Unit C. A. M. C. *Rank* Nursing Sister *Name* Craig, Mary Henrietta

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (*a*) What is your Surname ? Craig.
   (*b*) What are your Christian Names ? Mary Henrietta
2. (*a*) Where were you born ? (State place and country) Craighurst, Ont.,
   (*b*) What is your present address ? Barrie, Ont.
3. What is the date of your birth ? July 10th, 1888.
4. What is (*a*) the name of your next-of-kin ? Mrs. C.B. McLean,
   (*b*) the address of your next-of-kin ? Barrie, Ont.
   (*c*) the relationship of your next-of-kin ? Sister
5. What is your profession or occupation ? 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 ? No.
9. State particulars of any former Military Service No.
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.

Mary H. Craig (*Signature of Officer*)

Taken on strength (place) Toronto, Ont.

(date) January 6th, 1917.

C H Church Capt. for Lieut.-Colonel, A.D.M.S. Mil. District No. 4.

(*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 January 6th 1917.

Place Exhibition Camp.

G Roscoe Pepler
Medical Officer.

*Insert here "fit" or "unfit"

M. F. W. 51
100m.—4-16.
H. Q. 1772. 39-917

22-4-19 S.S.

REGIMENTAL DOCUMENTS

NAME CRAIG MARY HENRIETTA 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
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		Rcvd 2/8/19 Personal Services, Militia Hdqrs Ottawa	23-4-19	Pers - 360 L.Tr.Co	DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				42663	
	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. 2591					1
1	Form. C.L.3					1 - 2
1	M.F.W. 67					
1	Letter of Identf					
2	Misc.					
1	Rigg Pay Book					1 - 2
1	M.F.W. 42					
	Ref. S.S. Canada d/24-3-19					

W. 2589
100M-11-18
1-72-55 1377

Surname. Christian Name.
CRAIG M. H.
Rank. Unit.
N/Str. CAMC. 1 CGH.

Date of admission.
No.24 General Hospital, Etaples. 15-4-18.
Merry Lodge, Etaples. 23-4-18.

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis. Foll. Tonsilitis.

Later diagnosis. .....

.....

.....

.....

Disposition. 20-4-18. 961-2.
5-5-18. 970-2. Date.

....

C.L. ..... Remarks.
C.L. .....
C.L. .....
C.L. .....
C.L. .....
C.L. .....
C.L. .....

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

D. M. S. 1347.

Surname | Christian Name | Reg. No.

Rank | Unit

MEDICAL BOARD held at | Date | Serial No.

(1)

Other Medical Boards at | Date | Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Disposition Recommended

(1)

(2)

(3)

(4)

(5)

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

Disposition

Remarks

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

Form R. 149.

Name CRAIG *Rank* N/STR. *Reg. No.*

Unit Mary Henrietta.

Next of Kin CAMC ~~att~~ 1 CGH.

Canada

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
15-4	24 Gen Hos.	Etaples (HAC 819)	Foll. Tonsillitis	961	✓	
23-4	Merry Lodge,	Etaples (HAC 959)		990	✓	

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

NAME Craig

RANK AND CORPS Pvt Sto Recd Mo 1 16 Gst.

REGT'L. NO.

H. Q. FILE No 649

FOLLOWS NO.

FOLLOWS

CABLE NO.	DATE

NATURE OF CASUALTY

L. L. 31493. M. & D. 8476.

M. F. W. 42–100M.—28-11-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
961	#24 Gen Etaples	15-4-18	Foll Tonsillitis
970-2.	Merry Lodge. "	23-4-18.	" "

No. RANK K/Str. NAME Craig M. H.

T. O. S. UNIT Army Medical Corps, (Reinforcements)

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
Jan. 6	Jun 31	L		
Feb.		L		

Number _____ Rank N/S

Surname CRAIG

Christian Name MARY HENRIETTA

Units _____ Theatre of War FRANCE

Date of Service 9/6/17

Remarks 171 Hillsdale Ave E

Latest Address ~~Box 803 Barrie~~ Toronto Ont

Roll No. _____

200m.-6-21.M. B Page 2226

GRATUITY (IMPERIAL)

CHRISTIAN NAME | SURNAME | REG. No.

DESP. OCT 29 1923
REGN. No. 8803

SCHEDULE No. | LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA | IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT. | DATE FORWARDED TO OTTAWA

868—D.P.—40M-1-12-19.

SURNAME. Craig

CHRISTIAN NAMES Mary Henrietta.

REGL. No. RANK Nursing Sister.

UNIT C.A.M.C.

FORMER CORPS Mil.

CARD No. 29

SOS-4-4-19 Ret to Act Mil.

FOLL. RO. 1873-8-4-19 Demob

NEXT OF KIN.

NAMES IN FULL Mc Lean, Mrs. G. B.

RELATIONSHIP TO SOLDIER Sister.

ADDRESS Barrie, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, PLACE Craighurst, Ont. DATE July 10th. 1888.

PLACE OF ATTESTATION Toronto, Ont. DATE Jan. 6th. 1917.

RIC 1-4-19 295/3 M-18.

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 17-2-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING 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 Ex. Camp, Toronto, Ont. DATE Jan. 6th. 1917.

Present Address: Barrie, Ont.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
18m.—4-17.
1772—39—819.

Sheet No. 2. Bank of Nova Scotia credit
(Assignee)

Name of Soldier. Craig M H
N.S. Gen Hosp 1 Can Hospl-

L. L. Job 19227—M. & D. 7814.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			30, aug 1/17
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.		A 19248	30	30-2 mailed 28/8/17
Sept.		F 39720	30	5
Oct.		C 49728	30	150 Jan 18
Nov.		A 39422	30	
Dec.		Q 56297	30	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

Credit

L. L. Job 23216—M. & D. 8049.

ASSIGNED PAY.

MILITIA AND DEFENCE

M. F. W. 11.
15m.—6-17.
H. Q. 1772-39-818.

Credit

ASSIGNED SEPARATION ALLOWANCE.

SEPARATION ALLOWANCE

Name 1 Bank of Nova Scotia

Address 1 Barrie Ont

Name of Soldier Craig M. H.

Regtl. No.

Rank N.S.

Corps C.A.M.C. # 1 Can. Hosp.

Relation to Soldier wife, child or mother } $30.00 Aug 1/17

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			2 M 16/8/17
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT

Forms R. 150. C.T.
3232. 15 M. 14/12

Surname CRAIG ✓ **Christian Names** Mary Henrietta ✓

Rank Nursing-Sister ✓

Promotion T.O.S. 6.1.17

Unit C.A.M.C. ✓

Place of birth Craighurst. Ont. Canada. ✓

Married (Yes or No)

Appointments

Date of leaving Canada

Name and Address of Next-of-Kin
Mrs G.B.McLean, (Sister) ✓
Barrie, Ontario, ✓
Canada. ✓

31.3.17 D of C.
1.6.17 -do-

Embarkation Place 3.2.17 Date 13.2.17

Date and Cause of Resignation

Report Date	Report From whom received	Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case		Date	REMARKS Taken from Official Documents
		On arr. from Can.			
19.2.17	Dms.	T.O.S. Canc. C.B.7 & posted to Canc T.S.		3.2.17	CO. 245
21.2.17	Dms.	Posted to D. of Con. Red x H. Taplow.		14.2.17	CO. 257.
19.2.17	D of Con. H.	T.O.S.		17.2.17	Pt II ord. 50.
12.6.17	Dms.	Proceeded o/seas		9.6.17	CO 454
25.6.17	1C Gen. H	T.O.S	1 C. Gen. Hosp.	9.6.17	Pt II ord. 40.
11-2-18	do	Granted 14 days leave		31.1.18	B.E.F. 7.
20-4-18	A.M.S.	adm 24 Gen. Hosp. Etaples		15-4-18	L961 Fol Tonsilitis
5-5-18	do	adm Kerry Lodge Etaples		23.4.18	L970 " "
14-6-18	1.B.G.Hp	att for temp duty to 2 B.G.Hp		1.6.18	B.E.F. 46.
12-9-18	- do -	Granted 14 days leave		3-9-18	Pt II. ord. 72.
17-10-18	- do -	Ceases to be att. for Temp duty to 2 C.Hp.		10-10-18	Pt II. ord. 81
20-3-19	- do -	S.O.S. posted to Canc. Cas. Coy. Eastcliffe		16-2-19	Pt II ord. 10.

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

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
		T.O.S. on posting from CAMC France		17-2-19	
28-3-19	same bus boy	S.O.S. on posting to 4 L S H Buxton.		19-2-19	Pte Ord 74.
31-3-19	4.C.S.H.	T.O.S. fm C.A.M.C.C. Coy	Buxton	19-2-19	Pte II Ord 19.
14-4-19	Do	S.O.S. on trans to C.E.F. in Canada		24-3-19	Pte Ord. 22.
		Cessation of hostilities			
10-4-19	DMS.	S.O.S. on trans to C.E.F. in Canada		24-3-19	CO- 52-
		Cessation of hostilities			
		Sailed to Canada S.S.	Canada	24-3-19	Sailing no. 31-
				S&S 4.4.19	

T 14293

CERTIFIED CORRECT
11 JUL. 1917 MMC.
CANADIAN RECORD OFFICE

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

1 Gen

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. ..... Rank N. Sister C. E. F. Name Craig, Mary Henrietta

Enlisted (a) 6/4/17 Terms of Service (a) Duration of War Service reckons from (a) 6/4/17

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) Nurse

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.
		Embarked	Canada	3/2/17	
		Disembarked	England	13/2/17	
22/2/17	C.A.M.C. T.S.	TAKEN ON STRENGTH from Canada	Westcliffe	13/2/17	Pt II O.O. 53
25-2-17	CAMC T.S.	S.O.S. on transfer to D. of C.C.R.C. Hosp Taplow	Westcliffe	17-2-17	Pt II O.O. 55 Capt. Adjutant for O.C. C.A.M.C. Training School
17-2-17	Patrol Indemnity Bdy 1917.	Taken on Strength D. of C.R.C. Hospital	Taplow Bucks	17-2-17	Pt II O.O. 59. 27-2-17.
8-6-17.	Canad. 4/10-11-2.	S.O.S., D. of C.R.C. Hosp. on proceeding to France	Taplow Bucks	8-6-17	Pt II O.O. 155. 9-6-17 George CAPT. C.A.M.C. COMPANY OFFICER

(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				
12-6-17	D.M.I.	Proceeded oversea to No.1 C. Gen. Hosp.		9-6-17	C.O. 751
					MAJOR, FOR O. i/c RECORDS, C.E.F.
17/6/17	I C & H	Reinforcement No/120/Oseas/4362 (amd) 11/6/17 H.R. 13208		9/6/17	B213 Pte 40 25/6/17
3/2/18	"	Granted 14 days leave		31/1/18	" " 7 11/2/18.
17/2/18	"	Rejoined from leave.		16/2/18.	
15/4/18.	24 Gen.	Foll. Transferred ad. 24 Gen.		15.4.18	W3034/4975
23.4.18.	"	do To Moore Lodge.		23.4.18	W3034
4.5.18.	16 G.H.	Rejoined from Hospital.		30.4.18	B213.
8/6/18.	1 C & H	Temp Duty to No 2. C & H authy D G M S. B/1523/98 9/6/6/18		1/6/18	B213. 1 KM 20421 Pt II No 46 of 1918
7.9.18.	26.G.H.	14 days leave U.K.		3.9.18	B213. P. No 72 of 1918.
21.9.18.	"	Rejoined from leave.		19.9.18.	B213.
12.10.18	"	Rejoined for duty - Cease to be attached No 2. C.G.H. Granada duty.		10.10.18	B213. Pt II 81 of 1918.
25.2.19	AAG.	Posted to CAMC Res Lo. Ashcliffe Instr: Std 1st Cat W.L. 6/9		16.2.19	K.G. 388 9 Pte W.O. No 10. of 1919.
22/3/19		Struck off strength of Unit on embarkation to Canada	H.M.T. Granada Liverpool 2-3-19		

For MAJOR General,
Adjutant General, Canadians.

Lieut.
Lieut.-Col., A.A.G.,
Canadian Section

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

No. 2-28.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing-Sister.

(Name in full) Mary Henriette CRAIG.

Enlisted in the Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the [redacted]

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

in the Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the Sixth day

of January 191 7.

HE SERVED in CANADA, ENGLAND, FRANCE, with the C.A.M.C. C.A.M.C.Training Station, Duchess of Connaught Canadian Red Cross Hosp.Taplow, 1 Can.Gen.Hosp. 2nd Can.Gen.Hosp. C.A.M.C. Casualty Co. and District Depot No 2.

and was STRUCK OFF THE STRENGTH on the Fourth day

of April 191 9 by reason of General Demobilization.

Dated at Ottawa, this Twenty-Eight day

of October 191 9.

L. Clearihue Lieut.

For Director of Personal Services.

M. F. W. 2618a

30m.—4-19.

1772-39-1428.

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 Sister C. E. F. Name Craig Mary Henrietta

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
5-4-19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2	24/3/19	C.E.F. R.O. No. 1862-19
8-4-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2	4-4-19	C.E.F. R.O. No. 1873-19

for Director Personal Services

(*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				

ORIGINAL

MEDICAL HISTORY SHEET

Surname Craig, *Christian Name* Mary Henrietta

Examined { on 6th day of January 1917.
at Exhibition Camp.

Approved by [signature]

Birthplace { City or Town Barrie, Ont.
County Simcoe

Rank M.O.

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

Apparent age 28

Trade or occupation Nurse

Height 5' feet 5" Inches

Weight 135. lbs.

Chest measurement { Minimum 36 inches
Maximum expansion 2 inches

Physical development Good

Small-pox Marks No

Vaccination Marks { Arm Right X Left
Number 1.

When Vaccinated last 10 yrs ago

Date	Result	Vaccinations	
30/1/17		[illegible]	M.O.
			M.O.
			M.O.

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Result	Anti-Typhoid Inoculations, Etc.	
		500. mill. mixed.	
8/1/17.		[illegible] 1000. mill. mixed	M.O.
17/1/17.		[illegible] 1000 mill. mixed	M.O.
27/1/17.		[illegible]	M.O.

Enlisted on 6th *day of* January 1917 *at* Toronto. Ont.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	C. A. M. C.	Nursing Sister		6-1-17
Transferred to #4				

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.

MEDICAL HISTORY SHEET

Surname Craig Christian Name Mary Henrietta

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				
Montreal P.Q.	8-1-17.							No admittance			C.M. Church Capt. Lieut. Colonel, A.D.M.S. M.D. District No. 4.

C.A.D. [redacted]09A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

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.

NAME OF SOLDIER (Block Letters) CRAIG. M. H.

REGIMENT C.A.M.C. RANK M/Sgt No.

Date of Examination in England 17/2/19 | Date of Examination in France

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
- (*b*) In England yes
- (*c*) In France yes

Signature of Dental Officer J. M. Rogers

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. ..... Rank N/S. Surname CRAIG.

(Given name in full) MARY HENRIETTA.

Unit or Corps C.A.M.C. Birthplace CRAIGHURST ONT.

(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. 4½ in. Colour of Eyes Blue

Nutrition Good.

Pulse 78.

Condition of arteries Normal

Vision Rt. Nor. Left Nor.

Hearing (conversational voice) Rt. Nor. ft.

Left Nor. ft.

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

Brown mark ½" in diameter on inside (middle) of left thigh.

Mary H. Craig

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

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

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

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

Disturbance of Mentality No. Muscular System No. Digestive System No.

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

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

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Shorncliffe Kent (Overseas)

Date 17-2-19 Signed R. Duncan Capt M.O.

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

Signature Mary H. Gray

(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]

To be made out in duplicate.

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 ..... Craig, Mary Henrietta

(4) Place of Birth ..... Craighurst, Ont.

(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. G.B. McLean, ...

..... Barrie, 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.

Harry H. Craig.
..... *Officer Commanding.*

Date... January 6th. 1917.

(294) Canada 2/4/19

AUDITOR | PAYMASTER

M. OR S. | PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES | REGT. No. | RANK M/S | NAME (IN FULL) CRAIG/ Mary Henriette (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN ..... RELATIONSHIP .....

ADDRESS .....

IS SEPARATION ALLOWANCE PAID? No. ✓ DATE EFFECTIVE .....

TO WHOM PAID ..... RELATIONSHIP .....

ADDRESS .....

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. Can. M.G. | IF IN P.F. WHAT UNIT? Bank of Nova Scotia, Barrie, Ont.

PLACE OF ATTESTATION ✓ | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION Jany 6-1917 ✓ | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 30.00 ✓ | DATE EFFECTIVE 1/5/19 ✓

PAYABLE TO Bank of Nova Scotia (for credit) | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Barrie, Ont ✓

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE | DATE 4/4/19 ✓ | REASON Demob. | AUTHORITY D. O. #100 ✓ | IF ENTITLED TO POST DISCHARGE PAY Yes

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																																			
31/3/19 ✓					NIL ✓																		30 00 ✓				8 00 ✓				38 00 ✓		38 00 ✓		Acct Pay April Pte Messg 24-31/3/19
April 1- 4 ✓	4 ✓	30 ✓	12 ✓						12		✓																38 00 ✓				38		26 ✓		T.O.S. D.O. #100
			W.S.G.																								W.S.G.				AMOUNT DUE SOLDIER DEPENDENT			
153 days ✓		30 ✓	459 ✓		-				459 - ✓																		26 ✓				26 - ✓		433 - ✓		
												Sept. 3.																276 - ✓				302 - ✓		157 - ✓		
											AR 106.	~~Aug~~		1046694.													90 - ✓				392 - ✓		67 - ✓		W. S. G. PAID IN FULL
											AR 129	Sept 29		1049325													67 ✓				459		0		
											AR 151	Oct 27		1463951																					
			459 - ✓		459 - ✓																						459 - ✓				459 - ✓ adj				

LIEUT.
FOR PAYMASTER WAR SERVICE GRATUITY

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

FORM P.15
5986–25M–19/1/17

ASSIGNED PAY.

UNIT.

NAME OF	DATE	AUTHORITY
C.A.M.C.Y.S.		

RANK.

Mess	DATE	AUTHORITY
R/S	13-2-17	From Canada D.M.S.C.O. #245 dy 19-2-17.

NAME.

Name Craig,
Initials Mary H.
Bank of Montreal.

Beneficiary
Address

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

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								
March 23	To 7 dll @ R/S rates Mess fr 13 2/17 D.M.S.C.O. 245 dy 19 2/17 V62027		16	~~16~~				
23	March Pay		111 60					
23	Mess fr 13 2/17 - 28 2/17	Bank 24660		16				
23		Bank 24818		111 60				

FORM P. 15
5986--25M--19/1/17

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

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY.

UNIT. NAME OF — DATE — AUTHORITY

RANK. — DATE — AUTHORITY

NAME.

Beneficiary

Address

Amount. $30 Can 18/17

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

UNIT: 6 C.M.G.S. — Pay 2.00 pd 7a 60 Mess 1.00

RANK: NS — 13 2/17 — If Canada D.M.S.6.O. 245 4/19 2/17

Name Craig
Initials Mary H
Bank of Montreal Trafalgar Sq 1/18

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 3003		108				
May 22	May Pay (R)		111 60			111 60		
23		Bank 5986		111 60				
June 11	June Pay (R)		108			108		
22		Bank 9004		108				
July 19	July Pay (R)		111 60					
"		Bank 13092		111 60				
Aug. 18	August Pay (R)		111 60					
"	A P Can				30	81 60		
21		Bank 17361		81 60				
Sept 17	Sept Pay (R)		108					
12	A. P. Canada.				30	78		
21		Bank 21863		78				
Oct 9	October Pay (R)		111 60					
10	A. Pay Canada.				30			
20		Bank 26791		81 60				
Nov 16	November Pay (R)		108					
15	A. Pay Canada.				30			
20		Bank 30763		78				
Dec 7	December Pay (R)		111 60					
6	A P Can				30			
13		Bank 35096		81 60				
Jan	Jan Pay (R)		111 60					
15	A P Can.				30			
22		Bank 39501		81 60				

6 for.

FORM P. 15.
5986—25M—19/1/17

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

Beneficiary
Address

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

Name Craig
Initials Mary H.
Bank of Montreal
Trafalgar Sq. 1/18

1917-18

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
	Brought For.							
Feb 11	Feb Pay (R)		100 80					
11	A. P. Can				30			
20	Bank	40996		70 80				
Mar	March Pay (R)		111 60					
11	A. P. Can				30			
22	" Bank			81 60				

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY.

Beneficiary

Address can

Amount. $ 30 **

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

UNIT.

NAME OF ~~AUTHORITY~~ DATE

CAMB. T.S Pay 2** pd
T.A. 60 "
Mess 1 ** "

RANK.

N.S — DATE 13 2/17 — AUTHORITY fr can. Wk Sb. 245 19 2/17

NAME.

Name Craig
Initials Mary H.
Bank of Montreal Trafalgar Sq

add outfit allce 1 3/19.

1918-19

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Apl 17	A P can				30			
	Apl Pay (R)		108					
24	Bank R	1187.		78				
May 13	May Pay (R)		111 60					
	A P can.				30			
23	Bank R	2683		81 60				
June 14	June Pay (R)		108					
	A P can				30			
24	Bank	4166.		78				
July 12	July Pay (R)		111 60					
	A P can				30			
24	Bank	5626.		81 60				
Aug 13	Aug Pay R		111 60					
	A P can				30			
24	Bank	7258		81 60				
Sep 12	Sept Pay R.		108					
	A P can				30			
24	Bank R	9187		78				
Oct 15	Oct Pay R.		111 60					
	A P can				30			
23	Bank	10406		81 60				
Nov. 14	Trav. Alice, France 8-9/10/18	2596					Fcs 29.35	
	Nov Pay R		140					
	a P can.				30			
	Bank	12521		116				

b. f'wd.

FORM P. 15.
5986—25M—19/1/17

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

Beneficiary
Address

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

Pay 2.00
Fa 1.00
Mess 1.00

R/S.

Name Craig
Initials M St
Bank of Montreal
Leaf Sare

add outfit allce 1/3/19

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
	Dec. Pay (R)		124					
	a. P Can				30			
18	Bank.	13792		94		nil		
Jan 22	a. P Can				30			
"	Pay (R)		124					
28	Bank	15564		94		0		
Feb 10	a. Pay Can				30			
	Feb. Pay (R)		112					
26	Bank.	17078		82				
Mar 8	Add. outfit allce 1/3/19	Vo 28	100					
	Bank	17684		100				
12	Ado Pca	Cash	17831		94			
Mar	Pay (R)		124					
" 17	a- Pay Can.				30			
29	Trav allce. 13-7-1 3/4	P. in Can	14638					
Apr 25	" " 11-14 7/19	To Can fr Pay 4/5/19	988					

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

7-13-0
£6.15.0
To Ledger 12.
From Ledger 5 · 7.4.19

Occupational Group 19
Disposal Area 9

G.22.

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

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

H.M.T.S. Canada
Lpl. Liverpool. 3.21
22-3-19

1. RANK Nursing Sister
2. NAME GRAIG. Mary Henrietta
3. UNIT C.A.M.C.
4. DATE STRUCK OFF STRENGTH 22/3/19. | PLACE
5. REASON Demobilization SOS 4-4-19 RO 1873-19
6. AUTHORITY
7. PROPOSED RESIDENCE Barrie, Ontario, Canada

Jan 20

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.

N-S Graig Mary Henrietta

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

Dispersal Area

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

Group 11Q

Checked by No. 12

S Doughty

Date 22 MAR 1919

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

C 11815

Date of Assignment Aug 1-1917

V

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

30.			

PARTICULARS OF SEPARATION ALLOWANCE

Bank account for credit

PARTICULARS OF ASSIGNMENT

No.

Rank N. S. Promoted Reverted Discharge

Soldier's Name M. H. Craig.

Battalion C. A. M. C. #1. Clan Hosp.

Beneficiary

Relationship

Address

Name Bank of Nova Scotia

Address Barrie Ont.

Change of Address

1

2

3

4

Ckle 03847 - JM-10

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
DEC. 31			150	150	2m. 16-8-17.
1918 Jan.	O 66248		30	30	
Feby	D 100456		30	30	
Mar	A 118498.		30	30	
Apl	B 993.		30	30	
May.	M 17083		30	30	
June	I 20782		30	30	
July	S 32012		30	30	
Aug	J 34490		30	30	
Sept.	L 43851		30	30	
Oct	M. 51787		30	30	
Nov	D 59842		30	30	V
Dec.	R. 67131		30	30	
1919 Jan.	Cm 72230		30	30	J
Feby	P 77679		30	30	
Mch	H 89951		30	30	
Apl	N 26500		30	30	
			630	630	

M. F. W. 128.
4'0m. 6-7-1-72-39-1141
L. L. 22350—M. & D. 1993.

MD 1

A/c Closed 30/4/19

Ret'd per Canada

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

Clerk

AUDITED.

H&D 86293

ACCOUNTS CONSOLIDATED

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. 1933.