Unit AMC Rank Nursing Sister Name N. M. Moodie

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Moodie
   (b) What are your Christian Names? Norval Mae
2. (a) Where were you born? (State place and country) Perth Ont
   (b) What is your present address? 11715 - 95' A Street Edmonton Alta
3. What is the date of your birth? 15 March 1891
4. What is (a) the name of your next-of-kin? Mrs J A. Moodie
   (b) the address of your next-of-kin? 11715 - 95'A Street Edmonton Alta
   (c) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? 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? AMC
   Nil
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.

Norval M. Moodie (Signature of Officer)

Taken on strength (place) Calgary Alta

(date) 26 March 1917

Geo Wilkins Capt
D.A.D.M.S. A.M.C.
(Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

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

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

Date Mar 26 1917

Place Calgary

D M Cor Capt Can A.M.C.
Medical Officer.

*Insert here "fit" or "unfit"

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

REGIMENTAL DOCUMENTS

NAME Moodie Norval Mae REGT. NO. 21 Sisters UNIT A.M.S. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	IDENTIFICATION PAPER (M.F.W. 23, 133, or 51)	11-7-18	M Pers	3-9-19	Pers — 10642 Do.	DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		Ret. 4-10-19			Category
	TRAINING HISTORY SHEET (M.F.W. 113)		Clerks 12-7-20			
	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)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)				28549	Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
2	MEDICAL EXAMINATION (M.F.W. 129)					DEMOBILIZATION
	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)		H			DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M.F.W 2591					1
4	A F A 45					1-9
1	Dispensal Cert					
1	M.F.W 67					1-9
1	2nd letter					
1	Kit					
	Passport			480039		
1	D Pu 2					
	SS Baltic 12-8-19					

W. 2505
100M-11-18
1772-89-1377

To be made out in duplicate. H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins ..... A M C

(2) Regimental Number ..... Musician 3 astin

(3) Full Name of Soldier ..... Norval Mac Moodie

(4) Place of Birth ..... Perth Ont.

(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 .....

M. F. W. 67.

5 M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Mr. J.A. Moodie 11715 95 a Street Edmonton Alta

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

If so, state name and address Mr. J.A. Moodie Same Address

(11) If your Mother is a widow..... No

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..... No

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

ASSISTANT DIRECTOR MEDICAL SERVICES
M. D. No. 4
APR 2[illegible] 1917
MONTREAL, P.Q.

Date.....

.....
Lieut. Colonel,
Officer Commanding.

D.M.S. Mil. District [illegible]

Number ..... Rank N/S

Surname MOODIE

Christian Name NORVAL MAE

Units ..... Theatre of War FRANCE

Date of Service 21-7/18

Remarks .....

Latest Address 11715 - 95A St.,
Edmonton, Alta.

Roll No. B-Regt 22377

200m.-6-21.

(This form to be filled in by the Master of Voyage for Canada.)

.....

R RANK SURNAME INITIALS UNIT

....

al address..... ....
(Street) (City or Town) (Province)

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

.....

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

..... Railway.....

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

tination.....

(Sgd.).....

. 2502.

1- 9.
-1269.

DEPT. OF NAT. DEFENCE
NOV 25 1922
90C.C.

SURNAME. Moodie

CHRISTIAN NAMES Norval Mac

REGL. NO. RANK Nursing Sister

UNIT C.A.M.C.

FORMER CORPS C.A.M.C.

R13 CARD No. X

S.O.S. Lon 30-8-19
demob FOLL. auth D.O.
249 of 6-9-19
n/s #13 D.R.
also R.O. 21779 17-9-19 #13 D.R.
also auth 266 of
23-9-19. a.d.m.s. #13

NEXT OF KIN.

NAMES IN FULL Moodie, Mrs. F. A.

RELATIONSHIP TO SOLDIER Mother

ADDRESS ~~11715-95a St., Edmonton Alta.~~
Claremont. Alta.
S.A.S.R. 21-7-17 3:8

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Perth Ont. DATE

PLACE OF ATTESTATION DATE

O.S/O 27-4-17 Details 218

R/C 21/8/19 394/5 n/s.

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 17?2-39-339.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

Present address. 11715-95a St, Edmonton Alta.

FORM. R. 340.
7106—250m—7/2/17.

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

Unit Narval.Mae. CAMC. M.Bks.Hosp.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
21-7-17	M.Bks.Can.Mil.Hosp.	S'Cliffe.	Mumps.	735.		
3 8 17	Discharged			1918	K.R. 7-10-17	

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

NAME Woodie N. [illegible]

RANK AND CORPS Pvt. Sig. C. A. M. C. (M. B. 6)

REGT'L NO. [illegible]

H. Q. FILE NO. 649.

FOLLOWS NO.

FOLLOWS

CABLE

NO.	DATE

NATURE OF CASUALTY

L. L. 20497—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
735 2/2	Moore Bks. Can. Shorn	21-7-17	Mumps.
794 5/5	Discharged	13-8-17.	Mumps.

D. M. S. 1347.

Surname	Christain Name	Reg. No.
MOODIE	N. M.	DMS. 4-M-1369.

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

MEDICAL BOARD held at	Date	Serial No.
(1) Shorncliffe	13-8-17.	

Other Medical Boards at	Date	Serial No.
(2) do.	3-9-17.	

(3)

(4)

(5)

Condition found by Board
Mumps & Tonsillectomy.

Disposition Recommended

(1) Unfit ny service 3 weeks.

(2) Fit General service.

(3)

(4)

(5)

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

Disposition

Remarks

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

Surname. Christian Name.

MOODIE N. M.

Rank. Unit.

N/Str. C.A.M.C. M.B.H.

Date of admission.

Hospital. Moore Barracks Hosp. Shorncliffe 21-7-17.

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis. Mumps. R

Later diagnosis. .....

.....

.....

.....

Disposition. Date.

Discharged:-13-8-17.

....

26-7-17 735-2.

3-10-17 794-5.

C.L. ..... Remarks.

C.L. .....

C.L. .....

C.L. .....

C.L. .....

C.L. .....

C.L. .....

A.M.D. 2 DEPT.

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

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181

MOORE BARRACKS
CANADIAN HOSPITAL,
SHORNCLIFFE.

Corps Came — Military Hospital

No. — Rank and Name N/S. Moodie, N.M — Age 26. — Service

Disease Mumps — Date of admission 19-7-17 — Date of discharge 13.8.17 — Result Cured

Dates of Observation	July 19	20	21	22	23	24
Days of Disease						
Temperature Fahrenheit — Time A.M.			8	8	12	4
Temperature Fahrenheit — Time P.M.		4		8 P.M.		
Pulse per Minute	80	76	72	74	78	72
Respirations per Minute	20	20	20	20	20	20
Motions per 24 hours						

On admission

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

29567

(6201) Wt. W. 11421/M1165 2,000,000 12/16 McA & W Ltd. A.F.B. 181 (E. 735)

Signature E L Pope Capt In charge of case.

REQUISITION Urinalysis

DATE July 20

REG.NO.

NAME. N. S. Moodie

UNIT 6 A M 6

WARD 22

DIAGNOSIS Mumps

EXAM REQUIRED routine

REPORT

COLOUR Cloudy Amb

S.G. 1020

REACTION acid

SUGAR 0

ALBUMEN 0

MICROSCOPIC

K. K. Baldwin Capt. C.A.M.C.
per A.N.N. Officer i/c Laboratory.

L Acadams Sgt

Forms
I. 1237
12

MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE 4-M-1369

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
29567		N/S.	Moodie	N. M.
Year		**Unit.**	**Age.**	**Service.**
1917		C.A.M.C.	26	5/12

Station and Date.	Disease Mumps.
July 20/17	Swelling of left side of face and difficulty in opening mouth. Typical painful swelling of left parotid gland. To have ice bag to face.
July 20/17	Right parotid gland beginning to swell in a similar way.
July 31/17	Removal of tonsils and adenoids under general anaesthesia. Both tonsils septic. C.C. Ballantyne Capt.
Aug. 13/17	Quarantine period completed. Discharged from hospital. N. H. Lindsay Lieut CAMC.

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

(44502) Wt. W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E238)

P.T.O.

Station and Date.	

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. ..... Rank N. S. Surname MOODIE

(Given name in full)

NORVAL MAE

Unit or Corps C.A.M.C Birthplace Perth - Ontario

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

1. GENERAL DESCRIPTION:

Physique Good Weight 125 lbs. Height 5 ft. 4 in. Colour of Eyes Blue

Nutrition normal

Pulse 72

Condition of arteries normal

Vision Rt. 6/6 Left 6/6

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 FIT.

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

THIS SECTION FOR USE OVERSEAS—

Examined at 13. Bermuda ah. (Overseas) W.I.

Date 18-6-19 Signed Jno. Macoun Major C.A.M.C. 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 Norval M. Moodie 7/8

(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 a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

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 A/S Surname MOODIE

(Given name in full) NORVAL MAE

Unit or Corps C.A.M.C. Birthplace Perth, Ont.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 125 lbs. Height 5 ft. 4 in. Colour of Eyes Blue

Nutrition Good

Pulse 74

Condition of arteries Normal

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 25 ft.

Left 25 ft.

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

Nil

Opinion as to general health and physical condition Fit

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

THIS SECTION FOR USE OVERSEAS—

Examined at London (Overseas)

Date 13 May 19 Signed [signature] 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 [signature]

(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 a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

C.A.D.C. 5009M

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

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

NAME OF SOLDIER (Block Letters) Moodie N. M.

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

Date of Examination in England 13/5/19 Date of Examination in France



PRESENT DENTAL REQUIREMENTS

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

/ nil

HAS HE EVER REFUSED DENTAL TREATMENT? No.

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

(a) In Canada No.
(b) In England Yes
(c) In France No.

Signature of Dental Officer E. J. Kelly
Capt. C.A.D.C.

A.M.D.4. Original

MEDICAL HISTORY SHEET

Surname Mowdell. Christian Name Norval Mac

Examined { on 24 day of Mar 1917
at Calgary.

Approved by A.M. Cor P.

Rank Capt R.A.M.C. M.O.

Birthplace { City or Town Perth
County Ont.

Apparent age 26

Trade or occupation Nurse

Height 5' feet 5' 1/4 Inches

Weight 120 lbs.

Chest measurement { Minimum 33 inches
Maximum expansion 36 inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm Right Left
Number 1

When Vaccinated last 15 yrs ago

(a) Marks indicating congential peculiarities or previous disease —

(b) Slight defects but not sufficient to cause rejection —

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
29-3-17		5.00 mill mixed T.A.B. M.O.
7-4-17		1.000 mill mixed C.C. Richard M.O.
16-4-17		1.000 mill mixed L.R. Bourne M.O.
13.5.18		T.A.B. 1 Wkd Calcutta Left

Enlisted on day of 191 at

	Corps	Regt'l Number	Habits	Date
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Folkestone	12/8/17	Mumps & Tonsillitis	3 wks leave. Invalided Home
13. Berners Sch. W.I.	18-6-19	Nil	F.I.T. Jas. Macaree Major Canada

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

M. F. B. 313.
390M.—1-17.
H. C. 1772-39-439.

Surname Moodie Christian Name Norval Mac

STATION	Date of Arrival at the Station	Dates of Admission into Hospital Day	Month	Year	Dates of Discharge from Hospital Day	Month	Year	DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
Montreal P.D. Moore Barracks Hpl, Shorncliffe.	28-3-17 29567	JUL	20	1917				~~No admission~~ ~~Mumps~~ ~~Tonsillectomy~~		Moderately severe attack mumps. Tonsillectomy done during convalescence.	W.H. Whitestone Capt

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

Casualty Form—Active Service.

Regiment or Corps... 7 Can Gen Hosp.....

Rank N/S. Surname Moodie Christian Name N.M.

Religion..... Age on Enlistment.....years.....months

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

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

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

Occupation..... Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...			
28/7/18.	7 C.G.Hosp.	TOS on arrival in France. (WO 121/[illegible]/40126(AM)4) dt 17/8).		20/7/18	B213 KR 25413/2 Pte 53/1918.
4-8-18.	"	SOS on posting ~~fm~~ to No 8 Can Stat Hosp. (GHQ TG 8/58 dt 1/8/18.)		30/7/18.	B213 KR 20421. Pte 54 dt 12/8/18
3. 8. 18	8 b Stat Hosp	SOS of No 8 Can Stat Hospital	8 b Hosp	31. 7. 18	B213 Pte 25 dt 12/8/18.
2. 11. 18	2 b Stat Hosp	Joined for temp duty	2 C.S. Hosp	2. 11. 18	B213.
9. 11. 18.	"	attached for temp. duty (Dms. Can Rec. M 850 dt 3.11.18)	2. C. S. Hosp.	2. 11. 18.	B213.
30. 11. 18	"	Left for 8 C.S. Hosp		24. 11. 18	B213

(*a*) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(*b*) Signaller, Shoeing-Smith, &c.

W. 8635—M2733 2000m 9/17 (35611) C. P. & S., Ltd., Fo[illegible]/103 E/1807. P.T.O.

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				
30.11.18	8 C.S. Hosp	Rejoined unit	8 C.S. Hosp	24.11.18	B213
8.2.19	"	Granted 14 days leave in France	4.2.19	B213	P.O 5 dt 21.2.19
22.2.19	"	Rejoined	8 C.S.H	21.2.19	B213
		Proceeded to England	16.4.19	C Chevalier Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B.E.F.	
15.5.19	C.R.D. St.	208 from base Casualty Co	London	13.5.19	Pt II, 98
13.8.19	S.O.S. O.M.F. of C. ON EMBARK	Transferred		For MAJOR General Adjutant General, Canadians	

M.J.F. 13-39. T.H.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

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

(Name in full) Norval Mae MOODIE.

Enlisted in the Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the [redacted]

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

in the Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the Twenty-Fourth day

of March 191 7.

She SERVED in CANADA, England and France with the C.A.M.C., C.A.M.C.Depot., Moore Barracks Hosp., #11 Can. Gen. Hosp., #7 Can. Gen. Hosp., #8 Can. Stat. Hosp., C.A.M.C. Cas. Coy.

and was STRUCK OFF THE STRENGTH on the Thirtieth day

of August 191 9 by reason of General Demobilization.

Dated at Ottawa, this Fifteenth day

of January 191~~7~~ 1920.

L. Labarge

Lieut.

for. Director of Personal Services.

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

J.M.

CERTIFIED CORRECT
30 JUL 1918
CANADIAN RECORD OFFICE

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

Unit, Regiment or Corps. Army Medical Corps

Regimental No. [illegible] Rank Nursing Sister Name Norval Mae Moodie

Enlisted (a) [illegible] Terms of Service (a) Period of War Service reckons from (a) 24-3-17 27.4.17

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

Extended [illegible] Re-engaged [illegible] Qualification (b) Nursing Sister

W.S.B. class "A"

Report: Date	Report: From whom received	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
		Embarked	Halifax	27-4-17	
		Disembarked	Liverpool	6-5-17	
7-5-17	C.A.M.C.D.	TAKEN ON STRENGTH	Westenhanger	6-5-17	Pt II AO 137
5-17	"	Posted to Moore Bks Hosp	"	9-5-17	Pt II AO 137
					Capt. ASST. ADJUTANT. PER C.S.,C.A.M.C. TRAINING SCHOOL.
5-17.	M.B.C.H.	T.O.S. from the C.A.M.C.D.	Shorncliffe.	9-5-17.	Pt. II A.O. 137.
7-10-17	O.C. No 11 C.G.H.	from M.B.C.H. to No 11 C.G.H.	"	1-10-17	Pt. II A.O. No 250.
24-7-18	"	S.O.S. on proceeding Overseas	"	20/7/18	Pt II A.O. No 59.
					[illegible] COLONEL, C.A.M.C. OFFICER I/C No. XI CANADIAN GENERAL HOSPITAL MOORE BARRACKS, SHORNCLIFFE.

(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				
2-9-19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 13	13/8/19	C.E.F. R.O. No. 2152-19
17-4-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 13	30-8-19	C.E.F. R.O. No. 2177-19

A. St. Hunter Capt.
for Director Personal Services

67

E.T.

Surname MOODIE **Christian Names** Norval Mae

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

Promotion T.O.S. 24.3.17 Mrs T.A. Moodie.

11715, 95a. Street. Edmonton

Unit C. A. M. C. Alberta. Canada.

Place of birth Perth. Ontario.

Married (Yes or No)

Appointments

Date of leaving Canada 27.4.17 **Date and Cause of Resignation**

Report Date	Report From whom received	Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS Taken from Official Documents
		T.O.S. Canc. Ctn on am. P. Can.			
14.5.17	Dms.	& posted to Canc.	Dep.	27.4.17	C.O. 622.
14.5.17	Dms.	Posted to Moore B. H. admitted	S'cliffe	9.5.17	C.O. 624
25.7.17	C.R.O	moore B[rs] Hosp.	S'cliffe Discharged	21.7.17 / 13.8.17	C.L. 435 / C/ 794 mumps
29.8.17	D.M.S.	Granted leave by Med. Bd. from.	13.8.17 to.	3.9.17	C.O. 1134.
4.10.17.	D.M.S.	Posted to No 11 Can Gen Hosp. (Moore Barracks)		1.10.17.	C.O. 1299.
18.2.18	11. C.G.H.p	Granted leave from	9-3-18 to	23.3.18	C.R. 7.15.
24-7-18	do	S.O.S. on proceeding O/seas		21-7-18	P[T] 11 Ord 59
6-8-18	7 C.G.H.p.	T.O.S. on arrival in France		20-7-18	P[T] 11 ord 53
12-8-18	- do -	S.O.S. and reported to	8 C.G.H.p.	30-7-18	P[T] 11. ord 54
13-8-18	8 C.G.H.p.	T.O.S. on reporting from	7 C.G.H.T	31-7-18	P[T] 11. ord 25.
21-2-19	D[o]	Granted 14 days leave in France		4-2-19	P[T] 11. ord 5.
23-4-19	do	S.O.S. posted base bas.		16-4-19	" 11

A.F.B. 103.

30 JUL. 1918

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				
	bamb				
2-5-19	Cas Coy	T.O.S. posted from	S.C.S.H	17-4-19	Pl-II O. 102.
16-5-19	do	S.O.S. on posting to C.R.C.O.H.		13-5-19	Pl-II O. 114.
16-5-19	CRCOHS London	T.O.S. from Canc. Cas. Coy.		13-5-19	Pt I ord. 98.
26-8-19	H.M.S.	S.O.S. to O.E.F. Canada		13-8-19	Do 27
31.8.19	CR+HP	S of S to O E F Canada		13.8.19	Pt I O/121
			Sailed to Canada	13-8-19	S.L.D. 34.
			SoS	30.8.19	

23504

CONFIDENTIAL. Army F[illegible]n A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at SHORNCLIFFE— (19, Westbourne Gardens, Folkestone,) on Sept. 3rd, 1917.

by order of A.D.M.S., Canadians,

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

(Rank and Name) Nursing Sister N. M. Moodie, (Corps) C.A.M.C.

Age 26 Service 5/12 Disability MUMPS & TONSILLECTOMY.

Date of commencement of leave granted for present disability 13-8-1917.

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

she has recovered.

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

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

I concur in the findings of the Board of Medical Officers here recorded.
S. Nixon Davis
Captain, D.A.D.M.S. for D.M.S. Canadians,

Officer's Address S. Moore Bks. Hospital, Shorncliffe.

Signatures: S. Nixon Davis, Maj. CAMC. President.
D. E. Howes, Capt. CAMC. Members.

[P.T.O.

INSTRUCTIONS.

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

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

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

(2541.) Wt. W16848/G9255. 500,000. 3/17. P.P.Ltd. **Est. No. 1069.**

CONFIDENTIAL. Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at SHORNCLIFFE— (18, Westbourne Gardens, Folkestone,) on 13-8-1917.

by order of A.D.M.S., Canadians,

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

(Rank and Name) Nur. Sister N. M. Moodie, (Corps) C.A.M.C.

Age 26 Service 5/12 Disability MUMPS & TONSILECTOMY.

Date of commencement of leave granted for present disability 13-8-1917.

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 Nursing Sister has today been discharged from Moore Bks. Hospital, convalescent from the above disabilities. She requires a short period in which to recuperate.

The Board recommend three weeks leave.

Warrant issued to ~~Oban~~ Inverness and return to Folkestone.

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

1. Fit for General Service — No. Unfit three weeks.
2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category* — No. do.
3. Fit for Home Service — No. do.
4. Fit for Light Duty at Home — No. do.
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 Depôt — ----
   (b.) Fit for treatment only at a Command Depôt — ----
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? — (1) Yes. (2) No.
9. Was it contracted under circumstances over which he had no control? — (1) Yes. (2) Yes.
10. Was it caused by military service? — (1) Yes. (2) No
11. If caused by military service, to what specific military conditions is it attributed? — (1) Infection & Exposure. (2) Not applicable.
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? — (1) Not applicable. (2) Yes. Infection & Exposure.

I concur in the findings of the Board of Medical Officers as recorded. 17 Aug 1917
Captain, D.A.D.M.S. for D.M.S. Canadians.

Officer's Address S.
c/o Bank of Montreal,
9, Waterloo Place,
London.
Station Hotel, Inverness.

Signatures
S. Nixon Davis, Maj. CAMC. President.
D.A. MacGregor, Capt. CAMC. Members.

[P.T.O.

INSTRUCTIONS.

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

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

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

(2541.) Wt. W16848/G9255. 500,000. 3/17. P.P.Ltd. **Est. No. 1069.**

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 L/S. Surname MOODIE.
(Given name in full) NORVAL MAY.
Unit or Corps C.A.M.C. Birthplace Perth, Ontario.

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

1. GENERAL DESCRIPTION:

Physique Slight. Weight 125. lbs. Height 5 ft. 5 in. Colour of Eyes Blue.

Nutrition Good.

Pulse 72 — Regular.

Condition of arteries Soft.

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

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

Nil.

Opinion as to general health and physical condition Fit.

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.

Nil.

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Can. Red Cross (Overseas)

Date 1-8-19. Signed Edward E. Brush Maj Can C. 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 [illegible] H. M. Moodie

(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 a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

L. L. Job 4503.—M. & D. 6832.

ASSIGNED PAY.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1771-39-813.

SEPARATION ALLOWANCE

Name Mrs T. A. Moodie

Address ~~11715 93a Ave~~ ~~Edmonton~~ Claremont P.O. Alta

Relation to Soldier wife, child or mother

Name of Soldier Moodie R. M.

Regtl. No.

Rank Nursing Sister

Corps C.A.M.C.

To what Corps belonging when called out

~~$25.00~~ ~~50.00~~ 40 MAY 1917

55 = 1/10/17

Mrs R. Moodie

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Ozone 16/10/17 Ea 19/10/17
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLI... 4 ACCOUN...

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Mrs T. A. Moodie
(Assignee)

L. L. Job 5470—Req. 6888.

Name of Soldier Moodie A. M.

Nursing Sister C. A. M. C.

Month.	Year.	Cheque No.	Amount	Remarks.
~~April~~	~~1916~~		~~25 00~~	50.00 Oct 1/17. MAY 1917
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		T 13116	25	
June		F 16317	25	
July		D 24211	25	Claremont P.O. Alta 26/7/17 R.M.
Aug.		Q 30959	25	
Sept.		Q 37859	25	
Oct.		H 44501	25	
Nov.		S 51588	75	75.00 Now to adjust
Dec.		Q 57786	50	50.00 Future.
Jan.	1918			275
Feb.				
March				
April				
May				
June				
July				

275.00 Now.

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.				

FORM P.15
7847 10M 11-2-19 D.565

ASSIGNED PAY.

UNIT. Shut 2.

RANK.

NAME. [illegible]

NAME OF	RATE OF P. AND A.	DATE	AUTHORITY
Beneficiary 6 A M C.	Pay 2	N.S.	
Address Can	F.A. /		
Amount $ 5'5'	Messing / 4		
Separation Allowance Issued. Yes or No.....			

Name Moodie
Initials N. M.
Bank of Montreal Tray 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
June	Balce fwd			134		Dr 134	L.P.C. to 31/7/19.	
	A.P. Can				5.5			
	Pay R		120			69		
July 11	Quarters 1-30 6/19	4479					£6-0-0 29 20	
	Pay R.		124					
	A.P. Can.				5.5			
	16 Quarters 1-30 6/19 £6-0-0 to be Cred Pay a/c L.P.C. 31 7/19 P.M.C. 4479 Vo 225		29 20			6r 29 20		
" 25	Subs. Allee. Bank.			2920		0		
Aug 5	Adv Aug Pa a End on. L.P.C. Direct,			69		Dr 69.		
" 11	Subs fr. 1-31/7/19 (Direct, Cash			30 17.				
12	Quarters 1-11 8/19 Direct	5578					£2. 4. 0	
12	Lew allee 5.13 8/19 ..	5579					£6.3.0	
12	Quarters 1-31 7/19	5621				99 17	£6. 4. 0	
	23 Quarters 1-31 7/19 to be Cr pay a/c £6-4 P.M.C. 5621 Vo 501		30 17.			Dr 69	Fr L 3rd 12 15 9/19	
Dec 31	Chgd to Can Vo 99		69.			0		

FORM P.15

7847 10M 11-2-19 D.565

ASSIGNED PAY.

UNIT.

NAME OF RATE OF P. AND A.

RANK.

DATE AUTHORITY

NAME.

Beneficiary

Address

Amount $

Separation Allowance Issued. Yes or No.....

Pay

F.A.

Messing

Name

Initials

Bank

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES TO BE INITIALED BY P.M. IN EVERY CASE	INITIALS

FORM P. 15
5986–25M–19/1/17

ASSIGNED PAY. **UNIT.** **RANK.** **NAME.**

UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY
C.A.M.C.D.	.	Pay. # 2 00 Pd F.A. 60 " Mess. 1.00 .	N/S.	27/7/17	M. Canada P.D Dmsco. 622. d/14/5/17.

Beneficiary
Address
Canada
Amount. $ ~~25~~ 00 55 1/10/17 ~~1/15~~
Separation Allowance issued. Yes or No.....

Name Moodie
Initials N. M.
Bank of Montreal
Trafalgar Square 1/9

1917 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
1917								
June 6	Fra Pf. 1-31/5/17. Mess Pf. 27/7/17-31/5/17. less $25 A.P. Bank.	6222.		90 60				
" 7	Pa a/c N.S. rate Mess Pf. 27/7/17. Dmsco. 622. d/14/5/17. P.D Pf 1/5/17. Vc. 872 Pf 166.		115. 60			Cr. 25		
" 8.	a/c. Canada. (2 mths)				50.			
" 14	June Pay. (R)		108			83		
" 15	Pens pct Mess Pf 27/7/17 held Pa Pf 1/5/17. to be debit with diff. Dmsco 622 d/14/5/17. Vc. 1333 Pf 166.			10		73		
21	Bank	1998		73				
July 5	Trav Exes. 25-88 4/17.	91					✓ 25 50	£1-2/7
" 19	July Pay (R)		111 60					
" 17.	a/c Canada.				25	86 60		
" 24	Bank	13029		86 60				
Aug 18	August Pay (R)		111 60					
14	a.P. Canada				25 -	86 60		
" 21	Bank	17080		86 60				
Sep 14	Sept Pay (R)		108					
11	a P can.				25	83		
20	Bank	21813		83				
Oct 15	October Pay (R)		111 60					
11	a P. can a2 m off 1/10/17				55			
19	Bank	26291		56 60				
Nov 14	November Pay (R)		108					
13	a P. can.				55			
14	Dental repairs Gold Crown List 54. Vo 927			61				
19	Bank	30681		52 39				
Dec 7	A.P can				55			
6.	Dec. Pay R.		111 60					
	Carried Forward							

FORM P.15
5986–25M–19/1/17

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

Beneficiary
Address

Amount. $55. Canada
Separation Allowance issued. Yes or No.....

Pay. # 2 00 Pd.
F.A. 60
Mess 1 00 "

~~R~~ R.S.

Name Moodie
Initials N R.
Bank of Montreal
Trafalgar Square, 1/18

DATE 1917	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
	Brought Forward		111 60	55				
Dec 13. 1918	Bank	35096		56 60				
Jan: 15	A. Pay. Can				55			
" 11	Jan Pay (R.)		111 60					
" 21.	Bank.	39501		56 60				
Feb 1	Sickleave 15/1/17-4/2/17	13125					£2.3.2 $10.50	
Feb 15	Feb. Pay. (R.)		100 80					
" 11	A. Pay. Can				55			
" 22	Bank.	40996		45 80				
Mch 15	March Pay. (R.)		111 60					
" 11	A. Pay Can.				55			
" 22	Bank			56 60				

FORM P. 15
5986--25M--19/1/17

ASSIGNED PAY.

UNIT. NAME OF ~~DATE AUTHORITY~~ Rates

RANK. DATE AUTHORITY

NAME.

Beneficiary
Address

Amount. $ 55 00 Canada
Separation Allowance issued. Yes or No.....

C.A.M.C.D. Pay $. 2. 00 Pd. N./S. 27 4/17 In Can. P.D.
F.A. 60 " Dmsco #622
Mess $1. 00 " d/14/5/17

Name Moodie
Initials N. M.
Bank of Montreal
Traf Square

27 4/19.
add outfit allce 5/19.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
april 15	A Pay. Can				55			
	April Pay. (R)		108					
22.	Bank.	1187		53		"		
May 10th	Dental Charges 6/18 10/- first 40 May Voc. 269			2 43				
"	A. Pay. Can.				55			
16	May Pay (R)		111 60					
27.	Bank.	2683.		53 57		60		
June 7th	June Pay (R)		108.					
14	A P Can				55			
26-	Bank.	4166		53 60				
July.	July Pay (R)		111 60					
13.	A P Can.				55			
26	Bank.	5635		56 60				
aug 14	A. P. Can				55			
16	aug Pay R		111 60					
26.	Bank.	7272.		56 60				
Sept 10	Sept. Pay (R)		108-					
"	A. P Can.				55			
26	Bank	9187.		53				
Oct 12.	Oct. Pay (R.)		111 60					
	A. P Can				55			
20	Bank	10428	140 108	56 60				
nov	Pay R.							
	A P Can.				55			
26	Bank	12502		85				

FORM P.15
5986–25M–19/1/17

ASSIGNED PAY.

UNIT. NAME OF: CAMCD. Rates DATE: Pay. 7 a. Mess. AUTHORITY: $2-00 pd. 60 1-00

RANK. DATE: 4hs. 27/4/17. AUTHORITY: From Can P.D. DMSCO # 622. dy 14/5/17.

NAME. Name Moodie. Initials H M. Bank of Montreal Trafalgar Square.

Beneficiary

Address

Amount. $ 55^00 Can.

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

Add. Outfit allce: 29/4/19.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918–19								
Dec 11	Pay R.		124					
12	A. P. Can.				55			
18	Bank	13792		69				
Jan. 15	A. P. Can.				55			
16	Pay R.		124					
24	Bank	15564		69				
Feb. 10	A. P. Can.				55			
19	Pay R.		112					
22	Bank	12121		57				
Mar 15	A. P. Can.				55			
19	Pay R.		124					
19	Trav. allce France 31/10/18–2/11/18	3402		6			Fcs. 39. 15	
24	Bank	18694		69				
April 10th	April Pay (R.		120					
12	A. P. Can				55			
17	Adv. Apl. P.M. Bank.	726		65				
28	Add. Outfit Allce: 29/4/19. Bank.	1178.		100				
28	Add. Outfit Allce 29/4/19 No. 1129.		100					
May 9.	May Pay. R.		124					
	A/C Can				55			
15	adv May Pay Bank.	2225		69		0	Rets to Can dpc to 31/7/19 Dems Def. Bk & Ledger.	
June 4	Adv June P Can Bank.			65				
7	Trav allce 7-18/4/19	2998					1-17-6	
11	Quart - 13 - 31/5/19	3202					3-16-0	
16	Adv. July P & R. Bank			69		To 134	Fwd	

O.G. 19.

D.A. [illegible] R.

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

M 219

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

Occupational Grant 19 D.R.
Dispersal Area R.

1. RANK	Nursing Sister		
2. NAME	Moodie, Norval Mae		
3. UNIT	C.A.M.C.	8 Can. Stationary	
4. DATE STRUCK OFF STRENGTH			PLACE
5. REASON	SOS 30-8-19		RO 2177-19

DEMOBILIZATION

1 3 22

H

6. AUTHORITY

7. PROPOSED RESIDENCE

117,15 - 95A Street,
Edmonton, Alberta.

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.

1918 Moodie Norval M.

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

1. Triplicate Declaration Paper (M.F.W. 51), or
   Triplicate Attestation Paper (M.F.W. 23).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B.313 or A.F.B.178)
4. Proceedings of Med. Board (M.F.B.227 or M.F.W.129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Proceedings on Striking off Strength (M.F.W. 2594).
7. Last Pay Certificate (P.41)
8. War Service Gratuity Form (M.F.W. 2595).
9. Sundry Documents.

Group 9

Checked by No. 7

Date 12 AUG 1919

Baltic 13/8/19 - 21/8/19.

AUDITOR | PAYMASTER

M. OR S. S.

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

REGT. NO. | RANK N/S | NAME (IN FULL) MOODIE. N.M.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
11715-96 a. St. Edmonton.		

Certified opening entries on this Ledger Sheet have been audited by ... Date 20-7-19

ORIGINAL UNIT C.E.F. C.A.M.C. | 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 $ 55.00 | DATE EFFECTIVE 1-9-19

PAYABLE TO Mrs J. A. Moodie | RELATIONSHIP

ADDRESS Clairmont P.O. Alta

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Calgary | DATE 30-8-19 | REASON Demob | AUTHORITY DO. 249 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	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	31-7-19		3.00																																	Brig. L.S.B.
	1/8/19-30/8/19	30	3.00	90		12			192		Boat bf		London 5/9/19				90		69										55				214		22			Rec'd to 12-8-19 $12.00
				90	00	102	00		192	00							90	00	69	00									55	00			214	00	22	00		
153.		WSS		459					459																												
				459	00				459	00																			55	00			112	00	347	00		
																	161																161	00	186	00		
																	93	00															93	00	93	00		
																	93	00															93	00				
				459	00				459	00							387	00											55	00			459	00	186	00		

Certified opening entries on this Ledger Sheet have been audited by ... Date 21/11/19. Imp. Serv. Graduate

1 x 9 @ 22.00
1 Ot. Inst. Wds. 3 @ 90.00
14722.87 30/10/19.
1481274 30.11.19
1486186 30.12.19

All Payments Due on This Account have been completed.

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

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

M 18348

Date of Assignment (2) Oct. 1-17 (1) May 1-17

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

~~25~~	55		

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank N.S. Promoted Reverted Discharge

Soldier's Name R Pn. Moodie CA M.C

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Pte H.A. Moodie

Address ~~Claremont P.O. Alta~~

Change of Address Claremont P.O. Alta

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total
1917 Dec. 31			275	275
Jan.	H63030		50	50
Feb	V75006		50	50
Mar	N 90903		50	50
Apr	M 12134		50	50
Apr	G 5806		30	30
May	A 16073		55	55
June	N 20371		55	55
July	H 29772		55	55
Aug	P 39022		55	55
Sept	S 50446		55	55
Oct	X 54717		55	55
Nov	J 61148		55	55
Dec	X 66472		55	55
1918 Jan	U 71122		55	55
Feb	W 75531		55	55
Mar	M 84870		55	55
Apr	S 2721		55	55
May	G 7382		55	55
June	H 10838		55	55
July	G 11222		55	55
Aug	P 13748		55	55
			1290	1390

+ 13038-N-2

REMARKS

A. P. 25.00 from 1/5/17 to 30/9/17 = 125.00

" " ~~50.00~~ " 1/10/17 — 31/12/17 = 150.00 Authy 2M/6 10/17 N.D.

55cts from 1/10/17 letter CP No 28/3/18 attd to file V75006 mailed 25-2-18 to Claremont

mailed 23-4-18

A/c Closed 31-8-19 Baltic

Ret'd per

Date 21-8-19 M.F.W. 187b-9-19

Clerk B Stolesbury

MD 13

MRO2H 1124/25 Dest.

AUDITED.

A STENCIL HAS BEEN MADE FOR THIS ACCOU

M. F. W. 128
400M.—6-17—1772-89-1141
L. L. 22320—M. & D. 7693.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7983.