No. 2.

Mont General Hospital

ATTESTATION PAPER.

No.

Folio. 43

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Mabel Jamieson
2. In what Town, Township or Parish, and in what Country were you born? ..... Campbellton New Brunswick
3. What is the name of your next-of-kin? ..... Mrs John Jamieson
4. What is the address of your next-of-kin? ..... Walhousie Jct - N.B
5. What is the date of your birth? ..... June 8th 1881
6. What is your Trade or Calling? ..... Trained Nurse
7. Are you married? ..... No
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes
9. Do you now belong to the Active Militia? ..... Yes
10. Have you ever served in any Military Force? ..... No
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? ..... Mabelle C Jamieson (Signature of Man).
    Florence Caroline Lent (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Mabelle C Jamieson (Signature of Recruit)

Date Sept 26th 1914. Florence Caroline Lent (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Mabelle C Jamieson (Signature of Recruit)

Date Sept 26th 1914. Florence Caroline Lent (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Quebec this 27 day of September 1914.

Edward Dyke (Signature of Justice)

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

F.N. Burges Lt Col (Approving Officer)

200 M.—8-14.
H.Q. 1772-1-13.

Nursing Sister Mabel Jamieson

Description of ..... on Enlistment.

Apparent Age 23 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 9 ins.

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

Complexion ..... Fair

Eyes ..... Grey

Hair ..... Brown (light)

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

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

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

Scar on Right cheek
Small lump on nose

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Sept 22 1914. Kenneth Lamey Lt Col

Place Quebec ..... Medical Officer.

*Insert here "fit" or "unfit."

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

.....

.....

.....

.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

J. H. Bridges Lt Col (Signature of Officer)

Date Sept. 28 1914.

C.E.F. REGIMENTAL DOCUMENTS

NAME JAMIESON, MABELLE, Clara 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
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
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)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					02866
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					DEMOB
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)					
CARDS					
PAY-SHEETS					

M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

Number ..... Rank N/S

Surname JAMIESON

Christian Name MABELLE CLARA

Units ..... Theatre of War FRANCE

Date of Service 7-11-14

Remarks .....

Latest Address Campbellton, N.B.

Roll No. 13. Page 22393.

200m.-6-21.

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 furlough warrant is required

Railway

d, is your wife on board? Number of children on board

tination

(Sgd.)

DEBT SEP 3 1925
REGN. NO. 158811

2502.
9.
1269.

SURNAME. Jamieson R.R.C. 2 G. #30111 over

CHRISTIAN NAMES Mabelle Clara

REGL. NO. RANK Nursing Sister

UNIT C.A.M.C. (Nursing Sisters)

FORMER CORPS Dil

B.6 CARD NO.

S.S.Dis 14-4-19.

~~Demob~~ FOLL.

Auth PO 1909.

7.DD.

NEXT OF KIN.

NAMES IN FULL Jamieson, Mrs. John

RELATIONSHIP TO SOLDIER

ADDRESS Dalhousie Jct., Restigouche Co. N.B.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada

PLACE OF ATTESTATION Quebec. P.Q.

DATE

DATE Sept. 25th 1914

P/6 10-4-19. 383 5.M/8

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

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

awarded D.K. Doc 4/6/17 auth. L.G. 1/6/17.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

Form R. 149.

E/013

Name JAMIESON (RRC) Rank N/STR. Reg. No.
Mabelle Clara

Unit CAMC. att CRCOH. Lon.

Next of Kin Canada

Date 1919	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
8-3	Can. Red X Off. Hos.	Audley St (7001)				
	Disorders of Accomodation					
	Eyes.			1233		
9-3	Discharged 7003			1251		

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

P.P.C.

NAME Jamieson, M. C. REGT. No. _____

RANK AND UNIT M/Sgt. C/M.G. C.P.C.C.

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
1235	C.P.C. Off., 177 N. Audley St. W.	8-3-19	Disorders of Accomodation eyes
1237	Discharged	9-3-19	Disorders of accomodation eyes

No. Rank N. S. Name Jamieson M. C.

T. O. S. Unit No 2 General Hospital C. A. M. C.

M. D. Val.

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1914 Sept 17	1914 Oct. 31	N		

UNIT SAILED
OCT 3 1914

No. Rank Nursing Sister Name Jamieson, M. C.

T. O. S. Unit Army Medical Corps, Nursing Service

M. D. A. S.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Sept. 23	1917 Oct. 31	✓		

Surname
JAMIESON

Christian Name
M. C. (RRC)

Rank
N/Str.

Unit
CAMC CRCOH.

Casualty List	C.R.C.O.Hspl. London 8-3-19.
11-3-19/1235-4	Disorders of Accomodation Eyes.
13-3-19/1237-3.	Discharged:-9-3-19.

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

D.M.S.1347. 5M-10-10-18.

Surname | Christian Name | Serial No.

Rank | Unit

Medical Board held at | Date | Condition found by Board

Remarks.

(8915)—Wt. W4862—540.—600,000.—9-14.—G. A. T. & S., Ltd. Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps C. A. M. C. Nursing Service (R.A.M.C.)

~~Regimental No.~~ _____ Rank Nursing Sister Name ~~M. C.~~ Jamieson Mabelle. C.

~~Enlisted (a)~~ _____ Terms of Service (a) War Service reckons from (b) ~~23.10.14~~

Date of promotion to present rank ~~23.10.14~~ Date of appointment to lance rank ~~_____~~ Numerical position on roll of N.C.Os. ~~_____~~

~~Extended~~ _____ ~~Re-engaged~~ _____ Qualification (b) fully qualified

CERTIFIED CORRECT 19 FEB. 1918 CANADIAN RECORD OFFICE

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				
		No. 13 Stat. Hp.	Boulogne.		
		Reported No 1 Stat. Hp.	France	10/4/15	
5/6/15.	1 Stat. Hp.	To No 1 Gen. Hosp.		25/5/15	P. II ord. 12.
14/6/16.	16 Gen Hp	Granted 14 days leave.	rejoined unit from	13/6/16	P. II ord. 26.
				29/5/16	P. II ord 24.
10.6.15.	06 16 G.H.	taken on strength. 16 G.H.	Etaples.	26/5/15	B 213. 29/5/15
4.6.16	"	granted 14 days leave	"	29/5/16	" P. II ord 24 14/6/16
17.6.16	"	returned from "	"	17/6/16	" " 26 30/6/16
29/4/17	"	Granted 14 days leave		27/4/17	" " 30 d/- 5/5/17
13/5/17	"	Rejoined Unit.		11/5/17	" " 33 d/- 23/5/17
29/7/17	"	Is attached to No 3 CCCS			
		DDMS Etaples d/- 24/7/17		22/7/17	" " 54 21/8/17
8/12/17	3 CCCS	Ceased to be attached		9/12/17	" " 80

(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				
		Awarded Royal Red Cross 2nd Class. Lon Gaz 30111 dy 4/6/17			
27/1/18	1 C.G.H.	Granted 14 days leave		22/1/18	Pt 3 Pg 6 5/2/18
7/2/18	1 C.G.H.	Posted to Canc Depot Shorncliffe (Whilst on leave) Auth: CR. 2282 dy 5/2/18 Ref daily file. 23989		5/2/18	Pt 7 11/2/18
					H A Christie Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon B. E. F.
15-2-18	Camfs.	S.O.S. from No 1. C.G. Hosp.	S'cliffe	6-2-18	Pt II 46. (Cl. 206)
22-2-18	do	S.O.S. to Westcliff Can. Hosp.	do	17.2.18	Pt 53. (Cl 238) [illegible] ASST. ADJUTANT. O.C., C.A.M.C. DEPOT.
17/2/18	O.C. West Cliff Can Eye & Ear Hpl	S O S from Canc T D Shorncliffe Kent	Folkestone	17/2/18	Pt 2 D0 46 17/2/18 01 2 D0 46.
24-5-18.	do	S.O.S. of this Unit on Posting to No 16 Can Gen (Ontario Hpl) Orpington Kent, with effect 25-5-18 Auth. D.M.S. Amd. 4/7981 1918.	do Kent	25.5.18. 25/5/1918	Pt 200 124, dy 24-5-18.
28-5-18	16 C.G.H.	Ses from S.O.S. Westcliffe	Orpington	25.5.18	Pt. II do 176.

WEST CLIFF CANADIAN EYE AND EAR 24 MAY 1918 HOSPITAL FOLKESTONE, KENT

Capt. C.A.M.C. Adjt. & Rqr for Officer Commanding WEST CLIFF CANADIAN EYE & EAR HOSPITAL FOLKESTONE, KENT

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

Casualty Form—Active Service.

Regiment or Corps.....

Rank N/Sister Surname Jamieson Christian Name Mabel

Religion..... Age on Enlistment.....years .....months

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

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

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

or Corps Trade and rate.....

Occupation..... .....Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked..			
3.1.19	No. 16 G.H.	S/o/s to Camc Cas Coy	Orpington with allows.	20.1.19	St 2.D.O. 17
					CAPT. C.A.M.C. ASST. ADJT. G. For O.C. M.C. No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL
21-1-19	Camc Cas Co	Tfr from 16 G.H.	Shefflr	3.1.19	Pte 20.1.19
do	do	Ord Com. 6 R.G.H. London	do	do	do
			Pte Jamieson Camc Cas Co		
18.1.19	G.R.G.H.	Attached from Camc Casualty Co	London	3-1-19	Pte 20.1.19

(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) Signaller, Shooting-Smith, &c.

W. [illegible]—M1827 1000m 7/18 [illegible] G. P. & B., Ltd. Forms B./103 E/1555.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
7.3.19	CRO H.	Ceases to be attd from Camb Can Bn on being attd from Can. R. of Devons	London	3.1.19	Ord 49
3/4/19	S.O.S. Ottawa	on embarkation to Canada			For MAJOR General Adjutant General, Canadians
		Embarked Liverpool S.S. Lapland 3 April 1919.			
15/4/19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 7	4/4/19	C.E.F. R.O. No. 1893-19
23/4/19	H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 7	14/4/19	C.E.F. R.O. No. 1909-19

D. Pugsley Capt
Lieut.
for Director Personal Services

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) JAMIESON. M.C.

REGIMENT C.A.M.C. RANK N.S. No.

Date of Examination in England Mch 7th 1944 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 E. J. Kelly. Capt. C.A.D.C.

CANADIAN EXPEDITIONARY FORCE

J.C.T. 7-30.
E.3.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Mabelle C. JAMIESON, R.R.C. 2nd Class.

Enlisted in The Canadian Army Medical Corps,

CANADIAN EXPEDITIONARY FORCE, on the XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

day of XXXXXXXXXXXXXXX 191 AND WAS APPOINTED to COMMISSIONED RANK

in The Canadian Army Medical Corps,

CANADIAN EXPEDITIONARY FORCE on the Twenty-sixth day

of September 191 4.

He SERVED in CANADA, ENGLAND and FRANCE with the C.A.M.C., #1 Stat.Hosp., #1 Can.General Hosp., Att.#3 Can.Casualty Clearing Station, C.A.M.C.Depot, Westcliff Eye and Ear Hosp., #16 Can. General Hosp., Att.C.A.M.C.Casualty Coy., #7 District Depot.

and was STRUCK OFF THE STRENGTH on the Fourteenth day

of April 191 9 by reason of General Demobolization.

Dated at Ottawa, this Fourteenth day

of November 191 9.

Awarded the Royal Red Cross, 2nd Class, L.G.#30111, 4-6-17.

Lieut.,
for Director of Personal Services.

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

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

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

To Whom Mrs John Jamieson (Mother)
Address Dalhousie Junction
New Brunswick

By Whom Assigned Jamieson M.C.
Regtl. No.
Rank N/Sister
Corps No 1. Can. Gen. Hospital

SPECIAL REMITTANCE

Rate 20.00

P.L. 11-J-17. P.M. 291217

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	U 49538	20 00	Mailed 21-1-1918
Feb.				
March				

1918

29370 THE MORTIMER SYSTEMS, OTTAWA, CANADA

330

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Form 6/3 awaiting instructions from assignee

To Whom ~~Haliburton Marion F.~~

Address ~~Jefferay Hall Hospital~~ 66 St Nazaire St Quebec.

By Whom Assigned Jamieson, Mabelle C.

Regtl. No.

Rank N.S.

Corps 2 Genl Hospl

Rate 30 00

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.		E		
Oct.		E9220	30 —	✓
Nov.		B1526.	30	
Dec.		F. 2666	30	
Jan.	1915	E3864	30	
Feb.		D5779.	30. —	
March		66258	30	
Apl.		B7579	30	
May	a	8394	30	
June		3691	30	
July		D4665	30	
Aug.		H4667	30	
Sept.		G13073	30	
Oct.		H12395	30	
Nov.	D	15150	30	
Dec.	C	15455	30	Requires money.
Jan.	1916	B16240	30	Stops Feb. 1/16 - 3rd & Mar 1st/16 Letter of Feb 7/16
Feb.	cancelled	~~A 18441~~	~~30~~	Cancelled awaiting instructions from assignor re assignee
March				Letter A.P. England 2 5/16 —

B1624 follows B1624 3

29247 THE MORTIMER SYSTEMS
OTTAWA, CANADA

NAME Jamieson. M. C.

Regimental No.

Unit Nursing Sister

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					
23/9	31/10/14	39	2	78	39	60	23 40		101 40			71 40	30		101 40	
1/11/14	29/11/14	30		60	30		18		78			48	30		78	
1/12/14	31/12/14	31		62	31		18 60		80 60			50 60	30		80 60	
1/1/15	31/1/15	31		62	31		18 60		80 60			50 60	30		80 60	
1/2/15	28/2/15	28		56	28		16 80		72 80			42 80	30		72 80	
1/3/15	31/3/15	31		62	31		18 60		80 60			50 60	30		80 60	

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					

29500/588

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Jamieson Mary. Ellen
Surname Christian Name

Regimental Number Rank N. O.

Unit

Original Unit

District where paid

Date of Discharge 1/4/18

P. D. P. Filing Number

Address (in full) Bleskerton Ont

Rates:—Regimental pay $ per diem; Field Allowance $ per diem. Separation Allowance $ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

May 26 3/4

Remarks: For Reference Only.
W. S. G. payable by M.D. 10

M. F. W. 127
300M-1-19
1772-39-1140

Dec'n No 2950588 W. S. G. File No 945-7-M-5.

Award .....days at $ .... per day $

S. A. .....months at $ .... per mo. $..... $

Less P, D. P. Credited $.....

$

Less further debit balance $.....

Net due paid as below

TO SOLDIER			TO DEPENDENT			
O	Pg. No	Ch No	Amount	Pg No	Ch No	Amount
			Total			

Flesherton,
Ont.

W. W. C.

N.B. B.L.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Jamieson Mary E
Surname Christian Name

Regimental Number Rank N/S.

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

Rates:—Regimental pay $ per diem; Field Allowance $ per diem. Separation Allowance $ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
300M-1-19
1772-39-1140

Remarks:

File No. 9457-M-5

WAR SERVICE GRATUITY.

Register No. .....

Reg. No. W.S.

Name Jamieson Mary E

Address .....

Dependent .....

Address .....

Pay Soldier $ .....

Pay Dependent $ .....

Days ..... Rate ..... Due .....

Less P.D.P. credited .....

Clerk .....

Less further Dr. Bal. or overpayment. .....

Net .....

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

A/c transfered to DG for payments W 117 5/20. 11/4

ORIGINAL

Nursing Sister

MEDICAL HISTORY SHEET.

Surname Jameson Christian Name Mabelle C.

Examined on 25th day of Sept 1914
at Quebec

Approved by Kenneth Cameron
Lt Col
Rank M.O.

Birthplace City or Town Campbellton
County Rest Co N.B

Apparent age 23 yrs

Trade or occupation Trained Nurse

Height 5 Feet 9 Inches.

Weight 130 Lbs.

Chest measurement Minimum 31 inches.
Maximum expansion 34 inches.

Physical development Good

Small-Pox Marks

Vaccination Marks Arm ~~Right~~ Left.
Number 1

When Vaccinated last Oct 1913

(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.
12/10/14		J. H. Hunter M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
Sept 25th		1st dose Sept M.O.
4/12/14		M.O.
		M.O.

CANADIAN

Enlisted on Sept 1st day of September 1914 at Quebec

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

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
13 Berners St W.1	7-3-19	None	"A" J. W. Macoun Major C.A.M.C.

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.

50M—8-14.
H. Q. 1772—39—439.

Entries in Red Ink made from Attestation Sheets.

AUG 13 1915

R. M. Shaw
for D. D. M. S.

Surname Gaussen Christian Name Mabel

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.

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

ASSIGNED PAY. | **UNIT.** NAME OF: No 1 6 G H. RATE OF P. AND A.: Pay 2 ×× pd. F.A. 60 " Messing 1 ×× " | **RANK.** R. S 26 9/14 DATE AUTHORITY | **NAME.**

Beneficiary
Address

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

Name Jamieson
Initials Mabelle. C.
Bank of Montreal
Trafalgar Sq.

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 20	Apl Pay (R)		108					
24	Bank	1187		108				
May 19	May Pay (R)		111 60					
23	Bank	2643		111 60				
June	June Pay (R)		108					
24	Bank	4166		108				
July	July Pay R.		111 60					
24	Bank	5626		111 60				
Aug	Aug Pay R		111 60					
24	Bank	7258		111 60				
Sep	Sept Pay R.		108					
24	Bank	9447		108				
Oct	Oct Pay R.		111 60					
15	Assigned Pay February 1916 chgd not pd in ban Ant 11-J-17 Vo 121		60					
24	Bank.	10404		171 60				
	Out fit allce. 19/18		100					
30	Bank.	10854		100				
Nov	Nov. Pay (R)		140					
	Bank	12521		140				
~~Dec 4~~	~~1st 2nd Inst Can Victory war Loan list 30 Dec~~	2583		~~20~~				
"	Pay (R)		124					
	Bank			104				
20.	Bal Dec Pay.	13867.		20				
Jan 22	Pay (R)		124					
28	Bank	15564		124				
	carry forward							

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

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

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

Pay 2.00 Pd.
F.A. 1.00 "
Messing 1.00 "

R/S. 26.9/14

a.o.a. 1/9/18

Name Jamieson
Initials M. C.
Bank of Montreal
Traf. Sqre.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1919	Brought Forward							
Feby 15	Feby Pay R		112					
	Bank	17078		112		0		
March 15	Quarters 1-28 1/9 @ 4/	13951					£5.12.0	
18	March Pay (R)		124					
	Bank	18651		124		0		
April 1st	adv april Pay Cash	35		120				
11	april Pay (R)		120			0		
12	Quarters 1-31 3/19	534					£6.4.0	

RETURNED TO CANADA
L.P.C. TO 30.4.19
TRANSFER TO N.E. LEDGER

From Ledger 5 to Ledger 12 6/19

FORM P.15
2227—10M—1/1/17

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

Beneficiary
Address

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

UNIT: No 1 C.G.H. — Pay $2.00 pd 7 th 60 Mess 1.00
RANK: n/s — 26th

Name Jamieson
Initials Mabelle G
Bank of Montreal
Trafalgar Sq 1/8

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		0		
May 22	May Pay R		111 60			111 60		
25	Bank	5986		111 60		0		
June 15.	June Pay. (R)		108			108		
22.	Bank.	9004.		108.		0		
July 19	July Pay. (R)		111 60.					
25.	Bank.	13092		111 60		0		
Aug 18	Aug. Pay. (R)		111 60					
22	Bank.	17361		111 60		0		
Sep 17	Sept Pay (R).		108			108		
21	Bank	21863		108		0		
Oct 15	October Pay R		111 60					
20	Bank	26291		111 60		0		
Nov 16	November Pay R.		108					
20	Bank.	30763		108		0		
Dec 7	Dec Pay (R)		111 60					
14	Bank	35096		111 60		0		
Jan	Jan Pay (R)		111 60					
15	a C. ban. Special				20.			
23	Bank.	39501		91 60		0		
Feb 12	Feb Pay (R)		100 80					
20	Bank	40996		100 80		0		
Mar 12	March Pay (R)		111 60					
23	Bank.			111 60		0		

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT.
NAME OF | DATE | AUTHORITY

RANK.
DATE | AUTHORITY

NAME.

Beneficiary

Address

Amount. $

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

Name Jameison
Initials Mabelle G
Bank of Montreal
Trafalgar Sq. 48

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

P—15.

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

Beneficiary Marion F. Halliburton | No 1 C. G. H. | n/s | 26 9/16

Address Jeffrey Hale Hosp. Quebec

Amount. $ 30 00

Separation Allowance issued. Yes or No.

Name Jamieson

Initials Mabelle C.

Bank B of M

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
apl 25	Pay apl (R)		108			108		
	Bank			108		"		
may 27	Pay may		111 60			111 60		
	Bank			111 60		"		
June 9	Pay June (R)		108					
	Bank	3874		108		—		
July 21	Pay July (R)		111 60					
25	Bank	4997		111 60		—		
Aug 17	Pay Aug (R)		111 60					
24	Bank	7299		111 60		—		
Sep 20	Pay Sep (R)		108					
28	Bank	9510		108		—		
Oct 23	Pay Oct (R)		111 60					
27	Bank	11000		111 60		—		
Nov 17	Pay Nov (R)		108					
24	Bak			108		—		
Dec 12	Pay Dec		111 60					
1917 18	Bank			111 60		—		
Jan 23	Pay Jan		111 60					
25	Bank			111 60		—		
Febr	Pay Feb		100 80					
22	Bank.			100 80		—		
March 20	March Pay (R)		111 60					
28	Bank	24818		111 60		—		

NAME Jamieson. ~~M C C~~ Sister. Mabelle C.

DATE OF APPOINTMENT Sept 26th 1914.

MARRIED (YES OR NO) No.

NEXT OF KIN:— NAME Mrs John Jamieson.

ADDRESS Dalhousie Jct N.B. Can.

DATE NON-EFFECTIVE AND CAUSE

UNIT Nursing Sisters No 1 Canadian Gen. Hospital

ASSIGNED PAY:—

MONTHLY AMOUNT $30.00 Cancelled Sept a3m/s form rendered 23/6

TO WHOM PAYABLE Marion F. Halliburton

Jeffrey Hall Hospital Quebec

BANK IN WHICH PAY & ALLOWANCES DEPOSITED Bank of Montreal.

1915-16

PERIOD From	PERIOD To	No. of Days	Regtl. Rate	PAY Amount of Regimental	Command	Adjutant	Cr. from Prev. Account	TOTAL PAY	Rate of Field Allowance	ALLOWANCES Amount of Field Allowance	P. F. Allowance	Messing	Subsistence	TOTAL	TOTAL PAY AND ALLOWANCES	Assigned Pay	Sundry Deductions	Net P. A.	Paid in Cash	Deposited in Bank	Carried Forward	REMARKS
1/1	30/1 1915	30	4	60				60	60	18		89.		107	167	30		137		137.		Mess. 3-2 1/ 30-4. Incl. July. Incl.
1/5	31/5	31		62				62		18 60		31		49 60	111 60	30		81 60		81 60		
1/6	30/6	30		60				60		18		30		48	108	30	59	19		19		Opd Trans.
1/7	31/7	31		62				62		18 60		31		49 60	111 60	30		81 60		81 60		
1/8	31/8	31		62				62		18 60		31		49 60	111 60	30		81 60		81 60		
1/9	30/9	30		60				60		18		30		48	108	30		30 TOTAL DEBITS		78	16-0-7	
1/10	31/10	31		62				62		18 60		31		49 60	111 60	30		30	BALANCE 81 60			
												4/ 14			4/ 14				88 74	88 74		Messing allce France July 1/s Fts 40 PL. 6-6-'73. (Vo 140)
1/11	30/11	30.		60				60.		18		30		48	108	30.		30		78		
1/12	31/12	31		62				62		18 60		31		49 60	111 60	30		30		81 60		
1/1 1916	31/1	31		62				62		18 60		31		49 60	111 60	30		30		81 60		
1/2	29/2	29		58				58		17 40		29		46 40	104 40	30		30		74 40		
1/3	31/3	31		62				62		18 60		31		49 60	111 60	30	Cancelled	30		81 60		
																				964 74		

366 days @ 3.60 = 1317.60

Messing allce France July 7.14

A Day 360.00

Diffs 964.74

1324.74

1324.74

360

SUNDRY PAYMENTS

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

Occupational Group 19
Dispersal Area C

M

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

A

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

4-7-40
O.R.

1. RANK	NURSING SISTER.
2. NAME	Jamieson. M.C.
3. UNIT	C.A.M.C. C.R.C.Officers' Hosp. 17 N.Audley St. London W.1.
4. DATE STRUCK OFF STRENGTH	~~3/4/19~~. PLACE
5. REASON	For Demobilisation
6. AUTHORITY	SoS 687 Canada 687 RO 14/4/19 1909-19
7. PROPOSED RESIDENCE	Campbellton. N.B.

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.

H

Checked
15-2-22

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 Medical Board (A.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

Embarked Liverpool
S.S. Lapland 3 April 1919.
Disembarked Halifax 10 April 1919

V

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

Group HQ

Checked by No. 3d

S B Harris 89

Date 2 APR 1919

JAN 1 1919

Rank and Name	Jamieson Mabelle. blata. R.R.C. 2nd cl.
Regimental No.	Nursing Sister
Unit	A.M.C.
Date of enlistment	Sept. 26. 1914.
Place of birth	Campbellton, New Brunswick,
Married (Yes or No)	No.
If in Permanent Force	
Promotions or appointments	Left Canada 11.10.14 NR

Name and Address of Next-of-kin
Mrs. John Jamieson,
~~Dalhovan Jct, N.O.~~
Dalhousie Jct. [redacted]. N.B
Canada

Date and place of discharge
Reason for discharge
Character on discharge

JAN

A.F.B. 103.
31/6

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
15-5-18	D.M.S.	Proc. Cease. to No. 1 Stat. Hp	Boulogne	7.11.14	letter on R.L. 11-M-142.
		N.R. #13 Sty. Hpl.	Boulogne		~~Reported~~
		Reported No 1 Stat Hosp	France	10/4/15	
	Oc. 1 Stat. Hosp	To no 1 Gen. Hosp.		25-5-15	part II orders 12-5-6-15.
	N.R.	No 1 Can. Gen. Hosp.	Etaples		R.L. 29 — 28.5.15 NR
			rejoined unit	13-6-16	Pt II O. 26.
14-6-16	16 G Hosp	Granted 14 days leave	from	29-5-16	Pt II ord. 24.
			rejoined unit	11.5.17	Pt II Ord. 33. 1 C. Gen-H.
5.5.17	#1 C.Gen.H.	Granted 14 days leave	from	27.4.17	Pt II ord 30.
9.6.17	Dms.	Awarded R.R.C.	2nd cl.		CO. 745. L.G. 30 III 4.6.17
11.8.17	3 C.C.C.S.	attached for temp'y duty	fr. 1 C. Gen. H.	22.4.17	Pt II ord 30. Pt II Ord. 54. 1 Gen. Hp 22.8.17
24.12.17.	1. Gen. Hp	Ceases to be all. to No. 3. Can. Cas. Clr. Stn. for temp duty		2.12.17.	Pt II Ord. 81.
				16-2-18	ag'd by CO. 238
14.2.18	Dms	Posted to C.G.M.C. Dep from 1 C.G.Hs.		~~6-2-18~~	C.O. 206
5-2-18	1. C.G.Hp	Granted 14 days leave		22-1-18	P 2 6.
20.2.18	Dms	Posted to Westcliffe E & R from Depot		17.2.18	60238
~~2.4.18~~	do	~~Posted to 12 C.G.Hp. from 16 E & C Hp.~~		~~27.3.18~~	~~60.400~~ Canby CO 406

A.F.B. [illegible]
19 FEB 1918

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				
29.5-18	D.M.S.	Posted to 16 Can G. Hp Orpington		25.5.18	C.O. 630
27-9-18	16 C.H.H.	Granted leave from 28-9-18 to		11-10-18	P.F. II ord. 230.
8-10-18	- do -	Granted leave from 3-10-18 to		19-10-18	P.F. II ord. 239.
20-1-19	-do-	S.O.S. on posting to CAMC Cas Coy		3-1-19	P.F. II ord. 17.
21-1-19	CAMC Cas. Coy.	T.O.S on posting from 16 Can Gen Hp.		3-1-19	P.F. II ord. 17
		On Command CRCO Hp London		3-1-19	
24-2-19	Do	S.O.S on posting to CAMC R & T. Depot		15-2-19	P.F. II ord. 46.
		On Attachment to CRCO Hp London		3-1-19	
27-2-19	CAMC R & T.D.	T.O.S. from CAMC. Cas. Coy and remains		15-2-19	P.F. II ord. 58
		On Command CRCO Hp. London			
11-3-19	A.M.S.	Adm. Can Red X Off. Hosp 17 Audley St. W.		8-3-19	Cl. 1235. Disorders of accomodation
			Discharged	9-3-19	Cl. 1237 Eyes Do
16-4-19	CAMC RTT. Dep.	Ceases Command CRCO Hp. London.		3-4-19	P.F. II ord. 106.
17-4-19	Do	S.O.S. on trans to C.E.F. in Canada		3-4-19	P.F. II ord. 107.
		Cessation of hostilities			
		Sailed to Canada S.S. Lapland		3-4-19	Sailing No. 37.
10-4-19	D.M.S.	S.O.S. on trans. to C.E.F. in Canada		3-4-19	C.O. 52.
		Cessation of hostilities			
		D.S. 14.4.19			

14421

[M]EDICAL 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 JAMIESON.

(Given name in full) MABELLE CLARA

Unit or Corps C.A.M.C. Birthplace Dalhousie Junction N.B.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 126 lbs. Height 5 ft. 8 in. Colour of Eyes Green

Nutrition normal

Pulse 76

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).

NONE

Opinion as to general health and physical condition F.I.T.

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 13 Bevers St (Overseas) W.I

Date 7-3-19 Signed Jno. Macnamara Major C.A.M.C. 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 W.C. Jamieson Pte.

(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.)

M.D. No. 7

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

Bank of Nova Scotia, Campbellton N.B.

AUDITOR | PAYMASTER

M. & R S. | REGT. No. | RANK N.S. | NAME (IN FULL) Jamieson, Mabelle C. (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

ORIGINAL UNIT C.E.F. No 1 Can Gen | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 26-9-14 | TRANSFERRED TO | DATE | AUTHORITY 2595.

ASSIGNED PAY $ ~~[illegible]~~ 30.00 | DATE EFFECTIVE

PAYABLE TO Marion F. Haliburton | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 66 St Maguire St. Quebec Que.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE closed 31-1-16 | EFFECTIVE

DISCHARGED | PLACE St John | DATE 14-4-19 | REASON Demob | AUTHORITY D O 106 | IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
																																						Lapland 10-4-19
April									nil																								nil					Bal Emg LPC 30-4-19
a																																						
					W$G																				W$G										Officer		
183 days					549	00			549	00															90	00							90	00	459	00		Advance W.S.G. A/c 1.2.3.4.5.6.7 11/19
																													8	00	x		8	00	451	00		R.C. mess on ship 3.4/19-10.4/19
																																						R.C.P.S. on Disc
																													64	00	x		64	00	387	00		~~A/c~~ Ck 39871 A/c 9/19 4/19
																									70								70		317			Ck 846151 A/c 69 14/6/19
																									73								73		244			
																									1254								1254		231	46		Ck 849833 A/c 78 14/6/19
																									22								22		231	24		Commission on TNO for 1254 P. Paris See Tyle 7-11-18. 849833
																									6824								6824		163			Ck. 1056498. A/c 92 14/7/19
																									81								81		82			Ck. 1252557 A/c 116. 25/8/19
																									82								82					Ck 1-454489 A/c 143 13/9/19
																																						Cheque to Ottawa
B.					549				549																477	00			72				549	00				

WAR SERVICE GRATUITY.

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