Unit C.A.M.C *Rank* Nur Sis. *Name* Beatrice Edith Williams

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (*a*) What is your Surname ? Williams,
   (*b*) What are your Christian Names ? Beatrice Edith,
2. (*a*) Where were you born ? (State place and country) Battleford, Sask, Canada.
   (*b*) What is your present address ? 23 First Ave., Ottawa, Ont.
3. What is the date of your birth ? Sept. 1st, 1890
4. What is (*a*) the name of your next-of-kin ? Mrs. James Lackey,
   (*b*) the address of your next-of-kin ? 23 First Ave., Ottawa, Ont.
   (*c*) the relationship of your next-of-kin ? Sister.
5. What is your profession or occupation ? Prof. Nurse.
6. What is your religion ? C. of E.
7. Are you willing to be vaccinated or re-vaccinated and inoculated ? Yes.
8. To what Unit of the Active Militia do you belong ? -A.M.C.
9. State particulars of any former Military Service Petawawa Camp.
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.

B.E. Williams Nur. Sis. (*Signature of Officer.*)

Taken on strength (place) ~~Kingston, Ont.~~ Petawawa Camp.

(date) July 30th, 1916.

for A.D.M.S. M.D. No. 3.

Lieut.-Col. A.M.C.

(*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~~ her fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Dec. 4th, 1916. 191

Place Kingston, Ont.

Lt-Col. A.M.C.

Medical Officer.

*Insert here "fit" or "unfit

M. F. W. 51

100m.—4-16.
H. Q. 1772. 39-917

Williams.

Beatrice Edith,

Battleford, Sask, Canada.

23 First Ave., Ottawa, Ont.

Sept. 1st, 1890

Mrs. James Lackey,

23 First Ave., Ottawa, Ont.

Sister.

Prof. Nurse.

C. of E.

Yes.

-A.M.C.

Petawawa Camp.

Yes.

Nur.Sis.

Petawawa Camp.

July 30th, 1916.

Lieut-Col.A.M.C.

Dec. 4th, 1916.

Kingston,Ont.

Lt-Col.A.M.C.

30/4/19 G.S

REGIMENTAL DOCUMENTS

NAME WILLIAMS BEATRICE Edith REGT. NO. N/S UNIT C.A.M.C H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	15-11-19	Personal Services Militia HQ Ottawa	1/3/19	Pers - 386 G.S	DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		Returned	10-3-19		Category
	TRAINING HISTORY SHEET (M.F.W. 113)		Capt 31/10/19			
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)		~~M.D. 3.~~	~~15/1/20~~	~~3-531 M&C~~	
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		Ret'd R.D. 13-2-20. 7.m.			DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)		~~Certs - U.S. 31-2-20~~			
2	MEDICAL EXAMINATION (M.F.W. 129)		Ret 20-4-20			Demob.
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M.F.W. 2591					
1	Form C.D.3					
1	M.F.W. 67.6					
1	C.I.S.8					
	Nominal Roll					
1	Doc. A.F.H.10					

22729

W. 2589
100M-11-18
1772-39-1477

Ref SS Saturnia d/ 25-3-19

B
V

Number ..... Rank N.S.

Surname WILLIAMS.

Christian name BEATRICE EDITH

Units ..... Theatre of War FRANCE.

Date of Service 27.5.'17

Remarks .....

Latest Address ~~23 First Ave.,~~
~~Ottawa, Canada~~
Sydenham Hosp.,
Kingston Ont.

Roll No. ~~A Page 11978~~ "B" Page 22319

200m.-6-21

(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.).....

2502.

DEC NOV 14 1922 REGINA

M. F. W. 71—500M.—5 18.
1772.—39—961.

NAME Williams. Beatrice Edith Williams.

REGIMENTAL NO. RANK

ENLISTED AT PROMOTIONS, &c. AND DATE

DATE

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY $ C. TO

ADDRESS 23 First Ave. Ottawa. Ont. Canada

SEPARATION ALLOWANCE, ENTITLED OR NOT No.

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	Date	

SURNAME. Williams

CHRISTIAN NAMES Beatrice Edith.

REGL. NO. RANK Nursing Sister.

UNIT C.A.M.C. (Reinforcements)

FORMER CORPS Petawawa Camp.

"G" 3 CARD NO.

NEXT OF KIN.

NAMES IN FULL Lackey, Mrs. James.

RELATIONSHIP TO SOLDIER Sister.

ADDRESS 23 First Ave., Ottawa, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Battleford, Sask DATE Dept. 1st. 1890

PLACE OF ATTESTATION Petawawa Camp. DATE July 30th 1916

D/S. 9-12-16 F. 179

R/C. 10-4-19 300 3 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 Church of England.

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Kingston, Ont. DATE Dec 4th. 1916.

Present Address: 23 First Ave., Ottawa, Ont.

CANADIAN EXPEDITIONARY FORCE

L.Z.3-43.
L.B.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister.

(Name in full) Beatrice Edith WILLIAMS.

Enlisted in The Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the [illegible]

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

in The Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the Thirty-First day

of July 191 6.

He SERVED in CANADA, England and France, with the Canadian

Army Medical Corps.

and was STRUCK OFF THE STRENGTH on the Thirty-First day

of December 191 9 by reason of General Demobilization.

Dated at Ottawa, this Seventeenth day

of April 191 1920.

Capt.
for. Director of Personal Services.

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

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE .....18.1.1972.....

NAME BEWETT BEATRICE JEAN.
NOM (WILLIAMS. BEATRICE. JEAN.).

Service No.
Matricule Nº ....N/S.....

CPC No.
CCP Nº .....

WVA No.
AAC Nº .....

Information Received from:
Information reçue de: .....JUNE/30/1971 SUP. VET'S INS.

Date of Death
Date du Décès ...JUNE 30 1971.

Place
Endroit ..... NOT STATED.

Distribution: WSR-DASG
VI ~~ASS~~ XXXXXX
DO - BD
HO - BC

Pour le chef,
for Chief, Central Registry Division.
Dépôt central des dossiers.

DVA 24 (Rev. 2/70) BIL.

MEDICAL HISTORY SHEET

Surname Williams, *Christian Name* Beatrice Edith.

Examined { on 30th day of July 191 6
at Petawawa Camp.

Birthplace { City or Town Battleford,
County Sask. Canada.

Apparent age 26 years.

Trade or occupation Prof. Nurse.

Height feet 2 Inches

Weight 100 lbs.

Chest measurement { Minimum 28 inches
Maximum expansion 3 inches

Physical development good.

Small-pox Marks No.

Vaccination Marks { Arm Right Left
Number Nil.

When Vaccinated last childhood.

(a) Marks indicating congential peculiarities or previous disease Nil.

(b) Slight defects but not sufficient to cause rejection

Approved by R Gardiner

Rank Lieut-Col. A.M.C. M.O.

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

Date	Result	Vaccinations	
6.12.16	Good	R Gardiner	lt-Col. M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
20.11.16		R Gardiner	Lt-Col M.O.
26.11.16		R Gardiner	Lt-Col. M.O.
4.12.16		R Gardiner	Lt-Col. M.O.

Enlisted on 30 *day of* July 1916. *191* *at* Petawawa Camp.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	C A.M.C.	777		
Transferred to Duc of Con Can Red X Hosp.	Nurse			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname..... Christian Name.....

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				

C.A.D.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) B. E WILLIAMS.

REGIMENT Canad RANK Nur. Sister NO.

Date of Examination in England Mar 8. 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
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (*a*) In Canada
- (*b*) In England
- (*c*) In France 2/50

Signature of Dental Officer O'Neil Cahill

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 3

NAME OF SOLDIER Wilson B. S. W.S.

RANK C.A.M.C. REGIMENT No.

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																							
	15-12-19		18 2/13								14						15-14 7 31-32 8 2-4-17 2/14 15				L H Langston	3	Further Treat.

M.F.B. 465.
1-20M.—1-18.
177-589-950.

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 Nursing Sister Surname Williams
(Give name in full)
Beatrice Edith
Unit or Corps Lydenham Mil Hosp Birthplace Battleford Sask

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

1. GENERAL DESCRIPTION:

Physique good Weight 100 lbs. Height 5 ft — in. Colour of Eyes Blue

Nutrition good

Pulse Normal regular

Condition of arteries good

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 2.5 ft.

Left 2.5 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
Small birth mark on right foot

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.

Nil Fit for Duty

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

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

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at Kingston, Ont'. (Canada)

Date 15-12-19 Signed W. H. Hucks 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 Beatrice E. Williams

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

(This space to be used, if necessary, in connection with Section 8, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-89-1143.

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. Sister Surname Williams Beatrice Edith
(Given name in full)

Unit or Corps C.A.M.C. Birthplace Battleford Sask.

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

1. GENERAL DESCRIPTION:

Physique Slight Weight 97 lbs. Height 5 ft. 2 in. Colour of Eyes Blue

Nutrition Normal

Pulse 80

Condition of arteries normal

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Slightly elevated red mark on sole of rt foot 1/3 inch in diameter

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 Kirkdale (Overseas)

Date 8-3-19 Signed N L Burris Lieut 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 Beatrice E. Williams

(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 Medical Board.)

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

[OVER]

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

To 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 ..... C.A.M.C.

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

(3) Full Name of Soldier ..... Beatrice Edith Williams.

(4) Place of Birth ..... Battleford, Sask, Canada.

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

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

(b) Present Postal Address ..... --

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

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

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

Also their names and ages ..... ---

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... No. .....

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

(10) Is your Mother alive ?..... No .....

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

.....

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

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

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

---- .....

.....

.....

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

Mrs. James Lackey, ...

23 First Ave., Ottawa, Ont., Canada. .....

.....

(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.

..... Lieut-Col. A.M.C.
Officer Commanding.

Date..... Dec 4th, 1916. .....

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

M. F. W. 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 Nursing Sister C. E. F. Name Williams Beatrice Gibb

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 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
15/4/19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 3	30/3/19	C.E.F. R.O. No. 1893-19
19/4/19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 3	14/4/19	C.E.F. R.O. No. 1901-19
		O. Speyaert Lieut. for Director Personal Services			
28-4-19	M.H.Q. Ottawa.	Taken on strength of No.3 C.A.M.C. Depot from District Depot No.3 with effect from April 29th,1919. Auth. R.O. 1967 of 16-5-19.			
19-6-19	ADMS. MD. 3.	Struck off strength of No.3 C.A.M.C. Depot and posted to Queen's Military Hospital, with effect from June 19th,1919. ADMS. C.O. 445 of 20-6-19.			

(*a*) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(*b*) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
31-12-19	A.D.M.S. M.D. #3	Struck off strength of Sydenham Military Hospital, and posted to No.3 C.A.M.C. Depot with effect from December 31st,1919. Auth. A.D.M.S. C.O. 1011 of 30-12-19.			
31-12-19	M.H.Q. Ottawa.	Struck off strength of the C.E.F. ON DEMOBILIZATION, with effect from December 31st,1919. Auth. R.O. 2341 of 31-12-19. ADMS.C.O. 1 of 2-1-20.			

Major D. A. D. M. S.
For A. D. M. S. M. D. No. 3

CERTIFIED CORRECT
11 JUL 1917
CANADIAN RECORD OFFICE

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

C. F. W. 54.
150M. 10-15.
H.Q. 1772-39-300.

Casualty Form—Active Service.

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

Regimental No. ..... Rank Nur. Sis. Name Williams, Beatrice Edith.
C. E. F.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 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. 4106.
21-12-16	D.M.S.	To D. of C. Can Red Cross Hospl.	Taplow	21-12-16	C.O. 4115
					for M. H. Forbes. M.S. Matron-in-Chief for D. M. S., Canadian Expeditionary Force
22.12.16.	Actg A.D.M.S. D.M.S. 10.11.2 20.12.16	Taken on Strength. D. of C. C. R.X Hospital	Taplow, Bucks.	22.12.16	Part. Orders. 355/22.12.16
20.5.17.	M. in chief	Struck off Strength D of C R.C.R.X Hospl To M. sp. la. Duty in France	Taplow Bucks.	20/5/17	P. 2 D.O. 143 20-5-17
					George CAPT. C.A.M.C. COMPANY OFFICER.
5-6-17	D.M.S.	Posted to No. 1 Can. Gen. Hosp.		27-5-17	C.O. 722. MAJOR, FOR O. i/c RECORDS, C.E.F.

(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.

Embarked R.M.S. Saxonia Glasgow March 30'19

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.
	1 C G H	Reinforcement No 12 P Dft etc 16313 (amd 4) 24/5/17 K.R. 12421 & 12404		27/5/17	Pt II B7 4. 11/6/17
20/1/18	1 C G H	Granted 14 days leave		15/1/18.	B213 Pt II 4 29/1/18.
3/2/18	"	Rejoined Unit		1/2/18.	B213
20/4/18	1 C.G.Hsp.	S.O.S. on posting to 2 Cdn. Gen.Hosp.(Auth:-DGMS.B/1523/96 d/-20/4/18.Ref.AAG.File KM-20421		14/4/18.	B-213 Part II Ord 23 d/-
20/4/18	2 C.G.Hsp.	T.O.S. on posting from 1 Cdn. Gen.Hosp.		15/4/18.	B-213 Part II Orde 23. d/- 22.4.18
8/6/18	1 C G H	Temply Duty to No 2 C G H Authy D G M S B/1523/98 d/6/6/18		1/6/18	B213 K M 20421 Pt II No 46. d/1918
7.9.18.	2 C.G.H	14 days leave U.K.		3.9.18.	B213. P- No 72 d 1918.
21.9.18.	"	Rejoined from leave.		19.9.18.	B.213.
12.10.18	1 C.G.H.	Leave W.O. attached to No 2 C.G.H. for duty		10.10.18.	B213. Pt II 81. d. 1918.
25.2.19	A.A.G.	Posted to CAMC, Cas. Co. Shiedlle Auth:- 2nd Ech D.A. 649 d/-31/1/19.		19.2.19	K.C. 38897 Pt II 00 No 10 d/-1919.
22-2-19	5 C G Hsp	T.O.S. on being posted from Moore Barracks Hosp.		20-2-19	Pt I ord. 42.
30/3/19.		S.O.S. on/to on embarkation to Canada			

Lieut.
for Lt. Col., A.A.G.,
Canadian Section

For MAJOR General,
Adjutant General, Canadians.

L. L. 28912. M. & D. 8368.

(1)

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m.—10-17.
H. Q. 1772-39-819.

To Whom Miss B. J. Williams

Address 23 First Avenue
Ottawa
Ont.

Rate $ 50 00

By Whom Assigned J. Williams. D. C

Regtl. No. —

Rank Nursing Sister

Corps C. A. M. C

SPECIAL REMITTANCE

P.L. 11-W-57. P.M. 261017

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.		U 45135	50 00	Mailed 17/11/17
Dec.				
Jan.	1916			
Feb.				
March				

FORM P.15
2227—1M—9/12/16

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

Beneficiary — CANCSA | r/s | 19.12.16 Mess DMSCO 4106 | Name Williams
Address | d/22.12.16 | Initials Beatrice Edith
Bank of Montreal
Amount. $
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
Jan 1.	Balance (from 9-12-31-12/16. Mess 19-2-31-12/16).	16661		72 80		Dr. 72 80		
22	Pay 9-12-31-12/16 Mess 19-1/31-12/16.		72 80					
	Pay Jan (Reg)		111 60			Cr 111 60		
24	Bank	19286		111 60		—		
Feb 20	Pay Feb (Reg)		100 80					
21	Bank.	21931		100 80				
March 20	Pay March (Reg)		111 60					
	Bank	24818		111 60		—		

FORM P. 15.
5986—25M—19/1/17

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

Beneficiary
Address
Amount. $10 can 1/11/17
Separation Allowance issued. Yes or No.....

UNIT: C.A.M.C.Y.S. — Pay $2.00 Pd. Fa. 60 .. Mes 1.00 ..
RANK: N.S. — 19 12/16 — D.M.S.C.O. #4106.d.22 12/16

Name Williams
Initials Beatrice Edith
Bank of Montreal.
Trafalgar. Sq-

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	3009		108		0		
May 16	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					
20	Bank	26291		111 60		0		
Nov 15	November Pay (R)		108					
14	A. P. Can				10			
14	Special A.P.				50			
20	Bank	30681		48		0		
Dec 10	A. P Canada.				10			
7	Dec: Pay (R)		111 60					
" 13 1918	Bank	35096		101 60		0		
Jan 15	A. P Canada.				10			
15	Jan: Pay (R)		111 60					
22	Bank	3950		101 60		0		

Car. Ford.

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY.

UNIT. NAME OF | DATE | AUTHORITY

RANK. | DATE | AUTHORITY

n/s.

NAME.

Beneficiary

Address

Name Williams

Initials B E.

Bank of Montreal

Amount. $10 00 Can.

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

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Feb 18	Feb. Pay. (R.)		100 80					
" 12.	A. Pay. Can.				10			
" 22	Bank.	40996		90 80				
Mch 15	Mch Pay (R)		111 60					
" 12	A. Pay Can.				10			
" 25	Bank.			101 60				

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

ASSIGNED PAY.

UNIT. NAME OF: 6 M M 6 7 5 — RATE OF P. AND A.: Pay / F.A. / Messing

RANK. N S. — DATE: 19 1/16 — AUTHORITY: Dmsco. #4106 d/22 1/16

NAME. Name Williams — Initials Beatrice Edith — Bank of Montreal Tray Sqr

Beneficiary

Address: Can

Amount. $10

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

1918-19

1919-20

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.				10			
19	April Pay (R)		108					
26	Bank.	1187.		98				
May	May Pay (R.) a. Pay Can		111 60					
					10			
24	Bank.	2683.		101 60				
June	June Pay (R) a. P Can.		108					
					10			
26	Bank.	4166.		98				
July 16	July Pay (R.) a P Can.		111 60					
					10			
26	Bank.	6635		101 60				
aug 16	a. P Can. aug Pay R		111 60		10			
26.	Bank	7272.		101 60				
Sept 13	Sept. Pay (R) a. P Can		108.					
					10			
26	Bank.	9187.		98				
Oct	Oct Pay R A P Can		111 60					
					10			
21	Bank	10428		101 60				
Nov. 14	Trav. Alic, France 8-9 10/18	2601						Fco 29.35
	Pay R. a P can.		140		10			
	Bank	12502		130-				
	Crawford							

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. $ 10. ban.
Separation Allowance issued. Yes or No.....

UNIT: b.a.m.b.
RATE OF P. AND A.: Pay 2 / F.A. 1 / Messing 1/ #H^10
RANK: M/S.
DATE: 19 12/16.
AUTHORITY: D.H.Q.O. #106. d/22 12/16.
NAME: Name Williams / Initials B.G. / Bank of Montreal Trafalgar Square.

DATE 1916-19	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
	3rd Issue							
Dec 5	Add. outfit allce 9 12/16	903	100					
12	Pay R.		124					
14	A.P. Can.				10			
18	Bank	13792		214				
Jan. 22	Pay R.		124					
23	A.P. Can.				10			
25	Bank	15564		114				
Feb. 13	A.P. Can.				10			
18	Pay R.		12					
20	Bank	17121		102				
Mar. 17	A.P. Can.				10			
20	Pay R.		124					
20	Trav allce 6-8 3/19	14718				£2-19-6	1H 48	
Apl	Bank	18694		114				
28	Rdn. April P. & A. Bank	18838		110		110	Retd. to Can. A.P.O. #20 4/19 HQ)	
29	Trav allce 16-30 3/19	14600					Infer. to L. & Ledger £3-14-6	
April 11	April Pay R.		120				To Liverpool May 6th 19	
14	A.P. ban				10			

Occupational Group 19.
Dispersal Area G.

War Service Badge
Class "A" No. W 52

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

1. RANK: Nursing Sister.
2. NAME: Beatrice E. Williams
3. UNIT: C.A.M.C.
4. DATE STRUCK OFF STRENGTH: 30/3/19. PLACE:
5. REASON: For demobilization
Embarked S S Saturnia Glasgow March 30'19
SoS C&F. Canada 14/4/19
6. AUTHORITY: R.O. 1901.
7. PROPOSED RESIDENCE: Ottawa. Canada.

This folder should contain the following documents:

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

1. Triplicate Declaration Paper (M.F.W. 51), or Triplicate Attestation Paper (M.F.W. 23).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B.313 or A.F.B.178)
4. Proceedings of Med. Board (M.F.B.227 or M.F.W.129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Proceedings on Striking off Strength (M F.W. 2591)
7. Last Pay Certificate (P. 41)
8. War Service Gratuity Form (M.F.W. 2595).
9. Sundry Documents.

Disposal Certificate

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

15-9-58

8-5-19 AW

Group H. Q.

Checked by No. 39

[illegible]

Date 25/2/19

Group [illegible]

Checked by No. [illegible]

R. 150 E.T.

Surname WILLIAMS **Christian Names** Beatrice Edith. 1.1.17. Dy.C

Rank Nursing Sister **Name and Address of Next-of-Kin** Sister 1.2.17

Mrs James Lackey. 31.3.17

23, First Ave. Ottawa. Ontario. 1.5.17

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

Place of birth Battleford. Sask. Canada.

Married (Yes or No)

Appointments

Date of leaving Canada **Date and Cause of Resignation**

M H

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

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, C.A.M.C. 6-6-17.			
22-12-16	Dms.	on arr. from Can. & posted to CAMC. T.S		19-12-16	CO. 4106.
27-12-16	Dms.	Posted to D.of Con. Red x H.	Taplow.	21-12-16	CO. 4115.
12-12-16	D.of Con. H	T.O.S.	— do —	21-12-16	Pt II ord. 355.
5-6-17	Dms.	Posted to #1 Can. Gen. Hosp.		27-5-17	CO. 7422.
~~29-11-18~~	~~1 C.G.H. Hp.~~	~~Reposted to 2 Can. G. Hp.~~		~~14-4-18~~	~~Pt 2 0/25.~~ Reposted to B.M. Corby
14-6-18	1 CGHp	att'd for temp duty to 2 C G Hp		1-6-18	Pt 2 0/32. Pt 2 0/46
12-9-18	- do -	Granted 14 days leave		3-9-18	Pt II. ord. 72.
17-10-18	- do -	Cases to be att. for temp duty to 2 CGHp		10-10-18	Pt II. ord. 81
20-3-19	- do -	S.O.S. posted to CAMC Cas. Coy.		18-2-19	Pt II ord. 10.
28-3-19	Camc Cas Coy	T.O.S on posting from Camc	France	20-2-19	Pt II ord 74
2-4-19	Camc Cas Coy	do on posting to 5 C G H		20-2-19	Pt II ord 78
22-2-19	5 CGHp	T.O.S. on being posted from ~~1 C.G.H.~~	CAMC Cas Coy.	~~20-2-19~~ 20-2-19	amended by Pt II ord 69 71 ~~Pt II ord 42.~~

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
	bamb				
12-4-19	6 CRA	S.O.S. to CAMC. Res. & to Depot		29-3-19	Pt Ilford 79 amended by. 105
4-6-19	CAMC. R&T. Dep	T.O.S. on posting from 6 Can. Gen. Hp		29-3-19	Pt Ilford. 142.
		on Command CCH Bearwood		29-3-19	
		Ceases Command CCH. Bearwood		30-3-19	
		~~S.O.S. on posting to CCH. Bearwood~~		~~30-3-19~~	
		S.O.S. on trans to CEF in Canada		30-3-19	
10-4-19	DMS.	S.O.S. on trans. to CEF. in Canada		30-3-19	CO. 52.
		Cessation of hostilities			14399
		Sailed to Canada S.S. Saturnia		30.3.19	Sailing No. 35.

AUDITOR J.F.M. | PAYMASTER

M. OR S. | PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES | REGT. No. | RANK Nursing Sister | NAME (IN FULL) Williams Beatrice Edith (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
Reg Pay $2.00		
Taller $1.00		
P.O. 1936 50% per diem		Messenger Allce
Effective 19/5/19		
W/S B E Williams		
Bank of Ottawa		
Bank & Sparks St		
Ottawa		

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

PLACE OF ATTESTATION | TRANSFERRED TO D.M.A. ✓ | DATE 10/5/19 ✓ | AUTHORITY P.O. 130

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 10.00 | DATE EFFECTIVE 1-5-19 ✓

PAYABLE TO Miss Sarah J. Williams | RELATIONSHIP

ADDRESS ~~736 Gloucester St.~~ Ottawa Ont.

ANY CHANGE IN ASSIGNEE OR ADDRESS W. 9-2

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE Cancelled.

DISCHARGED | PLACE Ottawa | DATE 14-4-19. | REASON Demobilization | AUTHORITY P.O. 1901. | IF ENTITLED TO POST DISCHARGE PAY

MONTH 1919	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 388
BALANCE FROM PREVIOUS ACCOUNT																																				
April 14																													31 00 ✓ 48 00 ✓				79 00 ✓ ~~39 00~~		79 00 ✓ ~~39 00~~			O/A Press allce from 30 to 14-4-19. O/A Lieuts rate of pay allce from 14 to 30-4-19
					W.S.G.	S.A					War Service Gratuity														W.S.G.	S.A							Dol			MF W 2395 Rec
153 days	3		459						459																											Dr bal Dat per above. Cost Pay W.D.G. Ch No 25790. (Cons Fund)
																									9 00 ✓ 14 ✓				~~79 00 ✓~~ 59 00				169 183		290 276		G330194 ✓ MAY 13 1919
May 31	22	3 00	66 -		11 -				7 7/2 -																				183 ~~259~~ ✓				183 -		106 ✓		Messrs Allce 22 dys 2 50 cr
June 30	30	3 00	90 00 ✓		23 80 ✓ 75 00 ✓ 15 00 ✓				203 80 ✓		270 184						97 80 ✓																		203 80 ✓				L Leder Subs 23 80 ✓ Cr Subs 15/4/19 - 9/5/19 = 250 00 = 75 00 Cr Messrs 1/6/19
July 31	31	3 00	93 00 ✓		15 50 ✓ 12 50 ✓				121 ✓								$ 132 50 ✓												121 ✓						121 ✓				Messrs 15/4/19 - 9/5/19 (Lang Leder only paid 1/4/19 on demob) ✓
AUG 31	31	3 00	93 ✓		15 50 ✓				108 50 ✓								132 95 ✓												108 50 ✓						108 50 ✓				
SEP 30	30	3 00	90 00 ✓		15 ✓ 27 20 ✓				132 20 ✓								431 836 ✓												132 20 ✓						132 20 ✓				b. bal 27 2nd Inf. L.H. ✓

Wish my gratuities kept separate from Mess Account Your Ledger Account in Bks of Ottawa

Yes to Transfer to Their Effective Ledger Yes

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment Nov 1/14

W 6319

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

10			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Nurs. Sis Promoted Reverted Discharge

Soldier's Name Beatrice E. Williams

Battalion Draft. N. S. R 508

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Miss Sarah J. Williams

Address ~~23 First Ave.~~ Ottawa Ont

Change of Address

1 ~~213 Kent St.~~ (MRO 1B 23-6-18) Ont

2 236 Gloucester st Ont RW 15/4/19

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	
Nov	D 56867		10	10	M
Dec	A 53368		10	10	Bo
Jan 1918	A 60785		10	10	
Feb	Z 69747		10	10	R
Mar	X 944448		10	10	✓
Apl	W 16605		10	10	✓
May	W 22607		10	10	✓
June	T 25443		10	10	
July	B 25591		10	10	
Aug	V 39779		10	10	
Sept	V 50133		10	10	✓
Oct.	X 53948		10	10	✓
Nov	Q 59892		10	10	
Dec	W 66471		10	10	
Jan/19	N 76368		10	10	
Feb	V 61745		10	10	✓
Mar.	N 91160		10	10	✓
Apr.	V 2487		10	10	✓
			180	180	

A/c Closed 30.4.19

Ret'd per Saturday

Date 30/4/19 M.F.W. 187 15/4/19

REMARKS 019431-B-15

MRO 48337 Allotd send 7/19 B
Change of Add. Evd has been send 15/19 B
2 Nr 12-11-14.

MRO 132522 Allot. Send B. 15/4/19 DK 15/4/19 RW

M. F. W. 126.
400M.—17—1772 39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

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—1773 39-1141
L. L. 22320—M. & D. 7998.

Old Ledger sheet passed to "CR" 6/10/19

AUDITOR | PAYMASTER

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

M. OR S. | REGT. NO. | RANK Pte | NAME (IN FULL) Williams W E | (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

Application for Separation Refused

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Pte A. 3rd		
50cts Messg Allce	10-5-17.	PCO 1836
Bank of Nova Scotia		
Gloucester St Ottawa		
Route Pay		

ORIGINAL UNIT C.E.F. 60th Bn | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO 42nd | DATE 10/5/19 | AUTHORITY 20130

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Kingston | DATE 31/12/19 | REASON Demob. | AUTHORITY D02 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	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																																					1450
Oct.																																					Leave 1-10 ??
Oct.	31	3.00	93	✓	15	50 ✓			108	50 ✓					H38447 ✓				108	50 ✓											108	50 ✓					
Nov.	30	3.00	90	✓	15	00 ✓			105	00 ✓					HH3521 ✓				105	00 ✓											105	00 ✓					
Dec	31	3.00	93	✓	15	50 ✓			108	50 ✓					HH4533 ✓				108	50 ✓											108	50 ✓					
			276		46	00			322	00									322	00											322	00					
					Officer						War Service Gratuity																						Officer				
183 Days			54.9 ✓						54.9		✓						90 ✓																				MFW 2596 Received 4/10/19
					25 ✓					25	✓						93 ✓															183 ✓					H37706 1st W Sig
																	90 ✓															90 ✓					H38447 ✓
																	93 ✓															93 ✓		183	25 ✓		HH3521 ✓ ✓
			54.9						54.9								36.75																				HH4533 ✓ 25 cts Xmas Gift D02
																	93.75 ✓															459.75 ✓	90 ✓	3.75 ✓			1841856 ✓ JAN 23 1920
																	90 ✓															549.25					1842988 ✓ FEB 23 1920

200M-3-19.—L. L. 58786-H. & D. 9985.
M. F. W. 2596.
1772-39-1390.