S

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 1 + 1

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 2

Proceedings on discharge..... 2

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

M. F. W. 39 — 1
M. F. W. 192 — 1
A. F. B. 122 — 1
Form 5 — 5

1 Cas. Card
AF 91337-2
Misc 2
Pay Sheet

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

DISCHARGE DOCUMENTS

M

Name Anderson Bruce A.

Regt. No. 43055 Rank Gnr.

Corps 1st Bty C.F.A.

Phy unfit

7/9/18

R. O. No.....

H. Q. No.....

Deceased 14.8.59

H

1 R 122

40 2016

5-28
9-29
32-29
3

ORIGINAL.

2981

ATTESTATION PAPER.

No. K 30155

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Bruce A. Anderson.
2. In what Town, Township or Parish, and in what Country were you born?..... Stirling, County of Hastings, Ontario
3. What is the name of your next-of-kin?..... Mrs. A. L. Anderson.
4. What is the address of your next-of-kin?..... Stirling Ontario
5. What is the date of your birth?..... June 7 1880.
6. What is your Trade or Calling?..... Prospector
7. Are you married?..... No.
8. Are you willing to be vaccinated or re-vaccinated?..... Yes.
9. Do you now belong to the Active Militia?..... Yes.
10. Have you ever served in any Military Force?.. Yes. 1 yr. Kings Dragoon Guards 8 yrs. Royal Artillery
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

Bruce A. Anderson.....(Signature of Man).

W. E. Cook.....(Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Bruce A. Anderson....., do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force,** and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Bruce A. Anderson.....(Signature of Recruit)

Date Sept. 24 1914. W. E. Cook.....(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Bruce A. Anderson....., do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth,** His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Bruce A. Anderson.....(Signature of Recruit)

Date Sept. 24th 1914. W. E. Cook.....(Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Valcartier this 24th day of September 1914.

Frank Cunga.....(Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

G. E. Hall.....(Approving Officer)

200 M.—8-14.
H.Q. 1772-1-13.

Div Cavl

2981

Description of Anderson Bruce Alexander on Enlistment.

Apparent Age 34 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 8 ins.
Chest measurement. Girth when fully expanded	38½ ins.
Chest measurement. Range of expansion	3½ ins.
Complexion	Dark
Eyes	blue
Hair	brown

Religious denominations.

Church of England	
Presbyterian	X
Wesleyan	
Baptist or Congregationalist	
Other Protestants (Denomination to be stated.)	
Roman Catholic	
Jewish	

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).

plate upper Jaw
scar on chin

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date Sept 10 1914. Ewart Def

Place Val Cartier Major a. m. c
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.

Bruce Alexander Anderson having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

.....(Signature of Officer)

Date Oct 12th 1914.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 43055 (Rank) Gunner.

Name (in full) Bruce A. Anderson. enlisted in

the 1st. Battery. C.F.A.

CANADIAN EXPEDITIONARY FORCE at Valcartier. on the 24th.

day of September 19 14

HE served in France Thirty One (31) Months with 4th. C.F.A. & Can.Acti. Craft Batteries.

and is now discharged from the service by reason of being Physically Unfit;-"Gassed"

Further treatment with the Invalided Soldiers' Commission.

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

Age 39 6/12 years.	Marks or Scars
Height 5 feet 8 inches	Plate Upper Jaw.
Complexion Dark.	Scar on Chin.
Eyes Blue.	
Hair Brown.	

B.A. Anderson.
Signature of Soldier

E.B. Stovel Mgr.
Issuing Officer

pr Lt-Col.,
Rank

Date of Discharge 31-7-18. O.C. #12 District Depot.
Appointment

Signed at Regina this 31st. day of July 19 18.

in Military District No. 12.

File Reference No. 62-A-12 D.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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 43055 (Rank) Gunner Name B. A. Anderson.

Unit No. 12 District Depot.

Address on Discharge General Delivery, Saskatoon.

Character and Conduct Good.

Former Occupation Prospector.

Special Qualifications of Value in Civil Life xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Medals and Decorations xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Remarks Entitled to wear One (1) Gold Casualty Stripe:- 6-9-17.

Signed at Regina, this 31st. day of July 1918.

E. C. Stone Major
Name of Officer

Rank fo Lt-Col.,

Appointment O.C. 12 District Depot.

Discharge Section
JUL 31 1918
NO. 12 DISTRICT DEPOT

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

2981

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
FCT 366	43053	Gnr.	Anderson	Bruce
Year	**Unit.**		**Age.**	**Service.**
1917	Can. F.A. Troops Corps &c.		40	3

Station and Date. Disease Gas Poisoning. (Gas Shell)

15.9.17. Was passed on Sept 5th 1917 at Lens - eyes mostly affected - no other results except a slight cough. No burns or marks on skin.

17.9.17. The eyes are no longer injected but they look watery & strained. There is still a little cough - no signs in chest.
Patient looks pale & feeble - is inclined to be tremulous.
She is rather short of teeth.
Appr. for C. B. Req.

21.9.17 She thinks she is now fit for duty but I consider he would be benefited by a stay at a Convalescent Home.
A Ricketts.

T 5142
8.10.17

Canadian Convalescent Hospital,
Hillingdon House, Uxbridge.

On admission to C.C.H. Uxbridge.
Present Condition
Complains of dizziness in head. and poor appetite. Looks well and is improving
A/Bde Capt
Has taken a bad turn again
cannot eat well. L. B.

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

(44502) Wt. W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239)

P.T.O

Station and Date.	
	Transf. to Regimental Employ Unfit Condition Same. Aptitude for but Transferring A/Capt
28.10.17	Admitted to Base. Suffering from Sat. Piles & Anaemia. Lieut. Gallbr & Opin. — Rest Bism. A.M. Morton Capt
29.10.17	To Exp. for further treatment A.M. Morton Capt RAMC

2981

CASE HISTORY SHEET.

No. 43055 Rank Gunner Name Anderson B.A. Age 40

Unit C.F.A. Completed years of service Where and how long } Fr 3½ Eng 2½ Can 3½

Date of admission April 14th 18 Date of discharge

Diagnosis Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE. Prev. occu. Advertising Mgr. Has had good health till 1906. In New York had Pleuro Pneumonia left. Sick 6 mos. & left N.Y. after to Regain health. Gassed at Vimy in Aug. 1917.

Complaint - Palpitation Heart - Shortness breath. Dizziness - General weakness. Appetite poor.

Lungs - Apices both br. br. to 2nd rib - Norâles Some flattening Perc. note - On right Side in axillary line dover liver - Chest region Painful to touch. Voice Sds + +. Posteriorly left Side Some râles and Voice Sounds +.

Heart - Normal in Size & Poon -

Kidney - Normal Sis -

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Negative

TREATMENT

(Especially any specific or special form)

CONDITION ON DISCHARGE,

(and disposal made of case.)

Date 19/4/18

W. B. Bruce
Medical Officer i/c case.

M. F. B. 313a.
50M.-11-17.
1772—39-439.

Number 430555 Rank Cpl

Surname ANDERSON

Christian Names Bruce A

Unit C.F.A. Theatre of War France

Dates of Service 11-2-15

Remarks

Latest Address Gen. Del.
Saskatoon Sask

Roll No. B
Page 1228

G 11890 Desp
G 30794 Desp
APR 15 1921
JUL 10 1921

2981

NAME Anderson. Bruce. A.

REGT'L No. 4305-5

H. Q. FILE No. 649.

RANK AND CORPS Gnr. Anti. Aircraft. Batteries (From Div. Amm. Col. 1st Bat C.

FOLLOWS

NO. FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
M6068.	15-9-17.	Adm. 8th. Gen. Hospt. Rouen. Sept. 8th 1917. (gassed) ✓

L. L. 20197—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-893.

2981

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A40	#8 Gen. Rouen	8-9-17	Gaspoisoning Wd (Can. art)
B41-1	City of London Mil Lauer Clifton	14-9-17	Wd. Gas. poison. Rev (" ") 11-10-17.
B62.	Can Con Hillingdon House Uxbridge	9-10-17	Shell gas
B81	Can Conv. Wdcote Pk Epsom	31-10-17	Shell Gas
B87	Ex Manor Co. of Lond. War: Epsom	2-11-17	Haemorrhoids
A23	#51 Gen: Etaples.	23-6-17	V.D.S. Set (copied from Duplicate)
A26.	Disc.	21-7-17	V.D.S.
B103	Ex. Manor Co of Lond. War: Epsom Can. Conv. & W'cote Pk Epsom	24-11-17	Haemorrhoids (Can Art)
B164.	Ex Mil No 5 Can. Gen: Liverpool	6-2-18	"
B193	Invalided to Canada	11-3-18	"

FORM R. 149.
7106—250m—7/2/17.

R 149

2981

Name ANDERSON, Bruce *Rank* Gnr. *Reg. No.* 43055

Unit Anti-Aircraft Batteries

Next of Kin CANADA.

Date 1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
23-6.	No.51.Gen.Hosp.Etaples.		V.D.S.Slt.	A.23.		
21-7	Discharged	"	do	A 26		

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

Form R. 149.
7106—250m—7/2/17.

ANDERSON

Name Bruce. A Rank Gnr Reg. No. 43055

Unit Anti Aircraft.

Next of Kin Canada.

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
8-9	E Gen Hpl Rouen	✓	Gas poss. W.S.	A.60	M6068 41	13851
14-9	City of Lon: Mil Hos Tower Clapton	✓	do	B41		2115
9-10	Can Conv Hsp Uxbridge	✓	do	B62		3410
31-10	Can Conv Hpl Wood: Pk	✓	do	B81		4765
2-11	Manor (Co of Lon:) War Hpl Epsom		Haemorrhoids	B87		5279
24-11	Can Conv Hpl Wood Pk		do	B103		6953
6-2	5 Can Gen Hpl Kirkdale		do	B114		12136
11-3	Invalided to Canada		do	B193		5670

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

2981 FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Anderson	B.A.	43055

Rank Gnr Unit anti aircraft A.I.C.Bty. Co. Troop Batty.

Hospital 51 Gen Etaples 2 3-6-17 Date of Admission

Transferred 8 Gen. Rouen Hosp. 8-9-17
City of London Clapton Hosp. 14.9.17
Hillingdon H. C. Cons. Uxbridge Hosp. 9.10.17
Can. Con. Epsom. Hosp. 31.10.17.

Diagnosis VDS.Slt.H10

(1) Later Diagnosis (if changed) Gas Poisoning Wd. L
(2) W. Gas Poisoning
(3) Haemorrhoids. R

Additional Diagnosis: if more than one state present

DISPOSITION Date

Dis. 21.7.17.

C.L. 7-7-17. A23 REMARKS
1.8.17. A26.
17-9-17 A.40 (2)
18. 9. 17. B41 Invalided to Canada 11/3/18.
12-10-17 B62 3
3.11.17. B.81. (2)
10.11.17 B84 (2)
29-11-17.-B.163 (4)
11-2-18 B164 Dis. to Canada per HS. Araguaya from Liverpool 11-3-18.
16. 3. 18 B193 (5)

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

2981

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	Manor. Co. of London War. Epsom.	2-11-17
2.	Can Conv. W. Pk. Epsom.	24-11-17.
3.	5 Can. Gen. Liverpool.	6-2-18
4.		
5.		
6.		
7.		

19 6 17

21 7 17 2 5 5

---

5 9 17 } Gas Shell

2 11 17

23 11 17

31 7 18 }

---

2 11 17 Haemorrhoids

23 11 17

5-9-17

Reg. No. 43053 Name Anderson B. A.

Rank Gnr Corps C. F. A. Age 40 Service @ 2½ C 2½ F 3½

Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS
Lock Mil Moore Jane	15-4-18	Debility
Transf to Earl Grey	8-6-18	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

*Name ....Anderson. Bruce. A. ....Rank .Gnr. ....Regtl. No.43955....

Original unit.....C.F.A... Present unit .C.F.A.....M or S. Age.40.. Religion.Presby. Fyle Depot ..... Ref. H.Q. .....

Port, ship, and date of arrival.....Halifax. 26-3-18. H.S.H. 2. France 32

Next of kin .....Mrs. A.L. Anderson. Saskatoon. Sask.

Address on leave .....312-27th St. Saskatoon. Sask.

Address on discharge.....

Transportation issued Yes X No Date..... Character on discharge .....Good

Previous occupation ...Prospector. ....Date and place of enlistment .....Valcartier. 24-9-14.

Diagnosis .....Gas poisoning. ....Date of Medical Boards .....

Date.	Remarks	Pt. 2 Order No.
19-4-18.	Posted to Hosp. Section from "H" Unit. Moose Jaw.	DDO 2/6
8-6-18.	Transferred to Earl Grey Sanatorium.	HSO.54/183.
31-7-18.	Posted to DISCHARGE SECTION.	111/506
31. 7. 18	Discharged M. H. Sickness	111-504

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192.
60M.—3-18 (D.P. 353).
1772-39-1243.

Mil. Bk. 85a
200—12-17
1772—61—73

MEDICAL CERTIFICATE BOOK.

MEDICAL TRANSFER CERTIFICATE.

(To accompany a Man Transferred from one Hospital to another.)

Extract from Admission and Discharge Book of Ross Park *Hospital at* Moose Jaw *Date* 7/6/18

No. of Case	Regiment or Corps	Troop or Company	Regt. No.	RANK AND NAME Surname first. If Married, write "M" under name	Completed Years of Age last birthday	Canada	Overseas	DATES Admitted into Hospital	DATES Transferred	Religion	DISEASE (a) Primary (b) Secondary (c) Operations	NAME HOSPITAL TRANSFERRED TO
34	4th Batt. Field Art.		430 55	Gnr Dr. Anderson	40	3/12.	3 5/12.	15/4/18.	8/6/18	Pres.	Pul T. B.	

State here briefly reasons for Transfer, and note any particulars of Case for information of Medical Officer.

W. L. Brace Capt
Medical Officer in Charge.

Military Convalescent Hospital,
Woodcote Park, Epsom, Surrey.

Ref. E.R. 13/179

Date Dec 3 1917

From:- The Commandant,
Convalescent Hospital, Epsom.

43055

To:- The Officer i/c Records, Green Arbour House,
Old Bailey, London, E.C.4.

Anderson B 1158
6.F.A.

Reference G.O.C. Routine Orders of 14-4-17, para. 1158, please forward immediately:-
(1) Duplicate Medical History Sheet
.....
(2) Copies of Previous Medical Boards (if on file)
(3) A.F.W. 3428 (in lieu of A.F.B. 117) (if on file)
(Ref. A.C.I. 1500 of 1917.)
for the marginally noted soldier, whom it is proposed to bring before a Medical Board for Discharge (Category "E") at this Hospital.

Captain, C.A.M.C.
Registrar.
For Commandant.

THC/DHJ

5 CAN GEN M H
LIVERPOOL

Military Convalescent Hospital, Epsom.

C. A. D. C. 29 NOV. 1917 EPSOM

DENTAL CERTIFICATE

Date of Exam'n. ..... 1917.

Number 43055 Rank & Name Anderson Gr. Bty Unit C.F.A.

PRESENT DENTAL CONDITION.

2 upper putrescent roots
several upper teeth
missing

HAS HE EVER RECEIVED DENTAL TREATMENT.

No

IN CASE OF LOSS OR DECAY OF TEETH, IS IT DUE TO WOUNDS, INJURY, OR DISEASE DIRECTLY ATTRIBUTABLE TO ACTIVE SERVICE.

Yes

RECOMMENDATION.

Extractions & Partial upper Denture at Public Expense.

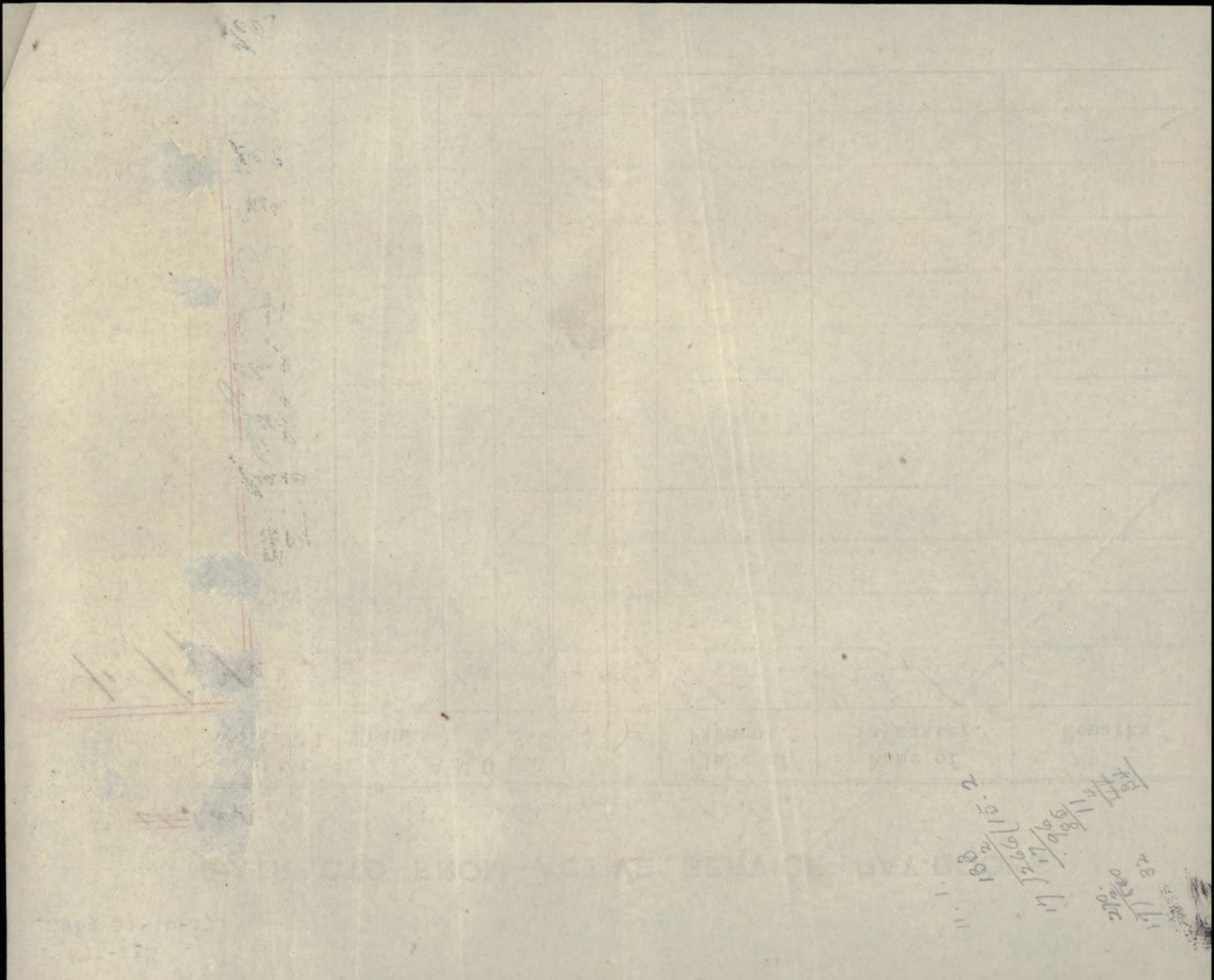
A. R. Lewis
Captain, C.A.D.C.

P.697-25M.
3989-31-10-17.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

43055 Gnr Anderson B.A.

Date of Payment.	No. of Acq. Roll	AMOUNT Francs	£	S.	$	¢	Place of Payment.	Name of Paymaster.	Remarks.
20/12/17	7023		10		48	67	Epsom	J.N.C. Stunder	



188
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96
85
11

2981

Army Form B. 103. Regimental Number H3055

Casualty Form—Active Service.

Regiment or Corps 1st H Batty C F A

Rank GUNNER Surname Anderson Christian Name Bruce A

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) 25 9 14 Terms of Service (a) T of W Service reckons from (a) 25 9 14

Date of promotion to present rank 5 Jan 15 Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (b) .....

or Corps Trade and Rate .....

Occupation ..... Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
23-9-14	CARD	Taken on Strength	Witley	12-9-14	Pt II 194
			Alfred W Lewis Lieut.		
			For Lt Col Relecomes Comd.		
					CEI AII B1

(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) Signaller, Shoeing-Smith, &c.

(6228) W. 13863/M1477 2,400,000 1/17 McA & W Ltd Forms B./103/4 (E. 856)

[P.T.O.

2981

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
19-4-18	#12 D.O	T.O.S. #12 District Depot	-19-4-18	Pt II	DDO 2/6
		from H Unit M.H.C.C.			
			[signature] Capt		
			D.C. Hospital Section, No. 12 District Depot		
31.7.18	Hospl Sec	Discharged M.H. Sickness	Regina	31.7.18	DDO 111-504
		[signature] Lieut. & A/Adjt.			
		No. 12 District Depot			

REF. FILE - A.G. 152/2nd/1 R.L. 2-1-93 R2.15516 2981

(8915)—Wt. W4862—540.—600,000.—9-14.—G. A. T. & S., Ltd. Forms B. 103/1.

Army Form B. 103.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.
* CANADIAN FIELD ARTILLERY *

Casualty Form—Active Service.

Regiment or Corps 1st "A" Bty. 6th A

Regimental No. 430055 Rank ~~Corporal~~ Gunner Name Anderson Bruce A

Enlisted (a) 24/9/14 Terms of Service (a) _____ Service reckons from (a) 25/9/14

Date of promotion to present rank 5 Jan 15 Date of appointment to lance rank _____ Numerical position on roll of N.C.Os. 24

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.
25-6-15	O.C. "H" Bty	Entering and drinking in an Estaminet with a Gunner. Reprimanded.	In the field	25-6-15	2069.
22-8-15	1st Can. Div.	Transferred to (A.R. 805, 22-8-15)	4th Bty. C.F.A.	22-8-15	H 4-1-35
29-8-15	O.C. "H" Bty	Reverts to ranks at own request.	In the fld.	22-8-15	B. 213
10-2-16	O.C. Unit	Sentenced to 28 days F.P., No.1, for "Drunk, when warned for duty."	In the fld.	7-2-16	B.2069 P.II.O. No.9
14-1-17	-do-	Transferred to Can. Anti-Aircraft Batteries.	Field	14-1-17.	B.213 KT.111-3165 & KD. P.II.O. -21- 5-2-17. 6580.
21-1-17	" "	Taken on Strength A.A. Battery	"	15-1-17	B213 PC2 order No 2 of 5-2-17
11-2-17	O.C. Unit	Granted leave of Absence	to England	5-2-17	B213 P.O.O. No 5 of 16-2-17
11-3-17	"	Rejoined Unit from leave	"	27-2-17	B 213 Ct II O. No 13 of 19-3-17

(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				
24-6-17	51 Gen H.	V.D.S.	51 Gen. Hosp	23-6-17	W3034
23-6-17.	OC Unit	adm to Hospital	Field	19-6-17	B213. D.C.S No 21 dy 3-7-17
23-6-17	H.C. F.A.	Secondary Syphilis	A H.C.F.A. 19-6-17 T 6.C.C.S 19-6-17		} A36 } D.C.S. No 24
23-6-17	6.C.C.S.	Syphilis	A 6.C.C.S 19-6-17 T 22 amb train 22-6-17		} A36 } dy 16-7-17
21-7-17.	51 Gen H.	Forfeits Field Allowance and is placed under stoppage of pay at the rate of 50 cents per diem whilst in hospital from 23-6-17 to 21-7-17 (28 days)		21-7-17	01643. R&R No 4663 dy 26-7-17 Po II O. No 49 dated 31-7-17.
22-7-17	C.G.B.D	Taken on strength of	C.G.B.D	21-7-17.	N.R
1.9.17	OC	Reported from Hospital	Field	29-8-17	B213.
7-9-17.	8 C&Ta.	Gas Shell Wd. 6/9/17.	To 4 R.C.C.S	6-9-17	A 36/5605
8-9-17	OC	To Hosp.	Not Stated	6/9/17	B213 OC828
8-9-17.	8 Gen.	Gas Poisoning W.	Adm.	8-9-17.	W3034/5817
—	47665	Do	75 C.S.	7-9-17	A36/6149
12-9-17.	8 Gen Hosp	Invalided (Wounded) & Posted to Can Arty Regt Depot. Per. S.S. "Aberdonian"		12-9-17.	W.3085 (3892). P.II Ind 63 S/19-9-17.

W Johnston Capt.
for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon. B. E. F.

Envelope # 10068.

2981

Rank and Name	ANDERSON, Bruce A.	Name and Address of Next-of-kin	Mrs. A. L. Anderson, Stirling, Ontario
Regimental No.	43055		
Unit	1st. Heavy Battery		
Date of enlistment	Sept 24th 1914		
Place of birth	Ontario		
Married (Yes or No)	No	Date and place of discharge	
If in Permanent Force		Reason for discharge	
		Character on discharge	
Promotions or appointments			

N/E. R.B. No. HS 22
File R.L.
Category M.U. Bar

O/S. Bar

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
5-1-15	O/C #1 H.B.	To be Bombr	Patterne	5-1-15	Part II O# 196.
3-3-15	do.	" " Cpl.	France	1-3-15	" II O# d 3-3-15.
17.7.15	do	Reprimanded	Echelon	25.6.15	" " O# 21
4-9-15.	do.	Trans to 4th Batty	France	22-8-15	" " O# 28
4-9-15.	O/C 1st Arty Bde	Taken on strength	"	22-8-15	" " O# 27.
11-9-15	"	Reverts to ranks own request	"	22-8-15	" " O# 28
21-2-16	"	Sentenced to 28 days F.P. No 1.	"	7-2-16	" " O# 9.
5-2-17	"	Transfd to Can Auth Aircraft Bthys		14/1/17	" " 21
5-2-17	C.A.A.B.	T.O.S. from 1st Bde C.F.A.	Field	15-1-17	Part II D.O. 2
7-7-17	"	To 51 Genl Hospl	Etaples	23.6.17	CLA 23 V.D.S. Slt
1.8.17	"	Discharged from " "	"	21.7.17	" " 26 " "
15-8-17	"	Adm No 8 - Genl Hosp -	Rouen	8-9-17	" A-40 - Gas Poisoning W

2981

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	
17-9-17	A A	Adm City Lon. M-H spp.	Lr Clapton	14-9-17	CL B-41-WD. Cas Poison Sev	
19.9.17	A A Bty	"W" Posted Reg Dep	" Field	12.9.17	P II 63 + Reg Dep P II 197 22/9/17	
11.10.17	"	Tfd CCH Hillingdon Hse	Uxbridge	9.10.17	CL B 62 Gas	
2.11.17	"	Tfd CCH Woodcote Pk	" Epsom	31.10.17	CL B 81	
9.11.17	"	Tfd Manor Co of Lon War Hp	"	2.11.17	" 87 Haemorrhoids	
28.11.17	C	Tfd CCH Woodcote Pk	"	24.11.17	CL B 103	
16-3-18	A. A. Bty	Invalided to Canada Sm ex No 5 C. Gen Hp Liverpool	Liverpool	11-3-18	CL B 193 Haemorrhoids 1 C.O.R.D P II 081 22-3-18	C
	Dd Depot	To Sanatorium	MD #12 Regina	26/3/18	N R 444	

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

5642/113

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 Bruce Alexander 2. Surname Anderson
3. Rank Gunner 4. Original Unit 19th Alberta Dragoons. 5. Reg. No. 43055
6. Address, in full, to which future payments of gratuity are to be forwarded B.A. Anderson #312 - 27th St. West Saskatoon
7. Date of enlistment in the C.E.F. 24th September 1914
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Mrs. A.L. Anderson
9. Relationship of such dependent Mother
10. Address, in full, of such dependent 312 - 27th St. Saskatoon
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:—
1st. Montreal Heavy Battery. Oct. 1914 to Sept. 1915.
4th. C. F. A. Sept. 1915 to Jan. 1917
1st. Can. Anti. Air Craft Artillery "E" Bty. Jan. 1917 to April. 1918.
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 19th Alberta Dragoons 24th Sept. 1914 to Oct. 1914. 1st Heavy Battery Oct. 1914 to Sept. 1915. 4th C.F.A. Sept. 1915 to March 1918. Hospital in Canada March 1918 to July 31st 1918.
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
Received three months Post-Discharge Pay
Separation Allce 3 months @ $25.00 $75.00
Post Discharge Pay 3 " @ 33.00 $99.00
$174.00 No

20. Have you been issued with a War Service Badge? If so, what class? No

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

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled 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 31st July 1918 (b) Reason for discharge Medically 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 Yes
4th. Battery C.F.A. Sept: 1915 to Jan. 1917

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: Bruce A. Anderson

Place of Residence: 312 - 27th St. West. Saskatoon

Declared before me at: Saskatoon

This Fifteenth day of January 1919.

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

Graduate of Commissioner for oaths in + for the Province of Saskatchewan by commission expires 31st December 1920.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
11-9-18	$33.00	$25.00		
11-10-18	33.00	25.00		
10-11-18	34.10	25.00		

Certified Correct.

District Paymaster.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[29] W 1627/564 400m 7/14sv 29 86

Forms
I. 1202
30

Army Form I. 1202.

DIET AND EXTRA SHEET FOR PATIENTS IN HOSPITAL, AND EXTRA SHEET FOR DINING HALLS, AND KITCHEN SUNDRIES.

Hospital, at _____ Period from _____ to _____

Regtl. No.	RANK AND NAME (Surname first)	Corps	Squadron, Troop, Company, or Battery	Age	Service	DISEASE
11034	Anderson Bruce Mc-	R.F.C.	~~R.F.C.~~ No 11 Sqdn.	32	10 mos	Gastritis

Ward Number	Number in Admission and Discharge Book	Admitted into hospital	Discharged from hospital	Religious denomination
2c	506	June 15 19 1-	17/6/19	C of E.

If allowed up during certain hours, if fit for light hospital duty, or able to take meals in the Dining hall, state so	Date	Name of diet first time in full, afterwards abbreviated. For dining hall, state number of patients	EXTRAS OR KITCHEN SUNDRIES (Quantities in Words)					Initials of Medical Officer (first time name in full). All spaces in which no entries have been made must be severally obliterated by the Medical Officer thus ——— before he signs his name or initials.
			Eggs	Lemons	Oranges	Sugar	Milk	
Bed	16	~~Dining~~ Milk	Two	one	two	two½	Half Pt.	A.J.L.
"	17	M.	two	one	one	one	Half	A.J.L.
TOTAL IN FIGURES								

I certify that the above Diets,† Drinks,† Extras,† and Sundries† were ordered by me for* Anderson Bruce and that they were necessary.

A.J. Lovibond *Officer in Charge**

NOTE.—Extras may be ordered without at the same time ordering a Diet. After Diets or Extras have been entered on the Diet Sheet, no further entry need be made until a change is considered necessary. The entries will always be written in full opposite the date when any change is made; also on the day of discharge, or when a patient is transferred from the care of one M.O. to another.

*Insert here "Patient," "Dining hall," or Kitchen."
†Delete as required to render the certificate complete.

Forms
I. 7.
12

Army Form I. 1237.

Synapse

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	43055	Gnr.	Anderson B.	
Year 1917.	Unit. CFA		Age. 40	Service. 3 yrs.

Station and Date.	Disease Gas Poisoning (Shell)
City of London Mil. Hosp. 15-9-17	Gassed on 5-9-17 at Lens, eyes mostly affected, no burns or marks on skin.
17-9	Eyes are no longer infected but they look watery and strained, there is still a little cough, no signs in chest, patient looks pale and feeble, is inclined to be tremulous.
CCH Uxbridge 8-10-17	P.C. Complains of dizziness in head, poor appetite, looks well and is improving, has taken a bad turn again and cannot eat well.
29-10-17	To Epsom
Manor War Epsom 2-11	Has had irritation near anus for about a month, a good deal of constipation. Has had attacks of ??? at intervals, alternately.
6-11	Gen. anaes. Op. for haemorrhoids.
23-11	To Woodcote
Ross Canadian General Hospital Kirkdale 18/2/18	Present Condition Eyes still aches if used for any length of time, reading etc. no inflammation — Has still got a cough, with a good deal of expectoration — Complains of dizziness after exertion, Broken Sleep and poor appetite — Has no discomfort following operation for haemorrhoids — Rectum and Knee Negative — P. Lowe Capt.

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

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239)

P.T.O.

Station and Date.	

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. ..... Rank ..... Name .....

Corps ..... who was* .....

On ..... 191....., to .....

*Insert "discharged" or "transferred."

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

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques No.			Regt'l Pay ..... days at $ ..... c.		
Advances by Cheques No.			Field Allow. ..... days at $ ..... c.		
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances*		
Payment on transfer or discharge No. 133/85			Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total			Total		

*Give particulars.

A monthly stoppage of $ ..... (†) has ..... (‡) been paid on account of Assigned Pay for the month of ..... 191... and Sep'n Allce. for month of ..... 191... (to) Assignee .....

(Address) .....

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of $ ..... has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment .....

(2) if married and if a Separation Allowance Card has been submitted .....

(3) cause of discharge ..... authority .....

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date ..... Geo. Ramsey Captain

Place ..... No. 12 District Depot. *Paymaster.*

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

300M.—2-18.
H. Q. 1772-39-903.

Forms
I. 1237
12

B-32

Army Form I. 1237.

2981

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
TF 13242X	H30555	Gnr.	Anderson	R.O.
Year	Unit.		Age.	Service.
	Canadian Artillery		40	3y 8m 2wks

Station and Date.

Disease Pleurodynia

Shorncliffe Hosp. 1st/2/17

Has had irritation near anus for about a month. a good deal of constipation for last three months.

Has had attacks of diarrhoea at intervals, alternating with the constipation. about eight days ago noticed small pimple lump just outside bowel. a few days later lump inflamed & ruptured pile just outside anus. tender to touch.

2nd 6th Several anaesthetic. Thrombosed piles removed. Internal piles left untouched & excised

2nd 21st. Fit for hospital duty

J.P. Rawson

Kos Hosp. 18/2/18

Eyes, ears, throat if used for any length of time reading etc, no inflammation. Has often got a cough with a good deal good deal of expectoration

Complains of dizziness after exertion, Broken sleep and poor appetite. Has no discomfort following operation for haemorrhoids -

Lungs and Heart. Negative.

W. Rowe Capt

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

(44502) Wt. W 11203—M 1150. 1,450,000. 6/12 ... Forms/I. 1237/12. (E239) P.T.O.

Station and Date.

29247 THE MORTIMER SYSTEMS
OTTAWA, CANADA

NAME ANDERSON, Bruce A. Corporal

Regimental No. 6H3.055

Unit 1st Heavy Battery.

Date of enlistment 24 Sept. 1914.

Place of birth. Sirling, Co. of Hastings, Ont.

Married (yes or no) No.

Amount of pay assigned monthly $ ~~20 00~~ $15.00 auth. Ass. Pay. Office 2.1.16

To whom payable Next of Kin

Name and address of next-of-kin
Mrs. A. L. Anderson,
Stirling,
Ontario.

Date and place discharged
11 SEP 1918

Reason for discharge

Character on discharge

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
23 9/14	31 10/14	39	1.00	39.00	39	.10	3.90		42.90			40.00			40.00		Trans. from Div. Cas.
1 11/14	30 11/14	30	1.00	30.-	30	.10	3.00	2.90	35.90			35.-			35.-		a/c Boards. from 13 11/14
1 12/14	31 12/14	31	1.00	31.-	31	.10	3.10	.90	35.-			35.25			35.25		
1 1/15	4 1/15	4	1.00	4.=													Issues Bill 5/1/15
5 1/15	31 1/15	27	1.05	28.35	31	.10	3.10		35.45			30.=		.25	30.05		~~Other Charges~~.
1 2/15	28 2/15	28	1.05	29.40	28	.10	2.80	5.20	37.40			4.-			4.00	33.40	
1 3/15	31 3/15	31	1.10	34.10	31	.10	3.10		37.20			8.-			8.00	62.60	
1 4/15	30 4/15	30	1.10	33.-	30	.10	3.-		36.-			12.-	20.-		32.-	66.60	
1 5/15	31 5/15	31	1.10	34.10	31	.10	3.10		37.20			4.-	20.-		24.-	79.80	
June	1-30	30	"	33.-	30	"	3.-		36			14.-	20.-		34.-	81.80	
July	1-31	31	"	34.10	31	"	3.10		37.20			12.-	20.-		32.-	87.-	
						Exchange		5.18				19.425				92.18	
Aug	1-31	"	"	34.10	"	"	3.10		37.20			5.47	20.-		25.47	103.91	
Sept	1-30	30	"	33.-	30	"	3.-		139.91			5.42	20		25.42	114.49	
Oct	1-31	31	1.10	34.10	31	.10	3.10		37.20				20		20.-	131.69	Carried forward to Large Ledger sheet
Nov.	1-30	30	1.10	33.-	30	10	3.-		36.-			5.22.20			25.22	142.47	
Dec 1916	1.31	31	1.10	34.10	31	10	3.10		37.20			22.15.20			42.15	137.52	diff. 20 c/f
Jan	1.31	31	1.-	31.-	31	10	3.10	.45	34.10			14.14.15		13.20	169.34	47.28	Ass. Pay Office 3/1/16 C.P.M.F.A.P. 3.1.16 10 C.P.D. overpaid 22/2/15 3/12 Reverts P.C. 22.2.15 Struck R.S. #2 5.1.16. Imprest Res Bge. Pd-11 0/A 29.2.2.15.
1/2/16	29/2/16	29	1	29.-	29	10	2.90		31.90			8.72.N			23.72	46	
				558.35			52.50	5.18	661.03			382.37.10		13.20	605.57		

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
			558	35		52	50	50 18	661 03			382 37 210 -		13 20 605 57		
Mch			31			3	10		34 10				15 -		15 -	74.56.
			589	35		55	60	50 18	695 13			382 37 225		13 20 620 57		

5642-113

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Anderson, Bruce A.
Surname Christian Name

Regimental Number 43055 Rank Pte. Address (in full) 312-27th St., W.

Unit 4th Bty. C. F. A. Saskatoon, Sask.

Original Unit

District where paid M.D.12.
M

Date of Discharge

P. D. P. Filing Number 3-180-12. & 40180-12.

Rates:—Regimental pay $ per diem: Field Allowance $ per diem. Separation Allowance $ per month.

L. L. 46038—M. & D. 9245.

	Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
		Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
	100 10	2199	11-9-18	33 00	2091	11-10-18	33 00	1444	11-11-18	34 10		100 10
	75 00	2200	11-9-18	25 00	2092	11-10-18	25 00	1445	11-11-18	25 00		75 00
	~~1st~~	~~G5157~~	~~15 2/19~~	~~70 00~~								
	~~1st~~	~~G5158~~	~~15 2/19~~	~~30 00~~								
	~~168 2nd~~	~~G21342~~	~~3 3/19~~	~~70 00~~								
	~~10201 2nd~~	~~G28296~~	~~6/3/19~~	~~30 00~~								

M. F. W. 127. 25M.—8-18. 1772-80-1140.

Remarks: S.A. remitted direct to Mrs. A.L. Anderson, Stirling, Ont.

Dec'n No. 56437/113 W. S. G. File No. 0371-B-9

Award 183 days at $ .70 per day $

S. A. 183 months at $ 30 per mo. $ 600.

Less P, D. P. Credited $ 175.

$ 424.90

Less further debit balance $ .....

Net due paid as below $ 424.90

TO SOLDIER TO DEPENDENT

	Ag. No.	Ch. No	Amount		Ag. No	Ch No	Amount	
0								
1	HH1	5157	70	00	HH1	5158	30	00
2	168A	213472	70	00	1070A	78496	30	00
3	696B	419568.	70	00	696B.	696B 419569.	15	00
4	H10C	450260	70	00				
5		485703	39	40				
6	24109	477033	30	00				
	Total		349	40	Total		75	00

15-2-19
3-3-19
5-5-19
28-6-19 A.C.O.
6-3-19

GEN'L AUDITOR
Posting checked by
Date 26/6/19

Mrs A L Anderson
312 27th St W
Saskatoon Sask

29456—THE MORTIMER SYSTEMS
OTTAWA, CANADA

M. F. W. 12.
5m. 11-14.
H. Q. 1772-39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

19

M.

To Whom Mrs. A. L. Anderson

Address Stirling
Ont.

Rate $15.00 April 1/15

By Whom Assigned Anderson. Bruce. A.

Regtl. No. C 43055

Rank Pte.

Corps 1st. Heavy Battery. Ammn. Col.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apr.		D7233	15	Consolidated account
May		B8536	15	
June		A9897	15	
July		J 5795	15	
Aug.		J 6019	15	
Sept.		H 13018	15	
Oct.		J 147219	15	
Nov.		E 13614	15	
Dec.		A 16311	15	
Jan.	1916	C 16626	15	
Feb.		B 17375	15	
March		B 18235	15	180,

Dr. A. Ibbotson
15 Eglinton Road
Plymouth

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2. Mrs. A. L. Anderson

Name of Soldier Anderson. Bruce A.
42055
Pte

L. L. Job 89602.—Req. 6213.

Month.	Year.	Cheque No.	Amt.		Remarks.
			180	$15.00	#1 Hvy. Batty. Amm. Col.
April	1916	a112	15		
May		B 13 H2	15		
June		08569	15		
July		68366	15.		
Aug. ✓		A-11788	15		
Sept.		C15-103	15		
Oct.		E 19405	15		
Nov.		E 24382	15		
Dec.		A 34834	15		
Jan.	1917	H 25740	15		
Feb.		H 41684	15	15	
March		H 47900	15	15-L	
April		I 268	15	15-L	
May		I 6322	15		
June		I 12891	15	15.	
July		I 19827	15		
Aug.		I 20970	15		
Sept.		J 34335	15	450	
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

Per new order
26971-72

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

~~Date of Enlistment~~ Effective Date (OK by SB) 1-7-17

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment April 1/15

RATE OF SEPARATION ALLOWANCE

~~20~~	25.00 xx	1-12-17 P.C. 3257	

RATE OF ASSIGNMENT

15			

1L/a 20 8218

PARTICULARS OF SEPARATION ALLOWANCE

No. 43055

Rank Pte Promoted Reverted Discharge

Soldier's Name Bruce A. Anderson,

Battalion 1st Heavy Bn Ammun Col,

Beneficiary Mrs Agnes Anderson

Relationship Widowed Mother

Address Stirling Ont

PARTICULARS OF ASSIGNMENT

Name Mrs A L Anderson.

Address Stirling Ontario

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	
Sept 30/17			430	$ 430,	
Oct	C 51095		15	15	
Nov	D 52255		15	15	Bro
Dec.	C 60598		15	15	Br.
Jan /18	C 65621		15	15	M
Feb	B 92179		15	15	
Feb	V 76355	175		175	
18/3/18 March	G 99407	25	15	40	
		200	540	740	

File REMARKS O 371-B-9

MRO. No. Cancelled 3/4/18

SA. AP. A/c Closed 31/3/18

Ret'd per Aragnaya

Date 30/3/18 F.X. 3/4/18

SA No. Clerk J M Charlebois

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

CONSOLIDATED ACCOUNT

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
400M.—6-17—1772-39-141
L. L. 22320—M. & D. 7193.

29888. a. 169

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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 (in the event of such having been prepared.)

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.

Military District No. 12
AUG 31 1918
Regina, Sask.

Proceedings on Discharge.

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

No. 430555

Rank Gunner

Name Bruce A. Anderson
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by competent authority.

Corps (Squadron, Battery or Company) 1st Battery C.F.A.

Date of Discharge 31st July 1918

Place of Discharge Regina

Deceased 14.8.59

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 39 years 6 months.
Height 5 feet 8 inches.
Complexion Dark
Eyes Blue
Hair Brown
Trade Prospector
Intended place of residence (To be given as fully as practicable.) Gen Dely Saskatoon

Descriptive Marks

Plate upper Jaw
Scar on Chin

2. The above-named man is discharged in consequence of being Physically unfit - Granted - for the treatment with the I. S. C. D.D.O. III-504

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.

Good Std

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

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

—

K Clon 16. 3 21 2 B

M. F. B. 218.
100m.—6-16.
H. Q. 1772-39-113.

(OVER)

Rel

DB

W. S. G. Comp
29-1-19 En

1644

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

One

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

6. Medals and Decorations ..... 31 Months in France

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) Regina

(Date) 31. 7. 18

Eldstone Major for Lt-Col

Commanding No. 12 District Depot

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.

(Place) Regina B.H. Anderson ..... *(Signature of Soldier.)*

(Date) 31. 7. 18 ..... *(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)..3..years 310 days.

Total..3...years 310 days.

11. **Confirmation of Discharge.**

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

(Place) Regina

(Date) 31. 7. 18

(Signature) Eldstone Major for Lt-Col

O.C. No. 12 District Depot

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.

B.H. Anderson

(OVER)

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136).
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any) (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120).
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178).
13. Medical report on invalid (if any). (Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

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

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch, and custody of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids. and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery.

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(b) Character Certificate (Army Form B. 2067) if entitled.
(c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

This space to be left blank for the Chelsea Number.

139

☆ H S H2 ☆
March 26 1918

Army Form B. 268.

12

3

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 430555. Army Rank Gnr.

Name Anderson. Bruce. A.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps Artillery. C. D. A. Res.

Battalion, Battery, Company, Depôt, &c. C. D. A.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge

Place of discharge Canada.

1. *Description at the time of discharge.*

Age 39 years 6 months
Height 5 feet 8 inches
Chest measurement { girth when fully expanded 38½ ins. / range of expansion 3 ins.
Complexion Fair.
Eyes Grey.
Hair Brown.
Trade Prospector.
Intended place of residence (To be given as fully as practicable) 12

Descriptive marks.
Oval scar on left side of chin.

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of Being no longer fit for Military service. K. R. & O. 392. X.V.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

D. D. & L., London, E.C.
A4502 Wt. W17176 M291 500,000 2/16 Sch. 33 Forms B. 268 40

[OVER.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... ... ... Class_____

6. Campaigns, Medals and Decorations

_____

_____

_____

_____

_____

Certificate of education ....._____

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place)_____ _____

(Date)_____ *Commanding*_____ *Battn.*_____ *Regiment.*

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

*(Place)*_____ _____*(Signature of Soldier.)*

*(Date)*_____ _____*(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 at 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 towards engagement to _____(the date to which the record of service is completed)_____years_____days.

Further service „ „ _____(the date of confirmation of discharge) ... ..._____ „ _____ „

Total ..._____ „ _____ „

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for (date)

(Place)_____

*Signature*_____

(Date)_____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

_____

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Stirling, Co. of Hastings, Ontario.

NAME AND ADDRESS OF NEXT OF KIN: Mrs. A.L. Anderson
Stirling, Ontario, Canada

RELATIONSHIP OF NEXT OF KIN:

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ — EFFECTIVE (DATE)

PAYABLE TO:

RELATIONSHIP OF DEPENDANT:

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. 413055 RANK Gr. NAME Anderson Bruce A.

IF IN PERMT. CORPS } WHAT UNIT — UNIT 1st Heavy Bty

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION

DATE OF ATTESTATION 24th September 1914

ASSIGNED PAY MONTHLY $ 15 — DATE EFFECTIVE 4.11.16.

PAYABLE TO Next of Kin

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE

PAYABLE TO

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Struck Off

DISCHARGE DATE AND PLACE 10/1/18. Canada

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

TRANSFERRED TO [illegible] — DATE — AUTHORITY DO 21

TRANSFERRED TO Asst. Transfr. Depôt — DATE 6/2/17 — AUTHORITY 5/2/17

TRANSFERRED TO C.R.A. — DATE 1.11.17 — AUTHORITY M. 16

TRANSFERRED TO W.O. Pay II — DATE 14/2/18 — AUTHORITY Mar. P.T. 4/9

RELATIONSHIP — 11 SEP 1918

RELATIONSHIP

REASON Discharged to Canada

EFFECTIVE 1/2/18

REASON AND AUTHORITY C.R. 12a/59 4/1/18 Invalided

C2.

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT C.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT C.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT C.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS
			58	95			53	60						50 18	695 13
Apl.	30	1.00	30		10		3								33
May	31		31		31		3	10							34 10
June	30		30		30		3								33
July	31		31				3	10							34 10
Aug.	31		31				3	10							34 10
Sept.	30		30				3								33
Oct	31		31		31		3	10							34 10
Nov.	30		30				3								33
Dec	31		31				3	10							34 10
Jan	31		30	10											30 10
Feb.	5		5	50											5 50
Feb.	6/28		25	30											25 30
			1012	35									50	18 1062	53

ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
853							
873		902					
462	22/6	1000	5-7				
1021	13/7	1096	17/8				
1122	22.8						
1200	3-10						
		1273	14/11				
1300	7/12	1337	17/12				
1390	31/12	1427	15/1				

10 H 955 1811/6/10

C.P.M 22/2/17 21/2/17 20/3/17

CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS
			38 37	180 225	13 20	620 57
				15		15
5 11	2 55			15		25 21
				15		15
5 11	2 62			15		22 73
2 62	2 62			15		20 24
2 62				15		17 62
5 23	5 23			15		25 46
	5 23			15 @ 300		20 23
2 62	6 98			15	30 80	55 40
	3 49					
8 73	2 62		97 33	15		29 83
			48 67	15		16 1
			2 43			8 98
			2 43			
			4 87			
2 62						12 35
37 20	26 11	5 23	538 10	390 -	44 00	1040 64

BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	74 56			
	92 56			
	101 45			
	119 45			
	130 82			
	149 68		2 - 142 68	
	160 06			
	168 70			
	181 47		2 179 47	O.H.G. 26/6/16. 28 dys #1 F.F.
	160 17		3 157 17	D.G. 2/1/16.
				4 Asst. Transfr. 6/4/17. D.O. 21
	8 98			
	21 89		Nil. 21 89	

Small Ledger Sheet.

No 43055 Gunn Anderson Bruce A.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS
			1012	35										50 18	1062 53
Mch.	31	1/10	34	10											34 10
Apr	30		33												33
May	31		34	10											34 10
June	30		33												33
July	31		34	10											34 10
Aug	31		34	10											34 10
Sep	30		33												33
			1247	75										50 18	1297 93

ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
		13	28/2	47	27/3		
				29	17/3		
		18					
		L.					
			32 16/5/17				

16608 03.B 19/1

62 17/8/17
48 31/8
1209 E.B.D. 31/7
23 " 13/4

CASH PAYMENTS 1	2	3	4
37 20	26 11	5 23	538 10
2 62	2 62	8 72	
	2 62		
2 61			
2 61			
2 68			
2 67			
2 68			
		531	
		730	487

	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	390 00	44 00	1040 64	21 89		Nil	21 89	
	15 00		31 58	24 41		3 50		
				37 41				
	15 00		20 22	71 29		4 00		
	15		17 68	86 61				D. Hosp Stop 23/11/17. 21/2/17. 28 days @ 49. 31/7/17.
	16	16 80	31 80	88 91				
	15		20 35	102 66				
			32 53	103 13				
	480	60 80	1194 80					

1917 PARTICULARS	DR.1	DR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE
Oct. Balance	103 13							
G. Pay	34 10		Cash					
			1961 E.B.D.	25.8.17		44 60		
			1669 G.S.B.D.	18.8.17		26 80		
			1534 "	11/8/17		44 70		
			D.N.AR 334. Ka 6m. Kg.	15/8/17		24 33		
			D.N.AR 324. 6R.R.	25/8/17		48 70		
			6R. 94158.	2.10.17		48 70		
	34 10					45 68		
Nov. G.P.	33		A.R.					
Dec. Gun Pay	34 10		Canteen Pay.					
			AR 4631. E.R.A.	16/10/17		24 30		
			" 4530 "	12.10.17		24 30		
			" 5442 Epsom	21.11.17.		48 70		
			DNAR 4016 "	31-10-17.		97 30		
			DNAR 5799 E.R.A.	26-11-17		97 30		
						291 90		
	67 10							
1-12/11/18 G.P.	11		Can. P.					
	11							

1918 PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE
Feb					80 46
Forward					31 79
Dnar 7023 Epsom 20-12-17	48 67				
	48 67				
4810 1½ " Jan's	24 3				
E.N.S.R.R.					
5709 1/3 " Jan's	24 3				26 93
	48 6				
	26 93				
Cleared N.Z. & Close a/c.					
Sailed 11-3-18	26 93				

Debit Bank 26 93

A.3 M. FORM REN'D ..... EFFEC. 1/2/18
DISCHARGED TO Canada DATE 1/2/18
PAYBOOK VERIFIED Yes 1/2/18
BAL. ..... P.C. REN'D 1/2/18
AUTHY. 12 759 1/2/18

Cheques included
Checked

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

Yes. from TSC

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

W Carnold MD ..... *President.*

PLACE Regina

DATE 30.8.18

Members.

APPROVED BY W Carnold MD ..... *Assistant Director of Medical Services.*

DATE 30.8.18 W.A.D.

APPROVED BY ..... *Director-General of Medical Services.*

DATE .....

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 soldier 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.

MEDICAL HISTORY OF AN INVALID

2981

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 soldier 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 soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 Regina, Sask., DATE August 28/18.

1. 1 (a) Unit ~~#12 D.D.~~ H Unit T.S.C. (b) Regimental No. 42055 (c) Rank Pte.

(d) Surname Anderson, (e) Christian name B.A.

2. Age last birthday 40 Date of birth 1878

3. Enlisted at ..... on August 24/14.

4. Personal description:—

(a) Height 5-6 (b) Weight 140 (stripped) (c) Complexion Fresh

(d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks .....

5. Address after discharge (for the use of the Board of Pension Commissioners) .....

6. Former trade or occupation Manager Advertising.

7. (a) Service

	Years	Days

	Periods	
	From	To

(b) Has he been overseas? Yes-France. 8. Original disease or disability Debility and Neuraesthenia.

(a) Date of origin August/17. (b) Place of origin France.

(c) Cause* Pulmonary Tuberculosis.

(d) Present disease or disability Convalescence from Debility.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

General condition fair. Has greatly improved in strength and the nervous pheuomena (emotionalism etc) have almost entirely left him. Strength greatly improved. Still tires rather easily but less so than formerly. No cough or expectoration. Sputum negative. Since admission to Sanatorium. Temperature and pulse normal. Taking maximum exercise (2 hours A.M.&P.M.). Urine normal. Digestion and appetite now good.

Continuedon page 2.

M. F. B. 227.
300M.—2-18.
1772—39—117.

14

9. Present condition.—(*Continued.*)

Chest Examination: R/Note impaired to clavicle; Bteathing Broncho-Vesicular to clavicle and 4 Vertebral Spine with increased Whispered Voice to same. Fine rales to 3 rib.
L/Note fair. Breathing Broncho-Vesicular to clavicle; slightly harsh clavicle to 3 rib. Whispered Voice increased to clavicle and slightly to 3 Vertebral Spine. No rales.
Fluoroscopic Examination: R/Nothing definite.
L/Very doubtful haziness just below clavicle.

Diaphragmatic excursion good Right and Left and both Costo-phrenic anglesclear
Radiogram of Chest: (Stereoscopic). R/Irregular smoky shadow above clavicle (possibly pleural) Diaphragm irregular in out line this side.
L/Slight smokiness above clavicle similar to right.
First Costal Carts calcified. Beginning calcification in other Costal Carts.

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous.....Digestive.....Respiratory.....Cardiac.....

Genito-Urinary.....Skin, Middle Ear, Eye or any other part.....

Respiratory and nervous systems: See above.

10. History: (a) of Condition referred to in "a" section 9.

History on Admission: Apparently OK until August/17 when patient was "gassed" in France. Was in Hospital at Rouen for two weeks and during this time was temporarily blind, could eat nothing, frequent attacks of vomiting and insomnia. Patient states he had pains in left chest, considerable cough and expectoration which at times was dark red, almost black. Patient had night sweats while in France. After two weeks treatment in Rovem patient was

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

transferred to City of London Hospital England and received four weeks treatment. While here his cough was just as bad as it was in France -- expectoration not so bad --- noticed blood in sputum two or three times --- night sweats very bad -- he lost weight continuously from the time he left France. Up until time patient left England his cough was still troublesome --- occasionally pains in left chest --- had insomnia all the time he was in England expectorated blood several times while in England -- patient thinks blood came from stomach. Since arrival in Canada cough has practically left him -- he still has occasional pains in left chest -- no expectoration --no night sweats -- still has insomnia and anorexia.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Not applicable.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

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

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

Hygienic with rest and graduated exercise at Earl Grey Sanatorium since June 8/18.

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

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

No.

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

17. Recommendations That he be discharged.

L. G. Houle.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned.....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.....

B. B. Anderson.
Signature of soldier 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 criticized. 4th

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

13

(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).

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that 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 and Sons.

B.P.C. 465-08.

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(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

REFER TO.....
REPLIED BY.....
BY DISCHARGED TO.....
MAIN OR P.A.....

MEDICAL HISTORY OF AN INVALID

STATION Moose Jaw. DATE April 22, 1918.

1. (a) Unit "H" C.F.A. (b) Regimental No. 43055 (c) Rank Gunner.
   (d) Surname Anderson, (e) Christian name Bruce A.
2. Age last birthday 39 Date of birth June 7, 1878.
3. Enlisted at Edmonton, on Aug. 23, 1914.
4. Personal description :—
   (a) Height 5'8" (b) Weight 132 (stripped) (c) Complexion Fair
   (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks Scar on left side of chin.
5. Address after discharge (for the use of the Board of Pension Commissioners).....
6. Former trade or occupation Advertising Manager.
7. (a) Service

	Years	Days

	Periods From	Periods To
	Aug. 23, 1914.	Apr. 22, 1918.

   (b) Has he been overseas? Yes.
8. Present disease or disability (use authorized nomenclature if possible) Pulmonary Tuberculosis.
   (a) Date of origin Unknown. (b) Place of origin Unknown.
   (c) Cause* Unknown.
   *(Here include original disease or injury)

   If further space is needed for this or other answer, use page 4
9. Present condition. (Important, to be a full description of the present disabling condition or conditions).
   In Is a peculiarly nervous condition, is very easily excited or depressed. Digestive systems is in poor condition, poor appetite. Vomiting and pains in abdomen mostly after eating. Has lost about 15 lbs in weight. Both lungs show evidences of disease. Has cough expectoration, rales, right apex shows vesicular breathing. Heart rapid. Breath very short on any exertion has had night sweats.

6

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.

75M.-12-17.
1772-39-117.

10. History :
Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

In France 2 yrs and 8 mos. Sent back to England afte being gassed. In Hospitals in England from Sept.1917. until Mar.1918.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

12. Did the disability arise on or off duty? On duty.

13. Was a Court of Inquiry held? No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? Not appl

If the answer is in the affirmative, state in percentages, *to what extent the soldier is incapacitated by that aggravation.*

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.
(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.)

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

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

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
Sanitorium.

19. Can the former trade or occupation be resumed? No.

20. Recommendations That he be given Sanitorium treatment.

S.W. Radcliffe M.D.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned B.A. Anderson, have heard the description of my disability read, and am satisfied (or ~~not satisfied~~) with it. (If dissatisfied, statement should follow.) I complain in addition of

B.A. Anderson.
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

22. Is the soldier 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).

23. It is certified that the soldier
(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration).
Sanitorium.
(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).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).
transferred to I.S.C. for further treatment.

Robt. Gibson Major President
S.W. Radcliffe M.D.
Thos. B Mitchell MD } Members.

STATION Moose Jaw, Sask.
DATE Apr.22,1918.

APPROVED BY
DATE 24.4.18
W. Arnold Capt
Assistant Director of Medical Services.

APPROVED BY
DATE
Director-General of Medical Services.

2981

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
M. C. H. Epsom 1912 / 7th Mtd. Bde. Mar 31/11	Shell shock. Lt. C. P. Ward Capt. Debility do [illegible] John Roberts, Capt.

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

IV

ORIGINAL.

2984 3055

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

M L

MEDICAL HISTORY of

Surname Anderson *Christian Name* Bruce. A.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Sterling County ~~Stanley~~ Hastings, Ont.

Examined ... ... on 10 day of Sept. 1914. at Valcartier 18 SEP 1914

Declared Age ... ... 34 years 3 mos ~~days~~.

Trade or Occupation ... Prospector

Height ... ... 5. feet, 8 inches.

Weight ... ... lbs.

Chest Measurement. Girth when fully Expanded. 38 1/2 inches.

Range of Expansion. 3/2 inches.

Physical Development ...

	Right	Left
Vaccination Marks — Arm ...		
Number ...		

When Vaccinated ... ...

Vision ... ... R.E.—V= L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a) Plate upper jaw. Scar on chin

(b) Slight defects but not sufficient to cause rejection ... ... (b)

Approved by (*Signature*) E. Le Bel.
(*Rank*) Capt. Canc
Medical Officer.

Enlisted ... ... at Valcartier on 24 day of Sept. 1914.

Joined on Enlistment ...	Corps.	Regtl. No.
	No 1. Heavy Battery	43055
Transferred to		

Became non-effective by ...

on ... day of ... 191 .

(*Signature*)
(*Rank*)

Entries in Red Ink made from Attestation Sheets.

AUG 3 1915

for D. D. M. S

P.T.O.

(7278.) Wt. 2869—1662. 200M. 5/15. J. T. & S., Ltd. Forms B. 178.

The Medical History Sheets of all men proceeding overseas, must be returned by the officer commanding their unit to the Record Office when they leave England.

Colonel W. R. WARD,
Officer in Charge of Records,
Canadian Contingents, London.

CANADIAN

2981

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
City of London Military Hospital Lower Clapton.	14	9	17	8	10	17	Gas poisoning (Shell)	25	Recovery.	A Nicholas Capt
Canadian Convalescent Hospital, Hillingdon House, Uxbridge.	8	10	17	30	10	17	Do	23	Remarks from pass joining Ho Ref. Haemorrhoids 2nd Epsom	Lieut. Morton Capt Cmdt
M.C.H. Epsom	30	10	17.	2	11	17	Do.	4	On admission. General weakness. dyspnoea on heavy exertion. cough no expect. Haemorrhoids. Protruding very painful T. Carpenter Capt Transfer to Manor War Hosp.	
Manor War Hospl	2	11	17	23 NOV 1917			Haemorrhoids		Large thrombosed piles which external under general anaesthetic external & internal piles ligatured & removed. Fit for transfer to Woodcote Nov 21/17	J C Bradford J C Bradford
M.C.H. Epsom.	23	11	17	- 5 FEB 1918			Do.	75	Patient is very weak & nervous state. He is not able to keep meals, & if he eats has pain immediately, with vomiting & vomiting. He goes for two & three days together without eating scarcely anything He is so weak he can scarcely walk over ½ mile. He is easily excited & as easily depressed. Very emotional. breaks down weeping etc. Impaired expansion over left chest & harsh breath sounds & few rales at base post. Some cough very little expectoration. Haemorrhoids completely cured. Other systems normal. Patient very nervous, Stomach Condition is slightly improved and is able to take more food, Cough is still present. Transferred to Canada Condition unchanged	T. H. Carpenter Capt 9 W A Lowe Capt A Colebrook Capt
NO. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL	6 ~~FEB 1918~~			11 MAR 1918						
"ARAGUAYA"	11	3	18	~~22-3-18~~						

PART II.

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

Dated at this day of 191

Signatures of the Board

President.

---

17 DEC 1917

A.F.B. 179 Canada (Revised). 2981

Reserved for M.H.C.

Regt. No. 43055 Rank GNR. Surname ANDERSON. Christian Name BRUCE. A

Unit or Corps—(a) Overseas from United Kingdom C.F.A. (b) In United Kingdom C.F.A.

Born at—Town STIRLING. County or Province ONTARIO Country CANADA.

Date of Birth—Day 7 Month JUNE Year 1878 Age 39 yrs. 6 months.

Joined at VALCARTIER QUE. Date SEPT. 24TH 1914

Former Trade or Occupation PROSPECTOR.

Permanent marks or peculiarities that will serve for future identification :—

One Scar on Left side of Chin

Height—feet 5 inches 8. Colour of eyes GREY

Signature of Soldier (for indentification purposes) B.A. Anderson

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*).
(*Follow the official nomenclature as far as possible.*)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a). 1. PAIN IN EPIGASTRIUM P.B. 2. SOUR ERUCTATIONS 3. ANOREXIA 4. VOMITING

Disabilities Group (b). 1. INSOMNIA 2. PALPITATION 3. TACHYCARDIA 4. GENERAL WEAKNESS

Disabilities Group (c). 1. DYSPNOEA 2. COUGH

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i) As to Group (a) above.	GASTRITIS FOLLOWING BEING GASSED	LENS	22/8/17
(ii) As to Group (b) above.	SHELL SHOCK.	LENS	22/8/17
(iii) As to Group (c) above.	PNEUMONIA Lt. AGGRAVATED BY GAS BRONCHITIS	NEW YORK	1897

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914)

3. Is the disability due to disease contracted or injuries received prior to Active Service? no

(i) As to Group (a) above? no If yes, has Active Service aggravated it? —

(ii) As to Group (b) above? no If yes, has Active Service aggravated it? —

(iii) As to Group (c) above? yes If yes, has Active Service aggravated it? yes

4. Is the disability due to disease contracted or injuries received while on Active Service—

(i) As to Group (a) above? yes

(ii) As to Group (b) above? yes

(iii) As to Group (c) above? no

Part I. (continued).

5. If a cause of disability was an injury received on Active Service, was it received— Not applicable

(i) While on duty? — (ii) While off duty? —

(iii) Was a Court of Inquiry held? — (iv) Where? — (v) When? —

(vi) Opinion of the Court? —

6. HISTORY OF THE CASE. *(State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)* Patient had been in France thirty two months & while on duty 22/8/17 during a very heavy shelling in which gas shells were used mostly he was overcome with gas. He was sent to #8 C.C.S. & then to M.H. Lower Clapham — on to MH. Epsom — then because of haemorrhoids he was sent to hospital while he was treated on & returned to M.C.H. While in New York had Pneumonia 4th side 1897 occasional pain since.
City of London - M.H. 14/9/17 - 8/10/17 Gas poisoning (Shell)
Manor War Hof. 2/11/17 - 23/11/17 Haemorrhoids.

7. PRESENT CONDITION. *(Give previous and present weight if likely to indicate progress of disability.)* Patient is in a very weak & nervous state. He is not able to keep meals down & if he eats has pain immediately with sour eructations & vomiting. He goes for two or three days together without eating scarcely anything. He is so weak he can scarcely walk over ¼ mile. He is easily excited & as easily depressed — very emotional breaks down weeping etc. On walking cannot take a full deep breath & has some cough, impaired resonance on right. Chest & heart sounds & no rales at base. Not. Some cough but very little expectoration. Haemorrhoids Completely cured. Other symptoms normal.

8. OPERATION. (i) Was one performed? Yes

(ii) If so, state what. Haemorrhoidectomy

(iii) Was one advised and declined? No

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i) Is there loss or decay of teeth attributable to Active Service? Yes

(ii) If so, describe. Several upper teeth missing
two upper incisor roots.

10. DO YOU RECOMMEND:—

(a) Fit for duty? —

(b) Fit for base duty? —

(c) Invalid to Canada? Yes

(d) Discharge from the Service as permanently unfit? —

Date of Report 1/12 191 7 Signed J. A. Carpenter Capt.
Officer in medical charge of case.

Station M.C.H. Epsom

I have satisfied myself of the general accuracy of the above Report, and concur therein *except —

K. B. Jenkins Lt. Col. R.A.M.C. {Officer i/c Hospital / S.M.O. —— Brigade} Strike out one of these.

Dated at Priory Con. Hosp. Epsom Station, on 3 DEC 1917 191

* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I (1)? Yes.
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I (2)? Yes.
If not, indicate it.

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier { Caused? No / Aggravated? No } (b) Misconduct of the Soldier { Caused? No / Aggravated? No }

14. THE ENTIRE DISABILITY. Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)
One hundred per cent.

15. THE PENSIONABLE DISABILITY—*(see Part I (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).*
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? *(Estimate at none, ⅛, ⅜, ½, ⅝, ¾, or all).*
all

16. Permanency of the Pensionable Disability estimated next above in (15).
(i) Is it permanent? No.
(ii) If not permanent, what is its probable minimum duration *(in months)*? Six months.

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? Not applicable

18. Remarks.
Patient is markedly neurasthenic.

19. Recommendation:—(a) Fit for duty? —
(b) Fit for base duty? —
(c) Invalid to Canada? Yes.
(d) Discharge from Service as permanently unfit? —

Classification for the Military Hospitals Commission. G. 4

Date of Board 19. 12. 17.

Signatures of the Board: W. Wyld Capt. R.A.M.C. President.
G. W. Macey Capt. R.A.M.C.

Station M. C. H. Epsom.

Approved G. Wyly Major A.D.M.S.

A.D.M.S. CANADIANS, LONDON AREA, LONDON.

Dated at — Station — 191

for A.D.M.S. Canadians London Area.