

Unit Army Medical Corps Rank Nursing Sister Name Grace E. B. Nourse

Card  
H. A. N.  
14-6-16

# OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE JUN - 7 1916

DEPT MILITIA & DEFENCE  
CANADA

399-14  
3.D.  
FEB 16 1916  
1013D DIVISIONAL AREA

## QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? Nourse
- (b) What are your Christian Names? Grace E. Boyd
2. (a) Where were you born? (State place and country) Montreal, Canada
- (b) What is your present address? 5- Elizabeth St. Sherbrooke, Quebec, Can.
3. What is the date of your birth? May 27 - 1878
4. What is (a) the name of your next-of-kin? Mrs A. J. Nourse
- (b) the address of your next-of-kin? 5- Elizabeth St. Sherbrooke, Quebec, Canada
- (c) the relationship of your next-of-kin? mother
5. What is your profession or occupation? Nurse
6. What is your religion? Congregationalist
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? A. M. C.
9. State particulars of any former Military Service. none
10. Are you willing to serve in the  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by <sup>her</sup> him to the above questions are true.

Grace E. B. Nourse (Signature of Officer.)

## CERTIFICATE OF MEDICAL EXAMINATION

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

I consider <sup>her</sup> him Fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date January 14 1916

Place Sturgeon, Que. Can.

\*Insert here "fit" or "unfit"

J. Sparks  
Medical Officer.  
Capt. A. M. C.

QUESTIONS TO BE ANSWERED BY OFFICERS  
CANADIAN OVER-SEAS EXPEDITIONARY FORCES

1. Name of Officer  
2. Rank  
3. Service Number  
4. Branch  
5. Date of Issue

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8. Service Number  
9. Branch  
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12. Rank  
13. Service Number  
14. Branch  
15. Date of Issue  
16. Name of Officer  
17. Rank  
18. Service Number  
19. Branch  
20. Date of Issue  
21. Name of Officer  
22. Rank  
23. Service Number  
24. Branch  
25. Date of Issue  
26. Name of Officer  
27. Rank  
28. Service Number  
29. Branch  
30. Date of Issue  
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32. Rank  
33. Service Number  
34. Branch  
35. Date of Issue  
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92. Rank  
93. Service Number  
94. Branch  
95. Date of Issue  
96. Name of Officer  
97. Rank  
98. Service Number  
99. Branch  
100. Date of Issue

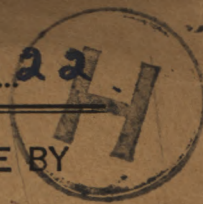
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REGIMENTAL DOCUMENTS

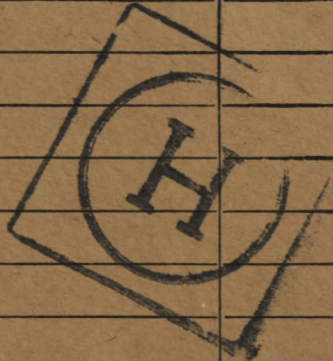
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NAME NOURSE GRACE ELEANOR Boyd REGT. No. Whiston UNIT Came H. Q. FILE No. 392-14-22



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)					<i>Sid Disease</i>
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					<i>3-2-1916</i>
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)				08996	
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
CARDS					
PAY-SHEETS					
<i>1 Hollerath medical card</i>					

*C*





13

SURNAME.

Nowise.

CHRISTIAN NAMES

Grace, E. Boyd.

REGL. No.

RANK

Nursing Sister. Influenza.

UNIT

Army Medical Corps.

FORMER CORPS

nil.

8083-2-16  
FOLL.  
Deceased.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Nowise, Mrs. A. J.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

5 Elizabeth St., Sherbrooke,  
P. Q.

COUNTRY OF BIRTH

Canada, Montreal, P. Q.

DATE

May 27th. 1878

PLACE OF ATTESTATION

~~Jan 14th~~ Kingston  
Ont.

DATE

1916

Jan 14th.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

*Nurse.*

RELIGION

*Congregationalist*

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

*Kingston, Ont.*

DATE

*Jan. 14th. 1916.*

*Present Address.*

*5 Elizabeth St. Sherbrooke, P. Q.*