

*original*

Unit A.M.C.T.D. No 10 Rank Lieut. Name Martin, Katherine McMillan

**OFFICERS' DECLARATION PAPER**

**CANADIAN OVER-SEAS EXPEDITIONARY FORCE**

**QUESTIONS TO BE ANSWERED BY OFFICER**

[ANSWERS]

- 1. (a) What is your Surname?..... Martin
- (b) What are your Christian Names?..... Katherine McMillan
- 2. (a) Where were you born? (State place and country)..... Winnipeg Canada
- (b) What is your present address?..... 125 Wellington Cresnet Winnipeg Canada
- 3. What is the date of your birth?..... 1891 Nov 26th
- 4. What is (a) the name of your next-of-kin?..... William Martin
- (b) the address of your next-of-kin?..... 125 Wellington Cresnet Winnipeg Canada
- (c) the relationship of your next-of-kin?..... Father
- 5. What is your profession or occupation?..... Professional Nurse
- 6. What is your religion?..... Pres.
- 7. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 8. To what Unit of the Active Militia do you belong?..... No
- 9. State particulars of any former Military Service..... No
- 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.

K. on Martin..... (Signature of Officer.)

Taken on strength (place)..... Winnipeg Man

(date)..... November 9th 1916

J. Bonnell Capt  
(Signature of Commanding Officer.)

**CERTIFICATE OF MEDICAL EXAMINATION**

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

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

Date..... November 9th 1916

Place..... Winnipeg Man

J. Bonnell Capt  
Medical Officer.

\*Insert here "fit" or "unfit"



UNITED STATES ARMY  
OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(Answers)

1. (a) What is your surname?
- (b) What is your Christian Name?
2. (a) Where were you born? (State place and country)
- (b) What is your present address?
3. What is the date of your birth?
4. What is the name of your next of kin?
- (a) The address of your next of kin?
- (b) The relationship of your next of kin?
5. What is your profession or occupation?
6. What is your religion?
7. Are you liable to be vaccinated as required and inoculated?
8. To what part of the Active Militia do you belong?
9. Have you ever been in any form of 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.

(Signature of Officer)

(Place of signature)

(Date)

(Signature of Commanding Officer)

CERTIFICATE OF MEDICAL EXAMINATION

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

of the CANADIAN OVER-SEAS EXPEDITIONARY FORCE

Medical Officer

Signature  
Date



MARTIN, KATHERINE MCMILLAN

N-S

C.A.M.C.

09992

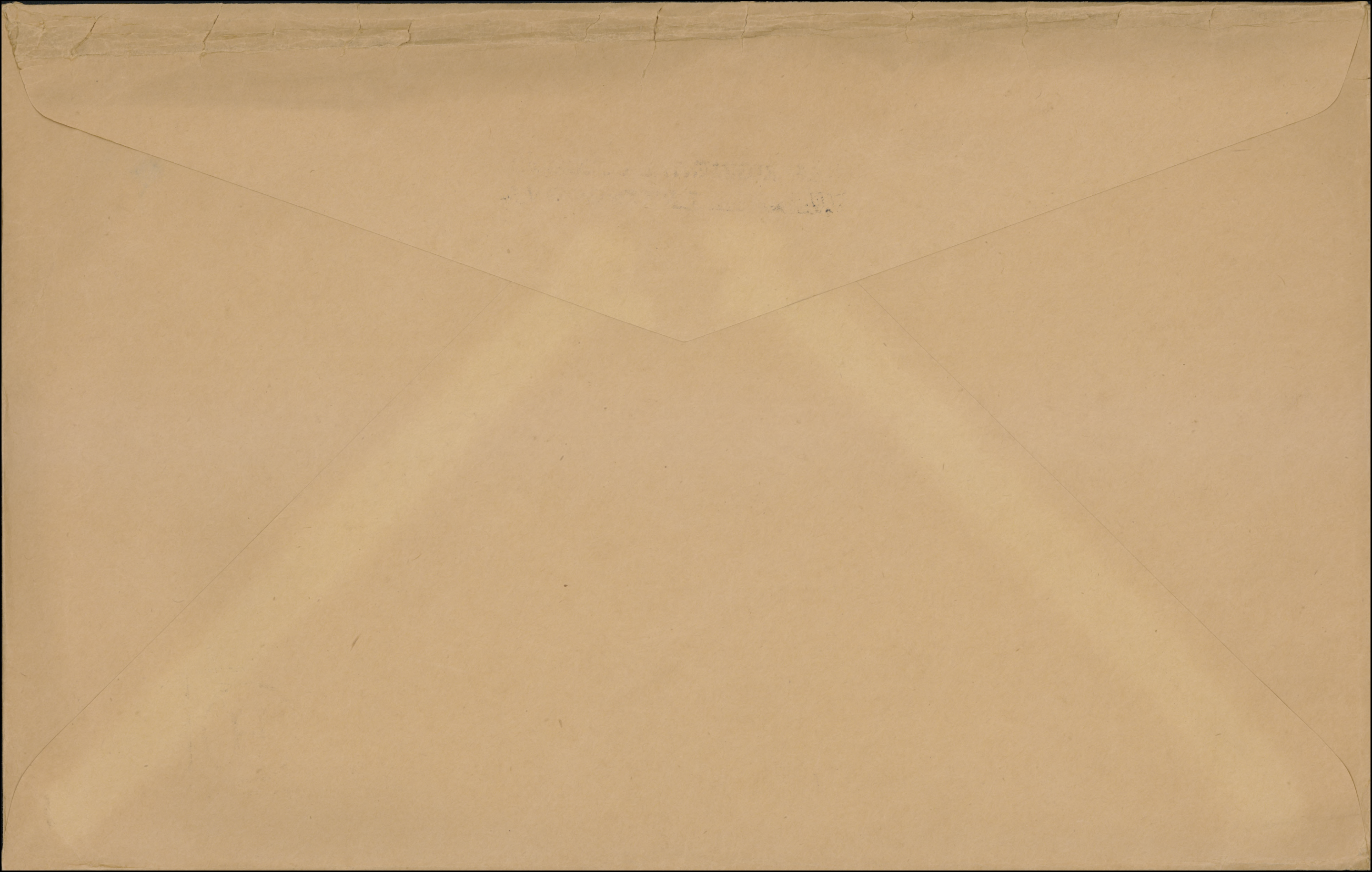
C.E.F. REGIMENTAL DOCUMENTS  
WAR SERVICE RECORDS D.V.A.

DEMOB

407919









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.....A.M.C.T.D. No. 10 C.E.F.....

(2) Regimental Number .....Nursing Sister.....

(3) Full Name of Soldier.....Martin, Katherine McMillan.....

(4) Place of Birth .....Winnipeg Canada.....

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

(6) If married, state,  
(a) Full name of your wife.....

(b) Present Postal Address.....

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

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

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

Also their names and ages.....



(9) Is your Father alive?..... Yes William Martin

If so, state name and address ..... 125 Wellington Crescent Winnipeg Canada

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

If so, state name and address.....

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

Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment; also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured?..... No

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

*A. C. Panton* Capt for major  
Officer Commanding.

Date..... March 20th 1917



## CASUALTIES, &amp;C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &C.
	NO.	DATE	
<p>Struck by string with effect from 11-6-19 Pending approval in Punjab Orders</p>	66	5-8-19	<p>Cloth W. + Order # 217 Pun. 1263.</p>



NAME *Martin Catherine McMillan*

REGIMENTAL NO.

RANK

*Nursing Sister*

ENLISTED AT

PROMOTIONS, &C.  
AND DATE

DATE

IF SERVED PREVIOUSLY, STATE UNIT, &C.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN

RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR



## CASUALTIES, &amp;C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &C.
	No.	DATE	
Transferred from D.D. 13 to A.M.C. I.D. 3 2-5-19	131	11-5-19	Transfer
Placed on Subsistence as from 5-5-19 no quarters being available	131	11-5-19	Auth A.D.M.S. D.O. <sup>Part 2 Sub 2</sup> 128
Sub from 5-5-19 to 31-5-19	141	21-5-19	Auth A.D.M.S. D.O. <sup>Part 2 Sub 2</sup> 128
Detailed to Col Belcher Hosp for duty 7-6-19	159	8-6-19	Command
Ceases to draw Sub as from 6-6-19	160	9-6-19	Auth D.B. 158 P 980
Placed on partial sub of 50¢ per day as from 7-6-19	160	9-6-19	Auth D.O. 158 P 980
Transferred to Col Belcher Hosp. as from 1-6-19	169	18-6-19	Auth A.D.M.S. D.O. 165 P 2 D 0



NAME

Martin Kate McMillan

REGIMENTAL NO.

RANK

Nursing Sister

ENLISTED AT

PROMOTIONS, &C.  
AND DATE

DATE

IF SERVED PREVIOUSLY, STATE UNIT, &amp;C.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN

RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

TE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR



SURNAME.

*Martin*

M. 10. 13. 28. 4-19 X  
DO 12. 2. of 30-4-19  
808 11-8-19  
DO 217 Feb. 4-8-19  
Col. Belcher Mil. Hosp.  
also DO 66 of 5-8-19  
Ba. M. M. S. M. D. 3

CHRISTIAN NAMES

*Katherine. Mc Millan*

REGL. NO.

RANK

*Nursing Sister*

UNIT

*C. A. M. C. Training Depot No 10.*

FORMER CORPS

*nil.*

*SO 1. 12-8-19. 13*  
*R.O. 21460 - 28-8-19*  
CHANGE OF ADDRESS  
*also DO 247 4 3-9-18*  
*8. 13. M. D.*

NEXT OF KIN.

NAMES IN FULL

*Martin, William.*

RELATIONSHIP TO SOLDIER

*Father*

ADDRESS

*125 Wellington Crescent.  
Winnipeg,  
Man.*

COUNTRY OF BIRTH

*Canada Winnipeg, Man.*

DATE

*Nov. 26<sup>th</sup> 1891.*

PLACE OF ATTESTATION

*Winnipeg, Man.*

DATE

*Nov. 9<sup>th</sup> 1916.*

*O/S. 6/4/17 Folio 209.*

*R/C 4-4-19 296 M/S.*



MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Professional  
Nurse.

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Winnipeg, Man.

DATE

Nov. 9<sup>th</sup> 1916.

Present Address, 125 Wellington  
Crescent, Winnipeg, Man.



# MEDICAL HISTORY SHEET

Surname Martin Christian Name Katherine McMillan

Examined { on 9th day of Nov 1916  
 at Winnipeg Man

Approved by

*[Signature]*

Birthplace { City or Town Winnipeg  
 County Canada

Rank

*[Signature]* M.O.

Apparent age 25Trade or occupation Professional NurseHeight 5 feet 4 inchesWeight 110 lbs.

Chest measurement { Minimum 32 inches  
 Maximum expansion 34 inches

Physical development

Small-pox Marks None

Vaccination Marks { Arm Right Left  
 Number 2

When Vaccinated last

20/3/14

Very good

*[Signature]* Capt

M.O.

(a) Marks indicating congenital peculiarities or  
 previous disease None

M.O.

M.O.

(b) Slight defects but not sufficient to cause rejection

None

26-3-17 good

*[Signature]*

M.O.

2-4-17 good

*[Signature]*

M.O.

9. IV 17

*[Signature]*

M.O.

Enlisted on 9th day of November 1916 at Winnipeg Man

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>A.M.C.T.D. No 10</u> <u>6 A No 6</u>	<u>Lieut</u> <u>Nursing Sister</u>		<u>November 9th 1917</u>
Transferred to				

## 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.







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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) MARTIN, K. M

REGIMENT Came RANK N/S No. \_\_\_\_\_

Date of Examination in England Feb 20<sup>th</sup> 1919 Date of Examination in France \_\_\_\_\_



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS                     

2. EXTRACTIONS                     

3. CROWNS                     

4. DENTURES
- (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

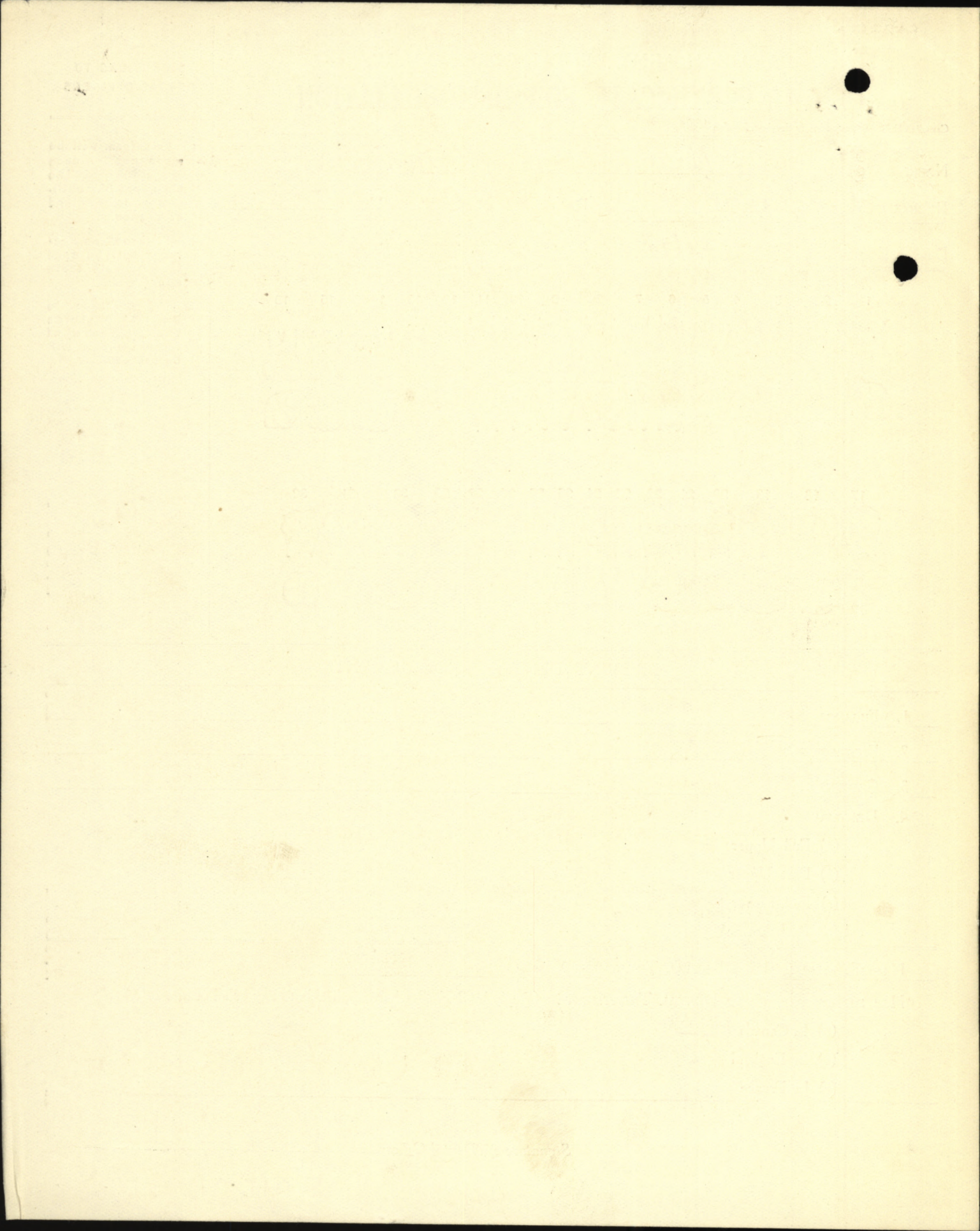
HAS HE EVER REFUSED DENTAL TREATMENT? no

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

- (a) In Canada
- (b) In England
- (c) In France yes

Signature of Dental Officer E. J. Kelly  
Capt. C.A.D.C.







Auth. for boarding.

A.M.D. 5722-a-2 of 18-8.19  
H.G. 1a/0-1-155 or 4+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 N.S. Surname MARTIN.  
(Given name in full)  
KATHERINE M.  
Unit or Corps C.A.M.C. Birthplace Winnipeg Man.

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

### I. GENERAL DESCRIPTION:

Physique Good Weight 140 lbs. Height 5'10 1/2 in. Colour of Eyes Blue  
Nutrition normal  
Pulse 72  
Condition of arteries Normal  
Vision Rt. 6/10 Left 6/8  
Hearing (conversational voice) Rt. 20 ft.  
Left 20 ft.

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

none

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 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 13. Bessarabi (Overseas)  
Date 20-3-19 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] M.S.

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

## THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)  
Date ..... Signed ..... M.O.

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

Signature .....

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

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



# CANADIAN EXPEDITIONARY FORCE

## Certificate of Service

J.N. 13-38

W.H.

ISSUED TO OFFICERS AND NURSING SISTERS

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

(Name in full)..... **Katherine McMillan MARTIN** .....

Enlisted in..... **The Can. Army Medical Corps Training Depot No.10.** .....

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

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

in..... **The Canadian Army Medical Corps.** .....

CANADIAN EXPEDITIONARY FORCE on the..... **ninth** .....

of..... **November** .....

191 **6** .....

He SERVED in CANADA, **ENGLAND & FRANCE**, with the **A.M.C. Training Depot No.10; C.A.M.C. Depot; Grenville Can. Special Hosp.; Can. Conv. Officers Hosp. Kent; Westcliffe B.A.E. Hosp.; No.1 Can. Gen. Hosp; Att'd No.2 Can. Gen. Hosp.; and C.A.M.C. Gas. Company, Shorncliffe.**

and was STRUCK OFF THE STRENGTH on the..... **Twelfth** .....

of..... **August** .....

191 **9** .....

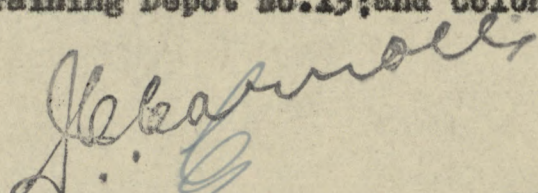
by reason of..... **General Demobilization** .....

Dated at Ottawa, this..... **Twenty-ninth** .....

of..... **December** .....

191 **9** .....

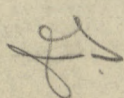
**Served in Army Medical Corps Training Depot No.13; and Colonel Belcher Military Hospital.**



**Lieut.**

**For**

Director of Personal Services.





CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to certify that \_\_\_\_\_

rank of \_\_\_\_\_

in the CANADIAN EXPEDITIONARY FORCE on the \_\_\_\_\_

at \_\_\_\_\_

and was struck off the rolls of the \_\_\_\_\_

on \_\_\_\_\_

Dated at Ottawa this \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_



DUPLICATE. Copy to replace Original

Army Form B. 103

Regimental Number.....

**Casualty Form—Active Service.**

Rank *W/S* Regiment or Corps *60006*  
 Surname *Martin* Christian Name *Katherine Le Thillan*

Religion..... Age on Enlistment..... years..... months

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

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

Extended {.....} Re-engaged {.....} Qualification (b).....  
 or Corps Trade and Rate.....

Occupation..... Signature of Officer.....

CERTIFIED COPY  
 MAR 10  
 CASUALTY RECORD OFF. 1

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
<i>20.4.17</i>	<i>D.M.S.</i>	<i>T.O.S. Posted to 60006 Depot</i>		<i>6.4.17</i>	<i>60 510</i>
<i>---</i>	<i>---</i>	<i>Posted to Gran. S.A. Ramsgate</i>		<i>17.4.17</i>	<i>60 509</i>
	<i>Gran. S.A.</i>	<i>T.O.S.</i>	<i>Ramsgate</i>	<i>---</i>	<i>Px 11 108</i>
<i>27.6.17</i>	<i>D.M.S.</i>	<i>Posted to 60 Officers A. Broadstairs</i>		<i>20.6.17</i>	<i>60 825</i>
<i>26.9.17</i>	<i>---</i>	<i>Posted to Westcliff E.C. Corp. Folkestone</i>		<i>9.17</i>	<i>60 12.66</i>
<i>22.3.18</i>	<i>---</i>	<i>Posted to 60006 Depot.</i>		<i>21.3.18</i>	<i>60 570</i>
<i>---</i>	<i>---</i>	<i>Proc'd / seas</i>		<i>---</i>	<i>60 569</i>
<i>1.4.18</i>	<i>No 1 69 A</i>	<i>T.O.S.</i>		<i>22.3.18</i>	<i>Px 11 19</i>
<i>14.6.18</i>	<i>"</i>	<i>Act'd to No 2 69 A for temp duty</i>		<i>7.6.18</i>	<i>" 46</i>

CERTIFIED TRUE COPY.  
 from Record Sheet  
*A. Thillan* Major,

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c. (6228) W. 13863/M1477 2,400,000 1/17 McA & W Ltd. Form B.103 (E. 886) P.T.O.







*Temporary*

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

M. F. W. 54. (A. F. B. 103.)

250M.—1-16.

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps \_\_\_\_\_

Regimental No. \_\_\_\_\_ Rank *M/S* Name *Marten, Katherine McMillian*  
C. E. F.

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. 38, 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. 38, or other official documents.
Date	From whom received				
<i>1-6-19</i>	<i>Transferred from A. M. C. J. D. no 13 to Colonel Belcher Hospital</i>		<i>Calgary</i>	<i>1-6-19</i>	<i>DO 169 Part 2.</i>
	<i>Certified no entries.</i>		<i>attn</i>		<i>Major G.A.M.G.</i>
					<i>O. C. A. M. C. Training Depot No. 13</i>
	<i>Struck off strength with effect from 11-8-19 demobilization Pending approval - P.O. (Reg DO Pt 2 #66-4-8-19) (Auth West Order #217. Para 1263).</i>				<i>Lt. Col.</i>
	<i>Certified no entries</i>				<i>O. C. Col. Belcher Mil. Hospital</i>

(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				







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				
25-3-19	Cammecloy	S.O.S. on posting to Gran CSH.		3-3-19	P <sup>T</sup> ord. 71
25-3-19	11CGH.	T.O.S. on posting from Camc. Cas. Coy.		1-3-19	P <sup>T</sup> ord. 25
		S.O.S. on posting to Gran CSH. Buxton		3-3-19	
		Mentioned in Despatches LG.11719			
22-4-19	Camc. Cas. Coy.	S.O.S. on trans to CEF. in Canada		25-3-19	P <sup>T</sup> ord. 93.
		Sailed to Canada S.S. Scotian		25-3-19	Sailing No. 36.
10-4-19	DMS.	S.O.S. on trans to CEF. in Canada		25-3-19	CD. 52.
		Cessation of hostilities			
				SOS. 12.8.19	

14364



CERTIFIED CORRECT  
 2 - ADD 1978  
 CASUALTY OFFICE

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

M. F. W. 54. (A. F. B. 103.)

Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

Unit, Regiment or Corps A.M.C. No.10.Tr.D Depot.C.E.F.

Regimental No. M/5th Rank Lieut. Name Martin, Katherine McMillan.

Enlisted (a) 9/11/16 Terms of Service (a) C.E.F. Service reckons from (a) 9/11/16

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) Nursing Sister

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 Canada 6-4-17  
 Disembarked England 16-4-17

24-4-17 C.A.M.C. TAKEN ON STRENGTH Walsingham 16-4-17 P. 75 00.114

25-4-17 Ob. G. S. H. Posted to Gran. Spec Hosp. Ramsgate 17-4-17 Part II 80.108

18-4-17 Ob. G. S. H. Taken on strength. Ramsgate 17-4-17 Part II 80.108

20-6-17 Ob. G. S. H. S.O.S. to Can. Officers Hosp Broadstairs Ramsgate 20-6-17 Part II 80.111

20-6-17 G.C.S.H. S.O.S. C.C.O.H. Broadstairs 25-6-17 Part II 80.29 25/6/17

28-9-17 ADM S S.O.S. C.C.O.H on being posted to Westcliff Hospital Folkstone 28-9-17 Part II 80-106 28/9/17

Dorree P. Haining Comd'g Canadian Convalescent Hospital for Officers, Broadstairs, Kent.

(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				
29. Sept 1917	<del>OC at Westcliffe Hospital</del> OC at Westcliffe Hospital	2.O.S of Westcliffe C. E. & H. E.	Folkestone Kent	24.9.17 24.9.17	Part 11 DO - 272 29/9/17. O.A.M.C. for O.D. West Cliff Canadian Eye & Ear Hospital.
21/3/18	- do -	S of S to "Camec" <sup>21/3/18</sup> Proceeding overseas to France Proceeding to France	- do -	21/3/18	Pt 2 DO 75- 21/3/18 Auth ARMS and 4/6754 ARMS 7629/R-3-17 Capt. C.A.M.C. Adj. & Regr for Officer Commanding WEST CLIFF CANADIAN EYE & EAR HOSPITAL, FOLKESTONE, KENT
24.3.18	do	Camec to Fol from Westcliffe E. & E. Hosp	Westcliffe	21.3.18	Pt 2 53 (C.O. 370)
do	do	do	do	21.3.18	Pt 2 53 (C.O. 369) Capt. ABST ADJUTANT FOR O.D. O.A.M.C. DEPOT
23.3.18	OC 18.8.18	T.O.S on arrival in France as Reinforcements No. 101/overseas / 5349. (arr Du) dated 13.3.18.		22.3.18	B213. KR. 25413. pub 19d./m. 18
8.6.18	16.9.18	Adj. for Temp. Duty to HQ 2 (Cdr. Gen Hosp. Dgrms. 13/1500/101 d/25.5.18.		7.6.18	B213. Pt 2 no 46/1918.
28.9.18	2.C. G.H.	Granted 14 days leave.	UK.	27.9.18	B213. Pt 4 78. d/ 1918.
19.10.18	"	Rejoined from leave		13.10.18	B213.
8.3.19	Adj.	Posted to Camp. Co. 5. S. Aff. CAN 1st Ech AT-1-34 d/21/18		27.2.19	KE/50013/2. Pt 11 10/1919.

W. Hewett

Lieut.  
for Lt. Col., AAG,  
Canadian Section



ASSIGNED PAY.

UNIT. *Rates* RANK. NAME.  
NAME OF DATE AUTHORITY DATE AUTHORITY

Beneficiary

Address

Amount. \$

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

*b. a. M. C. 10 Pay. \$-2. 00 P. d. N / S 16 4/17 From Canada*  
*F. A. 60 " 2 M. S. C. 0510 d*  
*mess 8. 1. 00 " 20 4/17*

Name *Martin*

Initials *H. M.*

Bank *of Montreal*  
*Trafalgar. Sq.*

*add out of allowance 17 1/4*

DATE	PARTICULARS	1918-19	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
<i>April 18</i>	<i>April Pay (R)</i>			<i>108</i>					
<i>22</i>	<i>Bank</i>	<i>1187</i>			<i>108</i>				
<i>May 16</i>	<i>May Pay (R)</i>			<i>111 60</i>					
<i>27</i>	<i>Bank</i>	<i>2683</i>			<i>111 60</i>				
<i>June 4</i>	<i>June Pay (R)</i>			<i>108</i>					
<i>26</i>	<i>Bank</i>	<i>4166</i>			<i>108</i>				
<i>July 26</i>	<i>July Pay (R)</i>			<i>111 60</i>					
	<i>Bank</i>	<i>5635</i>			<i>111 60</i>				
<i>Aug 13</i>	<i>Aug Pay R</i>			<i>111 60</i>					
<i>26</i>	<i>Bank</i>	<i>7272</i>			<i>111 60</i>				
<i>Sept 20</i>	<i>Sept Pay R</i>			<i>108</i>					
<i>26</i>	<i>Bank</i>	<i>9187</i>			<i>108</i>				
<i>Oct 12</i>	<i>Oct Pay (R)</i>			<i>111 60</i>					
<i>20</i>	<i>Bank</i>	<i>10428</i>			<i>111 60</i>				
<i>Nov 26</i>	<i>Pay R</i>			<i>140</i>					
	<i>Bank</i>	<i>12502</i>			<i>140</i>				
<i>Dec 11</i>	<i>Pay R</i>			<i>124</i>					
	<i>BANK</i>	<i>13792</i>			<i>124</i>				
<i>1919 Jan 16</i>	<i>Pay R</i>			<i>124</i>					
<i>24</i>	<i>Bank</i>	<i>15564</i>			<i>124</i>				
<i>Feb 17</i>	<i>Pay R</i>			<i>112</i>					
<i>22</i>	<i>Bank</i>	<i>17121</i>			<i>112</i>				
<i>March 19</i>	<i>also Mar P. A. Pay R</i>			<i>124</i>					
	<i>Bank</i>	<i>17489</i>			<i>124</i>				

RETURNED TO CANADA  
L.P.C. NO. *2/2/19*  
TRANSFER TO LEDGER  
*Transf. to Led. 6 to Led. 12*  
*April 1919*



ASSIGNED PAY.	UNIT.	RANK.		NAME.		
	NAME OF	DATE	AUTHORITY	DATE	AUTHORITY	
Beneficiary	<i>e. a m c</i>			<i>W. Sister</i>		Name <i>Martin</i>
Address						Initials <i>H. M.</i>
Amount. \$						Bank
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
<i>Apr 28</i>	<i>Trans. Expt. 24<sup>2</sup>/<sub>19</sub> - 31<sup>3</sup>/<sub>19</sub></i>	<i>0902</i>					<i>2-2-5</i>	
<i>May 21</i>	<i>Trans allow 24<sup>2</sup>/<sub>19</sub> - 31<sup>3</sup>/<sub>19</sub> (2-2-5) W. Sister Pay 4/6</i>							
	<i>LPC 31<sup>3</sup>/<sub>19</sub> Auth 0902</i>		<i>10 31</i>			<i>C 10 31</i>	<i>JUN 1919</i>	
<i>June</i>	<i>Tras to Can.</i>	<i>No 1441</i>		<i>10-31</i>		<del>0</del>	<i>12<sup>6</sup>/<sub>19</sub> Adv. Note on C. 10<sup>31</sup></i>	



ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

*Ness*  
DATE AUTHORITY

Beneficiary

Address

Amount. \$

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

*C.A.M.C.T.D.*

*Pay # 2<sup>nd</sup> Rd.*

*N/S.*

*16<sup>th</sup> Dec 1917*  
*From Canada*  
*Imbco. 510 d/20/17*

Name

Initials

Bank

*Martin*

*H. M.*

*of Montreal*

*Trafalgar Square 1178*

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
<i>1917</i>								
<i>April 26</i>	<i>Pa a. @ 71.5 rates of 1/7-30/7. Mles of 16/7</i>	<i>Bank 2940</i>	<i>93</i>	<i>93</i>				
<i>27</i>	<i>Pa a @ 71.5 rates of 16/7 Im. P.C. 0.610 1/20/7 22 P.C. 1/7</i>	<i>161648</i>	<i>93</i>					
<i>May 15</i>	<i>May Pay (R)</i>		<i>111 60</i>			<i>111 60</i>		
<i>21</i>	<i>Bank</i>	<i>6003</i>		<i>111 60</i>				
<i>June 14</i>	<i>June Pay (R)</i>		<i>108</i>			<i>108</i>		
<i>21</i>	<i>Bank</i>	<i>7998</i>		<i>108</i>				
<i>July 19</i>	<i>July Pay (R)</i>		<i>111 60</i>			<i>111 60</i>		
<i>" 24</i>	<i>Bank</i>	<i>13029</i>		<i>111 60</i>				
<i>Aug 18</i>	<i>August Pay (R)</i>		<i>111 60</i>			<i>111 60</i>		
<i>21</i>	<i>Bank</i>	<i>17080</i>		<i>111 60</i>				
<i>Sep 6</i>	<i>Advance Sep Pa a</i>	<i>Bank 17999</i>		<i>108</i>				
<i>14</i>	<i>Sept Pay (R)</i>		<i>108</i>					
<i>Oct</i>	<i>October Pay (R)</i>		<i>111 60</i>					
<i>10</i>	<i>Unpaid cheque £ 2-14-9 (75 pcs) 7/7. #631</i>	<i>25570</i>		<i>13 32</i>				
<i>19</i>	<i>Bank</i>	<i>26291</i>		<i>98 28</i>				
<i>Nov 15</i>	<i>November Pay (R)</i>		<i>108</i>					
<i>19</i>	<i>Bank</i>	<i>30681</i>		<i>108</i>				
<i>Dec 6</i>	<i>Pay Dec: R.</i>		<i>111 60</i>					
<i>13</i>	<i>Bank</i>	<i>35096</i>		<i>111 60</i>				
<i>1918</i>								
<i>Jan 11</i>	<i>Jan Pay (R)</i>		<i>111 60</i>					
<i>" 21</i>	<i>Bank</i>	<i>39501</i>		<i>111 60</i>				
<i>Feb 15</i>	<i>Feb Pay (R.)</i>		<i>100 80</i>					
<i>19</i>	<i>Bank</i>	<i>40996</i>		<i>100 80</i>				
	<i>Car Ford.</i>							



ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

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

Pay# 2<sup>000</sup> Pd N.S  
 Pa. . 60 "  
 Miss 1<sup>000</sup> "

Name *Martin*  
 Initials *H. M.*  
 Bank *of Montreal*

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918								
March 15	March Pay (R.)		111 60					
22	Bank.			111 60				



Occupational Group 19  
Dispensal Area M.

War Service Badge  
Class "A" No. ....

M-39



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

21-2-22

RECEIVED RECORD OFFICE  
APR 8 1919

REFERRED TO

ACTION TAKEN

1. RANK *Nursing Sister*

2. NAME *Martin, Katherine McMillan*

3. UNIT *C.A.M.C.*

4. DATE STRUCK OFF STRENGTH \_\_\_\_\_ PLACE \_\_\_\_\_

5. REASON *SOS 12-8-19 RO 2146-19*

*Demobilization*

6. AUTHORITY

7. PROPOSED RESIDENCE

*125, Wellington Crescent  
Winnipeg.*

**Emb-Liverpool 25 3 19**  
**HMT 'Scotian' - Sail 23**

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.

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 Credit Form (M.F.W. 2595).
9. Sundry Documents

*Dispensal cert*

Kathleen McMillan  
Martin  
R-S



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

A

1917

1917

1. I have the honor to acknowledge the receipt of your letter of the 14th inst. in relation to the above mentioned case.

2



NAME  
ADDRESS  
CITY  
STATE

NO. 1  
NO. 2

NO. 3  
NO. 4  
NO. 5  
NO. 6  
NO. 7  
NO. 8  
NO. 9  
NO. 10

NO. 11  
NO. 12



Group P. Q.

Checked by No. 30

W. H. Harris 80

Date 24 MAR 1919



NAME

Martin, Miss K. M.

RANK

N/S.

UNIT

att. 2<sup>nd</sup> Gen. Hosp.

AWARD

ment. in despatches by  
Sir Douglas Haig.

AUTH

L. G. 31448.

11-7-19.







*N. Scotian*

AUDITOR *[Signature]* PAYMASTER *[Signature]*

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

RANK *N.S.* NAME (IN FULL) *Martin, K. M.*

*1330*

REGT. No. \_\_\_\_\_ PLACE OF ATTESTATION *C.A.M.C.*

DATE OF ATTESTATION \_\_\_\_\_

ASSIGNED PAY \$ *Nil.*

TO WHOM PAID \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

ADDRESS *125 Wellington Crescent  
Winnipeg, Man  
27.11.19*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE \_\_\_\_\_

DISCHARGED *Calgary* PLACE *11-8-19* DATE *Remot* REASON *8066* AUTHORITY *80106* IF ENTITLED TO POST DISCHARGE PAY *80112 6093*

MONTH	NO. OF DAYS	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
		AMOUNT	RATE	\$	C.	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.		\$
1919																									
31-3-19																									<i>Paid Messing fr. 25/3 to 31/3/19. 7 Dns @ 1.00</i>
1/4 To 28/4	28	3.00		84.00		40.80		124.80																	<i>Subs. @ 1.70. Eff. 5-4-19.</i>
29/4/19	33			99.00		45.90		144.90																	<i>Subs. @ 1.69. Transp to 6th Bde. 1-6-19</i>
June	30			90.00		10.20		100.20																	<i>Subs. 6 days @ 1.20 = 7.20</i>
July	31			93.00		15.50		108.50																	<i>Partial Subs 24 days @ 1.20 = 28.80</i>
Aug	11			33.00		5.50		38.50																	<i>[Signature]</i>
				399.00		129.90		528.90																	

Audited by *J. Wright* Date *21.6.19*

Certified opening entries in this Ledger have been audited by *[Signature]* Date *23/9/19*

*War Service Gratuity.*

				459.00		459.00		93.00																	<i>9 1104532.00 26.8.19.</i>
								90.00																	<i>9 1104790.00 11.9.19.</i>
								93.00																	<i>14680.91.00 11/10/19.</i>
								90.00																	<i>Chaque 1244.450.00 11.11.19.</i>
								93.00																	<i>1483525.00 11.12.19.</i>
				459.00		459.00		459.00																	

All Payments Due on This Account have been completed.

*[Signature]* 1330.



