REGIMENTAL DOCUMENTS

NAME ANDERSON ADRIEN REGT. NO. 3258318 UNIT 1st Hyd N.B.R. H. Q. FILE NO. 7189

	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)	M 23 4/19				DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
	DENTAL HISTORY SHEET (M.F.B. 465)					DISCHARGE
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Category
	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)					Hemob
2	LAST PAY CERTIFICATE (M.F.W. 44)					DESERTION
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M FW 71					

W. 2589
100M-11-18
1772-39-1377

1st DEPOT BN. N. B. REG'T.

Original.

.....7.M.D.....Depot Battalion.....Regiment

Regtl.No.3258318.....

PARTICULARS OF RECRUIT
Drafted under Military Service Act, 1917
(Class...F.C.....)

1. Surname ....Anderson.....
2. Christian name ....Andrien.....
3. Present address ....Andersons Siding Rest Co N B.....
4. Military Service Act letter and number..652702 F.C.....
5. Date of birth ....Jan.19th-1895.....
6. Place of birth ....Whites.Brook.Rest.Co.N.B.....
7. Married, widower or single...Single.....
8 Religion ....R.C.....
9 Trade or calling ....Farmer.....
10. Name of next-Of-kin ....Mrs Joseph Bernard.....
11. Relationship of next-of-kin..Sister.....
12. Address of next-of-kin ....Thivierge Bona Co P.Q.....
13. Whether at present a member of the active Militia...No.....
14. Particulars of previous military or naval service, if any.Nil.....
15. Medical Examination under Military Service Act:-
(a) Place..Fredericton N.B..(b) date..June 2/18..(c) Category..C2..

DECLARATION OF RECRUIT

I..Adrien Anderson..... do solemnly declare that the above particulars refer to me, and are true.

..Adrien Anderson..(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age .....23.yrs...4.....,,,mths
Height.....5.....ft....2.....ins.
Chest measurement } fully expanded.....34½.....ins
range of expansion.....1.....ins.
Complexion....Ruddy.....
Eyes.....Blue.....
Hair.....Brown.....

Distinctive marks, and marks indicating congential peculiarities or previous disease.
vax left arm.....

R01294

Place..St John N B.....Date.....May 15th-1918.....

.....D. D. McArthur Capt
for O. C. 1st. Depot Battalion
New Brunswick Regiment

Depot Btln.
.....Regt.

M.F.W.133.

M. D. No. 7
No. 14

CANADIAN CONTINGENT EXPEDITIONARY FORCE

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. 3258318 Rank Pte Name Anderson, A.

Corps 1st Depot Batt. N.B. Regt who was* Discharged

On Nov 15/18 191...., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Nov 1/18 191...., to Nov 15/18 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month	3.	50	Balance Cr. from prev. month		
Advances by Cheques } No.			Regt'l. Pay 15 days at $ 1.	00	15.	00
Advances by Cheques } No.			Field Allow. 15 days at $ c.	10	1.	50
Assigned Pay and Sep'n Allce. No			Separation Allowances* (Monthly)		
Other charges			Other Allowances*		
Payment on transfer or discharge No. 4880	3.	00	Other Credits*		
Balance Cr. (to be paid by the new unit)	10.	00	Bal. Dr. (to be deducted by new unit)		
Total	16.	50	Total	16.	50

*Give particulars.

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

{ Pay for the month of N. I. L. 191...
and Sep'n Allce. 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 Cat. C 2 authority D. O. 320

(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 Nov. 19/18

Place St. John, N. B.

J. Ferguson Captain
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.

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 Anderson Christian name Adrian

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

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

4. Address (including street and number, if any) ... White's Brook, NB

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 2nd day of June 1917, by the undersigned medical board sitting at Lunenburg, NB

5. Age as stated 23 Years ..... Months. 6. Apparent age 23 Years ..... Months

7. Height 5 Feet 2 Inches. 8. Weight 110 Pounds.

9. Chest measurement { Minimum 29½ Ins. / Maximum 31½ Ins. } 10. Complexion Fair { Eyes Grey / Hair Brown }

11. Physical development. Good { Good / Fair / Poor } 12. Smallpox marks 1 left

13. Number of vaccination marks { Right arm — / Left arm 1 } 14. When vaccinated last 14/2/15

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Slight right kyphosis

16. Slight defects but not sufficient to cause rejection .....

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category C2

17. (a) Vision R. 20/20 L. 20/20

(b) Hearing. R. Normal L. .....

J. Chas. Hefft *President.*

W A Redick Capt *Member.* ..... *Member.*

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
18-1-18	O Connell Capt	M.O.	18-1-18	O Connell Capt	M.O.
		M.O.	26-1-18	O C	M.O.
		M.O.	5-2-18	O C	M.O.

Joined ..... *day of* ..... *191* ..... *at* .....

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	Det. Depot	3258318		
Transferred to	Bn N.B. Reg			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

N. B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.

300M.—10-17.

1772-39-439.

Signature of Man

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

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9.0.

Casualty Form—Active Service.

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

Regimental No. 3258318 Rank Private Name ANDERSON, ~~Aduin~~ Adrien

Enlisted (a) 15-5-18 Terms of Service (a) C. E. F. Duration of War Service reckons from (a) 15-5-18

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

Extended ..... Re-engaged ..... Qualification (b) Farmer

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				
16/11/18	O.C. 1st Depot B.N.B.Reg	S.O.S. Returned to Registrars Records Auth 1438 · P.C. 3051 Demobilization	St John Mrs	15/11/18	DO 320 Part II 16/11/18 G K Sheils Lieut. Adjutant, 1st. Depot Battalion New Brunswick Regiment

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

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

This is to Certify that No. 3258318 Rank Private

Name in full ANDERSON, Adrien

Enlisted in 1st Depot Bn., N. B. Regiment

C.E.F., on the 15th day

of May 19 18.

He served in CANADA

with the 1st Depot Bn.; N.B. Regt.

and was discharged at St. John; N.B.

on the 15th day of November 19 18

by reason of DEMOBILIZATION

His conduct and character were Good

Medals and Decorations, etc. NIL

DESCRIPTION ON DISCHARGE

Age 23 Years

Height 5'. 2"

Complexion Ruddy

Eyes Blue

Hair Brown

H.Q. 649-A-16702

(W. E. L. Coleman) Lt.-Col.,
Officer i/c Records,
for Adjutant-General.

Ottawa 17th day of June 19 41.

M. F. W. 71—500M.—5 18.
1772—39—961.

NAME Andersen Adrien

REGIMENTAL NO. 325318 RANK Pte.

ENLISTED AT St John N.B. PROMOTIONS, &c. AND DATE nil

DATE May 15/18

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE single

NEXT OF KIN Mrs Joseph Bernard RELATIONSHIP sister

ADDRESS OF Shediac, Bend Co. Que.

ASSIGNMENT OF PAY $ c. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	DATE	
S/S Demobilization			
Returned to			
Registrars Records			
Adlts 1438-AC-3051	320	16/11/18	

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

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 3258318.

2 Rank. Private.

3. Name. Anderson Adrien

4. Unit. 1st Depot Battalion N.B.Regt.

5 Date of Discharge 15-11-18 Place St.Jonn N.B.

6 Reason for Discharge Demobilization

Struck off strength on return to Registrar's Records 15-11-18

D.O.320 16-11-18

7. Authority. R.O.1438 pc 3051

8. Proposed Residence after Discharge Anderson Siding. N.B.

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.?

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place St.Jonn N.B.

Date March 15 th/19

Signature H. F. May Major

O. C. 1st Depot Battalion
New Brunswick Regiment

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.