REGIMENTAL DOCUMENTS

NAME ANDERSON ALFRED ORIN REG. T. NO. 1250849 UNIT 7th Fld Coy C.E. HQ. FILE NO. [illegible]

	CONTENTS	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)					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)					
4	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
3	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)	LMH 14-5-22				
	MEDICAL EXAMINATION (M.F.W. 129)					Med Unfit.
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 393 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	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)					
1	MFW 192					
1	AFW 3997					
1	MFW 67					
1	Casualty Form Price Said Dues Oct. 1937					7.29. 1/2 26 2 1
1	1922 Pass					
1	Paysheets					

W. 2589
100M 11-18
1772-33-1327

77th DEPOT BATTERY, C.F.A., C.E.F.

FOR NON-BRITISH SUBJECTS ONLY.

original

ATTESTATION PAPER.

ORIGINAL.

No. 1250849

Folio

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname ?	Anderson
1a. What are your Christian names ?	Alfred Orin
1b. What is your present address ?	Davidson, Sask.
2. In what Town, Township or Parish, and in what Country were you born ?	Martel, Pierce County, Wisconsin, USA.
3. What is the name of your next-of-kin ?	Henry Anderson
4. What is the address of your next-of-kin ?	Elbow, Sask.
4a. What is the relationship of your next-of-kin ?	Father
5. What is the date of your birth ?	January 19th. 1890
6. What is your Trade or Calling ?	Farmer
7. Are you married ?	No
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 or Naval Force ? If so, state particulars of former Service.	Yes 3 years USA Militia.
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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit ?	No
14. If so, what was the nature of the disability ?	----
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected ?	NO
16. If so, what was the reason ?	----

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Alfred Orin Anderson (Signature of Recruit).

Date 7th. November 1917. L. Horne (Signature of Witness).

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Alfred Orin Anderson do make Oath and declare that I will fulfil the engagement by me now made, and I hereby engage and agree to serve in THE CANADIAN OVERSEAS 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, and I will observe and obey all the Orders of all Officers set over me. SO HELP ME GOD.

Alfred Orin Anderson (Signature of Recruit).

Date 7th. November 1917. L. Horne (Signature of Witness).

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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 Regina, Sask. this 7th. day of November 1917.

Major (Signature of Magistrate or Attesting Officer).

commanding 77th (Depot) Battery C.F.A.

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

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

Description of Alfred Orin Anderson on Enlistment.

Apparent Age ...27... years ...10..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ....5... ft. ...11... ins.

Chest measurement.
- Girth when fully expanded ....36... ins.
- Range of expansion .. ...3... ins.

Complexion . Fair .....

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

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

Religious denominations
- Church of England .....
- Presbyterian .....
- Methodist .....
- Baptist or Congregationalist .....
- Roman Catholic .....
- Jewish .....
- Other Denominations . Lutheran .....
(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.)

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 declares that he is not subject to fits of any description.

I consider him* ...fit. A. 2... for the **Canadian Over-Seas Expeditionary Force.**

Date ...November 7th. .....1917. .....

Place ....Regina, Sask. ..... W. Lee Lee Capt. .....
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:—

.....

.....

.....

.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....Alfred Orin Anderson.....naving 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)
Commanding 7th (Depot) Battery C.F.A.

Date ...7th. ..November 1917

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 1250849 (Rank) Sapper

Name (in full) ALFRED ORIN ANDERSON enlisted in

the 77th Batty. C.F.A.

CANADIAN EXPEDITIONARY FORCE at Regina on the 7th

day of November 17.

19

HE served in France six & half (6½) months with 6th. Bdr. C.F.A.

and is now discharged from the service by reason of being

Medically Unfit

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

Age: 29years 8months	Marks or Scars:
Height: 5ft. 11inches	
Complexion: Fair	
Eyes: Blue	
Hair: Fair	

A. O. Anderson
Signature of Soldier

G. Rennie Col.
Issuing Officer

Lieutenant - Colonel.
Rank

16-9-19
Date of Discharge

O.C. No. 12. District Depot.
Appointment

Signed at Regina this 16th. day of Sept. 19.

in Military District No. 12

File Reference No. 207-A-12D.D.--

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. W. 39a
200m.—2-18.
H.Q. 1772-39-882

A. No. 700069

War Service Badge, Class
issued

B. No. 45501

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

Medals and Decorations .....

Remarks .....

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

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

Discharge Section
AUG 1919
NO. 12 DISTRICT DEPOT

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

orms
1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.

Year

Regimental No.	Rank.	Surname.	Christian Name.
1250849	Sig.	Anderson	A. O.

Unit.	Age.	Service.
6th Can. Art Bgde	29	16/12

Station and Date.

Disease Fractured Tibia & Fibula Left Leg. (Acc.)

13:2:19 Patient was accidentally kicked by a horse on
17:1:19 and taken to 5th Canadian Field Ambulance
same day thence to 2nd Canadian C.C.S. same
day showing: Left leg much swollen. fracture of tibia
in middle third and fibula in lower third. Splint
applied. Taken to 55th General Hospital on 23:1:19
X Ray report showed. Spiral fracture tibia at lower end
of upper fragment displaced forward and inward.
Foot swollen. Thomas's splint plaster applied Sole
extension. X Ray also shows. Loose fragment between
ends prevents proper approximation

13:2:19 Admitted 16th Canadian General Hospital Orpington. Kent.
Exam shows: See above.
X Ray: 16.2.19 Oblique fract: of Tibia about middle extending
1½" A little callus has formed. Some small pieces of bone
bone in region. Fracture of Fibula about 3" above this
14/3/19 X Ray - a little callus has formed.
7/4/19 X Ray. a little callus has formed.
19.3.19 Removed from Thomas splint. Appears
fairly. Heel & foot sore looking & discolored but not broken.
20.3.19 Bandages left which cleared up in about a week
21.3.19 Deformity appeared in leg Callus
has given way. Put up in back
splint
5.4.19 Splint removed by Capt Thomas & Cob
Rowie. Appears firm.
8.4.19 awaiting X Ray: machine o.o.o.
29.4.19 For massage & passive movements th
Leg & considerable edema

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station and Date.	
6.5.19	X Ray:- Position of fragments unchanged. Some callous has formed. F W Ballantyne Capt.
25-7-19 5 Can Gen Hosp	Leg swollen - Tuberosity of ankle injected - W Williamson Capt RAMC

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT 12

NAME OF SOLDIER Anderson A. D. No. 125,0849

REGIMENT [illegible] RANK Pte

M.F.B. 465.
150M.—6-18.
1772-39-960.

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

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

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
	Sept 15th 1919																			J. Selkmiller, Capt. Can. A.M.C.	12	

Report No. 3119 B

Army Form W. 3212.
(In books of 100)

Regtl. No., Rank and Name } Pte. A. O. Anderson Age ____ Corps ____

Disease Fract. tibia & fibula Hospital 16 C.G.H.

To Officer i/c Laboratory. Ward 17

Please carry out an examination of the accompanying specimen of urine

with special regard to microscopic

Nos. of previous Reports (if any) 2736 B

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 21. 3. 19 [signature] Capt
O. i/c Ward.

LABORATORY REPORT.

Cloudy Amber.
Strong alkaline
S. Gy. 1028.
Alb. nil
Sugar. O

A marphous deposit of Triple phos

21/3/19

[signature] Capt
O. i/c Laboratory.

Date of Examination

W6591—P1803 300,000 10/18 HWV(iM374)

M.S.A. 15.

OCT 17 1917

614 O.K.

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 Alfred

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 267254

3. Consecutive number on schedule of men reporting for service (if he appears on it) 473.

4. Address (including street and number, if any) Davidson, Sask.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the ..... day of October 1917, by the undersigned medical board sitting at Regina, Sask.

5. Age as stated 27 Years 10 Months.

6. Apparent age 27 Years 10 Months

7. Height 5 Feet 11 Inches.

8. Weight 161 Pounds.

9. Chest measurement { Minimum 33 1/4 Ins. / Maximum 36 1/2 Ins.

10. Complexion Fair { Eyes Blue / Hair Fair

11. Physical development. Good { Good / Fair / Poor

12. Smallpox marks Nil.

13. Number of vaccination marks { Right arm — / Left arm One.

14. When vaccinated last Childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease

16. Slight defects but not sufficient to cause rejection Slight Deafness in Rt. Ear

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.

M C Roberts President.

Dennis Lewis Member. Seymour Ross Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
16/11/17	—	Wanless Lieut M.O.	16/11/17	+	Wanless Capt M.O.
30/11/17		Wanless Lieut M.O.	23/11/17	+	Wanless Capt M.O.
		M.O.	30/11/17	+	Wanless Lieut M.O.

Joined ..... *day of* ..... *191* ..... *at* REGINA, SASK.

	Corps	Reg'tl Number	Habits	Date
77th DEPOT BATTERY, C.F.A., C.E.F. Joined on enlistment		150849		
Transferred to.....				

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.

77th Battery.

No. 6 H. Williamson

Fwd. to Schedule

Signature of Man Alfred Anderson

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

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
NO. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL	15 JUL 1919										

a3249

RECORD OF SERVICE
HAS BEEN VERIFIED
WITH THIS SOLDIER'S
DOCUMENTS.
Signature

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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 this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names Alfred Irvin 2. Surname Anderson
3. Rank Pte 4. Original Unit C.F.A. 5. Reg. No. 125-0849
6. Address, in full, to which future payments of gratuity are to be forwarded Elbow P.O. Sask
7. Date of enlistment in the C.E.F. 7.11.17
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Mrs H. Anderson
9. Relationship of such dependent Mother
10. Address, in full, of such dependent Elbow P.O. Sask
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ? No
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:— C.F.A. ~~13.2.19~~ 2-4-18 till 1-10-18
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 ? Yes
14. Were you on active service only in Canada or the United States ? If so, give particulars of unit and dates of such service No
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 C.F.A. from 7.11.17 till 16.9.19 In England & France
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

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

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 ..... no .....

20. Have you been issued with a War Service Badge? If so, what class ? ..... A. & B .....

21. Have you, during the present war, served in the Imperial Forces ? ..... no .....

22. Are you entitled 'o 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 ..... no .....

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? ..... no .....

24. Are you now serving in the C.E.F. ..... no ..... If not, give:—(a) Date of discharge ..... 16. 9. 19 ..... (b) Reason for discharge ..... Med. unfit .....

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 ..... no .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit .....
C. F. A. 1. 10. 18 till 13. 2. 19 .....

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ..... no .....
(b) If so, are you in receipt of full pay and allowances from that Department? ..... no .....

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: Alfred A. Anderson

Place of Residence: Elbow, P.O. Sask.

Declared before me at: Regina

This 16th day of Sept 19..19

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. J. Addison

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

To be made out in duplicate. H.Q. 54-21-23-53

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 ..... 77th DEPOT BATTERY C.F.A. .....

(2) Regimental Number ..... 1250849 .....

(3) Full Name of Soldier ..... Alfred Orin Anderson .....

(4) Place of Birth ..... Martel, Pierce County, Wisconsin U.S.A. .....

(5) Are you married, or not? ..... no .....

(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 ? yes.

If so, state name and address Henry Anderson, Elbow, Sask.

(10) Is your Mother alive ? yes

If so, state name and address Carrie Anderson,
Elbow, Sask.

(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.

(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.

Date Nov 7th 1917.

Officer Commanding.

Commanding 77th (Depot) Battery C.F.A.

M.S.A. 15.

MILITARY SERVICE ACT, 1917. 614 O.K.

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 Alfred

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) Davidson, Sask.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the day of October 1917, by the undersigned medical board sitting at Regina, Sask.

5. Age as stated 27 Years 10 Months. 6. Apparent age 27 Years 10 Months

7. Height 5 Feet 11 Inches. 8. Weight 161 Pounds.

9. Chest measurement { Minimum 33 1/4 Ins. / Maximum 36 1/2 Ins. } 10. Complexion Fair { Eyes Blue / Hair Fair }

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

13. Number of vaccination marks { Right arm / Left arm One. } 14. When vaccinated last Childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease

16. Slight defects but not sufficient to cause rejection Slight deafness in Rt. Ear

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

Dennis Kennedy Member. A. McRoberts President. Seymour Lea Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
16/11/17	–	Wanless M.O.	16/11/17	+	Wanless M.O.
30/11/17	+	Wanless M.O.	23/11/17	+	Wanless M.O.
		M.O.	30/11/17	+	Wanless M.O.

Joined day of 191 at REGINA, SASK.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	77th DEPOT BATTERY, C.F.A., C.E.F.			
Transferred to.....				

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.

Signature of Man Alfred Anderson

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

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.

CASE HISTORY SHEET.

Sask. Hil Hospital. Moose Jaw Station.

No. 125849 Rank Sig. Name Anderson. A.O. Age 29

Unit C.F.A. Completed years of service Where and how long } C 5/12 - E. 12/12 - 7 5/12

Date of admission 22-8-19. Date of discharge 15-9-19

Diagnosis Simp. frac. tib & fib. Lt Place of origin France

CONDITION ON ADMISSION AND PROGRESS OF CASE Complains of fractured Leg. Cannot bear full weight on L/foot. Has to use crutches. 1/2" shortening of L/leg. History of fracture of L/tibia and fibula following kick by horse on 17th January 1919. Re-fractured accidentally 13 weeks later. Invalided for 9 weeks after. Simple fracture Present Condn: 1/2" shortening. Palpable and visible evidence old fracture L/tibia - lower 1/3 upper fragment displaced inward. Palpable evidence fract of fibula up 1/3. Some oedema Ankle.

X-Ray Showed:) Oblique fracture L/tibia - 1/9/19 Some displacement of fragments - union apparently firm. Overlapping of fractured ends of L/fibula - union firm.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT Hil. Boarded. on recommendation (Especially any specific or special form.) of Major Jackes. Surgical Consultant M.D. 12.

CONDITION ON DISCHARGE As described. (and disposal made of case.) Recommendation - Discharge from service

Date

T.C. Turner Capt
Medical Officer i/c case.

M. F. B. 313a.
200M.- 5-18.
1772-39-439.

A8231

ORIGINAL

MEDICAL HISTORY SHEET

Surname Anderson Christian Name Alfred Orin 12

1 OCT 18

Examined { on 7 day of Nov 1917
at Regina Sask

Birthplace { City or Town Battelle
County Pierce Co Wisconsin

Apparent age 27

Trade or occupation Farmer

Height 5 feet 11 Inches

Weight 162 lbs.

Chest measurement { Minimum 33 inches
Maximum expansion 36 inches

Physical development Good

Small-pox Marks Nil

Vaccination Marks { Arm Right 0 Left X
Number 1

When Vaccinated last 1901.

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by Warrenshall Capt

Rank M.O.

Date	Fit or Unfit	Examined for Re-Engagement
		11 SEP 1918
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
16/11/17		Warrenshall Capt. M.O.
30/11/17	+	Warren Lucas M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
6/11/17	+	Warrenshall Capt M.O.
23/11/17	+	Warren Lucas M.O.
30/11/17	+	Warren Lucas M.O.

Feb 15 '19 [illegible] Capt

Enlisted on 7th day of November 1917 at Regina, Sask.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment		125-0849		7/11/17
Transferred to	77th DEPOT BATTERY C.F.A. PROCEEDED O/SEAS. TO	C K	MAY 28 1918	

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON, KENT. 30 JUN 1919			
Sask Mil. Hosp	13/9/19	Old Fracd left Tibia & fibula Discharge from service.	Inv to Can [illegible] J Blank Capt A.D.M.S.

CANADIAN GAZETTE

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 Anderson Christian Name Alfred Orin

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				
16 C.G.H.		13	2	19	25.	7.	19.	Fract. tibia & fibula	162.	Oblique fract tibia about middle extending 1½ inches. A little callus has formed. 19.3.19. Complains of pain. foot looks sore around extension piece. Splint removed. Appears firm. X Ray out of order. Callus good way 26.5.19 Getting massage. Union but not very firm, probably due to fragment between ends. 6.5.19 X Ray some callus has formed	W Kellaway Capt.
[illegible] CANADIAN GENERAL HOSPITAL LIVERPOOL	25 JUL 1919				8	AUG	1919	do		Leg adducators - Some displacement in fracture Ankle movements injured somewhat.	
S.S. Araguaya		8	8	19	18	8	19	do.		Condition unchanged.	W Spence Lieut RAMC
Sask. Mil. Hosp.		22	8	19	13	9	19	Do	22	Oblique fract R/ tibia with displacement union 4mm. Overlapping of fract. of R/ fib. union 4mm. 1/2" shortening of left leg, slight Oedema of Left ankle.	A.O. Reaves Capt J.H. Clark Capt CAMC

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 .....

Regimental No. 125849 Rank Pte C. E. F. Name Anderson A. O.

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: 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
25.8.19	D.D.O. Part II 237/3121	T.O.S. No. 12 DISTRICT DEPOT From Overseas	REGINA Sask.	8.8.19	E. [illegible] Capt Major O.C. Hospital Section, No. 12 District Depot
16.9.19	Hospl Sect	Discharged Sick Unfit	Regina	16.9.19	DDO 237-3221 [illegible] Lieut & Adjt. No. 12 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, 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				

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

M. F. W. 54. (A. F. B.-103.)
350M.—5-16
H. Q. 1772-39-929.

Casualty Form—Active Service.

Unit, Regiment or Corps 77th BATTERY C.F.A. C.F.A.

Regimental No. 1250849 Rank Gunner Pte C.E.F. Name Alfred Orin Anderson

Enlisted (*a*) 2/11/17 Terms of Service (*a*) Duration of War & 1 year after Service reckons from (*a*) 5-11-17

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*) Mercantile Clerk Farmer None.

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				
		Embarked	Halifax	22/3/18	SS. Missanabie
		Disembarked	Glasgow	3/4/18	Roll 98.
		T.O.S. from Canada	Witley	3/4/18	
		No Record JOB CH			

CERTIFIED CORRECT. 5 JUN. 1918 CAN. RECORDS, LONDON.

CERTIFIED CORRECT. OCT 1918 CAN. RECORDS, LONDON.

MAY 28 1918 RES BDE. C.F.A. PROCEEDED O/SEAS TO C.F.A. WITLEY. MAY 28 1918 P.T. U D.O. No. Entered in wpbk JOB

E. E. Valentine LIEUT. & ASST. ADJUTANT. RESERVE BRIGADE, CANADIAN FIELD ARTILLERY.

OCT 1918 RES BDE. C.F.A. PROCEEDED O/SEAS TO C.F.A. WITLEY. 2 OCT 1918 P.T. U D.O. No. 276

LIEUT. & ASST. ADJUTANT. RESERVE BRIGADE, CANADIAN FIELD ARTILLERY.

4-10-18	CGBD.	T.O.S. Can.Art.Pool as Reinforcement		4-10-18	NR.781 Pt.II 0.140
6-10-18	CGBD.	Left Base for C.C.R.C.	Field	6-10-18	NR.1416
6-10-18	CCRC.	Arrived at C.C.R.C.	Field	6-10-18	NR 1579

(*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.

1250849 Sig. Anderson A.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				
6-11-18	6 Bde	Posted to 6th Bde C.F.A.		6-11-18	N.R. (1995) d/-6-11-18 K.R. 70 Pt-I O. 176
6.11.18	do	T. O. 's. 6th Brigade C.F.A.		7.11.18	NR (1995) d/-6.11.18.K.R.70 P.2.0. 160 - 1918.
28.12.18.	6 Bde.	Joined 6 Bde C.F.A.		22.12.18	B 213
23.1.19.	55 Gen.	Fract tibia & fibula.	d 55 Gen Hos.	23.1.17.	W3034-W-8045
18-1.19.	2 Cdn Cas	" " " " ad To	2 Cdn Cas. Base A.F.	17.1.19 20.1.19	A 36-A. 5681.
17-1.19.	5 C.F.A. mb.	" " " " ad To	5 C.F.A. Bomb. 2 Cdn Cas	17.1.19. "	A 36-A. 5695
26.1.19	CRA 2nd Cdn Divn	A.F.W. 3428 received. "accidentally injured"	Casualty to be		
25.1.19.	6 Bde.	To Hospital.	ms.	17.1.19	B 213
13.2.19,	55 Gen.	Fract tibia & fibula	To England.	13.2.19.	W3034-W-9040
13.2.19	Jan Brydel	Invalided (acc. injured) & posted to care D Witley		13.2.19	W3083-6792.
24.2.19	CaRD	2.0.3. from 6th Bde	Witley	13.2.19	A.F.W. 55

Chas B. Maxwell Lieut.
for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

LIEUT.
FOR LT. COL. I/C RECORDS, C.O.M.F.

B.U.P.

Army Form W. 3428.

REPORT ON ACCIDENTAL OR SELF-INFLICTED INJURIES.

To be rendered in accordance with instructions on the back of this form.

1. Number, Rank, Name, and Unit of injured man. 1320849 Sjt ANDERSON H.D. 15/6 Bde C.F.A.	Date of Casualty. 17-1-19

2. Nature, Location, and Severity of injury. (*N.B.* Field Ambulance to be notified at once if wound is believed to be self-inflicted.) Fracture of tibia & fibula ~~Serious~~. Fracture of tibia & fibula left leg due to loss of foot having been letting leg after having been thrown off horse

3. Short statement of the circumstances of the case. (Signed statements of witnesses to be attached to this form.) Whilst on Exercise rids on the morning of 17.1.19, was kicked by a horse, fracturing his leg.

4. Commanding officer's opinion as to whether the man was:—
   (*a*) In the performance of military duty. Yes
   (*b*) ~~To blame~~. No
   (*c*) ~~Whether any other person was to blame~~. No

Date 17.1.19

E.J. Atkinson major
Commanding 6th Bde. C.F.A.

5. (*a*) Opinion of G.O.C. Brigade. Accidental
   (*b*) Disciplinary action taken or proposed, whether against injured man or another. None

Date 26.1.19

T. Hunt Lieut-Col.
Commanding C.R.A. Brigade.

[Continued Overleaf.

6. To _____ Army "A."

Forwarded with reference to my Casualty Wire No. _____ dated _____

_____

Date _____ _____ Division.

---

7. To D. A. G.,
G. H. Q., 3rd Echelon.

Forwarded for record. This casualty should be reported as Accidental Injury

(Sgd.) ??. Capt.
for A.A.G. (a)

Date 3.2.19. _____ Army.

INSTRUCTIONS.

"Injured (Acc.)"

1. These forms are to be completed in all cases of accidental or self-inflicted injuries, involving a soldier's absence from duty, whether due to the man's own act, or that of a comrade, or to other extraneous circumstances.

(Sgd) D. C. Shannon
Brigadier-Major
for Major General
Commanding 16th Irish Division

2. Where several casualties occur as the result of one accident, one form is to be completed for each Officer or other rank injured, but only one set of statements from the witnesses of the accident need be attached.

9.2.19.

3. Full statements are to be taken by an Officer from the witnesses of the accident. These statements will be signed by the witnesses making them, and by the Officer who takes them, and will be forwarded with this Form. Where it is intended to take disciplinary action, copies of these statements should be retained by the Unit for use in lieu of a summary of evidence.

4. Where it is possible to obtain it, a statement from the injured man will also be forwarded. This, however, should not be used as evidence against him in any subsequent disciplinary proceedings.

Special Instructions as to Evidence in Cases of Self-Inflicted Wounds.

5. In these cases the statements mentioned in paragraphs 2 and 3 above should bring out all material points, *e.g.*, statements to the effect that the witness was with the accused standing on the fire step (or sitting in a dug-out); that the accused was cleaning his rifle; position of safety catch, magazine, etc., if known; muzzle of rifle on toe of foot; hand on muzzle; that accused pulled trigger; that the rifle was afterwards examined and an empty cartridge case was found in chamber; that accused was seen to be wounded; what accused said ("I have shot myself," "I did not know it was loaded," etc.).

6. A soldier is specially trained in the safe use of his rifle and revolver, and evidence of any neglect of the ordinary precautions as to their handling in such cases usually has considerable bearing on the question of negligence. In cases of wilful self-wounding the fullest possible evidence should be obtained; unless the evidence is conclusive this charge should not be used. The charge will therefore usually be laid under sec. 40 Army Act—"Conduct to the prejudice of good order and military discipline in wounding himself through negligently handling a rifle," and an alternative charge to this effect should be made, even if the accused is to be tried under section 18 for wilful maiming.

W8573—M2732 200,000 9/17 HWV(P1655) Forms W. 3428/1.

Army Form W. 3428.

REPORT ON ACCIDENTAL OR SELF-INFLICTED INJURIES.

To be rendered in accordance with instructions on the back of this form.

	Date of Casualty.
1. Number, Rank, Name, and Unit of injured man. 125849. Sig. ANDERSON. A.O. C.F.A. 15th Batty. 6th Can. Art. Brigade. 2nd Div	17. 1. 19.

2. Nature, Location, and Severity of injury. (*N.B.* Field Ambulance to be notified at once if wound is believed to be self-inflicted.) Fracture Tibia & Fibula (L) Moderate severity

H. H. Martin Capt

Medical Officer.

3. Short statement of the circumstances of the case. (Signed statements of witnesses to be attached to this form.) On the morning of the 17. 1. 19. I was riding on horseback when the horse threw me off. and kicking my leg. (L) causing the injury.

Signed A.O Anderson

Sgt Turbutt
2nd Can CCS

4. Commanding officer's opinion as to whether the man was:—
   (*a*) In the performance of military duty. Yes
   (*b*) To blame. No
   (*c*) Whether any other person was to blame. No

Date 24-1-19 Commanding 6th Bde C.F.A

5. (*a*) Opinion of G.O.C. Brigade. Accidental
   (*b*) Disciplinary action taken or proposed, whether against injured man or another. None

Date 29/1/19 Commanding Brigade.

8-FEB1919

CANADIAN

[Continued Overleaf.

6. To _____ Army "A."

Forwarded with reference to my Casualty Wire No. _____ dated _____

_____

Date _____ _____ Division.

---

7. To D. A. G.,

G. H. Q., 3rd Echelon.

Forwarded for record. This casualty should be reported as accidental injury

_____

Date 3.2.19 _____ Army.

INSTRUCTIONS.

"INJURED (ACC.)"

1. These forms are to be completed in all cases of accidental or self-inflicted injuries, involving a soldier's absence from duty, whether due to the man's own act, or that of a comrade, or to other extraneous circumstances.

2. Where several casualties occur as the result of one accident, one form is to be completed for each Officer or other rank injured, but only one set of statements from the witnesses of the accident need be attached. 9-2-19

3. Full statements are to be taken by an Officer from the witnesses of the accident. These statements will be signed by the witnesses making them, and by the Officer who takes them, and will be forwarded with this Form. Where it is intended to take disciplinary action, copies of these statements should be retained by the Unit for use in lieu of a summary of evidence.

4. Where it is possible to obtain it, a statement from the injured man will also be forwarded. This, however, should not be used as evidence against him in any subsequent disciplinary proceedings.

Special Instructions as to Evidence in Cases of Self-Inflicted Wounds.

5. In these cases the statements mentioned in paragraphs 2 and 3 above should bring out all material points, *e.g.*, statements to the effect that the witness was with the accused standing on the fire step (or sitting in a dug-out); that the accused was cleaning his rifle; position of safety catch, magazine, etc., if known; muzzle of rifle on toe of foot; hand on muzzle; that accused pulled trigger; that the rifle was afterwards examined and an empty cartridge case was found in chamber; that accused was seen to be wounded; what accused said ("I have shot myself," "I did not know it was loaded," etc.).

6. A soldier is specially trained in the safe use of his rifle and revolver, and evidence of any neglect of the ordinary precautions as to their handling in such cases usually has considerable bearing on the question of negligence. In cases of wilful self-wounding the fullest possible evidence should be obtained; unless the evidence is conclusive this charge should not be used. The charge will therefore usually be laid under sec. 40 Army Act—"Conduct to the prejudice of good order and military discipline in wounding himself through negligently handling a rifle," and an alternative charge to this effect should be made, even if the accused is to be tried under section 18 for wilful maiming.

W8573—M2732 200,000 9/17 HWV(P1565) Forms W. 3428/2
5872—P750 300,000 3/18

Report No. 27568

Army Form W. 3212.
(In books of 100)

Regtl. No.,
Rank and Name Pte Anderson Age ____ Corps 6 Bn.

Disease ____ Hospital ____

To Officer i/c Laboratory. Ward ~~44~~ XI

Please carry out an examination of the accompanying specimen of urine

with special regard to routine

Nos. of previous Reports (if any) ____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 13/3/19

T. M. Ballantyne Capt.
O. i/c Ward.

LABORATORY REPORT.

Cloudy Amber (Sediment)

Acid

S. G. 1022

Alb. 0

Sugar. 0

Date of Examination 14/3/19 22

R. D. Murray
O. i/c Laboratory.

W6591—P1803 300,000 10/18 HWV(iM374)

LABORATORY REPORT.

Report No. 1386

Army Form W. 3212.
(In books of 100)

Regtl. No., Rank and Name } 1250849 Sig Anderson Age 20 Corps R.A.M.C.

Disease _____ Hospital 16 C.G.H.

To Officer i/c Laboratory. Ward 11

Please carry out an examination of the accompanying specimen of urine.

with special regard to ~~Sugar~~ Albumen

Nos. of previous Reports (if any) 3119 B

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 24/3/19

T. McCarthy Capt
O. i/c Ward.

LABORATORY REPORT.

N.B. His urine is now alkaline because we are giving him ~~alkalies~~ Soda Bicarb. It was strongly acid. He has clinic symptons of pyelitis. T.McC.

Dark bloody Amber (Sediment)
Strong Alkaline
S.G. 1022.
Alb. O
Sugar neg.

Phosphates +++
Gram neg. Bacilli ++
" cocci ++
" diplococci +
Gram positive bacilli +
" cocci +
" diplococci or short chained strep. +
No pus cells or RBC found.

Date of Examination 24/3/19

A. MacKay Capt.
O. i/c Laboratory.

W6591—P1803 300,000 10/18 HWV(iM374)

LABORATORY REPORT

20 - O.C.

5th Field Amb. 17.1.19

1250849 Pte. to certify that
Sig. Andrews the signing to medically noted
A.O. must with a fourth accident
ons. & I further certify
that I was present when
the accident occurred.

C. B. Dade Capt
15th Batty. C.F.A.

17.1.19

Statement of evidence in case of
12508 Sig J Anderson A.O.
(Accidentally injured)

On the morning of 17.1.19 whilst
on exercise with Sig. Anderson
of this Coy, was thrown and
fell & was kicked by a horse,
fracturing his leg
I certify that I was present at
the time the accident occurred.

A. E. Rogerson
Lt.

830. C.S 186. [illegible]503/P.56. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

Army Form W. 3172.
(In pads of 50)

Beo

16th Gen. Hospital.

Ward X1 No. of Bed 3 Date 13/3/19

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
17508 9	Lt Anderson	Ao. 6th G.S.A.	Left tibia & fibula for progress

Short History of Case.
(To be completed by M.O. i/c case.)

Div 2nd
Brig 6th 62a
Date 17/1/19 Muddarf
Reff Hosp 55th Gen.

Signature of M.O. W. Ballantyne Capt
Date 13/3/19

Report on Result of X-Ray Examination
(To be completed by Radiographer.)

No. of Plate L m/557 8 x for AP

See report for plate m/394.
A little callus has formed.

L. Gilchrist

Signature of Radiographer L. Gilchrist Capt
Date 14/3/19

830. Cs 168. W.503/P.66. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

Army Form W. 3172. 5
(In pads of 50)

16th Gen Hospital.

Ward XI No. of Bed 3 Date 5/4/19

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
250849	Sig A.O Anderson	6 Div Sig Co	Site of fract in left tibia for position fragments

Short History of Case.
(To be completed by M.O. i/c case.)

Mah. Com
Div 2nd
Brig 6th 6 Div A.
Injured 17/1/19 Mesopot
Ref Hosp 55th Gen

Signature of M.O. F W Ballantyne Capt.
Date 5/4/19

Report on Result of X-Ray Examination.
(To be completed by Radiographer.)

XX

No. of Plate R.W. 615 AP & Lat.

8½ for AP & Lat

See report for M/557.
A little callus has formed

Signature of Radiographer O J Shore Capt
Date 5/4/19

880. C.S 186. W.503/P.56. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

Army Form W. 3172.
(In pads of 50)

S 16 Fd Amb 12 Fd Amb 14/

16 Can Gen Hospital.

Ward X-1 No. of Bed 17 Date 14.2.19

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
125083	Pte Anderson	6 Can A.M.C.	Left tibia & fibula for fracture & position

Short History of Case.
(To be completed by M.O. i/c case.)

Dev 2nd Lt
Bgd 6th
Rat Canadian.
Wd Accident. 17 Jan 19
Reff 55 Gen Hosp Etaples

Signature of M.O. [illegible] Capt RAMC
Date 16.2.19

Report on Result of X-Ray Examination.
(To be completed by Radiographer.)

XX

No. of Plate Lwr 294) Rt Post

Oblique fracture of Tibia about middle extending 1½". Alittle Callus has formed. Some small pieces of detached bone in region Back of Fibula about 3" above this.

Signature of Radiographer [illegible] Capt
Date Feb 16/19

880. CS 186. W.503/P.36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

Army Form W. 3172. 5
(In pads of 50)

16th Bn [redacted] Hospital.

Ward XI No. of Bed _____ Date 5/1/19 V

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
27508	Sig Anderson	A.O. 670	Left tibia & fib about middle

Short History of Case.
(To be completed by M.O. i/c case.)

Mal. Bn
Adm 2nd
Bgs 6th
WS Accident 7 Jan 1919 (Motorcycle)
Refd 55 Gen Hosp

Signature of M.O. T. B. Ballantyne Capt

Date _____

Report on Result of X-Ray Examination.
(To be completed by Radiographer.)

✓ For progress AP & LAT.

No. of Plate L m/945)2 8 x 6 AP & L

See report for M/815

~~See Card~~

Position of fragments unchanged. Some callus has formed

Signature of Radiographer S Wills Cpl RE

Date 6/5/19

M/815

2nd. Canadian Division. A.I. 5573 1.2.19.

Can Arty
R 7 131

1250849 Sig. Anderson. A.O.
15th Bty CFA.

Herewith A.F.W.3428 and statement by witness in duplicate re the marginally noted accidently injured 17.1.19.

M'Halloran

Captain.
Staff Captain.
2nd. Canadian Divnl Artillery.
2nd Canadian Division.

A. 2508.

D.A.G., Canadian Section,
3rd Echelon, G.H.Q.

Passed.

Captain,
for D.A.A.G. (A),
2nd Canadian Division.

4.2.19.

2/13

To: D.S.C. R2. B1.

Write nothing above this line.

1250849. Sig. Anderson. A.O.

Passed herewith, as this Branch takes no action in this case.

20/2/19. D.R.C.

R.I.G.

Write nothing below this line.

E Accident

1 Fracture

1 Severe

9 Lower

4 Leg

No. 1250849. Rk. Pte Name. Anderson. A. D.

The above named man is free from infectious or contagious disease.

Date. 15-9-19

G. C. Simmons M.O

SASK. MIL. CIV. HOSPITAL.

Form R 122.
10287—65M—28-7-17.

ET.

Rank Name ANDERSON, Alfred Orin Reg'l No. 1250849

Unit ~~Draft~~ 77th Baty. to C R A If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Regina, November 7th. 1917. Place of Birth Martel. Pierce Co., USA.

Name and Address, Next-of-Kin Henry Anderson,
Elbow. Saskatchewan, Canada. Relationship Father

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character X 390

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
		C			
		Arrived in England			3-4-18 S/S MISSANABIE
8-4-18	Res. Bde.	T.O.S. from Canada	Witley	3.4.18	PT = 98
~~29-5-18~~	do	~~S.O.S. Overseas~~	~~"~~	~~28.5.18~~	~~PT = 140 & PT = 234/16 Pool~~ Entered in error vide 106/5
3-10-18	do	S.O.S. Overseas	"	2-10-18	-276 & PT = 140 d/s 10/18 Pool
18-11-18	Art Pool	S.O.S. to 6th Bde C.F.A.	Field	6.11.18	-176 & 6 Bde Pl 160 d/s 19/11/18
24.2.19	6th C.F.A.	Invalided & posted to C.A.R.D.	"	13.2.19	-26 & C.A.R.D. 55. 24.2.19.
16.8.19	C.F.A.	Drw to Canada ex ~~2nd~~ Lord Derby War Hpl. 5 L 509 Warrington MD 12.		8.8.19	C L B 617 & C.A.R.D. P-III D 233 d/s 6/9/19

N.F.B. 103 CHECKED JUN 1918

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.					

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

3rd

No. of C.C.S.

Date of entry

2nd CANADIAN C. C. S. 17 JAN 1919

Machine gun bullet wound left leg. Was in trenches when hit. Bullet entered in middle third. Splint applied in dressing station.

B.L.

R. M. Baird Capt

A.F.W. 3428. Pencilled

No. of Hospital

Date of entry

No. 55 GENERAL HOSPITAL. 23JAN.1919. No:.....

Fractured femur - middle & leg.

X-ray: Spiral fracture also - c lower end of upper fragment inward & inward & backwards.

Thomas splint & Sole traction.

See accompanying X-ray plates

Fore frequent dressings and proper approximation

H.E. Croft Capt

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

A.T. Serum
Dose and date } 1st

2nd

FIELD AMBULANCE NOTES.

Morphia
Dose and time }

Date of wound or
onset of illness }

Religion C. of E.

Army Form W. 3118.

FIELD MEDICAL CARD.

No. 1250849 Rank Signaller
Name ANDERSON A.O.
Unit 15 BTTY. 6th CDN. ART. BRIGADE
2nd CDN. DIVISION.

~~Battle Casualty~~ Accidentally Wounded. ~~"Sick"~~
(Strike out description which does not apply)

No. of F.A. 5 CANADIAN FLD. AMB
Date of admission 17-1-19
F.A. diagnosis Fracture tibia & fibula Left

P. Graham
Capt. C.A.M.C.

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

Base Hospital diagnosis (alterations or additional)

(1690) Wt.W1500/P259. 3mil. 16-11-17. J.R.&C. (E 2099). Forms W. 3118/3.

*Name ANDERSON, A.O. Rank Pte. Regtl. No. 1250849

Fyle Depot

Original unit Present unit C.F.A. M. or S. Age Religion Ref. H.Q.

Port, ship, and date of arrival S.S. Araguaya.

Next of kin

Address on leave

Address on discharge Outlook, Sask.

Transportation issued Yes / No Date Character on discharge

Previous occupation Date and place of enlistment Regina 7-11-17.

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
8-8-19.	T.O.S. and posted to Hosp.Sec. (M.Jaw.) 22-8-19	
	Granted leave from 22-8-19 to 5-9-19 inc.	237/3121.
16-9-19	Posted from Hosp: Sec: (M:J:) to Discharge Section:	259-3222
16-9-19	Disch: from H:M:S: M:U4	259-3221

*—Name will be given in full; surname first.

[OVER]

Date	Remarks.	Pt. 2 Order No.

M.F.W. 192.
233-D.P.-200M-3-19.
1772-39-1243.

Surname	Christian Name or Names	Reg. No.
ANDERSON.	A.O.	1250849.
Rank	Unit	
Sig.	C.A. 6B.	

Cas. List.	
	55. G.H. B'logne. 23-1-19.
30-1-19. A462/4.	Fract. Tibia & Fibula. L.
19. 2. 19 B479.	16. C. G. Orpington 14. 2. 19.
30. 7. 19 B610.	5. " " Kirkdale 26. 7. 19
16-8-19 B617	Invalided to Canada S 8-8-19.

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

D.M.S. 1300. 50M-30-8-18.

Cas. List.

Reg. No. 1250849 Name Andersen A O

Rank Sig Corps C.F.A. Age 29 Service 6 5/12 E 1 2/12 F 5 1/2

Ledger No. 667 Serial No. A8231

45

HOSPITALS	DATE	DIAGNOSIS
Sask. Mil Conv Moose Jaw.	22-8-19.	Simp. Frac Tib & Fib Lt (Race) OS
Dis to 1200 for discharge	15-9-19	

P. T. O

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
50M-6-19.
1772—39-1332.

NAME Anderson, A. O. REGT. No. 1258879.

RANK AND UNIT Sig. (C.B.) Can. Art.

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY

M. F. W. 42—100M.—8-18.
H.Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
D.H62.	55 Gen: Boulogne	23.1-19	Trac. Tibia & Fibula
D.H79	16 Canteen Aperyllen	1.2.19	.. .. - .

Form R. 149.

CEF

Name ANDERSON. alfred orin Rank Sig Reg. No. 1250849.

Unit 6th Bde C.F.A.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1919						
23.1	55 Yll R. Leave	[illegible]	[illegible]			4905
			[illegible]	1462		
14.2	16 t.y Shipington		do Acc.	B479		4012
26.7	5 Cg Imp. Vardsdale		-do-	B610		11705
8-8	Invalided to Canada.					
	S.S. 509 Mn. D-12			B617		9553

Date	Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Farmer RELIGION Lutheran

DESCRIPTION.

APPARENT AGE 27 YEARS 10 MONTHS

HEIGHT 5- FEET 11 INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Blue HAIR Fair

DISTINGUISHING MARKS Not Stated

MEDICAL EXAMINATION. PLACE Regina Sask. DATE Nov. 7th 1917

Present Address Davidson. Sask.

MD 12 CARD NO. 7

SOS Dis 11.11 16-9-19

FOLL. DD 25-9-19 16-9-19

12 DD

SURNAME. Anderson

CHRISTIAN NAMES Alfred Orin

REGL. No. 125-0849 RANK Gr.

UNIT 77th Bty. C.F.A.

FORMER CORPS U.S.A. Mil. (3 yrs.)

NEXT OF KIN.

NAMES IN FULL Anderson. Henry

RELATIONSHIP TO SOLDIER Father

ADDRESS Elbow. Sask.

CHANGE OF ADDRESS

COUNTRY OF BIRTH U.S.A. Martell, Pierce co. Wis. DATE Jan. 19th 1890

PLACE OF ATTESTATION Regina, Sask. DATE Nov. 7th 1917

V/O. 25-/3/18. 1126/2

RL6 178.19 390/26 Sig.

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-839.

No. 1250849 RANK Gnr. NAME Anderson A.V.

T. O. S. 7.11.17 UNIT 7th Depot Battery
Do 138 of 9.11.17

M. D.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1917	1917.			
Nov 7.	Nov 30	n.		
Dec.		n.		
1918	1918.			
Jan 1	Jan 31.	n.	Leave 29.12.17 to 4.1.18 & 23.1.18 to 26.1.18	DO 186. 23.
~~Feb~~		~~l~~		
Mar 1	Mar 14	n	Proceeded Overseas 18-3-18	D.O.H 790 of 20-3-18.

RS

Number 1250849 Rank Gnr.

Surname ANDERSON

Christian Name Alfred Arw

Units C.F.A. Theatre of War France

Date of Service 2-10-18.

Remarks

Latest Address

Roll No. Outlook. Sask.

200m.-6-21. D. Page 20121.

DEPT
REGN. NOV 11 1922
Glyndon

Date of Enlistment 7-11-17-

MILITIA AND DEFENCE

Separation and Assigned Pay Branch A 2265

OVERSEAS CONTINGENTS

Date of Assignment Apr 1-18-

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15-00			

6177

PARTICULARS OF SEPARATION ALLOWANCE

No. 1250849

Rank Gnr Promoted Reverted Discharge

Soldier's Name Alfred Orin Anderson

Battalion 77th Depot Battly -

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Carrie Anderson

Address Elbow, Sask.

Change of Address

1 MRS.CARRIE ANDERSON,
2 ELBOW, SASK. 15 15.00
3 % 1250849 GNR ALFRED ORIN ANDERSON
4 FIFTEEN DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total	
1918					
April	H 7176		15	15	
May	A 12113		15	15	
June	B 14977		15	15	✓
July	Y 27949		15	15	✓
Aug	A 30470		15	15	
Sept	A 37150		15	15	
Oct	G 43787		15	15	
NOV	G 51876		15	15	
DEC	B 63652		15	15	
JAN 1919	B 71199		15	15	
FEB	A 78217		15	15	
MAR	D 83913		15	15	
APR	b 1460		15	15	
MAY	H 6431		15	15	
JUN	H 9561		15	15	
July	A 11654		15	15	
Aug	A 13269		15	15	
			2 0 15	2 0 15	

REMARKS 0371-A-232

A/c Closed 3/ 17/19

Ret'd per Chagnaya

Date 18/1.9 M.F.W. 187 25-8/19.

MD 12 Collins MK0 107284

AUDITED. 28/8/19

AUTHORITY FOR NEW ACC'T. .....

AUTHORITY FOR NEW ACC'T. MD 12 - B3. J. White 2/4/18

M. F. W. 128.
400m.—4-17—4779 39-1141
L. L. 22320—M. & D. 7933.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128.
(Com. 6-7—1772-39-1141
L. L. 22320—M. & D. 1933.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263		
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a	
or			
Field Conduct Sheet	"	W. 178	
Copies of Convictions, by C. P.		in MS.	
Med. Hist. Sheet,	Militia form	B. 313	
Casualty Form	"	W. 54	
Medical Report for Invalid§	"	B. 227	
Dental History Sheet	"	B. 465	
Last Pay Certificate	"	W. 44	
Duplicate Discharge Certificate	"	W. 39A	
‡Form of Will	"	W. 82	

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper or Particulars of Recruit	Militia Form	W. 23 / W. 133
Proceedings on Discharge	"	B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers.

War Service Badge, Class VI issued

A. No. 170069

B. No. 42501

28-3-33

14-A-152

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

C. R. SEP 20 1919 Mil. Dist. No. 12

No.	175-0849
Rank	Sapper
Surname	Anderson
Christian name	Alfred Ora
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	77th Batty C.F.A.
Date of discharge	6th September 1919
Place of discharge	Regina

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	29 years 8 months.
Height	5 feet 11 inches.
Complexion	Fair
Eyes	Blue
Hair	Fair
Trade	Farmer
Intended place of residence (To be given as fully as practicable.)	Outlook Sask

Descriptive marks

2. The above-named man is discharged in consequence of being medically unfit

Authority for discharge R.O. 1420 + D.D.O. No. 3221

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Medical Documents forwarded to ~~S. C. R. or~~ B. P. C. on 25/9/19

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, *(Squadron or Battery,* and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

.....
Commanding.....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Regina O. O. Anderson *(Signature of Soldier.)*

(Date) 16. 9. 19 H. Lyle *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....*(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.... (the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Regina

(Signature) Capt Lt. Col.
Officer Commanding
No 12 District Depot

(Date) 16. 9. 19

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

I hereby certify that there are no reservations.
O. O. Anderson

OPINION OF THE MEDICAL BOARD

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

Yes

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.~~)

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.~~ 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.)

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.

J. K. Clarke Capt *President.*

John J. White, Capt

Members

PLACE Moose Jaw, Can.

DATE 13/9/19

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

Members

PLACE

DATE

APPROVED BY

Assistant Director of Medical Services.

DATE 15-9-19.

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 Moosejaw DATE 12/9/19.

1. 1 (a) Unit 12 D.D. (b) Regimental No. 1250849. (c) Rank Pte

(d) Surname ANDERSON (e) Christian name Alfred Orin

(f) Home address Elbow. Sask.

(g) Next of Kin Mrs Henry Anderson (h) Relationship Mother

(i) Address of Next of Kin Same.

2. Age last birthday 29 Date of birth 19 January 1890

3. Enlistment, or Appointment (if an Officer) (a) Place Regina Sask (b) Date 7. November 1917

4. Personal description:

(a) Height 5' 11" (b) Weight 147. (stripped) (c) Complexion Medium

(d) Colour of hair D. Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Birth mark back of L/Ear.

5. Former trade or occupation Farmer

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
	1 10/12	5.

Patents statements.

		PERIODS From	To
	5	8. Aug. 1919.	Present.
Canada	1	7. Nov. 1917.	18. March 1918
	~~3~~	13. Feb. 1919.	8. Aug. 1919.
England	2	18. Mar. 1918	2. Oct. 1918.
France or other theatres of War	3	2. Oct. 1918	13. Feb. 1919.

7. Original disease, or injury Fracture of L/tibia and fibula

(a) Date of origin 17. January 1919 (b) Place of origin Muldorf. Germany.

(c) Cause Trauma

M. F. B. 227.

400M—11-18.

1772-39-117.

13

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.)

Old fracture L/ tibia and fibula. - Weakness - impaired function of L/ leg.

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.)

½" Shortening L/ leg. Palpable and visible evidence old fracture of L/ tibia about junction of mid. and lower 1/3. upper fragment displaced forward and inward. Palpable evidence of fract of L/ fibula in upper 1/3. Recent X-Ray 16/9/19. - showed overlapping of fractured ends of fibula - good union; - and apparent firm union of ends of tibia in position described - fracture of tibia oblique. There is slight oedema of L/ ankle. Subjective: Patient complains of fractured leg. Cannot bear full weight on L/ foot.

(*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.

Has to use crutches. Complains of shortening of leg. No pain. Leg is weak he states.

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

Of fracture of L/ tibia and fibula (Simple) following kick by a horse. 17 January 1919. Patient was on duty at the Time he was injured. C.C.S. 3 days. No 5. G.H. Boulogne 3 weeks. 16 G.H. Dopington. Eng. 13/2/19 to 25/7/19 - patient states that leg was re-fractured accidentally about April 17. - while he was at Dopington. - No notes on original M.H.S. No 5. G.H. Liverpool. 25 July 1919 to 8. Aug 1919. Arapuaya. 8/8/19. Sask. Mil. Hosp. 22/8/19.

Boarded on recommendation of Major [illegible] surgical consultant M.D. 12.

(*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*).)

Diabetes: in Childhood.

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

none.

11.—(*a*) Did the disabling condition have its origin before enlistment? No

(*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.)

n.a.

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? Indefinite, probably 3 months

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

Hospitals France. England.
Splints. Massage.

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? Not at present
(If not, briefly state why)

17. Recommendations.

Discharge from Service.

P. Z. Grier 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 R. O. 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 nil

Alfred Orin Anderson, 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.

the causes
See X Ray report + 6 photographs

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.)	no
(c) Home service (Canada only),	(" C)	(~~Yes~~ or No.)	n.a
(d) Temporarily unfit.	(" D)	(Yes or ~~No~~.)	yes O.T.C
(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.)
old fract left Tibia + Fibula -6 months. Read massage

(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.)
Return to invalided to Canada

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.

No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL ORPINGTON, KENT.
PLACE

30 JUN 1919
DATE

W. Hayden Lt Col — President.
A.E. Morgan Capt RAMC — 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
DATE
Members

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

APPROVED BY
Director-General of Medical Services.
DATE JUN 30 1919

13, BERNERS ST. LONDON, W.1

OK 10/7/19 — Due 14/7/19 — T10364 — Ger — OK 7/K — 61

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 No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL ORPINGTON, KENT. DATE 29 5 19

1. 1 (a) Unit 6 Can Art Bgd. (b) Regimental No. 125084 (c) Rank Pte.
(d) Surname ANDERSON (e) Christian name ALFRED ORIN
(f) Home address Elbow, Sask., Canada
(g) Next of Kin Mrs Henry Anderson (h) Relationship mother
(i) Address of Next of Kin Elbow, Sask, Can.
2. Age last birthday 29 Date of birth 19. 1. 1890
3. Enlistment, or Appointment (if an Officer) (a) Place Regina Sask (b) Date 7 11 17
4. Personal description;
(a) Height 5 11" (b) Weight 155 est (stripped) (c) Complexion medium
(d) Colour of hair Dark brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Birth mark back of left ear
5. Former trade or occupation Farmer

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
	1	

	Periods From	Periods To
Canada 7.11.17 : 18.3.18		
England 18.3.18 : 2.10.18 ; 13.2.19 : ~~20.3.19~~		End
France or other theatres of War 2.10.18 : 13.2.19		Patients Statement

7. Original disease, or injury FRACTURE LEFT TIBIA & FIBULA
(a) Date of origin 17.1.19 (b) Place of origin MULDORF GERMANY
(c) Cause ACCIDENTAL (WHILE ON DUTY - THROWN OFF HORSE & KICKED)

M. F. B. 227.
400M.—11-18.
1772-30-117.

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.)

OLD [FRACTURE LEFT TIBIA & FIBULA]

Loss function left leg

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: Leg has been out of splint and lying out bed for sometime. There is union but not yet acrss firm.
X Ray "Oblique fracture of tibia about middle extending 1½" "Some callus has formed. Some small pieces of detached bone in region. Fracture of fibula about 3" above this" signed Lt Gilbert
45° flexion possible at knee joint. Ankle freely movable Patella freely movable. ½" shortening. Considerable oedema in leg. Lower end of lower fragment displaced slightly posterior.

Subjective: Inability to use leg

(*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*).) F.M.C. 5 C.F.A. 17.1.19 Fract. tibia & fibula left. 2 C.C.C.S. Ar tibia & fibula. 5.5 Gen. X Ray Spiral fract tibia & lower end of upper fragment displaced forward & inward. See accompanying X Ray plates. Loose fragment between ends prevents proper approximation. M.H.S. 16.5.19. 13.2.19 Oblique fract tibia about middle extending 1½". A little callus has formed. Foot become sore. Splint removed. Appeared firm. About 4 days later Callous gave way. Union now but callus not very firm probably due to fragment between ends. 6.5.19 X Ray. Some callus has formed. Developed left pyelitis 20.3.19 which recovered in about a week. Patient states while exercising horses was thrown off horse & kicked.

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*).)

Supposed to have had diabetes at 9 years of age. Sick about 3 months in bed patient states. No other illness in civil life. No other illnesses in army.

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

see 9(a)

11.—(*a*) Did the disabling condition have its origin before enlistment? No

(*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.)

not applicable

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

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

Splint, Massage

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

Rest, massage - Graduated exercise 6 months

16. Can the former trade or occupation be resumed? Yes when treatment is completed
(If not, briefly state why)

17. Recommendations

Invalid to Canada

E. Ballantyne Capt. C.A.M.C.
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 Pte. Alfred Orin 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

no

Pte Alfred Orin Anderson Rank.
Signature of invalid examined.

No. 12 DISTRICT DEPOT

FILE A549 S/S Araguaya 18/8/19

AUDITED | PAYMASTER

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

M. OR S.

REGT. No. 1250849 RANK Gnr NAME (IN FULL) ANDERSON. A.O.

NEXT OF KIN — RELATIONSHIP

ADDRESS Edbert A Anderson Esq
2242 Toronto St. Regina

IS SEPARATION ALLOWANCE PAID? 14/11/19 DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS Nil

PARTICULARS	EFFECTIVE DATE	AUTHORITY
10/8/19 N.Y.R. View Leave 22/8 - 5/9 ind	22/8/19 Sub 12/9	D.O. 239 IA

ORIGINAL UNIT C.E.F. C.G.A. — IF IN P.F. WHAT UNIT? — (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 7/11/17 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE 1/9/19

PAYABLE TO Mrs A Anderson — RELATIONSHIP (Sister) — ANY CHANGE IN ASSIGNEE OR ADDRESS Mrs A Anderson

ADDRESS Elbow Sask — Elbow Sask

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Regina — DATE 16/9/19 — REASON ~~Demob~~ Med Emplt — AUTHORITY D.O. 259 — IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 31/7/19					78	65			78	65																									78	65	Cr Bal L.P.C. 78.65
																	487																			
																	487																			
																	500						Aug													
																	5000						1500													
1/8-16/9	47	1.10	51	70	12	35			98	70	1102	16/9					1676	61													1674	09	(A.F.)				
			51	70	190	65			177	35							232	35					15								247	35	70				
	122		280	00					280	00															70						70		210	00			
																									70						140		140				
																									70						210		70				
																									70						280						
			280						280																280						280						

I certify that all payments due on this account have been duly made, as per pay lists.
Anderson
Capt.
Paymaster (For Service Brigade)
Military District No. 12.

Ex Ex Blat 3rd Inf Bde 70.-
Ex Ex Blat 3rd Inf Bde 70.-
[illegible] CAPTAIN
for ASST. DIRECTOR OF PAY SERVICES
MILITARY DISTRICT No. 12

Soldier

1200

152899 OCT 16 1919
1656614 NOV 16 1919
1660886 DEC 16 1919

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1899.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable

ASSIGNED PAY. * ~~ENGLAND~~ OR CANADA.

EFFECTIVE DATE:- 1.4.18.

AMOUNT:- 15[0]2

SEPARATION ALLOWANCE. * ENGLAND OR CANADA.

EFFECTIVE DATE:-

AMOUNT:-

NAME:- ANDERSON. Alfred. (ORM)

NUMBER:- 1250849.

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.

Mrs E. Anderson. M/R
Elbow, Sask
Canada.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
LRC		Gnr.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 77 Depot Battly.

DATE ACCOUNT FIRST OPENED:- 19.3.18.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			6RA

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
LRC	1 00	.10		
"				

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
8.7.	6754	Orpington	48 67	✓			
				LRC Bonus - '18			5

PARTICULARS OF RENDERING NON-EFFECTIVE: 31.7.19 Disc to Canada arrd 4/85 Orpington 21.7.19

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March	18/19.			Cr. Balance from Canada					20 15		
Apr	Gnrs Pay	33 00		AR 420 20/4/18 CRA.	2 4/3						
19/21 Mch	"	14 30		A.P.				15 00	50 02		
		47 30			2 43			15 [0]			
May	Gnr Pay	34 10		CAP.				15 -	69 17		
				Q4005 #3571 CRA	1 15						
				AR 756 1/5/18 "	4 3 80						
				AR 1301 23/5/18 CRA.	9 73				14 44		
		34 10			54 68			15 -			
June	Gnr	33 -		C.A.P.				15 -	32 44		
				AR 1877 12/6/18 CRA	4 87						
				AR 2278 26/6/18 "	4 87				22 70		
		32 00			9 74			15 00			
July	Gnr.	34 10		CAP.				15 -	41 80		
				AR 2684 CRA 10/7/18	4 87 -				22 33		
				3150 - 24/7/18	14 60				22 33		
		21 10			19 47			15			
Aug	Gnr.	34 10		A.P.				15	41 47		
				AR 3760 CRA 7/8	24 33						
				3401 - 25/8.	4 87				12 23		
		34 10			29 20			15			
Sept	Gnr.	33		A.P.				15	30 23		
				AR 4378 CRA 11/9.	4 87						
				4676 - 24/9.	9 73				15 63		
		33			14 60			15			
Oct	Gnr	34 10		C.A.P.				15	34 73		
				AR 4005 #5539 CRA 26/9/18	52						
				3736 bb School 20/10/18	7 46				26 75		
		34 10			7 98			15			

Forward

NUMBER 1750849 RANK Lcpl NAME ANDERSON Alfred Edmo

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918									26 15		
Nov	G P	33		a P				15			
Dec	"	34 10		4118 bb School 3/11/18	3 13				82 95		
1919 Jan	"	34 10		807 bb HQ 23/11/18	3 13						
				a P				15			
				a 43069 Imp 5th R 39484	29						
								15	15 20		
		101 20			77 5			45			
Feby	G Pay	30 80		C a P.				15	91		
				1349. 2 Rac 21/12	12 98						
				1440. 6 Adc 21/12	1 30						
				1560 9/1	3 77						
				13647 Orp 19/2.	4 87				68 08		
March	G Pay	34 10		C a P.				15	87 18		
				15551 19/3	4 87				82 31		
		67 90			27 79			30			
April		33						15			
May		34 10						15			
				1907 Orp. 27/4	9 73				109 68		
		67 10			9 73			30			
June	G. P.	33		C a P.				15			
				4493 28.5 amp /	9 73						
July	G. P.	34 10		C a P. July				15			
				6009. 25.6. amp.	9 73				127 32		
		67 10			19 46			30			
Aug				6984 16 9 H 8/7	48 67				78 65		
					48 67						
				7595. Kirkdale. 1.8.19	48 87				73 78		
					48 87						

Sailed for Can 8.8.19 H 509 M D 12

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3710
14678
1946
2732