

(This form to be filled in by all ranks on voyage to Canada.)

0	TAPE TO SERVICE THE SERVICE TH				
R RANK	SURNAME	INITIALS	UNIT		
al address(Street)	(City or Town)	(Province)			
one person to be notified of arrival.					
Station in Military District to which					
Railway					
d, is your wife on board					
stination					
	(Sad)				

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

year WAR SERVIC

15206

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 Anderson
	Rank Ple. 4. Original Unit B.C. Regt. 5. Reg. No. 4080 414
	Address, in full, to which future payments of gratuity are to be forwarded
	Royal Bank of Canada "Cordova St Branch"
	Vancouver 13 C.
	Date of enlistment in the C.E.F.
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 not applicable
0.	Address, in full, of such dependent not repplicable
	11 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
1.	Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account
	of another soldier? Not applicable and of an event and vest to nov 127 and
12.	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:—
	(b) Il so, see you in recognition of
18.	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
	The second secon
	The state of the second on active service whether in Canada or Overseas, setting out
	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.
	BC. Regt. 6/5/18 40 1/8/18 10 (Res) Batt 1/9/18 to 7/11/18 29 (Vance) Batt 7/11/18 to 12/4/19.
16.	Were you at the time of enlistment a civil employee of the Dominion Government? If so, state
	Department 20
	Were you a member of the Permanent Force at the time of enlistment in the C.E.F.?

Mp.

19.	size you had more than one enlistment? If so, give particulars of discharges and re-enlistments.
	and under what regimental numbers and units.
19.	Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so,
	state amount you and your dependents have already received and by whom paid
20.	Have you been issued with a War Service Badge? If so what class?
21.	Have you, during the present war, served in the Imperial Forces?
22.	Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay
	from the Imperial Forces? If so, state amount received, or to which you are entitled
00	
23.	(a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival
	in England? No
	(b) If so, was such reversion in consequence of misconduct or inefficiency? Not applicable
24.	Are you now serving in the C.E.F.?
	(b) Reason for discharge
0.5	
25.	The state of the s
	forces? If so, give unit
26.	Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one
	unit in which you served at the front, and dates of such service with that unit
27.	(a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?
	(b) If so, are you in receipt of full pay and allowances from that Department?
q	And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the
sam	e force and effect as if made under oath and in virtue of the Canadian Evidence Act.
Sign	lature of Applicant: Hilliam anderson "QUESTIONS 12-13-14-20-24-25
Plac	e of Residence: Vancouver 73.C. S.P. o "QUESTIONS 12-13-14-20-24-25" 26 & 27 ARE UNANSWERED"
Dec	lared before me at: Wittey
This	Twelf day of april 19, 18 2 2000 It
	Signature of Barrister of the Supreme Court Stipendiary Magis- "QUESTIONS 12-13-14-20-24-25
	trate, Notary Public, Justice of the Peace, or Commissioner for the 26 & 27 ARE UNANSWERED"
	Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.
_	2.0. 2101, dayed 11th 1104, 1020.
	POST DISCHARGE PAY.
Date	e paid. Paid Paid War Service Net amount Gratuity due
	Soldier Dependent Gratuity due
******	042.3 04
	Certified Correct. District Paymaster.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M.S. B. Class A. No. D. Q. T. D. G. 8.

			ALP IN	1 /	WAR SERVICE BARGE
1.	No. 40804	14	(V)		CLASS "A"
2	Rank. PTB				
3.	Name. AND	FRSON	WI	LUIA	M
4.	Unit. 29.18	BATT	'A410	DN.	
5		May 24 th	Place	Var	icouver
6	Reason for Dischar				
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7.	Authority No II de	d DO 148 Ma	y. 28-19		
8.	Proposed Residence	GET WELCH TO			Leaf
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	20	th Battr			11/11/17
	~7	in the descent	<i>Q</i>		halfalehaf kaf
9.		ERTIFICATE TO			IER. eceived my discharge Certificate
		H. C	Ender	son	Signature of Soldier.
10.		CON	FIRMATION	τ.	
	The discharge of	the above named	man is hereby	confirmed.	
	Place				
	Station 3				
	Date: 94 1919				
	Min	8			
	Stary District	Signature		1/2	Undreus Capil
Maritan.				(O. C. Discharging Unit.)

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 unobtinable	
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. 188).

Particulars of Recruit (M.F.W. 188).

2. (asunity Form (A.F.B. 108).

3. Medical History Sheet (M.F.B. 813 or A.F.B. 178).

4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 199).

5. Dental ('ertificate (C.A.D.C. 5009a).

6. Field ('onduct Sheet (A.F.B. 122.)

7. Proceedings on Discharge (M.F.B. 218a)

8. Discharge Certificate (M.F.W. 89)

(Euclosed in special envelope (260M)).

9. Copy of Discharge Certificate (M.F.W. 89a).

10. Dispersal Certificate (C.D.8).

10 Dispersal Certificate (C.D. 8).

11. Equipment Statement Q.M.G. Form (D.O.S. 2), and (locking) Statement Q.M.G. Form (D.O.S. 2), 12. last Pay Certificate (P. 851).





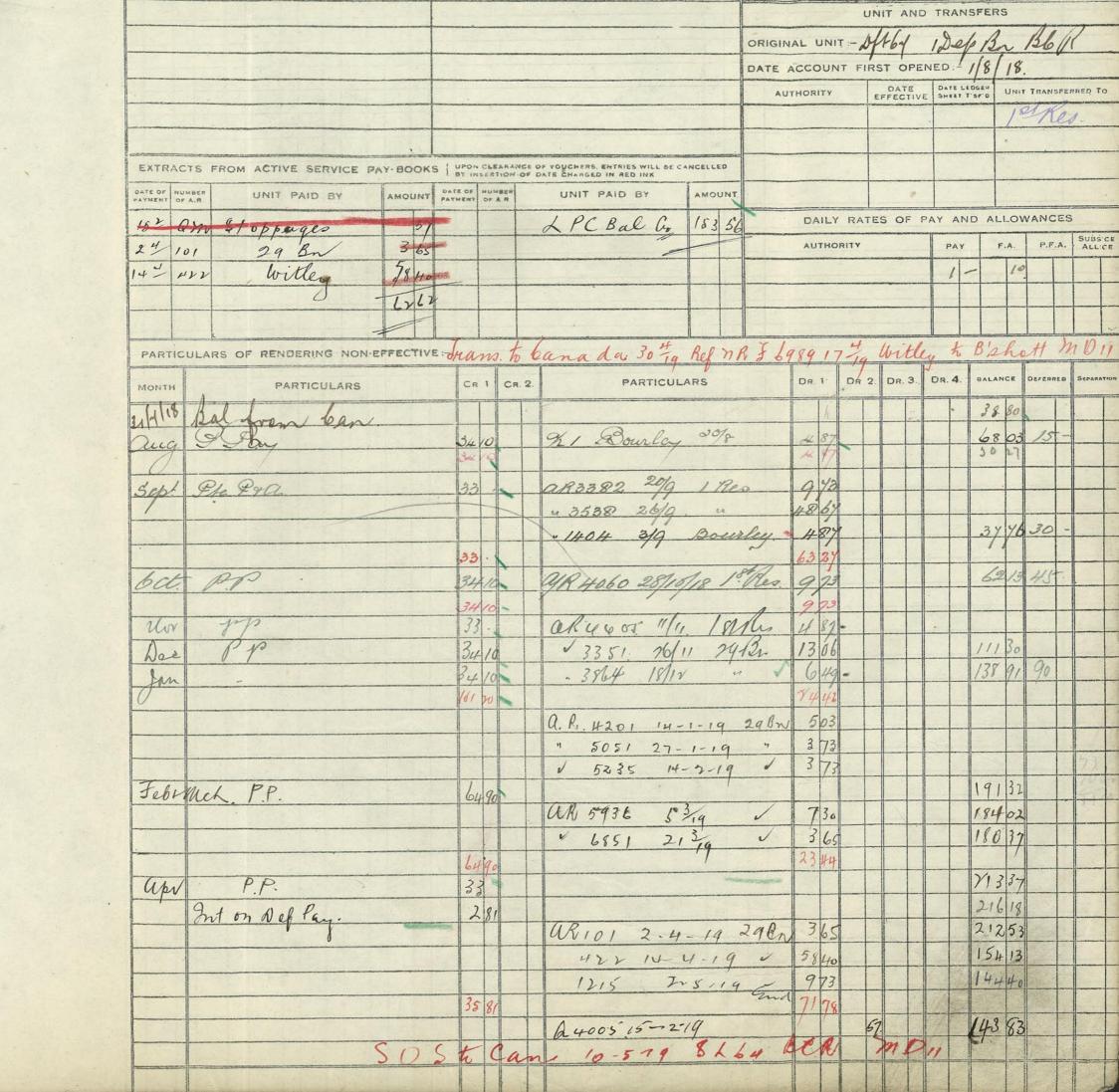
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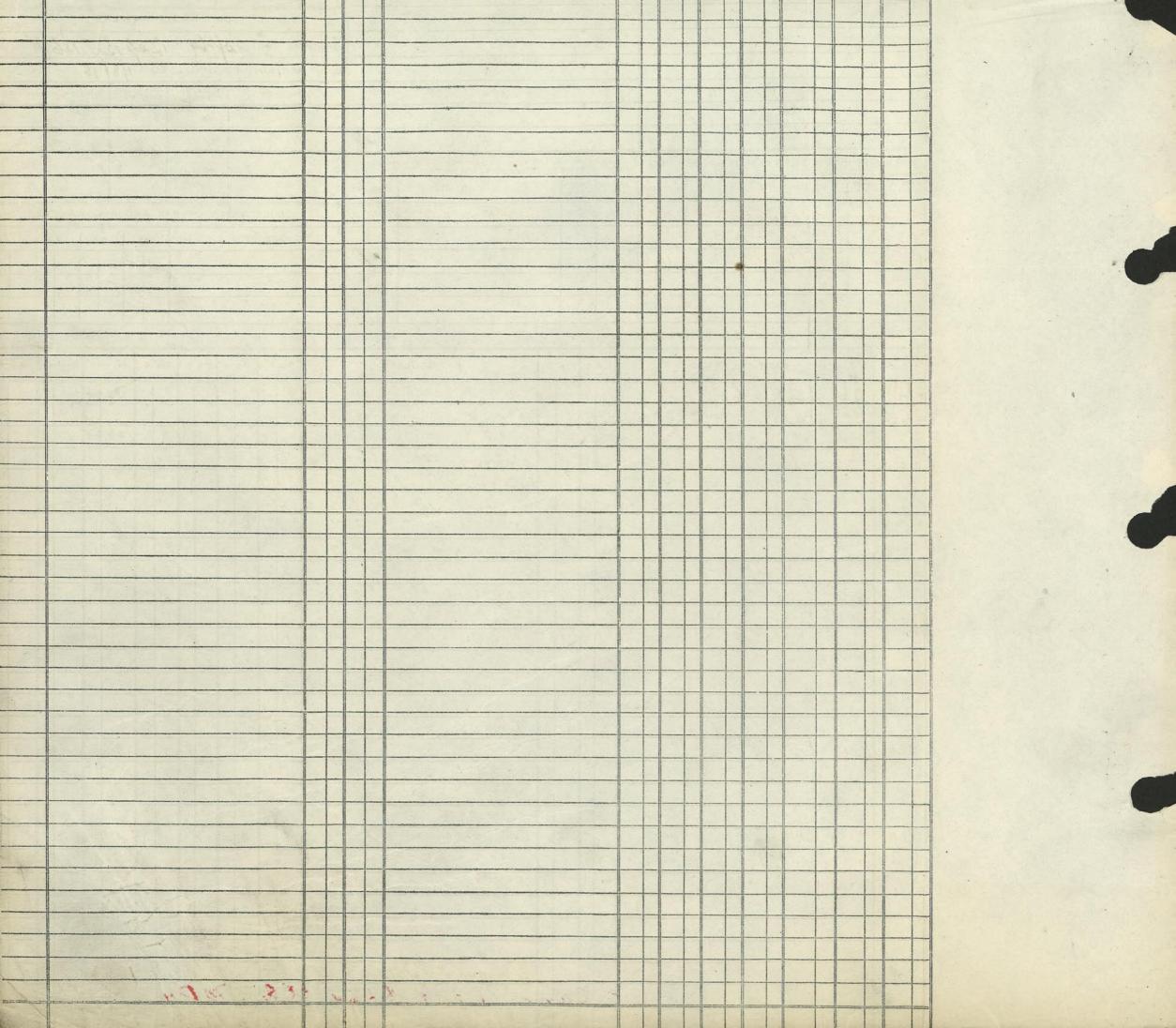
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· Olympic 16/5/10

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING REGT. No. 4080 414 DAILY RATE OF PAY AND ALLOWANCES ORIGINAL UNIT RELATIONSHIP EFFECTIVE DATE AUTHORITY PARTICULARS PLACE OF ATTESTATION DATE OF ATTESTATION ASSIGNED PAY \$ DATE EFFECTIVE

STOP PAYMENT FORM ASSIGNED PAY

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BALANCE FROM PREVIOUS ACCOUNT

M. OR S.

ADDRESS

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TO WHOM PAID

ADDRESS

IS SEPARATION ALLOWANCE PAID?

70 I certify that all payments of War Service Gratuity been made on this account according to the period of Service shown on 780 the M. F. W. 250 or mine cer i/e War Service Gratuaty M.D. No. II

280

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RELATIONSHIP

200м-3-19.—L. L. 58786-N. & D. 9985. М. F. W. 2596. 1772-39-1390.

· Olympic 16/3/10 AUDITOR PAYMASTER OMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING REGT. No. 4080 444 NAME (IN FULL) ANDERSON. VIV-DAILY RATE OF PAY AND ALLOWANCES ORIGINAL UNIT EFFECTIVE BLOCK LETTERS SURNAME FIRST PARTICULARS AUTHORITY PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY DATE EFFECTIVE ASSIGNED PAY \$ RELATIONSHIP ANY CHANGE IN ASSIGNEE OF ADDRESS PAYABLE TO ADDRESS STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE PLACE DATE DISCHARGED REASON AUTHORITY IF ENTITLED TO
POST
DISCHARGE 24/5/19 ACQUITTANCE ROLLS CASH PAYMENTS REGI-ASSIGNED OTHER TOTAL BALANCE MENTAL DL. NO. 1 COL. NO. 2 COL. NO. 3 COL. NO. 1 COL. NO. 2 COL. NO. 3 PAY CHARGES CHARGES DEBITS DEBIT CREDIT PARTICULARS OR REMARKS DATE NO. DATE C. 133 60 War Service Gratuity nonths 76 60 10 280

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF

Hastings Park, Vancouver, B.C.

MAY 241919

This is to certify that the physical condition of the within named man has not changed since date of overseas Board herewith attached.

	Nutrition Nutrition	The same and the s
		Identification marks, scars, or deformities.
	Pulse 3.2 here	(Give cause and date of origin.)
	Condition of arteries.	Tallow life foream
	Vision Rt. 7/2 Left 7/2	James of James
	Hearing (conversational voice) Rt ft.	
	Left ft.	
Op	inion as to general health and physical condition	ford
2.	Has Officer or Other Rank ever suffered from, o (Answer "Yes" or "No"). (Subjective evidence	r has he now, any affection of the following systems? e may be sufficient in certain cases.)
	Nervous System Genito Urinary S	ystem Cardio-Vascular System.
	Special SensesIntegumentary Sy	ystem
	Disturbance of mentality Muscular System	Digestive System
	Osseous and Joint System Any other genera	d condition
0		
3.	of origin; and also a description of the present c	"Yes," here give full particulars, with cause and date

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

are to be reported

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

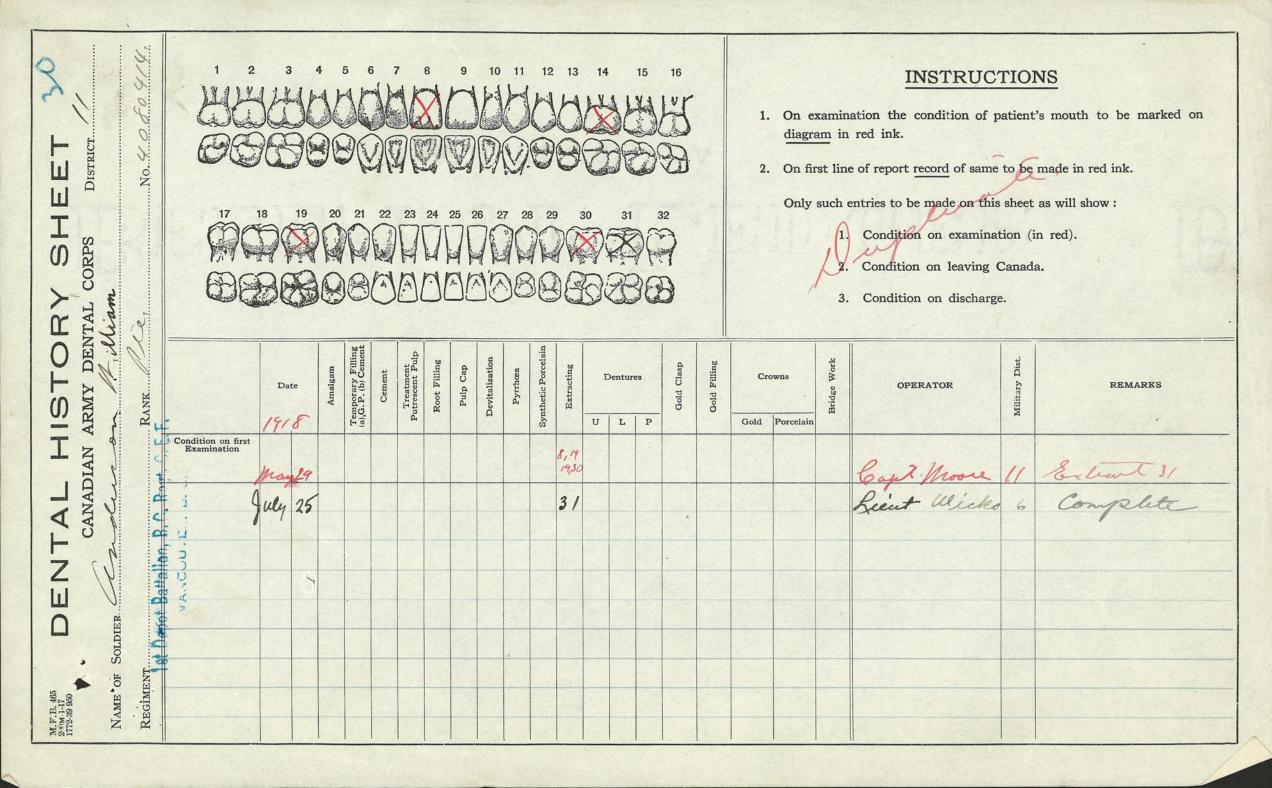
8.0.414. Rank The	Surname A.N.D.E.R.S.O.N(Give name in full)
E-sal	WILLIAM.
	Birthplace S. alt. Spring Island
Examination of Officer or Other Rank (st	ripped) to be made by one Medical Officer.)
RAL DESCRIPTION:	
	Height Jft.?in. Colour of Eyes
Nutrition Pos	Identification marks, scars, or deformities.
Pulse 32 begree	(Give cause and date of origin.)
Condition of arteries.	_ 0 1
Condition of arteries.	Fallow lig foream
Hearing (conversational voice) Rtft.	00
Leftft.	Conference of the party of the
pinion as to general health and physical condition	ford
Has Officer or Other Rank ever suffered from, o (Answer "Yes" or "No"). (Subjective evidence	r has he now, any affection of the following systems? e may be sufficient in certain cases.)
Nervous System Genito Urinary S	ystem. Cardio-Vascular System.
	ystem
Osseous and Joint System Any other genera	al condition
If the answer to any part of Section 9 shows is	(Y7. 2)

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—
Examined at Quite (Overseas)
Date 20-4-19 Signed 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 Medical Board.)
THIS SECTION FOR USE IN CANADA— Examined at(Canada)
Date
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 Medical Board.)

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

D



DIRECTIONS TO DENTAL OFFICERS

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London 1. This form will be NAME 'OF SOLDIER (Block Letters) made out for each Individual at the time of Demobilization in England or France. Figures as per chart will be used Date of Examination in England Date of Examination in France to designate teeth concerned. 10 11 12 13 3. In reference to Partial Dentures the numbers of teeth thereon will be stated 22 23 24 25 26 27 28 PRESENT DENTAL REQUIREMENTS 1. FILLINGS 2. EXTRACTIONS 3. CROWNS 4. DENTURES (a) Full Upper (b) Part Upper

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

(c) Full Lower(d) Part Lower

- (b) In England
- (c) In France

Signature of Dental Officer_

Loss Coft.

CERTIFIED COPY

ORIGINAL.

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.

Deputy Registrar	A amount on an			
1. Surname		Christian name		
2. Number of report receipt or scho	rt for service or claim for edule	exemption according to	Postmaster's	89564
	nber on schedule of men			878
4. Address (including and number.	fany)) Nor th	Vancouver, B.	.c.	
225				as ascertained by the
This is to Mdeical Hi	Officer i/c	boskler Records.	Lieut.	ble
	Canadian Corp Witley Sectio	Cleraing Hous Camp n. Witley.	Surrey.	
13. Ivumber of vacci	Left arm	1	View employed by	4
15. Distinctive mark	s and marks indicating con		vious disease	Signature of Ma
				6 00
(Strike out dis We have in accordance w	ng had { Tuberculosis Syphilis ease admitted or suspected examined the above rith the C. E. F. Reguions, and he is placed wallTER w	named man	(Syphilis	SS
O.W. MURPH	Y. CAPT.	Member. W.A.	COULTHARD.	Member.
Date Result	VACCINATIONS	Date	Result ANTI-TY	PHOID INOCULATIONS, ETC.
3/6/48 3	Motwel	M.O. UN 1 M.O. JUN M.O. July 2	1918 - W- 1918 -	Mula M.O.
	10 7	November	s V	and be.
Joined	day of	REG'TL NUMBER	Habits	
	CORPS	REGIL NUMBER	HABITS	DATE
Joined on enlistr	1	र्द्धि स्पू		11-11-17
EX	AMINED OR DIS	CHARGED BY A	MEDICAL	BOARD.
STATION	DATE	DISEASE		RESULT
ancourt	BCJUNA 18	18	A to	waken la

ANDERSON

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

Christian name

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Signature of Man.

WILLIAM ANDERSON. previously

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4. Address	(including stree	Nor t	n Vanc	ouver B	-C-			
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led	lical examina	tion on the	14th	day ofD	e ce mbe	r	1917	, by the
nd	ersigned med	ical board sittin	g at	Van	com	sv. B	C	
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10. mainbe	er of vaccination	marks { Right arm	1	14.	When vaccin	nated last	1911	
		marks indicating co						
			***************************************	4 7363			**************	
16. Slight o	defects but not	sufficient to cause r	ejection		/ DI			
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(Stri)	ke out disease a	dmitted or suspected ined the above	ed.)		ī			
in accord	ance with t	he C. E. F. Re and he is placed	gulations	for A				
		WALTER						
		,		. W.A.				Member.
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5	4	Date of Arrival		di-	DATI	Car Server			EVERSE	Number of	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In	Signature
	STATION.	at the	ini	to Hospi	ital	fro	Discharg m Hosp	ital.	DISEASE.	days in	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.	Medical
		Station.	Day	Month	Year	Day	Month	Year		Hospital.	appliances supplied. Particulars of prophylactic inoculations.	Officer
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Form R 122.

Name Anderson William Reg'l No. 4080414 Rank Unit 67th Aft B.6 Reft What Unit? Place and Date of Enlistment VancouverB. 6. H-11-17 Place of Birth Salt Springs & Name and Address, Next-of-Kin William Daniel anderson Petersons Camp Powell Lake B. E. Relationship & ather Payable to Assigned Pay Monthly \$ Relationship Payable to Separation Allowance \$ Relationship Character Reason Discharge, Date and Place H. W. V., Ld.-9546-16. Report. Record of promotions, reductions, transfers, REMARKS Place. Date. casualties, etc., during active service. Taken from Official Documents. From whom The authority to be quoted in each case. Date. received. PROC TO, ENG 10,4:19 M WING, CCC. DO: 2.D. 12.4, 19 TUS, 11,4,19

Report.		Record of promotions, reductions, transfers.			DEMARKS	
Date.	From whom received.	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.	
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				a transfer		
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					() () () () () () () () () ()	
						Militaria

350m.-5-16 . H. Q. 1772-39-920.

Casualty Form Active Service.

Regimental No. 108011 114 Rank. Enlisted (a). 117 Terms of Service (a) Service reckons from (a). Date of promotion to present rank Extended. Re-engaged. Re-engaged. 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 TAKEN ON STREMENT OF 1st CAN. RES. BATTN. Seword Service reckons from (a). Service reckons from (
Enlisted (a)	
Date of promotion to present rank Extended Re-engaged 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 Date From whom received A. 36, or in other official documents From whom received From whom	
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Date From whom received Place Place Date Army Form A. 36, or other official documents. The authority to be quoted in each case AUG 14 1918 From whom received Canada Halifax AUG 161918 TAKEN ON STREMETE OP 1st CAN. RES. BATTN. Sewlerd 164.18 Pt. H. 7.0. 210.	
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NOV 1918	1
964 Captain	
Adiutant, 1st Canadian Reserve Battat	tion
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"" Left for CCRC2. Field. 11-11318 NR 1463 "" NR 1794.	
19-12-18 - Left for 29 to Br - 19-12-18 -253.	
(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.	

	Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-			Remarks taken from Army Form B, 213,
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		T. O. S. NollDD 10 S. O. S. C. E, F24Ma;			FOR OFFICER COMMANDING,
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M. F. W. 133. 500 M.—8-17. 1772 –39—1158.

Regtl. No. 4080414

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Surname	Anderson		
Christian nam	ne William		
Present addre	ss Squamish Mis	ssion, North Vancouver,	B.C., Canada
. Military Servi	ce Act letter and numbe	r 289564	
. Date of birth.	4 0.000 (0.000 (0.000)	June 6th, 1885	
. Place of birth	y township or county and coun	Salt Spring Island,	B.C., Canada
. Married, wido	wer or single	Single	
Religion	A CONTRACTOR OF THE PARTY OF TH	Church of England	
. Trade or callin	ng	Logger	
. Name of next	-of-kin	William Daniel Ander	rson
. Relationship of	f next-of-kin	Father	
		Peterson's Camp, Pot	
	1 6 1	Active Militie	nus
. Whether at pr	esent a member of the	Active Minua	121/04
		Active Militia	
. Particulars of		val service, if any	
4. Particulars of 5. Medical Exam (a) Place	previous military or navalination under Military baccouver, B.C. (b)	Service Act:— DateDecember14/17 (c) Car RATION OF RECRUIT	tegory
4. Particulars of 5. Medical Exam (a) Place	previous military or navalination under Military incouver, B.C. (b) DECLAI William And refer to me, and are true	Service Act:— DateDecember14/17 (c) Car RATION OF RECRUIT Lerson, do	solemnly declare that the
4. Particulars of 5. Medical Exam (a) Place	previous military or navalination under Military and DECLAI william And refer to me, and are true	Service Act:— DateDecember 14/17 (c) Car RATION OF RECRUIT Lerson , do	solemnly declare that the
i. Particulars of i. Medical Exam (a) Place I,	previous military or navalination under Military DECLAI William And refer to me, and are true DESCRIP	Service Act:— DateDecember 14/17 (c) Car RATION OF RECRUIT Lerson , do Cliam Anderson TION ON CALLING UP s mths.	solemnly declare that the(Signature of Recruit)
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I, ove particulars oparent age eight	DECLAI William And refer to me, and are true DESCRIP 32 yrs 5 fully expanded	Service Act:— DateDecember 14/17 (c) Car RATION OF RECRUIT Lerson , do C. Cliam Anderson TION ON CALLING UP mths. mths. mins. 38 ins.	solemnly declare that the (Signature of Recruit) Distinctive marks, and marks indicating congential peculiarities or
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		M. D. No. // T.
	Surname anderson	T. O. S. 220 J. H. Ch. 19 1. 1
	Christian names William	D. O. Pt. 117/2 of 23-10118
	Reat No 40 8 A 414 Bank Sta	S. O. S. Dis 24-5-19. 19
	Unit B. 6 Regt. 1st 12po. Bn	Reason Jumb
		Auth 901480 28-5-19, 170 D
	Next of kin anderson, William Daniel Address Peterson's Camp, Towell- Fake B.C.	Relationship Jather, Also notify:
	BORN—Place Omeouver B. C. Dat ATTESTED—Place Vancouver B. C. Dat	e June 6th 1885
	ATTESTED—Place Vancouver B. C. Dat	e nov. 11 th 1917.
	0/S 9-8-18 137/	e nov. 11 th 1914. R/C 165-194 55- Pte
	W. 22-75m-5-18. 1772-39-839.	

CANADIAN EXPEDITIONARY FORCE DISCHARGE CERTIFICATE 0.305032

THIS IS TO CERTIFY that No. 408	70414 (Rank) PTE
Name (in full) RNDERSON.	WILLIAM, enlisted in
the 12 DEPOT BATTAL	10N-
CANADIAN EXPEDITIONARY FORCE at MANGE	OUVER B. Con the 11 st
day of NOVENBER 1917	
HE served in 294 BATTA	410N in Sauce.
	Demobilization.
and is now discharged from the service b	Medical Unfitness.
THE DESCRIPTION OF THIS SOLDIER on t	he Date below is as follows:
Age. 3 4	Marks or Scars
Height 6 ff 7 in	TATTOO LEFT
Complexion DARK	FOREARN.
Eyes BROWN	
Hair BLACK	
J. anderson	
Signature of Soldier.	- 19 andrews
Date of Discharge	Issuing Officer.
May 24 th. 1919	Rank
	Date May 24th. 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.
M.F.B. 39A.