REGIMENTAL DOCUMENTS

Pte NAME ANDERSON CHARLES REGT. NO. 2503575 UNIT C. F. C. H. Q. FILE NO.

	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 6 6/14				DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	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)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					Demob.
	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)					1
	PARTICULARS OF CHARACTER (A.F.W. 3226)					9 - 14
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					20 - 14
2	C. H. 3.					38 - 16
						1
1	R122					
	Paysheets					

W 2589
100M-11-18
1772 39 1377

CLASS B II

Original

U. S. Recruit 15-3-18 Railway Const.

ATTESTATION PAPER.

No. 2503575

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Anderson
1a. What are your Christian names? ..... Charles
1b. What is your present address? ..... General Delivery Minot North Dakota U.S.A
2. In what Town, Township or Parish, and in what Country were you born? ..... Norway
3. What is the name of your next-of kin? ..... ~~Great~~ Great War Veterans Association
4. What is the address of your next-of-kin? ..... ~~Main Street~~ Main Street Winnipeg Manitoba Canada
4a. What is the relationship of your next-of-kin? ..... -
5. What is the date of your birth? ..... Jan. 2nd. 1882
6. What is your Trade or Calling? ..... Miner
7. Are you married? ..... Single
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... Yes
9. Do you now belong to the Active Militia? ..... No
10. Have you ever served in any Military Or Naval Force? ..... Yes (U.S. Transport Service 12 months)
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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? ..... No
14. If so, what was the nature of the disability? ..... -
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? ..... No
16. If so, what was the reason? ..... -

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Charles Anderson (Signature of Recruit)

Date March 20th. 1918 191 . A. E. Forman (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles 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.

Charles Anderson (Signature of Recruit)

Date March 20th. 1918 191 . A. E. Forman (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 Winnipeg Manitoba this 20th day of March 1918.

(Signature of Justice)

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

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

Description of Charles Anderson on Enlistment.

Apparent Age 36 years 2 months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 11 ins.

Chest measurement.
- Girth when fully expanded 39 ins.
- Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair L. Brown

Religious denominations.
- Church of England
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic
- Jewish
- Other denominations Lutheran (Denomination to be stated.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Vision R. Eye 20/20

" L. Eye 20/20

Hearing R. Ear N

" L. Ear 3

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* F I T for the **Canadian Over-Seas Expeditionary Force.**

Date March 20th. 1918 191 .

Place Winnipeg Manitoba Canada

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:—

MOBILIZATION MEDICAL BOARD APPROVED FIT

PRESIDENT

MEMBER

MEMBER

CERTIFICATE OF OFFICER COMMANDING UNIT.

Charles 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.

Capt. (Signature of Officer)

Officer Commanding No. 10 Forestry & Railway Construction Depot.

Date March 20th. 1918 191 .

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge.
Class _____
No. _____ issued.

THIS IS TO CERTIFY that No. 25-035-75 (Rank) Pte.
Name (in full) Charles Anderson enlisted in
the 10th Forestry & Railway Const. Coy.
CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 20th
day of Mar 1918
HE served in C.F.C. France & Belgium
and is now discharged from the service by reason of Demobilization. ~~Medical Unfitness~~.

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

Age 39 yrs.	Marks or Scars
Height 5' 11"	
Complexion Fair	
Eyes Blue	
Hair L. Brown	

Charles Anderson
Signature of Soldier

Lieut. Thompson
Issuing Officer

Date of Discharge

No. 2 District Depot
Toronto, Ont.
MAY 23 1919

For
O.C. No. 2 District Depot.
Rank

MAY 23 1919
Date 19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

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

FORM OF WILL.

I, Charles Anderson. (Name in full)

Regimental Number 2503575 serving in #10 Fd Ry Construction

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Nil.

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Great War Veterans Assn. Main Street. Winnipeg Manitoba Canada

Name and Address of person or persons to receive personal estate* *(See note).*

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 20 day of March A. D. 191

Charles Anderson Signature of Soldier.

*N.B.—Personal estate includes ~~pay, effects, money in bank, insurance policy, in fact~~ everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness A. E. Forman

Address of Witness Broadway Barracks Winnipeg Manitoba Canada

Occupation of Witness Soldier.

Signature of Second Witness W. H. Johnstone

Address of Witness Broadway Barracks Winnipeg Manitoba Canada

Occupation of Witness Soldier.

M. F. W. 82
300M-5-16.
1772-39-983.

R. 880.

DEPARTMENT OF MILITIA AND DEFENCE

WAR SERVICE GRATUITY

Certified this document checked with Regimental documents

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

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, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names Charles 2. Surname Anderson

3. Rank Pte 4. Original Unit C.E.F. 10th C.R.T. 5. Reg. No. 2503575

6. Address, in full, to which future payments of gratuity are to be forwarded Post Office Manvoth, North Dakota U.S.A.

7. Date of enlistment in the C.E.F. March 15th 1918

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Not applicable

9. Relationship of such dependent

10. Address, in full, of such dependent

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?

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:—

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?

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service

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 One year 2 months 10th C.R.T and C.F.C.

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

5434. Wt. /30P. 150,000(8). 2/19. S.O., F.Rd.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. No

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid No

20. ~~Have you been issued with a War Service Badge? If so what class?~~

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.? If not, give:—(a) Date of discharge MAY 23 1919 (b) Reason for discharge DEMOBILIZATION

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

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) If so, are you in receipt of full pay and allowances from that Department?

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: E Anderson

Place of Residence: Manoff, North Dakota, U.S.A.

Declared before me at: Smiths Lacon, Sunningdale Eng.

This 23rd day of April 1919

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

Form R 122.
2353—100M—9-12-16.

LTR Rank Name ANDERSON, Charles Reg'l No. 2503575

Unit 24th Dft Rly Const If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Winnipeg, March 20th, 1918. Place of Birth Norway

Name and Address, Next-of-Kin Great War Veterans Assocation

Main St. Winnipeg Manitoba Canada Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No 14979
File R.L.
Category O R Gan

Forestry

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		Arrived in England		27-5-18	S/S VALACIA
28.5.18.	C.R.T.D.	Takeon Strength	Spr. Purfleet	27.5.18	pt. II 147.
19.7.18	"	S.O.S. on transf. to C.F.C.	" "	19.7.18	" 198 (B.D.C.F.C. Pt II 172 dy 20/7/18 Pte.
30.8.18	BDCFC	SOS to Ly Const Coy CFC. O/S	Pte S'dale	30.8.18	" 207 (9 B.C.F.C. Pt II 1 dy 26.9.18)
		SOS To BDCFC 4 4 19			
		9 boy DO 10 dy 4 19.			
		TOS BDCFC DO 97 d7-4. 19			
29.4.19	2M.D.C.W. S XV CFC.	T.O.S from B.D.C.F.C.	" Rhyl	26.4.19	" 101/S.O.S. B.D.C.F.C. P.N.O. 1168 26/4/19
			65-J	11.5.19	
13.5.19	do S.I. CFC.	S.O.S to Canada Sailed 65	" "	11.5.19	" 113.

Rhyl

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.	
Date.	From whom received.					

2

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

M. F. W. 54. (A. F. B. 195.
500M.—9-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 2503575 Rank Pte C. E. F. Name Anderson Charles

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
MAY 11 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO		1919	PART II D. O. 148
MAY 23 1919	S. O. S.	(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT,			PART II D. O. 148

W. C. Roberts

For O. C. No. 2 District Depot.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, 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				

9

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

M. F. W. 5[illegible] (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service. 24 Dft Rly Cons

Unit, Regiment or Corps ~~40 Fd Ry Const Corps~~

Regimental No 2503575 Rank Pte Name Anderson Charles

Enlisted (a) 20/3/18 Terms of Service (a) C.E.F. D of War Service reckons from (a) 20/3/18

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) Miner

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked	Halifax	16-5-18	
		Disembarked	Liverpool	27-5-18	
20-5-18	C.R.T. Depot.	Taken on strength on arrival from Canada.	Purfleet.	27-5-18	Pt.2 D.O.147.
19.7.18	C.R.T.D.	S.O.S. on transfer to C.F.C. Sunningdale	Purfleet	19.7.18	pt II 198 G Sproule Lieut for O.C. DEPOT CAN. RLY. TROOPS.
20.7.18	C.F.C. BD	O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale from C.R.T.D.		19.7.18	Pt.11 D.O. 1721
30.8.18	O.C. C.F.C. BD	SOS BASE DEPOT C.F.C. SUNNINGDALE on transfer to 9 Co C.F.C.	France	30.8.18	PT. II DO. NO 207 [illegible] for O.C. C.F.C.

CERTIFIED CORRECT. 17 SEP 1918 CAN. RECORDS, LONDON.

(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				
14-9-18	9TH COY, C.F.C	T.O.S 9th Coy. C F C Disembarked Havre—		31 8 18 31 8 18	B.213 P20, No.1—1918
28/7/18	—	To Hosp.		22/7/18	B213
11/1/19	—	Rejd Unit from Hosp		5/1/19	B213
4/4/19	O.C.Cdn. S.O.S. for demobilisation to C.F.C. Cmp. Le Havre	Depot S'dale		4/4/19	N/R. 1/E4-1 Pt.2.O/S.
					[illegible]
					Lieut. for Lt. Col A.A.G. Cdn Sect. G.H.Q.
7/4/19	O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale from C.F.C. France			5/4/19	Pt.11.D.O. 97
26.4.19	B.D.C.F.C.	S.O.S. BASE DEPOT C.F.C. SUNNINGDALE on ~~posting~~ transfer to M.D.2 Can camp Rhyl		26.4.19	116.

[signature] Lt. for O.C. B.D.C.F.C.

Attached C.C.C. Kinmel Park for return to Canada, Part 11 Orders No....., Ceases to be attached C,C,C, Kinmel Park on embarking for Canada, Part 11 Order No. 113 13/5/19

[signature] Commanding 2 Wing, Kinmel Park Camp.

ORDERLY ROOM MAY 11 1919 No. 13 P.C.S.

Embarked S.S. Sicurnia Glasgow May 11 1919

Number 2503575 Rank Pte-B

Surname ANDERSON

Christian Name Charles

Units C.F.C. Theatre of War France

Date of Service 30-8-18

Remarks

Latest Address G.P.O. Manort
N. Dakota
U.S.A.

Roll No. B. Page 20777

200m.-6-21.

OPINION OF THE MEDICAL BOARD

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

YES.

19. Is the invalid fit for

(a) General service,	(Category A)	~~(Yes or~~ No.) No
(b) Service abroad, not general service,	(" B)	(Yes ~~or No~~) Yes. B.2.
(c) Home service (Canada only),	(" C)	~~(Yes or No)~~ N.A.
(d) Temporarily unfit.	(" D)	~~(Yes or~~ No.) No
(e) Unfit for service in Categories A, B and C	(" E)	~~(Yes or~~ No.) No

20. It is certified that the invalid

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

(b) Does not require treatment.
(c) ~~Should pass under his own control.~~
(d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

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

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

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

W. Sutherland Capt. *President.*

PLACE Sunningdale. Berks.

J. G. Munro Capt.

DATE 9/4/19.

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned ..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness ..... Signed .....

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

President.

PLACE

DATE

Members

CERTIFIED TRUE COPY

APPROVED BY

J. Donovan
Assistant Director of Medical Services.
Major, C.A.M.C.
for A.D.M.S., Canadians, London Area.

APPROVED BY

ASSISTANT DIRECTOR OF MEDICAL SERVICES. CANADIANS, LONDON AREA.
Director-General of Medical Services.
DATE APR 11 1919
13, BERNERS ST. LONDON, W.1

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION SUNNINGDALE. BERKS DATE 8/4/19.

1. 1 (a) Unit C.F.C. (b) Regimental No. 2503575. (c) Rank PTE.

(d) Surname ANDERSON. (e) Christian name ~~[illegible]~~ Charles

(f) Home address MAYNOT. N. DAKOTA. U.S.A.

(g) Next of Kin DAVID LLOYD. (h) Relationship FRIEND.

(i) Address of Next of Kin SAME AS IN (F)

2. Age last birthday 43. Date of birth Feb. 2nd. 1876.

3. Enlistment, or Appointment (if an Officer) (a) Place WINNIPEG. (b) Date 18/3/18.

4. Personal description:

(a) Height 5' 11" (b) Weight 153. (stripped) (c) Complexion FAIR.

(d) Colour of hair FAIR (e) Colour of eyes BLUE (f) Identification marks, Scars, etc.

TATTOO MARK LEFT ARM.

5. Former trade or occupation MINER.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	1.	24.

	Periods From	Periods To
Canada	15/3/18.	16/5/18.
England	16/5/18.	14/9/18.
France or other theatres of War	4/4/19. 14/9/18.	4/4/19.

7. Original disease, or injury ARTERIO SCLEROSIS.

(a) Date of origin PRIOR TO ENLISTMENT. (b) Place of origin U.S.A.

(c) Cause CONDITIONS OF CIVIL LIFE.

M. F. B. 227.

300M.—8-18.
1772-39-117.

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

ARTERIO SCLEROSIS. Partial loss of Function of Cardio Vascular systems, Inability to do hard Manual Labour.,

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

OBJECTIVE.

Man of 43 Years of age Looks much older, Hands Blue and Cold., loss of elasticity of skin, Muscular tone and Muscular Power Radial artery thickened, Aortic second sound accentuatated., B.P. 185.- 95.

SUBJECTIVE. No Complaints states he could walk 20 miles easily.,

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

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

Special Senses No Respiratory System No Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems NOS. Any other general condition No

Slight Flat Fett prior to enlistment, Non rigid. No Disability.,

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

Man States in Civil Life he was a Miner, always worked hard and lived a very strenuous life.,
States he has no Disability from Service and feels just as well as when he enlisted., M.H.D. Purfleet 31/5/18.
Debility Cat. B.1.

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

Enteric Fever. 1912.

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

Tattoo Mark Left arm.

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

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

No

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

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

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

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

None.

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

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

17. Recommendations N.A.

E. G. Earl Anderson Major
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of E.H.S

E. Anderson Pte Rank.
Signature of invalid examined.

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

Checked by No. 24

Date 9 MAY 1919

WAR SERVICE BADGE CLASS A

SERVICE GROUP 32

OCCUPATIONAL GROUP 18

M.D.2

Toronto
Mil
Mines

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

B-11

1. No. 2503575 Lithuania

2. Rank. Pte

3. Name. Anderson Charles

4. Unit. CFC CFC

War Service Badge. Class A No. 198695 issued. CFC

5. Date of Discharge MAY 23 1919 Place TORONTO, ONT.

6. Reason for Discharge EMBARKED 11 5 19 SATURNIA GLASGOW

DEMOBILIZATION

7. Authority. No.2 District Depot, Part II, D.O.No. 148

8. Proposed Residence after Discharge

Manock North Dakota

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.?

Charles Anderson

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TORONTO, ONT.

Date MAY 23 1919

Signature For O.C. No. 2 District Depot.

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

"GAMMIN" AS-5-19

DISPERSAL "I"

AUDITOR	PAYMASTER

M. OR S.

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

REGT. No. 861635 RANK Pte. NAME (IN FULL) [illegible] (BLOCK LETTERS SURNAME FIRST) C. # 23.

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 67 C. — IF IN P.F. WHAT UNIT? P.O. ~~[illegible]~~ Minot 13/8/19.

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY: North Dakota

DATE OF ATTESTATION 15-3-18 — TRANSFERRED TO — DATE — AUTHORITY: M. S. M.

ASSIGNED PAY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

ADDRESS

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE: Montreal — DATE: 28-5-19 — REASON: Demob. — AUTHORITY: D.O. 148 — IF ENTITLED TO POST DISCHARGE PAY

T.O.S. 11-5-19 D.O. 148
SUBS. ..... TO ..... D.O. .....

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
30-4-19							211	27	211	27																									211	27	Bal Before
26-5-19	26	1.10	28	60															9	73	Ent on Leave																1-4-19 26-5-19
					35	00																															Ldr Shen
					70	00																															45 Oli
																	4 87	5	00																		Book & Stat.
									133	60							325	27													344	87					Cheque
			W.S.G.																						W.S.G.												
																							23-5-19	70	00								Sleep				45 Sh as labor.
122 days			280				280																	3	30		73	30			206	70					2 days Rd Sick
																	17/9/19	662152						66	30		139	60			140	40					1st W.S.G. Paid by #2 D.D.
																																					P.W.R.
			66	30			346	30																							206	70					cheque re deposited 662152
																								206	70		346	30									
			346	30			346	30																346	30		346	30									W.S.G. PAID IN FULL

A. Wheeler CAPTAIN
FOR PAYMASTER WAR SERVICE GRATUITY

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

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

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

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Sold & Sale ✓

NAME:– Anderson Charles 186 H

NUMBER:– 2503575

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L O G bar		Pte

UNIT AND TRANSFERS

Can. Rly. Troops Depot

ORIGINAL UNIT:– 24 Sept Rly Supply M20 24

DATE ACCOUNT FIRST OPENED:– 1-5-18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C R T D
172 19/7/18	1-8-18	21/8/18	B D C T.C. Eng (H)

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
15/4/19	1129	~~B.D. C.T.C~~	53 53				

DAILY RATES OF PAY AND ALLOWANCES

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

Ledger Balance 30/4/19 $264.80
C.P.C. Balance 30/4/19 $211.27

PARTICULARS OF RENDERING NON-EFFECTIVE: ~~Dist. Canada~~ 30/4/19 Auth. UR 7027 S'dale 17/4/19 S'dale MD 2.

MONTH	PARTICULARS	CR 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE.	DEFERRED	SEPARATION
	30-4-18 Bal from Can								10 00		
June	MAY PP	34 10		AR 398 11/18 CRTD.	43 80						
	June PP	33 –		AV onclen 6 do R 30/4/18 C.G.R.D.	1 65						
				AR 555 28/6 CRTD	4 87				26 78	30 –	
		67 10			50 32						
July	Pte. Pay	34 10		✓ 640 12/7 ✓	9 73						
				✓ B1835 24/7/18 CFCEng	9 73				49 12	45 –	
		34 10			19 46						
Aug	✓	34 10		aR B2147 B D 15/8/18	4 87						
				aR B2466 – 26/8/18	9 73				60 92		
		34 10			14 60						
Sept	–	33 –		aR1292 60 C.T.C 14-9-18	3 57						
				aR 1 11 Dis 30-9-18	5 35				85 00		
		33			8 92						
Oct	✓	34 10							119 10		
		34 10									
Nov	–			aR 1 96 C.T.C 10/11/18	9 33						
Dec	✓	67 10		aR 44 ✓ 30/11/18	4 66						
Jan	–	34 10		aR 85 ✓ 4/12/18	13 99						
				aR 126 ✓ 17/12/18	3 24				189 08	135	
		101 20			31 22						
Feb	✓	30 80		aR 209 9 Co. 18/1/19	3 73						
Mar	✓	34 10		aR 249 ✓ 31/1/19	5 60						
				aR 289 ✓ 14/2/19	3 73						
				aR 327 ✓ 28/2/19	5 60						
				aR 365 ✓ 14/3/19	3 73						
				aR 1335 C.G.R.D. 22/3/19	4 66				226 93	165	
		64 90			27 05						

SUPPLIED BY J. Mitchell
CHECKED BY

NUMBER 2503575 RANK NAME ANDERSON. C.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Bal Fwd.								226 93		
Apl	P P	33 –		AR. 1139. BD 646. 15/4/19	53 53				259 93	180	
	Interest on Deferred Pay	4 87		8350. Kimmel 2/5/19	9 73				201 54		
		37 87			63 26						
	LR6 Cr Bal 211.27										
	AR8350 Endorsing Cr Bal 201.54			S O S to Canada 11/5/19 S.L. 65							