REGIMENTAL DOCUMENTS

NAME ANDERSON. William REGT. No. 1006 238 UNIT 228 Battu M. F. W. 2505 NON-EFFECTIVE BY TO WHOM FORWARDED DATE RECEIVED CONTENTS FORWARDED REFERENCE DEATH ATTESTATION PAPER (M.F.W. 23, 133 or 51) CATEGORY CASUALTY FORM (M.F.W. 54 or A.F.B. 103) TRAINING HISTORY SHEET (M.F.W. 113) FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120) COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) DISCHARGE 2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) CATEGORY DENTAL HISTORY SHEET (M.F.B. 465) 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) DESERTION DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) 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) CARDS PAY-SHEETS

Proceedings on Discharge.

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

No.	1006238			
Rank	Private.			
Name Anderson, William. Nore—The name must agree strictly with that on enlistment unless changed subsequently by authority. Corps (Squadron, Battery or Company) No. 2 Special Service Co., C.E.F. Date of Discharge Sept. 12th.1918.				
Place of Dis	scharge Camp Borden.			
Height Complexion Eyes Hair	43 years 4 months. 5 feet 5 inches. Hazel. Brown. Laborer.	Descriptive Marks Left leg to shorter than right slight totations virocele and congental.		

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

"Illegally absent"

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

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

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

"Bad"

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

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

M. F. B. 218.

100m.-6-16. H. Q. 1772-39-113 (OVER)

5. He is in possession of the following number of G. C. Badges:						
Nil.						
No reference to G. C. Badges is to be made on either the discharge or character certificate.						
	ing Officer on to the parchment Discharge Certificate.					
7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squa or Battery), and I have impartially enquired into all matters brought before me in accordance Regulations.	dron with					
(Place) Exhibition Camp, Toronto. Mul-Laus Cafe						
(Date) September 12th.1916.						
8. Certificate to be signed by the Soldier on Discharge	E					
I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.						
(Place) Exhibition Camp. Toronto. (Signature of Sold	lier.)					
(Date) September 12th.1917. (Signature of With	ess.)					
When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.						
9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.						
I hereby declare that I do of my own free will request to be discharged from His Majesty's Service	vice.					
(Signature of Sold	ier.)					
10. Statement of Service.	77					
Service toward Engagement to(the date to which the Record of Service is completed)years Totalyears	days.					
11. Confirmation of Discharge. The discharge of the above-named man is hereby confirmed.						
(Place) Exhibition Camp, For onto. (Signature) Mul Las Caf	10					
(Date) September 12th.1917. (Signature) Will September 12th.1917.	E.E.					

Reservations referred to at Para. 8.

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

Exhibition Camp, Toronto, Ont.
Beptember 12th.1917.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.

Squadron Battery Conduct Sheet, B. 263a.

Copies of Convictions, by C. P. in MS.

Med. Hist. Sheet, Militia Form B. 313

Medical Report for Invalid* "B. 227.

Statement of Man's Account on
Transfer and Last Pay Certificate,

D. 877.

*Only if discharged "Medically unfit."

Attestation Paper, Militia Form B. 235.

Proceedings on Discharge "

B. 218.

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

- (a) Proceedings on Discharge.
- (b) Attestation.
- (c) Medical History Sheet (in the event of such having been prepared.)

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

Casualty Form—Active Service.

	Unit, Regiment or Corps 228)
Regimental No. 100	D6138 Rank le Nam	ie And	es.	n William
Enlisted (a)8.	Terms of Service (a) Dundlin	of Wa Ser	vice reckons	s from (a)
Date of promotion a present rank	Date of appointment to lance rank	nt}[/	Numer	of N. C. Os.
Extended	Re-engaged	Qualification (b)		
Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-			Remarks
Date From whom received	ported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	taken from Army Form B. 213, Army Form A. 36, or other official documents
*	Struck off sq	t u m	"Me	fally About

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

MEDICAL HISTORY

Surname anderson Christian Name.

Examined { on 8 day of Zecay 1916 at NORTH BAY, Ont.		App	proved by	ntn	ornuch	us	
			Rank				M.O.
Birthplace County	on york or	ut .	Date.	Fit or Unfit.	EXPANSION OF THE PERSON OF THE	INED FOR RE-ENGAGEMENT.	MERCHANISTE OF
Apparent age 43				Unit		IN AD POR ILE-ENGAGEMENT.	
Trade or occupation		of the second second second second					M.O.
Height 5							_M.O.
Weight (3		Lbs.					M.O.
Chest measurement {	Minimum 31	inches.					M.O.
)	Maximum expansion	inches.					M.O.
Physical development	god						M.O.
Small-Pox Marks	une	***************************************					M.O.
Vaccination Marks { A	r m Right. L	oft.	Data	D 11		COLUMN TO THE REAL PROPERTY AND THE PARTY OF	171.0.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	umber 0 1		Date.	Result.		VACCINATIONS.	
When Vaccinated last	1916						м.о.
(a) Marks indicatin	g congenital peculi	arities or					M.O.
previous disease Luc.	lig. 1/4 shorts	i					M.O.
the right (congu			Date.	Result.	A NOTE -	YPHOID INOCULATIONS, ETC	
(b) Slight defects but	not sufficient to cause	rejection				THOU INCOLATIONS, ETC	
							M.O.
	uil						_M.O.
	- Ja	. ,			•		.M.O.
Enlisted on It d	ay of Africa	P	19	16 at	Hor	17/San	
	Corps.	REGT'L NE			(
Joined on enlistment	228.00	10068		HAR	Fibil.	DATE.	
Joined on emistment		1000	38			may 8/	ol
	8 8 C		_			P	11
Transferred to	-33. C.					Dept 12	116.
EXAN	MINED OR DISC	HARGE	D BY	A MED	ICAL F	BOARD.	
STATION.	DATE.		Disi	CASE.		RESULT.	
		4 1 396					
AT D. COV.		i i i i i i i i i i i i i i i i i i i	Lozerania				

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. 400M.—1-16. H. Q. 1772-39-439.

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 ineculations. DATES OF Number of Signature Date of Arrival Admission into Hospital. Discharge from Hospital. days in DISEASE. STATION. at the of Medical Officer. Hospital. Station. Day Month Year Day Month Year Name Christian Surname

-

No. 1006 738.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY

OUESTIONS TO BE PUT REFORE ATTESTATION

QCESTIONS TO BE TO	(ANSWERS.)
1. What is your surname?	andison
1a. What are your Christian names?	11/11/
1b. What is your present address?	70 40 0
2. In what Town, Township or Parish, and in what Country were you born?	1 - 0
3. What is the name of your next-of kin?	house
4. What is the address of your next-of-kin?	hour
4a. What is the relationship of your next-of-kin?.	hone
5. What is the date of your birth?	Jul 9 th 1872
6. What is your Trade or Calling?	
7. Are you married?	mo
8. Are you willing to be vaccinated or re-	
vaccinated and inoculated?	- GUS
9. Do you now belong to the Active Militia?	mo
10. Have you ever served in any Military Force? If so, state particulars of former Service.	200
11. Do you understand the nature and terms of your engagement?	yu.
2. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Jul.
made by me to the above questions and that they are by me now made, and I hereby engage and agree to Force, and to be attached to any arm of the service existing between Great Britain and Germany should	do solemnly declare that the above are answers re true, and that I am willing to fulfil the engagements of serve in the Canadian Over-Seas Expeditionary therein, for the term of one year, or during the war now at that war last longer than one year, and for six months easty should so long require my services, or until legally (Signature of Recruit)
OATH TO BE TAKEN BY	MAN ON ATTESTATION.
n duty bound honestly and faithfully defend His M	the Fifth, His Heirs and Successors, and that I will as a jesty, His Heirs and Successors, in Person, Crown and bey all orders of His Majesty, His Heirs and Successors, help me God. (Signature of Recruit)
Date Effect 8 1916.	MMCGlusky (Signature of Witness)
CERTIFICATE (OF MAGISTRATE.
The Recruit above-named was cautioned by n	ne 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 / orth/day 7.....(Signature of Justice)

M. F. W. 23. 600M.—2-16. H. Q. 1772-39-841.

Description of Hellean andus m on Enlistment

	determined according to the instructions given in the Regu- ions for Army Medical Services.)	Distinctive marks, and marks indicating congenital . peculiarities or previous disease.
lat	ions for Army Medical Services.)	(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).
	(2014) A. C.	In a 11: harlin Ther
Heig	htft_5_ ins.	Left lig 'hi" shortes than
6	Girth when fully ex-	Nem. Shaper income
Chest measure- ment.	pandedins.	commend
OH	Range of expansion	a see makes O has so sweet take at a
Com	plexion Medium	Conference on the state of the
Eyes	Lagel	The Contract of the second second of the second
	brown	at Vitation and the substitution and of every present that
пап		The Committee of the Co
	Church of England	Teather research only a reason of
	Presbyterian	And the sea married to the season and the
s ons.	Methodist	field to below our action putitive up, or A to 1
gion	Baptist or Congregationalist	- And the second that the custom
Religious denominations	Roman Catholic	
den	Jewish	A Mind of Branch (121 pp. 1921 Commence of the Service of the Serv
		The state of the s
	Other denominations (Denomination to be stated.)	A CONTRACT A MINISTRA SALES AND
Date Place	He can see at the required distance with eiguse of his joints and limbs, and he declares that I consider him* for the Common MAY 8 - 1916 191 . NORTH BAY, Ont. *Insert here "fit" or "unfit." NOTE.—Should the Medical Officer consider the Recruit unfit attested, and will briefly state below the cause of unfitness:—	ther eye; his heart and lungs are healthy; he has the
	CERTIFICATE OF OFFIC	CER COMMANDING UNIT.
9/6(10)	91:00	The state of the s
20.00	Illlam Grade	having been finally approved and
PRINTING SE	pected by me this day, and his Name, Age, Date a recorded, I certify that I am satisfied with the	of Attestation, and every prescribed particular having correctness of this Attestation.
· est	may - 4 CL S	(Signature of Officer)
Date	e. Africal 9 m 1916.	

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Ar	ticles 1	22, 13	30 and 141, Financial Instructions, 25715c, C.E.	.F.,191	6).
Regimental No./106238 Rank	Re	e	Name Wandes	20	n.
" 0 1			is* S/o Deserted		
on Sept 12 ch/16	1	01	, to		
011			l" or "transferred."	***************************************	
The following is a statement of the	9, 200011	nt of	the above named from Seph 13 to	× 19	91 6
to Jan 24 191 7, the inclusion	sive da	te of	f transfer or discharge.		,
Dr.	\$	c	Cr.	\$	С
Bal. Dr. from prev. month			Bal. Cr. from prev. month	24	25
Advances) No			Regt'l Pay / 34 days at \$c	134	
Cheques \ No.			Field Allow/34 days at \$ c/0	13	40
Assigned Pay No.			Other Allowances* Subsession	80	40
Other Charges* to Jan 24th	228	90	011 0 11/ 4		
Payment on transfer or discharge No.			Other Credits*	**********	
Balance Cr. (to be paid by the new unit)	23	15	Bal. Dr. (to be deducted by new unit)		
Total	252	05	Total	252	05
10041	*	Give	Particulars.		
A monthly stoppage of \$	(†) 1	nas	(‡) been paid on account	of Assi	igned
Pay for the month of		191	to (Assignee)		
(Address)					
(Address)					
(†) Insert amount to (‡) Insert "not" if a	be assi	igned has r	, whether it has been paid or not. not been paid for period of account.		
On	Trans	efer	of an Officer.		
			aid by Paymaster, Military District No		
	11000		-, -, -, -, -, -, -, -, -, -, -, -, -, -		
REMARKS:— State (1) date of enlistment	5/1	6			
(2) if married and if a Separation	on Allo	wance	e Card has been submitted		
(3) cause of discharge and authorized	ority	le	0 24/1/19		
			ent advice for Assigned Pay has been forwarde		
	ement o	of acc	count and find it to be a correct extract from	the Pa	ay-list
of the unit.	5				
Date	1	,	J. Mary	/	
Place Jan 25%	,7		Lymurse	Payme	aster
N.B.—For purposes of transfer this form is to	o be mad ad of the out in tr	e out i month iplicat	in quadruplicate. One copy to Paymaster of new unit;	one to I	District

M. F. W. 44. 200m.—6-16. H. Q. 1772-39-903