C.E.F. REGIMENTAL DOCUMENTS

NAME ANDERSON WILLIAM A. REGT. No. 3259695 UNIT H. Q. FILE No. 9686

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
	ATTESTATION PAPER (M.F.W. 23, 133 or 51)				
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				
	TRAINING HISTORY SHEET (M.F.W. 113)				
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				
	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)				
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				
	DENTAL HISTORY SHEET (M.F.B. 465)				
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				
	MEDICAL EXAMINATION (M.F.W. 129)				
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)				
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)				
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)				
	LAST PAY CERTIFICATE (M.F.W. 44)				
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)				
	PARTICULARS OF CHARACTER (A.F.W. 3226)				
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				
	CARDS				
	PAY-SHEETS				

NON-EFFECTIVE BY

DEATH

CATEGORY

DISCHARGE

CATEGORY

DESERTION

M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

Number 3259695 Rank Spr B

Surname ANDERSEN

Christian Name William Aimus

Units R.E. Theatre of War England

Date of Service 22-7-18

Remarks Ivy c/o J.J. Hanberg 7321 Eglesby Ave. Chicago. Ill. U.S.A.

Latest Address ~~N.F. 27-8-21~~ 24/2/21 ~~Gen. P.O. Windsor~~

Roll No. 2 Page 4284 Dvt. 4-1-23

200m.-6-21.M.

DEEP. SEP 15 1923
REGN. NO. 6938

C. C.

CANADIAN DISCHARGE DEPOT, C.E.F. BUXTON, DERBYSHIRE JUN 14 1919

5-3-40

No. of DEPENDENTS 1

FILE SHORT FORM.

PROCEEDINGS ON DISCHARGE. (Demobilization.)

DISPERSAL AREA K. 1.

RELIGION Lutheran NEXT OF KIN Wife

1. No.	3359695	
2. Rank	Bugler	
3. Name.	ANDERSEN	Wm Andrew.
4. Unit	C. E. R. D.	C. Es.
5. Date of Discharge		Place

HALIFAX DEPOT JUL 22 1919 CLEARING SERVICES COMMAND

6. Reason for Discharge CATEGORY A.

TRADE. Stationary Engineer OCCUPATIONAL GROUP 13.

SERVICE IN FRANCE. United Kingdom

7. Authority

8. Proposed Residence after Discharge G. P. O. Windsor Ont.

(G. P. O. Chicago Ill.)

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. ?

W. A. Andersen

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

HALIFAX DEPOT JUL 22 1919 CLEARING SERVICES COMMAND

Lt. Col

Signature O. C. HALIFAX DEPOT CLEARING SERVICES (Discharging Unit.)

25

M.F.B. 218a—50M.-12-18—1772-39-113.

E. R. J.

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 unobtainable	
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. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5003a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (2605)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.S.).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 351).
13. Pay Book (A.F.G.1).
14. War Service Gratuity (Form M.F.W. 2595).
15. Small Documents.

Group.....

Checked by No. 4 O.S.N.

Date 10.7.19

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	Nil	* ENGLAND OR ~~CANADA~~	
EFFECTIVE DATE:-	~~1/10/18~~	d/y 1/2/19	
AMOUNT:-	~~15.00~~	#20.00	

SEPARATION ALLOWANCE.		* ENGLAND OR CANADA.	
EFFECTIVE DATE:-	5/1/19		
AMOUNT:-	30.00		

NAME:- ANDERSEN. William Erasmus
NUMBER:- 3259695.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
2 CERB-D056	22.7.18	Spr.

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

~~MISS FLORENCE SEARES~~, (Cousin)
~~213 CORFIELD STREET~~, A2M 1/6/18
~~BETHNAL GREEN, LONDON, E.2.~~
MRS. FLORENCE ANDERSEN
~~CHICHESTER~~ "ROZELLE" 1/(Settled)
(~~late~~ CLAREMONT RD.,
SEAFORD SUSSEX. A2M 11/2/19
To HIGH ST. SEAFORD. 26.5.19
Stop 1-9-19

S.O.2. Canada 11/1/19 2 CERB
S.L. D24
Same

Granted permission to marry 30/4/18 {D.O.102 2/7/18 2nd CERB}

Tho. 7/4. Draft. UNIT AND TRANSFERS C.E.
ORIGINAL UNIT:- 2ND C. E. RES. BN. C. E. T. C.
DATE ACCOUNT FIRST OPENED:- ~~22.7.18~~ 1/4/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
23/6/19	Ldn	Paid without as C.B.	~~9 73~~				
1/7/19	"	" " "	~~9 73~~				
10/6/19	1679	3rd CERB. £1	~~1 87~~				
11/6/19	1692	" £1	~~1 87~~				
20/6/19	3694	Buxton £2	~~9 73~~ 8 93				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00 Non-Effective	1/0	~~1/0~~	

L.R.C. Bal. Debit. ~~£2.2.0~~ £3.2.0

PARTICULARS OF RENDERING NON-EFFECTIVE: Trans. to Canada 1/8/19 N.A. 11382 3/6/19 C.N.D. Buxton N.D. 1.

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
30/6/18	BALANCE FROM CANADA								4 46		
Aug.	5 Pays. Pay. Aug. 1 Bal. for July	45 10		A.R. 1911 Details Seaford 29/7/18	4 87					15	
				" 1361 3rd CERBn. 14/8/18	9 73				34 90	30	
Sept.	5 Pays. Pay	~~45 10~~ 33 -		" 91 " " 3/9/18	~~14 60~~ 29 20						
	" " 1/7 to 21/7	23 10		" 387 " " 27/9/18	9 73				5207	45	Total Def. Payments to advance 28/10/18 Dale
		~~56 10~~ 34 10		D 38258	~~38 93~~		15 -				
Oct.				Jan R. 3/524 Rogers & Case 22/9/18	3 7						
				712 3rd CERB. 11/10/18	4 87						
				875 " 25/10/18	9 73				56 20		
NOV		~~34 10~~ 33		E 19654	~~14 97~~		~~15~~ 15				
				1086 3rd CERB. 11/11/18	14 60						
				E 30384 Dec			15				
				1366 3rd CERB 27/11/18	9 73						
Dec.		34 10		1656 " 17/12/18	19 47						
JAN		34 10		E 24846 Jan			15		68 60		
		101 20			43 80		45				
FEB		30 60		Sund. Deck E.24946 S.A. 5-1-19 to 31-1-19							26 12
				C.P. 95062 Landau 31/12/18	43 80						
				1948 3rd CERB 15/1/19	4 87						
							30				30

MRS. FLORENCE ANDERSEN

~~7 CHICHESTER~~ "ROZELLE" ~~10~~ CLAREMONT RD. SEAFORD SUSSEX. 12/11/19

To HIGH ST. SEAFORD. 16/5/19

Sept 9-19

1/2/19 30.2. S.P. Same

Granted, permission to marry 30/1/18 {D.O.102 2/18 2nd CERB}

No. 74. Draft: UNIT AND TRANSFERS C.E.

ORIGINAL UNIT:- 2ND C. E. RES. BN. C. E. T. C.

DATE ACCOUNT FIRST OPENED:- ~~22.7.18~~ 1/7/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F/A	P.F.A.	SUBS'CE ALL'CE
	1 00	Non-gradated 10	~~1/6~~	

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
23/6/19	Ldn	Paid without a/c P.B.	~~9 73~~				
1/7/19	"	" " "	~~9 73~~				
10/6/19	1679	3rd CERB. £1	~~4 87~~				
11/6/19	1692	" £1	~~4 87~~				
26/6/19	3694	Buxton £2	~~9 73~~ 8 93				

L.R. Bal. Debit. ~~£4 13.2~~

PARTICULARS OF RENDERING NON-EFFECTIVE: From Do Canada 1/8/19 N.K. 11382 3/6/19 C.D.D. Buxton N.D. 1.

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
30/6/18	BALANCE FROM CANADA								£ 40		
Aug.	Spurs Pay. Aug. & Bal. for July	45 10		A.R. 1911 Details Seaford 29/7/18	£ 87					15-	
				" 1361 3rd CERBn. 14/8/18	9 73				34 90	30	
Sept.	Spurs Pay	45 10		" 91 " " 3/9/18	~~11 60~~ 29 20						
	" " 1/7 to 21/7	23 10		" 387 " " 27/9/18	9 73				52 07	~~45~~	Total Def Payments to date of demob 28/10/18
Oct.		~~56 10~~ 34 10		D 38258	~~38 93~~		15-				
				Jan R. 3/524 Rayner & Case 22/9/18	37						
				712 3rd CERB. 11/10/18	£ 87						
				875 " 25/10/18	9 73				56 20		
NOV		~~34~~ 33 10		E 19654	~~14 97~~		~~15~~ 15				
				1086 3rd CERB. 11/11/18	14 60						
				E 30384 Dec			15				
				1366. 3rd CERB 27/11/18	9 73						
Dec.		34 10		1656 " 17/12/18	19 47						
JAN		34 10		E 24846 Jan			15		68 60		
		101 20			43 80		45				
FEB		30 80		Sick. Deck E.24946 S.A. 5-1-19 to 31-1-19						26 12	
				C.P. 95062 Random 2/12/18	43 80						
				1948 2nd CERB 15/1/19	£ 87						
				E 64439			20			30	
				2151 3rd CERB. 27/1/19	£ 87						
				2240 " 3/2/19	£ 87						
				2341 " 10/2/19	£ 87						
				2676 " 20/2/19	9 73						
MAR		34 10		E 37773			20			30	
	C. Note 4673 - 6/- Bal. 4.40 amended to 33.10 per L.P.6. 2/ 30-1-19		28 60	3002 3rd CERB. 15/3/19	£ 87				44 22		
		64 90	28 60		77 88		40				~~30~~ 86 12

NUMBER 3259695 RANK Sgt. NAME ANDERSEN W.A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Bal. Fwd.					44 22		
Apr.		33		A. 21831			20		11 1 32		30
	May P.A.	34 10		3292 3rd CERB. 24/3/19	4 87				83 87		
				136 — 5/4/19	1 47				27 50		
				324 — 14/4/19	4 87						
				A. 82623 May			20				30
				640 3rd CERB. 26/4/19	4 87						
				1042 — 13/5/19	4 87						
				1259 — 16/5/19	4 87				27 50		
		67 10			43 82		40				60
June	P.A.	33		B 111004			20				30
	July —	34 10		25 3rd CERB 29/5/19	38 93						
				July }			20				30
				August } B111057			20				30
				1674 3rd CERB 10/6/19	4 87						
				1692 — 11/6/19	4 87						
				75850 London 23/6/19	9 73						
				3694 Buxton 20/6/19	9 73						
				A.77554 London 1/7/19	9 73				43 26 Dr.		
		67 10			77 86		60				90
Aug.				6384 Buxton 7/7/19	4 87	Cancl.			48 13		
					487						

| | | |

1D-30-9

M. OR S. M

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 325769

NEXT OF KIN — RELATIONSHIP
Mrs. H. Andersen — W.
ADDRESS
70 High St.
Seaford, Essex, Eng.
IS SEPARATION allowance PAID? — DATE EFFECTIVE
30 00 — 31/8/19
TO WHOM PAID — RELATIONSHIP
Mrs. H. Andersen — W.
ADDRESS
70 High St.
Seaford, Essex, Eng.

Paid and Closed by Ottawa

PARTICULARS	EFFECTIVE DATE	AUTHORITY
2424 Indiana Ave		
Chicago Ill		
U.S.A.		

ORIGINAL UNIT C.E. 5
PLACE OF ATTESTATION
DATE OF ATTESTATION
ASSIGNED PAY $ 31
20 00 Paid
PAYABLE TO
Mrs. H. Anderson
ADDRESS
70 High St. Seaford
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE
DISCHARGED PLACE
Hartford

03

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.
BALANCE FROM PREVIOUS ACCOUNT																										
31-7-19																										
	X	1/0			35 —										151644		4	87	5	00	75	00				
					70 —				105	00																

D-30-9-823 4

AUDITOR | PAYMASTER

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. NO. 325695 RANK Bglr. NAME (IN FULL) ANDERSEN, William A. (BLOCK LETTERS SURNAME FIRST)

PARTICULARS	EFFECTIVE DATE	AUTHORITY
2424 Indiana Ave		
Chicago Ill		
U.S.A.		

ORIGINAL UNIT C.E.F. E.F.

IF IN P.F. WHAT UNIT? 1st Dearborn Nat. Bank Chicago Ill

PLACE OF ATTESTATION

TRANSFERRED TO — DATE — AUTHORITY

T.o.S. Halifax — 11.9.19 — M.D.1.1.Pay 45

DATE OF ATTESTATION 31-5-18

TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 20.00 — DATE EFFECTIVE

Paid and Closed by Ottawa Eng 31/8/19

PAYABLE TO Mrs. H. Anderson — RELATIONSHIP Wife — ANY CHANGE IN ASSIGNEE OR ADDRESS Altered 1/9/19

ADDRESS 70 High St. Seaford, Sussex, Eng.

2424 Indiana Ave, Chicago, Illinois, USA 3/9/19

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE — DATE — REASON — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

Halifax — 22.7.19 — Dem — M.D.1.1.Pay 45

ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	
																		43	26	43	26					Rel Pay 88 Cedric 18-7-19
				J 151644		4	87	5	00	75	00					5	50									Bal Engl. P.C. 31-7-19
																4	87			95	24	33	50			Pay to Estimated Date of Discharge
																										C.O. Allce. for Payment of W.S.G.
																										Boat Money Train Money
																										5.50 Rel Paid to 31/8 Transferred to 26/9
																										4.87 Adm. Baptism 6384 - 9/9
																										33.50 Dr Bal as per L.P.C.
R	SERVICE GRATUITY																	A.R. Mortimer Maj.								
						W.S.G.	80											Soldiers Dependents								
						70	—											210	—	120	—					1st Pay W.S.G. as above
																5a										5a Overpaid 8 days for July
																38	00							82	—	30 " " August
																33	50									Dr Bal as above
																4	40									
						3	2 10	22	—									140	—	60	—					Ctge to adjust to date
						70	00	30	00									70	00	30	00					20/8/19 119786-7
						70	00	30	00																	18/9/19 116828-9
																										OCT 18 1919 117828-9
						342	10	82						75	90			400		A. Grant Capt.						

MILITARY SERVICE ACT, 1917. 3259695

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 Wm. A.

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....

3. Consecutive number on schedule of men reporting for service (if he appears on it).....

4. Address (including street and number, if any)... Chicago, Ill, U.S.A.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 8 day of June 1917, by the undersigned medical board sitting at Lennox N.B.

5. Age as stated 21 Years 11 Months. 6. Apparent age 22 Years Months

7. Height 5' Feet 7 1/2 Inches. 8. Weight 152 Pounds.

9. Chest measurement { Minimum 37 Ins. / Maximum 40 Ins. } 10. Complexion Light { Eyes Grey / Hair Light }

11. Physical development. Good { Good / Fair / Poor } 12. Smallpox marks —

13. Number of vaccination marks { Right arm — / Left arm 1 } 14. When vaccinated last Childhood

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

16. Slight defects but not sufficient to cause rejection

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 A2

17.

(a) Vision R.____ L.____

(b) Hearing. R. Normal L.____

President.

Lt Robertson Lt Member. Lieut Donnelly Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
15/6/18		M.K. Stack Capt M.O.	30/6/18	C. Loughery	M.O.
30/6/18		M.O.	15/6/18	C. Loughery	M.O.
		M.O.	30/6/18	C. Loughery	M.O.
		M.O.			M.O.

Joined 31 day of May 1918 at Sussex NB

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Bn	3259695		31-5-18
Transferred to.....	NB Reg			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
ST. JOHNS, P.Q.	JUN 27 1918		A1 Capt M.K. Stack Can President Medical Board, St. Johns, P.Q.

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.

M. F. B. 313.
360M.—10-17.
1772-39-439.

Signature of Man Wm A. Anderson

Surname Anderson Christian Name Wm A

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in 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 Medical Officer.
		Day	Month	Year	Day	Month	Year				

1st DEPOT BATTALION, N. B. REGIMENT

Barm

ATTESTATION PAPER.

Canadian Engineers

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 3259695

Folio. Original

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — Anderson
1a. What are your Christian names? — William Rasmus
1b. What is your present address? — Chicago Ill.
2. In what Town, Township or Parish, and in what Country were you born? — Copenhagen, Denmark
3. What is the name of your next-of kin? — John J Hanbery
4. What is the address of your next-of-kin? — 1321 Oglesby Ave Chicago Ill.
4a. What is the relationship of your next-of-kin? — Uncle
5. What is the date of your birth? — June 19th 1896
6. What is your Trade or Calling? — Clerk and stenography firing.
7. Are you married? — no
8. Are you willing to be vaccinated or re-vaccinated and inoculated? — yes
9. Do you now belong to the Active Militia? — no
10. Have you ever served in any Military Force? (If so, state particulars of former Service.) — no
11. Do you understand the nature and terms of your engagement? — yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? — yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? — no
14. If so, what was the nature of the disability? — nil
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? — no
16. If so, what was the reason? — nil

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Rasmus Andersen 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 discharged.

X William Rasmus Andersen (Signature of Recruit)

Date May 31 1918. D. A. Grant Capt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Rasmus Andersen, 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. So help me God.

William Rasmus Andersen (Signature of Recruit)

Date May 31 1918. D. A. Grant Capt (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

before me, at Sussex N. B. this 24th day of June 1918

D. A. Grant Capt J. P. (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of William Rasmus Andersen on Enlistment.

Apparent Age 21 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 7 3/4 ins.

Chest measurement.
Girth when fully expanded 38 3/4 ins.
Range of expansion 3 ins.

Complexion Fair

Eyes Brown Grey

Hair Light Brown

Religious denominations.
Church of England
Presbyterian
Methodist
Baptist or Congregationalist
Roman Catholic
Jewish
Other denominations (Denomination to be stated.) Lutheran

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

1 vaccine - left arm

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the **Canadian Over-Seas Expeditionary Force.**

Date June 24th 1918

Place Sussex Camp

C. Lorne Sherwood Lieut
Medical Officer

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

William Rasmus Andersen having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

D. D. McLatchie Major
(Signature of Officer)
O. C. 1st. Depot Battalion
New Brunswick Regiment.

Date June 25 1918

Form R 122.
2353—100M—9-1 -16

G.H.

ANDERSON, William Ausmus. E

Rank 2nd. Half 74th Dft Eng Name

Unit

If in perm. Corps, What Unit? }

Reg'l No. 3259695.

Married or Single Single.

to C E T C

Place and Date of Enlistment Sussex. N.B. May 31st 1918.

Place of Birth Copenhagen Denmark.

Name and Address, Next-of-Kin ~~John J. Hanberg,~~

~~7321 Oglesby Ave. Chicago. Ill.~~

Relationship ~~Uncle.~~

Assigned Pay Monthly $

Payable to Mrs. Florence A. Anderson (wife) "Rosella" ~~Clarence Road~~ 70 High Street

Relationship

Separation Allowance $ ~~Chichester Telephone~~ Seaford, England. (auth P.C. 29 P 17-5-19)

Payable to

~~Sussex.~~

~~Aubrey 3 66 R.D. Bolton Apply.~~

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.—9546-16.

Report. Date.	Report. 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.
		Arrived in England		22-7-18	S/S SATURNIA
26-7 18	II	CER Bn T.O.S. on Arrival from Canada Seaford		22.7.18	DO-56
6-8 18	II	CER Bn S.O.S. to 3 CERB	Seaford	6.8.18	DC-65 3CERB DO 1
2.12.18.	3 C E R B	Granted permission to marry	— " —	30.11.18	DO 102.
13-6-19	"	S.O.S. to ~~3~~ C CERD & c 14 C D D Bux. MD 1	"	13-6-19	" 136 & 197/16 ½ CERD
30.7.19	CERD	Ceases to be S.O.S. to Can	"	11.7.19	" 211
				D24-K-4	11-7-19

Report.		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.	
Date.	From whom received.					

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st DEPOT BATTALION, N. B. REGIMENT.

Regimental No. 3259695 Rank Pte. Name ANDERSEN, William Ausmus

Enlisted (a) 31/5/18 Terms of Service (a) C. E. F. Duration of War Service reckons from (a) 31/5/18

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) Clerk & Stationery Firing

Report: 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
		Embarked	Canada	29-6-18	
		Disembarked	England	30-7-18	
26-7-18	2nd D.R.B.	T.O.S. of 2nd.C.R.B. from Canada.	Seaford	30-7-18	Part II Order No. 55.
6-8-18	2nd.D.R.B.	S.O.S. of 2nd.D.R.B. to 3rd D. R.Bn.	Seaford	6-8-18	Part II Order No. 65.
				for	A Foster Lieut. D.E. Adjt. 2nd.D.R.Bn. C.E.F.
7-8-18	3rd D.R.B.	T.O.S. of 3rd.D.R.B. from 2nd.C.R.B.	Seaford	6-8-18	Part II Order No.1.
2-12-18	3rd C.E.R.B.	Granted permission to marry	Seaford	2-12-18	Pt II order 107
13/6/19	do	S.O.S. to C.R.D. Witley. On Com. to 1st C.D.D. Buxton.	Seaford.	13/6/19	Pt. D.O. 136.
					W. H. Brownlee Lt. C.E. for O.C. 3rd C.E.R.B.

(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 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. 218, Army Form A. 36, or other official documents
Date	From whom received				
11/6/19		Attached C.D.D. Buxton for return to Canada, Part II Order No. 138.			
11/7/19		Ceases to be attached C.D.D. Buxton on proceeding to Canada, Part II Order No. 160			

SAILED JUL 11 1919
ARRIVED JUL 18 1919

S. Vickers Lt. for Lt. Col.
Commanding Canadian Discharge Depot.

T. O. S. of Halifax Depot clearing services command
part II Order No. 202 Dated 21-7-19

.....Lt. Col
O. C., HALIFAX DEPOT
CLEARING SERVICES COMMAND

S. O. S. of Halifax Depot clearing services command
part II Order No. 202 Dated 21-7-19

.....Lt. Col
O. C., HALIFAX DEPOT
CLEARING SERVICES COMMAND

C.A.D.C. 5009 A

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

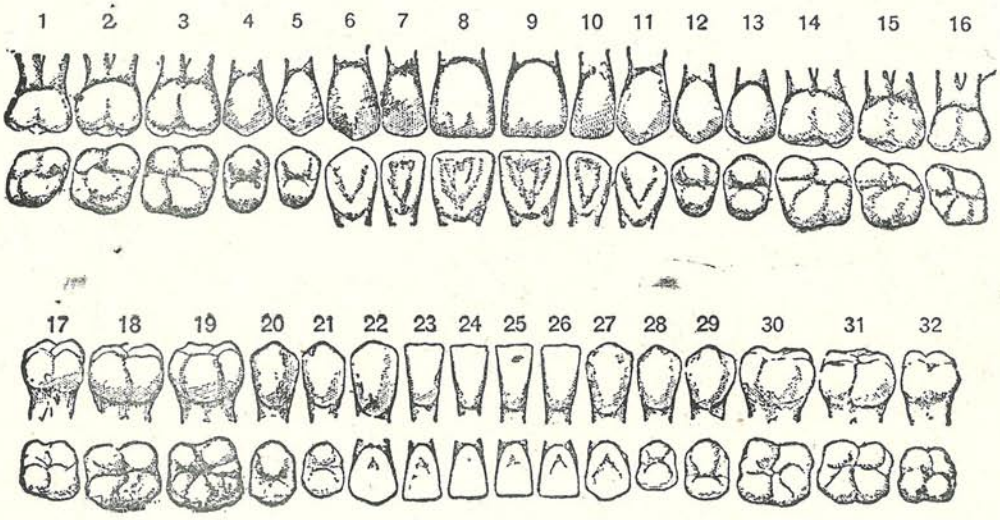
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) A N D E R S O N, W.A.

REGIMENT 3rd CERB. RANK Sglr. No. 3259695

Date of Examination in England Jan. 10/19. | Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 14
2. EXTRACTIONS 11
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
- (*b*) In England Yes.
- (*c*) In France

Signature of Dental Officer Arthur Johnson Capt
CADC

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. 325695 Rank Spr. Surname ANDERSEN
(Given name in full) William A.
Unit or Corps N.Z.E.R.E. Birthplace Copenhagen Den.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique good Weight 160 Est lbs. Height 5 ft. 7½ in. Colour of Eyes Grey Brown.

Nutrition good.

Pulse 70

Condition of arteries normal

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
(Hands clasped over heart)
Tatoo mark. Right forearm

Opinion as to general health and physical condition good.

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of Mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Nil.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Seaford (Overseas)

Date 29/5/19 Signed D M Baker Capt. 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 W. A. Anderson

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

Date ..... 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 a Medical Board.)

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3250695 (Rank) Bugler

Name (in full) William Ausmus Anderson enlisted in

the 1st Depot Battalion N. B. Regt.

CANADIAN EXPEDITIONARY FORCE at Sussex Camp on the 24th

day of June 1918

HE served in England with 2nd C. E. R. B.

and is now discharged from the service by reason of Demobilization. / Medical Unfitness.

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

Age 22 yrs 11 mths

Height 5' 7¾"

Complexion Fair

Eyes Grey

Hair Light Brown

W. A. Anderson.

Signature of Soldier.

Marks or Scars

1 Vac left arm

Date of Discharge

HALIFAX DEPOT
JUL 23 1919
CLEARING SERVICES COMMAND

C. J. Reid Capt

Issuing Officer.

Rank

Date 18-7-19

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.

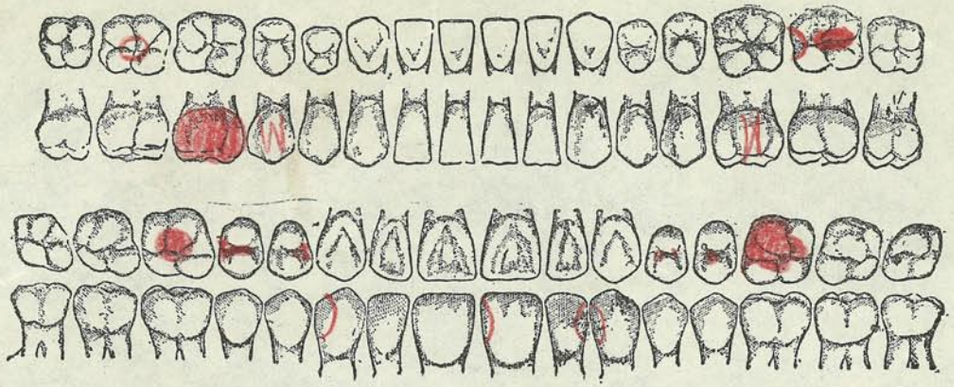
M.F.B. 39A.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

Name of Soldier Anderson W. C. Division 4

Regiment [illegible] Rank Pte No. 325-9695



X to be extracted
M are missing

Fair

DATE	No.	Fillings				Extracted	Anesthetic	Treated	Crowns	Cleaned	As 2° 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS
		Amal.	Phosp.	G. Per.	Cement											
1918 June 28															Capt. Simpson	Can—6-7-8-11-18-31

M.F.B. 465
100m.—1-16
1772-39-950

G.P.O. Windsor Ont
(G.P.O Chicago Ill)
S.O.S. on D.6.

1st DEPOT BATTALION, N. B. REGIMENT.

FORM OF WILL

I, William Erasmus Andersen (NAME IN FULL)
1st DEPOT BN. N. B. REGT.
Regimental Number 3.59.695 serving in .....
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my Real Estate unto:

..... } Name and address
..... } of person or persons to whom it is to go.
.....

absolutely, and my personal estate I bequeath to:

Miss Rae Colby (friend) } Name and address
Lemont } of person or persons to receive
Ill. U.S.A. } personal estate. (See Note)

Note.....
this space for the
enrolment of Ex-
emptor if necessary.

IMPORTANT NOTE
This must be signed and dated by the soldier himself.

THIS first day of June A.D. 1918.
William Erasmus Andersen Signature of Soldier

N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other, have hereunto subscribed our names as Witnesses.

Signature of First Witness .....
Address of Witness .....
Occupation of Witness .....

THE TWO WITNESSES MUST SIGN HERE.

Signature of Second Witness .....
Address of Witness .....
Occupation of Witness .....