NAME BECK, ANNA DUFF

C.E.F. REGIMENTAL DOCUMENTS

REGT. No. N-S UNIT C.A.M.C. H. Q. FILE No. 8473

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)	MARRIED NAME				CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)	(1) KAY. ANNA. D				
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)	(2) MARSH ANNA. D				
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)			AUTH CPC. 204671		
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)			d/ 17-8-48		
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
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PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
CARDS					
PAY-SHEETS					

PUBLIC ARCHIVES RECORDS CENTRE

4024/43

M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

576

CANADIAN EXPEDITIONARY FORCE

J.W. 2-47.
R.A.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Ann[illegible] [illegible] WOOLEY,

Enlisted in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the [illegible]

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

in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the Twenty First day

of September 191[illegible]

SHE SERVED in CANADA, England and France with the C.A.M.C.

and was STRUCK OFF THE STRENGTH on the Fifth day

of August 1920 by reason of General Demobilization

Dated at Ottawa, this Thirtieth day

of August 1920

Cont.
for Director of Personal Services.

M. F. W. 2618a

10M.—3-20
1772-39-1428

Nursing Triplicate

Unit C.A.M.C. Rank Sister Name Anna Agnes Beck.

15-5-B-6

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

2525 Demark

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (*a*) What is your Surname ? ..... Beck .....

   (*b*) What are your Christian Names ? ..... Anna Agnes .....

2. (*a*) Where were you born ? (State place and country) ..... Fisicardible Canada .....

   (*b*) What is your present address ? ..... Base Hospital Toronto Canada .....

3. What is the date of your birth ? ..... 1889 .....

4. What is (*a*) the name of your next-of-kin ? ..... Mrs Charles Beck .....

   (*b*) the address of your next-of-kin ? ..... Sault Ste. Marie Ontario .....

   (*c*) the relationship of your next-of-kin ? ..... Mother .....

5. What is your profession or occupation ? ..... Nurse .....

6. What is your religion ? ..... Anglican .....

7. Are you willing to be vaccinated or re-vaccinated and inoculated ? ..... Yes. .....

8. To what Unit of the Active Militia do you belong ? ..... Canadian Army Medical Corps .....

9. State particulars of any former Military Service ..... None .....

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.

Anna Agnes Beck ..... (*Signature of Officer.*)

Taken on strength (place) "D" Section 2nd Field Ambulance Depot Ex. Camp

(date) 21-9-15

C A Warren ..... Lieut. Colonel

(*Signature of Commanding Officer.*)

CERTIFICATE OF MEDICAL EXAMINATION

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

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

Date Nov 9th 1916

Place Base Hospital Toronto ..... A H MacKenzie Capt. .....

Medical Officer.

*Insert here "fit" or "unfit

M. F. W. 51

100m.—4-16.
H. Q. 1772. 39-917

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

54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. ..... Rank Waiter C. E. F. Name Beck Anna Duff.

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				
5- 4/19.	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2	24 3/19	C.E.F. R.O. No. 1862-19
19/4/19	H Q Ottawa	Empld in Connection with Nur Services	MD-2	17/4/19	C&F RO 1901-19
		O. Lougheed Lieut. for Director Personal Services			
31-3-20	A.D.M.S.	SOS. St Andrews Mil. Hosp. Posted to the D.O.Hosp. with effect from 27-3-20.	TORONTO	27-3-20	Auth. A.D.M.S.D.O#77 dated 31-3-20.
					E Allsopp Lieut. & Adjt. St. Andrew's Military Hospital Toronto

(*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.

CERTIFIED CORRECT
[illegible] 1917
CANADIAN RECORD OFFICE

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

M. F. W[illegible]. (A. F. B. 103)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps Base Hospital No. D 2 Toronto C.A.M.C.

Regimental No. Nil Rank Nursing Sister Name Miss Anna Duff Beck

C. E. F.

Enlisted (a) 21-9-15 Terms of Service (a) War & 6 months Service reckons from (a) 21-9-15

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) Professional Nurse.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
19-12-16	D.G.M.S.	Arrived in London	England	19-12-16	C.O. 4016 –
23-12-16	D.M.S.	To Moore Barracks Hosp	Shorncliffe	23-12-16	C.O. 4020.
					M. H. Forbes. h.s. for Matron-in-Chief for D. M. S., Canadian Expeditionary Force
23/12/16	C.A.M.C.T.S.	TAKEN ON THE STRENGTH OF MOORE BARRACKS, CANADIAN HOSPITAL	Shorncliffe	30/12/16	Pt II D.O. 364
14-6-17.	O.C., M.B.C.H.	S.O.S. on proceeding O'seas to No 1 Gen. Hosp.	"	9-6-17.	Pt. II D.O. 165. A Ramsay Lieut Company Officer, For Colonel, Officer i/c Hospital.

10-B-1184

(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.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

MOORE BARRACKS,
CANADIAN HOSPITAL,
SHORNCLIFFE

Corps C.A.M.C. Military Hospital

No. ——— Rank and Name N.S. Beck Anna D. Age 24 Service 16/12

Disease Diphtheria Contact Date of admission 26-1-16 Date of discharge Result Cured.

Dates of Observation

Days of Disease

Temperature Fahrenheit

Time A.M.P.M. (repeated across 31 columns)

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per minute 98

Respirations per Minute 18

Motions per 24 Hours

(29342) W6465—M789. 1,000,000. 9-16. D.P.W. A.F.B. 181/4. (373)

Signature W. E. Shannon Capt In charge of case.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT.....

NAME OF SOLDIER G. L. Beech No. S

REGIMENT..... RANK Lr.

INSTRUCTIONS

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

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

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

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							
July 9th	20th											2									H. J. Hodgins - Capt		
" 13th					Bridge				Cemented - 2 artificials												R.A.M.C.		
																				-	H. J. Hodgins - "		
					Completed - except for extended treatments																			

M. F. B. 465
150m-850.

CONFIDENTIAL. 134567 Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

SHORNCLIFFE—
(13, Westbourne Gardens, Folkestone.)

assembled at _____ on Feb 3-17

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) Pte Anna D Beck (Corps) Canad

Age 27 Service 1 6/12 Disability Diphtheria contact

Date of commencement of leave granted for present disability June 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~~ duties was nursing a case of diphtheria admitted to hospital Moore Barracks on Jan 26-17 and 3 negative swabs taken discharged to duty

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? —

(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.

rvice at home? —

it for service at home? —

for light duty at home? —

r light duty at home? —

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? yes Exposure

(7.) If the disability was not caused by military service, was it aggravated by it? —

I concur in the above recorded opinion of the Board of Medical Officers.
Major, D.A.D.M.S. for D.M.S. Canadian Contingent.

Lt Col President.

Signatures — J A Mullan Capt Members.

(5725.) W.16789/M260. 200M. 2/16. C. P., Ltd. Forms A.45 26

(139.) W.5373/M726. 200M. 8/16.

[P.T.O.

CONFIDENTIAL. 134567 Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

BHORNCLIFFE—
(19, Westbourne Gardens, Folkestone.)

assembled at _____ on Feb 3-17

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) Lieut Anna D Beck (Corps) Canad

Age 27 Service 1½ Disability Diphtheria contact

Date of commencement of leave granted for present disability leave 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 was nursing a case of diphtheria admitted to hospital Moore Barracks on Jan 26-17 and 3 negative swabs taken discharged to duty

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? yes Exposure

(7.) If the disability was not caused by military service, was it aggravated by it? —

I concur in the opinion of the Board of Medical Officers recorded herein.
Major, D.A.D.M.S. for D.M.S. Canadian Contingent.

Signatures { Lt Col President. / I A Mclaren Capt / Members.

(5725.) W.16789/M260. 200M. 2/16. C. P., Ltd. Forms A.45
(139.) W.5373/M726. 200M. 8/16. 26

[P.T.O.

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.

R. 150 E.T.

Surname BECK

Christian Names Anna Duff

Rank Nursing Sister

Name and Address of Next-of-Kin Mother.
Mrs Charles Beck.
Sault Ste.Marie.
Ontario.Canada.

Promotion TOS 21 Sep 16

Unit Draft Nursing Sisters C.A.M.C.

Place of birth Kincardine.Canada.

Married (Yes or No)

Appointments

Date of leaving Canada DS, 19-12-16 **Date and Cause of Resignation**

Report: Date	Report: From whom received	Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
		Taken on Strength CAMC CEF on arr. from Canada			
22-12-16	Dms.	and posted to C.A.M.C. 6 Eng School		19-12-16	C.O. 4106.
28-12-16	Dms.	Posted to Moore Bks. H	Stonecliffe	23-12-16	C.O. 4120. Pt II ord 364 M.B.H
			Discharged	2-2-17	C.L. 594
31/1/17	A.M.S.	Cam Moore Bks Hosp	Stonecliffe	27-1-17	C.L. 587 Diphtheria (contact)
12-6-17	Dms.	Proceeded oseas		9-6-17	C.O. 454.
25-6-17	"I C.Gen.H	T.O.S. "I Can. Gen. Hosp.		9-6-17	Pt II ord. 40.
11-2-18	do	Granted 14 days leave		31-1-18	Pt 2 O.7.
14-6-18	do	att^d for temp duty to 2 b.g. Hp		1-6-18	Pt 2/46.
12-9-18	-do-	Granted 14 days leave		3-9-18	Pt II. ord. 72
17-10-18	-do-	Cases to be att. for temps. duty to 2 Cdn Hps.		10-10-18	Pt II. ord. 81.
20-3-19	-do-	S.O.S. posted to Camc. Cas. Coy. Sciffe		16-2-19	Pt II ord. 10.
28-3-19	Cambl R. of Sp.	TOS on posting from Camb France.		17-2-19	Pt II ord 74.
28-3-19	do	SoS on posting to 6 GH. Buxton		19-2-19	

A.F.W. 103, C
11 JUL. 1917

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
31-3-19	G.C.S.H	T.O.S. Frm C.A.M.C.C. Coy	Buxton	19-2-19	Pt II Ord. 19.
14-4-19	Do	S.O.S on Trans to CEF in Canada Cessation of hostilities		24-3-19	Pt II ord. 22.
10-4-19	DMS	S.O.S. on Trans to CEF in Canada Cessation of hostilities	Canada	24-3-19	CO. 52.
		Sailed to Canada S.S.	Canada	24-3-19	Sailing no. 31.
		Menioned in Despatches LG.11 7 19			
				Svs. 5 Aug 20.	

14232

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 BECK.....
(Given name in full)
ANNA. D.....

Unit or Corps C.A.M.C. ..... Birthplace SAULT STE MARIE, ONT.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 114 lbs. Height 5 ft. 2 in. Colour of Eyes Brown.

Nutrition Good.

Pulse 74

Condition of arteries Normal.

Vision Rt. Nor: Left Nor:

Hearing (conversational voice) Rt. Nor: ft.

Left Nor: ft.

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

Anna D. Buck.

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

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Shornecliffe Kent (Overseas)

Date 17-2-19 Signed G. Duncan Capt 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 A D Buck

(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.)

EXTRACTS FROM ORIGINAL MARRIAGE CERTIFICATE

Regimental Number..... Pension Number 204671

Man's Name Henry S. MARSH

Status — Bachelor — Widower — Divorced n/s

Wife's Maiden Name Anna D. KAY (nee Beck)

Status — Spinster — Widow — Divorced n/s

Date and Place of Marriage 26 June, 1948 - St. Paul's Episcopal Church, Akron, Ohio.

Date and Place of Registration 26 June, 1948 - Akron, Ohio

Certificate issued by Frances R. Belden, Rector, St. Andrew's Church.

EXTRACTS FROM ORIGINAL BIRTH CERTIFICATES ISSUED BY REGISTRAR OF CITY, PROVINCE OR STATE

(Note: Extract copies of Certificates otherwise issued will be made)

Father's Name.....

Mother's Maiden Name.....

If children recorded below are of any parentage other than above, full particulars are to be recorded.

Name of Child	Date of Birth	Place of Birth
1st Child.....		
2nd "		
3rd "		
4th "		
5th "		
6th "		
7th "		
8th "		
9th "		

CERTIFIED TRUE EXTRACTS

for ~~Pension Medical Examiner~~ C.P.C. — or —for Dept. of Veterans Affairs.

(Date) 17 August, 1948 (Date).....

C.P.C. & D.V.A. 772 100M—5-45 Req. 628

L. L. Job 4503.—M. & D. 6332.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

To Whom Miss Gertrude Ross,

Address 112 Pricefield Rd, Toronto. Ont.

Rate $30.00

NOV 1 1916

By Whom Assigned Beck, Annie Duff

Regtl. No. ——

Rank Nursing Sister

Corps C. A. M. C. Base Hospital M.D #2. Toronto.

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				

CONSOLIDATED 3 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2.

L. L. Job 4503. - Req. 6332.

Name of Soldier Miss Gertrude Ross Beck, Annie Duff

Nursing Sister - C.A.M.C. Base Hospital

#30 — M.D. #2 Toronto.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1915			NOV 1 1916
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		K 29892	30	
Dec.		U. 34830	30	
Jan.	1917	E. 36960	30	
Feb.		E 43393	30	30 R
March		F 47966	30	30.6,
April		H 666	30	30 W,
May		86935	30	
June			× ×	Issue no cheque for June & July - according to London nominal Roll - Assignments made effective from Jan 1/17 A.G.
July			× ×	
Aug.		B 28886	30 —	Lu
Sept.		X 34151	30	30 & 270. C
Oct.		P 47194	30	300 B.
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Audit. Sell.

CH

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.				

CERTIFIED COPY OF OFFICER DECLARATION PAPER

.....M. D.....Depot Battalion.....Regiment

Regtl. No.....

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class.....)

1. Surname ..... BECK
2. Christian name ..... Aura Duff
3. Present address ..... Base Hospital Toronto.
4. Military Service Act letter and number .....
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
5. Date of birth .....)1889) 1889
6. Place of birth ..... Kincardine Canada
(town, township or county and country)
7. Married, widower or single ..... Single
8. Religion ..... Anglican
9. Trade or calling ..... Nurse
10. Name of next-of-kin ..... Mother
11. Relationship of next-of-kin ..... Mrs Chales Beck
12. Address of next-of-kin ..... Sault St Marie Ont.
13. Whether at present a member of the Active Militia ..... C.A.M.C.
14. Particulars of previous military or naval service, if any ..... Nil

15. Medical Examination under Military Service Act :—

(a) Place ..... TORONTO ..... ONT. (b) Date ..... May 9th 1916 ..... (c) Category ..... Fit

DECLARATION OF RECRUIT

I, ... Aura Duff Beck ....., do solemnly declare that the above particulars refer to me, and are true.

..... Aura Duff Beck .....(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age ..... 27 ..... yrs. ..... -------- ..... mths.

Height ..... 5 ..... ft. ..... 2 ..... ins.

Chest measurement — fully expanded ..... 33 ..... ins.

Chest measurement — range of expansion ..... 4 ..... ins.

Complexion .....

Eyes .....

Hair .....

Distinctive marks, and marks indicating congential peculiarities or previous disease.

Certified Correct Copy
Officer Declaration Paper

W.H. McWilliams
Captain C.A.M.C.
O. C. ..... Depot Btn.

Capt. & Adjt.
St. Andrew's Military Hospital
Toronto
..... Regt.

Place Base Hospital TORONTO Date May 9th 1916.

M. F. W. 133.
500M.—5-18.
1772—39—1158

Tŏ be made out in duplicate. H.Q. 54-21-23-53

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 Canadian Army Medical Corps.

(2) Regimental Number Nil.

(3) Full Name of Soldier Anna Duff Beck

(4) Place of Birth Kincardine, Ont. Canada.

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

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

(b) Present Postal Address Military Base Hospital, No. 2.

(7) Are you a widower ? ~

(8) Have you any children ? ~

If so, give number of boys and girls ~

Also their names and ages

M. F. W. 67.
300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Mr Charles Beck Sault Ste Marie, Ont Canada

(10) Is your Mother alive? Yes

If so, state name and address Mr & Charles Beck Sault Ste Marie, Ont Canada.

(11) If your Mother is a widow No.

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.

C A Warren Lieut. Colonel

Officer Commanding.

Date Nov 9/16.

Forms
I. 1237
11

274 24517

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
~~274~~ ~~24517~~ ~~24515~~		N.S.	Beek	Annie D.

Year	Unit.	Age.	Service.
26-1-17	C.A.M.C. (M.B.C.H.)	24	16/18.

Station and Date.	Disease
MOORE BARRACKS CANADIAN CORPS CLIFFE	Diphtheria Contact.
	Was nursing case of Diphtheria.
	Admitted & Isolated.
	Three negative H.L. Swabs.
	Boarded.
	Previous Boards - Nil.
	Service Overseas - Nil.
	Recommended for return to duty.
	W. S. Shannon Capt
3/2/17.	Returned to duty by Medical Board.
	W.S.

DISCHARGED TO DUTY
2/2/17

*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 627. 1,000,000, 8/16. C.F.& S. Forms/I. 1237/11. P.T.O.

Station and Date.	

Forms
1237
11

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
24515		N.S.	Beck	Annie D.
Year	**Unit.**		**Age.**	**Service.**
26-1-17	C.A.M.C. (M.B.C.A.)		27	16/12.

Station and Date.

MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

Disease Diphtheria Contact.

Was nursing case of Diphtheria.

Admitted & isolated.

Three negative K.L. Swabs.

Boarded.

Previous Boards - Nil.

Service Overseas - Nil.

Recommended for return to duty.

W.S. Shannon Capt.

*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 627. 1,000,000, 8/16. C.F.&S. Forms/I. 1237/11.

P.T.

Station and Date.	

CASE HISTORY SHEET.

Dom. Orthop. Hospital. Toronto Station.

No. Rank N/S Name Beck, A. D. Age 29.

Unit C.A.M.C. Completed years of service Where and how long } F. 1 10/12 E. 4/12 C. 2 7/12

Date of admission 19-6-20 Date of discharge 19-7-20

Diagnosis D. A. H. Place of origin Toronto, 17-6-20

CONDITION ON ADMISSION AND PROGRESS OF CASE. There is some slight cyanosis of face hands ears, fine fibrillary tremors of tongue & fingers, no thyroid enlargement — no eye signs — Chest Expansion 1½" Apex beat 4th space 1" to L. of MPL. Dullness from 3rd R. to 4th L. 4" to L. Systolic murmur at apex not transmitted to Axilla heard up L. sternal border, loudest at 2nd L. Cartilage — Aortic 2nd clear. Murmurs not regarded as organic. X-Ray negative for R. apex lesion & Carious teeth. Appendectomy 1912. Abdominal viscera & pelvis normal. Arthritis & bursitis of metatarsal Phalangeal joints of both feet fingers felt prints. Skin Normal. Tongue coming off. Lungs & R. side Chest.

12-7-20 Has been on Digitalis, Oxygen and Digitalis; much rested. Pulse has quieted down now to 66 lying; less pulse variation on exertion. Still a Systolic murmur audible at apex and 1st towards axilla. Bowel supposed to being opened up. Had 2 extractions for abscesses. Is ready for Board. on 22nd J L R

Discharged as medically unfit, unit

FAMILY HISTORY. V. D. H.

(Tuberculosis, mental or nervous diseases.)

TREATMENT.

(Especially any specific or special form)

CONDITION ON DISCHARGE.

(and disposal made of case)

Date 14-7-20 J. L. Robinson Capt
Medical Officer i/c case.

M. F. B. 513a.
100M.—6 18.
1772—39-1.9.

Original

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Beck Christian Name Anna Duff

Examined on 10th day of Nov 1916 at Base Hospital Toronto

Approved by W MacPherson

Rank Capt Asst M.O.

Birthplace City or Town Kincardine County Huron

Apparent age 27

Trade or occupation Nurse.

Height 5' Feet 2 Inches.

Weight 116 Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 37 inches.

Physical development Good

Small-Pox Marks no

Vaccination Marks Arm Right. Left. V Number 1.

When Vaccinated last childhood

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none.

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

Date. 1916	Result.	Vaccinations.
Nov 10		Geo D. Porter Capt M.O.
22-1-20		R Cooper Cole Lt Col M.O.
		M.O.

Date. 1916	Result.	Anti-Typhoid Inoculations, Etc. 8 Para Typh.
Nov 10		Geo D. Porter Capt. M.O.
20 11 16		1000 mills mixed M.O.
29 11 16		1,000 mills mixed M.O.

Enlisted on 21st day of September 1915 at Exhibition Camp Toronto

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	C.A.M.C.	L/Sr		21.9.15.
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Shorncliffe	Feb 3-17	Diphtheria Contact V.D.H. Partial Loss of Function Cardio Vascular System	fit for duty I C Sudan Capt PRESIDENT, STANDING MEDICAL BOARD. Discharge as medically unfit for Military Service J. B. Edmond Capt Can

Dominion Military Orthopaedic Hospital DO..... JUL 26 192 Christie St. Toronto

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.
400M.—1-16.
H. Q. 1772-39-439.

Surname Beck Christian Name Anna Cliff

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.
Montreal P.Q.	13-11-16.							No admission			Capt C.H. Cleveland Capt. A.D.M.S. Mil. District No. 4.
Moore Barracks Canadian Hosp.		26	1	14				Diphtheria Contact.		Nursing case of Diphtheria. Three swab neg. for K.L. before board dat.	W.S. Shannon Duplicate Medical History Sheet posted to here.
Dorl Toronto.		19	6	20	19	7	20	D.A.H.	30	for board. Discharged as medically unfit	J.L. Robinson Capt RAMC.

THE CANADIAN
PENSION COMMISSION

IN REPLY REFER TO
CPC 204671

OTTAWA, 17th August, 1948

R2B PA-WSH

Director of War Service Records,
Dept. of Veterans Affairs,
No.8 Temporary Building,
OTTAWA.

Dept. of Veterans Affairs
War Service Records
Referred To
AUG 18 1948
File No.
Charged To

Re: N/S Anna D. KAY (nee Beck)

The above-named has advised this Commission that she was married to Mr. Henry S. MARSH on June 26th, 1948.

For your further information and records, I am attaching certified true extracts taken from a True Copy of the Original Marriage Certificate in respect of the above-named.

DEPARTMENT OF
VETERANS' AFFAIRS
AUG 18 1948
WAR SERVICE RECORDS
OTTAWA - CANADA

for W.E. Dexter,
Secretary.

C.P.C. 3S 400M-4-46 REQ. K.P. 437

M F. B. 440,

In reply please quote

MILITIA AND DEFENCE

No.....

2.M.D. 15-5-B-6.
Headquarters, Military District No.2.
Toronto.Ont. 5th August 1920.

The,
Paymaster,
C.A.M.C.,M.D.No.2.
149 College St. CITY.

N/S. A.D. BECK.

Please be advised that a recommendation has been forwarded to Militia Headquarters, recommending that the marginally noted Officer be struck off the strength of the C.E.F. with effect from 5-8-20.

Lieut-Col.C.A.M.C.

for A/D.M.S.,Military District No.2.

14
7
98
14

Condition when finally boarded for discharge.

D.C.H. July 16, 1920 M/S Beck, A.D.

At #1 C.C.H. at Trouwelle, a few nights after Armistice, while returning to Hosp., was frightened by some escaped German prisoners; ran violently, and while doing so, tripped and fell, causing severe pain in L. side of Chest, and in L. Groin. Was very short of breath. Was kept off all exercises and work, and remained practically in bed for 6 weeks. After this was ordered to quit riding bicycle or hill-climbing. Noticed that any light weight carrying caused Dyspnoea. Returned with Unit to England on 28-2-19, and to Canada 22-3-19. Went on duty at St. Andrews Hosp. and carried on there, and at D.C.H. until 19-6-20, when she came up for Board. A few days previous had some strenuous exercise in lifting patients' beds; this was followed by considerable Dyspnoea. Was admitted D.C.H. 19-6-20, and has been on treatment ever since, with marked improvement. Obj. Is somewhat pale, slightly anaemic, no oedema, no dyspnoea. Pulse, lying down 80; standing 104; after 10 times touching toes in 132, returning to 80 lying in 2 minutes. The exercise causes some dyspnoea. Apical impulse visible & palpable in 5th L. Space 3-3/4 " from L.M.L. Deep cardiac dullness extends from R.M.L. 4-1/4" to Left. At apex is a low-pitched, moderately loud systolic murmur, transmitted out to L. mid-axilla and inward to L. side of Sternum. A louder systolic murmur is heard up L. side of Sternum, and across to Rt. second Cartilage. Second pulmonary is accentuated. Slight irregularity in intensity of apical first sounds. B.P. Syst. 100. Diast. 68. Slight exertion causes shooting catchy cough. No cyanosis. Subj: Shortness of breath on lifting, swimming or tennis causes pretty well marked Dyspnoea; had to give these up on this account.

Appendectomy 1918. Tonsillectomy in June, 1916, after enlistment. no disabilities from these illnesses. 1. tobortuectomy 1918, and while at D.C.H. had 2 teeth extracted for oral sepsis. J.B. Edmison Capt.

Condition when finally boarded for discharge.

D.O.H. July 16, 1920 "N/S Book, A.D.

At #1 C.G.H. at Trunwelle, a few nights after Armistice, while returning to Hosp., was frightened by some escaped German prisoners; ran violently, and while doing so, tripped and fell, causing severe pain in L. side of Chest, and in L. Groin. Was very short of breath. Was kept off all exercises and work, and remained practically in bed for 6 weeks. After this was ordered to quit riding bicycle or hill-climbing. Noticed that any light weight carrying caused Dyspnoea. Returned with Unit to England on 28-2-19, and to Canada 22-3-19. Went on duty at St. Andrews Hosp. and carried on there, and at D.O.H. until 19-6-20, when she came up for Board. A few days [illegible] had some strenuous exercise in lifting patients' beds; this was followed by considerable Dyspnoea. Was admitted D.O.H. 19-6-20, and has been on treatment ever since, with marked improvement. Obj. Is somewhat pale, slightly anaemic, no oedema, no dyspnoea. Pulse, lying down 80; standing 104; after 10 times touching toes is 132, returning to 80 lying in 2 minutes. The exercise causes some dyspnoea. Apical impulse visible & palpable in 5th L. Space 3-3/4 " from L.S.L. Deep cardiac dullness extends from M.S.L. 4-1/4" to Left. At apex is a low-pitched, moderately loud systolic murmur, transmitted out to L. mid-axilla and inward to L. side of Sternum. A louder systolic murmur is heard up L. side of Sternum, and across to Rt. second Cartilage. Second pulmonary is accentuated. Slight irregularity in intensity of apical first sounds, B.P. Syst. 100, Diast. 68. Slight excretion causes shooting catchy cough. No cyanosis. Subj: Shortness of breath on lifting, swimming or tennis cause pretty well marked Dyspnoea; had to give these up on this account.

Appendectomy 1912. Tonsillectomy in June 1916, after enlistment. no disabilities from these illnesses. l. tuberinectomy 1918, and while at d.o.h. had 2 teeth extracted for oral sepsis.

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

D.....

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

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

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

.....

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

..... Railway.....

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

tination.....

(Sgd.).....

Number ..... Rank N/S

Surname BECK

Christian Name ANNA. DUFF.

Units ..... Theatre of War FRANCE

Date of Service 9-6-17

Remarks 189 Bruce Street

Latest Address Sault, Ste. Marie, Ont

Roll No. B Page 22405

200m.-6-21.

R. 149.

Name BECK, Anna Duff *Rank* N/Str. *Reg. No.*

Unit CAMC MBCH

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
	27-1-17. Moore Bks. Can. Hosp. S'cliffe					
			Diphtheria (Contact)	587		
2-2-17	Discharged			594		

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

No. RANK N/Stc NAME Beck A. D.

T. O. S. UNIT army medical Corps (Reinforcements)

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Nov. 9	Nov. 30	L		
Dec.		L	proc. 0/S 8th instant	Dec. reglish

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
6874 & 5914	Moore Blk Cam Shomcliffe " " " Bisch.	27-1-17 (Canc) 2-2-17	Diphtheria Contact " "

NAME Beck A. D

RANK AND CORPS M/Sta CAMC

REGT'L NO

H. Q. FILE NO. 649-

FOLLOWS NO. 8206.

FOLLOWS

CABLE

No.	Date

NATURE OF CASUALTY

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

SURNAME. Beck.

CARD NO. D 1

CHRISTIAN NAMES Anna Huff.

FOLL.

REGL. NO. RANK Nursing Sister

UNIT Base Hospital M.D. #2. (Draft)

FORMER CORPS C.A.M.C.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Beck Mrs. Charles.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS Sault Ste. Marie Ont.

COUNTRY OF BIRTH Canada Kincardine Ont. DATE 1889.

PLACE OF ATTESTATION "B" Sect. 2nd. Fld. Amb. Depot. DATE Sept. 21st. 1915

Sailed per H.M.T. "Mississanabie" 1-4-19

9-12-16 Detail

L. L. 6945. M. & D. 6904. M. F. W. 22. 100M.—8-16. H. Q. 1774-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING Nurse. RELIGION Anglican

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Base Hospital, Toronto Ont. DATE Nov. 9th. 1916.

Present Address. Military Base Hospital, Toronto Ont

No. Rank N. Sister Name Beck. Anna D. Aff

T. O. S. 8-7-16 Unit Base Hospital. A. M. C.
Corrected 8-7-16.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916.			
Aug. 1	aug 31	✓		
Sept.		✓		
Oct		✓		
Nov 1	Nov 15	✓	Proc. o/s	A.O. 479 of 16 11-16.

No. Rank Nursing Sister Name Beck a. D.

T.O.S. 21-9-15 Unit Stationary Hospital a. M. C
(D.O. no 22 of Sept. 1915)

M. D. 2.

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1915	1915			
Sept 21	Sept 30	✓		
	Oct.	✓		
	Nov	✓		
	Dec	✓		
1916	1916.	✓		
	Jan.	✓		
	Feb	✓		
	Mar.	✓		
	Apr.	✓	now shown as 2nd Fld Amb Dpts:	
	May	✓		
	June	✓		
	July	✓		

Reg. No. ..... Name Beck Anna D

Rank C.N.S. Corps C.A.M.C. Age 29 Service C 2 4/12 4 4/12 7 1 10/12

Ledger No. ..... Serial No. .....

HOSPITALS	DATE	DIAGNOSIS
Dom Orthop Toronto	19.6.20	D.A.H.
Do Unit	19.7.20	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2555.
75M.—9-19.
1772-39-1332.

Ref. 2 - 5 - Be 316

The D.G.M.S., Ottawa.

N/S Beck, A.D. — Case Sheets for N/S boarded at Dominion Orthopaedic Hospital, Toronto, on 16-7-20

1 Case Sheets.

JRL
Encls.

Major C.A.M.C. & Registrar
for Officer Commanding.

NAME Beck. Miss A. D.

RANK N/S.

UNIT att. 1st. Gen. Hosp.

AWARD Ment. in despatches by Sir Douglas Haig

AUTH L. Gy. 31448. 11-7-19.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

B

4119

Date of Assignment Nov 1/16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

30			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank N.S. Promoted Reverted Discharge

Soldier's Name Annie Duff Beck

Battalion C.A.M.C. Base Hosp. M.D. No 2 Toronto

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Dominion Bank of Canada

Name ~~Miss Gertrude Ross~~

Address ~~112 Pricefield Rd. Toronto~~ Ont.

Change of Address

1 Savings a/c No. B1205

2

3

4

Date 1917		Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Oct	31			300 –	300 –	
Nov	D	54835		30 –	30 –	
Dec	B	60334		30	30	
Jany	A	54869		30	30	
Feb	B	98862		30	30	
Mar	A	95186		30	30	
Apl.	H	7985		30	30	
May	E	5660		30	30	
June	D	13893		30	30	
July	X	28149		30	30	
AUG	B	33106		30	30	
SEP	B	38011		30	30	
OCT	B	42987		30	30	
NOV	A	59208		30	30	
DEC	~~B~~	~~68603~~		~~30~~	~~30~~	*
Dec.	H	5317		30	30	
JAN	D	70560		30	30	
FEB	D	78649		30	30	
MAR	D	89612		30	30	
APR	E	1198		30	30	
				540	840	

No cheques issued for June & July 1917. according to London Nom Roll payments Br. effective from 1-1-17.

Assignee proceeding O/s. Requested that A.P. be transferred as above. O.K. Mr. Cameron on file 4 12/18 cwc 4 12/18.

O.P.M. 4. advised. MRO 45996-a-4 12/18.

A2M. 1 12/18 cwc 4 2/19.

B 68603 Cancelled c. (3485)

a c o 13374 (Dw) Mailed 12-12-18 c.

A/c Closed 30-4-19

Ret'd per ... Canadas M.D. 1

Date 1/4/19 M.F.W.187 7/4/19 MO. 8957

cw Caulfeild

AUDITED.

CONSOLIDATED ACCOUNT

M. F. W. 128.
4'OM.—6-17—[illegible]-1141
L. L. 22320—M. & D. 1933.

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.
4'OM. 6-7—1'72-39-1141
L. L. 22320—M. & D. 1903.

FORM P. 15
5986–25M–19/1/17

ASSIGNED PAY. | **UNIT.** NAME OF ~~DATE~~ Rates ~~AUTHORITY~~ | **RANK.** DATE AUTHORITY | **NAME.**

Beneficiary

Address ban.

Amount. $ 30 ^{--}

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

b a h b. | Pay 2^{nd} pd | Ja 60 " | Mess 1^{st} 11 | h. S | DR Sec 41106. 22 12/16

add outfit allce $100 19 17/16

Name Beck.
Initials A Duff.
Bank of Montreal Trafalgar Sq

1918-19

DATE	PARTICULARS		CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918									
Apl 16	A P. ban.					30			
	Apl Pay (R)			108					
24		Bank.	1187.		78				
May 19	May Pay (R)			111 60					
10	A P. ban.					30			
23		Bank	2683.		81 60				
June	June Pay (R)			108					
14	A P. ban					30			
21		Bank.	H166.		78	30			
July	July Pay (R)			111 60					
15	A P. ban					30			
23		Bank	626 5262.		81 60				
Aug	Aug Pay R			111 60					
13	A P ban					30			
24		Bank	7258		81 60				
Sep	Sept Pay R.			108					
11	A P ban					30			
24		Bank	9187		78				
Oct	Oct Pay R.			111 60					
15	A P ban					30			
23.		Bank.	10404		81 60				
Nov. 14	Trav. Allce, France 8-9 10/18		2595					Fcs 29.35	
	Nov Pay (R)			140					
	A. P Can.					30			
26		Bank.	12521		110				
	C. Forward								

FORM P 15
5986–25M–19/1/17

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

Beneficiary — Can 6. Pay 2 [illegible]
Address — F.A. 1 [illegible]
Mess 1

Name Beech
Initials A. D.
Bank of Montreal
Trap Sgt

Amount. $ 30.00 Can
Separation Allowance issued. Yes or No..... add outfit allce. $100. 19/17/6.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918	Brought Forrod							
Dec 5	add outfit allce 19.17/18 Vo 38		100					
11.	Dec Pay (R)		124					
	a. P Can				30			
18	Bank	13792		194				
Jan	a. P can				30			
	Pay (R)		124					
28	Bank	15564		94				
Feb 10	a. P Can				30			
	Feb. Pay (R)		112.					
M	Bank.	17078		82				
March 12	adv Paa Cash	17831		94				
	Mch. Pay (R)		124.					
	a. Pay Can.				30			
29	Trav allce. 13-24/19 Pd in Can	16638						
Apr 25	1-14 8-14/19 To can/x Payt. 4/5/19	984						

RETURNED TO CANADA
L.P.C. TO 31. 3. 19
TRANSFER TO N.E. LEDGER

~~22-19-0~~ ~~111~~ 64

Trans to N. E Ledger 12.
~~Trans~~ From Ledger 5 7/4/19
£6-15-0 22.85

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT. NAME OF | DATE | AUTHORITY

RANK. | DATE | AUTHORITY

NAME.

Beneficiary C.A.M.C.T.D.

Address Canada

Amount. $ 30.00

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

Pay 2.00 pd
J.A. 60
Mess 1.00

N/S | 19-12-16 | D.M.S.C. order #4106 4/22 17/6

Name Beck
Initials A. Duff.
Bank of Montreal
~~Transfer~~
Trafalgar Sq

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				30 -			
26	Bank	3003		78 -		0		
May	a.P. loan			o/d	30			
22	May Pay R.		111 60			81 60		
23	Bank	0986		81 60		0		
June 8th	A.P. Canada				30			
" 14	June Pay. (R)		108			78		
21	Bank	9044		78				
July 19	July Pay. (R)		111 60					
17	A.P. Canada				30	81 60		
24	Bank	13092		81 60				
Aug. 18	August Pay. (R)		111 60					
	A P Can				30	81 60		
20	Bank	17361		81 60				
Sept. 14	Sept Pay (R)		108					
11	A. P. Can				30	78		
21	Bank	21863		78				
Oct 16	October Pay (R)		111 60					
10	A. Pay Canada				30			
19	Bank	26291		81 60				
Nov. 16	November Pay (R)		108					
15	A. Pay Canada				30			
20	Bank	30763		78				

Carried Forward.

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT.
NAME OF | DATE | AUTHORITY

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

RANK.
DATE | AUTHORITY

M.S.

NAME.

Name Beck.
Initials A. Duff.
Bank of Montreal
Trafalgar Sq

Beneficiary
Address
ban.
Amount. $ 30 00
Separation Allowance issued. Yes or No.....

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918								
Dec 7	December Pay (R)		111 60					
8	a P. ban.				30			
13	Bank	35096		81 60				
Jan 1918	Jan Pay (R)		111 60					
14	a P. ban.				30			
21	Bank	39501		81 60				
Feb 13	Feb Pay (R)		100 80					
9	a P. ban.				30			
19	Bank	40996		70 80				
Mar	March Pay (R)		111 60					
9	A P. ban.				30			
22	Bank			81 60				

FORM P. 15
2227—1M—9/12/16

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

Beneficiary — C.A.M.C.T.D. — N/S — 19-12-16 — D.M.O.C.O. #4106 d/22-12-16 — Name Beck,

Address Canada — Initials Anna Duff.

Amount. $ 30 00 — Bank of Montreale

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

1916-17

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
Jany 2.	Bank (mess 19-31 12/16)	16696		13		Dr 13		
19	A.P. Can				30			
22	Pay Jan Mess fr 19-31 12/16		124 60					
25	Bank.			81 60		0		
Feb 13	Pay Feb		100 80					
19	A.P. Can				30			
22	Bank	21943		70 80		0		
March 20	March Pay (18)		111 60					
21	A.P. Can				30			
23	Bank	24818		81 60		0		

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. | RANK N/S | NAME (IN FULL) BECK Anna Duff. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

No

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

C.A.M.C., M.D. No. 2

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

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO JUL 1 - 1920 | DATE | AUTHORITY

ASSIGNED PAY $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

No. 2 DETACHMENT, C.E.F. 56

W. S. G. Sent. to
189 Bruce St.
Sault. Ste Marie,
Memo. 16 CAMC

STOP PAYMENT FORM ASSIGNED PAY RENDERED. DATE | EFFECTIVE

DISCHARGED | PLACE Toronto. | DATE 5/8/20. | REASON Mu | AUTHORITY 2033 | IF ENTITLED TO POST DISCHARGE PAY —

MONTH 1920	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. No. 1 NO.	DATE	COL. No. 2 NO.	DATE	COL. No. 3 NO.	DATE	CASH PAYMENTS COL. No. 1 $	C.	COL. No. 2 $	C.	COL. No. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																			
Jan.	31	3.00	93	-	15	50			108	50	S315851 261 137/1 S316538				S316198 212B 30-1-20 S316897		50				58	50									108	50	Cash			Ma Jan. 13: 50
Feb	29	3.00	87	-	14	50			101	50	222B/16/2 S317265				231B 27/2 S317 601		50				51	50									101	50				Ma Feb 14: 50
March	31	3.00	93	-	15	50			108	50	244B/16/3				254B 29/3		50				58	50									108	50				Ma March 13: 50
apl.	30	3	90		15				105						S 320552 AR 20 27/4		A370168 AR 9/4/20	50			55	—									105	—				
May	31	3	93	-	15	50			108	50	323851 32-12.5 324261 57-11.6 5/9/7						50	-	58	50											108	50				
June	30	3	90		9	00			99	-							50	-													50		49	-		
July	31	3.00	93	-	6	50			99	50	333456						100	-													100	-	48	50		
Leg.	5	3.00	15	-	23	80																					5	-							
					—	50					6/8 - 30																									
									39	30	345210						82	80													87	80				
			654	-	115	80			769	80							482	80	58	50	223	50	5	-							769	80				

Ma Jan. 13: 50
Ma Feb 14: 50
Ma March 13: 50
Do 173 adm. D.O.H. 19-6-20.
90 mg 1 to 18-6-20
Dis from Hosp to duty 19/7/20
Memo 13 CAMC
67 M.A. 19/7-31/7/20
Leave 22/7 - 4/8/20 Ma Ca
Mem. 7
50 P.P. M.A. 22/7-31/7/20.
50 M.A. 5/8/20 1 day.

	W.S.G.	S.	A.	A.R. No.		CHEQUE No.	W.S.G.	S.	A.	AMOUNT DUE SOLDIER	DEPEND'T.
183 days.	549 -			549 -	155 B 10/11	S312831	183			183 -	366 -
					170 B 1/12	S314631	93 -			93.	273 -
					192 B 21/1/20	S315750	90			90	183 -
					213B 2/2/20	S316431	93 -			93 -	90 -
					233 B 1-3-20	S317164	90 -			90	— —
							549 -			549 -	

m.F.W. 2595 on file.

2000-8-19—L. — 38750—... ca. 1920.
M. F. W. 2-96.
1772-39-1330

No. 2 DISTRICT DEPOT

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

AUDITOR | PAYMASTER

M. OR S. | REGT. No. | RANK N/S | NAME (IN FULL) B E C K/ Anna Duff (BLOCK LETTERS SURNAME FIRST) | M3W 2503 4-11-19

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
2DD to TDD	17.4.19	DO 111 113
TDD to Hurdcrews	18.4.19	DO 111 113
S O H.	27.3.20	D.O. 22 Manu. D092

C.A.M.C., M.D. No. 2

ORIGINAL UNIT C.E.F. C.A.M.C. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO # 2 M.D. | DATE | AUTHORITY from D/Seas DO 97

DATE OF ATTESTATION | TRANSFERRED TO Camc 3.D.2 | DATE 17.4.19 | AUTHORITY DO 111

ASSIGNED PAY $ 30.00 | DATE EFFECTIVE 1/5/19 | JUL 1 - 1920 | No. 2 DETACHMENT, C.E.F. 56

PAYABLE TO c/c B.N.S. Swiss Branch | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Dominion Bank of Canada Toronto - ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

Memo 16 CAMC

DISCHARGED PLACE Toronto | DATE 5/8/20 | REASON Mc | AUTHORITY — | IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 31-3-19							Nil																30	00			4 00			34	00	34	00			Mess Levy April Rebate Levy 2.4 3/31.19 T.O.S. D.O.97
April-19	17	30	51	00	1	00			77	50																	34	00			34	00	43	50	Rebate 3.4.19 - 24.4.19 $8.00 Mess Levy
					25	50																													
May	44	132	22		43	50	197	50	8	31 B							9	40 B	140								57	50			197	50					
18/4/19 to 31/5/19																																			
June	30	90	15				105			53 B							8 76 B	63	50								55				105						Mess June
																	62 B	24/6																	
July	31	93	15	50			108	50	5307	39							5308	30									58	50			108	50					Mess July
									77 B	12/7							86 B	24/7	50																	
Aug	31	93	15	50			108	50	5307	47							5308	769									58	50			108	50					Mess Aug
									96 B	12/8							108	28/8	50																	
Sept	30	90	15				105		5310	315							5311	054									55				105	00					Mess Sept
									138 B	10/9							133 B	25/9	50																	
																																				A.Q. Auth.
																																				P.O. 291-291-1.00 - 11.0.24-10-19
Oct	31	93	23	80			132	30	5315	77			5312	343													75	30		7 00	132	30					14 days Subs - on leave - 23.80 Dr. 14 days Mess all - 7.00
			15	50					135 B	14/10			146 B	39/10																							Mess Oct 15.50
																	5314	858	50																	
Nov	30	90	15				105		5314	24																	55				105						Mess Nov 15.00
									158 B	13/11							169 B	38/11	50																	
Dec	31	93	15	50			108	50	5314	950			5315	570													58	50			108	50					Mess Dec 15.50
									180 B	15/12			185 B	29/12	50																					
Dec.		276	70	20			346	80									150										188	80	25	7 00	346	80					6 Christmas Dn.
			69	80																									25						

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1300.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

The Board concurs, except that question 16 should read "Yes, with limitations. Cannot lift more than moderate weights. Could do social service work."

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)
(*c*) Home service (Canada only),	(" C)	(Yes or No.)
(*d*) Temporarily unfit.	(" D)	(Yes or No.)
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)

20. It is certified that the invalid

(*a*) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(*b*) Does not require treatment.
(*c*) Should pass under his own control.
(*d*) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

We recommend that he be discharged as medically unfit for service.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

H.M. Pettit Lieut-Col. President.
A. Harris Capt.
J.D. Edmison Capt. Members

PLACE Dom. Mil. Ortho. Hospital,
DATE Toronto, July 16, 1920

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

.....President

PLACE.....
DATE..... Members

APPROVED BY
APPROVED
Assistant Director of Medical Services.
JUN 19 1920
Lieut.-Col. D.S., M.D. 3
DATE.....
G.A.

APPROVED BY
for A.E. Snell Col.
Director-General of Medical Services.
DATE 12-6-20

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

Dominion Military Orthopaedic Hospital DO..... JUL 26 1920 College St., Toronto

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION D. C. H. DATE 26-7-20

1. 1 (*a*) Unit C.A.M.C. (*b*) Regimental No. Not app. (*c*) Rank N/S
(*d*) Surname BECK (*e*) Christian name ANNA DUFF
(*f*) Home address 189 Bruce St., Sault Ste. Marie, Ont.
(*g*) Next of Kin Mrs. Charles Beck (*h*) Relationship Mother
(*i*) Address of Next of Kin Same address
2. Age last birthday 29 Date of birth 24-5-91
3. Enlistment, or Appointment (if an Officer) (*a*) Place Hamilton, Ont. (*b*) Date 8-12-14 T.O.S. 21-9-15
4. Personal description:
(*a*) Height 5' 2" (*b*) Weight 118 Lbs. (stripped) (*c*) Complexion Dark
(*d*) Colour of hair D. Brown (*e*) Colour of eyes Brown (*f*) Identification marks, Scars, etc. Appendectomy
5. Former trade or occupation Trained Nurse

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	4	299

	Periods	
	From	To
Canada Statement	21-9-15	8-12-16
	22-3-19	Present
England	8-12-16	8-6-17
	28-2-19	22-3-19
France or other theatres of War	8-6-17	28-3-19

7. Original disease, or injury V.D.H.
(*a*) Date of origin Nov. 1918 (*b*) Place of origin Trouvelle, France.
(*c*) Cause Unknown

M. F. B. 227.
400M.—11-18.
1772-30-117.

B. P. C. FOLIO FALSE DOCKET 3

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

1. Partial loss of function Cardio-Valvular System V.D.H.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective: Is somewhat pale, slightly anaemic, no oedema, no dyspnoea. Pulse, lying down 80; standing 104; after 10 times touching toes is 152, returning to 80 lying in 2 minutes. The exercise causes some dyspnoea. Apical impulse visible and palpable in 5th L. Space 3-3/4" from L.S.L. Deep cardiac dullness extends from M.S.L. 4-1/4" to Left. At Apex is a low-pitched, moderately loud systolic murmur, transmitted out to L. mid-axilla and inward to L. side of Sternum. A louder systoli murmur is heard up L. side of Sternum, and across to Rt. second Cartilag Second pulmonary is accentuated. Slight irregularity in intensity of apical first sounds, B.P. Syst. 100, Diast 68. Slight excretion causes shooting catchy cough. No cyanosis.

Subjective: Shortness of breath on lifting, swimming or tennis cause pretty well marked Dyspnoea; had to give these up on this account.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System..No..Cardio-Vascular System..No..Genito-Urinary System..No..
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

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

Disturbances of Mentality..No..Digestive System..No..Muscular System..See note..

Osseous and Joint Systems..No..Any other general condition..None..

Has some aching in 2nd L. Interosseous Space; some aching in L. Biceps, and an ant. Border of L. Trapezius. No stiffness; constitute no disability.
No Goitre, no Varicose Veins, no Hernia.
Urine negative to Sugar and Albumen.

10. (*a*) History (of the condition referred to in Section 9 (*a*).) At #1 C.C.H. at Tranwelle, a few nights after Armistice, while returning to Hosp., was frightened by some escaped German prisoners; ran violently, and while doing so, tripped and fell, causing severe pain in L. side of Chest and in L. Groin. Was very short of breath. Was kept off all exercises and work, and remained practically in bed for 6 weeks. After this was ordered to quit riding bicycle or hill-climbing. Noticed that any light weight carrying caused Dyspnoea. Returned with Unit to England on 28-2-19, and to Canada 22-5-19 Went on duty at St. Andrews Hosp. and carried on there, and at D.C.H. until 19-6-20, when she came up for Board. A few days previous had some strenuous exercise in lifting patients' beds; this was followed by considerable Dyspnoea. Was admitted D.C.H. 19-6-20, and has been on treatment ever since, with marked improvement.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Appendectomy 1912. Tonsillectomy in June 1916, after enlistment. No disabilities from these illnesses. L. Turbinectomy 1918, and while at D.C.H. had 2 teeth extracted for oral sepsis

(*c*) (Here give a description of wounds, scars and deformities.

See "y"

11.—(*a*) Did the disabling condition have its origin before enlistment? No

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Not app.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment?..a. & b. - No

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?..Permanent

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

In Canada in Hosp. 19-6-20 to present

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?..No..
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes, with moderate care.
(If not, briefly state why)

17. Recommendations..Discharged as medically unfit.

J. L. Robinson Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned..Mrs A.D. Beck..have heard the description of my disability and present condition read, and am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.)

I complain in addition of..

A. D. Beck..Rank.
Signature of invalid examined.

B.P.L. FEB 1921 SECTION
2