Unit Army Medical Corps Rank Nursing Sister Name Mildred Audrey McCombe

OFFICERS' DECLARATION PAPER

cand T.2. 28/2/17

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? McCombe
   (b) What are your Christian Names? Mildred Audrey
2. (a) Where were you born? (State place and country) Armagh, Ireland
   (b) What is your present address? 304 Prince Arthur St West, Montreal
3. What is the date of your birth? January 17th 1888
4. What is (a) the name of your next-of-kin? Mrs. Alexander McCombe
   (b) the address of your next-of-kin? 304 Prince Arthur St. Montreal
   (c) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? Graduate Nurse
6. What is your religion? Presbyterian
7. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
8. To what Unit of the Active Militia do you belong? Army Medical Corps
9. State particulars of any former Military Service
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.

Mildred A. McCombe (Signature of Officer.)

Taken on strength (place) Montreal P. Que

(date) March 26th 1917

Lt Col Capt (Signature of Commanding Officer.)

Lieut.-Colonel, A.D.M.S. Mil. District No. 4.

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 November 24th 1917

Place Montreal P.Q. Chas Martin

Medical Officer.

*Insert here "fit" or "unfit"

M. F. W. 51

100m.—4-16.
H. Q. 1772. 39-917

Unit ..... Rank ..... Name .....

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname ? .....

   (b) What are your Christian Names ? .....

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

   (b) What is your present address ? .....

3. What is the date of your birth ? .....

4. What is (a) the name of your next-of-kin ? .....

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

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

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

1-4-1 9/S

REGIMENTAL DOCUMENTS

NAME McCUMBE MILDRED ANDREWS REGT. NO. N/S UNIT 10th Gen Hosp 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)		Personal Services Militia D.O. Ottawa	2/7/19	Brs — 242 9/S	DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		Docs ret'd 16-4-19			Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		R.D. 3-11-19			DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category Demobd
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
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)					
	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	M7W 2591					
1	Form C.W. 3					
1	P. 880.					
1	Doc S.J. 10					
1	Misc					
1	Inf.					

04600

DESERTION

A/H.Q. 10369

Ref. S.S. Royal George d/10/3/19

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

6640

SURNAME. Mc Bombe,

CHRISTIAN NAMES Mildred Andrews

REGL. NO. RANK Nursing sister

UNIT C.A.M.C. (M.D. 4)

FORMER CORPS A.M.C.

CARD NO. S.D.S. Disc. 5/3/17 Demob FOLL. R.B. 1860 DO 77/7/4/19. # 4088.

NEXT OF KIN.

NAMES IN FULL Mc Bombe, Mrs. Alexander

RELATIONSHIP TO SOLDIER Mother

ADDRESS 304 Prince Arthur St, Montreal P.Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Ireland, Armagh DATE Jan. 17th, 1888

PLACE OF ATTESTATION Montreal P.Q. DATE Mar. 26th. 1917

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

M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING Graduate nurse RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Montreal P. Q, DATE Nov. 24th. 1917

Present address, 304 Prince Arthur St, W. Montreal P. Q

No. RANK N.S. NAME Mc Combe M.

T. O. S. 28-4-17 (apr. Patient), UNIT A. M. C. Details.

M. D. 4.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
apr. 23.	Apr. 30	✓		
May.		✓		
June.		✓		
July		✓		
Aug.		✓		
Sept.		✓		

P

Number ..... Rank N. S.

B

Surname McCOMBE.

Christian Name MILDRED ANDREWS.

Units ..... Theatre of War ENGLAND.

Date of Service 19.12.17

Remarks .....

Latest Address 304 Prince Arthur St. W.
Montreal
Que.

Roll No. A Page 5023

200m.-6-21.

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

DESP. OCT 21 1925
REGN. NO. 172 89

868—D.P.—40M-1-12-19.

To be made out in duplicate. H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins..... Army Medical Corps

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

(3) Full Name of Soldier..... Mildred Andrews McCourke

(4) Place of Birth..... Armagh Ireland

(5) Are you married, or not ?..... Single

(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.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address ✓

(10) Is your Mother alive? Yes?

If so, state name and address Mrs. Alexander McCombe
304 Prince Arthur St. Montreal Canada

(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.

✓

(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? Yes

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium Yes.

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

ASSISTANT DIRECTOR MEDICAL SERVICES
M. D. No. 4
DEC 14 1917
MONTREAL, P. Q.

Date.....

W. Scott Case
Officer Commanding.

For *Lieut. Colonel,*
A. D. M. S. Mil. District No. 4.

CANADIAN EXPEDITIONARY FORCE

H.S. 4-28.
R.A.F.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Mildred Andrews McCOMBS,

Enlisted in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the [redacted]

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

in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the Twenty Sixth day

of March 1917.

S He SERVED in CANADA, and England with the C.A.M.C., Canadian Army Medical Corps Depot, Shorncliffe, # 15 Canadian General Hospital, # 10 Canadian General Hospital, and District Depot No. 4.

and was STRUCK OFF THE STRENGTH on the Thirty First day

of March 1919 by reason of General Demobilization,

Dated at Ottawa, this Twenty Seventh day

of October 1919.

J. Leathwell

Lieut.

for Director of Personal Services.

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

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian name Mildred 2. Surname McCombe

3. Rank N/S 4. Original Unit CAMC 5. Reg. No. —

6. Address, in full, to which future payments of gratuity are to be forwarded Bank Montreal Montreal

7. Date of enlistment in the C.E.F. n/a

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge na

9. Relationship of such dependent na

10. Address, in full, of such dependent na

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? na.

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:— /

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? /

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service /

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served /

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department no

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? no

5434. Wt. /30P. 250,000(8). 2 19. S.O., F.Rd.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments and under what regimental numbers and units. No

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid

No

20. Have you been issued with a War Service Badge? If so what class? —

21. Have you, during the present war, served in the Imperial Forces? —

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled

No

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? No

(b) If so, was such reversion in consequence of misconduct or inefficiency? —

24. Are you now serving in the C.E.F.? — If not, give:—(a) Date of discharge — (b) Reason for discharge —

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit —

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit —

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? —

(b) If so, are you in receipt of full pay and allowances from that Department? —

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: Mildred A. McBourke.

Place of Residence: 304 Prince Arthur St. Montreal. Canada.

Declared before me at: Brighton

This 10 day of 3 19 19. J. J. Munn Maj. A.D.C. 10 Can. Gen. Hosp.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

—

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct.

District Paymaster.

MEDICAL HISTORY SHEET

Surname McCombe Christian Name Mildred A

Examined { on 24 day of Nov. 1917
at Montreal.

Birthplace { City or Town Armagh.
County Ireland.

Apparent age 24

Trade or occupation nurse.

Height 5' feet 11¾. Inches

Weight 180 lbs.

Chest measurement { Minimum 37 inches
Maximum expansion 40 inches

Physical development good.

Small-pox Marks none

Vaccination Marks { ~~Arm~~ Right leg Left
Number 3.

When Vaccinated last 22.11.17.

(a) Marks indicating congential peculiarities or previous disease none.

(b) Slight defects but not sufficient to cause rejection none.

Approved by C A Martin.

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.

Date	Result	Vaccinations	
Nov 23/17		A H MacCordick Capt A.M.C.	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
Nov 16/17		1000 millions A H MacCordick Capt A.M.C.	M.O.
Nov 22/17		1000 millions. A H Mac	M.O.
Nov 29/17		1000 M. A H Mac	M.O.

Enlisted on 26 day of March 1917 at Montreal

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	Canc.			
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Montreal	24/11/17	Fit.	M.F.B. 380 C Bm.

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

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

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

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

Signature of Medical Officer

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

Casualty Form—Active Service.

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

Unit, Regiment or Corps Army medical

Regimental No. ____ Rank Nursing Sister C. E. F. Name Mildred Andrews McCombe

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

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

Extended ____ Re-engaged ____ Qualification (b) ____

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked	Halifax	18.12.17	
		Disembarked	Liverpool	31-12-17	
5-1-18	C.A.M.C.D	TAKEN ON STRENGTH from Canada.	Shorncliffe	8.12.17	Pt 5. (60)
16-1-18.	do	S.O.S. to No. 13 C.G.H.	do	8.1.18.	Pt 16 (6058.)
4.2.18	13 C.G.H.	S.O.S to No 10 C.G.H. Brighton	Hastings	28.1.18	Pt 2. 2014.
9.2.18	10 C.G.H.	T.O.S. No 10 C.G.H. Brighton	Brighton	28-1-18	Pt 2. 20. 6.
	"	Struck off Strength	"		

OFFICER COMMANDING No. 13 CANADIAN GENERAL HOSPITAL, HASTINGS.
LIEUT. COL.

CAPT. ASST. ADJUTANT, FOR O.C., C.A.M.C. DEPOT.

FOR O.C. No. 10 CANADIAN GENERAL HOSPITAL
LIEUT. & ASST.

(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				
15-3-19		202. on SOS in Contemplation Inclusion Establishment Struck off Strength of CEF.			
2/4/19	HQ Ottawa	TOS CEF Canada Gen Demob	MD# 4 Disper Stat (F)	15-3-19	CEF RO 1852-19
4/4/19	HQ Ottawa	SOS CEF. Canada Gen Demob	MD#4 Disper Stat (F)	31-3-19	CEF. RO 1860-19

D Macfarlane Lieut.
for D. A. G. Personal Services

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 Mc Comte - Mildred Andrew
(Given name in full)

Unit or Corps C a m c ..... Birthplace Armagh Ireland

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

1. GENERAL DESCRIPTION:

Physique Good Weight 165 lbs. Height 5 ft. 11 in. Colour of Eyes Blue

Nutrition Good

Pulse 72 -

Condition of arteries Good

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.)

Opinion as to general health and physical condition Good 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 Brighton (Overseas)

Date 24-2-19 Signed Stewart Sleight 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 Stewart Sleight Capt C.A.M.C. M.O.

(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.

FORM P.15
5986–25M–19/1/17

ASSIGNED PAY.

UNIT. NAME OF

RATES ~~AUTHORITY~~

RANK.

DATE AUTHORITY

11-M-374
NAME. Dft 301

Beneficiary
Address

Amount. $35 00 Can.
Separation Allowance issued. Yes or No.....

C. A. M. C. | Pay. $2. 00 Pd. | 7a. 60 " | Mes $1. 00 "

N/S. 31 12/17 | 7a Can | D.M.S.C.O. #7 | d/3/1/18

Name Mc Combe
Initials Mildred. Andrews
Bank of Montreal.
Trafalgar Sq

add out fit allce 16 12/19.

1918-19

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
April 15	A Pay Can				35			
"	April Pay (R.)		108					
26	Bank.	1187		73		0		
May 17	May Pay (R.)		111 60					
"	A. Pay. Can.				35			
27.	Bank.	2683.		76 60		0		
June.	June Pay (R.)		108.					
" 14.	A P Can.				35			
26.	Bank	4166.		73.		0		
July.	July Pay (R)		111 60					
	A P Can.				35			
26	Bank.	5635		76 60		0		
Aug 15	A. P. Can				35			
16	Trav allce 15-15 12/17	5809					3-1-8	15 00
Aug 16	Aug Pay R		111 60					
26	Bank.	7272		76 60		0		
Sept 11	Sept. Pay (R)		108					
	A. P Can				35			
26	Bank.	9187		73		0		
Oct 14	Oct. Pay R.		111 60					
	A. P Can.				35			
21	Bank	10428		76 60		0		
Nov	Pay R.		140					
	A P Can.				35			
	Bank	12502		105		0		

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

ASSIGNED PAY.

UNIT. NAME OF: C.A.M.C. DATE: — AUTHORITY: —

RANK. N/S. DATE: 31 12/17 AUTHORITY: A. Can. D.H.S. P.O. # 1 d/3/18

NAME. Name McCOMBE Initials M. A.

Beneficiary

Address Can.

Amount. $ 35-00

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

Pay 200 / Allce 100 / T.A. 100 /

Bank of Montreal Regt Leg.

Q. O. A. 16 12/19.

DATE 1918-19	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Dec. 12	Pay R.		124					
13	a-P Can Bank	13992		89	35-			
18								
Jan 16	Pay R.		124					
17	a-P. Can. Bank	15564		89	35-			
24								
Feb 11	Pay R. a-P. Can.				35-			
12	Pay R.		112					
22	Bank	17121		77				
Mar 14	Bal Mar Pxa. Bank	17939		89				
17	a-P Can.				35-			
20	Pay R.		124					

Ketd to Can. L/Ckd 3/19
Tfd to N.C. Ledger
Tfd J. Ledg. L. Ledg. 3/19

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY.

UNIT. NAME OF | DATE | AUTHORITY

RANK. | ~~DATE~~ new | AUTHORITY

NAME. 11-M-374 Pf-501

Beneficiary — a a m c ✓ — R/S ✓ — 31 12/17 — DMSCO 7 ✓ from Canada

Address — a/ 3-1-18

Name Mrs Combe ✓

Initials Mildred, Andrews

Bank of Montreal ✓ Trafalga Sq

Amount. $35 Jan 1/18

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
1918.								
Jan: 12.	P.A.A.R.F.'s rates Stress: Jn. 31 12/17 Eff 16 12/17. DMSCO 7d/38. Vc 16445.		42 60.					
" 1	Cash.	39176		42 60.				
" 17	a. Pay. Canada				35			
" 21.	Dec: Jan: Pay (R).		111 60.					
" "	Bank.	39501		76 60				
Feb 15	Feb Pay. (R.)		100 80					
" 11	a. Pay. Can.				35			
" 22	Bank.	40996		65 80				
March	Mch Pay. (R.)		111 60					
" 11	a. Pay Can				35			
23.	Bank.			76 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

Forms R. 150.
3232. 15 M. 14/12/16.

Surname McCOMBE **Christian Names** Mildred Andrews.

Rank N/Sister.

Promotion TUS.26.3.17

Unit C.A.M.C.

Place of birth Ireland.

Married (Yes or No)

Appointments

Name and Address of Next-of-Kin
Mrs.Alexander McCombe, (Mother)
304 Prince Arthur St.Montreal.

VIC

Date of leaving Canada 19.12.17.

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	Place	Date	REMARKS Taken from Official Documents
		C.A.M.C.Depot.			
3.1.18.	D.M.S.	T.O.S.on arr.from Canada & pstd.to		18.12.17	C.O.7.
14.1.18	do	Posted from Depot. to 13.C.G.H.p Hastings		8-1-18	6058.
2-2-18	do	Posted to 10 Can Gen Hp	Brighton	28-1-18	C.O.152
17-8-18	10 C.G.H.p.	Granted leave from 5-8-18 to		18-8-18	P.T. Pt.1 ord. 31.
20-3-19	D.M.S.	S.O.S. on transfer to C.E.F. in Canada		15-3-19	C.O. 46.
		Cessation of hostilities			
		Sailing To Canada S.S Royal George		15-3-19	Sailing No 30.
		12716 S.S. 31.3.19			

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					

Occupational Group 19.
Disposal Area F.

M^c 29

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

O.K.

M.

1. RANK	Nursing Sister		
2. NAME	MCCOMBE, M.A.		
3. UNIT	No. 10 Canadian General (Kitchener) Hospital.		
4. DATE STRUCK OFF STRENGTH	31-3-19.	PLACE	BRIGHTON.

5. REASON

Cessation of Hostilities.

6-3-28

6. AUTHORITY R.O. 1860.

7. PROPOSED RESIDENCE

304 Prince Arthur Street, West,
MONTREAL, CANADA.

a. 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.

DIRECTOR of PERSONAL SERVICES RECEIVED APR 3 1919

Mc Combe M. Name

N-S

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 (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.

M. F. W. 2591.
20M—11-18.
1172-39-1380.

Occupational
Dispersal

PROCE

1. RANK	Nur
2. NAME	MCC
3. UNIT	No.
4. DATE STRUCK OFF	
5. REASON	Ces
6. AUTHORITY	
7. PROPOSED RESIDE	

This folder should contain

1. Declaration Paper,
2. Casualty Form, A.
3. Medical History Sh
4. Proceedings of Me
5. Medical Report M
6. Dental History She
7. Last Pay Certificat
8. Certificate as to M

1. Triplicate Declara
Triplicate Attesta
2. Casualty Form (
4. Medical History S
5. Dental Certificate
6. Proceedings on Sick
7. Last Pay Certific
8. War Service Gra
9. Sundry Document

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

N-S Mc Combr M. A. Came

Group N2
Checked by No. 13
E Dorey h.
Date 14 MAR 1919

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. | RANK Pte | STR | NAME (IN FULL) Mc COMBE MA

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T.O.S. from O/S on Regt. Basis. Posted to Regt. Strength.	15-3-19	Rs 1852 Do 94/ki

ORIGINAL UNIT C.E.F. CAMC | IF IN P.F. WHAT UNIT? X | (BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO "Overseas" | DATE | AUTHORITY

DATE OF ATTESTATION 15-12-17. | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY. $ 35 00 Dft | DATE EFFECTIVE 31-4-19

PAYABLE TO W. Sly. Bank of Montreal Credit | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Bank of Montreal St Cath & Mansfield Mtl.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE SOS & Jn A.T.V. Unit | DATE 31-3-19 | REASON Ex Strength Rs 1860 | AUTHORITY Do 97/20 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account	1919 Apr																												6 80		6 80		6 80			Dft P66 80 31-3-19
		30 00			93 00				93 00								86 20													86 20 / 93 00					93 00 month W S G
			Other Credits		W. S. C.		S. A.		Total								War Service Gratuity										Other Charges		W. S. G.		S. A.		Total		Soldier		Dependant	
					366 00				366 00																		93 00				93 00		273 00			
5/8/19																											273 00				273 00					1263383
																															366 00					

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE RCLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

111

1533

Date of Assignment

Jany 1st/18 ~~27-3-17~~

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

35			

PARTICULARS OF SEPARATION ALLOWANCE

(Bank Acc Credit)

No.

Rank N.S. Promoted Reverted Discharge

Soldier's Name Mildred A. Mc Combe

Battalion C.A.M.C.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Bank of Montreal

Address Cor. of Mansfield & St Catherine St.

Change of Address Montreal Que.

1

2

3

4

12199-M-5

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Jan	U 66744		35	35	R mailed 3/1/18
Feb	A 70790		35	35	✓
March	L 92204		35	35	✓
April	D 4940		35	35	✓
May	M 14606		35	35	✓
June	H 26980		35	35	✓
July	N 32471		35	35	✓
Aug	L 36532		35	35	✓
Sept	M 47927		35	35	✓
Oct	S 54158		35	35	✓
Nov	M 59492		35	35	✓
Dec	S 64529 ✓		35	35	✓
Jan	S 70623		35	35	✓
Feb	N 81413		35	35	✓
Mar	J 88455		35	35	✓
			525	525	

MRO. 34490 D

A/c Closed 31-3-19

Ret'd per Royal George

Date 22-3-19 F.X. 31-3-19

MDH Clerk. B. Blackwell

M. F. W. 128.
400M. 6-7—1172-39-1141
L. L. 22330—M. & D. 7933.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

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.
40M.—6-17—172-39-1141
L. L. 22320—M. & D. 7993.