REGIMENTAL DOCUMENTS

NAME ANDERSON BRYCE REGT. NO. 3090985 UNIT 1st Hpd 1st Que Regt H. Q. FILE NO. 7958

| | CONTENTS | DATE RECEIVED | TO WHOM FORWARDED | DATE FORWARDED | M. F. W. 2505 REFERENCE | NON-EFFECTIVE BY |
|---|---|---|---|---|---|---|
| 3 | ATTESTATION PAPER (M.F.W. 23, 133, or 51) | M 14/9 | | | | DEATH |
| 1 | CASUALTY FORM (M.F.W. 54 or A.F.B. 103) | | | | | Category |
| 1 | TRAINING HISTORY SHEET (M.F.W. 113) | | | | | |
| 1 | FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) | | | | | |
| | REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) | | | | | |
| | COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) | | | | | |
| 1 | MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) | | | | | DISCHARGE |
| 1 | DENTAL HISTORY SHEET (M.F.B. 465) | | | | | Category |
| | MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) | | | | | |
| | MEDICAL EXAMINATION (M.F.W. 129) | | | | | |
| | TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) | | | | | Memo. |
| | PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2) | | | | | |
| | DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) | | | | | DESERTION |
| | LAST PAY CERTIFICATE (M.F.W. 44) | | | | | |
| 1 | PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) | | | | | |
| | PARTICULARS OF CHARACTER (A.F.W. 3226) | | | | | |
| | COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) | | | | | |

H

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

222

4th M. D. 1st DEPOT BN. 1st QUEBEC REG'T. Depot Battalion ORIGINAL Regiment

Regtl. No. 3090985

# PARTICULARS OF RECRUIT

3090985

## DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class First)

1. Surname: ANDERSON.
2. Christian name: Bryce.
3. Present address: 147. St James St. Montreal. P.Q.
4. Military Service Act letter and number: 110388. D.C.
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
5. Date of birth: August 17th 1890.
6. Place of birth (town, township or county and country): Springfield. Man. Canada.
7. Married, widower or single: Single.
8. Religion: Presbyterian.
9. Trade or calling: Bank Clerk.
10. Name of next-of-kin: David Anderson.
11. Relationship of next-of-kin: Father.
12. Address of next-of-kin: Burlington. Ont. Canada. SUFFICIENT ADDRESS
13. Whether at present a member of the Active Militia: No.
14. Particulars of previous military or naval service, if any: None.
15. Medical Examination under Military Service Act :—
    (a) Place: Montreal. P.Q. (b) Date: July 2nd 1918 (c) Category: C3

## DECLARATION OF RECRUIT

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

Bryce Anderson (Signature of Recruit)

## DESCRIPTION ON CALLING UP

Apparent age: 27 yrs. 11 mths.

Height: 5 ft. 7½ ins.

Chest measurement: fully expanded 36½ ins.; range of expansion 4 ins.

Complexion: Fair

Eyes: Blue.

Hair: Auburn.

Distinctive marks, and marks indicating congential peculiarities or previous disease.

Vision R 20 L 20

Hearing R OK L OK

Wm. M. McKenzie Major, A/O.C. First Depot Bn. 1st Quebec Regt.

O. C. First Depot Btn.

Aug ~~July~~ 2nd 1918.

First Quebec. Regt.

Place: Montreal P.Q. Date: Aug ~~July~~ 2nd 1918.

M. F. W. 133.
500M.—5-18.
1772—39—1158.

M

H. Q.

M. D. No. 4

Surname Anderson,

T. O. S. Aug 2nd 1918

Christian names Bryce

D. O. Pt. II 218 of 6-8-18.

Regtl. No. 3090985 Rank Pte

S. O. S. Dis. 5-9- 1918 4

Unit 1st Que Regt 1st D fco Bn

Reason R to R

Auth. DO 232 20-8-18 1/18 R

Next of kin Anderson, David

Relationship Father

Address Burlington, Ont

Also notify:

BORN—Place Canada, Springfield Mass Date Aug 17th 1890

ATTESTED—Place Montreal R. 32 Date Aug 2nd 1918

O/S

R/C

W. 22—100M-7-18. 1772-39-839

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

M. F. W. 54. (A. F. B. 10s.
500M.—9-16
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 1st DEPOT BN. 1st QUEBEC REG'T

Regimental No. 3090985 Rank Pte Name ANDERSON Bryce

Enlisted (*a*) 2-8-18 Terms of Service (*a*) C. E. F. C.E.F. Service reckons from (*a*) 2-8-18

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

Extended ..... Re-engaged ..... Qualification (*b*) Bank Clerk

| 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 | | | | |
| | | | | | |

(*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 | | | | |
| | | | | | |

# DENTAL HISTORY SHEET

## CANADIAN ARMY DENTAL CORPS

DISTRICT 4

No. 3090985

NAME OF SOLDIER ANDERSON Bryce

REGIMENT DEPOT BN. 1st QUEBEC REGT. RANK Pte

## INSTRUCTIONS

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

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

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

| | Date | | Amalgam | Temporary Filling (a) G. P. (b) Cement | Cement | Treatment Putrescent Pulp | Root Filling | Pulp Cap | Devitalization | Pyrrhœa | Synthetic Porcelain | Extracting | DENTURES U | DENTURES L | DENTURES P | Gold Clasp | Gold Filling | CROWNS Gold | CROWNS Porcelain | Bridge Work | OPERATOR | Military District | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Condition on first Examination | | | | | | | | | | | | | | | | | | | | | | | |
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M.F.B. 465.
200m.—6-18.
1772-39-950.

# MILITARY SERVICE ACT, 1917.

# MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname ANDERSON Christian name Bryce

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 110388 DC

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

4. Address (including street and number, if any) 147 St James Stree Montreal..P.Q

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 2nd day of July 1918 1917, by the undersigned medical board sitting at Montreal. P.Q

MOBILIZATION CENTRE 2nd D. No. 1 JUL 2 - 1918 MONTREAL, P.Q.

5. Age as stated 27 Years 11 Months. 6. Apparent age 27 Years 11 Months

7. Height 5 Feet 7 1/2 Inches. 8. Weight 132 Pounds.

9. Chest measurement { Minimum 32 1/2 Ins. Maximum 36 1/2 Ins. 10. Complexion Medium { Eyes Blue Hair Fair

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

13. Number of vaccination marks { Right arm — Left arm — 14. When vaccinated last Nil

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

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.) We find no evidence of past { Rheumatism Tuberculosis Syphilis

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category C3

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

President.

P. W. Ratten Capt Member. W. Wright Capt Member.

| Date | Result | Vaccinations | Date | Result | Anti-Typhoid Inoculations, Etc. |
|---|---|---|---|---|---|
| | | M.O. | | | M.O. |
| | | M.O. | | | M.O. |
| | | M.O. | | | M.O. |

Joined 2nd day of July 191 at Montreal, P.Q

| | Corps | Reg'tl Number | Habits | Date |
|---|---|---|---|---|
| Joined on enlistment | 1st DEPOT BN. 1st QUEBEC REGT. | | | |
| Transferred to..... | | 3090985 | | |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| Station | Date | Disease | Result |
|---|---|---|---|
| | | | |

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

M. F. B. 313.
300M.—10-17.
1772-39-439.

Signature of Man

Surname ANDERSON Christian Name Bryce

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

## LIST OF DISCHARGE DOCUMENTS.

| | |
|---|---|
| Attestation Paper, Triplicate | Militia Form W. 23 |
| or Particulars of Recruit | Militia Form W. 133 |
| Field Conduct Sheet | Militia Form W. 178 or A.F.B. 122 |
| Casualty Form | Militia Form W. 54 or A.F.B. 103 |
| Last Pay Certificate | Militia Form W. 44 |
| Certificate that missing documents are unobtainable | |
| Medical History Sheet | Militia Form B. 313 or A.F.B. 178 |
| Proceedings of Medical Board | M.F.B. 227, A.F.B. 179 or A.F.A. 45 |
| Dental History Sheet | Militia Form B. 465 |
| Medical Report | M. F. W. 129 or D. M. S. 1375 |
| Regimental Conduct Sheet | Militia Form B. 263 |
| Company Conduct Sheet | Militia Form B. 263a |

SHORT FORM.

**PROCEEDINGS ON DISCHARGE.**

(Demobilization.)

REFERRED TO
ACTION TAKEN
APR 11 1919
RECEIVED
RD OFFICE

1. No. 3090985.
2. Rank Private.
3. Name ANDERSON, Bryce.
4. Unit 1st Depot Battalion? 1st Quebec Regiment, Montreal, Que.,
5. Date of Discharge 5-9-18. Place Montreal, Que.,
6. Reason for Discharge Demobilization.

Struck off strength on Return to Registrar's Records, 5-9-18.

D.O., #232 d/20-8-18.

Discharged under Authority of P.C., 3051, of 11-12-18.

7. Authority Routine Order #1438.
8. Proposed Residence after Discharge 147 St James's Street, Montreal, Que.,

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ?

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Montreal, Que.,

Date 26-2-19.

Signature [signature] Captain.
(O. C. Discharging Unit.)
M.S.A., D.O., M.D. #4.

M.F.B. 218a—50M.-12-18—1772-39-113.