R. 101.

UNIT..... Regimental No.....

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? Helen St Clair White
2. In what Town, Township or Parish, and in what Country were you born? North River P. E. I.
3. What is the name of your next-of-kin? Clement White (Father)
4. What is the address of your next-of-kin? North River P. E. I.
5. What is the date of your birth? March 18th 1887
6. What is your Trade or Calling? Trained Nurse
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated? yes
9. Do you now belong to the Active Militia? yes
10. Have you ever served in any Military Force? No
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? yes

Sgd Helen St Clair White (Signature of Man).

J R Cunion (Signature of Witness).
Cpl R. C.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Sgd Helen St Clair White (Signature of Recruit).

Date Sept 4th 1915 J R Cunion (Signature of Witness).
Cpl R. C.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Sgd Helen St Clair White (Signature of Recruit).

Date Sept 4th 1915 J R Cunion. (Signature of Witness).
Cpl R. C.

CERTIFICATE OF MAGISTRATE.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Halifax N.S. this 4th day of Sept 1915

Sgd H Kneuscale Lt Col P.A.M.C. (Signature of Justice).

A Justice of the Peace for the County of Halifax

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

(Approving Officer).

CERTIFIED TRUE COPY.

J R Cunion

Major,

For Col. i/c Records, C.E.F.

Description of Helen St Clair White **on Enlistment.**

Apparent Age 27 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 4 ins.

Chest measurement.
- Girth when fully expanded 34 ins.
- Range of expansion 3 ins.

Complexion Fair

Eyes Grey

Hair Lt Brown

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

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

Scar back of neck
Rt side
Scar from scald
Lt side

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Sept 4th 191 5 Sgd H Kneucall Lt Col

Place Halifax N.S. J R Linton Capt R.A.M.C.

Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

.....(Signature of Officer.)

Date 191

Officers.

DISCHARGE DOCUMENTS

R. O. No. .....

H. Q. No. .....

Name WHITE. HELEN. ST. CLAIR

Regt. No. ..... Rank Sr. Ldy Str.

Corps C.A.M.C.

Demob.

Docs Despatched to M.D 6 on M/T 4/11/19

4322 d/9-9-19 BD

Certs 17-11-19 Ref 6

Ret 1/11/19

Docs to M D C on M/T 2505 Ref 6/5502 d/ 1/12/ 19

Ret C/ R.D. 19-12-19

Proceedings of Court of Inquiry on men reported Missing on Active Service.....

Attestation Papers..... 1 R 3

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet .....

Compulsory Stoppages.....

Casualty Forms..... 2

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

A.F.A.B. — 2 —

Doc. D.F. — 10 1.

Misc. Standard

Ref. A.M.S. 0544.

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

PUBLIC ARCHIVES RECORDS CENTRE

17422

48/018

1
2- 19
2- 19

NS	WHITE	HELEN ST. CLAIR
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

Location
Lieu 10290

SURNAME. White.

CHRISTIAN NAMES Helen St. Clair

REGL. NO. RANK Nursing Sister

UNIT C. A. M. C.

FORMER CORPS

CARD NO.

S.O.S. 15-5-19 6 FOLL.

S.O. 460 16-5-19 R.E.D.

R.O. 1993 21/3/19 Hosp.

NEXT OF KIN.

NAMES IN FULL White Clement

RELATIONSHIP TO SOLDIER Father

ADDRESS North River, P. E. I.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, North River P.E.I. DATE

PLACE OF ATTESTATION DATE

O/S. 27-9-15 R/C. 30-11-18 235 1 2

L. L. 94504. M. & D. 65b.

M. F. W. 22. 250m.—2-18. H. Q. 1772-39-339.

Date of Sailing 27-9-15

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

M. F. W. 71—500M.—6 13.
1772—39—961.

62 43-W 96

NAME White, Helen St. C.

REGIMENTAL NO.

RANK Nursing Sister

ENLISTED AT Halifax, N.S.

PROMOTIONS, &c. AND DATE

DATE Sept. 4/1915

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Clement White

RELATIONSHIP Father

ADDRESS OF North River P.E.I.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

R.O. 1541
R.O. 1802A
R.O. 1654
R.O. 1993C

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O. No.	PART II. D. O. DATE	REMARKS IF IN HOSPITAL, NOTE NAME, &c.
T.O.S. Est. P.S.T. Mason			
transfer from 6th Dist. Dpt	80	21-3-19.	on 15-3-19 ADMSD.O. 80 of 21-3-19
S.O.S CAMC & P.E.&M.S.H	C.6. 462 P.S.9 46	17-5-19 16-5-19	Demobilization 15-5-19 Auth. 6D 69-109, Vol 4

NAME White, H. St. b.

RANK AND CORPS N./Stw. b. a. m. b. (Mrs. Pks.)

REGT'L NO

H. Q. FILE No. 649-

FOLLOWS No. 1206x

FOLLOWS

CABLE

No. | DATE

NATURE OF CASUALTY

L. L. Job 90581—M. & D. 6314.

M. F. W. 42—50M—1-16.
H. Q. 172-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
314'	West Cliff Can. Eye & Ear, Folkestone	10-3-16	Measles
333(4)	Unfit any Serv, 6 wks,	1-4-16	Debility after Measles
376	Westcliff Can Eye & Ear, Folkestone.	28-3-16	Discharged (Measles)

Number ..... Rank N. S.

Surname WHITE.

Christian Name HELEN St. CLAIR.

Units ..... Theatre of War FRANCE.

Date of Service 14.10.16

Remarks .....

Latest Address ~~Mil Con. Hosp.~~
~~Charlottetown~~
North River P. E. I.

Roll No. B Cay 22459.

200m.-6-21.

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

).....

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.).....

DEPT. OF NAT. DEFENCE
27 OCT 1923
19961

OCT 29 1968

R. 149.

Name White, H.St.C. *Rank* N/Str. *Reg. No.*

Unit C.A.M.C. Mre. Bks.

Next of Kin Canada.

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
10-3.	W.Cliff. E&E Hos.	F'stone	Measles	314.		
1-4.	Med. Bd. Unfit any serv. - 6 weeks		debility after Measles	333.		
28-3-16	Discharged		do	376		

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

Surname	Christian Name	Reg. No.
WHITE.	H.St. C.	

Rank	Unit
Nurs.Sis.	C.A.M.C.

MEDICAL BOARD held at	Date	Serial No.
(1) C.C.A.C.	1-4-16.	

Other Medical Boards at	Date	Serial No.
(2) C.C.A.C.	15-5-16.	

(3)

(4)

(5)

Condition found by Board

Debility after measles.

Disposition Recommended

(1) Unfit for any service - 6 wks.

(2) Fit for General Service.

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at Date.....

Disposition

Remarks

Indicate by a P.T.O. if continued on other side.

H. W. & V., Ld.—3594-15.

White. H. St. C.

N/Str. C.A.M.C.

Westcliff Eye & Ear. Folkestone. 10-3-16.

Measles.
Debility after measles.

Discharged:-. 28-3-16.

C.L. 16-3-16. 314.
7-4-16. 333-4.
29-5-16. 376.

DW/R.

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London

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

Casualty Form—Active Service.

Regiment or Corps Canb.

Rank W/S. Surname White. Christian Name Helen St. Clair

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.....

.....Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
22-11-18.	Canb. Cas. Co.	T.O.S. from 16 C.C.S. Boap.	Sfcliffe.	13-11-18.	Pt. II No. 170.
3-12-18.	do.	On Com. Trans. - Duty	do.	20-11-18.	Pt. II No. 179.
13-1-19.	do.	S.O.S. to C.E.F., Canada.	do.	31-12-18.	Pt. II No. 10.
		Retained.			
			G.S. Foxes. Capt.		
			for O.C. Canb. Cas. Co.		

(*a*) In the case of a man who has been 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.

[P.T.O.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B 103/4. E./354.

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				
21-3-19	6.D.D. T.O.S.	CAMC" & P.E.I.HOSP.on transfer from 6.D.D.	Halifax	5-3-19	ADMS D.O.P2#80 d/21-3-19
17-5-19	CAMC	S.O.S. "CAMC" & P.E I.Hosp.on DEMOBILIZATION. CAMC C.O.#462 d/17-5-19	Ch'towm	15-5-19	PEI DO P2#46 d/16-5-19. Colonel for O.C.PEI HOSPITAL EST.M.D.6.

2

Army Form B. 103. Orig not Available Regimental Number

CERTIFIED CORRECT
6 - NOV. 1916
CANADIAN RECORD OFFICE

NS. 336

Casualty Form—Active Service.

Regiment or Corps C.A.M.C. (5 Can Gen Hp)

Rank N/S. Surname White. Christian Name Helen St. Clair.

Religion _____ Age on Enlistment _____ years _____ months.

Enlisted (*a*) _____ Terms of Service (*a*) _____ Service reckons from (*a*) ~~28/8/15~~ 27.9.15

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

Extended { _____ } Re-engaged { _____ } Qualification (*b*) _____

or Corps Trade and Rate _____

_____ Signature of Officer i/c Records.

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				
				~~27.9.15~~	
		Embarked ...	Canada	~~28/8/15~~	
		Disembarked...	England	~~5/9/15~~	
9/2/16	Y Stat Hp	Taken o/strength for Rat & Quarters		5/2/16	Bl Tword 20
10/2/16	Duo	Transf'd Moore Bks Hp		10/2/16	CO 243
					J S Burnham MAJOR, FOR COL. I/C RECORDS, C.E.F.
14.10.16.	Moore Barracks.	Proceeded overseas for service with No. 2 Canadian Gen: Hospital. France. therefore struck off Strength.		14.10.16	A.F.W.3.R.O. 3187, 18.10.16 J.H. Hall Captain, C.A.M.C. Company Officer, For Colonel, Officer i/c Hospital.
22/10/16	2 C.G.H.	Taken on Strength on arrival in France Auth: A.O/12/O.Seas/107 (a) 1104) d/11/10/16. aadg 7/11/16		15/10/16	B.213 P.H. 68 d/- 28/10/16

(*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.

[P.T.O.

(4 27 29) W 15012—5156 100,000 12/15 H W V(P 1977) Forms/B. 103/3

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				
8/7/17	2 bbH	Granted 14 days leave		4/7/17	B213 Pte 42 17/7/17
22/7/17	"	Rejoined Unit		20/7/17	" " 44 28/7/17
23/2/18	"	Granted 14 days leave.		20/2/18	B213 13 d/6/3/18
9/3/18	"	Returned from leave.		5/3/18	B213
16/3/18	"	S.O.S. on Reposting to 3 bbH		15/3/18	B213 Fh. 20421
		Authy. DGms. B/153/75 d/18-3-18			Photo 17
6/9/18	A.A.G.	SOS. No 3 CCC 96. Posted to		6/9/18	K.D. Tel. 17252 File K.T. 32662
		CAMC. Cas. Coy. Shorncliffe			Pte No 643 d/12-9-18.
		C.R.O. Can. Sec. GHQ. Letter 30-515			
		d/-21/5/18.			
25.9.18	Camb Cas Dpt	SOS. from 3 bbH	Shorncliffe	7.9.18	Pte II D.O. 123
"	"	Granted leave 9.9.18 to 24.9.18	"	8.9.18	"
1.10.18	"	SOS. to 16 bbH.	"	25.9.18	Pte II D.O. 125
					Lieut O. i/c Records. for O/C Shorncliffe Depot Group.
26.9.18	16 bgde T.M.B.	T.O.S. from Camb Casualty to	Orpington	25.9.18	Pte II D.O. 229
21.11.18	16 bgde H.	SOS to Camb Cas to	Orpington	13.11.18	Pte II do 277.

Lieut Capt. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon.

W. Gallow

CANADIAN EXPEDITIONARY FORCE

N.S. 6-52.
R.A.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Helen St. Clair WHITE.

Enlisted in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the [redacted]

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

in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the Fourth day

of September 1916

She SERVED in CANADA, England and France with the C.A.M.C., 5th Canadian General Hospital; No. 7 Stationary Hospital; Moore Barracks Hospital; No. 2 Canadian General Hospital; No. 3 C.C.C.S., C.A.M.C., Casualty Coy., Shorncliffe; No. 16 Canadian General Hospital; District Depot No. 6.

and was STRUCK OFF THE STRENGTH on the Fifteenth day

of May 1919 by reason of General Demobilization

Dated at Ottawa, this First day

of December 1919

[signature] Lieut.-Col.
Director of Personal Services.

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

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
22		N.S	White	Helen St Clair.

Year	Unit.	Age.	Service.
March 10/16	C.A.M.C. M.A.U.	28	6 Mo

Station and Date.

WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.

Disease Measles.

The patient has a cough but Physical examination showed no rales or bronchial breathing. Rash well developed on face arms and chest.

Treatment - expectorant mixture - Sponge bath for high temperature otherwise expectorant treatment.

Diet

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S. P.T.O.

Station and Date.	

1184

CONFIDENTIAL. Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at Shorncliffe, CCAC, Folkestone. on May 15.16.

by order of A. DMS. Canadians.

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) Nursing Sister H S White (Corps) C.A.M.C.

Age 28 Service 9/12 Disability Debility after Measles.

Date of commencement of leave granted for present disability April 1.1916.

Date on which placed on half-pay for present disability Not applicable.

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 now recovered.

I concur in the findings of the Board of Medical Officers here recorded.

Major, C.A.M.C.
For D.M.S.
Canadian Contingents.
16.5.16.

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? not applicable.

(2.) *a. If unfit for General Service, is he fit for service at home?* do.

b. If not so fit, how long is he likely to be unfit for service at home? do.

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? Infection.

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

Signatures

Sgd. W. McKeown, Lt. Col. President.

" G. T. McKeough, Major. Members.

W16789/M2'0. 200M. 2/16. C. P., Ltd. Forms A.45 25

[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.

L. L. Job 85095—M. & D. 5953.

M. F. W. 12.
20m.—9-15.
H. Q. 1772-39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Clement White

Address South River
P. E. I.

By Whom Assigned White, H. St. Clair

Regtl. No.

Rank Nursing Sister

Corps A. M. C.

Rate ~~12~~ 00 per ne Act pt.
30 00 = July 1st = 2M. 2 7/16 18 7/16.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.		J 9670	50	
Nov.		D 15283	50	
Dec.		C 15586	50	
Jan.	1916	B 16370	50	
Feb.		A 18570	56	
March		J 14448	50	

CONSOLIDATED ACCOUNT 4

5 4° 0
4 5 0
1 9

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

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

Sheet No. 2. Clement White.

L. L. Job 89002.—Req. 6213.

Name of Soldier White. H. St Clair. N.S.

$50.00 30 = July 1 = A.M.C

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	H785	50	
May		A.1986	50.	
June		5003	50	
July		11971	50	
Aug.		R16432	10 --	to adj. Aug. Cy.
Sept.		20298	30 --	in future
Oct.		20574	30	
Nov.		28530	30	
Dec.		34807	30	
Jan.	1917	41413	30	
Feb.		48920	30	
March		K54342	30	
April		55222	30	30
May		120181	30	
June		70032	30	W.
July		26453	30	
Aug.		32699	30	
Sept.		40786	30	
Oct.		46532	30	
Nov.		X52031	30	
Dec.		Q64602	30	
Jan.	1918			
Feb.			990	
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier .....

PAYMENTS.

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

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY.

UNIT. NAME OF | DATE | AUTHORITY

Moore Barracks | Pay $2.00 Pd | Fa. 60 " | Mess 1.00 "

RANK. | DATE | AUTHORITY

N. S.

NAME.

Name White
Initials A. St C.
Bank of Montreal
Trafalgar Square.

Beneficiary
Address Canada.
Amount. $ 30/100
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
1917								
April 21	April Pay (R)		108					
22	A. P. Cann.				30			
26		Bank 3009		78		0		
May 11	A. P. Canada				30			
" 15	May Pay (R)		111 60			81 60		
" 22		Bank 16083		81 60		0		
June 14	June Pay (R)		108					
" 8.	A P. Canada.				30	78		
21		Bank 16288		78		0		
July 19	July Pay (R)		111 60					
" 18.	A P. Canada.				30	81 60		
25		Bank 13029		81 60		0		
Aug 18	August Pay (R)		111 60					
"	A P Can				30	81 60		
22		Bank 17080		81 60		0		
Sep. 17	Sept Pay (R)		108.					
12	A P. Can.				30	78		
21		Bank 21813		78		0		
Oct 15	October Pay (R)		111 60					
12	A P Can.				30			
20		Bank 26291		81 60		0		
Nov 15	November Pay (R)		108					
14	A P Can				30			
20		Bank 30681		78		0		

Carried forward.

FORM P. 15.
5986—25M—19/1/17

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

Beneficiary
Address

Pay 32. 00 Pd.
Fa. 60 "
Mess 1. 00 "

Amount. $ 30 Canada
Separation Allowance issued. Yes or No.....

Name White
Initials H St C.
Bank of Montreal.
Trafalgar. Square.

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								
Dec 10	A. P. Canada				30			
" 7	Dec. Pay R.		111 60					
" 13	Bank.	35096		81 60				
Jan 15	A. Pay. Canada.				30			
" 15	Jan. Pay.		111 60					
" 22	Bank.	39501		81 60				
Feb	Feb. Pay (R.)		100 80					
" 12	A. Pay Can.				30			
" 27	Bank.	40996		70 80				
Mch 15	Mch Pay (R.)		111 60					
" 12	A Pay Can.				30			
" 25	Bank.			81 60				

FORM P. 15
2227—10M—1/1/17

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

Beneficiary Jc. G. White
Address North River P.E.I.
Amount. $~~50~~ 30 00/100
Separation Allowance issued. Yes or No.....

Moore Bcks | N. Str.

Name White
Initials H.S.C.
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
1917	Brought forward					—		
Jan 17	a.k. Canada				30			
22	Pay Jan (Reg)		111 60			81 60		
24	Bank	19286		81 60		—		
Feb 20	a.k. Canada				30			
21	Pay Feb (Reg)		100 80					
	Bank	21931		100 80		—		
Mch 20	Pay March (Reg).		111 60					
	a.k. Canada.				30			
	Bank	24818		81 60		—		

FORM P. 15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT.

NAME OF | DATE | AUTHORITY

RANK.

DATE | AUTHORITY

NAME.

Beneficiary

Address

Amount. $

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

Name

Initials

Bank

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS

P—15.

ASSIGNED PAY.

Beneficiary C G White

Address North River P E I

Amount. $ 50.00

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

UNIT. NAME OF Moore Bcks DATE AUTHORITY

RANK. N/St DATE AUTHORITY

NAME.

Name White

Initials A St C

Bank B of M

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
Apl 24	A. P. Can.				50			
27	Apl Pay R		108			58		
	Bank	1058		58				
May 25	A. P. Can.				50			
	May pay R.		111 60					
	Bank	2441		61 60		0		
June 17	June Pay R.		108					
21	A P can.				50			
	Bank	3834		58		0		
July 7	A P. Can				30			
	July Pay R.		111 60					
25	Bank	4997		81 60				
Aug. 17	A. P. Can.				30			
	Aug. Pay R.		111 60					
24	Bank	7400		81 60				
Sept 19	A. P. Can.				30			
	Sept Pay R.		108					
26	Bank	9269		78				
Oct 13	A. P. Canada				30.			
Oct. 18	Oct. Pay R.		111 60					
24	Bank	10998		81 60				
Nov 23	A P Can				30			
	Pay Roll R		108					
24	Bank			78		0		
Dec 11	A P. Can				30			
Dec 11	Dec Pay R.		111 60	81 60				
14	Bank.					0		

Carried forward

P.-15

G. B. & S.

UNIT

NAME

DATE OF APP

ASSIGNED PAY:—

MARRIED (YES

MONTHLY AMOUNT

NEXT OF KIN:

TO WHOM PAYABLE

DATE NON-EFF

AND

BANK IN WHICH PAY & ALLOWANCES DEPOSITED

	PERIOD		No. of Days	Regtl. Rate	PAY					Rate of Field Allowance	ALLOWANCES					A
	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

P. 1

UNIT C.A.M.C. Nursing Service ~~Moore Barracks Hospital~~ ~~Eaton Gen. Hospital~~ ~~Shorncliffe Military Hospital~~

NAME White A. St. C.

DATE OF APPOINTMENT

MARRIED (~~YES~~ OR NO)

NEXT OF KIN:— NAME Mrs

ADDRESS

DATE NON-EFFECTIVE AND CAUSE

1915-16

ASSIGNED PAY:—

MONTHLY AMOUNT $50.00

TO WHOM PAYABLE Self ~~White~~ ~~Tignish~~ North River, P.E.I.

BANK IN WHICH PAY & ALLOWANCES DEPOSITED Bank of Montreal

G. B. & S.

PERIOD From	PERIOD To	No. of Days	Regtl. Rate	PAY Amount of Regimental	PAY Command	PAY Adjutant	PAY Cr. from Prev. Account	PAY Total Pay	Rate of Field Allowance	ALLOWANCES Amount of Field Allowance	ALLOWANCES P. F. Allowance	ALLOWANCES Messing	ALLOWANCES Subsistence	ALLOWANCES Total	Total Pay and Allowances	Assigned Pay	Sundry Deductions	Net P. A. Total Ds.	Paid in Cash	Deposited in Bank Balance	Carried Forward	Remarks
26/9/15	31/10/15	36	✓	72				72	60	21 60		27		48 60	120 60	50		50		70 60		Arrived 5/95
1/11	30/11	30		60				60		18		30		48	108	50		50		58		
1/12	31/12	31		62				62		17 60		31		49 60	111 60	50		50		61 60		
1916 1/1	31/1	31		62				62		18 60		31		49 60	111 60	50		50		61 60		
1/2	29/2	29		58				58		17 40		29		46 40	104 40	50		50		54 40		
1/3	31/3	31		62				62		18 60		31		49 60	111 60	50		50		61 60		
																				367 80		

188 Days @ 3.60 676.80
Less Messing 9.00
667.80

Dep in Bank 367.80
AP 300.00
667.80

SUNDRY PAYMENTS

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

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

ASSIGNED PAY. | **UNIT.** NAME OF | RATE OF P. AND A. | **RANK.** DATE | AUTHORITY | **NAME.**

Beneficiary — Moore Barracks — Pay $2.00 Pd. — N/S. — Name White

Address — F.A. ¢60 " — Initials A. St. 6.

canc'd 1/10/18 — Messing $1.00 " — Bank of Montreal Traf Sq.

Amount. $30.00

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

add outfit allce 1/9/18.

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.				30			
	April Pay (R)		108					
26.		Bank. 1187.		78				
May 14	May Pay (R.)		111 60					
	a. Pay Can				30			
23.		Bank. 2683.		81 60				
june.	june. Pay (R)		108					
	a. P. Can				30			
26.		Bank. 4166.		78				
July 16	July Pay (R.)		111 60					
	a. P Can.				30			
26.		Bank. 5635		81 60				
aug 16	a P. Can				30			
16	Aug Pay R		111 60					
26		Bank. 7272		81 60				
Sept 10th	adv Sept P & a.	Cash 8033.		78				
" 13.	Sept. Pay (R)		108.					
"	a. P Can.				30			
20.	adv Oct - P & a. £5	Cash. 8717.		24 33.			Dr. 24 33.	
Oct.	Oct. Pay. R.		111 60					
	a P Can			84 24				
21		Bank 10428		111 60				
30	add outfit allce 1/9/18		100 -					
"		Bank 10841		100 -				
nov	Pay R.		140					
12.	adv nov P & a	Bank 11820		140				

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

ASSIGNED PAY. | UNIT. NAME OF | RATE OF P. AND A. | RANK. DATE AUTHORITY | NAME.

Beneficiary
Address
Amount. $
Separation Allowance issued. Yes or No.....

Pay
F.A.
Messing

Name
Initials
Bank

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1 D							Left Ho/Can L'A. Ltrs 30/1/4 Tfr to V.C. Ledger Rfd. J. Ledgers Led 12 Jan. 1919	

(c) If unfit for General Service at home, is he fit for light duty at home? No.....

(d) If not fit, how long is he likely to be unfit for light duty at home? 6 weeks.....

81

CONFIDENTIAL.

Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at SHORNCLIFFE—C.C.A.C. (19, Westbourne Gardens, Folkestone) on April 1-16

by order of C.D.M.S. Canadians.

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) Gunr. S. H. S. White (Corps) Can C.

Age 28 Service 2 7/12 Disability Mobile offic measles.

Date of commencement of leave granted for present disability ~~April~~ April 1 16

Date on which placed on half-pay for present disability Not applicable

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 pte is anaemic & has a sinal adenitis following an attack of measles from which he has recently recovered,

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

(1.) *a.* Is the officer fit for "General Service"? No

b. If not so fit, how long is he likely to be unfit? 6 weeks

(2.) *a. If unfit for General Service, is he fit for service at home?* Yes

b. If not so fit, how long is he likely to be unfit for service at home? 6 weeks

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

(4.) Was it contracted under circumstances over which he had no control? Yes

(5.) Was it caused by military service? Yes

(6.) If caused by military service, to what specific conditions is it attributed? Exposure

Signatures { E. Mc Kellar Lt Col President. / [illegible] Capt / D A Morrison Capt } Members.

I concur in the findings of the Board of Medical Officers here recorded.

Major, C.A.M.C.
For D.M.S.
Canadian Contingents.
3.4.16

(8 27 21) W 12286-2164 150,000 2/15 H W V(P) Forms A. 45 24

[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. Question 2 is only to be answered by the Board, when specially instructed by the convening authority.

4. 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.

Rank and Name WHITE. Helen St. Clair NURSING SISTER NO ATTESTATION.

Regimental No.

Unit No.5 Can Gen Hosp.

Date of enlistment 4.9.15.

Place of birth North River, P.E.I.

Married (Yes or No) NO

If in Permanent Force

Promotions or appointments

Name and Address of Next-of-kin
Clement White, (Father)
North River,
P. E. I.

M.P AUG 3 1916
M.A AUG 2 1916
M.B SEP 1916
M.BOCT 1916

Date and place of discharge

Reason for discharge

Character on discharge

Left Canada 27/9/15

M

Report

Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS Taken from Official Documents
6.10.15	D.M.S.	T.O.S. C.G.7 on arr. fr. Can.		5.10.15	C.O. 747
					R.L. 61.1.
~~4/11/15.~~ 6.10.15	~~D.M.S.~~ D.M.S.	~~Left Can. 28/8/15. arrd~~ Posted to "5 C. Gen. H.	~~England~~	~~5/9/15~~ 7/10/15	~~D.M.S. 10-11-15~~ C.O. 763
10/2/16	—do—	Transfd to Moore Barracks Hosp		~~11-2-16~~	C.O. 243, C.O. 257. 7-2-16 Pt II O. 22
9-2-16	7th St H.	Taken on Strength for Rations & Quarters		5-2-16	Pt II O. 20. A.F.B. 103 2/11/16
16.3.16	H.R.	Admitted Can. C. & C. Hosp Westcliff.	discharged	28-3-16	C.L. 376.
" 4.16	D.M.S.	6 weeks sick leave by Med Board. Dvpd		10.3.16	C.L. 314 (Measles.)
7.4.16	Med. Board	Unfit for any Service 6 weeks		1-4-16	C.L. 333. C.O. 596. Debility after Measles.
19/5/16	D.M.S.	From sick leave to Moore Barracks Hosp.		15-5-16	C.O. 850
5-10-16	G.O.C. S.D.	Granted Leave from 3-10-16 to		16-10-16	C.O. 5252
18-10-16	D.M.S	Transpt to No 2 Can. Gen. Hp.		14-10-16	C.O. 1917 C.O. 5409 Pt II W. 292. N.B. 4
28-10-16.	No 2 C.G.H.	Taken on Strength	2 C.G.H.	15-10-16	Pt II Ord. 68. 6-NOV. 1916.
7-7-17	"	Granted 14 days Leave	rejoined unit.	20.7.17	Pt II Ord. 44. 2 C. Gen H.
				4.7.17	Pt II Ord 42.
6.3.18	do	Granted 14 days leave		20.2.18	C.O. 20/13.
31.3.18	3.C.C.H.	Sh. T.O.S. on reposting from 2 Can. G. Hp.		16.3.18	C.O. 20/15.

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				
12-9-18	3 CCCS	S.O.S. on reposting to CAMC. Cas. Coy		6-9-18	P.T. II. ord. 43
28-9-18	Cas. Dep. Sct.	T.O.S. on posting from 3 Can. Cas. Clg. Stat. Granted leave from 8-9-18 to		7-9-18 / 24-9-18	P.T. II. ord. 123.
1-10-18	- do -	S.O.S. on posting to 16 Can. Gen. Hosp.		25-9-18	P.T. II. ord 125
26-9-18	16 C.G.Hosp.	T.O.S. on posting from CAMC. Cas. Coy.		25-9-18	P.T. II. ord. 229.
21-11-18	- do -	S.O.S. on posting to CAMC. Cas. Coy.		13-11-18	P.T. II. ord 277
22-11-18	CAMC. Cas. Coy.	T.O.S. on posting from 16 C.G.Hosp.		13-11-18	P.T. II. ord. 170
3-12-18	Do.	"On Command" trans. duty to Canada		20-11-18	P.T. II. ord. 179.
13-1-19.	Do.	S.O.S. on posting to the C.E.F. in Canada		31-12-18	P.T. II. order 10.
10-1-19.	Hq. O.M.F.C.	S.O.S. on trans. to C.E.F. in Canada (Retained)		31-12-18	R.O. 5163.

A.F.W. 1103.
24 SEP. 1918

10389

DUPLICATE.

ARMY FORM B. 178.

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

MEDICAL HISTORY of

Surname WHITE *Christian Name* Helen St. Clair.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish North River. County P.E.I.

Examined ... ... on 4th. day of September, 1915, at Halifax, N.S.

Declared Age ... ... 27 years days.

Trade or Occupation ... Trained Nurse

Height ... ... 5 feet 4. inches.

Weight ... ... 125. lbs.

Chest Measurement — Girth when fully Expanded 39 inches.

Chest Measurement — Range of Expansion 5 inches.

Physical Development ...

Vaccination Marks — Arm ... Right Left

Vaccination Marks — Number

When Vaccinated ... ... Not vaccinated.

Vision ... ... R.E.—V=

L.E.—V=

(*a*) Marks indicating congenital peculiarities or previous disease ... (*a*) Scar back of neck, right side.

Scar from Scald - left wrist.

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

Approved by (*Signature*) J. D. Brousseau Col.

(*Rank*) Lieut. Col. P.A.M.C.

Medical Officer.

Enlisted ... ... at Halifax, N.S. on 4th. day of September, 1915.

Joined on Enlistment ...	Corps.	Regtl. No.
	A.M.C.	
Transferred to		

Became non-effective by ...

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

on day of 191 .

(*Signature*)

(*Rank*)

Lieut.-Col.
In Charge of Records,
Canadian Contingent.

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	Remar
	Day	Month	Year	Day	Month	Year			
West Cliff Can Eye & Ear Hospital, Folkestone	10	3	16	28	3	16	Measles	19	

List in the case of Warrant Officers treated in quarters.

s 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
Cured - No complications, discharged to lines.	H.D. Courtenay Capt For Regr.

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
Sept. 4/1915.	Anti-Typhoid Inoculations. J. Rankine.
Sept. 16/1915.	ditto. "

I certify that the foregoing is a true copy of an original entry in Medical Case Sheet No. [illegible]

C.A.M.C.
For the Officer in Charge of Records
Canadian Contingent.

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

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Jul. 1-1916

RATE OF SEPARATION ALLOWANCE

W

RATE OF ASSIGNMENT

30			

5469

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank N.S. Promoted Reverted Discharge

Soldier's Name H. St. Clair White

Battalion A. M. C.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Clement White

Address North River P. E. I.

Change of Address

1

2

3

4

D19755-A-96

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
1917 Dec 31			990	990		A.P. 30 from Oct 1/15 to June 30/16
Jan 18	P 72163		30	30		& 30 " July 1/16 on per Dec 2/7/16.
Feb	B 72917		30	30	- 8	A/c Closed 1/10/18 a 3 mos 20/9/18
Mch	X 92936		30	30		MLO 12752 Destroy Rend AB-18 10/18
apr	N 15091		30	30		* blco 6844 Rend ck L 57327 AB 18 10/18 Leave 21 10/18 AB 22 10/18
May	N 20996		30	30		
June	J 23887		30	30		
July	B 24033		30	30		
Aug	V 38198		30	30		
Sept.	V H8 502		30	30		
~~Oct~~	K ~~52329~~		~~30~~	~~30~~	*	
			XX	XX		

A/c Closed 30/9/18

Ret'd per Metagama

Date 30/11/18 M.O. 187 7/12/18

Clerk K Smith

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
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
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7693.

M. F. W. 41
1.0M—7-16
1772-39 889.

Name Fisher, White, Helena St. Clair

Regimental No. 875-34-1

Unit 6a M C

Name and address of next-of-kin North Rustico, P.E.I

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged Duty

Amount of pay assigned monthly $ Nil. Eng.

Reason for discharge W D 2)

To whom payable

Character on discharge

Melagama 22/8 Ar 30/8 Rtd Exp L.P.C. clear 30/11/18 1 Bdy C.P.

D. [illegible] 6b 5351—M. & D. 6880.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
																397
Mc adjusted by PM. M.D 2.									50 00					50 00		CR 201 30/11/18 1 Bdy C.P.

M. F. W 41
1 0M —7-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

Belgrama 30-11-18

AUDITOR | PAYMASTER

M. OR S. [illegible] Gunner

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

REGT. No. [illegible] RANK Gunner NAME (IN FULL) WHITE HELENA St. CLAIR. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN Sgt. H. White RELATIONSHIP

ADDRESS Rock River P.E.Island.

IS SEPARATION ALLOWANCE PAID? No DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Messing Allowance 30th Artillery	5-3-19	20.1836

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

PLACE OF ATTESTATION Halifax N.S. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 2-9-15 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ No DATE EFFECTIVE 13/32

PAYABLE TO RELATIONSHIP

ADDRESS Military Convalescent Home, Charlottetown P. E. I.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

ANY CHANGE IN ASSIGNEE OR ADDRESS

DISCHARGED S.D.S. Charlottetown 15-5-19 REASON Demob AUTHORITY K.O.1420 IF ENTITLED TO POST DISCHARGE PAY 2.

MONTH 1919	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																																			
April		3.00																																	
"	30	3/00	90	00	29	50			118	50	15	4/4	32	3/5			50		68	50									118	50					
May	15	3.00	45	00	7	50			52	50	42	18/5					50		2	50									52	50					
					93	00			93	00	48	22/5							93	00									145	50					
					WSG		SA				WAR SERVICE GRATUITY												WSG		SA										
183 days					549	00			549	00	6												93	00							456	00			1 Farmer at date
																							366	00							90	00			10-8-19 # 1137332
																							90	00					549		Nil				9-10-19 # 1501998
					549	-			549	-													549	-					549	-					
																	all payments made. H.A. Allum Lt. 30/10/19																	
1922 June 26					37	28			37	28													37	28					37	28	-	-	-	-	Travelling expenses Orpington to Liverpool St John to Charlottetown. Cheque # 13703 30/6/22

100M-1-19.—L. L. 53945—R & O. 9723.
M. F. W. 2596.
1778-39-1300.