b 4c R.

Unit C.A.M.C. Rank N.Sister Name W.E.Hardy.

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? Hardy

   (b) What are your Christian Names? Winnifred Ethel

2. (a) Where were you born? (State place and country) Mariposa

   (b) What is your present address? Lindsay, Ont.

3. What is the date of your birth? June 16th.,1892

4. What is (a) the name of your next-of-kin? G.W.Hardy,

   (b) the address of your next-of-kin? Oakwood, Ont.

   (c) the relationship of your next-of-kin? Father

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

6. What is your religion? Methodist

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

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

9. State particulars of any former Military Service NONE.

10. Are you willing to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? YES.

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

Winnifred E Hel Hardy (Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

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

I consider ~~Her~~ Fit* for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date June 10th.,1916. 191

Place KINGSTON, ONT.

R Gardiner Lieut.Col.A.M.C.
Medical Officer.

*Insert here "fit" or "unfit".

M. F. W. 51
40m.—12-15.
H. Q. 1772-39-917.

22-4-19
43

REGIMENTAL DOCUMENTS

NAME HARDY WINNIFRED ETHEL 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)	Rec'd 15/3/19	Personal Services, Militia Hq Ottawa	2-4-19	Pers 3992 Encl	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)				05434	
	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	Casc.		8 A A C	30/4/19	Misc -84 G.S	
1	M.F.W. 2591					
2	Form. O.D.3					

405982

Rej S.S. Caronia d/29-3-19

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

Number _____ Rank N/Sister

Surname HARDY

Christian Name WINNIFRED. ETHEL

Units _____ Theatre of War FRANCE

Date of Service 8/7/16.

Remarks _____

Latest Address Oakwood Ont

6 Christie St. Hosp.

Toronto

Ont.

Roll No. _____

200m.-6-21.d. B Page 22206

GRATUITY (IMPERIAL)

CHRISTIAN NAME | SURNAME | REG. NO.

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

DEC 29 1922
REGINA
21900

68—D.P.—40M-1-12-19.

NAME Hardy, Winnifred Ethel

~~RANK AND UNIT~~

~~NEXT OF KIN~~ Unit. C.A.M.C.

REGT. No. N/8 9/2

S.O.S. Demob 8-4-19
(Ret. to Act. Imil)
R.O 1893 - 15-4-19

CABLE	
No.	DATE

NATURE OF CASUALTY

R/C 5-4-19 298 N/S. 2 9/2

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

D.W. 2-29.
E.S.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Winnifred Ethel [illegible],

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 Eighth day

of June 191 6.

He SERVED in CANADA, ENGLAND and FRANCE with the Can. Army Medical Corps, 1st Can. General Hosp., #1 Can. Casualty Clearing Station, #2 Can. General Hospital, C.A.M.C. Casualty Company, Can. Red Cross Special Hospital.

and was STRUCK OFF THE STRENGTH on the Eighth day

of April 191 9 by reason of General Demobilization.

Dated at Ottawa, this Third day

of November 191 9.

J. Clearmont Lieut.,

for Director of Personal Services.

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

CERTIFIED CORRECT
8 - NOV. 1916
CANADIAN RECORD OFFICE

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

Casualty Form—Active Service.

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

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

Regimental No. ..... Rank Nursing Sister Name Winnifred Ethel Hardy

C. E. F.

Enlisted (a) 8 Jun 16 Terms of Service (a) ..... Service reckons from (a) 19.6.16.

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

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

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
29/7/16	D.M.S.	T.O.S. Came C.E.H.		5.7.16	C.O 1356
21.7.16.	—do—	Trans. to #1 C.G.H.		8.7.16	C.O. 1304
31.7.16	1.G/H.	T.O.S.	1.C.G.H	9.7.16	Pt II Ord 30.
16/7/16	1CGH	Taken on strength on arrival in France. auth: WO/21/Overseas/1865 /am's 4/ dl. 9/7/16		9/7/16	B213 Pt II 30 d/31/7/16
20/5/17	"	Granted 14 days leave		18/5/17	" " 34 d/ 28/5/17
3/6/17	"	Rejoined Unit.		4/6/17	" " 38 d/ 14/6/17
22/7/17	1CGH	SOS on reporting to No.1 CCS Stn Dyms B/1512/17 dl/ 21/7/17 Ref file 14989		20/7/17	" " 48 30/7/17
22.7.17	No 16665	Taken on strength of No 16665		21.7.17	B213. Pt II 42 d/31.7.17.

J. B. Burnham
MAJOR,
FOR OOL, 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.

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.
9.9.17	No 1 C.G.H.	S.O.S. No 1. C.C.S. on reporting to No 1 Can Gen Hosp.		6.9.17	B213. Pte 53 d/4.10.17
	"	Taken on strength		7/9/17	" " 67 5/10/17
13/1/18	"	Granted 14 days leave		8/1/18	" " 3 21/1/18.
27/1/18	"	Rejoined Unit.		22/1/18	"
22.6.18.	"	Fmt duty with 10/0 Sang. Team. (D.D.M.S. phone message)		20.6.18	B213.
29.6.18	"	Returned from T. Duty.		24.6.18	B213.
7-7-18	7 C.G.H.	Attd for Cadre duty. to No 7 C.G.H. D.G.M.S. D.G/5/1 d/- 5/7/18.		30/6/18.	B213. 11.7.2021.
20.10.18.	"	Left for No 61 C.C.S auth: phone mess. Prin. matron.		18.10.18.	B213.
25.1.19.	-	7 days special leave Paris.		22.1.19	B213 p. 7 of 1919
1-2-19	1 Can. H.	Rejoined from Leave		29-1-19	B213
19-2-19	a.a.g.	Posted to C.A.M.C. Cas. C.O. Shorncliffe Authority in Chf's W.S. 15-2-19)	Shorncliffe	12/2/19	PA 38892 Pte D.S d/1919 C. A. Hewett Lieut. for Lt. Col., A.A.G., Canadian Section
13-2-19.	No XI A/S	T.O.S Can Red X Hfx Rfle from Boore Bks with effects 13-2-19.	Shorncliffe	13-2-19.	Pt II D.O. No 15. 17-2-19.
6-3-19.	Boulogne	"On command" A.D.G. L. of C. London for transfer duty	Boulogne	6-3-19.	Pt II D.O. No 20. 6/3/19.
29/3/19.	S.O.S.	of Oville on embarkation leave to Canada			For MAJOR General, Adjutant General, Canadians. Philip Burnett

ARR H.M.T. CARONIA 11 MAR 19 APL 5 19

CANADIAN RED CROSS SPECIAL HOSPITAL, BUXTON

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 Hardy Winifred Ethel

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				
15/4/19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2	29/3/19	C.E.F. R.O. No. 1893-19
15/4/19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2	8/4/19	C.E.F. R.O. No. 1893-19

D. Macpherson
Lieut.
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				

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 Hardy
(Given name in full) Winnifred Ethel

Unit or Corps C.A.M.C. Birthplace Mariposa, Ont.

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

1. GENERAL DESCRIPTION:

Physique Good. Weight 110 lbs. Height 5 ft. 5 in. Colour of Eyes Blue

Nutrition Good

Pulse >5

Condition of arteries Normal

Vision Rt. 0.30 Left. 0.30

Hearing (conversational voice) Rt. 30 ft.

Left. 30 ft.

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

None

Opinion as to general health and physical condition Physically fit

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.

N/A

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Northend, Bristol (Overseas)

Date 4—3—19 Signed [signature] M.O.

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

Signature Winifred E. Hardy

(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.

ORIGINAL.

MEDICAL HISTORY SHEET.

Surname Hardy *Christian Name* Winnifred Ethel

Examined { on 8 day of June 191 6
at Kingston, Ont.

Approved by R. Gardner
Capt. A.M.C.
Rank Lt. Col. A.M.C. M.O.

Birthplace { City or Town Mariposa
County Victoria

Apparent age 24

Trade or occupation Professional Nurse.

Height 5 Feet 4 3/4 Inches.

Weight ..... Lbs.

Chest measurement { Minimum 29 1/2 inches.
Maximum expansion 3 inches.

Physical development GOOD

Small-Pox Marks None

Vaccination Marks { Arm Right. Left.
Number 1

When Vaccinated last Childhood

(*a*) Marks indicating congenital peculiarities or previous disease None

(*b*) Slight defects but not sufficient to cause rejection None

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

Date.	Result.	Vaccinations.
		M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 8 *day of* June 191 6 *at* Kingston, Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	C.A.M.C.			June 8.1916.
Transferred to		M.G. Str.		

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 Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
400M.—1-16.
H. Q. 1772-39-439.

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

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.

09 A

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

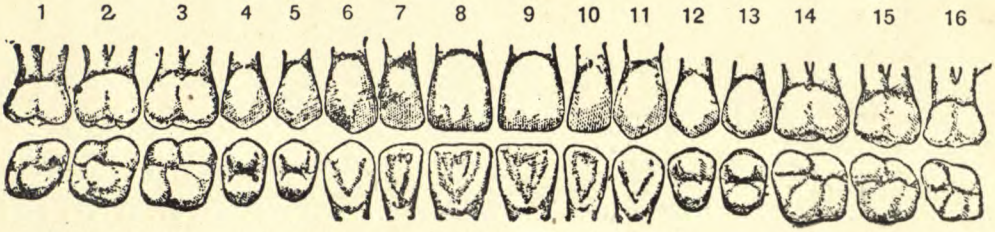
DENTAL CERTIFICATE FOR DEMOBILIZATION

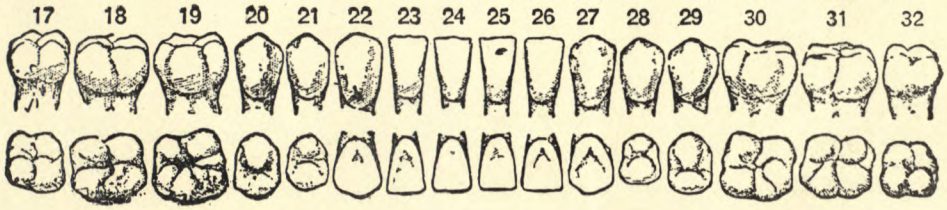
Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) HARDY. W. F.

REGIMENT C. A. M. C. RANK Pte. Sister No.

Date of Examination in England 26/2/19 | 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 yes
- (*c*) In France yes

Signature of Dental Officer R. Parker Lockwood Capt

C.A.D.C. 50

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Hardy Winnifred E. N.S.

Regimental No.

Unit C. a. M. C.

Date of enlistment

Place of "

Married (yes or no) ✓

Amount of pay assigned monthly $ nil no.

To whom payable

S S Missanabie 15/6/16

Name and address of next-of-kin For file 392-8-123
392-8-1235
Ross Memorial Hospital
Lindsay Ont

Date and place discharged

Reason for discharge

Character on discharge

D[illegible]b 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					
																Did not return to Canada vide file 392-8-123

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					

L. L. Job 4503.—M. & D. 6332.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

P.L. 11-H-27 p.m. 1921-7

To Whom G. W. Hardy

Address Oakwood Ont.

By Whom Assigned Hardy W. E

Regtl. No. —

Rank N. S

Corps Ov 1 Gen Hospital

SPECIAL REMITTANCE

Rate $ 73 00

P.L. 9-H-27. 7.12.16

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.		Q 34911	73 -	
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 3 ACCOUNT

L-L. Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.--7-16
H. Q. 1772-39-819

To Whom Mrs G. R. Hardy

Address Oakwood
Ont

By Whom Assigned Hardy Winifred E

Regtl. No.

Rank N.S

Corps No 1 Can Gen Hospital

Rate 40.00 Jan 1st 1917

Pd 28th/14th/17 HS 5/2/17

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

Make envelope DP

CONSOLIDATED 4

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Mrs G.N. Harvey
(Assignee)

PAYMENTS. Name of Soldier Harvey Pte. E
N.S. 1st Can Gen Hosp

L. L. Job 5470—Req. 6888.

40.00 Jan 1st 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan. ✓	1917			Sp. Req 7-2-17 L.
Feb.		H42666	80	80 = Fel Cy to Adj. 80-L.
March		H50921	40	40 = In future.
April		F2225	40	40 E → Spec. R, 10-4-17. (W)
May ✓		F9278	40	
June		L15613	40	40 B.
July		V22635	40	B
Aug.		H29897	40	(29898-99-900 same. 40 per order.)
Sept.		V35372	40	D
Oct.		M43602	40	
Nov.		F48649	40	
Dec.		J58744	40	480 HH.
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.				

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

ASSIGNED PAY. | **UNIT.** NAME OF: 6 and 6 | RATE OF P. AND A. | **RANK.** | DATE | AUTHORITY | **NAME.**

Beneficiary
Address: Can
Amount. $ 40 xx
Separation Allowance issued. Yes or No.....

Pay 2 xx pd
F.A. 60 "
Messing 1 xx "

R.S 5 7/16.

fr Can.
Do. 3943
CTD. 28 7/16.

Name Hardy.
Initials W. E.
Bank of Montreal Trafalgar Sq.

add outfit allee. 1/8/18 $100 xx

1918-19 | 1919-20

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
apl 18	A P Can				40			
	apl Pay (R)		108					
24		Bank 1187		68				
May 13	May Pay (R) A P Can		111 60		40			
23		Bank 2683		71 60				
June 14	June Pay (R) A P Can.		108		40			
24		Bank 4166		68				
July 17	July Pay R A P Can		111 60		40			
24		Bank 5626		71 60				
Aug 14	Aug Pay R A P Can		111 60		40			
24		Bank 7258		71 60				
Sep 12	Sept Pay R. A P Can		108		40			
24		Bank 9187		68				
Oct	Oct Pay R. A P Can		111.60		40			
24		Bank 10404		71 60				
	outfit allee 1/18		100					
26		Bank. 10854		100.				
Nov	Nov Pay (R) a. P Can.		140		40			
28		Bank 12521		100				

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

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

Beneficiary
Address

Pay 2. 00. Pd
F.A. 1. 00 "
Messing 1 00 "

A/S.

Name Hardy
Initials W. R.
Bank Traf Sqre

Amount. $ 40
Separation Allowance issued. Yes or No.....

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Dec	Pay (R)		124					
	a. P Can				40			
18	Bank	13792		84				
Jan 22	a. P Can				40			
	Pay (R)		124					
28	" Bank	15564		84				
Feb 11	a. Pay Can			1	40			
	Pay (R)		112					
26.	Bank	17078.		72				
Mar 8	Pay (R)		124					
	a Pay Can				40			
19	Trav. allce France 15-17 4/18	3346					Frcs. 48.90	
19	" " 6-13 2/19	14123					£4-16-0	
20	March P & a - Cash	18223		84				
28	Adv. April Pay Cash	18859		80		Dr 80	Retd. to Can.	
28	~~Trav~~ Ration allce France 18/10-17 11/18	03723.					L.P.O. 30/4/19 Frcs 95.85.	
28	Trav. Expenses France 18-30 10/18	3760					Iofes to N.E. Ledger Frcs 39.25	
Ap. 9	Trav allce. 26-29 3/19. To can for Aut 11 4/19	335					2-12-0 12 6s	
11	April Pay (R)		120				From Ledger 5 to Ledger 126 5/19	
14	a - Pay Can.				40			

P—15.

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

Beneficiary — C.A.M.C. — R/S. — 5-7-16 — From Canada D.O.# 394 2 C.M.D. d/28-7-16 — Name Hardy. Initials W. E. Bank of Montreal.

Address — Canada

Amount. $40.00 — 1/17

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

1916-17

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS.
Aug 14	Bank (P.C.A fr. 15 6/16 - 31 7/16 Mess fr. 5 7/16)	5814		149 20				
17	Pay fr 15 6/16 - 31 7/16 Mess fr 5 7/16. Vo. 6420		149 20					
✓	Pay Aug (R)		111 60					
23	Bank	7299		111 60		0		
Sep 13	Bank (Adj. of P.C.A fr 8-14 6/16)	7698		18 20			Show as O/d.	X
20	Pay Sept (R)		108 ..					
28	Bank	9510		108		Dr. 18 20		
Oct 23	Adjst of Pay fr 8-14 6/16 Vo 9696		18 20					
	Oct Pay (R)		111 60					
27	Bank	11000		111 60		0		
Nov 17	Pay Nov (R)		108					
24	Bank			108		0		
Dec 11	A.P. Can (Special)				73			
12	Pay Dec		111 60					
18	Bank			38 60		0		
26	Bank Adjst of P.C.A fr 8-14 6/16			18 20		Dr 18 20		
1917 Jan 19	A.P. Can				40			
23	Adjst of P.C.A fr 6-14 6/16		18 20					
23	Pay Jan		111 60					
25	Bank			71 60		0		
Feb 19	A.P. Can				40			
22	Pay Feb		100 80					
22	Bank			60 80		0		
March 20	March Pay (R)		111 60					
21	A.P. Can				40			
23	Bank	24818		71 60		0		

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT. NAME OF: C.A.M.C. DATE: AUTHORITY: Pay #2 pd Jl 60 Mess 1.00

RANK. N/S DATE: 5/16 AUTHORITY: f Canada D.O. 3942 C.T.D. d/28/6/16

NAME. Name Hardy Initials W. E. Bank of Montreal Trafalgar Sq 1/16

Beneficiary

Address Canada

Amount. $ 40.00

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

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
April 21	April Pay R.		108					
22	A.P. Can				40			
26		Bank 3603		108				
May	May Pay. R.		111 60					
9.	A. P. Can.				40	71 60		
23		Bank 5986		71 60				
June 9	A.P. Canada.				40			
" 15.	June Pay. (R)		108			68		
22		Bank 9004		68				
July 19	July Pay. (R)		111 60					
" 17.	A.P. Canada.				40			
31		Bank 13092		71 60				
Aug. 18	Aug. Pay. (R)		111 60					
	A P Can				40	71 60		
22		Bank 17361		71 60				
Sept 17	Sept. Pay (R)		108					
12	A. P. Canada.				40	68		
21		Bank 21863		68				
Oct 9	October Pay - R -		111 60					
12	A. Pay Canada				40			
20		Bank 26291		71 60				
Nov 16	November Pay R		108					
15	A. Pay Canada.				40			
20		Bank 30763		68				

Carried for.

FORM P.15
2227—10M—1/1/17

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

Beneficiary
Address
ban
Amount. $40
Separation Allowance issued. Yes or No.....

Pay $2.00 pd 7a 60 Dress 1.00

R.S

Name Hardy.
Initials W. J. E.
Bank of Montreal
Trafalgar Sq 1/18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Dec 7	Dec Pay (R)		111 60					
4	A P ban.				40			
14	Bank	35096		71 60				
Jan 14	Jan Pay (R)		111 60					
15	a P ban				40			
22	Bank	39501		71 60				
Feb 11	Feb Pay (R)		100 80					
11	a P ban.				40			
20	Bank	40996		60 80				
Mar 12	March Pay (R)		111 60					
12	A P ban				40			
23	Bank			71 60				

R 150

WGB Rank and Name HARDY, Winnifred Ethel Nursing-Sister

Regimental No.

Unit C.A.M.C.

Date of enlistment

Place of birth Mariposa,

Married (Yes or No)

If in Permanent Force

Name and Address of Next-of-Kin

G.W.Hardy, (Father)
Oakwood, Ontario, Canada.

Date and place of discharge

Reason for discharge

Character on discharge

Promotions or appointments

LEFT CANADA 13-6-16

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
29/7/16	D.M.S.	Taken on strength C.A.M.C. C.E.F.		5/7/16	G.O. 1356 – 1367 31/K.
21-7-16.	D.M.S	Transf^d to No 1 Can. Gen. Hosp		8/7/16	G.O. 130H O.C. C.T.D. S.O. 3773.
31-7-16	1C/1H.	Taken on strength	1C Gen/H	9/7/16	P^te II ord 30.
28-5-17	1C.Gen.H.	Granted 14 days leave	rejoined unit	1.6.17	Pte II ord 38. 1C.Gen-H.
			fr.	18.5.17	Pte ord. 34.
30-7-17	-do-	S.O.S.	to 1C.C.C.S.	20-7-17	Pte ord 48.
31-7-17	1C.C.C.S.	T.O.S.	fr. 1C. Gen. H	21.7.17	Pte ord. 42
4-10-17	-do-	Posted to No 1 Can Gen Hosp.		6-9-17	Pte O 53.
21-1-18	1.C.G.Hp.	Granted 14 days leave		8-1-18	Pte O 3.
9-2-19	Do	Granted 7 days leave		22-1-19	Pte ord. 7.
27-2-19	Do	S.O.S. posted to		12-2-19	Pte ord. 8.
20-3-19	C.A.M.C. Cas. Coy.	T.O.S. on posting from	1 Can. Gen. Hp.	13-2-19	Pte ord 67.

A.F.B. 103
8 NOV. 16

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				
				16-2-19	amended by P.T. ord 22.
17-2-19	CRCSHp Buxton	T.O.S. on posting from 11 Cgn Gen Hsp.	for trans duty to Canada	~~13-2-19~~	P.T. ord. 15.
13-3-19	Do	On Command D.M.S. Lon		6-3-19	P.T. ord. 22.
26-3-19	Do	S.O.S. on posting to Tran CSH Buxton		26-3-19	P.T. ord. 26.
31-3-19	G.C.S.H.	T.O.S. Fm C.R.C.S.H. Buxton		26-3-19	P.T. Aud 19.
14-4-19	Do	S.O.S. on trans. to CEF. in Canada		29-3-19	P.T. ord. 22.
		Cessation of hostilities			
10-4-19	D.M.S.	S.O.S. on trans. to CEF. in Canada		29-3-19	C.O. 52.
		Cessation of hostilities			
		Sailed to Canada S.S. Caronia		29-3-19	Sailing No. 34.

Demobilization Group 19
Dispersal area 1

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

H.30.

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

1. RANK Nursing-Sister.
2. NAME HARDY. Winnifred. Ethel
3. UNIT C.A.M.C.
4. DATE STRUCK OFF STRENGTH | 29/3/19 | PLACE
5. REASON SoS 687 Canada 8/4/19

Demobilization

6. AUTHORITY K.O. 1893.
7. PROPOSED RESIDENCE

Oakwood
Ontario.

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.

SIT-INL MAR 29/19
ARR hfx APL 5 ..
h M T ✠CARONIA✠

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. 1.8)
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 Cer

GD 8.3.19.

13-5-19 DW

M. F. W. 2591.
20M—11-18.
172-39-1380.

Group 40

Checked by No. 13

Date 28 MAR 1919

AUDITOR | PAYMASTER

No. 2 DISTRICT DEPOT

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

M. OR S. | REGT. No. | RANK N/S | NAME (IN FULL) H A R D Y/ Ethel Winnifred (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. C.A.M.C. | IF IN P.F. WHAT UNIT? Standard Bank Cammingler Ont

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 8/6/16 OK. | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 40.00 | DATE EFFECTIVE 1/5/19.

PAYABLE TO Mrs G.R. Hardy | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Oakwood Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE 8/4/19 | REASON Demob. | AUTHORITY D.O.#111 | IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					Reb. Messing 29/3/19 - 30/4/19
30.4.19									Nil.																		16	50			16	50					
Pay		3.00																									16	50			93	50					D.O.S. D.O.#111
																											6	6									Clr Port. 9-4-19 - 30-4-19
																											11	00									Messing
																									4489.												
153 days				459							May 25	388477					93	-									93	50			186	50			272	50	
											June 20	388506	AR46				90														276	50			182	50	
											AR63	July 11	750923				182	50													459	-			Closed.		
											Passed to D.O.M.3.						3	50													464	50					Rebate on messing.
																																					Refund Request for 5/- Card Pyle 7989 - C.W. 39 - Nfld.

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

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

H 2488 276

Date of Assignment Jan. 1. 17

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

40			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank N. S. Promoted Reverted Discharge

Soldier's Name Winifred E. Hardy

Battalion No 1 Can. Gen. Hospital

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs G. N. Hardy.

Address Oakwood. Ont.

Change of Address

1

2

3

4

7989-21-27.

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec 31.			480	480		
Jany 1918	R 67758		40	40	Br	
~~Feb.~~	~~4 13077~~ ~~E 64917~~		~~40~~	~~40~~		Marked 11-2-18 E64917 Cancelled.
Mch	H 97905		40	40		
Apr	I 9161		40	40		
May	B. 12360		40	40		
June	a 15184		40	40		
July	W. 30115		40	40		
Aug	D 29687		40	40		
Sept	C 37121		40	40		
Oct	E 43983		40	40		
Nov	C 52065		40	40		
Dec	E. 63842		40	40		
1919 Jan	C 71451		40	40		
Feb	B. 78400		40	40	A	
Mar	E 84034		40	40	A	
Apl	D 1506		40	40	A	
			1120	1120		

A/c Closed 30-4-19.

Ret'd per Laconia

Date 4-4-19. F.X. 14/4/19.

N.D. 2 Clerk A. Lawyne

N.R.O. 82498. to Dest. rend. 14/4/19. A.L.

M. F. W. 128
400M.—6-17—177-39-1141
L. L. 22630—M. & D. 7493.

CONSOLIDATED JNT

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. 7493.