NAME ANDLIASON WILLIAM. REGT. NO. 100 98 6 6 UNIT Signal Gay 66 H. O. FILE NO. CONTENTS M. F. W. 2505 TO WHOM FORWARDED DATE RECEIVED DATE FORWARDED NON-EFFECTIVE BY REFERENCE PAPER (M.F.W. 23, 133, or 51) DEATH CASUALTY FORM (M.F.W. 54 or A.F.B. 103) Category TRAINING HISTORY SHEET (M.F.W. 113) FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) CCMPANY 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) 6d265009A.

REGIMENTAL DOCUMENTS



Da M.

## PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 100-9866.
2 Rank. Afchl.
3. Name. anderson Millian.
4. Unit. Signal Coy. C.C.C.
5 Date of Discharge 8-9-19 Place Place
6 Reason for Discharge Llemobilization.
7. Authority. 10. 192
8. Proposed Residence after Discharge
Henredy Sack.
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.?
M. F. W.:
Signature of Soldier.
10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.
Place Station Date IIII 8 1919
Signature (O. C. Discharging Unit.)

M.F.B. 218a-300m.-11-18-1772-39-113.

marretaria 28/6/19.

#### LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
	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 uno	btainable
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
	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. 199).

2 Cases by Form (A.I.B. 105)
3 Medical Hi ory Sheet (M.F.N. 875 or A.F.B. 178).
4 Proceedings of Med. Board (M.F.E 227 or M.F.W.129)

5 Dental Cermicate (C.A.D.C. 5009a). 6. Field Conduct Sheet (A.F.B. 122)

7 Proceedings on Lischarge (M.F.B. 218a) 8 Discharge (errificate (M.F.W. 89)

(Enclos 1 is special envelope (260M) ). 9. Copy of Discharge Ceruficate (M.F.W. 39a).

10 Dispersal Cerahcate (C.D.3)

11. Equipment | Statement Q.M.G. Form (D.O.S. 2).

12 Last Pay Certificate (P. 851). T Dup.

13. Pay Book (A, B, 64).

14. War Service Gratuity (Form M.F.W. 2595).

15. Sundry Documents.

Group B
Checked by No. B
Date 27/6/19

T. O. S.

UNIT 229th Battakino

M.D. 12

PAID	PAID	SIG. OR	PROMOTIONS, TRANSFE	RS, DISCHARGES, ETC.
FROM	то	REC'T	PARTICULARS	AUTHORITY
1916	1916.			
april	april5	4	Trans to 229th Bu.	B.O. 94 of 20.4.16.
April 16	april 25	2.	Now shown on 217th Bm. Paylists	april haylists.
april 26	may. 31	-	In Seeding Gurlough. 26-4-16to	Do5-6 of 27-4-16.
D	re ly	6		
q	elg.	6		
Se	of.	n.		7 The Control of the
7	oi.	2		
1917	1917.	6		
E.	th.	4		
7	far.	Sn.	Now shown on M.D + 6.	
th	ay	n.	Brom. C/ab 12-5-17	De 115 of 12-5-17

# MEDICAL HISTORY SHEET.

Surname Underson	Christia	n Nan	re #	illian	
Examined { on 10 day of april 191!	App	roved by		allengta	7th Bn.
Birthplace { City or Town Carryle { County Larankohir 5 cot		Rai	nk		М.О.
01	Date.	Fit or Unfit.		INED FOR RE-ENGAGEMEN	1.
Apparent age	1 12-6-17	anti .	01	d Inocutated	M.O.
Trade or occupation Sorling club and leb graft		9	KKB-		
Height 3 Feet 3 2 Inche	4.7				M.O.
Weight 140 to Lt	os.				M.O.
Chest measurement { Minimum 33 inche	A 31 A				M.O.
( Maximum expansion 3 c inche					M.O.
Physical development Jord					M.O.
Small-Pox Marks					M.O.
Vaccination Marks Arm Right. Left. 5	Doto	Result.		VACCINATIONS.	
(Number >	0.000		No.	W/ 1-	
When Vaccinated last 1911		1	MO	) G/21/	M.O.
(a) Marks indicating congenital peculiarities	or				M.O.
previous disease					M.O.
(b) Slight defects but not sufficient to cause rejection	Date.	Result.	ANTI-7	Strenoid Inoculations, E	М.О.
	26/6/10		THE STATE OF THE S	) (10-11- Na1-	M.O.
	205.18	JAB	N. K-W	arshowsky	M.O.
Enlisted on day of four	30.7.18	15 at	N. T. We	mudy!	
CORPS. REGT'L	NUMBER.	H	ABITS.	PATE.	
Joined on enlistment 229 Bu /oog	7866				
Transferred to 19 Reserve By 15 4 Res. Br.				16/4/16.	
C. E. J. D. Spord!				8.2.18	
EXAMINED OR DISCHARO	GED BY	A ME	DICAL 1	BOARD.	
STATION. DATE.	Dis	BEASE.		RESULT.	
					Market State of the State of th

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.

Christian Name Hellering Surname andersan

	Date of Arrival				cs of			<b>国的是基地</b>	Number of	Remarks on nature of the disease; how induced; if mild or severe; if com-	Signature	
'STATION.	'STATION.	at the	in	Admissic to Hospi	on tal.	fre	Discharg m Hosp	e ital.	DISEASE.	days in	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular freatment was adopted. In vonereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it cocurred 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 incoulations.	of Medical Officer.
	Station.	Day	Month	Year	Day	Month	Year		Hospital.	appliances supplied. Particulars of prophylactic inoculations.		
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M. F B. 465 100m.—7-16, 1772-39-950	, c.	ANADIAN ARM	IY DEN	
NAME OF SQ REGIMENT	DIER Under	RANK	l	te No. 100 9866
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			Cleaned	
			As 2° 3	
			Pulp Removed	
			Put Pulp	The second second
			Artificial Teeth	
		while wilkes	OPERATOR	
		Carpleted ist John Mes	REMARKS	Red — Condition of mouth at presentation. Blue — Operations performed by C.A. D. C.  R. F. — Root filling A. F. — Amalgam filling C. F. — Cement filling G. B. — Gold filling G. B. — Gold bridge G. C. — Porcelain crown P. C. — Porcelain crown A.A. — Acute abcess P. — Pyorrhea X. — Extractions F. L. — Full Lower F. U. — Full Upper P. L. — Partial Upper P. L. — Partial Upper P. L. — Partial Upper

(c) In France

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

### DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London I. This form will be made out for each NAME OF SOLDIER (Block Letters) individual at the k me of Demobili. zation in England REGIMENT or France. Figures as per chart will be used Date of Examination in France Date of Examination in England to designate teeth concerned. 10 12 13 16 In reference to Partial Dentures the numbers of teeth thereon wil be stated 23 24 25 26 27 30 PRESENT DENTAL REQUIREMENTS 1. FILLINGS 2. EXTRACTIONS 3. CROWNS 4. DENTURES (a) Full Upper (b) Part Upper (c) Full Lower (d) Part Lower HAS HE EVER REFUSED DENTAL TREATMENT ?-HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.) (a) In Canada Meo (b) In England

Signature of Dental Officer Small on Capt

DIRECTIONS TO DENTAL OFFICERS SIGNAL COMPANY, CAN. CORPS CAMP.

# Dy 666

# 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	1009866 Rank A/CP1.	Surname Anderson (Given name in full) William
Un	it or Corps Si.g. Co.y. CCC.	Carmule Scotland
	(Examination of Officer or Other Rank (stri	ipped) to be made by one Medical Officer.)
I.	GENERAL DESCRIPTION:  Physique Mod Weight 140 lbs.	Height Oft Colour of Eyes A.
	Nutrition  Pulse  Condition of arteries  Vision Rt. 1/2 Left	Identification marks, scars, or deformities.  (Give cause and date of origin).
On	Hearing (conversational voice) Rtft.  Leftft.  nion as to general health and physical condition	Pond
2.	Has Officer or Other Rank ever suffered from, or I (Answer "Yes" or "No") (Subjective evidence Nervous System	has he now, any affection of the following systems of may be sufficient in certain cases.)  System
	Osseous and Joint System J Any other gener	ha

20 年 自然的第三人称单数 其种种种种的基本的 14 mg

S. se 10. 1 5.7

# EXAMINATIONS

. STOWNE DOWN NAV. CAN., CORDS CAMP.

THIS SECTION FOR USE OVERSEAS—
Examined at Bramshatt (Overseas)  Date 4-6-19 Signed Mo
I hereby certify that I have read, or have leard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.  Signature
(If not satisfied, M.F.B. 227 will be completed by Medical Board.)
THIS SECTION FOR USE IN CANADA—
Examined at(Canada)
Date Signed
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.)

. Program (C. W. Compositor H. Rosellander) (C. H. Herrich Gertiff) (A. H. W. Compositor H. H. W. Compositor (C. H. Herrich Gertiff) (A. H. Herrich Gertiff) (A

3

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

#### INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1)	Name of Overseas Unit which Soldier joins
(2)	Regimental Number 1009866
(3)	Full Name of Soldier William anderson
(4)	Place of Birth Carmyle, Tanashshire, Seafand
(5)	Are you married, or not?
(6)	If married, state,  (a) Full name of your wife
	(b) Present Postal Address.
	Are you a widower?
(8)	Have you any children? 77.0
	If so, give number of boys and girls.
	Also their names and ages

(9) Is your Father alive?
If so, state name and address
(10) Is your Mother alive?
If so, gate name and address Aristian Anderson Larnside, Dargeddie, Basgow, Scotland
(11) If your Mother is a widow.
Are you her sole support, or not?
(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
Probability (C. A. ) Conserved the control of the property of the probability of the control of
(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.
(15) Are you insured?
If so, in what Company? Coul Server In Co London Eng
Have you made arrangements for payment of your Insurance premium.
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.
a Blillie
Officer Commanding NEL
Date Hard 10 1916 DOMMANDING 217th, BATTALION

### CANADIAN EXPEDITIONARY FORCE

# DISCHARGE CERTIFICATE War Service Badge

	09866 (Rank) 6pf				
Name (in full) anderzon William, enlisted in					
the 217th Bn					
CANADIAN EXPEDITIONARY FORCE at 1912	cadvilwon the				
day of april 1916					
HE served in Liqual &	o England				
	Demobilization.				
and is now discharged from the service b	Medical Unfitness. R.O. 1420 (4)				
THE DESCRIPTION OF THIS SOLDIER on t	he Date below is as follows:				
Age 36yra	Marks or Scars				
Height 2 / 2 //					
Complexion Ruddy	4.				
Eyes Blue					
Hair Brown					
Waaerson'	hos 1				
Signature of Soldier.	Dhoryen				
Date of Discharge	Issuing Officer.				
Date of Discharge	Capli				
AM S TOTA	Rank				
2	9-9-1				
Tan to	Date 19/9				

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.

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty
(30) days after discharge, or when
duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

1.19

The Authority of the State of t

No. 1009866 Folio. CANADIAN OVER-SEAS EXPEDITIONARY FORCE. QUESTIONS TO BE PUT BEFORE ATTESTATION. 1. What is your surname?... 1a. What are your Christian names?..... 1b. What is your present address?.... 2. In what Town, Township or Parish, and in what Country were you born?... 3. What is the name of your next-of-kin? 4. What is the address of your next-of-kin?... 4a. What is the relationship of your next-of-kin? 5. What is the date of your birth?. 6. What is your Trade or Calling?.. 7. Are you married ?..... 8. Are you willing to be vaccinated or revaccinated and inoculated?..... 9. Do you now belong to the Active Militia?. 10. Have you ever served in any Military Force?.. 11. Do you understand the nature and terms of your engagement?..... 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? DECLARATION, TO BE MADE BY MAN ON ATTESTATION. au Underson .., do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally ... (Signature of Recruit) . (Signature of Witness) AKEN BY MAN ON ATTESTATION. I, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. help me God. . (Signature of Recruit) ... (Signature of Witness) CERTIFICATE/OF MAGISTRATE. The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act. The above questions were then read to the Recruit in my presence. I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath ennelyoasp before me, at V. .. (Signature of Justice)

discharged.

M. F. W. 23 200 M-9-15 H. Q. 1772-39-841

# Description of William Anderson on Enlistment.

-	ANY ME AND THE PERSON OF THE P	
To be dete	nt Age	Distinctive marks, and marks indicating congenital peculiarities or previous disease.
#1070 0 00 0 00 00 00 00 00 00 00 00 00 00	SEFORE ASTESTATION.	(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)
Height.		
st rre- rt.	Girth when fully expanded	The property of the second sec
Chest measure- ment.	Range of expansion. 22 ins.	
Comple	000	
Eyes	Blue	
Hair	Brown	
nair		The state of the s
	Church of England	State of the state
su	Presbyterian	· The same of the
Religious denominations	Methodist	
eligi	Baptist or Congregationalist	The state of the s
R	Roman Catholic	The state of the s
	Jewish	The state of the s
1.00	Other Denominations	to make their report of the particulars of their
	CERTIFICATE OF MED	DICAL EXAMINATION.
rejection E use of hi	n specified in the Regulations for Army Medic He can see at the required distance with either is joints and limbs, and declares that he is not s	eye; his heart and lungs are healthy; he has the free
(Min (L. 1977)	* Insert here "fit" or "unfit."	Medical Officer.
		will fill in the foregoing Certificate only in the case of those who have been
attested, an	and will briefly state below the cause of unitness;—	
ALL LOSS	rhijem klimik destruitist kang op 10 Judi lisa omas met hae militiris i internation	
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America (	(0.090,000,000)	
	50 ng 160099	
	CERTIFICATE OF OFFICE	ER COMMANDING UNIT.
es of a mil	William Queller	211
inspected	d by me this day, and his Name Age Date of	Attestation, and every prescribed particular having
	orded, I certify that I am satisfied with the cor	
101	21	1 2 1 1 1
with at	A J.t.s.	(Signature of Officer)
Date	Cepne 10 1916.	2nd I/C 217th O/S Battalion.

### Fill in only.-Unit, Number, Rank and Name.

# Casualty Form—Active Service.

nlisted	(a)	9866 Rank PE Nar C. E. F.	Se	rvice reckons	from (a)
ate of	promotion to sent rank	Date of appointme to lance rank	ent}	Numeri roll	ical position on of N. C. Os.
xtende	d	Re-engaged	Qualification (	b)	
Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 21: Army Form A. 36, or othe official documents
19	Can Engo Pers	So. S. of the 6 m & C to			
		20. S. of the 6 m & C to			a-0-1-
					a.o. 1.
					for thof H.

	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		
					20 - 1 - 20 - 20 - 20 - 20 - 20 - 20 - 2		
		e de la companya de l					

Nothing to be written in this margin.

(24) Miscellaneous entries:-

		SERVICE	AND CA	SUALTY FORM (Part I).	Army Form B, 103— Part I.
(1)*Substantative	rank	Sapp er		(2) Regiment or Corps	(3) Regtl. No
*Acting rank *[To be entered in p  (4) Surname  (5) Christian Nar		terson' William			1009866
(6) Army Form, Form or Reco	number of,	Attestation (			
(7) Whether of Brorigin [vide A (8) Date of birth	ritish or of .C. I. 578 of	Alien 1918]			
(9) (a)					
(10) Enlistment (	3)			(II) Engagement (c)	The state of
(12) Service recke	ons from (a	(ate)	(13)	Special conditions (if any) of enlistment (d)	
(14) Any subseque of conditions	ent variati of service	1			Initials and Rank of an Officer.
	W. WEIGH	(Au	thority)	(dale)	
(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army	Order 93 of 1917)
				Industrial Group No.	
				Trade or Calling  Married or Single	
,				Particulars of Trade Test	
				Occupation Cards despatched on (date)	
				Second Occupation Card despatched on (date)	
(17) Next of Kin					
(18) Demobilizer (	f)		(Place)		(Signature of
(19) Pivotal-man	(f)		(Date)		(Posting Officer
(20) Qualification	s (g)		or (21) Corp	s trade and rate	
(22) Extended {	Ž.			(23) Re-engaged {	

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I, 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] It to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes, [g] Signaller, Shoeing-smith, &c.

	(A)	(B) Authority of	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well	(D) Place of	Date of promotion,	(F)  Remarks, and initials and rank		
Date.	From whom received.	Part II. of Orders	casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I, 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	casualty	reduction, reversion, casualty, &c.	of an officer		
							- X*	
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				Jun	for O Ti	my a	apti	

LTR4

Rank

Name

ANDERSON William

Reg'l No.

1009866

Unit 217th Bn. to Sask, Regt What Unit?

Married or Single

Single

Place and Date of Enlistment Kennedy, April 10th, 1916.

Place of Birth Carmyle. Lanarkshire Scotland

Name and Address, Next-of-Kin Christian Anderson

Barnsidem, Bargeddie, Glasgow. Scotland.

Relationship

Mother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

NIE, R.B. Nº 2229

CAN.O!

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ld .- 0546-16. Report. Record of promotions, reductions, transfers, REMARKS casualties, etc., during active service. Place. Date. Taken from Official Documents. From whom The authority to be quoted in each case. Date. received. BLAND 9 6 17 S/3 OLYMPIC. Taken on strength. 15 Ehola On Com to C.E. B'Shott beases to be attd to CE, B'Shott, The + is S.OS to CETD, Seaford & J. O. S. from Sack Regt In Scaford 8 218 20 39 deCERB TOS from CETD Seaford 21-5-18 DO . 1 CETD . DO . 117 She Seafond 27.6.18 20. 35 42/0.00 32

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

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

	Casualty Form-	-Active Service.	250m.—1-16, H. Q. 1772-39-920.
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(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.

					n - 1. 1.
Date	Report  From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213. Army Form A. 36, or other official documents.
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15 FEB 1918	C.E.T.I	Bramshott	Seaford	8.2.18	Part II Order No. 3 9
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	Surname ANDERSON SIGNALS
	Christian names William
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	with
	(Unit with which served in Theatre of War)
\	No
	Street
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1	County 5A5R. Months 1900
2	50M-12-33 (WRITE IN BLOCK LETTERS AND IN INK)

O. H. M. S.

POSTAGE

SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.

# 125006

# FORM OF WILL.

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	of the C	anadian Expe	ditionary Fo	rce, do her	eby revoke a	ill former Wills by me	
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			I bequeath a	all my real	estate unto		
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		SOLDIER MSELF.	1000		S	ignature of Soldier.	
	*N.B.—Pers	sonal estate inclu	udes pay, effect	ts, money in	bank, insurance	policy, in fact everything	
	except real	estate.					
	Signed as	nd acknowled	lged by the	Testator as	and for his la	ast Will in the presence	
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M. F. W. 82 300M-5-16. 1772-39-983. A. 822

### DEPARTMENT OF MILITIA AND DEFENCE.

# WAR SERVICE GRATUITY.

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 William 2. Surname Quelles
3.	Rank a feel 4. Original Unit 217 th Bu 5. Reg. No. 10098
6.	Address, in full, to which future payments of gratuity are to be forwarded
	Mensedy Jask
	1-+1-01-01-1-V
7.	Date of enlistment in the C.E.F. 6th april 1916
8.	Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge
9.	Relationship of such dependent
10.	Address, in full, of such dependent
11.	Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account
	of another soldier?
14.	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
	Canada 10-4-16 - 10-6-17
	Tongland 10-6-17-11-10-19
16.	Were you at the time of enlistment a civil employee of the Dominion Government? If so, state
	Department
1.4	Were you a member of the Permanent Force at the time of enlistment in the C.E.F.?

18.	8. Have you had more than one enlistment? If so, give part	iculars of discharges and re-enlistments.
	and under what regimental numbers and units.	
	Waliful And Andrews Company of the C	
19.	9. Have you already received any payment of Post Discharge	Pay or War Service Gratuity? If so,
	state amount you and your dependents have already receive	d and by whom paid
20.	0. Have you been issued with a War Service Badge? If so what o	loss?
21.	1. Have you, during the present war, served in the Imperial Forces	?
22.	22. Are you entitled to receive, or have you received any gratuit	by in the nature of Post Discharge Pay
	from the Imperial Forces? If so, state amount received, or to w	nich you are entitled
23.	23. (a) Did you revert Overseas to a rank lower than the subst	antive rank held by you on your arrival
	in England?	The second of th
	(b) If so, was such reversion in consequence of misconduct or i	nefficiency ?
24.	24. Are you now serving in the C.E. P.	If not, give :—(a) Date of discharge
	July 8 4 1919. (b) Reason for	discharge
25.	25. Are you at present a member of and in receipt of pay and a	llowances from any Canadian naval or land
	forces? If so, give unit	
26.	26. Did you at any time serve at the front in an actual theat	
	unit in which you served at the front, and dates of such servi	ce with that unit
/		
27.	27. (a) Are you receiving treatment from the Department of Sol	
	(b) If so, are you in receipt of full pay and allowances from	
san	And I make this solemn declaration, conscientiously believing it same force and effect as if made under oath and in virtue of the Cana	dian Evidence Act.
Sig	Signature of Applicant; State Jask	Questions 12,13,1
Pla	Place of Residence: Meanedy Sask	20,24,20,26,12
De	Declared before me at:	The anti-
Th	This day of 19	Net .
	Signature of Barrister of the Supreme Court Stipendiary Magis- trate, Notary Public, Justice of the	#8
	Peace, or Commissioner for the Administration of Oaths under	All horses
	P.C. 2767, dated 11th Nov., 1918.	D.A.A.G. (A)
	POST DISCHARGE PAY.	CANADIAN CORPS CAMP.
Da	Date paid. Paid Paid War	Service Net amount
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		District Paymaster.
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### DUPLICATE. For use of A.P. and S.A. Branch, Ottawa Military District P. 851 A. LAST PAY CERTIFICATE. Dispersal Area..... No. Rank Name ANDERSON W Unit Nominated for embarkation to Canada: Date..... CASH PAYMENTS:-BALANCE FORWARD Date A.R. No. Paying Unit Amount EARNINGS :-38.03 days at \$ / 0 .....days at \$ .....days at \$..... ANY OTHER CREDIT:-OTHER CHARGES:-Interest on Deferred Pay..... WAR LOAN INSTALMENTS CHARGED:-"VICTORY" WAR LOAN X ASSIGNED PAY for period Amount Subscribed - \$ from to a state at \$ Amount Paid - per month in favour of :-Name.... Balance due I hereby Certify that I am satisfied that the balance of my account as Relationship..... shown on this statement is correct. X SEPARATION ALLOWANCE, if any, in favour of same party as Assignment at \$.....per month (Signature of Soldier.) X BALANCE CREDIT X BALANCE DEBIT-Til Delever BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF. THESE PAYMENTS TO DEPENDENTS:-X (Strike out whichever inapplicable.) XHave been stopped. Effective \_\_\_\_\_\_\_\_and will only be re-opened on receipt of instructions from P.M.G., Ottawa, or Military District Paymaster, Canada. XBeing a Canadian payment, cancellation or otherwise of future payments will be dealt with by Ottawa.

COMPILED BY....

CHECKED BY.....

Lie FOR BRIGADIER GENERAL PAYMASTER GENERAL, O.M

CERTIFIED CORRECT

Cap

L- L. Job 310-M. & D. 6574.

MILITIA AND DEFENCE

M. F. W. 11. 50m.—4-16. H. Q. 1772-39-818.

### SEPARATION ALLOWANCE

Mª Christian anderson Name

Burnside. Bargeddie. Glasgow. Bootland.

Relation to Soldier

Address

wife, child or mother

Name of Soldier Anderson William.

Regtl. No. 1009 866

Rank Ale

217th. Bn. 16 16 DOML. 23 1/2

To what Corps belonging

when called out

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	Oct.				MAY 16 1916	
ala.	Nov.					
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	June					
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	Nov.					
	Dec.					19-18-19-19
	Jan.	1916				
	Feb.					NEW TOWN
	March					

/0 - 4 - /6. MILITIA AND DEFENCE

M. F. W. 11a. 50m.-4-16. 1772-39-818.

## SEPARATION ALLOWANCE

Name of Soldier anderson William

Sheet No. 2. Mr Christian anderson
PAYMENTS. L. L. Job 310.-Req. 6574. Year. Cheque No. Amt. Month.

Duplicate cent to England. 1916 April May MAY 16 1916 June July Aug. Sept. Oct. Nov. Dec. Jan. 1917 Feb. March

April May June July Aug. Sept. Oct. Nov. Dec. 1918 Jan. Feb.

March April

May June

July

MILITIA AND DEFENCE

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

#### PAYMENTS.

Name of Soldier...

	4				PAYMENTS.	
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4.822 PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING REGT. No. 100986 DAILY RATE OF PAY AND ALLOWANCES ORIGINAL UNIT NEX OF KIN RELATIONSHIP EFFECTIVE DATE PARTICULARS AUTHORITY PLACE OF ATTESTATION ADDRESS DATE OF ATTESTATION IS SEPARATION ALLOWANCE PAID? ASSIGNED PAY \$ DATE EFFECTIVE RELATIONSHIP PAYABLE TO TO WHOM PAID ADDRESS ADDRESS STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE M. D. DISCHARGED ACQUITTANCE ROLLS CASH PAYMENTS PAY AND F.A. REGI-OTHER TOTAL ASSIGNED MENTAL CREDITS CREDITS PAY CHAP MONTH COL. NO. 1 COL. NO. 2 COL. NO. 3 COL. NO. 1 COL. NO. 2 COL. NO. 3 CHARGES NO. OF DAYS AMOUNT DATE NO. DATE NO. BALANCE FROM PREVIOUS ACCOUNT 484. 12660 228980 War Service Gratuity, W. S. G W. S. G 183 Days at min 420 -420 8 420 H08

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### DEPARTMENT OF VETERANS AFFAIRS

## WAR VETERANS ALLOWANCE DISTRICT AUTHORITY

		Address Vic
	Public Archives Records Centre	
	a 3, Ontario	MARK YOUR REPLY:
Atten	tion: Reference Section	For attention of:
Re: Z	ANDERSON WM (Surname) (Christian I	Names) Service No. 1009 866
	To enable this WAR VETERANS ALL	LOWANCE DISTRICT AUTHORITY to determine the
		kindly furnish the following particulars:
	UNITS (including that of discharge)	
	(a) = 217 Bn	te
	(b) <u>CCC</u>	K/Gpl
	(c)	
	(d)	
	(e)	
	(a)	
over	(f) (If other than CEF please	so designate following applicable unit)
2. 7	THEATRES OF SERVICE	
(	(a) South African War Date and port of embarkation	
(	(b) World War I - (If Canada only, s Date(s) embarked f IF CANADA	state if with territorial limitations).  only for U.K. 2 June 1917
		ed in Canada from U.K. 10 July 1919
	Period(s) of deser	
3. A		nil
. E	Date and place of all enlistments /	o april 1916, Kennedy, Sasketchewo
		8 July 1919, Demobilization
6. D	Date and place of birth as per /6	January 1882, CARMYLE, LAWARKSH 5 COTZAN ingle PUBLIC ARCHIVES RECORDS CENTRE APR 14 1971

Head, Accessions and Reference Section

Decorations, if any WVA 18.