

9654

UNIT *5<sup>th</sup> Baltn. C. G. Regt.* H. Q. FILE NO

$$\begin{array}{r} 12 - 29 \\ 34 - 30 \\ 32 - 2 \\ \hline 2 \end{array}$$



# List of Discharge Documents.

|  |                          |  |                    |
|--|--------------------------|--|--------------------|
| Reg. Conduct Sheet,                    | Militia form B. 263      | Attestation Paper  | Militia Form W. 23 |
| Squadron }<br>Battery }<br>Company }   | Conduct Sheet, " B. 263a | or<br>Particulars of Recruit   | " W. 133           |
| or<br>Field Conduct Sheet              | " W. 178                 | Proceedings on Discharge   | " B. 218           |
| Copies of Convictions, by C. P.        | in MS.                   | <p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet.</p> |                    |
| Med. Hist. Sheet,                      | Militia form B. 313      |  |                    |
| Casualty Form                          | " W. 54                  |  |                    |
| Medical Report for Invalid§            | " B. 227                 |  |                    |
| Dental History Sheet                   | " B. 465                 |  |                    |
| Last Pay Certificate                   | " W. 44                  |  |                    |
| Duplicate Discharge Certificate        | " W. 39A                 |  |                    |
| ‡Form of Will                          | " W. 82                  |  |                    |
| §Only if discharged "Medically unfit." |                          |  |                    |
| ‡Only if man has not been overseas.    |                          |  |                    |

Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

*Officer Commanding.*

*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.*



17 a 386

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.)

None



Wm. Anderson  
Lomeville Capt



10 M. D. Manitoba 1st Depot Battalion Manitoba Regiment

Regtl. No. 2378654

PARTICULARS OF RECRUIT COPY  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)



1. Surname Anderson  
2. Christian name William  
3. Present address 776 William Avenue, Winnipeg, Manitoba, Canada  
4. Military Service Act letter and number 49722 JC  
5. Date of birth 9 July 1892  
6. Place of birth Brks Berkeley, California, U.S.A.  
(town, township or county and country)  
7. Married, widower or single Single  
8. Religion Presbyterian  
9. Trade or calling Mechanic  
10. Name of next-of-kin James T. Anderson  
11. Relationship of next-of-kin Father  
12. Address of next-of-kin 776 William Avenue, Winnipeg, Manitoba, Canada  
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 Winnipeg, Canada (b) Date 8-11-17 (c) Category A 2

DECLARATION OF RECRUIT

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

William W. Anderson (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 25 yrs 5 mths.  
Height 5 ft 8 ins.  
Chest measurement } fully expanded 35 ins.  
range of expansion 3 ins.  
Complexion fair  
Eyes blue  
Hair L. Brown

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

Scabies

Lt. Colonel  
Commanding 1st Depot Battalion, Manitoba Regiment  
O. C. 1st Depot Btl.

Manitoba Regt.

Place Winnipeg, Canada Date 3-1-18



## MILITARY SERVICE ACT, 1917.

## 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 Anderson Christian name William
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 549722
3. Consecutive number on schedule of men reporting for service (if he appears on it) \_\_\_\_\_
4. Address (including street and number, if any) 776 William Ave

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 8 day of November 1917, by the undersigned medical board sitting at Windsor St Bks

5. Age as stated 25 Years 5 Months. 6. Apparent age \_\_\_\_\_ Years \_\_\_\_\_ Months
7. Height 5 Feet 8 Inches. 8. Weight 152 Pounds.
9. Chest measurement { Minimum 32 Ins. Maximum 35 Ins. 10. Complexion Fair Eyes Blue Hair Brown
11. Physical development Good { Good Fair Poor 12. Smallpox marks Nil
13. Number of vaccination marks { Right arm \_\_\_\_\_ Left arm 2 14. When vaccinated last \_\_\_\_\_
15. Distinctive marks and marks indicating congenital peculiarities or previous disease \_\_\_\_\_

16. Slight defects but not sufficient to cause rejection Scabies

The man denies having had { 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 A2

We find no evidence of past { Rheumatism Tuberculosis Syphilis Vision R. Eye 20/20 L. Eye 20/20 Hearing R. Ear N L. Ear N

Shelton Cap President. Bottomley Member. Gemmell Lt Member.

| Date           | Result | VACCINATIONS            | Date           | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
|----------------|--------|-------------------------|----------------|--------|---------------------------------|
| <u>23/1/18</u> |        | <u>203 R. Road</u> M.O. | <u>5/1/18</u>  |        | <u>203 R. Road</u> M.O.         |
|                |        | M.O.                    | <u>20/1/18</u> |        | M.O.                            |
|                |        | M.O.                    | <u>23/2/18</u> |        | M.O.                            |

Joined 3rd day of January 1918 at Winnipeg, Canada

|                      | CORPS                    | REG'TL NUMBER  | HABITS | DATE           |
|----------------------|--------------------------|----------------|--------|----------------|
| Joined on enlistment | <u>1st Depot Batt</u>    | <u>2378654</u> |        | <u>3-1-18</u>  |
| Transferred to.....  | <u>"A" Coy. Manitoba</u> |                |        | <u>7-4-18.</u> |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION        | DATE            | DISEASE                             | RESULT             |
|----------------|-----------------|-------------------------------------|--------------------|
| <u>Quebec.</u> | <u>26/1/18.</u> | <u>Almost totally deaf. L. ear.</u> | <u>C.I. R.G.B.</u> |



William

William

Christian Name.

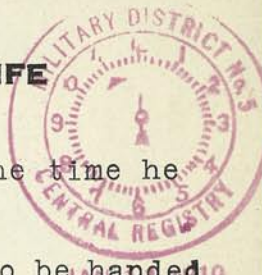
Anderson.

Surname.

| STATION.              | Date of Arrival<br>at the<br>Station. | DATES OF                    |       |      |                             |       |      | DISEASE. | Number of<br>days in<br>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<br>Medical<br>Officer. |
|-----------------------|---------------------------------------|-----------------------------|-------|------|-----------------------------|-------|------|----------|-----------------------------------|--|-------------------------------------|
|                       |                                       | Admission<br>into Hospital. |       |      | Discharge<br>from Hospital. |       |      |          |                                   |  |                                     |
|                       |                                       | Day                         | Month | Year | Day                         | Month | Year |          |                                   |  |                                     |
| St. Rock's Hosp.      |                                       | 21                          | 1     | 18   | 16                          | 2     | 18   | Scabies  | 26                                | Baths - Ungr. Suesph. Recovery   | A. J. Macken                        |
| Indur. Military Hosp. |                                       | 17                          | 4     | 18   | 20                          | 4     | 18   | Scabies  | 3                                 | Suesph. Recovery   | R. W. Wilson                        |



17-a-386  
S. D. No.



**DECLARATION OF DISABLED MEMBER OF FORCES RE WIFE  
AND CHILDREN.**

Form to be filled in and signed by a disabled man at the time he is medically examined for discharge and pension.

(Note:-At the time of medical examination this form is to be handed to the Officer or Soldier and when filled in is to be attached to completed M.F.B.227 or other form used for medical examination.

=====000=====

I, 2378654 Private  
Regimental Number Rating or Rank  
Anderson William  
Full Name  
5th Battalion C.G.R.  
Ship or Unit

hereby declare as follows:-

1. That I am married and my wife is alive.  
Attach marriage certificate if possible.

If you are not married write the words "NOT MARRIED" on next line.

Not Married

2. And that the following are the true particulars of my living children, boys under sixteen and girls under seventeen years of age. Attach birth certificates if possible.

| Names of Children | Sex | Dates of Birth | Place of Residence | By whom Maintained |
|-------------------|-----|----------------|--------------------|--------------------|
| No children       |     |                |                    |                    |

Note:- If you have no children write the words "NO CHILDREN" across the above space.

Wm. Anderson  
Signature of Officer or Soldier.

Witness:

\_\_\_\_\_  
Member of Medical Board.

Note:- If the marriage and birth certificates mentioned above are not forwarded with this form you will be requested to secure and forward them at a later date. The certificates will be returned to you after perusal.



## CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

M. F. 5

35

17 2 586

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1918).

regimental No 2378654 Rank Pte Name Anderson Wm.  
Corps "A" Coy 5th. Batta. C.E.F. who was Discharged  
On 25-11-18 191..., to 191...  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-11-18 191...  
to 25-11-18 191..., the inclusive date of transfer or discharge.

| Dr.  | \$ | c. | Cr.  | \$ | c. |
|--|----|----|--|----|----|
| Bal. Dr. from prev. month                        |    |    | Balance Cr. from prev. month                 | 10 | 00 |
| Advances } No. <u>8309</u>                       | 15 | 00 | Reg'tl. Pay <u>25</u> days at \$ <u>1.00</u> | 25 | 00 |
| Cheques } No.                                    |    |    | Field Allow. <u>25</u> days at \$ <u>10</u>  | 2  | 50 |
| Assigned Pay and Sep'n Allee. No.                |    |    | Separation Allowances* (Monthly)             |    |    |
| Other charges                                    |    |    | Other Allowances* <u>Clothing</u>            | 35 | 00 |
| Payment on transfer or discharge No. <u>8809</u> | 57 | 50 | Other Credits*                               |    |    |
| Balance Cr. (to be paid by the new unit)         |    |    | Bal. Dr. (to be deducted by new unit)        |    |    |
| Total  | 72 | 50 | Total  | 72 | 50 |

\*Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of Assigned  
{ Pay for the month of NIL 191... }  
{ and Sep'n Allee. for month of ..... 191... } (to) Assignee .....  
(Address) .....

(†) Insert amount to be assigned, whether it has been paid or not.  
(‡) Insert "not" if amount has not been paid for period of account.

## On Transfer of an Officer.

Out Allowance of \$..... has been paid by Paymaster, Military District No. ....

## REMARKS:—

State (1) date of enlistment 3-1-18  
(2) if married and if a Separation Allowance Card has been submitted No  
(3) cause of discharge De-mobilization authority H.Q. Telegram 7019  
(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date 25-11-18.  
Place Quebec P.Q. 5th. Battalion C.E.F. Lieut.  
Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

H.Q. 1772-39-903.  
100M-9-18. D.P. 874.



NAME *Anderson William*  
REGIMENTAL NO. *237865-4* RANK *Private*  
ENLISTED AT *Winnipeg Man* PROMOTIONS, &c.  
AND DATE  
DATE *Aug 11/1917*  
IF SERVED PREVIOUSLY, STATE UNIT, &c. *nil*  
MARRIED, WIDOWER, OR SINGLE *Single*  
NEXT OF KIN *J. J. Anderson* RELATIONSHIP *Father*  
ADDRESS OF *776 William Ave Winnipeg Man*  
ASSIGNMENT OF PAY \$ C. TO  
ADDRESS  
SEPARATION ALLOWANCE, ENTITLED OR NOT  
DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER  
IN WHOSE FAVOUR



## CASUALTIES, &amp;c.

| NATURE<br>E.G. ABSENCE, PROMOTION, &c. | PART II. D. O. |                 | REMARKS<br>IF IN HOSPITAL, NOTE NAME, &c. |
|--|----------------|-----------------|---|
|  | No.            | DATE            |   |
| <i>y. O. S.</i>                        | <i>39</i>      | <i>1-6-18.</i>  |   |
| <i>S. O. S.</i>                        | <i>214</i>     | <i>25-11-18</i> | <i>Under H.Q. Wire 7019.</i>              |



No. 2378654 RANK

NAME

Anderson, W.

T. O. S.

UNIT

3-1-18

100 2-2-1-18

1st Dep. Bn. Man. Regt.

M. D. 10

PAID

PAID

SIG.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

FROM

TO

OR  
REC'T

PARTICULARS

AUTHORITY

1918

1918

Jan. 3

Jan. 31

n.



(E) 4163

# CASE HISTORY SHEET.

*Wpy Gen Hospital*

No. *2348654* Rank *Plt* Name *Anderson W.* Age *25*  
Unit *Depot Batt* Completed years of service \_\_\_\_\_ Where and how long *Canada 5 days*  
Date of admission *4th Jan 1918* Date of discharge *16th Jan 1918*  
Diagnosis *Tonsillitis* Place of origin \_\_\_\_\_

## CONDITION ON ADMISSION AND PROGRESS OF CASE

*Patient states his throat has been sore for some time. The day before being admitted throat became so sore he could not swallow. Temp 102.2° Pulse 92 Resp 22. Tonsils enlarged & mucous membrane of throat congested.*

## FAMILY HISTORY

*negative*

(Tuberculosis, mental or nervous diseases.)

## TREATMENT

*Sal. gr. ii saline hv. vi. 2x iodine to throat 2 1/2 g. Bid. Dobell's gargle. Tomentation to neck.*

(Especially any specific or special form)

## CONDITION ON DISCHARGE

(and disposal made of case.)

*Patient improved. Throat still slightly sore.*

Date *Jan 16 1918*

*S B Walker Capt.*  
Medical Officer i/c case.



# CASE HISTORY SHEET.

(E) 4163

No. 23786 311 Rank 1st Lt Name Anderson Wm Age 25  
 Unit 1st Depot Completed years of service 3 1/2 Where and how long Canada 3 1/2  
 Date of admission 17-4-18 Date of discharge 20.4.18  
 Diagnosis Scabies Place of origin

## CONDITION ON ADMISSION AND PROGRESS OF CASE

17-4-18 - Patient complaining of itch - on examination  
General dermatitis, diagnosed scabies.  
all disappeared

## FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

## TREATMENT

(Especially any specific or special form)

Sup ointment B.I.D.

## CONDITION ON DISCHARGE

(and disposal made of case)

Date

Wm Anderson Capt

Medical Officer i/c case.



DENTAL HISTORY SHEET

E Co'y

CANADIAN ARMY DENTAL CORPS

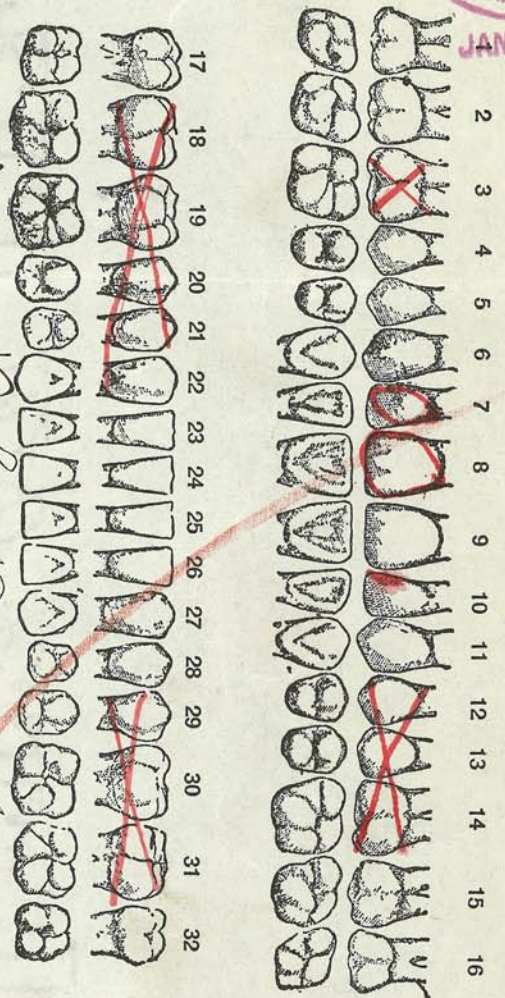
DISTRICT.....10

NAME OF SOLDIER.....William Anderson  
Manitoba, Regt.

REGIMENT.....1st Depoy Battalion

RANK.....Private

No.....2378654



- 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.

| Condition on first Examination | Date  | Amalgam | Temporary Filling (a) G. P. (b) Cement | Cement | Treatment Putrescent Pulp | Root Filling | Pulp Cap | Devitalization | Pyrrhoea | Synthetic Porcelain | Extracting  | Dentures |   |   | Gold Clasp | Gold Filling | Crowns |           | Bridge Work | OPERATOR | Military Dist.       | REMARKS |
|--------------------------------|-------|---------|--|--------|---------------------------|--------------|----------|----------------|----------|---------------------|-------------|----------|---|---|------------|--------------|--------|-----------|-------------|----------|----------------------|---------|
|                                |       |         |  |        |                           |              |          |                |          |                     |             | U        | L | P |            |              | Gold   | Porcelain |             |          |                      |         |
| Jan 4.                         | 1918. |         |  |        |                           |              |          |                |          |                     | 11/3.12.13. |          |   |   |            | 10/7.        | 1/8.   |           |             |          | 10. Cavities 8.9.15. |         |
| Mar 5.                         | 1918. |         |  |        |                           |              |          |                |          |                     | 20.21.      |          |   |   |            |              |        |           |             |          | 10. Cavities 8.9.15. |         |
| "                              | "     |         |  |        |                           |              |          |                |          |                     | 27.28.29.   |          |   |   |            |              |        |           |             |          | 10. Cavities 8.9.15. |         |
|                                |       |         |  |        |                           |              |          |                |          |                     | 30.31.      |          |   |   |            |              |        |           |             |          | 10. Cavities 8.9.15. |         |
|                                |       |         |  |        |                           |              |          |                |          |                     | 32.         |          |   |   |            |              |        |           |             |          | 10. Cavities 8.9.15. |         |



REG. NO. 2348654 4163 NAME Anderson, W. 28173, 02450 (P)  
(SURNAME FIRST)  
RANK Pte CORPS 1st Depot Batt.  
AGE 25. SERVICE C. 5/365  
NAME OF HOSPITAL Winnipeg General PLACE Winnipeg  
DATE OF ADMISSION 4. 1. 18. 14. H. 18  
DISEASE Gonorrhea Scabies  
DISCHARGE 16. 1. 18. 20. H. 18  
OPERATION  
DISCHARGED TO DUTY Yes Duty  
TRANSFERRED TO  
DISCHARGED BY MEDICAL BOARD



REMARKS

2 Military Quarters 4163

Seabees

(P)

14 H 18

July 20 H 18




4163

17-a-386

Medical Examination upon leaving the Serviceof an Officer fit for general service or a Soldier fit for duty.

(F)

 Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Pte Name William Surname Anderson  
 Unit of Corps 5th. C. G. R. (If a soldier) Regt. No. 2378654  
 Born at Berkeley California, U. S. A. on, (date) July 9th 1892  
 Signature (for identification) .....

The examination is to be made by one Medical Officer.

## 1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight

152

lbs.

Colour of eyes

Blue

Height

5 ft. 8 in.

Identification Marks, Scars, etc.

2 Vac marks L. arm.

## 2. NUTRITION AND DIATHESIS?

Good

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

## 3. NERVOUS SYSTEM? Is there a history of previous disability?

No

## 4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

No



4163

(F)

5. HEART?

Abnormal Sounds?

None

Abnormal Size?

No

Pulse Rate?

86

Intermittence or irregularity?

None

Muscular Tone?

O.K.

6. ARTERIES.—(a) Any hardening or nodulation?

None

(b) Blood Pressure.

O.K.

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

O.K.

8. GENITO-URINARY SYSTEM?

O.K.

Urinalysis—S.G.?

Reaction?

Albumen?

Sugar?

9. SKIN, MIDDLE EAR, EYE  
or any other part?

Vision:

Hearing:

Rt. Eye.....

O.K.

Rt. Ear.....

O.K.

L. Eye.....

O.K.

L. Ear.....

Nearly totally deaf.

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

Deafness of l. ear. Existed prior to enlistment. Not aggravated by service

11. Opinion as to the health and physical condition of the one examined?

Good

Examined at.....

Duck

Signed.....

R. W. Bruus. Capt.

M. O.

Date.....

26/11/18.

Wm. Anderson

Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report must be sent at once to the O. C. concerned and the Officer or Soldier brought before a Medical Board.



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

# Casualty Form—Active Service.

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

250M.—1-16.  
H. Q. 1772-39-920.

Unit, Regiment or Corps 1st Depot Batt. Man. Regt.

Regimental No. 2378654 ~~xxxxxx~~ Rank Pte. Name Anderson, William  
C. E. F.

Enlisted (a) 3-1-18 Terms of Service (a) C.E.F. Service reckons from (a) 3-1-18

Date of promotion to } Date of appointment } Numerical position on }  
present rank. } to lance rank } roll of N. C. Os. }

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Mechanic

| Report   |                    | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 38, 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. 38, or other official documents. |
|----------|--------------------|---|----------|--------|--|
| Date     | From whom received |   |          |        |  |
| 6-4-18   | A.A.G.<br>M.D. IO  | Transferred to "A" Coy<br>Manitoba special service  | Winnipeg | 7-4-18 |  |
| 18-11-18 |                    | <i>Let on Discharge 25-11-18<br/>Demobilization R.O. 1358 B.O. 514</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.



17-A-356



| 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<br>taken from Army Form B. 213<br>Army Form A. 36, or other<br>official documents. |
|--------|--------------------|--|-------|------|--|
| Date   | From whom received |  |       |      |  |
|        |                    |  |       |      |  |



4163 17-a '386

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

(H)

This is to Certify that No. 2378654 (Rank) Private

Name (in full) William Anderson enlisted in  
the 1st Depot Battalion Man. Regt.

CANADIAN EXPEDITIONARY FORCE at Winnipeg Man. on the 3rd  
day of January 19 18

HE served in Canada only.

and is now discharged from the service by reason of demobilization R.O. 1328

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

Age 26

Height 5-----8

Complexion Fair

Eyes Blue

Hair L. Brown

Marks or Scars

Hon.

Wm Anderson  
Signature of Soldier

H. P. Hall  
Issuing Officer

O. C.

Date of Discharge Nov. 25 1918

Rank  
5th Battalion C.G.R.

Appointment

Signed at Quebec P.Q. this 25th day of November 19 18

in Military District No. 5

File Reference No. \_\_\_\_\_

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

No. 2378654 (Rank) Private William Anderson

Unit 5th Battalion C.G.R.

Address on Discharge 776 William Ave. Winnipeg Man.

Character and Conduct Good

Former Occupation Mechanic

Special Qualifications of Value in Civil Life Mechanics

Medals and Decorations None

Remarks Service in Canada

Signed at Quebec P.Q. this 25th day of November 18 19

H. J. P. [Signature]  
Name of Officer

O.C.  
Rank

5th Battalion C.G.R.

Appointment



This space to be for numbers.

## Proceedings on Discharge.

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



|   |   |
|---|---|
| No.   | 3378654   |
| Rank  | Private   |
| Surname   | Anderson  |
| Christian name  | William   |
| NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.   |   |
| Corps (Squadron, Battery or Company)  | 5th Battalion C.G.R.  |
| Date of discharge   | Nov. 25 1918  |
| Place of discharge  | Quebec P.Q.   |
| 1. DESCRIPTION AT THE TIME OF DISCHARGE.  |   |
| Age.....26.....years.....months.  | Descriptive marks<br><br>None   |
| Height.....5.....feet.....8.....inches.   |   |
| Complexion Fair   |   |
| Eyes Blue   |   |
| Hair L. Brown   |   |
| Trade Mechanic  |   |
| Intended place of residence   | 776 William Ave.  |
| (To be given as fully as practicable.)  | Winnipeg. Man.  |
| 2. The above-named man is discharged in consequence of demobilization   |   |
| Authority for discharge R. O. 1328  |   |
| 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. |   |
| To be 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. |
|   | <i>good</i>   |
| N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.  |   |
| 4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) Mechanic.   |   |
| <i>He</i>   |   |

M. F. B. 218.

200M.—5-18.  
H. Q. 1772-39-113.

(OVER)



5. He is in possession of the following number of G. C. Badges:

None

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

None

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Quebec P.Q.

O. C.

(Date) Nov. 24 1918

Commanding 5th Battalion C.G.R.

8. Certificate to be signed by the Soldier on Discharge

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, and that I have received my permanent discharge certificate.

(Place) Quebec P.Q. Wm Anderson (Signature of Soldier.)

(Date) Nov. 25 1918 T. Donville (Signature of Witness.)

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.

----- (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed) .....years <sup>32</sup> days.

Total.....years <sup>32</sup> days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Quebec P.Q.

(Signature) W. C. G.

O. C.

(Date) Nov. 25 1918

5th Battalion C.G.R.