

S

NAME.

REGT. No.

UNIT

... H. Q. FILE No.

.....
E BY

Received - 24-12-80
 III



This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	439705
Rank	Private
Name	Anderson, William
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	62nd Battalion
Date of Discharge	January 31st 1918
Place of Discharge	Winnipeg
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 43 years..... months.	Descriptive Marks Gunshot wound in neck
Height..... feet..... inches.	
Complexion Fair	
Eyes Blue	
Hair Brown	
Trade Machinist	
Intended place of residence	Port Arthur Ont
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of Being Medically Unfit For Further War Service.	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.
	Good
	N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	Machinist

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113

(OVER)

W. L. G. Comp, 30-4-9, 2d

Druck, Sect 1
18.2.18.
B.S.

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Winnipeg

St Goldstone Capt.

(Date) January 31st. 1918

pro Commanding #10 Casualty Unit M.D. 10

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Winnipeg R. M. Anderson (Signature of Soldier.)

(Date) 31-1-18 St Speed (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. **Statement of Service.**

Service toward Engagement to..... (the date to which the Record of Service is completed)..... years..... days.

Total..... years..... days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Winnipeg

St Goldstone Capt.

(Date) January 31st. 1918

(Signature) For O/C #10 Casualty Unit M.D. 10

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

H^{nu} Anderson.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron Battery Company	{ Conduct Sheet, " B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.	<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>	
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Cer- tificate,	" D. 877.		
*Only if discharged "Medically unfit."			

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names *Anderson* 2. Surname *William*
3. Rank *Private* 4. Original Unit *52nd Bde* 5. Reg. No. *439705*
6. Address, in full, to which future payments of gratuity are to be forwarded *A. M. Donald
Foreman 13. B Dept A. G. Rly Union Station
Fort William Ontario*
7. Date of enlistment in the C.E.F. *7th Sept 1915*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Wife*
9. Relationship of such dependent *Wife*
10. Address, in full, of such dependent *C. General Service Hospital
Alberton Ontario*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *no*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
52nd December 1915
September 1917
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *Sept. Not Applicable*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *Not Applicable*
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *52nd Bde Sept 7 1915*
January 31st 1918
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *no*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *no*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *Not Applicable*

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid *three months gratuity District Paymaster M. D. No. 10*

20. Have you been issued with a War Service Badge? If so, what class? *A & B*

21. Have you, during the present war, served in the Imperial Forces? *no*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled *no*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*

(b) If so, was such reversion in consequence of misconduct or inefficiency?

24. Are you now serving in the C.E.F.? *no* If not, give:—(a) Date of discharge

31 January 1918 (b) Reason for discharge *unfit for service caused by wounds*

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit *no*

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit *Feb. 1916*

July 1916

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *no*

(b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *William Anderson*

Place of Residence: *4 McDonald Bldg B Dept C & R Union Station Fort William Ont*

Declared before me at: *Kaministiquia*

This *8th* day of *April* 19*17*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

R. J. Elliott
Justice of the Peace

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>\$100</i>	<i>\$100</i>			
<i>30.1.18</i>	<i>35</i>			
<i>30.2.18</i>	<i>33.00</i>			
<i>30.3.18</i>	<i>34.10</i>			
	<i>100.10</i>			
			<i>350.00</i>	

Certified Correct.

NO OVERPAYMENT OUTSTANDING IN M. D. 10

District Paymaster.

Capt.
(for) Paymaster, M. D. No. 10

MOORE BARRACKS,
CANADIAN HOSPITAL,
SHORNCLIFFE

HOSPITAL.

A. & D. No. 26624 Ward 4Unit 18th Reserve A Sick or Wounded.Regtl. No. 439405 Pl. of Act'nRank Pte Name Anderson WilliamAge 41 Religion PresService Compl'd 24/12 Time with Field Force 3/12Diagnosis Laceration lips foreheadAdmitted 15-4-1917 Discharged 27.4.17 To DutyTransferred Port Arthur

RECORD FURTHER REMARKS ON BACK.

yes 815

11/10/17

11/10/17

11/10/17

11/10/17

Orig. recd. from	1st Lt. Asst. Surg.	25/4/1917.
Lap. recd. from		/.../191
sent to		/.../191
by		/.../191
received by Registrar this		/.../191

Off copy #1

Name **ANDERSON** Willia Rank **Pte.**Reg. No. **439705**Unit (**52nd Battalion**) **18th Res**Next of Kin **Mrs Maggie Anderson, 60 Canal Terrace,
Woodside, Aberdeen, Scotland.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
3.6.16	No. 13 Gen Hosp	Boulogne	LSW Mult. A78		12/6/16	
12.6.16	" 3 " "	Sheffield	G.S.W. Lt. Grain	A-70	14/6/16	
14.7.16	Can Genr Res	Wokingham	do	B92		
17.8.16	Can Dir Can Res	Epsom	GH. Mult. B115			
4.9.16	Discharged		(Do.)	B196		
16.4.17	Moved B16	S' Cliff	Lac Lip Head	45		18 th Res
27-4-17	Discharged.	S' CLIFFE.	do do	47		

[illegible]

NAME *Andersson. William.*RANK AND CORPS *Pte. 52nd. Batt.*

CABLE

NO.

DATE

NATURE OF CASUALTY

m. 7905	13-6-16.	Admitted to No 13. Gen. Hospital Boulogne. June 3rd. G. S. W. multiple
Y. 349	20-9-17	Sailed from Liverpool for Canada per. Transport 8261 on Sept 13 th 1917. Spec. authority

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A. 78	#13 Gen. Boulogne	3-6-16	G. S. W. Multiple
B 70	#3 Northern Gen. Sheffield.	12-6-16	G. S. W. Side
B 92	Kings Car. Res. Donot. Bushy PK.	14-7-16	G. S. W. Lt. groin
B 115	Landiv. Conot, Woodcote Park Epsom Ex. G. W. W. Birmingham	17-6-16	G. S. W. Mult.
B 196 (11)	Missy	4-9-16	G. S. W. Mult.
45	Moore Barry Shore	16-4-17	(52nd Bn) Lac. Hip & Head
47	Missy.	27-4-17	(18th Car. Res. Bn) 1/2 2 4

Surname

Christian Name or Names

Reg. No.

Anderson W.

439705

Rank

Unit

Co.

Troop

Batty.

Pte

52nd Bn.

18th Res. B. Att.

Hospital

#13 Gen. Hosp. Boulogne

Date of Admission

3.6.16

Transferred

3 Northern Gen. Sheffield

Hosp.

12.6.16

Kings Road Bow Bushey

Hosp.

14.7.16

Epsom Conv.

Hosp.

17.6.16

Moore Barracks.

Hosp.

16.4.17

Diagnosis

G.I.V. Multiple

(1) Later Diagnosis (if changed)

G.I.V. side.

(2)

(3)

hac. hip & head.

Additional Diagnoses: If more than one state present

DISPOSITION

Date

Ch. 12.6.16 A78

" 15.6.16 B70

" 18.7.16 B92

e.L. 21-8-16 B115

" 6.12.16 B196

28.4-17 K5

" 2-5-17 #47

REMARKS

Disc. Dec. 4.9.16
27-4-17

A.M.D. 2 DEPT.

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

R.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

CONFIDENTIAL INFORMATION

Report No.

Class

Duty

Category

C.11

No. of
M.H.C. FileNo. of
Local FileNo. of
H.Q. File10578
G.Anderson, William.
Port Arthur.
Ont.

No. 439705 Rank Pte. Original Unit 52 Present Unit 52
 Age 43 Height 5 ft 7 ins. Complexion Fair Eyes Blue Hair Brown Character N.R.
 Date of enlistment 7-9-15 Where enlisted Pt Arthur Where seen service France #14240
 Ship returned by HMT.F-8261 Date of arrival 25-9-17 Port of arrival Halifax.
 Birthplace ~~England~~ Scotland. Religion Presbytn.
 Name and address next of kin Wife, Mrs. M. Anderson. 60 Canal Terrace, Woodridge.
 Notification of return to be sent to Aberdeen, Scotland.
 Cause of disability Nil
 Condition which prevents the soldier from earning a full livelihood

In France six months, received G.S.W. in right neck and states he feels
 bullet under left arm. Pain in left chest when he bends body forward.
 Compel him of a pain in right thumb. Healed
 General health very good. Heart is sound. Bullet scar in upper
 sterno-mastoid region. No x-ray report for F.B.
 Palpation of F.B. negative. No disability arising from wound.
 Man is able to walk three miles at his own pace and can do ordinary
 work. Fit for C.11

*Lungs sound. Nervous system normal.

Degree of incapacity (Please state in fractions) Eng. Board None Canadian Board Nil

Probable duration of incapacity N.A.

Is final disability likely to prevent return to previous occupation? Permanently unfit for Military Service? No

Recommendation of Canadian Board

Destination to which transportation issued Winnipeg, K.C. CAERNS. CAPT. W. RUGGANT. CAPT. R.M. BRUNS. CPT.
 W.M. CARRICK. MGR.

Members of Board

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1	Wife	37			Good.
2					
3	1	2			
4					
5					

Occupation prior to enlistment

Regular trade or profession

Machinist.

Average earnings previous to enlistment

do

Any other income?

Name and address of last employer

\$4.50 day

Rent per month

\$13.

If purchasing property amount due and annual payment \$ Sek. Mich. U.S.A.

Taxes

If Homestead, when is patent due?

If carrying life or accident insurance, annual premium

If in receipt of sick benefits or other insurance—name of society

Amt. per mo. \$

If unable to follow previous occupation, name preference

At what age soldier left school?

What grade, standard, &c., was he in?

Has he taken any Technical or Continuation Classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

References

Last emp.

I declare that the above statement is correct.

Witness

J. McDonnell

Signature

William Anderson.

Date

Quebec 14-10-17

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

Last Pay Cert. Cr., \$

Dr., \$

Amount paid at Depot H. Q., \$

L. P. C. leaving Depot, \$

Amount forwarded to H. Q. Unit, \$

Credit Clothing allowances, \$

Trans'd to

Unit—Date

Trans'd Class 1—Date

Trans'd Class 3—Date

PENSION—Class..... Amount per year, \$

Period granted for

Dating from

First payment date

CLASS 3.—Men having a permanent disability which would not be benefited by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.

CLASS 2.—Men whose condition may be benefited by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases, the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period.

CLASS 1.—Men for immediate discharge without a pension.
 (a) Unit for overseas service but capable to take up their previous civilian occupation.
 (b) Disability not the result of service or involving claims as the result of or aggravation by service.

141761

FORM OF WILL.

Name in full.

I William Anderson

Regimental Number 439705 serving in 18th Can. Res. Battⁿ
 of the Canadian Expeditionary Force do hereby revoke all former Wills
 made by me and declare this to be my last Will.

Name & Address of
 person or persons
 to whom it is to go.

I DEVISE and BEQUEATH all my real estate unto my wife.Mrs Maggie Anderson60 Canal TerraceWoodsideAberdeen Scotland.absolutely, and my personal estate I bequeath to my wife.

Name & Address of
 persons or person
 to receive personal
 estate (see Note 1.)

Mrs Maggie Anderson60 Canal TerraceWoodsideAberdeen, Scotland

Fill in Date and
 Year.

IN WITNESS WHEREOF I have hereunto set my hand this Twenty Seven
 day of July A.D. 1917.

William Anderson.
 (Signature)

Signed by the said Testator as his last Will and Testament, the same
 having been read over and explained to him, in the presence of us both
 present at the same time who at his request and in his presence and in
 the presence of each other have subscribed our names as witnesses.

Name of Witness

J. J. Feukis (136347)

Address of Witness

18th Can. Res. Battⁿ Dalgate

Occupation of Witness

C.S.M. No. 7604

Name of Witness

Thos. E. Gleeson

Address of Witness

6 Minerva St. Winnipeg Canada

Occupation of Witness

Traveler

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy,
 in fact everything except real Estate.

Port Arthur Chart

William Anderson.

LOKVI OF JALCT

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

33761/67420

379-20-8

Name **Anderson, William**
Surname Christian Name

Regimental Number **439705** Rank **Pte.**

Address (in full) **Port Arthur, Ont.**

Unit **52nd Bn.**

Original Unit

District where paid **M.D.10**

Date of Discharge **31-1-18**

P. D. P. Filing Number **7-110-10**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	1628	30-1-18	33 00	1606	28-2-18	33 00	1586	28-3-18	34 10		100 10

Remarks:

M. F. W. 127.
50M-6 17.
1772 39-1140.

16th 15.59.

Det'n No 33761/674 W. S. G. File No 6379-2073

Award 153 days at \$ 70 per day \$ 350

S. A. months at \$ per mo. \$

Class P, D. P. Credited \$ 100.00

\$ 249.90

Less further debit balance \$

Net due paid as below \$ 249.90

TO SOLDIER TO DEPENDENT			
0	Ag. No.	Ch. No.	Amount
1	5191	468489	140.00 ✓
2			
3	5465		70.00 ✓
4	1840	478122	39.90 ✓
5			
6			
Total			Total

C/o A. Mc Donald
Foreman 13 B. Dept C.G. Pky.
Union Station
Fort William Ont.

GEN'L AUDITOR
Posting checked by
Hobbs
Date 23/9/19

23-6-19
12/6/19

account 23/9/19

Job 5351—M. & D. 6880.

~~200~~

Eng of Chad to 1/6/16 to 2/8/17 - \$360⁰⁰

Name.....

M. F. W. 41
1 0M-16
1772-39 889.

Regimental No.

Name and address of next-of-kin

Unit

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

[illegible]

0513

6.

MILITIA AND DEFENCE

ASSIGNED PAY.

Ref. No. 11668.

059

To whom Mrs. Maggie Anderson.,

Address 60 Canal Terrace,

Woodside,

Aberdeen. Scotland.

By whom assigned Anderson., William.

Regtl. No. 439705.

Rank Private

Corps &c. 52nd Battalion.

Rate \$20.00 per month,

Date to Commence 1st March 1916.

PAYMENTS.

FILE

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
March		166398	20	/	
Apl.		504	20	/	
May		26568	20	/	
June		154079	20	/	
July		86090	20	/	
Aug.		118523	20	X	
Sept.		152097	20	X	
Oct.		188093	20	X	
Nov.		225096	20	X	
Dec.		265670	20	X	
Jan.	1917	307116	20	X	
Feb.		347619	20	X	
March		390632	20	X	
April			260		
May			100		
June			360		
July					
Aug.					

Checked H. Mackenzie Pay Sgt. [Signature]

MILITIA AND DEFENCE ASSIGNED PAY.

To whom *Mrs. Maggie Anderson* By whom assigned *Anderson, Wm.*
Address *60 Canal Terrace,* Regtl. No. *439705*
Woodside, Aberdeen, Rank *Pte.*
Scot. Corps, &c. *52nd Bn.*

Rate *\$20.00 A.P. only.*

Date to commence *1. 9. 17.*

PAYMENTS.

Wife

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan	1916 <i>1917</i>		ASSIGNED PAY	SEPARATION ALLOWANCE	<i>Dirch. to Canada.</i>
Feb.					<i>Bd. of C.Os. Digate 1/8/17</i>
Mar.					<i>Netted on L.P.C.</i>
April					ASSIGNED PAY AND SEPARATION ALLOWANCE
May					BEING PAID IN ENGLAND UNTIL ADVIC
June					FROM OTTAWA OF DISCHARGE OF SOLDIER
July					MAILED HEREIN.
Aug.					
Sept.		<i>A 121824</i>	<i>20</i>	<i>/</i>	
Oct.		<i>B 12814</i>	<i>50</i>	<i>/</i>	
Nov.		<i>B 22623</i>	<i>20</i>	<i>/</i>	
Dec.	<i>1918</i>	<i>B 69022</i>	<i>70</i>	<i>/</i>	
Jan	1917	<i>C 51823</i>	<i>20</i>		
Feb.					<i>Discharged 31-1-18. No Authority in B.C. 6.52</i>
Mar.					
April					
May					
June					
July					
Aug.					

ASSIGNED PAY.

By whom assigned

Anderson, Wm

Regtl. No.

439705

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
Mar.					

Rank *Pte*Name *ANDERSON, William*Reg'l No. *439705*

P-56

Unit *52nd Bn.*If in perm. Corps, }
What Unit? }Married or Single *Single*Place and Date of Enlistment *Pt. Arthur, 7th Sept, 1915.*Place of Birth *Invarurie, Scot.*Name and Address, Next-of-Kin *Mrs Maggie Anderson,**60 Canal Terrace, Woodside, Aberdeen,*
*Scot.*Relationship *wife*Assigned Pay Monthly \$ *20.00* £ *66/3/16*

Payable to

above address.

Relationship

Separation Allowance

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Date		PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	
From	To	No. of Days	Rate	Amo	No. of Days	Rate			Amount	No.						Date
Dec 1	Dec 31	31	100	31 00	31	10	3 10	10 00	44 10		17 03 14 60		1 10	32 73	11 37	
1916																
Jan 1	Jan 31	31	100	31 00	31	10	3 10		34 10	129 178	14 60 ✓ 7 30 ✓		5 50	27 40	18 07	
Feb. 1	Feb 29	29	100	29 00	29	10	2 90	31 90	223 1		7 20 ✓ 2 62 ✓			9 92	40 05	
Mar 1-31		31	..	31 -	31	..	3 10	34 10	76 106		6 98 ✓ 2 61 ✓	10		29 59	44 56	
				122 00			12 20	10 00	144 20			43 04	20 00	6 60	99 64	44 56

BALANCE TRANSFERRED TO NEW LEDGER.

Carried forward to
Large Ledger sheet

[illegible]

MARRIED OR SINGLE *Single, Married*
PLACE OF BIRTH *Inverurie, Scotland*
NAME AND ADDRESS OF NEXT OF KIN *Mrs Maggie Anderson*
60 Canal Terrace, Woodside, Aberdeen, Scot.
RELATIONSHIP OF NEXT OF KIN *Wife*
NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN
SEPARATION ALLOWANCE MONTHLY \$ *Nil* EFFECTIVE (DATE)
PAYABLE TO

RELATIONSHIP OF DEPENDANT
P.D. & D.P. checked and found correct 31/3/17.
Wm. Bayly

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Pay Restricted to 20 g. review</i>	<i>23/10/16</i>	<i>SDO 451</i>
<i>Restricted pay cancelled.</i>	<i>28.4.17</i>	<i>RP.2067.5</i>
<i>Restricted full pay effec.</i>		
<i>Restricted Pay. Cancelled.</i>	<i>28/4/17</i>	<i>SDO.109 18th</i>

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

Checked *W. Stokes*

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS							
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3			
			\$	C.			\$	C.			\$	C.				NO.	DATE	NO.	DATE	NO.	DATE		
Mar 31			122	00			12	20						10		144	20						
1/4 30/4	30	100	30	00	30	10	3	00								33	00	124	15/4	184	30/4		
1/5 31/5	31	1	31	00	31	10	3	10								34	10	226	15/5				
1/6 5/6	5	1	5	00	5	10		50									5	50					
6/6 30/6	25	1	25		25	10	2	50								21	6	80					
July 1-31	31	1	31		31			310								27	50						
Aug 1-31	31		31		31			310								34	10						
Sept. 1-30	30	1	30	00	30	00	3	00								34	10						
Oct 1-31	31		31		31			310								33	00						
Oct 1-31	31		31		31			310								34	10						
Nov 1-30	30		30		30			300								34	10						
Dec 1-31	31		31		31			310								33	00						
1917 Jan 1-31	31	100	31	70				3410								34	10						
			470	80										10		480	80						
			470	80										10		480	80						

32 Bn. 1636.4/6
1665.15/9
B.P. 1015.4/2
B.P. 954.27/7
B.P. 834.15/7
B.P. 2431.29/8
5202.887.19/7

32 Bn. 1749.14/10
1699.26/9
1414.090/10
322 131831/1
32 Bn. 2010 30/11
1883 15/11
2050 20/12

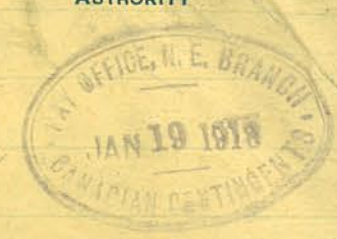
32 Bn. 1636.4/9
1665.15/9
B.P. 1015.4/9
B.P. 954.27/7
B.P. 834.15/7
Sp. 2421.29/7
5202.887.19/7
32 Bn. 1749.14/10
1699.26/9
14th H. 1690.10
32 Bn. 1318.31/1
32 Bn. 0010.30/11
1883.15/11
2020.20/12

Sailing list 45 13/9/17 *CBal 7018*

IONS, &c.
EFFECTIVE DATE
AUTHORITY
3/10/16
23/10/16
+7. R.D. 2067. Jan 17.
1/4/17 20.109 18th 2/5

REG'L. No. 439705 RANK P6 NAME Anderson, Williams.
UNIT 52nd Bn
TRANSFERRED TO CCAC DATE 6/6/16 AUTHORITY 2016 30/16
Bridgeway 31-5-17
TRANSFERRED TO Pay 2. L(2) DATE 25-8-17 AUTHORITY B.C.O. 1/8
PERMANENT FORCE ALLOWANCES
PLACE OF ATTESTATION Fort Arthur, Ont.
DATE OF ATTESTATION 7th September 1915
TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ 20.00 DATE EFFECTIVE 1/3/16
PAYABLE TO Mrs. Maggie Anderson, 60 Canal Terrace, Woodside, Aberdeen, Scotland. RELATIONSHIP
ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
PAYABLE TO RELATIONSHIP
STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped EFFECTIVE 1.9.17. REASON Disch. to Canada
DISCHARGE DATE AND PLACE 28 Aug. 1917. REASON AND AUTHORITY Bd. of G.O. Discharge Invalidated. 1.8.17.
ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) P.305. b



QUITTANCE ROLLS					CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4	1	2	3	4	CREDIT	DEBIT								
						73 14 20				6 60	99 64	44 56		30 00		
30/4						136 1 2 61			20 00		26 97	50 59				
						2 56 7			20 00		22 56	62 13				
									20 00		20 00	47 63				
											169 17					
												75 12				
									20		20	89 23				
						487 20			20		24 87	98 46				
32 Bn. 1636.4/4						2 43										
1665.15/9						2 44										
B.P. 1015.4/9						1 22			20							
B.P. 954.27/7						1 22										
B.P. 834.15/7						1 22										
Epo. 2431.29/8						4 87										
5202.887.19/7						1 22			20		34 62	96 84				
32 Bn. 1744.14/10						973			20	15 40	47 57	83 37				15 40 7 days 27.8. also 7 days 32 Bn 262. 13.10.16
1699.26/9						244										
1444.11.090.10						4 87			20		39 47	76 90				
32 131831/12						1460										
32 Bn. 2010.20/11						973			20		39 46	71 54				
1883.15/11						973										
2050.20/12						2433			20		44 33	61 31	30 00			
						6 92 2 61 90 05 77 91 220				22 00	419 49					Small
						6 92 2 61 90 05 77 91 220				22 00	419 49					Ledger Sheet.

439705 Pl. Lin. derson. b.

[illegible]

PAYMENTS		ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
3	4				CREDIT	DEBIT			
90 05 77 91	220	22	419 49	61 31		30 00			
487	20		29 74	62 37		30 00			
487	20		27 30	69 17		30 00			
243	20		20	82 17		30 00			
244	20		20	95 17		30 00			
245	20		20	96 27		30 00			
10709	20		20	109 27		30 00			
	20		20	123 37		30 00			
	20		20	129 44		30 00			
	360			134 17					
				136 35					
			486	131 49					

447108.
Trans Brit Hosp. 31-5-17
51107. AR.

76.75
Pay from
23/10/17 to
2/11/17.

at 1071

AM 17055
Trans Pay 2 L (2) 25/8. B.C.O. 1/8.
Cable to Canada.
Dis to Canada.

21st Int on Def Pay 30-6-17

A3M. FORM REND. Sup. EFFECT 1/9/17
DISCHARGED TO Can. DATE 28/7
PAYBOOK VERIFIED 28/7/17
On BAL 75.05 L.P.C. REND 28/7/17
ATTY Bd of Cos Sibgate 1/8/17
Invalid

Checked Deamuel L.P.C.
ASSIGNED PAY AND SEPARATION ALLOWANCE
BEING PAID IN ENGLAND UNTIL ADVICE
FROM OTTAWA OF DISCHARGE OF SOLDIER
NAMED HEREIN.

Surname

Christian Name

OF
William

TABLE III.—Boards; Courts of Enquiry, 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]

Enlisted	{ at	on.....day of.....191.....
Joined on enlistment	Corps.	Regtl. No.
	439705	
Transferred to	10 th Co. Bn. D. =	
Became non-effective by		
on.....day of.....191.....		
(Signature)		
(Rank)		

[illegible]

TABLE II.—Only for Admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

[illegible]

NOV 30 1929 THE BOARD OF PENSION COMMISSIONERS FOR CANADA
LIFE CERTIFICATE FOR DECLARATION

Disability
Pension

Pension No. 33010A

INSTRUCTIONS

1. This form is to be completed wherever it is applicable and should be returned immediately to the Department of Pensions and National Health, Ottawa, otherwise pension may be suspended under Section 11 of the Pension Act. No postage is necessary when mailed in Canada. Changes of address should always be stated.

2. When a pensioner is receiving additional pension the wife, parent or parents on whose behalf such additional pension is being paid **MUST** sign in the space provided below. Failure to observe this instruction will result in suspension of additional pension.

DISABILITY PENSIONER

(a) I solemnly declare that I am the person to whom pension was awarded on account of war service.

Reg. No. 439705 Rank 05 Name Wm Anderson

(b) That I was married on 4-1-16
That my wife is living with and is being maintained by me.
That my wife's signature and address are as follows-

(Wife sign here) Maggie Anderson Wife's address 60 Canal Terrace Woodville

(c) That my parent (or parents) on whose behalf I am receiving additional allowances is (or are) alive and being substantially maintained by me.

My father's signature is- (Father sign here)

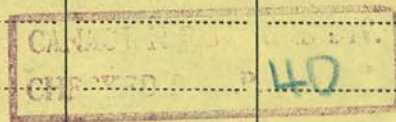
My mother's signature is- (Mother sign here)

(d) That the following children on whose behalf I am receiving additional allowances are living with and are being maintained by me:-

Name

B I R T H
Date Month Year

1			
2			
3			
4			
5			



Declared and subscribed before me)

at Aberdeen this 4 day of Dec 1929 Sig. of Pensioner: Alex S. Black

Signature Alex S. Black Address Judges of Peace

Rank or Qualification Judges of Peace

DEC 19 1929

NOTE:- This declaration must be made by the pensioner before a Justice of the Peace, Commissioner for Oaths, Notary Public, Magistrate, Police Officer not under the rank of sergeant or an Official of the Department of Pensions and National Health authorized in this behalf. Any expenses incurred by the pensioner will not be refunded.

This space to be left blank for the Chelsea Number.

H M T I 121

Sept 25 1917

Army Form B. 268.

DUTY 80

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>439705</u>	Army Rank <u>Private</u>
Name <u>Anderson, William</u> (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)	
Corps <u>Manitoba Regt. Depot Subgate</u>	
Battalion, Battery, Company, Depot, &c. <u>52 Bn.</u> (If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)	
Date of discharge _____	
Place of discharge _____	
1. Description at the time of discharge.	
Age <u>43</u> years _____ months	Descriptive marks. <u>Gunshot wound in neck.</u> <u>10</u>
Height <u>5</u> feet <u>7</u> inches	
Chest measure- ment { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion _____	
Eyes _____	
Hair _____	
Trade <u>Machinist</u>	
Intended place of residence { <u>Port Arthur</u> (To be given as fully as practicable) <u>Ontario</u>	
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)	

Returned to Canada. Authority O.111.

Adjutant General's Letter D.O.4. A.G.2-1-29 og 19-6-17.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.	3. Military character:—
	4. Character awarded in accordance with King's Regulations:—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer.	
Army Form B. 2088 has been issued to*	

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class

6. Campaigns, Medals and Decorations

France, 6 months

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place)

(Date) Commanding Battn. Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) (Signature of Soldier.)

(Date) (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to (the date to which the record of service is completed) years days.

Further service " " (the date of confirmation of discharge) " "

Total ... " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for (date)

(Place)

Signature

(Date)

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)



LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge.
(Army Form B. 268.)
2. Proceedings on transfer to re-serve (if any).
(Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any).
Army Form B. 136.
7. Authority for continuance, or extension, of service (if any).
Army Form B. 221.)
8. Court of Inquiry on an injury (if any)
(Army Form A 2.)
9. Regimental conduct sheet.
(Army Form B. 120).
10. Company conduct sheet.
(Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet.
(Army Form B. 178).
13. Medical report on invalid (if any).
(Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required.
See section 11 on second page.
19. Active service casualty form.
(Army Form B. 103).
20. Employment sheet.
(Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation.
(On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any).
(Army Form B. 178).

Instructions as to the preparation, dispatch, and custody of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

MEDICAL HISTORY SHEET.

Pte. Surname Anderson Christian Name Wm

Examined { on 7 day of Sept 1915
at Port Arthur

Birthplace { City or Town Inverkea
County Scotland

Apparent age 36

Trade or occupation Machinist

Height 5 Feet 6 Inches.

Weight 155 Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 35 inches.

Physical development Good

Small-Pox Marks —

Vaccination Marks { Arm Right Left.
Number 2

When Vaccinated last 1915

(a) Marks indicating congenital peculiarities or previous disease —

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

Approved by Wm Cullough
Rank Capt M.O.

Date	Fitter or Unfit	EXAMINED FOR RE-ENGAGEMENT.
		<u>16 JUN 1916</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
<u>1915</u>	<u>Good</u>	<u>Wm Cullough</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1/10 15</u>	<u>Good</u>	<u>Wm Cullough</u> M.O.
<u>1/10</u>		M.O.
<u>22/10</u>		M.O.

Enlisted on 7 day of Sept 1915 at Port Arthur

	CORPS.	REG'T. NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>52nd OB.</u>	<u>439705</u>		<u>Sept 7 '15</u>
Transferred to.. ..	<u>15th Res. Bn.</u>			<u>4.1.17.</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Spom</u>	<u>30/8/16</u>	<u>E.S.W. wech- any</u>	<u>Wm Cullough</u>

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

Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES 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 venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
3rd: NORTHERN GENERAL	GENERAL	12	6	16	13	7	16	G.S. Wick	32	Transferred to Bushy Park, Hampton Hill	A. J. Connell
THE KING'S CANADIAN RED CROSS CONVALESCENT HOSPITAL		13	7	16	15	8	16		33	Transferred to Epsom for Physical Training	Lt. Colonel, R.A.M.C. (T) O.C. 3rd Northern General Hospital J. H. Downes Capt. Downes REGISTRAR FOR OFFICER COMMANDING, THE KING'S CANADIAN RED CROSS CONVALESCENT HOSPITAL BUSHY PARK, HAMPTON HILL.
Woodcot Park Epsom		16	8	16				G.S. Wick Rt Side			
Can. Conv. Hosp. Epsom.		16	8	16				Do		Boarded. Perm. Base	C. H. Downes Capt. Downes
Moore Barracks Hpt, Shorncliffe.	26624	15	4	17	27	4	17			Discharged to duty	W. M. Smith Capt. Smith

Duty

Off

Proceedings of Medical Board at Discharge Depot,
QUEBEC, Que.

No. 439705 Rank Private
Previous civilian occupation:—
Cause of Disability:—

Name and Corps of disabled Soldier:—
Anderson William
Machinist
Nil

DEPT. OF MILITARY & DEFENCE
MAR -1 1915
H.Q. CANADA

Condition, in detail, which prevents the soldier earning a full livelihood:—

In France 6 months, received F.S.W. in right neck and states he felt bullet under left arm. Pain in left chest when he bends body forward. Complains of a pain in right thumb.

General health very good. Heart is sound. Lungs sound. Nervous system normal. Healed

Bullet scar in upper sterno-mastoid region. No X-ray report for F.B. Palpation of F.B. Negative. No disability arising from wound. Man is able to walk three at his own pace and can do ordinary work. Fit for Civ

OPINION OF THE BOARD.

Degree of incapacity. (Please state in fractions)

Nil

Probable duration of incapacity:— not applicable

Does it render him permanently unfit for Military Service? No

Would operation, Special treatment, or use of appliances, etc., lessen incapacity?

No

Signature:—

R. C. Cairns Capt
President.

Station:—

Quebec

Date:—

Oct. 14th 1917

W. D. Craig Capt
R. Martin Major Capt.
Members

APPROVED.

Date:—

14 ¹⁰/₁₇

Asst. Director Medical Services.

B. P. C. FOLIO
FALSE DOCKET

Date:—

Director General Medical Service.

100
MAR 2 1914

OPTION OF THE BOARD

APPROVED

100549

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Aug 30th 1916.

No. 439705 Rank Pvt Name Anderson W

Local Unit..... Overseas Unit 52nd Age 39

Examination held at Epsom

DISABILITY.
Overseas—Local.
(scratch one out)

9.5 w. neck rt side 3/6/16
bullet in frame

PRESENT CONDITION.

Bullet in lung
Hoarseness for 24 days
Shortness of breath, pain left side

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty.....Yes
5. Discharge.....



Signatures:—

Members

J. H. C. Crang President.
W. F. ...
.....

APPROVED

Dated at 2 SEP 1916 1916. D. J. McIntyre Capt.

For A.D.M.S.

Pte Anderson, William 439705. 5 2nd Bn.

Proceedings of Medical Board.....

held at... *Quebec* Date... *14-10-17*

Sent to C.R. Date... *1-3-18*

Discharge Section.....

M. Med

SURNAME. *Anderson*

CHRISTIAN NAMES *William*

REGL. No. *439705*

RANK *Pte.*

UNIT ~~*52nd*~~ *#10* *Cas. Unit*

Batt.

FORMER CORPS *Nil*

NEXT OF KIN.

NAMES IN FULL *Harvey Mrs. B.*

RELATIONSHIP TO SOLDIER *Mother*

ADDRESS *E. Brunswick Rd.,
Melbourne. Aust.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH *Scotland Inverurie*

DATE

PLACE OF ATTESTATION *Pt. Arthur*

DATE

Sept. 7, 1915

Sailed from St John Per S. S. R/C 25-9-15

L. L. 90589.-M. & D. 6312 "California" 23/11/15 285

M. F. W. 22. 100m.-1-16. H. Q. 1772-39-839.

649-A-7119

CARD No.

2809.

808110 31-1-18 10
and 108
1

Returned to Canada per Transport 8261 13-9-17 ^{for} Smith
(J. 349)

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

No. 39705
439705

RANK *Rt.*

NAME

Andersson, W.

T. O. S. 7-9-15 D.O. 1420 UNIT

8-9-15

52nd Battalion, C. E. F.

M. D. 10.

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915 Sept. 7</i>	<i>1915 Sept. 30</i>	<i>✓</i>	<i>Forfeits 2 dys. pay. a-w-L.</i>	<i>D.O. 1500 of 17-9-15</i>
<i>Oct.</i>		<i>✓</i>		
<i>Nov.</i>		<i>✓</i>		
<i>Dec.</i>		<i>x.</i>	<i>Forfeits 1 dys. pay. a-w-L.</i>	<i>D.O. 232 of Dec. pay list.</i>
UNIT SAILED				
NOV 23 1915				

ATTESTATION PAPER.

ORIGINAL
No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. 439705

(ANSWERS)

1. What is your name? William Anderson.
 2. In what Town, Township or Parish, and in what Country were you born? Inverurie Scotland
 3. What is the name of your next-of-kin? (Wife) Mrs Margaret Anderson
 4. What is the address of your next-of-kin? 60 Banat Street, Woodside, East Brunswick Rd.
 5. What is the date of your birth? Aug. 12, 1879 Melbourne, Australia
 6. What is your Trade or Calling? Machinist
 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
- W. Anderson. (Signature of Man).
C. Field (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Anderson, 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 Sept. 4th 1915 W. Anderson. (Signature of Recruit)
C. Field (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Anderson, 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 Sept. 4th 1915 W. Anderson. (Signature of Recruit)
C. Field (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 D. Antwerp this 4th day of Sept. 1915.

A. W. Kaye (Signature of Justice)

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

A. W. Kaye (Approving Officer)

Description of Wm Anderson on Enlistment.

Apparent Age 36 years - 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 5 ft. 6 ins.

Chest-measure-ment. { Girth when fully expanded 35 ins.
Range of expansion 2 ins.

Complexion Fair

Eyes Blue

Hair Brown

Religious denominations. { Church of England
Presbyterian X yes
Wesleyan
Baptist or Congregationalist
Other Protestants
(Denomination to be stated.)
Roman Catholic
Jewish

mole on right shoulder

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 Sept. 4th 191 5

Place St. Arthur Edmonton

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.

Wm Anderson 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.

Date Sept. 4th 191 5 A. W. Hay (Signature of Officer)

DUPLICATEBPC 33010
ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.
Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY ofSurname A N D E R S O N Christian Name "illiam

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Inverness County Scotland.Examined ... { on 7th day of September 1915,
at Pt. ArthurDeclared Age ... 36 years ... days.Trade or Occupation ... MachinistHeight ... 5 feet 6 inches.Weight ... 155 lbs.Chest Measurement { Girth when fully Expanded 35 inches.
Range of Expansion 2 inches.Physical Development ... GoodVaccination Marks { Arm ... Right Left
Number 2When Vaccinated ... 1915.Vision ... { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... { (a)

(b) Slight defects but not sufficient to cause rejection ... { (b)

Approved by (Signature) W.L. McCullough
(Rank) Capt. A.M.C.Medical Officer.Enlisted ... { at Pt. Arthur
on 7th day of September 1915.

Corps.	Regtl. No.
<u>52nd O'B.</u>	<u>439705.</u>
Transferred to ...	

Became non-effective by

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made on 7th day of September 1915.
taken from the Attestation Paper (Signature) W.L. McCullough
(Rank) Capt. A.M.C.

List in the case of Warrant Officers treated in quarters.

cases bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

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]

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

26B 24 17

CANADIAN HOSPITAL
SHORNCLIFFE

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 26624 Year 1917	Regimental No. 439705	Rank. Pvt	Surname. Anderson	Christian Name. W
	Unit. 18 Res.		Age. 41	Service. 24/12
Station and Date. Shorncliffe April 15	Disease Head Wounds.			
	On night of April 14. patient was knocked down in the road by an automobile. He states he was under the influence of liquor at the time. He was brought to hospital where in an unconscious state. Head was found to be cut over left eye & wound stitched - 3 stitches.			
	Upper lip also cut - 3 stitches put in. Wounds dressed daily.			
22/10/17	Stitches removed. Wound healed.			
	J. E. Cooke Capt R.A.M.C.			
24/4/17	No. 24. H. transferred to lines			

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

Station
and Date.

MEDICAL CASE SHEET

No. in Admission and Discharge Book.	Regimental No. 439705	Rank. Pte.	Surname. Anderson	Christian Name. W.
Year	Unit. 52nd Batt	Age. 38	Service. 6/12 6/12	
Station and Date. BUSHY PARK. 13 JUL 1916	Disease G.S.W. Neck and Chest. June 3 rd at Ypres was struck by a machine gun on the ^{RT} side of the neck. He was knocked down. Felt short of breath, pain in the RT arm & back. He coughed blood at the time & continued to do so for 3 or 4 days. Carried to D.S.			
Born at:- Aberdeen Scotland Married or Single	June 3 rd Dressings. Boulogne (13 th General) June 3 rd - 10 Had pain throughout the RT arm especially in the wrist, pain in back (Rf. side), a cough & shortness of breath.			
Occupation Mechanic	Was kept in bed.			
Enlisted at Battersea	Sheffield Base Hospital June 11-18 Kept in bed. All symptoms except pain in arm improved.			
On Sept - 1915	Woodburnia Gen. Hosp. June 18 - July 13.			
T. Inoc.	Was up and going about each day.			
Oct/15 Mar/16 S.V.P.	Was troubled by shortness of breath & palpitation. The arm had not improved any and sometimes the pain was so severe that he could not sleep at night.			
Treatment Physical Training Disposal Massage Electr.	Present Condition The pain in the RT arm is chief trouble. Still short of breath on exertion & has palpitation.			
Report Report in week.	RT arm & hand weak throughout. P.T.O.			

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

Station
and Date.

July 22/16

Still complaining of pain along
radial side of forearm, radiating into
thumb.

~~Maisson~~

Report in one week

JSA

July 31/16 Anaesthesia over radial
side of forearm. Still a good
deal of pain

JSA

Aug. 7. Improving.

Report in one week

WBE.

Aug 11 Report - One wk. JSA

Aug. 12 Epsom.

Transferred Epsom 16-8-16

WBE. Epsom

Capt. Cmc

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

Year

Regimental No.

Rank.

Surname.

Christian Name.

Unit.

Age.

Service.

1916

439405

Pte

Anderson.

William.

52nd Canadians.

"D"

37

12yr.

Station
and Date.

Disease

St. G. Hosp.

Sheffield

12.6.16

Bullet wth ^{chest} Lung (L) 4/4

Wounded at Hooge. 3/6/16

Bullet entered Rt side neck just behind middle
of Rt st. mastoid - passed thro neck & into
L lung (Rifle bullet) where it remains
Diphtheria wth healed

Trans. shows Rifle bullet 3-7 cm.
deep (from skin surface) level 1/6" ab in
scapular line. = carrying no trouble.

J. Broadley
2 (at)

Has pain down Rt arm.

Doing well.

Conv.

J. Broadley Capt

Pain & weakness right arm

Has all muscular movements but they are weak
myoming

13.7.16

To Bushy Park

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

Station
and Date.

MEDICAL CASE SHEET

History

Examination

Diagnosis

Prognosis

Treatment

Remarks

3rd P. G.

Hospital.

Ward 28.

No. of Bed

Date 13-6-16

Regtl. No.	Rank and Name	Corps	Part to be X-Rayed
439705	Pte Wm Anderson	52 nd (Canadian)	L Lung. Ribs. Bullet (please localize)

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case)

Inlet w L lung

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate

YR localise

Signature of M.O.

LB

Date

13/6/16

Signature of Radiographer

RA

Date

13/6/16

B.P.C. 33010

44-A-243

General Delivery Winnipeg Man.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O.'S, AND MEN

MEDICAL HISTORY OF AN INVALID

DEPT.
MILITIA & DEFENCESTATION Winnipeg Man. DATE December 14, 19171. (a) Unit 52nd. Batt. (10 C U) (b) Regimental No. 439705 (c) Rank Pte.(d) Surname Anderson (e) Christian name William2. Age last birthday 45 years Date of birth August 10th. 18723. Enlisted at Port Arthur Ont. on September 7th. 1915

4. Personal description:—

(a) Height 5ft. 5ins. (b) Weight 146 lbs. (c) Complexion Fair(d) Colour of hair Fair (e) Colour of eyes Blue (f) Identification marks Tattoomarks left hand "W A" 2 vaccination marks left arm 2 ins. scar upper lip.
Small scar middle third of right sterno mastoid muscle.

5. Address after discharge (for the use of the Board of Pension Commissioners.)

General Delivery Winnipeg Man.6. Former trade or occupation Machinist.

7. (a) Service

Years

Days

RECEIVED.

DEC 18 1917

A. D. M. S. M. B. -10

C. E. F.

PERIODS

From

To

Sept. 7, 1915

Dec. 14, 1917

(b) Has he been Overseas? Yes8. Present disease or disability (use authorized nomenclature if possible). Debility(a) Date of origin June 3rd. 1916 (b) Place of origin Ypres France.(c) Cause* Gun Shot Wound

*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Wound of entrance-small scar middle third of right sterno-mastoid
muscle. No wound of exit. No pain on movement of head in any direction.
General condition not good. States bullet lodged in lower left axillary
region but bullet not palpable. Was Xrayed several times but bullet was
not removed. Pain on flexing trunk on body. He has pain in left side of chest
and in wrist and fascia of right hand. There is dispnoea and pain in chest
on walking two miles or more He has moderate debility. Xray reports
attached states that there is a bullet lying in lung tissue 1 ins. above
and directly anterior to inferior angle of scapula. No disease of lung
tissue seen.

Otherx systems normal.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

2

10. History ;

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 soldier and subjecting him to a thorough physical examination

Vide Section.4.subsection F.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

10%

12. Did the disability arise on or off duty?..... On duty

13. Was a Court of Inquiry held?..... No

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes..... No..... Originated on service.

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to

accept treatment?..... No No No No

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?..... Minimum period of six months.

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

Hospital #3 General

Boulogne

1 week

" " "

Sheffield England. 10 days.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No.

19. Can the former trade or occupation be resumed?..... Yes

20. Recommendations..... Discharge

H. G. Satt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned..... have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

Wm. Anderson

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes

22. Is the soldier fit for

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

No
NO
NO
NO
Yes

23. It is certified that the soldier

- (a) Does require treatment.
(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).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

from the service as medically unfit. His disability is due to the necessity
for partial rest.

STATION Winnipeg Man.

DATE December 14th. 1917

APPROVED BY

DATE

APPROVED BY

DATE

B. P. C. FOLIO
FALSE DOCKET

Assistant Director of Medical Services.

Director-General of Medical Services.

President.

Members.

APPROVED

DEC 15 1918

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 soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
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 a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that 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 and Sons.

Def 16496

Casualty Form—Active Service.

Army Form B. 103.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Regiment or Corps *53rd Canadian Bn.*

Regimental No. *439 705* Rank *Plt* Name *Anderson Wm.*

Enlisted (a) *Sept 4/15* Terms of Service (a) *Mobilization* Service reckons from (a) *Sept 4/15*

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

Extended Re-engaged Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

handed in France 21/2/16

EMBARKED FOR FRANCE. 20 2 16 13144. 84 1844. 9 M. 52.

3/6/16	#13 Gen	Lew multiple ado	12 Gen	3/6/16	W 3024
"	10 CCB	neck shell shock	10 CCB	3/6/16	a36 H75 12/6/16
11/6/16	HS "St Denis"	"	" England	11/6/16	W 3083

Pt II vords #15 21/6/16

Wright

for Lt Col. A. A. G.

Taken on strength C.C.A.C. Pt. II D.O. No. *234. 23.6.16*

ATTACHED

FROM C.C.A.C. TO *32 Res 5.9.16* PART II D.O. No. *381.4.6.9.16*

Anderson
Worcester

[illegible]

Temporary

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

M. F. W. 54. (A. F. B. 103.)

350M. -5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. *52nd Bn.*

Regimental No. *439705* Rank *Pte* Name *Anderson William*
C. E. F.

Enlisted (a) *7 Sep 1915* Terms of Service (a) *Do for* Service reckons from (a) *7 Sept. 1915*

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) *Machinist.*

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				
<i>5.9.16</i>	<i>OC 32 Bn</i>	<i>att from CCAC for Base Duty</i>	<i>Sandling</i>	<i>5.9.16</i>	<i>Pr II 247</i>
<i>4.1.17</i>	<i>" "</i>	<i>Struck off att. strength</i>	<i>" "</i>	<i>4.1.17</i>	<i>Pr II 1.</i>
<i>4.1.17</i>	<i>15th Bn</i>	<i>P. O. S. 15th Can Res Bn</i>	<i>Dibgate</i>	<i>4.1.17</i>	<i>Pr II 1.</i>
<i>14.3.17</i>	<i>OC 15th Bn</i>	<i>Transferred to 18th Reserve Bn</i>	<i>Bramshott</i>	<i>14.3.17</i>	<i>Pr II 68 d/ 14.3.17</i>
<i>15.3.17</i>	<i>OC 18th Res.</i>	<i>Taken on strength</i>	<i>Dibgate</i>	<i>15.3.17</i>	<i>Pr II 100 61A</i>
<i>6/4/17</i>	<i>C.C. 15th Res Bn</i>	<i>Posted to Man. Regt Depot</i>	<i>Dibgate</i>	<i>6/4/17</i>	<i>Pr II D 614B</i>
<i>6/4/17</i>	<i>C.C. 15th Res Bn</i>	<i>Posted to Man. Regt Depot</i>	<i>Dibgate</i>	<i>6/4/17</i>	<i>Pr II D 6204</i>

(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				
6-8-17	O.C. 18 th Res.	Ceases R.H. 18 th Res + joins M.R.D.		6-8-17	P.M. D.O. 151
19-8-17	M.R.D.	Command to 1 C.D.D. Buxton		18-8-17	P.M. D.O. 163 <i>W. H. H. H. H.</i> Lieut. & Adjutant, Manitoba Regimental Depot.
20 AUG 1917		TAKEN ON STRENGTH C.D.D, BUXTON. II ORDER NO. 196.			<i>J. D. Earl Capt</i> Lt. Col. Commanding Canadian Discharge Depot.
		EMBARKED FOR CANADA FROM LIVERPOOL			<i>J. D. Earl Capt</i> Lt. Col. Commanding Canadian Discharge Depot.
19-10-17	DO. 255	S.O. 2 # 158. Unit. Winnipeg			
3-1-18	DO. 17	D.O. 14-186			<i>J. H. Goldstone Capt</i> O.C. NO. 10 CASUALTY UNIT, Winnipeg.

Rank **Pte** Name **ANDERSON, William** Reg'l No. **439705** R-122. ✓
 Unit **52nd Bn.** If in perm. Corps, What Unit? Married or Single **Single**
 Place and Date of Enlistment **Pt. Arthur, 7th Sept, 1915.** Place of Birth **Invarurie, Scot.**
 Name and Address, Next-of-Kin **Mrs Maggie Anderson,**
60 Canal Terrace, Woodside, Aberdeen,
Scot. Relationship **Wife**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No. **7591**
 File R.L.
 Category **EX. Case**

Discharge, Date and Place

Reason

Character

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				
		<i>Arrived in England</i>		3 DEC 1915	
21.12.15.	<i>06/ 52nd Bn.</i>	<i>A.W.h. forfeits one days pay.</i>	<i>Witley</i>	<i>21.12.15.</i>	<i>Pt II Cr. no 232. 21.12.15</i>
12.1.16.	"	<i>A.W.h. forfeits 5 days pay.</i>	"	<i>12.1.16.</i>	<i>Pt II Cr. no. 11.12.16</i>
		<i>Embarked for France.</i>		<i>20.2.16</i>	<i>N.R.</i>
12.6.16	"	<i>No 13 General Hosp.</i>	<i>Wimereux.</i>	<i>3.6.16</i>	<i>GLA 78. GSW Mr 17770</i>
15.6.16	"	<i>No 3 Hosp -</i>	<i>Sheffield</i>	<i>12.6.16</i>	<i>" B 40 25. Side</i>
21.6.16	"	<i>Wounded</i>	<i>Field</i>	<i>11.6.16</i>	<i>Pt II C 15 W.</i>
18.7.16	"	<i>Spd to BBAC Folkestone</i>	<i>Field</i>	<i>14.7.16</i>	<i>GRB 92 Gen R Grain</i>
21.8.16.	<i>52nd Bn.</i>	<i>Trans. to Can. C. Hosp. Woodville Pt Epsom</i>		<i>17.6.16</i>	<i>GL B 15 GSW Multiple</i>
<i>6-12-16</i>	<i>60 Canal</i>	<i>On land to 32nd Bn for P.B.D. Folkestone</i>		<i>4-9-16</i>	<i>67 B 198</i>
6.9.16	<i>32. Bn</i>	<i>attached from. bbac & Sandling</i>		<i>5.9.16</i>	<i>Pt II C 381.</i>
6.9.16	<i>32. Bn</i>			<i>5.9.16</i>	<i>Pt II 229.</i>

439705. Anderson W.

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				
4-1-17	Ob. 32 nd	beases to be attached	E Sandling	4-1-17	Pt II 4
"	15 th Res	Attached from 32 nd	"	"	" 1
16-2-17	B&A.B.	beases to be att'd to 32 nd & on from 15 th Res Bn.	Hastings	4-1-17	" 50.
14-3-17	Ob. 15 th Res	beases to be attached on proceeding to 15 th Res Bn.	B' Shott	14-3-17	" 68.
15.3.17.	18 th Res. Bn.	Att'd for duty, 27.2 from 15 th Res Bn.	Libgate	15.3.17.	" 61 A. (Man P. 49 of 27.2.17)
16.3.17	Man Dep.	Reported from 52 nd B.	S.cliffe	16.3.17	" 7.
28.4.17	18 th Res B.	atm Moore 13 th shop	"	16.4.17	CL 45.
2.5.17	18 th Res B.	Dir. Moore 13 th shop	"	27.4.17	CL 47. Lar. Exp. Hand.
7.8.17	M. R. Dep.	beases on from 18 th Res B. Details to Dept Coy.	"	6.8.17.	PLT 151. (18 th Res. 206 of 8.8.17)
19.8.17	"	On loan: 1 st C.D.D. Bunker	"	18.8.17	PLT 153.
18.9.17	"	beases on from 1 st C.D.D. Bunker S.O. L. to Canada for Docking	"	13.9.17	" 193. (Para 292 Sect 25 KR 10)
No Dept		Let for Duty. C 11	W.D. no 10 Thompson	25-9-17	NR 258.

5
Number

439705

Rank

Pt

Surname

ANDERSON

Christian Name

William

Units

52nd Bn C. Inf

Theatre of War

France

Date of Service

20.2.16

Remarks

Latest Address

7. a 29. 8. 21

Roll No.

200m.-6-21

Page 20200

(This form to be filled in by all ranks on voyage to Canada.)

O.....
ER RANK SURNAM INITIALS UNIT
.....

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

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

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

..... Railway.....

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

stina.....
(Sgd.).....