

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

ORIGINAL

1. Surname Sansom
2. Christian name Stanley Bertram
3. Present address Ballantine, Alta. P.O.
4. Military Service Act letter and number 389160-MC
5. Date of birth February, 23rd. 1895
6. Place of birth Zepher, Ontario
7. Married, widower or single Single
8. Religion Methodist
9. Trade or calling Farmer
10. Name of next-of-kin Alfred Sansom
11. Relationship of next-of-kin Father
12. Address of next-of-kin 98- St. George, Street, Weston, Ont.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any No
15. Medical Examination under Military Service Act:
(a) Place Edmonton, Alta. (b) Date 9-11-17 (c) Category A2

DECLARATION OF RECRUIT

I, Stanley Bertram Sansom, do solemnly declare that the above particulars refer to me, and are true.

Stanley Bertram Sansom (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 23 yrs. 3 mths.
Height 5 ft. 8 ins.
Chest measurement fully expanded 35 ins.
range of expansion 2 ins.
Complexion Clear
Eyes Blue
Hair L. Brown
Distinctive marks, and marks indicating congenital peculiarities or previous disease. Nil.

Lt. Col.
Commanding 1st Depot Batt'n, Alta. Reg't
O. C. Depot Btl.
Regt.

Place Calgary, Alta. Date 20-5-18

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Full name of recruit: _____
2. Christian name: _____
3. Birth date: _____
4. Military Service Act number: _____
5. Name of district: _____
6. Place of birth: _____
7. Name and address of last employer: _____
8. Trade or calling: _____
9. Name of last employer: _____
10. Name of district: _____
11. Name and address of last employer: _____
12. Address of recruit: _____
13. Where to present a number of the Service Manual: _____
14. Particulars of previous military or naval service if any: _____
15. Medical Examination under Military Service Act: _____
16. Date of last medical examination: (a) Date: 11-11-17 (b) Category: _____

DECLARATION OF RECRUIT

I, the undersigned, do solemnly declare that the above particulars are true and correct.

George H. H. H.
(Signature of Recruit)

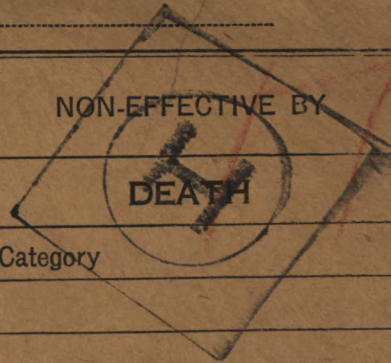
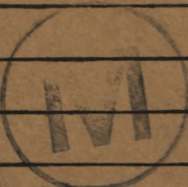
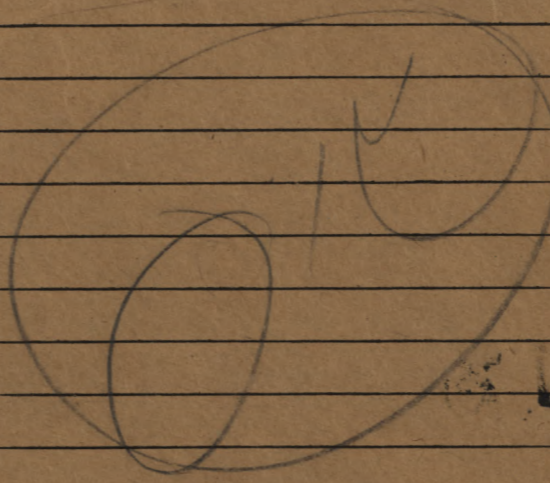
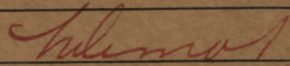
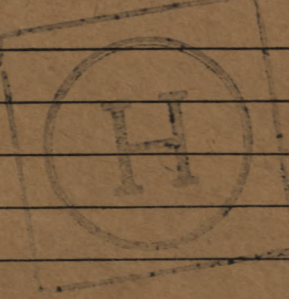
DESCRIPTION ON CALLING UP

Height	5 8
Weight	125
Length of arm	30
Length of hand	7 5
Forearm	13 5
Wrist	6 5
Hand	7 5
Foot	11 5
Instep	11 5
Heel	11 5
Ball of foot	11 5
Toe	11 5
Ear	2 5
Nose	2 5
Mouth	3 5
Chin	3 5
Neck	14 5
Shoulder	18 5
Chest	30 5
Waist	28 5
Hip	30 5
Calf	14 5
Heel to toe	11 5
Instep to heel	11 5
Ball of foot to heel	11 5
Toe to heel	11 5

Date of Calling Up: _____
Place of Calling Up: _____
Signature of Recruiting Officer: _____
Signature of Recruit: _____

REGIMENTAL DOCUMENTS

NAME SANSOM STANLEY BERTRAM REGT. NO. 3211479 UNIT C.A.M.C. H. Q. FILE NO. _____

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
3 ATTESTATION PAPER (M.F.W. 23, 133, or 51)						
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)						
TRAINING HISTORY SHEET (M.F.W. 113)					Category	
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)						
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE	
DENTAL HISTORY SHEET (M.F.B. 465)					Category	
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)						
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)						
PARTICULARS OF CHARACTER (A.F.W. 3226)						
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)						
<i>misc</i>						
<i>Re 122</i>						
						

03853

482362



a 1 2

8ms

Number 3211479 Rank Pte. B

Surname SANSON

Christian Name Stanley Bertram

Units A.R. Theatre of War England

Date of Service 25-8-18

Remarks

Latest Address Ballantyne, Alta

Roll No a Page 1778

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date _____ Remarks _____

DESP. APR 13 1928
REGN. NO. 37441

*—Name will be given in full; surname first.

M 2 2
4

H. Q.

M. D. No. ~~3~~ 2.

T. O. S. May 20th 1918

D. O. Pt. II 140 of 20-5-18

S. O. S. 23-9-14 19

Reason demob!

Auth. 60268 of 25-9-14
12516

Surname Sansom

Christian names Stanley Bertram

Regtl. No. 3211479 Rank Pte

Unit Alta Regt 1st Depo Bn

Next of kin Sansom Alfred

Relationship Father

Address 60 St Georges St Western Ont.

Also notify:

BORN—Place Canada Zephyr Ont Date Feb 23rd 1895

ATTESTED—Place Calgary Alta Date May 21st 1918

O/S 14-8-18 1383

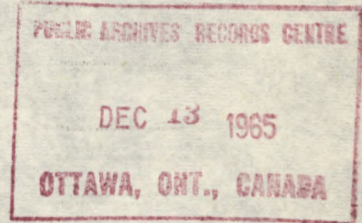
R/C

401
A/9

Department of Veterans Affairs

Address: Edmonton

The Public Archives Records Centre,
Tunney's Pasture,
OTTAWA 3, Ontario.



Dear Sirs:

In order that the Department may prepare an appropriate inscription for a departmental grave marker for the grave of the above named deceased veteran, will you please insert the particulars required on this form and return the form to this office.

1. Surname	<u>SANSOM</u>
2. Christian names	<u>Stanley Bertram</u>
3. Date of Birth	<u>23 February 1895</u>
4. Military Honours	<u>Nil</u>
5. <u>Units</u> (including that on discharge)	<u>Highest Rank in Unit</u>
(a)	<u>1 Depot Bn Atla Regt Pfc.</u>
(b)	<u>C.A.M.C. Pfc</u>
(c)	
(d)	
(e)	
(f)	

J. H. Logan,
Head,
Accessions and Reference Section.

Department of Veterans Affairs

Address:

The United States Veterans Center
1900 ...
OTWAS ...

Dear Sir:

In order that the Department may prepare an appropriate
recognition for a departmental grave marker for the grave of the
above named veteran, will you please insert the particulars
of this form and return the form to this office.

[The following text is mirrored and appears to be bleed-through from the reverse side of the page]

Name: _____
 Service Number: _____
 Branch: _____
 Dates of Service: _____
 (a) _____
 (b) _____
 (c) _____
 (d) _____
 (e) _____
 (f) _____

J. H. ...
 Veterans Affairs
 Recognition and Reference Section

VA Form 100 (Rev. 3-22-53)

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3211479 (Rank) Plt

Name (in full) Stanley Bertram Sanson enlisted in
the 1st Depot Batt

CANADIAN EXPEDITIONARY FORCE at Calgary on the 20th
day of May 1918

HE served in Canadian Army Medical Corps 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 24

Height 5' 8"

Complexion Clear

Eyes Blue

Hair fair

Marks or Scars

S B Sanson
Signature of Soldier

H A [Signature]
Issuing Officer Capt.

Date of Discharge

No. 2 DISTRICT DEPOT

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

SEP 23 1919

Rank

TORONTO.

Date SEP 23 1919 1919

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

CANADIAN EXPEDITIONARY FORCE DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. _____ (Rank) _____ (Name in full) _____ enrolled in _____ the _____ CANADIAN EXPEDITIONARY FORCE at _____ day of _____ 19____ HE served in _____ and is now discharged from the service by reason of _____ Demobilisation. _____ Medical Unfitness. _____

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

Marks or Scars _____ _____ _____	Age _____ Height _____ Complexion _____ Eyes _____ Hair _____
---	---

_____ (Signature of Soldier)
 _____ (Signature of Officer)
 Rank _____ Date _____ 19____

Date of Discharge _____

N.B.—As and in lieu of this Certificate will be issued, any person finding same is requested to forward it in an unopened envelope to the Secretary, Military Council, Ottawa, Canada.

M. H. 544
REVISED 1908-11-15
L. O. 1734-422

Rank _____ Name **SANSON STANLEY BERTRAM** Reg'l No. **3211479**
 Unit **69th Coy** **Alfred** If in perm. Corps, }
 What Unit? } Married or Single **Single**
 Place and Date of Enlistment **Calgary 20/5/18** Place of Birth **Zepher Ont**
 Name and Address, Next-of-Kin **Alfred Sanson**
95 St George St Victoria Ont Relationship **Father**
 Assigned Pay Monthly \$ _____ Payable to _____
 Relationship _____
 Separation Allowance \$ _____ Payable to _____
 Relationship _____

X 188

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—9546-16.

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.				
30, 8, 18*	Z1st Res	T. O. S from*Canada	BSHOTT	25 Aug 18	Arrived in England AUG 25 1918 Nmt Via-Ora DO-206
6 2-19	21 st Res Coy	S.O.S to C.A.M.C	Pt. Ripon	5 2-19	came 38 2-19
7-2-19	CRCOMP	at for duty P.B. R. Disc	Pt London	7-2-19	-27
7-2-19	came	S.O.S to cameccom & of 30 CRCOMP	Pt Schiff	7-2-19	-38 + cameccom 35 4/11-2-19
28-2-19	CRCOMP	comes at from cameccom + is at from cameccom	Pt London	18-2-19	-43 } cameccom 42 4/19-2-19
26-2-19	came	S.O.S from cameccom & of 20 CRCOMP.	Pt Schiff	18-2-19	-57
23-4-19	CRCOMP	comes at to S.O.S from cameccom	Pt London	18-4-19	-98
17-4-19	came	S.O.S. to C.P.C. Hospital	Schiff	15-4-19	-107
13-9-19	C.O. Hoff	S.O.S to Canada	London	11-9-19	-123

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

M. F. 4. (A. F. B. 103.)

50M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps First Depot Battalion, A.R.

Sanson S.B.

Regimental No. 3211479 Rank Private Name Sanson, Stanley Berttram

C. E. F.

Enlisted (a) 20-5-18 Terms of Service (a) Duration of war Service reckons from (a) 20-5-18

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) Farmer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
			<i>Embarked Canada</i>	<i>AUG 10 1918</i>	
			<i>Debarked England</i>	<i>25 AUG 18</i>	<i>N'm J. Athens</i>
		<i>Taken on strength on arrival from Canada.</i>	<i>BRAMSHOTT.</i>	<i>25 AUG 18</i>	<i>Pl. II D.O. No. 205</i>
<i>30 AUG 18</i>	<i>21st REG. Bn.</i>	<i>do.</i>	<i>S O S to C A M C.</i>	<i>5/2/19</i>	<i>DO 28 29</i> <i>A. H. M. J.</i>
<i>7-2-19</i>	<i>O.C., C.A.M.C.</i>	<i>R. & I. Depot, T.O.S. from 21st M. Bn</i>	<i>SHORNLIFFE</i>	<i>5-2-19</i>	<i>Pl. 2 DO 28</i>
<i>7-2-19</i>	<i>O.C., C.A.M.C.</i>	<i>R. & T. Depot, S.O.S. to 6th M.B. Coy. Co. n</i>	<i>SHORNLIFFE</i>	<i>7-2-19</i>	<i>Pl. 2 DO 28</i>
		<i>proceeding on command to 6th M.B. Off. Hosp. Borden</i>			<i>J. H. M. J.</i> <i>Capt. Asst. Adjut.</i> <i>For O.C. C.A.M.C. Reserve Co</i>

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
7.2.19	cross.	Attached from bamb co	London	7.2.19	Pt. II Leo 27
28.7.19	cross.	leaves to be attached from bamb co co on being attached from bamb R. 2. Depot	London	15.7.19	Pt. II Leo 43
23.4.19	cross.	leaves to be attached on being 2nd from bamb R. 2. Depot	London	15.4.19	Pt. II Leo 88
8/9/1919	CRAON.	SOB - OFFIC & CEF in Canada	London	11/9/19	Pt II DO. 123

E. Burton Wilkes *Myer*
 ADJUTANT for O.C.

CANADIAN RED CROSS OFFICERS HOSPITAL,

7, NORTH AUDELEY STREET, LONDON, W. 263

SEP 11 1919

O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO

SEP 23 1919

S.O.S. (DISCHARGED FROM H. M. S.) No. 2. DIS. DEPOT PART II D. O. 238

Sturkell

Captain,

For O. C. No. 2 District Depot.

INSTRUCTIONS

On examination the condition of patient's mouth should be noted and the following instructions should be followed:

1. Condition on leaving Canada.
2. Condition on arrival in Canada.
3. Condition on examination in U.S.A.

On a separate sheet to be made on this form as well as on:

IBIETITIAVA

IBIETITIAVA

IBIETITIAVA

DEPARTMENT OF HEALTH AND WELFARE
 CANADA
 DEMONSTRATION SHEET

Handwritten signature

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) SANSON, S.B.
 REGIMENT C.A.M.C. RANK Plt. No. 3211479
 Date of Examination in England 11/8/19 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 4 four
2. EXTRACTIONS X
3. CROWNS X
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper X
 - (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 no
- (b) In England yes
- (c) In France no

Petrograd Hosp

Signature of Dental Officer W.S. Swetnam
Capt. C.A.D.C.

THE UNIVERSITY OF CHICAGO
LIBRARY

3 AM. 1915
A.M.A.

11/11

1915

11/11

X
Y

11/11

11/11

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

**DIRECTIONS TO
DENTAL OFFICERS**

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) SANSON, B.B.
REGIMENT C. A. M. C. RANK Plt. No. 3211479

Date of Examination in England 1/8/19. Date of Examination in France _____



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 4 four
2. EXTRACTIONS 1
3. CROWNS x
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper x
 - (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 NO
- (b) In England YES
- (c) In France NO

Petrograd Hosp Signature of Dental Officer W. S. Smith
Capt. C.A.D.C.

3211419
S.A.M.C. 11/11
S.A.M.C. 11/11

11/11
from

NO
YES
NO

11/11
11/11

389160 Mc

NOV 17 1917

MILITARY SERVICE ACT, 1908

MEDICAL BOARD NO. 3

SERIAL NO.

SHEET NO. 3211479

CONSEC. NO.

MEDICAL HISTORY SHEET.

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 SANSOM Christian name STANLEY BERTRAM
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 389160 Mc
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
- 4. Address (including street and number, if any) Ballantine, Alberta, Canada.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 9th. day of November 1917, by the undersigned medical board sitting at Edmonton, Alberta, Canada.

- 5. Age as stated 22 Years 9 Months. 6. Apparent age 22 Years 9 Months
- 7. Height 5 Feet 8 Inches. 8. Weight 145 Pounds.
- 9. Chest measurement { Minimum 35 Ins. Maximum 2 Ins. 10. Complexion Clear { Eyes Blue Hair L. Brown
- 11. Physical development Good. { Good Fair Poor 12. Smallpox marks None.
- 13. Number of vaccination marks { Right arm Nil Left arm Nil 14. When vaccinated last Childhood. (No effect)
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease Nil

No. 6
Ckd. to Schedule by H.O.

Signature of Man Stanley Bertram Sansom

- 16. Slight defects but not sufficient to cause rejection None.
- The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis Hearing

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

Eyesight
R. Eye D-30
L. Eye D-30

W. H. Brown Member. J. A. H. Joseph President. Major C.A.M.C.
W. H. Brown Member. W. H. Brown Member. Capt. C.A.M.C.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
30-5-18	<u>M. Remers</u>	<u>Captain C.A.M.C.</u>	30-5-18	<u>M. Remers</u>	<u>Captain C.A.M.C.</u>
		M.O.	6/6-18	<u>J. A. H. Joseph</u>	M.O.
		M.O.		<u>J. A. H. Joseph</u>	M.O.
		M.O.	14/6/18	<u>J. A. H. Joseph</u>	M.O.

Joined 1st DEPOT BATT day of MAY 2 01918 191 at CALGARY, ALTA.

CORPS	REG'TL NUMBER	HABITS	DATE
<u>1st DEPOT BATT, ALBERTA REG'T.</u>	<u>3211479</u>		<u>MAY 2 01918</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.			
STATION	DATE	DISEASE	RESULT

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.

The copy of this document which is delivered to the man examined will be attached by him to the report for Service, or claim for exemption made by him, or on his behalf, when the Proclamation under the Military Service Act calling out Class 1, has been issued.

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

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

No. 3211479 Rank Pte Surname SANSON.
 (Given name in full) STANLEY BERTRAN.
 Unit or Corps C.A.M.C Birthplace ZEPHER. ONT.

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

I. GENERAL DESCRIPTION :

Physique Fair Weight 145 lbs. Height 5 ft. 8 in. Colour of Eyes Blue
 Nutrition Good
 Pulse 82
 Condition of arteries Good
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

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

Opinion as to general health and physical condition

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

Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System no
 Disturbance of Mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition no

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

n.a.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at LONDON......(Overseas)

Date 28-7-19..... Signed J. Dickson Capt. Cams......M.O.

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

Signature S. B. Sanson.....

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

THIS SECTION FOR USE IN CANADA—

Examined at(Canada)

Date Signed M.O.

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

Signature

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

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

Arguayo

ROUTE LETTER TO MEDICAL ORDERLY

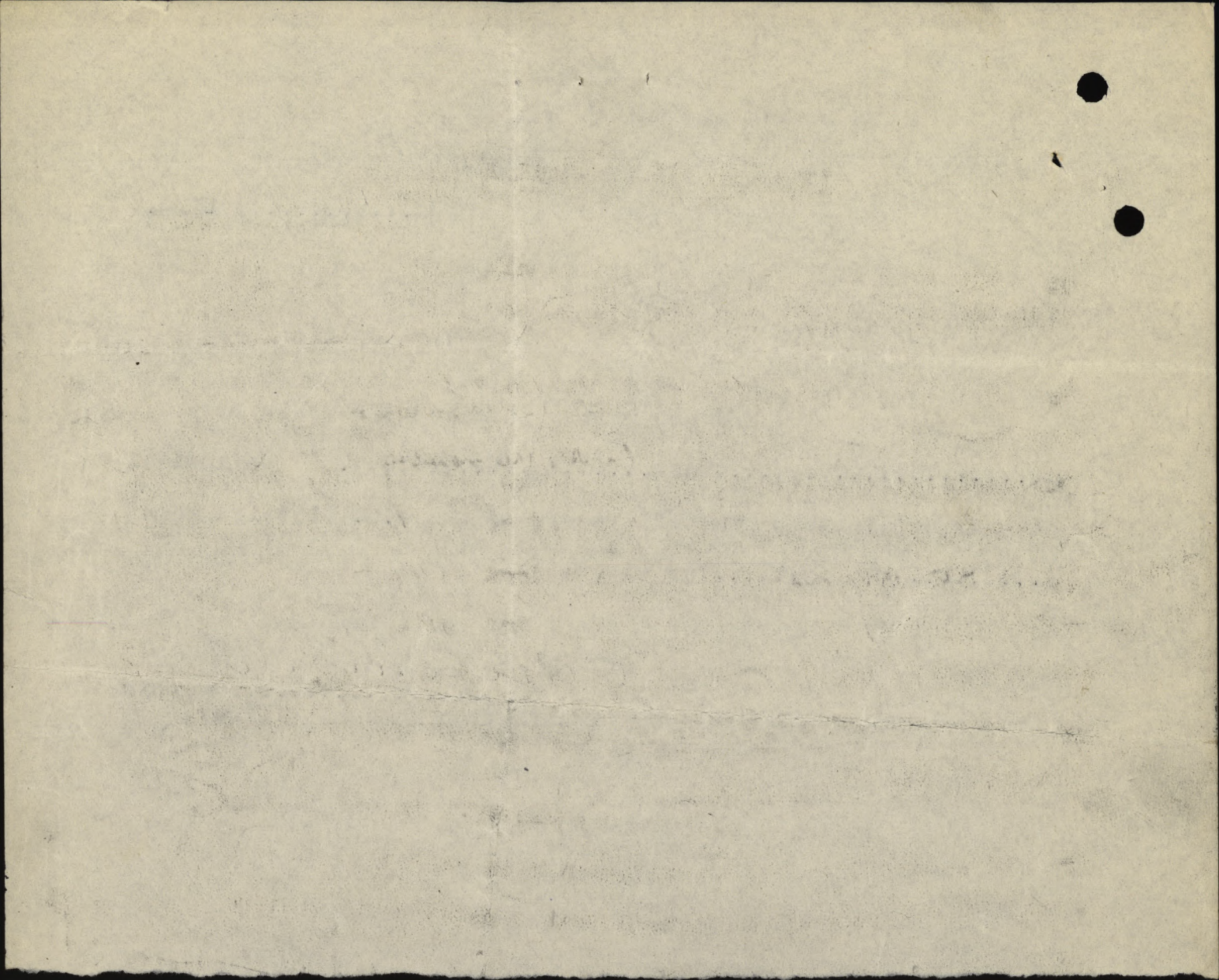
HALIFAX.

Sept. 19-9 1919.

To: Pte. Sanson. S B

You are hereby detailed for train duty
to.....*Toronto*.....under.....*Capt. Mignault*..... On arrival
at your destination you will report to the C.C. District Depot
#.....*Toronto Dep.*.....for disposal.

C. Archibald
.....Captain
Embarkation Medical Officer.



N.R.

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND CANADA	SEPARATION ALLOWANCE	ENGLAND OR CANADA
EFFECTIVE DATE: -	AUG 1 1918	EFFECTIVE DATE: -	
AMOUNT: -		AMOUNT: -	

NAME: *SANSON, Stanley Betram*
 NUMBER: *3211479*

NAME ADDRESS RELATIONSHIP AUTHORITY
Alfred Sanson
98 St. Georges
Path. Weston alb.

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<i>L.P. 6 Dec</i>	<i>AUG 1 1918</i>	<i>Plt</i>
<i>#2027, 7/2/19</i>	<i>7/2/19</i>	

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

UNIT PAID BY: *L.P. rendered 5/9/19*
Bal. \$ 16.45 by 30-9-19
Dis Canada
Auth: 12854. 29/8/19 London

UNIT AND TRANSFERS			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO
			<i>21st Re</i>

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>28/5</i>		<i>L'au £1</i>				
<i>5/9</i>		<i>£ 7</i>				
<i>27/8</i>		<i>£ 7</i>				
						<i>23.00</i>

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
<i>2027, 7/2/19</i>	<i>1</i>	<i>10</i>		<i>150</i>

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>JUL 31 1918</i>	<i>Bal from Can</i>								<i>40.30</i>		
<i>Aug</i>	<i>L.P.</i>	<i>34 10</i>		<i>bal.</i>				<i>15 -</i>			
				<i>AR 114 27/8 Bourcy</i>	<i>4.87</i>				<i>54.53</i>		
		<i>34 10</i>			<i>4.87</i>			<i>15</i>			
<i>Sep.</i>		<i>33 -</i>		<i>bal.</i>				<i>15</i>			
				<i>AR 1837 20/9</i>	<i>4.87</i>						
				<i>✓ 1566 30/9 21 Res Bn</i>	<i>9.73</i>				<i>54.93</i>		
		<i>53 -</i>			<i>14.60</i>			<i>15</i>			
<i>Oct.</i>		<i>34 10</i>		<i>bal.</i>				<i>15</i>			
				<i>AR 1719 13/10 118 21 Res Bn</i>	<i>9.73</i>						
				<i>✓ 1836 31/10 118</i>	<i>24.33</i>				<i>42.97</i>		
		<i>34 10</i>			<i>34.06</i>			<i>15</i>			
<i>Nov</i>		<i>33 -</i>		<i>bal.</i>				<i>15</i>			
<i>Dec</i>				<i>AR 2009 15/11</i>	<i>9.73</i>						
<i>Jan</i>		<i>68.20</i>		<i>✓ 2140 24/11</i>	<i>34.07</i>						
				<i>bal.</i>	<i>43.80</i>			<i>30 -</i>	<i>56.37</i>		
		<i>101.20</i>			<i>43.80</i>			<i>45</i>			
<i>Feb.</i>		<i>30.80</i>		<i>bal.</i>				<i>15</i>			
	<i>Mar</i>	<i>34 10</i>		<i>AR 2473 22/12</i>	<i>19.41</i>						
				<i>✓ 2689 13/1/19</i>	<i>9.73</i>						
				<i>✓ 2910 31/1</i>	<i>9.73</i>						
				<i>✓ 4005 11/9 20/1</i>	<i>34.5</i>						
				<i>bal.</i>				<i>15</i>			
				<i>AR 34291 12/2 G.R. + N.</i>	<i>14.60</i>						
				<i>AR 41460 20/2</i>	<i>19.41</i>						
				<i>AR 27563 7/2 London</i>	<i>14.60</i>						
				<i>C.P. 43554 3/3</i>	<i>9.73</i>						
				<i>AR 48821 12/3</i>	<i>29.20</i>						

37.95

NUMBER 3211479 RANK

NAME SANSON S.B.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
		6490			13072			30	5531		
				DR 55847 26/3 C.R. Ar	2920				6915		
		6490			15942			30	8775		
Apr	Am. Pub. 7/2 to 21/3, 52 days @ 1 ⁵⁰	7950							6915		
		78-		ban ap.				15-	5805*		
May	Pea	8060		AR 60748 KAO 9/4 2920					2915		
				Can ap.				15-	9475		
				69920 KAO 15/5 2920					6555		
				65792 ✓ 26/4 2920					3635		
June		23810		ban ap.	8760			20-	3135		
		78-		74125 ✓ 12/6 3407				15-	11405		
				76563 ✓ 28/6 3407					8028		
July		8060		cab				15-	4621		
		15860			6814			30-	11181		
				AR 78969 9/7	3407						
				AR 91096 24/7	3407				4369		
					6814						
Aug		8060		ban				15-	10921		
				AR 83104 KAO 7-8	913				9954		
				AR 83888 .. 14-8	3407				6541		
		8060			4380			15-			
Sept	Pea	33-		AR 85593 .. 28-8	3893				2654		
	Subs 158. @ 150	12-		ban				15-	4454		
									5654		
				AR 85451. KAO 24-8	3407				2241		
				AR 86305 .. 5-9	913				1214		
				AR 11931 29-8	2920				1646		
		45			11193			15-			

38 93
26 54

12 39 41

73-
56 54

16 46 01

63 27
26 54

36 73

SOS 1079117 82510

On attached for 2-9-19

*Ballantyne, Alta PO
Enl. Calgary MD 13*

FORM OF WILL

I..... **Stanley Bertram Sansom**(Name in full)

Regimental Number..... **3211479**serving in..... **1st. Depot Batt. A.R.**

Of the Canadian Expeditionary Force, do hereby revoke all former wills by me made and declare this to be my last will.

I BEQUEATH ALL MY REAL ESTATE UNTO

..... **Alfred Sansom (Father)**
..... **98 St. George Street**
..... **Weston, Ontario**

Name and address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

..... **Alfred Sansom (Father)**
..... **98 St. George Street**
..... **Weston, Ontario**

Name and Address of person or persons to receive personal estate. (see note)

IMPORTANT NOTE

This must be signed and dated by the soldier himself

this..... *1st*day of..... *May*A.D. 191*8*

Stanley Bertram SansomSignature of soldier

N.B. Personal estate includes, ~~pay, effects, money in bank, insurance policy~~ in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness..... *Alfred Lussagabal* Pte.
Address of Witness..... *Victoria Park Barracks* *Calgary*
Occupation of Witness..... *Soldier*
Signature of Second Witness..... *P. Mickleburgh*
Address of Witness..... *Victoria Park Barracks* *Calgary*
Occupation of Witness..... *Soldier*

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UNITED STATES DEPARTMENT OF THE ARMY

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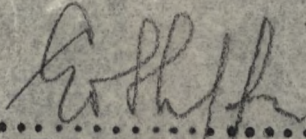
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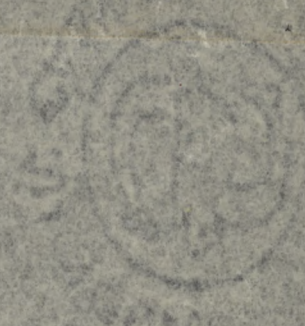
INSTRUCTIONS TO TRAIN ORDERLIES

1. See that the train is clean at all times. The Porter on each car must render all assistance possible in this work.
2. The N.C.O. in charge of Orderlies will enquire from the Dining Car Conductor what special diets may be obtained for Cot cases. He will then ascertain what the cot cases wish to eat, writing the same on a slip of paper and hand it to the Conductor. The Conductor will give the word when the food is ready and it will be carried at once by the Orderlies to the patients. All dishes are to be washed before their return to the Dining Car.
3. The Orderly on duty in the Cot car must pay strict attention to his duties with reference to the comfort of the patients.
4. On completion of your duties you will report to the Train Conducting Officer for information with reference to your return i.e. what time the train leaves and what connection it makes.
5. If you are detained over night at the place of destination of the train, or through bad train connections while on the return journey, you will report to the O.C. Training Depot, or if this is not available to the O.C. District Depot where you will present this copy of instructions and your Route Letter as an authority for quarters and rations until your train leaves.
6. The meal tickets given you for your return journey are good on the train, or at any of the station restaurants if no diner is available.


.....Capt.
Can. Emb. Medical Officer.

15

Faint, illegible text, possibly bleed-through from the reverse side of the page.



Vertical text on the right side, possibly a date or reference number: 1901 JAN 10

Personal Area I
See Group 1

2211

SHORT FORM
PROCEEDINGS ON DISCHARGE.
(Demobilization.)



1. No. 3211479

2. Rank. Pte

3. Name. Sanson, Stanley Be Strain

4. Unit. Camb

5. Date of Discharge SEP 23 1919 Place TORONTO, ONT.

6. Reason for Discharge Demobilization

7. Authority. No. 2, D.D., Part II, D.O. No. 268

8. Proposed Residence after Discharge Ballantyne Alta

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. ?

S. B. Sanson

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place No. 2 DISTRICT DEPOT

Date SEP 23 1919

TORONTO.

Signature H. O. Argent

(O. C. Discharging Unit.)

SS Araguaya

St-6
30-1-18

PROCEEDINGS ON DISCHARGE
Demobilization

1. No.	
2. Rank	
3. Name	
4. Unit	
5. Date of Discharge	
6. Reason for Discharge	
7. Authority	
8. Proposed Residence after Discharge	
9. Certificate to be signed by Soldier	
10. Confirmation	

RECEIVED
SEP 1 1919
TORONTO

[Signature]
[Signature of Soldier]

LIST OF DISCHARGE DOCUMENTS

Admission Form	Medical History Sheet
Physician's Report	Procedures of Medical Dept
Lab. & X-ray Report	Physical History Sheet
Discharge Form	Medical Report
Final Post-operative	Operational & Subject Sheet
Cardiovascular History Sheet	Summary & Contact Sheet
Respiratory History Sheet	
Neurological History Sheet	
Genitourinary History Sheet	
Gastrointestinal History Sheet	
Endocrine History Sheet	
Psychiatric History Sheet	
Family History Sheet	
Personal History Sheet	
History of Present Illness	
Review of Systems	
Physical Examination	
Diagnosis	
Prognosis	
Treatment	
Disposition	
Comments	

This document is a copy of the original
 discharge records of the patient.
 It contains all the information
 necessary for the patient's
 medical history and treatment.
 The information is organized
 into sections for ease of
 reference.
 The sections are:
 1. History of Present Illness
 2. Review of Systems
 3. Physical Examination
 4. Diagnosis
 5. Prognosis
 6. Treatment
 7. Disposition
 8. Comments
 The information is organized
 into sections for ease of
 reference.
 The sections are:
 1. History of Present Illness
 2. Review of Systems
 3. Physical Examination
 4. Diagnosis
 5. Prognosis
 6. Treatment
 7. Disposition
 8. Comments

Date: _____
 Signature: _____
 Title: _____

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

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. Sanitary Documents.

Group..... *H 91*

Checked by No. *26*

..... *C.M.M.*

Date..... *11 9 19*

STATEMENT OF PAY ACCOUNT

OF

No. 706530 Rank Cpl Name Rowe S J Unit 54 Dn

- * Killed in Action.
- * Died of wounds or sickness.
- * Officially declared dead.

Date 8.8.18 Authy B.L.A 294

* Strike out whichever inapplicable.

	\$	¢		\$	¢
Balance fwd. from Canada..... <u>31.7.16</u>	15	65	Total Cash Payments		
Agreed by Soldier as at.....			From <u>1.8.16</u> To <u>31.8.18</u>	363	96
<u>EARNINGS.</u>			ASSIGNED PAY CHARGED.		
From <u>1.8.16</u> To <u>12.10.17</u>			Payable to:-		
<u>438</u> days at Pay <u>1.00</u>			Name <u>Man Rowe</u>		
F.A. <u>1.10</u>			Address <u>Dulcan</u>		
W.P. <u>1.10</u>			Relationship <u>mother</u>		
	481	80	From <u>1.8.16</u> To <u>31.8.18</u>		
			at \$ <u>16.00</u> per month	400	00
From <u>13.10.17</u> To <u>13.12.17</u>			PREVIOUS ASSIGNMENT.		
<u>62</u> days at Pay <u>1.05</u>			Payable to:-		
F.A. <u>1.0</u>			Name.....		
W.P. <u>1.15</u>			Address.....		
	71	30	Relationship.....		

934
Nov 23 1918

STATEMENT OF PAY ACCOUNT
Pay II "N"

.....1919
1-9

To: Officer i/o
Accounts Branch.

Please issue.....Debit.....Note for.....2920
to 9211479. Sanson S. B. AR 11931

.....error is.....
.....month of.....May 29th 1919, chqd 34526 Sanson S.

Balance at.....\$ _____
should be.....\$ _____

Error made by *Chas Macdonald*
To Officer i/o
Pay 2 "N"

Ameline

Debit-note
Issued *W. Labor*
Officer i/o Group N. Pay 2.

4/9/19

Capt
Officer i/o Pay 2 acc'd

Date of Enlistment 20-5-18.

MILITIA AND DEFENCE

S. 17184

Date of Assignment

Separation and Assigned Pay Branch

1st Aug 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15 ⁰⁰			
------------------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

X 53

No. _____
 Rank _____ Promoted _____ Reverted _____ Discharge _____
 Soldier's Name _____
 Battalion 1st H. Bn. Alta. Regt. 1st. 69.
 Beneficiary _____
 Relationship _____
 Address _____

Name _____
 Address _____
 Change of Address _____
 1 ALFRED SANSOM, 60 George St. 24-10-18
 99 ST. GEORGE ST. atk
 2 WESTON, ~~at~~ atk 15 15.00
 3 % 3211479 PTE STANLEY BERTRAM SANSOM
 4 FIFTEEN DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sept	13221		15	15	mailed 10-9-18
Sept	15882		15	15	cancelled 14-9-18 no such P.O. 9-10-18
Oct	150359		15	15	A.C.O.L.P. 8604 CK 150359 no such P.O. Rnd 17-10-18 atk.
Oct	W 3587		15	15	M.A.O.L.P. 11977 ch add. Rnd 24-10-18. atk.
Nov	X 58166		15	15	+ A.C.O.L.P. 6569 at. aug. Sept + Oct. 15 Rnd 24-10-18. atk.
Dec	L 69630		15	15	Mailed 31-10-18 atk.
Jan	G 71361		15	15	
Feb	H 80200		15	15	
Mar	C 87263		15	15	
Apr	S 3889		15	15	
MAY	O 5462		15	15	
JUNE	N 11364		15	15	
July	X 12713		15	15	
Aug	T 13146		15	15	
Sept	A 18601		15	15	
			210	210	

15988-S-2

A/c Close 30-9-15
 Ret'd per *Propriety*
 Date 1915 M.F.W. 10
 Clerk *Randrup*

W/O 122950

M. F. W. 128
404, 6-7-1772-34-141
L. L. 2230-M. & D. 1982.

AUTHORITY } No. 1269
 FOR } Valid 25-6-19
 NEW ACC'T. } W. Lowrie 6-9-18

AUDITED

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2182

2

Relationship

3

Address

4

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

M. F. W. 128
 FORM C-7-1-72-35-1141
 L. L. 22320-M. & D. 1963.

ARAGUAYA 20-9-19

DISPERSAL "I"

AUDITOR: *EO* PAYMASTER: *D*

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

REGT. No. 3211479 RANK Pte. NAME (IN FULL) SANSOM, S.B. *1298 23*

ORIGINAL UNIT C.E.F. *No. 44 L.A.O. Mercantile Bank, Edmonton, Alta.* (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY \$ *15.00* DATE EFFECTIVE *30-9-19* *Blowed by Ottawa*

PAYABLE TO *Alfred Sansom* RELATIONSHIP *Father*

ADDRESS *60 George Street*

Weston Ont

STOP PAYMENT FORM RENDERED, DATE EFFECTIVE

DISCHARGED PLACE *Toronto,* DATE *23-9-19* REASON *Demob.* AUTHORITY *D.O.#268* IF ENTITLED TO POST DISCHARGE PAY *Yes.*

MONTH	PAY AND FA		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	PAY	CHARGES	CHARGES	DEBITS	DEBIT	CREDIT	D.O.	SUBS.			
			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.									\$	C.	
<i>30-9-19</i>	<i>1-10</i>																						<i>Dr - 2 P6</i>
				<i>35 00</i>					<i>195.19</i>			<i>5 00</i>	<i>83.54</i>							<i>88.54</i>			<i>W.S.G. Cloth</i>
				<i>70 00</i>																			<i>Coal C/K. Boat & Train</i>
									<i>105 00</i>											<i>105 00</i>			<i>EO</i>
																							<i>AMOUNT DUE SOLDIER DEPENDENT</i>
																							<i>W.S.G.</i>
																							<i>70 00</i>
																							<i>7 70</i>
																							<i>W.S.G. as above</i>
																							<i>P.O. over 62 7 days</i>
																							<i>EO</i>
																							<i>W.S.G. PAID IN FULL</i>
																							<i>EO</i>
																							<i>FOR PAYMASTER WAR SERVICE GRATUITY</i>
																							<i>LIEUT.</i>
																							<i>FOR PAYMASTER WAR SERVICE GRATUITY</i>

