

NAME **ANDERSON,**REGT. NO. **2168896**UNIT **#3 C.A.S.O.**H. Q. FILE NO. **7671**

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51) **3**1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103) **2**1 TRAINING HISTORY SHEET (M.F.W. 113) **Asheet**1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) **1**1 REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120) **1**1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) **1**1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) **1**1 DENTAL HISTORY SHEET (M.F.B. 465) **1**1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) **1**

1 MEDICAL EXAMINATION (M.F.W. 129)

1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

1 LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) **1**

1 PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 **M.F.W. 41****Pay sheets****649-A-1649**

DEATH

Category

DISCHARGE

Category

med. unfit

DESERTION

402056

PUBLIC ARCHIVES RECORDS CENTRE
War Veterans Allowance District Authority

Address 10
10
10

Mark your reply:

For attention of:

Head,
Reference Section,
Public Archives Records Centre,
Ottawa 3, Ontario.

Re: ANDERSON, William

(Surname)

(Christian Names)

Service No. 2768896

Veteran is stated to have served during _____
(State War or Wars)

in the following Units _____

To enable this WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine the eligibility of the above-named, will you kindly furnish the following particulars concerning his services:

1. THEATRES OF SERVICE

(1) South African War

Date and port of embarkation for S.A. _____

Date and port of disembarkation in S.A. _____

(2) World War I -- (If Canada only, state if with territorial limitations).

Canada - Siberia
If Canada
and
U.K. Only

Date(s) embarked for U.K. _____

Date(s) disembarked in Canada _____

Period(s) of desertion in U.K. _____

(3) World War II -- (If Canada only, state if with territorial limitations).

Date of embarkation _____

2. Date and place of all enlistments.

3. Date of all discharges and reason.

4. Date and place of birth as per attestation paper.

5. Marital status; if married, name in full of wife.

6. Any other military service.

7. Decorations, if any.

ARC-94(WVA-18)

Head, Reference Section.

Department of Veterans Affairs

STATEMENT OF SERVICE

IN THE

CANADIAN ARMED FORCES



Not Valid
Without the
Imprint of
The Official
Stamp of the
Department

Service Rank and/or Number 2768896 Name ANDERSON, William

1. Branch of Service: Army - 2 Dep't Bn, EOR-CEF
2. Date and Place of Birth: 19 May 1899 - Glasgow, Scotland
3. Date and Place of Appointment,
Enlistment or Enrolment: 24 Oct 1918 - Ottawa, Ont.
4. Theatres of Service: CANADA & SIBERIA
5. Date and Place of Retirement
or Discharge: 11 June 1919 - Ottawa, Ont.
6. Type of Retirement or Discharge: Honourable
7. Reason for Retirement or Discharge: Demobilization
8. Rank on Retirement or Discharge: Vte
9. Medals and Decorations: British War & Victory Medals
10. Remarks: also served in CASC from 28 July 1919 to
30 Dec 1919. Canada only. Discharged Medically
Unfit.

DESCRIPTION AT TIME OF RETIREMENT OR DISCHARGE

Sex: Male Height: 5 Feet 4 Inches.
Eyes: Grey Hair: Light Complexion: Fair
Marks or Scars: Nil

Ottawa, Canada.

19

Head, Reference Section

This space to be for numbers.



Proceedings on Discharge.



8-5-39

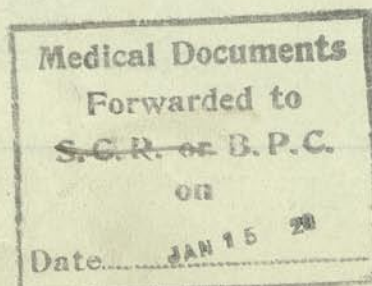
(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	2768896
Rank	Private
Surname	Anderson,
Christian name	William.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	No. 3. C.A.S.C. Service Co.,
Date of discharge	30th, 12, 19.
Place of discharge	KINGSTON.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 20 years 6 months.	Descriptive marks NIL.
Height 5 feet 4½ inches.	
Complexion Medium	
Eyes Blue	
Hair Fair	
Trade Printer	
Intended place of residence	S.C.R. Kingston
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of Medically unfit R.O.1894.	
Authority for discharge A.S. 1- A -2	
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.
	N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

200M.—5-18.

H. Q. 1772-39-113.



(OVER)

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) KINGSTON, ONT.

(Date) Dec. 30th-19

G. M. Parker Capt.
Commanding,
No. 8 C. A. S. C. Service Co., M. D. 3

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, and that I have received my permanent discharge certificate.

(Place) Kingston William Anderson (Signature of Soldier.)

(Date) 30. 12. 19 Henry Black (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) KINGSTON, ONT.

Dec. 30th-19

(Date).....

(Signature).....

G. M. Parker

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.)

Wm Anderson

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron } Battery } Company }	Conduct Sheet, " B. 263a	or Particulars of Recruit	" W. 133
or Field Conduct Sheet	" W. 178	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.</p>	
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465		
Last Pay Certificate	" W. 44		
Duplicate Discharge Certificate	" W. 39A		
‡Form of Will	" W. 82		
§Only if discharged "Medically unfit."			
‡Only if man has not been overseas.			

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

*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.*

1400
Number

2768896

Rank

pte

Surname

ANDERSON

Christian Name

William

Units

Co. E. 7

Theatre of War

Siberia

Date of Service

15-1-19

Remarks

Latest Address

Woodruff Ont

Roll No.

200m.-6-21.M.

Page 20187

Raid by Mr. Stalker for delivery 27/24

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

Stalker - 116 O'Reilly to
ave

RANK

SURNAME

INITIALS

UNIT

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.....

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

ination.....

NOV 15 1922
DEPT. OF MILITARY AFFAIRS
RECEIVED
11/15/22

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

Casualty Form—Active Service.

M. F. W. 50
150M. 10-1
H.Q. 1772-39-920.

Unit, Regiment or Corps h 3 b. a. d. c. Service Coy

Regimental No. 2768896 Rank Pte Name Anderson Williams
C. E. F.

Enlisted (a) ✓ Terms of Service (a) ✓ Service reckons from (a) 28-7-19

Date of promotion to present rank. } ✓ Date of appointment to lance rank } ✓ Numerical position on roll of N. C. Os. } 2

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				
28-7-19		Re-Enlisted			
30-12-19		Struck & strength h 3 c. a. d. Service Coy discharged R.O. 1894 medically unfit to S.C.R.			

Geo. M. Parker Capt.
Officer Commanding,
No. 3 C. A. S. C. Service Co., M. D. 3

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.
[P.T.O.]

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2768896 (Rank) Private

Name (in full) WILLIAM ANDERSON enlisted in

the NO.#.3. C.A.S.C. Service Co. M.D. No.3.

CANADIAN EXPEDITIONARY FORCE at KINGSTON, ONT on the 28th-

day of JULY 1919.

HE served in No.3. C.A.S.C. Service Co.

and is now discharged from the service by reason of Medically unfit, R.O.1894

discharged to S.C.R.M.D. No.3.

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows :—

Age 20 yrs 6 mths

Height 5 ft 4 $\frac{1}{2}$

Complexion Fair

Eyes Blue

Hair Fair

Marks or Scars

-----NIL-----

Pte W. Anderson

Signature of Soldier

Geo M Parker

Capt.

Issuing Officer

Officer Commanding,

No. 3 C. A. S. C. Service Co. M. D. 3

Rank

Date of Discharge December 30th-1919.

Appointment

Signed at KINGSTON, ONT. this 30th day of December 1919.

in Military District No. 3.

File Reference No. A.S. 1-A-2.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. _____ (Rank) _____ Name _____

Unit _____

Address on Discharge _____

Character and Conduct _____

Former Occupation _____

Special Qualifications of Value in Civil Life _____

Medals and Decorations _____

Remarks _____

Signed at _____ this _____ day of _____ 19 _____

Name of Officer

Rank

Appointment

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons. Sydenham Mil. Hosp.

STATION (Kingston, Ont.) DATE Dec. 23, 1919.1. 1 (a) Unit #3, D.D. (b) Regimental No. 2768896. (c) Rank Pte.(d) Surname ANDERSON. (e) Christian name WILLIAM.(f) Home address 643 Gilmore St., Ottawa, Ont.(g) Next of Kin Mf. Wm. Anderson (h) Relationship Father(i) Address of Next of Kin 1st Ave. McKellar Townsite, Ottawa, Ont.2. Age last birthday 20 yrs. Date of birth May, 19, 1899.3. Enlistment, or Appointment (if an Officer) (a) Place Ottawa, Ont. (b) Date Oct. 24/18

4. Personal description:

(a) Height 5' 4 1/2" (b) Weight 143 lbs. (c) Complexion Fair.

(stripped)

(d) Colour of hair Light (e) Colour of eyes blue (f) Identification marks, Scars, etc.Scar right hip. Scar right thigh.5. Former trade or occupation Printer.

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

Years

Days

1

58

PERIODS

From

To

Oct. 24/18

Dec. 25/18

May. 19/18

to date.

Canada

England

France or other theatres of War Siberia

JAN. 19/18

May 19/18

7. Original disease, or injury V.D.G.(a) Date of origin Sept. 15/18 (b) Place of origin Ottawa.(c) Cause Infection.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Anterior arthritis and Folliculitis.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

OBJ.:— Purulent discharge in mornign.
Smear negative for gonococci
Folliculitis present—marked.
Urine 1st. Slightly hazy with shreds.
2nd. Clear.

Sub.:— Nil.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System.....NO..... Cardio-Vascular System.....NO..... Genito-Urinary System.....NO.....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses.....NO..... Respiratory System.....NO..... Integumentary System.....NO.....
Disturbances of Mentality.....NO..... Digestive System.....NO..... Muscular System.....NO.....
Osseous and Joint Systems.....NO..... Any other general condition.....NO.....

10. (a) History (of the condition referred to in Section 9 (a).)

Exposed Sept. 5/19. Incubation about 10 days. Under treatment
since Sept. 15/19.

- 10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

NIL.

- (c) (Here give a description of wounds, scars and deformities.)

Scars on right hip and thigh caused, he states, by knife wound in Vladivostok on Feb. 5/19.

- 11.—(a) Did the disabling condition have its origin before enlistment? NO.

- (b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N/A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) No. (b) No.

The regimental documents will be referred to.

(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.)

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

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

Routine treatment for V.D.G.

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

(If the answer is "yes" state nature of treatment required and probable duration)

Special treatment for V.D.G. for one month.

16. Can the former trade or occupation be resumed? No.

(If not, briefly state why)

17. Recommendations.

To be discharged as medically unfit and placed under care of the S.C.R. for further treatment.

(Sgd) W.A. Pareson, Capt.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, William Anderson, have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

(Sgd) W. Anderson.

Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

YES.

19. Is the invalid 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.) |

20. It is certified that the invalid

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

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

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

As medically unfit and placed under the care of the S.C.R. for
further treatment.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

(Sgd) W.M. Gibson, Capt. A.M.C. President.

PLACE... Kingston, Ont.

W.S. Hicks, Capt. A.M.C.

Members

DATE... Dec. 23, 1919.

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

President

PLACE.....

Members

DATE.....

APPROVED BY

APPROVED BY

J.W. Fisher, Capt. A.M.C. FOR
 Assistant Director of Medical Services.
 A.D.M.S. Mil. Dist. #3.

Director-General of Medical Services.

DATE... Dec. 24, 1919. DATE.....

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

Bydenham Mil. Hospital
R.E.F.S.C. STATION Kingston, Ont. DATE Dec. 23, 1919.

1. 1 (a) Unit #3 DD (b) Regimental No. 2768896 (c) Rank Pte.
(d) Surname Anderson (e) Christian name William
(f) Home address 643 Gilmore St., Ottawa, Ont.
(g) Next of Kin Mr. Wm. Anderson (h) Relationship Father
(i) Address of Next of Kin 1st. Ave. McKellar Townsite, Ottawa, Can.
2. Age last birthday 20 years Date of birth May 19, 1899
3. Enlistment, or Appointment (if an Officer) (a) Place Ottawa (b) Date Oct. 24/18
4. Personal description:
(a) Height 5'4-1/2" (b) Weight 143 (c) Complexion Fair
(d) Colour of hair Light (e) Colour of eyes Blue (f) Identification marks, Scars, etc.
Scar right hip. Scar right thigh.
5. Former trade or occupation Printer.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	1	58

Man's statement.	PERIODS	
	From	To
Canada	Oct. 24/18 May 19/18	Dec. 25/18. to date.
England	- - - - -	- - - - -
France or other theatres of War <u>Siberia</u>	Jan. 19/18	May 19/18.

7. Original disease, or injury V. D. G.
(a) Date of origin Sept. 15/18 (b) Place of origin Ottawa
(c) Cause Infection.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Anterior Arthritis and Folliculitis.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective:- Purulent discharge in morning.
Smear negative for gonococci.
Folliculitis present - marked.
Urine 1st. slightly hazy with shreds.
2nd. Clear.

Subjective:- Nil.

- (b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System.....	No	Cardio-Vascular System.....	No	Genito-Urinary System.....	No
		(If pulse rate is abnormal, B. P. will be taken.)		(Albumen and Sugar will be excluded.)	
Special Senses.....	No	Respiratory System.....	No	Integumentary System.....	No
Disturbances of Mentality.....	No	Digestive System.....	No	Muscular System.....	No
Osseous and Joint Systems.....	No	Any other general condition.....	No		

10. (a) History (of the condition referred to in Section 9 (a).)

Exposed Sept. 5/19. Incubation about 10 days. Under treatment
since Sept. 15/19.

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

Nil.

(c) (Here give a description of wounds, scars, and deformities.)

Scars on right hip and thigh caused, he states, by knife wound in Vladivostok on Feby. 5/19.

11.—(a) Did the disabling condition have its origin before enlistment? No.

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N/A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) No. (b) No.

The regimental documents will be referred to.

(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.)

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

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

Routine treatment for V.D.G.

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

(If the answer is "yes" state nature of treatment required and probable duration)

Special treatment for V.D.G. for one month.

16. Can the former trade or occupation be resumed? No.

(If not, briefly state why)

17. Recommendations. To be discharged as medically unfit and placed under the care of SCR for further treatment.

W. Anderson Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, William Anderson have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

W. Anderson Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid 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.) |

20. It is certified that the invalid

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

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

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

As medically unfit and placed under the care of the S.C.R. for further treatment.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE Kingston, Ont.

DATE Dec. 23, 1919.

Wm. Gibson Captain President.

Wm. Sticks Captain Members

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

..... President.

PLACE..... Members

DATE.....

APPROVED BY

Wm. Sticks Captain A. M. C.
Assistant Director of Medical Services.
District No. 3.

Director-General of Medical Services.

DATE DEC 24 1919

DATE

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

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

350m.—5-16

H. Q. 177239-020.

Casualty Form—Active Service

2nd. DEPOT BATTALION

Eastern Ontario Regiment

Unit, Regiment or Corps.

Regimental No. 2468896

Rank Pte.

Name Anderson William Jr

C. E. F.

Enlisted (a) 24-10-18

Terms of Service (a) C.E.F.

Service reckons from (a) 24-10-18

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) Printer

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				
					<u>L. J. Rhodes, Lieut</u> <u>Capt. & Adj.</u> <u>1st Depot Bn., E.O. Regt, C.E.F.</u>
<u>16-11-18</u>	<u>T.O.S.</u>	<u>259th Bn. C.R.</u>	<u>C.E.F.</u>		<u>Capt. 7 Adjutant</u> <u>for Lt. Colonel</u> <u>O. C. 259. Bn. Can. Rifles, (Siberia)</u>
		<u>Embarked</u>	<u>Canada</u>	<u>26/12/18</u>	
		<u>Arrived</u>	<u>Siberia</u>	<u>15/1/19</u>	
		<u>Embarked Siberia</u>			
		<u>S.S. Empress of Russia</u>			
		<u>MAY 19 1919</u>			
					<u>MAJOR</u> <u>D. A. A. G. BASE RECORDS</u> <u>CAN. EXPED. FORCE (SIBERIA)</u>

(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				
<p>DISMEMBERED VANCOUVER MAY 29 1919</p> <p>9-5-19 T.O.S. DD #3 Pt #SD161</p> <p>11-6-19 S.O.S. <i>Demot</i> Discharged 11-6-19 Ottawa, Pt. 2, Order 12-6-19 Major O. C. Dispersal Area Station</p>					

NAME *William Anderson*
REGIMENTAL NO. *2768896* RANK *Plt*
ENLISTED AT *Kynor* PROMOTIONS, &c. AND DATE ☒
DATE *28. 7. 19*
IF SERVED PREVIOUSLY, STATE UNIT, &c. *Scherain Expeditionary Force*
MARRIED, WIDOWER, OR SINGLE *Single*
NEXT OF KIN *William Anderson* RELATIONSHIP *Father*
ADDRESS OF *M. C. Steeler Township Ottawa*
ASSIGNMENT OF PAY \$ ☒ C. ☒ TO ☒
ADDRESS *Sydenham Hospital Kynor*
SEPARATION ALLOWANCE, ENTITLED OR NOT ☒
DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER ☒
IN WHOSE FAVOUR ☒

CASUALTIES, &C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME &C.
	NO	DATE	
Enlisted 28. 7. 19	364	30.12.19	
discharged on certificate No. 1894 medically unfit 30.12.19	364	30.12.19	discharged to S. C. R. A.S. 1-A-2 30.12.19.
<p>..... <i>G. M. Porter</i> Capt. Officer Commanding, No. 3 C. A. S. C. Service Co., M. P. B.</p>			

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Anderson
- 1a. What are your Christian names? William
- 1b. What is your present address? Sydenham Hospital
2. In what Town, Township or Parish, and in what Country were you born? Glasgow Scotland
3. What is the name of your next-of-kin? William Anderson
4. What is the address of your next-of-kin? W. Kelso Sunnington
- 4a. What is the relationship of your next-of-kin? Father
5. What is the date of your birth? May - 19th 1899
6. What is your Trade or Calling? Printer
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? Belgian Expeditionary Force
If so, state particulars of former Service.
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

13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?
14. If so, what was the nature of the disability?
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?
16. If so, what was the reason?

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Anderson, do solemnly declare that the above are answers made by me to the above questions and that they 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 24th July 1919 Pte W. Anderson (Signature of Recruit)
Henry Bleck (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 24th July 1919 Pte W. Anderson (Signature of Recruit)
Henry Bleck (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 Kingston this 30th day of Dec 1919.

G. M. Parker (Signature of Justice)

Description of William Anderson Enlistment.

Apparent Age.....20.....years.....2.....months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height.....5.....ft.....4 1/2.....ins.

Chest measurement { Girth when fully expanded.....34.....ins.
Range of expansion.....27.....ins.

Complexion.....Fair.....

Eyes.....Blue.....

Hair.....Light.....

Religious denominations. { Church of England.....☒
Presbyterian.....☒
Methodist.....☒
Baptist or Congregationalist.....Can
Roman Catholic.....☒
Jewish.....☒
Other denominations.....☒
(Denomination to be stated.)

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*.....for the Canadian Over-Seas Expeditionary Force.

Date.....20th Dec.....1919

Place.....Kingston.....

[Signature]
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.

.....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.

[Signature] (Signature of Officer)

Date.....30th Dec.....1919

MEDICAL HISTORY SHEET.

Surname Anderson

Christian Name William

Examined { on 28th day of July 1919
at Kingston

Approved by

Phellam

Birthplace { City or Town Stirling
County Scotland

Rank Major M.O.

Apparent age 20 years

Trade or occupation Drum

Height 5 Feet 4 1/2 Inches.

Weight 143 Lbs.

Chest measurement { Minimum 34 inches.

Maximum expansion 3 inches.

Physical development Good

Small-Pox Marks Nil

Vaccination Marks { A r m Right Left X
Number 1

When Vaccinated last 1918

(a) Marks indicating congenital peculiarities or previous disease Nil

(b) Slight defects but not sufficient to cause rejection

Nil

Enlisted on 28th day of July 1919 at Kingston

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>C.A.S.C.</u>			
Transferred to	<u>Service Coy</u>	<u>2768496</u>		
	<u>W 31</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

Surname.

[illegible]

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

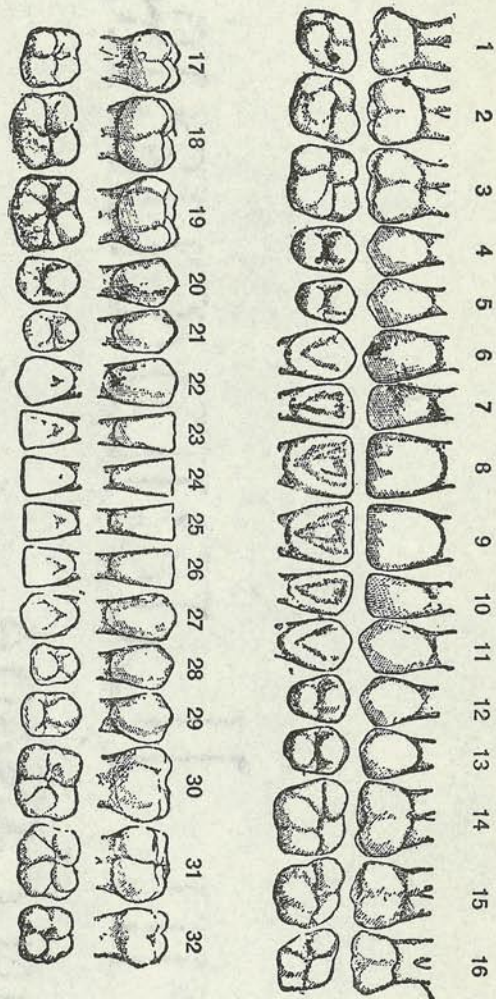
DISTRICT h3

NAME OF SOLDIER William Anderson

REGIMENT h3 3 C.A.S.C. RANK Rt

No. 2768896

Condition on first Examination	Date		
	Amalgam		
	Temporary Filling (a) G. P. (b) Cement		
	Cement		
	Treatment Putrescent Pulp		
	Root Filling		
	Pulp Cap		
	Devitalization		
	Pyrrhoea		
	Synthetic Porcelain		
	Extracting		
	Dentures	U	
		L	
		P	
	Gold Clasp		
	Gold Filling		
	Crowns	Gold	
Porcelain			
Bridge Work			
OPERATOR			
Military Dist.			
REMARKS	<p><i>re-charged to A.C.R. for further treatment</i></p>		



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
 2. On first line of report record of same to be made in red ink.
- Only such entries to be made on this sheet as will show :
1. Condition on examination (in red).
 2. Condition on leaving Canada.
 3. Condition on discharge.

1675-
This space to be for numbers.

1675
8-3-39
War Service Badge Class **A**
No. **792372** Issued
Proceedings on Discharge

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

No. **2768896.**

Rank **Private.**

Surname **ANDERSON.**

Christian name **William**

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) **2nd Depot Battalion E.O.R.**

Date of discharge **11-6-19**

Place of discharge **Ottawa Ontario.**

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age **20** years.....months.

Height **5** feet **4** inches.

Complexion **Fair.**

Eyes **Grey.**

Hair **Light.**

Trade **Printer.**

Intended place of residence **Woodruffe Ontario.**

(To be given as fully as practicable.)

Descriptive marks

Nil.

2. The above-named man is discharged in consequence of

Authority for discharge **R.O. 1420 Demobilisation**

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.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

M. F. B. 218.

200M.—5-18.

H. Q. 1772-39-113.

(OVER)

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).....

(Date).....

Commanding.....

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, and that I have received my permanent discharge certificate.

(Place) Ottawa Ontario. William Anderson (Signature of Soldier.)

(Date) 11-6-19 William (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) Ottawa Ontario.

(Signature) A. J. Macleod

..... Captain
for C. G. Dispersal Area Station G.

(Date) 11-6-19

(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.

W. M. B. 11

Company

Wm. M. Anderson

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
		or	
Squadron } Battery } Company }	Conduct Sheet, " B. 263a	Particulars of Recruit	" W. 133
	or	Proceedings on Discharge	" B. 218
Field Conduct Sheet	" W. 178		
Copies of Convictions, by C. P.	in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	" W. 54	(a) Proceedings on Discharge	
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465	(b) Attestation.	
Last Pay Certificate	" W. 44		
Duplicate Discharge Certificate	" W. 39A		
‡Form of Will	" W. 82	(c) Medical History Sheet.	
§Only if discharged "Medically unfit."			
‡Only if man has not been overseas.			
Documents not accompanying this form should be crossed out.			

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

REGT. No. 2768896

BALANCE
FROM
PREVIOUS
ACCOUNT[illegible]

PAYMASTER

NAME (IN FULL)

(BLOCK LETTERS SURNAME FIRST)

[illegible]

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

REGT. NO #2768896

M. OR S.

NEXT OF KIN

RELATIONSHIP

PARTICULARS

EFFECTIVE
DATE

AUTHORITY

ORIGINAL UNIT
C.E.F.

ADDRESS

Pay \$1.00 28-7-19 D.O.364.
F.A. .10

PLACE OF
ATTESTATION

DATE OF
ATTESTATION
28-7-19
ASSIGNED PAY \$

IS SEPARATION ALLOWANCE PAID?

DATE EFFECTIVE

NIL.

TO WHOM PAID

RELATIONSHIP

PAYABLE TO

ADDRESS

ADDRESS

STOP PAYMENT FORM
ASSIGNED PAY
RENDERED, DATE

DISCHARGED

PLACE

Kingston,

BALANCE
FROM
PREVIOUS
ACCOUNT

MONTH	PAY AND F.A.			OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES	
	NO. OF DAYS	RATE	AMOUNT	\$	C.	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.
										NO.	DATE	NO.	DATE	NO.	DATE						
JULY	4	1 ¹⁰	4 40	✓				4 40	✓												
AUG.	31	-	34 10	✓				34 10	✓												
SEPT.	30	-	33 00	✓				33 00	✓												4
OCT.	31	-	34 10	✓				34 10	✓												18
NOV.	30	-	33 00	✓				33 00	✓												18
DEC.	30	✓	33 00	✓				25 ✓ 33 75	✓												18
								35 00	✓	445331	445331		112 45	35 00	✓						
			171 60					35 25	206 85							112 45	35 00				59

AUDITOR *R.H.R.* PAYMASTER *M.S.*

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCES
REGT. NO #2768896 RANK Pte. NAME (IN FULL) ANDERSON, William.

PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	BLOCK LETTERS SURNAME FIRST
Pay \$1.00 F.A. .10	28-7-19	D.O.364.	PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
			DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
			28-7-19	DATE EFFECTIVE	
			ASSIGNED PAY \$		
			PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
			ADDRESS		
			STOP PAYMENT FORM	EFFECTIVE	
			ASSIGNED PAY		
			RENDERED, DATE		
			DISCHARGED	PLACE	DATE
				Kingston, Ont.	30-12-19
				Med. Unfit.	
				REASON	
				5.C.R. further treatment.	
				Authority	D.O.364.
				IF ENTITLED TO POST DISCHARGE PAY	

ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED		REGI-		OTHER		TOTAL		BALANCE				PARTICULARS OR REMARKS
COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3		PAY		MENTAL		CHARGES		DEBITS		DEBIT		CREDIT		
NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	
✓																						4 40	✓	
✓																						38 50	✓	
✓																						66 70	✓	NO 364 V.A. Hosp. 23-9-19.
✓																						82 20	✓	V.A. chgs.
✓																						97 20	✓	V.A. chgs.
✓																						112 45	✓	V.A. chgs.
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								
✓																								

M. or S. *S.*

Name and Address of Next of Kin.

First Ave.

McKeller, Townsite Co. Carleton
Ont

Separation Allowance \$

Effective Date

By Whom Paid

Payable to

Relationship

Address

CASUALTIES, AFFECTING PAY AND ALLOWANCE:

[illegible]

L. L. 51643 M. & D. 9587
25-11-18—5m.

[illegible]

259¹

Paymaster

Auditor

S, AFFECTING PAY AND ALLOWANCES

ARS	EFFECTIVE DATE	AUTHORITY

Regimental No. 2768896
If in P.F. What Unit
Place of Attestation Ottawa Ont.
Date of Attestation 24. 10. 18
Assigned Pay \$ Nil
Payable to
Address
Stop-Payment Form (Assigned Pay) Rendered (Date)
Discharged. Date and Place

Rank Pte.
P. F. Allowances
Transferred to
Transferred to
Date Effective
Relationship

Name Anderson Wm
Original Unit C.E.F. 2nd D.B. 806
Date
Date
Authority W.F. W3583
Effective
Authority

CASH PAYMENTS			
COL. No. 1	COL. No. 2	COL. No. 3	COL. No. 4
\$ c	\$ c	\$ c	\$ c

ASSIGNED PAY CANADA	ASSIGNED PAY OTHER COUNTRIES	OTHER CHARGES	Regimental Charges	TOTAL DEBITS	BALANCE		DEFERRED PAY	PAY AVAILABLE FOR ISSUE	SEP. ALL'CE
		\$ c	\$ c	\$ c	DEBIT	CREDIT	\$ c	\$ c	

REMARKS
* Bal. pr. L.P.C. 2nd D.B. 806. 15th

Regimental No.....Rank.....Name.....

[illegible]

[illegible]

C.E.F. (SIBERIA) RECORD SHEET

Next -of- Kin	Mr. William Anderson, (Father)		Surname	Anderson,			
	1st Ave., McKellar Townsite, Co. Carleton, Ont.		Christian Names	William Jr.			
Also Notify			Regimental No.	2768896			
			Rank	Rfn.			
Subsequent changes in Next-of-Kin			Unit	259th Bn.			
			Place and Date of Enlistment	Ottawa, 24-10-18	M.D. 3.		
			NON-EFFECTIVE:	MD 3			
			(1) Place (1)	11. 6. 19			
			(2) Date (2)				
			(3) Reason (3)	Demobilization			
	Country of Birth	Married or Single on Enlistment	Subsequent Marriage Date				
	Glasgow, Scotland.	Single.					
	H.Qs. File No.						
Record of Promotions, Reductions, Transfers, Casualties, Reports, &c.		Place	Rank Shewn	Effective Date	Unit	Authority Part II D.O. No., Cas. List. &c.	Dated
Embarked for Overseas "S.S. Crotesilans" Vancouver		Vlad.		DEC 26 1918	359th Bn.	Sailing List	
Evacuated to Canada		S.S. Camp of Russia		Apr. 19-5-19 - 11-	No. 4	29-5-19	
S.S. 259th Bn. on Evacuation							
to Canada.							
S.O.S. on Discharge Demobilization MD 3.				Apr. 19-5-19 - 11-	No. 35	20-5-19	
				Dec 11-6-19 - 11-	No. 164	13-6-19	

Record of Promotions, Reductions, Transfers,
Casualties, Reports, &c.

Place

Rank
Shown

Effective
Date

Unit

Authority

Part II D.O. No.,
Cas. List &c.

Dated

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

War Service Badge Class.....

192372

No.....

Issued

This is to Certify that No. (Rank)

Name (in full) enlisted in

the the

CANADIAN EXPEDITIONARY FORCE at on the

day of 19

HE served in and

and is now discharged from the service by reason of R.O. 1450.

DEMobilIZATION

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 20 years.

Height 5' 4".

Complexion Fair.

Eyes Grey.

Hair Light.

Marks or Scars

William Anderson
Signature of Soldier

P. H. Matthews
Issuing Officer

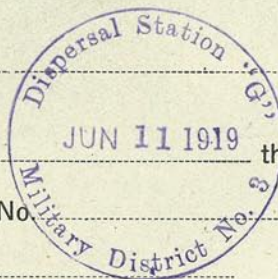
Date of Discharge

Rank

Signed at this day of 19

in Military District No.

File Reference No.



N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. (Rank) Name.

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

a
apl

3 M. D. Depot Battalion Regiment

Regtl. No. 2768896

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname Anderson
2. Christian name William Jr
3. Present address c/o B Honeywell. Woodruffe Ont
4. Military Service Act letter and number IS.P. 78242
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension or surrender)
5. Date of birth May 19th 1889
6. Place of birth Glasgow Scotland
(town, township or county and country)
7. Married, widower or single Single
8. Religion Congregational
9. Trade or calling Printer
10. Name of next-of-kin Mr William Anderson
11. Relationship of next-of-kin Father
12. Address of next-of-kin 60 Carleton
Est Ave McKellar Farmville Ont
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any Nil.
15. Medical Examination under Military Service Act :—
(a) Place Ottawa Ont (b) Date 24th Oct 1918 (c) Category III.

DECLARATION OF RECRUIT

I, William Anderson Jr, do solemnly declare that the
above particulars refer to me, and are true.

William Anderson Jr (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 19 yrs 5 mths.
Height 5 ft 4 ins.
Chest measurement } fully expanded 34 3/4 ins.
range of expansion 37 3/4 ins.
Complexion Fair
Eyes Gray
Hair Light

Distinctive marks, and
marks indicating con-
genital peculiarities or
previous disease.

Scar Lt hinch
Scar breast

O. C. Depot Btl.

O. C. 2nd. Depot Btl., E. O. R.

OTTAWA.

Place Date October 24th 1918

DEPARTMENT OF MILITIA AND DEFENCE.

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 Wm 2. Surname ANDERSON
3. Rank Rfm 4. Original Unit 2DB EDR 5. Reg. No. 276 8896
6. Address, in full, to which future payments of gratuity are to be forwarded
Wm Anderson
C/o Mr B. Herridge, Laurentian View, PO,
Carleton City, Ont
7. Date of enlistment in the C.E.F. Oct 24 - 1918
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge None
9. Relationship of such dependent not applicable
10. Address, in full, of such dependent not applicable
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? not applicable
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:—
259th Can Rifles C.E.F.(S) from
Dec 26 - 1918 to
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? no
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service no
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 from
Oct 24 - 1918 to Nov 15 - 1918 with 2DB EDR, — from
Nov 15 - 1918 to with 259th Can Rifles C.E.F.(S)
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

no

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

no

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

no

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?

not applicable

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

not applicable

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge

not applicable

(b) Reason for discharge

not applicable

11/6/16.

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

259th Can Rifles, C.E.F. (S)

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

259th Can Rifles, C.E.F. (S) from Dec 26 - 1918 to

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?

not applicable

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: *Laurentian View, Carleton Plz, Ontario.*

Declared before me at: *Gournastan, Vladivostok, Siberia.*

This *28th* day of *April*

19 *19*

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

[Signature]
O. C. "A" Coy. 259th Battalion
Canadian Rifles, C. E. F. (Siberia)

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>93</i>	<i>no</i>

Certified Correct.

District Paymaster

2nd Depot Bn. Signalers Siberia
MILITARY SERVICE REPORT 1917 2768896
MEDICAL HISTORY SHEET R.

1. Surname Anderson Christian name William. Jr
2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule 9. P. 78242
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number if any) c/o E. Honeywell. Woodruffe Ont

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 24th day of October 1918, by the undersigned medical board sitting at Ottawa Ont

5. Age as stated 19 Years 5 Months. 6. Apparent age 19 Years 5 Month
7. Height 5 Feet 4 Inches. 8. Weight 127 Pounds.

9. Chest measurement { Minimum 34 Ins. 10. Complexion Fair { Eyes Grey
Maximum 37 Ins. Hair Light

11. Physical development Good { Good Fair Poor 12. Smallpox marks None

13. Number of vaccination marks { Right arm 14. When vaccinated last Childhood
Left arm 1

15. Distinctive marks and marks indicating congenital peculiarities or previous disease inner Scar
Lt, hinch Scar brest,

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism, Epilepsy We find { Rheumatism Epilepsy
Tuberculosis Syphilis no evidence { Tuberculosis Syphilis
Nervous or Mental disorder. Asthma. of past { Nervous or Mental disorder. Asthma

(Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

17. (a) Vision. R. 6/6 L. 6/6
(b) Hearing. R. Normal L. Normal

Member.

President.

Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1-11-18</u>		<u>1. R. further left</u>	<u>9-10-18</u>	<u>TAB</u>	<u>no further</u>
		M. O.			M. O.
		M. O.	<u>8-11-18</u>	<u>TAB</u>	<u>no further</u>
		M. O.			M. O.
		M. O.			M. O.

Joined 24th day of October 1918 at Ottawa Ont

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>2nd Depot Bn</u>	<u>2768896</u>		<u>24-10-18</u>
Transferred to	<u>E. O. R.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Ottawa.</u>	<u>14/11/18.</u>		<u>A. T. no further</u>

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

M. F. B. 313.

300M—4-18.
1772-39-439.

Signature of Man William Anderson

If raised in category, record category in a square.
The M. O. will initial and date.

ANDERSON

WILLIAM JR.

[illegible]

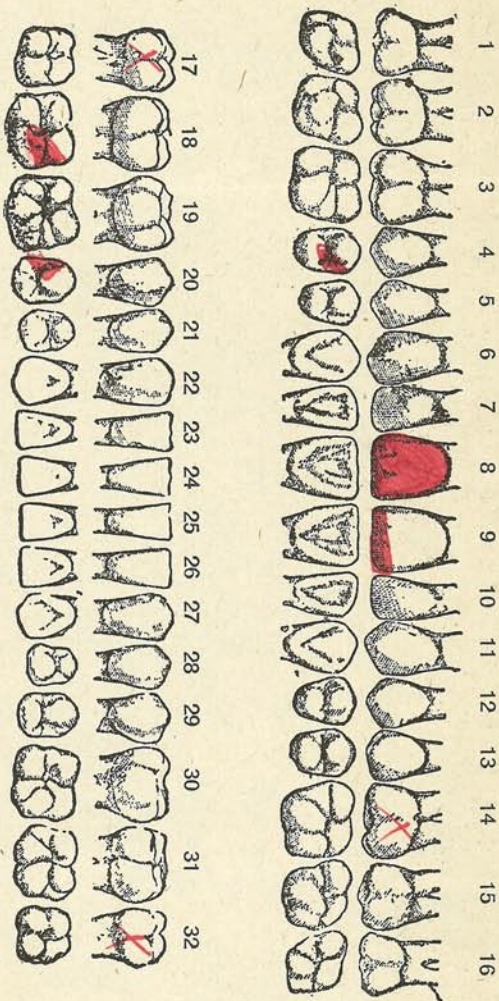
DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT [#] 3

NAME OF SOLDIER Anderson W.J.

REGIMENT 259th BATT. RANK pte No. 2768896



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	1919
	Amalgam	4.19
	Temporary Filling (a) G. P. (b) Cement	
	Cement	
	Treatment Putrescent Pulp	
	Root Filling	
	Pulp Cap	
	Devitalization	
	Pyrrhoea	
	Synthetic Porcelain	
	Extracting	14.11.32
	DENTURES	
	U	
	L	
	P	
	Gold Clasp	
	Gold Filling	4
	CROWNS	
	Gold	8
	Porcelain	
	Bridge Work	
	OPERATOR	AS. Allen Capt 3
	Military District	
	REMARKS	Q-TA 5.7.3.14.

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

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

No. 2768896 Rank Pte Surname ANDERSON
(Given name in full)

Unit or Corps 3 sub depot. Birthplace Glasgow Scotland.

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

1. GENERAL DESCRIPTION:

Physique good Weight 135 lbs. Height 5 ft. 4 in. Colour of Eyes Grey

Nutrition good

Pulse 68

Condition of arteries soft

Vision Rt. 6 Left 6

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date SignedM.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

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

[OVER]