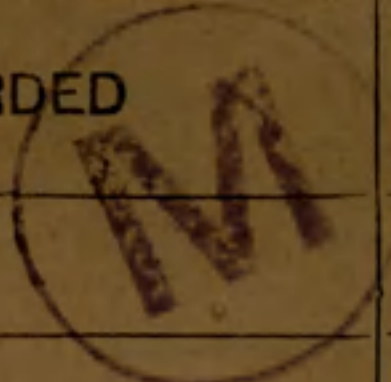
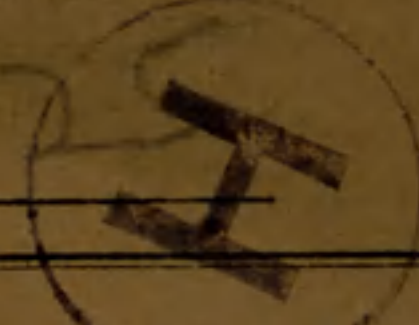


NAME **ANDERSON, ALBION, WM** REGT. NO. **9088303** UNIT **1st BRD** H. Q. FILE NO. **772**



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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51) **3**

2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113) *Read Sheet*

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)

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1 MEDICAL EXAMINATION (M.F.W. 129)

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1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

2 B 203

1 *B 20 B 50094.*

1 *B B R 132*

1 *On 7 B 762*

*2 Copy Card
Pay Sheet*

DEATH

Category

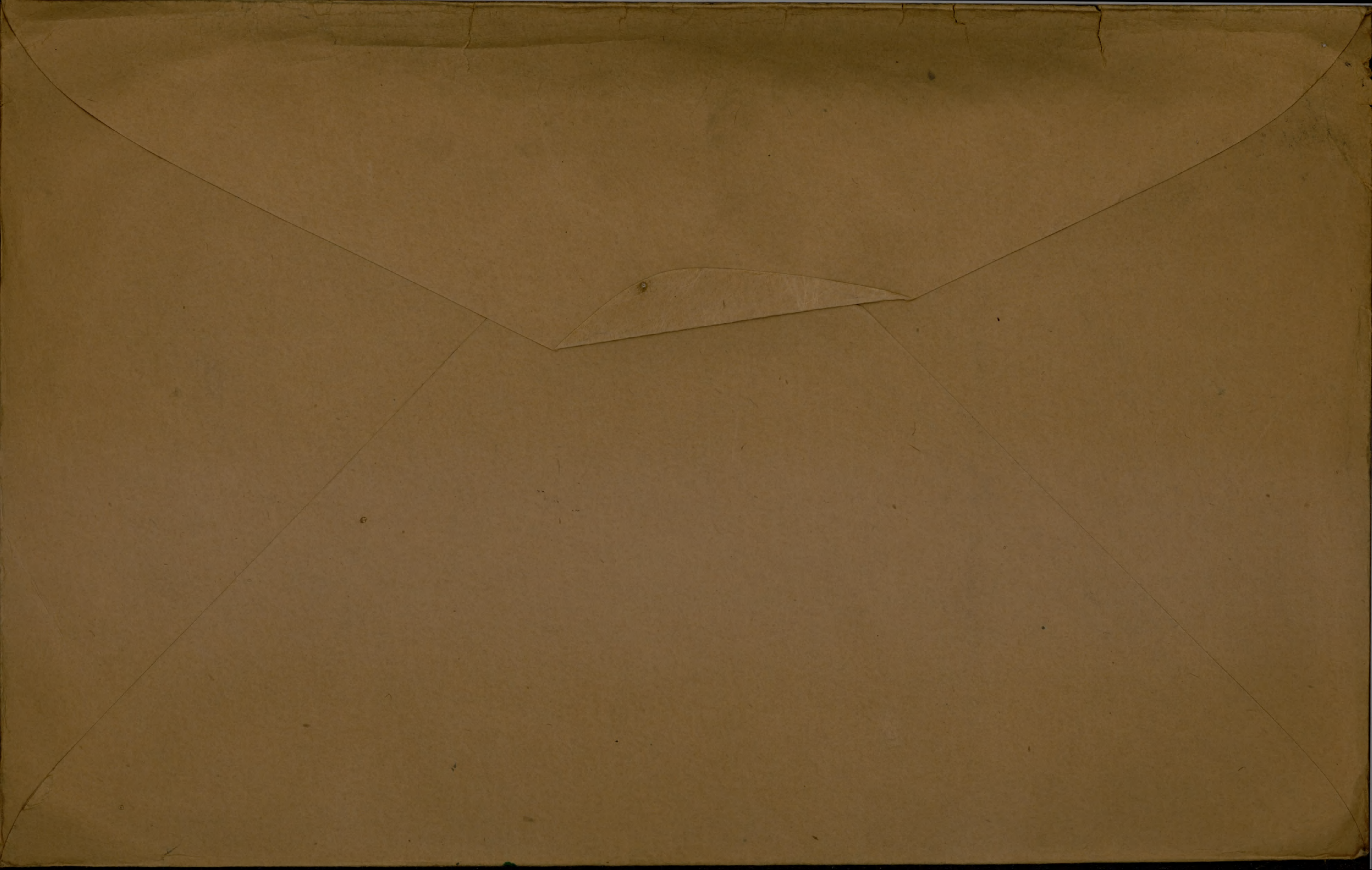
DISCHARGE

Category

Almond

DESERTION

*1-27
25-27
27-27*



Description of ANDERSON Albion William on Enlistment.

Apparent Age.....37.....years.....2.....months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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).

Height.....5.....5.....ft.....ins.

Chest measurement { Girth when fully expanded.....28.....ins.
 Range of expansion.....3.....ins.

Complexion.....Fair.....

Eyes.....Blue.....

Hair.....Fair.....

Religious denominations.
 Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic.....XXXXXXXX.....
 Jewish.....
 Other denominations.....
 (Denomination to be stated.)

R. D. =	<u>no</u>
L. D. =	<u>no</u>
R. EAR	<u>OK</u>
L. EAR	<u>OK</u>

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.....1918.....

Place.....

Insert here "ft" or "incht."

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:—

Declared **FIT** by MEDICAL BOARD
 MOBILIZATION CENTRE, M. D. 14

H. Aubrey May Medical Officer.

"A" fit for General Service

CERTIFICATE OF OFFICER COMMANDING UNIT.

ANDERSON Albion William.....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.

Major (Signature of Officer)

O.C. 1st Depot Bn. 1st Quebec Regiment.

Date.....April 5th 1918.....191

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3083303 (Rank) Pte.

Name (in full) Anderson Albion William enlisted in

the 1st Depot Battalion 1st Quebec Regt.

CANADIAN EXPEDITIONARY FORCE at Montreal on the 5th

day of April 1918.

HE served in 13th Battalion France.

and is now discharged from the service by reason of Demobilization.

~~Medical Unfitness.~~

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:

Age 34 years 3 months

Marks or Scars _____

Height 5 feet 5 inches

Complexion Fair

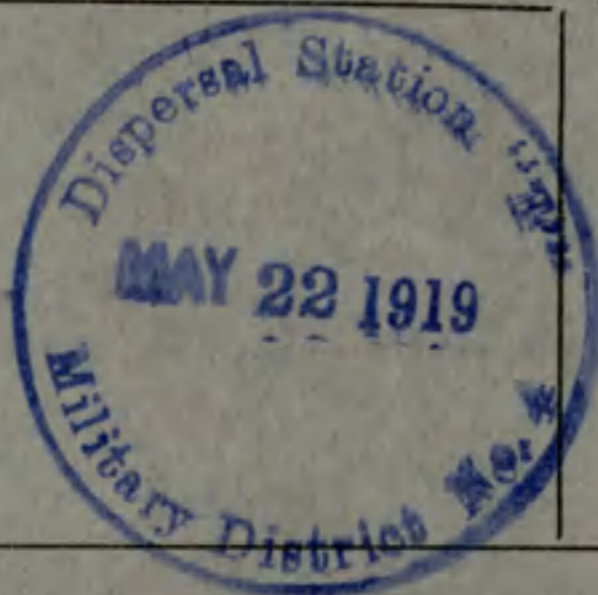
Eyes Blue

Hair Dark

C. W. Anderson

Signature of Soldier

Date of Discharge



Issuing Officer

Officer i/c Discharge Section, Dispersal Station "F"

Rank

Date May 22nd 1919

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.

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

Casualty Form—Active Service.

Unit, Regiment or Corps..... 20th Res. Bn.

Regimental No. 3083303 Rank Pte Name ANDERSON. A.W
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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).....

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				
9-6-19	O/S	T.O.S.DD#4 Disp.Stn 8 "F"	Montreal	11-5-19	D.O.Pt.II-160
9-6-19		S.O.S.DD#4 Demob.	"	22-5-19	D.O.Pt.II-160 R.O.1420.

G.H. Fletcher
 a/ Assistant Adjutant,
 District Depot No. 4.

(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.]

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.

38 440
Unit, Regiment or Corps. 1st DEPOT BN. 1st QUEBEC REG'T. *Group 4*

Regimental No. 3083303 Rank Private Name ANDERSON Albion William
C. E. F.

Enlisted (a) 5-4-18 Terms of Service (a) 2 Yr Service reckons from (a) 5-4-18

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) Teamster

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				
		<i>Embarked Canada</i>	<i>Canada</i>	<i>26.6.18</i>	<i>H.M.O.</i>
		<i>Arrived Inverpool</i>	<i>Inverpool</i>	<i>15.7.18</i>	<i>Exfordshire</i>
<i>JUL 28 1918</i>	<i>Notes</i>	<i>T.O.S. from Canada</i>	<i>BRAMSHOTT,</i>	<i>15/7/18</i>	<i>S.O. 204 ✓ D</i>
<i>JUL 28 1918</i>	<i>Notes</i>	<i>on board Reg. Camp Trencham</i>	<i>BRAMSHOTT.</i>	<i>15/7/18</i>	<i>S.O. 204</i>
<i>AUG 15 1918</i>	<i>Notes</i>	<i>on board Trencham Camp</i>	<i>BRAMSHOTT,</i>	<i>15/8/18</i>	<i>S.O. 227</i>
<i>NOV 8 1918</i>	<i>20th Res. Bn. R.H.O.</i>	<i>S.O.S. on Posting to 13th Battalion, R.H.C.</i>	<i>Bramshott</i>		<i>Nov 7 1918</i> <i>PT. II No. 112</i> <i>Munster</i>
<i>8/11/18</i>	<i>C. B. D.</i>	<i>ARRIVED C. B. D.</i>	<i>FRANCE</i>	<i>8/11/18</i>	<i>N. R. D 8/11/18</i> <i>PART II ORDERS</i> <i>No 150 D 14/11/18</i>
<i>12/11/18</i>	<i>C. B. D.</i>	<i>LEFT C. B. D FOR</i>	<i>C.C.R.C</i>	<i>12/11/18</i>	<i>N. R. D 12.11.18</i>
<i>23/11/18</i>	<i>O. C.</i>	<i>ARRIVED</i>	<i>FIELD</i>	<i>16/11/18</i>	<i>B. 213 D 23/11/18</i>

(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.

W. S. B. GLASS. A.

3083 303 Itc a W. Anderson

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				
	Emb. Camp.	Proceeded to England.		MAR 16 1919	N.R. MAR 16 1919 P.L.O. No. 11/1919
10/4/19	ARD	S.O.S to 2 Res	Ripon	8/4/19	D.O. 82
9/4/19	do	Res 2.O.S from ARD	Ripon	8/4/19	do 99
24. 4. 19	20th Can. Res. Bn. R. H. C.	Struck off Strength on transfer to M.D. No. Kinmel Park, Rhyl.	Ripon	23. 4. 19	D.O. Part II, No. 114
23/4/19	G.C.C.	Kinmel Park for return			CAPT. & ADJT., 20th CANADIAN RESERVE BN., R.H.C.
11/5/19	G.C.C.	Kinmel Park on Embarking for Canada			
		Embarked S S Saturnia Glasgow May 11/19			

G. Skelton
LIEUT.
FOR L-COL.
A.A.G.

C. Jones
Lieut.
Officer i/c
No. 4 M.D. Concentration



CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ANDERSON, A.W.

REGIMENT 20th RES. BN. RANK PTE. No. 3083303

Date of Examination in England 16-419 Date of Examination in France _____



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. 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 DENTAL REQUIREMENTS

1. FILLINGS 5
2. EXTRACTIONS 19 23
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower 23 24 25 26

E. J. Sturlan
 _____ Lieut. Col.
 A. D. D. S., M. D. 4

HAS HE EVER REFUSED DENTAL TREATMENT? NO

- 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 yes
 - (c) In France _____

Signature of Dental Officer J. E. Thompson, Capt.

CASE HISTORY SHEET.

St Georges Military Hospital. Montreal Station.
No. 3083303 Rank Pte Name Anderson A. Age 27
Unit 1/1 Quebec Completed years of service ^{Where and how long} 1/12
Date of admission 11.5.18 Date of discharge 20.6.18
Diagnosis Gonorrhoea Place of origin _____

CONDITION ON ADMISSION AND PROGRESS OF CASE

Profuse purulent urethral discharge.
13.5.18 Discharge not so profuse or purulent.
21.5.18 Other systems negative except for scar over crest of right Ilea
23.5.18 Still running somewhat. Prepuce and glans are badly scalded
& excoriated.
31.5.18 No urethral discharge
1.6.18 Smear positive
4.6.18 No urethral discharge. Smear positive for pus and Gonococci
7.6.18 Smear from prostatic secretion positive.
10.6.18 No urethral discharge. Dry 12 days.
12.6.18 Smear from prostatic secretion - negative.
14.6.18. No urethral discharge. Dry for 16 days.
15.6.18. Smear from Prostatic Secretion. Negative. Pus no Gonococci.
17.6.18. No urethral discharge dry 17 days.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) Negative,

TREATMENT

(Especially any specific or special form.) Argyrol 10% Hand Injection.
Milk Diet.
Prostatic Massage.

CONDITION ON DISCHARGE

(and disposal made of case.) To Unit fit.

Date 18.6.18.

Sieut H. E. Britton
Medical Officer i/c case.

35086.
E

Date:

Name:

Section:

Project:

Experiment:

Objectives of the experiment:

Procedure:

Results:

Conclusions:

Signature:

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. 3083303 Rank Pto Surname ANDERSON
(Given name in full)
Albion W.
 Unit or Corps 20th Res Birthplace

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique good Weight 138 lbs. Height 5' 5 1/2 ft. Colour of Eyes blue
 Nutrition good
 Pulse 72
 Condition of arteries normal
 Vision Rt. 6/12 Left 6/12
 Hearing (conversational voice) Rt. 21 ft.
 Left 21 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)

Opinion as to general health and physical condition good

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 no Genito Urinary System yes Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System no
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition no

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.

Gonorrhoea 11/5/18 20/6/18
Gonorrhoea 20/3/19 to 2/4/19

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Repon Yorks (Overseas)
Date April 10/19 Signed B. M. Luby St. 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 J. W. Anderson

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)
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

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

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

[OVER]

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

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, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names Albion William 2. Surname Anderson
3. Rank Pte 4. Original Unit 1st Depa Bn
Que Regt 5. Reg. No. 2083203
6. Address, in full, to which future payments of gratuity are to be forwarded
801 Union St
Utica, N.Y. USA
7. Date of enlistment in the C.E.F. Apr 5th 1918
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
9. Relationship of such dependent.....
10. Address, in full, of such dependent.....
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
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:—
.....
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?.....
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.....
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 12 months
20 Res Bn. Eng 6 months
13th Bn France 6 months
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No.
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *No.*
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.
20. Have you been issued with a War Service Badge? If so what class?
21. Have you, during the present war, served in the Imperial Forces?
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.
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?
24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge
(b) Reason for discharge.
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.
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?
(b) If so, are you in receipt of full pay and allowances from that Department?

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: *A.W. Anderson*

Place of Residence: *801 Union St. Victoria B.C.*

Declared before me at: *Ripon*

This *22* day of *April* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918. *Geo. Booth Major*

POST DISCHARGE PAY.

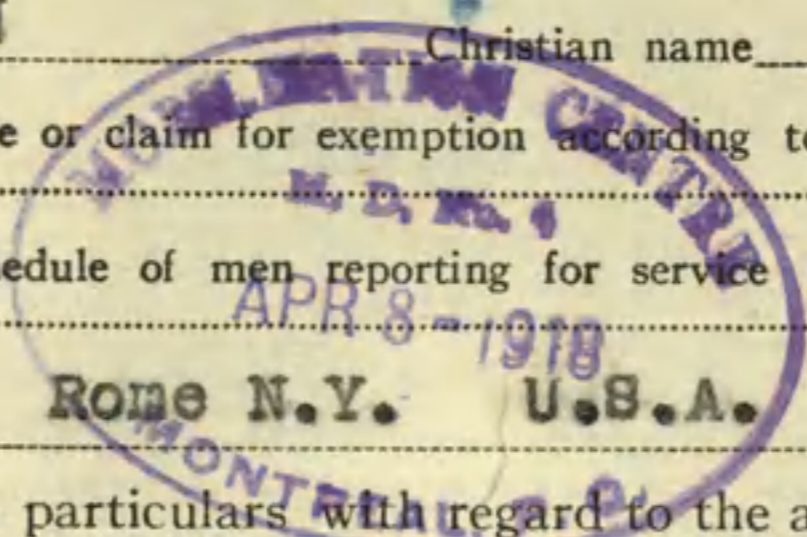
Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct. District Paymaster.

ORIGINAL
MILITARY SERVICE ACT, DUPLICATE
MEDICAL HISTORY SHEET. 3083303

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 Albion W1 111am
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule B.O.M.R.
 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
 4. Address (including street and number, if any) Rome N.Y. U.S.A.



Handwritten initials/signature

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 7th day of April 1918 1917, by the undersigned medical board sitting at Montreal P.Q.

5. Age as stated 37 Years 2 Months. 6. Apparent age _____ Years _____ Months
 7. Height 5' Feet 5 Inches. 8. Weight 135 Pounds.
 9. Chest measurement { Minimum 36 Ins. Maximum 38 Ins. } 10. Complexion Fair { Eyes Blue Hair Fair
 11. Physical development Good { Good Fair Poor } 12. Smallpox marks None
 13. Number of vaccination marks { Right arm _____ Left arm 1 } 14. When vaccinated last Child
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease _____

Slight defects but not sufficient to cause rejection
Thin skin on right hand. Faint scars on left arm, left foot

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 **A²**

17. (a) Vision R. W.P.S. W.P.S. L. _____
 (b) Hearing R. OK L. OK

Signature of Man

H. Aubrey President. W. C. C. C. C. Member.
W. C. C. C. C. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>MAY 2 1918</u>	<u>M.O.</u>	<u>7th Hb cone</u>	<u>9-4-18</u>	<u>M.O.</u>	<u>7th Hb cone</u>
	<u>M.O.</u>		<u>APR 23 1918</u>	<u>M.O.</u>	<u>7th Hb cone</u>
	<u>M.O.</u>		<u>APR 29 1918</u>	<u>M.O.</u>	<u>A.C. Typhoid</u>

Joined 5th day of April 1918 191 at Montreal P.Q.

JOINED ON ENLISTMENT	CORPS	REG'TL NUMBER	HABITS	DATE
Transferred to.....	<u>1st DEPOT BN. 1st QUEBEC REG'T.</u>	<u>3083303</u>		<u>NOV 7 1918</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Valcartier</u>	<u>JUN 24 1918</u>	<u>A2</u>	<u>W. C. C. C. C.</u>

13

LTR

Rank **88th Dft 1st Bn. 1st QUE** Name **ANDERSON. Albion William**
Unit **What Unit?** If in perm. Corps }
What Unit? }

Reg'l No. **3083303**

Married or Single **Widower**

Place and Date of Enlistment **Montreal. April 5th, 1918.**

Place of Birth **Halifax, N.S..
Canada**

Name and Address, Next-of-Kin **Stanley Anderson**

Malden Centre 7 Malden Mass. USA.

Relationship **Brother**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

lg

27884
File R.L.
Category
CANADA

Discharge, Date and Place

Reason

Character

H. W. V., Ld.—9546-16.

Report.		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.
Date.	From whom received.				
		Arrived in England		15-7-18	S/S OXFORDSHIRE
23-7-18	20 Res	S.O.S.	Bischoff	15-7-18	DO 204.
8 11 18	"	SOS to 13 Bn.	Pte	7 11 18	- 312 DO 150 of 14-11-18 13 Bn
18-3-19	13 Bn	Proceeded to England	"	16-3-19	DO 29
9-4-19	QRD	TOS from 13 Bn	Pte Ripon	7-4-19	DO 81.
9-4-19	20 Res.	TOS from QRD	Ripon Pte	8-4-19	DO 99 DO 82 QRD 10 1/2
24-4-19	"	SOS to 4th	"	23-4-19	" 114 DO 97. with 4 MD
24-3-19	Eating CCCamp	TOS from 13 Bn	Bischoff	17-3-19	DO 5
		Canada		11-5-19	65-7-6
19-5-19	4 MD	SOS to Canada	Ripon Pte	11-5-19	DO 117

10th
Number 3083303 Rank PFC.

Surname ANDERSON

Christian Name Albion William

Units 13th Bn Cavalry Theatre of War France

Date of Service 7-11-18.

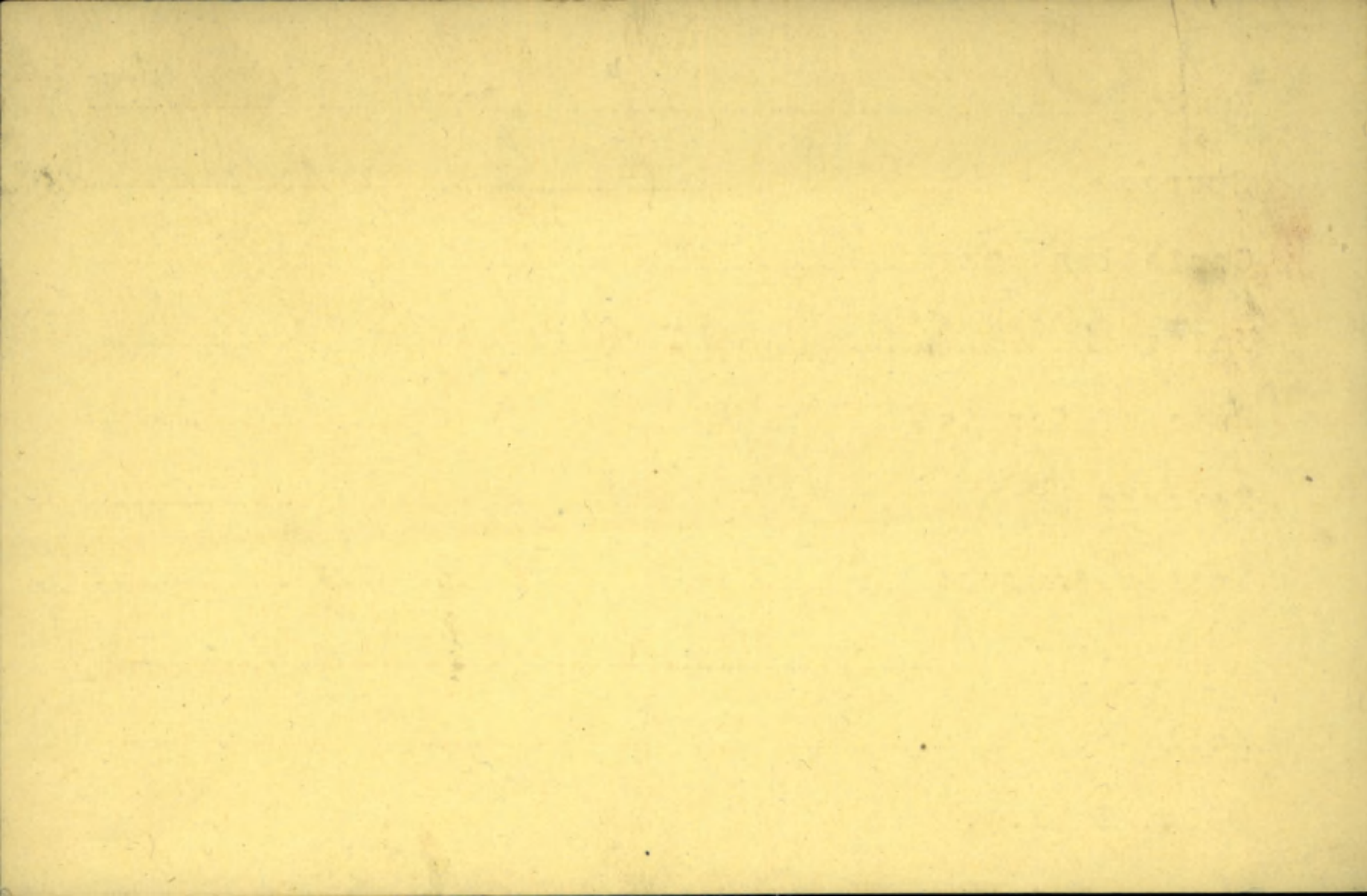
Remarks

Latest Address 801 Union St.

Utica, N.Y. U.S.A.

Roll No. B Page 20118

24/23
SR
200m.-6-21.M.



NAME

Anderson A. W.

REGT. No.

3083303

RANK AND UNIT

Cpl.

1st Regt

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

C 478
C 492

Condover Watley
Booth

21.3.19
7.4.19

20
20

Surname

Christian Name or Names

Reg. No.

ANDERSON

Rank 1.

Unit 1. A.W.

3083303

2. Pte.

2. Que. 13 L

3.

3.

4.

4.

Cas List.

Hospital and Diagnosis

Date

26-3-19 C478

CSH Witley

213--19

11-4-19. C492.

V.D.G. 4.
Discharged.

7.4.19.

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London

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

- ✓ 1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133). *ESW*
- ✓ 2. Casualty Form (A.F.B. 103).
- ✓ 3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
- ✓ 4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
- ✓ 5. Dental Certificate (C.A.D.C. 5009a).
- ✓ 6. Field Conduct Sheet (A.F.B. 122.)
- ✓ 7. Proceedings on Discharge (M.F.B. 218a)
- ✓ 8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M)).
- ✓ 9. Copy of Discharge Certificate (M.F.W. 39a).
- 10. Dispersal Certificate (C.D. 3).
- 11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2),
- ✓ 12. Last Pay Certificate (P. 851).
- ✓ 13. Pay Book (A.B. 64).
- ✓ 14. War Service Gratuity (Form M.F.W. 2595).
- 15. Sundry Documents.

Cat. A¹¹¹ 23-4-19 7
 S. G. 33
 O. G. 14

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

1. No. 3083303	
2 Rank. Pte	
3. Name. Anderson Albert William	
4. Unit. 20 th Re. 1 st Se. R. D.	
5 Date of Discharge 22-5-19	Place Montreal.
6 Reason for Discharge Demob.	
7. Authority. R.O. 1420 D.D. #4 D.O. Pt II-160	
8. Proposed Residence after Discharge N.Y. Utica 801 Union St.	
<p>EMBARKED 11 5 19</p> <p>SATURNIA GLASGOW</p>	
<p>9. CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W. # 339 Montreal May 22 nd 1919 A.W. Anderson Signature of Soldier.</p>	
<p>10. CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place Montreal Date May 22 nd 1919</p> <p>Signature <i>[Signature]</i> Lieutenant Officer in Charge Discharging Unit.</p>	

Group *[Signature]*
 Check *[Signature]* 22
 Date 5/4/19

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME:- <u>ANDERSON Albion Wm</u>				
EFFECTIVE DATE:-		EFFECTIVE DATE:-		NUMBER:- <u>3083303</u>				
AMOUNT:-		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT				
NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.				AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT		
				UNIT AND TRANSFERS				
				ORIGINAL UNIT:- <u>38 Sft 1 Sep Bn 1 Que R.</u>				
				DATE ACCOUNT FIRST OPENED:- <u>1-7-18</u>				
				AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'OP'D	UNIT TRANSFERRED TO	
							<u>20th Res</u>	
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK.								
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	
2/4/19		A. P. 51	43					
11/4/19	94	Rifles	24					
11/4/19	138	"	7 30					
14/11/19	190	"	24 33					
				DAILY RATES OF PAY AND ALLOWANCES				
				AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
					1	-	10	

PARTICULARS OF RENDERING NON-EFFECTIVE											
MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
June 30	Bal from Com								67 70		
July	pp.	34 10		AR 1411 Freusham 22.7.18	4 87				96 93	15	
Aug	pp.	34 10		" 999 20 Res 24/8	4 87				126 16		
				Dr. V.D. stopp. Canada 67.70 to 43.10 as per amended L.P.C.	24 60				101 56		
				AR 1129 20 Res 27/8	34 07				67 49	30	
Sep	pp.	33		" 1182 " 12/9	9 73				90 76		
				Dr. 3014 - 25.9.18 Amended L.P.C. Com. 43.10 to 41.51	1 59				89 17		
				AR 1241 20 Res 26/9	9 73				79 44	45	
Oct	pp	33			21 05				34		
				AR 1304 " 11-10-18	9 73				113 54		
				" 1418 " 25-10-18	9 73				103 81	60	
				" 180 " 23-10-18	1 14				94 08		
					20 63				92 91		
Nov	pp	33			20 63				125 91		
				AR 1503 " 12-11-18	9 73				116 18	75	
				AR 1278 " 20-11-18	3 73				112 45		
Dec & Jan	pp	68 20							180 65	105	
					13 46				167 64		
				AR 1419 20 Res 30 Res 16-12-18	12 98				159 88		
				" 1579 " " 31-12-18	7 79				190 68	120	
				AR 2006 " " 16-1-19	3 73				186 95		
				" 2265 " " 3-2-19	3 73				183 22		
				" 2375 " " 17-2-19	9 33				173 89		
					37 56						
	Cont Fund	30 80									

D. A. Lambert
Rifles

Dis. Ban. 15/19 N.R. 7027. M.D. 6 Rifles 17/19 Rifles Led. Bal. \$232.31 L.P.C. Bal. \$199.61

1918 NUMBER 3083303. RANK Pte

NAME Anderson a w.

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
	Bed Feed	30 80			37 56				173 89	120	
Me	RP	34 10							207 99	135	
				✓ 96 AR 2477 3 Bge 13 Bm. 16-2-19	3 73				204 26		
				✓ 130 " 2669 " 2-3-19	3 73				200 53		
				✓ 141 " 4107 <i>Can't find to Honor</i> 13-3-19	4 66				195 87		
		64 90			49 68						
Apr	RP	33							228 87	150 00	
	Int Def Pay	3 44							232 31		
				9/15. es# Wilty 7-4-19	83						
				AR 94 20 Kes 14/4	24						
				138 " 14/4	7 30						
				190 " 14/4	24 33				199 61		
				2602 " 29/4	19 47				180 14		
					52 17						
		36 44									

S.O.S. to Canada 1/5/19 S.L. 65 - Q.R.D. NR 4

L P C.

232 31
327 0
201 61
179 01