171.

Unit Nursing Sister Rank C. A. M. C. Name Frances L. Walker

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS).

1. (a) What is your Surname? Walker.

   (b) What are your Christian Names? Frances Letitia

2. (a) Where were you born? (State place and country) Huntingdon, Que. Canada.

   (b) What is your present address? Kenilworth Hotel.

3. What is the date of your birth? Nov. 29th 1882. 1882/3

4. What is (a) the name of your next-of-kin? Mrs. W. H. Walker.

   (b) the address of your next-of-kin? Huntingdon, Quebec, Canada.

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

5. What is your profession or occupation? Nursing (Professional)

6. What is your religion? Presbyterian

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

8. To what Unit of the Active Militia do you belong? C. A. M. C.

9. State particulars of any former Military Service? ———

10. Are you willing to serve in the CANADIAN OVERSEAS EXPEDITIONARY FORCE? yes.

The undersigned hereby declares that the above answers made by him to the above questions are true.

Frances L. Walker (*Signature of Officer*).

CERTIFICATE OF MEDICAL EXAMINATION.

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

I consider her* fit for the CANADIAN OVERSEAS EXPEDITIONARY FORCE.

Date Oct 20th 1916

Place London

W. B. MacDermott Capt Can A.M.C.

Medical Officer.

* Insert here "fit" or "unfit."

Unit ..... Rank ..... Name .....

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICERS

(ANSWERS)

1. (a) What is your Surname?
   (b) What are your Christian Names?
2. (a) Where were you born? (State place and country)
   (b) What is your present address?
3. What is the date of your birth?
4. What is (a) the name of your next-of-kin?
   (b) the address of your next-of-kin?
   (c) the relationship of your next-of-kin?
5. What is your profession or occupation?
6. What is your religion?
7. Are you willing to be vaccinated or re vaccinated and inoculated?
8. To what Unit of the Active Militia do you belong?
9. State particulars of any former Military Service?
10. Are you willing to serve in the CANADIAN OVERSEAS EXPEDITIONARY FORCE?

The undersigned hereby declares that the above answers made by him to the above questions are true.

(Signature of Officer).....

CERTIFICATE OF MEDICAL EXAMINATION.

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

I consider him ..... for the CANADIAN OVERSEAS EXPEDITIONARY FORCE.

Date 191

Place .....

*Insert here "fit" or "unfit."

Medical Officer.

Aug 30-5-19

REGIMENTAL DOCUMENTS

NAME WALKER FRANCES LELITIA REGT. NO. 7-Sisters UNIT Camp H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		Pers	31/5/19	Pers - 395 &S	DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		ret	1-6-19	Lm.	Category
	TRAINING HISTORY SHEET (M.F.W. 113)		~~Cert~~	~~18-11-19~~		
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		Cert 2-12-19	D.S.		
	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)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
1	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					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)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M.F.W. 3091.		01867			
1	Desp Clerk.					
	SS "Northland" 13-5-19.					

W 2589
100M-11-18
1772-39 1377

SURNAME. Walker.

CHRISTIAN NAMES Frances Letitia

REGL. No. RANK Nursing Sister

UNIT C.A.M.C.

FORMER CORPS C.A.M.C.

J'n 4 CARD NO. 20[illegible]
208 Demob. 5/19
Dem 15-7-6/6/19. 6104
Pt 2063. FOLL. 7/7/19
N.O. 196 of 14/9/19
H.N. No.

NEXT OF KIN.

NAMES IN FULL Walker, Mrs. W. H.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS Huntingdon, P. Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Huntingdon P.Q. DATE Nov. 29th. 1882

PLACE OF ATTESTATION DATE

R/C. 22-5-19 330/2 n/s.

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING Prof. nurse. RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE London Ont. DATE Oct. 30th. 1916

Present Address. Kenilworth Hotel, London. Ont.

Number ..... Rank N/Sister

Surname WALKER.

Christian name FRANCES LETITIA

Units ..... Theatre of War FRANCE.

Date of Service 21.2.17

Remarks .....

Latest Address Huntingdon
Que

Roll No. B. Page 2160 1.

200m.-6-21.

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

.....

R RANK SURNAME INITIALS UNIT

....

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

one person to be notified on arrival.....

.....

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

..... Railway.....

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

ination.....

(Sgd.).....

DEPT. OF REGISTRY
JAN 1923
9206

CANADIAN EXPEDITIONARY FORCE

R.M.C. 4-32.
R.A.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Frances Letitia [illegible]

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 Seventh day

of October 191 8

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

and was STRUCK OFF THE STRENGTH on the Twenty Sixth day

of May 191 9 by reason of General Demobilization

Dated at Ottawa, this Twenty Ninth day

of April 191x 1920.

Major.

for Director of Personal Services.

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

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 Lt (N.S.) Surname Walker, Francis L.
(Given name in full)

Unit or Corps Calcula Birthplace Huntingdon Que

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

1. GENERAL DESCRIPTION:

Physique good Weight 135 lbs. Height 5 ft. 8½ in. Colour of Eyes Blue

Nutrition good.

Pulse normal.

Condition of arteries normal.

Vision Rt. 3/6 Left 2/6

Hearing (conversational voice) Rt. 30 ft.

Left 30 ft.

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

none.

Opinion as to general health and physical condition good.

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

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of Mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

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

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Shorncliffe (Overseas)

Date 7/3/19 Signed [signature] M.O.

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

Signature Frances L. Walker

(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.)

[OVER]

OVERSEAS REPRESENTATIVE DIRECTOR OF RECORDS, L.H.
Room 57, Oxford Circus House,
245 Oxford Street,
London, W.1.

On date of checking, this Medical Board was found to be over one month old, but it is understood will be brought up todate during the voyage.

C[redacted]C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) WALKER, F L

REGIMENT C a m C. RANK 11/Sh No.

Date of Examination in England 4/3/19 | 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
2. EXTRACTIONS X
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper X
   - (*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 yes
- (*b*) In England
- (*c*) In France yes

Signature of Dental Officer J. M. Rogers

Sheet 2.

Army Form B. 103. Regimental Number.....

Casualty Form—Active Service.

Regiment or Corps C.A.M.C.

Rank N/Sister Surname Walker Christian Name Frances Letitia

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: Date	Report: From whom received	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.
		Embarked ...			
		Disembarked ...			
	aa G Canada	To S. of H. a M.C. General	J. G. Cuson Capt. for Lt.-Col., A. A. G. Canadian Section G.H.Q. 3rd Echelon	9-2-19	Am 8/2276/9 Pte 13
12-3-19	O.C. #11 CGH	Attached from C.A.M.C. W.D. Duth Amb. 4/4709 of 8-3-19.	Shornciffe	6-3-19	Pt. II #21 d/12-3-19.
			H. Hastings Mill CAPT. & ADJT. For D/O.C. XI CAN. GEN. HOSPITAL MOORE BARRACKS, SHORNCLIFFE.		
13-5-19		S.O.S. on embarkation to Canada			

(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				
		H.M.T. NORTHLAND EMB. LIVERPOOL 13-5-19 DISEMB. HALIFAX 23.5.19			
27/5/19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada ~~on General Demobilization~~	M.D. No. 4	13/5/19	C.E.F. R.3. No. 1983-19
4 6/19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada ~~on General Demobilization~~	M.D. No. 4	26/5/19	C.E.F. R.3. No. 1995

Fred E. Robinson Capt
for Director Personal Services

(9172)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

CERTIFIED CORRECT
8 MAR 1917
CANADIAN RECORD OFFICE

Casualty Form—Active Service.

Regiment or Corps C.A.M.C.

Regimental No. _____ Rank A.S. Name Walker. Frances Letitia

Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) 19.8.16.

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report Date	Report From whom received	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.
		Left Canada		19/8/16	
5-10-16	D.M.S.	Appointed in London	England	5-10-16	G.O.C.R.O. 1661. 5-11-16.
25-11-16.	D.M.S.	To Can. Red Cross Spec. Hosp.	Buxton.	25-11-16.	C.O. 3075. for M.L. Tabe A.S.
16/2/17	A.D.M.S. L.A.	To C.A.M.C. T. School	Westerhanger	17/2/17	A.D.M.S. L.A. R/O 240 17-2-17 D.O.P. 50 dated July 19. 1917. Frederick Grant, Major. Commanding Canadian Red Cross Special Hospital
19/2/17	C.A.M.C. T.S.	Taken on strength from Buxton	Westerhange	16/2/17	Pte. D660
3/3/17	C.A.M.C.T.S.	S.O.S. on transfer to No 2 Can Gen Hosp.	Westerhanger	21/2/17	A.C.-II 240/61 Capt. Adjutant, for O.C. C.A.M.C. Training School.
13-3-17.	S.O.S. on Embarkation		Canada		

(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.

Nursing Sister WALKER, Francis Letitia

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				
24/2/17	2 Cgt 1	Taken on strength on arrival No 1/21/Dftsta/4927 (amd 4) d/- 12/2/17 KR-5/489		21/2/17	B213 Pt II 15 d/- 3/3/17
6/10/17	"	Granted 14 days leave		1/10/17	" " 58 12/10/17
20/10/17	"	Rejoined Unit.		17/10/17	" " 60 25/10/17
6-4-18	"	S.O.S. on Reposting to No 3 Cdn Sta Hosp Auth by Dy. M.S. B 152 3/89. d 5-4-18		1-4-18	B213 K.M. 20421 Pt II 0. 21 d 15-4-18
7-4-18	3 Cdn Hosp	S.O.S. of No 3 Cdn Stat Hospital	Doullens	2-4-18	B213. Km 20421 Pt II 19 d/16-4-18.
7-6-18	" "	Attd for Temp. Duty to 2 Cdn. Gen. Hosp.		31-5-18	B213. Pt II 32 d/11-6-18
20-7-18	2 Cdn Gen	Granted 14 days leave	U.K.	20-7-18	B213 Pt II 46 d/5-8-18.
10-8-18	"	Rejoined from leave	Le Treport	6-8-18	B213
30-11-18	"	Ceases to be attached for temp duty to No 2 Cdn Gen Hospital.		26-11-18	B213. Pt II 76 d/- 13-12-18.
30-11-18	1 Cdn Gen	S.O.S. of No 3 Cdn Stat Hosp on reposting to No 1 Cdn Gen Hospital. (auth: DMS Cdn Sect M 850 d/4-12-18.)		26-11-18	B213 file KM 20421. Pt II 76 d/-13-12-18
"	"	Repatriated from No 3 C. Stat Hosp, and T.O.S of No 1 Can Gen Hosp. DMS Can Sect M 850 d/ 4-12-18.		29-11-18	B213 KM 20421. 1st 98 7/1918
7-3-19	Adj.	Posted to Can Gen Hosp proc to 3 C G Hosp Auth KR/18/22769.		8-2-19	Pt II 10/1919.

P—15.

ASSIGNED PAY.

UNIT. NAME OF: C.A.M.C. DATE: AUTHORITY:

RANK. Mess DATE: 28.10.16 AUTHORITY: D.O. # 5944 C.Y.D. of 5.11.16

NAME.

Beneficiary

Address

Amount. $

Separation Allowance issued. Yes or No.

Name Walker

Initials H. L.

Bank of Montreal ✓

1916-17

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case	INITIALS
Nov. 9	L.A. 7-31/10, Mess 28-31/10 Bank			69 00				
23	Pay fr 7-31/10 Mess fr 28/10 No. 14073		69					
"	Pay Nov R		108					
"	Bank			108		0		
Dec 11	Dec Pay R.		111 60					
14	Bank.			111 60		0		
1917 Jan 22	Pay Jan (Reg)		111 60			111 60		
24	Bank	19286		111 60		0		
Feb 20	Pay Feb (Reg)		100 80					
21	Bank	21931		100 80		0		
March 20	Pay March (Reg).		111 60					
	Bank	24818		111 60		0		

UNIT

NAME

DATE OF AP

MARRIED (Y

NEXT OF KIN

ASSIGNED PAY:—

MONTHLY AMOUNT

TO WHOM PAYABLE

DATE NON-E

AN

BANK IN WHICH PAY & ALLOWANCES DEPOSITED

G. B. & S.

PERIOD		No. of Days	Regtl. Rate	PAY					Rate of Field Allowance	ALLOWANCES				
From	To			Amount of Regimental	Command	Adjutant	Cr. from Prev. Account	TOTAL PAY		Amount of Field Allowance	P. F. Allowance	Messing	Subsistence	TOTAL

SUNDRY PAYMENTS

DATE		CHEQUE No.	PARTICULARS

FORM P. 15.
5986—25M—19/1/17

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

Beneficiary — C.A.M.C. — Pay $2.00 Pd. fa. 60 " Mess 1.00 " — N. S. — 25 11/16. — D.O.# 5/1414. C.T.D. d. 5 11/16.

Address

Amount. $50 Jan 1 2/18

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

Name Walker
Initials F. L.
Bank of Montreal.
Trafalgar. Square.

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
1917								
April 21	April Pay (R)		108					
" 26	Bank	3059		108		0		
May 15	May Pay (R)		111 60			111 60		
" 22	Bank	6003		111 60		0		
June 14	June Pay (R)		108			108		
" 21	Bank	7998		108		0		
July 19	July Pay (R)		111 60			111 60		
" 25	Bank	13029		111 60		0		
Aug 18	August Pay (R)		111 60			111 60		
" 22	Bank	17080		111 60		0		
Sep. 17	Sept Pay (R)		108			108		
" 21	Bank	21813		108		0		
Oct 15	October Pay (R)		111 60					
" 19	Bank	26291		111 60		"		
Nov 15	November Pay (R)		108					
" 20	Bank	30681		108		"		
Dec 7	Dec Pay R.		111 60					
" 13	Bank.	35096		111 60		"		
Jan 15	Jan. Pay. (R.)		111 60					
" 22	Bank.	39501		111 60		"		
Feb 16	Feb Pay (R.)		100 80					
" 18.	A. Pay. Can.				50			
" 21	Bank.	40996		50 80		0		
" 15	Mch Pay (R.)		111 60					
" 12	A Pay Canada.				50			

Carry Ford

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
Beneficiary							Name
Address							Initials
							Bank
Amount. $							
Separation Allowance issued. Yes or No.....							

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								
Mch 25	Mch XS Brought Forward. Bank.		111 60	50 00 61 60		11		

FORM P. 15. H.W.V.Ld.—3717-18.
12519—16M—1-3-18

ASSIGNED PAY.

UNIT. NAME OF: CAMC. RATE OF P. AND A.: Pay $2.00 Pd. F.A. ¢60 " Messing $1.00 "

RANK. NS. DATE: 28/10/16 AUTHORITY:

NAME.

Beneficiary

Address: Can

Amount. $50.00

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

Name Walker.
Initials Frances L.
Bank of Montreal
Traf Sqr

add outfit allce 4 10/18

1918-19

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
april 16	A Pay Can.				50			
	April Pay (R)		108					
26	Bank	1187		58		"		
May 17	May Pay (R)		111 60					
	A. Pay Can.				50			
23	Bank.	26-83.		61 60		"		
june	june Pay (R)		108					
	A P Can				50			
26.	Bank.	4166.		58		"		
July 16	July Pay. (R)		111 60					
" "	A P Can				50			
26	Bank.	5635		61 60		"		
Aug 16	A. P. Can.				50			
16	Aug Pay R		111 60					
26	Bank.	7272		61 60		"		
Sept 13	Sept Pay (R)		108.					
	A P Can				50			
26	Bank.	9187.		58		"		
Oct.	Oct Pay R.		111 60					
	A P Can				50			
21	Bank	10428		61 60		"		
30	add outfit allce 7 10/18		100 —					
"	Bank	10841		100 —		"		
nov	Pay R.		140					
	A P Can				50			

FORM P. 15. H.W.V.Ld.—3717-18.
12519—16M—1-3-18

ASSIGNED PAY.

UNIT. NAME OF: b.a.m.b. RATE OF P. AND A.: Pay 7 · F.A. 1 · Messing 1/4th

RANK. M/S. DATE 28/10/16. AUTHORITY:

NAME. Name Walker · Initials Frances L. · Bank of Montreal Trafulgar Square

Beneficiary

Address

Amount. $ 50. loan.

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

Add. Outfit Allce: 7-10-18.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918/19								
Nov.	Bank.	12502.		90 -				
Dec. 11	Pay R. a.P. Can.		124					
14					50			
18	Bank	13792		74				
Jan. 22	Pay R. a.P. Can.		124					
"					50			
24	Bank	15564		74				
Feb. 12	a.P. Can.				50			
18	Pay R.		112					
24	Bank	17121		62				
Mar 12	Bal Man Pay a.P. Can. Bank	17831		74				
17					50			
19	Trans allce France 25-27 4/18	3344						
20	Pay R. April Pay (R. a.P. Can.		124					
April.			120					
14.					50			
28.	Bank	10544.		70				
29	Trans allce 14-15 3/19	1120					15/	
May 10.	May Pay. (R.		124					
10.	Adv. May Pay. Bank. a.P. Can	1895		74				
					50		Trans 15 2/12 fr 6 12-6-19.	

RETURNED TO CANADA
L.P.C. TO 31.3.19
TRANSFER TO N.E. LEDGER

Dep'td as usual 3/4/19

RETURNED TO CANADA
L.P.C. TO 31 5 19
TRANSFER TO N.E. LEDGER

V.G. 19
D.A. F

W. 106.

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

O.K.

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

1. RANK Nursing Sister

2. NAME WALKER, Frances Letitia

3. UNIT CAMC

4. DATE STRUCK OFF STRENGTH | | PLACE

5. REASON

Demobilized
S.O.S. 26 5/19 - 1995

6. AUTHORITY

7. PROPOSED RESIDENCE

Huntingdon, Que.

This folder should contain the following documents:

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

✓ 1. Triplicate Declaration Paper (M.F.W. 51), or Triplicate Attestation Paper (M.F.W. 23).
✓ 2. Casualty Form (A.F.B. 103).
✓ 3. Medical History Sheet (M.F.B.313 or A.F.B.178)
✓ 4. Proceedings of Med. Board (M.F.B.227 or M.F.W.129)
✓ 5. Dental Certificate (C.A.D.C. 5009a).
✓ 6. Proceedings on Striking off Strength (M.F.W. 2591).
✓ 7. Last Pay Certificate (P. 41)
✓ [illegible] for Gratuity Form (M.F.W. 2595).
8. Salary Deductions.
✓ Dispersal Card.

M. F. W. 2591.
20M—11-18.
1772-39-1380.

H.M.T. NORTHLAND
LNE LINE PIER 13-5-19
DISEMD HALIFAX 23-5-19.

V

Group.....
Checked by No.....
.....
Date.....

R. 150 C.T.

Surname WALKER / **Christian Names** Frances Letitia / 13-12-16 Buxton

Rank Nursing-Sister / **Name and Address of Next-of-Kin** 7-6-17 Buxton

Promotion Mrs W.H.Walker, / (Mother) /
Huntingdon, Quebec, /

Unit C.A.M.C. / Canada. /

Place of birth Huntingdon, Que. Canada. /

Married (Yes or No)

Appointments

Date of leaving Canada 19.8.16 Buxton NR. 2/11/16 **Date and Cause of Resignation**

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
		reported to Canc. T.S.			R.O. 1661 Con. Canc.
6/11/16	Dms.	To be Nursing Sister Canc.	C.E.7.	7/10/16	C.O. 2040. D.O. 5744. C.J.D.
28/11/16	Dms.	Posted to Can. Res x-Sp. H.	Buxton	25/11/16	C.O. 3075.
30/11/16	C.Res x S.H.	Taken on Strength	Buxton	25/11/16	Pt II ord. 250.
17/2/17	Dms.	Posted to Canc. T.S.		16/2/17	C.O. 240.
19.2.17	Buxton	S.O.S.		16.2.17	Pt II ord. 50
27-2-17	Dms.	Posted to "2 Can. Gen. H.		21.2.17	C.O. 285 Pt II ord. 105 T.O.S. A.F. 15 2 C.G.H. 1 - MAR. 1917
12-10-17	No 2 C.G.H.	Granted 14 days leave from.	Rejoined unit	1.10.17 / 17.10.17	Pt 0/58 / " 60
16.4.18	3 C.H. Hp.	TOS on reposting from	2 C.G. Hp.	2.4.18	C/20/19.
14-6-18	2 C.G. Hp.	att for temp duty from	3 C.H. Hp.	31.5.18	P/20/35
5-8-18	3 C.S.H. Hp.	Granted 14 days leave from		20-7-18	P.T. II ord. 46
		ceases to be att for temp duty to	2 C.G.H.	26-11-18	
13-12-18	Do	S.O.S. Reposted to	1 Can. Gen. Hosp.	26-11-18	P.T. II. ord 76
14-12-18	1 C.G.H. Hp.	T.O.S. reposted from	3 Can. Stat. Hosp.	27-11-18	P.T. II. ord. 98

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
		S.O.S. posted to Camc. Gen. on proc.			
20-3-19	1 C.G.Hp.	to 3 Can. Gen. Hosp. for duty.		8-2-19	P.I. II ord. 10.
27-3-19	Camc. Gen	T.O.S. from 1 Can. Gen. Hosp		9-2-19	P.I. II ord. 13.
5-4-19	do	S.O.S. to Camb Cas Coy.		6-3-19	" " 44.
				6-3-19	amnd by P.I. ord. 111
2-5-19	camc. Cas. Coy.	T.O.S. on posting from 7 C.G.Hosp		~~7-3-19~~	P.I. II ord. 102.
13-5-19	Do	S.O.S. on posting to camc. R&T.D.		6-3-19	P.I. III ord. 111.
	Sailed to Canada S.S. Northland			13-5-19	Sailing No 62
17-5-19	Dmb.	S.O.S. on trans to C.E.F. in Canada		13-5-19	C.O. 64
		Cessation of Hostilities			
10-5-19	camc. R&T. Dep.	T.O.S. on posting from Camc Cas Coy		6-3-19	
		On Command 11 Can. Gen. Hosp		6-3-19	P.I. II ord. 130
		Ceases Command 11 Can. Gen. Hp		30-4-19	
		S.O.S. on posting to 11 Can. Gen. Hp		30-4-19	
13-5-19	11 C.G.H.	T.O.S. on Ceasing to be Attached		30-4-19	P.I. II ord. 44.
21-5-19	Do	S.O.S. on trans to C.E.F. in Canada		13-5-19	P.I. II ord. 47.

16182

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Feb 1/18

RATE OF SEPARATION ALLOWANCE

AUTHORITY FOR NEW ACC'T. 2M. Mch/18 W

0599 0599

RATE OF ASSIGNMENT

50.00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name Frances L. Walker

Battalion 6 a.m.c.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Frances L. Walker

Address Manager Canadian Bank of Commerce

Change of Address Huntington Que

1

2

3

4

Fyle 018694 F. 32. M R O 1c New 21 3/15

Date	Cheque No.	Amount S/A	Amount A/P	Total	
Feb 1918	C 18236		50	50	R
Mar	M 79871		50	50	R
April	W 10579		50	50	✓
May	J 22239		50	50	✓
June	R 24219		50	50	
July	S 26082		50	50	
Aug	J 40978		50	50	
Sept	V 43766		50	50	
Oct	J 55673		50	50	
Nov	O 59190		50	50	
Dec	H 62358		50	50	
Jan	N 70629		50	50	
Feby	R 81819		50	50	a
Mar	R 86264		50	50	a
Apr	J 4071		50	50	a
May	T 5481		50	50	
			800	800	

S.A. Mulcahy 1/3/18

A/c Closed 31 5 19 File 018694 - F. 32

Ret'd per Northland Date 23 5 19

Dest ... L.P. No 88306 M.F.W 187 30 5 19

Clerk J.B. Bowie Date 30 5 19

M.D. H

Rfac 30 5 19

M. F. W. 128.
40M.—4-17—1772 39-1141
L. L. 22929—M. & D. 7933.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

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.—A-17—1772-39-1141
L. L. 22320—M. & D. 7933.

ORIGINAL.

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178[A] to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Walker. *Christian Name* Frances Letitia

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Huntingdon County of Huntingdon

Examined ... ... on 30th day of October 1916
at London

Declared Age ... ... 33. years 328 days.

Trade or Occupation ... ~~Nursing~~ Professional nurse.

Height ... ... 5' feet, 8½ inches.

Weight ... ... 130 lbs.

Chest Measurement — Girth when fully Expanded. 32 inches.

Chest Measurement — Range of Expansion 1½ inches.

Physical Development ... Good

Vaccination Marks — Arm ... Right yes. Left yes.

Vaccination Marks — Number once.

When Vaccinated ... ... 1892.

Vision ... ... R.E.—V= Good with glasses
L.E.—V= Good with glasses

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

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

Approved by (*Signature*) W B MacDermott
(*Rank*) Capt RAMC
Medical Officer.

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

Joined on Enlistment ...	Corps.	Regtl. No.
Transferred to	No 2. Can: Gen: Hosp:	W/Sq Str

Became non-effective by

on day of 191 .

(*Signature*)

(*Rank*)

(1908) Wt. W2869—1662. 200000. 5/15. Sir J. C. & S.

P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of Days in Hospital	Rem
	Day	Month	Year	Day	Month	Year			

List in the Case of Warrant Officers treated in quarters.

arks 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.

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.
30-10-16	1/2 cc mixed paratyph typh Vaccine W. MacDermott capt RAMC
8-11-16	1 cc " "

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

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. | RANK N/Str. | NAME (IN FULL) Walker - Frances - W. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Pay from o/s on Leave to Canada & Struck off Strength	13-5-19	Do 1983 Do 150/12

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 30/10/16 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $30.00 | DATE EFFECTIVE 1-C-17

PAYABLE TO Frances L. Walker (Wife) | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS N.S.G.

ADDRESS Manager Canadian Bank of Commerce Huntingdon P.Q. | Huntingdon P.Q.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE 26-5-19

DISCHARGED PLACE SOS & Tr AMWnit | DATE ~~26-5-19~~ | REASON Gen Dmst Pt Rs 1995 | AUTHORITY Do 157/13 | IF ENTITLED TO POST DISCHARGE PAY Do 195/15

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.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT					Nil																																	Northland Dr 31-5-19
		3.00			2.10					2.10		1	2.10					90.00										20.00		Nil			121.00	118.90	2.10			15/5/19 Cdn Ord 31-5-19 90.00
																												11.00									1 mess tin 2 Boat 15/5/19 23/5/19 11.00
																																					Diff Kit Items 1 Suit 24/5/19 24/5/19 2.10
																																					1 Kit Items ret'd 23/5/19 31/5/19 2.00
			Other Credits		W.	S.	C.	S.	A.	Total			War Service Gratuity														Other Charges		W.	S.	G.	S.	A.	Total		Balance Soldier		Dependant	
					459	00				459	00																	118	90					118	90	340	10			1074272 K
20/7/19																												90	00					90	00	250	10			1080885 3
27/7/19																												92						92		157	10			128778 4
3/8/19																												91						90		67	10			162533 5
9/8/19																												67	10					67	10					
																																		459	—					

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.