REGIMENTAL DOCUMENTS

NAME Anderson Robert. Jr. Pte REGT. NO. 3110962 UNIT OWinnipeg H. Q. FILE NO.

	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
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1	TRAINING HISTORY SHEET (M.F.W. 113) Record Sheet					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
1	DENTAL HISTORY SHEET (M.F.B. 465)					DISCHARGE
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Category Demob
	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. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
2	C D 3					
1	Ca 2 C 5009 A					

W 2589
100M-11-18
12/2-39-1377

ORIGINAL

No. 2 M. D. 1st. Depot Battalion 2nd. C. O. R. Regiment

D C

Regtl. No. 3110962

M.S.A.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE.)

1. Surname: Anderson
2. Christian name: Robert Jr.
3. Present address: Milton Ont.
4. Military Service Act letter and number: 874619
5. Date of birth: May 20th, 1894
6. Place of birth (town, township or county and country): Milton, Ont.
7. Married, widower or single: Single
8. Religion: Presbyterian.
9. Trade or calling: Livery Man
10. Name of next-of-kin: Mr. Robert Anderson.
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: Milton, Ont. Box 253
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: None.
15. Medical Examination under Military Service Act:—

(a) Place Milton Ont. (b) Date 18th Oct (c) Category A-2

DECLARATION OF RECRUIT

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

Robt Anderson (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 23 yrs 4 mths.

Height 5 ft 7 ins.

Chest measurement: fully expanded 36 140 ins.; range of expansion 2 ins.

Complexion: fair

Eyes: blue

Hair: brown

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

Vision R.D.15.L.D.30

W. Rutherford MAJOR

For C.O. C. 1st Depot Bn., 2nd C. O. R. Depot Btln.

Regt.

Place Niagara on the Lake Date 20th July, 1918.

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3110962 (Rank) Pte

Name (in full) Robert Anderson Jr enlisted in

the 1st Depot Bn. 2nd C.O.R.

CANADIAN EXPEDITIONARY FORCE at Niagara-on-the-Lake on the 20

day of July 1918

HE served in 8th Can. Res. Bn. (England)

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 25 yrs.

Height 5 ft. 7 in.

Complexion Fair

Eyes Blue

Hair Brown

R. Anderson
Signature of Soldier.

Marks or Scars

Vacc. L. arm.

Date of Discharge

No. 2 District Depot
Toronto, Ont.
AUG 26 1919

Issuing Officer.

Capt.
FOR O. C. No. 2 D. D.

Rank

AUG 26 1919

Date ..... 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.

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

ORIGINAL

MEDICAL HISTORY SHEET.

M.S.A.

A 3110962 O

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Anderson Christian name Robert Jr.

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule #874619

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) Milton. Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 18 day of Oct. 1917, by the undersigned medical board sitting at Milton. Ont.

5. Age as stated 23 Years 4 Months. 6. Apparent age 23 Years Months

7. Height 5 Feet 7 Inches. 8. Weight 140 Pounds.

9. Chest measurement { Minimum 34 Ins. / Maximum 36 Ins. } 10. Complexion Fair { Eyes Blue / Hair Brown }

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

13. Number of vaccination marks { Right arm **** / ***** / Left arm } 14. When vaccinated last Never

15. Distinctive marks and marks indicating congenital peculiarities or previous disease ***

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(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 [A 2]

Eyes.
Right--D-15
Left---D-30

W. Bethune Maj' President.

F.W. Averholt Capt Member. Jr Elgie Lieut Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
14-7-18		H.R. Adams M.O.	14-7-18		H.R. Adams M.O.
		M.O.	16-7-18		H.R. Adams M.O.
		M.O.	29-8-18		C.A.M.S. M.O.

Joined day of 191 at

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment				
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
WITLEY CAMP, SURREY. 7/7. 1919		Cervical adenitis A - accepted Capt	

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.

Signature of Man A. Anderson

Surname ..... Christian Name .....

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

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 2

NAME OF SOLDIER Anderson Robert Junior

REGIMENT 1/2 C.O.R.

RANK Pte

No. 3110962

M.F.B. 465.
200M.—6-18.
1772-39-950.

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 U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination 2																							

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Certified this document checked with Regimental documents.

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

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, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names Robert 2. Surname Anderson

3. Rank Pte 4. Original Unit 1st Depot Bn, 2nd C.O.R. 5. Reg. No. 3110962

6. Address, in full, to which future payments of gratuity are to be forwarded Box 253, Milton West Ont. Can.

7. Date of enlistment in the C.E.F. July 20 1918

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Nil

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:—

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?

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service

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 1st Depot Bn. 2nd C.O.R. July 1918 - Aug. 1918. 8th Res. Bn. Aug 1918 - Mar. 1919. D Wing. L. of H. C. Apr. 1919 - Date of discharge

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

5431. Wt. /30P. 250,000(8). 2/19. S.O.,F.Rd.
6234. Wt. /P49. 25,000(4). 4/19. S.O.,F.Rd.

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?

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

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

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

(b) If so, was such reversion in consequence of misconduct or inefficiency? Not applicable

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

AUG 26 1919

(b) Reason for discharge DEMOBILIZATION

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

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

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

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

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

Signature of Applicant: Robt. Anderson

Place of Residence: Milton West, Ont.

Declared before me at:

This 30 day of June 1919

WITLEY

QUESTIONS No 12, 13, 17, 20, 25, 26, 27

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct.

District Paymaster.

C.A.D.C. 5009A

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

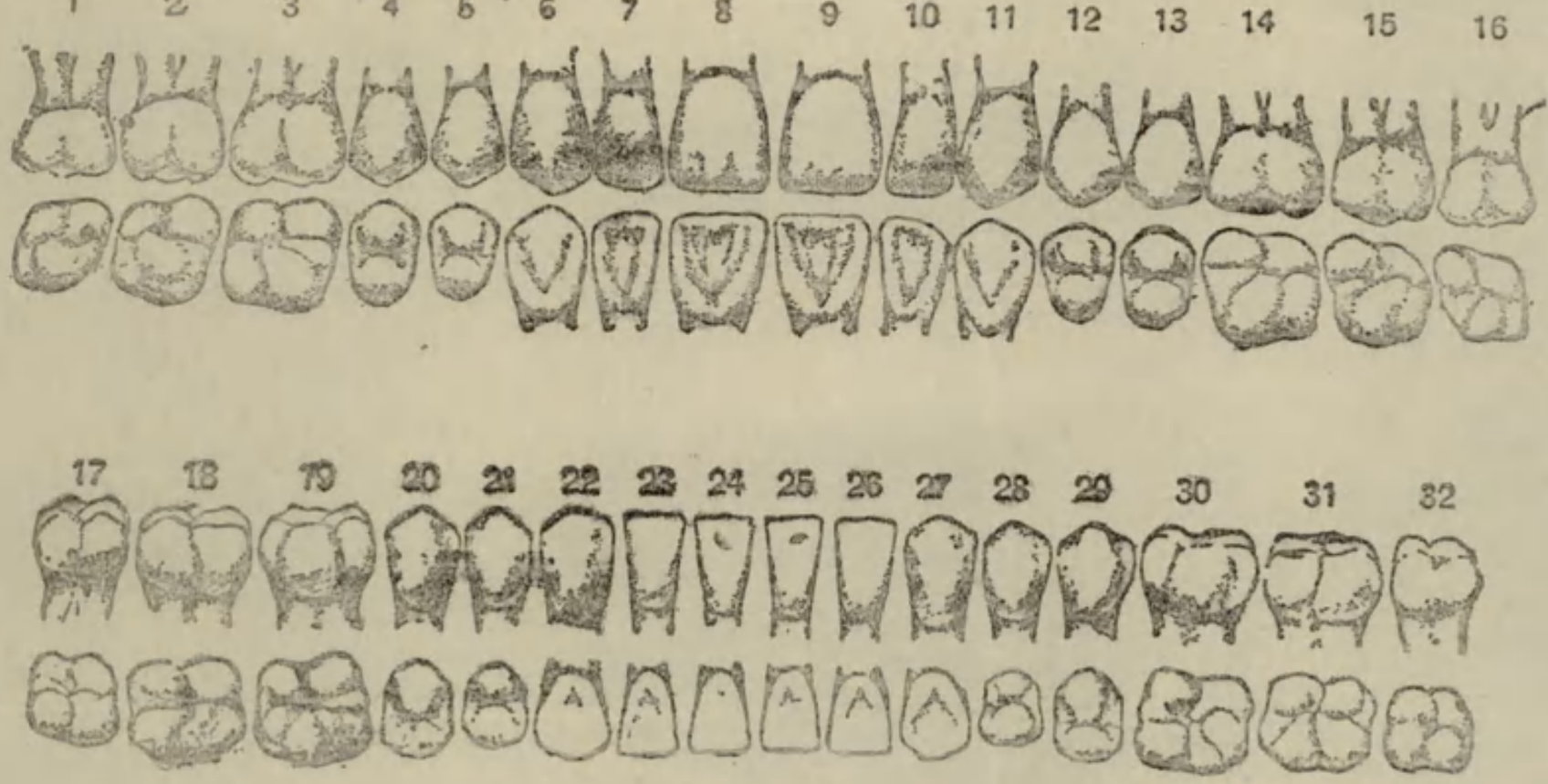
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Anderson, R.

REGIMENT "O" Wing, C.C.C. RANK Pte. No. 3110962

Date of Examination in England 3/7/19 Date of Examination in France



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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 10,
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

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

Signature of Dental Officer R b frosby Capt.

M.S.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 1st DEPOT BN. 2nd C. O. R.

Regimental No. 3110962 Rank Pte Name ANDERSON, Robert Jr.

C. E. F.

Enlisted (*a*) 20-7-18 Terms of Service (*a*) D of W & 6 Months Service reckons from (*a*) 20-7-18

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*) Livery-man

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				
		Transferred to C.A.S. Draft From 1st Depot Batt'n, 2nd C.O.R.			
		Embarked	Montreal	28/7/18	A.M.T.
		Arrived	Liverpool	7/8/18	"Bellerophon"
12.9.18	8th Res. Bn.	Taken on Strength 8th Res. Bn.	Witley	15.8.18	D.O., Pt. 2 # 261
31-3-19	8th Res.	S.O.S. to "O" Wing, C.C.C., Witley.	Witley	31-3-19	D.O. #90
		A. Gale ..... Lieut. ASS'T ADJ'T FOR O.C. 8th CANADIAN RES. BN.			
1-4-19		& "O" Wing T.O.S. from 8th Res.Bn.	Witley	1-4-19	D.O.#1.
		"O" WING S.O.S., O.M.F.C. ON PROCEEDING TO CANADA	WITLEY		D. O. PT. 2 No. ..... Lieut., OFFICER I/c RECORDS, "O" Wing C.C.C.

(*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				
AUG 13	1919 O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO		1919	PART II P 241
AUG 26	1919 S. O. S.	(DISCHARGED FROM H. M. S.) No. 2 DISTRICT DEPOT, PART II			241

W. C. Roberts

For O. C. No. 2 District Depot.

Form R 122.
10287—65M—28-7-17.

Rank | Name Anderson Robert Jr. | Reg'l No. 3110962.

Unit | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Niagara on the Lake, July 20th 1916. Place of Birth Milton, Ont. Canada.

Name and Address, Next-of-Kin Robert Anderson.
Milton, Ont. Box 253. Canada. Relationship Father.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

NIE R.B. No.
File R.L.
Category O.R Can

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.
MISCELLANEOUS		Arrived in England 15 8 18 S S BELLEROPHON			
18.9.18	8 Res	Taken on Strength	Witley	15.8.18	DO 261
1-4-19	O Wing	TOS. of P. Cadre	"	1-4-19	DO.
13.8.19	—"—	SOS to Canada			
		54.106 S/S Saxonia DAI —"—		13.8.19	DO 101
		106-I-29.		13.8.19.	

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.					

Number 3110962 Rank Pte

Surname ANDERSON

Christian Name Robert

Units 2nd C.O.R. Theatre of War England

Date of Service 15.8.18

Remarks

Latest Address Box 253, Milton West Ont.

Roll No. D Page H284

200m.-6-21.M.

DATE AND PLACE OF ORIGIN.....

.....*DUE TO SERVICE
*NOT DUE TO SERVICE

.....

.....

OSPITAL AS AN ADMISSION.....

WHERE FROM).....

NIT.....IN CATEGORY.....

INVALID.....

.....

WHERE TO).....

DITIONS DIAGNOSED .....

.....ADDRESS.....

.....HOSPITAL.....STATION

* CROSS OUT CONDITION NOT APPLICABLE.

(OVER)

Date of Enlistment 20th July 1918.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch A 5599

OVERSEAS CONTINGENTS

Date of Assignment 1st Aug. 1918.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20.00			

AMW.

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 1st Depot Bn. 2d C.O.R. Dft 98.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 MARY ELIZABETH ANDERSON,
BOX 253,
2 MILTON, ONT. 20 20.00
% 3110962 PTE ROBERT ANDERSON JR.,
3 TWENTY DOLLARS
4

Date		Cheque No.	Amount S/A	Amount A/P	Total	
Aug.	x	37669		20	20	
Sep.	a	37554		20	20	
Oct.	A	44198		20	20	M
Nov	A	52284		20	20	M
Dec.	B	63935		20	20	M
Jan	B	71571		20	20	M
Feb.	A	78536		20	20	
MAR	D	84200		20	20	
APR	C	1763		20	20	
MAY	A	6624		20	20	
JUN	A	9668		20	20	
July	a	11709		20	20	
Aug	a	13291		20	20	
				260	260.	

REMARKS 0378-R-139.

A/c Closed 31-8-19.
Ret'd per Saxonia
Date 23/8/19. M.F.W.187 M.D.2-9/9/19.
Clerk M. MacDougald
M.R.O. 109672

AUDITED. a

ENTERED IN ... AUG 23 1919 Mels. ... R SECTION

M. F. W. 128.
400M. 6-7—1772-39-1141
L. L. 22320—M. & D. 7993.

AUTHORITY FOR NEW ACC'T. M.D.2-B-10 Mels 23-8-18

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.
4'0M. 6-'7—1'72-39-1141
L. L. 22320—M. & D. 1693.

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

Group B
Checked by No. 27
Date 19 AUG 1919

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

I

Dispersal Area I
Occupational Group 23

1. No. 3110962
2. Rank. Pte
3. Name. Robert Jr Anderson
4. Unit. "O" Wing 6. 6. 6.
5. Date of Discharge AUG 26 1919 Place TORONTO, ONT.
6. Reason for Discharge Demobilization
7. Authority. No. 2 District Depot, Part II, D.O. No. 241
8. Proposed Residence after Discharge Box 253, Milton West, Ont., Canada

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.?

Pte R. Anderson
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

No. 2 District Depot, Toronto, Ont. AUG 26 1919

Place

Date

Signature (O. C. Discharging Unit.)

Sail m/106 ends London 13-8-19 Disemb Halifax 23-8-19

Capt.
for O. C. No. 2 D. D.

M.F.B. 218a—300M.-11-18—1772-39-113.

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 we concur.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes ~~or No.~~)	yes cat A.
(*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.)

Arrival admits — Observation + Necessary treatment.

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

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

R.T.C. auth. ag Tel 2083 7/11-19-5

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.

Hutchison Capt *President.*
A Richardson Capt
PLACE Witley
DATE 7/7/19 *Members*

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned Robert Anderson understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it until arrival in Canada.

Witness Jc Pritchard Capt CAMC Signed Robt Anderson Pte.

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.

Nil.

Hutchison Capt *President.*
A Richardson Capt
PLACE Witley
DATE 7/7/19. *Members*

APPROVED BY
D G Lee Capt
Assistant Director of Medical Services.
DATE

APPROVED BY
A.D.M.S. HEADQUARTERS
CANADIAN CORPS
7 JUL 1919
WITLEY SECTION.
Director-General of Medical Services.
DATE

P.C. Duing

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 Witley DATE 7-7-19

1. 1 (*a*) Unit 8th C.R.B. (*b*) Regimental No. 3110964 (*c*) Rank Pte
(*d*) Surname ANDERSON (*e*) Christian name ROBERT
(*f*) Home address Milton West - Ont.
(*g*) Next of Kin Mrs. R Anderson (*h*) Relationship Mother
(*i*) Address of Next of Kin as above Milton West Ont.

2. Age last birthday 25 Date of birth May 20th 1894

3. Enlistment, or Appointment (if an Officer) (*a*) Place Niagara on Lake (*b*) Date 20-7-18

4. Personal description:
(*a*) Height 5 — 7 (*b*) Weight 155 lbs. (stripped) (*c*) Complexion medium
(*d*) Colour of hair Brown (*e*) Colour of eyes Blue (*f*) Identification marks, Scars, etc. Mole left cheek. Scar left arm.

5. Former trade or occupation Lineman

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 yr	352

	Periods	
	From	To
Canada	20-7-18	27-7-18
England	28-7-18	to present
France or other theatres of War		

7. Original disease, or injury ADENITIS CERVICAL.

(*a*) Date of origin Sept 1918 (*b*) Place of origin England.
(*c*) Cause Service conditions

M. F. B. 227.
300M.—8-18.
1772-39-117.

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.)

Pain in neck (enlarged cervical glands Rt) and general debility

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.)

General appearance is fair but he states he has lost 20 lbs during last two months.
There is a large glandular mass in the ant triangle of the Rt side of neck lying against the sterno mastoid. The tumor is indurated, well defined except at its lower end where it is smaller and ~~opt~~ softer & apparently involving the ~~spm~~ skin slightly. There are also some small hard glands in post triangle on Rt side & one on left side. Also some small hard inguinal glands.
Chest is negative.
Subjectively - There is occasional slight pain in ~~Rt side~~ region of tumor, & he states that for the last two months he has gone to pieces. Poor appetite & faggs easily.

(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 (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No (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).)

Tumor was first noticed in Sept 1918 and has gradually grown larger & became painful about Jan 1919. In March 1919 he states he weighed 170 lbs now 155 & for past two months has not been feeling well.

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).)

Measles, scarlet fever when a child.

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

See sec 4-7

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.)

No.

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? Six months.

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

nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? yes Should be admitted to hospital for further observation & necessary treatment.
(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

J. Pritchard Capt Camc
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 Robert 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

Robt. Anderson Rank. Pte.
Signature of invalid examined.

"SAXONIA" 23-8-19 A2499 DISPERSAL "I"

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 3110982 RANK Pte. NAME (IN FULL) ANDERSON, R. [illegible]

(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION allowance PAID? Mi. — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 2 C.O.R. — IF IN P.F. WHAT UNIT? Same

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 20-2-18 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 2.0 — DATE EFFECTIVE 31/8/19 Closed by Ottawa

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Mary Elizabeth Anderson, Box 253 Milton Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Toronto — DATE 26-8-19 — REASON Demob — AUTHORITY Do 241 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							18	18	18	18																								18	18	Credit Balance
30/6/19																																			
28/8/19	59	1.10	64	90	35/10	-			16	90	6555						70	09	48	7	2	-	40								11	96				Cloth Allce. 1 of W.S.C.
											11301	12342	2361/2066				913	38	93	9/13											68	12				Boat Cheque Boat Train July & August
									168	08																					168	08			
			W.S.C.																								W.S.C.								
122 days			280						280																26-8-19		70	-							W & G Paid as above
																											220				72 30		207	80	2 days BA overseas 11 RS.
											XX	XXX			XXXXX												XXXX				XXX		XXX		
											Held Payments Dr-Patient S.C.R. 8-9-19 - Book Reopened from Dept																								
											G.R.	158			Oct 8		135	95										6	78	0	14	0	14	0		Released from S.C.R. 17-10-19
											A.R.	185			Nov 10		136	59										7	0		21	0	7	0	USRT	
											A.R.	224			Dec 5/3		140	97										7	0		28	0		1		
	240		280						280																			280				280		Nil		

W.S.G. PAID IN FULL

[signature] CAPTAIN

FOR PAYMASTER WAR SERVICE GRATUITY

T.O.S. 13/6 D.O. 241

TO D.O.

200m-3-19.—L. — 5878—... & D. 9985.
M. F W 2.96.
1772-39-1390.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

AUTHORITY
A.P. Nom. Roll.

ASSIGNED PAY. * ~~ENGLAND OR~~ CANADA.

EFFECTIVE DATE:- 1/8/18

AMOUNT:- 20 00

SEPARATION ALLOWANCE. * ENGLAND OR CANADA.

EFFECTIVE DATE:-

AMOUNT:-

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.

Mrs Mary Eliza Anderson, Mother.
Box 253, Milton Ont.

~~Stopped~~ Effect 1/7/19

NAME:- ANDERSON, Robert Jr

NUMBER:- 3110962.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.P.C. from Canada	1/8/18	Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- Draft No. 98 1/2nd L.O.R

DATE ACCOUNT FIRST OPENED:- 1/8/18.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			8th Res

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
28/5	5402	Witley	~~7 30~~				
13/6	8398	✓	~~4 87~~				
26/6	9846	✓	~~9 73~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
L.P.C. from Canada	1 00	~~10~~		

PARTICULARS OF RENDERING NON-EFFECTIVE From A Canada 1/7/19 B11193 Witley 28/6/19 Draft 2, Witley L.P.C. C. Bhce $18\frac{18}{20}$

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/7/18	Bal. from Canada								7 95		
Aug	Res Pay	34 10		ap				20			
				AR. 4096 26.8.18. Frensham	4 87				17 18		
		34 10			4 87			20			
Sept	✓ ✓	33 00		ap				20			
				AR 4751 21.9.18 8 Res	4 87						
				✓ 4913 26.9.18 ✓	4 87				20 14		
		33 —			9 74			20			
Oct	✓ ✓	34 10		ap				20			
				5330 10.10.18 ✓	4 87						
				5890 28.10.18 ✓	4 87				24 80		
		34 10			9 74			20			
Nov	✓	33 00		ap				20			
				6387 14.11.18 ✓	4 87						
				3 aap HP 2 4/11/18 20309 8 Res 5/11/18		3 30					
				6679 1/12/18 8 Res	4 87						
Dec	✓	34 10		ap				20	~~42 46~~		
				6826 10/12/18 ✓	9 73				~~32 43~~		
Jan	—	34 10		ap				20	~~46 53~~		
		101 20			19 47	3 30		60	43 23		
Feb	—	30 80		ap				20	5403		
				7293 3-1-19 ✓	19 47						
				7740 28-1-19 ✓	4 87						
				8005 12-2-19 ✓	4 87				2482		
Mar	—	34 10		ap				20	3892		
				8191 26.2-19 ✓	4 87				3405		
				8500 12-3-19 ✓	7 30				2675		
		64 90			41 38			40			

F3. 11.

NUMBER 3110962 RANK NAME ANDERSON . R.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar	Balance B/2								26 75		
Apl	PP	33 00		AP				20	39 75		
				9080 21-3-19 8 Rec ①	7 30				32 45		
				600 15-4-19 ✓ ②	4 87				27 58		
May		34 10		AP				20	41 68		
				1984 25-4-19 Ccc ⑥	7 30				34 38		
				4155 14-5-19 - ⑭	7 30				27 08		
		67 10			26 77			40			
June	-	33 00		AP				20	40 08		
				9816 26/6 —	9 73				30 35		
				5402 21/5 —	7 30				23 05		
				8398 13/6 —	4 87				18 18		
		33 -			21 90			2			
Aug				✓ 11381 11/7. End. Willey	9 73						
				✓ 12342 23/7 ✓ ✓	38 93				3048		
		- -			48 66						
				AR 286 6/8/19 brewing End	9 73						
				" 361. 12/8/19 " " "	9 73						
					19 46				49 94		
					19 46						

Canada 13/8/19 Shirt 106

27.08
3 3 —
60.08

20. 00.
1 90
18 18
60.08

Cr Blue #18
to Brewing
20/6/19