I.D. number No. d'identification	Surname Nom de famille	Given names Prénoms
N/SISTER.	AUGER	EDNA MABEL

DEMOB

OPEN
ATIP

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu Box # 304

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

ARC – 1048 (86/06)

REGIMENTAL DOCUMENTS

NAME AUGER EDNA, MABEL REGT. NO. N/Sisters UNIT #9 Gen. Hosp H. Q. FILE NO. 07202

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		~~Ptes~~ 28/7/12	9-7-19	~~Ptes 849 Bde~~	DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
1	DENTAL HISTORY SHEET (M.F.B. 465)					DISCHARGE
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)			0 7203		Category
1	MEDICAL EXAMINATION (M.F.W. 129)					Demob
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)		Bot			1
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M. F. W. 2591 Dispersal Cert.		30/			14-15
1	Casual					14-15
1	1-7-19					11-17
1	Paid					

St Northland 2-26 19

W. 2589
100M-11-18
1772-30-1447

UNIT C. A. M. C. Regimental No.

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS).
1. What is your name?	Edna Mabel Auger -
2. In what Town, Township or Parish, and in what Country were you born?	Chatham - Ontario. Canada.
3. What is the name of your next-of-kin?	Mrs. James Fleming - (Sister)
4. What is the address of your next-of-kin?	Medicine Hat. Alberta. Canada -
5. What is the date of your birth?	December - 25th 1882.
6. What is your Trade or Calling?	Nursing - Graduate Nurse -
7. Are you married?	No -
8. Are you willing to be vaccinated or re-vaccinated?	Yes -
9. Do you now belong to the Active Militia?	No -
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No -
11. Do you understand the nature and terms of your engagement?	Yes -
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes -

Edna Mabel Auger. (Signature of Man).

H. Henriette Casault (Signature of Witness).

COPIE Archives COPY

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Edna Mabel Auger, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Edna Mabel Auger. (Signature of Recruit).

Date September 2nd - 1915. H. Henriette Casault (Signature of Witness).

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Edna Mabel Auger -, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Edna Mabel Auger. (Signature of Recruit).

Date September 2nd - 1915. H. Henriette Casault (Signature of Witness).

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at

MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

this 18 OCT 1915 day of 1915.

Wallace Scott (Signature of Justice).

O I/C MOORE BARRACKS CANADIAN HOSPITAL SHORNCLIFFE

I certify that the above is a true copy of the Attestation of the above-named Recruit.

D Blank Brig (Approving Officer).

L10439 30-9-15 5,000.

Description of Edna Mabel Auger on Enlistment.

Apparent Age 32 years 10 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5' 3" — 5 ft. 3 ins.
Chest measurement. Girth when fully expanded	30 ins.
Chest measurement. Range of expansion	3½ ins.
Complexion	Dark.
Eyes	Brown
Hair	Dark brown -

Religious denominations.

- Church of England
- Presbyterian X
- Wesleyan
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic
- Jewish

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

None -

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CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider ~~him~~* her fit for the Canadian Over-Seas Expeditionary Force.

Date Oct 17th 1915 — J Blumenauer Capt CAMC

Place Shorncliffe — Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

M C Macdonald (Signature of Officer.)

MATRON-IN-CHIEF,
FOR D.M.S.,
CANADIAN CONTINGENTS.

Date 25-10- 1915.

Dm. X. 31/5-/20

Dup

Jo

Names

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 Auger
(Given name in full) Edna Mable

Unit or Corps C.A.M.C. ..... Birthplace Chatham Kent Ontario

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

1. GENERAL DESCRIPTION:

Physique Good Weight 92 (Est) lbs. Height 5 ft. 3 in. Colour of Eyes Brown

Nutrition Good

Pulse 74

Condition of arteries Good

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

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

Nil

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

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

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

Special Senses. No ..... Integumentary System. No ..... Respiratory System. No

Disturbance of mentality. No Muscular System. No ..... Digestive System. No

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

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

Nil.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Kinmel Park Mil Hospl (Overseas)

Date 26-4-19 Signed A.H. Longherbeg Capt RAMC 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 Edna M. Angel

(If not satisfied, M.F.B. 227 will be completed by Medical Board.) W/S. C.A.M.C.

THIS SECTION FOR USE IN CANADA—

Examined at ..... (Canada)

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

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

Signature .....

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

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

ORIGINAL.

MEDICAL HISTORY SHEET.

Surname Angew *Christian Name* Edwin Mable

Examined { on 2 day of Sept 1915
at Office of Ottawa D.G.M.S.

Approved by C.B. Pres Co

Rank Capt M.O.

Birthplace { City or Town Chatham
County Kent

Apparent age 33

Trade or occupation Nurse

Height 5 Feet 3 Inches.

Weight 105 Lbs.

Chest measurement { Minimum 32 inches.
Maximum expansion 33½ inches.

Physical development good

Small-Pox Marks ✓

Vaccination Marks { Arm ~~Right~~ Left.
Number 2

When Vaccinated last 1914

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

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

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
5/4/14		D. Q. Engd M.O.
15/4/14		Q/Typhoid M.O.
25/7/14		M.O.

The Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding their unit to the Record Office when they leave England.

W. F. WARD,
Colonel in Charge of Records,
Canadian Contingents, London.

Enlisted on ..... *day of* ..... *191* ..... *at* .....

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

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EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Kinmel Park Mil Hospl	26-4-19	Nil	Cat A F H Loughen Capt RAMC

PRESIDING MEDICAL BOARD

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

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

Surname [illegible] Christian Name [illegible]

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
No.24.Gen.Hosp.Etaples		12	10	16	18	10	16	Debility Slight		Trans.to Conv.Home Le Touquet	498
Con.Home Le Touquet		18	10	16	28	10	16	"		Discharged to duty — Duplicate Medical History Sheet posted to here.	A504-B550

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2. ~~Mrs J. J. Quaill~~ Canadian Bank of Commerce

Name of Soldier Auger E. M. nee sister a.m.c. Reinfs

L.L. Job 89002.—Req. 6213.

PAYMENTS.

25.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	J 1095	25	
May		K 4210	25	
June		L 7464	25	
July		A 7989	25	
Aug.		B 11264	25	
Sept.		J 15399	25	
Oct.		J 19688	25	
Nov.		J 24337	25	
Dec.		B 33515	25	
Jan.	1917	Q 35131	25	
Feb.		Q 41462	25	25
March		S 78911	25	25 L-
April		H 314	25	25 E.
May		R 6049	25	
June		S 13252 ~~S 13254~~	25 ~~25~~	25 Cu S. 13251 Can. Elm
July		S 20143	25	B
Aug.		T 27137	25	D
Sept.		S 34053	25	D 600 00 Jun.
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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.				

C.A.D.C. 5009 A

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

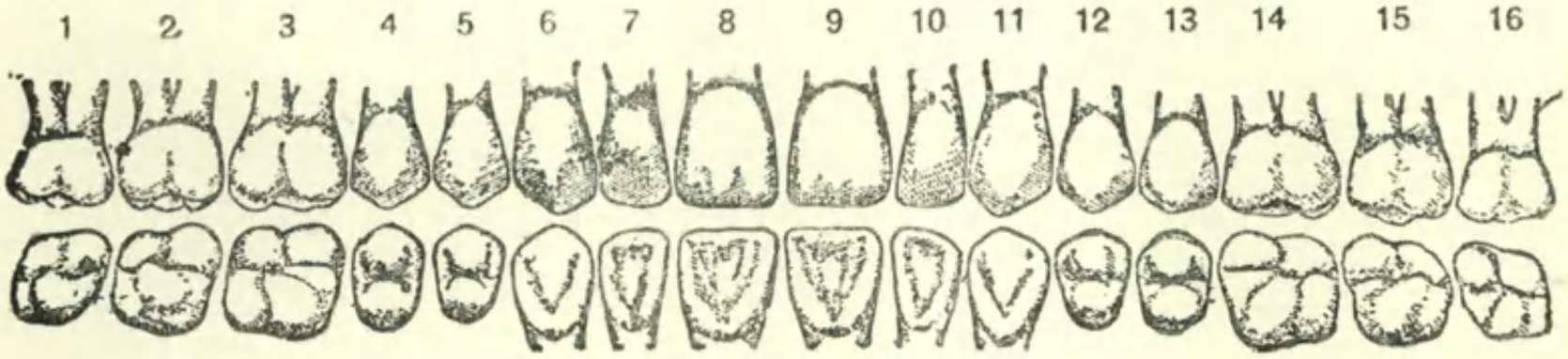
DENTAL CERTIFICATE FOR DEMOBILIZATION

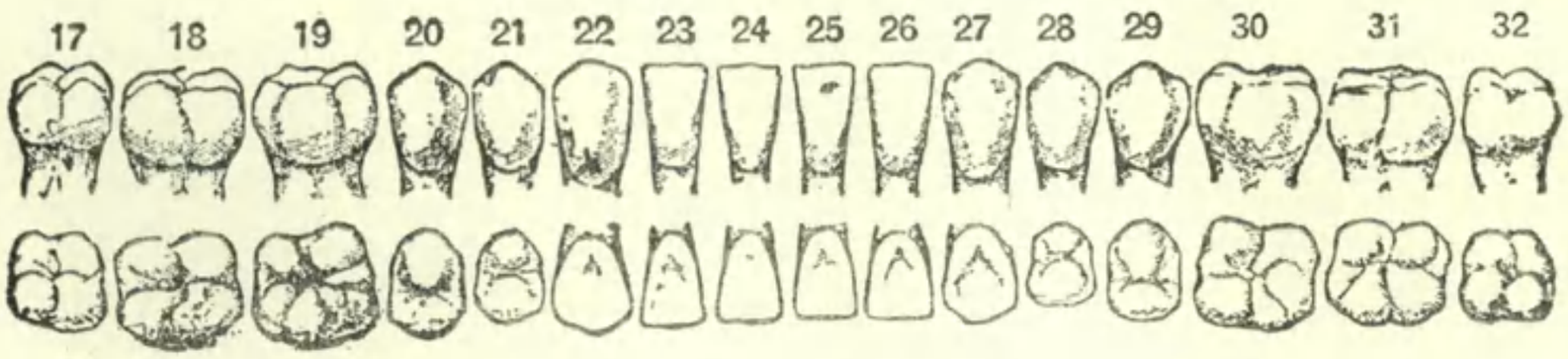
Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) AUGER, E. M. M.D 13

REGIMENT C.A.M.C. RANK Lieut n/s No.

Date of Examination in England 29/4/19 | 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 24
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 yes
- (*c*) In France —

KINMEL PARK, NORTH WALES.

ROOM KINMEL PARK CAMP, RHYL

Signature of Dental Officer J. A. Mercier capt

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

H.d.A.-12-25.
H.Q.

ISSUED TO OFFICERS AND NURSING SISTERS

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This is to Certify that (Rank) Nursing-Sister

(Name in full) Edna Mabel AUGER R.R.C.

Enlisted in Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE, on the [illegible]

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

in Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE on the second day

of September 191 5

He SERVED in CANADA, England and France with the C.A.M.C.,
No 1 Can. Gen. Hosp., No 1 C.C.C.S., No 3 Can. Gen. Hospital.,
C.A.M.C. Can. Cay., Shorncliffe., No 9 Can. Gen. Hospital., and
No 15 Can. Gen. Hospital, Taplow.

and was STRUCK OFF THE STRENGTH on the Eleventh day

of July 191 9 by reason of General Demobilization

Dated at Ottawa, this Eleventh day

of December 191 9

Awarded-Royal Red Cross, 2nd Class, L.G., No 30716.

[signature]
Lieut.
for Director of Personal Services.

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

Certificate of Service

CANADIAN EXPEDITIONARY FORCE

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

M. F. W. 54. (A. F. B. 108.
500M.—9-16
H. Q. 1772-39-9-0.

Casualty Form—Active Service.

Unit, Regiment or Corps ..... C. A. M. C.

Regimental No. ..... Rank ..... N. Sister C. E. F. Name ..... Auger. E. M.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
11/7/19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 13	26/6/19	C.E.F. R.O. No. 2073-19
18-7-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 13	11-7-19	C.E.F. R.O. No. 2084-19

G. Du Pierson Capt.
for Director Personal Services

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(*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				

JAN 11 1916

Rank and Name: Nursing Sister AUGER, Edna Mabel — RRC 2nd Class.

Regimental No.

Unit: C.A.M.C.

Date of enlistment: 2nd September 1915.

Place of birth: Chatham, Ontario, Canada.

Married (Yes or No): No

If in Permanent Force

Promotions or appointments: Left Canada 27-9-15

Name and Address of Next-of-kin: Mrs. James Fleming (Sister) Medicine Hat, Alberta, Canada.

Date and place of discharge

Reason for discharge

Character on discharge

24-4-16

A.F.B. 103

Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS Taken from Official Documents
6.10.15	D.M.S.	T.O.S. on dtr. from Canada.		5-10-15	C.O. 447.
8.10.15	D.M.S.	Posted to Moore Barracks Hosp. Moore Barracks		7.10.15	C.O. 763.
				6/1/16	R.L. 88-2. NR.
8-4-16	D.M.S.	Proceeded overseas for duty with	1C. Gen Hp	4.4.16	C.O. 579.
18-10-16	W.O.	admitted No 24 Gen. Hp.	Discharged to duty Etaples	28-10-16 / 12/10/16	C.L. 550. / C.L. 498 Debility, Sdy.
25/10/16	W.O.	Transfd to Convalescent H.	Le Touquet.	18/10/16	C.L. 504
9.2.17	1C. Gen H	Granted 14 days leave	rejoined unit from	15.2.17 / 1.2.17	Pt II ord. 14. 1C. Gen H / Pt II ord. 11
30.7.17	1C.Gen.H.	S.O.S. on repatriate	1C.C.C.S.	20.7.17	Pt II ord. 48
31.7.17	1C.C.C.S.	T.O.S.		21.7.17	Pt II ord. 42.
4-10-17	do.	Posted to No 1 Can Gen Hosp		6-9-17	Pt II 0/53
12.10.17	1C.G.Hp.	Granted 14 days leave from	Rejoined Unit	5.10.17 / 20.10.17	Pt II 0/64 / Pt II 0/67
3.6.18	W.O.	awarded Royal Red Cross 2nd Cl.			L.G. 30/6/18
8-6-18	1.C.G.Hp.	Granted 14 days leave		28.5.18	Pt II 0/44
3.7.18	do	Att. for temp. duty to	3. C. G. H.	13.6.18	Pt II 0.53 3. C. G. H. Pt II 0.37

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				
11-10-18	1 CGHtp.	Cases to be att to 3 CGH for temp duty		3-10-18	P^{T}_{II} ord. 80
1. 1. 19	- do -	Granted 4 days leave		15.12.18	P^{T}_{II} ord 1.
4-2-19	- do -	S.O.S. to Eng posted to camc Cas Coy. S Cliffe		23-1-19	P^{T}_{II} ord. 6.
18-2-19	camc. Cas. Coy.	T.O.S. on posting from 1 Can. Gen. Hosp.		24-1-19	P^{T}_{II} ord. 41.
20-3-19	Do	S.O.S. on posting to 9 Can Gen. Hosp		10-2-19	P^{T}_{I} ord. 67.
16-3-19	9 CGHtp.	T.O.S. from camc Cas. Coy.		16-2-19	P^{T}_{I} ord. 19.
28-5-19	do.	S.O.S. & posted to 15 C.G.H.		26-5-19	" " 28.
1-6-19	15 C G H	T.O.S. on posting from 9 C.G.H.		26-5-19	" " 126.
5-7-19	Do	S.O.S. on trans. to C.E.F. in Canada Cessation of hostilities		26-6-19	P^{T}_{II} ord. 147.
30-6-19	OMS.	S.O.S. on trans. to C.E.F. in Canada Cessation of hostilities		26-6-19	CO. 77.
		Sailed to Canada	Northland	26-6-19	Sailing 88.
				S.O.S.	11 Jul 19

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20278

92431.—W6490/1535.—7,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps C. A. M. C.

Regimental No. _____ Rank Nursing Sister Name Auger, Edna, Mabel,

Enlisted (a) 2-9-15 Terms of Service (a) _____ Service reckons from (a) _____

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
8.4.16	D.M.S.	Proceeded overseas for duty with No 1 Can. Gen. Hosp.		11.4.16	C.O. 579.
					J. Bunbury Major. For LT.-COL. I/c RECORDS; O.E.F.
		EMBARKED FOR FRANCE.		30/3/16	X O 50/16 ADMS.
9.4.16	C.G.H.	Arrived from England rejoined Est. Taken on Strength	Etaples	5/4/16	B213 St. 11 and 17 a. 21 ¼
14/10/16	1 C.G.H.	Admd. Villa Imo Hosp Debility	"	12/10/16	B213. W3634-77+88
4/11/16	"	To duty (")	"	28/10/16	B213 DCS 325 dd. 9/2/17
4/2/17	"	Granted 14 days leave		1/2/17	" D/150-11 dd-9/2/17
18/2/17	"	Rejoined Unit		15/2/17	" " 14 dd-26/2/17

(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				
22/7/17	1 C.C.S.	S.O.S. on reposting to No 1 CCS Dgms B/1512/17 d/ 21/7/17 Ref file CR 14989	CCS	20/7/17	B213 Pt II 48 30/7/17
22.7.17	No. 1 C.C.S.	Taken on strength No. 1 C.C.C.S.		21.7.17	B213 Pt II 42 d/31.7.17
9.9.17	No. 1 C.C.S.	S.O.S. No. 1 C.C.S. on reposting to No. 1 Can Gen Hosp. Authy: QS 569/17 d/7/9/17	"	6.9.17	B213 Pt II 53 d/4.10.17
"	"	Taken on strength	"	7/9/17	" " 62 5/10/17
7/10/17	1 C.C.S.	Granted 14 days leave	"	5/10/17	" " 64 12/10/17
21/10/17	"	Rejoined Unit	"	20/10/17	" " 67 25/10/17
1.5.18.	"	Granted 14 days. leave (UK)		28.5.18.	B213. Pt II No 44/1918.
3.6.18.	Ld. Gazette.	Awarded the Royal Red Cross 2nd Class.			No 30716. Page. 6475 Pt II O.N.O 50/1918
12.6.18.	3 C.C.S.	attached for Temp. duty to No 3 Can. Gen. Hosp. on termination of leave. DGMS B/1523/G&d. 18.6.18.		13.6.18.	B213. KM 20421. Pt II O.N.O 53/1918.
5. 10. 18.	1 C.C.S.	Leave to be attached to No 3. Can. Gen. Hosp. for temp. duty		3.10.18.	B213 Pt. II 80 d. 1918.
21.12.18.	"	Granted 14 days leave	Paris.	15.12.18	B213 Pt II No 2 of 1919
28.12.18.	"	Rejoined from leave.		21.12.18	B213

COPIED Archives OOTW

Army Form B. 103. (2) Regimental Number .....

Casualty Form—Active Service.

Regiment or Corps C.A.M.C.

Rank N/Sister Surname Auger Christian Name E.M. (R.R.C.)

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

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 ...			
25.1.19.	1 Can. Gen.	S.O.S. of No 1 Can Gen. and posted to C.A.M.C Casualty Company Shorncliffe (Recalled. (2nd Con A-L-6 [illegible]	Hosp.	23.1.19.	B213. dt. 6.2.19
		A.H. Christie			
18.2.19.	Cams Cas Coy	To S. Fern 1.b.G. Hosp.	S/Cliffe	24.1.19.	P/II do. 41.
26.2.19	do.	do S. to. 9. Can Gen Hosp	do	16.2.19.	P/II do 67
					Capt.
		O.C. Cams Cas Coy.			

(*a*) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

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

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

P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
16-3-19	96 Gen. Hosp Camerton C.	T.O.S. from C.A.M.C. Con Camp	Kennet Park	16/2/19	D.O. 2 11 No 19.
28/5/19	"	S.O.S to 16/15 C.F.H Taplow.	"	26/5/19	P.D.O. 38.
2/6/19	A.M.O. 4/29-4-15 of 30/5/19	T.O.S on Posting from #9 C.C.H. effect 2/6/19	Taplow Bucks	2/6/19	P.2 Ill # 126 of 1/6/19
24/6/19		S.O.S. D.O.H.T. 96. on Establishment for Canada	Taplow Bucks	26/6/19	

Discharged NORTHFIELD, N.D. June 26, 1919. U.S.A.

REGISTRAR & ADJUTANT
FOR OFFICER COMMANDING

Roy. R. Gn. (Cap. Botile)

SURNAME. Auger

CHRISTIAN NAMES Edna. Mable.

REGL. No. RANK

UNIT Nursing Sisters.

FORMER CORPS Medicine Hat Gen. Hospital.

CARD NO. 4968

X FOLL.

S.O.S 11-7-19 Demob

to 19 Bn 15-7-19 C.F.B.

NEXT OF KIN.

NAMES IN FULL Ruault, Mrs. J. J.

RELATIONSHIP TO SOLDIER

ADDRESS Medicine Hat Cor. Ash Ave. and 1st Street.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada

DATE

PLACE OF ATTESTATION O/S. 27-9-15.

DATE R/to 5-7-19 342 W/S 2

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

Date of Sailing 24-9-15. D. Q. O. G. 4. Novr 1st 1915.

Number ..... Rank N/S

Surname AUGER

Christian Name EDNA MABEL

Units ..... Theatre of War FRANCE

Date of Service 4-4-16

Remarks .....

Latest Address 821 - 1st Street S.
Medicine Hat

Roll No. ..... Alta Can.

200m.-6-21.

B Page 2034

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

DESP. MAR 6 1923
REGN. No. 1396535

868—D.P.—40M-1-12-19.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
4981	#24 General Etaples	12-10-16	Debility slt.
504 (2)	Trans. to Convt. Home Le Touquet	18-10-16	Debility
550 (3)	Disch. to duty	28-10-16	" " Slt.

REGT'L NO

H. Q. FILE No. 649-

FOLLOWS

NO.

FOLLOWS

NAME Auger E M

RANK AND CORPS n/str. C.A.M.C. 1 C.G.H.

CABLE

No.	Date

NATURE OF CASUALTY

L. L. Job 90581—M. & D. 6314.

M F. W. 42—50M—1-16.
H. Q. 17-2-39 893.

R. 149.

Name AUGER Edna Mabel *Rank* N/Str. *Reg. No.*

Unit CAMC 1 CGH

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
12-10-16	24 Gen.Hosp.	Etaples.	Debility slt.	498		
18.10.16	to Conv. Home,	Le Touquet		504		
28.10.16	Dschd duty			550		

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

Name. Auger.
Edna. Mabel.

Royal. Red Cross
2nd Class.

Rank.- Nursing Sister

Date. 3-6-18.

Unit- C.A.M.C.

Auth. G. G. # 30716.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

A

4980

Date of Assignment 1. 2. 18.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

AUTHORITY FOR NEW ACCT. 2 Mc 28-18

RATE OF ASSIGNMENT

25.00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Nsg Sister. Promoted Reverted Discharge

Soldier's Name Auger. Edna M.

Battalion C.A.M.C.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Canadian Bank of Commerce.

Address Medicine Hat.

Change of Address Alta.

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
						Fyle #603-E-4. N. R. 508. 403-E-5
Feb 1918	C 78472		25	25	R	
Mar	M 78238		25	25	R	
April	I 7777		25	25	R	
May	C 9142		25	25	R	
June	D 17524		25	25		
July	Y 30538		25	25	6	
Aug.	G 32110		25	25	6	
SEP	G 39938		25	25	6	
OCT	A 46265		25	25	6	
NOV	A 54650		25	25	6	
Dec	B 60578		25	25	6	
Jan	B 73960		25	25	6	
Feb	A 80540		25	25		
MAR	D 86044		25	25		
APR	C 3232		25	25		
MAY	A 7870		25	25	M6	
JUN	A 10444		25	25		
JUL	A 12176		25	25		
			450	450		

T. Flynn 25. 2. 18.

M. F. W. 128.
#Om. 6-17—1772-39-1141
L. L. 23320—M. & D. 1893.

A/c Closed 31-7-19

Ret'd per Northland

Dat 5/4/19 M.F.W.187 No 13

Clerk McKay No 100005

M. A. O. 1A

AUDITED.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
40m.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

1. 2. 18.

RATE OF SEPARATION ALLOWANCE

AUTHORITY FOR NEW ACC'T. } 2 Mo 28-18

RATE OF ASSIGNMENT

25 00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Nsg Sister Promoted Reverted Discharge

Soldier's Name Auger, Edna M.

Battalion C. A. M. C.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Miss J. J. Quail.

Address Medicine Hat.

Change of Address Alta.

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	
Feb 1918	C 78479		25	25	R
Mar	~~M 78245~~		~~25~~	~~25~~	R

Type 603-E 4. REMARKS N. R. 505.

Cancelled M. 78245. GB. 9 3/18.

Sheet Cancelled

Duplicate a/c Sheet ~~transferred~~ Cancelled Payments transferred to a/c in Current Ledger. H.K. 7-4-18

G. Ellis 28. 2. 18.
M. F. W. 128.
40M. 6-17—17?2-33-1164
L. L. 22320—M. & D. 1931.

M. R. O. 1a

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
400m.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch A

OVERSEAS CONTINGENTS

Date of Assignment

4979 Oct 1/15

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

$25 -			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank N. S. Promoted Reverted Discharge

Soldier's Name E. M. Auger

Battalion A. M. C. Reinforcements

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. J. J. Quaill

Address Cor 1st St + Ash ave. Medicine Hat. Alta

Change of Address

1

2

3

4

403-E-5 REMARKS 603-E-4

Sch. cheque issued on Duplicate V. Recovery effected by withholding March payment. HK 7-4-18

BV 59305 Jane 191

	Date	Cheque No.		Amount S/A	Amount A/P	Total		
	Sept-30-17				600	600		
	Oct	D 51508			25	25		
	Nov.	53293	C		25	25	B	
	Dec	59306 59305	B		25	25	B	M
1918	Jan/18	60611	F		25	25	S	
	Feb.	78479 64707	C B		25 25	25 25		
	~~March~~	9018	A		~~25~~	~~25~~		
	April	7778	I		25	25	L	
	May	9143	C		25	25	D.	
	Jun	12525	B		25	25		
	July	30537	G		25	25	C	
	Aug	33109	A		25	25	C	
	SEP	39937	D		25	25	C	
	Oct.	46264	A		25	25	C	
	NOV	54649	A		25	25	C	
	Dec	65577	B		25	25	C	
	Jan	72759	B		25	25	C	
	Feb	80539	A		25	25		
	MAR	86073	D		25	25		
	APR	3231	C		25	25		
	MAY	7869	A		25	25	M	
	JUN	16443	A		25	25		
	JUL	12177	A		25	25		
					1150	1150		

Recalled January 19 3/18. GB. - Cancelled April 27 3/18 GB

A/c Closed 31-7-19

Ret'd per Northland

Date 5/7/19. M.F.W.187 No 13

Clerk McKay MRO 100006

AUDITED.

CONSOLIDATED

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22820—M. & D. 7693.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22520—M. & D. 7983.

L. L. Job 80137—M. & D. 5683.

M. F. W. 12.
20m.—5-15.
H. Q. 1772-39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

2nd Contingent

Canadian Bank of Commerce

To Whom Mrs J. J. Quaill

Address ~~Cor. 1st St & Ash Ave~~ Medicine Hat. Alta

Rate $25-00

OCT 1 1915

By Whom Assigned Auger E. M.

Regtl. No.

Rank Nursing Sister

Corps A.M.C. Reinforcements.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Change of Assignee Effective 1st. Oct. 17 2 M 16 10/17 — 8 N. 18 10/17
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.		16376	25	
Nov.		R9288	25	
Dec.		S9383	25	
Jan.	1916	W.12053	25	
Feb.		W11204	25	
March		415043	25	

CONSOLIDATED ACCOUNT

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

Date	Brief details, and signature
5/7/14	Inoc F.Grand *a/ Matron*
15/7	
25/7	

Table IV.—Service Table.

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

I certify the regoing to be a true copy of an original Medical History Sheet of this man
for the Officer in Charge of Records
C.A.M.C.
Canadian Contingents.

MH.

DUPLICATE.

ARMY FORM B. 178.

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

MEDICAL HISTORY of

Surname AUGER *Christian Name* Edna Mable

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Chatham County Kent

Examined ... ... on 2nd day of Sept. 1914,
at Ottawa

Declared Age ... ... 33 years days.

Trade or Occupation ... Nurse

Height ... ... 5 feet 3 inches.

Weight ... ... 105 lbs.

Chest Measurement — Girth when fully Expanded: 33½ inches.
Range of Expansion: 1½ inches.

Physical Development ... Good

Vaccination Marks — Arm ... Right / Left
Number: 2

When Vaccinated 1914

Vision ... ... (R.E.—V=
(L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a)

(b) Slight defects but not sufficient to cause rejection ... ... (b)

Approved by (*Signature*) C.E.Preston
(*Rank*) Capt.
Medical Officer.

Enlisted ... ... at
on day of 191.

Joined on Enlistment ...	Corps.	Regtl. No.
Transferred to		

Became non-effective by ...

on day of 191.
(*Signature*)
(*Rank*)

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

W.R.WARD,
Colonel in Charge of Records,
Canadian Contingents.

(4887.) W. 9597/1588. 500m. 9/15. [illegible] Forms B. 178 39

P.T.O.

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
No.24.Gen.Hosp.Etaples	12	10	16	18	10	16	Debility Slight		Trnas. to Conv. Home Le Touquet	498
Conv.Home Le Touquet	18	10	16	28	10	16	"		Discharged to duty	A5048 B550 JP

Group..... 4G.
Checked by No..... 134
.....
Date..... 25 JUN 1919

Occupational Group 19
Dispersal Area 2

War Service Badge
Class A

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

1. RANK — Nursing Sister.
2. NAME — Auger Edna Mabel ~~Mayer~~.
3. UNIT — No. 9. ~~Canadian~~ General Hosp.
4. DATE STRUCK OFF STRENGTH — | PLACE
5. REASON — SOS 11-7-19 RO 2084-9
R. T. C.
Demobilization
6. AUTHORITY
7. PROPOSED RESIDENCE — 871 1st Street.
Medicine Hat.
Alberta.
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.

H.M.T. NORTHLAND
EMBK. 26.6.19.
DISEMBK. 5.7.19

W/S Auger Edna M.

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.
Dispersal Certificate

M. F. W. 2591.
20M—11-18.
1172-39-1380.

Northland 26 6/19 - 5 7/19.

AUDITOR | PAYMASTER

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

M. OR S. S. ✓ | REGT. No. | RANK N/S. ✓ | NAME (IN FULL) ANGER. E.M. ✓ (UNX)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No ✓ | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Certified opening entries on this Ledger Sheet have been audited by # Date 29-7-19		

ORIGINAL UNIT C.E.F. C.A.M.C. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 25.00 (1) 25.00 (2) | DATE EFFECTIVE

PAYABLE TO (1) Mrs J.J. Quaill. | RELATIONSHIP (2) Can. Bank of Commerce ✓ | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Cor. 1st & Ash Ave. Medicine Hat, Alta. | Medicine Hat ✓ Alta ✓

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Medicine Hat | DATE 11-7-19 ✓ | REASON Demob ✓ | AUTHORITY D.O. 196 ✓ | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					Emg L. F.C.
30-6-19		3.00																																			
1-7-19											3 Scat 5 7/19																5 - ✓										Messages chgd back $5.00 ✓
11-7-19	11	3.00	33 - ✓		90 - ✓				123 - ✓								90 - ✓										50 - ✓				145 - ✓		22 - ✓				A.F. Ottawa, July $50.00 ✓ 1st Instl. W.S.G. $90.00 ✓ D.O.S. 11-7-19 ✓
	33 - ✓		90 - ✓		123 - ✓												90 - ✓										55 - ✓				145 ✓		22 - ✓				#
																																					Certified opening entries on this Ledger Sheet have been audited by GT Date 25.9.19
		W.S.G.																															Sold 2 s.p.		
#		549 ✓		549 ✓																							22 - ✓										Pay $22.00 ✓
																											90 - ✓				112 00	437					1st Instl. W.S.G. $90.00 ✓
																							71. ✓								71 -	366					1108597 ✓ 24.9.19
																							90 ✓								90 -	276	-				1147312 ✓ 24.10.19
																							93 ✓								93 -	183	-				1147833 ✓ 11.11.19
																							90 ✓								90 -	93	-				1482125 ✓ 11.12.19
																							93 ✓								93 -	0					1486857 ✓ 11-1-20
		W.S.G.																																			
		549 - ✓		549 - ✓																			437 - ✓				112 ✓				549 ✓						All Payments Due on this Account have been rendered. C.R. Chadburn Lt.

30M-11-18.—L.L. 50877-M. & D. 9583.

55 ✓

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		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT. NAME OF | DATE | AUTHORITY

Moore Brecks H. | Pay $2.00 p d | Mess 1.00

RANK. | DATE | AUTHORITY

N/S

NAME.

Name Anger
Initials E. M.
Bank of Montreal
Trafalgar Sq

Beneficiary Mrs J. J. Quaill
Address Cor 4th St & Ash Ave
Med-Hat Alta
Amount. $ ~~25.00~~ 50
Separation Allowance issued. Yes or No.....

1917-18

DATE 1917	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
April 21	April Pay (R)		108 —					
22	A.P. Can				25			
26		Bank 3003		83				
May	A.P. Can				25	86 60		
22	May Pay (R)		111 60					
23		Bank 05986		86 60				
June 8th	A.P. Canada				25			
" 11th	June Pay (R)		108			83		
21		Bank 9004		83				
July 19	July Pay (R)		111 60					
" 16	A.P. Canada				25	86 60		
24		Bank 13092		86 60				
Aug. 18	August Pay (R)		111 60					
•	A P Can				25	86 60		
20		Bank 17361		86 60				
Sept. 14	Sept Pay (R)		108 "					
11	A. P. Can.				25	83		
20		Bank 21883		83				
Oct. 16	October Pay (R)		111 60					
10	A. Pay Canada				25			
19		Bank 26291		86 60				
Nov. 16	November Pay (R)		108					
15	A. Pay Canada				25			
20		Bank 30763		83				

6 for.

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT.
NAME OF | DATE | AUTHORITY

Pay $2.00 p.d
7A 60.
Mess 1.00.

RANK.
DATE | AUTHORITY

MS.

NAME.

Name Anger.
Initials E M.
Bank of Montreal
Trafalgar Sq.

Beneficiary
Address

Amount. $ ~~25~~ 00 50 ban 1 2/18
Separation Allowance issued. Yes or No.....

1917-18

DATE 1917	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Dec 7	December Pay (R)		111 60					
8	A. P. ban				25			
13	Bank	35096		86 60				
Jan	Jan Pay (R)		111 60					
11	a P. ban.				25			
21	Bank	39501		86 60				
Feb	Feb Pay (R)		100 80					
9	a P. ban.				50			
19	Bank	40996		50 80				
Mar	March Pay (R)		111 60					
9	a P. ban.				50			
22	Bank			61 60				

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY.

UNIT. NAME OF ~~DATE~~ Rates ~~AUTHORITY~~

Moore Bks Hosp. Pay 2nd pd
Fa 1.60 pd.
Mess 1st pd.

RANK. DATE AUTHORITY

R. S

NAME.

Name Anger.
Initials L In.
Bank of Montreal
Trafalgar Sq.

Beneficiary
Address . ban.

Amount. $ 50
Separation Allowance issued. Yes or No.....

add outfit allce, 8/18 $100.

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Apl 16	A P ban.				50			
19	Apl Pay (R)		108					
24		Bank 1147.		58				
May 16	May Pay (R)		111 60					
10	A P ban				50			
23		Bank 2683		61 60				
June 10	June Pay (R)		108					
	A P ban				50			
21		Bank 4166		58				
July 15	July Pay (R)		111 60					
	A P ban				50			
23		Bank. 5626		61 60				
Aug 13	Aug Pay R		111 60					
	A P ban				50			
23		Bank 7258		61 60				
Sep 11	Sept Pay R		108					
	A P ban				50			
23		Bank 9187		58				
Oct 15	Oct Pay R		111 60					
	A P ban				50			
23		Bank 10404		61 60				
28	add outfit allce.		100.					
30		Bank 10854		100.				
Nov. 14	Trav. Allce, France 3-4 10/18	2594					Fcs 19.55	

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY.

UNIT.

NAME OF	DATE	AUTHORITY
	Pay 2. --	
	7a 1. --	
	Mess 1 --	

RANK.

	DATE	AUTHORITY
N.S.		

NAME.

Name Anger
Initials E M
Bank of Montreal
Traf Sgt

Beneficiary

Address

Amount. $ 50.00 Can.

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

Add. Outfit allee 1918 $100.

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Nov	Brought Forwd		140					
"	Nov Pay (R)							
18	a- P Can				50			
26.	Bank.	12521		90				
	Dec Pay R.		124					
	a- P Can				50			
18	Bank.	13792		74				
Jan 20	a- P Can				50			
	Pay (R)		124					
28	Bank	15564		74				
Feb 10	R A. P. Can				50			
	Pay (R)		112					
24	Bank	17078		62				
Mch 14.	Mch Pay R.		124					
	a. Pay Can.				50			
24	Bank	18657		74				
April	Pay (R)		120					
	a P can				50			
26	Bank.	1244		70				
May 9	May Pay (R)		124					
	a. Pay Can				50			
22	Bank.	2593.		74				
June 1st	adv June Pay	Bank		70				
13	Pay (R)		120					
16	a. P Can.				50			

RETURNED TO CANADA
L.P.C. TO 30/6/19 Haplow
TRANSFER TO N.E. EDGER

Haplow 4 to Lea 12. 14 7 19

FORM P. 15
2227—1M—9/12/16

ASSIGNED PAY.

UNIT.

NAME OF	DATE	AUTHORITY
Moore Barracks Hosp.		

RANK.

	DATE	AUTHORITY
N/S.		

NAME.

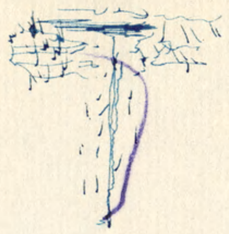
Name Anger E. M.
Initials
Bank of Montreal

Beneficiary
Address

Amount. $25.-
Separation Allowance issued. Yes or No.....

916-17

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917						0		
	Bro. ford from old sheet							
Jan 19	a.p. Can				25			
22	Pay Jan		111 60					
25	Bank			86 60		0		
Feb 13	Pay Feb.		100 80					
19	a.p. Can				25			
22	Bank	21943		75 80		0		
March 20	March Pay (R)		111 60					
21	a.p. Can				25			
23	Bank	24818		86 60		0		



P—15.

ASSIGNED PAY. | **UNIT.** NAME OF / DATE / AUTHORITY | **RANK.** / DATE / AUTHORITY | **NAME.**

Beneficiary Mrs J. J. Quaill
Address Cor 1st St + Ash Ave
Medecine Hat, Alta
Amount. $25.00
Separation Allowance issued. Yes or No.

Moose Barracks H.

Nursing Sister

Name Anger
Initials E. M.
Bank Bank of Montreal

1916-17

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case	INITIALS
apl 22	a.P. Can			25	25			
24	Pay apl (R)		108			83		
	Bank			83		✓		
may 1	Paymay		111 60					
	a.P. Can				25	86 60		
	Bank			86 60		✓		
June 17	June Pay (2)		108					
20	a.P. Can				25			
	Bank	3874		83		✓		
July 17	A.P. Can				25			
19	Pay July (R)		111 60					
25	Bank	4997		86 60		✓		
Aug 15	A.P. Can.				25			
17	Pay Aug. (R)		111 60					
23	Bank	7299		86 60		✓		
Sep 18	A.P. Can				25			
20	Pay Sep (R)		108					
28	Bank	9510		83		✓		
Oct 12	a.P. Can				25			
23	Pay Oct (R)		111 60					
27	Bank	11000		86 60		✓		
Nov 16	a.P. Can				25			
17	Pay Nov		108	~~108~~				
24	Bank			83	~~83~~	✓		
Dec 9	a.P. Can				25			
12	Pay Dec		111 60					
18	Bank			86 60		✓		

P.-15

G. B. & S.

UNIT 6 A M 6 Nursing Service Moore Barracks Hospital, Shorncliffe

NAME Anger E. M.

DATE OF APPOINTMENT

MARRIED (YES OR NO) No

NEXT OF KIN:— NAME Mrs J. J. Quaill

ADDRESS Medicine Hat. Alta

DATE NON-EFFECTIVE AND CAUSE

1915-16

ASSIGNED PAY:—

MONTHLY AMOUNT $75.00

TO WHOM PAYABLE Mrs J. J. Quaill. 6 or 1st St Ens Ash Ave. Medicine Hat. Alta

BANK IN WHICH PAY & ALLOWANCES DEPOSITED Bank of Montreal

PERIOD From	PERIOD To	No. of Days	Regtl. Rate	PAY Amount of Regimental	PAY Command	PAY Adjutant	PAY Cr. from Prev. Account	PAY Total Pay	Rate of Field Allowance	ALLOWANCES Amount of Field Allowance	ALLOWANCES P. F. Allowance	ALLOWANCES Messing	ALLOWANCES Subsistence	ALLOWANCES Total	Total Pay and Allowances	Assigned Pay	Sundry Deductions	Net P. A. Total Dr.	Paid in Cash Balance	Deposited in Bank Balance	Carried Forward	Remarks
25/9/15	31/10/15	37	2	74				74	60	22 20		27		49 20	123 20	75		25		98 70	✓	Arrived 5/10/15 V168.
1/11	30/11	30		60				60		18		30		48	108	25		25		83		
1/12	31/12	31		62				62		18 60		31		49 60	111 60	25		25		86 60		
1/1 1911	31/1	31		62				62		18 60		31		49 60	111 60	25		25		86 60		
1/2	29/2	29		58				58		17 40		29		46 40	104 40	25		25		79 40		
1/3	31/3	31		62				62		18 60		31		49 60	111 60	25 150		25		86 60 5 20 40		✓
		189 a/s @ 2.00 = 360 Fa					491 40															
		Deposits					179 00	670 40														
		Ass Duty					150 00															
		Deposits					520 40	670 40														

SUNDRY PAYMENTS

DATE	CHEQUE NO.	PARTICULARS	AMOUNT $	AMOUNT c.	AMOUNT £	AMOUNT s.	AMOUNT d.	REMARKS