

Unit C. A. M. C. Rank U. Sister Name Robinson Eueline

## OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS).

1. (a) What is your Surname? Robinson  
(b) What are your Christian Names? Eueline
2. (a) Where were you born? (State place and country) Windsor, Ont. Can.  
(b) What is your present address? 17 Clinton St. Hamilton, Ont. Can.
3. What is the date of your birth? August 18<sup>th</sup> 1886.
4. What is (a) the name of your next-of-kin? Mrs Jno. Robinson  
(b) the address of your next-of-kin? 17 Clinton St. Hamilton, Ont.  
(c) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? Graduate Nurse
6. What is your religion? Methodist
7. Are you willing to be vaccinated or re-vaccinated and inoculated? If necessary
8. To what Unit of the Active Militia do you belong? C. A. M. C. 1 1/2 yr.
9. State particulars of any former Military Service?
10. Are you willing to serve in the  
CANADIAN OVERSEAS EXPEDITIONARY FORCE? Yes

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

E. Robinson (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 him fit for the CANADIAN OVERSEAS EXPEDITIONARY FORCE.

Date 2-10-1917

Place London Area.

\* Insert here "fit" or "unfit."

Wm. J. May  
Medical Officer.



OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(Answers)

1. (a) What is your Surname?
- (b) What are your Christian Names?
- (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?
6. What is your religion?
7. Are you willing to be vaccinated or re-vaccinated and inoculated?
8. To what Unit of the Active Militia do you belong?
9. State particulars of any former Military Service?
10. Are you willing to serve in the

CANADIAN OVERSEAS EXPEDITIONARY FORCE

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

(Signature of Officer)

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

I consider him fit for the CANADIAN OVERSEAS EXPEDITIONARY FORCE

Date

Place

Medical Officer

\* Insert here "fit" or "unfit"



## REGIMENTAL DOCUMENTS

NAME ROBINSON EMELINEREGT. NO. M. S. 1stUNIT 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)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

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)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

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)

Disp. Cert.

misc. Papers

M.F.W. 2591

misc

25-2-1237

25-13181

25-13181

25-13181

25-13181

Ref. S. S. Celtic 3/7/19.

DEATH

Category

DISCHARGE

Category

DESERTION

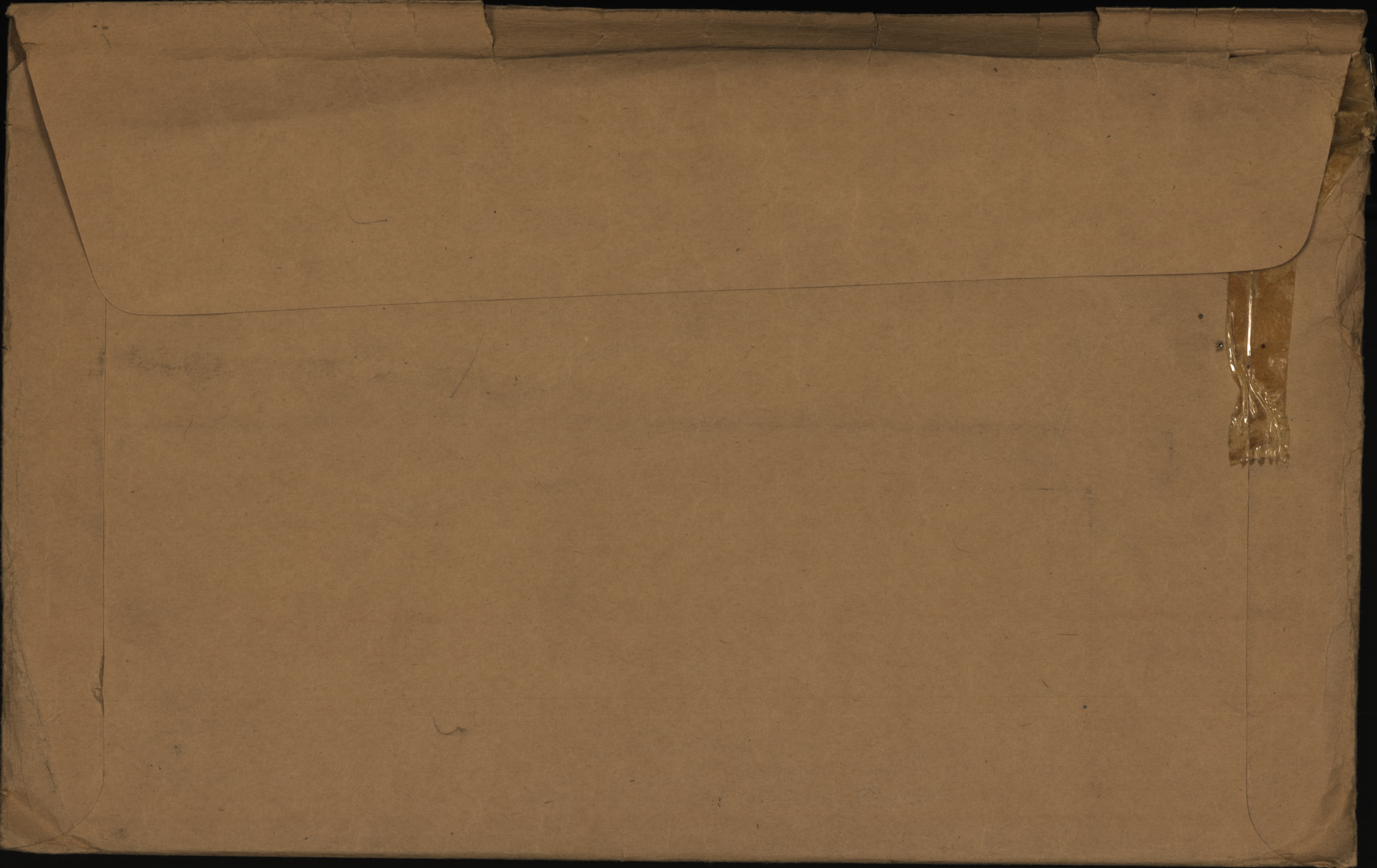
18098

Deceased 23-5-60

2-6

2-6







*for form sent 8.1.24*  
Number.....

Rank

N. S.

Surname.....

ROBINSON

Christian Name.....

EMELINE.

Units.....

Theatre of War

ENGLAND.

Date of Service.....

12.10.17

Remarks.....

Latest Address.....

17 Clinton St.  
Hamilton

Roll No.

A. Page 5030.

Out

200m.-6-21....

VM rec'd from W.O. for  
disposal Act. 392-18-26.



(This form to be filled in by all ranks on voyage to Canada.)

RANK

SURNAME

INITIALS

UNIT

al address.....

(Street)

(City or Town)

(Province)

one person to be notified of arrival.....

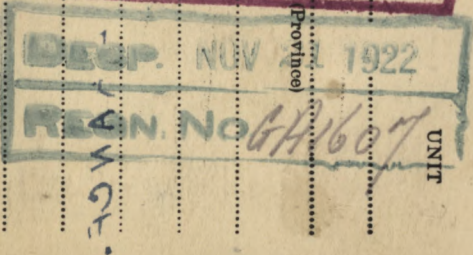
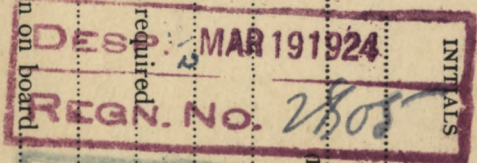
Station in Military District to which a furlough warrant is required.....

Railway.....

d, is your wife on board.....

Number of children on board.....

destination.....



(Sgd.) .....



*Next of Kin*

ROBINSON  
Enteline

Rank

N/Str.

Reg. No.

Canada

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
28-12	12 C.G.H. Bramshott	(9305)	Influenza	871	✓	
H-1-18	Discharged	(7003)	—	927	✓	



[illegible]



NAME

*Robinson. E.*

RANK AND CORPS

*n/stv. (C.A.M.C.)*

REG'T'L. NO.

H. Q. FILE NO 649

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

NO.

FOLLOWS



LIST NO.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

871. #12. Can. Gen. Bramshott. 28-12-17. Influenza.  
927<sup>(3)</sup> Discharged 4-1-18.



SURNAME.

CHRISTIAN NAMES

REGL. NO.

UNIT C. a. m. c.

FORMER CORPS

RANK

Nursing Sister

NEXT OF KIN.

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADDRESS

CHANGE OF ADDRESS

COUNTRY OF BIRTH

PLACE OF ATTESTATION

DATE

DATE

CARD NO.

Disp. Que J<sup>4</sup>  
 M.D. 2<sup>nd</sup>  
 FOLL  
 sos Denis 15.7.19  
 RO 2094. 2

Robinson

Emeline

Q. a. I. m. n. S. (1 1/2 yrs)

Robinson Mrs. John.

mother.

17 Clinton St. Hamilton Ont

Canada, Minden Ont. DATE Aug. 18th. 1886

R/C 11-7-19 369 11/8.



MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

*Graduate nurse.*

RELIGION

*methodist*

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

*London Eng.*

DATE

*Oct 2nd. 1917.*

*Present Address: 17 Clinton St. Hamilton Ont.*



Surname.

Christian Name.

ROBINSON

E.

Rank.

Unit.

N/Str. C.A.M.C. 12 C.G.H.

Date of admission.

# 12 Can. General Hosp. Bramshott. 28-12-17  
Hospital.

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis. Influenza. *sw.*

Later diagnosis. ....

.....

.....

.....

Disposition.

Discharged: -4-1-18.

5-1-18

871-4.

9-3-18

927-3.

C.L. .... Remarks.

C.L. ....

C.L. ....

C.L. ....

C.L. ....

C.L. ....

C.L. ....

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.



Surname  
ROBINSON

Christian Name  
E.

Reg. No.  
DMS. 4-R-504.

Rank  
N/Str.

Unit  
C. A. M. C.

MEDICAL BOARD held at

Date  
4-1-18.

Serial No.

(1) Bramshott.

Other Medical Boards at  
do.

Date  
18-1-18.

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board  
Influenza.

Disposition Recommended

(1) Unfit any service 2 weeks.

(2) Fit for General service.

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks



No. 16. Canadian General (Ontario) Hospital.  
Orpington, Kent.

May 17 1919.

SPECIALIST'S

REPORT ON

Reg. No.

Rank

7/3

Name

Robinson

Unit

Canine

Rv  $\frac{6}{9}+$  =  $\frac{6}{6}+$  with glasses

Lr  $\frac{6}{9}+$  =  $\frac{6}{6}+$  with glasses

J. H. Hetherland  
Capt

Disposal Advised

Capt A

Signed

Medical Officer - 1st. Department

C. A. M. M. O.



U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C. 20535

TO : \_\_\_\_\_

REPORT OF

RESEARCHER'S

DATE

NAME

NAME

NO. 10



Name

Robinson Ee 2/10/17

Date of Embarkation for England

In England 15/10/17

Proceeded to France.

*Mo*

Returned to England.

Date returned to Canada.

*11/7/19*

P.R.2855.

*Chkd  
16/2/23*







# CANADIAN EXPEDITIONARY FORCE

J. T. 2. 36

W. B.

## Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister  
(Name in full) Emeline ROBINSON  
Enlisted in The Canadian Army Medical Corps  
CANADIAN EXPEDITIONARY FORCE, on the ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~  
~~day of XXXXXXXXXXXXXXXXXXXX 19XX~~ AND WAS APPOINTED to COMMISSIONED RANK  
in The Canadian Army Medical Corps  
CANADIAN EXPEDITIONARY FORCE on the Fifteenth day  
of October 1917.  
HE SERVED in CANADA, & ENGLAND, with the  
Canadian Army Medical Corps.  
and was STRUCK OFF THE STRENGTH on the Fifteenth day  
of July 1919 by reason of General Demobilization  
Dated at Ottawa, this Eighteenth day  
of January 1926.

*W. E. L. C.*

for

Major

Director of Personal Services.



CANADIAN REVISIONARY FORCE

Journal of the

1884 TO 1885

Blank journal page with faint horizontal lines and a large rectangular border.



# CANADIAN EXPEDITIONARY FORCE

## Certificate of Service

J.T. 2436.  
H.B.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Emeline ROBINSON,

Enlisted in The Canadian Army Medical Corps,

CANADIAN EXPEDITIONARY FORCE, on the XXXXXXXXXXXXXXXXXXXX

day of XXXXXXXXXXXX 191 AND WAS APPOINTED to COMMISSIONED RANK

in The Canadian Army Medical Corps,

CANADIAN EXPEDITIONARY FORCE on the Second day

of October 191 7.

He SERVED in CANADA, and worked with the Can. Army Medical Corps, #12 Can. General Hospital, Bramshott, #16 Can. General Hospital, Orpington.

and was STRUCK OFF THE STRENGTH on the Fifteenth day

of July 191 9 by reason of General Demobilization.

Dated at Ottawa, this Thirteenth day

of December 191 9.

*[Signature]*  
for Director of Personal Services.







PROCEEDINGS OF A MEDICAL BOARD

assembled at Bramshott. on 18-1-18.  
by order of A. D. M. S.  
for the purpose of examining and reporting upon the present state of health of  
(Rank and Name) W/sister Robinson, Emeline. (Corps) C. A. M. C.  
Age 28. Service 2/12. Disability INFLUENZA.  
Date of commencement of leave granted for present disability Jan. 4th, 1918.  
Date on which placed on half-pay for present disability Not applicable.

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that she has returned after two weeks leave, and feels fit to resume her duties.

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

- 1. Fit for General Service. Yes.
- 2. Fit for service in a Garrison or Labour Battalion abroad. No officer likely to be fit for general service within six months should be classed in this category -
- 3. Fit for Home Service. -
- 4. Fit for Light Duty at Home. -
- 5. Requiring indoor hospital treatment—
  - (a.) In an Officers' Hospital. -
  - (b.) In an Officers' Convalescent Hospital. -
- 6. (a.) Fit for light duty at a Command Depot. -
- (b.) Fit for treatment only at a Command Depot. -
- 7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation -
- 8. Was the disability contracted in the service? Yes.
- 9. Was it contracted under circumstances over which he had no control? Yes.
- 10. Was it caused by military service? Yes.
- 11. If caused by military service, to what specific military conditions is it attributed? Infection on service.
- 12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? Not applicable.

Officer's Address { No. 12 C.G. Hospital. Bramshott. Signatures { F. H. MAYHOOD MAJOR President. W. H. T. BAILLIE CAPT. Members. W. R. STACKHOUSE CAPT. }



## INSTRUCTIONS.

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1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.



**Casualty Form—Active Service.**Regiment or Corps..... **C.A.M.C.**.....Rank **N/S** Surname **ROBINSON** Christian Name **EMELINE**Religion **Methodist** Age on Enlistment **31** years **1** months.Enlisted (a) **2-10-17** Terms of Service (a) **50 Yr** Service reckons from (a) **2-10-17**

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

Extended { } Re-engaged { } Qualification (b) **Nurse**  
or Corps Trade and Rate.....

Signature of Officer.

Report	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 26, 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. 26, or other official documents
<b>EMARKED Liverpool 3.7.17</b>				
<b>DISSEMBARKED Halifax 11.7.17</b>				
<b>S.S. CELTIC SAILING NO. 86.</b>				
<b>18.10.17. Same do.</b>	<b>Post Appointment 5 years</b>	<b>Sharncliffe</b>	<b>18.10.17</b>	<b>Good as (B. 1340)</b>
<b>5-11-17 do</b>	<b>S.O. No. 12 69 H. Brambleton</b>	<b>do</b>	<b>30.10.17</b>	<b>Good as (B. 1343)</b>
				<b>Ynab Rayne Lieut</b> <b>CAPT. ASST. ADJUTANT.</b> <b>FOR C.O., C.A.M.C. DEPOT</b>
<b>7.11.17. C.A.M.C.</b>	<b>T.O.S. No 12. C. 9. H.</b> <b>on posting from C.A.M.C.</b>	<b>Brambleton</b>	<b>30.10.17.</b>	<b>pt II 2537-11.17</b> <b>COLONEL</b> <b>O.O. No 12 CAN. GENERAL HOSPITAL</b>
<b>24.4.18 12 C. 9. H.</b>	<b>S.O. S. No 12 C. 9. H.</b> <b>on posting to No 16 C. 9. H.</b>	<b>Brambleton</b>	<b>19.4.18</b>	<b>FC II 70.98.</b> <b>CAPT.</b> <b>ADJUTANT,</b> <b>NO 12 CANADIAN GENERAL HOSPITAL</b>

(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, Shoeing-Smith, &amp;c.



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 218, 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				
24-4-18	16 C.F.M.	2nd from no. 12 base for 11	Cranington	19-4-18	P.H.N. 97
17/18	Sgt J. Dwyer	Taylor	Bleed	3/4/18	
					J.C. Full Captain
17-7-19	M.H.Q. T.O.S. C.E.F. in Canada Ottawa on General Demobilization	M.D. No. 2		3/7	208219
25-7-19	M.H.Q. S.O.S. C.E.F. in Canada Ottawa on General Demobilization	M.D. No. 15-7-19			2094-19
		The Director			
		for Director Personal Services			



Surname Robinson Christian Name Zachariah

(Rank).....

[illegible]







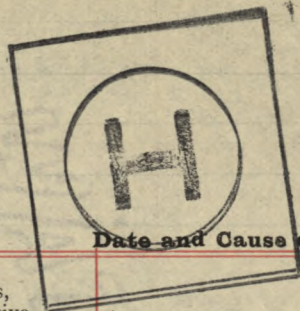
Surname **ROBINSON,** Christian Names **Emeline**  
 Rank **Nursing-Sister** Name and Address of Next-of-Kin **Mrs Jno. Robinson. (Mother)**  
**17 Clinton St,**  
**Hamilton,**  
**Ontario**  
**Canada**

Unit **C.A.M.C.**  
 Place of birth **Minden, Ont. Canada**  
 Married (Yes or No) **Single**  
 Appointments

Date of leaving Canada

Date and Cause of Resignation

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				
15.10.17.	D.M.S.	To be Nursing Sister C.A.M.C.		15.10.17.	C.O.1340.
3 11.17	-do-	& posted to C.A.M.C. Depot.		30.10.17	C.O.1434
3-1-18	6 R.O.	admn 11212 Can Gen Hosp Bramshott		28-12-17	Ch 927 Influenza
5-1-18	128 Gen	Discharged 4-1-18		17-1-18	Ch 5 C.O.60
22-4-18	DMRS	Reported from leave 18-1-18		19.4.18	C.O.488.
22.6-18	16 C.G.N	Granted leave from 25.6.18 to 11-7-18		11-7-18	Ch II 0 148
27-2-19	DO	Granted leave from 24-2-19 to 12-3-19		12-3-19	PT ord. 50.
4-7-19	DO	S.O.S. on posting to 15 Can. Gen. Hp		2-6-19	PT ord 157.
8-7-19	15 Ch. H	J.O.S. from 16 Ch. H.		2-6-19	" " 149
11-7-19	do	S.O.S. to C87 in Canada		3-7-19	" " 150.
9-7-19	Over	S.O.S. to Canada		3-7-19	C.O.80
		Sailed to Canada		3-7-19	S.L. 86
				7.19	Nls. 6 CCS. 1.9.20





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				



# 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 *ROBINSON*  
(Given name in full)  
*E. MELINE*  
Unit or Corps *Came* Birthplace *MINDEN, O.N.T.*

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

## 1. GENERAL DESCRIPTION:

Physique *good* Weight *125* lbs. Height *5* ft. *4 1/2* in. Colour of Eyes *brown*  
Nutrition *good*  
Pulse *72*  
Condition of arteries *normal*  
Vision Rt. *6/9* Left *6/9*  
Hearing (conversational voice) Rt. *21* ft.  
Left *21* ft.

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

*Vaccination mark  
left arm*

Opinion as to general health and physical condition... *good*

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

Nervous System *no* Genito Urinary System *no* Cardio-Vascular System *no*  
Special Senses *yes* 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.

*Has worn glasses since childhood*  
R.V.  $\frac{6}{9} = \frac{6}{6}$  with +1.50 D.S.  
L.V.  $\frac{6}{9} = \frac{6}{6}$  with +1.50 D.S.  
*Hypersopia.*



# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at Oxford (Overseas)

Date May 17, 1919

Signed W.B. Ballantyne 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 Emeline Robinson

(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]



CANADIAN ARMY DENTAL CORPS, O.M.F.C.  
**DENTAL CERTIFICATE FOR DEMOBILIZATION**

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Robinson E.

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

Date of Examination in England Jan. 17-19 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 none
2. EXTRACTIONS none
3. CROWNS No. 5 none
4. DENTURES
  - (a) Full Upper none
  - (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 no
- (b) In England yes
- (c) In France no

Signature of Dental Officer

*Heslie*



100-100000

100-100000

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**CONFIDENTIAL**

Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

8 R 776  
assembled at Bramshott on 18-1-18  
by order of A.D. Ins.  
for the purpose of examining and reporting upon the present state of health of  
(Rank and Name) Lt. ROBINSON EMELINE (Corps) R.A.M.C.  
Age 28 Service 2/12 Disability INFLENZA  
Date of commencement of leave granted for present disability Jan 4-1918  
Date on which placed on half-pay for present disability Not applicable

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

she has returned after two weeks leave, and  
feels fit to resume her duties.

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

1. Fit for General Service..... Yes
2. Fit for service in a Garrison or Labour Battalion abroad. No officer likely to be fit for general service within six months should be classed in this category
3. Fit for Home Service.....
4. Fit for Light Duty at Home.....
5. Requiring indoor hospital treatment—
  - (a.) In an Officers' Hospital.....
  - (b.) In an Officers' Convalescent Hospital.....
6. (a.) Fit for light duty at a Command Depot.....
- (b.) Fit for treatment only at a Command Depot.....
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation
8. Was the disability contracted in the service?..... Yes
9. Was it contracted under circumstances over which he had no control?..... Yes
10. Was it caused by military service?..... Yes
11. If caused by military service, to what specific military conditions is it attributed?..... Not Infection in Service
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions?..... Not applicable

Officer's Address

No 12 Gen Hosp.  
Bramshott.

Signatures

W. H. Mayhew President.  
W. H. Baillie Capt  
W. R. Stackhouse Capt  
[P.T.O.]



## INSTRUCTIONS.

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1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.



## PROCEEDINGS OF A MEDICAL BOARD

assembled at..... **Bramshott.** .....on..... **18-1-18.**  
by order of..... **A. D. M. S.** .....  
for the purpose of examining and reporting upon the present state of health of  
(Rank and Name) **R/sister Robinson, Eoline.** (Corps) **C. A. M. C.**  
Age..... **28.** .....Service..... **2/12.** .....Disability..... **INFLUENZA.**  
Date of commencement of leave granted for present disability..... **Jan. 4th, 1918.**  
Date on which placed on half-pay for present disability..... **Not applicable.**

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that  
**she has returned after two weeks leave, and feels fit to resume her duties.**

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

1. Fit for General Service..... **Yes.**  
2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category*..... **-**  
3. Fit for Home Service..... **-**  
4. Fit for Light Duty at Home..... **-**  
5. Requiring indoor hospital treatment—  
(a.) In an Officers' Hospital..... **-**  
(b.) In an Officers' Convalescent Hospital..... **-**  
6. (a.) Fit for light duty at a Command Dépôt..... **-**  
(b.) Fit for treatment only at a Command Dépôt..... **-**  
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation..... **-**  
8. Was the disability contracted in the service?..... **Yes.**  
9. Was it contracted under circumstances over which he had no control?..... **Yes.**  
10. Was it caused by military service?..... **Yes.**  
11. If caused by military service, to what specific military conditions is it attributed?..... **Infection on service.**  
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions?..... **Not applicable.**

Officer's  
Address

**No. 12 C.G. Hospital,**

**Bramshott.**

Signatures

**F. H. MAYHOOD**

**MAJOR**

President.

**W. H. T. BAILLIE**

**CAPT.**

Members.

**W. R. STACKHOUSE**

**CAPT.**

[P.T.O.]



## INSTRUCTIONS.

---

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.



ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount \$

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

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Name

Initials

Bank

b.a.m.c.  
101289 Hosp  
B. Shott.

Pay \$2.00 Pd  
J.A. 60 "  
mess. 1.00 "

N/Str

15<sup>10</sup>/<sub>17</sub>

Dms. 60.1340  
15<sup>10</sup>/<sub>17</sub>.

11-R-110

Robinson  
Emeline  
Bank of Montreal  
Trafalgar Square.

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

SPECIAL AUTHORITIES  
To be initialed by P.M. in every case.

INITIALS

1917

Oct 11 Outfit Allow

Nov 10 Pay R fr 15<sup>10</sup>/<sub>17</sub> 31<sup>10</sup>/<sub>17</sub>. mess fr 30<sup>10</sup>/<sub>17</sub> 31<sup>10</sup>/<sub>17</sub>. aut Dms. 60.1340 1016008  
Do Do Bank 28525

Nov 16 November Pay (R)

Bank 30681.

Dec 7. Dec: Pay R.

Bank 35096

" 13

Jan: 14 Jan: Pay (R)

Bank 39501

22

Feb 16 Feb Pay. (R)

Bank 40996

" 21

Mar 23 Mar Pay (R)

Bank

23.

Apr 6 Sick leave 4-17/18

126

189 #7

1917-18



ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Name

Initials

Bank

Amount. \$

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

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

SPECIAL AUTHORITIES  
To be initialled by P.M. in every case.

INITIALS



ASSIGNED PAY.

UNIT.

NAME OF

RATE OF P. AND A.

RANK.

DATE

AUTHORITY

NAME.

Beneficiary

Address

Amount.

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

C.A.M.C.

Po 12.6 G. Hosp

B. Skott.

Pay \$ 2.00 Pd.

F.A. \$ 60 "

Messing \$ 1.00 "

N/S.

15<sup>10</sup>/17.

Imseco 1340

15<sup>10</sup>/17

Name Robinson

Initials Emeline

Bank of Montreal.

Tras 57

Add out of all

15<sup>10</sup>/19

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

SPECIAL AUTHORITIES  
To be initialed by P.M. in every case.

INITIALS

19 April Pay (R)

26

Bank. 1187.

108

108

May 17. May Pay (R)

a. Pay Can.

111 60

xxx 60

50

23

Bank. 2683

61 60

June. June. Pay (R)

11

a. Pay Can.

108

50

26

Bank. 4166.

58

July 16. July Pay (R)

a. Pay Can.

111 60

50

26

Bank. 5635

61 60

Aug 15 a. Pay Can.

16

Aug Pay R

111 60

50

24

Bank. 7272.

61 60

Sep. Sept. Pay (R)

a. Pay Can.

108.

50

26

Bank 9187.

58

Oct. Oct. Pay (R)

a. Pay Can.

111 60

50

21

Bank 10428

61 60

Nov. Pay R.

a. Pay Can.

140

50

Dec. 12 Pay R.

a. Pay Can.

Bank 12502

124

50

14

18

Bank 13792

74



ASSIGNED PAY.

UNIT.

NAME OF

RATE OF P. AND A.

RANK.

DATE

AUTHORITY

NAME.

Beneficiary

Address

Amount.

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

bank.

Pay 2

F.A. 1

Messing 1

hps

15<sup>10</sup> 17. Susco. B. 10

15-10-17.

Name Robinson

Initials R.

Bank of Montreal

Trasfering

add. Messing Allow. 15-10-19.

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

SPECIAL AUTHORITIES  
To be initialed by P.M. in every case.

INITIALS

1918/19

Jan 21 Pay R. A.P. Can. 124

24 Feb 13 Pay R. A.P. Can. Bank 15364 74 50

18 Pay R. A.P. Can. Bank 17121 62 50

22 Mar 17 Pay R. A.P. Can. Bank 18694 74 50

24 Apr 11 April Pay (R. A.P. Can. 120 50

33 May 9 May Pay (R. A.P. Can. Bank 1044 70 50

23 June 17 July 17 Pay R. A.P. Can. Bank 2884 74 50

23 July 17 Pay R. A.P. Can. 120 50

124 50

Paid to Can  
LPC 131 1/2 Dms  
Ref. to 131 1/2

16 1/2

167 90  
133 22  
300 45  
167



Occupational Group 15  
disposable J

m/s E. Robinson

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

1111 + 4

1. RANK

Nursing Sister

2. NAME

Robinson Emeline

3. UNIT

Camel

4. DATE STRUCK OFF STRENGTH

PLACE

Oxfordington

5. REASON

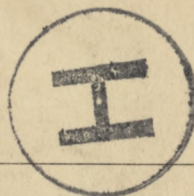
SOS 15-7-19 RO 20 94-19

Cessation of Hostilities

6. AUTHORITY

7. PROPOSED RESIDENCE

17. Clinton Street  
Hamilton Ont



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.

Deceased 23-5-60

EMBARKED Liverpool 3-7-19

DISSEMBARKED Halifax 11-9-19

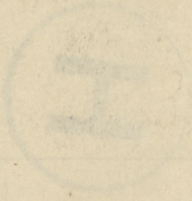
S.S. CELTIC SAILING NO. 86.



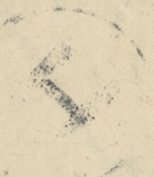
PROCEEDINGS OF AN OFFICER OR NURSING SISTER  
STUCK OFF STRENGTH  
OF THE  
CANADIAN EXPEDITIONARY FORCE

NAME  
RANK  
DATE STUCK OFF STRENGTH  
PLACE

Signature



PROPOSED RESIDENCE



The following documents should be submitted:

1. Discharge Report, M. F. W. 31, or Affidavit, M. F. W. 32.
2. Casualty Report, A. F. B. 103 or M. F. W. 33.
3. Medical History Sheet, M. F. B. 312 or A. F. B. 102.
4. Prescribed Medical Report, M. F. A. 113 or M. F. B. 112.
5. Dental Report, M. F. W. 120.
6. Dental History Sheet, M. F. B. 455.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate of Discharge, M. F. B. 111.



1. The first of the following is a list of the names of the persons who have been appointed to the various offices of the County of New York, for the year 1900.

2. The second of the following is a list of the names of the persons who have been appointed to the various offices of the County of New York, for the year 1900.

3. The third of the following is a list of the names of the persons who have been appointed to the various offices of the County of New York, for the year 1900.

4. The fourth of the following is a list of the names of the persons who have been appointed to the various offices of the County of New York, for the year 1900.

5. The fifth of the following is a list of the names of the persons who have been appointed to the various offices of the County of New York, for the year 1900.

6. The sixth of the following is a list of the names of the persons who have been appointed to the various offices of the County of New York, for the year 1900.

7. The seventh of the following is a list of the names of the persons who have been appointed to the various offices of the County of New York, for the year 1900.

8. The eighth of the following is a list of the names of the persons who have been appointed to the various offices of the County of New York, for the year 1900.

9. The ninth of the following is a list of the names of the persons who have been appointed to the various offices of the County of New York, for the year 1900.

10. The tenth of the following is a list of the names of the persons who have been appointed to the various offices of the County of New York, for the year 1900.

Count of 11  
Listed by No.  
1900



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

Group A-11 HP  
 Checked by No. 257 28  
 Date 2 JUL 1949



CONFIDENTIAL

PROCEEDINGS OF A MEDICAL BOARD

Army Form A. 45.

assembled at Bramshott on 4-1-18  
by order of ADMS  
for the purpose of examining and reporting upon the present state of health of  
(Rank and Name) Major J. H. Robinson Emeline C.A.M.C.  
Age 28 Service 2 Disability INFLUENZA  
Date of commencement of leave granted for present disability Jan 4 - 1918  
Date on which placed on half-pay for present disability not applicable

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

She has been suffering from above for the past two weeks. Has been treated in No. 12 Gen. Hosp. Had slight rise in temperature. She is not fit for any duty at present.

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

1. Fit for General Service..... No - Two weeks.
2. Fit for service in a Garrison or Labour Battalion abroad. No officer likely to be fit for general service within six months should be classed in this category..... No - Two weeks.
3. Fit for Home Service..... No two weeks.
4. Fit for Light Duty at Home..... No two weeks.
5. Requiring indoor hospital treatment—
  - (a.) In an Officers' Hospital..... No
  - (b.) In an Officers' Convalescent Hospital..... No
6. (a.) Fit for light duty at a Command Depot..... No  
(b.) Fit for treatment only at a Command Depot..... No
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation..... No
8. Was the disability contracted in the service?..... yes
9. Was it contracted under circumstances over which he had no control?..... yes
10. Was it caused by military service?..... yes
11. If caused by military service, to what specific military conditions is it attributed?..... Exposure and Infection
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions?..... not applicable

Officer's Address

No - 12 Gen Hosp  
Bramshott

Signatures

W. H. T. Baillie President.  
W. R. Stackhouse Members.  
[P.T.O.]



INSTRUCTIONS.

---

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.



## MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
30 Year 1917		Nursing Sister	Robinson	Emeline
		Unit.	Age.	Service.
		C.A.M.C.	28.	2 1/2 months
Station and Date.	Disease			
Bramshott 27-12-17	Influenza. Common complaint Cough - ten days. Headache - 10 days Same general pains throughout body. Prev. Healthy. Always healthy previous to enlistment. Since enlistment in 1914 in C.A.M.C. but came over March 1916 entering 2 A.I. H.S. - was in France 17 mos. Had trench fever. Ill in H.S. 5 wks. She has had returns of the trouble since. Does not know whether or not there was any albuminuria but thinks not. Pres. Illness. For ten days previous to admission had a hard hacking cough, slight loss of appetite & feverish at times. She continued on duty till 25th. though had a temp of 101° Condition Pale, voice hoarse, cough same looser than it was. Temp has not been over 99 3/4 since admission. 30-12-17 Feeling same better. Cough loosening, is looking better. 3-1-18 Is better today. Chest examination negative. Recommended leave by pres. returns H.L. Burrier Major to duty to fit her for work.			
	J. M. Keen Capt. Camp			

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.



Station  
and Date.

1. The first part of the paper is a list of the names of the persons who have been elected to the office of the President of the United States since the year 1789. The names are listed in alphabetical order, and the year of election is given in parentheses after each name.



Corps C. A. M. C.

**CLINICAL CHART.**  
(To be attached to Case Sheet.)

Army Form B. 181.

Military Hospital 12 C.G.H. Bramshott.

No. \_\_\_\_\_ Rank and Name U.S. Robinson, Emeline Age 28 Service \_\_\_\_\_

Disease Influenza. Date of admission 27-12-17. Date of discharge \_\_\_\_\_ Result \_\_\_\_\_

Dates of  
Observation

[illegible]

Days of Disease

Temperature,  
Fahrenheit

107°

106°

105°

104°

103°

102°

101°

100°

99°

98°

97°

Pulse per Minute

12	12	14	14	18	16	80	12	10	88	88	76	76	84
----	----	----	----	----	----	----	----	----	----	----	----	----	----

Respirations per Minute

22	20	24	20	20	18	20	16	16	18	24		20
----	----	----	----	----	----	----	----	----	----	----	--	----

Motions per 24  
Hours

--	--	--	--	--	--	--

Signature

—In charge of case.



# CLINICAL CHART. (To be attached to Case Sheet.)

Army Form B. 181.

Corps \_\_\_\_\_

No. \_\_\_\_\_

Rank and Name \_\_\_\_\_

Age \_\_\_\_\_

Military Hospital \_\_\_\_\_

Service \_\_\_\_\_

Disease \_\_\_\_\_

Date of admission \_\_\_\_\_

Date of discharge \_\_\_\_\_

Result \_\_\_\_\_

Dates of  
Observation

Days of Disease

Temperature,  
Fahrenheit

107°

106°

105°

104°

103°

102°

101°

100°

99°

98°

97°

Pulse per Minute

Respirations per  
Minute

Motions per 24  
Hours

Signature \_\_\_\_\_

In charge of case. \_\_\_\_\_



Date of Enlistment *Not given*

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch  
OVERSEAS CONTINGENTS

R 9901

1 May 18.

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

50.00			
-------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.				
Rank	Promoted	Reverted	Discharge	
Soldier's Name				
Battalion	C.A.M.C.			
Beneficiary				
Relationship				
Address				

PARTICULARS OF ASSIGNMENT

Name			
Address			
Change of Address			
1	BANK OF MONTREAL,		
2	KING ST.,		
3	HAMILTON, ONT.		
4	A-C.N.S. E.ROBINSON		
	FIFTY DOLLARS		

Date	Cheque No.	Amount S/A	Amount A/P	Total
1918				
Sept. L	4274		200	200
Sept. M	50590		50	50
Oct H	54359		50	50
Nov W	59742		50	50
Dec	164702		50	50
Jan E	74745		50	50
			450	450

REMARKS  
J. 015493-E-25 N.R. 508.

Toady A.P. 1/18 to 31/18 A.C.O. Lp. 4184 rend. 9/18. E/Mailed 14/18

M.F.W. 128  
400M. 6-17-1772-39-141  
L. L. 22320-M. & D. 1933.

~~A/c Closed~~  
~~Ret'd per~~  
~~Date 10-1-19~~  
~~M.F.W. 128~~  
~~15/1/19~~  
~~14/1/19~~

OK. 16/19 F.W. No R. 049339 Delivery M.G. Samson

A/c Closed 31-1-19  
Ret'd per. *celtic*  
Date 11/1/19 - M.F.W. 187 to M.O.2  
Clerk *Burke* 14/1/19

% closed in error 31/1/19 did not return Araguaya  
% should have remained open to 31/7/19 See K E.A. Robinson

AUTHORITY FOR NEW CREDIT  
2m. 5 April 18.  
St. Wattle  
6-9-18.  
DRM advised to adjust.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

## Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

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/AAmount  
A/P

Total

REMARKS



## M. OR S.

50<sup>th</sup> apr closed by Ottawa 3/1/19

W. S. G. PAID IN FULL



