854

Unit C.A.M.C. Rank Nursing Sister Name Anna M. Stedham

ORIGINAL

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Stedham
   (b) What are your Christian Names? Anna Marjory
2. (a) Where were you born? (State place and country) Torquay, Devonshire, England.
   (b) What is your present address? 147 Cleudeman ave. Toronto
3. What is the date of your birth? January 16th. — 1891 (1891 16 25)
4. What is (a) the name of your next-of-kin? Mrs. Laura Stedham
   (b) the address of your next-of-kin? 147 Cleudeman ave. Toronto
   (c) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? Nurse
6. What is your religion? Church of England -
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes -
8. To what Unit of the Active Militia do you belong? C.A.M.C.
9. State particulars of any former Military Service
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.

A.M. Stedham (*Signature of Officer.*)

Taken on strength (place) Toronto -

(date) February 1st. 1916 -

Cawarren Lt Col

(*Signature of Commanding Officer.*)

CERTIFICATE OF MEDICAL EXAMINATION

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

I consider ~~him~~* fit. for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Dec 9th 1916

Place Toronto

W. McCollum Capt RAMC

Medical Officer.

*Insert here "fit" or "unfit"

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

10-5-19 [illegible]

REGIMENTAL DOCUMENTS

NAME STEDHAM, ANNA, MARJORY 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)		Personal Service Militia H.Q. Ottawa	12/3/19	Pass — H.Q. 68	DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		Ref 8-7-19			Category
	TRAINING HISTORY SHEET (M.F.W. 113)		[illegible]	11-19		
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		Rev 3/4/20			
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
3	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)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M.F.W. 2591			39240		
1	Form C.D. 3					
1	M.F.W. 67					
2	Misc					
1	R.S.S.					
1	Red					1/2-19
1	Pat Card					2-19

Ref SS Isabmania d/14-4-19

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

Surname. Christian Name.

STEDHAM A. M. 854

Rank. Unit.

N/S C.A.M.C. 1 C.G.H.

Date of admission.

No. 24 General Hosp tal, Etaples. 10-10-17.

Hospital.

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis Wd. Eye. Acc.

Later diagnosis. .....

.....

.....

.....

Disposition. Date

Discharged:-30-10-17.

....

18-10-17 807.

7-11-17 824-2.

C.L. ..... Remarks.

C.L. .....

C.L. .....

C.L. .....

C.L. .....

C.L. .....

C.L. .....

A.M.D. 2 DEPT

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

D. M. S. 1347.

854

Surname	Christain Name	Reg. No.
STEDHAM	A. M.	

Rank	Unit
N/Str.	C.A.M.C.

MEDICAL BOARD held at — Date — Serial No.

(1) London Area . 1-4-19.

Other Medical Boards at — Date — Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Wd.lt.Eye, Def, Vision Rt.

Disposition Recommended

(1) Fit Home ser. Perm. unfit Gen. service.

(2)

(3)

(4)

(5)

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

Disposition

Remarks

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

No. Rank N. Sister. Name Stedham. A. M.

T. O. S. Unit Base Hospital a m. c.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Aug: 1	aug. 31	✓	T.O.S. Low prov. s/s 31-8-16	2066 of 6-12-16
	Sept.	✓		
	Oct.	✓		
	Nov.	✓		
	Dec.	✓		

No. RANK Nursing Sister NAME Stedham A. M

T.O.S. 1-2-16. UNIT Stationary Hospital A.M.C.
(A.O. 1098 9-2-16)

M.D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Feb 1	1916 Feb 29	L		
Mar.		L		
Apr.		L	Now shown as 2nd Fld Amb. Dpo.	
May.		R.		
June.		L		
July.		L		

SURNAME. Stedham

CHRISTIAN NAMES Anna Marjory

REGL. No. RANK Nursing Sister

UNIT Base Hospital no. 2.

FORMER CORPS C.a.m.C.

J 1/2 CARD No. V

S.O.S. Demob. 19-5-19

FOLL. D.O. 147-27-5-19

RO 1983 J 27-7-19 2. D. D.

NEXT OF KIN.

NAMES IN FULL Stedham Mrs. Laura.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS 147 Clendenan Ave. Toronto Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England, Torquay. DATE Jan. 16th. 1891

PLACE OF ATTESTATION Toronto Ont. DATE Feb. 1st. 1916

RIC 19-4-19 305 N.S.

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

Returned to Can. per S.S. North- land 27/12/16.

MARRIED SINGLE WIDOWER

TRADE OR CALLING nurse. RELIGION Church of England

DESCRIPTION.

APPARENT AGE	YEARS	MONTHS	
HEIGHT	FEET	INCHES	
CHEST MEASUREMENT	INCHES	EXPANSION	INCHES
COMPLEXION	EYES	HAIR	
DISTINGUISHING MARKS			

MEDICAL EXAMINATION. PLACE Toronto Ont. DATE Dec. 9th. 1916.

Present Address. 147 Clendenan ave. Toronto Ont.

NAME Stedham A. M.

RANK AND CORPS N/Str C.A.M.C. att 16 C.A.H. C. C.

REGT'L No.

H. Q. FILE No. 649.

FOLLOWS No.

FOLLOWS

CABLE

No. | Date

NATURE OF CASUALTY

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

854

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
80 P[D]	No 24 Gen Etaples	10-10-17	Wd eye
824 [2] E	" " "	30-10-17	" " Acc (Disch)

FORM R. 149.
7106—250m—7/2/17.

854

Name STEDHAM *Rank* N/Str. *Reg. No.*

Unit Anna Marjory
CAMC 1 CGH

Next of Kin CANADA

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
10.10.17.	24 G.H.Etaples		Wd.of Eye.	807		
30 10 17	Back to unit		— acc	824	OP RAMC 14/11/17 6 3.12.17	

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

Number ..... Rank N. S.

Surname STEDHAM

Christian Name ANNA MARJORY

Units ..... Theatre of War FRANCE.

Date of Service 16.4.'17

Remarks .....

Latest Address 147 Glendenan Ave
Toronto
Ont.

Roll No. D-Tage 22449.

200m.-6-21. Christie St. Hospital, Toronto, Ont.

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

D.....

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 a furlough warrant is required.....

..... Railway.....

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

stination.....

(Sgd.).....

DEPT. OF NATIONAL DEFENCE
NOV 22 1922

Duplicate

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 C.A.M.C.

(2) Regimental Number

(3) Full Name of Soldier Anna Marjory Stedham

(4) Place of Birth Torquay, Devonshire, England.

(5) Are you married, or not? Unmarried

(6) If married, state,
(a) Full name of your wife

(b) Present Postal Address Base Hospital, Gerrard St. East, Toronto

(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. 57.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Leonard Sledham, 147 Clendenan ave, Toronto.

(10) Is your Mother alive? Yes

If so, state name and address Laura Sledham, 147 Clendenan ave Toronto.

(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? No

If so, in what Company?

Have you made arrangements for payment of your Insurance premium

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

C. A. Warrenhead

Officer Commanding.

Date 10/12/16

ORIGINAL Original 854

MEDICAL HISTORY SHEET.

Surname Stedham Christian Name Anna M.

Examined { on Dec. day of 9 1916
at Toronto

Approved by W. H. McCullum

Rank Capt. A.M.S. M.O.

Birthplace { City or Town Torquay
County Devonshire England

Apparent age 25

Trade or occupation Nurse

Height 5 Feet 6 3/4 Inches.

Weight 120 lbs. Lbs.

Chest measurement { Minimum 31 inches.
Maximum expansion 35½ inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left.
Number 1

When Vaccinated last 1901

(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.
Dec 9		Lt. Porter Capt M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc. Vac. Typh.
Nov. 25		Lt. Porter Capt M.O.
Dec 2		Lt. Porter Capt M.O.
Dec 9		Lt. Porter Capt. M.O.

Enlisted on Feb. day of 1st 1916 at Toronto

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	A.M.C.	F/dr		1st Feby 1916.
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON, KENT.	1 APR 1919	Defective Vision	C1 on embarkation leave

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

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

J.M.C.

Surname Stedham Christian Name Anna Mary 8574

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.
24 G.H.	Staples	10	10	17	20	10	17	Wd Injy		Dis to Unit	807. 824

MEDICAL CASE SHEET (OPHTHALMOLOGY)

8554

MILITARY HOSPITAL MIL. WARDS, T.C.H.

DATE April 23rd, 1919

NAME STEDHAM, A.W. RANK H/S. NUMBER UNIT Spading AGE 28

HISTORY Hit on left eye by heavy piece of bone cut off by forceps Sept. 1917 followed by infection. Trouble in reading particularly - has not been able to read since above accident.

SYMPTOMS

GLASSES WORN

OBJECTIVE EXAMINATION

EXTERNAL APPEARANCE

OD

Conical cornea more marked in R. than L.

OS

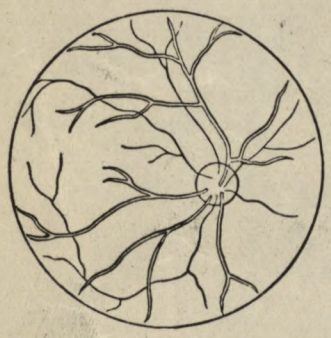
RETINOSCOPY AND OPHTHALMOMETER

OD

OS

OPHTHALMOSCOPE

FUNDUS	LENS	CORNEA
Apparently normal		both corneal



FIELDS

Diagnosis.....conical corneal
Duration.....? R. eye certainly & L. eye probably started some yrs. pre-war
Disability - at least 50% & liable to increase.
Due to service? No
Agg. by " Yes

MUSCLE BALANCE

See back of sheet

TENSION

SUBJECTIVE EXAMINATION

TRIAL CASE

		BEFORE	SPH.	CYL.	AX.		AFTER
OD	V	2/200		5.00	10	V	20/50
OS	V	15/200	1.00	5.00	180	V	20/70

P.P. P.R. A. ACC. PRESBYOPIA

GLASSES PRESCRIBED

OD

OS

TREATMENT:—

C.V. Wright, Ophthalmic Surg
MILITARY WARDS, T.C.H.

(OVER)

M. F. W. 144
10M.—3-18
1772-39-1173

854

To:- Pres., S.M.H.

H/S. Stodhan has well marked conical corneal in both eyes. Without having her M.H.S. it is very difficulty to state ~~how much~~ how much is due to service and what part the accident in Sept. 1917 takes. I worked with Sister Stodhan at Westcliff Hospital in 1917 (Spring) and know that her vision at that time was very much better than at present.

Disability is much greater at present than indicated by vision of 20/50 (1) and 20/70 as these are with very high cylinders which it is doubtful whether she will be able to wear with comfort and even with these she has great difficulty in seeing to read, etc. I do not think she will be able to work at her profession.

I wish to draw attention to the fact that condition is also liable to get worse in time.

W.J. WRIGHT.

B. P. C. FOLIO
FALSE DOCKET
3

C.A.D.C. 5009 A

854

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Stedham A.M.

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

Date of Examination in England March 31-19 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 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 yes

Signature of Dental Officer E.A. Crawford
Capt.

MEDICAL CASE SHEET (OPHTHALMOLOGY)

MILITARY HOSPITAL 854

DATE Apr. 23/19.

NAME Stedham A. RANK Pte NUMBER — UNIT Spadina AGE 28.

HISTORY Hit on left eye by heavy piece of bone cut off by forceps Sept. 1917 followed by inflation.

SYMPTOMS Trouble in reading particularly — has not been able to read since above accident.

GLASSES WORN

OBJECTIVE EXAMINATION

EXTERNAL APPEARANCE

O.D.

OD

Conical cornea more marked in R than L.

OS

O.S.

RECEIVED APR 24 1919 ANSWERED SPADINA MILITARY HOSPITAL

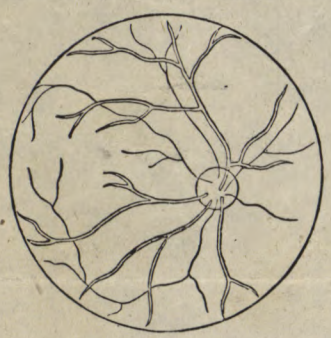
RETINOSCOPY AND OPHTHALMOMETER

OD

OS

OPHTHALMOMOSCOPE

FUNDUS	LENS	CORNEA
Apparently normal.		Both corneas)



FIELDS

Diagnosis — Conical Cornea

Duration — ? R. eye certainly Th. eye probably started some years before enlistment.

Disability — at least 50% + liable to increase.

Duc & Convers) No

MUSCLE BALANCE

Agg by Convers)

TENSION Yes.

See back of sheet.

SUBJECTIVE EXAMINATION

TRIAL CASE

	BEFORE	SPH.	CYL.	AX.	AFTER
OD	V 2/200.		+5.00	10	V 20/50 (-1)
OS	V 15/200.	-2.00	+5.00	180	V 20/70

P.P. P.R. A. ACC. PRESBYOPIA

GLASSES PRESCRIBED

OD

OS

Wearing Right

FALSE DOCKET Ophthalmic Surgeon Military Wards

TREATMENT:—

M. F. W. 144
20M.—8-18.
1172-39-1173.

(over)

1

To Pres. S.M.B. 854.

N/S Stedham has well marked conical corneæ in both eyes. Without having her M.H.S. it is very difficult to state how much is due heredity & what part the accident in Sept. 1917 takes. I worked with Sister Stedham at West Cliff Hospital in 1917 (Spring) and know that her vision at that time was very much better than at present.

Disability is much greater at present than indicated by vision of $\frac{20}{50}(1) + \frac{20}{70}$ as there are with very high cylinders which it is doubtful whether she will be able to wear with comfort even with them she has great difficulty in seeing to read etc. I do not think she will be able to work at her profession.

I wish to draw attention to fact that condition is also liable to get worse in time.

W. W. Wright

854

CANADIAN EXPEDITIONARY FORCE

W.H. 1-2a.

R.A.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Anna Marjory STEDMAN,

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 First day

of February 191 6

He SERVED in CANADA, 8 England and France with the C.A.M.C., Director General Medical Services London; Westcliffe Hospital, Folkestone; C.A.M.C., Depot; 1st Canadian General Hospital; 8th Canadian General Hospitap; 16th Canadian General Hospital;

and was STRUCK OFF THE STRENGTH on the Nineteenth day

of May 191 9 by reason of being Medically unfit

Dated at Ottawa, this Second day

of December 191 9

Capt.

for

Director of Personal Services.

M. F. W. 2618a.

30m.—4-19.

1772-39-1428.

DUPLICATE. copy to replace Original 854

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

Casualty Form—Active Service.

Regiment or Corps Camels

Rank A/S Surname Stedham Christian Name Anna Warpsty

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...			
12.1.17	D.H.S	TOS & posted to Camel T.S.		27.12.16	C.O. 69
19.1.17	— " —	Posted to W'cliff Ex C Hosp.		11.1.17	C.O. 101
14.1.17	W'cliff	TOS		12.1.17	P. II 14
18.4.17	D.H.S	Posted to Camel Depot		15.4.17	C.O. 501
19.4.17	Camel Dep	TOS		— " —	P. II 109
19.4.17	— " —	SOS		— " —	— " —
21.4.17	D.H.S	Posted to No 16 Gen Hosp		16.4.17	C.O. 578
	No 16 GH	TOS		— " —	P. II 27
17.10.17	CRO	Adm No 24 Gen Hosp.	Etaples	10.10.17	C.O. 807
		Discharged		30.10.17	" 824
20.6.18	No 16 GH	Ated for temp duty to No 6 GH		6.6.18	P. II 49

(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, &c.

(6228) W.13863/M1477 2,400,000 1/17 MoA & W Ltd Forms B./103/4 (E. 856) [P.T.O.

CERTIFIED CORRECT APR 1919 CANADIAN RECORD OFFICE

854

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
Date	From whom received				Taken from Army Form B.213, Army Form A.36, or other official documents
11.10.18	No 1 C.G.H.	Ceases to be A to No 8 C.G.H.		4.10.18	B.F. 11 80
					CERTIFIED TRUE COPY from Record Sheet Major, For Asst Cmdt
10.4.19.	S.O.S.	Ordd on embarkation to Canada			for MAJOR. General, Adjutant General, Canadians.
					CARMANIA. Sailing No. 45 Embarked 10 4 19 Disembarked 18 4 19 O.C. Conducting Staff.
23/4/19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No 2	10/4/19	C.E.F. R.O. No. 1909-19
27-5-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada ~~on General Demobilization~~ Med Unfit	M.D. No 2	19-5-19	C.E.F. R.O. No. 1983-19
					for Director Personal Services

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

Casualty Form—Active Service.

Regiment or Corps.....Camb.....

Rank.....N/S..... Surname.....Stedham..... Christian Name.....A. M.....

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.....

.....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...			
16.3.19.	Camb	T.O.S. from Camb Cas Coy	SHORNCLIFFE.	20.2.19	Pte D.O. 75
do	R & T. Depot	"On Command" 16 G.H.	do	do	do
			Capt. Asst. Adjutant For O.C. C.A.M.C. Reserve Depot		
20.2.19	No. 16 G.H.	Attached from Camc R & T. Depot.	Orpington	31.2.19	Pte D.O. 77
			W. Lancs		

(*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, &c.

[P.T.O.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

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				

.T.

Surname STEDHAM / **Christian Names** Anna Marjory./

Rank Nursing Sister / **Name and Address of Next-of-Kin** Mother./

Promotion 1.2.16 Mrs Laura Stedham./

147. Clendenan Ave.Toronto./

Unit Reinforcements, C.A.M.C. Nursing Sisters./ Ontario.Canada./

Place of birth Torquay. ~~Devonshire~~ England./

Married (Yes or No)

Appointments

Date of leaving Canada **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
		Taken on Strength, Camc. 6.5.4.			
12.1.17	Dms.	on arr. from Can. & posted to Camc T.S.		24/12/16	Co. 69.
19.1.14	Dms.	Posted to West Cliff C. Eye & Ear Hosp		11/1/14.	Co. 101.
14.1.17	W.Cliff	T.O.S.	fr. Camc T.S.	12/1/17	Pt II ord. 14.
18.4.17	Dms.	Posted to Camc. Depot		15/4/17	Co. 501. Pt II ord. 109. Dep.
19.4.17	Camc Dep.	S.O.S.		15.4.17	Pt II ord. 109
21.4.17	Dms.	Posted to #1 Can. Gen. Hosp.		16.4.17	Co. 518 T.O.S. Pt II ord. 114. 19/H
17.10.17	CRD.	Adm. No 24 Gen Hosp. Etaples		10.10.17	C.L. 807. Wd. Eye.
		Discharged		30.10.17	C.L. 824. "
15.12.17	I.C.G.Hp	Granted 14 days leave.		3.12.17	Pt II 79
20-6-18	do	A'tt'd for temp duty to 8 C.G.H.		6.6.18	Pt II 49
11-10-18	- do -	Cases to be att. for temp duty to 8 CGH		4-10-18	Pt II ord. 80.
20-3-19	- do -	S.O.S. posted to Camc Cas. Coy.		18-2-19	Pt II ord. 10
5-4-19	C.A.M.C.E.Coy	T.O.S. On posting fr C.A.M.C.	France	19-2-19	Pt II ord 79

A.F.B. 103, 16 JUN. 1917

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
	CAMC				
22-4-19	Cas Coy. CAMC	S.O.S. on posting to CAMC. R&T. Dep.		28-2-19	P I 11 ord. 93
16-3-19	R.&T. Dep	T.O.S. on posting from CAMC. Cas Coy On Command 16 C.G.Hp. Orpington		28-2-19 amended by P I 11 ord 75 ~~20-2-19~~ P II ord. 75	
29-4-19	DG	Ceases Command 16 Can. Gen. Hosp		10-4-19	P I 11 ord. 119.
		S.O.S. on trans to CEF in Canada		10-4-19	
		Mentioned in Despatches LG. 11 7 19			
24-4-19	DMS	S.O.S. on trans to CEF in Canada		10-4-19	CO. 57.
		Cessation of hostilities			
		Sailed to Canada SS. Carmania		10-4-19	Sailing No. 45.

15056

Sus 19.5.19

CERTIFIED CORRECT
16 JUN 1917
CANADIAN RECORD OFFICE

854

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

M. F. W. 54. (A. F. B. 103.)
350m.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps C. A.M.C. Base Hospital. Nursing

Regimental No. NIL Rank Sister Name Stedham, Anna Marjory

C. E. F.

Enlisted (a) Feb. 1st. 1916 Terms of Service (a) Duration of War Service reckons from (a) Feb. 1st 1916

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) Graduate Nurse CBM

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				
27-12-16	D.G.M.S.	Taken on Strength on arrival from Canada	London	27-12-16	C.O. 69. Auth A.G. Hal(1) Can. 21-1-5 d. 10-1-17.
12-1-17	D.M.S.	West Cliff Can: Eye & Ear Hosp:	Folkestone	12-1-17	C.O. 101. M. H. Forbes Lt. D.M.S., Canadian Forces
25-1-17	O.C. West Cliff Hospital	Taken on Strength	Folkestone	22-1-17	Part II O 25
18-4-17	D.M.S.	Posted to C.A.M.C. Depot.		15-4-17	C.O. 507
21-4-17	"	" " #1 Can. Gen. Hosp.		16-4-17	C.O. 518 MAJOR, FOR O. i/c RECORDS, C.E.F.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.

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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				
22/4/17	1 C.G.H.	Reinforcement W0/121/Offrs etc/5370 (a.m.A.1) dy 11/4/17 C.R. 10987 & 10988		15/4/17	B213 Pte 27 28/4/17
10/10/17	24 Gen	Adm (Wounded) Eye Left		10/10/17	W3034/5029
30/10/17	"	To Unit (Wd. Eye) L		30/10/17	" /8694
3/11/17	1 C.G.H.	Rejoined Unit.		30/10/17	B213
8/12/17	"	~~Recd~~ Granted 14 days leave		3/12/17	Pte 79 15/12/17
23/12/17	"	RETURNED FROM LEAVE		18/12/17	"
6/6/18	1 C & H	attchd to No8 Cdn G. Hosp for Temp Duty Authy DGMS B/1523/98 dy 6/6/18		6/6/18	B213. P II 10 49 d/1918
5.10.18.	1 C.G.H.	Ceased to be attached to No 8 C.G.H.		4.10.18.	B213. P II 80 d/ 1918
19.1.19	"	Proceeded to No3 C.Gen Hosp. Tdy by.		13.1.19.	B213.
19.1.19		Arrived No 7 C.G.H.		14.1.19	B213
26.2.19.	Adjt.	Posted to Camb Coy Co Shorncliffe Auth P.M.O. Q M 15/58 dy 23/2/19	"	18.2.19	M A/39609 Pte 10/1919
2.4.19. do.	Came ex Ca do.	To S. from Came Ligure ex Ca. to Came R.T.D.	Shorncliffe do.	19.2.19. ex 2.19.	P II 10782 do

D.C. Came ex Ca.

Lieut.
for Lt. Col., A.A.G.,
Canadian Section

DEPARTMENT OF VETERANS AFFAIRS

To Copy for HO file

Ottawa 4, Ont
Date April 29, 1969

Attention of

NAME McNAIR (MRS) Anna Marjory
known as: STEDHAM (NEE) A.M.

SERVICE NUMBER N-S WW 1

C.P.C. No. 128736
W.V.A. No.

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

PME CPC VANCOUVER, B.C. APRIL 23, 1969

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death APRIL 23, 1969
Cause of Death
Place of Death VANCOUVER, B.C.

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~PAY~~
~~D.O.~~
H.O.

Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry

DVA 24

L. J. Job 4503.—M. & D. 6832.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

M.

To Whom Mrs Leonard Stedham. By Whom Assigned Stedham, A. M.

Address 147 Clendenan Ave. Regtl. No.
West Toronto.
Out. Rank M. Str.

Corps C A M. C

Rate ~~$1.00~~ $50.00 Oct 1st JAN 1917 ~~1917~~

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			O2m 16/17 Gn 19/17
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 4 ACCOUNT

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT. NAME OF | DATE | AUTHORITY

RANK. | DATE | AUTHORITY

NAME.

Beneficiary
Address Canada
Amount. $ 40 00 1-1-17.
Separation Allowance issued. Yes or No.....

C.A.M.C.T.D. | | | N/S. | 27-12-16 | From Canada D.M.O.6. Order #11d/12-1-17.

Name Stedham,
Initials Anna Margory
Bank of Montreal

1916-17

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
Jan 23	Pay Jan (Reg) messing 24/2/6.		11 6 60			11 6 60		
24	Bank	19286		7 6 60		4 40 00		
Feb 19	A.P. Canada Jan & Feb				80			
20	Pay Feb (Reg)		10 0 80					
21	Bank	21931		6 0 80		—		
Mch 20	Pay March (Reg).		11 1 60					
	A.P. Canada.				40			
	Bank	24818		7 1 60		—		

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

Initials

Bank

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

FORM P. 15. H.W.V.Ld.—3747-18.
12519—16M—1-3-18

ASSIGNED PAY. | **UNIT.** NAME OF: CAMC 7D | RATE OF P. AND A. | **RANK.** DATE: 27/7/16 AUTHORITY: Fr Can Dmsco. #11 12/11/17 | **NAME.**

Beneficiary -
Address
Amount. $ 50 00 Can
Separation Allowance issued. Yes or No.....

Pay $2.00 Pd. N/S.
F.A. $60 "
Messing $1.00 "
Add. outfit All'd 27/12/18.

Name Stedham
Initials Anna Marjory
Bank of Montreal.
Trafalgar

1918-19

1915-20

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY RAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
april 16	a. Pay. Can.				50			
	April Pay (R)		108.					
26	Bank.	1187		58				
May.	May Pay (R)		111 60					
	a. Pay Can.				50			
23.	Bank.	2683.		61 60				
June	June Pay (R)		108					
	a P Can.				50			
26.	Bank.	4166.		58				
July 16.	July Pay (R)		111 60					
	a. P Can				50			
26	Bank.	5635		61 60				
aug 15	a. P. Can.				50			
16	Aug Pay P.		111 60					
26.	Bank	7272.		61 60				
Sept 13	Sept. Pay (R)		108.					
	a P Can				50			
26.	Bank	9184.		58				
Oct.	Oct Pay (R.)		111 60					
	a. P Can.				50			
19	Sub's Allie France 1-30 9/18	2369						Fro. 90.00
21	Bank	10428		61 60				
nov	Pay R.		140					
	a P can				50			
	Bank.	12502		90 -				

Carryford

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

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

Beneficiary
Address
Amount. $ 50.00 Can.
Separation Allowance issued. Yes or No.....

C.A.M.C.T.D. Pay 2.00 F.A. 1.00 Messing 1.00

N/S. 27/12/16 A. Can. D.T.S.Co +11 12/17

Name STEDHAM
Initials A. M.
Bank of Montreal Traf. Sq.

Add. outfit allce 27/12/18

DATE 1918-19	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
	B/F to Ford							
Dec 5	Add. outfit allce 27/12/18 Vo 189		100					
12	Pay R.		124					
14	a/c Can. Bank				50			
18		13792		174				
Jan. 24	Pay R.		124					
22	a/c Can. Bank				50			
24		15564		174				
Feb. 12	a/c Can.				50			
17	Rat'n Belg. Allce 1-4 10/18 7 France	2803					Fcst 12.	
18	Pay R. Bank		112	62				
24	a/c Can.	17121			50			
Mar. 17								
20	Pay R.	18	124					
24	Bank	18694		74				
April 7	Ass. April P. Ra. Bank	252		70				
7	Draw allce. 1-10 4/19	289					6-18-0	
11.	April Pay. R.		120					
14.	a/c Can.				50		6-18-0 33 58	
15	Draw allce 13/- 12 3/19.	619					~~13-16-0 6 7 16~~	
16.	Trans. 13/19 - 12 3/19. £6-18-0. Cash P. No. 619. No. 332.		33 58.				Rctd to Cain Ledger Oct 30 4/19 Ledger 19/3	
16	Bank	588.		33 58.			Fo 12 Ledger May 6 9/19.	
29	Rations 21. 23 2/19: 2. 9 3/19	1202						

FORM P.15
2227—10M—1/1/17

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

Beneficiary — C.A.M.C.Y.D. — Pay $2.00 Pd N.S. — 2Y 12/16 — From Canada — Name Stedham
Address — Fa. 60 " — D.M.S.C.C. Order. — Initials Anna Marjory
Canada 10/17 — Mess 11.00 " — #11 d. 12/17 — Bank of Montreal
Amount. $ ~~40.00~~ 100 50 1/17 — Trafalgar Square
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
1917								
April 21	April Pay (R)		108					
" 22	A.P. Canm.				40			
26	Bank	3009		68				
May 11	A. P. Canada				40			
" 15	May Pay (R)		111 60			71 60		
21	Prev. pd. Mess. $2 1/2 Rd to Sgt 5/17 to be debit with diff. Sailing List Vo: 1167.			9				
22	Bank	6003		62 60		0		
June 14	June Pay (R)		108					
" 8	A.P. Canada.				40	68		
21	Bank	7998		68		0		
July 19	July Pay (R)		111 60					
" 18	A.P. Canada				40	71 60		
" 24	Bank	13029		71 60		0		
Aug 18	August Pay (R)		111 60					
"	A P. Can				40	71 60		
22	Bank	17080		71 60		0		
Sep. 14	Sept Pay (R)		108					
12	A P Can				40	68		
21	Bank	21813		68		0		
Oct 15	October Pay (R)		111 60					
12	A P Can A2 M off Vote 1/17 fo 40				50			
19	Bank	26291		61 60				
Nov 15	November Pay (R)		108					
14	A P Can				50			
20	Bank	30681		58				
	Carried forward..							

1917-18

FORM P.15
2227—10M—1/1/17

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

Beneficiary
Address

Pay. $2.00 Pd
F.A. 60 "
Mess. 1.00 "

Name Stedham
Initials a. m
Bank of Montreal
Trafalgar. Square.

Amount. $ 50 Canada
Separation Allowance issued. Yes or No.....

DATE 1914	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Dec 8	a. P. Canada				50			
Dec 7	Dec Pay R.		111 60					
" 13	Bank.	35096		61 60				
Jan 15.	a. Pay. Canada.				50			
14	Jan. Pay (R).		111 60					
22.	Bank.	39501		61 60				
Feb 16	Feb Pay (R.)		100 80					
" 12	a. Pay Can.				50			
" 21	Bank.	40996		50 80				
Mch	Mch Pay (R.)		111 60					
	a. Pay Can.				50			
23	Bank			61 60				

TEMPORARY 15-5-S-17 ault # 2(392-19-151)

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9-20.

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

Casualty Form—Active Service.

854

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

Regimental No. ..... Rank ..... N/S ..... Name ..... STEDHAM, Anna Margory
C. E. F.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
	O.M.F.C.	T.O.S. #2 D.D	Toronto	10-4-19	Auth. R.O. 1909 Pt. 2 D.O. 116.
		S.O.S. on gen. demob.	Toronto	19-5-19	Auth. H.Q.392-19-151 dated 21-5-19. Pt. 2 D.O. 147.

Capt.
For O.C. No. 2 District Depot

Capt.
For O.C. No. 2 District Depot

(*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				

AD 1686 F. 19-5-19 RO. 1983-19 854

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION #16 Can. Gen. Hosp. Orpington DATE April 1, 1919.

1. 1 (a) Unit CAMC. (b) Regimental No. - - - - (c) Rank N. Sister.

(d) Surname STEDHAM (e) Christian name ANNA MARJORY

(f) Home address 147 Clendenan Ave, Toronto.

(g) Next of Kin Mrs. Leonard Stedham (h) Relationship Mother

(i) Address of Next of Kin 147 Clendenan Ave. Toronto.

2. Age last birthday 28 Date of birth Jan 16, 1891

3. ~~Enlistment, or~~ Appointment (if an Officer) (a) Place Toronto (b) Date Feb. 1, 1916

4. Personal description:

(a) Height 5' 4" (b) Weight 120 (est) (stripped) (c) Complexion Clark

(d) Colour of hair D. Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. —

Two moles right cheek.

5. Former trade or occupation Trained Nurse.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	59

Patient's Statement.

	Periods From	Periods To
Canada	Feb. 1, 1916	Dec. 24, 1916
England Dec. 24, 1916 to April 14, 1917 — Feb 23, 1919 To		
France or other theatres of War	April 14, 1917	- Feb. 23, 1919

7. Original disease, or injury

A. WOUND OF LEFT EYE.

B. DEFECTIVE VISION (RIGHT.)

(a) Date of origin (A) SEPT. 9 - 1917 (B) Congenital (b) Place of origin (A) ETAPLES (B) ENGLAND.

(c) Cause (A.) ABRASION BY INFECTED PIECE OF BONE. (B.) CONGENITAL

M. F. B. 227.

400m.—11-18.
1772-30-117.

6

854 2 *

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

DEFECTIVE VISION (B) RIGHT & (A) LEFT.

(PARTIAL LOSS OF USE OF EYES)

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective (A+B) Very defective Vision in right eye, and to a considerable extent in left eye.

R.V. $\frac{3}{60} = \frac{6}{36}$ with + 2.00 cyl ax 180°

L.V. $\frac{6}{60} = \frac{6}{18+2}$ with + 1.50 D.S.

There is a central conus of right cornea and a thickening of left cornea in its outer and inferior portion. The fundi and media are normal.

C. B allantyne Capt.
Officer I/C Eye Dept.

Subjective (A+B.) Complains of very defective vision and inability to read for any length of time

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System no — Cardio-Vascular System no (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System no (Albumen and Sugar will be excluded.)

Special Senses no — Respiratory System no — Integumentary System no

Disturbances of Mentality no — Digestive System no — Muscular System no

Osseous and Joint Systems no — Any other general condition no

10. (a) History (of the condition referred to in Section 9 (a).)

Statement – Vision in right eye has been defective for at least 5 years, and the vision in left eye was good until Sept 9 - 1917 when she was struck in left eye with a piece of infected bone while assisting at an amputation at No 1. C. G. H. Etaples. – Was admitted to hosp. – Eye very painful and badly infected – Discharged from hospital 30 - 10 - 17

Documentary – 24 G.H. Etaples – 10-10-17 W.a of Eye Discharged 30-10-17

854 *

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

appendix removed – 1913

(*c*) (Here give a description of wounds, scars and deformities.

C.C.A. None Appendectomy scar –

11.—(*a*) Did the disabling condition have its origin before enlistment? A – No B – Yes

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

A – Not applicable –

B – No

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? A & B – No

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent. (A & B.)

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Atropine and argynol – Hospitalization

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes – Except for near-use of eyes.

(If not, briefly state why)

17. Recommendations

C C Ballantyne Capt. C.A.M.C.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned A. M. Stedham Nursing Sister have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

o.n.e.

A. M. Stedham N/S

Rank.

Signature of invalid examined.

B.T.S. PHOTO

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OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Case concurred

The right eye gave some trouble before enlistment but because of good sight in left eye did not cause much disability. When however, the left eye was injured and the disability of right eye became more apparent.

19. Is the invalid fit for

(a) General service,	(Category A)	(~~Yes or No.~~)	No. Permanently
(b) Service abroad, not general service,	" B)	(~~Yes or No.~~)	N.A.
(c) Home service (Canada only),	" C)	(Yes ~~or No.~~)	Yes C 1
(d) Temporarily unfit.	" D)	(~~Yes or No.~~)	N.A.
(e) Unfit for service in Categories A, B and C	" E)	(~~Yes or No.~~)	N.A.

20. It is certified that the invalid

(~~a) Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(b) Does not require treatment.
(~~c) Should pass under his own control.~~
(~~d) Should not pass under his own control.~~
(Strike out condition not applicable.)

21. It is recommended that the ~~invalid be discharged~~. (When not for discharge add special recommendation.)

Boarded according to Instructions

a 9.1 A — 8-1-165 4/1/19

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON, KENT.

PLACE

DATE 21 APR 19

A. W. Bayfield Lieut Colonel ... President.

~~A. E. Morgan~~ A. E. Morgan capt Canc

A Ballantyne Lieut Colonel Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

I concur in the findings of the Board of Medical Officers here recorded.
Captain, R.A.M.C.
for Canadian D.M.S.

PLACE

DATE

President

Members

APPROVED BY

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

Occupational Groups 19/9
Dispersal Area

War Service Badge Class ... No. ....

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

854

O.K. 14-4-31

1. RANK N/S.
2. NAME Stedham . A. M.
3. UNIT C.A.M.C.
4. DATE STRUCK OFF STRENGTH | PLACE Kempton
5. REASON

Cessation of hostilities
SOS 19-5-19 RO 1983-19
Med Unfit

6. AUTHORITY
7. PROPOSED RESIDENCE

147 Glendenan Ave
Toronto

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.

CARMANIA Sailing No. 45
Embarked 10 4 19
Disembarked 18 4 19
No. 9 Conducting Staff.

E R Hughes Capt

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.

N-S Stedham Anna M.

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

amD 4/4-S-569. 27/3/19

Group.....

Checked by No.....

.....

Date.....

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS / CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Mrs. Leonard Stedham

L. L. Job 4503. –Req. 6832.

Name of Soldier. Stedham, A.M.
N. Str. – C.A.M.C.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917	Q 41396	40	
Feb.		K 47530	40	
March		Z 53063	40	
April		U 4904	40	40 W.
May		U 11628	40	
June		T 19255	40	40 B.
July		X 24781	40	B.
Aug.		N 32625	40	
Sept.		V 38884	40	
Oct.		P 45293	40	
Nov.		~~53418~~	~~40~~ 60	
Dec.		N 62971	50	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

~~#40.00~~ #50.00 Oct 1st 1917 JAN 1917

53420 Can

#60.00 Nov Ck to Adj
#50.00 in Future
#510.00

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS **S** 10456

Date of Assignment Jan 1/17

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

~~40.~~	50		

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank N. Str. Promoted Reverted Discharge

Soldier's Name A. M Stedham

Battalion C.A.M.C.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Leonard Stedham

Address 147 Glendenan Ave.

Change of Address W. Toronto Ont.

1

2

3

4

17301-a-15

Date 1914	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec. 31	—		$50.	$50.	→	X 71166 Cancelled
~~Jan~~	X ~~71166~~		~~50~~	~~50~~		$40.00 1-1-17 To 30-9-14
Jan 18	E 60814		50	50		$50.00 1-10-17 2M. 16 10/17.
Feby	Q 74096		50	50		
Mch	J 95187		50	50		
Apl	N 9558		50	50		
May	Y 14383		50	50		
June	X 24404		50	50		
July	L 26960		50	50		
Aug	W 38765		50	50		
Sept	F 36967		50	50		
Oct	D 43955		50	50		
Nov	J 52105		50	50		
Dec.	2 67708		50	50		
Jan 19	J 73609		50	50		
FEB	O 77357		50	50		
MAR	B 83218		50	50		
Apr.	W 5791		50	50		

30/4/19 A/c Closed

Ret'd per Carmania

18/4/19 - Mko 84674

mo. 2

M. F. W. 128.
4'Om.—6-'17—1-72-39-1141
L. L. 22220—M. & D. 1934.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

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/A	Amount A/P	Total	REMARKS

M. F. W. 128.
400M.—-17—1779 59-1141
L. L. 22320—M. & D. 7993.

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 5-136 | RANK N/S. | NAME (IN FULL) STEDHAM A.M. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. CAMC | IF IN P.F. WHAT UNIT? Bank of Commerce, West Toronto (Branch 5)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 1/2/16 OK | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 50 00 | DATE EFFECTIVE 1/5/19

PAYABLE TO Mrs Lenard Stedham | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 147 Clendenan ave. W. Toronto. ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE 19-5-19 | REASON Demob. | AUTHORITY KO 147 | IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	$	C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
30-4-19									Nil								93	00											10	50			103	50					Adv. by Bank 1st Pay & SC Rel Messrs 10. 30/4/19
May 1-19	19	3 00	57	00	9	50			66	50																	103	50			103	50	37	00			T.O.S. D.O. #116 1-19-5-19
					W.S.G.																						37	00									
183 days	3	00	549	-					549	-																	93	-			130	-	419	-			
											5th	Jun	3	750120													90	00			220	00	328	00			
											83	Aug	6	753799													93	-			313	-	236	-			
																											20	-			333	-	216	-			
											105	Sept		1046392													90	-			423	-	126	-			
											125	Sept	25	1049145													36				459	-	90	-			
											158	Nov.	4	1464035													90	-			549	-	Cleared				
			549						549																		549				549		Nil				

W. S. G. PAID IN FULL

LIEUT.
FOR PAYMASTER WAR SERVICE GRATUITY

AMOUNT DUE SOLDIER DEPENDENT

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

854

DEPT. MILITIA & DEFENCE
MAY - 1 1919
H.Q. CANADA
CAROLINA MILITARY HOSPITAL
D. N. C.
TORONTO
ORDERLY ROOM

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Toronto M.D. X DATE 24/4/19

1. 1 (a) Unit CAMC (b) Regimental No. — (c) Rank N/S.

(d) Surname Stedham (e) Christian name Anna Marjory

(f) Home address Long Branch P.O. Ont.

(g) Next of Kin Mrs. Leonard Stedham (h) Relationship Mother

(i) Address of Next of Kin Long Branch P.O. Ont.

2. Age last birthday 28 Date of birth Jan 16: 1891

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto (b) Date Feb 1. 1916

4. Personal description:

(a) Height 5' 4" (b) Weight 122 (c) Complexion medium

(d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. McBurney - Appendix scar -

5. Former trade or occupation Nurse - professional

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3 1/12	23.

	Periods	
	From	To
Vide statement? Canada	Feb 1916	Dec - 1916
England	Dec - 1916	April 1917
France or other theatres of War Eng & Can	April 1917 Feb-1919	Feb-1919 to - date

7. Original disease, or injury (a) Carcinoma Cervix + (b) injury

(a) Date of origin (a) Prewar (b) Sept. 1917. (b) Place of origin (a) Canada (b) Etaples -

(c) Cause (a) Unknown (b) Piece of bone cut off by forceps at operation

B. P. C. FOLIO
FALSE DOCKET
6

M. F. B. 227.

300M.—8-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Defective Vision

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Obj. See specialists report attached

Subj. Defective Vision - especially difficulty in reading - vision worse when fatigued -

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System no — Cardio-Vascular System no (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System no (Albumen and Sugar will be excluded.)

Special Senses no — Respiratory System no — Integumentary System no

Disturbances of Mentality no — Digestive System no — Muscular System no

Osseous and Joint Systems no — Any other general condition no

albumen - none

Sugar - none

Vs. statements

10. (a) History (of the condition referred to in Section 9 (a).)

Vision was defective in Right eye for some time before accident. Noticed first about June 1915 - and after the accident - vision in Right eye was worse and the vision of Left also defective. In Sept. 1917 piece of bone, at operation, flew up injuring Left eye - This was followed by infections -

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Appendix removed 4 years ago.

(*c*) (Here give a description of wounds, scars and deformities.

old appendix scar.

11.—(*a*) Did the disabling condition have its origin before enlistment? yes.

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

yes. On enlistment was able to do a certain amount of reading & studying for examinations while in training. This would be impossible now.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? no.

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? permanent.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Hospital ~~Exercises~~ Douches 3 wks.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? .....

(If the answer is "yes" state nature of treatment required and probable duration)

No.

16. Can the former trade or occupation be resumed? No—vision is too poor.

(If not, briefly state why)

17. Recommendations. Discharge as medically unfit.

C. Day Capt. R.A.M.C.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned A. M. Stedham have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of .....

B. P. C. FOLIO
FALSE DOCKET

A. M. Stedham Rank.

Signature of invalid examined.

Nursing Sister

1919 854

4

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

We concur

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)
(*c*) Home service (Canada only),	(" C)	(Yes or No.)
(*d*) Temporarily unfit.	(" D)	(Yes or No.)
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)

20. It is certified that the invalid

(*a*) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(*b*) Does not require treatment.
(*c*) Should pass under his own control.
(*d*) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

We recommend discharge as medically unfit.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

C. Day Capt. ..... *President.*

PLACE Sydney Military Hosp. H Greenfield Capt. } Members

DATE April 24. 1919

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

..... *President.*

PLACE..... } Members

DATE.....

APPROVED BY

..... *Assistant Director of Medical Services.*

DATE 29-4-19.

APPROVED BY

..... *Director-General of Medical Services.*

DATE 19/5/19