

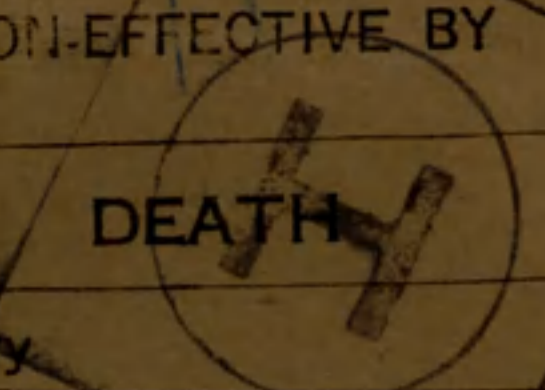
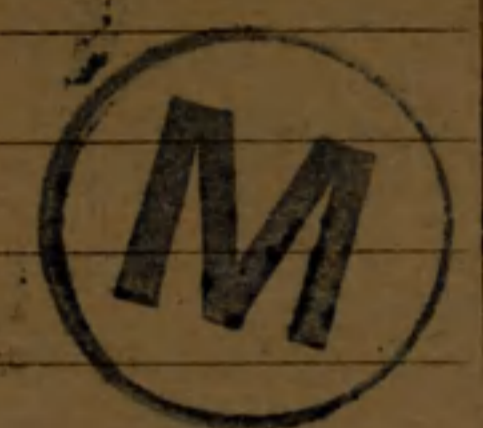
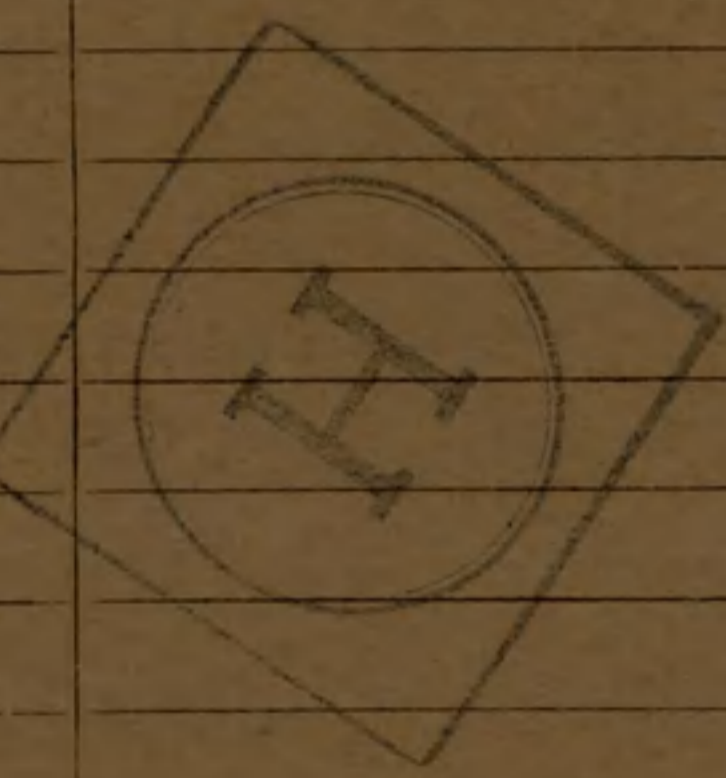
7/27/19
aj.

NAME Bowlby Stella

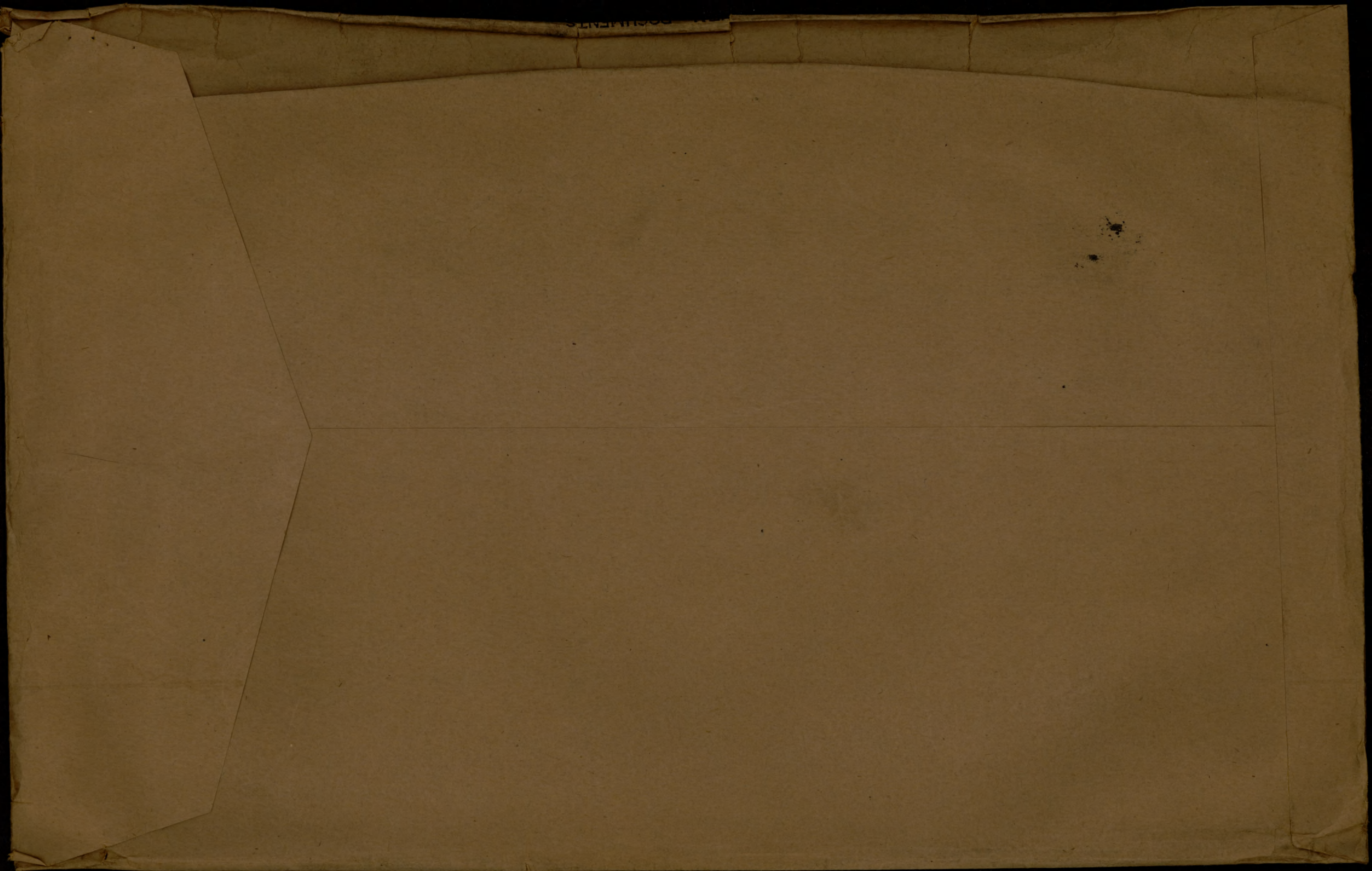
REGT. NO. N. Sister UNIT C.A.M.E.

H. Q. FILE NO. _____

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		Pers	8/7/19	Pers - 810 - 95	DEATH Category	
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		Pers	8/7/19	Pers - 810 - 95		
1 TRAINING HISTORY SHEET (M.F.W. 113)		Pers	1-12-19	1/10-12-19	DISCHARGE Category	
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		Pers	1-12-19	1/10-12-19		
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				1/10-12-19	DISCHARGE Category	
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				1/10-12-19		
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		M		1/10-12-19	DISCHARGE Category	
1 DENTAL HISTORY SHEET (M.F.B. 465)						1/10-12-19
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						1/10-12-19
1 MEDICAL EXAMINATION (M.F.W. 129)						1/10-12-19
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)						1/10-12-19
1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)						1/10-12-19
1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)						1/10-12-19
1 LAST PAY CERTIFICATE (M.F.W. 44)						1/10-12-19
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)						1/10-12-19
1 PARTICULARS OF CHARACTER (A.F.W. 3226)						1/10-12-19
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				1/10-12-19	DESERTION 2 4-16 4-16 11-17	
1 Disp. Cert.						
1 m.f.w. 67						
3 misc.						
1 m.f.w. 2591						
1 ch. chrt						
1 149						
1 pay roll						
1 photo card						



Ref. S. S. Corona 25/6/19.



CANADIAN EXPEDITIONARY FORCE

Certificate of Service

J. S. 2-35.
R. S.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Stella BOWEN,

Enlisted in The #5 Stationary Hospital (Reinforcements)

CANADIAN EXPEDITIONARY FORCE, on the XXXXXXXXXXXXXXXXXXXXXXXXXXXX

day of XXXXXXXXXXXX 191..... AND WAS APPOINTED to COMMISSIONED RANK

in The Canadian Army Medical Corps,

CANADIAN EXPEDITIONARY FORCE on the Eleventh day

of January 191.....

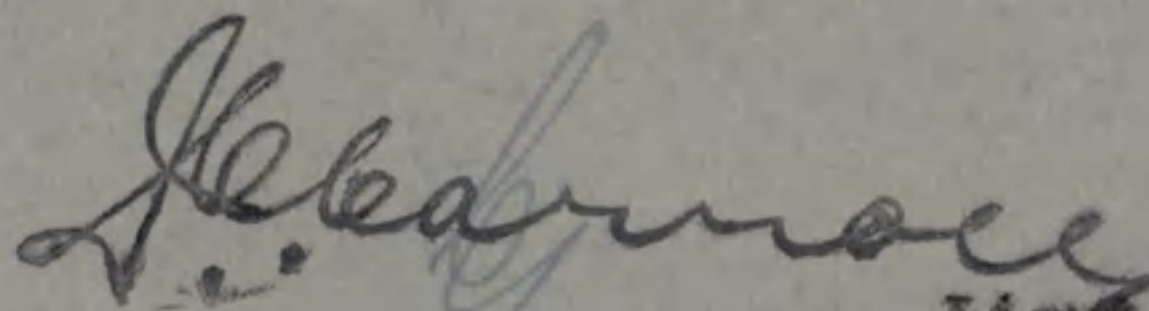
He SERVED in CANADA, ENGLAND and FRANCE with the #5 Stationary Hospital (Reinforcements), #7 C.n. General Hospital, Can. Army Medical Corps Casualty Company, #12 C.n. General Hospital.

and was STRUCK OFF THE STRENGTH on the Seventh day

of July 191..... by reason of General Demobilization.

Dated at Ottawa, this Fifth day

of December 191.....


.....
FOR Director of Personal Services.

EYE DEPARTMENT.
Bramshott - Hants.

Date 23/1/19

To M.O. _____ Battalion

Rank & Name N/S Bowley S. Number _____

Unit _____ Battalion.

Visual Acuity

R.E. 6/6 L.E. 6/6

Visual Acuity with Glasses

R.E. _____ L.E. _____

Unfit

Fit Hearing
Rh. normal
Lh. normal

Glasses Ordered

Remarks -

(Signed) W. M. J. Jay
Captain C.A.M.C.

23/1/79

Mr. G. G. G. G.

1/2

1/2

Mr. G. G. G. G.

1/2

Mr. G. G. G. G.

Rank and Name **BOWLBY, Stella**

NURSING SISTER.

7-2-17. 7.6/H

Regimental No.

Name and Address of Next-of-Kin

Unit **C.A.M.C.**

Allington Bowlby, (Brother)

Date of enlistment **11 Jun 16**

52, Heath Street,

Place of birth **Port Dover, Ont.**

Toronto, Ontario.

Married (Yes or No)

Date and place of discharge

If in Permanent Force

Reason for discharge

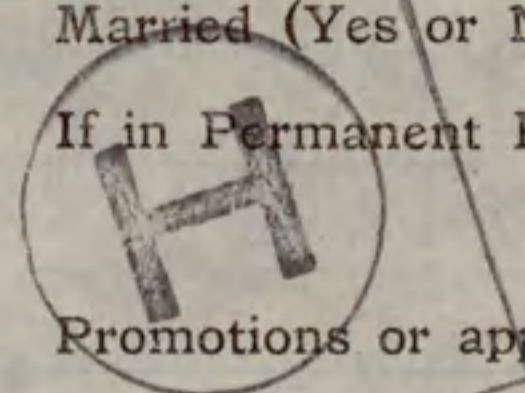
A.F.B. 103

Promotions or appointments

LEFT CANADA 2-3-16.

Character on discharge

ARRIVED ENG. 13 MAR 1916



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				
14-3-16	D. M. S.	Taken on Strength C. Co. F.		13-3-16	C. O. 442
22-3-16	D. M. S.	Posted to West bluff Co. & E. H. P. to West.		20-3-16	C. O. 489
21-3-16	West. P. E. H.	Taken on Strength		20-3-16	Pt II Ord. 80.
26/6/16	D.M.S.	Transfd to 7. G/H. Lest report		17-6-16	C. O. 1120
18/6/16	W. bluff	Struck off Strength on Proceeding of seas to France		17-6-16	Pt II O. 165.
7/7/16	7 C. G/H	Taken on Strength No 7 C G/H admitted		18/6/16	Pt II ord 127.
27/12/16	W.D.	No 24 General Hosp. Discharged		28-12-16	C. I. 565
		rejoined unit		17-12-16	C. I. 557.
15/2/17	7-C Gen H	Granted 14 days leave from		27/1/17	Pt II ord. 13.
3-9-17	- do -	Granted 14 days leave from		13-1-17	Pt II ord 13.
25-5-18	do	Granted 14 days leave		20-8-17	Pt II 0759.
4-12-18	- do -	Granted 14 days leave from		15-5-18	Pt II 0729.
11-4-19	- do -	Granted 14 days leave		17-11-18	Pt II. ord. 83.
				3-4-19	Pt II Ord. 14

Bronchitis ac. Mild
Bronchitis Slt.

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				
31-5-19	7 C & H	S.O.P. to bank base Coy Eng.		21-5-19	Pl-II O. 21.
7-6-19	12 C & H.	T.O.P. on posting from 7 C & H.		21-5-19	Pl-II O. 133.
20-6-19	do	S.O.S. on posting to 15 C & H.		16-6-19	Pl-II O. 144.
22-6-19	15 C & H	T.O.P. from 12 C & H. B'scott		16-6-19	Pl-II O. 139.
7-7-19	do	S.O.S. on transfer to Canada.		25-6-19	Pl-II O. 148.
30-6-19	BMS	S.O.S. on trans. to CEF. in Canada		25-6-19	CO. 77.
		Cessation of hostilities			
		Sailed to Canada baronia		25-6-19	Sailing 84.
		Mentioned in Despatches			LG.11719

2023

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

M. F. W. 54. (A. F. B. 10s.)

500M.—9-16

H. Q. 1772-39-9'0.

Casualty Form—Active Service.

Unit, Regiment or Corps. *C. a. M. C.*

Regimental No. Rank *N. S. L.* Name *Boullay, S.*
C. E. F.

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

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } 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				
<i>9-7-19</i>	<i>M.H.Q. Ottawa</i>	<i>T.O.S. C.E.F. in Canada on General Demobilization</i>	<i>M.D. No. 2</i>	<i>25/6/19</i>	<i>C.E.F. R.Q. No. 2071-19</i>
<i>14-7-19</i>	<i>M.H.Q. Ottawa</i>	<i>S.O.S. C.E.F. in Canada on General Demobilization</i>	<i>M.D. No. 2</i>	<i>7-7-19</i>	<i>C.E.F. R.Q. No. 2078-19</i>

W. Hunter, Capt.
for Director Personal Services

1) 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.]

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

Casualty Form—Active Service.

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

Unit, Regiment or Corps No. 5 Stationary Hospital, Reinforcements

Regimental No. _____ Rank Nursing Sister Name BOWLBY, Stella
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 J. S. B. Major 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.	FOR LT. COL. I/C RECORDS; C.E.F.		Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received		Place	Date	
26-6-16	D.M.S.	Transferred to No 7 C. Gau. H	Le Troport	17-6-16	B.O. 1120 <u>J. S. B. Major</u>
25.6.16.	Ob. 76 5 H	taken on strength on arrival in France	Le Troport.	18/6/16.	FOR LT. COL. I/C RECORDS; C.E.F. B. 213 pt word 127 d/ 11/16
14/12/16	24 Gen	Adm (Bronchitis St)		19/12/16	W 3034/176
30/12/16	9 Gen	To duty from Villa Troport		29/12/16	B 213
22/1/17	24 Gen 700 N	To Unit / ac Bronchitis granted 14 days leave		28/12/16	W 3034/195
27/1/17	"	Rejoined Unit		13/1/17	K.M. 149/733 M 50-13 d/ 15/2/17
26/8/17	"	granted 14 days leave		27/1/17	B 213
9/9/17	"	Rejoined Unit		20/8/17	" Phy 54 3/9/17
17-5-18	"	14 DAYS LEAVE.	U.K.	4/9/17	" 56 22/9/17
1/6/18	"	Rejoined from leave	Etaples	15-5-18	B 213 PT 2 29 d/ 25/5/18
				1/6/18	B 213

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

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				
24-11-18	T. G. H. M.	GRANTED 14 DAYS LEAVE	France	17-11-18	B213. Pt II 83 a/1918
8/12/18	- " -	RETURNED FROM LEAVE		5-12-18	B213
6-4-19	"	Granted 7 Days Leave Paris		3-4-19	B213. Pt II. O. 14/1919.
13/4/19	"	Rejoined		10/4/19	B213.
		Proceeded to England.			
20-5-19	P. M. S. C. M.	and posted to C.A.M.C. Comd. Wily. (Ldn 5/49 A 1-1-49 d. 20-5-19)		21-5-19	K 6-17 Pt II 21 of 1919
7-12-19	No. 70. S. H.	T.O.S. No. 12 C. S. H. on posting from No. 70. S. H.	Bramshott.	21-5-19	Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. O. 3rd Echelon, B. E. F. Pt. II D.O. 133.
23-6-19		S.O.S. O.M. 5 of 6 on embarkation for Canada.	Taplow Beck	25-6-19	<i>C. G. Jones</i> CAPT. ADJUTANT. No. 12 CANADIAN GENERAL HOSPITAL <i>S. K. M. Maj.</i> C.A.M.C. REGISTRAR & ADJUTANT FOR OFFICER COMMANDING

Original

Unit *Army Medical Corps* Rank *Nursing Sister* Name *Stella Bowlby*

OFFICERS' DECLARATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS.)

1. (a) What is your Surname?..... *Bowlby*
- (b) What are your Christian Names?..... *Stella*
2. (a) Where were you born? (State place and country)..... *Port Dover, Ont. Canada*
- (b) What is your present address?..... *5-2 Heath St. Toronto, Ont. Canada*
3. What is the date of your birth?..... *19 January 1886*
4. What is (a) the name of your next-of-kin?..... *Allington Bowlby*
- (b) the address of your next-of-kin?..... *5-2 Heath St. Toronto, Ont. Canada*
- (c) the relationship of your next-of-kin?..... *Brother*
5. What is your profession or occupation?..... *Nurse*
6. What is your religion?..... *Anglican*
7. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
8. To what Unit of the Active Militia do you belong?..... *Army Medical Corps*
9. State particulars of any former Military Service..... *None*
10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... *Yes*

The undersigned hereby declares that the above answers made by ~~him~~ ^{her} to the above questions are true.

..... *Stella Bowlby* (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~~ ^{her} *Lt.* for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date..... *January 11 1916*.....

Place..... *Kingston, Ont. Canada*..... *J. Sparks*
*Insert here "fit" or "unfit." Medical Officer.

Captain

QUESTIONS TO BE ANSWERED BY OFFICERS

CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICERS

Name

1. What is your name?
 2. What is your rank?
 3. What is your service number?
 4. What is the name of your unit?
 5. What is the name of your parent unit?
 6. What is the name of your parent unit?
 7. What is the name of your parent unit?
 8. What is the name of your parent unit?
 9. What is the name of your parent unit?
 10. What is the name of your parent unit?
 11. What is the name of your parent unit?
 12. What is the name of your parent unit?
 13. What is the name of your parent unit?
 14. What is the name of your parent unit?
 15. What is the name of your parent unit?
 16. What is the name of your parent unit?
 17. What is the name of your parent unit?
 18. What is the name of your parent unit?
 19. What is the name of your parent unit?
 20. What is the name of your parent unit?

11. 10. 11.

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations and find that he is fit for service in the Canadian Overseas Expeditionary Force.

Signature: _____
 Rank: _____
 Name: _____

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BOWLBY, S.

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

Date of Examination in England 23.5.19. Date of Examination in France



PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS 31
2. EXTRACTIONS 30.
3. CROWNS
4. DENTURES
(a) Full Upper
(b) Part Upper
(c) Full Lower
(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? no.

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)
(a) In Canada
(b) In England
(c) In France yes

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.

BRAMSHOTT CAMP HANTS.

Signature of Dental Officer [Handwritten Signature]

DOVER

3

Handwritten scribbles and marks, possibly including a cross.

Handwritten numbers, possibly 30.

Handwritten signature or name at the bottom left.

Handwritten number 27.

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 *M.S.* Surname *Bowlby*
(Given name in full)
Stella
 Unit or Corps *C.A.M.C.* Birthplace *Port Dover Ont.*

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

1. GENERAL DESCRIPTION:

Physique *Medium* ... Weight *115 3/4* lbs. Height *5* ft. *6* in. Colour of Eyes *Grey*
 Nutrition *Medium*
 Pulse *78*
 Condition of arteries *Good*
 Vision Rt. *5/6* Left *5/6*
 Hearing (conversational voice) Rt. *20* ft.
 Left *20* ft.

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

Opinion as to general health and physical condition.. *Fatigued - No disability.*

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

Nervous System *No* Genito Urinary System *No* Cardio-Vascular System *No*
 Special Senses *No* Integumentary System *No* Respiratory System *Yes*
 Disturbance of mentality *No* Muscular System *No* Digestive System *Yes*
 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.

Pleurisy in Dec. 1916. France. Good recovery.
catarrhal jaundice in 1900. Good recovery.
Present condition is one of fatigue from prolonged stress. No evidence of disease or disability.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Branchott (Overseas)

Date 23.5.19

Signed E. L. Pope M.O. Major R A M C

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 Stella Bowley

(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]

ORIGINAL MEDICAL HISTORY SHEET.

Surname Bowlby Christian Name Stella

Examined { on 11 day of January 1916
at Stingston, Ont. Can.

Birthplace { City or Town Port Dover
County Norfolk, Canada

Apparent age 27

Trade or occupation Graduate Nurse

Height 5 Feet 6 Inches

Weight 120 Lbs.

Chest measurement { Minimum 28 1/2 inches.
Maximum expansion 31 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right Left
Number 1

When Vaccinated last 1913

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by J. Sparks
Rank Capt. Amc M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
<u>Jan. 28</u>	<u>O.K.</u>	<u>J. F. S.</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Jan. 18</u>	<u>OK</u>	<u>J. F. S.</u> M.O.
<u>Jan. 28</u>	<u>OK</u>	<u>J. F. S.</u> M.O.
		M.O.

Enlisted on 11 day of January 1916 at Stingston, Ont. Canada

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>No. 7. Gen. Hospital</u>	<u>Msg. Slt</u>		
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

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.....

..... No 7 General Hospital, Reinforcements

(2) Regimental Number.....

(3) Full Name of Soldier..... Nursing Sister

..... BOWLBY, Stella

(4) Place of Birth..... Port Dover, Ont Can

(5) Are you married, or not?..... No

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

(b) Present Postal Address.....

(7) Are you a widower?.....

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive?..... *Yes*

If so, state name and address..... *Bradford Bowlby Port Dover Ontario*

(10) Is your Mother alive?..... *No*

If so, state name and address.....

(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.

W. W. Begg *Capt*
Officer Commanding.

Date..... *FEB 23 1916*

U.S. ARMY
REGIMENTAL
SERIAL

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.....

No 7 General Hospital, Reinforcements

(2) Regimental Number

(3) Full Name of Soldier..... **Nursing Sister**

BOWLBY, Stella

(4) Place of Birth..... **Port Dover, Ont Can**

(5) Are you married, or not?..... **No**

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

(b) Present Postal Address.....

(7) Are you a widower?

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive?.....

yes

If so, state name and address.....

Bradford Bowlby Post box 201

(10) Is your Mother alive?.....

no

If so, state name and address.....

(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.

W. P. Begg

Officer Commanding.

Date **FEB 23 1916**

Report No. _____

Army Form W. 3212.

(In books of 100.)

Regtl. No.,
Rank and Name

Pvt. A. Bentley

Age _____

Corps _____

Disease _____ Hospital _____

To Officer i/c Laboratory.

Ward _____

Home

Please carry out an examination of the accompanying specimen of _____

with special regard to _____

Nos. of previous Reports (if any) _____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date _____

O. i/c _____

Ward. _____

LABORATORY REPORT.

*Sp. Gr. 1020
React. Acid
Alb. Trace
Sugar None
A few Squamous Epithelial Cells*

Date of Examination _____

24/5/19

5

A. Montgomery Capt

O. i/c Laboratory.

Report Form No. 1001
Revised 1954

Report No. _____

Serial No. _____
Rank and Name _____

Address _____
City _____

Disease _____
Hospital _____

To, Officer in Charge, Laboratory _____
Ward _____

Please carry out an examination of the accompanying specimen of _____

with special regard to _____

Number of previous Reports (if any) _____

In Pathological Reports a record of clinical history, treatment or progress since last report _____

should be given.

Date _____

Signature _____
Name _____

LABORATORY REPORT

[Faint handwritten signature and text, possibly "J. J. ..."]

Date of Examination _____

O. V. Laboratory

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 89002.-Req. 6213.

Bank of Montreal
Miss Stella Bowlby

Name of Soldier Bowlby, Stella
N.S. # 7 Gen. Nos.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
				\$35 ⁰⁰
April	1916	L 485	35-	
May		M 3835	35	
June		N 3469	35	
July		6.6888	35	
Aug.		E 10259	35	
Sept.		F 16415	35	
Oct.		A 20761	35	
Nov.		N 23700	35	
Dec.		J 31051	35	
Jan.	1917	Z 28019	35	
Feb.		Z 43329	35	35
March		F 49893	35	35
April		4 982	35	35-ch
May		X 6840	35	
June		F 13508	35	35-w
July		Z 22556	35	66
Aug.		D 27660	35	66
Sept.		D 34640	35	665 ⁰⁰
Oct.		Q 47063	35	700 ⁰⁰
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Let
Let
JEP

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.				

Bank Account MILITIA AND DEFENCE
2nd Contingent ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *Bank of Montreal*
Address *Younger Front Sts.*

By Whom Assigned *By Stella*

Toronto, Ont.
Cr. of Miss Stella Powlby
Rate *35-*

Regtl. No.
Rank *Nursing Sister*
Corps *7 Genl' Hosp'l.*

MAR 1 - 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		<i>U 16786</i>	<i>35-</i>	



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100

Handwritten notes in the center of the page, including a list of numbers and some illegible text.

Handwritten text at the bottom left, possibly a date or reference number.

Handwritten text at the bottom center, possibly a name or title.

Handwritten text at the bottom right, possibly a signature or initials.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

B

10152

Mar 16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

*E Bank Account.
Bank Account*

RATE OF ASSIGNMENT

35			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. _____
 Rank *N. S* Promoted _____ Reverted _____ Discharge _____
 Soldier's Name *Stella Bowlby*
 Battalion *No 4 Gen Hosp*
 Beneficiary _____
 Relationship _____
 Address _____

PARTICULARS OF ASSIGNMENT

Name *Bank of Montreal* *For Credit*
 Address *Yonge & Front St., Toronto, Ont.* *acc. Miss Stella Bowlby*
 Change of Address _____
 1 _____
 2 _____
 3 _____
 4 _____

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Oct 31-17</i>			<i>700 -</i>	<i>700 -</i>	
<i>Nov</i>	<i>F 53469</i>		<i>35</i>	<i>35</i>	
<i>Dec</i>	<i>F 58405</i>		<i>35</i>	<i>35</i>	<i>m</i>
<i>Jan</i>	<i>F. 63654</i>		<i>35</i>	<i>35</i>	<i>hd</i>
<i>Feb</i>	<i>C 93591</i>		<i>35</i>	<i>35</i>	<i>φ</i>
<i>March</i>	<i>A 100875</i>		<i>35</i>	<i>35</i>	<i>✓</i>
<i>Apr</i>	<i>C 4789</i>		<i>35</i>	<i>35</i>	<i>9</i>
<i>May</i>	<i>E 11602</i>		<i>35</i>	<i>35</i>	<i>✓</i>
<i>June</i>	<i>D 19604</i>		<i>35</i>	<i>35</i>	<i>✓</i>
<i>July</i>	<i>X 33988</i>		<i>35</i>	<i>35</i>	<i>✓</i>
<i>Aug</i>	<i>C 31491</i>		<i>35</i>	<i>35</i>	<i>✓</i>
<i>SEP</i>	<i>D 37753</i>		<i>35</i>	<i>35</i>	<i>✓</i>
<i>OCT.</i>	<i>B 49552</i>		<i>35</i>	<i>35</i>	<i>✓</i>
<i>NOV</i>	<i>B 53129</i>		<i>35</i>	<i>35</i>	<i>✓</i>
<i>DEC</i>	<i>C 66365</i>		<i>35</i>	<i>35</i>	<i>✓</i>
<i>JAN - 1919</i>	<i>H 62198</i>		<i>35</i>	<i>35</i>	<i>✓</i>
<i>FEB</i>	<i>I 78390</i>		<i>35</i>	<i>35</i>	<i>✓</i>
<i>MAR</i>	<i>F 84838</i>		<i>35</i>	<i>35</i>	<i>✓</i>
<i>APR -</i>	<i>G 521</i>		<i>35</i>	<i>35</i>	<i>✓</i>
<i>May</i>	<i>D 5824</i>		<i>35</i>	<i>35</i>	<i>✓</i>
<i>June</i>	<i>C 9586</i>		<i>35</i>	<i>35</i>	<i>✓</i>
<i>July</i>	<i>B 12593</i>		<i>35</i>	<i>35</i>	<i>✓</i>

M. F. W. 128.
 #0M. 6-7-1772-33-1144
 L. L. 2320-M. & D. 1993.

M.D.Z. 31-7-19
 A/c Closed
 Ret'd per *Baronier*
 Date *2/7/19* F.X. *14/7/19*
 Clerk *A.J.S. mRO.97344*

AUDITED.

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

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

M. F. W. 128.
 400M. 6-17-1772-83-1141
 L. L. 22320-NL & D. 7903.



NAME

Bowley, Miss S.

RANK

n/s.

UNIT

att. 7th Gen. Hosp.

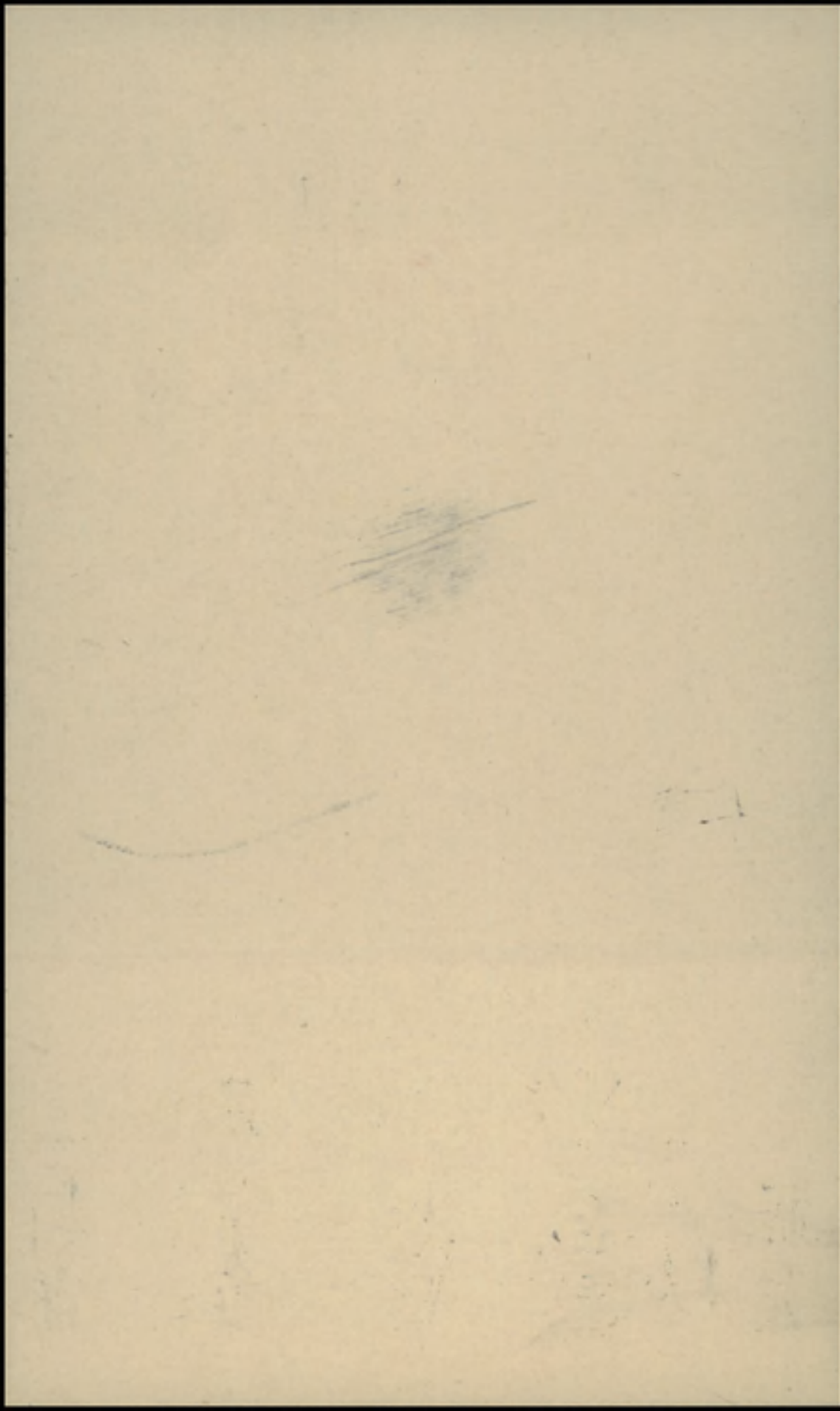
AWARD

ment. in despatches by
Sir Douglas Haig.

AUTH

L. G. 31448.

11-7-19.



SURNAME.

Bowlby

29, CARD NO. ✓

10924x

CHRISTIAN NAMES

Stella

Sol. Dis 2-7-19.
FOLL Demob

REGL. No.

RANK

Nursing Sister

RD 2078 of 14-7-19

UNIT

No. 7 Gen. Hospital (Queen's) Draft

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Bowlby Allington

RELATIONSHIP TO SOLDIER

Brother

ADDRESS

*52 Heath St. Toronto
Ont.*

COUNTRY OF BIRTH

Canada Port Dover Ont.

DATE

Jan. 19th 1886

PLACE OF ATTESTATION

DATE

*9/21/3/16 353
1*

*R/C 2-7-19 360
2 7/5*

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Nurse

RELIGION

Anglican

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Kingston, Ont.

DATE

Jan. 11th 1916

No

RANK

W/S.

NAME

Bowby. Stella

T. O. S. *11-1-16*
(009-11-1-16)

UNIT

5th Stat. Hosp. Reinforcements.

M. D. *3*

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID
FROM

PAID
TO

SIG.
OR
REC'T

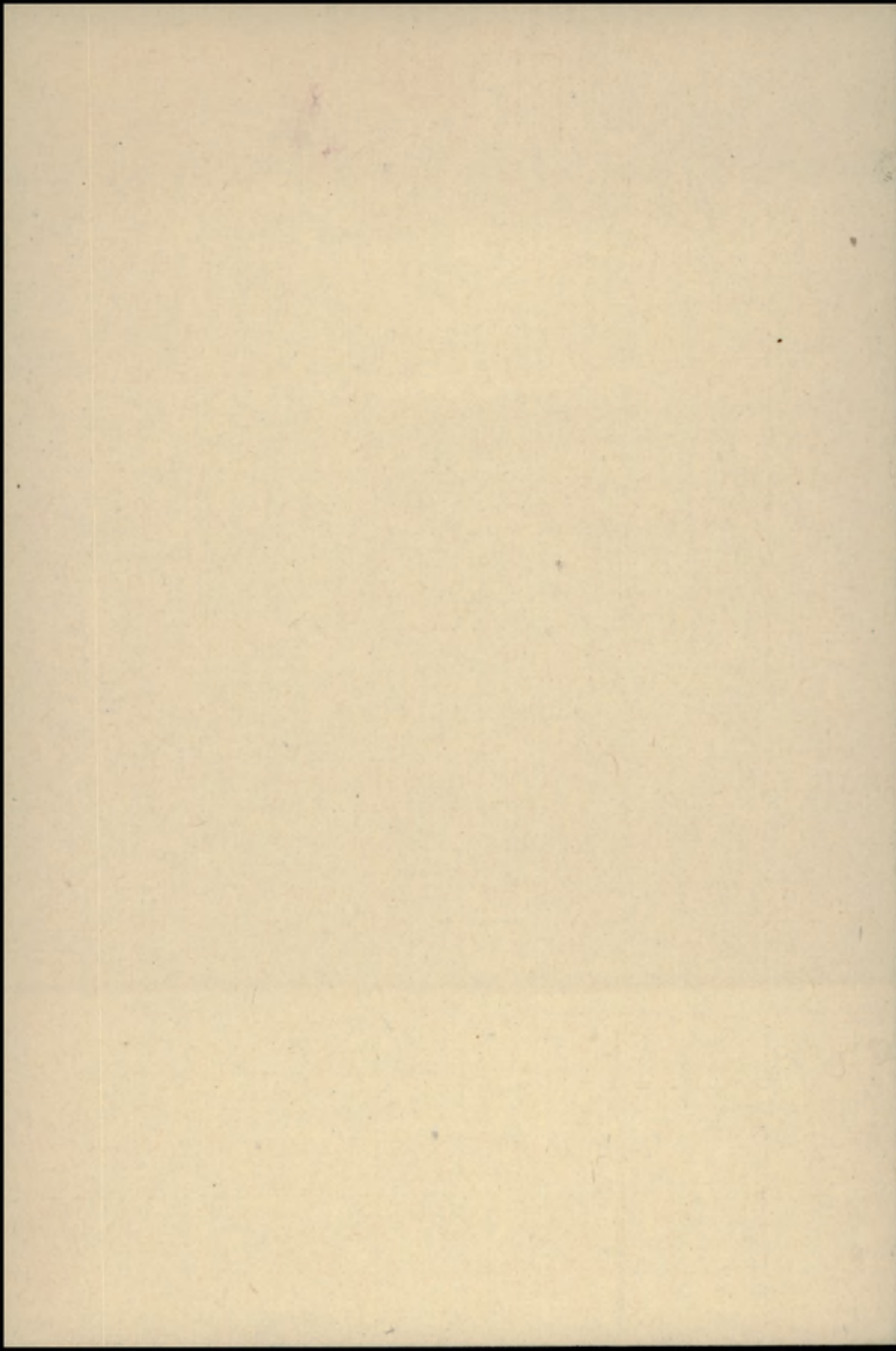
PARTICULARS

AUTHORITY

916
Jan 11, 1916

1916.
Jan 31

✓
✓



45

REG. NO.

NAME

(SURNAME FIRST)

Bowlby, Stella

RANK

A. Sister

CORPS

7 Stationary Hospital

AGE

29

SERVICE

NAME OF HOSPITAL

Hotel Dieu

PLACE

Kingston

DATE OF ADMISSION

19-2-16

DISEASE

Ravyngeto

DISCHARGE

OPERATION

DISCHARGED TO DUTY

2

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

NAME

Bowley S.

REGT'L NO

RANK AND CORPS

MSpr

H. Q. FILE No. 649-

CABLE

C.A.M.C., 7692.

FOLLOWS

No.

No.

DATE

NATURE OF CASUALTY

FOLLOWS

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

557-2	#1 24th Gen, Chaples (WO)	17-12-14	Bronchitis old
565	"Düsch to unit"	28-12-14	Bronchitis de mild

Number.....

Rank

N/S

Surname

BOWLBY

Christian Name

STELLA

Units.....

Theatre of War

FRANCE

Date of Service

17/6/16

Remarks.....

Latest Address.....

23 Towns St.
Towns Out.

Roll No.....

B. Page 20339.

200m.-6-21.

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

REGAN. NO. 6813

DESP. AUG 14 1924

V.S.B. CLASS "A" No.....

SERVICE GROUP 23
OCCUPATIONAL 19
GROUP
DISPERSAL AREA "I."

PROCEEDINGS OF AN OFFICER OR NURSING SISTER

STRUCK OFF STRENGTH HM T. CARONIA

OF THE SAILING, No 84

CANADIAN EXPEDITIONARY FORCE Marked 25, 6, 19



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

1. RANK

Nursing Sister

2. NAME

Bowly, Stella

3. UNIT

No. 12 Can. Gen. Hosp.

4. DATE STRUCK OFF STRENGTH

PLACE *Toronto, Ont.*

5. REASON

Los 7-7-19 RO 2078-19

Demobilization



6. AUTHORITY

7. PROPOSED RESIDENCE

*23 Toronto St.
Toronto, Can.*

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.

*Triplicate Declaration Paper (M.F.W. 51), or
Triplicate Attestation Paper (M.F.W. 23).*

1. Casualty Form
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. Dental Certificate (M.F.B. 465)
6. Proceedings of Medical Boards (M.F.W. 2591)
7. Last Pay Certificate (M.F.W. 44)
8. War Service Gratuity Form (M.F.W. 2595)
9. Sundry Documents.

M. F. W. 2591.
20M-11-13.
1772-39-1380.

Dispensal Certificate

Group.....

Checked by No.....

28 JUN 1919

N/S Bowly Stella

Carried 7/7/19

AUDITOR PAYMASTER

B 267

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

M. OR S. REGT. No. RANK N/S. NAME (IN FULL) **B O W L B Y** Stella

ORIGINAL UNIT C.E.F. *C.A.M.C.* IF IN P.F. WHAT UNIT? *Bank of Montreal, 2000* (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *11/1/16* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY \$ *35.00* DATE EFFECTIVE *1/8/19*

IS SEPARATION ALLOWANCE PAID? *No* DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

PAYABLE TO *cc of Bank of Montreal* RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *same Upper Falls*

STOP PAYMENT FORM RENDERED, DATE EFFECTIVE

DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

7/7/19 Demob. J.0.204

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.			OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT	
<i>31-7-19</i>				<i>Nil</i>	<i>Nil</i>				<i>93 M</i>				<i>37.00</i>		<i>130.00</i>	<i>130.00</i>		<i>cc of Bank of Montreal Rel missing 2/6/19 + 3/1</i>
<i>Augl.</i>		<i>3.00</i>											<i>130.00</i>		<i>202.</i>	<i>202.</i>		<i>T.O.S. D.O. 195.</i>
<i>183 days</i>	<i>3-</i>			<i>W.S.G. 549-</i>	<i>549-</i>				<i>163 Jul 10 1750024</i>				<i>72</i>		<i>202</i>	<i>347</i>		<i>of P & A - 8-31-7-19</i>
									<i>176 Nov 26 1751234</i>				<i>W.S.G. 183</i>		<i>385</i>	<i>164</i>		<i>Bank</i>
									<i>187 Dec 8 1752020</i>				<i>94</i>		<i>459</i>	<i>90</i>		<i>W.S.G. PAID IN FULL</i>
				<i>SKD</i>	<i>549-</i>								<i>90</i>		<i>549</i>	<i>0</i>		<i>me</i>
													<i>549</i>		<i>549</i>	<i>Nil</i>		<i>Ducy</i>

ASSIGNED PAY.

UNIT.

NAME OF

Rates
DATE

AUTHORITY

RANK.

mess
DATE

DATE

AUTHORITY

NAME.

No 7 G.H.

*Pay 2^{1/2} / 1^{1/2} / 1^{1/2}
mess*

W/S

mess
13/10
DMSO. 442
14^{3/10}

Name *Bowlby*
Initials *Stella.*
Bank *of Montreal
Tras. 8^{or}*

Amount. *\$35.⁰⁰ Can*

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

a.o.a. 1915

from Canada

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				2582 ⁰⁰				
Dec	B. Ford							
	Dec. Pay (R)		124					
	a. P can				35			
	Bank	13792		89				
1919								
Jan 21	a. P can				35			
	Pay R		124					
	Bank	15564		89				
Feb 10	a. P can				35			
	Feb Pay (R)		112					
	Bank	17078		77				
24	Pay R							
24	a. Pay can				35			
	Bank	18657		89				
24	April Pay (R)		120					
	a. Pay can				35			
	Bank	1044		85				
26	May Pay (R)		124					
	a. P can				35			
	Bank	2593.		89				
22	Pay (R)		120					
June 16	a. P can				35			
	Bank			174				
17	Adv. June & July Pay							
	Bank	3682						
21	Trav. allow. 21/9							
July	July pay R		124					
	a. P can				85			
	Bank							

*Retn. to Can
dpc 123 29 DMS
Dep. bus ledger
11 - 26⁸
From d 3 to d 12 14/19*

3275

ASSIGNED PAY.

UNIT.

Rates

RANK.

NAME.

Beneficiary

Address

Amount. \$35

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

no. 7 G.H.

ban.

DATE AUTHORITY

*Pay 2^{xx} pd
7th 60 "
mess 1^{xx} "*

DATE AUTHORITY

*13³/₁₆ fr ban
Dn S60.442
14³/₁₆.*

Name

Initials

Bank

Bowlby.

Stella

*Bank of Montreal
Trafalgar Sq*

add outfit allee, 7/8 \$100

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918								
apl 17	a P. ban apl Pay (P)			1852 60	35			
24	Bank P.	1187		73				
may 19	may Pay (P)		108					
11	A P. ban.		111 60					
23	Bank P.	2683		76 60				
June	June Pay (P)		108					
14	A P. ban.				35			
21	Bank P.	4166		73				
July	July Pay (P)		111 60					
16	A P. ban				35			
23	Bank P.	5626		76 60				
Aug	Aug Pay P.		111 60					
13	A P. ban				35			
24	Bank P.	7258		76 60				
Sep	Sept Pay P.		108					
12	A P. ban				35			
24	Bank P.	9187		73				
Oct	Oct Pay P.		111 60					
15	A P. ban				35			
23	Bank.	10404		76 60				
31	Outfit allee.		100					
Nov	Nov Pay.		140					
	A. P. Can.				35			
26	Bank.	12521		105				

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$ 35⁰⁰

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

NAME OF DATE AUTHORITY

No 7 G.H.

Pay 2⁰⁰ pd
7.0 .60
gross 1.00

N/S

DATE AUTHORITY

13th R Canada
Gm.S. C. order
442 4/14th

Name

Initials

Bank

Bowlby
Stella
Bank of Montreal
Trafalgar Sq

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								
April 21	April Pay R.		108	958 60				
22	A.P. Can				35			
26	Bank	3003		73				
May 9	A.P. Can				35			
22	May Pay R.		111 60			76 60		
23	Bank	5966		76 60				
June 4	A.P. Canada				35			
14	June Pay (R)		108			73		
21	Bank	9004		73				
July 19	July Pay (R)		111 60					
17	A.P. Canada				35	76 60		
21	Bank	13092		76 60				
Aug 18	August Pay (R)		111 60					
"	A.P. Can				35	76 60		
20	Bank	17361		76 60				
Sept 15	Sept Pay (R)		108					
11	A.P. Can				35	73		
21	Bank	21863		73				
Oct 9	October Pay (R)		111 60					
10	A. Pay Canada				35			
19	Bank	26291		76 60				
Nov 16	November Pay (R)		108					
15	A. Pay Canada				35			
20	Bank	30763		73				
	Carried Forward.			1557 00				

1917-18

ASSIGNED PAY.	UNIT.	RANK.	NAME.
Beneficiary Address Amount. \$ 35 ⁰⁰ <i>ban</i> Separation Allowance issued. Yes or No.....	NAME OF 907 G.H.	DATE Pay 2 ⁰⁰ pd 7 a .60 mess 1.00	DATE AUTHORITY M.S.
			Name <i>Bowlby</i> Initials <i>Stella</i> Bank <i>of Montreal</i> <i>Trafalgar Sq</i>

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								
Dec 7	December Pay (R)		111 60	1857				
8	A.P. ban.				35			
13 1918 Jan	Jan Pay (R)	Bank 35096	111 60	76 60				
14	A.P. ban.				35			
21		Bank R. 39501		76 60				
Feb 13	Feb Pay (R)		100 80					
9	A.P. ban.				35			
19		Bank. 40996		65 80				
Mar 11	March Pay (R)		111 60					
11	A.P. ban.				35			
22		Bank		76 60				
				1852 60				

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary *et al* Bank of Montreal
Address Toronto Ont.

UNIT. *No of Gen Hosp.*

RANK. *n/S*

DATE *13 3/16* AUTHORITY *fr. Canada*
Am.S. Corps Order
442 d/14 3/16

NAME *Bowlby*
Initials *Stella*
Bank *of Montreal.*

Amount. \$ *35.* *fr 1 3/16.*

Separation Allowance issued. Yes or No.

1916-17

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case	INITIALS
<i>1916</i>								
<i>apl 25</i>	<i>Pay apl fr 1 3/16 missgfr 13 3/16</i>	<i>10509</i>						
	<i>a.P. Can.</i>		<i>207 60</i>		<i>35</i>	<i>134 60</i>		
				<i>Bank</i>		<i>134 60</i>		
<i>may 22</i>	<i>Pay may</i>		<i>111 60</i>		<i>35</i>	<i>76 60</i>		
	<i>a.P. Can</i>			<i>Bank</i>		<i>76 60</i>		
<i>June 17</i>	<i>Pay June (R)</i>		<i>108 ..</i>		<i>35 ..</i>			
<i>20</i>	<i>a.P. Can</i>			<i>Bank 3874</i>		<i>73</i>		
<i>July 17</i>	<i>a.P. Can.</i>				<i>35</i>			
<i>20</i>	<i>Pay July (R)</i>		<i>111 60</i>					
<i>25</i>		<i>Bank 4997</i>		<i>76 60</i>				
<i>Aug 15</i>	<i>a.P. Can</i>				<i>35</i>			
<i>17</i>	<i>Pay Aug (R)</i>		<i>111 60</i>					
<i>23</i>		<i>Bank 7299</i>		<i>76 60</i>				
<i>Sep 18</i>	<i>a.P. Can.</i>				<i>35</i>			
<i>20</i>	<i>Pay Sep. (R)</i>		<i>108</i>					
<i>28</i>		<i>Bank 9570</i>		<i>73</i>				
<i>Oct 13</i>	<i>a.P. Can</i>				<i>35</i>			
<i>23</i>	<i>Pay Oct (R)</i>		<i>111 60</i>					
<i>27</i>		<i>Bank 11000</i>		<i>76 60</i>				
<i>Nov 16</i>	<i>a.P. Can</i>				<i>35</i>			
<i>17</i>	<i>Pay Nov (R)</i>		<i>108</i>					
<i>24</i>		<i>Bank</i>		<i>73</i>				
<i>Dec 9</i>	<i>a.P. Can</i>				<i>35</i>			
<i>12</i>	<i>Pay Dec</i>		<i>111 60</i>					
<i>18</i>		<i>Bank</i>		<i>76 60</i>				
	<i>Ord ford to new sheet</i>					<i>139 60</i>		

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

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

No 7 G.H.

U/S

Name *Bowlby*
Initials *Stella*
Bank *of Montreal*

1916-17

DATE 1917	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
	<i>Pro. ford. from old sheet</i>			<i>739 60</i>		<i>0</i>		
<i>Jan 19</i>	<i>a.p. Can</i>				<i>35</i>			
<i>22</i>	<i>Pay Jan</i>		<i>111 60</i>					
<i>25</i>	<i>Bank.</i>			<i>76 60</i>		<i>0</i>		
<i>Feb 13</i>	<i>Pay Feb.</i>		<i>100 80</i>					
<i>19</i>	<i>a.p. Can</i>				<i>35</i>			
<i>27</i>	<i>Bank</i>	<i>21943</i>		<i>65 80</i>		<i>0</i>		
<i>March 20</i>	<i>March Pay a.p.</i>		<i>111 60</i>					
<i>21</i>	<i>a.p. Can</i>				<i>35</i>			
<i>23</i>	<i>Bank</i>	<i>24818</i>		<i>76 60</i>		<i>0</i>		
				<i>958 60</i>				

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

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