

Proceedings of Court of Inquiry or on men
reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for
Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

Name Champagne Ernestine

Regt. No. Rank N/A

Corps 6 a m b

2. S. C. 6 a m b
Med. Unfit

14347



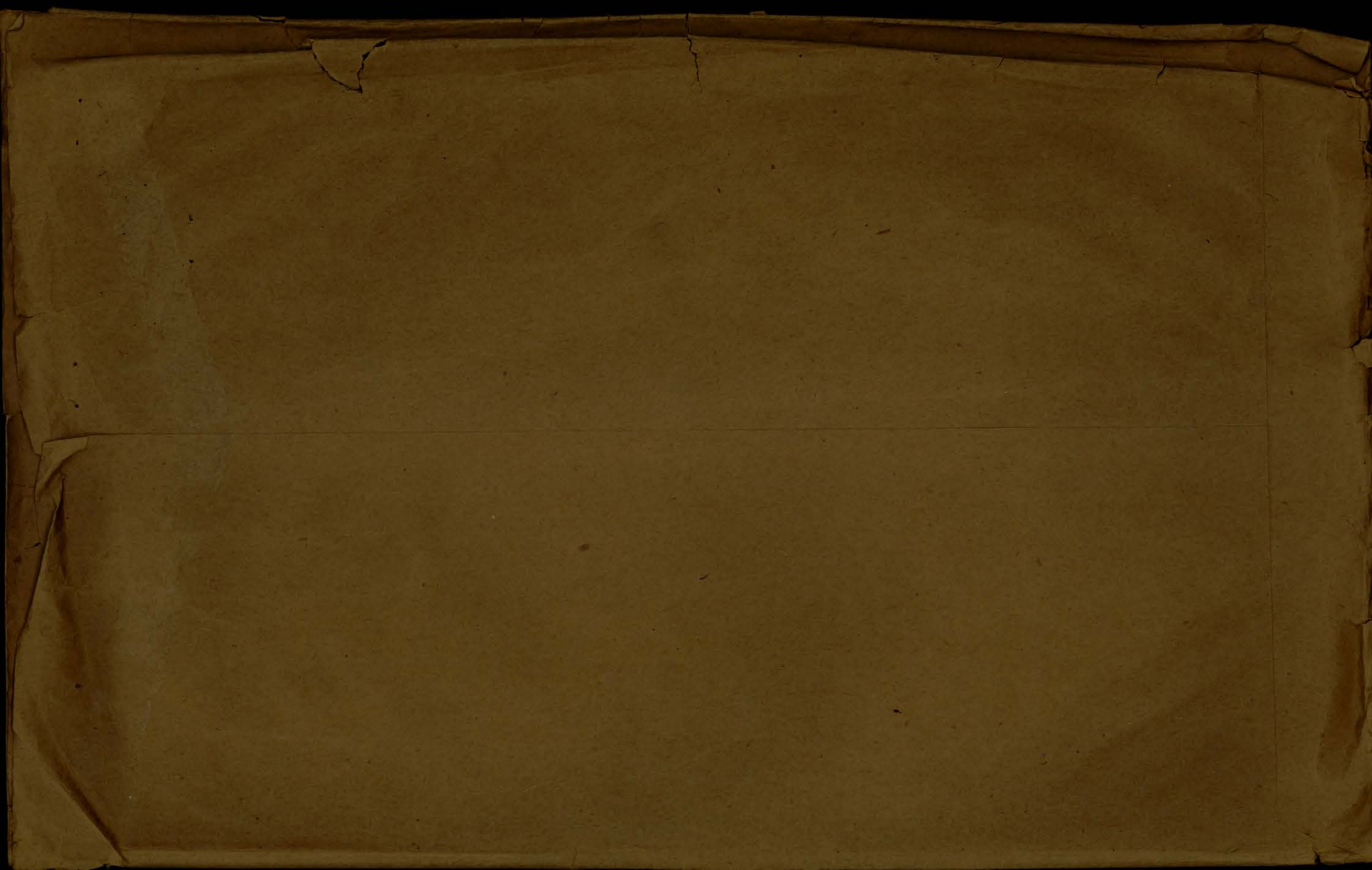
d 24 May 79
Box #
403 534



10. 9
11-10

NOC 57107
A 7 B 178-2
A 7 A 45-2

M. J. V. 2679A



ATTESTATION PAPER

No. *K1100*

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? *Champagne Ernestine*
2. In what Town, Township, or Parish, and in what Country were you born? *Canada.*
3. What is the name of your next-of-kin? *Evariste Champagne.*
4. What is the address of your next-of-kin? *Standard Life Ass. 157 St James St. Montreal*
5. What is the date of your birth? *January 27th 1880*
6. What is your trade or calling? *Nursing Sister.*
7. Are you married? *No*
8. Are you willing to be vaccinated or re-vaccinated? *Yes.*
9. Do you now belong to the Active Militia? *No*
10. Have you ever served in any Military Force?
If so, state particulars of former Service. *No*
11. Do you understand the nature and terms of your engagement? *Yes.*
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *Yes.*

Ernestine Champagne (Signature of Man.)
Binguette (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Ernestine Champagne*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *March 23rd* 191*5* *Ernestine Champagne* (Signature of Recruit.)
Binguette (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Ernestine Champagne*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *March 23rd* 191*5* *Ernestine Champagne* (Signature of Recruit.)
Binguette (Signature of Witness.)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Montreal* this *23rd* day of *March* 191*5*.

Francis J. Hartigan (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

E. Peltier (Approving Officer.)

DESCRIPTION OF Champagne Ernestine ON ENLISTMENT.

Apparent Age 35 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 4 ft. 7 ins.

Chest measurement { Girth when fully expanded 34 ins.
Range of expansion 2 ins.

Complexion Fair

Eyes Brown

Hair Dark

Religious Denominations { Church of England
Presbyterian
Wesleyan
Baptist or Congregationalist
Other Protestants
(Denomination to be stated.)
Roman Catholic R.C.
Jewish

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him fit for the Canadian Over-Seas Expeditionary Force.

Date March 23rd 1915

Place Montreal

Allynauld

Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT

Ernestine Champagne having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Allynauld (Signature of Officer.)

Date April 1st 1915

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

W.E.-4-15.
H.C.

ISSUED TO OFFICERS AND NURSING SISTERS

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

(Name in full).....
Ernestine CHAMPAGNE

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

CANADIAN EXPEDITIONARY FORCE, on the.....

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

in.....
the Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE on the.....
Twenty-third

of..... 191.....
March

He SERVED in CANADA,.....
She xi England and France with the C.A.M.C.,

No. 1 Can. Gen. Hospital., No. 4 Can. Stat. Hospital., Moore
Barracks Canadian Hospital., No. 8 Canadian General Hospital
and C.A.M.C. Depot.

and was STRUCK OFF THE STRENGTH on the.....
Thirty-first

of..... 191..... by reason of.....
July being medically unfit

Dated at Ottawa, this.....
Eleventh

of..... 191.....
September

[Signature]
for

Director of Personal Services.

Capt.

7-31-1911

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

Rank and Name CHAMPAGNE Ernestine, Nursing Sister

Regimental No.

Name and Address of Next-of-kin Evariste Champagne

Unit No. 4 Stat. Hos. 23 Mar 15

Standard Life Ins., Montreal, Canada.

Date of enlistment London, Eng. 21 May 1915

Montreal, March 23rd 1915

Place of birth St Eustache, P.Q. Canada

Married (Yes or No) Single

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments

Date	Report	From whom received
	H	

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

23.7.15	Dms.	From No. 4 Brit Gen. to No. 1 Can Gen. Hosp.	20.7.15	b. O. 165	
29.7.15	D.M.S.	To No. 4 Can Stat. Hosp.	28.7.15	C. O. 212	
31.7.15	D.M.S.	Transferred to D. of Gen. Red. H. Tipton	30.7.15	C. O. 228	
30.7.15	Dof C. Hp	Taken on Strength	30.7.15	Pt 11 orders 45	NR 228
7.8.15	C.G. Hp	Struck off strength. To England	20.7.15	Pt 11 orders 11	
2-3-16	D.M.S.	Transferred to No 4 Can Stat. Hp	1-3-16	b. O. 368	Pt 11 Ord. 59. (D. of Gen. Hp) 29-20
14.3-16.	4 Can Stat. H.	Taken on Strength. No 4 C. Stat. Hp	2-3-16	Pt 11 Ord 12	
27-4-16	D.C.S.	H/S. Aberdonian	18-4-16.	b. S. 349	not stated
28-4-16	D.M.S.	Posted to nurses Host. Vincent Sq. (Can)	23-4-16	b. O. 696	
30/4/16	No 4 Stat. H.	Invalided & transf. to sick leave per H.S. Aberdonian	19/4/16.	Pt 11 O. 18.	
7/6	D.M.S.	To Moore Barracks Hp. from Sick leave	5-6-16	b. O. 990.	
9-8-16	- do -	Proceeded overseas to No 86 Gen. Hp	1-8-16	b. O. 1438	C.O. 6. D.O. 4139.
21-8-16	86 Gen. Hp	Taken on strength	- do -	2-8-16	Pt 11 O. 33

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				
13-1-14	8C Gen. H.	Granted 14 days leave from	rejoined unit	20/1/17	Pt. Nord. 7 892 H
24-3-17	8C Gen. H.	S.O.S.		6-1-17	Pt. Nord. 4.
23-2-17	Dus.	Posted to Camc. admitted	Depot.	21/3/17	Pt. Nord. 25
27/3/17	C.R.D.	Q. A. S. M. N. S. H. 71 Vincent Sq. S. W.	discharged	22-3-17	CO. 408 T.D.S. Pt. Nord 86
14-6-17	H.Q.C.S.	S.O.S. Returned to Canada for further Medical Treatment.		22-3-17	C.L. 634 T.B. Pulmonary
16-1-20	W.O.	Awarded Medaille des Epidemics - "en Argent" (French) Lon By 31736		11-5-17	CO. 1694 CO. 7 H/ta. 1000

Jus. 31 JUL 18

6 SEP. 1918



CONFIDENTIAL.

Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at Hospital for A.I.M.H.S. Vincent Sq. on 1 5-4-17.
 by order of A.M.S. London Area.
 for the purpose of examining and reporting upon the present state of health of
 (Rank and Name) M/3 DUNN AGUE E. (Corps) C.A.M.C.
 Age 30 Service 24/12 Disability Pulmonary Tuberculosis
 Date of commencement of leave granted for present disability --
 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

patient reported ill 15-3-17 and admitted to no 8 Gen. Hosp.
Houon and there 6 days and thence transferred to Hospital
for A.I.M.H.S. Vincent Sq. Physical examination shows active
tuberculosis on the left side from apex to 3rd rib, on right
side in the right apex. Posteriorly active tuberculosis in both
apices. Bronchial vesicular respiration rales and increased
sound transmission. Board recommend when fit to travel that
she be invalided to Canada for six months sanatorium treatment

The opinion of the Board upon the questions herein is as follows:—

- (1.) a. Is the officer fit for "General Service"? No.
 b. If not so fit, how long is he likely to be unfit? Permanently
- (2.) a. If unfit for General Service, is he fit for service at home? No.
 b. If not so fit, how long is he likely to be unfit for service at home? Permanently
 c. If unfit for General Service at home, is he fit for light duty at home? No.
 d. If not so fit, how long is he likely to be unfit for light duty at home? 12 Months
- (3.) Was the disability contracted in the service? Yes.
- (4.) Was it contracted under circumstances over which he had
 no control? Yes.
- (5.) Was it caused by military service? Yes.
- (6.) If caused by military service,
 to what specific conditions
 is it attributed? Infectious
- (7.) If the disability was not caused by military
 service, was it aggravated by it? Yes.

Signatures {

T.H. Macdonald Major. C.A.M.C. President.

R. Howey. Capt. C.A.M.C. Members.

A.H.A. Coulfield Capt. C.A.M.C.

CONFIDENTIAL.

Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at 86 Strand. on June 6. 1916.
by order of D.M.S. Canadians.
for the purpose of examining and reporting upon the present state of health of
(Rank and Name) Nursing Sister E. Champegne (Corps) C.A.M.C.
Age 32 Service 13 mos. Disability Laryngitis (T.B.?)
Date of commencement of leave granted for present disability no record.
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 sister was in Nursing Staff at St. Cloud (No. 4. General)
The C/o there sent her to England. She has had nearly 4 weeks
at a Rest Home in Margate, then for 2 weeks at C.A.I.M.S.S.
Vincent Square. Examined by Mr. Potter there dated 29.5.16
no T.B. was found. She has some congestion of throat, but is
otherwise quite fit.

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

Major, C.A.M.C.

For D.M.S.

Canadian Contingents.

7.6.16.

The opinion of the Board upon the questions herein is as follows:—

- (1.) a. Is the officer fit for "General Service"? Yes.
b. If not so fit, how long is he likely to be unfit? --
(2.) a. If unfit for General Service, is he fit for service at home? --
b. If not so fit, how long is he likely to be unfit for service at home? --
c. If unfit for General Service at home, is he fit for light duty at home? --
d. If not so fit, how long is he likely to be unfit for light duty at home? --
(3.) Was the disability contracted in the service? Yes.
(4.) Was it contracted under circumstances over which he had
no control? Yes.
(5.) Was it caused by military service? Yes.
(6.) If caused by military service,
to what specific conditions
is it attributed? Infection & strain of duties.
(7.) If the disability was not caused by military
service, was it aggravated by it? _____

Signatures

(Sgd.) David Donald, Major C.M.C. President.

" G.M. Davis, Capt. C.M.C. } 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.

Three months pay and allowances after discharge.

Surname

Christian Name

Rank

per month.

~~L.L. 53961—M. & D. 9721~~

Remarks:

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

File No. 3043-E-2**WAR SERVICE GRATUITY.**Register No. Spec RegReg. No. N.S.Name Champagne EAddress Deceased24.3.19.

Pay Soldier \$

Pay Dependent \$

Days 183Rate 260Due 475.80

Less P.D.P. credited

Less further Dr. Bal.
or overpayment.Net 376.00Clerk W.A. Isell6-2-23

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount.
<u>6-2-23</u>			<u>376.-</u>	<u>Not eligible under P.L.</u>			<u>2419</u>	
<u>2</u>				<u>No I.A. paid</u>				
<u>3</u>				<u>Died prior 1.12.19</u>				
<u>4</u>					<u>4</u>	<u>0865</u>	<u>under</u>	
<u>5</u>					<u>5</u>	<u>15 10/20</u>		
<u>6</u>					<u>6</u>			

GEN'L AUDITOR

Posting checked by

Date.....

Placed
14/10/20

Name Nursing Sister E. C. Champagne
(Ernestine)

M. F. W. 41

1 OM-7-16

1772-39 889

392-363

Regimental No.

Name and address of next-of-kin

Unit

Unit *C. A. M. C.*

C. O. M. F. & C. E. F. 13-5-17

Date of enlistment

R.O. 1068 S.O.S. 31-7-18

Place of “

Married (yes or no)

Date and place discharged

Date and place discharged *Further Medical Treatment*

Amount of pay assigned monthly

Amount of pay assigned monthly \$ *65.00 stopped 30 $\frac{4}{7}$*

Reason for discharge

To whom payable

Public Exp.

Character on discharge

Letita 13-5-17- 22-5-17

only one (1) L. P. C. clear 30 $\frac{4}{17}$

L. L. Job 5351—M. & D. 6880.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount						No.
Account transferred to M.D.#4 April 15 1918. Recovered by PM. M.D.#4 file f.74 136020														130000	Prepaid A.P. per Cable - 1041.60 received end of May. file file 60 Blk - 35840

Name and address of next-of-kin

Date of enlistment

Place of “

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

577
M. F. W. 12.
10m. 11 14.
H. Q. 1772 39-819.

To Whom *E. Champagne*
Address *1978 Park Avenue*
Montreal.

By Whom Assigned *Chapagne. E.*

Regtl. No.


Rank *N.S.*

Corps *Nº 4. Stat. Hosp.*

Rate *\$65*

MAY 1 1915

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Corres. File Nº 3043-2.2</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May		<i>1248</i>	<i>65</i>	
June		<i>P. 2443</i>	<i>65</i>	
July		<i>U1010</i>	<i>65</i>	
Aug.		<i>S4178</i>	<i>65</i>	
Sept.		<i>N7039</i>	<i>65</i>	
Oct.		<i>08275</i>	<i>65</i>	
Nov.		<i>R. 9181</i>	<i>65</i>	
Dec.		<i>S9276</i>	<i>65</i>	
Jan.	1916	<i>11945</i>	<i>65</i>	
Feb.		<i>11169</i>	<i>65</i>	
March		<i>14930</i>	<i>65</i>	

2.10.12
2.10.12

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

578 M. F. W. 12a.
 80m.-12-15.
 1772-33-819.

Sheet No. 2.

E. Champagne

PAYMENTS.

Name of Soldier

*Champagne E.
 nurse in H^{re} Staly Hosp*

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

Month.	Year.	Cheque No.	Amt.
April	1916	71026	65
May		63533	65
June		P6973	65
July		E6425	65
Aug.		S. 10882	65
Sept.		415624	65
Oct.		920175	65
Nov.		825354	65
Dec.		831625	65
Jan.	1917	H36243	65
Feb.		H42185	65
March		44532	65
April		V482	65
May		F 7062	65
June			
July			
Aug.			
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1918		
Feb.			
March			
April			
May			
June			
July			

65.

Remarks.

1235 12 79 16

65 P

Account Stopped May 11/17.

Cable P. 40.6.9. Date 9. 5-17-17 B.E.
 F 7062 cancelled

*only \$260.00 deducted from this
 m/s. a/c. Returned to Canada 23 1/2
 overpayment of \$1300.00. B.D. 22/17
 see file No 3043-6-2.
 FX 2/6/17 FL.*

*For recovery of above overpayment
 See file 3043-6-2.*

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.					

No.

RANK

N.S.

NAME

Le Champagne, E.

T. O. S.

UNIT

4 District Depot

M. D.

4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1919 May 1 1918	1918 May 31 June	n n	C. A. M. E.	

Name **Champagne, E.** Rank **N/Str.** Reg. No.

Unit ~~4 Canadian Stationary Hospital.~~ *Came*

Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
18-4-16.	H.S. "Aberdonian".		<i>Not Slated</i>	349		
22.3.17	2a. I.M.N.S. Hos.	S.W. T.B. Pulmonary		634		
11.5.17	<i>Discharged</i>			677		

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

Reg. No. Name *Champagne C*
Rank *N/S* Corps *A. M. C* Age Service

Ledger No. Serial No.

HOSPITALS

DATE

DIAGNOSIS *C*

Royal Victoria
Trans St Agathe

31.5.17
5.6.17

Pulm T. B. C

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

Number _____ Rank NIS.

Surname CHAMPAGNE

Christian Name ERNESTINE

Units _____ Theatre of War FRANCE

Date of Service 20/7/15

Remarks Bro Mr Adolard Champagne

Latest Address St Laurent P.Q.

Roll No. B. Page 22270.

200m.-6-21..4.

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

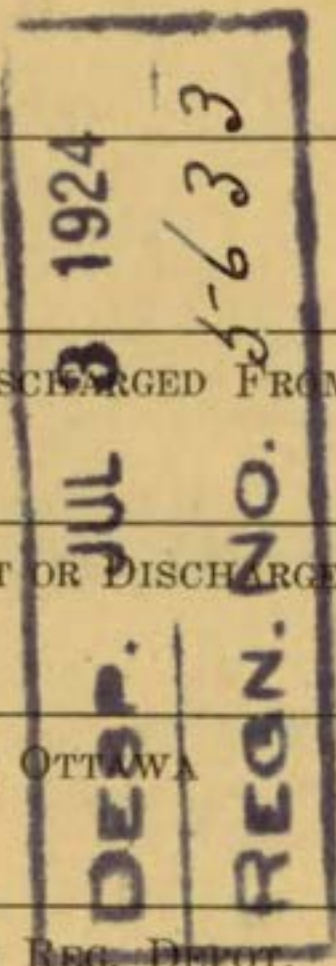
PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA



308 31-7-15 Med unperf. M.B.4

Star Sep 10 and 4
(Died in Canada I.S.C.) 22-3-20

✓
CHAMPAGNE, Ernestine, N/S 8th C. G. Hosp. ✓
C.A.M.C.

MEDALS &
DECORATIONS

Adelard Champagne (Eldest brother)
St. Laurent, P. Q.

PLAQUE &
SCROLL

Brother, as above.

MEMORIAL
CROSS

Brother, as above.

Mother, died subsequently.

Elig for 1914-15 star
E. M.

B. W. M.

4/80 4th Stat. Hosp. C.A.M.C.

Frank

17-7-15

mos ok

Section Desp. 235/23 Reqn. No. 56007

Page Desp. 235/23 Reqn. No. 4926

Myro

E 43841

FEB 9 1921

W.D. East 102

1049

No.

RANK

n-3

NAME

Champagne, E

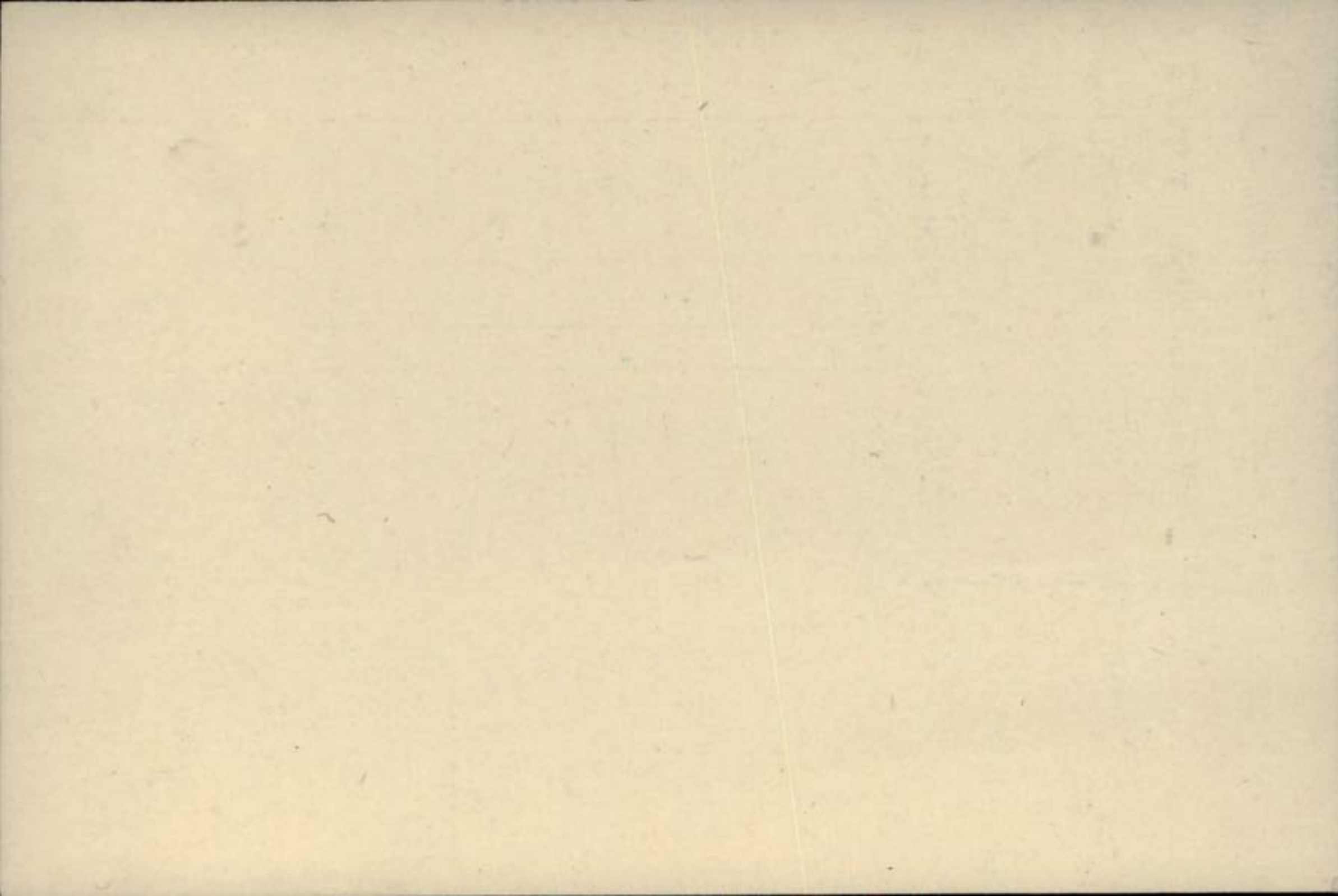
T. O. S.

UNIT

P. m. c. (105 Detachment)
(attached a. m. c.)

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Apr 8	1915 Apr 30 ✓			



No.

RANK

N/S.

NAME

Champagne, E.

T. O. S.

UNIT

4th Stationary Hospital. A.M.C. (French Canadian.)

M. D. 4.

PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

1915.

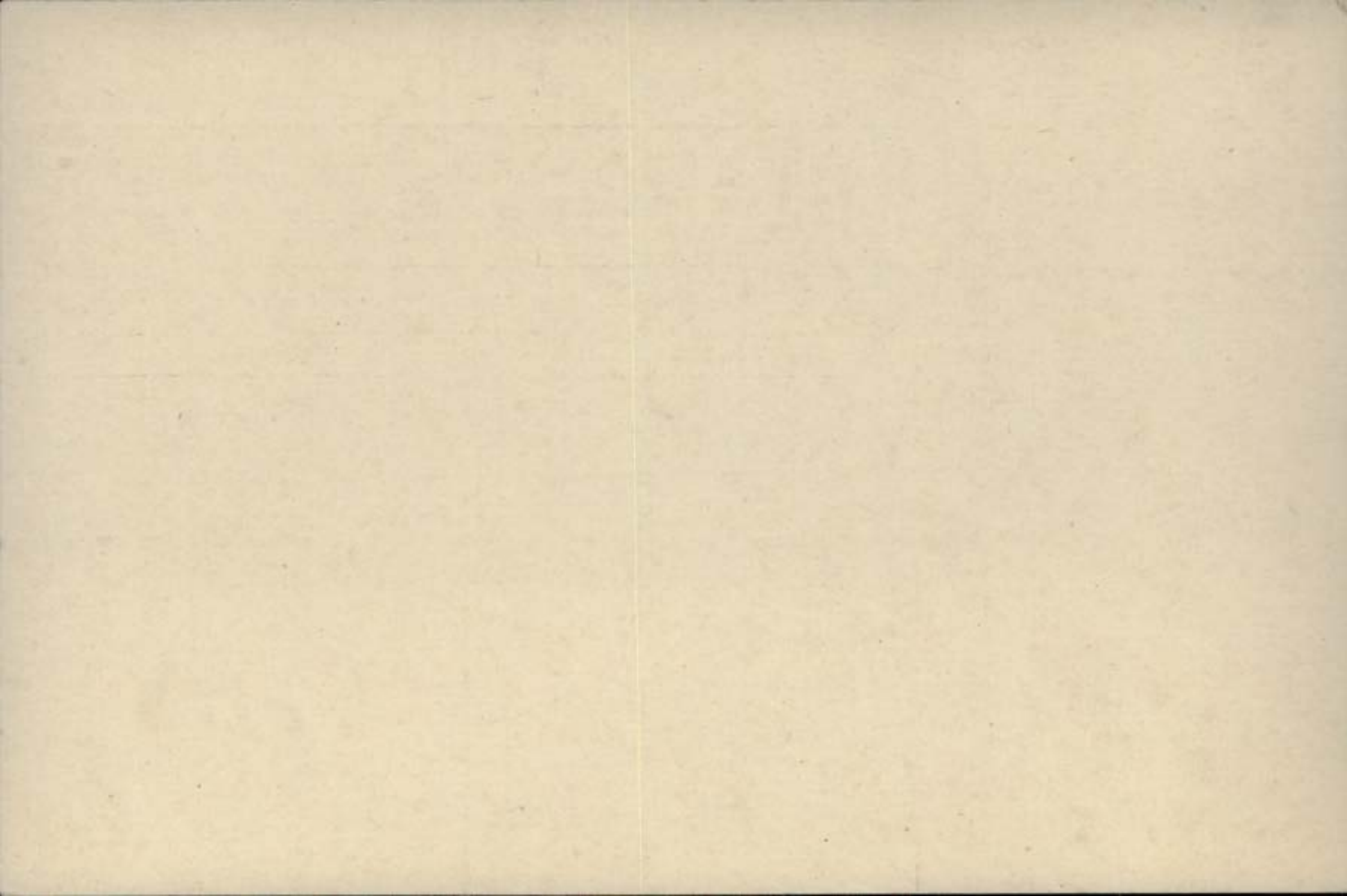
1915.

May. 1.

May. 31.

✓.

UNIT SAILED
MAY 6 1915



LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

349	H. S. "Aberdonian (Died)	18-4-16	Not stated
634.	Q.A.M.N.S. 7 Vincent Square	22-3-17	P. B. Pulmonary
677.	Disc	11-5-17	"
148.	M.H.C.C. Montreal	6-6-17	Laur. Pau. In. P. Class 2.
266	" " " "	28-10-17	Laur. Santo Hosp for Incurable (N.B.C. Montreal)
16	M. H. C. C. Montreal	16-6-17	Struck off Strength. R. E.
7	" " " "	7-1-18	Trans. Dis. Incurable ^{Institute} to R. E. ^{Inot.}
Ref. to Order 16. dated 16-1-18. delete and cancel as per List 21-2.			

NAME *Champagne, E.*

H. Q. FILE No. 649-

REGT'L. No.

RANK AND CORPS

W/str.

#4 C. S. Hosp.

CABLE

No.

DATE

NATURE OF CASUALTY

Y 333.

17-5-17

*Sailed from Liverpool for Canada per Hosp
Ship Petta May. 14th 5/17. Further Medical
Treatment.*

Surname

CHAMPAGNE.

Christian Name

E. (J.H.)(?)

Reg. No.

Rank

Nurs.Sis.

Unit

C.A.M.C.

MEDICAL BOARD held at

(1) D.M.S.Office.

Date

6-6-16.

Serial No.

Other Medical Boards at

(2) London, area.

Date

8-15-46

Serial No.

17.

(3)

(4)

(5)

Condition found by Board

Laryngitis.

Pul. tub.

Disposition Recommended

(1) Fit for General Service.

(2) Unfit alt. duty. 6 mths. Perm. unfit gen. service.

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date

Disposition

To Canada per H.S."Letitia" 11-5-17.V.L'pool.

Remarks

Champagne. E.

N/Str. 4th.C.G.H. C.A.M.C.

H.S. Aberdonian.

18-4-16.

Q.A.I.M.N.S. 71 Vincent Sq.

22-3-17.

Not stated.

T.B. Pulmonary.

Discharged:-11-5-17

C.L. 27-4-16. 349.

27-3-17. 634-4.

18-5-17 677-6.

A.M.D. 2 DEPT.

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

R

Casualty Form—Active Service.

Regiment or Corps C.A.M.C. No 4 Stab HospRegimental No. 23 Rank N.S. Name Champagne, ErnestineEnlisted (a) 23 Terms of Service (a) _____ Service reckons from (a) _____

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 218, 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. 218, Army Form A. 36, or other official documents.
Date	From whom received				

30/7/15 O.C. Unit Taken on strength of 1st Can Gen Hosp. Ekapho 19/7/15 B213 3/7/15

5/8/15 do Transf to Eng land do 27/7/15 B213 1/8/15

2-3-16 D.M.S. Transferred to No 4 Can. Stab. Hosp. 1-3-16 C.O. 368

CAPT. OFFICER I. RECORDS
CANADIAN SECTION G. H. Q.

J. G. Bannan Major
For Lt Col i/c Records C.E.F.

5/3/16 O.C. No 4 Stab. Hospital Having arrived from England as reinforcement is taken on strength of No 4 Stab. Hosp. 7/3/16, Auth: - Dead. 4. H. 2. 3434/6 d/1-3-16. Kept in A.U. 1.

In the field. 2-3-16 B213. Rt # order no 12 d/14 3/16

16.4.16 Do file no. 14. R. 5. 199. Sick. Transf to No 8 Gen Hosp. Rouen 12.4.16 B213 564 2134 d/28 4/16.
18.4.16 O.C. H.S. Not stated. admitted H.S. Aberdorman 18.4.16 136 564 2131 d/22 4/16.
Aberdorman

(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.

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				
18.4.16	U.S. Abindman	Sural transferred to Sick.	England	19.4.16	W 30 83. Pt II Ord. No. 18 d/30 1/16
7-6-16	D.M.S.	To Moore Bks		6/6/16	6.0 990. J. B. Bunnham, Major
		Transferred from Moore Barracks Can. Hosp.	Shorncliffe	31.7.16	FOR LT. COL. I/C RECORDS, G.E.F. W. Allen C. S. C. S. COLONEL C.A.M.C. OFFICER IN CHARGE MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.
9/8/16	D.M.S.	Proceeded overseas to 8 B. Gen/H.		1-8-16	b. C. 1438. G.O.C. B. T. D. D.O. 4139.

MAJOR,
FOR O. I/C RECORDS, G.E.F.

Casualty Form—Active Service.

Regiment or Corps 4th 8th Gen Hospital Regimental Number _____

Ernestine Surname Champagne Christian Name _____

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 i/c Records.

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...			
6. 8. 16	4 th 8 th Gen	Taken on strength on arrival from England auth: D.G.M.S. 13952 d/9 th 16	St Cloud	2. 8. 16	B213. Pt 33 aas file 6108
7. 1. 17	4 th 8 th Gen	Granted 14 days leave	"	6. 1. 17	B213. Pt 4 d/13/17
21. 1. 17	"	Rejoined from leave	"	20. 1. 17	B213. Pt 7 d/29/17
21. 3. 17	8 Gen Hosp	Sick Transfd to England		21. 3. 17	w3083/9987
21. 3. 17	H. St. David	Sick. Struck off strength to 6 A.M.B. Depot Shorncliffe	"	21. 3. 17	w3083 Pt 25 d/28/17

(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.

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				
27/3/14	Canada	Increase strength from 708 to 1000	Belgium	27/3/14	Pt 2-5586
14.6.14	6.0.16.14	S.O.S on return to Canada	Westphalia	11.5.14	Pt II D.O. 168 DR Hetcher

* N. B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Medical Board
 assembled at Royal Victoria Hospital
 on the 4th Day of June 1917
 by order of G.O.C. M.D. No 4
 for the purpose of Examining and reporting on the present
condition of Nursing Sister E. Champagne
"A" Unit N.H.C.C. (A.M.C.)

PRESIDENT.

Capt. J.T.Rogers A.M.C.

MEMBERS.

Capt J.L.D. Mason A.M.C.

Capt D. MacCullum A.M.C.

The Board having assembled pursuant to order, proceed to

Examine the above-named officer and find that she is suffering from—

1. Double Pulmonary Tuberculosis with Cavitation.
2. Tuberculous Laryagitis
3. The sputum is loaded with tubercle Bacilli

The Board recommend Sanitarium Treatment without delay.

The opinion of the Board upon questions herein as follows.

Is the Officer fit for service No.

If not so fit, how long is the disability likely to continue

Probably permenrent.

To what extent does it prevent her earning a livelihood 100%

Signatures

J.T.Rogers Capt C.A.M.C.

J.L.D.Mason Capt A.M.C.

D. MacCullum Capt A.M.C.

OPINION OF THE MEDICAL BOARD—(Continued)

21. It is recommended that the officer be retired. (When not for retirement add special recommendation).

Sanitarium treatment, under Invalided Soldiers' Commission

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

PLAC Montreal, Que. President.
DATE 5th April 1918 Members

APPROVED BY Discharge APPROVED BY
under P.C. 453
Assistant Director of Medical Services. Director-General of Medical Services.

DATE _____ DATE _____

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness _____ Signed _____
Should the refusal of the officer to accept treatment appear to be unreasonable, or should he (or she) decline to sign this statement the Board of medical officers should so state.

July 31st 1918

Supplementary Board Proceedings

This Board concurs in findings of the board held on April 5th 1918.
recommends that this Officer be discharged to the I.S.C. for further
treatment. President.

PLACE _____ Members
DATE _____

G.O.P.Y.

D.M.M.

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID.

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Montreal, QUE. DATE 5th April. 1918

1. (a) Unit C.A.M.C. (b) Rank Lieutenant (Nursing Sister)
(c) Surname CHAMPAGNE (d) Christian name Ernestine
2. Age last birthday 35 Date of birth Jan. 27th 1915
3. Date of appointment to the C.E.F. (for officers of the C.E.F.) April 1st 1915
Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) _____
4. Personal description:
(a) Height 5' 2" (b) Weight (stripped) 90 lbs.
(c) Complexion Medium (d) Colour of hair Black.
(e) Colour of eyes Brown (f) Scars or tattoo marks None
5. Address after retirement (for use of the Board of Pension Commissioners) 1978 Park Avenue, Montreal
6. Former trade or occupation Nurse

7. Service (The information should be secured from personal documents, but if documents are not available the officer's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted.)	YEARS	DAYS
	PERIODS	
	From	To
<u>C.A.M.C.</u>	<u>1st April 1915</u>	<u>24th May 19</u>
<u>"A" Unit</u>	<u>24th May 1917</u>	<u>5th April</u>

8. Original disease or injury T.B.C. Pulmonary
(a) Date of origin March 15th 1917 (b) Place of origin St. Cloud, France.
(c) Cause T.C.B.C.
(d) Present disability (1) Weakness, slight, moderate, marked, etc. (2) Loss complete or partial of an organ or member or of its functions. Define the latter. (3) Necessity for rest of the body or some of its parts for therapeutic reasons, the exact nature of the resultant disability is to be stated as distinguished from the disabling condition noted in Section 9.)

Poorly nourished. Daily Temp. 99-101

Frequent Cough and expectoration. Signs of active tuberculosis of both lungs.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.
(Describe all abnormalities, anatomical and functional contributing to present disability. Objective findings to be stated first then subjective findings.)

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous.....Digestive.....Respiratory.....Circulatory.....
(If pulse rate abnormal B.P. will be taken.)
Genito-Urinary.....Skin, Middle Ear, Eye or any other part.....
(Albumen and sugar will be excluded.)

10. History: (a) of Condition referred to in "a" section 9.)

(b) Here give a complete history as secured from the officer with dates of origin of any affection or injury from which the officer has suffered either prior to or since enlistment and not included in 10 (a).

(c) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8.
This section cannot be completed without stripping the officer and subjecting to a thorough physical examination.

Nil

11. If the disabling condition had its origin before enlistment, has it been aggravated on service? (If so give a description as far as it is possible to do so, of the disabling condition at time of enlistment.)

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No
Personal documents will be referred to:
(If the answer is in the affirmative, state in percentages, to what extent the officer is incapacitated by that causation or aggravation. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

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

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

1. Alexandra, 2. Ste. Agathe
3. R.E.I.

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

Yes

16. Can the former trade or occupation be resumed?
If not, briefly state why

No

17. Recommendations

Sanitarium Treatment

Medical officer by whom the case is brought forward.

STATEMENT OF THE OFFICER

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

I, the undersigned, Soldier have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow). I have not withheld any information concerning any affection from which I suffered either prior to or during service. I complain in addition of M.G.

Ernestine Champagne

Signature of officer examined.

OPINION OF THE MEDICAL BOARD

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

Concur

19. Is the soldier fit for

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

20. It is certified that the soldier

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

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

OPINION OF THE MEDICAL BOARD—(Continued)

21. It is recommended that the officer be retired. (When not for retirement add special recommendation).

Sanitarium treatment, under Invalided Soldiers' Commission

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

President.

Place Montreal, Que.

Date 5th April 1918

Members

APPROVED BY

Discharge
under

P.C. 453

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness Signed

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

July 31st 1918

Supplementary Board Proceedings

This Board concurs in findings of the board held on April 5th 1918. recommends that this Officer be discharged to the I.S.C. for further treatment.

President.

PLACE

Members

DATE

C.O.P.Y.

D.M.M.

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Montreal, QUE. DATE 5th April 1918

1. (a) Unit C.A.M.C. (b) Rank Lieutenant (Nursing Sister)
(c) Surname CHAMPAGNE (d) Christian name Ernestine
2. Age last birthday 35 Date of birth Jan. 27th 1915
3. Date of appointment to the C.E.F. (for officers of the C.E.F.) April 1st 1915
Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training)
4. Personal description:
(a) Height 5' 2" (b) Weight (stripped) 90 lbs.
(c) Complexion Medium (d) Colour of hair Black
(e) Colour of eyes Brown (f) Scars or tattoo marks None
5. Address after retirement (for use of the Board of Pension Commissioners) 1978 Park Avenue, Montreal
6. Former trade or occupation Nurse

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

YEARS

DAYS

PERIODS

From

To

C.A.M.C.

1st April 1915

24th May 1917

"A" Unit

24th May 1917

5th April 1918

8. Original disease or injury T.B.C. Pulmonary

- (a) Date of origin March 15th 1917 (b) Place of origin St. Cloud, France.
- (c) Cause T.B.C.
- (d) Present disability (1) Weakness, slight, moderate, marked, etc. (2) Loss complete or partial of an organ or member or of its functions. Define the latter. (3) Necessity for rest of the body or some of its parts for therapeutic reasons, the exact nature of the resultant disability is to be stated as distinguished from the disabling condition noted in Section 9.)

Poorly nourished. Daily Temp. 99-101

Frequent Cough and expectoration.

Signs of active tuberculousis of both lungs.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.
(Describe all abnormalities, anatomical and functional contributing to present disability. Objective findings to be stated first then subjective findings.)

(b) Are the following systems normal? If not, briefly state abnormality

Nervous..... Digestive..... Respiratory..... Circulatory.....
(If pulse rate abnormal B.P. will be taken.)

Genito-Urinary..... Skin, Middle Ear, Eye or any other part.....
(Albumen and sugar will be excluded.)

10. History: (a) of Condition referred to in "a" section 9.)

(b) Here give a complete history as secured from the officer with dates of origin of any affection or injury from which the officer has suffered either prior to or since enlistment and not included in 10 (a).

(c) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8.
This section cannot be completed without stripping the officer and subjecting to a thorough physical examination.

Nil

11. If the disabling condition had its origin before enlistment, has it been aggravated on service? (If so give a description as far as it is possible to do so, of the disabling condition at time of enlistment.)

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? **No**
Personal documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the officer is incapacitated by that causation or aggravation. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

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

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

1. Alexandra, 2. Ste. Agathe

3. R.E.I.

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

Yes

16. Can the former trade or occupation be resumed? **No**
If not, briefly state why

17. Recommendations

Sanitarium Treatment

Medical officer by whom the case is brought forward.

STATEMENT OF THE OFFICER

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

I, the undersigned **Soldier** have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow). I have not withheld any information concerning any affection from which I suffered either prior to or during service. I complain in addition of **M.G.**

Ernestine Champagne

Signature of officer examined.

OPINION OF THE MEDICAL BOARD

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

Concur

19. Is the soldier fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

Category A **Yes or No.**
" B **Yes or No.**
" C **Yes or No.**
" D **Yes or No.**
" E **Yes or No.**

20. It is certified that the soldier

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

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

* N. B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Medical Board

assembled at 5th day April 1917

on the A.D.M.S. LONDON AREA

by order of Examining and reporting upon the

present condition of
for the purpose of

N/S Champagne E. Age 30 Service 24/12

Disability Pulmonary Tuberculosis

T.H. MacDonald M.D. C.A.M.C.
PRESIDENT

R. Howey Capt. C.A.M.C.
MEMBERS.
A.H.W. Caulfield Capt. C.A.M.C.

Board

examine the above-named officer and find that.

The having assembled pursuant to order, proceed to
Patient reporter 111 15-3-17 and admitted to No 8 Gen Hosp.
Rouen and there 6 days and thence transferred to Hospital f
for Q.A. I.M.E.S. Vincent Sq. Physical condition examination
shows active tuberculosis on the left side from apex to 3rd
rib on right side in the right apex. Posteriorly active
tuberculosis in both species. Bronchila vesicular respirat
ion rales and increased sound transmission, Board recommend
when fit to travel that she be invalided to Canada for 6
months Sanatorium treatment.

The Board will classify the Officer under one of the following categories.

Fit for General Service. No. Permanently
Fit for Home service No, Permanently
Fit for Light Duty at Home No. Six Months

Was the disability contracted in the service Yes
Was it contracted under circumstances which she had no control Yes?
Was it caused by Military service Yes
To what specific conditions is it attributed Infection

* N. B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * MEDICAL BOARD

assembled at 86 Strand London

on the 6/11/16

by order of D.D.M.S. (Canadian)

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

Nursing Sister Champagne E.

Disability Debility

PRESIDENT.

David Donald, Major C.A.M.C.

MEMBERS.

M. Brown, Major, C.A.M.C.

G.M. Davis Capt. C.A.M.C.

The Board having assembled pursuant to order, proceed to

examine the above-named N/S and find that

She reported sick 25-10-16 after long period of poor

health. Digestion is disordered to some extent

There is some functional D.A.H. and her nervous

condition is poor as a result of long service.

Was sent from No 8 General Hospital (Can)

Admitted C.A.I.M.N.S. 2-11-16.

The opinion of the Board upon the following questions herein as follows.

Is the Officer fit for

General Service No.

If not fit how long is he likely to be unfit 2 months

If unfit for General Service is he fit for service at home No.

Was the disability contracted on service Yes

Was it caused by Military Service Yes.

If caused by Military Service to what specific conditions is it

Strain of duties.

* N. B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * MEDICAL BOARD

assembled at 86 Strand London

on the 6/11/16

by order of D.D.M.S. (Canadian)

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

Nursing Sister Champagne E.

Disability Debility

PRESIDENT.

David Donald, Major C.A.M.C.

MEMBERS.

M. Brown, Major, C.A.M.C.

G. M. Davis Capt. C.A.M.C.

The Board having assembled pursuant to order, proceed to

examine the above-named N/S and find that

She reported sick 25-10-16 after long period of poor

health. Digestion is disordered to some extent

There is some functional D.A.H. and her nervous

condition is poor as a result of long service.

Was sent from No 8 General Hospital (Can)

Admitted C.A.I.M.N.S. 2-11-16.

The opinion of the Board upon the following questions herein as follows.

Is the Officer fit for

General Service No.

If not fit how long is he likely to be unfit 2 months

If unfit for General Service is he fit for service at home No.

Was the disability contracted on service Yes

Was it caused by Military Service Yes.

If caused by Military Service to what specific conditions is it attributed

Strain of duties.

* N. B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

C O P Y

D.M.M.

PROCEEDINGS of a * Medical Board

assembled at Royal Victoria Hospital

on the 4th Day of June 1917

by order of G.O.C. M.D. No 4

for the purpose of Examining and reporting on the present

condition of Nursing Sister E. Champagne

"A" Unit N.H.C.C. (A.M.C.)

PRESIDENT.

Capt. J.T.Rogers A.M.C.

MEMBERS.

Capt J.L.D. Mason A.M.C.

Capt D. MacCullum A.M.C.

The Board having assembled pursuant to order, proceed to

Examine the above-named officer and find that she is suffering from-

1. Double Pulmonary Tuberculosis with Cavitation.
2. Tuberculous Laryagitis
3. The sputum is loaded with tubercle Bacilli

The Board recommend Sanitarium Treatment without delay.

The opinion of the Board upon questions herein as follows.

Is the Officer fit for service No.

If not so fit, how long is the disability likely to continue

Probably permanent.

To what extent does it prevent her earning a livelihood 100%

Signatures

J.T.Rogers Capt C.A.M.C.

J.L.D.Mason Capt A.M.C.

D. MacCullum Capt A.M.C.

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

[illegible]

Table IV.—Service Table.

[illegible]

P.T.O.

..... C.A.M.C.
for the Officer in Charge of Records
Canadian Contingents.

* N. B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * MEDICAL BOARD
assembled at HOSPITAL FOR Q.A. I.M.S. Vincent Sq. Sw
London
on the 5th day April 1917
by order of A.D.M.S. LONDON AREA
for the purpose of Examining and reporting upon the
present condition of

N/S Champagne E. Age 30 Service 24/12

Disability Pulmonary Tuberculosis

PRESIDENT.

T.H. MacDonald Maj. C.A.M.C.

MEMBERS.

R. Howey Capt. C.A.M.C.

A.H.W. Caulfield Capt. C.A.M.C.

The Board having assembled pursuant to order, proceed to
examine the above-named officer and find that.

Patient reporter ill 15-3-17 and admitted to No 8 Gen Hosp. Rouen and there 6 days and thence transferred to Hospital for Q.A. I.M.S. Vincent Sq. Physical condition examination shows active tuberculosis on the left side from apex to 3rd rib on right side in the right apex. Posteriorly active tuberculosis in both species. Bronchila vesicular respiration rales and increased sound transmission. Board recommend when fit to travel that she be invalided to Canada for 6 months Sanatorium treatment.

The Board will classify the Officer under one of the following categories.

Fit for General Service. No. Permanently
Fit for Home service No, Permanently
Fit for Light Duty at Home No. Six Months

Was the disability contracted in the service Yes
Was it contracted under circumstances which she had no control Yes?
Was it caused by Military service Yes
To what specific conditions is it attributed Infection

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.

DefbkkxH

Nursing Sister 23³/₅.

Name Champagne

Initials Ernestine

Bank Bank of Montreal

DATE

1916

PARTICULARS

1916-17

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

Apr 18 Pay Apr (R)

Bank

108

108

108

May 22 Pay May

Bank

111 60

111 60

111 60

June 17 Pay June (R)

Bank 3874

108

108

July 20 Pay July (R)

Bank 4997

111 60

111 60

Aug 17 Pay Aug (R)

Bank 7299

111 60

111 60

Sep 20 Pay Sep (R)

Bank 9570

108

108

Oct 23 Pay Oct (R)

Bank 11000

111 60

111 60

Nov 9 Pay Nov (R)

Bank

108

108

Dec 12 Pay Dec

Bank

111 60

111 60

Jan 22 Pay Jan

Bank

111 60

111 60

Feb 19 Pay Feb

Bank 21943

100 80

100 80

March 20 March Pay R.

Bank 24818

111 60

111 60

Leave to bank 9th d
 L.P.B. to 20th 1/6
 Pay to carrier
 forward until return

NAME

DATE OF APPOINTMENT

MARRIED (YES OR NO)

NEXT OF KIN: NAME

ADDRESS

DATE NON-EFFECTIVE

AND CAUSE

UNIT

ASSIGNED PAY:-

MONTHLY AMOUNT

TO WHOM PAYABLE

BANK IN WHICH PAY & ALLOWANCES DEPOSITED

1915-16

PERIOD	No. OF DAYS	REGTL. RATE	PAY				RATE OF FIELD ALLOWANCE	ALLOWANCES				TOTAL PAY AND ALLOWANCES	ASSIGNED PAY	SUNDY DEDUCTIONS	NET P. A.	PAID IN CASH	DEPOSITED IN BANK	CARRIED FORWARD	REMARKS
			AMOUNT OF REGIMENTAL	COMMAND	ADJUTANT	CR. FROM PREV. ACCOUNT		AMOUNT OF FIELD ALLOWANCE	P. F. ALLOWANCE	MESSING	SUBSISTENCE								
1/5 30/6	61	✓	122				60	36 60		47		82 60	705 60	65	97 33			21 73	10. Bal.
1-7 31-7	31		62					18 60		31		49 60	111 60	65	21 73	24 87	24 87		
1/8 31/8	31		62					18 60		31		49 60	111 60	65		46 60	46 60		
1/9 30/9	30		60					18		30		48	108	260		108	108	22 3 10	
1/10 31/10	31		62					18 60		31		49 60	111 60			111 60	111 60		
1/11 30/11	30		60					18		30		48	108			108	108		
1/12 31/12	31		62					18 60		31		49 60	111 60			111 60	111 60		
1/1 31/1	31		62					18 60		31		49 60	111 60			111 60	111 60		
1/2 29/2	29		58					17 40		29		46 40	104 40			104 40	104 40		
1/3 31/3	31		62					18 60		31		49 60	111 60			111 60	111 60		
336 days @ 2.00, 60c			873 60																
322 missing			522 00																
Ass Pay			260.00																
acc			97.33																
Deposits			838.27																
			1195.60																

SUNDY PAYMENTS

DATE	CHEQUE No.	PARTICULARS	AMOUNT					REMARKS
			\$	C.	£	S.	D.	
Aug 25	336	Billeting Allee. 26 ⁵ / ₁₅ to 12 ⁶ / ₁₅ . while attchd to 13. Stat. Hosp. France.	16	80.	3	9	0.	
" 14	99	Hotel accom. Thackeray Hotel, London. 29-30 ¹ / ₁₅ .				12		
Sep 9	660	Billeting Allee 1-18 ¹ / ₁₅			3	18	9	
10	648	Trav exps London to Taplow incl in cheque paid to M/s Ma. St Onge						

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
April 8 th .	Typhoid inoculation Ernestine Champagne
April 16 th	Typhoid inoculation Ernestine Champagne
May 20 th	Typhoid (1000 millions) (M.G.A.) C. Woodland. Capt.
" 22 nd	Small pox vaccination. C. Woodland. Capt.

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
	6-16-19				

NAL. *Nursing Sister*

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 *Ernestine Champagne* Christian Name *Ernestine*

TABLE I.—GENERAL TABLE.

Birthplace ... Parish *St. Eustache* County *Prov. Montagnais-P.E.*

Examined ... on *21st* day of *May* 191*5*
at *London England*. *28 MAR 1917*

Declared Age ... *30* years ... days.

Trade or Occupation ... *Graduate Nurse*

Height ... *4* feet, *11* inches.

Weight ... *130* lbs.

Chest Measurement { Girth when fully Expanded. *36* inches.
Range of Expansion *(34) 3* inches.

Physical Development ... *food*

Vaccination Marks { Arm ... *One* Right *arm*
Number

When Vaccinated ...

Vision ... { R.E.—V— *6/6*
L.E.—V— *6/9*

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

(b) Slight defects but not sufficient to cause rejection ... *none*

Approved by (Signature) *C. Woodland*
(Rank) *Captain* Medical Officer.

Enlisted ... at *Montreal*
on *17* day of *March* 191*5*

Joined on Enlistment ... Corps. *C.A.M.B.* Regtl. No. *N/STR.*

Transferred to ...

Became non-effective by *Canada*
on ... day of ... 191*5*

(Signature)

(Rank)

Entries in Red Ink made from Attestation Sheets. P.T.O.

Table II.—Only for Admissions to Hospital on

List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future progress, including particulars of treatment out of hospital, transfers, &c., will be shown. The special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<i>D. A. Munroe Hospital Ymeut-Spaul</i>	<i>22</i>	<i>3</i>	<i>1917</i>	<i>11</i>	<i>5</i>	<i>1917</i>	<i>Pulmonary Tuberculosis</i>	<i>49</i>	<i>Excluded. Home N. Canada</i>	<i>J. Charlesworth Major Quinte</i>