

ORIGINAL  
DUPLICATE  
TRIPLICATE

IDENTIFICATION

FINGER PRINTED 2-4-43 CARD ISSUED

M.F.M. 153  
25M-5-42 (4090)  
H.Q. 1772-39-1867

CANADIAN WOMEN'S ARMY CORPS  
ATTESTATION FORM

Regimental Number W13800

1. (a) Surname MORE (b) Christian Names Phyllis Elizabeth

2. Present Address 805A-17 Ave West, Calgary, Alberta, Canada

3. Date of Birth March 28th, 1920

4. Place of Birth Canada (Country) Saskatchewan (County or Province) Brook (Township)

5. (a) Are you a British Subject? Yes  
(b) Nationality of Parents at birth? (i) Father Scotch  
(ii) Mother American

6. Religion United Church

7. Are you single, married or a widow? Single

8. Have you any dependents? If so, their relationship to you No

9. Name and address of next of kin Mr. William More, Brook, Saskatchewan, Canada  
Relationship Father

10. (If married.) (a) Is your husband serving with the Defence Forces of Canada? (give details) No  
(b) Is your husband receiving any pay, pension, wages or other emoluments from the Dominion Government? (give details) N.A.

11. Are you in receipt of a pension from the Dominion Government? (give details) No

12. Are you willing to be vaccinated and inoculated? Yes

13. Do you understand that during the period of your engagement to serve in the Canadian Women's Army Corps or with any active formation or unit of the Canadian Army, anywhere in Canada and also beyond Canada and overseas, you are subject to Military Law and to the Regulations governing the Canadian Women's Army Corps and are liable to such punishments as are provided for offences under the Army Act and under the said Regulations? Yes (yes or no)

14. Do you understand that, in the event of your becoming pregnant, you will, if an Officer, be retired, and if an Other Rank, be discharged? Yes (yes or no)

DECLARATION TO BE MADE BY RECRUIT ON ATTESTATION

I Phyllis Elizabeth More do solemnly declare that the above particulars are true and that I engage to serve in the Canadian Women's Army Corps and with any Active Formation or Unit of the Canadian Army anywhere in Canada and also beyond Canada and overseas for the duration of the present war, and for the period of demobilization thereafter and in any event for a period of not less than one year provided His Majesty should so long require my services.

Date December 17th, 1942. Phyllis E. More  
Signature of Recruit

OATH TO BE TAKEN BY WOMAN ON ATTESTATION

I Phyllis Elizabeth More, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Witness Betty D. Willis Phyllis E. More  
Signature of Recruit

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if she made any false answers to any of the above questions, she would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that she understands each question, and that her 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 Calgary, Alberta, Canada this 17th day of December 1942.

Ruth M. Swain  
Signature of Magistrate, Justice or Attesting Officer  
(Ruth M. Swain)  
C.W.A.C. Recruiting Officer I.D. #13

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY RECRUIT AFTER ENLISTMENT HAVING BEEN FOUND WILFULLY TO HAVE GIVEN FALSE PARTICULARS ABOVE OR HAVING MADE A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS, IS LIABLE, IF FOUND GUILTY, TO PUNISHMENT UNDER THE REGULATIONS OF THE CANADIAN WOMEN'S ARMY CORPS.

Occupational History Forms Forwarded 21-12-42



Record of Service of More Phyllis Elizabeth Corps Number W13800

QUALIFICATIONS

Business or Professional Nil

Trade or Civil Typist

Technical Nil

Languages English

EDUCATIONAL QUALIFICATIONS

High School or Collegiate } Part Grade XII } Junior Matriculation  
(years completed) } Graduation OF Matriculation } (Specify)

\*College Nil

\*University Nil

\*(Name of institution, courses or years completed, and degrees obtained to be shown.)

Enlisted personnel will be taken on as Privates, appointments and promotions to higher rank to be shown as provided in the space below.

Date	Report from whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength	Rank Shown	Effective Date	Unit	Place	Authority	
							Part II D.O. No. Cas. List, etc.	Dated
22-12-42	CWAC	Joined on appointment. Having Reported for Duty is Approved and Mustered as Private and allotted Regimental No. W13800.	Pte.	17-12-42	CWAC	Calgary	D. O. #52	22-12-42
23-12-42	#2 CWAC	S.O.S. #2 Coy. CWAC Calgary, f.a.p. on reposting to #2 CWAC(B)TC Vermilion	Pte.	30-12-42	#2 CWAC	Calgary	D.O.#53	23-12-42
		T.O.S. f.a.p. #2 CWAC(B)TC, Vermilion	"	31-12-42	CWAC	Vermilion	Pt. Ord. #1	2-1-43
		CWAC Uniform issued	"	6-1-43	"	"	Pt. II Ord. #12	21-1-43
		Admitted to Vermilion Military Hosp.	"	28-1-43	"	"	Pt. II Ord. #17	20-1-43
		S.O.S. f.a.p. #2 CWAC(B)TC on reposting to #15 Coy for clerks course	"	15-2-43	"	"	Pt. II no. 26	13-2-43
		2nd f.a.p. #15 Coy, proceeding to Clerk's course on reposting from #2 (B)TC Vermilion	"	16-2-43	#15 Coy	Edm.	Pt. II D.O. #32	16-2-43
		Att. #13 U 2d f.a.p.	"	19-2-43	"	"	" #32	16-2-43

For additional entries use M.F.M. 1 and 2 (a)

Regt. No. W-13800 Rank Private Sheet No. 2

Name More, Phyllis Elizabeth

M.F.M. 1 & 2 (a)  
2034-4-42 (4722)  
H.Q. 1772-29-1545

Att. #13 W 28 Private

19-2-43

For additional entries use M.F.M. 1 and 2 (a)

Regi. No.

W-13800

Rank

Private

Sheet No.

2.

Name

Mow, Phyllis Elizabeth

M.F.M. 1 & 2 (a)  
260M-5-42 (4722)  
H.Q. 1772-39-1646

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—

	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated
22-4-43 Granted daily rate of pay of 95¢ per diem Having qualified is classified as Chief General Duty, Group "C" Grade I by J. J. B. M.D. # 13 770 108	Private	17-3-43	#15 Coy.	Edmonton	75	8-4-43
23-4-43 Ceases to be att'd to #13 W.T.S. for instruction S.D. # 13 Coy for all purposes and reporting to #16 Coy CWAC Calgary, Alberta T.O.S. No. 16 Coy., C.W.A.C. for all purposes and is attached to A16 C.I.T.C. for rations and quarters	"	22-4-43	"	"	H 85	22-4-43
	"	22-4-43	"	"	H 85	22-4-43
	"	24-4-43	"	"	H 85	24-4-43
	Pte.	26 Apr 43	#16 CWAC	Calgary	#66	27 Apr 43
Granted sick leave from 31 May, 43 to 13 Jun 43 and to receive benefit (see back yellow paper) S.O.S. #16 Coy., I.S.P. except req and ceases to be att'd to A16CITC for req. as posting to #15 Coy Edm.	"		"	"	102	10 Jun 43
208 #15 Coy, for as reporting from #16 Coy, C.I.T.C. Calgary	"	15 July 43	"	"	124	15 Jul 43
Having died, is struck off strength 7/15 Coy. C.I.T.C.	"	16-7-43	#15 Coy	Edmonton	144	21-7-43
	"	21-7-43	"	"	#142	22-7-43

Regtl. No. W 13800Rank PrivateSurname WoreChristian Name Phyllis Elizabeth

STATION	Date of Arrival at the Station	DATE OF						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 several cases state nature of primary disease, and whether recovery 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.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
#26 WAB (3) TC. Venomation	31-2-43	28	1	43	11	2	43	Wumps	12	Good.	(6-2-43) S.M.M. 3130
Gunnie Pks	26 Apr 43	18	May	43	28	May	43	Haemorrhoids	10	10 days excused duty	see P. 7. 1. 03
Edson Marine Hospital of Alaska	16-7-43	8	37	43	22	7	43	Neurofibroma	15	Dissect	see P. 7. 2/14 C. E. Anderson

For additional entries use M.F.M. 1 and 2 (b)

This form will accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE  
(Army)

C.V.A.C.

Arm or Corps

TRAIN AS GENERAL OFFICE CLERK  
Trade (if Tradesman or Trade Trainee)

### Personnel Selection Record

Work in Arm (if Non-Tradesman)

I. W-13800 Pte. MORE, Phyllis E. A 22 A1.  
Regt. No. Rank Name (surname first) A or R Age Med. Cat.  
English CWAC/TC Vermilion, Alta. 20-1-43.  
Main Language Other Language(s) Place (Unit) Interviewed Date Interviewed

#### II. Revised Examination "M"

Vermilion 5-1-43 Betty L Lough.  
Place Tested Date Tested By Whom  
130 Subtests 15 12 16 15 16 8 18 30 Subtotals 43 31 56 English  
Total Group 1 2 3 4 5 6 7 8 1-3 4-5 6-8 English or French  
Other Tests

III. Educational Background Passed Grade 11 and all of Grade 12 but Composition and French at Brock, Saskatchewan. Started school when 10 - was sick previously. Preferred Trigonometry and Algebra to all other High School subjects.  
Studied Typing by herself.

#### IV. Occupational Background

Part time salesclerk at Red and White Store, Brock, Saskatchewan for 1 year.

Hospital Assistant at the Scottish Convalescent Hospital for 3 months.

#### V. Military Background

Attested Dec. 16/42 at Calgary, Alberta.

VI. Other Personal History and Appraisal MORE has shown better than average progress in Basic Training. Her Platoon Commander remarks that she is a thorough conscientious worker and is most co-operative.

MORE was born and brought up on a farm. Poor health in her childhood seems to have caused an inferiority complex, as she was so far behind in school. Evidences of this was noticed during the interview.

If her performance is compatible with her high "M" score, her education and the Interview, MORE should be quick to learn and efficient in her work.

#### VII. Recommendations

- (1) Train as General Office Clerk.
- (2) Train as Dental Assistant.
- (3) Hospital Assistant.

(Signed) *Betty L Lough Lieut*  
Army Examiner  
Betty L Lough, Lieut.

See reverse side for further information and follow-up

CERTIFICATE OF MEDICAL EXAMINATION  
CANADIAN WOMEN'S ARMY CORPS

NAME IN FULL Phyllis Elizabeth More Date December 9th, 1942.  
Present Address 815A St. 9 Mt Royal Blk 17 Ave. W. Calgary, Alberta, Canada  
Place and Date of Birth Brock, Saskatchewan, Canada March 28th, 1920  
Single, Married, Widowed, Divorced Single

MEDICAL HISTORY

Describe any illnesses, operations, or injuries:

Tonsillectomy  
Childhood Diseases

When and why did you last consult a physician?

July at Brock,

If you are not in robust health, give details:

Good Health

Have you ever had any of the following conditions? If so, underline and state when.

Rheumatism.....	<u>NO</u>	Fits or Convulsions of any kind.....	<u>NO</u>
Shortness of Breath.....	<u>NO</u>	Nervous or Mental Illness.....	<u>NO</u>
Heart Disease.....	<u>NO</u>	Sinus Trouble.....	<u>NO</u>
Rupture.....	<u>NO</u>	Running Ears.....	<u>NO</u>
Lung Trouble.....	<u>NO</u>	Pleurisy.....	<u>NO</u>
Persistent Coughs.....	<u>NO</u>	Bronchitis.....	<u>NO</u>
Asthma.....	<u>NO</u>	Tuberculosis.....	<u>NO</u>
Hay fever.....	<u>NO</u>	Fainting or dizzy spells.....	<u>NO</u>
Pain on, or Frequency of Urination.....	<u>YES</u>	Chronic Indigestion.....	<u>NO</u>
Swelling of, or painful feet.....	<u>NO</u>	Gonorrhoea or Syphilis.....	<u>NO</u>

Give details of any illness which has confined you to bed for more than one week.....

I have had the flu several times for possible  
2 or 3 weeks.

Have you gained or lost weight recently?..... No..... If so, how much?..... N.A.

Do you wear glasses?..... Yes..... Are they satisfactory?..... No

Do you wear any device because of any body defect?..... No..... Why?..... N.A.

Are your periods normal?..... Yes..... Do they confine you to bed?..... No..... If so, how long?..... NA

FOR MARRIED WOMEN ONLY—

Number of living children?..... N.A...... Number dead?..... N.A.

Any abortions or miscarriages?..... N.A...... Number?..... N.A.

(1) Are you now pregnant?..... N.A. (2) Give details of any menstrual, uterine, or ovarian disorder?..... N.A.

Certified true copy of original document Linda Bothered 2/Lieu  
O/ic No. 2 Coy., C.W.A.C.

I hereby certify that I have reviewed the answers to the questions hereof, as entered by me before signing this statement. They are full, true and complete and there are no exceptions to any of the answers stated herein.

Signed this 9th day of December 194 2 at Calgary, Alberta, Canada  
Witness W.A. Henry Capt. Signature Phyllis E. More  
Examining Medical Officer

NOTE.—All questions must be answered in the candidate's own handwriting previous to medical examination. It is not sufficient to leave blank space for reply. Write "N.A." if "Not Applicable". Incorrect answers may prejudice an applicant's chance of selection.

P.A.

File No. 1179-M-651

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. W 13800 Name More, Phyllis Elizabeth  
Rank on Discharge Pte Date of Discharge 21-7-43  
Authority for Discharge or Retirement Deceased

Served in:

Non-qualifying service

Canada	from <u>17-12-42</u> to <u>21-7-43</u>	<u>(Cerebello-ponsine angle tumour)</u>
	from _____ to _____	_____
United Kingdom	from _____ to _____	_____
	from _____ to _____	_____
Italy	from _____ to _____	_____
Northwest Europe	from _____ to _____	_____
	from _____ to _____	_____
	from _____ to _____	_____

Eligible for award of:

~~1939-45 Star~~ \_\_\_\_\_  
 \_\_\_\_\_  
~~Italy Star~~ \_\_\_\_\_  
~~France-Germany Star~~ \_\_\_\_\_  
~~Defence Medal~~ \_\_\_\_\_  
 War Medal 1939-45 OK  
 Canadian Volunteer Service Medal OK  
 with clasp \_\_\_\_\_



EH

Verified by A. Routhier  
Date 18-10-46  
Carded OCT 18 1946

HA 165

NO RIBBON DESPATCH



FORM No. 1

Regt. No. CD 4531 ✓

Nominal Roll No. D 726

H.Q. File No. 1178-M-651 ✓

To: P.M.G.

**CANADIAN ARMY (ACTIVE)**

**Computation of Service**

**WAR SERVICE GRANT**

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
<u>W-13800 ✓</u>	<u>PTE ✓</u>	<u>MORE ✓</u>	<u>PHYLLIS ELIZABETH ✓</u>

REASON FOR TERMINATION OF SERVICE:

1st Enlistment..... DIED ✓ ..... CARO..... ( )  
 2nd Enlistment..... CARO..... ( )  
 3rd Enlistment..... CARO..... ( )

**Total Service**

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. <u>17 DEC 42 ✓</u>	T.O.S. ....	T.O.S. ....
S.O.S. <u>21 JUL 43 MD 13 ✓</u>	S.O.S. .... MD	S.O.S. .... MD
Total Days..... <u>217 ✓</u>	Total Days.....	Total Days.....

**Total Service**

217 DAYS

	Total Service	Less Non-qualifying Service	Net Service
<b>Western Hemisphere</b> .....	<u>217 ✓</u>	✓	<u>217 ✓</u>
<b>Overseas Service</b> .....	✓	✓	✓
Totals.....	<u>217 ✓</u>	✓	<u>217 ✓</u>
Add Non-qualifying Service.....			✓
<b>Total Service</b> .....			<u>217 ✓</u>

EMBARKATION DETAILS:

1. Date S.O.S. Overseas..... 2. Date S.O.S. Overseas.....

REMARKS:

**DIED** 21 JUL 43  
 Computer's Signature WALLST  
 Checker's Signature in obs  
 Date Computed 22 Aug 46  
**SERVICE**

CERTIFIED that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein.

C. L. Laurin  
 C. L. LAURIN,  
 Colonel,  
 DIRECTOR OF RECORDS.

ESTATES BRANCH

November 3, 1943.

Mrs. Lalibel More,  
Brock, Saskatchewan.

MORE, Phyllis E., Pte. (Deceased)  
No. W.13800, C.W.A.C.

Dear Mrs. More:

Enclosed is Dominion of Canada cheque #110209, dated October 18, 1943, payable to your order in the amount of \$54.79. ✓

The total of your daughter's Service estate available to this Branch for distribution is \$109.58, which is made up as follows:

pay and allowances at credit.....	\$ 58.07
refund from Fourth Victory Loan.....	25.20
Post Office Savings Account, Calgary.....	26.31
	<u>\$109.58</u>

Your daughter died without leaving a Will and her Service estate is therefore distributable in accordance with the Intestacy Laws of her province of domicile. Accordingly, it is divided equally between you and her father. The enclosed cheque covers your share in this estate as one of the next of kin entitled.

Will you please complete the enclosed form of receipt and forward it to this Branch by return mail. ✓

Yours faithfully,



PSD:FP  
Encl.

(L.M. Firth) Lt.-Col.,  
Administrator of Estates.



MEMORANDUM FOR

P. 64

Mr. William More,

Brock, Saskatchewan

Any further communication on this subject should be addressed to:—

THE ADMINISTRATOR OF ESTATES,  
DEPARTMENT OF NATIONAL DEFENCE,  
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. 1178-M-651 FD. 454

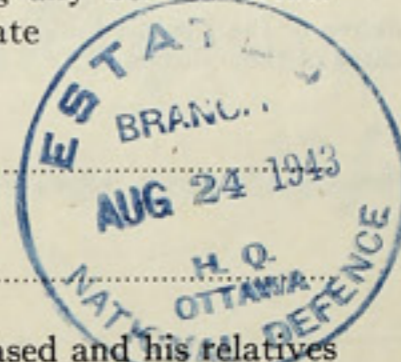
DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

August 12, 1943

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

MORE, Phyllis Elizabeth, Pte.

No. W-13800, C.A.



it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

If there is insufficient space for complete particulars to be given opposite any question on Pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

*R. G. Phelan Lieut.*  
(R.G. Phelan) Lieut.,  
for (L.M. Firth) Lt.-Col.,  
Administrator of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below.

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	WM MORE	68	BROCK. SASK.
4	Mother of the Deceased.....	LALIBEL MORE	57	BROCK SASK.
5	Brothers of the Deceased	Full Blood		
		Half Blood		
		HERBERT. WM	31	NETHERHILL. SASK.
6	Sisters of the Deceased	Full Blood		
		Half Blood		
		JESSIE NADINE	29	1009, 26 <sup>th</sup> Ave. W. CALGARY, ALTA.
		MARY BEL	28	1071 GEORGE ST, N. BATTLEFORD, SASK.
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	

## ANSWER FULLY EACH QUESTION ON THIS PAGE

## PARTICULARS AS TO IDENTITY

8	Full names of the deceased	PHYLLIS ELISABETH. MORE
9	Date of <sup>her</sup> birth	MARCH, 28 <sup>TH</sup> 1920
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	BROCK. SASK. DEC. 29. 1910

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	SEC. 28-29. 20 W. (BROCK. SASK)
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) SASK 22 yrs. (b) CANADA 22 yrs. (c) (d) ALBERTA. 1 yr.
14	Nature of employment before enlistment.	was nurse in old peoples home Calgary.
15	State whether he owned the premises in which he lived and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	

## PARTICULARS OF ESTATE

17	Did he leave a Will?	Not as far as we know.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc. and the amount on deposit.	P.O. Savings. Calgary \$26.00
20	Amount of War Savings Certificates held by deceased.	2 <sup>4</sup> certificates
21	Amount of Victory Loan Bonds held by deceased.	6 \$50 in 11 Victory loans
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	
23	Is application for Probate or Letters of Administration necessary (see page 1)?	no.

## OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	no.

(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

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SASK.

HILL. SASK.

e. W.

ALTA.

RGE, ST,

TLEFORD,

SASK.

DECLARATION

\*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

\* FATHER of the deceased.

N. B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

William More

Signature of Informant

BROCK, SASK.

Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief, William

\*See above More { Name of Informant } is the \* Father of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

Dated at BROCK this 18<sup>th</sup> day of AUGUST 1943

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public

J. A. Miller

Qualification Clergyman

Address Brock, Sask.

NOTE.—Before granting the above Certificate, care should be taken to see that the Informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

X We sent her P.O. savings book in to Ottawa but have the certificates here. We do not wish to redeem them. The bond was bought in April or May and she hadn't completed payment.

PERSONAL EFFECTS of WI3800, MORE, Phyllis, Elizabeth, C.W.A.C.

Housecoat	I	—
Pyjamas, prs.	2	—
Brassieres	6	—
Panties, prs.	15	—
Garter Belts	2	—
Slips	6	—
Sanitary Belts	1	—
Bags Kit MkII	1	—
Slippers	1	only —
Bracés, prs.	1	—
Towels Hand	1	—
Washcloths	2	—
Tea Towels	1	—
Girdles	2	—
Glasses, pr.	1	—
Glass Case	1	—
Pictures	2	—
Toilet Articles & Personal Papers <i>R</i>	2	boxes —
Kodak Camera	1	—
Key	1	—
Tie Pin	1	—
Skirt Hanger	1	—
Comb	1	—
Kit Bag Handle	1	—
Dark Glasses, pr.	1	—
Duraught	1	tin (used) —
Shoe Polish	1	tin (used) —
Shampoo	1	bottle 'HALO' (used) — <i>R</i>
Silvo	1	tin (used) —
Polishing Cloths	2	—
Chamois-	1	—
Bisma-Rex	1	bottle (used) <i>R</i>

*6/8/43* *16 tin*  
*21/8/43*  
*W.L.B.*  
CLOTHING Pte. MORE, Phyllis, Elizabeth  
was Buried In.

Collar Pin	I
Panties pr.	I
Brassiere	I

Certified True List.

*M. Dorothy Bouchard* A/Capt.  
(M. Dorothy Bouchard)  
O.C. No. 15 Coy. C.W.A.C.

\*N.B.—As this form is applicable to any Board of Inquiry or Committee of Inquiry, the blank is to be filled in accordingly.

The signature of each Officer composing the Board, etc., should appear on the last page of this form in the space provided therefor.

PROCEEDINGS of a\* COURT OF INQUIRY  
assembled at Prince of Wales Armoury, Edmonton, Alberta  
on the 3 August 1943  
by order of Captain M. Dorothy Bouchard, Officer  
Commanding No. 15 Coy. C.W.A.C. Edmonton. ✓  
for the purpose of inquiring into the circumstances  
surrounding the death of W13800 Pte. MORE, Phyllis,  
Elizabeth, at Edmonton, Alberta on the 21st. day  
of July 1943.

PRESIDENT

Lieut. Helen S. Haines,  
No. 15 Coy. C.W.A.C. ✓

MEMBERS

2/Lieut. A.E. Mitchell,  
No. 15 Coy. C.W.A.C. ✓

C.S.M. McCallum, I.F.  
No. 15 Coy. C.W.A.C. ✓

The Court having assembled pursuant to order, proceed to take the evidence:

FIRST WITNESS.

W13570. A/Cpl. KENDALL, M.D. No. 15 Coy. C.W.A.C.  
Edmonton, Alberta, having been duly sworn states:

" At approximately 0545 hours on the morning of the 21st. July 1943, I answered a telephone call from the University Hospital, Edmonton, Alberta, saying that W13800 Pte. MORE, Phyllis, Elizabeth had just passed away. I immediately notified Captain M. Dorothy Bouchard, Officer Commanding No. 15 Coy. C.W.A.C. Edmonton by telephone at approximately 0550 hours the 21st. July 1943 and relayed the information that the University Hospital had given me ".

SECOND WITNESS

Captain M. Dorothy Bouchard, Officer Commanding  
No. 15 Coy. C.W.A.C. Edmonton, Alberta, having  
been duly sworn states:

" On the morning of the 21st. July 1943 at approximately 0550 hours I received a telephone call from A/Cpl. KENDALL, M.D. She stated that she had just received word by telephone from the University Hospital, Edmonton that W13800 Pte. MORE, Phyllis, had just passed away. Upon making inquiries I was informed that an Inquest would not be necessary."



THIRD WITNESS

Dr. Robert E. POW, M.D. Intern, University of Alberta Hospital, having been duly sworn states:

" W13800 Pte. MORE, Phyllis, E. died sixteen hours after removal of cerebello-pontine angle tumor, on the right side. Clinically death was due to respiratory failure as explained by cerebral cedema following operation."

ESTIMATED COST OF HOSPITALIZATION

13 days at \$3.65 per day ..... \$47.45

ESTIMATED PAY & ALLOWANCES DURING PERIOD OF INCAPACITATION

Date of entry into Hospital .... 8 JUL 43  
Date of Death ..... 21 JUL 43

Estimated 13 days pay at .95¢ per day ..... \$12.35  
Plus Subsistence Allowance Nil Days.

EXHIBITS

- 'A'... D.P. & N.H. Form 100
- 'B'... M.F.B. 371 Report on Injuries.
- 'C'... Psychiatric Report.
- 'D'... Report of Death of Soldier.
- 'E'... Medical Certificate of Cause of Death.
- 'F'... Statement by Dr. H.H. HEPBURN, M.D. Neurologist D.P. & N.H. Hospital Edmonton, Alberta.

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DEPARTMENT OF PENSIONS AND NATIONAL HEALTH  
CANADA

This Form will be used for all cases entering hospital and also for class I outpatients, and will be kept during hospitalization on the patients chart board in the Ward Office. All forms and reports must be handed to local Pension Examiner. Specially noting any new or changed diagnosis. Report of all examinations including Specialists reports are to be rendered on this form. If further pages are required the fact must be noted, stating number of pages attached.

1. Hospital University, Edmonton. 2. Date of admission July 8, 1943.

3. Surname MORE 4. Christian Name Phyllis E. 5. Age 23

6. Birthplace Saskatchewan 7. Next of kin Mrs. William More (mother)

8. Address Brock, Sask.

9. Regimental Numbers { C.A.S.F. W-13800 } 10. Rank { Pte. } 11. Unit { Currie Barracks.  
                          { C.E.F. }  
                          { Other }

12. Personal address 16 Currie Barracks, CWAG. 13. Height \_\_\_\_\_ 14. Weight \_\_\_\_\_

15. Present pensionable disability \_\_\_\_\_

16. Amount per month \_\_\_\_\_

17. Other disabilities not pensionable \_\_\_\_\_

18. Dates of last or other hospital periods \_\_\_\_\_

19. Authority for hospitalization P.C. 3005 20. Class 19

21. Statement of present complaints in patients own language on admission to hospital  
Increasing numbness of right side of face, 2 years. Frontal headache,  
severe followed by nausea and vomiting - 6 months. Dizziness and faulty  
vision - 2 months.

22. Date of discharge Death: July 22, 1943. 23. Reason for discharge Patient died.

24. Condition of patient on discharge Deceased.

25. Is further treatment needed at home? \_\_\_\_\_

26. Final Diagnosis Cerebello-pontine angle tumor. Neuro-fibroma, right.

27. Disposal of case Deceased.

28. Remarks, etc., dissatisfaction or complaints of patient or Medical Officer \_\_\_\_\_

(SIGNED) D.W. MacQUEEN.

Signature of C.M.O.

Signature of Patient.

CONFIDENTIAL

Immediate history preceding this hospitalization. Present condition and clinical notes during hospitalization.

The M.O. will make a general physical examination and arrange for specialists examination. Originals of later reports will be kept on District files, but synopsis of their findings will be filled in below.

C. & D.: Increasing numbness of right side of face 2 years.

Frontal headache, severe, followed by nausea and vomiting - 6 months.

Dizziness and faulty vision - 3 months.

H.P.I.: This patient states that two years ago she noticed a numb sensation around the right side of her mouth, shortly after this a wisdom tooth came in and she had it extracted. The numbness seemed to increase then and has gradually worked its way up to the forehead but is bounded distinctly medially by the midline and below by the line of the jaw. She says her hearing on that side is not normal.

About 6 months ago she noticed she had severe frontal headaches, sometimes localized over the right eye, followed by a sick feeling, and she would vomit once or twice which always relieved the pain. She was admitted to hospital in Calgary 2 months ago for this "stomach condition". About that time she noticed dizzy spells and that she was unable to walk in a straight line although she was better if she could watch each step closely. Now she feels dizzy all the time, even in bed, and she is unable to focus her eyes on objects properly, she says that the objects are continuously moving. If she looks to the right, to the left, or above she "sees double". At present she says she has a gnawing pain in her epigastrium and pressure over this point feels "like a ball of fire."

Past illnesses: Usual childhood diseases. Struck her head on the ice when she was about 3 years old and knocked herself unconscious. Tonsillectomy in childhood. Sunstroke when she was young, was very sick for almost a month. Haemorrhoidectomy 4 weeks ago, says the operation was not entirely successful.

Family history: Mother high blood pressure and gets dizzy spells occasionally. Father - cured cancer of the face. One brother - crippled with poliomyelitis. One sister - operation for gall stones. One sister - under treatment for peptic ulcer.

Functional enquiry:

Head and neck:

As in H.P.I.

Chest:

No pain, no dyspnoea, or palpitation. No history of pneumonia, pleurisy, tuberculosis or rheumatic fever.

Abdomen:

As in H.P.I. Has been on a fat free diet while in hospital. Fats and sweet foods, give her discomfort. Has been bothered with constipation for a long time. Has to take mineral oil almost every night.

G.U. system:

Dysuria when first in hospital and also following spinal anaesthesia, but not now. Nocturia xi or ii, No haematuria.

Gyn:

L.M.P. June 24/43 History 13-28-6. No venereal disease.

Objective examination:

Head and neck:

Eyes - Diplopia when looking to right, left and above with both eyes and when looking to right with the right eye alone. Lateral nystagmus (coarse). Pupils round, equal and react to light and accommodation. Ear - Not examined with auroscope. Mouth - Tongue moderately coated with light fur. No sores in mouth - teeth in good repair. Throat not injected. Says 1/2 her tongue (right) feels numb and she has difficulty pronouncing long words.

Neck - No palpable cervical glands.

Chest - Essentially negative.

Circulatory:

Pulse 54, regular. Heart not ~~slight~~ clinically enlarged. No thrill or murmurs detected. B.F. 108/66.

Abdomen:

Soft, no rigidity, or muscle guarding. No masses palpated. Tenderness in epigastrium with maximum point two fingers below xiphoid process in the midline.

Reflexes:

All hyporactive. Babinski - plantar flexion. Ankle clonus and

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DEPARTMENT OF PENSIONS AND NATIONAL HEALTH

CANADA

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- 9. Regimental Numbers { C.A.S.F. .... C.E.F. .... Other..... } 10. Rank { ..... } 11. Unit { ..... }
- 12. Personal address..... 13. Height..... 14. Weight.....
- 15. Present pensionable disability.....
- ..... 16. Amount per month.....
- 17. Other disabilities not pensionable.....
- ..... 18. Dates of last or other hospital periods.....
- ..... 19. Authority for hospitalization..... 20. Class.....
- 21. Statement of present complaints in patients own language on admission to hospital.....
- ..... 22. Date of discharge..... 23. Reason for discharge.....
- 24. Condition of patient on discharge.....
- ..... 25. Is further treatment needed at home?.....
- 26. Final Diagnosis.....
- 27. Disposal of case.....
- 28. Remarks, etc., dissatisfaction or complaints of patient or Medical Officer.....

Signature of C.M.O.

Signature of Patient.

CONFIDENTIAL

Immediate history preceding this hospitalization. Present condition and clinical notes during hospitalization.

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Page Three

MORE, P.E.

WL3800

University, Edmonton.

patellar clonus not elicited. Sensation in arms and legs is normal.

(L. C. Harris, M.D.) Medical Officer, D.P.&N.H.

Blood Count - 8.7.43 - R.BC 4,280,000 W.BC 7,600 Hb. 12.25 gms. 88%.

Polys. 25% Baso. 1% Eos. 4% Monos. 2%

Urinalysis - 8.7.43 - React. alk. S.G. 1012 Alb.tr. Sug. neg. Bile neg.

Micro. frag. pus cells/HFF., occ. R. BC/HFF. ep. cells present, heavy am. phos., triple phos. ntals.

Consultation Dr. Hepburn - 9.7.43. -

Numbness right face 18 to 24 months. Tinnitus right ear 12 to 18 months.

Impaired hearing right ear 6 months. Dizziness and unsteadiness in walking

2 months. Transient diplopia a couple of months. There is no doubt about

the genuineness of all of the above complaints.

There is pronounced coarse lateral nystagmus. Transient divergence of left eye. Facial asymetry, some weakness on the right. Slight sensory impairment of right face, including the cornea. No papilloedema, no optic atrophy. No paresis or sensory impairment of limbs. There is rombergism. Slightly positive Hoffman sign on the right. All tendon jerks much exaggerated, brisk.

She has an organic lesion of the central nervous system, cerebello-positive angle tumor (right) or disseminated sclerosis, are the most likely lesions. Further observations necessary.

(H. H. Hepburn, M.D.) Neurologist, D.P. & N.H.

Spinal puncture - 9.7.43 -

Needle introduced L.3 -4. Fluid slightly cloudy. Initial pressure 21 mm. Hg.

Final pressure 11 mm. Hg. 10 c.c. fluid removed. Cells - 2 per cu. mm.

C.S.F. - 9.7.43 - Total protein 118.8 mg. %.

Colloidal gold - 0011100000

Pandy - POSITIVE xx.

Chlorides - 0.74%.

Wassermann - negative.

Operative notes - 14.7.43

OPERATION: Introduction of oxygen for encephalography.

Pro-operative diagnosis - Disseminated sclerosis or brain tumor.

Usual pro-operative medication: Usual technique, for encephalography.

Placed in the encephalogram chair. C.S.F. clear. Pressure in the 3rd

space 54 mm of Hg. (normal for this position 42 mm. of Hg.) When 25 c.c.'s

of C.S.F. had been collected in the cylinder the pressure had dropped to

20 mm. of Hg. 20 c.c.'s additional oxygen introduced into the circuit.

When 55 c.c.'s of C.S.F. had been collected in the cylinder oxygen

was escaping from the needle in the 5th space proving that the supply of

C.S.F. in the spinal canal was exhausted. Apparently due to some obstruction

within the skull. It was not considered safe to proceed further.

Operative notes - 14.7.43 (cont'd) -

The pressure was then 12 mm. of Hg. The operation was discontinued. Pulse

was 120 at the beginning of the operation. 84 at completion of the operation.

There was less than usual complaint of headache, no sweating, no nausea, no s

shock.

Post-operative diagnosis - Reserved for study of the encophalograms.

(H. H. Hepburn, M.D.)

C.S.F. - 14.7.43 - Total protein 93.8 Mg. %.

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DEPARTMENT OF PENSIONS AND NATIONAL HEALTH

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27. Disposal of case.....

28. Remarks, etc., dissatisfaction or complaints of patient or Medical Officer.....

Signature of C.M.O.

Signature of Patient.

17

CONFIDENTIAL

Immediate history preceding this hospitalization. Present condition and clinical notes during hospitalization.

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Page Four

MORE, P.E.

W13800

University, Edmonton.

Encephalograms - 14.7.43

No air has reached either ventricles or the subarachnoid space. A small amount in the falx. This patient shows a small deformed sella (pathologically). (M. Procter, E.D.)

24-hour encephalograms - 15.7.43

24 hour film shows no ~~air~~ air in vertex. (R. Procter, M.D.)

/IMS

Ventriculograms - 17.7.43 - Right ventricle definitely larger than left.

Both ventricles appear moderately dilated. Third ventricle dilated. 24-hour ventriculogram reveals no air in vertex. More than normal residual air in ventricles.

(R. Procter, M.D.)

Operative Notes: 20-7-43.

OPERATION: Cerebellar decompression. Removal of cerebello-pontina. Posterior half of the head previously shaved. Cleaned with ether and alcohol in the ward. Three applications tincture of iodine in the O.R. Intra-tracheal nitrous oxide and ether anaesthesia by nasal tube by Dr. E.H. Watts. Patient was then placed in the sitting cerebellar position. Curved cerebellar was then made just above the superior curved line from the base of the mastoid process on each side. The great occipital nerve was divided on each side, the occipital artery divided and doubly ligated by fine silk. The muscles were detached from the base of the skull and the ligamentous attachment separated from the posterior border of the foramen magnum. Using Rouquier the base of the skull was removed up to within  $\frac{1}{2}$  cm of the transverse sinus. A full decompression was done on the right side and a less complete decompression on the left. The dura was under great tension. A puncture was made and C.S.F. drained from the Cisterna Magna. This permitted incision in the dura after which a blunt instrument was introduced through the arachnoid into the 4th ventricle liberating more C.S.F. This reduced the tension on the dura so that it was opened without rupture of the cerebellum. A dural flap was turned downward over the medulla and radiating incisions at either side made in the dura reflecting the flaps outward and upward. The right lobe of the cerebellum bulged considerably but felt normal, was normal on appearance. The right lobe of the cerebellum was elevated exposing a typical yellowish tumor, obviously a neuro-fibroma in the right cerebello-pontine angle. The tumor appeared to be about the size of an average walnut shell, slightly oval. As there was numerous vascular adhesions about the capsule it was decided to incise the capsule and remove the tumor piece-meal. A good exposure was obtained by the reflection. Using the inductothermic current an incision was made in the capsule of the tumor and the contents curetted out by blunt curette. It was a typical degenerated neuro-fibroma. After removal of the contents the capsule was then exposed and most of the capsule was removed. It is probable that some of the capsule alongside the pons was not removed but all visible tumor tissue was removed by nibblers. There was a little oozing from small vessels but no gross haemorrhage. A temporary pack was introduced for five minutes. When this was removed there was no bleeding. The dura was loosely closed with one Penrose drain in the right cerebello-pontine angle brought out through the dura and skin at the right angle of the incision. The muscles and fascia approximated by two layers of interrupted #0 chromic catgut. Scalp closed by interrupted silkworm gut sutures. Tincture of iodine, dry dressing.

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# DEPARTMENT OF PENSIONS AND NATIONAL HEALTH

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16

Signature of C.M.O.

Signature of Patient.



CONFIDENTIAL

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Page Five

MORE, P.E.

WL3800

University, Edmonton

Continued--

During the course of the operation patient was given intravenously 400 cc. of 5% glucose in saline, followed by 500 cc's of whole blood. Left the O.R. in good condition.

DIAGNOSIS: Post Operative: Cerebello-pontine angle tumor.  
Neuro-fibroma, right.

(F.H. H. Hepburn, M.D.)  
Neurologist, D.P. & N.H.

Final report - 21.7.43 -

Cerebello-decompression was done July 20th, exposing a right cerebello-pontine angle neuro-fibroma, the size of a walnut. This was removed. There was very little haemorrhage, no evidence of shock, during the operation. She left the operating room in good condition and was in good condition when last examined by me at 10 p.m. She died suddenly at 4 a.m. on July 21st according to the report of the Intern it appeared that death was due to respiratory failure as the pulse remained good for some time after respirations ceased. She failed to respond to artificial respiration. Death due to respiratory failure, following removal of cerebello-pontine angle tumor. This type of tumor is of very slow growth. Certainly was present more than 2 years and may possibly have been congenital.

(Respiratory failure following removal of  
DIAGNOSIS: (Cerebello-pontine angle tumor.  
(H.H. Hepburn, M.D.)

CERTIFIED A TRUE COPY

*M. Dorothy Bouchard* / Capt.,  
(M. Dorothy Bouchard)  
C.C. #15 Coy., CWAC

*Allen B. Hanson M.*

# REPORT ON INJURIES

Other than Wounds Received in Action

To BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS OVER PAGE WITHIN 48 HOURS OF OCCURRENCE

1. Statement to be signed by injured officer or soldier:

I, W13800 Private MORE Phyllis, Elizabeth.  
(a) (number) (b) (rank) (c) (surname) (Christian names in full)

No. 15 Coy. C.W.A.C. hereby declare that the injury sustained by me  
(d) (unit)

on the 21st. July 1943 occur while I was in the performance  
(e) (date of casualty)

(Signature of officer or soldier)

Edmonton, Alberta. 29 JUL 43  
(station) (date)

(\*Part not applicable to be struck out and initialled by Officer or Soldier signing.)

2. (a) Description of injuries... Respiratory failure following removal  
of Cerebello-pontine angle tumor.

(b) Are the injuries serious or of such a nature that they might be the exciting cause of disability later? Fatal

(c) Whether admitted to hospital or sick in quarters? Admitted to University Hospital Edmonton eff. 8 JUL 43

(d) How long before initial treatment was given?

Date 29 JUL 43

Signature of medical officer

3. Short statement by injured person of the circumstances of the injury (see instruction 5). Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached (see instructions 3 and 4):

Major J. Harris h1

(Signature of officer or soldier)

(Witness to signature of Officer or Soldier signs here)

## 4. Statement of Commanding Officer:

- (a) Was the individual in the performance of military duty?.....**NO**.....
- (b) Nature of duty **N/A**.....
- (c) (i) Was it incurred in a game or other form of physical recreation definitely organized with the approval of the unit commander?.....**NO**.....
- (ii) Was participation pursuant to orders, written or verbal?.....**N/A**.....
- (d) If it was incurred on leave, was such leave with or without pay?.....**N/A**.....
- (e) Was the injured individual to blame?.....**NO**.....
- (f) Was anyone else to blame?.....**NO**.....
- (i) Whom?.....**N/A**.....
- (g) Did the injury occur on military premises and if so in what part of such premises?.....  
.....**University Hospital Edmonton, Alberta.**.....
- (h) Court of Inquiry:
- (i) Has one been held?.....**Yes**.....
- (ii) Will one be held?.....
- (iii) Date and place.....

Date **29 July 43**.....Commanding **M Dorothy Bauchard A/Capt.**  
**O.C. No. 15 Coy. C.W.A.C.**

## 5. Remarks of District Officer Commanding or Division Commander:

Date.....

## IMPORTANT INSTRUCTIONS TO BE FOLLOWED

1. This form is to be rendered within 48 hours after the event in all cases of accidental or self-inflicted injuries to an officer or soldier involving:

- (a) death,
- (b) absence from duty for 48 hours or more, or
- (c) absence from duty of less than 48 hours when the medical officer should invariably be consulted as to whether the injury may be the exciting cause of disability later.
- (d) in all accidents involving personnel whether there is evidence of injury or not.

2. A separate form is to be used in respect to each individual affected.

3. This form is to be rendered notwithstanding the holding of a court of inquiry or investigation. If a court of inquiry is held a copy of this form is to be included in the proceedings.

4. Full statements are to be taken by an officer from the witnesses of the accident or, where there was no witness, from any persons to whom the injured officer or soldier may have mentioned his injury immediately after the occurrence. These statements, when obtainable will be signed by the persons making them, and by the officer who takes them, and will be forwarded with this form. Where it is intended to take disciplinary action, duplicates of these statements should be retained by the unit for use in lieu of a summary of evidence.

5. Where it is possible to obtain it, a statement from the injured officer or soldier will also be forwarded. This, however, should not be used as evidence against him in any subsequent disciplinary proceedings.

6. This form will be prepared in triplicate, one copy to be retained by the unit and the two other copies to be forwarded to N.D.H.Q., through the usual channels. Where a Court of Inquiry is held the copies to be forwarded to N.D.H.Q. will be attached to the proceedings.

## SPECIAL INSTRUCTIONS AS TO EVIDENCE IN CASES OF SELF-INFLICTED WOUNDS

7. In these cases the statements mentioned in paragraphs 4 and 5 above should bring out all material points, e.g., statements to the effect that the witness was with the accused standing on the fire step (or sitting in a dug-out); that the accused was cleaning his rifle; position of safety catch, magazine, etc., if known; muzzle of rifle on toe of foot; hand on muzzle; that accused pulled trigger; that the rifle was afterwards examined and an empty cartridge case was found in chamber; that accused was seen to be wounded; what accused said ("I have shot myself," "I did not know it was loaded," etc.).

8. An officer or a soldier is specially trained in the safe use of his rifle and revolver, and evidence of any neglect of the ordinary precautions as to their handling in such cases usually has considerable bearing on the question of negligence. In cases of wilful self-wounding the fullest possible evidence should be obtained; unless the evidence is conclusive this charge should not be used. The charge will therefore usually be laid under section 40 Army Act—"Conduct to the prejudice of good order and military discipline in wounding himself through negligently handling a rifle," and an alternative charge to this effect should be made, even if the accused is to be tried under section 18 for wilful maiming.

Exhibit 'C'

Colonel Belcher Hospital,  
Calgary, Alberta,  
June 28th, 1943



RE: W.13800 MORE, PHYLLIS E. 16-Coy. C.W.A.C.

PSYCHIATRIC REPORT  
COMPLAINTS

Present complaints, almost constant attacks of dizziness, unsteadiness in walking, especially in the last few weeks. She describes dizziness as a feeling of persistent movement of all the objects in her field of vision, on turning suddenly everything seems to go around and around. She is unable to say in which direction. For several weeks she has been wakening about 5:00 A.M. with severe headache, which as a rule is across both eyes, but at times localized on the right side of the head, and above and anterior to ear. Very frequently after  $\frac{1}{2}$  to  $\frac{3}{4}$ 's of an hour she will vomit, and then feel better. There has been ringing, and slight but increasing deafness in the right ear for almost a year. As an after-thought, in response to direct question as to whether she has stated all her symptoms, she adds that about two years ago she developed a feeling of numbness on the right side of her face. This she attributed to Wisdom teeth. The dentist, however, told her there was nothing the matter. This has persisted, and she outlines very accurately the Anatomical distribution of the Fifth Nerve.

FAMILY HISTORY

Parents are both living, father was originally a cement-worker, and a farmer, but for the past few years has been employed driving a School Van. Has always had a bad stomach, but is otherwise in fair health. Mother, formerly a healthy woman, has had high blood pressure for five or six years, and suffers from headaches, and dizziness. There is one brother, had poliomyelitis as a boy. Is somewhat crippled, but is able to run his own farm. Has two sisters, the eldest was operated on for gall-stones about four or five years ago. The other, who is a graduate nurse, was very healthy until about five months ago, when she developed an ulcerated stomach. 14

PERSONAL HISTORY

She is aged 23, said to have been healthy as a child, but at the age of nine had a sun-stroke, and was ill for about two months. Had frequent sore throats until Tonsillectomy & Adenoidectomy at eight years.

EDUCATIONAL & ECONOMIC

Was considered a good student, completed grade twelve. Was prominent in school activities and athletics. Intended going to Normal but the family doctor refused to sign her certificate, saying if she kept on the way she was going she would probably have a nervous break-down. As a result she did house work, and worked in a store, and for a few months prior to enlistment has done practical nursing in Old Folks Home. This latter work she found too heavy.

MILITARY

She joined the C.W.A.C. about six months ago. Said she enjoyed Basic Training, but it was while at Vermillion this morning headache which she ascribed to stomach trouble. While there also developed Haemorrhoids, which were bleeding a good deal, and which have since been operated on. On completion of her Basic Training, took a typists course. Says she likes this, but is finding it pretty hard work.

PSYCHIATRIC

a  
She is rather slight girl, obviously a bit nervous and high strung, but describes her symptoms in a very straight-forward manner. She is not particularly emotional. Ordinary life appears to have been quite normal. She is engaged to a young man whom she has known since they were children, and they intend to get married as soon as possible. At present, and for some time past, he has been stationed at Kingston.

- 2 -

RE: W.12800 MOBE, PHYLLIS E. 13-Coy. C.W.A.C.  
PSYCHIATRIC (Contd.)

Her attitude toward this appears to be quite healthy.

CHARGE OF RECORDS IMMEDIATELY AFTER DATE OF DEATH

NEUROLOGICAL

There is some unsteadiness in Rombergs position. She is unable to balance on one foot, and persistently deviates to the right when walking with the eyes closed. The pupils are equal, react normally to light and accomodation. There is no disturbance of Cranial Nerve supply in the eye muscles, but she has Nystagmoid movements in both directions standing up, and on lying down a very definite Nystagmus to the left. There is also a suggestion of rotatory Nystagmus on looking upward. The knee-jerks are exaggerated and tend to be pendular. The Plantar responses are normal. Muscle-tone in both lower extremities appears to be somewhat diminished, and there is a suggestion of Holmes rebound phenomenon on both sides, and she has some difficulty in performing rapid bilaterally co-ordinated movements. There is definite diminution of sensation to pin prick and light touch, but not to deep pressure in the distribution of the right fifth nerve. The Corneal reflex on this side is practically absent. There is no corresponding muscular weakness. No tuning fork being available, I was unable to compare the two ears accurately, but hearing on the right appears to be definitely diminished.

(b) Cerebelle - pontine angle

IMPRESSION

While there is no doubt that this girl's background and general make-up is of such nature that Psychoneurosis might develop, there are sufficient physical findings to make one suspect very strongly the possibility of a lesion in the right cerebelle--pontine angle, and before making a diagnosis of purely functional disorder, this will have to be ruled out. X-Rays have been requested, and if spinal puncture has not already been done, this should be performed.

Mr. William More, Brock, Saskatchewan, Canada.

WL:RM

(W..LESLIE) Major.  
PSYCHIATRIST.

*M Dorothy Bouchard*  
*W. Leslie*

Secretary, Department of National Defence.  
Forwarded, please.

Date 28 July 45.

D.O.C., M.D.

*Walter S. Harris M.D.*

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Exhibit 'D'

REPORT OF DEATH OF A SOLDIER

TO BE FORWARDED TO THE SECRETARY, DEPARTMENT OF NATIONAL DEFENCE. (MARKED "FOR OFFICER IN CHARGE OF RECORDS") IMMEDIATELY AFTER DATE OF DEATH

Unit..... No. 15 Company, C.W.A.C., Edmonton, Alberta.

Reg't No..... W13800..... Rank..... Private

Name in full..... MORE Phyllis Elizabeth

Date and place of birth..... March 28th, 1920 - Brock, Saskatchewan, Canada.

Married or single..... Single

Enlisted, when and where..... 17th Dec 1942 - Calgary, Alberta, Canada.

Died { Date..... 21 July 1943

Place..... Edmonton, Alberta

Cause of death (a) immediate cause: Cerebral oedema.

(b) Cerebello - pontine angle tumor.

Whether he leaves a Will or not, and if so, where deposited } Not so far as can be ascertained.

Statement as to existence of any personal effects } Being forwarded to the Administrator of Estates, Ottawa. 12

Latest particulars as to Next of Kin } Mr. William More, Brock, Saskatchewan, Canada.

I hereby certify that Next of Kin and District Headquarters have been informed. (Strike out Next of Kin if not informed)

M Dorothy Bouchard. A/Capt Officer Commanding (M. Dorothy Bouchard) C.C.#15 Coy. CWAC

Secretary, Department of National Defence.

Forwarded, please.

Date..... 22 July 43.

D.O.C., M.D.

Date.....

M.F.W. 2570

25M-6-41 (758)

H.Q. 1772-39-1856

Handwritten signature: Helen J. Harris





IN REPLY PLEASE QUOTE

No. C. 40-W-13800 (DAAG)

# DEPARTMENT OF NATIONAL DEFENCE

ARMY

Headquarters, M.D. No. 13, Calgary, Alberta.

..... 26 Jul 1943.

Officer i/c Records,  
Department of National Defence,  
OTTAWA, Ontario.

*1178-M-651*

W 13800 - Pte. MORE, P.E. (Deceased)

1. Attached hereto, is one copy of M.F.W. 2570, completed in connection with the marginally named soldier. 2

Officer i/c Records  
A. G. Branch  
JUL 29 1943  
Nat. Defence Hqs.  
Ottawa, - Canada

*J. M. W. Harvey*  
E. (F. M. W. Harvey)  
Brigadier

District Officer Commanding, M.D. No. 13



August 3, 1943.

The Secretary,  
Canadian Pension Commission,  
Ottawa, Ontario.

RE: W.13800 Private Phyllis Elizabeth MORE  
No. 15 Company C.W.A.C.

Dear Sir:

Official information has  
been received that the marginally named  
died on the 21st day of July, 1943, diagnosis  
"(a) Immediate cause: Cerebral oedema, (b)  
Cerebello - pontine angle tumor".

Records show that the margin-  
ally named served in Canada only.

The next-of-kin is recorded as  
Mr. William More (Father), Brock, Saskatchewan.

Yours truly,

OB  
Colonel,  
Director of Records,  
for Adjutant-General.

GR/GR

- ARMY -

Ottawa, Canada, August 3, 3

Mr. William More,  
Brock, Saskatchewan.

RE: W.13800 Private Phyllis Elizabeth MORE  
No. 15 Company, C.W.A.C.

Dear Sir:

In connection with the regretted death of the marginally named, I am directed to forward herewith for your retention a copy of notes for the general information and guidance of relatives of deceased members of the Canadian Army, which no doubt will be of interest and assistance to you.

Yours truly,

*MB*  
Colonel,  
Director of Records,  
for Adjutant-General.

GR/VB

Director of Records,  
N.D.H.Q.

# REPORT OF DEATH OF A SOLDIER

SECRETARY, DEPARTMENT OF NATIONAL DEFENCE, (MARKED "FOR OFFICER IN RECORDS") IMMEDIATELY AFTER DATE OF DEATH

Unit..... **No. 15 Company, C.W.A.C., Edmonton, Alberta.**

Reg't No..... **W13800** Rank **Private**

Name in full..... **MORE Phyllis Elizabeth**

Date and place of birth..... **March 28th, 1920 - Brock, Saskatchewan, Canada.**

Married or single..... **Single**

Enlisted, when and where..... **17th Dec 1942 - Calgary, Alberta, Canada.**

Died { Date..... **21 July 1943**

Place..... **Edmonton, Alberta.** Buried { Name of cemetery.....

Cause of death (a) immediate cause: Location of cemetery..... **Brock, Saskatchewan.**

**Cerebral oedema.**

(b) **Cerebello - pontine angle**

**tumor.**

Whether he leaves a Will or not, and if so, where deposited } **Not so far as can be ascertained.**

Statement as to existence of any personal effects } **Being forwarded to the Administrator of Estates, Ottawa.**

Latest particulars as to Next of Kin } **Mr. William More, Brock, Saskatchewan, Canada.**

I hereby certify that Next of Kin and District Headquarters have been informed.  
(~~Strike out Next of Kin if not informed~~)

*M. Dorothy Bouchard* A/Capt.  
Officer Commanding  
(M. Dorothy Bouchard) O.C. #15 Coy., CWAC

Secretary, Department of National Defence.  
Forwarded, please.

Date..... **22 July 43.**

.....  
D.O.C., M.D.

Date.....