REGIMENTAL DOCUMENTS

NAME ANDERSON. William Herbert. REGT. NO. 460441 UNIT 61st Battn. H. Q. FILE No.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
1	~~TRAINING HISTORY SHEET (M.F.W. 113)~~ Record Sheet.					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
3	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)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
2.	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
6	CARDS					
yes	PAY-SHEETS					
1	M.F.W. 125					

5-30
34-30
29-2
2.

402045

W. 2589
25M.—1-23
1772-39-1377

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO: A-536
À:

DATE 29/9/75

NAME ANDERSON, WILLIAM HERBERT
NOM .....

Service No. W.W.1 460441-C.E.F.-Army-
Matricule Nº .....

CPC No. 34249
CCP Nº .....

WVA No.
AAC Nº .....

Information Received from: D.V.A. 93 from C.P.C.--WI Dist.
Information reçue de: .....

Date of Death 7/8/75
Date du Décès .....

Place Deer Lodge Hosp.
Endroit .....

Distribution: WSR-DASG
VI - ASS
DO - BD
HO - BC

Pour le chef,
for Chief, Central Registry Division.
Dépôt central des dossiers.

DVA 24 (Rev. 2/70) BIL.

8168 P

This space to be for numbers.

Proceedings on Discharge.

DEPT MILITIA & DEFENCE
APR 26 1918
H.Q. 649-a-4104
CANADA

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

No.	460441
Rank	Private
Name NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	Anderson, William Herbert
Corps (Squadron, Battery or Company)	61st Battalion
Date of Discharge	April 8th.1918
Place of Discharge	Winnipeg

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 26 years 5 months.
Height 5 feet 8 inches.
Complexion Medium
Eyes Brown
Hair Brown
Trade Salesman
Intended place of residence (To be given as fully as practicable.) 434 Balmoral St. Winnipeg

Descriptive Marks

G.S W. head and shoulder.

2. The above-named man is discharged in consequence of Being Medically Unfit

FurtherxWar Service.

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.

Good

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Salesman

M. F. B. 218.
100m.—6-16.
H. Q. 1772-39-113.

wsg comp.
5/2/19
a.B.

(OVER)

RC.
26.120
com.

G.D.
#462
28.8.62

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

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

6. Medals and Decorations ..... One gold bar

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) Winnipeg ..... S R Goldstone Capt.

(Date) April 8th. 1918 ..... *Commanding* #10 Casualty Unit

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.

(Place) Winnipeg ..... Wm Henderson *(Signature of Soldier.)*

(Date) April 8th. 1918 ..... S Steed *(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.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

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

(Place) Winnipeg .....

(Date) April 8th. 1918 ..... (*Signature*) S R Goldstone Capt.

O/C #10 Casualty Unit M. D. 10

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.)

Wm H Anderson

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet, Militia Form B. 313	(a) Proceedings on Discharge.
Medical Report for Invalid* " B. 227.	(b) Attestation.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	(c) Medical History Sheet (in the event of such having been prepared.)
*Only if discharged "Medically unfit."	

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.

This space to be left blank for the Chelsea Number.

Army Form B. 268.

25/2188

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 460441 Army Rank Pte

Name Anderson, William Herbert
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps E.O.R.D.

Battalion, Battery, Company, Depôt, &c. 61st Battalion draft to P.P.C.L.I
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge

Place of discharge

1. *Description at the time of discharge.*

Age 26 years months
Height 5 feet 8 inches
Chest measurement { girth when fully expanded ins. / range of expansion ins.
Complexion
Eyes
Hair
Trade Salesman
Intended place of residence (To be given as fully as practicable) { Winipeg / Manitoba

Descriptive marks.
Wounds -
Left side of face
Back of Head
Shoulders

(10)

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

Returned to Canada-authority- Medical Board of Officers
held at Seaford Date. 18. 2 1918
Category B 3

To be filled in on the soldier quitting the Colours.

4. Character awarded in accordance with King's Regulations :—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

D. D. & L., London, E.C.
A4502 Wt. W17176 M291 500,000 2/16 Sch. 39 Forms B. 268 40

[OVER.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... ... ... Class_____

6. Campaigns, Medals and Decorations — France 10 months

Certificate of education ....._____

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place)_____ _____

(Date)_____ *Commanding*_____*Battn.*_____*Regiment.*

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(*Place*)_____ _____(*Signature of Soldier.*)

(*Date*)_____ _____(*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 at 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 towards engagement to _____(the date to which the record of service is completed)_____years_____days.

Further service „ „ _____(the date of confirmation of discharge) ... ..._____ „ _____ „

Total ..._____ „ _____ „

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for (date)

(Place)_____

*Signature*_____

(Date)_____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136).
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any) (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120).
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178).
13. Medical report on invalid (if any). (Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19 Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery.

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(*a*) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(*b*) Character Certificate (Army Form B. 2067) if entitled.
(*c*) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

8168

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Original

ATTESTATION PAPER

No. 460441

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? William Herbert Anderson
2. In what Town, Township, or Parish, and in what Country were you born? Omagh - County Tyrone Ireland
3. What is the name of your next-of-kin? Joseph T Anderson
4. What is the address of your next-of-kin? 434 Balmoral St Winnipeg
5. What is the date of your birth? March 13th 1891 Winnipeg Manitoba Canada.
6. What is your trade or calling? Salesman
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? 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

W H Anderson (Signature of Man.)

[illegible] (Signature of Witness.)

Lieut

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Wm H. Anderson, do solemnly declare that the above answers made by me to the above questions 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.

W H Anderson (Signature of Recruit.)

Date June 7 1915 [illegible] (Signature of Witness.)

Lieut

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Wm H. Anderson, 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.

W H Anderson (Signature of Recruit.)

Date June 7 1915 [illegible] (Signature of Witness.)

Lieut

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 Winnipeg this 15 day of June 1915.

[illegible] J.P. (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

[illegible] LIEUT.-COLONEL (Approving Officer.)

COMMANDING 61st OVERSEA'S BATT'N

M. F. W. 23.
200 M.—8-15.
H.Q. 1773-89-641.

8168

DESCRIPTION OF William H. Anderson ON ENLISTMENT.

Apparent Age 24 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7¼ ins.

Chest measurement: Girth when fully expanded 36 ins.
Range of expansion 4 ins.

Complexion medium

Eyes brown

Hair brown

Religious Denominations:
- Church of England
- Presbyterian yes
- Methodist
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic
- Jewish

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.)

Nil

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 7th June 1915 W H Kelly

Place Winnipeg Capt. Ohmer

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

Wm H. Anderson 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 McLean (Signature of Officer.)

Date June 15 1915

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CERTIFIED CORRECT. Canadian Record Office, Westminster House, 7, Millbank, S.W.

R.C.O.R. R.B.S. 7/6/16

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

M. F. W. 54. (A. C. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 61st. Overseas Battalion

Regimental No. 460441 Rank Pte. Name Anderson, Wm. Herbert
C. E. F.

Enlisted (a) 7th June. 1915 Terms of Service (a) D of W. and 6 mths after Service reckons from (a) 7th June. 1915.

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) Salesman.

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 at Halifax.		April	1/16
		Dis " " Liverpool		"	11/16.
		Transferred P.P.C.L.I. France			6/6/16
13.8.16	10 C.F.A.	Pyrexia N.Y.D. Adm	10 C.F.A.	8.8.16	J. Murray Lieut. Colonel Comnd'g 61st Battn. a 36 DCS 340 d/ 1.9.16.
13 8 16	10 C.F.A.	Pyrexia N.Y.D. Dis	to duty	12.8.16	do do do
APR 14 1917.	OC Bn	WOUNDED IN ACTION	Field 9-10-4-17		B 213. D. C. S. 480 dated 24/4/17.
11-4-17.	13 Sty.	S.W. Head. adm.	13 Sty. Hosp.	11-4-17	W3034-264.
12-4-17. H.M.T.	Princess Elizabeth.	S.W. Head, Invalided and Posted to Eastern Ontario Regimental Depot Seaford Per. H.M.T. Princess Elizabeth.		12-4-17	W3083-5354 Part II Ords 36 d/-30-4-17.

(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.

Canadian Section, G.H.Q. 3rd Echelon, B.E.F.

8168 P

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.
30.4.17	E.O.R.D.	Posted from P.R.C.L.I.	Seaford	12.4.17	Pt. II 36 for Lt Col i/c Records. Lieut. Comdt
15.1.18	OC. EORD	Furlough 11.1.18 to 23.1.18	Seaford	11.1.18	Pt. II D.O. 15.
24.1.18	OC. EORD	Detailed to depot Coy.	Seaford	23.1.18	Pt. II D.O. 24
8-2-18	O.C. EORD.	On command to 7th Res. Bn.	Seaford	8.2.18	Pt II D.O. 39. R.C. Chamberlain Lieut-A/ Adjutant, for Officer Commanding, East Ont. Regt'l Depot.
9.2.18	O.C. 7TH RESERVE BATTALION	Attached from E.O.R.D.	Seaford	8.2.18	Pt II D.O. 34
16/2/18.	O.C. 6th Res.	attached to 6th Res on ceasing to be attached to the 7th Res.	Seaford	18/2/18.	Pt II B.O. 40
23-2-18	O.C. 6th Res	Ceases to be attached fm EORD	Seaford	23/2/18.	PART II No. 46 OFFICER i/c RECORDS 6th CAN. RES. BN.
23.2.18	O.C. EORD.	Ceases on Com 6th Res. Bn. and on Com. C.D.D. Buptor	Seaford	23-2-18	Pt II D.O. 54 R.C. Chamberlain Lieut Adjutant, for Officer Commanding, East Ont. Regt'l Depot.
T.O.S. 20-3-18. G.O. 68-881. D.O. 80. Dis. 5-4-18. G.O. 82-1064- D.O. 98					A.A. Goldstone Capt O.C. NO, 10 CASUALTY UNIT, Winnipeg

8168 R—122

TLH. Rank Name ANDERSON, William Herbert. Reg'l No. 460441. 140

Unit 61st. Battn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Winnipeg, June 7, 1915. Place of Birth Omagh, County Tyrone, Ireland

Name and Address, Next-of-Kin Joseph Anderson,

434, Balmoral Street, Winnipeg, Man. Canada. Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 6399
File R.L.
Category Can OR

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		12 APR 1916	
6/6/16.	OC 61st Battn.	S.O.S.-drafted overseas to P.P.C.L.I.	Shorncliffe	6/6/16	Pt II D.O. #135.
14.6.16	OC L.I.	T. O. S.	Fied	8.6.16	Pt II 24
20.4.17.	✓	Adm No 13 Stat Hosp	Boulogne	11.4.17.	CL. A604 SW Head
21.4.17	"	Adm Queen Marys Mil Hosp	Whalley Lancs.	13-4-17	CLB294 SW Head Slt.
24.4.17.	E.O.R.D.	T.O.S. from P.P.C.L.I.	Seaford.	13.4.17.	Pt II D.O. 43 + 36. P.P.C.L.I. d 30 4/17 12.4.17
24.12.17	E.O.R.	Trans. Can. Conv. Hosp.	Mks Horton	20.12.17	CL.B96. S.W. Head Slt
8.2.18	E.O.R.D.	On com. 7th Res. Bn.	Seaford	8.2.18	Pt. II 39 + 7th Res. Pt. II 34 d 9.2.18
16.2.18	6th Res.	Attached from E.O.R.D. on ceasing to be attached 7th Res	✓	15.2.18	Pt II 40 + E.O.R.D. Pt. II 50 d 19.2.18
23.2.18	E.O.R.D.	Cases on com. 6th Res + will be shown on com. C.D.D. Buxton pending return to Canada	Seaford	23.2.18	Pt. II 54 + 6th Res. Pt. II 46 d 23.2.18

8168 P

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.
13.3.18	E.O.R.O.	Caseson com. C.D.D. Buxton & S.o.S. to Canada for disposal by A.G.	Seaford Pte.	26.2.18	Pt. II 72

EM. B.P.C. ORIGINAL 8168

RECEIVED. MAR 26 1918 D. M. S. M. D. -10

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Winnipeg, Man. DATE March 25, 1918

1. (a) Unit 61st Batt. P.P.C.L.I. #10 Casualty Unit (b) Regimental No. 460441 (c) Rank Pte

(d) Surname Anderson (e) Christian name William Herbert

2. Age last birthday 27 Date of birth 15th March 1891

3. Enlisted at Winnipeg. on June 7th, 1915

4. Personal description :—

(a) Height 5' 6½" (b) Weight 134 lbs. (stripped) (c) Complexion Ruddy

(d) Colour of hair Dark Brown (e) Colour of eyes Brown (f) Identification marks

Scar left side of face & scar on right shoulder. 3 vacc. marks left arm

5. Address after discharge (for the use of the Board of Pension Commissioners)

434 Balmoral St., Winnipeg, Man.

6. Former trade or occupation Salesman

7. (a) Service

	Years	Days	Periods From	Periods To
C. E. F.			June 7, 1915	March 25, 1918

(b) Has he been overseas? Yes. Two years. France & Belgium 10 mos.

8. Present disease or disability (use authorized nomenclature if possible)

Shell-shock

(a) Date of origin April 9, 1917 (b) Place of origin Vimy Ridge

(c) Cause* G. S. W.

*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Moderate tremor in hands. Knee reflexes moderately increased. Has headache which is aggravated after stooping or walking. Cannot sleep well. Wakes up with a start. He is easily excited by least sudden noises Has dyspnoea after climbing flight of stairs. Pulse sitting 130. After ~~exertion~~ beinding down six times touching floor 150. After above exertion exertion there is marked tremor in hands, head and body, also dizziness. Can walk 500 yards going slowly. Other systems normal.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.

75M.-12-17.
1772-39-117.

8168 P

10. History :
Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Scar over left molar bone. Small scar 3 inches above right ear.
Small scar over right shoulder. Scars sound no disability caused by them.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

12. Did the disability arise on or off duty? Originiated on service

13. Was a Court of Inquiry held? No

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

If the answer is in the affirmative, state in percentages, *to what extent the soldier is incapacitated by that aggravation.*

Originated on service

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No No No No

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Minimum period of six months

17. Treatment (Case reports, general or special, should be secured and attached where possible).

Queen Mary Mil. Hospital, Whalley 8 mos.
Monks Horton 3 weeks

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No

19. Can the former trade or occupation be resumed? No

20. Recommendations

Discharge

A J Shiels Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned ..... have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

Wm H Anderson
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Yes

22. Is the soldier fit for

(a) General service, (Category A) (~~Yes~~ or No).
(b) Service abroad, not general service, (" B) (~~Yes~~ or No).
(c) Home service, (Canada only), (" C) (~~Yes~~ or No).
(d) Temporarily unfit, (" D) (~~Yes~~ or No).
(e) Unfit for service in Categories A, B and C, (" E) (Yes or ~~No~~).

23. It is certified that the soldier

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration).

(b) Does not require treatment.
(c) Should pass under his own control.
(d) ~~Should not pass under his own control.~~
(Strike out condition not applicable).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

As medically unfit

G. H. Lansdown Capt. *President*

A. J. Philstra Capt. } Members.
A. S. McCann Lt. }

STATION Winnipeg, Man.

DATE March 25, 1918.

APPROVED
MAR 27 1918
Major, A.M.C.
A.D.M.S., M.D. No. 10
WINNIPEG, MAN.

APPROVED BY

DATE

Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

12.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned,.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation ; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

Fm. D.M. [redacted] 1394
oM-11478-17-4-17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Monks Horton. Dec. 29th. 1917.

No. 460441 Rank Pte. Name Anderson, W.H.

Local Unit 7th Res. Seaford Overseas Unit P.P.C.L.I. Age 25.

Examination held at Can. Con. Hospital, Monks Horton.

DISABILITY. G.S.W. HEAD - April 9th, 1917
Overseas-~~Local~~
(SCRATCH ONE OUT).

PRESENT CONDITION.

In France ten months. Since being wounded has been continuously in Hospital. There are two wounds over the molar and occipital bones, the former is no disability. The latter breaks down frequently with abseess formation, broken down four times. M.H.S. states wound severe; X-Ray Report states - two foreign bodies present. He complains of dizziness He has no headaches. He is anaemic.
Otherwise normal.

BOARD RECOMMENDS:- B.III four months.

1. Fit for Duty .....
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:-

(Sgd Geo. T. Wilson, Captain
(..... President.
(
((Sgd) J. E. Gimby, Lt.
Members (.....
(
(
(.....

APPROVED

2 JAN 1918

Dated ..... 1917. ..... For A.D.M.S.
FOR A.D.M.S. CANADIANS, SHORNCLIFFE

D

PART I. A.F.B. 179 Canada (Revised).

Reserved for M.H.C.

Regt. No. 460141 Rank PTE Surname ANDERSON Christian Name WILLIAM H.

Unit or Corps—(a) Overseas from United Kingdom P.P.C.L.I (b) In United Kingdom 6TH RES.

Born at—Town OMAGH County or Province TYRONE Country IRELAND

Date of Birth—Day 15 Month MARCH. Year 1891 Age 26 yrs. 11 months.

Joined at ~~7 JUNE~~ WINNIPEG, MAN Date 7 JUNE 1915

Former Trade or Occupation SALESMAN

Permanent marks or peculiarities that will serve for future identification:— SCAR 1½" x ½" OVER LT. MALAR BONE — ONE SCAR OCCIPITAL RT SIDE HEAD. — SCAR SMALL OUTER SIDE RT CLAVICLE

Height—feet 5 inches 8 Colour of eyes BROWN

Signature of Soldier (*for identification purposes*) W H Anderson

Medical Report.

☞ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). (*Follow the official nomenclature as far as possible.*)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*). DEBILITY — SHELL SHOCK

Disabilities Group (*b*). —

Disabilities Group (*c*). —

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	G.S.W. HEAD AND SHOULDER	FRANCE	APRIL 1917
(*ii.*) As to Group (*b*) above.	—	—	—
(*iii.*) As to Group (*c*) above.	—	—	—

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service? NO

(*i.*) As to Group (*a*) above? If yes, has Active Service aggravated it?

(*ii.*) As to Group (*b*) above? If yes, has Active Service aggravated it?

(*iii.*) As to Group (*c*) above? If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service—

(*i.*) As to Group (*a*) above? YES.

(*ii.*) As to Group (*b*) above?

(*iii.*) As to Group (*c*) above?

PART I. (*continued*).

5. If a cause of disability was an injury received on Active Service, was it received—

(*i.*) While on duty? Yes (*ii.*) While off duty? —

(*iii.*) Was a Court of Inquiry held? — (*iv.*) Where? — (*v.*) When? —

(*vi.*) Opinion of the Court? —

6. HISTORY OF THE CASE. (*State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.*)

In France 10 mos – Wounded at Vimy
Malar wound gives no trouble Wound over occiput
breaks down frequently – has broken down 4 times
X ray shows 2 foreign bodies – Dizziness headache
Has been in hospital 222 days since being wounded

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*) Patient
looks debilitated – Previous weight 160 lbs present 145 –
Nervous – headaches – cannot sleep well – gets
dizzy – appetite poor Pulse rate 90 at rest. Patient
is anaemic and shows evidences of shell shock.
Other systems normal

8. OPERATION. (*i.*) Was one performed? no

(*ii.*) If so, state what. —

(*iii.*) Was one advised and declined? —

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (*i.*) Is there loss or decay of teeth attributable to Active Service? no

(ii.) If so, describe. —

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? no

(*b*) Fit for base duty? Yes B III likely to be raised in 6 mos.

(*c*) Invalid to Canada? no

(*d*) Discharge from the Service as permanently unfit? no

Date of Report Febry 18 1918 Signed G. W. Yaunning Smith Capt.

Station Seaford, Sussex Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

P. H. Graham Capt. { Officer i/c Hospital / S.M.O. Brigade } Strike out one of these.

Dated at Seaford Station, on Feb 18 1918

* Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? Yes

If not, indicate it.

12. Is the cause of the disability, fully indicated in Part I. (2)? Yes

If not, indicate it.

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier — Caused? No — Aggravated? No
(b) Misconduct of the Soldier — Caused? No — Aggravated? No

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none*, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.)

not appl

15. THE PENSIONABLE DISABILITY—(*see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate*).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (*Estimate at none*, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*)

not appl

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent?
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)?

not appl

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

not appl

18. Remarks.

19. Recommendation:—(*a*) Fit for duty? No
(*b*) Fit for base duty? Yes B III Likely to be raised
(*c*) Invalid to Canada? No
(*d*) Discharge from service as permanently unfit? No

Classification for the Military Hospitals Commission.

Date of Board 19-2-18

Station Seaford

Signatures of the Board — *President.*

Approved 19 FEB 1918

A.D.M.S.

Dated at Seaford, Sussex.

Station

191

APPROVED

Proceedings of the Pensions and Claims Board on the Soldier mentioned [redacted] I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

Classification for the Military Hospitals Commission.

Dated at this day of 191

Signatures of the Board

President.

PART I. 8168 A.F.B. 179 Canada (Revised).

Reserved for M.H.C.

Regt. No. 460441 Rank Pte Surname Anderson Christian Name William H

Unit or Corps—(a) Overseas from United Kingdom ..... (b) In United Kingdom 6th Res.

Born at—Town Omagh County or Province Tyrone Country Ireland

Date of Birth—Day 15 Month March Year 1891 Age 26 yrs. 11 months.

Joined at Winnipeg, Man. Date 7 June 1915.

Former Trade or Occupation Salesman

Permanent marks or peculiarities that will serve for future identification :— Scar ½" x ½" over left Malar bone - one scar occipital rt side head. scar small outer side rt clavicle

Height—feet 5 inches 8 Colour of eyes Brown

Signature of Soldier (*for identification purposes*) W.H.Anderson

Medical Report.

☞ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). (*Follow the official nomenclature as far as possible.*)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*). Debility Shell shock

Disabilities Group (*b*).

Disabilities Group (*c*).

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	GSW. Head and Shoulder	France	April 1917
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service? NO

(*i.*) As to Group (*a*) above? If yes, has Active Service aggravated it?

(*ii.*) As to Group (*b*) above? If yes, has Active Service aggravated it?

(*iii.*) As to Group (*c*) above? If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service—

(*i.*) As to Group (*a*) above? Yes

(*ii.*) As to Group (*b*) above?

(*iii.*) As to Group (*c*) above?

5. If a cause of disability was an injury received on Active Service, was it received—

(*i.*) While on duty? Yes (*ii.*) While off duty?

(*iii.*) Was a Court of Inquiry held? (*iv.*) Where? (*v.*) When?

(*vi.*) Opinion of the Court?

6. HISTORY OF THE CASE. (*State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.*)

In France 10 mos. Wounded at Vimy. Malar wound gives no trouble. Wound over occiput breaks down frequently has broken down 4 times. X ray shows two foreign bodies - dizziness and headache. Has been in hospital 222 days since being wounded.

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*)

Patient looks debilitated, Previous weight 160 lbs present 145. Nervous headaches, cannot sleep well, gets dizzy, appetite poor. Pulse rate 90 at rest, Patient is anaemic and shows evidences of shell shock. Other symptoms normal.

8. OPERATION. (*i.*) Was one performed? No

(*ii.*) If so, state what.

(*iii.*) Was one advised and declined?

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (*i.*) Is there loss or decay of teeth attributable to Active Service? No

(ii.) If so, describe.

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? No

(*b*) Fit for base duty? Yes B.111 likely to be raised in six months.

(*c*) Invalid to Canada? No

(*d*) Discharge from the Service as permanently unfit? No

Date of Report Feb.18/18 191 Signed G.E.M.Smith. Capt.

Officer in medical charge of case.

Station Seaford.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

T.F.Graham Capt. { Officer i/c Hospital / S.M.O. Brigade } Strike out one of these.

Dated at Seaford. Station, on Feb.18/18. 191

* Delete if inapplicable.

PART II. 8168

Proceedings of a Medical Board on the Soldier mentioned in Part I.

☛ *Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," a not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensio Authorities may deal with the case properly.*

11. Is the disability fully indicated in Part I. (1)? yes.

If not, indicate it.

12. Is the cause of the disability, fully indicated in Part I. (2)? yes.

If not, indicate it.

13. Was the disability caused or aggravated by— (*a*) Negligence of the Soldier { Caused? no. / Aggravated? no. } (*b*) Misconduct of the Soldier { Caused? no. / Aggravated? no. }

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present fo earning a full livelihood in the general market for untrained labour?
(*Estimate at none*, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.)

not appl.

15. THE PENSIONABLE DISABILITY—(*see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate*).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (*Estimate at none*, ⅕, ⅖, ⅗, ⅘, *or all.*)

not appl.

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent?

not appl.

(*ii.*) If not permanent, what is its probable minimum duration (*in months*)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? not appl.

18. Remarks.

19. Recommendation:—(*a*) Fit for duty? no.

(*b*) Fit for base duty? yes, Bill. likely to be raised.

(*c*) Invalid to Canada? no.

(*d*) Discharge from service as permanently unfit? no.

Classification for the Military Hospitals Commission.

Date of Board 19-2-18.

Station Seaford.

Sgd. N.C. Wallace. Capt. *President.*
Signatures of the Board J. McKee. Capt.
J.Z. Gillies. Capt.

Approved 19-2-18.

A.D.M.S.

Dated at Seaford, Sussex.

Station

191

PART III. 8168

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

Dated at this day of 191

Signatures of the Board

.....
President.

.....

.....

.....

8168 P

Form D.M.S. 1394
50M-11478 7-4-17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Monks Horton. Dec. 29th. 1917.

No. 460441 Rank Pte. Name Anderson, W.H.

Local Unit 7th hes. Seaford Overseas Unit P.P.C.L.I. Age 25.

Examination held at Can. Con. Hospital, Monks Horton.

DISABILITY. G.S.W. HEAD - April 9th, 1917
Overseas-~~Local~~
(SCRATCH ONE OUT).

PRESENT CONDITION.

In France ten months. Since being wounded has been continuously in Hospital. There are two wounds over the molar and occipital bones, the former is no disability. The latter breaks down frequently with abseess formation, broken down four times. M.H.S. states wound severe; X-Ray Report states - two foreign bodies present. He complains of disziness He has no headaches. He is anaemic.
Otherwise normal.

BOARD RECOMMENDS:- B.III four months.

1. Fit for Duty .....
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:-

(Sgd Geo. T. Wilson, Captain
(..... President.
(
((Sgd) J. E. Gimby, Lt.
Members (.....
(
(
(.....

APPROVED

Dated 2 JAN 1918 1917. .....For A.D.M.S.

FOR A.D.M.S. CANADIANS, SHORNCLIFFE

D

·8168

Army Form W. 3172.
(In pads of 50.)

Whalley. Hospital.

Ward C T No. of Bed up. Date 29-6-17

Regtl. No.	Rank and Name	Corps	Part to be X-Rayed
460441	Pte. Anderson	P.P.C.L.I.	Head

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case)

Small abscess on right side of scalp.
Any F B?
Scar over left malar
Any F B?

Scram.

Signature of M.O. [signature]

Date 29/6/17

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 4927

2 small F.B's present

Signature of Radiographer Alseston Wilson

Date 3/7/17

(9 38 40) W 8290—3262 100,000 8/15 H W V(M 163) Forms/W. 3172/1
15134—116 300,000 1/16

Forms
I. 1237
12

Pres P.T. "A"

Army Form I. 1237.

MEDICAL CASE SHEET.* 8168 Hut 7

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	460441	Pte	Anderson	W. H.

Year	Unit.	Age.	Service.
	P.P.C. Sight Inf. Salesman	25	1 8/12 yrs. Fran[illegible] 10/12

Station and Date. Disease II-1-Severe - G.S.W. Face (L)

Whalley
Apr 13th 1917 Has septic flesh wd 2" long over left malar region. No bony injury. Also small septic wd. in right tempero-occipital region. One also at outer part of clavicle (R). X Ray = Two small F.B present in scalp.

14/9/17 Head quite healed. Suffers from anaemia.
[illegible] St W.S.A.

16/11/17 Suffers from occasional headaches, otherwise quite well

Canadian Convalescent Hospital, Monks Horton, Kent.

Monks Horton 20/12/17 O-T 750 Malar wound. quite healed no adhesion to bone, skin moves freely over the area. No tenderness. Scalp wound. healed completely.
1 wk's conval.
Fit duty. C W Burns Lt

To S F B

Monks Horton 29/12/17 B[illegible] 4 [illegible]

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sr. (10938). Forms/I. 1237/12. (E269) [P.T.O.

Station and Date.

E G

8168 P

460441

MEDICAL HISTORY OF

ORIGINAL

Surname: Anderson Christian Name: William H

Examined on 7th day of June 190 at Winnipeg Man

Birthplace: City or Town Omagh. County County Tyrone Ireland

Apparent age 24 3/12

Trade or occupation salesman

Height 5 Feet 7 1/4 Inches.

Weight 134 Lbs.

Chest measurement: Minimum 32 inches. Maximum expansion 36 inches.

Physical Development good

Small-Pox Marks no

Vaccination Marks: Arm Right Left Number 1

When Vaccinated last infancy

(a) Marks indicating congenital peculiarities or previous disease

25/1/18 TAB [signature] Capt

Ante Typhoid Inoculation

(b) ~~Slight defects but not sufficient to cause rejection.~~

1st 23.4.15 M.O

2nd 8.8.15 M.O

3rd 16.2.16 [signature]

Approved by W H Reilly

(Rank) Capt CAMC Medical Officer.

Examined for re-engagement 21 APR 1917

day of 190

* Considered (1)

(Signature) Medical Officer.

* If unfit, state disability.

Re-vaccinated on 10/3/16 day of 190

Arm Number

Result

(Signature) Medical Officer.

Enlisted on 7 day of June 1915 at Winnipeg

	Corps.	Regtl. Number.	Habits.	Date.
Joined on enlistment.	61st Batt CEF.	~~460521~~		7/6/15.
Transferred to	P.P.C.L.I. 460441			

CANADIAN

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Monkshorton	29/12/17	G.S.W. head	Bill four mos J. E. Gurley Jr.
Seaford	19-2-18	" + Debility	Bill Likely to be raised [signature] Capt

PRESIDENT, STANDING MEDICAL BOARD.

N. B.—This Sheet 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.

Mil. Form B. 313 (new series.)

5 M.-12-1907.

8168 P

Surname ..... Christian Name .....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day.	Mo.	Yr.	Discharge from Hospital. Day.	Mo.	Yr.	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 o 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.	Signature of Medical Officer.
Queen Mary's Military Hospital, WHALLEY, Lancs.		13	Apl.	1917	19	12	17	II-1-Severe G.S.W. Face (L.)	201	Wd. 9.4.17 at Vimy Ridge. by Shrapnel. left malar region also in right side of head & right shoulder. Sent down to Wincreux & then England. Admitted Whalley 13.4.17 On Admission Left malar region. Septic. Lateral flesh wd. 2" long is seen. No bony injury Rt. Occipital region small septic wound Superficial shoulder right. ~~small septic wound~~. outer part of clavicle in supra-clavicular Space. Small flesh wd. septic 4929 — X Ray 3/4/17 Two small. F B present (Head.) Treatment. Eusol dressing 14/9/17 Head quite healed. — Suffers from Anemia Transferred. 19/12/17 to Can. Conval. Hosp. Monkshorton Healed. Boarded B II 4 Mo. & discharged to H R	
Canadian Convalescent Hospital, Monks Horton, Kent.	TO/750	19	12	17	9	1	18	"	21		Wm J Martin Sr Cl S4

Sd. Whalley
Maj.

8168 REGT'L No 460441

NAME Anderson William Herbert

RANK AND CORPS Pte P.P.C.L.I. (Form 61 st Bn)

H. Q. FILE No. 649-

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY
M2369	20-4-17	adm to 13 Stat. Hosp. Boulogne April 11th 1917 - (G.S.W. Head)

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

8168

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A604.	#13 Stat. Boulogne	11-4-17	S. W. head - Slt.
B294.	Queen Mary's Mil. Whalley	13-4-17	" " "
B96.	Ex " " " Can. Conv. Monks. Lauca Horton Kent	20-12-17	" " " 17-1-18 "
B112	Discharged	10-1-18	SW. Head (slt). L. 11-2-18.

Form—R. 190 8528-25M-25/10/16.

IMPORTANT.

DISPOSAL OF ORIGINAL MEDICAL HISTORY SHEETS.

1. Action by Officer i/c Hospital—

(*a*) See that all entries are properly and fully made, and signed.

(*b*) Forward to Hospital to which man is transferred, immediately it is done. If discharged to Unit—to Officer Commanding such Unit.

2. Action by Officer Commanding Unit—

(*a*) On admission of man to Hospital, forward M.H.S. to such Hospital at once.

(*b*) On transfer to another Unit—to Officer Commanding such Unit.

(*c*) On proceeding Overseas — return to Record Office, London, without delay.

(Authority, Army Council Instruction 831, April, 1916.)

Reg. No.	Rank.	Surname	Category.	Dentally Unfit.
460441	Pte	Christian Names (1) William (2) Herbert (3)	Date 9.2.18	

Place of Enlistment:	Date of	Taken on from	Religion	Inoculations	Company
Winnipeg	15/6/15	[illegible]	Pres	25/1/18	
Province:	Age on	Date		Vaccination	
Manitoba	24 4	16.2.18		10/3/16	

On Command	Hospital	Permanent Cadre	Employed as
		Date taken on	
Date Proceeding	Date Admitted		

Record of Overseas Service:
6/6/16 to 12/4/17

Reason for Return: S W Head

Profession or Trade (Civil)
Salesman

Transferred or Posted to

Date

Married or Single Single

Address of Next of Kin
Joseph Anderson
434 Balmoral St
Winnipeg Canada

Country

LEAVE.

No. of Pass Issued.	From.	To.	Free Transportation.

A.G. 10434.

Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
34	9.2.18	a 7			
Do	16.2.18	a 7			

TRAINING.

Weeks of Training.

1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | Over.

Nature of Training	Date passed test
Drill	
Musketry	
Bombing	
Rifle Bombing	
Bayonet Training	
Anti-Gas	
Lewis Gun	
Rapid Wiring	

Special Training Courses, etc.

No. 60521 Rank Pte. Name Anderson Wm. H.
460441

T. O. S. 7/6/15. Unit 61st Battalion
(D.O.1) of 7/6/15.

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 June 7	1915 June 30	✓		
July		✓		
Aug.		✓		
Sept.		✓		
Oct.		✓		
Nov.		✓		
Dec.		✓		
1916 Jan.	1916	✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		

UNIT SAILED
APR 21 1916

FORM R. 149.
7106—250m—7/2/17.

8168 P

Name ANDERSON. William Herbert *Rank* Pte. *Reg. No.* 460441.

Unit P.P.C.L.I.

Next of Kin Canada.

Date		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917							
11	4	No 13 Gen: Hosp:	Boulogne	Sw Head Slt	A 604	2369	20/4/17.
13	4	Cdn Nurse's Hk	Wallace		B 294		
20.12.		C.C. Monks Horton		Do	B.96.		(8783)
10-1-18		Discharged.		Do	B 112		2465.
		Sm.					

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

8168 P

FORM D.M.S. 1300.
137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Anderson.	W.H.	460441.

Rank	Unit	Co.	Troop	Batty.
Pte.		P.P.C.L.I.	Eastbt.	

Hospital — Date of Admission

Transferred 13. Stat. B'logne. Hosp. 11-4-17.
Queen Mary's. Whalley. Lancs. Hosp. 13. 4. 17.
Can. Conv. Monks Horton. Kent. Hosp. 20-12-17.
Hosp.

Diagnosis S.W. Head. Slt.

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

D to 10.1.18 Date

C.L. 20-4-17. A/604.
21. 4. 17. B 294
27-12-17. B 960
15-1-18 B 112-2

REMARKS.

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

C.A.D.C.5009.
20M-19-2-18.

460441

Pt Anderson W/T

DENTAL CERTIFICATE.

The following Certificates will be attached to the Medical History Sheets of all Other Ranks being returned to Canada for disposal.

E.O.R.D.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
25. 2. 18	Fit			

F. D. Ewin
Capt R.A.D.C.

M.D. 10

JAN 24 1919

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

10425

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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 this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names William Herbert. 2. Surname Anderson
3. Rank Private. 4. Original Unit 61st Batt. 5. Reg. No. 460441
6. Address, in full, to which future payments of gratuity are to be forwarded 533 Craig St. Winnipeg. Manitoba. Canada
7. Date of enlistment in the C.E.F. June 7. 1915
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Not Applicable
9. Relationship of such dependent Not Applicable
10. Address, in full, of such dependent Not Applicable
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? Not Applicable
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:—
Overseas Princess Patricia's Canadian Light Infantry June 1916 — April 1917
13. 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? Not Applicable
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service Not Applicable
15. 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 Thirty-four Months — Sixty-first Batt., Princess Patricia's Canadian Light Infantry and No. 10 District Casualty Company
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department Not Applicable
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No.

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ... Not Applicable

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 ... One hundred dollars and ten cents. Pay Master District 10

20. Have you been issued with a War Service Badge? If so, what class? ... "A" and "B"

21. Have you, during the present war, served in the Imperial Forces? ... Not Applicable

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 ... Not Applicable

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.? ... No ... If not, give:—(a) Date of discharge April 8th 1918 ... (b) Reason for discharge ... Medicaly unfit for further service owing to wounds received, on Active Service

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ... Not Applicable

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ... Princess Patricia's Canadian Light Infanty June 1916 — April 1917

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ... No

(b) If so, are you in receipt of full pay and allowances from that Department? ... No

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: Wm Handerson

Place of Residence: 533 Craig Winnipeg Man.

Declared before me at: Winnipeg

This 17th day of Jany 1919.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. Donald Smiddy

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
Amt	33.00		35 pcs	
8-5-18	33.00		$350	
8-6-18	34.10			
	100.10			

Certified Correct.

NO OVERPAYMENT OUTSTANDING IN M. D. 10

P. District Paymaster.

PAYMASTER M.D. No. 10

10425/207

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

379-W-15

Name ANDERSON, WILLIAM HERBERT
Surname Christian Name

Regimental Number 460441 Rank PTE.

Address (in full) 434 BALMORAL ST., WINNIPEG, MAN.

Unit 61st BN.

Original Unit

District where paid M.D. 10.

Date of Discharge 8-4-18.

P. D. P. Filing Number 11-195-10.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT Cheque No. A	Date	Amount 30 days	SECOND PAYMENT Cheque No. B	Date	Amount 30 days	FINAL PAYMENT Cheque No. C	Date	Amount 31 days	Balance Over-payments to be Recovered	Total Amount Paid
100 10				2987	8-5-18	33 00	2967	8-6-18	34 10	33 00	67 10
~~1st G~~	~~7476~~	~~17/2/19~~	~~70 00~~								
~~700 A 2nd~~	~~G.27558~~	~~5/3/19~~	~~70 00~~								

M. F. W. 127.
50M—6 17.
1772.39-1140.

Remarks: ADVANCE PAYMENT by CAS. UNIT. of $33.00

Dec'n No 10435/207 W. S. G. File No 0379-W-96

Award ..... days at $ 70 per day $ 350.00

S. A. ..... months at $ .... per mo. $ .... $

Less P. D. P. Credited $ 100.10

$ 249.90

Less further debit balance $ ....

Net due paid as below 249.90

TO SOLDIER

	Ag. No.	Cfr No.	Amount				
1	685	7476	70 00				
2	700A	27556	70 00				
3	797B	431880 (419527)	70 00				
4	693C	9454409	39.90				
5							
6							
	Total		249 90	Total			

17-2-19
5-3-19
9-4-19
19.4.19.
8-5-19

GEN'L AUDITOR
Posting checked by
Middick
Date 23/10/19

533 Craig St
Winnipeg Man.

zfho

L. L. Job 95618—M. & D. 6555.

Led 6

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
15m.—3-16.
H. Q. 1772-39-819.

To Whom Mrs. Jos. Anderson
Address 434 Balmoral St.
Winnipeg,
Man.

Rate $1.60 per

APR 1 1916

By Whom Assigned Anderson W. H.
Regtl. No. 460441
Rank Pte.
Corps 61st. Battn.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Consolidated account
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
15m.—3-16.
H. Q. 1772-39-819.

Sheet No. 2.

Mrs. [redacted] Anderson

PAYMENTS.

Name of Soldier Anderson W. H.

460441

61st Battn

L. L. Job 95618—M. & D. 6535.

Month.	Year.	Cheque No.	Amt.	$16.00	Remarks.
April	1916	X3318	16 —		
May		T4455	16		
June		08670	16		
July		B 8460	16.		
Aug.		C12015	16		
Sept.		F16115	16		
Oct.		F 20925	16		
Nov.		F 25060	16		
Dec.		B 33200	16	16	B 33200 cancelled 2nov
Jan.	1917	B 37362	16		
Feb.		B 42672	16	16	
March		B 49005	16	16	B 49005 cancd (H).
April		K68	16	16	
May		K6204	16		
June		K12851	16	16	
July		K 19819	16		
Aug.		M29379	16		
Sept.		L 33743	16		288.
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

April 1st/16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

16			

121 a 24 Hnd

PARTICULARS OF SEPARATION ALLOWANCE

No. 460441

Rank Pte Promoted Reverted Discharge

Soldier's Name W. H. Anderson

Battalion 61st Battn

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Jos. Anderson

Address 434 Balmoral St Winnipeg Man

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
30/9/17			288	288		
Oct.	C 51570		16	16		
Nov	C 52807		16	16	T	
Dec.	F 55125		16	16	m	
Jan	A 54416		16	16	B	
Feb.	B 92645		16	16		
Mar	G 99877	—	16	16		
			384 00			

A/c Closed 31/3/18

Ret'd per Canada

Date 21/3/18 F.X. 26/3/18

Clerk Jno Baron MRO2 13 destroy 26/3/18

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

CONSOLIDATED ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

	Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS

M. F. W. 128
400m.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

MARRIED OR SINGLE S.

PLACE OF BIRTH Omagh. Co. Tyrone. Ireland

NAME AND ADDRESS OF NEXT OF KIN Joseph Anderson
H3H. Balmoral St. Winnipeg.

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUT
In Hospital	13/4/17	L.L. B

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITA

1. L.P.C. issued, date 21/2/18
2. Authority CRO 3451
3. Discharged to Canada
4. Pay Book verified 21/2/18
5. Balance shown on L.P.C. $ 20987
6. Balance shown in Ledger Sheet $ 28286
7. Full particulars of entries making difference between 5 and 6 if any.

No.	Date.	Unit & particulars of entries.	Amount. Debit	Amount. Credit
12	10/1/18	Mackenzie	18 14	
449	28/1/18	Seaford	7 20	
1206	15/2/18		9 73	
529	18/2/18		7 20	
			22 99	

Net Difference $

8. Assigned Pay cancelled A.3.M. Forms rendered 21/2/18 Effen 1-3-18

or

9. Separation Allowance and Assigned Pay continued to dependent in England and transferred to Accounts Branch for payment.

Certified correct

Officer i/c Group.

OR AY / OUNT C.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DAT
		19 10	19 10						
			33.	38	15/4	72	30/4		
			34 10	102	15/5	120	30/5		
			5 50						
			27 50						
			34 10	7329	30/6/16				
			34 10	2393	30/7/16	2473	15/8/16		
			33	2550	30/8/16	2620	15/9/16		
			34 10	2681	27/9/16	2765	12/10/16		
			33	2833	24/10			148	10/11/16
			34 10	2954	21/11/16			172	24/1
			34 10	3223	17/12				
		19 10	355 70						

s. &c.

TIVE E	AUTHORITY
/17	C.L.B 294 21/4/17

., &c.

AME OF HOSPITAL

E.O.R.D

REG'L. No. 46044 RANK Pte NAME Anderson, Wm Herbert

IF IN PERMT. CORPS WHAT UNIT UNIT 61 St. Batt TRANSFERRED TO P.P.C.L.I. DATE 5-6-16 AUTHORITY BO 135 6-6-16

PERMANENT FORCE ALLOWANCES TRANSFERRED TO C.C.A.C DATE 29-4-17 AUTHORITY C.L.B. 294 21/4/17

PLACE OF ATTESTATION Winnipeg. TRANSFERRED TO " " Brit Hosp Z.O.R.D. DATE 1.11.17 AUTHORITY

DATE OF ATTESTATION 7th June. 1915 TRANSFERRED TO NE DATE 1/3/18 AUTHORITY

ASSIGNED PAY MONTHLY $ 16.00 DATE EFFECTIVE 1-4-16 T.P.L

PAYABLE TO Mrs. Jos. Anderson, 434. Balmoral St. Winnipeg RELATIONSHIP 30 SEP 1918

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

~~STOP PAYMENT FORM~~ (ASSIGNED PAY) ~~RENDERED~~ Stopped (DATE) 21/2/18 EFFECTIVE 1/3/18 REASON Disch. to Canada

DISCHARGE DATE AND PLACE to Canada 21/2/18 REASON AND AUTHORITY C.R.O. 3451

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) [signature] Disposal

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) C.)

TANCE ROLLS					CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	C REMARKS
TE	3 No.	3 Date	4 No.	4 Date	1	2	3	4				CREDIT	DEBIT			
												19 10				Bal. 31-3-16 Canada
4					24 33	7 30			16		47 63	4 47				
5					7 30	7 30			16		30 60	7 97				
									16		16		2 53			
									- -		2 53	24 97				
					3 48				16		19 48	39 59				
8/16					3 49	3 49			16		22 98	50 71				
9/16					1 75	3 49			16		21 24	62 47				
10/16					1 74	3 49			16		21 23	75 34				
	148	10/11/16	7th Bde M.G.B.		1 74		1 74		16		19 48	88 86		Nil		
	172	24/11	"	"	1 74		10 46		16		28 20	94 76		Nil		
					5 23				16		21 23	107 63		"		
					50.80	25.07	12.20		160		248 07	107.63			107.63	

#460441. Pte Anderson, W.H.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3
			336.	60										19 10	355.70									50.80	25.07	12 20
Feb 1-28	28	1 00/10	30	80											30 80	3507	20/1/17							3 49		
Mar 1-31	31	1 00/10	34	10											34 10 420 60	3692 3670 3608	3/3/17 19/2/17 "	3792	16/3/17					5 23 3 49 3 48	1 75	
Apl 1-28	28	1 00/10	30	80											30 80 451 40	46	3/4/17							3 49		
29-30	2	✓	2	20											2 20											
May	30	✓	33	00											33 00											
" 31/31	1		1	10											1 10											
June	30	✓	33												33											
July	31		34	10											34 10											
Aug	31		34	10											34 10.											
Sept	30		33												33							Rem 4/9				
24r			602	80										19 10	621 90									69 98	26 82	12 20

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR3	DR4	BALANCE	DEPERRED PAY / SEP. ALLCE. ENG.
									220 03	
Oct	P/P	34 10 34 10		Rem 2386 Brad Hosp 25/10/17	4 87 4 87			16 16	233 26	
Nov	P.P	33		A P Carr				16.		
Dec	P.P.	34 10 67 10		R. 6494. 24-11-17	9 73 9 73			16. 32	258 63	
1918 Jan	S.F. 11-1-18 to 7pm 23/1/18 = DO. 15 EOTRD 15/1/18	8 76		AR 1200. 20-12-17 M. H.	9 73			16		
	P.P	34 10 42 86			9 73			16	275 76	
Feb	1-21 PP	~~30 80~~ (R) 23 10						16	282 86	
				AR 1305 Monks H 17/1/18	48 67 ✓				~~48 67~~ (R)	
				AR. HHQ 6 Res. 31-1-18	7 30 55 97					
		23 10		Dn 1226 7 Res 13-2-18	9 73 65 70			16	247 16	
Mar				AR 529 13/2/18 6 Res	7 30 7 30				209 86	
June				Spl Dn	209 86 209 86				Nil	

MONTH	PARTICULARS	CR. 1

...ENTS 3	...ENTS 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
12 20		160.		248.07	107.63		Nil.	107.63	
		16		19 49	118 94		"	118 94	
		16		29 95 297 51	123.09				
		16		19 49 317 00	134 40 ✓				C.L. "B" 294 21/4/17 Trans to C.C.A.C. 29/4/17
				– –	136 60				
		16		16 00	153 60				
		—		—	154 70				
		16		16	171 70				
		16		16	189 80				
		16.		16 .	207 90.				
	4 87	16		20 87	220 03				
12 20	4 87	288		401 87					

CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED. PAY	SEP. ALLCE. ENG.

V.P.C. checked 21/2/18
U J Beckburn

Number 460441 Rank Pte

Surname ANDERSON

Christian Name William Herbert

Units P.P.C.L.I. Theatre of War France

Date of Service 8-6-16.

Remarks

Latest Address 434 Balmoral St, Winnipeg Man.

Roll No. B

200m.-6-21. Page 2035-2

DES. JUL 9 1924

REGN. NO. 5832

DESP NOV 9 1922

REGN. NO. GB798

Dom. ret'd by C.C., Chief Constable Wpeg 9 6/24

Man comm'ed with advising return of DM. 16/6/24

649-A-4104