

Unit ARMY MEDICAL Rank ^{sister} Name MAUDE PEARL GASKIN.

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

- 1. (a) What is your Surname? GASKIN.
(b) What are your Christian Names? MAUDE PEARL.
2. (a) Where were you born? (State place and country) St. John, N.B.
(b) What is your present address? 40 Adelaide Street, St. John, N.B.
3. What is the date of your birth? 7th June 1887.
4. What is (a) the name of your next-of-kin? Mrs. Mary Gaskin.
(b) the address of your next-of-kin? 40 Adelaide Street, St. John, N.B.
(c) the relationship of your next-of-kin? Mother.
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? Army Medical.
9. State particulars of any former Military Service. Nil.
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.

Maudie P. Gaskin (Signature of Officer)

Taken on strength (place) Ist. September 1916
(date) Halifax, N.S.

Ch. Church (Signature of Commanding Officer.)
A.M.C. M.D. No. 4.

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 Sept 5 1916

Place Montreal

Forstaring (Signature of Medical Officer)
Medical Officer

*Insert here "fit" or "unfit"

OFFICERS' DEBILITATION PAPERS

CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICERS

Answered

DATE

NAME

REGIMENT

NO. OF YEARS' SERVICE

AGE

EDUCATION

PREVIOUS OCCUPATION

PREVIOUS SERVICE

REASON FOR DEBILITATION

DATE OF DEBILITATION

PLACE OF DEBILITATION

TO WHAT BRANCH OF THE SERVICE IS HE NOW ASSIGNED?

2

3

CANADIAN OVERSEAS EXPEDITIONARY FORCE

THE FOLLOWING INFORMATION IS TO BE FURNISHED BY THE OFFICER CONCERNED:

1. NAME AND GRADE

2. REGIMENT

3. NO. OF YEARS' SERVICE

4. AGE

5. EDUCATION

STATEMENT OF THE MEDICAL EXAMINATION

The following information is to be furnished by the medical officer concerned:

1. NAME AND GRADE

2.

3.

4.

5.

6.

7.

8.

C.E.F.

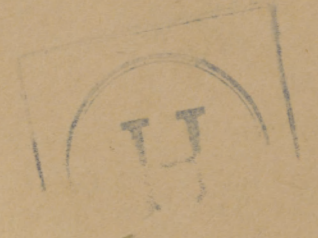
GASKIN MAUDE PEARL

N.S.

C.A.M.C.

05314

DEMOB.



405366

Number _____

Rank

NIS

~~13~~

Surname

GASKIN

Christian Name

MAUDE PEARL

Units _____

Theatre of War

ENGLAND

Date of Service

10-9-16

Remarks

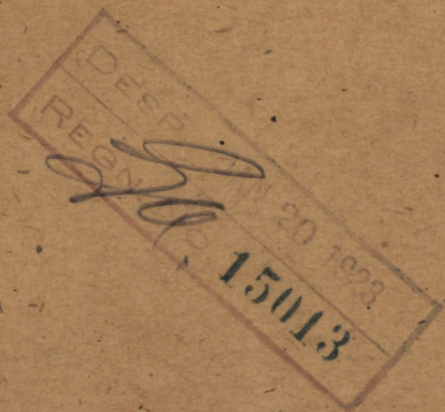
Lancaster Hospital, West St. John, N.B. 17/23

Latest Address

~~no definite St
John N.B.~~

Roll No.

A page 4923



Name GASKIN, Rank N/Str.

Reg. No.

Unit Maude Pearl
GSMC WCH

Next of Kin Canada

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|----------|-------------------|--------------|------------|----------|-----------------|-----------|
| 13-1-17. | West Cliff Hosp. | F'stone | Bronchitis | Ac.577 | | |
| 19.1.17 | <i>Dischd</i> | | | 580 | | |
| 22.9.17 | Near bluff | E of F'stone | Gastritis | 771 | | |
| 22.9.17 | <i>Discharged</i> | | | 788 | R-19040-17 | |

NAME

Gaskin M. P.

REGT'L NO

H. Q. FILE NO. 649-

RANK AND CORPS

N/Str

C.A.M.C. West Cliff Hoop

FOLLOWS

NO.

CABLE

NATURE OF CASUALTY

FOLLOWS

No.

DATE

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

| | | | |
|------------------|-------------------------------------|----------|----------------|
| 577 ⁴ | West Cliff Can Eye & Ear Folkestone | 13-1-17 | Bronchitis Ac. |
| 580 ² | Discharged | 19-1-17. | " " |
| 771 | West Cliff E. & E. Folkestone | 2-9-17 | Gastritis. |
| 768 | Discharged | 22-9-17 | Gastritis |

SURNAME.

Gaskin.

(5-92-7-117)

7. CARD NO.
Sas Demol. 1.7-19
Ret to act mil.
no 1835/184. 3/4/19
St John Mil Hosp
R.O. 2073 of 11-7-19

CHRISTIAN NAMES

Maudie Pearl

REGL. NO.

RANK

N. S.

UNIT

A. M. C.

FORMER CORPS

nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Gaskin. Mrs Mary

RELATIONSHIP TO SOLDIER

mother

ADDRESS

*40 Adelaide Street, St. John
N. B.*

COUNTRY OF BIRTH

Canada. St. John. N. B.

DATE

June 7. 1887

PLACE OF ATTESTATION

Montreal P. Q.

DATE

Sept. 5. 1916.

SP/C. 28-10-17

Date of sailing. 15-9-16.

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Graduate nurse

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Present address. 40 Adelaide St. St. John's.
N. B.

No.

RANK *7/1st*

NAME

Gaskin M. P.

T. O. S.

UNIT

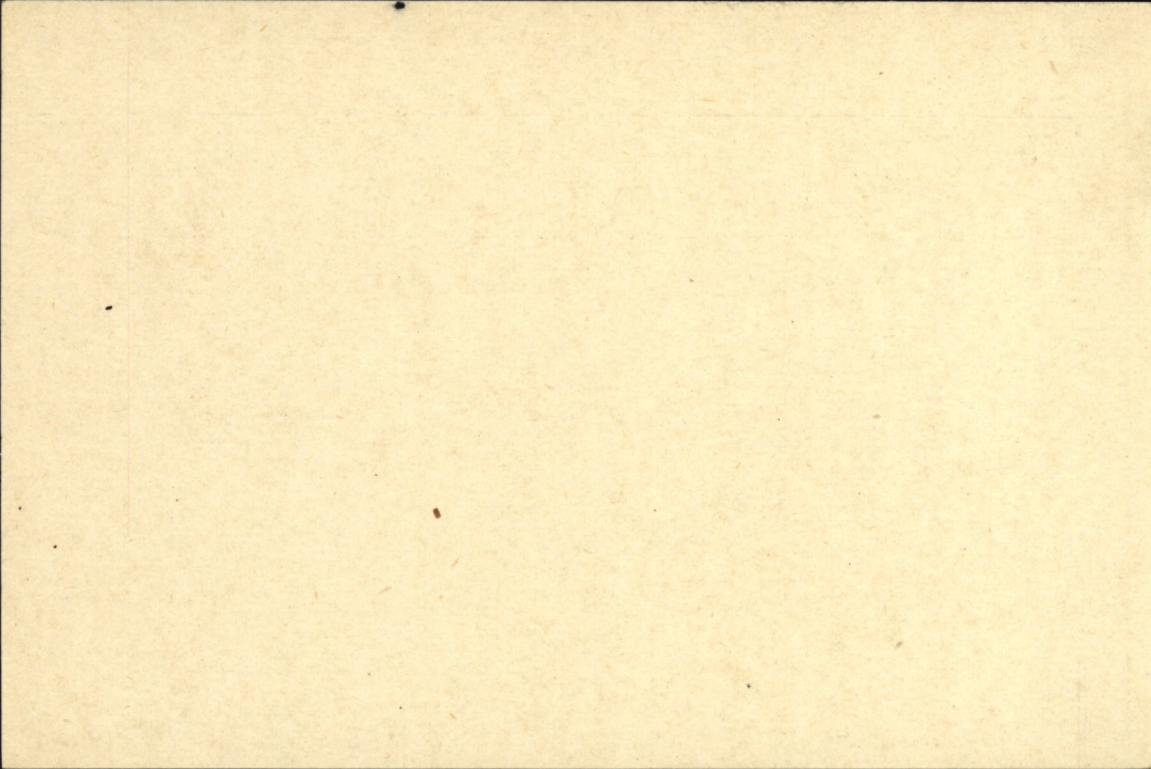
*Army medical corps (Reinforcements)*M. D. *4*PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

*1916**1916**Sept. 1**Sept. 30*



Surname
GASKIN.

Christian Name
M.

Reg. No.

DMS. 4-G-7.

Rank

Unit

N/S. C.A.M.C.

MEDICAL BOARD held at

Date

Serial No.

Shorncliffe.

18-1-17.

(1)

do.

21-9-17.

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Gastritis & Nervous Debility.

Disposition Recommended

(1) Fit for General service.

(2) Unfit any service 2 months.

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

Gaskin.

M.

P.

N/Str.

C.A.M.C. Westcliff Hosp.

Westcliff Eye & Ear. Folkestone. 13-1-17.
do. do. do. do. 2-9-17.

Bronchitis. ac.

Gastritis. *B.*

Discharged: -. 19-1-17.

Discharged: -22-9-17.

C.L. 19-1-17. 577-4.

C.L. 23-1-17. 580-2.

6-9-17 771-3.

26-9-17 788-4.

A.M.D. 2 DEPT.

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

W. B. R.

Name

Gaskin n/s. Maude Pearl

M. F. W. 41
1 0M-7-16
1772-39 889. ✓

392-7-117

Regimental No.

Name and address of next-of-kin

Unit

C.A.M.C. ✓

Date of enlistment

Place of

" A.P. #35⁰⁰/₂₄ open in England.

Married (yes or no)

S.A. nil
A.P. 35⁰⁰/₂₄ open closed 31¹/₁₈.

Date and place discharged

Leave to 21-11-17
Extended to 21-1-18

Amount of pay assigned monthly \$

Reason for discharge

attached M.H.C.C.-M.D. 7 from
27-1-18 - R.O. 167

To whom payable

Character on discharge

missanabic 18¹⁰/₁₇ - 28¹⁰/₁₇

own expense.

2 L.P.C. clear to 31-10-17 CP

Form 5351 - M. & D. 6890.

| Date | | PAY | | | Field Allowance | | Other Credits | Total Credits | Voucher | | Cash Payments | Assigned Pay | Other Charges | Total Debits | Remarks, Casualties, etc. |
|---------|----------|-------------|------|--------|-----------------|------|---------------|---------------|---------|-----|---------------|--------------|---------------|--------------|------------------------------------------------------------------------------------|
| From | To | No. of Days | Rate | Amount | No. of Days | Rate | | | Amount | No. | | | | | |
| 1.11.17 | 20.1.18. | 81 | 2.00 | 162 00 | 81 | .60 | 48 60 | 137 70 | | | 105 00 | 88 00 | | | add. ck. 4 dated 7 ¹² / ₁₇ M.D. 7 |
| | | | | | | | | 7 00 | | | | 104 30 | | | " .. 23 .. 2 ¹ / ₁₈ M.D. 7 |
| | | | | | | | | 355 30 | | | cr. bal. | 58 00 | 355 30 | | * Subs 1 ¹¹ / ₁₇ - 20 ¹ / ₁₈ |
| | | | | 162 00 | | | 48 60 | 144 70 | 355 30 | | | 105 00 | 250 30 | 355 30 | * Diff. m. Ys. 18 ¹⁰ / ₁₇ - 31 ¹⁰ / ₁₇ |

Transferred to M.D. 7 - L.P.C. sent 28-2-18.

A.P. 1¹¹/₁₇ - 31¹/₁₈

207

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12

50m.—7-16

H. Q. 1772-39-819

Bank Account

To Whom *Bank of Nova Scotia* By Whom Assigned *Gaskin M. P.*
 Address *main st* Regtl. No.
ST John Rank *Nursing Sister*
N.B. Corps *Army Medical*
 Rate *35⁰⁰* *OCT 1 - 1916*

Oct 1/1916

PAYMENTS

| Month | Year | Cheque No. | Amt. | REMARKS |
|-------|------|------------|------|---------|
| Aug. | 1914 | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1915 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1916 | | | |
| Feb. | | | | |
| March | | | | |



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ASSIGNED PAY

Sheet No. *Bank of Nova Scotia*

(Assignee)

OVERSEAS CONTINGENTS

PAYMENTS.

Name of Soldier *Gaskin M.P.*

L. L. Job 5470—Req. 6888.

NS

| Month. | Year. | Cheque No. | Amt. | Remarks |
|--------|------------------|-----------------|-----------|------------------------|
| | | | | <i>35⁰⁰</i> |
| April | 1916 | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | <i>U 26166</i> | <i>35</i> | |
| Nov. | | <i>N 29653</i> | <i>35</i> | |
| Dec. | | <i>S 34285</i> | <i>35</i> | |
| Jan. | <i>Ch</i> ✓ 1917 | <i>30275</i> | <i>35</i> | |
| Feb. | | <i>J 44528</i> | <i>35</i> | |
| March | | <i>H 49323</i> | <i>35</i> | <i>357</i> |
| April | | <i>D 1732</i> | <i>35</i> | <i>356</i> |
| May | ✓ | <i>E 8491</i> | <i>35</i> | |
| June | | <i>G. 14712</i> | <i>35</i> | <i>35-B</i> |
| July | | <i>K 22014</i> | <i>35</i> | <i>Ch</i> |
| Aug. | | <i>F 32919</i> | <i>35</i> | <i>J</i> |
| Sept. | | <i>R 35714</i> | <i>35</i> | <i>J</i> |
| Oct. | | <i>H 41828</i> | <i>35</i> | |
| Nov. | | <i>W 48257</i> | <i>35</i> | |
| Dec. | | <i>V 55472</i> | <i>35</i> | |
| Jan. | 1918 | | | <i>500.</i> |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

Lell.
*Lell.**OCT 1-1916* A.M.C.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|--------|-------|------------|------|----------|
| Aug. | 1918 | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1919 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1920 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |

CANADIAN EXPEDITIONARY FORCE

J.R.-7-35.

Certificate of Service

J.H.

ISSUED TO OFFICERS AND NURSING SISTERS

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

(Name in full)..... Maude Pearl Gustin

Enlisted in..... Canadian Army Medical Corps



CANADIAN EXPEDITIONARY FORCE, on the.....

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

in..... Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE on the..... Fourth day

of..... September 191.....

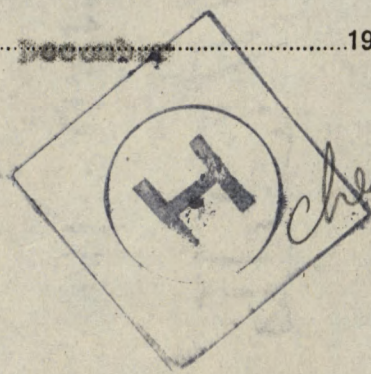
He SERVED in CANADA, and England with the Canadian Army Medical Corps., C.A.M.C. Training Depot, Shorncliffe., Westcliffe Eye and Ear Hosp., and Military Hosp. St. John, New Brunswick.

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

of..... July 191..... by reason of..... General Demobilization

Dated at Ottawa, this..... Fifteenth day

of..... December 191.....



*checked 2/2/20
J. Kearney*

..... *[Signature]*
for Director of Personal Services.

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 _____ 1917 AND WAS APPOINTED to COMMISSIONED RANK

in

CANADIAN EXPEDITIONARY FORCE on the

of _____ 1917

HE SERVED IN CANADA

and was STRUCK OFF THE STRENGTH on the

of _____ 1917 by reason of

Dated at Ottawa, this _____

of _____ 1917

Director of Nursing Services

M. V. W. 5018
1917

SECTION "C"
 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.

CERTIFIED CORRECT

17 OCT. 1916

CANADIAN RECORD OFFICE

Unit, Regiment or Corps Army Medical Corps

Nursing

Regimental No. _____ Rank Sister Name Maude Pearl Gaskin

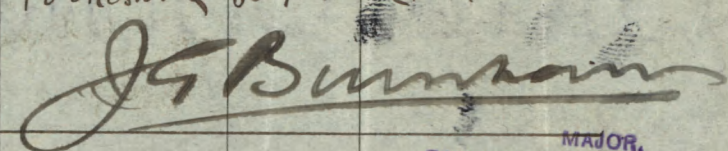
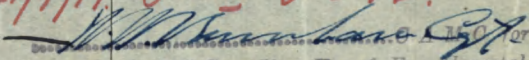
C. E. F.

Enlisted (a) 1916 Terms of Service (a) Duration of War Service reckons from (a) 10/9-16

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

CBM

| 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 | | | | |
| 30-9-16 | S.O.C. C.T.D. | Taken on Strength Camp C.E.F man. from Canada. | | 25/9/16 | DO 5125 |
| 3-10-16 | D.M.S | Transferred to West Cliff C. & E. Hosp. | Folkestone | 30-9-16 | C.O. 1826 |
|  | | | | | |
| MAJOR, FOR COL, 1/6 RECORDS, Q.A.F. | | | | | |
| 8-10-16 | O.C. West Cliff Hospital | Taken on Strength | Folkestone | 30-9-16 | Part II O 280 |
| 29-9-17 | O.C. West Cliff Hosp. | Struck off Strength & came depot. | Folkestone | 21/9/17 | Part II O 272 |
|  | | | | | |
| O.O., West Cliff Canadian Eye & Ear Hospital, | | | | | |
| 29-9-17 | Comd. Sgt. from West Cliff E. & E. Hosp. | Struck off | Slough | 21-9-17 | Part II O 272 (CO 1359) |

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

| Report | | Record of promotions, reductions, transfers, casualties, 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 | | | | |

| | | | | | |
|---------|------------|----------------------------|--------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 9-1-18. | Cambridge. | S.O.S. retained in Canada. | Shoveloff | 191219 | Reg (60 23) |
| 1-10-18 | | St John Military Hospital | St John N.B. | | <p><i>Alfred ...</i> ASST. ADJUTANT FOR Q. M. G. B. 213 <i>Edwards</i> O. I. C. MILITARY HOSPITAL, ST. JOHN, N. B.</p> |

1--7--19

S. O. S. 1--7--19.
Auth. D. O. 1481.

Edwards
.....Major.
O.C. ST. JOHN. MILITARY HOSPITAL.

Original ORIGINAL.

MEDICAL HISTORY SHEET.

Surname GASKIN Christian Name MAUDE PEARL.

Examined { on 4 day of September 1916
at Montreal P.Q.
Birthplace { City or Town St. John
County N.B.

Approved by [Signature]
Rank Coye Amb M.O.

Apparent age 29
Trade or occupation Graduate nurse
Height 5 Feet 4 1/2 Inches
Weight 128 1/4 Lbs.
Chest measurement { Minimum 30 inches
Maximum expansion 32 inches
Physical development good
Small-Pox Marks [check]

Table with columns: Date, Fit or Unfit, EXAMINED FOR RE-ENGAGEMENT. 7 DEC. 1916

Vaccination Marks { Arm Right 0 Left [check]
Number 1

Table with columns: Date, Result, VACCINATIONS. 19 9/16, H. Wilson M.O.

When Vaccinated last about 12 years ago.
(a) Marks indicating congenital peculiarities or previous disease Capt. removed from L. hand about 5 years ago.

Table with columns: Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. 9, 5 1/16, 9, 13 1/16, 23 9/16, 500 mill. mixed, 1,000 mill. mixed, 1,000 mill. mixed, H. Wilson M.O.

(b) Slight defects but not sufficient to cause rejection

Enlisted on 1st day of September 1916 at Halifax N.S.

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. CAMC, ref, Str

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Folkestone, 18-07, Bronchitis, further service; do, 21-9-17, Gastritis & Debility, Two months leave.

CANADIAN

Christian Name *Maudie Pearl*

Surname *Gaskin*

| STATION. | Date of Arrival at the Station. | DATES OF | | | | | | 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. |
|--------------------------------------------------------------|---------------------------------|--------------------------|-----------|-----------|--------------------------|-----------|------------------|----------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| | | Admission into Ho-pital. | | | Discharge from Hospital. | | | | | | |
| | | Day | Month | Year | Day | Month | Year | | | | |
| <i>Halifax N.S.</i> | <i>1-9-16</i> | | | | | | | | | | |
| <i>Montreal P.Q.</i> | <i>2-9-16</i> | | | | | | | | <i>No admissions</i> | | |
| <i>WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.</i> | | <i>10</i> | <i>1</i> | <i>17</i> | <i>18</i> | <i>1</i> | <i>17</i> | <i>Ac Bronchitis</i> | <i>9</i> | <i>Now well and fit for duty</i> | |
| <i>WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.</i> | | <i>19</i> | <i>17</i> | <i>21</i> | <i>9</i> | <i>17</i> | <i>Gastritis</i> | <i>21</i> | <i>Has been in hospital etc. for 3 weeks. Gastritis & Debrility. Case not progressed well as desired.</i> | | |

C. W. Church
Major.
A.D.M.S., M. D. No. 4

White
Capt.

White
Sgt.

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 Hoskin
(Given name in full)
Maud Pearl
 Unit or Corps 6.2 M.L. Birthplace St. John N.B.

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

1. GENERAL DESCRIPTION:

Physique good Weight 128 lbs. Height 5 ft. 4 1/2 in. Colour of Eyes grey
 Nutrition good
 Pulse 80
 Condition of arteries normal
 Vision Rt. 20/20 Left 20/20
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
scar on left breast

Opinion as to general health and physical condition..... good

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.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

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 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 *M. P. Gaskie N.S.*

(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.)

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..... Army Medical.

(2) Regimental Number

(3) Full Name of Soldier..... Maude Pearl Gaskin.

(4) Place of Birth..... St. John. N.B.

(5) Are you married, or not?..... single.

(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.....

NOT CHARGED

MAR 13 1918

(9) Is your Father alive?.....No.....

If so, state name and address

(10) Is your Mother alive?.....Yes.....

If so, state name and address.....Mrs. Mary Gaskin.....

40. Adelaide Street. St. John. N. B.

(11) If your Mother is a widow.....Yes.....

Are you her sole support, or not?.....No.....

(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.

W. Church
Major.
Officer Commanding.

Date.....4-9-16.....

A.M.C. M.D. No. 4

| | | | |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| ASSIGNED PAY. | UNIT. | RANK. | NAME. |
| Beneficiary Address Amount. \$ 35 ⁰⁰ Separation Allowance issued. Yes or No..... | NAME OF DATE AUTHORITY | DATE AUTHORITY | |
| Canada | C.A.M.C. Pay \$ 200 pa 7 a 60 mess 1.00 | 12/8 25 ⁷⁶ Canada D.O. 5725 C.T.D. 2/30 ⁷⁶ | Name Gaskein Initials M.P. Bank of Montreal Trafalgar Sq 178 |

1917-18

| DATE | PARTICULARS | CK. NO. | CR. | DR. | ASSIGNED PAY PAID IN CANADA | BALANCE | SPECIAL AUTHORITIES To be initialed by P.M. in every case. | INITIALS |
|----------|--------------------------|---------|--------|-------|-----------------------------|---------|---------------------------------------------------------------|----------|
| 1917 | | | | | | | | |
| April 21 | April Pay - R. | | 108 - | | | | | |
| 22 | A.P. Can | | | | 35 - | | | |
| 26 | Bank | 3003 | | 73 | | | | |
| May 9 | May Pay R. A.P. Can. | | 111 60 | | | | | |
| 23 | Bank | 5986 | | 76 60 | 35 | 76 60 | | |
| June 9 | A.P. Canada. | | | | 35 | | | |
| 14 | June Pay (R) | | 108 | | | 73 | | |
| 22 | Bank | 9004 | | 73 | | | | |
| July 19 | July Pay (R) | | 111 60 | | | | | |
| 19 | A.P. Canada | | | | 35 | | | |
| 24 | Bank | 13092 | | 76 60 | | | | |
| Aug 18 | Aug. Pay (R) A.P. Can | | 111 60 | | | | | |
| 21 | Bank | 17361 | | 76 60 | 35 | 76 60 | | |
| Sept 17 | Sept Pay (R) | | 108 | | | | | |
| 12 | A.P. Canada. | | | | 35 | 73 | 21 ⁹ - 21 ¹¹ Dmsco #1287 1-10-17 | |
| 21 | Bank | 21863 | | 73 | | | Leaves Can. | |
| Oct 8 | Adv. Oct. P. ca. | | | 76 60 | | | L.F. 6 to 21 ¹⁰ | |
| Oct 9 | October Pay (R) | | 111 60 | | | | To be carried | |
| 12 | A. Pay Canada | | | | 35 | | forward until return | |
| 20 | Bank | 2 | | 76 60 | | | | |
| Nov 16 | November Pay - R. | | 108 | | | | | |
| 15 | A. Pay Canada | | | | 35 | 73 | | |
| Dec 7 | Dec Pay (R) | | 111 60 | | | | | |
| 8 | A.P. Can. | | | | 35 | 149 60 | | |
| | Carried For. | | | | | | | |

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$ 35

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

Pay #2nd pd n/s
7.0.60
mess 1.00

Name Gaskin
Initials M.P.
Bank of Montreal
Trafalgar Sq 1^{1/8}

ban

10.1.19th Retained in Canada H.Q. Canada No 2234-477

1917-18

| DATE | PARTICULARS | CK. NO. | CR. | DR. | ASSIGNED PAY PAID IN CANADA | BALANCE | SPECIAL AUTHORITIES To be Initialed by P.M. in every case. | INITIALS |
|-------|--------------------------------------------------------------------------------------------------------------------------|---------|-----|-----|-----------------------------|---------|---------------------------------------------------------------|----------|
| Jan | Brought For. Jan Pay (R) | | 111 | 60 | | 149 60 | leave to ban. L.P. to 31 st 19 | |
| 15 | A.P. ban | | | | 35 | 226 20 | PTA to be carried | |
| 24 | A.P. ban @ 35 pm fr 1 st 7.31 st 6 th 9 th d m s pd. Ant Retd in ban No. 441 | | 105 | | | 331 20 | ford. until return. | |
| Feb 5 | Credited P.A. 1 st 7 - 31 st 78. d # 67. P.C. | | | | | 331 20 | fr. Ledger fr Ledger 8 to L12 5 th 8 | |

| | | | |
|---------------------------------------------|---------|-------|-----------|
| ASSIGNED PAY. | UNIT. | RANK. | NAME. |
| Beneficiary | NAME OF | DATE | AUTHORITY |
| Address | | | |
| Amount. \$ | | | |
| Separation Allowance issued. Yes or No..... | | | |

C.A.M.C.

N/S.

Mess
DATE
25.9.16 From Canada
D.O.#51256.70
d/30-9-16.

Name Gaskin ✓
Initials M.P.
Bank of Montreal.

| DATE 1916 | PARTICULARS | OK. NO. | CR. | DR. | ASSIGNED PAY PAID IN CANADA | BALANCE | SPECIAL AUTHORITIES To be initialled by P.M. in every case. | INITIALS. |
|----------------|-----------------------------------------------------------------------------------|----------------|--------|-------|-----------------------------------|---------|----------------------------------------------------------------|-----------|
| | | 1916-17 | | | | | | |
| Oct 12 | Bank | | | 6 | | | | |
| 23 | A.P. Can | | | | 35 | | | |
| | Pay fr 1-31 ¹⁰ / ₁₆ Mess fr 25 ⁹ / ₁₆ | | 11760 | | | | | |
| 27 | Bank | 11000 | | 76 60 | | | | |
| Nov 6 | A.P. Can | | | | 35 | | | |
| 17 | Pay Nov (2) | | 108 | | | | | |
| 24 | Bank | | | 73 | | | | |
| Dec 11 | A.P. Can | | | | 35 | | | |
| 12 | Pay Dec | | 111 60 | | | | | |
| | Bank | | | 76 60 | | | | |
| 1917 Jan 19 | A.P. Can | | | | 35 | | | |
| 23 | Pay Jan | | 111 60 | | | | | |
| 25 | Bank | | | 76 60 | | | | |
| Feb 19 | A.P. Can | | | | 35 | | | |
| 21 | Pay Feb | | 100 80 | | | | | |
| 22 | Bank | | | 65 80 | | | | |
| March 20 | March Pay. R. | | 111 60 | | | | | |
| 21 | A.P. Can | | | | 35 | | | |
| 25 | Bank | 24818 | | 76 60 | | | | |

NAME

NAME

NAME

NAME

STATE AUTHORITY

NAME

NAME

NAME

NAME

NAME

NAME

NAME



PROCEEDINGS OF A MEDICAL BOARD

930-1-16

assembled at SHORNCLIFFE— on 21.9.17.
(19, Westbourne Gardens, Folkestone.)
 by order of A.D.M.S. Canadians.
 for the purpose of examining and reporting upon the present state of health of
 (Rank and Name) N/S M.P. Gaskin. (Corps) C.A.M.C.
 Age 30. Service 13/12. Disability Gastritis and Nervous Debility.
 Date of commencement of leave granted for present disability 21.9.17.
 Date on which placed on half-pay for present disability -----

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

~~She appears today with a report from Lt. Col. McKee Westcliffe Hosp. stating that this Nursing Sister has been a patient in the aforesaid hospital for three weeks suffering from the above disabilities. She has not improved very much and requires a long holiday. Col. McKee recommends two months vacation. The Board concurs in this report and recommends that this N/Sister be granted two months leave of absence, with permission to proceed to Canada.~~

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

1. Fit for General Service No unfit two months.
2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category* } No unfit two months.
3. Fit for Home Service. No unfit two months.
4. Fit for Light Duty at Home. No unfit two months.
5. Requiring indoor hospital treatment—
 - (a.) In an Officers' Hospital. -----
 - (b.) In an Officers' Convalescent Hospital. -----
6. (a.) Fit for light duty at a Command Depôt. -----
- (b.) Fit for treatment only at a Command Depôt. -----
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation } -----
8. Was the disability contracted in the service? Yes.
9. Was it contracted under circumstances over which he had no control? } Yes.
10. Was it caused by military service? Yes.
11. If caused by military service, to what specific military conditions is it attributed? } G.S. conditions.
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? } -----

I concur in the findings of the Board of Medical Officers here recorded.
 W.A. Tench
 Captain, D.A.D.M.S. for D.M.S. Canadians.

Officer's Address { Westcliffe. Hospital
Folkestone.
Kent.

Signatures { D.E. Howes. Capt. C.A.M.C. President.
H.A. Culham. Capt. C.A.M.C. Members.

INSTRUCTIONS.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

PROCEEDINGS OF A MEDICAL BOARD

assembled at SHORNCIFFE- on 18.1.17
(19, Westbourne Gardens, Folkestone.)

by order of Adms Canadaairs

for the purpose of examining and reporting upon the present state of health of
(Rank and Name) 2/5 M Gaskin (Corps) Cornet.

Age 29 Service 5/12 Disability Brucelitis

Date of commencement of leave granted for present disability now granted

Date on which placed on half-pay for present disability _____

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

This officer has recovered -

C.C. West Cliff Hospital, Folkestone.

The opinion of the Board upon the questions herein is as follows:—

- (1.) a. Is the officer fit for "General Service"? Yes
- b. If not so fit, how long is he likely to be unfit? _____
- (2.) a. If unfit for General Service, is he fit for service at home? _____
- b. If not so fit, how long is he likely to be unfit for service at home? _____
- c. If unfit for General Service at home, is he fit for light duty at home? _____
- d. If not so fit, how long is he likely to be unfit for light duty at home? _____

(3.) Was the disability contracted in the service? Yes

(e) Is the Officer fit to perform any duties not coming within the above categories? If so, specify the nature of the duties which he might perform.
.....

er which he had } Yes

Yes

Exposure sufficient

I certify in the presence of the Board of Medical Officers that the records of this Medical Board are correct.
A.D.M.S.
D.D.M.S.
Folkestone, England.

.....
service, was it aggravated by it?

Signatures { Wm Bennett President.
W. G. G. G. G. G. Members.

PROCEEDINGS OF A MEDICAL BOARD

assembled at SHORNCLIFFE—
(19, Westbourne Gardens, Folkestone.) on 18.1.17
 by order of Adms Cavadairs
 for the purpose of examining and reporting upon the present state of health of
 (Rank and Name) 2/S M Gaskin (Corps) Cornet.
 Age 29 Service 5/12 Disability Bronchitis
 Date of commencement of leave granted for present disability none granted
 Date on which placed on half-pay for present disability _____

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

This officer has recovered -

The opinion of the Board upon the questions herein is as follows:—

- (1.) a. Is the officer fit for "General Service"? yes
 b. If not so fit, how long is he likely to be unfit? _____
- (2.) a. If unfit for General Service, is he fit for service at home? _____
 b. If not so fit, how long is he likely to be unfit for service at home? _____
 c. If unfit for General Service at home, is he fit for light duty at home? _____
 d. If not so fit, how long is he likely to be unfit for light duty at home? _____
- (3.) Was the disability contracted in the service? yes
- (4.) Was it contracted under circumstances over which he had no control? yes
- (5.) Was it caused by military service? yes
- (6.) If caused by military service, to what specific conditions is it attributed? Exposure to gas
- (7.) If the disability was not caused by military service, was it aggravated by it? _____

I certify that the Board of Medical Officers
 have recorded the above facts
 in their records
 J. D. M. S.
 for D.D.M.S.
 General Practitioners, England

Signatures

Wm. Bennett President.
W. G. G. G. G. Members.
W. G. G. G. G. Members.

O.C. West Cliff Hospital, Folkestone.

Instructions.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

ET

Rank and Name **GASKIN, Maude Pearl.** Nursing Sister.
 Regimental No. Name and Address of Next-of-Kin **Mother.**
 Unit **C.A.M.C. Reinforcements.** **Mrs Mary Gaskin.**
 Date of enlistment **4 Sep 16** **40, Adelaide Street. St. John.**
 Place of birth **St. John. New Brunswick.** **New Brunswick, Canada.**
 Married (Yes or No) Date and place of discharge
 If in Permanent Force Reason for discharge
 Promotions or appointments Character on discharge
SAILED 10 9 16 HQ593 8 12 25-9-16

OCT 5 1916 *w. cliff*
 NOV 2 1916 *w. cliff*
 4-12-16
 4-1-17
 26-4-17



UIC

| Date | Report | | Place | Date | REMARKS Taken from Official Documents |
|----------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------|----------------------------------------------------------------------|
| | From whom received | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | | | |
| 30-9-16 | <i>P.O.C.</i> <i>b. T. D.</i> | <i>Taken on Strength, Camp C. & E. on arrival from Canada</i> | | <i>10-9-16</i> <i>25-9-16</i> | <i>D.O. 5125 C.O. 1823.</i> |
| 3-10-16 | <i>Dur. S.</i> | <i>Transfer to West Cliff C. & E. Hp. Folkestone</i> | | <i>30-9-16</i> | <i>C.O. 18 26</i> |
| 8-10-16 | <i>W. Cliff & S. Hp.</i> | <i>Taken on Strength West Cliff C. & E. Hp. admitted</i> | | <i>30-9-16</i> <i>19-1-17</i> | <i>P. II ord. 280</i> <i>C. 2 580</i> |
| 19-1-17 | <i>Amie</i> | <i>West Cliff Can. C. & E. Hp. Folkestone</i> | | <i>13-1-17</i> <i>22-9-17</i> | <i>C.L. 577. Bronchitis ac</i> <i>C. 2 788</i> |
| 5-9-17 | <i>b. R. O.</i> | <i>Adm. Westcliffe Can. C. & E. Hp. Folkestone.</i> | | <i>2-9-17</i> | <i>62 771. Gastritis</i> |
| 25-9-17 | <i>D.M.S.</i> | <i>Posted to Camp Depot</i> | | <i>21-9-17</i> | <i>C.O. 1259.</i> |
| 1-10-17 | <i>D.M.S.</i> | <i>Granted leave Rec of M.B. with permission to proceed to Canada without exp. to further</i> | | <i>21-9-17</i> <i>21-11-17</i> | <i>C.O. 1287</i> |
| 14-12-17 | <i>H.Q. O.M.S.C.</i> | <i>Granted further extension of leave in Canada. (Med. Treatment)</i> | | <i>21-1-18</i> | <i>A. G. 1a 8-G-266. Ottawa cable 1000. letter on. R.L. 11-G-45.</i> |
| 7-1-18 | <i>Dof M.S.</i> | <i>Sos. having been retained in Canada</i> | | <i>19-12-17</i> | <i>C.O. 23</i> <i>RO 323HCF</i> |
| | | | | <i>Sos 1-7-19</i> | |

A.F.B. 103
16-10-16

A.F.B. 103
1000

A.F.B. 103.
20 MAR. 1918

6106

MEDICAL CASE SHEET.*

| No. in Admission and Discharge Book. | Regimental No. | Rank. | Surname. | Christian Name. |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------------|
| 46 | | M/S. | Faskin. | Maud |
| Year | Unit. | Age. | Service. | |
| 1917 | 6. A. M. Co. | W. B. Co. | 29 | 4/12 |
| Station and Date. | Disease | | | |
| Jan 10/17 | Acute Bronchitis | | | |
| | <p>Entered Hospital with acute Bronchitis. Treatment expectorants, Inhalations and Benzoin as counter irritant. Rest in bed. Improved rapidly under treatment. No complications. Discharged for duty Jan 18, 1917.</p> | | | |
| | Duty | | | |
| | 19 JAN 1917 | | | |

WEST GULF CAMBRIAN EYE AND
 EAR HOSPITAL, FOLK STONE

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
 (23205) Wt. W 4234—M 827. 1,000,000. 8/16. C.F.&S. Forms/I. 1237/11. P.T.O.

Station
and Date.

Bapt. **MEDICAL CASE SHEET.***

| No. in Admission and Discharge Book. | Regimental No. | Rank. | Surname. | Christian Name. |
|--------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------|----------|-----------------|
| 806 | N/S. | N/S. | Gaskin | Maudie P. |
| Year | Unit. | Age. | Service. | |
| 1917. | CAME - (WCCV & Spl.) | 30. | 12/12 L. | |
| Station and Date. | Disease | | | |
| 1/9/17 | Gastritis. | | | |
| | R | Nismuthi Subnitr. gr. ʒ. ʒ. ʒ. ʒ. L. W.M.S. | | |
| | | Mustard plaster to Epigastrium. Hot water bottle when painful. W.M.S. 20 - morae morning & Midday Powder. | | |
| Aug 7 th - 1917 | ʒ | Liq. Stychnie. ʒi ac nitro murdil ʒiii Eleui Loet pepm ʒiiss q. ʒ ʒi ʒ ʒi tid ac. dulci. | | |
| | | R. Hooper M.D. Stand Meo Bd. 21/9/17 2 mos. Leave to Canada. | | |

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

RATE OF ASSIGNMENT

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque
No.Amount
S/AAmount
A/P

Total

REMARKS

M. F. W. 128
4000c.-6-17-1772-38-1141
L. L. 23320-M. & D. 7338.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Oct 1/16

RATE OF SEPARATION ALLOWANCE

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

RATE OF ASSIGNMENT

| | | | |
|-----------|--|--|--|
| <i>35</i> | | | |
|-----------|--|--|--|

BP Account for credit

PARTICULARS OF SEPARATION ALLOWANCE

No. _____
 Rank *Private* Promoted _____ Reverted _____ Discharge _____
 Soldier's Name *M. P. Gaspin*
 Battalion *Army Medical*
 Beneficiary _____
 Relationship _____
 Address _____

PARTICULARS OF ASSIGNMENT

Name *BP of Nova Scotia*
 Address *Man. St. St. John*
 Change of Address _____
 1 _____
 2 _____
 3 _____
 4 _____

| Date | Cheque No. | Amount S/A | Amount A/P | Total |
|---------------|----------------|------------|------------|------------|
| <i>1917</i> | | | | |
| <i>Dec 31</i> | | | <i>575</i> | <i>575</i> |
| <i>Jan 18</i> | <i>Q 67539</i> | | <i>35</i> | <i>35</i> |
| <i>Feb.</i> | | | <i>25</i> | <i>35</i> |

REMARKS

6727-N-1

*a.p. account closed 31-1-18
 amended F.X. - 19-2-18 Na Scotland
 19-2-18
 30M. dated 21 3/18
 MRO2^B 19-2-18.*

M. F. W. 128
 400M-6-17-1772-38-114
 L. L. 22520-M. & D. 7493.



M.D. No. 7

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

40 Adelaide St St John
 RANK *N/S* NAME (IN FULL) *GASKIN, M. P.*
 AUDITOR *[Signature]* PAYMASTER *[Signature]*

| | | | |
|-----------------------------------------------|----------------------|-----------------------|---------------------------------------------------------------|
| REGT. NO. | ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST) |
| | <i>came</i> | | |
| PLACE OF ATTESTATION | DATE OF ATTESTATION | TRANSFERRED TO | DATE |
| <i>[Signature]</i> | <i>25-8-16</i> | | |
| ASSIGNED PAY \$ | DATE EFFECTIVE | TRANSFERRED TO | DATE |
| <i>141</i> | | | <i>25-9-5</i> |
| STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE | DISCHARGED | PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY |
| | | <i>[Signature]</i> | <i>7/19</i> <i>Leave</i> <i>DoP 3-4</i> |

BALANCE FROM PREVIOUS ACCOUNT

| MONTH | 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 |
|-------------|--------------|-----------------------|----------------------------------|---------------|-------------------|------------|------------|---------------|--------------|------------|--------------|---------------------|---------------|--------------|------------|-------|-----------------------------------------------------|
| | NO. OF DAYS | RATE | | | AMOUNT | COL. NO. 1 | COL. NO. 2 | COL. NO. 3 | COL. NO. 1 | COL. NO. 2 | | | | | COL. NO. 3 | DEBIT | |
| <i>Man</i> | | | | | | | | | | | | | | | | | <i>[Signature]</i> |
| <i>Apr</i> | <i>30</i> | <i>3⁰⁰</i> | <i>90 00</i> | <i>51 00</i> | <i>24</i> | <i>24</i> | | <i>141 00</i> | | | | | <i>141 00</i> | | | | <i>Subs 1³⁰</i> |
| <i>May</i> | <i>31</i> | <i>93</i> | <i>52 70</i> | <i>143 70</i> | <i>42</i> | <i>14</i> | <i>55</i> | <i>70</i> | <i>75 70</i> | | | | <i>145 70</i> | | | | <i>20 116 Leave 28⁴⁹-14⁵⁹</i> |
| <i>June</i> | <i>30</i> | <i>90</i> | <i>51 00</i> | <i>141</i> | <i>16</i> | <i>12</i> | <i>10</i> | <i>70 00</i> | <i>71 00</i> | | | | <i>141 00</i> | | | | <i>Sub 1190-183-184</i> |
| <i>July</i> | <i>1</i> | <i>3 00</i> | <i>170</i> | <i>432 40</i> | <i>21</i> | <i>8</i> | | <i>97 70</i> | | | | | <i>97 70</i> | <i>93 00</i> | | | |
| | | | <i>153 days @ 3⁰⁰</i> | <i>459 00</i> | | | | <i>459 00</i> | | | | | <i>93 00</i> | <i>366</i> | | | <i>153 days @ 3⁰⁰</i> |
| | | | <i>276</i> | <i>276 00</i> | | | | <i>276 00</i> | | | | | <i>276 00</i> | <i>90 00</i> | | | <i>276</i> |
| | | | <i>276 00</i> | <i>735 00</i> | | | | <i>735 00</i> | | | | | <i>90</i> | | | | <i>276 00</i> |
| | | | <i>93</i> | <i>93 00</i> | | | | <i>93 00</i> | | | | | <i>93 00</i> | <i>183</i> | | | <i>93</i> |
| | | | <i>90</i> | <i>90 00</i> | | | | <i>90 00</i> | | | | | <i>90 00</i> | <i>93</i> | | | <i>90</i> |
| | | | <i>93 00</i> | <i>735 00</i> | | | | <i>735 00</i> | | | | | <i>735 00</i> | <i>90</i> | | | <i>93 00</i> |
| <i>a</i> | | | <i>735</i> | <i>735</i> | | | | <i>735</i> | | | | | <i>735</i> | | | | <i>NON-EFFECTIVE</i> |

