

Unit C.A.M.C. Rank N/S. Name Anna Pearl Gambelin

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS).

1. (a) What is your Surname? Gambelin
- (b) What are your Christian Names? Anna Pearl
2. (a) Where were you born? (State place and country) Sussex, New Brunswick, Canada
- (b) What is your present address? Sussex, N.B. Canada.
3. What is the date of your birth? April 6 - 1892.
4. What is (a) the name of your next-of-kin? Mrs Margaret Gambelin
- (b) the address of your next-of-kin? Sussex, N.B. Canada
- (c) the relationship of your next-of-kin? Mother.
5. What is your profession or occupation? Graduate Nurse (General)
6. What is your religion? Presbyterian.
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? C.A.M.C. Re-inforcement
(France).
9. State particulars of any former Military Service? Harvard Unit, July 1915 - June 1916
10. Are you willing to serve in the
CANADIAN OVERSEAS EXPEDITIONARY FORCE? Yes.

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

Anna Pearl Gambelin (Signature of Officer).

CERTIFICATE OF MEDICAL EXAMINATION.

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

I consider him * fit for the CANADIAN OVERSEAS EXPEDITIONARY FORCE.

Date June 10th 1916

Place London.

* Insert here "fit" or "unfit."

Dablarh Major
Medical Officer.

Unit

Rank

Name

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

ANSWERS

1. What is your surname?

2. What are your Christian names?

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

4. What is your present address?

5. What is the date of your birth?

6. What is the name of your next of kin?

7. The address of your next of kin?

8. The relationship of your next of kin?

9. What is your profession or occupation?

10. What is your religion?

11. Are you willing to be vaccinated or to be dined and inoculated?

12. To what Unit of the Active Militia do you belong?

13. State particulars of any former Military Service?

14. Are you willing to serve in the

CANADIAN OVERSEAS EXPEDITIONARY FORCE?

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

(Signature of Officer)

CERTIFICATE OF MEDICAL EXAMINATION

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

I consider him (or the CANADIAN OVERSEAS EXPEDITIONARY FORCE

Date

Place

(Signature of Officer)

C.E.T.

GAMBLIN ANNA PEARL

N.S.

C.A.M.C.

02980

DEMOB.





SURNAME.

Gamblin.

(392.-7.-111.)

CARD NO.

7
329. Rec 25-11-18.

CHRISTIAN NAMES

Anna. Pearl.

00229 2-12-18
FOLD

no 7 D.D.

REGL. NO.

RANK

Nursing Sister.

UNIT

C. A. M. C.

207 D.D.

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADDRESS

COUNTRY OF BIRTH

Canada. Sussey. N.B.

DATE

April. 6th. 1892.

PLACE OF ATTESTATION

Can. Add: - Sussey.

DATE

N.B. M.C. 20-11-18.

239

appt: - nursing sister in C. A. M. C. with effect from
10/6. /16 (auth. 392. - 7. - 111.)

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Grad Nurse

RELIGION

DESCRIPTION.

APPARENT AGE

24 YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

DATE

Surname
GAMBLIN

Christian Name

A..F.

Reg. No.

Rank

Unit

N/Str. C.A.M.C.

MEDICAL BOARD held at

Date

Serial No.

(1) **London Area. 8-8-17.**

Other Medical Boards at

Date

Serial No.

(2) **do. 18-9-17.**

(3)

(4)

(5)

Condition found by Board

Debility.

Disposition Recommended

(1) **Unfit any service 6 weeks.**(2) **Fit General service.**

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

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

Surname.

Christian Name.

Rank.

Unit.

Date of admission.

Hospital.

Transferred Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis.

Later diagnosis.

.....

.....

.....

Disposition.

Date.

.....

.....

C.L.

Remarks.

C.L.

C.L.

C.L.

C.L.

C.L.

C.L.

C.L.

ASSIGNED PAY.

MILITIA AND DEFENCE

M. F. W. 11.
15m.-6-17.
H. Q. 1772-39-S18.

SEPARATION ALLOWANCE

Name

Mrs Margaret Gamblin

Name of Soldier

Gamblin Anna P

Address

*Sussex
A. B.*

Regtl. No.

Rank

Corps

*Nursing Sister
#4 C. G. H.*

Relation to Soldier

wife, child or mother

40⁰⁰ Aug 17

To what Corps belonging

when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>2M 28/8/17 O.R.C. 29/8/17.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



1945

1945

1945

1945

1945

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

(Assignee)

PAYMENTS.

Name of Soldier

Gamblin Anna P.
#4694

L. L. Job 1927-M. & D. 7514.

Month.	Year.	Cheque No.	Amt.	Remarks.
				40 ⁰⁰ Aug 1/17
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.	40-L	A 19556	40	40 ⁰⁰ Aug & future mailed 30/8/17
Sept.		S 41048	40	5
Oct.		V 43492	40	
Nov.	T 53731	A 40576	40	40 A 40576 Can J.S.R.P.
Dec.		T 57606	40	
Jan.	1918		200	
Feb.				
March				
April				
May				
June				
July				

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.				

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

1

10
02-13

Name

Gambelin
Surname

Anna P
Christian Name

Regimental Number

Rank

M/S

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

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

L.L. 53061—M. & D. 9721

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

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

Remarks:

File No.

6631-a. 15

WAR SERVICE GRATUITY.

Register No.

25393 / 506

Reg. No.

M/S.

Dependent

Name

Gambelin Anna

Address

Address

Pay Soldier \$

Pay Dependent \$

Days _____ Rate _____ Due _____

Less P.D.P. credited _____

Clerk

Less further Dr. Bal. or overpayment. _____

Net _____

*Temp Gratuity
14 4/60*

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

GEN'L AUDITOR
 Posting checked by

 Date.....

[Handwritten signature]

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

25393-506 0

Name Surname **Ganlin, Anna Pearl**
Christian Name

Regimental Number Rank **N/S.** Address (in full) **Sussex, N.B.**

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

Original Unit

District where paid **M.D.7**

Date of Discharge **25-11-18**

P. D. P. Filing Number

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

L. L. 22573—M. & D. 8008.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
182 00		20-12-18 ⁴	91 00	15-11-19	15-1-19 ⁴	91 00					182 00

M. F. W. 127.
5034-6 17.
1772 33-1140.

Remarks: 1st cheque issued 23-12-18.

+ Noted from M. S. G. Decl.

Dec'n No. 15393/406 W. S. G. File No 2711-A-15

Award..... days at \$..... per day \$
S. A..... months at \$..... per mo. \$..... \$
Less P. D. P. Credited \$..... \$
Less further debit balance \$..... \$
Net due paid as below

TO SOLDIER OR DEPENDENT

O	Eq. No.	Ch No.	Amount	Amount

9/11/13

Pending

W.S. = P.O. Box 275
Sussex
N.B.

Casualty Form—Active Service.

Regiment or Corps Canb.

Rank N.S. Surname Sanblin Christian Name A.P.

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:.....			
<u>22-11-18.</u>	<u>Canb. bas. Co.</u>	<u>T.O.S. from 4th Coy. King's</u>	<u>Speliffe</u>	<u>11-11-18.</u>	<u>Pt. II DO. 170.</u>
<u>25-11-18.</u>	<u>do.</u>	<u>S.O.S. to Capt. "Resigned"</u>	<u>do.</u>	<u>21-11-18.</u>	<u>Pt. II DO. 172.</u>

(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, Shoing-Smith, &c.

CANADIAN EXPEDITIONARY FORCE

J.B.C.-7-18.

Certificate of Service

H.C.

ISSUED TO OFFICERS AND NURSING SISTERS



This is to Certify that (Rank).....Nursing-Sister.....

(Name in full).....Anna Pearl GAMBLIN.....

Enlisted in.....Canadian Army Medical Corps.....

CANADIAN EXPEDITIONARY FORCE, on the.....

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

in.....Canadian Army Medical Corps.....

CANADIAN EXPEDITIONARY FORCE on the.....Tenth.....day

of.....June.....191.....6

She ~~has~~ SERVED in CANADA, England, France and Salonika with the
C.A.M.C., Moore Barracks Hospital., No 1 Can. Stat. Hospital.,
No 4 Can. Gen. Hospital., C.A.M.C. Depot., C.A.M.C. Casualty
Coy., and D.D. No 7.

and was STRUCK OFF THE STRENGTH on the.....Twenty-First.....day

of.....November.....191.....6 by reason of being permitted to resign

Dated at Ottawa, this.....Fifteenth.....day

of.....November.....191.....9

For

Director of Personal Services.

Capt.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND MEN OF REGIMENTS

<p>No. _____</p>	<p>Name _____</p>
<p>Rank _____</p>	<p>Regiment _____</p>
<p>Company _____</p>	<p>Service No. _____</p>
<p>Grade _____</p>	<p>Branch _____</p>
<p>Unit _____</p>	<p>Period of Service _____</p>
<p>Place of Birth _____</p>	<p>Home Address _____</p>
<p>Parents' Names _____</p>	<p>Next of Kin _____</p>
<p>Marital Status _____</p>	<p>Remarks _____</p>
<p>Signature _____</p>	<p>Date _____</p>
<p>Signature _____</p>	<p>Signature _____</p>
<p>Signature _____</p>	<p>Signature _____</p>
<p>Signature _____</p>	<p>Signature _____</p>
<p>Signature _____</p>	<p>Signature _____</p>
<p>Signature _____</p>	<p>Signature _____</p>
<p>Signature _____</p>	<p>Signature _____</p>
<p>Signature _____</p>	<p>Signature _____</p>
<p>Signature _____</p>	<p>Signature _____</p>
<p>Signature _____</p>	<p>Signature _____</p>
<p>Signature _____</p>	<p>Signature _____</p>
<p>Signature _____</p>	<p>Signature _____</p>
<p>Signature _____</p>	<p>Signature _____</p>
<p>Signature _____</p>	<p>Signature _____</p>

Casualty Form—Active Service.

Church of England.

Regiment or Corps Canadian Stat. Hospital.

Regimental No. _____ Rank N. Sister Name Gamblin A. Pearl

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) _____

CERTIFIED CORRECT
 SEP 1917
 RECORD OFFICE

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Joined No. 1 Canadian Stationary Hospital,		6/10/16.	<i>Unit</i>
10. 11. 16	O.C. 4 Can. Stat. Hsp	Transferred from 1 Can. Staty. Hsp for duty	In the field	10. 11. 16.	B. 213. <i>Unit</i>
12. 11. 16	O.C. 1 Can. Stat. Hsp	Struck off strength of unit	—	10. 11. 16.	B. 213. <i>Unit</i> 1810, dt-10/17 1916 Admt. 6/10/16 at 6 th .
		Embarked Southampton 24/9/16. Disembarked Salonika		6/10/16.	H.S. "Britannic".
6. 4. 17.	O.C. No. 4 Can. G.P.	Proceeded for temporary duty to 28 C.C.S.	In the field	30. 3. 17.	B. 213. <i>Unit</i>
15. 5. 17.	—	Rejoined unit for duty.	—	12. 5. 17.	3. 158. <i>Unit</i>
3. 7. 17.	—	Adm. P. "Enteritis"	—	3. 7. 17.	D. 3034 (81/970) <i>Unit</i> 1810, 29 dt-22/71 1917 ✓
20. 7. 17	—	Invalided to England by Standing Medical Board	—	16. 7. 17	B. 213. <i>Unit</i>
6. 8. 17.	H. L. O.	Embarked for U.K. via Tarento.	—	17. 7. 17.	E. 221. <i>Unit</i> 1810, 32 dt-12/81-1917 ✓

f. Unit away
 V.C.R.A.M.C. RECORDS SALONIKA ARMY

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

Next of kin: Mother: M^{rs} H. Gamblin, Sussex, N.B. Canada. *Unit*

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				
11-8-17	CAMB. T.O.S. from No 4 C.G. Hosp.		W'lauga	4-8-17	Pt. II D.O. 223. (60.1039)
27-9-17	do S.O.S. to No 4 C.G. Hosp.		do.	20-9-17	Pt. II D.O. 270. (60.1203) A Mackay <i>ASST. ADJUTANT FOR C.O. C.A.M.C. DEPOT</i>
21-9-17	C.M.N.B. T.O.S. no. 4 C.G. Hosp.		Basingstoke	21-9-17	Pt. II D.O. 133. 21-9-17
14-3-18	No 4 C.G. S.O.S. To Camb. Depot		Shorncliffe	10-3-18	Pt. II D.O. 11 d/14-3-18 C.M.D. 4/650 E d/7-3-18
14-3-18	60000 On command to H.M.S. Chraguaya.		Shorncliffe	14/3/18	Pt. II D.O. 73 (60 Capt. Camb. Adjutant Registrar)
10-4-18	do becom to be On command to H.M.S. Chraguaya.		do	26/3/18	Pt. II D.O. 100 (60.424)
5-5-18	do S.O.S. to No 4 C.G. Hosp.		do	30/4/18	Pt. II D.O. 125 (60.537) <i>Montague L.H.</i> CAPT. ASST. ADJUTANT FOR OFFICER COMMANDING, C.A.M.C. DEPOT.
7-5-18	No. 4 CGH T.O.S. FROM C.A.M.C. DEPOT		Basingstoke	30-4-18	Pt. 2. D.O. 20/7-5-18 Shorncliffe.
20-11-18	Do. S.O.S. to C.A.M.C. Cas Coy.		Do.	11-11-18	Pt. II D.O. # 65/20-11-18 <i>Recharge</i> <i>Major C.M.C.</i> North Canadian General Hospital.

ORIGINAL

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178^a to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Gambelin Christian Name Anna Pearl

6 DEC 1917

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Sussex County 1 Kings

Examined ... (on 10 day of June 1915 at London)

Declared Age ... 24 years ... days.

Traie or Occupation ... Graduate Nurse

Height ... 5 feet, 4 inches.

Weight ... 138 (?) lbs.

Chest Measurement { Girth when fully Expanded. 36 inches.

{ Range of Expansion 4 inches.

Physical Development ... good

Vaccination Marks { Arms ... Right Left Left Number Three (3)

When Vaccinated ... about 1899 - 1915

Vision ... { R.E.-V= slight astigmatism L.E.-V= myopia

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

(b) Slight defects but not sufficient to cause rejection ... vision

Approved by (Signature) J. Campbell Capt (Rank) capt Medical Officer

Enlisted ... (at ... on ... day of ... 191 ...)

Table with 2 columns: Corps, Regt. No. Row 1: C.A.M.C, Reg: Str

Became non-effective by ... on ... day of ... 191 ... (Signature) ... (Rank) ...

CANADIAN

Check List in the case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

Rank and Name **GAMBLIN ANNA PEARL****Nursing Sister.**

Regimental No.

Name and Address of Next-of-Kin

Unit **C.A.M.C.****Mrs Margaret Gamblin, (Mother)**

Date of enlistment

10 Jun 16**Sussex, New, Brunswick,**

Place of birth

Sussex New Brunswick, Canada. Canada.

Married (Yes or No)

Date and place of discharge

If in Permanent Force

Reason for discharge

Promotions or appointments

16-6-16

Character on discharge

M.B. JUL 3 1916

M.B. AUG 2 1916

M.B. SEP 5 1916

48/H NOV 13 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	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
15 ⁶ /16	D.M.S.	To be Nursing Sister C.A.M.C. C.E.F.		10/6/16	C.O. 1045 of C.C.T.D. D.O. 3097
23/6/16	D.M.S.	Posted to Moore Barracks Hp.		21-6-16	C.O. 1121
29/9/16	R.O.C. C.Y.D.	Overseas to No 1 C. Staty. Hosp.		24/9/16	D.O. 5106. C.O. 1871
12-11-16	1 Staty. H.	J.O.S.	1 Staty. H.	6-10-16	Pf no. 34
22-11-16	D.M.S.	Posted to No 4 Cav. Gen. Hosp.		9-11-16	C.O. 8040.
10-12-16	1 C.S. 1 H.	S.O.S. to No 4 C. Gen. H from 1 C. Stat. H.		10-11-16	Pf ii no 38.
10-12-16	4 C. Gen. H.	J.O.S.	4 C. Gen. H.	10-11-16	Pf ii no. 40.
22-7-17	do	admitted to Hosp.		8-7-17	Pf no 29.
8-8-17	D.M.S.	Posted to Camc Depot		4-8-17	C.O. 1039.
11-8-17	D.M.S.	Granted leave by M.D. fr. 6-8-17 to 14-9-17			C.O. 1054
24-9-17	D.M.S.	Posted to Camc. Depot. to Holt Can. Gen. H. No 20-9-17		20-9-17	C.O. 1253
12-8-17	No 4 C. H.	Invalidated from Salonica to England. (Tossingstone)		17-7-17	Pf no 32.
12-3-18	D.M.S.	Trans. to C.A.M.C. Depot		10-3-18	C.O. 392
do	do	Adm. to H.M.S. at Aguaya from Depot		10-3-18	C.O. 330

A.F.B. 104,

6-SEP-1917

Number of Report

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				
26.3.18	H. Bagnall	Case to be ill. proc on leave in Canada		26.3.18	62/86
3.5.18	D.M.S.	Posted to 4 Can. A. Hp. from Depot		30.4.18	C.O. 537.
20-11-18	4 CSH. Camec.	S.O.S. To camec. Car Coy. Schliffe		11-11-18	Pt. ord. 65.
22-11-18	Car. Coy.	T.O.S. on posting from 4 Can. Gen. Hosp		11-11-18	Pt. ord. 170.
25-11-18	De	S.O.S. to C.E.F. in Canada, permitted to resign		21-11-18	Pt. ord. 172.
20-11-18	Hq. O.M.F.C.	I.s permitted to resign appoint in Canada		21-11-18	RO. 4959

502 21/11/18

9596

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Aug 1-17

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>40</i>			
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*1320
M.R.*

PARTICULARS OF SEPARATION ALLOWANCE

No. _____
 Rank *Wister* Promoted _____ Reverted _____ Discharge _____
 Soldier's Name *Anna P. Gambelin*
 Battalion *# 4 Co. G. H.*
 Beneficiary _____
 Relationship _____
 Address _____

PARTICULARS OF ASSIGNMENT

Name *Mrs Margaret Gambelin*
 Address *Sussex N.B.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>1917</i>				
<i>Dec 31</i>			<i>200</i>	<i>200</i>
<i>Jan</i>	<i>C 69897</i>		<i>40</i>	<i>40</i>
<i>Feb</i>	<i>F 98447</i>		<i>40</i>	<i>40</i>
<i>March</i>	<i>A 138250</i>		<i>40</i>	<i>40</i>
<i>April</i>	<i>G</i>		<i>40</i>	<i>40</i>

M No 23 26-3-18

6631-a-15

2 m 28/8/17

*Acc closed 1-3-18 3M.
 overpaid 40⁰⁰. refund requested.
 Recovered by O.P.M. G. 24-1-19.*



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.	Rank	Promoted	Reverted	Discharge		Name	
						Address	Change of Address
	Soldier's Name						
	Battalion					1	
	Beneficiary					2	
	Relationship					3	
	Address					4	

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

M. F. W. 128
 Form 6-7-1, 79, 81, 1141
 L. L. 2030-M. & D. 193A

CANADIAN CONTINGENT EXPEDITIONARY FORCE
LAST PAY CERTIFICATE.

This form to be used for all Ranks (Vide Articles 122, 130 & 141, Financial Instructions, 25715c, C.E.F. 1916)

Reg. No. Rank ... Nursing Sister. Name ... GAMBLIN; Anna Pearl.
Corps ... C. A. M. C. ... who was Struck off Strength.
On ... 25/11/18. ... 191 , to ...
Insert 'discharged' or 'transferred'
The following is a statement of the acct. of the above named from
1/11/18 ... 191 , to 25/11/18. ... 191 , the inclusive date
of transfer or discharge.

Dr.	Cr.	\$.	c.
Bal Dr from prev. month (Advance No. by Cheques) No. A.P. & S.A. No. Other charges. Payment on transfer or dis- charge No. <u>ck5893</u> <u>109.40</u> Bal. Cr (to be pd. by new Unit)	Bal. Cr. from prev. month. <u>00</u> ... <u>31.00</u> Reg. Pay .. <u>25</u> days @ <u>2.00</u> c. ... <u>50.00</u> F.A. 25 days @ <u>3.1.00</u> c. ... <u>25.00</u> S.A. (monthly Subs, <u>24/11/18-25/11/18.</u> Other allowances. <u>3.40</u> Bal. Dr. (to be deducted by New Unit)		
Total	Total	<u>109.40</u>	<u>109.40</u>

Give particulars.

A monthly stoppage of ... Nil ... has ... pd. on acct. of
(A.P. for month of ... 191)
& S.A. for month of ... Nil ... 191)
to Assignee ... Nil
Address

M.P.D. No 7
No P. D. P. paid by D. D. #7.

Insert amount to be assigned whether it has been paid or not
Insert 'not' if amount has not been paid for period of account
Checked By
No. Last Paid Nil
Date Paymaster V No.

REMARKS: On transfer of an Officer
Out allowance of \$... has been paid by
State (1) Date of enlistment.
(2) If married and if S.A. Card has been submitted.
(3) Cause of discharge ... Auth. OC, DD #7, DO 229.
(4) Authority for transfer.
NOTE: S.A. & A.P. & Index Card (M.F.W. 71) are to accompany the
Original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be
a correct extract from the Pay List of the Unit.
DATE ... Dec 3rd, 1918.
FREDERICTON, N.B.
M.F.W. 44.
Con Sene
CAPTAIN.
PAYMASTER DISTRICT DEPOT NO 7.

On June 10

PROCEEDINGS OF A MEDICAL BOARD

86 739
 assembled at 13 Berners St. on 6-8-14
 by order of A.D.M.S. London area
 for the purpose of examining and reporting upon the present state of health of
 (Rank and Name) 1/5 A.P. Gambell (Corps) RAF
 Age 25 Service 14 Disability Debility
 Date of commencement of leave granted for present disability 6-8-17
 Date on which placed on half-pay for present disability

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

This officer reported sick about 1-7-17 at No 4, Cannon St. Hospital at Salisbury. Complaint - tired and generally run down. Some diarrhoea. Reported at Headquarters London 4-8-17 although nothing was found organically wrong the is completely tired and needs a long rest. No documents collected.

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

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

*no 6 wks
 not applicable
 no 6 wks
 no 6 wks*

of the content in the findings of the Board of Medical Officers here recorded.
 Captain, D.A.D.M.S. for D.M.S. Canadians.

Trace of Service

Officer's Address

33 West St

Signatures

James G. ... President.
... Members:

INSTRUCTIONS.

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

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

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

86 739

PROCEEDINGS OF A MEDICAL BOARD

assembled at 13 Blumer St. on 18-9-17

by order of A DMS London Area

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) USA P. Gambini (Corps) C.A.M.S.

Age 25 Service 14 Disability Deafity

Date of commencement of leave granted for present disability 6-8-17

Date on which placed on half-pay for present disability

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

This officer is fit.

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

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

Yes

I concur in the finding of the Board of Medical Officers here recorded.

Yes

Yes

Yes

Strain of Service

A.D.M.S. Invalidity for D.M.S. Canadian Contingents

Officer's Address 33 Road St

Signatures

[Signature] President.

[Signature] Members.

[Signature] Members.

INSTRUCTIONS.

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

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

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

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

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

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Name

Initials

Bank

C.A.M.C.

Pay #2007 pd 1/8
7a .60
mess 1.00

1076 D.O. 3097
C.T.D. 1/4/18

Name *Jambler*
Initials *A.P.*
Bank *of Montreal*
Trafalgar Sq 178

Can cancelled 3/18

\$40 / 1/17

Leave 6⁸/₁₇ - 17⁹/₁₇ Dmsco #1054 11-8-17

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1917								
April 21	April Pay R.		108					
26	Bank	1003		108				
May 23	May Pay R.		111 60			111 60		
	Bank	5986		111 60				
June 14	June Pay (R)		108			108		
22	Bank	9004		108				
July 19	July Pay (R)		111 60					
24	Bank	13092		111 60				
Aug 18	Aug. Pay (R) A.P. ban		111 60		40	71 60		
21	Bank	17361		71 60				
Sept 17	Sept Pay - (R)		108 60					
12	A.P. Canada.				40	68		
21	Bank	21863		68				
Oct 9	October Pay (R)		111 60					
12	A. Pay Canada.				40			
17	<i>Sick leave accu 6⁸/₁₇ - 16⁹/₁₇.</i>						<i>4-6-3 21⁰⁰ ↑</i>	
18	<i>Trav allee 29⁷/₁₇ - 6⁸/₁₇.</i>						<i>5-5-0 51⁰⁰ 25⁵⁵ ↑</i>	
20	Bank	26291		71 60				
Nov 16	November Pay R.		108					
15	A. Pay Canada.				40			
20	Bank	30763		68				
Dec 7	Dec Pay (R)		111 60					
8	A.P. ban.				40			
14	Bank	35096		71 60				
	<i>Carried 701</i>							

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount.

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

Name

Initials

Bank

Pay \$200 p.d. G.S.
7 a.m. 60
mess 1.00

Gambler.

A.P.

Bank of Montreal
Trafalgar Sq. 1/18

ban
\$40 cancelled 1/18

NOV-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918								
Jan 15	Jan Pay (R) A.P. ban		111 60		40			
22	Bank	39501		71 60				
Feb 11	Feb Pay (R) A.P. ban		100 80		40			
20	Bank	40996		60 80				
Mar 15	March Pay (R)		111 60					
22	Bank			111 60				

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

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

Pay 2^{xx} pd

F.A. ~~x~~ 60

Messing 1^{xx}

K.S

10⁶/₁₆

Do. 3097.6TD

12⁶/₁₆

Name Gamblin

Initials A.P.

Bank of Montreal
Trafalgar Sq

*add. outfit allow 1⁸/₁₈ \$100
Resigns in Canada 21¹¹/₁₈ H.Q.R.O. 4959 d/20¹¹/₁₈*

DATE
1918

PARTICULARS

1918-19

CK. NO. CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

Apr 17

Travel allow 9-10³/₁₈

701

15/- 3⁶⁵/₁₀₀

Apr Pay (R)

108

24

Bank

1187

108

May 19

May Pay (R)

111 60

23

Bank

2683

111 60

June 24

June Pay (R)

108

Bank

4166

108

July 15

Ass Pay March 1916. pd in bar not charged. aut. file P.L. 11-6. 31

46605

40

24

July Pay R

111 60

Bank

5626

71 60

Aug 24

Aug Pay R

111 60

Bank

7258

111 60

Sep 24

Sept Pay R

108

Bank

9187

108

Oct 24

Oct Pay R

111 60

Bank

10404

111 60

30

outfit. allow. 1⁸/₁₈

100

Bank

10854

100

*Who can
L.O. to 31¹⁰/₁₈
for the N.C. Ledger
4/11 returning to
to receive from
same to be effective
1000 for date of being
To Ledger 12
from " " 5 9¹/₁₉*

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Pay

Name

Address

F.A.

Initials

Messing

Bank

Amount. \$

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

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

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

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Name

Initials

Bank

B.A.M.C.

N/S

*10⁶/₁₆ Do. 3097
C.D. d/14⁶/₁₆*

Gamblin

A.P.

of Montreal.

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

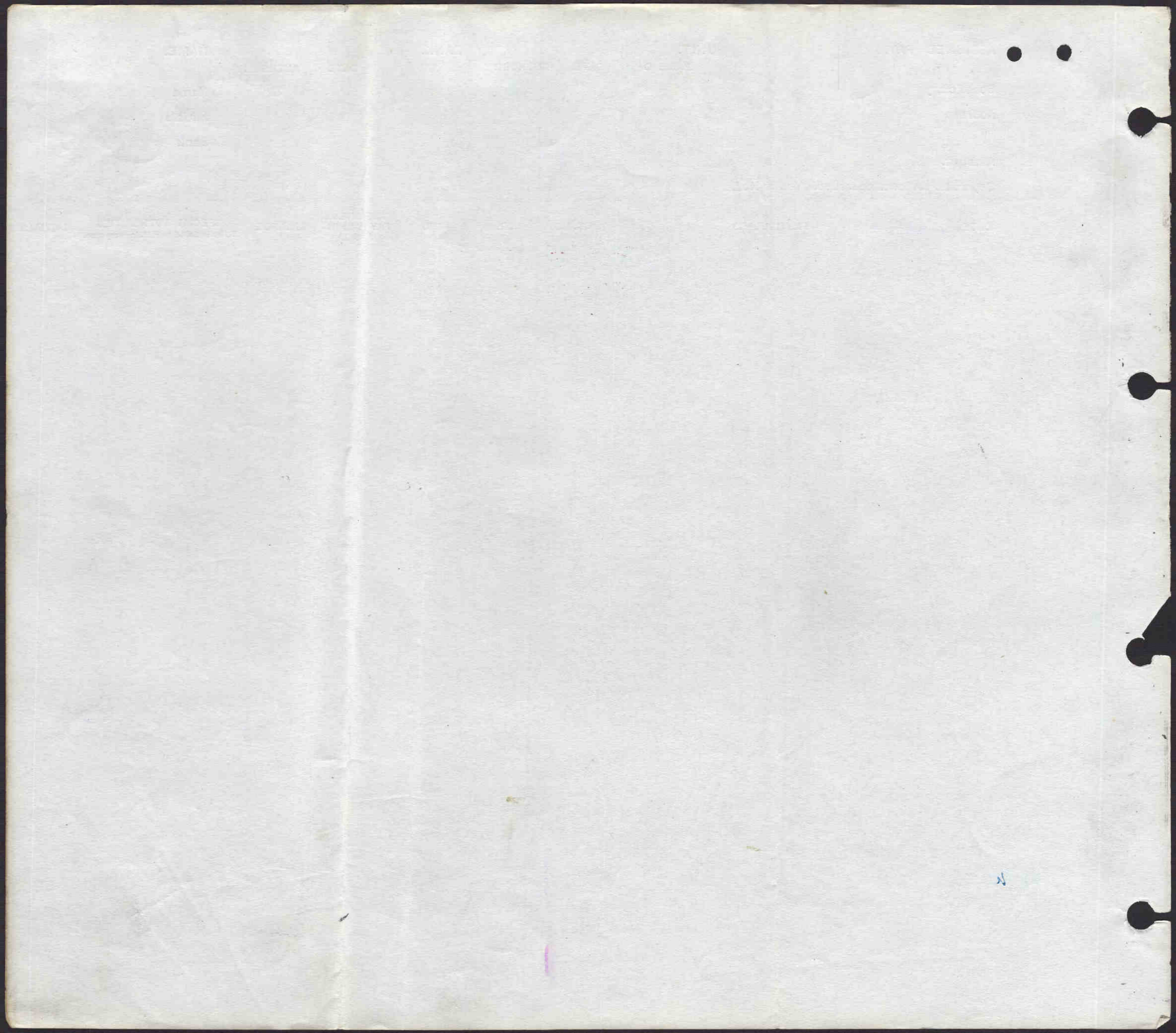
INITIALS.

1916

1916-17

<i>June 13¹⁶</i>	<i>Bank.</i>												
<i>July 20¹⁶</i>	<i>Pay fr. 10⁶/₁₆ - 31⁷/₁₆ Yo. 4211</i>												
<i>25¹⁶</i>	<i>Bank</i>	<i>4999</i>											
<i>Aug 17¹⁶</i>	<i>Pay aug (R)</i>												
<i>23¹⁶</i>	<i>Bank</i>	<i>7299</i>											
<i>Sep 20¹⁶</i>	<i>Pay Sept (R)</i>												
<i>28¹⁶</i>	<i>Bank</i>	<i>9570</i>											
<i>Oct 23¹⁶</i>	<i>Pay Oct (R)</i>												
<i>27¹⁶</i>	<i>Bank</i>	<i>11000</i>											
<i>Nov 17¹⁶</i>	<i>Pay Nov (R)</i>												
<i>24¹⁶</i>	<i>Bank</i>												
<i>Dec 12¹⁶</i>	<i>Pay Dec</i>												
<i>5¹⁶</i>	<i>Bank</i>												
<i>1917</i>	<i>Pay Jan</i>												
<i>Jan 25¹⁷</i>	<i>Bank</i>												
<i>25¹⁷</i>	<i>Bank</i>												
<i>Feb 21¹⁷</i>	<i>Pay Feb</i>												
<i>22¹⁷</i>	<i>Bank</i>												
<i>March 20¹⁷</i>	<i>March Pay. P.</i>												
<i>23¹⁷</i>	<i>Bank</i>	<i>24818</i>											

2075 60 *Auth. compulsiq dept*



1149

Number _____ Rank NIS

Surname GAMBLIN

Christian Name ANNA PEARL

Units _____ Theatre of War FRANCE

Date of Service 24-9-16

Remarks _____

Latest Address _____

Roll No. B. Page 22252

IMPERIAL

Surname	Christian Name	Rank	Regtl.No.

File No.

Register No.

Date

Ledger No.

