18-2-19
a.o.

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

Attestation Papers..... 3

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

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

Discharge ~~Parchment~~ Certificate..... 1

Medical Report for Invalids.....

Medical History Sheet..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

A-7 B. 122 - 1
M. 7 W. 71 - 1
M. 7 B. 465 - 1
M. 7 W. 129 - 1
M. 7 W. 3572 - 1

M. F. W. 62.
50m.—9-16.
H. Q. 1772—39—935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name ANDERSON CARL ALLEN.

Regt. No. 3257298 Rank PTE

Corps 1ST Dept Bn N.B. Regt

Demobilization

H

Original.

7 M. D. 1st DEPOT BN. N. B. REGT. Depot Battalion Regiment

Regtl. No. 3257298

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class.....)

1. Surname: Anderson
2. Christian name: Carl Allen
3. Present address: St. Stephen, Char. Co., NB
4. Military Service Act letter and number: 665684 FC
5. Date of birth: Aug. 11th, 1896.
6. Place of birth (town, township or county and country): St. Stephen, NB.
7. Married, widower or single: Single
8. Religion: Baptist
9. Trade or calling: Steel Polisher
10. Name of next-of-kin: Mrs. Robert H. Anderson
11. Relationship of next-of-kin: Mother
12. Address of next-of-kin: St. Stephen, Char. Co., NB.
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: Nil
15. Medical Examination under Military Service Act:—

(a) Place St. Stephen, NB. (b) Date Oct. 21, 1917 (c) Category A2

DECLARATION OF RECRUIT

I, Carl Allen Anderson, do solemnly declare that the above particulars refer to me, and are true.

Carl Allen Anderson (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 21 yrs. 9 mths.

Height 5 ft. 8½ ins.

Chest measurement: fully expanded 34 ins.; range of expansion 2 ins.

Complexion Ruddy

Eyes Grey

Hair Brown

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

1 vacc. left arm.

F. F. Gray Major.
2nd I/c. 1st Depot Battalion
O. C. New Brunswick Regiment Depot Btln.

Regt.

Place St. John, NB. Date May 7th, 1918.

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3257298 (Rank) Private

Name (in full) Anderson Carl Allen enlisted in

the 1st Depot Battalion N.B. Regt.

CANADIAN EXPEDITIONARY FORCE at St John N.B. on the 7 th

day of May 19 18

HE served in Canada

and is now discharged from the service by reason of Demobilization

R.O. 1357 M.D. 7 35-2-5a1 d-9-12-18

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

Age 21 years 9 mos.

Height 5 ft 8½ inches

Complexion Ruddy

Eyes Grey

Hair Brown

Marks or Scars

1 Vacc left arm

Carl Allen Anderson.
Signature of Soldier

S. L. McCarty
Issuing Officer

O. C. 1st Depot Battalion
New Brunswick Regiment
Rank

Appointment

Date of Discharge January 16 1919

Signed at St John N.B. this 16 th day of January 19 19

in Military District No. 7

File Reference No.

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. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

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

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

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

.....

Name of Officer

.....

Rank

.....

Appointment

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st DEPOT BATTALION, N. B. REGIMENT.

Regimental No. 3,257,298 Rank Pte. Name Anderson, Carl Allen
C. E. F.

Enlisted (a) 7-5-18 Terms of Service (a) Duration of war. Service reckons from (a) 7-5-18

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) Steel Polisher.

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				
16-1-19.	O.C.1st Depot Bn N.B.Regt.	S.O.S.(DEMOBILIZATION) 1st Depot Bn, N.B.Regt. Auth.: R.O.1357, MD7: 35-2-5A1.d/9-12-18.	St.John?NB	16-1-19	PART-2 D.O.No., Sheet 1 16, 16-1-19.

J. V. Kenstead Captain.
Adjutant, 1st. Depot Battalion
New Brunswick Regiment.

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.
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				

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 3257298 ....Rank .....Pte. .....Surname .....ANDERSON.....
(Given name in full)
.....Carl Allen.....

Unit or Corps 1st. Dep. Bn. N.B. Regt. ..Birthplace ..St. Stephen, N. B. .....

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

1. GENERAL DESCRIPTION:

Physique fair .....Weight 124 ...lbs. Height 5 ..ft. 8 ..in. Colour of Eyes ..grey..

Nutrition .....good.....

Pulse .....normal.....

Condition of arteries .....normal.....

Vision Rt. 20/15 .....Left 20/15 ...

Hearing (conversational voice) Rt. 20 ..ft.

Left 20 ...ft.

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

nil

Opinion as to general health and physical condition.....good.....

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System ...no.....Genito Urinary System ..no....Cardio-Vascular System ...no..

Special Senses ..no.....Integumentary System .....no Respiratory System .....no..

Disturbance of mentality no ..Muscular System .....no.....Digestive System .....no.....

Osseous and Joint System no..Any other general condition ....no.....

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at ....(Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at St. John, N.B. (Canada)

Date 15-1-19..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature Saul Allen Anderson

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

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

M.D. No 7
No. 14

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. 3257298 Rank Private Name ANDERSON C. A.

Corps 1st Depot Batt. N. B. Regt. who was* Discharged

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			Balance Cr. from prev. month	10	00
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 Allowance* (Monthly)		
Other charges			Other Allowances*		
Payment on transfer or discharge No. 6219	10	00	Other Credits*		
Bal. Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	10	00	Total	10	00

*Give particulars.

A monthly stoppage of $.....(†) has.....(‡) been paid paid on account of Assigned

Pay for the month of .....191...
and Sep'n Allce. for month of .....191... (to) Assignee.....

(Address) .....

N I L

(†) 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.

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

REMARKS:— Previously in "N" Company

State (1) date of enlistment 7-5-18

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

(3) cause of discharge demobilization authority D.O.16

(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 Jan 24th, 1919.

Place St. John, N. B.

H. E. Erhson Captain.
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

H.Q. 1772-39-902.
100M-9-18. D.P. 874.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

1. Surname: Anderson Christian name: Carle Allen

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

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

4. Address (including street and number if any): St Stephen Chas Co NB

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 15 day of Jan 1918, by the undersigned medical board sitting at St John NB.

5. Age as stated: 22 Years Months 6. Apparent age: 20 Years Month

7. Height: 5 Feet 6 Inches. 8. Weight: 150 Pounds.

9. Chest measurement: Minimum 37 Ins. Maximum 34 Ins. 10. Complexion: Fair Eyes: Grey Hair: Brown

11. Physical development: Good (Good / Fair / Poor) 12. Smallpox marks: nil

13. Number of vaccination marks: Right arm 0 Left arm 1 14. When vaccinated last: 1918

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, Nervous or Mental disorder. Epilepsy Syphilis, Asthma.

We find no evidence of past: Rheumatism Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis Asthma

(Strike out disease admitted or suspected)

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

17.

(a) Vision. R. L.

(b) Hearing. R. L.

President.

Member. *Member.*

Signature of Man: Carl Allen Anderson

If raised in category, record category in a square. The M. O. will initial and date.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined 4th *day of* May 1918 *at* St John NB.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	1st Depot Batt.	3257298		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	Cat. RESULT
St John NB	15/1/19	— nil —	A. A. E. Forestage cause B. Dark lapp cause

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 —4-18.
1772-39-439.

Surname Anderson Christian Name [illegible]

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				

DENTAL HISTORY SHEET

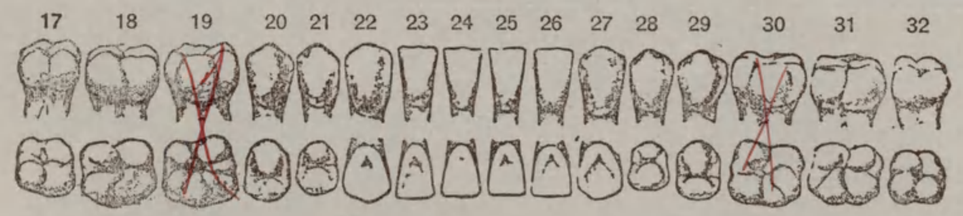
CANADIAN ARMY DENTAL CORPS

District 7

No. 325728

Name of Soldier: Anderson C. A.

Regiment: 1st Depot Bat. 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 from the Service.

	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	Prophylaxis	OPERATOR	Military District	REMARKS	
	1919																								
Condition on first Examination	Jan.	15										15.19 30					8.9					Examined by A. LeBlanc Lieut		Cavities 2.3.14.16.18.31.	
																								Extractions	
Jan. 15/19 Examined for discharge Incomplete.																A. A. LeBlanc. Lieut. C. A. Anderson								Incomplete	

M[illegible] 465
15[illegible]10-18
1772-39-950

CASUALTIES, &c.

NATURE E.G. ABSENCE. PROMOTION. &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c
	No.	DATE	
SOS.Demobilization	16	16-1-19.	
1st Depot Bn? N.B.R.			
Auth: R.O.1357			
MD7:35-2-5A1.d/9-12-18.			

M. F. W. 71—500M.—5 18.
1772—39—951.

B

NAME Anderson Carl Allen.

REGIMENTAL NO. 3257298 RANK Pte.

ENLISTED AT St. John, N.B PROMOTIONS, &c. AND DATE

DATE 7-5-18

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN Mrs Robert H Anderson RELATIONSHIP Mother.

ADDRESS OF St Stephen Char. Co. N.B.

ASSIGNMENT OF PAY $ Nil c. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT No

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

Dental Examination on Discharge

File No.....

Rank Pte. Name Anderson C.A. Regt. No. 3257298.

Date of enlistment 7-5-18. Service, where Canada.

If any dental treatment in army, where nil.

Discharge examination at St. John N.B. Date 15-1-19.

Treatment to be received cavities 2,3,14,16,18,31.

At..... Examined by A. H. LeBlanc Lieut.

Above treatment completed by..... Date.....

Completed History Sheet File No.....

M. F. W. 2572
100m-8-18
1772-39-1359

OTHER SIDE FOR REMARKS

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

Gmh 14.2.19

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 3257298

2 Rank. Private

3. Name. Anderson Carl Allen

4. Unit. Ist Depot Battalion N.B. Regt.

5 Date of Discharge January 16 1919 Place St John N.B.

6 Reason for Discharge Demobilization

7. Authority. R.O. 1357 ~~Para~~ M.D. 7 35-2-5a1 d-9-12 -18

8. Proposed Residence after Discharge St Stephen N.B.

Charlotte Co N.B.

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.? 39 St John N.B. January 16 1919

Carl Allen Anderson
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place St John N.B.

Date January 16 1919

J. L. M. Crosby
Lt.-Col.
O. C. 1st Depot Battalion
New Brunswick Regiment

Signature
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.