REGIMENTAL DOCUMENTS

Pte NAME ANDERSON William Brinton REGT. NO. 2115747 UNIT 21st Bn H.Q. FILE NO. 9129

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113) Record Sheet					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3225)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
4	Casualty Form					
2	6 Nov 3					
1	2 Feb 7					
4	Casualty Form					
2	Cas Card					
1	14 Nov					
1	A.F.B. 1237					
1	A.F.B. 151					
1	Nov 1918					
	Pay Sheet					

5-29
19-30
29-30

W 2589
100M-11-18
1772-30-1572

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE 8/4/76

NAME
NOM ANDERSON..WILLIAM..B.....

Service No.
Matricule Nº 2115747 ARMY WW1

CPC No. 146683
CCP Nº .....

WVA No.
AAC Nº .....

Information Received from:
Information reçue de: ..... SUPT VETS INS - Memo.

Date of Death
Date du Décès 9 2 76

Place
Endroit N/S

Distribution: WSR-DASG
VI - ASS
~~DO - BD~~
HO - BC

Pour le chef,
for Chief, Central Registry Division.
Dépôt central des dossiers.

DVA 24 (Rev. 2/70) BIL.

Number 2115747 Rank Pte

Surname ANDERSON.

Christian Name William Burton.

Units 49th Bn C Inf. Theatre of War France.

Date of Service 20-6-18.

Remarks

Latest Address Banff, Alta.
506 OLD ORCHARD AVE.
MONTREAL. QUE.

Roll No. B

200m.-6-21. Page 20951

DESP OV 9 19

REGN. NO. GB807

a 326

JRB

MILITARY DIST. No. 4 — APR 23 1919 — DEMOBILIZATION — PAY D ION

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

M. OR S. | REGT. No. 2115747

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
TOS	29-3-19	DOS 106 Supp 2 P. B

ORIGINAL UNIT C.E.F. QRD

PLACE OF ATTESTATION

DATE OF ATTESTATION Oct 6/17

ASSIGNED PAY $ 15 00

PAYABLE TO Evelyn An

ADDRESS 197 Robert St

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

DISCHARGED PLACE Mont

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OT CHA $
BALANCE FROM PREVIOUS ACCOUNT							64	80	64	80																	
1.4.19					35	00																					
13.4.19	13	1.10	14	30	70	00			119	30	Boat	Train			CK		4	87	5	00	159	23	15	00			6
									184	10																	
			Other Credits		W. S. C.	S. A.	Total				War Service Gratuity														Other Charges		W
					280	00	280	00																			Y
4/5/19																									6	60	63
7.6.19																											7
7/7/19																											70

100M-1-19.—L. L. 53952-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

JRB

AUDITOR	PAYMASTER
JRB	aw

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

REGT. NO. 2115747 RANK Pte NAME (IN FULL) ANDERSON. WILLIAM. B (BLOCK LETTERS SURNAME FIRST)

PARTICULARS	EFFECTIVE DATE	AUTHORITY
TOS	29-3-19	DOS 106 Supp 2 P. B

ORIGINAL UNIT C.E.F.: QRD
IF IN P.F. WHAT UNIT?:
PLACE OF ATTESTATION: TRANSFERRED TO: DATE: AUTHORITY:
DATE OF ATTESTATION: Oct 6/17 TRANSFERRED TO: DATE: AUTHORITY:
ASSIGNED PAY $: 15.00 DATE EFFECTIVE: 1-5-19
PAYABLE TO: Evelyn Anderson RELATIONSHIP: ANY CHANGE IN ASSIGNEE OR ADDRESS: WSG Standard Bk of Canada Calgary Alta
ADDRESS: 197 Robert St Toronto
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE: EFFECTIVE:
DISCHARGED PLACE: Montreal DATE: 7-4-19 REASON: Demob AUTHORITY: DOS 106 Supp 2 P. B IF ENTITLED TO POST DISCHARGE PAY:

	Acquittance Rolls Col. No. 1	Col. No. 2	Col. No. 3	Cash Payments Col. No. 1	Col. No. 2	Col. No. 3	Assigned Pay	Regimental Charges	Other Charges		Total Debits	Balance Debit	Balance Credit	Particulars or Remarks
														"Caronia"
80													64 80	Cr Bal Eng LPC 64.80 Civ Clothing 35.00 WSG 70.00
30	Boat Train		CK	4 87	5 00	159 23	15 00		6 60		190 70	6 60	TBR	P.A. ops from 7/4/19 to 13/4/19 6 dys 6.60 A.P. 15.00 for April 1919
10														

War Service Gratuity

Other Charges	W. S. G.	S. A.	Total	Balance Soldier	Balance Dependant
	40 00		40 00	210 00	
6 60	63 40		40 00	140 00	
	70		70 00	70	
	70		70 00	→	
			280.00		

884
298712
902561
1061336

3

Fwd ap

Sined

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch A

OVERSEAS CONTINGENTS

Date of Assignment 2782 Mar. 1/18

RATE OF SEPARATION ALLOWANCE

AUTHORITY FOR NEW ACC'T. R. R.

RATE OF ASSIGNMENT

15.			

4/1a13 1/M17

PARTICULARS OF SEPARATION ALLOWANCE

No. 2115747

Rank Pte. Promoted Reverted Discharge

Soldier's Name Anderson Wm. Bunton

Battalion Ottawa D/S. Depot. C.A.S.C.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT (Sister)

Name Evelyn Anderson

Address 197 Robert St, Toronto Ont.

Change of Address

1

2

3

4

REMARKS 0379-W-109

Date	Cheque No.	Amount S/A	Amount A/P	Total	
Mar/918	M 77165		15	15	R
April	A 7658		15	15	
May	A 12616		15	15	
June	B 15459		15	15	✓
July	Y 28436		15	15	
Aug	A 30966		15	15	
Sep	G 37669		15	15	
Oct.	A 44310		15	15	M6
Nov	A 52393		15	15	M6
Dec	B 64008		15	15	M6
Jan	B 71665		15	15	M6
Feb.	F 78619		15	15	
MAR	D 84278		15	15	
APR	C 1763.		15	15	
			210	210	

H 7658 remailed 21/5/18 J Baron

Brubrossley - 4 - 8 - 18

M.R.O. 90513

AUDITED.

A/c Closed

Ret'd per Chronicle

Date 4-4-19 M.F.W.187 12-4-14

Clerk T Smith MD 4

M. F. W. 128.
400m.—6-17—1772-39-1141
L. L. 22320—M. & D. 7933.

M.R.O. 1A. rendered.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank — Promoted — Reverted — Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

	Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS

M. F. W. 128.
4'Ost. 6-17—1772-39-1141
L. L. 22220—M. & D. 1903.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	1. 3. 18.	EFFECTIVE DATE:-	
AMOUNT:-	15⁰⁰	AMOUNT:-	

NAME:- ANDERSON William Brenton

NUMBER:- 2115444

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Evelyn Anderson. Sister
197 Robert Street
Toronto Ont. NR

Stopped eff 1/3/19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT.
Can L Pl.		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- #7 Can C Draft

DATE ACCOUNT FIRST OPENED:- 1. 3. 18.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			21st Res Bn
D048 27/6/18	21.6.18	1.7.18	49 Bn.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~21/2/19~~	~~3142~~	~~21 Res.~~	~~£4 10 0~~	~~21 90~~	~~29/1/19~~	~~I.F.~~ Credit 12 dep	~~8 76~~

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
Can L Pl	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis to Canada 1/3/19. Ripon TR A 3589. 22/2/19 C. Rel. 29.76. F.A.

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar. 31	Balce. forward								51 90		
Apl.	P. Pay	33 -		Can a. P.				15			
				AR 35 - 15.4.18 21 Res.	9 73						
				" 116 22.4.18 "	24 33						
				Dn. 2705 16.3.18 C.A.S.C.	24 33				11 51		
		33			58 39			15			
May	P. Pay	34 10		Can. a. P.				15			
				AR 311 15.5.18 21 Res.	4 87						
				" 443 30.5.18 "	4 87				20 87		
		34 10			9 74			15			
June	P. Pay	33		Can. a. P.				15			
				AR 604 15.6.18 21 Res.	19 47						
				" 1042 29.6.18 J.B.D.	4 46				14 94		
		33			23 93			15			
July	Pte. Pay.	34 10		Can. A.P.				15			
				AR 1224 12/7/18 C.P.R.D.	44 6				29 58		
		34 10			44 6			15			
Aug.	Pte. Pay.	34 10		Can. A. P.				15			
				AR 1045 18-8-18 " C.P.R.	35 4				45 11		

Stopped off 1/3/19

UNIT AND TRANSFERS

ORIGINAL UNIT:- #7 Cas C Draft

DATE ACCOUNT FIRST OPENED:- 1. 3. 18.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			31st Res Bn
D048 27/6/18	21.6.18	1.7.18	49 Bn.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~21/2/19~~	~~3192~~	~~21 Res.~~	~~£4 10 0~~	~~21 90~~	~~29/1/19~~	~~1 F.~~ Credit 12 dys	~~8 76~~

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
Can L Pl	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Dis to Canada 1/3/19. Ripon TR A 3589. 22/2/19 C Bal. 79.76. F.I.A.

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar. 31	Balce. forward								51 90		
Apl.	P. Pay	33 -		Can A. P.				15 .			
				AR 35 - 15.4.18 21 Res.	9 73						
				" 116 22.4.18 "	24 33						
				Dn. 2705 16.3.18 C.A.S.C.	24 33				11 51		
		33			58 39			15			
May	P. Pay	34 10		Can. A. P.				15			
				AR 311 15.5.18 21 Res.	4 87						
				" 443 30.5.18 "	4 87				20 87		
		34 10			9 74			15			
June	P. Pay	33		Can. A. P.				15			
				AR 604 15.6.18 21 Res.	19 47						
				" 1042 29.6.18 J.B.D.	4 46				14 94		
		33			23 93			15			
July	Pte. Pay.	34 10		Can. A.P.				15			
				AR 1224 12/7/18 C.B.D.	H H 6				29 58		
		34 10			H H 6			15			
Aug.	Pte. Pay.	34 10		Can. A. P.				15			
				AR 1044 18-8-18 " C.B.D.	3 54				H5 11		
		34 10			3 54			15			
Sept.	Pte. Pay.	33		Can. A. P.				15	63 11		
		33						15			
OCT	" 1 "	Do	34 10	CAP				15	8 2 21		
			34 10					15	Over		

Harmon

NUMBER 2115747 RANK NAME ANDERSON William Brenton

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									82 21		
NOV }	P Pay	67 10		C.A.P.				15			
Dec }				✓				15			
Jan	✓	34 10		✓				15	138 41	nil	
		101 20						45			
FEB											
	P. P.	30 80		C.A.P.				15			
	S.F. 29-1-19 to 10-2-19. 12 days. Auth. }			AK. 3817 14/1 Epson	4 87						
	H.K. Epson 29-1-19. A.O. 26. 3-2-19. 2 C.C.A. }	8 76		✓ 5497 23/1 ✓	4 87						
				✓ 6766 29/1 ✓	48 67						
				J. 4005 M. 484 No. 2377. 20/1/19. 49 Bn	2 90						
				AK. 3192 22/2 21 Res.	21 90						
				✓ 3221 8/2/19 [illegible]	24 23						
		39 56			107 54			15	55 43		

SOS to Canada (SL 34-21 Rec. 29.3.19)

FEB

P. P.		C.A.P.					
	30 80					15 –	
S.F. 29-1-19 to 10-2-19. 12 days. Auth. } H.R. Epson 29-1-19. A.O. 26. 3-2-19. 2 C.C.A. }	8 76	AK. 3817	14/1	Epson	4 87		
		✓ 5497	23/1	✓	4 87		
		✓ 6266	29/1	✓	48 67		
		G. 4005 M. 484 No. 2377. 20/1/19. 49 Bn			2 90		
		AK. 3192	22/2	21 Res.	21 90		
		✓ 3321	8/2/19	✓ [illegible]	24 33		
	39 56				107 54	15 –	55 4?

SOS to Canada (SL 34-21 Res. 29.3.19)

P. 559

MARRIED OR SINGLE Single

PLACE OF BIRTH Rossmore, Ont.

NAME AND ADDRESS OF NEXT OF KIN Liddia Arvilla Anderson
R.R.#1 Belleville, Ont.

RELATIONSHIP OF NEXT OF KIN Moth

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AU

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITA

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS							
	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.				1		2		3			
																No.	DATE	No.	DATE	No.	DATE		
MONTH	PARTICULARS				CR. 1		CR. 2		PARTICULARS					DR. 1	DR. 2	DR. 3	DR. 4	BALANCE		DEFER-RED. PAY		SER. ALLCE. ENG.	
FEB 28 1918	Bal from Canada																	32 80					
Mar.	P. Pay				34 10				Loan a.P.									15	51 90				
					34 10													15					

OTIONS, &c.

EFFECTIVE DATE	AUTHORITY

SPITAL, &c.

NAME OF HOSPITAL

REG'L NO 2115747 RANK Pte NAME Anderson, William Briton

IF IN PERMT. CORPS WHAT UNIT } UNIT C.A.S.C. Drft to TRANSFERRED TO 21st Res Bn DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION ~~Toronto~~ Calgary Alta TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 6/10/17 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE March 1st 1918

PAYABLE TO Evelyn Anderson 197 Robert St. Toronto Ont RELATIONSHIP Sist

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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			
O.	DATE	No.	DATE	No.	DATE												
LANCE		DEFER-RED. PAY	SEP. ALLCE. ENG.														
1 90																	

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS		
	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.				1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	1	2	3

H PAYMENTS			Assigned Pay	Other Charges	Total Debits	BALANCE		Pay Withheld or Deferred.	Pay Available for Issue	REMARKS	
	3	4				Credit	Debit				

74

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE 30:7:76

Res Bn - Army - WW I

NAME
NOM ANDERSON, WILLIAM B

Service No.
Matricule No Z11574/7-26

CPC No.
CCP No 146683

WVA No.
AAC No .....

Information Received from:
Information reçue de: D.V.A. 93

Date of Death
Date du Décès 9:2:76

Place
Endroit CALGARY ALTA

Distribution: WSR-DASG
VI - ASS
DO - BD
HO - BC

Pour le chef,
for Chief, Central Registry Division.
Dépôt central des dossiers.

DVA 24 (Rev. 2/70) BIL.

Cat B1
SG. 31
O.G. 3

22 MAR 1919

227

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M

1. No. 2115747
2 Rank. Pte.
3. Name. Anderson, William Brighton
4. Unit. 21st Res.

5 Date of Discharge	7-4-19	Place	Montreal

6 Reason for Discharge Demob.

WAR SERVICE BADGE. CLASS "A" No. 276442

7. Authority. R.O.1420 D.D.#4 D.O.Pt II-106

8. Proposed Residence after Discharge Banff, Alta.

H

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W. B 39 Montreal

April 7th 1919

W B Anderson
Signature of Soldier.

EMBARKED MR 20/19
DISEMBARKED APL 5
S.S. CARONIA

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Montreal

Date April 7th 1919

Signature
(O. C. Discharging Unit.)

Lieutenant.
Officer i/c Discharge Section, Dispersal Station "F".

Rec'd
30/1/30

M.F.B. 218a—300m.-11-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

E.S.W.

√ 1. Triplicate Attestation Paper (M F W. 23), or Particulars of Recruit (M.F.W. 133).
√ 2 Casualty Form (A.F.B. 103).
√ 3 Medical History Sheet (M.F.B. 313 or A.F.B. 178).
√ 4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
√ 5 Dental Certificate (C.A.D.C. 5009a).
√ 6. Field Conduct Sheet (A.F.B. 122.)
√ 7. Proceedings on Discharge (M.F.B. 218a)
√ 8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
√ 9. Copy of Discharge Certificate (M.F.W. 39a).
√ 10. Dispersal Certificate (C.D. 3).
√ 11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
√ 12. Last Pay Certificate (P. 851).
√ 13. Pay Book (A.B. 64).
√ 14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... 2
Checked by No..... 22
.....
Date..... 26/3/19

Form R 122.
2353—100M—9-12-16.

ET. Rank Name ANDERSON, William Brinton Reg'l No. 2115747

Unit Dft C A S C. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Calgary. October. 6th. 1917. Place of Birth Rossmore. Ont.

Name and Address, Next-of-Kin ~~Lydia Arville Anderson, R.R.No.1. Belleville. Ont.~~ In event of becoming a casualty notify, James D. Anderson. Banff, Alberta. Relationship ~~Mother.~~ Brother

Assigned Pay Monthly $ Payable to R.L. 29 8/5/18.

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ld.—9546-16.

N/E, R.B. No. 11103
File R.L.
Category CAN.OR

Report. Date.	Report. From whom received.	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.
C.		Arrived in England			4-3-18	S/S CRETIC
8-4-18	21st Res. B.	T.O.S. on arrl from Canada	Dfc	Bramshott	4-3-18	A.F. 24 JUN 1918 A.20.83
21-6-18	-	S.O.S. to 49th Bn 98.	"	"	20-6-18	" " 146 & 49th Bn. o.a 48 d. 27/6/18.
7-9-18	A.R. 49	Wounded	"	Field	7-9-18	C.L. A.312.
28-9-18	A.R.D.	T.O.S. from 49 B.	"	B'shott	20-9-18	A.20. 250. 190. 49 B. 7/28/9/18.
20-2-19	21st Res	T.O.S. from A.R.D.	Fr	Kipon	19-2-19	Pte 41. A.R.D. D.O. 41. 21/2/19.
3-3-19	"	S.O.S. to dft C and struck	"	"	27-2-19	A.050 " " 50. 4 3/19.
24-3-19	A.R.D	S.O.S. to Kinmel Pk M.D.2	"	"	22-3-19	A.067 M.D. 4, 50 72, 24 3/19. 21st D.O. 64, 22/3/19.
		34. A. 30			29-3-19	
2-4-19	M.D.4	S.O.S. to Canada	"	Rhyl	29-3-19	A.080

2115747 Anderson William Brinton

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.				

No. 4 25. Rank Pte. Name Anderson W. B.

2115747 Nov. Paylist.

T. O. S. ~~Trans~~ Trans from. 16th Unit Can. Army Service Corps. #1 Training Depot.

Dft. C.A.S.C. (M. D. 13.)

1. 11. 17. (DO 2620 3. 11. 17.)

M. D. 10.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917.	1917.			
Oct. 26.	Oct. 31.	"	From L.P.C. Rein. Dft. 16th M. D. 13.	Oct. Paylist.
"	Nov.	"		
Dec.		"		
1918.	1918.			
Jan. 1.	Jan. 1.	"	S.O.S. 1. 1. 18. Trans. to #2 C.A.S.C. M.D.2. Co #1.	DO. 4. Jan. Paylist.

No. 2115747 RANK Pte. NAME Anderson W. B.

T. O. S. Trans. from # 1 A.S.C.T. D. Winnipeg D014, 14-1-18. UNIT Canadian Army Service Corps # 2 Training Depot. M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918	1918			
Jan 2	Jan 31	✓		
Feb.		✓	Trans Ottawa 13-2-18	
			Cas.C. Dpo	D045. 14-2-18.

REGT'L. No. 2115747

NAME Anderson, William Brinton

H.Q. FILE No. 649

RANK AND CORPS Pte. 49th Bn. Born Ireland (2D)

FOLLOWS NO.

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
N.Y. James 38-2 W.Bell	9-9-18	Dorland Anderson (Brother) Banff Alta. Adm. S. Stat. H. Wimereux Sept. 3rd/18. Gsw. Chest pentrg.
Wsm 185 17-2	6-10-18	Can Red Cross Society reports in Berrington War Hospital Shrewsbury Gsw Chest affecting left pleura slight dyspnoea on exertion

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 3 12.	8 Stat: Wimereux	3-9-18	GSW Chest Penet
B 321	Berrington War: Shrewsbury	20-9-18	" " " "
B 421	Mil. Conv: W'cot & Epsom	14-1-19	" " " "
B 425	Disc	29-1-19	" " " "

Form R. 149.

Name Anderson William Brinton Rank Pte. Reg. No. 2115747

Unit 49th Bn

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
3-9	8 Sty Hosp Wimereux		G.S.W. Chest (Severe)	A 312	7/301	3811/5
20-9	Berrington War Shrewsbury		do	B 327		27136
14-1-19	M.C.H. Epsom		"	B421		14931
29-1-19	Disch		"	B435		1408

JL

RL 29/1/19 St 29/1/19 b 10/2/19 Report 2nd Can Ripon

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

H. Q. C

M. D. No. 13

Surname Anderson

Christian names William Brunton

Regtl. No. 425 Rank Pte

Unit 50 A S C

T. O. S. Oct 6th 1917

D. O. Pt. II 965 of 25-10-17

S. O. S. 19

Reason

Auth.

Next of kin Anderson, Mrs. Lydia Agnes Relationship Mother

Address R. R. #1, Bellerville Ont

Also notify:

BORN—Place Ramsdale Rossmore Ont Date Sept 6th 1895

ATTESTED—Place Calgary, Alta Date Oct 6th 1917

O/S

R/C

W. 22—50M.-3-19. 1772-39-839.

Triplicate.

REINFORCEMENTS C. A. S. C., C. E. F

ATTESTATION PAPER.

No. 2115747

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 Brinton.
1b. What is your present address? ... C/o J.D.Anderson, Banff, Alta., Canada
2. In what Town, Township or Parish, and in what Country were you born? ... Rossmore, Ontario, Canada.
3. What is the name of your next-of kin? ... Lydia Arvilla Anderson.
4. What is the address of your next-of-kin? ... R.R.No. 1, Belleville, Ontario, Canada
4a. What is the relationship of your next-of-kin? ... Mother.
5. What is the date of your birth? ... Sept; 6th 1895.
6. What is your Trade or Calling? ... Accountant & Supply Clerk.
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? ... No.
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? ... No.
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? ... No.
16. If so, what was the reason? ... /

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Brinton 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.

W.B.Anderson (Signature of Recruit)

Date October 6th 191 7 L.F.Hodges (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Brinton 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.

W.B.Anderson (Signature of Recruit)

Date October 6th 191 7 L.F.Hodges (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 Calgary Alberta this Sixth day of October 191 7

A.E.Moore Major
Senior Ordnance Officer, M. D. (Signature of Justice)

J.P. in and for the Province of Alberta

No. 1 Overseas Training C.A.S.C. NOV 5 1917 ORDERLY ROOM

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of William Brinton Anderson. on Enlistment.

Apparent Age 22 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ... 5 ft. 5½ ins.

Chest measurement:
- Girth when fully expanded ... 34 ins.
- Range of expansion ... 4 ins.

Complexion ... Fair.

Eyes ... Blue.

Hair ... Fair.

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

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).

Hearing
R. Normal
L. Normal

Eyesight
R. Normal
L. Normal

W J Chambers

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 October 6th 191 7

Place Calgary Alberta.

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:—

Approved by Mobilization Board

Calgary OCT 6 1917

R C Robinson

Captain C. A. M. C. President

for

CERTIFICATE OF OFFICER COMMANDING UNIT.

William Brinton 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.

NOV 1 - 1917

(Signature of Officer)

Captain

O. C. No. 1 OVERSEAS C. A. S. C. Training Depot

Date ... 191 .

Army Form B. 103.

Casualty Form—Active Service.

Regimental Number 2112747

Regiment or Corps 49th Bn.

Rank Pte Surname Anderson Christian Name W B

Religion _____ Age on Enlistment _____ years _____ months.

Enlisted (*a*) _____ Terms of Service (*a*) _____ Service reckons from (*a*) _____

Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended { _____ } Re-engaged { _____ } Qualification (*b*) _____

or Corps Trade and Rate _____

_____ Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked ...			
27-2-19	21st Res Bn	S O S to A K R-19 and remaining Attached for all purposes	Ripon	3-3-19	D.O 50
		Lease to be attached from A K R on proceeding to Kinmel R K Khyl	"		
22/3/19	D S	C.C.C. Kinmel Park for return to Canada			W.E. Tillman Lieut. & Asst. Adjt. 21st Reserve Battalion (Alberta)
		Part II Order No.			
29/3/19	L S	C.C.C. Kinmel Park Part II Order No. Embarking for Canada			

(*a*) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(*b*) Signaller, Shoeing-Smith, &c.

[P.T.O.

(938). Wt. 15012/5156. 1,000,000. 1/16. P. P. Ltd. Forms/B.103/3.

ARRIVED MAR 29 19 5.M. APL CANADIAN

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
16-4-19	O-S	T.O.S. D.D.#4	Montreal	29-3-19	D.O Pt II-106
16-4-19		S.O.S. D.D.#4 Demob.	Montreal	7-4-19	D.O.Pt II-106
					R.O.1420

Chas W Ashley
Lieutenant,
A/ Assistant Adjutant,
District Depot No. 4.

W B S Class A

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 ..... No. 1 Overseas C.A.S.C. Training Depot ..... @K

Regimental No. 2115747 Rank Private Name ANDERSON, William Brinton

Enlisted (a). Octr. 6/17 Terms of Service (a). ~~C.E.F.~~ C. E. F. Duration of War Service reckons from (a). Octr. 6. 1917.

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). Accountant & Supply Clerk.

Report Date	Report From whom received	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
~~#2 Wire 1558, 29-2-17~~		~~Transferred to 6th Divn C.A.S.C. Training Depot W.D.~~	~~Toronto Ont.~~	~~Jan. 1/18.~~	~~Can. Order (A.D.10) 11, para. 1. Jan 1/18~~ No Record. P.
CERTIFIED CORRECT. 24 JUN 1918 CANADIAN RECORDS, LONDON.		Embarked Disembarked	Canada England	21/2/18 4/3/18	
8 APR 18	21ST RES. BN.	*Taken on strength on arrival from Canada.*	BRAMSHOTT.	4 MAR '18	Pt. II D.O. No. 83.
JUN 22 1918	~~21ST RES. BN.~~ ~~49TH BTN.~~	PROCEEDED OVERSEAS FOR SERVICE WITH 49TH BATTALION.	BRAMSHOTT.	JUN 20 1918	Pt. II D.O. No. 146. Burnham Lieut. & Asst. Adjt. 21st Reserve Battalion (Alberta.)
22-6-18	C.I.B.D.	Landed in France & T.O.S.	49th Bn Field	21-6-18	N.R.693.DO.48,d/27-6-18.
28-6-18	-do-	To C.C.R.C.	"	14-7-18	N.R.1306
14-7-18	C.C.R.C.	Joined.	"	14-7-18	N.R.1084
2.8.18	"	To Unit	"	6.8.18	" 1344
17.8.18	Unit	Joined	"	10.8.18	B213.

(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.

2115747 Anderson W.B.

Report Date	From whom received	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
28-8-18	4 C.F.A.	G.S.W. Chest (Pen).	Adm to CCS	28-8-18	A.8244
30.8.18	Unit	Wounded to hospital		28.8.18	B213
3-9-18	8 S tally.	G.S.W. Chest (Pen).	Adm	3-9-18	H5889
10-9-18	42 C.C.S.	" " Adm 28-8-18	to 26 A/T.	31-9-18	H8789
20-9-18	8 S taly	" "	England	20-9-18	K1487
20-9-18	P. Eliz. Hy	Wounded & posted to A.R.D.	Bramshott	20-9-18	W3083/6055. D.O. II 90, d/28-9-18 [signature] Lt. for Lt. Col. AAG.
28.9.18.	A.R.D.	T.O.S. from 49. Bn [signature] LIEUT: FOR LT: COL: I/C RECORDS, C.O.M.F	Bhott.	20.9.18.	D.O. 20.
CRG.					
3-2-19	2 CCD	Att'd 2 CCD	Ripon	29-1-19	D.O. 26
20-2-19	OC. 2nd CCD	Ceases to be attached to 2nd C.C.D. on return to 21st Res. Bn.	RIPON.	19-2-19	Pt. 2 D.O. No. 41 [signature] for OC. 2nd CCD.
20-2-19.	21st Res.	T.O.S. from A.R.D.	Ripon	19-2-19	Pt II D.O. 41
	~~21st Reserve Battalion~~ "	~~TRANSFERRED TO KINMEL PK. CAMP, RHYL.~~	— " —		~~Pt. II D.O. No.~~ ~~[signature] Lieut. & Asst. Adjt. 21st Reserve Battalion (Alberta.)~~

No. 211574 Name Anderson W. B | Sqn., Batty., or Company | Corps 2nd R.S. Bn. | Date of enlistment 6-10-17 | G.C. Badges | Service or Proficiency Pay

Date of last entry in Company Conduct Sheet | No. and date of last drunk | Period not reckoning towards freedom from extra fine | Sheet No. 1 | Signature O.C. Company, etc. | Character

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
				49					
				Wounded & posted to A.R.D. Bshott. 30.9.18.					
				(D.O. II No. 90 dated 28.9.18)					
				A.H. Holloway					
				Lieut. for					
				O.C. 49TH CANADIAN BATTALION (EDMONTON, ALTA.)					

Army Form B. 122

1 Temporary

[illegible] T O

S.O. 785. W7486/1545. 2,500M. McC. & Co. Ltd.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

Forms I. 1237 / 12

Berrington War Hospital, Shrewsbury

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
ECT. 1061	2115747	Pte	Anderson	W.B.

Year	Unit.	Age.	Service.
	49 Canadians 'C' Coy	23	1 yr

Service in the field. 3 ms.

Station and Date. 20 SEP 1918

Disease IV. G.S.W. - Chest. touched pleura

Slight. Severe. ~~Dangerous.~~

Meth:

~~Religion.~~

~~Next of kin.~~ Brother, Banff, Alberta Canada.

Cousin, W.A. Anderson, West House 53 High St Southover, Lewes, Sussex.

Army Form W. 3598.

Particulars of Soldier about to be discharged from Hospital to Furlough.

(*See* A.C.I. 598 of 1917.)

Regl. No. 2115747. Rank Pte.

Name Anderson W.B.

Regt. or Corps Canadians

Battalion 49th. Coy., Squadron, Troop or Battery C.

Address to which Soldier is proceeding on furlough: c/o W.A. Anderson "West House" 53 High St. Southover Lewes Sussex.

Soldier's Signature W.B. Anderson

NOTE:—*Soldiers are to understand that they will be held responsible for any absence which may be found to be caused through an incorrect address being given.*

(25,622). Wt.1905—314. 500,000. (*48*). 11/17. E.J. A.&E.W. Forms/W.3598/2.

...sion. Some dyspnoea on ... fluid still present in left Chest

...ed. 28 August.

Arras.

...eck + shaky ... + left side to ... at the back. ... on exertion

Claudeline W.Ward

~~Clinical Notes. Diary of progress, and treatment.~~

Sep 21. Will probably need another exploring needle. l Chest - E.B. Holt Capt

25 - Considerable dulness + aegophony back L lung needle put in 7th space withdrew haemorrhagic fluid Heart not displaced. not much dyspnoea: no fever Considered best - to continue painting with Iodine: + to put him on F.E.Q. Cit. c a little Pot Iod tid pc E.B.H.

Transfer to 1 Hospital E.B. Holt Capt

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

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239)

Forms I. 1237 / 12

Berrington War Hospital, Shrewsbury.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
ECT. 1061	2115747	Pte	Anderson	W.B.

Year	Unit.	Age.	Service.
	49 Canadians 'C' Coy	23	1 yr

Service in the field. 3 ms.

Station and Date. 20 SEP 1918

Disease IV G. G.S.W. - Chest. touched pleura

~~Slight.~~
Severe.
~~Dangerous.~~

~~Religion.~~ Meth:

~~Next of kin.~~ Brother, Banff, Alberta Canada.
Cousin, W.A. Anderson, West House 53 High St
Southover, Lewes, Sussex.

Condition of wounds on admission. Some dyspnoea on exertion Some signs of fluid still present in left Chest

When such wounds ~~were received~~. 28 August.

If in action, and where. Arras.

23-11-18. Still very weak & shaky
pain in chest & left side to at the back.
Short of breath on exertion
R.C.C. [illegible] W.[illegible]

Clinical Notes, Diary ~~of progress, and treatment~~.

Sep 21. Will probably need another exploring needle. l Chest - E.B. Holt Capt

25 - Considerable dulness & aegophony back L lung
needle put in 7th space withdrew haemorrhagic fluid
Heart - not displaced. not much dyspnoea. no fever.
Considered best - to continue painting with Iodine. & to put him on [illegible] & a little Pot Iod [illegible] E.B.H.

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

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10933). Forms/I. 1237/12. (E239)

Transfer [illegible] Hospital
E.B. Holt Capt

Station and Date.	
Admitted Dec 5th 1918	
6.12.18	Impaired Resp.- Aff. Lung - Shortness of Breath. Well
9.12.18	Much improved Recommended for Conv. T. by Capt. [illegible] M.O. visiting.
6.1.19	Much improved. Had extract of malt & Cod liver oil. Good appetite & taken full exercise. Gained weight. Recommended for transfer to Berrington according to instructions.
13.1.19	To Con Hosp Epsom

CLINICAL CHART.

Army Form B. 181.

(To be attached to Case Sheet.)

Corps _____ Military Hospital _____

No. _____ Rank and Name Anderson Age _____ Service _____

Disease _____ Date of admission _____ Date of discharge _____ Result _____

Dates of Observation	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Days of Disease																	
Temperature Fahrenheit — Time A.M. P.M.																	
107°																	
106°																	
105°																	
104°																	
103°																	
102°																	
101°																	
100°																	
99°																	
98°																	
97°																	
Pulse per Minute	118	118	110	116	112	100	96	110	84	110	88	88	96	100	92	110	82	90	88	104	92	96	92	96	88		90		
Respirations per Minute	28	28	28	30	32	30	32	26	30	26	30	24	32	28	30	28	28	26	30	28	30	24	28	26	28				
Motions per 24 hours		1															

(1002.) W9043—1195. 499,500. 1/15. K. & K. Forms/B. 181/3.

Signature _____ In charge of case.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank	Surname.	Christian Name.
	2115747	Pte	Anderson	W.B.

Year	Unit	Age	Service.
MCH EPSOM	49 Batt		

Station and Date.

Disease: GSW Chest (perie) Inf to pleura 28/8/18

14 JAN 1919

~~Fit — No disability~~ P.F.S. ~~Tab 1-11~~

There is some dullness at left base — no rales — expansion fair — CO —

23/1/19 Fit — No disability D.S.

H W Shield

TAB 24-1-19.

Accounted

YMCA
Londonderry
Ireland

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

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.

Station
and Date.

D M S. 1300 50M-21-1 17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Anderson.	W. B.	211747

RANK	UNIT	CO.	TROOP	BATTY.
Pte	Alla. 49.			

HOSPITAL — DATE OF ADMISSION

& Sta Wincanton — 3-9-18.

1. Berrington War Shrewsbury — HOSP. 20. 9. 18
2. Wil. Con. Woodcote Pk — HOSP. 14-1-19.
3. — HOSP.
4. — HOSP.

DIAGNOSIS — Sow Chest Rem R.W.

1.
2.
3.

DISPOSITION — Disc 29-1-19 — DATE

C.S. 7-9-14 A312
25.9.18 B 327.0
15-1-19 B 421.2
3-2-19 B435

REMARKS

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

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.

STATION Bijhan DATE 27/2/19

1. 1 (a) Unit 21st Res. (b) Regimental No. 2115747 (c) Rank Pte.

(d) Surname Anderson (e) Christian name William Brinton

(f) Home address Rossmore, Ont.

(g) Next of Kin Anderson, Lydia, M. (h) Relationship Mother.

(i) Address of Next of Kin Rossmore Ont.

2. Age last birthday Twenty, Three Date of birth Sept 6th 1895.

3. Enlistment, or Appointment (if an Officer) (a) Place Calgary, Alta. (b) Date Oct 6th 1917.

4. Personal description:

(a) Height 5 ft 5½" (b) Weight 110 lbs. (stripped) (c) Complexion Fair

(d) Colour of hair Light (e) Colour of eyes Blue (f) Identification marks, Scars, etc. —

5. Former trade or occupation Accountant

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
	One.	144.

	Periods	
	From	To
Canada	Oct 6th 1917.	Feb 21st 1918.
England	March 2nd 1918	June 21st 1918.
France or other theatres of War	June 21st 1918.	Sept 21st 1918.

7. Original disease, or injury Penetrating Wound of Chest

(a) Date of origin 28 August 1918 (b) Place of origin Arras

(c) Cause Bullet wound by Enemy Sniper

M. F. B. 227.

400M.—11-18.
1772-30-117.

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.)

(Penetrating Chest Wound) Weakness (moderate) of left side of chest, Pain lower part of left chest on deep breathing. Necessity for resting part.

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.)

Roughened Bronchial Breathing in both lungs. Left lung shows markedly coarse rales, dry especially at upper lobe. Dry hacking cough. Is difficult expectoration. Heart shows no displacement. Patient states he has pain over praecordial region at times when doing any heavy work. Complains of "weakness of left chest" & pain in left side. Dyspnoea on any untoward exertion.

(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 (If pulse rate is abnormal, B. P. will be taken.) No — Genito-Urinary System (Albumen and Sugar will be excluded.) Yes

Special Senses No — Respiratory System As above — Integumentary System No

Disturbances of Mentality No — Digestive System No — Muscular System No

Osseous and Joint Systems No — Any other general condition No

Patient states that in 1912 + 1913 he had attacks of Cystitis, due to Exposure. Came on in France just before being wounded, but it got better on going to hospital after being wounded.

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

Wounded August 28th 1918. Admitted to C.C.S. (42 Bn) Bullet entered above R scapula & came out back of left shoulder. 50 ℥ of fluid removed at CCS. Admitted to Bermuglion War Hosp Bremenburg 20/9/18. Still some fluid. Marked dyspnoea. No radical treatment. Rest in bed etc.

Transferred to Eplon MCH 13/1/19. Dullness at left Base. No Rales. Expansion fair. No disability.

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*).)

Not applicable

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

Scar over Right Nipple & Left Shoulder posteriorly

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.) Not applicable

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? ~~Not applicable~~ (Nil) 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? ~~Not applicable~~ (Nil) Six Months

14. Treatment (Case reports, general or special, should be secured and attached where possible) Not applicable

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No

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

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

(If not, briefly state why)

17. Recommendations Category B1

H McCarthy Cattanach

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 W B 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

Pte W B 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.~~) 03
(*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.)

~~Board authority A.G.~~

(*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.)

Board authority A.G. Telegram 9083 Dated 11/11/18

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.

MAJOR C.A.M.C. *President.*

Capt

PLACE RIPON CAMP, YORKS.

DATE 27 FEB 1919

} 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.....

DATE.....

} Members

APPROVED BY

Assistant Director of Medical Services.

DATE 27 FEB 1919

APPROVED BY

Director-General of Medical Services.

DATE.....

O.K.

Colonel, A.M.S.,
Canadian Troops, Ripon Camp, Yorks.

Duplicate.

REINFORCEMENTS C. A. S. C., C. E. F

A.2.

MEDICAL HISTORY SHEET.

Surname Anderson. *Christian Name* William Brinton.

Examined { on 6th day of October 191 7
at Calgary Alberta.

Birthplace { City or Town Rosemore.
County Prince Edward, Ontario.

Apparent age 22n Years.

Trade or occupation Accountant & Clerk.

Height 5 Feet 5½ Inches.

Weight 120 Lbs.

Chest measurement { Minimum 30 inches.
Maximum expansion 4 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left.
Number ----------

When Vaccinated last Never Done.

(a) Marks indicating congenital peculiarities or previous disease None.

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

Hearing + Eyesight — Normal

Approved by
A Bwaeker
Rank Capt M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		Approved by Mobilization Board
		Calgary ALTA. OCT 6 1917
		a U
		Class
		R C Robinson Captain C. A. M. C., President for

Date.	Result.	Vaccinations.
NOV 24 1917		A Bwaeker M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
NOV 10 1917		A Bwaeker M.O.
NOV 24 1917		A Bly M.O.
DEC - 1 1917		A Bw M.O.

Enlisted on 6th *day of* October *191* 7 *at* Calgary Alberta.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	No. 1 Overseas C.A.S.C. Training Depot. ~~C.A.S.C. C.E.F.~~	211574		6th October 1917
Transferred to	No 1 Overs. C.A.S.C. Training Depot M.D. 2.			January 1/18

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.

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-4-9.

Surname Anderson Christian Name William Brinton

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.

Original. FC-T 1061

REINFORCEMENTS C. A. S. C., C. E. F.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Anderson. *Christian Name* William Brinton.

Examined { on 6th day of October 1917 / at Calgary Alberta.

Birthplace { City or Town Rossmore. / County Prince Edward, Ontario.

Apparent age 22n Years.

Trade or occupation Accountant & Clerk.

Height 5 Feet 5½ Inches.

Weight 120 Lbs.

Chest measurement { Minimum 30 inches. / Maximum expansion 4 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left. / Number -----------

When Vaccinated last Never Done.

(*a*) Marks indicating congenital peculiarities or previous disease

None.

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

None.

Hearing & Eyesight - Normal

Approved by A.S. Walker

Rank Capt. M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		25 SEP 1918
23.1.19	DI	[signature] M.O.
		Approved by Mobilization Board M.O.
		Calgary ALTA. OCT 6 1917 — C II M.O.
		Class M.O.
		R.C. Robinson, Captain C. A. M. C., President M.O.
19/2/19	A	2nd CCD. for M.O.

Date.	Result.	Vaccinations.
NOV 24 1917		A.S. Walker M.O.
		M.O.
TAB	24-4-19	[signature] M.O.

Date.	Result.	Anti-Typhoid Inoculations, etc.
NOV 10 1917		A.S. Walker M.O.
NOV 24 1917		A.S.W. M.O.
DEC - 1 1917		A.S.W. M.O.

Enlisted on 6th *day of* October 1917 *at* Calgary Alberta.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	No. 1 Overseas C.A.S.C. Training Depot; ~~C.A.S.C/C.E.F.~~	2115747		6th October 1917
Transferred to	No 2 Overseas C.A.S.C. Training Depot M.D. 2			January 1/18
	21ST RES. Bn.			30 MAR 18
	49th Bn			20 6 18

CANADA

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Ripon	27/2/19	Penetrating chest wound with slight loss function of lungs	BI [signature] MAJOR C.A.M.C.

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.

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-479.

Surname Anderson. Christian Name William Brinton.

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
Berrington War Hospital, Shrewsbury.		20	9	18	13	1	19	IV/5. GSW of chest Left pleura injured	115	Entrance above right nipple. Exit. back of left shoulder. Had dyspnoea. 50 oz of fluid removed in France Still some fluid + dyspnoea. Sent to Llandudno. Shortness of breath on exertion 6.1.19. Much improved. 13.1.19. Transferred to Canadian Hosp Epsom.	R.M. Flemm Major, R.A.M.C., Registrar, Berrington War Hospital Nr. Shrewsbury.
MCH Epsom		13	1	19	29	1	19	GSW Chest (pen) Inf to pleura	17	On adm. Some dullness at left base no radio expansion fair. 23.1.19 Fit no disability Descbg CCD Category A1	W.W. Reed Lieut CAMC

C.A.D.C. 5009A

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

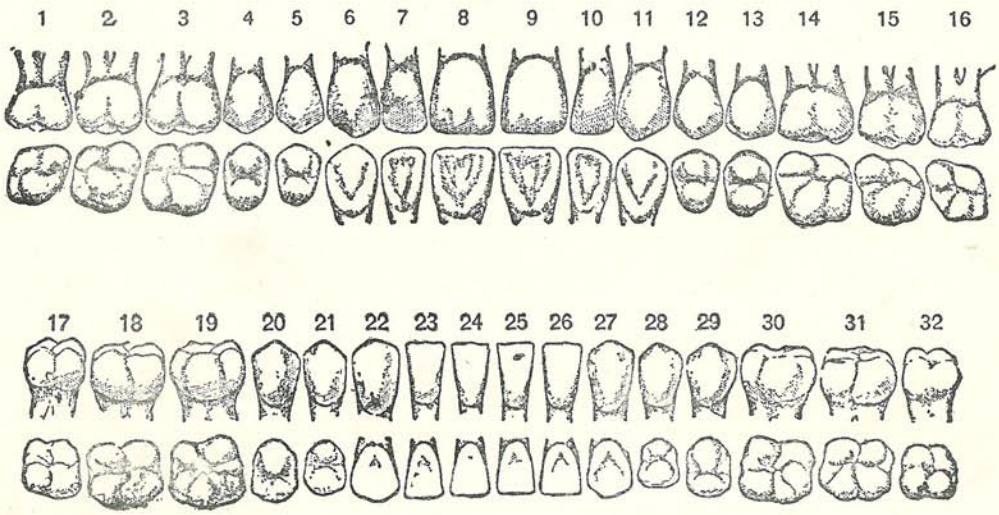
DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

NAME OF SOLDIER (Block Letters) ANDERSON. W.B.

REGIMENT 21st Res BN RANK PTE. No. 2115747

Date of Examination in England 24 FEB 1919 Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS Nil
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

A.D.L.S. CANADIANS 24 FEB 1919 SOUTH RIPON

HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of *a*, *b* or *c*.)

- (a) In Canada
- (b) In England yes
- (c) In France

R Simpson Capt
for A.D.D.S. M.D. No. 4

Signature of Dental Officer R Ross Capt

M.F.B. 465
2M-1-17
1772-39-950

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

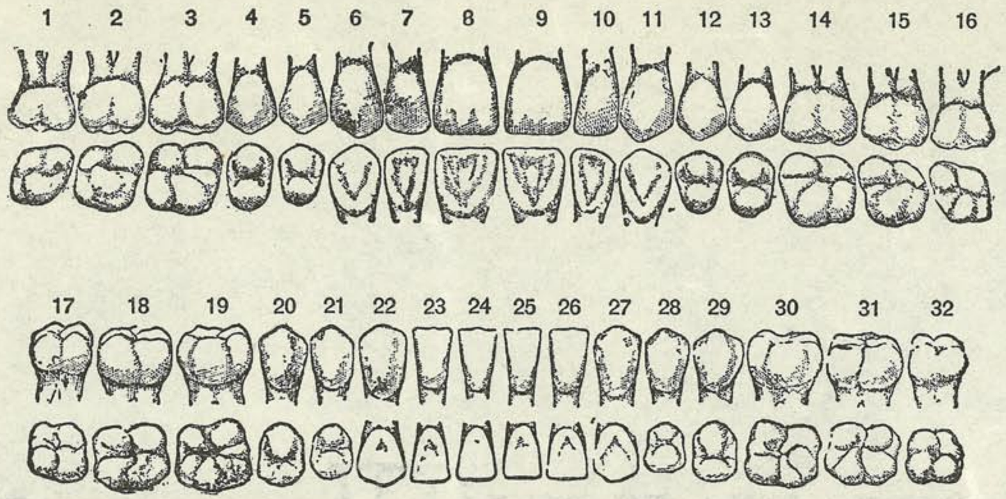
District: M D 2

Name of Soldier: Wm B. Anderson

Regiment: No 2 Asc. T. D

Rank: Pte.

No. 2115747



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.

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
													U	L	P			Gold	Porcelain				
Condition on first Examination																							

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2115747 (Rank) Pte

Name (in full) Anderson William Brinton enlisted in

the No 1 C. A. S. C. Train. Depot

CANADIAN EXPEDITIONARY FORCE at Calgary on the 6th

day of October 1917

HE served in France

and is now discharged from the service by reason of Demobilization. ~~Medical Unfitness.~~

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

Age 23 : 6

Height 5' : 5' ½

Complexion Fair

Eyes Blue.

Hair Fair

Marks or Scars Nil

W. B. Anderson

Signature of Soldier

Date of Discharge

Dispersal Station "F" APR 7 1919 Military District No. 13

Issuing Officer

C. Brandon Lieutenant,

Officer i/c Discharge Section Dispersal Station "F"

Rank

Date April 7th 19 19

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.

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

No. 2 Overseas A.S.C. Training Depot, C.E.F.

(1) Name of Overseas Unit which Soldier joins.....

.....

(2) Regimental Number ..... 2115747 .....

(3) Full Name of Soldier..... William Brinton ANDERSON .....

.....

(4) Place of Birt ..... Rosemore, Ontario, Canada. .....

.....

(5) Are you married, or not ? ..... Single .....

(6) If married, state,

(a) Full name of your wife.....

.....

(b) Present Postal Address.....

.....

(7) Are you a widower ? ..... No .....

(8) Have you any children ?.....

If so, give number of boys and girls.....

Also their names and ages.....

.....

.....

.....

.....

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... Yes .....

If so, state name and address ..... William Edward Anderson, R.R.#1 Belleville,Ont.Canada.

(10) Is your Mother alive ?..... Yes .....

If so, state name and address..... Lydia Arvilla Anderson, R.R.#1 Belleville,Ont.Canada.

.....

(11) If your Mother is a widow.....

Are you her sole support, or not ?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....

.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

All communication to be sent to (Brother)

James Dorland Anderson,

Banff, Alberta. Canada

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

.....

(15) Are you insured ?..... Yes .....

If so, in what Company ?..... Mutual Life, Dominion Life, Sun Life.

Have you made arrangements for payment of your Insurance premium..... Yes .....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

W. de S. Wilson Capt

Officer Commanding.

No. 2 Overseas A. S. C. Training Depot, C. E. F.

FEB 1 1918

Date.....