CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)		4841			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		MANIA			11178
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)		MINI			
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)		11 11 1			
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)	Mary Service Control	1 1			Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)		/ 18	1		Dend
MEDICAL EXAMINATION (M.F.W. 129)	YEAR HOLDE		1	4	
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)	MARKET WAS I		NI		Barrier Barrier
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)		1 58	7	1	
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)		1 1	N	A -40 M S	DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)				DES 1500 DES	Manage Association
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)			7 /		
PARTICULARS OF CHARACTER (A.F.W. 3226)			1		<b>€</b>
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WAR SERVICE BADGED STALL

CLASS "A" NO... SERVICE
P

#### SHORT FORM.

#### PROCEEDINGS ON DISCHARGE.

(Demobilization.)



1. No. 2008808-
2. Rank. South the
3. Name. Asiliam Q. Broderson.
4. Unit. P. B. Con. C. E.
5. Date of Discharge 18/7/19 Place Halfor NS
6. Reason for Discharge Democratiques Anni
7. Authority. R.O. 1420
8. Proposed Residence after Discharge
Hafipa
/ X
9. CERTIFICATE TO BE SIGNED BY SOLDIER.  I hereby acknowledge that at the undernoted place and date I received my discharge Certificate
M. F. W.?
1 24
1 No Exercisory
Signature of Soldier.
10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.
Place
Date
, DO N ( SPOR 11
To C. Dispersal Station (1971)
Signature (O. C. Discharging Unit.)

#### LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

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- Partien as of therms (n.c., v., 100).

  2. Casa. : form (v.F.B. 189).

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

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  6. Field terminate (C. D. 1.5000a).
  7. Proceedings of Paper (al.F.P. 121)
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- 15. Study Decaments.



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200m6-21. B. Page	9022/
2001. 0 21. 1010 44	~~~,

REGN. NO

#### CANADIAN EXPEDITIONARY FORCE

# DISCHARGE CERTIFICATE SERVICE BADGE SOLL

THIS IS TO CERTIFY that No. 200 82 8 (Rank)
Name (in full) William Joseph auduson enlisted in
the Cauadian Engis
CANADIAN EXPEDITIONARY FORCE at // Los for on the 29th
day of Canal 19/8
HE served in PBCs C E. in France
HE served in
Demobilization.
and is now discharged from the service by reason of  Medical Unfitness.
THE DESCRIPTION OF THIS SOLDIER on the Date below is as follows:
Age Marks or Scars
Height: 3-18 " fatos both arms.
Complexion suddy
00
Eyes
Hair Cal
W.J. anderson
Signature of Soldier. (B)
Issuing Officer.
Date of Discharge
Rank
Date HALIFAX, N.S. JUL 5 1918

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO
FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA,
M.F.B. 39A.

1.—That discourse wearing uniform.

2.—That un form con to worm only thirty
(30) days after discharge, or when
duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

## ATTESTATION PAPER.

6

No. 2008828

Folio.

#### CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT	BEFORE ATTESTATION.
1 What is your granders	ANDERSON*
1. What is your surname?	William Joseph.
The Company of the Co	25 South St. New York City.N.Y.USA.
1b. What is your present address?	Newfoudland.
what Country were you born?	
3. What is the name of your next-of kin?	Conroy .Newfoundland.
4. What is the address of your next-of-kin?	Conroy .Newtoundiand.
4a. What is the relationship of your next-of-kin?.	Mother.
5. What is the date of your birth?	Seaman
6. What is your Trade or Calling?	Sedman.
7. Are you married?	Single:
8. Are you willing to be vaccinated or revaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia?	Mes. British Navy for 10 Months (Seams
0. Have you ever served in any Military Force? If so, state particulars of former Service.	Yes.
1. Do you understand the nature and terms of your engagement?	
2. Are you willing to be attested to serve in the )	Mes. 1 File -
Canadian Over-Seas Expeditionary Force?	
3. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No. 1/2
4. If so, what was the nature of the disability? .	
5. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No.
6. If so, what was the reason?	
y me now made, and I hereby engage and agree to force, and to be attached to any arm of the service taxisting between Great Britain and Germany should	e true, and that I am willing to fulfil the engagements of serve in the Canadian Over-Seas Expeditionary therein, for the term of one year, or during the war now that war last longer than one year, and for six months sety should so long require my services, or until legally
Water	(Signature of Recruit)
Date April 29th 191 8	(Signature of Witness)
OATH TO BE TAKEN BY	MAN ON ATTESTATION.
pear true Allegiance to His Majesty King George the duty bound honestly and faithfully defend His Ma Dignity, against all enemies, and will observe and obtained of all the Generals and Officers set over me. So	
Willia	(Signature of Recruit)
Date April 29th 1918 .	(Signature of Witness)
CERTIFICATE	F MAGISTRATE.
The Recruit above-named was cautioned by m questions he would be liable to be punished as provid The above questions were then read to the Rec I have taken care that he understands each que	e that if he made any false answer to any of the above ded in the Army Act.
	29th day of April 191 8
perore me, at this this	day of
Miles	(Signature of Justice)

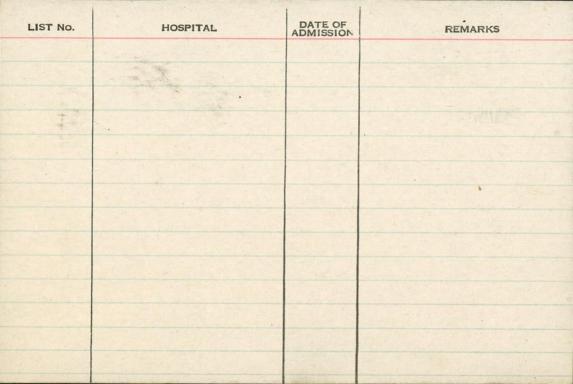
M. F. W. 23. 750 M.—1-17. H. Q. 1772-39-841.

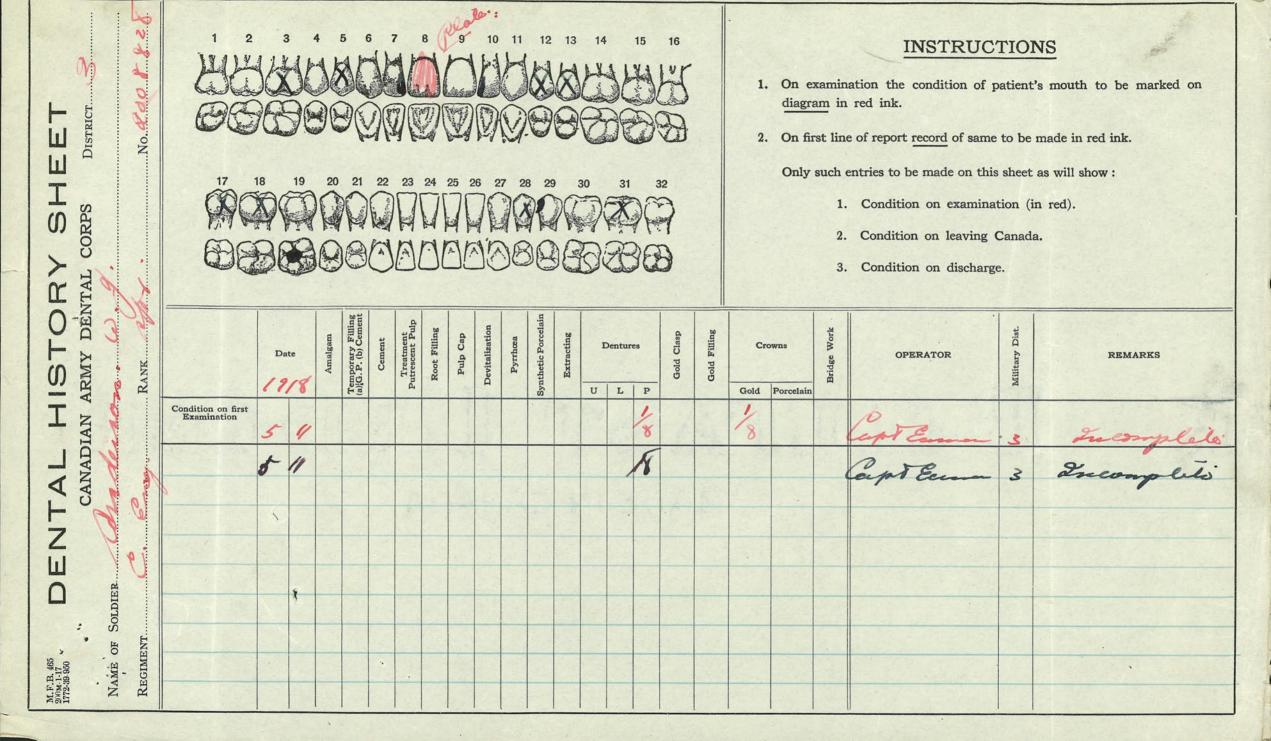
N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

## Description of William Joseph Anderson. on Enlistment.

-	ent Age	Distinctive marks, and marks indicating congenita peculiarities or previous disease.
latio	ns for Army Medical Services.)	(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previou service, attach a slip to that effect, for the information of the Approving Officer).
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Kengrous denominations,	Baptist or Congregationalist	1230 races for any long sold or mention 200 act. 2
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	Other denominations (Denomination to be stated.)	Tolk and an execution who was a first to
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free u  Date Place.	I have examined the above-named Recruit ection specified in the Regulations for Army M. He can see at the required distance with eise of his joints and limbs, and he declares that I consider him*	and find that he does not present any of the cause ledical Services.  ther eye; his heart and lungs are healthy; he has the heart is not subject to fits of any description.  Canadian Over-Seas Expeditionary Force.  W. H. Mc Williams H. O.  R. Mc Donald M. O.  Medical Officer.
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CANADIAN ARMY DENTAL CORPS, O.M.F.C.

#### DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DI	ENTAL	REQUIREMENTS
------------	-------	--------------

- 1. FILLINGS 30 8/
- 2. Extractions
- 3. Crowns
- 4. DENTURES
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

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

J. Por Capet

Signature of Dental Officer\_

Name ANDERSON, William Jsoeph Reg'l No. IT RRank 2008828 If in perm. Corps. ) Unit 75th Dft Engineers What Unit? Married or Single Single. Place and Date of Enlistment To ronto, April 29th, 1918. Place of Birth Newfoundland Name and Address, Next-of-Kin Amelia Anderson Conroy Newfoundland / Mother. Relationship Assigned Pay Monthly \$ Payable to Relationship Separation Allowance \$ Payable to Relationship Discharge, Date and Place Reason Character .Report. Record of promotions, reductions, transfers. REMARKS casualties, etc., during active service. Place. Date. From whom Taken from Official Documents Date. The authority to be quoted in each case. received. Arrived in England I5-7-18 8/9 VALACIA T. O.S. on Arrival from Canada, Senford F. 7 18 -- 18 2.70.18. -10 f. D. J. to C. E. F. Sool 75. Spr Teaford, 1.10.18 DO 1144 6.2.8.8.16 43.19 CERP Lost to CEPBunix 4 7ld 43.19 Loop 2009. 43.19 22.5.19. P.B.E. Unit Proceeded & Eng. for demobil on Spn. Lestavre 16.5.19 D.o. 279 \$8/25/9 Olling bonly. 26.619.72 81-13-5 26-6-19

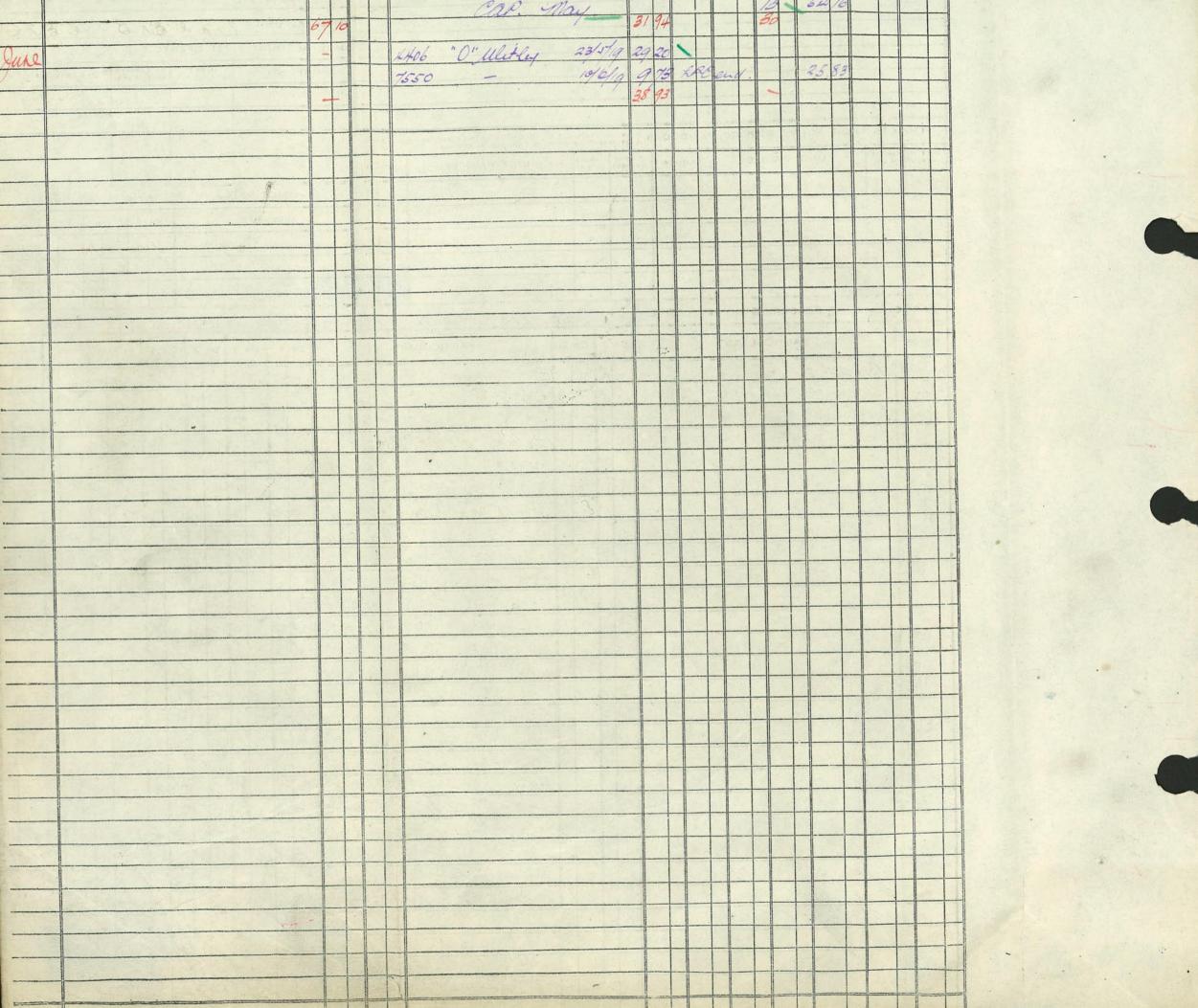
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RATE OF SEPARATION ALLOWANCE

#### Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

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1 July 1918

/5.00 RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

MM.

PARTICULARS OF ASSIGNMENT

No. 2008828		V	Name		
Rank Shr Promoted	Reverted	Discharge	Address		
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Beneficiary			2	CONROY, NEWFOUNDLAND. 15	15.00
Relationship			3	% 2008828 SPR WM.JOS ANDERSON FIFTEEN DOLLARS	
Address			4		

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#### PARTICULARS OF SEPARATION ALLOWANCE

#### PARTICULARS OF ASSIGNMENT

No.				Name		
Rank	Promoted	Reverted	Discharge	Address		
Soldier's Name				Change	of Address	
Battalion				1		
Beneficiary				2		
Relationship				3		
Address				4		

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PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING

REGT. No. 2008 DAILY RATE OF PAY AND ALLOWANCES M. OR S. ORIGINAL UNIT NEXT OF KIN RELATIONSHIP EFFECTIVE DATE PARTICULARS AUTHORITY PLACE OF ATTESTATION ADDRESS Zms. 26-6-19 heo. 191 DATE OF ATTESTATION ASSIGNED PAY \$7 IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE PAYABLE TO TO WHOM PAID RELATIONSHIP ADDRESS ADDRESS STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE DISCHARGED PAY AND F.A. ACQUITTANCE ROLLS CASH PAYMENTS REGI-OTHER TOTAL ASSIGNED MENTAL MONTH CREDITS CREDITS NO. OF DAYS CHARGES AMOUNT COL. NO. 1 COL. NO. 2 COL. NO. 3 COL. NO. 1 COL. NO. 2 COL. NO. 3 NO. DATE EALANCE FROM PREVIOUS ACCOUNT 31-5-19 5 00 141 33 15 00 185 66 280 00 70 122 days 280 00 35 00 280 -

200M-3-19.—L. L. 58788-... & D. 9985. M. F. W. 2596. 1772-29-1390.

4-7-19 REGT. NO. 2008828 RANK SM. NAME (IN FULL) Anderson W. J.

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

WHAT UNIT?

BLOCK LETTERS SURNAME DAILY RATE OF PAY AND ALLOWANCES EFFECTIVE DATE RTICULARS AUTHORITY PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY 26-6-19 heo, 191 DATE OF ATTESTATION DATE AUTHORITY 1-8-19
Ins. Amelia Anderson
Conroy STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE PLACE DATE IF ENTITLED TO POST DISCHARGE PAY REASON AUTHORITY DISCHARGED Demob. Hoc les., 191 JUL 1 1 1919 CQUITTANCE ROLLS CASH PAYMENTS BALANCE ASSIGNED OTHER MENTAL CHARGES DEBITS NO. 1 COL. NO. 2 COL. NO. 3 COL. NO. 1 COL. NO. 2 COL. NO. 3 CHARGES PARTICULARS OR REMARKS DEBIT CREDIT DATE NO. DATE NO. DATE C. C. S C. 5 C. C. Cn. Bal. closel. 8W.S. 9 Col. 172 m bout Bal. Dis Col. 3. A. P. June 487 5 00 141 33 15 00 185 15 00 00 33 00 40 0 280 AUG 7 1919

### MILITARY SERVICE ACT, 1917.

MEDIC	SAL H	ISTOF	RY SH	IEEI.	
for exemption or a report for service medical history sheet (which will be on application to any Postmaster is master to a Registrar or Deputy R Medical Board to the District Offi Deputy Registrar.	ce, or, although having made handed to him) must be at an Canada, or be sent by him egistrar under the Military cer Commanding unless in	te one, he does not know tached by him to a report after he has noted upon Service Act. In any eve structions have been give	the number, he will be it tfor service or claim for eit it the number on the receint the duplicate medical hi en by the latter to forwa	remption which he may make by the obtained from the Post-istory sheet will be sent by the ard it direct to a Registrar or	
1. Surname Chill	le sou	Christian name	sum f	repla	
2. Number of report for so receipt or schedule	ervice or claim for exe	mption according to	Postmaster's		
3. Consecutive number on on it)		,			
4. Address (including street and number, if any)	25 Su	uth SI	My.C	·	
The following are accur					
medical examination	on on the 24	2 day of	april	1917 by the	
undersigned medica	al board sitting at	Mus	gun		6
5. Age as stated 24	Years 8 Mon	iths. 6. Appa	rent age	earsMonths	2
7. Height 5 Fe	et 6/2 Inche	es. 8. Weig	ht 1. 7.4 1	Pounds.	8
	inimum 77 In			Free Brown	1 2
9. Chest measurement }	7.1	10. Complexion	Medium	Eyes Brown	3
(M	aximum 5 7 In	s. ( Good		Hair Brown	6.
11. Physical development	Good	Fair Poor	12. Smallpox marks	nil	
	(Right arm	-		21	63
13. Number of vaccination r	narks }	14. \	When vaccinated last_	ante	an.
15. Distinctive marks and m	Lett armarks indicating congenit			U	Me
and in	nil				jo
The man denies having had  (Strike out disease adm  We have examin in accordance with the medical examinations, a	(Syphilis nitted or suspected.)  ed the above name C. E. F. Regulated in Company of the company	ions for A2	( Syphilis  Both	Eyes D 20 ing Normal.	Signature of Man
	Men	mber.	-	Member.	
Date Result	VACCINATIONS	MECRUIT Date	Result ANTI-TYPH	oid Inoculations, Etc.	
Y 191918	Mairie	M.O. 1/5/18.	GoV	the Cft M.O.	
11 11	1 11	1	7 1910	Waller	
····		M.O. MAI	1918	M.O.	
		M)64Y Z	1310 /11/	(aurus M.O.	
Joined 29th	day of	April 191	8 at Toront	0.	
	Corps	REG'TL NUMBER	Habits	DATE	
Tained on anti-turn	Can Enginee:	rs.			
Joined on enlistment	Can Enginee.			1	
Transferred to	CETOOL			1-10.18	
EXAMIN	NED OR DISCH	HARGED BY	MEDICAL B	OARD.	
STATION	DATE	DISEASE		RESULT	
reckville, Ont	10/6/18	Nil.	A.2 /	3 x Pal	(
		THE PARTY OF THE P		21/1000	THE REAL PROPERTY.

· 1	Date of Arrival			DATI	s of				Number of	Remarkson nature of the disease; how induced; if mild or severe; if com	Signature of	
STATION.	at the	in	Admission to Hospi	on ital	fro	Discharg m Hosp	e ital.	DISEASE.	days in	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Medical	
	Station.	Day	Month	Year	Day	Month	Year		Hospital.	appliances supplied. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Officer.	
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#### MILITARY SERVICE ACT, 1917.

#### MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname ander	Christian name	how frescha
2. Number of report for service or	claim for exemption according to Posts	master's
3. Consecutive number on schedu on it)	le of men reporting for service (if he	appears
4. Address (including street and number, if any)	V 4 ()	20
	articulars with regard to the above	named man as ascertained by the
	the 29 day of	
	d sitting at Man	O
5. Age as stated Years	Months. 6. Apparent as 6/2 Inches. 8. Weight	geMonths
		TO A STATE OF THE PARTY OF THE
9. Chest measurement Minimum	Ins.  10. Complexion N	Eyes Brown
Maximum	3 4 Ins.	Hair Brown
11. Physical development.	Good Fair Poor 12. S	Smallpox marksnil
	Right arm	2/4 00
13. Number of vaccination marks	Left arm 2 14. When v	vaccinated last
	icating congenital peculiarities or previous of	disease
	nil	reoi
16. Slight defects but not sufficient to	o cause rejection	a tu
The man denies having had { Rheun Tubero Syphil (Strike out disease admitted or	natism culosis We find no evidence of past { is	Rheumatism
We have examined the in accordance with the C. E.		Hath Bree D 20
medical examinations, and he is	s placed in Category	Both Eyes D 20 H earing Normal.
	maclican ,	President.
	Member.	
Date Result VAC	CINATION MECRUT Date Result	Member.
AY 19 1918 ////	ONATIONS DELE RESULT	Anti-Typhoid Inoculations, Etc.
WITS STONE WITH (	aru 7.0. 1/5/18.	go Vota Coff M.O.
	M.O. MAY 171	919 M Cours M.O.
	мва у 2 7 1918	
Joined 29th day of	April 191 8 at	Toronto.
	CORPS REG'TL NUMBER	HABITS DATE
Joined on enlistment Can	Engineers.	Control of the second
Transferred to		1-10-15
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EXAMINED (		
	OR DISCHARGED BY A ME	EDICAL BOARD.
STATION	DR DISCHARGED BY A ME	EDICAL BOARD.

1994年

Christian Name Surname

	Date of Arrival		DATES OF						Number of	Remarkson nature of the disease; how induced; if mild or severe; if com	Signature
STATION.	at the	int	Admission Discharge from Hospital.		DISEASE. days in		Remarks on nature of the disease; how induced; if mild or severe; if com pletely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If all accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Medical Officer.			
	Station.	Day	Month	Year	Day	Month	Year		Hospital.	appliances supplied. Particulars of prophylactic inoculations.	Oincer.
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# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

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

-	
No	2008828 Strank Strame Str anderson -
	(Given name in full)
	it or come P. B. Con C. C- Birthologo Codnoy New Pound la
Un	it or Corps Doy C-C- Birthplace Cochay Ylew Journal to
	(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)
I.	GENERAL DESCRIPTION:
	Physique Weight Bbs. Height ft. in. Colour of Eyes
	Nutrition Journal Identification marks, scars, or deformities.
	Pulse (Give cause and date of origin).
	Condition of arteries 2 700
	Vision Rt. Left Left Jello mile. R. Journ
	Hearing (conversational voice) Rtft. 2-hard- 5-w
	Leftft.
Opi	inion as to general health and physical condition
2.	Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems?
	(Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)
	Nervous System
	Special Senses
	Disturbance of MentalityMuscular System
	Osseous and Joint SystemAny other general condition
3.	If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

## EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—
Examined at(Overseas)
Date Signed M.O.
I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.
Signature W
THIS SECTION FOR USE IN CANADA—
Examined at(Canada)
Date
I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.
(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

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

(PVER)

350m.—5-16 H. Q. 1772-39-920.

Casualty Form—Active Service.

Enlisted Date of pres	(a) 29-4- promotion to ent rank	Unit, Regiment or Corps. 75.2.  Rank	nofWavser	Nume roll	as from (a) 29-4-18: rical position on a form of N. C. Os.
Date	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
6.19	1. 0. S. No.	Son Discharge	d posted disp	WI	BAGK. DO. 190 DO. 190 VAERGUSENV Vo Rocords Note D.D.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as re-		10年10年	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	
			1 10,00 King			

W. 3. B. Class. A.

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

M. F. W. 54. (A. F. B. 103. 500M.—9-16 H. Q. 1772-39-920.

Casualty Form-Active Service.

Casualty Form—Active Service.								
20088	Unit, Regiment or Gorps. 75 Af	h bugin	eeno	ENGINEER DEPOT				
	Unit, Regiment or Corps			BROCKTOLLA				
Regimental No	oo 8820 Rank / Nar	bernde	roo	ne tough				
	9-4-18 Terms of Service (a)	Ser Ser	vice reckon	s from (a) 9-4-18v				
Date of promotion	on to \ Date of appointme	ent	Numer	rical position on \				
present rank								
Extended	Re-engaged.	. Qualification (b	relit	La cy mo- leve dam				
Report	Record of promotions, reductions, transfers,	Para de la constante de la con		Remarks				
From wh	casualties, etc., during active service, as reported on Army Form B. 213, Army Form	Place	Date	taken from Army Form B. 213, Army Form A. 36, or other				
Date receive				official documents				
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	4 DIOTHER DEPOT	6	7					
7 , 7 , 00 8	BROCKVILLE, ONT.			00				
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				Captain & Adjutant				
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-1	27-6-18 EMBARKED N	ONTREAL	KD	Dlaudford Hout				
00	Sien looked	D. la d	Adjutan	H. M. T. WALACIA.				
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\$ 18 X L.C.	Y. D. J. J. S. Of L. C. M. D. from Canadi	Seasona	15/1/18	PAINT UND, 48				
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10718 XC15/1	B S. BS of ZOCERB.	Vealord	1/10/18	111 00d 114				
0, 3	15 C / 1001 7 rance		1	T: GE				
200		/		Lieut C.E.				
3		Common	ding and	for Lieut. Colonel, C. Lynn Canadian Engineers Reserve Ba.				
and the same of th		Comman	uing zha (	Danadian Engineers Reserve Ba				
10.18. C.S. B.	AS TOUS. CER Pool		3-10-18	RAR 1416 P/107.				
10.18. CCK	C. Joined from Base		,	RUR 1589				
20-1-19 "	B.O.S. of C.E.R. Pool to P	B.CO.C.E		9 R&R 2347 DO. NO. 12.				
		enaco come	- MO-T-T	100 H 6041 100 NO. 12.				

<sup>(</sup>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.

11 -

	Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as re-		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	taken	Remarks from Army Form B. 213,
	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		Form A. 36, or other official documents
20.1	1.19	EERE	T.O.S. of P.B. Con 6	6	21.1.19	Pt.II.	0. No. 9, 1919
15-3	1.19		Proceeds on Command to no. 3. 6		10.3.19	B213	
15.3	.19	a C.G. Hos.	Reported for Duty	alo	11-3-19	B213.	
		20		of all all materials			Pl- of
16	15/	666		Have	10%	719.	P.1. 50.27 91919.
/	119	Havre.	PROCEEDED TO ENGLAND	1.0	1.6	asso	n
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23/3	/19	P.B. Coy	7.0.5. 0. Wing	We they	17/5/19		D.O. 915,38.
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			ON ECON	WITLEY 1			D. PT. 2 No.
		"O" WIN	S.O.S. O.M.F.C. ON PROCEEDING TO CANADA	Parine	A-THE	X I/c	RECORDS,
ie ih	UNI	1 1919	Embarked ?	No. 16 TR	Contraction of the last	Wing	G.G.C.
SS	BAI	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	LiverpooL	No, 16 TR/	- IIII	GTAFE	
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