





# CANADIAN EXPEDITIONARY FORCE

J.C.R.-2-17.

H.C.

## Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)..... Lieutenant

(Name in full)..... William Hewitt (Sgt)

Enlisted in..... the 1st Depot Battalion, 1st C.C.R.

CANADIAN EXPEDITIONARY FORCE, on the.....

day of..... 191..... AND WAS APPOINTED to COMMISSIONED RANK

in..... the 1st Depot Battalion, 1st C.C.R.

CANADIAN EXPEDITIONARY FORCE on the..... Twenty-Ninth day

of..... July 191..... 8

He SERVED in CANADA,..... with the 1st Depot Battalion, 1st C.C.R.

and was STRUCK OFF THE STRENGTH on the..... thirtieth day

of..... July 191..... by reason of General Demobilization

Dated at Ottawa, this..... sixth day

of..... October 191..... 9

*[Handwritten signature]*

for Director of Personal Services.



## CANADIAN CONTINGENT EXPEDITIONARY FORCE

C. J.R.B.

## LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 1st. D. Bn., 1st. C.O.R. Rank..... Name.....

Corps..... who was\*.....

On..... 191....., to.....

\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from..... 191.....  
to..... 191....., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month	45	00	Balance Cr. from prev. month	60	00
Advances } No. ....			Reg'tl. Pay 30 days at \$.1	30	00
Cheques } No. ....			Field Allow. .... days at \$.		
Assigned Pay and Sep'n Allee. No. ....			Separation Allowances* (Monthly) .....		
Other charges	89	45	Other Allowances* .....		
Payment on transfer or discharge No. ....			Other Credits* .....		
Balance Cr. (to be paid by the new unit)	30	00	Bal. Dr. (to be deducted by new unit)	90	00
Total			Total		

\*Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of Assigned

{ Pay for the month of ..... 191... }  
{ and Sep'n Allee. for month of ..... 191... } (to) Assignee .....

(Address) .....

(†) Insert amount to be assigned, whether it has been paid or not.

(‡) Insert "not" if amount has not been paid for period of account.

## On Transfer of an Officer.

Out Allowance of \$..... has been paid by Paymaster, Military District No. ....

## REMARKS:—

State (1) date of enlistment .....

(2) if married and if a Separation Allowance Card has been submitted .....

(3) cause of discharge ..... authority .....

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date.....

Place.....

Capt.

Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

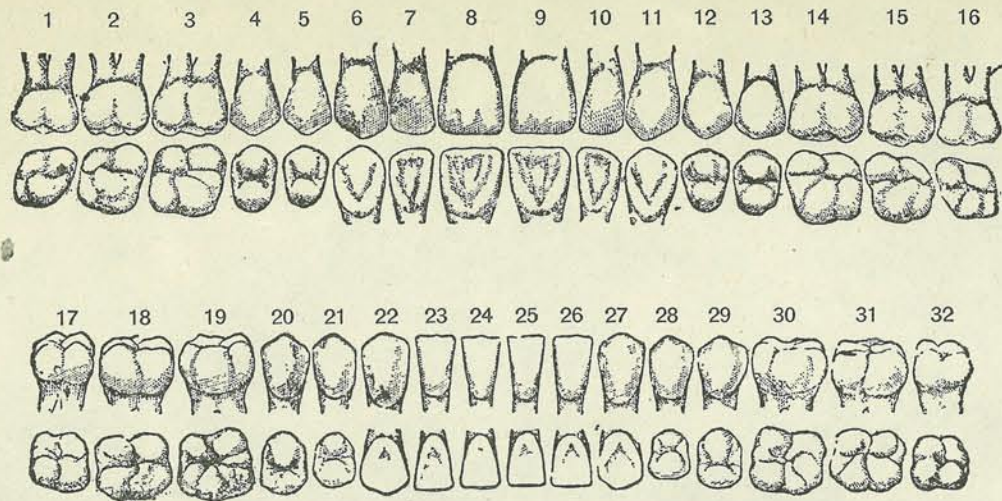
H.Q. 1772-39-903.

100M-9-18. D.P. 874.



1st DEPUT BATTALION  
REGIMENT..... RANK..... Lieut.  
1st C.O.R.

No.



1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

[illegible]



# MILITARY SERVICE ACT, 1917.

No. 8

## 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.

- Surname Anderson. Christian name William Hewart.
- Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 843592
- Consecutive number on schedule of men reporting for service (if he appears on it) .....
- Address (including street and number, if any) ... 58 Wellsboro Apt. Jarvis St. Toronto.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 19th. day of Oct. 1917, by the undersigned medical board sitting at Toronto. Ont.

- Age as stated 33 Years 2 Months.
- Apparent age 33 Years 2 Months
- Height 5 Feet 10½ Inches.
- Weight 165 Pounds.
- Chest measurement { Minimum 35½ Ins.  
Maximum 39 Ins.
- Complexion Dark { Eyes Brown  
Hair Dark
- Physical development. Good. { Good  
Fair  
Poor
- Smallpox marks Nil
- Number of vaccination marks { Right arm Nil  
Left arm 2
- When vaccinated last Childhood.
- Distinctive marks and marks indicating congenital peculiarities or previous disease Nil

- Slight defects but not sufficient to cause rejection Hear O.K. Each eye D 20 N & T O.K.
- 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



Signature of Man

W. Hewart Member. John J. Guet Member. W. J. Guet President.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

DUPLICATE  
FROM  
MEDICAL BOARD

Joined        day of        191 at       

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		<u>3040951</u>		
Transferred to.....				

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT



Surname.

[illegible]



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

350M.—5-16

H. Q. 1772-39-920.

## Casualty Form—Active Service.

Unit, Regiment or Corps. ....

Regimental No. .... Rank Lieut. Name A N D E R S O N William Hewitt

C. E. F.

Enlisted (a) 25/7/18 Terms of Service (a) C.E.F. Service reckons from (a) July 25th. 1918.

Date of promotion to } ..... Date of appointment } ..... Numerical position on } .....  
present rank } ..... to lance rank } ..... roll of N. C. Os. } .....

Extended..... Re-engaged..... Qualification (b)..... Buyer. (T. Eaton Co.)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

(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.]

(b) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				



Unit 1st. C.O.R. Rank Lieut. Name William H. ANDERSON

## OFFICERS' DECLARATION PAPER

### CANADIAN OVER-SEAS EXPEDITIONARY FORCE

#### QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname?..... ANDERSON  
(b) What are your Christian Names?..... William Hewitt  
2. (a) Where were you born? (State place and country)..... Elora Ont.  
(b) What is your present address?..... Niagara Camp.  
3. What is the date of your birth?..... August 1st. 1884  
4. What is (a) the name of your next-of-kin?..... Cecily ANDERSON  
(b) the address of your next-of-kin?..... Forgus Ont.  
(c) the relationship of your next-of-kin?..... mother  
5. What is your profession or occupation?..... Buyer (T. Eaton Co.)  
6. What is your religion?..... C. of E. (Protestant)  
7. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.  
8. To what Unit of the Active Militia do you belong?..... 110th Irish Regt.  
9. State particulars of any former Military Service..... Nil.  
10. Are you willing to serve in the  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... Yes.

The undersigned hereby declares that the above answers made by him to the above questions are true.

W. Anderson (Signature of Officer.)

Taken on strength (place)..... Camp Niagara Ont.

(date)..... July 25th. 1918.

Major  
C. G. 1st. Depot Bn. 1st C.O.R.  
(Signature of Commanding Officer.)

#### CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him\*..... fit..... for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date..... October 3rd 1918

Place..... Niagara Camp.

\*Insert here "fit" or "unfit"

J. A. Bentley  
Medical Officer.