



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

M. F. W. 34. (A. F. B. 103.

501M.—9-16

H. Q. 1772-39-9'0.

# Casualty Form—Active Service.

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

Regimental No. 2383778 Rank Pta. Name Anderson, William  
C. E. F.

Enlisted (a) 17.4.18 Terms of Service (a) D. of War Service reckons from (a) 17.4.18

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) .....

Report		Rec rd 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				
<u>25.1.19</u>	<u>1st/Man. Regt.</u>	<u>S.O.S. as deserter by C. of I.</u>	<u>Winnipeg</u>	<u>17.4.18</u>	<u>Pt. 11 D.O. #25</u>
<u>11.3.21</u>	<u>do</u>	<u>Pt. 11 D.O. 25 a/25/19 amended to read; - S.O.S. W/E</u>	<u>Ottawa</u>	<u>7.5.18</u>	<u>after Order #121</u>  <u>Langman</u> Lieut., for D. of R

(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, Shoing Smith, etc. etc., also special qualifications in technical Corps dutie-. [P.T.O.]

Army Form A-36

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				

NOV 21 1917

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 40364I.
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any) C.P.R. Boarding House. Fort William, Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 17th day of November 1917, by the undersigned medical board sitting at Fort William, Ont.

- 5. Age as stated 22 Years II Months. 6. Apparent age 22 Years II Months
7. Height 5 Feet 2 3/4 Inches. 8. Weight 133 Pounds.
9. Chest measurement { Minimum 35 Ins. Maximum 38 Ins.
10. Complexion Ruddy. { Eyes Brown. Hair Brown.
11. Physical development Good. { Good Fair Poor
12. Smallpox marks None.
13. Number of vaccination marks { Right arm Left arm 2
14. When vaccinated last 7 Months ago.
15. Distinctive marks and marks indicating congenital peculiarities or previous disease None.

16. Slight defects but not sufficient to cause rejection Undescended testicle.(R.S.)
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
(Strike out disease admitted or suspected.)

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

V/R. 20/20.
V/L. 20/20.
H/R. Normal.
H/L. Normal.

Signatures of medical board members: President, Member, Member.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Rows show M.O. results.

Joined day of 191 at

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Rows for 'Joined on enlistment' and 'Transferred to'.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: 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.

Vertical stamp: No. 6, Ckd. to Schedule by

Vertical signature: Signature of Man Wm Anderson

