REGIMENTAL DOCUMENTS

NAME ANDERSON ALEXANDER Sgt REGT. NO. 2250520 UNIT G.M.C. H. Q. FILE NO.

	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)		M			DEATH
2	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)					
1	REGT. CONDUCT SHEET (M.F.B. 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
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Dental
	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)		H			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)					
3 2	GD 3					
2	DMS 1394					
1	Misc					
	M.F.W. 67					
1	R 122					
	Paysheets					

H

W. 2589
100M-11-18
1772-29-1317

SUDBURY MOBILIZATION CENTRE
SUDBURY, ONT.

Sudbury Forestry Draft.

ORIGINAL

ATTESTATION PAPER.

No. 225521

Folio 225520

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Anderson
1a. What are your Christian names?..... Alexander
1b. What is your present address?..... Sudbury, Ont. Canada
2. In what Town, Township or Parish, and in what Country were you born?..... Toronto, Ont. Canada.
3. What is the name of your next-of kin?..... James Anderson.
4. What is the address of your next-of-kin?..... C/o Dominion Bank, Can. Bank of Com. Yonge St. Toronto. Canada
4a. What is the relationship of your next-of-kin?. ~~Brother~~. Cousin
5. What is the date of your birth?..... April 22/1871.
6. What is your Trade or Calling?..... Blacksmith.
7. Are you married?..... Single.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.
9. Do you now belong to the Active Militia?..... NO.
10. Have you ever served in any Military Force?.. NO.
If so, state particulars of former Service.
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.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Alexander Anderson, do solemnly declare that the above are answers made by me to the above questions and that they 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.

Alex Anderson
(Signed) Alexander Anderson (Signature of Recruit)

Date March 28th. 1917. [illegible] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Alexander 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.

Alex Anderson (Signature of Recruit)

Date March 28th. 1917. [illegible] (Signature of Witness)

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 Sudbury, Ont. this 28th. day of March 1917.

[illegible] (Signature of Justice)

M. F. W. 23
750M—3-16
H. Q. 1772-39-341

[illegible] Major

Description of Anderson, Alexander on Enlistment.

Apparent Age 46 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft 10 ins.	
Chest measurement. Girth when fully expanded	37½ ins.	
Chest measurement. Range of expansion	2½ ins.	
Complexion	Ruddy	
Eyes	Blue	
Hair	Brown	
Religious denominations. Church of England		
Presbyterian	Yes.	
Methodist		
Baptist or Congregationalist		
Roman Catholic		
Jewish		
Other denominations (Denomination to be stated.)		

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).

Overlapping of Little toe on Left Foot.

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 March 28th. 1917. 191 .....

Place Sudbury Ont. .....

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:—

.....

.....

.....

.....

SUDBURY, ONT. MAR 28 1917

DECLARED FIT BY MEDICAL BOARD SUDBURY MOBILIZATION CENTRE

M.O.

PRESIDENT

CERTIFICATE OF OFFICER COMMANDING UNIT.

Alexander 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.

John B Garrett Lieut

(Signature of Officer)

Date March 28th 1917.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2250520 (Rank) Sergt.

Name (in full) Anderson, Alexander. enlisted in

the C.F.C.

CANADIAN EXPEDITIONARY FORCE at Sudbury Ont on the 28th

day of March 1917

HE served in C.F.C. England

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 48 years.

Height 5 ft. 10 in.

Complexion Ruddy

Eyes Blue

Hair Brown

Marks or Scars None

Alex Anderson
Signature of Soldier

W C Cochrane

Date of Discharge

No. 2 District Depot
Toronto, Ont.
JUL 11 1919

Issuing Officer Lieut. G. E.
for O. C. No. 2 D. D.

Rank

Date JUL 11 1919 19

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.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

Form D.M.S.
7004 [illegible] M.S.—5/2/17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Kinsteary, Sept., 26th., 1917. 1917.

No. 225052 Rank Pte Sgt Name ANDERSON A

Local Unit # 120 Co. C. F. C. Overseas Unit Age 47

Examination held at KINSTEARY, NAIRN, SCOTLAND.

DISABILITY.
~~Overseas~~—Local
(scratch one out).

Arteria Sclerosis

PRESENT CONDITION.

Well marked Arterial Thickening
Emphysema

BOARD RECOMMENDS :—

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 .....

B II

Signatures :— R. P. Borden Lieut. C.A.M.C. President.

Members { C. S. Campbell Capt. C.A.M.C.

APPROVED

Dated 15 OCT 1917 1917.

For A.D.M.S.
Captain C.A.M.C.,
for A.D.M.S., Canadians, London Area.

PRESENT CONDITION

DISABILITY

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-33.

2250520

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins.....Forestry Draft.....

(2) Regimental Number .....2250520.....

(3) Full Name of Soldier.....Anderson, Alexander,.....

(4) Place of Birth.....Toronto, Ont., Canada.....

(5) Are you married, or not ? .....Single.....

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower ? .....

(8) Have you any children ?.....

If so, give number of boys and girls.....

Also their names and ages.....

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? No

If so, state name and address .....

(10) Is your Mother alive ? No

If so, state name and address.....

.....

(11) If your Mother is a widow.....

Are you her sole support, or not ?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....

.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

James Anderson, (Brother)

Last Heard of. Cleveland Ohio

Jas Anderson. (cousin)

C/o Dominion Bank Queen St Branch Toronto

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

.....

(15) Are you insured ? No

If so, in what Company ?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

John C Glazier Lieut

Officer Commanding.

Date Toronto., April 19th., 1917.

Sudbury Forestry Draft.

SUDBURY MOBILIZATION CENTRE
SUDBURY, ONT.

MEDICAL HISTORY SHEET

ORIGINAL

225520

225520

Surname Anderson Christian Name Alexander

Examined on 28th day of March 191 7
at Sudbur, Ont.

Birthplace City or Town Toronto,
County Ont.

Apparent age 45

Trade or occupation Blacksmith.

Height 5 feet 10 Inches

Weight 160 lbs.

Chest measurement Minimum * 35 inches
Maximum expansion 37½ inches

Physical development Good

Small-pox Marks Nil.

Vaccination Marks Arm Right x Left 1
Number

When Vaccinated last Childhood.

(a) Marks indicating congential peculiarities or previous disease

Nil.

(b) Slight defects but not sufficient to cause rejection

Overlapping little Toe of Left Foot.

Approved by

Rank M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O.
			M.O.
		DECLARED FIT BY MEDICAL BOARD SUDBURY MOBILIZATION CENTRE	M.O.
			M.O.
		M.O. PRESIDENT	M.O.
		SUDBURY, ONT. MAR 28 1917.	M.O.
			M.O.

Date	Result	Vaccinations	
24.4.17			M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
10-4-17			M.O.
17.4.17			M.O.
24.4.17.			M.O.

Enlisted on 28th. day of March /17. 191 at udbury, Ontn

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	Forestry Draft	225520		28-3-17
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Kingsbury	26/9/15	Arteriosclerosis	B. ii. Ab Campbell Court Cases
Cunningdale	30/5/19	Arteriosclerosis	B ii Ab Colebrook Depot

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Andersen Christian Name Alexander

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				

GUELPH HOSPITAL: TUBERCULOUS DEPT.

FIRST EXAMINATION REPORT

NAME Stanley Bennett. DATE Feb.10,1919.

GENERAL REMARKS.

Patient is a young man about 24 years old.5'7½" tall.Looks well nourished Has fairly good color.

SYMPTOMS

Weakness Considerable. Dyspnoea On exertion.

Cough Little. Appetite Fair.

Expectoration Slight. Digestion Good.

Pain In right side of chest Bowels Regular.

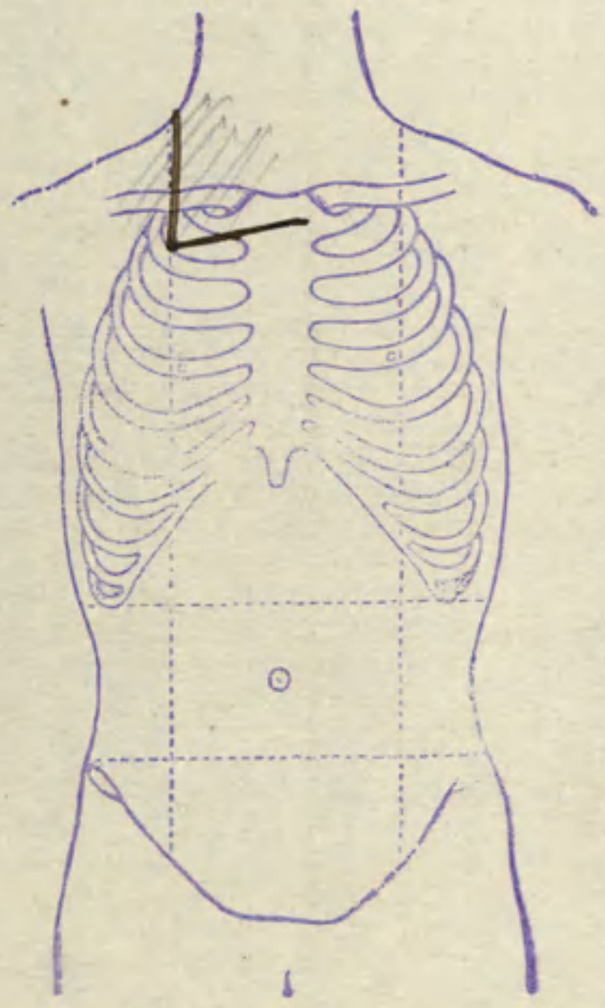
Night sweats Not now. Other symptoms None.

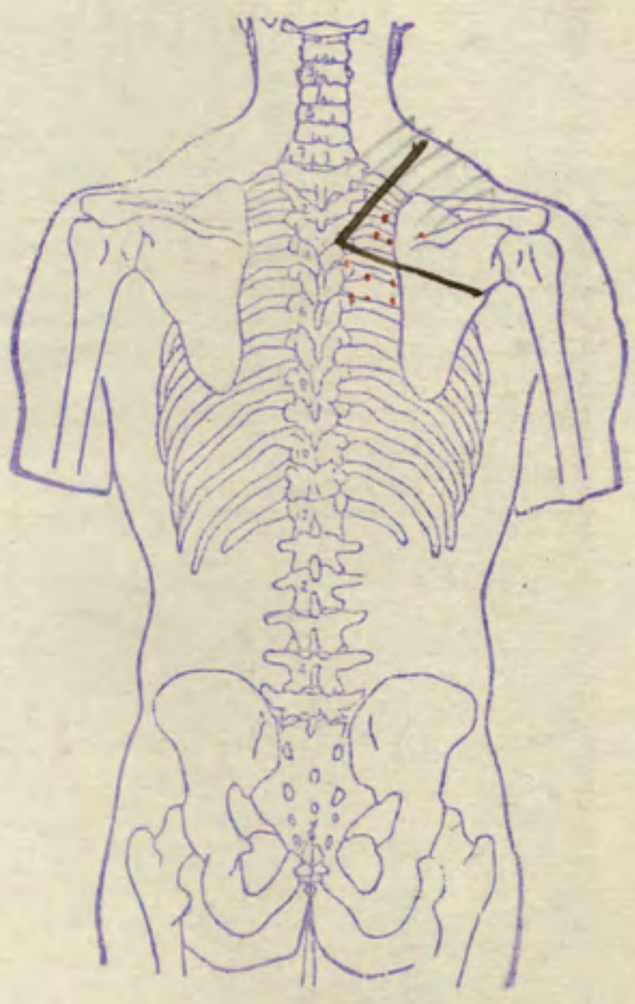
CHEST EXAMINATION:-

Chest well formed. Right supra clavicular fossa retracted.Expansion good.

R/ Slight impairment over supra-spinous and supra clavicular fossae. Broncho-vesicular breathing over same areas and between 2nd and 4th spines on the back. A few find crepitations in the last named.

L/ Clear.





OTHER EXAMINATIONS:-

Form R 122.
2353—100M—9-12-16.

LTR

Rank Name ANDERSON, Alexander Reg'l No. 2250520

Unit Can. Forestry Corps. If in perm. Corps What Unit? Married or Single Single.

Place and Date of Enlistment Sudbury, Ont, 28th March, 1917. Place of Birth Toronto. York Co. Ontario, Canada.

Name and Address, Next-of-Kin James Anderson

C/o Dominion Bank of Canada Head Office, Toronto. Ont. Canada. Relationship Cousin

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No 18443.
File R.L.
Category O.R. Can.

Discharge, Date and Place Reason Character

H. W. V., Ld.—9546-16.

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		14.5.17	
28.5.17	B.D.C.F.C.	*Taken on Strength*	Pte	S'dale	14.5.17 Pt II 25.
6.6.17	"	*S.O.S. to 1 Dist. C.F.C.*	Pte	"	4.6.17 " 34 (T.O.S. - #1 Dist. C.F.C. Pt II 97 d/ 12.6.17)
5.9.17	#1 Dist. C.F.C.	*Appointed A/Sergt.*	A/Sgt	Nairn	13.7.17 " 106.
29.5.19	B.D.C.F.C.	*T.O.S. from 51 Dis*	A/Sgt	S'dale	27.5.19 " 149. T.O.S. 51 Dis #110. 24 27/5/19
23.6.19	S'dwng CCC	*S.O.S to L. Wing CCC*	-	Witley	23.6.19 " 25
3.7.19	L. Wing CCC	*S.O.S. ex proc to Canada*	A/Sgt	-do-	2.7.19 " 43.

97-I-108 — 2-7-19.

12.6.19	B.D.C.F.C.	*S.O.S. to 'S' Wing*	✓	Sdale	11.6.19	-163 T.O.S. S. Wing O.O. 16. d/12 6/19
27.6.19	L. Wing	*T.O.S. from S. Wing*	✓	Witley	23.6.19	-37.

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.						

8

CADC [illegible]

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.

REGIMENT C.F.C. RANK Sgt No. 2250520

Date of Examination in England 31-5-19 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 None
2. EXTRACTIONS None
3. CROWNS None
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper 3-4-5-6-7-8-14-15-
   - (*c*) Full Lower
   - (*d*) Part Lower

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. H. Reid Capt

ANDERSON, D.

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

M. F. W. 54. (A. F. B. 105.
500M.—9-16
H. Q. 1772-39-920.

63

2250520

Casualty Form—Active Service.

Unit, Regiment or Corps Forestry Draft

Regimental No. ..... Rank Private Name Anderson Alexander

Enlisted (a) ~~24.3.17~~ 28.3.17 Terms of Service (a) Dof War C.E.F. ~~6.5.7~~ Service reckons from (a) ~~24.3.17~~ 28.3.17

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) Blacksmith

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 Halifax 1-5-17			
	Dis	" Liverpool 14-5-17			
28-5-17	Canada	T.O.S. Base Depot, C.F.C. on transfer from Toronto Forestry Co. [signature]	Sunningdale	14.5.17	D.O. Pt. II. No.25 Lt. & A/Adjt. Base Depot.
5/9/17	O/C no. 1 Dist C.F.C.	Appointed A/Sgt. [signature] Capt. for O.C. 1 Dist. C.F.C.	Navin	13/7/17	DO Pt II 106
6.6.17	BD C.F.C.	S.O.S. to 1 Dist C.F.C.	Sunningdale	4.6.17	A# 0 34
12.6.17	1st Dist C.F.C.	T.O.S. from B.D. C.F.C.	"	4.6.17	" " 37
					[signature] Lieut For Lieut-Col i/c Records O.M.F.C.
24/4/19.	OC 51 Dist C.F.C.	Granted final leave 19/4/19 to 28/4/19.	Inverness.	19/4/19.	Pt 2 D.O. 17. [signature] Lieut. & Adjt. for O.C. No. [illegible] Corps.

CERTIFIED CORRECT 14 NOV 1919 CANADIAN LEGAL

(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				
27.5.19	O.C. 51 Dist C.F.C.	S.O.S. 51 DISTRICT C.F.C. AT 120 COY. ON POSTING, to BASE DEPOT C.F.C.	Inverness	27.5.19	Pt I D.O. 24.
					McGrant Smith Lieut. & Adjt. for O.C. No. 51 District, Canadian Forestry Corps.
		29.5.19 O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale		27.5.19	Pt. 11. D.O. 149
		From 120 Coy Dist - 51			
10.6.19		SOS Base Depot C.F.C. on Transfer to ~~M.D.~~ Wing S CANADIAN CAMP, ~~RHYL~~ Witley		S'DALE 10.6.19	PT II D.O. 162
					E. G. Coolin Lt. for O.C.
		T.O.S. PART II D.O. No. 16			
12.6.19		S.O.S. EMBARKED FOR CANADA. 21 JUN 1919			
		C. J. Collison Capt.			
		I/c RECORDS "S" WING C.C.C. WITLEY.		11.6.19	

EMBKD SOUTHAMPTON 7.7.19
ARR. HALIFAX U.Y. 8.19

PROCEEDED TO CANADA 3 JUL 1919

H. L. Jones Lt.
L. Wing

2

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.

Unit, Regiment or Corps ....

Regimental No. 2250520 Rank Pte C. E. F. Name Anderson Alexander

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

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*) ....

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				
JUL 2 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D. 196			
JUL 11 1919	S. O. S.	(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D. 196			

W. C. Roberts Lieut.
For O. C. No. 2 District Depot.

(*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, casualtics, 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				

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).
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), Dup
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2590).
15. Sundry Documents.

Group B
Checked by No. 30
Date 1-7-19

I

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 2250520.
2. Rank. Sgt.
3. Name. Anderson Alexander
4. Unit. CFC. CFCD.
5. Date of Discharge JUL 11 1919 Place TORONTO, ONT.
6. Reason for Discharge Demobilisation.
Next of Kin Nil.
Occupation Blacksmith Group 13
Nil. Group
B.2.
7. Authority. No. 2, D.D., Part II, D.O. No. 196
8. Proposed Residence after Discharge Powassan P.O.
Ontario

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.? Alex Anderson

Signature of Soldier.

Licenced 2 Oct. 36 649-A. 13148

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place No. 2 District Depot Toronto, Ont.

Date JUL 11 1919

Signature [signature] Lieut. C. E.
(O. C. Discharging Unit.) D. D.

M.F.B. 218a (1184) Wt. /P53 5/19 25M (2) D.St.

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).
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). + Dup.
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595),
15. Sundry Documents.

Group B
Checked by No. 15
Date 21 JUN 1919

Complete

Pay Office

O.G. 13
S.G. 27.
D.A. 1

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. wxkpkwpx 2250520
2. Rank. Sgt
3. Name. ANDERSON Alexander
4. Unit. CFC CFC CFC
5. Date of Discharge | Place
6. Reason for Discharge Demobilization Category B2
   Next of Kin Brother
   Intended Town of Residence Pawassan Ont
   Occupation Blacksmith Group 13
   Service in France Presb.
7. Authority.
8. Proposed Residence after Discharge G.P.O. Powassan Ont

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 .....

Date .....

Signature .....
(O. C. Discharging Unit.)

M.F.B. 218a

(1184) Wt. /P53 5/19 25M (2) D.St.

"OLYMPIC" 7.7.19 A 2314

AUDITOR PAYMASTER

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S.

REGT. No. 2250520 RANK Sgt NAME (IN FULL) ANDERSON, A. (BLOCK LETTERS SURNAME FIRST)

11

NEXT OF KIN RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS Nil

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. C F C IF IN P.F. WHAT UNIT? Bank of Ottawa, Powassan, Ont

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 26-3-17 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ DATE EFFECTIVE

PAYABLE TO Nil RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE Toronto DATE 11.7.19 REASON Demob AUTHORITY D.O.196 IF ENTITLED TO POST DISCHARGE PAYS

T.O. 52.719 D.O. 196

SUBS. ... D.O. ...

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	$ C.	TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1 NO. DATE	COL. NO. 2 NO. DATE	COL. NO. 3 NO. DATE	CASH PAYMENTS COL. NO. 1 $ C.	COL. NO. 2 $ C.	COL. NO. 3 $ C.	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.	$ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	CREDIT $ C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 30.6.19					510 93	510 93													510 93	Or balce f Pb
16.7.19	16	1.50	24 00							38 93	End f Pb									1.7.19 to 16.7.19 Pa
				35 00																Clothing
				70 00																1st W.S.G.
										4 87	5 00									boat & train
										591 13	chg									
						129 00											639 93			
				W.S.G.											W.S.G.					
														11-7-19	70 00			Due Soldier		W.S.G. pd above
153 days				350		350									7 50		77 50	272 50		P&A 5 days o/cr
								A.R. 101	Jul 31		984 36				62 50		140 -	210 -		1st W.S.G. Paid by #2 D.D.
								A.R. 178	Sep 8		1346 98				70 -		210 -	140 -		
								A.R. 156	Oct 6		1357 37				70 -		280 -	70 -		
								A.R. 181	Nov 5		1364 69				70 -		350			
						350 -									350 -		350			

W.S.G. PAID IN FULL

CAPTAIN

FOR PAYMASTER WAR SERVICE GRATUITY

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

133 ✓

Married or Single: S

Place of Birth: Toronto Ont.

Name and Address of Next of Kin: James Anderson

Dom. Bank of Canada Toronto

Relationship of Next of Kin: Cousin

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ Effective (Date)

Payable to

Relationship of Dependant

Casualties, Promotions, &c.

Particulars	Effective Date	Authority
appd. a/Sgt.	13/7/17	DO 106 5/8/17

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l No. 2250570 Rank Sgt. Pte Name Anderson Alexander

If in Permt. Corps What Unit Unit C.H.C. Transferred to Date Authority

Permanent Force Allowances Transferred to Date Authority

Place of Attestation Transferred to Date Authority

Date of Attestation 28-3-17 Transferred to Date Authority

Sudbury Ont

Assigned Pay Monthly $ Nil Date Effective 1-5-17

Payable to Relationship

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) Effective Reason

Discharge Date and Place Reason and Authority

Account Transferred to Non-Effective Branch (Date)

Account Transferred to Officers' Pay Branch (Date)

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.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
1914																																			
														10	10																10				
24/4-30/6	68	1.10	74	80											74 80																84 80				
July	31		34	10											34 10																118 90				
Aug	31		34	10											34 10	294 2430	23/6 31/5							17 63 9 73						26 76	126 24				
Sept.	30	1.50	45	–										20 –	~~191~~ 65 ~~24~~																191 24 ✓	✓			App. A/Sgt. Eff 13/7/17. D.O. 106. 5/8/17
			188											30	218									26 76						26 76					

2250520 ~~Pte~~ Sgt Anderson A.

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	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS				CR. 1			CR. 2	PARTICULARS					DR. 1	DR. 2	DR. 3	DR. 4	BALANCE		DEFERRED PAY	SEP. ALLOW.														
					~~191~~	~~24~~												191	24																
Oct	P Pay				34	10			509.	22/8/17	C7C Eng.			24	34			201																	
					34	10								24	34																				
Nov 1 Dec 31	PP.				67	10			aR23	25/9/17	C7C Kinsteary			24	33																				
									aR N6	18/10/17	C7C Kinsteary			24	33																				
									DNAR400	24/7/17	1-2 Dists C7C			17	03			202	41	156	10														
					67	10								65	69																				
Jan/18.	92 days RP under cr. from 1/10/17 to 31/12/17 at 40 cents per day.				36	80.			aR N483	11/12/17	51 dist C7C			12	17																				
"	S P.				46	50			aR N177	16/11/17	51 dist C7C			29	20			244	34	194	25														
					83	30								41	37																				
Feb	S P.				42	00			aRN763, 120 Co				16/1/18	29	20			257	14																
					42	00								29	20																				
Mch	SP				46	50			aR1005	120 Co			15/2/18	17	03																				
									aR1183	do			11/3/18	24	33			262	28	235	25														
					46	50								41	36																				
														41	36																				

P 820
12474—375M—13-2-16.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:–		EFFECTIVE DATE:–	
AMOUNT:–		AMOUNT:–	

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.

NAME:- ANDERSON Alexander.
NUMBER:- 2250520.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
DO 106 5/8/17	13/7/17	A/Sgt.

UNIT AND TRANSFERS

ORIGINAL UNIT:- CTC.
DATE ACCOUNT FIRST OPENED - 24/4/17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			CTC Eng

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
30/5/19	4012	BD. £3.0.0	14 60				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1/35	1/5		

a/Cpl ceased 30/9/18 P850
Dis to loan 30/9/19 Authy WO 1011-3/6-Stationery 2

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	Bal Towd								26228	235 25	
Apr	S.P.	45		CR98 120 Co 18/4/18	3407				27321		
		45			3407						
May	S.P.	4650		AR405 120 Co 21/5/18	2920				29051	265 25	
		4650			2920						
June	S.P.	45		AR493 120 Co 18/6/18	3407				30114	295	
		45			3407						
July	S.P.	4650		~~5-7-18. AWL. 10am 4/7/18 to 9.30pm 4/7/18~~ admitted to Hospital AW. 2032 11/7/18 5 days		150					
				AR745 120 Co 18/7/18.	1947				32697	295	
		4650			1947	150					
Aug	✓	4650		AR884 120 Co 13/8/18	3163				34184	310	
		4650			3163						
Sept		45		AR1141 120 Co 13/9/18	3407				35271		
		45			3407						
Oct	✓	4650		AR1380 120 Co 18/10/18	3407				36520		
		4650			3407						
Nov	✓			AR1646 120 Co. 19/11/18	3163						
Dec	✓	9150		AR1889 ✓ 17-12-18	3407				43750		
Jan	–	2650									
		13800			6570						
Feb	✓	4200		AR2192 120 Co 21/1/19	2920						
Mar	✓	4650		AR237 ✓ 21/2/19	4380						
				AR2599 ✓ 18/3/19	2920				42380		
		8850			10220						

see over

NUMBER 2250520 RANK NAME ANDERSON. A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1919	Bal Fwd								423 80		
Apl	Sgt. P.	45 -		AR 142. 120th Coy. 18/4/19	29 20						
May	"	46 50		" 345. " " 13/5/19	34 07						
June	"	45.							497 03		
		136 50			63 27						
	Inst on Def Pay 30/6/19	28 50									
				AR B401 30.5.19. B.D.	14 60						
				" 2951 18.6.19 CCC Wipley Bnd	38 93				442 00		
		28 50			53 53						

80 S. qy. 7/4. C of C.

A.S.M. FORM REV'D ..... EFFECT .....
DISCONTINUED ..... DATE .....
PAY BOOK VERIFIED .....

Canada 30/6/19
Lond 5.6.19
93
570 1. 5/6/19
W/P 10171 Hartsdale W.P.2.

COMPILED BY Wright.
CHECKED BY Bowcher

31

5-6050
6327
49703

OPINION OF THE MEDICAL BOARD

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

We concur.

19. Is the invalid 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.) No

20. It is certified that the invalid

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

Sanatorium treatment for, 6 mos.

(*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.)

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

We recommend his discharge as medically unfit for service; for further treatment with I.S.C. as an In-patient.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

F.N. Hughes, Capt. *President.*

PLACE Spadina Mil. Hospital.

DATE Jan. 20th, 1919. A. Taylor, Capt. } Members

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

President

PLACE..... } Members

DATE.....

APPROVED BY J.R. Christian, Capt. , for *Assistant Director of Medical Services.*

DATE 23-1-19

APPROVED BY *Director-General of Medical Services.*

DATE.....

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as 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 & Sons.

STATION Spadina M.H. Toronto DATE Jan. 20-19.

1. 1 (*a*) Unit #2 D.D. (*b*) Regimental No. 228526 (*c*) Rank Pte.

(*d*) Surname Bennett (*e*) Christian name Stanley

(*f*) Home address 265 Clinton St., Toronto.

(*g*) Next of Kin Mrs. E.S. Bennett. (*h*) Relationship Wife.

(*i*) Address of Next of Kin Sun Hotel, Godalming Surrey, England.

2. Age last birthday 24 Date of ~~birth~~ Apr. 23-1894

3. Enlistment, or Appointment (if an Officer) (*a*) Place Toronto (*b*) Date Apr. 23-1894

4. Personal description:

(*a*) Height 5' 6½" (*b*) Weight 133½ (stripped) (*c*) Complexion Fair

(*d*) Colour of hair Fair (*e*) Colour of eyes ~~Hazel~~ Hazel (*f*) Identification marks, Scars, etc. Small circular scar over rt. papileal space.

5. Former trade or occupation Civil Engineer.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2 6/12	20

	Periods	
	From	To
Canada	30-6-16	23-2-17
England	7-4-17	27-2-18
France or other theatres of War	27-2-18 England & Canada	11-10-18 To date.

7. Original disease, or injury Tubercle of lung.

(*a*) Date of origin before enlistment (*b*) Place of origin U.S.A.

(*c*) Cause Infection.

M. F. B. 227.
400M.—11-18.
1773-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of any of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

Partial loss of function of respiratory system.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

OBJECTIVE SIGNS. General nutrition and development good. An in-patient since admission here 3-1-19 with emp. normal. Height 5' 6½". Wt.133½ lbs. as vs. 126 lbs on enlistment 26-6-16. Sputum positive T.B. 25-9-18. 28-9-18. 9-10-18. 16-10-18. 26-10-18. Col. Elliott reports 13-1-19 "Chest well formed- expansion good, though slightly less on left. Rt.apex somewhat narrow on percussion and expiration prolonged down to 2nd rib. rt. slightly lessened, expansion rt. diaphragm. English X Ray 23-10-18 "Mediastiral glands on both sides enlarged; an excess of peribronchial fibrosis on lt side and a few suspicious shadows on left side extending from root to apex." Diagnosis- Tubercle of lung, incipient, involving part of rt. upper lobe, peribronchial type requires further Sanatorium

SUBJECTIVE SYMPTOMS: Shortness of breath after climbing ½ mile sloping hill. Cough especially in a.m. with not more than 2 oz yellow sputum Faint blood streaks ever 3rd day. No night sweats.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No — Cardio-Vascular System No (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System No (Albumen and Sugar will be excluded.)

Special Senses No — Respiratory System No — Integumentary System No

Disturbances of Mentality No — Digestive System No — Muscular System No

Osseous and Joint Systems No — Any other general condition No

Wasserman test 8-1-19 negative.
Urinalysis 6-1-19 quantity 1200 cc's - reaction acid sg 1034 Albumen absent sugar absent.

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

Delicate boyhood - measles, scarlatina 1902, bronchitis 1903. Was in bed Pneumonia Feb. 1914 in hosp. 1 month. Admitted July 1914 Saranac Lake discharged cured Nov. 14th, Well from that date to enlistment 30-6-16. France 27-2-18 flet O.K. until slightly gassed March 1918, Cough, weakness and felt feverish. Carried on in spite of symptoms until 26-9-18 when had slight haemorrhage and admitted No.23 CCS 26-9-18 where sputum found positive T.B Admitted Norfold Mil.Hosp.9-10-18 stretcher case "pthisis" Transferred C.S.H. Lanham, 26-1-18 - up-patient last 3 weeks there and invalided to Canada.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Prior to enlistment mother died T.B. laryngitis. 1. brother died T.B. (3 years contact) Room mate died T.N.(13 Mos.contact) No hist. of disease or injury other than described para. 10 (a) & (B) Since enlistment slight G.S.W. rt. int.interosity tibia. skin wound only No disability (rec'd 2-9-18 remained on duty.

(*c*) (Here give a description of wounds, scars and deformities.)
Smallcircular scar inner interosity rt.tibia -No disability - No entry diagnosis M.F.B.313.

11.—(*a*) Did the disabling condition have its origin before enlistment? Yes.

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)
Yes apparently fit on enlistment. 30-6-16

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment No
The regimental documents will be referred to.
(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.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 6 to 12 months.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)
Hospitals England 1 month. Spadina Mil. Hosp.3-1-19 to date.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)
Yes 6 to 12 mos Sanatorium treatment.

16. Can the former trade or occupation be resumed? No requires rest.
(If not, briefly state why)

17. Recommendations That he be discharged for further sanatorium treatment.

A.B. Moffat, Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned S. Bennett have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Stanly Bennett Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Board concurs

19. Is the invalid fit for

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

20. It is certified that the invalid
(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.)

21. It is recommended that the invalid be ~~discharged.~~ (When not for discharge add special recommendation.)

Boarded for return to Canada Auth. A.G. Tel 9083 11/11/18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

A B Roberts, Capt Cam'l President.
H M Briggs Capt Cam'l } Members

PLACE Sunningdale
DATE 30/5/19

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

..... President

PLACE ..... } Members
DATE .....

APPROVED BY
J S Munro
Assistant Director of Medical Services.
DATE Captain, C.A.M.C.
for A.D.M.S., Canadians, London Area.

APPROVED BY
Director-General of Medical Services.
DATE

CANADIAN LONDON AREA.
JUN 2 1919
13, BERNERS ST. LONDON, W.1

8

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as 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 & Sons.

STATION SUNNINGDALE DATE 30-5-19

1. 1 (a) Unit CFC (b) Regimental No. 2250520 (c) Rank SGT
(d) Surname ANDERSON (e) Christian name ALEXANDER
(f) Home address POWASSAN ONTARIO
(g) Next of Kin UNKNOWN (h) Relationship —
(i) Address of Next of Kin —
2. Age last birthday 49 Date of birth APRIL 22nd 1870
3. Enlistment, or Appointment (if an Officer) (a) Place SUDBURY ONT (b) Date MARCH 28 1917
4. Personal description:
(a) Height 5' 11½ (b) Weight 180 (stripped) (c) Complexion FAIR
(d) Colour of hair L GREY (e) Colour of eyes BLUE (f) Identification marks, Scars, etc. NIL
5. Former trade or occupation BLACKSMITH

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2	63

	Periods From	Periods To
Canada	March 28, 1917	May 1, 1917
England	May 1, 1917	—
France or other theatres of War	—	—

7. Original disease, or injury ARTERIO SCLEROSIS
(a) Date of origin Prior to Enlistment (b) Place of origin Canada
(c) Cause Age

M. F. B. 227.
400M.—11-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

ARTERIO SCLEROSIS - inability to do hard labor on acct of general weakness

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective. Man looks older than age. Well developed - fairly well nourished - rather ~~thin~~ obese. Lungs clear. Radial artery moderately thickened. 2nd aortic sound accentuated.

Subjective. Age 55. Cannot do hard labor or extended route marches on acct of general weakness.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System: no — Cardio-Vascular System: no (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System: no (Albumen and Sugar will be excluded.)

Special Senses: no — Respiratory System: no — Integumentary System: no

Disturbances of Mentality: no — Digestive System: no — Muscular System: no

Osseous and Joint Systems: no — Any other general condition: no

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

Family State: enlisted in C.F.C. - Left wife & 3 children on acct of age.
Blacksmith in civil life.
Feels unfit upon enlistment.

Doc. evidence: M.H.S. Upon enlist - 45
Brought Kentucky, Scotland - Boer Cut. Sclerosis

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

nil

(*c*) (Here give a description of wounds, scars and deformities.

nil

11.—(*a*) Did the disabling condition have its origin before enlistment? yes

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

no

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? a. no b. no

The regimental documents will be referred to.
(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.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent

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

Nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? yes
(If not, briefly state why)

17. Recommendations: n.a.

W. Howard Wattie Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned Alex Anderson have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Alex Anderson ..... Rank.
Signature of invalid examined.
ask