REGIMENTAL DOCUMENTS W/m Henry ROLA. Q. FILE NO. NAME. M. F. W. 2505 CONTENTS TO WHOM FORWARDED NON-EFFECTIVE BY DATE FORWARDED DATE RECEIVED REFERENCE DEATH ATTEMTION PAPER (M.F.W. 23, 133, or 51) Category 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.F.B. 263 or A.F.B. 120) COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) DISCHARGE MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) Category 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) DESERTION 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) W. 2589 100M-11-18 1772-55 1377

No. 6.3059

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT	BEFORE ATTESTATION. (ANSWERS).
1. What is your name?	LIAM HENRY SEASOCOCK ANDERSON
2. In what Town, Township or Parish, and in what Country were you born?	MALVERN LINKS ENGLAND
What is the name of your next-of-kin?	
4. What is the address of your next-of-kin?	NONB NONB
5. What is the date of your birth?	OCTOBER STH, SIXIX 1888
6. What is your Trade or Calling?	MATCHIANER
7. Are you married?	NO.
8. Are you willing to be vaccinated or re-	
vaccinated?	YES
9. Do you now belong to the Active Militia?	NO
10. Have you ever served in any Military Force?  11 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	YES
Canadian Over-Seas Expeditionary Force?	Maladarum (Signature of Man).
	Moldingham (Signature of Witness).
the termination of that war provided His Maje	r last longer than one year, and for six months after sty should so long require my services, or until legally  (Signature of Recruit)  (Signature of Witness)
- 200	Y MAN ON ATTESTATION.
in duty bound honestly and faithfully defend His M	the Fifth, His Heirs and Successors, and that I will as a jesty, His Heirs and Successors, in Person, Crown and bey all orders of His Majesty, His Heirs and Successors, in help me God.
- GNA	(Signature of Recruit)
Date NOVEMBER 20 1914. All	(Signature of Witness)
CERTIFICATE	
questions he would be liable to be punished as provi	
	ne that if he made any false answer to any of the above ded in the Army Act. ecruit in my presence. uestion, and that his answer to each question has been made and signed the declaration and taken the oath
before me, at this	ne that if he made any false answer to any of the above ded in the Army Act. ecruit in my presence. uestion, and that his answer to each question has been made and signed the declaration and taken the oath day of 1914.
the state of the s	ne that if he made any false answer to any of the above ded in the Army Act. ecruit in my presence. uestion, and that his answer to each question has been made and signed the declaration and taken the oath  day of
I certify that the above is a true copy of the	ne that if he made any false answer to any of the above ded in the Army Act. ecruit in my presence. uestion, and that his answer to each question has been made and signed the declaration and taken the oath  day of

peculiarities or previous disease.	Apparent Age 26 years / months.
(Should the Medical Officer be of opinion that the recruit has serv before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).	To be determined according to the instructions given in the Regulations for Army Medical Services.)
	Height 5 ft. 8 nns.
	Girth when fully expanded
	Complexion Dark
	Eyes Blue
2	Hair Rank
Mole on left should er	Church of England
Mole on left shoulder Dear on left side	Presbyterian
	Wesleyan // Cs
	Wesleyan Baptist or Congregationalist Other Protestants
	Wesleyan  Baptist or Congregationalist  Other Protestants (Denomination to be stated.)  Roman Catholic
	Jewish
Tedical Services.  Here eye; his heart and lungs are healthy; he has t	He can see at the required distance with either
Tedical Services.  Here eye; his heart and lungs are healthy; he has t	He can see at the required distance with either tree use of his joints and limbs, and he declares that I consider him*
Tedical Services.  Her eye; his heart and lungs are healthy; he has to the is not subject to fits of any description.	He can see at the required distance with either use of his joints and limbs, and he declares that I consider him*
Tedical Services.  Her eye; his heart and lungs are healthy; he has to the is not subject to fits of any description.	He can see at the required distance with either tree use of his joints and limbs, and he declares that I consider him* for the Canada Date
der eye; his heart and lungs are healthy; he has to the is not subject to fits of any description.  dian Over-Seas Expeditionary Force.	He can see at the required distance with either use of his joints and limbs, and he declares that  I consider him* for the Canada  Date 1914.  Place "Insert here "fit" or "unfit."
dian Over-Seas Expeditionary Force.  Medical Officer.	He can see at the required distance with either use of his joints and limbs, and he declares that I consider him* for the Canada Date
dian Over-Seas Expeditionary Force.  Medical Officer.  he will fill in the foregoing Certificate only in the case of those who has	He can see at the required distance with either use of his joints and limbs, and he declares that  I consider him* for the Canac  Date 1914.  Place Note.—Should the Medical Officer consider the Recruit unfit, neen attested, and will briefly state below the cause of unfitness:—
dian Over-Seas Expeditionary Force.  Medical Officer.  he will fill in the foregoing Certificate only in the case of those who has	He can see at the required distance with either use of his joints and limbs, and he declares that I consider him*
dian Over-Seas Expeditionary Force.  Medical Officer.  he will fill in the foregoing Certificate only in the case of those who has	He can see at the required distance with either use of his joints and limbs, and he declares that I consider him*
dian Over-Seas Expeditionary Force.  Medical Officer.  he will fill in the foregoing Certificate only in the case of those who having been finally approved a	The can see at the required distance with either use of his joints and limbs, and he declares that I consider him* for the Canada Date 1914.  Place 1914.  Place 1915 The Canada Place 1915 The Canada Place 1915 The Canada Place 1916 The Canada
dian Over-Seas Expeditionary Force.  Medical Officer.  he will fill in the foregoing Certificate only in the case of those who having been finally approved a of Attestation, and every prescribed particular having	The can see at the required distance with either use of his joints and limbs, and he declares that I consider him* for the Canada Date 1914.  Place 1914.  Place 1915 The Canada Place 1915 The Canada Place 1915 The Canada Place 1916 The Canada
dian Over-Seas Expeditionary Force.  Medical fill in the foregoing Certificate only in the case of the	He can see at the required distance with either use of his joints and limbs, and he declares that I consider him*

Original not available
Fill in only.—Unit, Number, Rank and Name.

Casualty Form—Active Service.

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

500м.-9-16 H. Q. 1772-39-920.

	Regimental No. 63059 Rank Te Name Anderson WH						
	Regimer	ntal No. 630	59 Rank Ste Nam	ne Under	son	WA	
	Enlisted	20.11	Terms of Service (a)		vice reckon		
Date of promotion to \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
Extended							
	Date	Report From whom	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	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other	
		received	authority to be quoted in each case			official documents	
1	1915	23 Bu	So S. Left in Mil. Stoop. Quebe Med. Mafit	Quebee	18.2.15	Feb 1915 Pay List & Stg. 16. 1. 25 Vol VIII.	7
			med. Unfit				
				13			
				1			
					DS	neline Cap	U
	(a) (b)	In the case of a ma e.g. Signaller, Sho	an who has re-engaged for, or enlisted into Section D. A eing Smith, etc., etc., also special qualifications in techn	rmy Reserve, particulars nical Corps duties.	of such re-enga	agement or enlistment will be entered. [P.T.0]	0

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as re-		D# 315 3	Remarks
Date	From whom received	ported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	taken from Army Form B. 213, Army Form A. 36, or other official documents
	The state of the s	Standard Manager			Lorizoniono qui uno Petropono
					通常 产品为为
					<b>美国 新发</b>

SURNAME. anderson,	CARD NO.
CHRISTIAN NAMES William Henry	FOLL.
REGL. NO. 63059 RANK Pte.	0
UNIT 23 rd,	Dn.
FORMER CORPS hil,	
NEXT OF KIN.	CHANGE OF ADDRESS
NAMES IN FULL NONE	
RELATIONSHIP TO SOLDIER //	
ADDRESS #	
COUNTRY OF BIRTH Ingland Malvern, Lincoate Place of ATTESTATION Queble P. Q. DATE	Oct. 8th, 1888
PLACE OF ATTESTATION Queble P. Q. DATE	nov. 21 st. 1914
L. L. 6945. M. & D. 6994. M. F. W. 22. 100M.	-8-16, H. Q. 1772-39-339.

MARRIED	SINGLE V	WIDOWER	
TRADE OR CALLING Wa	telmaker RELIG	GION Wesleyan	
	DESCRIPTION	1.	
APPARENT AGE 2	YEARS	MONTHS	
неібнт 3	FEET	8 INCHES	
CHEST MEASUREMENT	7 INCHES	EXPANSION 3	INCHES
COMPLEXION Dank	EYES Blu	e HAIR Naul	k
DISTINGUISHING MARKS	male K. shou	lder, scar h.	side.
MEDICAL EXAMINATION.	PLACE Quebec 7	O. Q. DATE NOV, 19th	L.1914

Present address, not stated.