DUPLICATE.

Unit C.A.M.C. Rank A/S Name J. E. Gamblin

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

Est. 8-1-19

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Gamblin.
   (b) What are your Christian Names? Jeanne Elizabeth.
2. (a) Where were you born? (State place and country) Sussex, New Brunswick.
   (b) What is your present address? Sussex, N.B.
3. What is the date of your birth? October 10th 1890.
4. What is (a) the name of your next-of-kin? Mrs Margaret Gamblin.
   (b) the address of your next-of-kin? Sussex, N.B.
   (c) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? Trained Nurse.
6. What is your religion? Presbyterian
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
8. To what Unit of the Active Militia do you belong? 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.

Jeanne E. Gamblin (Signature of Officer)

Taken on strength (place) St. John N.B.

(date) 6.7.18.

[illegible] Major O.C. New Brunswick Military District

(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~~* her fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date January 4th 1919

Place Fredericton N.B. [illegible] Capt C.A.M.C.

Medical Officer.

*Insert here "fit" or "unfit

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

S.O.S. N.B.M.H. D.O. 53 d/3-9-18

REGIMENTAL DOCUMENTS

NAME Gamblin Jeanne Elizabeth REGT. NO. UNIT C.A.M.C. H. Q. FILE NO.

S

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				02984	Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category Demob.
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
2	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	MFH 2591					

H

W 2559
100M-11-18
17.2 31 1077

VLGE

H. Q. .....

M. D. No. 7

Surname Gamblin

T. O. S. July 4th 1918

Christian names Jeanne Elizabeth

D. O. Pt. II 43 of 3-9-18

Regtl. No. ..... Rank Nursing Sister

S. O. S. 15-1 1920

Unit N.B. Mil. Hosp. Perm. Cadre Staff

Reason Demob.

Auth. P.O. 2367 / 19-1-20
DO 425 / 11-2-20 # 7. 100

Next of kin Gamblin Mrs. Margaret

Relationship Mother

Address Sussex, N.B.

Also notify: .....

BORN—Place Canada Sussex N.B. Date Oct 10th 1890

ATTESTED—Place St. John N.B. Date July 4th 1918

O/S ..... R/C 17-9-19 384 R/C 19-5-19 825 R/C 8-8-19 R/C 7-7-19 R/C 18-10-19

W. 22—100M-7-18. 1772-39-839.

CANADIAN EXPEDITIONARY FORCE

F.H.H.7-43
J.W.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Nursing Sister

(Name in full) Jeanne Elisabeth CAMBLIN

Enlisted in The Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE, on the [redacted]

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

in The Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE on the Sixth day

of July 191 8

She SERVED in CANADA, With the Canadian Army Medical Corps.

and was STRUCK OFF THE STRENGTH on the Fifteenth day

of January 191 20 by reason of General Demobilization

Dated at Ottawa, this Third day

of April 19 1920

Capt.

for Director of Personal Services.

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

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9-'0.

Casualty Form—Active Service.

Unit, Regiment or Corps N. B. Mil. Hosp.

Regimental No. ..... Rank N/S C. E. F. Name Gamblin, Jeanne Elizabeth

Enlisted (a) St. John, N.B. Terms of Service (a) ..... Service reckons from (a) 6-7-18

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				
3-9-18	N.O. 53	T.O.S. N.B. Mil Hosp.	FREDERICTON	4-7-18	
15-4-19	DO-105.	S.O.S to Clearing Services Command Quebec		14-4-19	#1 Dist Ord. 914 (14.4.19)
			Major & Adjt. N. B. Military Hospital		
	MD 7	Attached to Clearing Services Command	Quebec	31/3/19	Part II D.O. 91
8-1-20	St. John Dep.	SOS St John Depot, Clearing Services Command on Demobn	St. John N.B.	9-1-20	
			Capt. for Lt.-Col. O. C. Clearing Services Command.		

OFFICER IN CHARGE CLEARING SERVICES COMMAND

(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				

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 Pte/S Name Gambrin Jeanne Elizabeth
(Name in full in block letters.)

Age 29 Address after discharge Sussex N.B.

Unit or Corps C.A.M.C. Birthplace Sussex N.B.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 150 lbs. Height 5 ft. 6 in. Colour of Eyes Blue

Nutrition Normal

Pulse Normal

Condition of arteries Normal

Vision Rt. N Left N

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

None.

Opinion as to genereal health and physical condition Good

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

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

4. THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

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.)

5. THIS SECTION FOR USE IN CANADA—

Examined at St. John (Canada)

Date 7-1-20. Signed C. H. Archibald Lieut 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 James E. Gauntlin.

(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.)

209—D.P.—30M-3-19.
M.F.W. 129.
1772-39-1142.

[OVER]

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 7

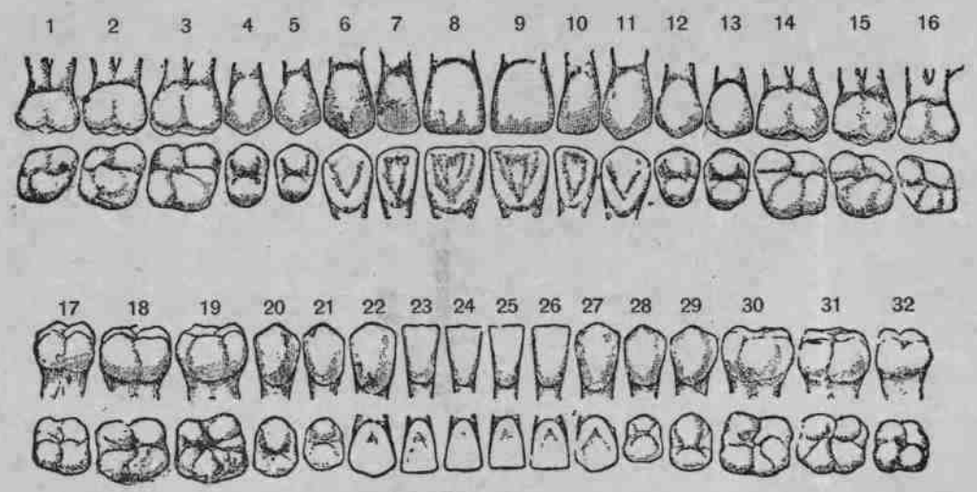
NAME OF SOLDIER Gamblin J. E.

RANK Maj. Lieut

REGIMENT G.A.M.C.

No.

M.F.B. 465.
150M—6-18.
1772-39-930.



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G.P (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							ofer 17-19 29
																					Ha Godsoe capt		Ext
8-1-20	Examined for discharge																						
	Propholaxis																						
																					F W Goodsoe Capt		
																					James E. Gamblin		

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

1. RANK	N/Sister		
2. NAME	GAMBLIN, Jeanne Elizabeth		
3. UNIT	Clearing Services Command. C.A.M.C.		
4. DATE STRUCK OFF STRENGTH	~~9-1-20~~ 15/1/20.	PLACE	St. John, N.B. M.D. 7.
5. REASON	D-emob.		
6. AUTHORITY	R.O. 2367 - 19/1/20. H.Q. 392-7-197.		
7. PROPOSED RESIDENCE	P.O., Sussex, N.B.		

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.

M. F. W. 2591.
2m.—2-19.
1772-39-1380.

AUDITOR | PAYMASTER

M.D. No. 7

M. OR S.

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

REGT. No. | RANK N/S. | NAME (IN FULL) Samblin, Jean Elizabeth (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. C.A.M.C. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO #7 D.D. from C.S.C. | DATE 15-1-1920 | AUTHORITY D.O. 42

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE St. John N.B. | DATE 15-1-1920 | REASON Demob. | AUTHORITY D.O. 42 | IF ENTITLED TO POST DISCHARGE PAY

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.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					Pay a/c closed by
																																					B.S.L. (W.S.S. paid.)

200M-3-19.—L. L. 38788-... & D. 9985.
M. F. W. 2596.
1772-39-1390.

AUDITOR | PAYMASTER

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

M. OR S. | REGT. NO | RANK N/S | NAME (IN FULL) Gamblin J. E.

NEXT OF KIN | RELATIONSHIP | PARTICULARS | EFFECTIVE DATE | AUTHORITY

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

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

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

A/CHIEF CONDUCTING PAYMASTER CLEARING SERVICES COMMAND

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
Oct											560266	6/10/19.					93	-	1												93	00					15c Refund of Advance on 4 Inc. Ex
																													150	00							

200M-3-19.—L. L. 38786-M. & D. 2965.
M. F. W. 2596.
1772-39-1398.

AUDITOR	PAYMASTER

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

M. OR S. | REGT. NO. | RANK U.S. | NAME (IN FULL) Gamblin J.E.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Sub. allow of 1/70 per diem		

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

PLACE OF ATTESTATION | TRANSFERRED TO Clearing Services Command. | DATE 31-5-19 | AUTHORITY Do. 91.

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ Nil | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE St John | DATE 15 15/1/20 | REASON Wemob. | AUTHORITY 10031. | IF ENTITLED TO POST DISCHARGE PAY

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
April	30	3.00	90	00	51	00			141	00	30	30/4					141	00													141	00					
May	31	3.00	93	00	52	70			145	70	1517	23/5					145	70													145	70					
June	30	3.00	90	00	51	00			141	00	2507	30/6					141	00													141	00					
July	31	3.00	93	00	52	70			145	70																									145	70	
Aug	31	3.00	93	00	145	70			291	40	3992	8/9	4020	9/7	4088	18/7	145	40	25	00	72	03			48	67					291	40					2/- Ex. Mess by Sep 9 under Ord. Pay Emp. 20/10/19
Sep	30	3.00	90	00	51	00			141	00	4870	14/10					141	00													141	00					
Oct	31	3.00	93	00	52	70			145	70	5103	22/10					145	70													145	70					
Nov	30	3.00	90	00	51	00			141	00	5601	20/11	5609	24/11			91	00	70	00					50	00					141	00	70	00			50/- Refund of Authority
Dec	31	3.00	93	00	52	70			145	70	5670	7/12							75	70											75	70					
Jan	15	3.00	45	00	25	50			70	50	5761	3/1							70	50											70	50					
					WSG																		W.S.G.														
	122				366	00																	93	00							93	00					Outstg Ch. 560266
																							273	00													2-3-4 ch. 561370 -

100M-1-19.—L. L. 53982-M. & D. 5723.
M. F. W. 2596.
1772-30-1300.

M.D. No. 7

N. B. Military Hospital

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

AUDITOR | PAYMASTER

M. OR S. | REGT. No. | RANK N/S | NAME (IN FULL) GAMBLIN E (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. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO G.S.Lo | DATE 1-4-19 | AUTHORITY D.O.914

ASSIGNED PAY $ Nil | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

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.	DATE	COL. No. 2 No.	DATE	COL. No. 3 No.	DATE	CASH PAYMENTS COL. No. 1 $	C.	COL. No. 2 $	C.	COL. No. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
Mar																																					
Apr		30			40	00			40	00	15/10	15/4					40	00													40	00					Trans to Quarrie Mount Command effect 1-4-19 DO 105 D.O. 914 1-4-19 Chk received # 32129
											SOS on file																										
					40	00			40	00							40	00													40	00	∅		∅		

Certified Correct
Lt Gandrum Capt

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

~~MILITARY SERVICE ACT, 1917.~~

MEDICAL HISTORY SHEET.

1. Surname Gamblin Christian name Jeannie Elizabeth

2. ~~Number of report for service or claim for exemption according to Postmaster's~~ Receipt or schedule

3. ~~Consecutive number on schedule of men reporting for service~~ (if he appears on it)

4. Address (including street and number if any) P.O. Box #275 Sussex. N.B.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 5th day of February 1919, by the undersigned medical board sitting at Fredericton N.B.

5. Age as stated 28 Years ✓ Months. 6. Apparent age 28 Years Month

7. Height ✓ Feet 6 Inches. 8. Weight 140 Pounds.

9. Chest measurement { Minimum 38 Ins. Maximum 40 Ins. 10. Complexion Fair { Eyes blue Hair Red

11. Physical development Good { Good Fair Poor 12. Smallpox marks None

13. Number of vaccination marks { Right arm None Left arm Three 14. When vaccinated last 1908

15. Distinctive marks and marks indicating congenital peculiarities or previous disease None

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis, Asthma. We find no evidence of past { Rheumatism Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis Asthma

(Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A II

17. (a) Vision. R. 6/6 L. 6/6
(b) Hearing. R. 20 L. 20

F. McCleacleathy Capt President.

Member. J. H. Urshitt Member.

Signature of Man Jeannie E. Gamblin

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined ..... *day of* ..... *19* ..... *at* .....

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	N.B. Military Hospital,		Fredericton	4-7-18 (D.O. 53 of 3-9-18)
Transferred to	Clearing Services		Command Quebec	1-4-19 (#7 Dist Order #914 of 14-4-19)

If passed for category, record category in a square. If rejected, record initial and date.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

N.B.—This sheet is 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.
300M—4-18.
1772-39-439.

Surname

Christian Name

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				
FREDERICTON	3-9-18										

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 7

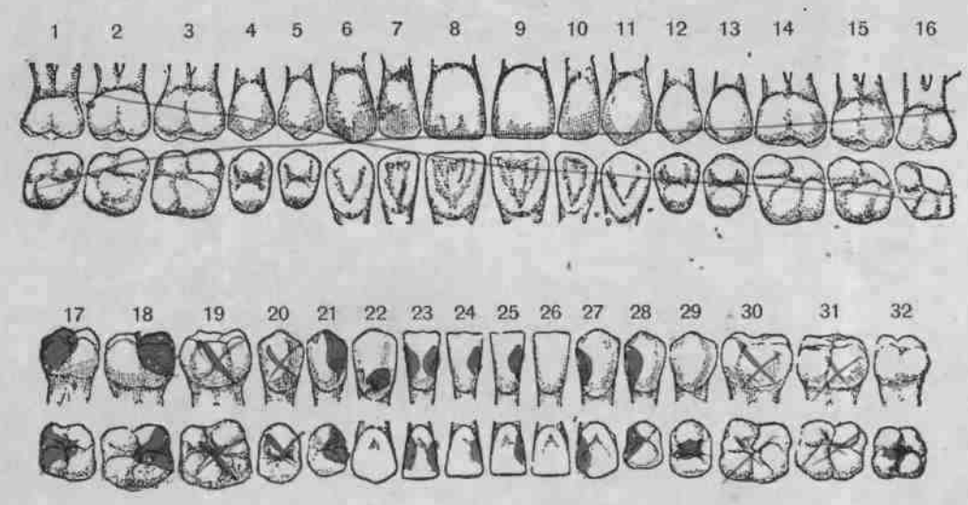
NAME OF SOLDIER Gardiner J. C.

REGIMENT Nursing Sister

RANK

No.

M.F.B. 465.
150M.—-18.
177 2-339-4600.



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

   Only such entries to be made on this sheet as will show:

   1. Condition on examination (in red).
   2. Condition on leaving Canada.
   3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	1919.		4/17 29/32								8/21 20/30 23/27 28/31	30/35											
	Feb	27.																			R. M. McGibbon Capt	7.	Clear.
																					R. M. McG	7	

E.B
9a.
9h

M. F. [illegible]84.
3M.—[illegible]
1772 39—[illegible]
L. L. Job 82[illegible]—M. & D. 7106.

E

H/S J & Gamblin

Date of Dis-embarkation
Place

A/CHIEF CONDUCTING PAYMASTER
CLEARING SERVICES COMMAND

1.

PERIOD From	PERIOD To	PAY Days	PAY Rate	PAY Amount	FIELD Days	FIELD Amount	CREDIT LAST ACCOUNT	SUB-SISTENCE	TOTAL CREDITS	ASSIGNED PAY	OTHER CHARGES	Casual Payments	TOTAL DEBITS	Cheque No.	AMOUNT PAID	REMARKS
1989		Chg No			Remarks											
Apr	7		33		Advance of Trav				150 00	DR 249 d/ 28-1-20					150 00	
May	23		1598					(Claim)	100 00	Ded for bty ch. 2935.					100 00	
June	12		2159		clothing allowance				50 00						50 00	
July	3.		2935						52 78	Trav	24.4.19 to 9.4.19.				52 78	
			2936						28 50	"	18.4.19 to 10.5.19				28 50	
			2918						94 38	"	19.5.19 to 24.5.19				94 38	
	31.		3778						26 75	"	1/7/19 to 4/7/19				26 75	
Aug	13.		4059.						93 26	"	14/7/19. 31/7/19				93 26	Dr Bal 150
									595 77						595 77	

Date of Embarkation .....

Place .....

Ship .....

DEPOT No.	REGT'L No.	RANK	NAME	CONTINGENT CORPS	ENLISTMENT CORPS	DESTINATION	REASON DISCHARGED	ADMITTED TO HOSPITAL	DISCHARGED FROM HOSPITAL	FINDING OF MEDICAL BOARD	DATE OF DISCHARGE	