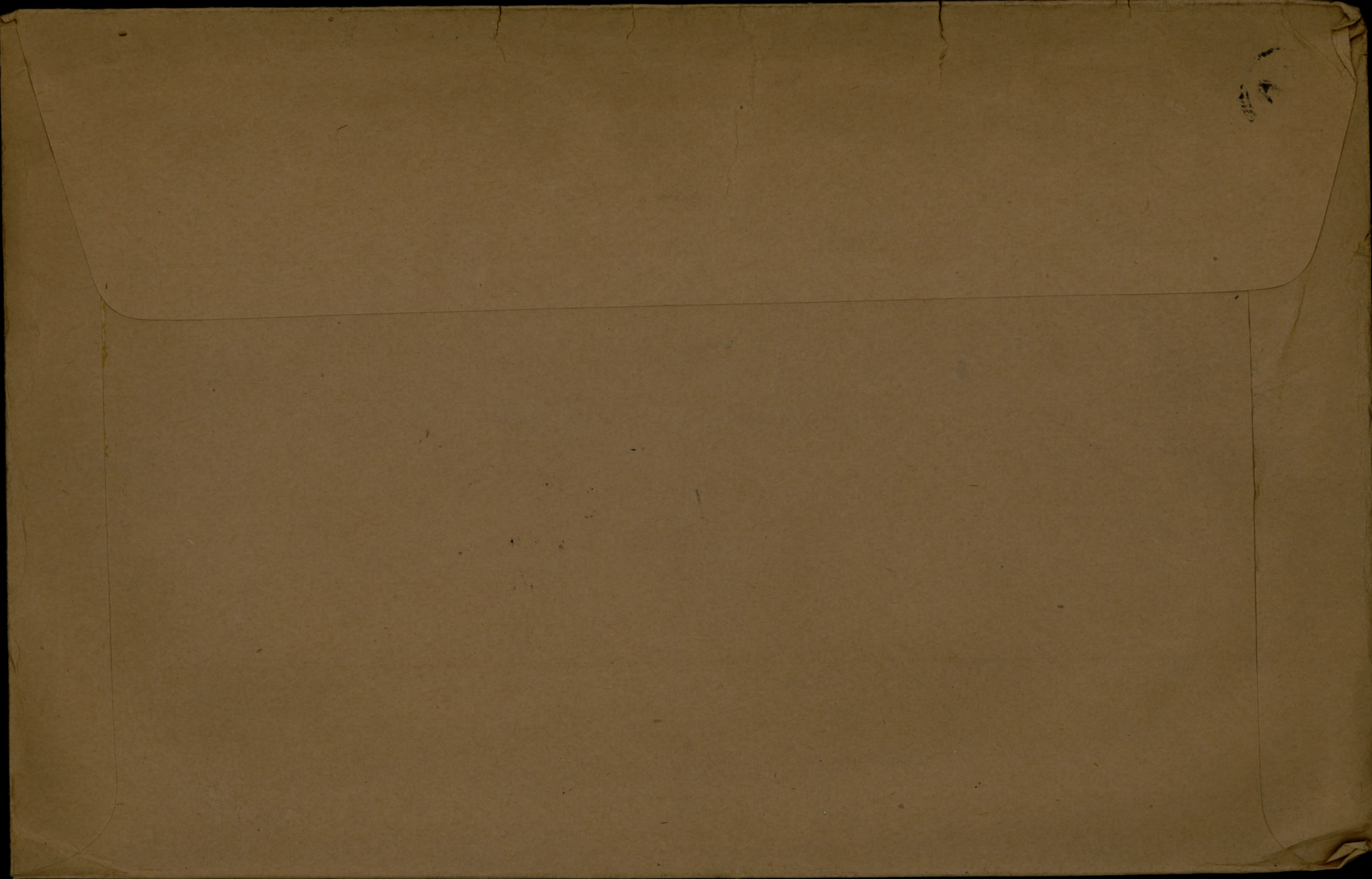
Category

DISCHARGE

Category

DESERTION

Ref. S.S. Cannan 5/7/19.



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 708 Surname COATES
(Given name in full)

DORA - EVELYN

Unit or Corps C.A.M.S. Birthplace DARTMOUTH - N.S. CAN

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

I. GENERAL DESCRIPTION :

Physique good Weight 143 lbs. Height 5 ft. 4 in. Colour of Eyes BLUE

Nutrition good

Pulse 80

Condition of arteries good

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 42 ft.

Left 42 ft.

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

Male - L. Breast.

Opinion as to general health and physical condition Fit

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 Yes 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.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Basseterre.....(Overseas)

Date 20-6-19..... Signed [Signature].....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 [Signature].....

(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.)

ORIGINAL

MEDICAL HISTORY SHEET.

Surname COATES Christian Name Dora Evelyn

Examined { on 8th day of July 1918
 at Halifax, N.S.
 Birthplace { City or Town Dartmouth, N.S.
 County Halifax, N.S.

Approved by [Signature]
 Rank Capt M.O.

Apparent age 29 years
 Trade or occupation Graduate Nurse
 Height 5 Feet 3 Inches. M.O.
 Weight 142 Lbs. M.O.
 Chest measurement { Minimum 32½ inches. M.O.
 Maximum expansion 3½ inches. M.O.
 Physical development Good M.O.
 Small-Pox Marks Nil M.O.

Vaccination Marks { Arm Right Left
 Number Nil One
 When Vaccinated last 1918
 (a) Marks indicating congenital peculiarities or previous disease Small scar over left breast.

Date.	Result.	VACCINATIONS.	M.O.
<u>4/4/18</u>	<u>Nil</u>	<u>[Signature]</u>	M.O.
			M.O.
			M.O.

(b) Slight defects but not sufficient to cause rejection
Mole left side of neck.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
<u>8/7/18</u>	<u>..</u>	<u>[Signature]</u>	M.O.
<u>18/7/18</u>	<u>[Signature]</u>	<u>Wmorrish Lt</u>	M.O.
<u>22/7/18</u>	<u>[Signature]</u>	<u>Wmorrish Lt</u>	M.O.

Enlisted on 8th. day of July 1918 at Halifax, N.S.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>C.A.M.C.</u>	<u>Nil</u>	<u>Regular</u>	<u>8-7-18.</u>
Transferred to	<u>C.E.F.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

Unit C.A.M.C.

Rank N/Sister Name Coates, Dora Evelyn

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

- 1. (a) What is your Surname? Coates
(b) What are your Christian Names? Dora Evelyn
2. (a) Where were you born? (State place and country) Dartmouth, N.S.
(b) What is your present address? Lakeside, Dartmouth, N.S.
3. What is the date of your birth? 16th., September 1888.
4. What is (a) the name of your next-of-kin? Mrs. Catherine Coates
(b) the address of your next-of-kin? Lakeside, Dartmouth, N.S.
(c) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? Graduate 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. 8 Months.
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.

Handwritten signature of Dora Evelyn Coates (Signature of Officer)

Taken on strength (place) Halifax, N.S.

(date) July 8th., 1918.

Handwritten signature of Commanding Officer (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 fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date 7-7-1918

Place Halifax, N.S.

*Insert here "fit" or "unfit"

Handwritten signature of Medical Officer (Medical Officer.)

NOTICE OF DECLARATION

... ..

QUESTIONS TO BE ANSWERED BY OFFICER

1. Name

2. Address

3. Date of Birth

4. Occupation

5. Education

6. Marital Status

7. Previous Service

8. Present Address

9. Signature

10. Date

11. Signature

12. Signature

13. Signature

14. Signature

AMERICAN OVERSEAS VOLUNTEER SERVICE

...

John B. ...

July 2nd, 1918.

CERTIFICATE OF MEDICAL EXAMINATION

...

...

...

...

...

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) COATES D. E.

REGIMENT C.A.M.C. RANK Nursing Sister No. —

Date of Examination in England 2-4-19 Date of Examination in France _____

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

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

} no

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 no

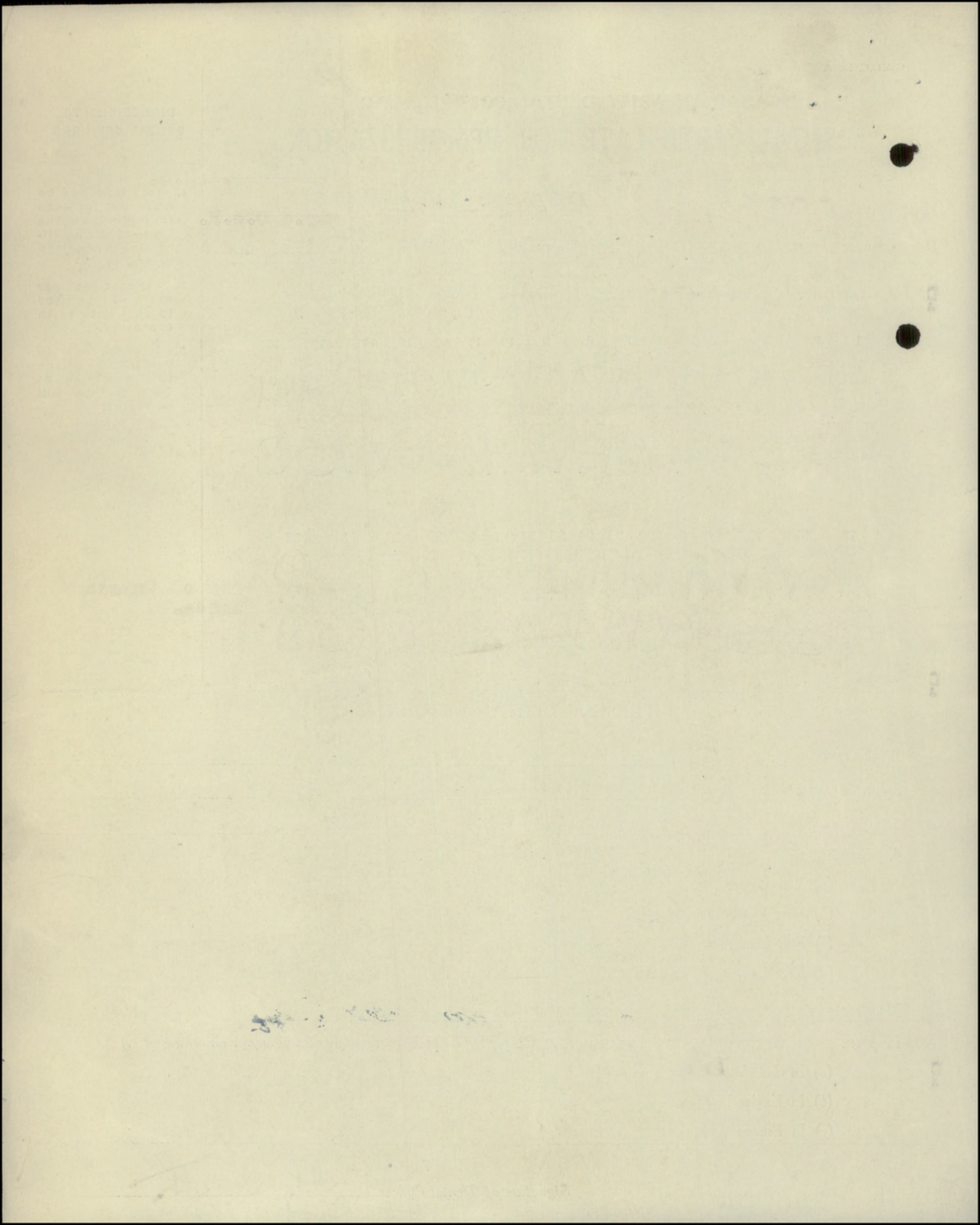
(b) In England no

(c) In France no

No. 4 Can. Ser. Lab

Signature of Dental Officer

A.H. Smith
Capt. C.A.D.C.



ORIGINAL

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

M. F. W. 54. (A. F. F. 495.)

500M.—9-16

H. Q. 1772-39-9.0.

WSB. Class "B"

Casualty Form—Active Service.

Unit, Regiment or Corps. 6. a. m. l.

Regimental No. nil Rank N/Sister Name Coates Vera Evelyn

C. E. F.

Enlisted (a) 8-7-18 Terms of Service (a) War 6 mo 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) Graduate nurse

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				
		Embarked for overseas	Qualifax	10-7-18	Honeycott
27-7-18	60th Bn	Lo. from Canada	Schliffe	11-7-18	Pt. 208 (AMD 4/29-5-0)
6-8-18	do	S.O.S. to No 4 CGH	do	2-8-18	Pt. 208 (AMD 4/29-5-0)
3-8-18	No. 4 CGH	T.O.S. from C.A.M.C. R. & T. D., Shorncliffe.	Basingstoke	2-8-18	Pt. 2.D.O. 35/3-8-18.
	do	SOS. om 70 k CEF - Canada	do		Pt. 208 & at Maj. came No. 4 Canadian Gen. Hospital, Basingstoke.

(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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties. I.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				
	Embark RMS-Carmani Liverpool 5.7.19 <i>J.P. Sully</i> Capt. & A				
18 ⁷ / ₁₉	M.H.Q. T.O.S. C.E.F. in Canada Ottawa on General Demobilization		M.D. No. 6 ⁷ / ₁₉		C.E.F. R.O. No. 2084-19
26-7-19	M.H.Q. S.O.S. C.E.F. in Canada Ottawa on General Demobilization		M.D. No. 6 ⁶ / ₁₉	17-7-19	C.E.F. R.O. No. 2095-19
			<i>W. Flinter</i> Capt. for Director Personal Services		

Surname **COATES**

Christian Names **Dora Evelyn.**

Rank **N/Sister.**

Name and Address of Next-of-Kin

Promotion

Mrs. Catherine Coates, (Mother)
Lakeside, Dartmouth, N.S.

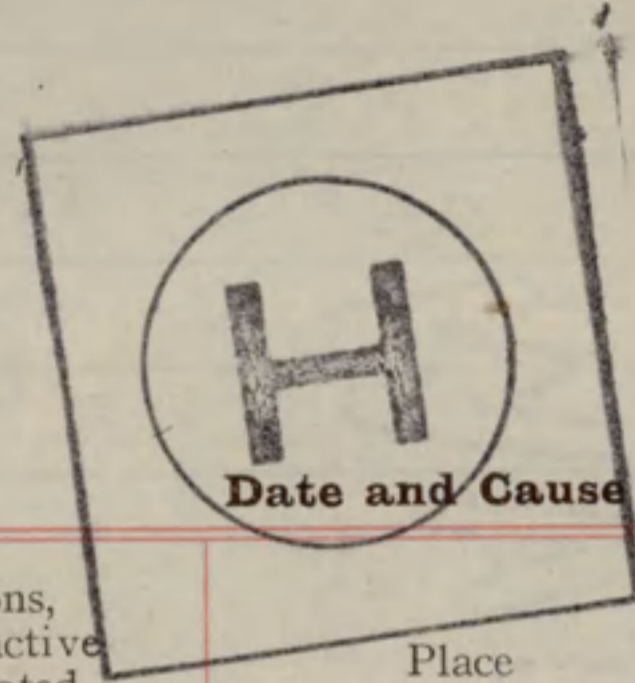
Unit **C.A.M.C.**

Place of birth **N.S.**

Married (Yes or No)

Appointments

Date of leaving Canada **11.7.18.**



v/c

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				
31-7-18	Dms. came.	T.O.S. on arrival from Canada		11-7-18	C.O. 683
27-7-18	Res & Tr. Dep.	T.O.S. on arrival from Canada		11-7-18	Pt. ord 208
6-8-18	- do -	S.O.S. on posting to 4 Can. Gen. Hosp.		2-8-18	Pt. ord. 218
3-8-18	4 Cyn. Hp.	T.O.S. on posting from came. R. & T. D.		2-8-18	Pt. ord. 35
30-6-19	do.	P.O.P. on posting to 15 Cl. H.		30-6-19	Pt. II O. 52
7-7-19	15 Cl. H.	P.O.P. from 4 Cl. H.		30-6-19	Pt. II O. 148.
21480					
17-7-19	Dms	P.O.P. to Canada		5-7-19	C.O. 85.
		Sailed to Canada S.S. Carmonia		5-7-19	Sailing no. 93.
				Sus. 17.7.19	

CANADIAN EXPEDITIONARY FORCE

7.7.-6-36
V.I.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)..... Nursing-Sister.....

(Name in full)..... Dora Evelyn COATES.....

Enlisted in..... Canadian Army Medical Corps.....

CANADIAN EXPEDITIONARY FORCE, on the..... ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~.....

day of..... ~~XXXXXXXXXXXXXXXXXXXX~~ 1918 AND WAS APPOINTED to COMMISSIONED RANK

in..... Canadian Army Medical Corps.....

CANADIAN EXPEDITIONARY FORCE on the..... Eight..... day

of..... July..... 1918....

He SERVED in CANADA,..... and England with the C.A.M.C., C.A.H.C.,

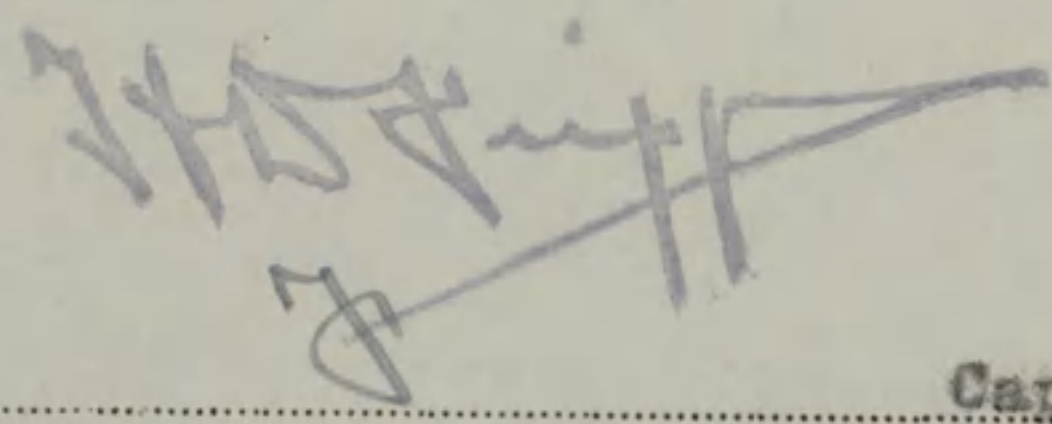
Regimental & Training Depot., and #4 Can. General Hospital......

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

of..... July..... 1919 by reason of..... General Demobilization.....

Dated at Ottawa, this..... Eleventh..... day

of..... December..... 1919....



..... Capt......
for Director of Personal Services.

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100

ISSUED TO OFFICERS AND NONCOMMISSIONED MEMBERS

Department of Defense

CANADIAN EXPEDITIONARY FORCE

FORM A.G.1a, re - OFFICERS RETURNING TO CANADA.

1. RANK..... N/SISTER(Substantive not acting)
2. NAME..... COATES(Including Military
DORA EVELYN Decorations)
3. -CHRISTIAN NAMES IN FULL.....
No.4 Canadian General Hospital.
4. UNIT.....(Battalion & Regiment)
5. UNIT LEFT CANADA WITH..... C.A.M.C. REINFORCEMENTS.....
6. MILITARY DISTRICT TO WHICH PROCEEDING..... B.6.....(Officers choice)
7. NEXT OF KIN.. Mother. Mrs. Coates.....
8. CANADIAN POSTAL ADDRESS.. P.O. Dartmouth. N.S.....
9. RELIGION..... C.E.....
10. DEPENDENTS RETURNING TO CANADA WITH OFFICER, GIVING AGES AND SEX OF
CHILDREN.....
N I L .
-

11-11-11
11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

Surname Boates H. Q.
Christian names Dora Evelyn M. D. No. 6-B
Regtl. No. Rank N/Sister T. O. S. 19
Unit 6 a. m. 6 S. O. S. 17-7-19 19
Reason Demob

Auth. Ret. to Act. Mch. R 0209507
201977-16-7-19 26-7-19

Next of kin Boates, Mrs. Catherine Relationship mother
Address Lakeside, Dartmouth
N.S.

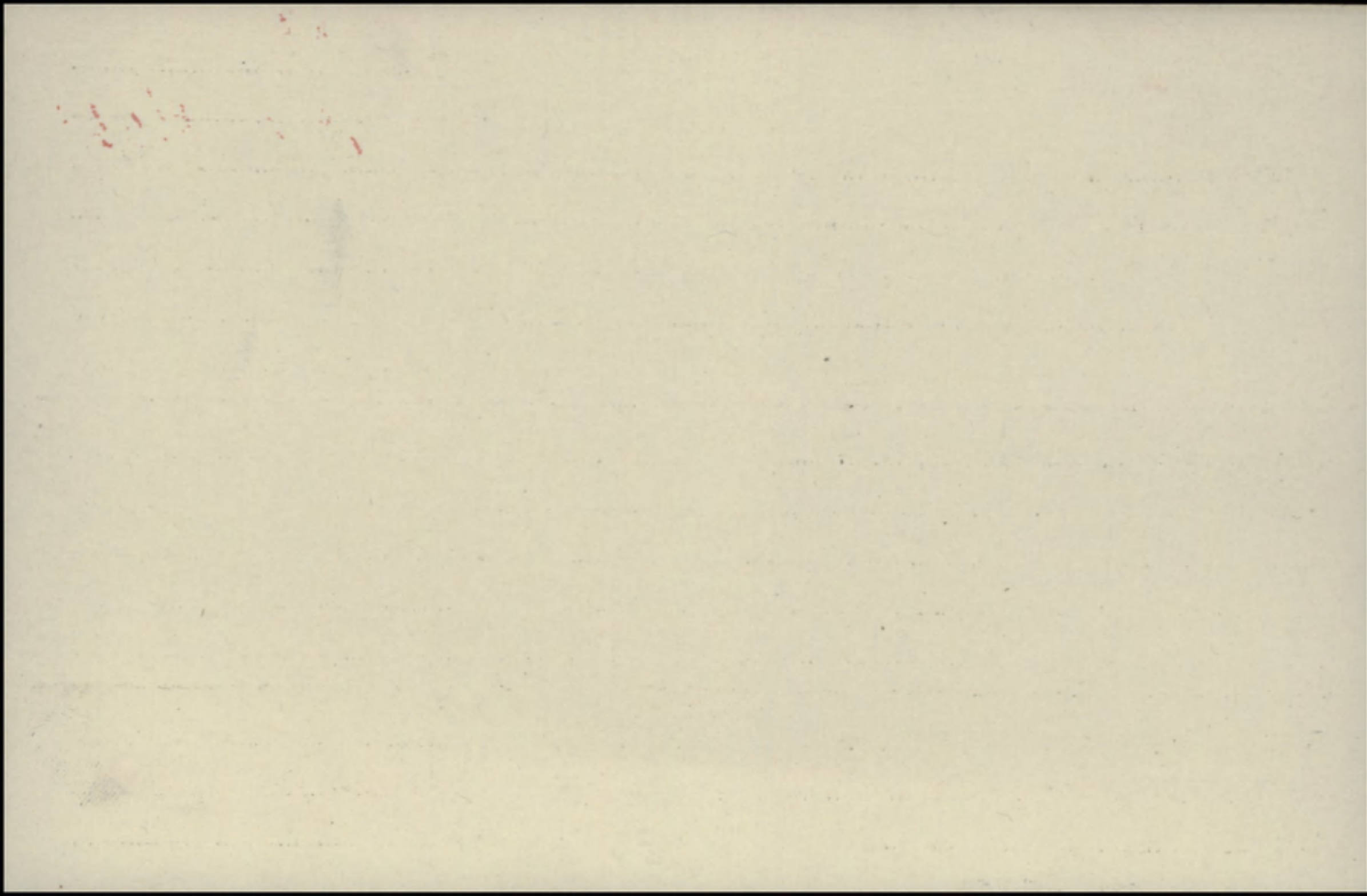
Also notify:
.....
.....
.....

BORN—Place Canada, Dartmouth N.S. Date Sept. 16th. 1888

ATTESTED—Place Halifax N.S. Date July 8th. 1918

O/S 29-6-18 7.368 details

R/C 12-7-19 371 N/S



Number

Rank

N/S

13

Surname

COATES

Christian Name

DORA EVELYN

Units

Theatre of War

ENGLAND

Date of Service

11.7.18

Remarks

Latest Address

~~Dartmouth~~

~~M.S.~~

Roll No.

Page 504

35-CARLETON ST.

ST. JOHN N.B.

200m.-6-21

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

No.

RANK

N/S.

NAME

Coates Dora Evelyn.

T. O. S. 26-11-17.

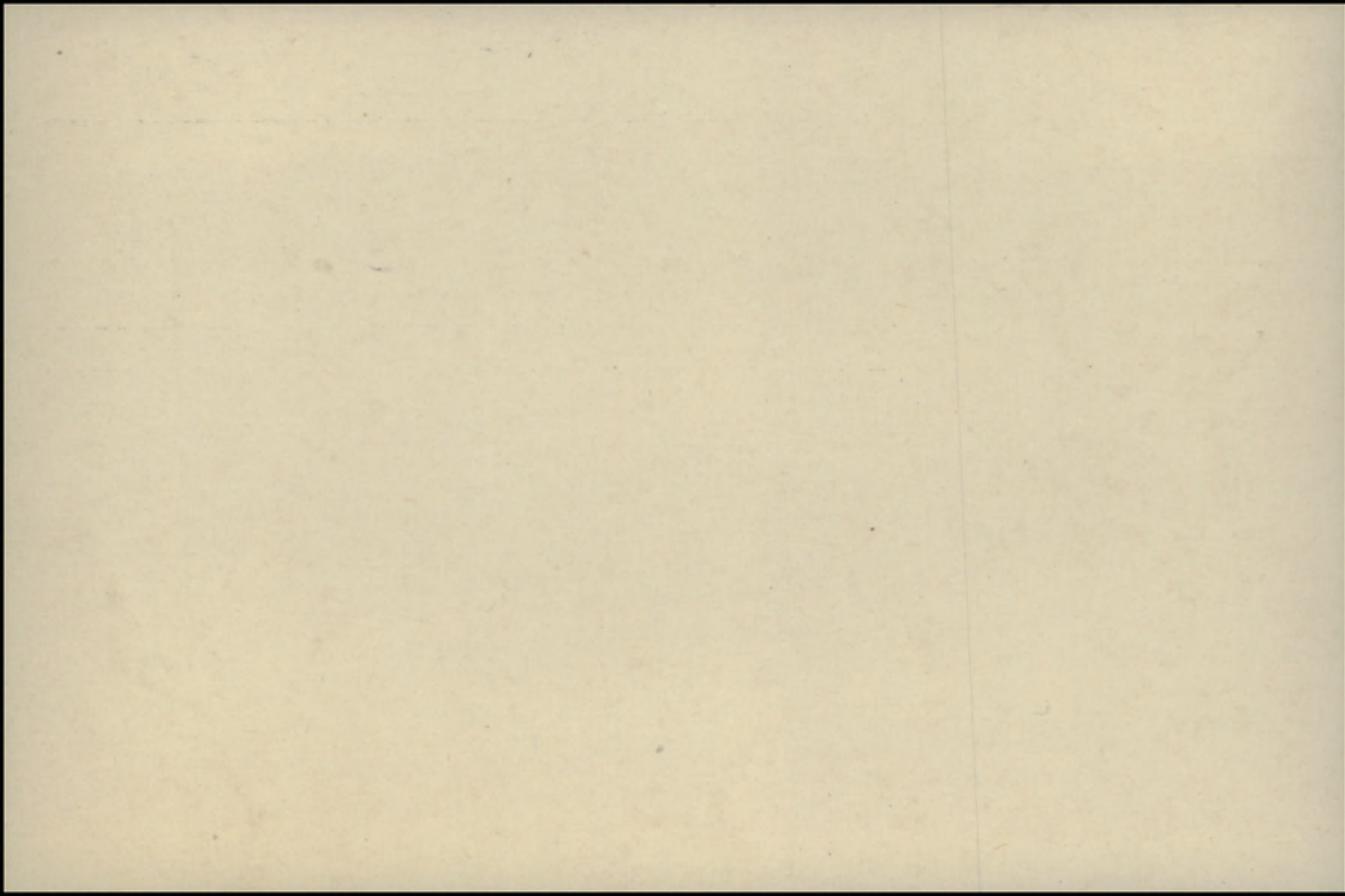
UNIT

Army Medical Corps Details

D.O. 335. 1-12-17.

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Nov 26	1917. Dec 31	✓		
1918	Jan 1918	n.		
	Feb.	n.		
	Mar.	n.		
	apl	✓		
	may	✓		
	June	✓		



Date of Enlistment 1-7-18

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch C

15525

1st Aug/18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

40 ⁰⁰			
------------------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____
 Rank *N.S.* Promoted _____ Reverted _____ Discharge _____
 Soldier's Name *Dora Evelyn Coates*
 Battalion *A.M.C.*
 Beneficiary _____
 Relationship _____
 Address _____

Name _____
 Address _____
 Change of Address
 1 ROYAL BANK OF CANADA, A-C C1239, C15525
 MAIN OFFICE,
 2 HALIFAX, N.S. 40 40.00
 A-C N.S. DORA EVELYN COATES
 3 FORTY DOLLARS
 4

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Aug	37259 J.		40	40	✓
Sept	45708 J.		40	40	✓
Oct	54917 I		40	40	✓
Nov	54906 A		40	40	✓
Dec	63762 K		40	40	✓
JAN 1919	75043 J		40	40	✓
FEB	79101 M		40	40	✓
MAR	86075 H		40	40	✓
APR	4415 I		40	40	✓
MAY	5310 H		40	40	✓
June	9757 G.		40	40	✓
JUL	11559 D		40	40	
			480	480	

3343 - D - 3



M. F. W. 128
 400M-6-17-1772-38-1141
 L. L. 22320-M. & D. 7568.

A/c Closed 31-7-19 AUDITED. *24/7/19*
 Ret'd per *Carmichael*
 Date 13-7-19 M.F.W. 187 M.D. 6
 Closed *J. Shanahan* 7/19
 M-R-D 103512-24

ACTIVITY FOR NEW ACC'T. *ms6-BJ Wm Dickson 26/7/18*

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

AUDITOR *B* PAYMASTER *B*

Barmania 5.4.19
13.4.19

M. OR S. *W* REGT. NO. *b.a.mb.* RANK *W/* NAME (IN FULL) *Boalis Nora B*

ORIGINAL UNIT C.E.F. *b.a.mb.* IF IN P.F. WHAT UNIT? *1682*

PLACE OF ATTESTATION *TOS* TRANSFERRED TO *1682* DATE *1.8.19* AUTHORITY *de 197*

DATE OF ATTESTATION *de 197* TRANSFERRED TO *1682* DATE *1.8.19* AUTHORITY *de 197*

ASSIGNED PAY \$ *400* DATE EFFECTIVE *1.8.19*

PAYABLE TO *Royal Bank of Canada* RELATIONSHIP *de 1539* ANY CHANGE IN ASSIGNEE OR ADDRESS *Halifax N.S.*

ADDRESS *Halifax N.S.*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE *17/7/19* EFFECTIVE *de 197*

DISCHARGED *de 197* PLACE *de 197* DATE *17/7/19* REASON *de 197* AUTHORITY *de 197* IF ENTITLED TO POST DISCHARGE PAY *de 197*

MONTH	NO. OF DAYS	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
		AMOUNT	RATE			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3				DEBIT	CREDIT	DEBIT	CREDIT		
<i>3.4.19</i>	<i>300</i>																		<i>de 197</i>	
				<i>280</i>	<i>280</i>									<i>900</i>		<i>9900</i>	<i>15500</i>	<i>15220</i>	<i>de 197</i>	
<i>17/7/19</i>				<i>366</i>	<i>366</i>									<i>900</i>	<i>6220</i>			<i>27600</i>	<i>18300</i>	<i>de 197</i>
				<i>366</i>	<i>366</i>									<i>9300</i>				<i>366</i>	<i>NH</i>	<i>112113</i>
														<i>30380</i>	<i>6720</i>			<i>366</i>	<i>NH</i>	<i>1138415</i>

BALANCE FROM PREVIOUS ACCOUNT

PAYMASTER
No. 6 DISTRICT DEPOT
HALIFAX, N.S.
JUL 29 1918

Completed
All Payments made.

Certified that all payments due on this account have been paid.
[Signature]
Pay Services M. D. B.

ASSIGNED PAY

UNIT.

NAME OF RATE OF P. AND A.

RANK.

Mess DATE

AUTHORITY

NAME. 11-6-227
Lban

Beneficiary

Address

Amount.

Separation Advance issued. Yes or No.....

CAMB

Pay 2^{xx} pd

F.A. .60

Messing 1^{xx}

MS

22^{7/8}

D.M.S. 60783

4/31-7-18

Name Coates

Initials Dora Evelyn

Bank of Montreal
Traf. Sqre

40 Can 1⁸/₈

add outfit allow \$100 1⁸/₂₀

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
Aug 6	Prfr 1 ⁸ / ₈ Mess fr 22 ⁷ / ₈	1010284	10					
	Do bank	6103		10				
13	Pr Pay P		111 60					
	P. Lban				40			
24	Bank	7258		71 60				
26	raw allow. 22 ⁷ / ₈ -2 ⁵ / ₈	02 6151					1-1-6	5 ²¹
Sep 12	Sept Pay P		108					
	H P Lban				40			
24	Bank	9187		68				
Oct 11	raw allow. 10 ⁷ / ₈	6401					14/5	3 ⁵⁰
	Oct Pay P		111 60					
15	H P Lban				40			
23	Bank	10404		71 60				
Nov	Nov Pay (R.)		140					
	A. P. Can.				40			
	Bank	12521		100				
Dec	Dec Pay (R.)		124					
	A. P. Can.				40			
	Bank	13792		84				
Jan 22	A P Can				40			
	Pay (R.)		124					
	Bank	15564		84				
Feb 10	A. P. Can				40			
	Pay (R.)		112					
25	Bank	17078		72				
	b. Forward							

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount. \$ 40 ban

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

Pay 2

F.A. 1

Messing 1

4⁰⁰

ADA 18/20

R/S.

Name *Leates*

Initials *L.*

Bank of ontreal
Traf Square.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHCIES To be initialed by P.M. in-y case.	INITIALS
1919	Mo. Pay (R) A. Pay ban		124		40			
24	Bank	18651		84				
April 9	April Pay (R) A. Pay ban		120		40			
26	Bank	1044		80				
May 12	Pay (R) A. Pay ban		124		40			
27	Bank	2593		84				
June 16	Pay (R) A. Pay ban		120		40			
25	Bank			80				
July 1 st	Adv July Pay July Pay R. A. Pay ban		124		40			
	Bank			84				

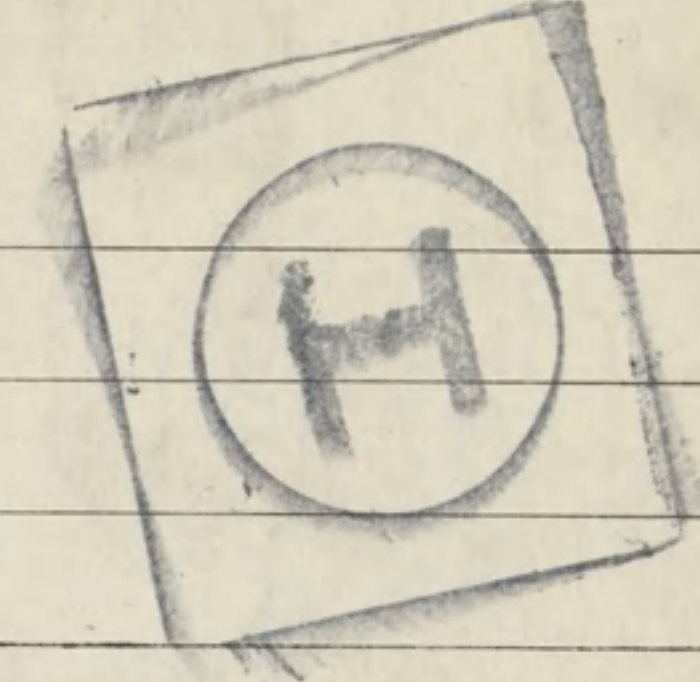
RETURNED TO CANADA
L.P.C. TO 31 7/19 218
T. SPERTO N.E. LEGI

Letter for Led to Led 12.4.8/19

S.G. 33
Q.G. 19
D-A 06

WSB class "B"
M

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



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.

1. RANK	Nurse	
2. NAME	Coates Dora Evelyn.	
3. UNIT	No. 4 Canadian General Hospital.	
4. DATE STRUCK OFF STRENGTH		PLACE
5. REASON	SOS 17-7-19 RO 2095-19 Dewob.	
6. AUTHORITY		
7. PROPOSED RESIDENCE	Dartmouth - n/s. Canada	

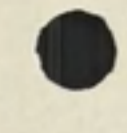
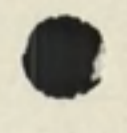
This folder should contain the following documents:

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.

Hollivick
23/1/22
Embark RMS-Carmania
Liverpool 5.7.19
Capt. & Adj.

Group 22
Checked by
Date 16/08/1919

RECORDS OF AN OFFICE OF PUBLIC SAFETY
STATE OF CALIFORNIA
OF THE
CALIFORNIA STATE POLICE



11/11/50
11/11/50
11/11/50

11/11/50
11/11/50
11/11/50