NAME ANDERSON. CLAIR Pte REGT. NO. 654257 UNIT 161st Batn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51) 3		D S B P C	3/9/20		DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103) 2					Category
	TRAINING ~~HISTORY SHEET (M.F.W. 113)~~ Asheet					
2	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) 2				M	
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) 1					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) 1					
3	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) 2					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465) 1					Category
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) 2					Med. Unfit
	MEDICAL EXAMINATION (M.F.W. 129)					
	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)		H			
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
1	LAST PAY CERTIFICATE (M.F.W. 44) 1					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) 1					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	~~A F W 3999~~					
1	M F W 192					
1	M H C 156					
3	Misc Daysheets					
2	Cy Med Board					
1	M F W 67					
1	B 149					
1	Pay Card					
2	Misc					

Box 402018

1-28
25-28
27-28
4

W. 2589
100M-11-18
1772-36 1372

REGIMENTAL DOCUMENTS

161st Huron Battalion, C. E. F.

ORIGINAL

ATTESTATION PAPER.

No. 654257

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?	Clair Ontario
1b. What is your present address?	Bayfield Ont. Canada
2. In what Town, Township or Parish, and in what Country were you born?	Windham Twp Norfolk Co Canada
3. What is the name of your next-of-kin?	Minnie Anderson
4. What is the address of your next-of-kin?	Wyoming Ont. Canada
4a. What is the relationship of your next-of-kin?	Mother Ontario
5. What is the date of your birth?	August 12th (1893)
6. What is your Trade or Calling?	Banker
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former service.	No
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.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Clair 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.

Clair Anderson (Signature of Recruit)

Date January 17 1916 A. T. Lindsay Lieut (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Clair 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.

Clair Anderson (Signature of Recruit)

Date January 17th 1916 A. T. Lindsay Lieut. (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 Goderich this 17th day of January 1916

W. E. McKay J.P. (Signature of Justice)

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

Description of Clair Anderson on Enlistment.

Apparent Age 22 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height		5 ft. 5 ins.
Chest measurement.	Girth when fully expanded	36 ins.
	Range of expansion	3 ins.
Complexion		Medium
Eyes		Blue
Hair		Dark Brown
Religious denominations	Church of England	
	Presbyterian	
	Methodist	Methodist
	Baptist or Congregationalist	
	Roman Catholic	
	Jewish	
	Other Denominations (Denomination to be stated)	

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

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date December 11 1915 A. Belbeuder

Place Goderich Ontario Canada Capt 33rd Batt
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.

Clair 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.

W. M. Combe Lt. Col (Signature of Officer)
O.C. 161st Huron Battalion, C. E. F.

Date January 17 1916

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

E.G.

This is to Certify that No. 654257 (Rank) Pte.

Name (in full) ANDERSON, Clair enlisted in

the 161st. Bn.

CANADIAN EXPEDITIONARY FORCE at Goderich on the 17th

day of January 19

HE served in ENGLAND & FRANCE

and is now discharged from the service by reason of "MEDICALLY UNFIT"

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

Age 25

Height 5' 5"

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars

Vacc. Scars left arm

G.S.W. Rt. Arm ...22-5-17

Gold Stripe One.....1

Clair Anderson

Signature of Soldier

D Graham Roberts

Issuing Officer

Lieut

Rank

O. C. Discharge Section
No. 2 District Depot

Appointment

Date of Discharge 29th May 1919

No. 2
MAY 29 1919
DISTRICT DEPOT

Signed at Toronto this 29 day of May 19

in Military District No. 2 D.D.

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.
250m —6-18.
H. Q. 1772-39-882.

Witnesses' Bridge.
Class A
No. 136428 issued

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 .....

.....

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

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

.....
Name of Officer

.....
Rank

.....
Appointment

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch A 2297

OVERSEAS CONTINGENTS

Date of Assignment Nov 1 – 16.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 65 4 2 5 7 –

Rank pte. Promoted Reverted Discharge

Soldier's Name Clair anderson

Battalion 161st. Battn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. M. J. Anderson

Address ~~R. R. No. 3. Wyoming. Ont.~~

Change of Address

1 King St. Petrolia ont 16/4/18

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total
Sept 30. 17			220	220
Oct	C 51109		20	20
Nov.	D 52269		20	20
Dec	C 60612		20	20
Jan/18	C 65635		20	20
Feb	B 92172		20	20
March	G 99419		20	20
April	X 11495		20	20
May	A 12145		20	20
June	B 15006		20	20
July	Y 27979		20	20
Aug	A 30500		20	20
Sept	A 37180		20	20
Oct	G 43818		20	20
NOV	G 51905		20	20
DEC	B 63674		20	20
JAN 1919	B 71225		20	20
			540	640

0372-6-85 REMARKS

A/c Closed 31-1-19

Ret'd per Olympic

17-1-19 M.F.W. 107 22-1-19

M. D 1

M O 62558

CANADIAN
ASSIGNED PAY AUDITED
31/7/18
AUDIT CLERK
DATE 14-5-19

CONSOL ACCOUT

M. F. W. 128.
4'0M. 6-17—1772-39-1141
L. L. 22320—M. & D. 1933.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

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. 6-7—1772-39-1141
L. L. 22320—M. & D. 7993.

LEDGER NO. 1739 SERIAL NO. B 19568 13

REG. NO. 654257 NAME Anderson C

RANK Pte CORPS 100 AGE 25 SERVICE 6 9/12 E 2 9/12 F 6 9/12

HOSPITALS	DATE OF ADMISSION
1 L M C St London n.B.	6 2 19
2	
3	

DIAGNOSIS Neurasthenia. G.S.W. R. Arm Nerve Injury

TRANSFERRED TO Dom. Orthopaedic 7 3 19

DISPOSITION 2 3 5 19 CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

REMARKS:

R. 149.
2345—5m—5/12/16.

Clair.

Name ANDERSON, *Rank* Private. *Reg. No.* 654257.

Unit 58th. Battalion.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
31-1-17.	No.12 Sty. Hosp.	St.Pol	.Mumps.M.	A261.		
21-2-17	Discharged		do	A276.		
22-5-17.	No 35. Gen. Hosp. Le Havre		S.W.R.Arm.	A.346.	m 5491.	29/5
27-5-17.	Reading War Hosp. Reading.		"	B.294.		
22-6	San. Con. Hos. Epsom		" "	B.313.		
24-6	Inamor. C.S.L. War. H. Epsom		do.	B.316		
18.7	Convalescent do. Epsom		do	B 328		
5-9	Disch.			B.7.		N.K.

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

Form R. 149.

Clarie

Name ANDERSON Rank Pte Reg. No. 654257

Unit ~~58 Bn~~ Gen Depot

Next of Kin Canada

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
21.	5	Can Hy Etchinghill W.	V. D. G	6	17	85	18418
30-	11.	Discharged		20.	C		43

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

No. 654257 RANK Pte. NAME Anderson, Blair

T. O. S. 17-12-15 UNIT 161st Battalion,
D.O. 13 of 1-1-16

M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Jan. 17	Jan. 31	M		
Feb. 1	Feb. 29	M		
Mar.		C	Trans'f'd to Prov. school of Instruction at Clinton 1-3-16	D.O. 55 of 3-16.
Apr		N		
May		C		
June		N		
July		N		
Aug		N		
Sept-		N		
Oct-		N		

UNIT SAILED
OCT 30 1916

REGT'L NO 654257

H. Q. FILE NO. 649-

NAME Anderson Clair

RANK AND CORPS Pte. 58th Bn. (Form

FOLLOWS No. 61st Bn)

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY
M5491	29-5-17	C. Adm. to 35 General Hosp. Calais May 22nd, 1917. (G.S.W. R. Arm)

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
a 261.	#12 Stat. St Pol.	31-1-17.	Mumps Mild.
4276.	Discharged	21-2-17	Mumps. Mild
a 346.	No. 35 Du Calais	22-5-17	Lw. R. arm.
B294	Reading War Reading	27-5-17	" " "
B313.	Can. Convt. Woodcote Pk. Epsom	22-6-17	L. W. rt. arm 19-7-17
B316.	The Manor (County of Lon:) War. Epsom	24-6-17	L. W. rt. arm. 24-7-17
B328	Can. Convt. Epsom	18-7-17	" " " " " (14-8-17)
B7 (2)	Disch.	5-9-17	" " " " 2nd Cent. Gp
C17	Can: Etchinghill Epsom	21-5-18.	W.D.G.
C185-1	Disch.	20-11-18	Do.

D.M.S. 1300.

Surname Christian Name or Names Reg. No.

Amderson C. 654257

Rank Unit Co. Troop Batty

Pte (I.C.A.P.C.) ~~58th Bn~~ ~~2nd. C.O. Reg.~~ (H.Q.L. Units)

Hospital Date of Admission

12 Stat St Pol 31-1-17

Transferred # 33 Gen Calais Hosp. 22.5.17

Reading. War Hosp. 24.5.17

Epsom Conval. Hosp. 22.6.17

The Manor Co of Lon War. Epsom Hosp. 24.6.17.

Diagnosis

(1) Mump

Later Diagnosis (if changed) Sw Rt arm. R

(2)

(3) V.D.G. Yp

Additional Diagnosis: if more than one state present

DISPOSITION Date

C.L.IO-2-17 A261 Discharged 21.2.17

REMARKS

Discharged. 5-9-17.

Dis 30-11-18

62. 2 3 17 a 246

29. 5. 17 a 346.

1. 6. 17 B 249

27. 6 17 B 313

30. 6. 17. B 316

31. 7. 17 B 328

Ch. 11-9-17. B 7 (2)

23. 5-18 6. 17.

5-12-18 c 185.

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm
1.	Epsom Convl	18.7.17
2.	C.S. Etchinghill.	21.5.18.
3.		
4.		
5.		
6.		
7.		

Pte Anderson C.

#654257

DOMINION ORTHOPAEDIC HOSPITAL.

Date 12/8/19 1919

This is to certify that I have this day examined the marginally named man, and find him free from Venereal or other Infectious Disease.

Lyn Dale.
Captain C.A.M.C.

Name Anderson Enl. 17-1-16

Date of Embarkation for England 1-11-16.

Proceeded to France. 27-11-16 Returned to England. 26-5-17 Wd.

Date returned to Canada. 9-1-19

P.R. 2855.

"Chkd" 13-7-29 (over)

Cas. Sheet

31-1-17 - Mumps - To duty 21-2-17

22-5-17 - S.W. Rt. arm

To Eng. 26-5-17

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*).)

None.

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

Large vaccination mark (size american dollar) left upper arm

11.—(*a*) Did the disabling condition have its origin before enlistment? 1/2 NO 2. 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.)

1/2 not applicable. 2. ?

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? 1/2 a & 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? 1/2 permanent.

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

Ean conzante baths massage electrical treatment

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? no — cannot do telegraph work with RR hand.
(If not, briefly state why)

17. Recommendations

Discharge

G M Dale Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

Pte C Anderson Rank.
Signature of invalid examined.

A K M.

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.

We concur but find some pieces (about 4) in Flexor Longus Pollicis. This is a recovering lesion of Median Nerve.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

(*b*) Does not require treatment.
(*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.)

We recommend that he be discharged "Having been found medically unfit for service."

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.

Dominion Military Orthopaedic Hospital DO MAY 7 1919 Christie St., Toronto

D. K. Menzies Lt Col *President.*

PLACE

J. M. Caverly Capt

DATE

R. Harris

} 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

J. M. Caverly Capt.

DATE

} Members

APPROVED BY

APPROVED
Assistant Director of Medical Services.
MAY 23 1919
CAPT.
FOR A. D. M. S. M. D. 2

APPROVED BY

Director-General of Medical Services.

DATE

DATE

MEDICAL CASE SHEET (OPHTHALMOLOGY)

MILITARY WARDS
TORONTO GENERAL HOSPITAL
Eye Clinic

MILITARY HOSPITAL

DATE May 15th, 1919

NAME Anderson PANK Pte NUMBER 654257 UNIT 58th AGE 17

HISTORY Past 2 or 3 yrs

SYMPTOMS poor vision

GLASSES WORN no

OBJECTIVE EXAMINATION

EXTERNAL APPEARANCE

OD N

OS N

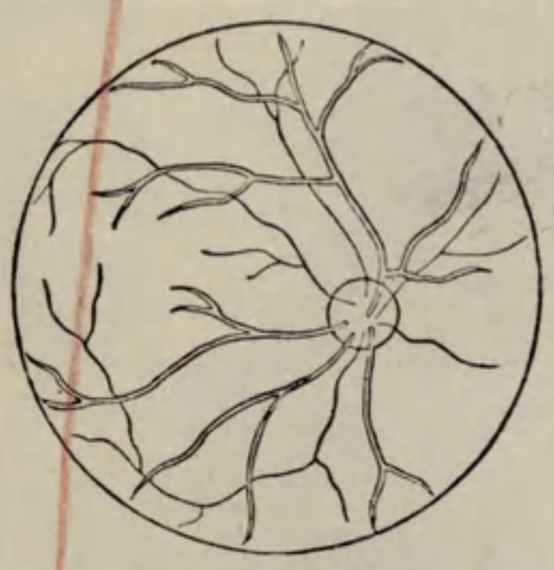
RETINOSCOPY AND OPHTHALMOMETER

OD +56 +1 -1.50

OS X -.75

OPHTHALMOMOSCOPE

	FUNDUS	LENS	CORNEA
OD	normal	clear	clear
OS	normal	clear	clear



FIELDS Diagnosis myopia and astig
Duration 1 1/2 years
Symptoms nil

MUSCLE BALANCE Dist & Near ⊃
Adj by Convs ⊃

TENSION no

SUBJECTIVE EXAMINATION

TRIAL CASE

		BEFORE	SPH.	CYL.	AX.		AFTER
OD	V	6/24	-.50	-.50	135	V	6/9
OS	V	6/60	-1.50	-.50	45	V	6/9

P.P. P.R. A. ACC. PRESBYOPIA

GLASSES PRESCRIBED

OD
OS abvr glasses.

TREATMENT:—

Hayleworth
Ophthalmic Surgeon
Military Wards
T. G. H.

M. F. W. 144
20M.—8-18.
1172-39-1173.

R—122
8,401—50,000—21-10-16.

J.P. Rank Pte Name ANDERSON, Clair. Reg'l No. 654257.

Unit ~~18~~ 161st.Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Goderich 17th Jan.1916. Place of Birth Windham.Tp. Norfolk Co. Canada.

Name and Address, Next-of-Kin Minnie Anderson.

Wyoming.Ont.Canada. Relationship mother.

GP

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place +1 Reason Character W.B.

A.F.B. 103 CHECKED 4570 N/E. R.B. No. File R.L. Category OR. CANADA

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
C		Arrived in England. S.S Lapland		11-11-16	
28.11-16	161st Bn	S.O.S. to. 58th Bn	Shorncliffe.	27-11-16	Pt II A.O. # 284
4/12/16	CC/58	Taken on strength.	Field	29-11-16	— "
10-2-17.	"	Adm. #12 Stat. Hosp.	St. Pol.	31-1-17.	C.2.a. 261 "mumps mild" 86.
2/3/17	"	Dis. " " "	" "	21-2-17	" 276 " 86 "
29/5/17	— " —	Adm. No 35. Gen. Hospl	Calais	22/5/17	" 346 S.W. arm.
1.6.17	— " —	To Reading War Hospl	Reading	27/5/17	" B294. S.W. L arm
4/6/17	2 CORD	T.O.S. from 58th Bn	E. Sandling	27/5/17	D08) (58th D.C. 44 6/6/17)
27/6/17	58th Bn.	Jfd. to Can. Convl Hospl.	Woodcote Park Epsom	27/6/17	C.L. B313. S.W. L arm
30/6/17	— " —	Jfd Mayor (Co of Lon) War Hosp.	— " —	24.6.17	C.L.B 316

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.
21.7.17	58th Bn.	Tfd C. Convalt. Hospital	Epsom		18.7.17.	C.L.B 328. S.W. r ann
10.9.17	2. COR	Dischd " " "	—"—		5.9.17	C.L.B 7. —"—
8.9.17	2. COR D	On comd to 1st C.C. Depot	E.Sdg	Pte	5.9.17	W.O. 183
29.9.17	"	Ceases to be on comd	do	Pte	28.9.17	W.O. 204 (1st CCD. 194. 29.9.17.
24.10.17	"	On comd to C.A.P.C. London	do	Pte	24.10.17	W.O. 229 C.A.P.C. Pt II 256 d/28/10/17.
12.12.17	"	Ceases on comd & S.O.S. to C.A.P.C.	do	Pte	23.10.17	W.O. 275 C.A.P.C. Pt II 022 d/26/1/18.
3.5.18.	C.A.P.C.	S.O.S. to Gen. Dep. London	London	"	3.5.18.	Pt II 103. GEN DEPOT 9 II 107 D/6-5-18
16-12-18	Gen Depot	On Com to 1st CDD. Buxton	Witley	Pte	13-12-18	—298.
22-1-19	Gen Depot	Ceases Com CDD, & is SOS to Canada	"	"	9-1-19	—18.

Army Form B. 103. Sheet 2 Regimental Number 654257

Casualty Form—Active Service.

Regiment or Corps

Rank Pt Surname Anderson Christian Name C.

Religion Age on Enlistment years months.

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

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b) or Corps Trade and Rate

Signature of Officer.

Report: Date	Report: From whom received	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
		Embarked ...			
		Disembarked...			
14-12-18	Gen Dep	"ON COMMAND" 1st C.D.D., BUXTON	Wiley	13-12-18	DO 297
14-12-18		Attached C.D.D. Buxton for return to Canada Part 11 Order No. 296			
		Ceases to be attached C.D.D. Buxton on embarkation for Canada.			
28.12.18	Gen Dep	TOS MD1 Conc Wing	Rhyl	28.12.18	A. E. Avery Lieut AA for Ob Conc Wing

Authenticated LIEUT.
OFFICER i/c RECORDS,

Lt. for Lt. Col.
Commanding Canadian Discharge 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) Signaller, Shoeing-Smith, &c.

[P.T.O.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

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				
10-1-19	[illegible]	[illegible]	Indm 2 E		
			F. C. Herman Lieut		
			for C		
7-3-19	O.C., C.H.M.H.	S.O.S. No.1 DD (CHMH) on trans. to No.2 DD (Dom. Orth Hpl.)	7-3-19	7-3-19	HSO 69 DDO 69
		[signature] Capt., for C.O., No.1 District Depot.			
7-3-19		T.O.S. No. 2 District Depot. Part II, D.O. No. 73			
		Dis. #2 D.D. 29th May 1919 Pt. 11 #147			[signature] Capt For O. C. No. 2 District Depot
		[signature] O. C. Discharge Sections, No. 2 District Depot			Lieut

Fill [illegible] Only.—Unit, Number, Rank and N[illegible]e.

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 161st O.S. Battalion C.E.F.

Regimental No. 654257 Rank Pte. Name Anderson, Clair.
C. E. F.

Enlisted (a) Jan 17-16 Terms of Service (a) War & 6 Mos after. Service reckons from (a) Jan. 17th, 1916.

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) Bak Clerk.

CERTIFIED CORRECT. 9 DEC. 1916 CAN. RECORDS, LONDON.

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-Canada		1-11-16	
		Arrived-England		11-11-16	
Nov 28/16	161st Bn	Transferred to 58th Bn (Os)	Shorncliffe	27-11-16	Bn Order 284
					C. G. Van Stone Capt Adjutant 161st Huron Battalion C. E. F.
	O. C. C. B. D.	Landed in France. Taken on strength 58th Cdn. Bn.	29.11.16	Nom. Roll F. II D.O. 75	d/29.11.16. d/4.12.16.
	— do.	Left for do.	19.12.16	Nom. Roll	d/ 29.11.16.
	C. C. Bn.	Arrived do.	22.12.16.	B 213	d/ 30.12.16/147/9.1.17.
3.2.17	O.C. 58th	Illness	Field	31.1.17.	B 213/156/14 2/17
31.1.17.	12 Sty. Hosp.	Mumps adt.	12 Sty. Hosp	31.1.17.	W 3034/214.
4.4.17.	10. C.F.A.	✓ adt. & trans. to	✓	✓	A. 36/157/17 4/17.
21.2.17	12 Duty	Mumps to	Duty	21.2.17	W 3034/232
4.3.17.	O C Unit	Rejoined Unit	Field	22.2.17	B 213 DC 8163
22.5.17	35 Gen.	S.W. Arm R. Adm	35 Gen	22.5.17.	W 3034 - W 861
26.5.17.	✓	✓ Invalided & posted to 2nd Central Ont. Regtl Depot Shorncliffe	H.S. Peiter de Conick	26.5.17.	W 3083 - A 5769 Part II Ord 44 D/6 6/17

(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: 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.
			B. Johnston for Lieut		Lieut Col. AAG
4. 6. 17	In CORD	Taken on strength on posting from 58th. Bn	E Sandling	27.5.17	WO 87 [signature] LIEUT! FOR LT: COL: I/C RECORDS, C.O.M.F.
28-9-17	Discharged from 1st C.C.D.	E. Sandling	to 2nd CORD	Bn. Part II D.O. No. 198	28-9-17 [signature] for Adjutant, Canadian Command Depôt.
5-9-17	2nd CORD	On Com. 1st CCD	E Sandling	8-9-17	D.O. 183
28.9.17	—"—	Detailed to Depot Coy	—"—	29-9-17	D.O. 204
24-10-17	—"—	On Com C.A.P.C.	London	24-10-17	D.O. 229
29-10.17	CAPC.1.	Attd from 2nd CORD	"	23-10.17	James Lannand Capt & Adjt 2nd CORD
26-1-18	O.C. No 1 Det CAPC.	T.O.S. on trans from 2nd CORD.	London	23-10-17	P.2.O. 256
3-5-18	CAPC.1	Struck off strength on being posted to General Depot.	London	3-5-18	Pt II D.O. 22. Pt.11.D.O.103 [signature] Capt., OC., No.1 Det'mt., CAPC., OMFC.
6. 5. 18	Gen Depot	T. o S Gen Depot	Scuffle	3. 5. 18	Pt II DO 107.
22. 5. 18	" "	Adm E Hill Thor	"	20. 5. 18	Pt II DO 121.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

District: Clair

Name of Soldier: Anderson

Rank: Pte

Regiment: 161st

No. 654257

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	1919 Feb 4	6 4.5.14 11.14.26		1/30							2/20.29							1/9		EXAMINED BY A. J. McMillan Capt.		Complete on discharge

May. 19/19 Final Board Exam. D.M.O.H. Toronto

Requires { Dentally fit

H. S. Thomson Capt.

M.F.B. 465. 200M.—6-18. 1772-3

CANADIAN ARMY DENTAL CORPS, MILITARY DISTRICT NO. 1.
M.F.B. 484.

2194 DENTAL CERTIFICATE ON DISCHARGE.

To Officer i-c Dental Services at LONDON, ONT.
MD # 1

Name Anderson Clair REGTL Number 65425
161st Bds
has been given Dental examination previous to discharge and is entitled to Dental treatment to the extent of:-

nil

This certificate to be presented within two months of the date on discharge papers.

R. G. McMillan Capt.
Officer i-c Dental Examination on Discharge.

Examined at LONDON, ONT. Date 4-2-19

C.A.D.C. 5009 A

/

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

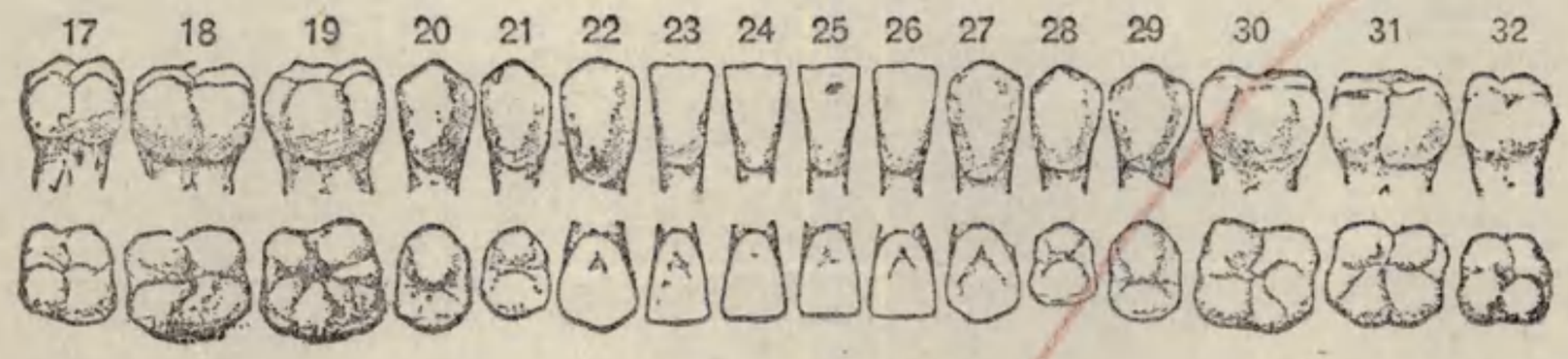
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Anderson L

REGIMENT GD RANK Pte. No. 654357

Date of Examination in England Dec 4/18 Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS Qui
2. EXTRACTIONS
3. CROWNS
4. DENTURES Qui
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

HAS HE EVER RECEIVED DENTAL TREATMENT ? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (*a*) In Canada
- (*b*) In England } Yes.
- (*c*) In France

Signature of Dental Officer H Cowtan Capt

*PARTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS.

CONFIDENTIAL INFORMATION

CATEGORY

Report No.		No. of M. H. C. File	No. of Local File	No. of H. Q. File
Unit I.	Anderson, C. (Surname, Christian Name)			
M.D. No.	Permanent Address: King St., Petrolia (Lambton), Ont.			

No.* 654257 Rank Pte. Original Unit Service Unit*

Age* Height ft. ins. Complexion Eyes Hair Conduct

Date of enlistment Where enlisted Where seen service*

Ship returned by Betta IO. Date of arrival 17.I.19. Port of arrival Hfx.

Birthplace* Religion

Present disease or disability Cause or origin

Condition in detail which prevents the soldier from earning a full livelihood

649-a-4577

E. 1. Discharge, no pensionable disability.
E. 2. Waiting Reclassification.
E. 3. Discharge with claim for pension.

Degree of Incapacity—Eng. Board. Canadian Board

Is disability due to or aggravated by Service?

Probable duration of incapacity

Does it render him unfit for Military Service?

Is further treatment or use of appliances recommended, if so, which?

Destination to which transportation issued

Members of Board

Place Date 19

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Name and address next of kin

Notification of return to be sent to

Occupation prior to enlistment And for how long followed

Regular trade or occupation

Do you consider that your disability will prevent you from following your previous occupation.

Average earnings previous to enlistment Any other income

Name and address of last employer

Rent per month If owner of or purchasing property, amount due and annual payment $ $

Taxes If Homestead or Farm, where located

If carrying life or accident insurance, annual premium $ Name of Society

If work should not be available at old occupation, name preference. Undecided.

I declare that the above statement is correct.

References

Witness

Date 17.I.19. Place Hfx. Signature C. Anderson.

Remarks by Interviewer:

Last Pay Cert. Cr., $ Dr., $ Amount paid at Depot H.Q., $ L.P.C. leaving Depot, $

Amount forwarded to H.Q. Unit, $ Credit Clothing allowances, $

PENSION—Class..... Amount per year, $..... Period granted for..... Dating from.....

First payment date.....

A. General Service. B. Service abroad, not general. C. Service in Canada. D. Treatment.

Form I.S.C. No. 5c.

MAY 7 1920

R.G.

April 3/19 – Improving – Continue treatment

7/4/19 – Slight improvement – To carpenter shop.

14/4/19 – Continue. Improving.

25/4/19 – Continue – improving.

May 6/19, Continue – To see Major Boyer tomorrow.

May 6'19 – Recommend discharge to civil life.

W T Boyer Major RAMC

CASE HISTORY SHEET.

Dominion Orths. Hospital. Christie Street Station.

No. 654257 Rank Pte Name Anderson, Clair Age 25

Unit D.D. # 2 Completed years of service Where and how long } F. 6/12 E. 19/12 C. 11/12

Date of admission 7-3-19 Date of discharge 29-5-19.

Diagnosis G.S.W. R. Upper Arm Place of origin Vimy, 20-5-17

CONDITION ON ADMISSION AND PROGRESS OF CASE

D.O.H. May 19/19. Condition when finally boarded for discharge.

#654257, Pte. Anderson, C.

Was wounded May 20/19 at Vimy. Immediately after wound hand was useless.
1. Objective:- Well healed wound upper arm. There is voluntary power in all muscles of hand except the abductor poll. brev. and flexor poll.longus. Can make a fist but index finger does not reach palm. Grip about 1/3 normal. Can oppose thumb and fingers fairly well. There is partial loss sensation over thumb, index and middle fingers. Cannot distinguish shape of objects grasped between thumb and index finger. Can write with rt. hand but poorly. Cannot grasp objects very well with thumb and finger. Cannot button with rt. hand.
2. Objective:- See Specialist's report.
1. Subjective:- Some pain in hand on cold days.
2. Subjective:- Complains of headache and pain in eyes.

T. Attlee Capt

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE

Medical Officer i/c case.

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

CASE HISTORY SHEET.

.....Hospital. .....Station.

No. 654257 Rank Pte. Name Anderson C. Age 25

Unit D.D #1 Completed years of service Where and how long } C. 9/12 E 21/12 F. 6/12

Date of admission 6-2-19 Date of discharge 7-3-19

Diagnosis Neurasthenia Place of origin overseas

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaint:

Loss power right thumb and index fingers (complete) (partial) tips of right thumb and index fingers

Duration

Since May 1917 - following

wound.

Exam.

Small scar inner surface right arm junction of upper and middle third also small scar posterior surface of arm - Resulting in nerve damage.

Referred to Neurologist for report

10/2/19. Advise transfer to Orthopaedic Hospital Toronto for treatment

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

15/2/19 - Awaiting transfer to neurological Centre

26/2/19 - Condition the same - awaiting transfer

TREATMENT

(Especially any specific or special form)

Awaiting transfer to Toronto.

CONDITION ON DISCHARGE,

(and disposal made of case.) Unchanged.

Date 7-3-19 G. Macaulay Capt.
Medical Officer i/c case.

M. F. B. 313a.
50M.—3-18.
1772—39-439.

B195-68

Mar 8. 1919.

Wound.

Extn aspect medial Occipital groove. 2" below ant fold Parallel.

Ext - post wnd margin Jam. just below post axillary fold.

discharged. 4 wks. ~~wwwww~~ cicatrix Tissue.

Anaesthesia.

Median area.

Muscle Reaction

	Faradic	Galvan.	Ltn.
Thumb	+	+ sharply	.025
Prom. Teres	+	+ "	.05
Flex Carp Rad	+	+ "	.05
Palm. long	+	+ fairly "	.25
Flex dig sub.	+	+ "	.25
" prof 2.)	2 wnl 3 + faint	wnl	.25
Abduct Pol. Br.	wnl.	+ slowly.	3 mf
Opponens	+	+ ~~Slowly?~~	~~wnf~~
Flex Poll. long	? wnl	+	.25

Treat - Heat - massage & int galvanism

26-3-19 - Do muscle function training for exercise thumb & index finger.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
8232/4/6	654257.	~~Corporal~~ Private	Anderson. E.	C.
Year 1914	Unit. 58. Canadians.		Age. 23.	Service. 1 4/12.

READING WAR HOSPITAL.

Station and Date.	Disease
	S/Wo Rt Arm
26. V. 17	wounded 20-5-17
	F.B. removed from subscapular
2.	A.T.S. 29-5-15
28. V. 17.	Normal to X Rays.
	3rd 22. V. 13.
14. VI 17.	healed.
	Leslie Powell.
Clipstone Park.	
15. 6. 17.	Wound healed - much cicatrix.
	Paresis flexion of Index finger - Loss sensation &
	distribution of Radial nerve.
21. 6. 17	Check
25/6/17	~~Lt.~~ Lt. R.A.M.C. Epsom. Emerald Ward Nurse.

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

(1450x) Wt.W 11203 M 1150. 1,450,000. 6/12/16. C.F.& S. Forms/I. 1237/12. (2238)

P.T.O.

Station and Date.	

Form D.M.S. 1394
50M-[illegible]478-17-4-17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at I7.9.I7. 1917.

No. 654257. Rank Pte. Name Anderson. C.

Local Unit C.C.D. Overseas Unit 58th Batt. Age 24.

Examination held at East Sandling.

DISABILITY.
Overseas-~~Local~~
(SCRATCH ONE OUT). G.S.W.R.ARM.

PRESENT CONDITION.

Cannot completely flex thumb and index finger of right handm, middle finger is numb. Will never be able to handle a rifle. General condition good. In France 6 months.

BOARD RECOMMENDS:- B.II.

1. Fit for Duty .....
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:-

T. Members (H.A.Culham. Capt. ..... President.
(J.Swinden. Capt. .....
(.....

APPROVED 18 SEP 1917

Dated ..... 1917. .....CAPT FOR A.D.M.S. CANADIANS, SHORNCLIFFE For A.D.M.S.

MAY 7 1918

Capt. C.A.M.C.

M.O. Gen: Depôt, Shorncliffe.

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

No. Hospital.

ROYAL WAR HOSPITAL
28 MAY. 1917
344, OXFORD ROAD

Ward A3 No. of Bed 20 Date 28 V 17.

Regtl. No.	Rank and Name	Corps	Part to be X-Rayed
654257	Pte Anderson	58th Canadian	R. arm.

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case)

? Fracture of humerus

? F-Bs.

Signature of M.O. Leslie Powell

Date 28. V 17.

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 1293

NORMAL TO X-RAYS.

Signature of Radiographer W Fosher

Date May 30 1917

(9 38 40) W 8290—3262 100,000 8/15 H W V(M 163) Forms/W. 3172/1
15134—116 300,000 1/16

29 1917

D.O.H. May 19/19. Condition when finally boarded for discharge.

#654257, Pte. Anderson, C:

Was wounded May 20/19 at Vimy. Immediately after wound hand was useless.
1. Objective:- Well healed wound upper arm. There is voluntary power in all muscles of hand except the abductor poll. brev. and flexor poll. longus. Can make a fist but index finger does not reach palm. Grip about 1/3 normal. Can oppose thumb and fingers fairly well. There is partial loss sensation over thumb, index and middle fingers. Cannot distinguish shape of objects grasped between thumb and index finger. Can write with rt. hand but poorly. Cannot grasp objects very well with thumb and finger. Cannot button with rt. hand.
2. Objective:- See Specialist's report.
1. Subjective:- Some pain in hand on cold days.
2. Subjective:- Complains of headache and pain in eyes.

161st Huron Battalion, C. E. F.

MEDICAL HISTORY SHEET

ANDERSON

Surname Anderson Christian Name Clair CLAIR

Examined on 11th day of December 1916
at Goderich, Ontario Canada

Birthplace City or Town Winnipeg
County Norfolk

Apparent age 22

Trade or occupation Bank clerk

Height 5 Feet 5 Inches.

Weight 140 Lbs.

Chest measurement Minimum 33 inches.
Maximum expansion 36 inches.

Physical development good

Small-Pox Marks

Vaccination Marks Arm Right. Left.
Number one

When Vaccinated last 1905

(a) Marks indicating congenital peculiarities or previous disease

No.

(b) Slight defects but not sufficient to cause rejection

No

Approved by

Rank Capt 3rd Bn M.O.

Date	Fit or Unfit	Examined for Re-engagement	
	Fit		M.O.
MAY 7 1918		Capt. Canadian M.O.	
		M. G. Gen. Depot, Shorncliffe.	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations.	
July 21	S.R.	J. W. Shaw	M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
April 29	S.R.	J. W. Shaw	M.O.
Oct 19	"	J. W. Shaw	
Oct 21	"	J. W. Shaw	M.O.
Nov 1	"	J. W. Shaw	
			M.O.

Enlisted on 17th day of January 1916 at Bayfield, Ontario Canada

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	161st Batt'n	654257		Dec. 11, 1916
Transferred to	2nd 58th Bn C.O.R.D.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Cart Landing	17-9-17	G.S.W. L. arm	Bit N. G. Cultam Capt. Canad
Etchingham	27-11-18	G.S.W. R. arm	Bit A.W.O. Bagnall major Canad
Toronto	19-5-19	Partial loss Funct. R'arm	Discharge. R. Evans Capt & Pres Board

Dominion Military Orthopaedic Hospital
DO.....
MAY 20 1919
Christie St., Toronto

N. B.—This sheet 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. 318.

150M.—8-15.
H. Q. 1772-39-439.

ORIGINAL

Surname Anderson Christian Name Clair

STATION	Date of Arrival at the Station	Dates of Admission into Hospital: Day	Month	Year	Discharge from Hospital: Day	Month	Year	DISEASE	Number of days in Hospital	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
Reading	War	27	5	17	21	6	14	G.S.W. of R. Arm.	26	F.B. removed in France 2 A.T.S. healed. 2 A.T.S. in France 3rd 22.VI 17.	
M.C. Hepsom		21	6	17	26	6	17	do	5	Transferred to Manor (C. of L.) War Hospital	Leo Powell W.S. Brown Capt
M.C. Hepsom		17	7	17	5 SEP 1917			do	51	Wound's healed on admission Stone stiffness and weakness has had massage with good result. Now fit for p.t. Dy	W.S. Brown Capt
CANADIAN HOSPITAL ETCHINGHILL, LYMINGE		20	5	18	29	11	18	Gonorrhoea	194	14 days after exposure admitted M.P. Discharge - Treat. - Delators - Irrigations - Massage - Complications Prostatitis - Lithritis - Folliculitis Apparently cured -	E. W. Huffell

58 Temporary

Army Form B. 178

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname ANDERSON. *Christian Name* C.

TABLE I.—General Table.

Birthplace: Parish .... County ....

Examined: on .... day of .... 191 , at ....

Declared Age .... years .... days.

Trade or Occupation ....

Height .... feet .... inches

Weight .... lbs.

Chest Measurement: Girth when fully Expanded .... inches; Range of Expansion .... inches

Physical Development ....

Vaccination Marks	RIGHT.	LEFT.
Arm........		
Number........		

When Vaccinated ....

Vision: R.E.—V = ... L.E.—V = ...

(a) Marks indicating congenital peculiarities or previous disease—

....

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

....

Approved by ....

Rank ....

Medical Officer.

Enlisted: at .... on .... day of .... 191...

	Corps.	Regtl. No.
Joined on enlistment	58 Can. Bn	654757
Transferred to		

Became non-effective by ....

on .... day of .... 191...

(Signature) ....

(Rank) ....

TABLE III.—Boards; Courts of Enquiry, 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
MAY 7 1916	Bn [signature] Capt. C.A.M.C. M.O. Cant. Depot, Shorncliffe

TABLE IV.—Service Table.

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

Y 8429 Wt. W717 /M838. 100m. 9/16. Drayton Mill. (422)

TABLE II.—Only for admissions to Hospital or to the Sick List in 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				
M.C. H Epsom	21	6	17	23	6	17	~~G.S.W.R.~~	3		
							~~arm~~			
							Phymosis		Prepuce adherent and outer meatus nearly closed. Difficulty in urination. Transferred & thanks for immediate surgical T.T.	M.G. Mann Capt
Maud C. of London W. Hosp. Epsom	23	6	17	17 JUL 1917					24th Circumcision.	[illegible]
	~~15~~	~~7~~	~~17~~						For discharge. Fit for duty	W. P. Herbert

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

Dominion Military Orthopaedic Hospital
DO.....
MAY 19 1919
Christie St. Toronto

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 D.O.H. Toronto DATE May 12 - 1919

1. 1 (*a*) Unit D.O.H.C. 2 (*b*) Regimental No. 654257 (*c*) Rank Pte.

(*d*) Surname ANDERSON. (*e*) Christian name CLAIR.

(*f*) Home address Lorne ave. Petrolia Ont.

(*g*) Next of Kin Mrs. W. J. Anderson (*h*) Relationship Mother

(*i*) Address of Next of Kin Same address

2. Age last birthday 25 Date of birth Aug 12 1894

3. Enlistment, or Appointment (if an Officer) (*a*) Place Goderich (*b*) Date Jan 17. 1916

4. Personal description:

(*a*) Height 5' 5"-11 (*b*) Weight 139½ (stripped) (*c*) Complexion Fair

(*d*) Colour of hair Brown (*e*) Colour of eyes Blue (*f*) Identification marks, Scars, etc. Mole on left side of neck.

5. Former trade or occupation Bank Clerk

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
	3.	120

	Periods	
	From	To
Canada	Jan. 17. 1916.	Nov 12 1916
England	Nov. 12 1916.	Nov 29 1916
France or other theatres of War	Nov. 29 1916.	May 26 1917
England & Canada	May 26 1917.	Jan 14 1919.

7. Original disease, or injury G.S.W. of Rt upper arm.

(*a*) Date of origin May 20/17 (*b*) Place of origin Vimy France.

(*c*) Cause Exposure to enemy fire

M. F. B. 227.

400M—11-18.
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.)

1/ Partial loss function Rt hand.

2/ Complaint of Partial loss function eyes.

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.)

1/ Obj. Well healed wound upper arm. There is voluntary power in all muscles of hand except the abductor poll brev & Flexor Poll. longus. Can make a fist but index finger does not reach palm. Grip about 1/3 normal. Can oppose thumb and fingers fairly well. There is partial loss sensation over thumb index & middle fingers. Cannot distinguish shape of objects grasped between thumb & index finger. Can write with Rt hand but poorly. Cannot grasp objects very well with thumb & finger. Cannot button with Rt hand.

2/ Obj. - See Specialist report.

1/ Subjective - Some pain in hand on cold days.

2/ Subjective - Complains of headache & pain in eyes.

(*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 nd Cardio-Vascular System nd Genito-Urinary System n
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses nd Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System nd Muscular System no

Osseous and Joint Systems no Any other general condition no.

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

Was wounded May 20/17 at Vimy. Immediately after wound hand was useless.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 654257 Rank Pte Name Anderson W. C.
(Surname first)

Unit #2 D.D. who was* Discharged

On 29.5.19 1919, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1.5.19 to 29.5.19 191...
the inclusive date of transfer or discharge.

		Dr.		Cr.	
Bal. Dr. or Cr. from prev. month		2			
Regimental Pay 29 days at $ 1 c 10				31	90
Field Allowance days at $ c					
Separation Allowance				35	
Clothing Allowance				7	00
Post Discharge Pay					
*Other Credits					
Advances	115323	12	10		
Separation Allowance and Assigned Pay Cheque No.	113972	20			
*Other Charges					
Balance ~~on transfer or on~~ discharge, cheque No.	115946	102	80		
Total		136	90	136	90

*Give particulars.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....
.....	.....	.....	....	....	.....

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins ..... 161st Os. Bn. C.E.F.

(2) Regimental Number 654257

(3) Full Name of Soldier ..... Anderson, Clair.

(4) Place of Birth ..... Windham Tp., Norfolk Co., Ont., Canada.

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

(6) If married, state,
(a) Full name of your wife ..... —

(b) Present Postal Address ..... —

(7) Are you a widower ? ..... No.

(8) Have you any children ? ..... No.

If so, give number of boys and girls ..... —

Also their names and ages ..... —

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No,

If so, state name and address —

(10) Is your Mother alive? Yes.

If so, state name and address Minnie Jane Anderson,
Wyoming, Ont., Canada,

(11) If your Mother is a widow Yes.

Are you her sole support, or not? No,

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

—

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

—

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

—

(15) Are you insured? Yes.

If so, in what Company? Sun Life.

Have you made arrangements for payment of your Insurance premium Yes,

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

A. B. Lemoine
Officer Commanding.

Date June. 16. 1916

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

DISCHARGED

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 CLAIR. 2. Surname ANDERSON.

3. Rank PTE. 4. Original Unit 161 Bn 5. Reg. No. 654257

6. Address, in full, to which future payments of gratuity are to be forwarded

Lorne Ave. Petrolia. Ont.

7. Date of enlistment in the C.E.F. Jan. 17-16.

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge MRS. M. J. ANDERSON. (APPLIED FOR NOT RECEIVED)

9. Relationship of such dependent MOTHER.

10. Present address, in full, of such dependent SAME ADDRESS.

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ? NOT APPLICABLE.

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:—

LEFT CANADA OCT. 28-16 & returned Jan. 1919

(161 Bn)

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 ? NO.

14. Were you on active service only in Canada or the United States ? If so, give particulars of units 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 3 Yrs. 4 Mons. 12 dys.

161 BN. 58th BN.

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.
122—D.P.—250M-2-19.

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? ..NO.....

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

22. Are you entitled to received, 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 ....29th May 1919.....(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 FRANCE)(NOV. 30-16 until May 26-17)(58 Bn).....

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: C. Anderson

Place of Residence: LORNE AVE. PETROLIA..ONT.

Declared before me at: TORONTO.

This 23d. day of May 19....19.

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

A Kilpatrick

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

L. L. Job 4593.—M. & D. 6832.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

To Whom Mrs M. Anderson

Address RR 3
Wyoming
Ont.

Rate 20.00

By Whom Assigned Anderson Clair

Regtl. No. 654757

Rank Pte

Corps 161 Bn

NOV 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 2 ACCOUNT

*Name ANDERSON Clair Rank Pte Regtl. No. 654257

Fyle Depot IDD 10-A-147

Original unit 161st Present unit 58th M or S Age 26 Religion Meth Ref H.Q.

Port, ship and date of arrival Halifax , N.S. OLYMPIC 17-1-19

Next of kin Minnie Anderson, Wyoming, Ont.

Address on leave Lorne Ave. Petrolia.Ont.

Address on discharge same.

Transportation issued Yes Petrolia. No Date 29-5-19. Character on discharge

Previous occupation Banker Date and place of enlistment Jan. 17th 1916, Goderich,Ont.

Diagnosis G.S.W. RT UPPER ARM Date of Medical Boards 12-6-19.

Date T.O.S.	Remarks	Pt. 2 Order No
10-1-19	No. 1 D.D.	
20-1-19	Post4d to cas coy and granted furlough with sub	
	sistance allowance to 4-2-19	28

*—Name will be given in full ; surname first

(over)

Date.	Remarks	Pt. 2 Order No.
FEB 6- 1919	TO HOSPITAL SECTION FROM CAS COY. C. H. M. H.	37 39
7-3-19	Transferred to NO.2 D.D. (Dom. Orth. Hpl.)	69 69
	T.O.S. from D.D. #1 7-3-19 posted to Hos. Sec.(to be transferred to D.D.#1 on completion of treatment) #75	
	D.D.#1 to D.O.H. 7-3-19 H.S. 69	
23-5-19	HOS. SECT. TO CAS. COY. PARK SCHOOL	143.
29-5-19	SOS DISCH.MED.UNFIT(ENTITLED TO 183 days W.S.G.)	147

M. F. W. 192
150m.—5-18
1772-39-1243

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. Mrs M J Anderson

Name of Soldier Anderson Clair

L. L. Job 310.—Req. 6574.

654257 161 Bn Pte

20.00

NOV 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		A 33504	20	
Dec.		V 35036	20	
Jan.	1917	I 35937	20	
Feb.		I 42290	20	20 (Jul)
March		J 48385	20	20.L.
April		J 22	20	20.E.
May		J 6308	20	
June		J 12923	20	20.E.
July		~~J 19685~~	~~20~~ 20	S J 19685 Can Hs
Aug.		B 28373	20	B
Sept.		X 33463	20	S
Oct.				220
Nov.				
Dec.				20
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

CANADIAN
ASSIGNED PAY AUDITED
[signature] 31 12 18
AUDIT CLERK
DATE 14-5-19

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.				

AUDITOR | PAY No.

29.

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

M. OR S. | REGT. No. 654257 | RANK Pte. | NAME (IN FULL) ANDERSON, C, (BLOCK LETTERS: SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 161 Bn

PLACE OF ATTESTATION ✓

DATE OF ATTESTATION 17-1-16

ASSIGNED PAY, $ 20 00 Dy

PAYABLE TO Wife

ADDRESS Mrs M. J. Anderson, King St., Petrolia, Ont

IF IN P. F. WHAT UNIT? Lorne Avenue, Petrolia, Ont

TRANSFERRED TO — DATE — AUTHORITY

TRANSFERRED TO — DATE — AUTHORITY

DATE EFFECTIVE 1/3/19

RELATIONSHIP

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Toronto — DATE 29. 5. 19 — REASON M.H. — AUTHORITY D.O. 147 — IF ENTITLED TO POST DISCHARGE PAY 183

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.	SEPT'N ALLCE. $	SEPT'N ALLCE. C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
Balance from previous account																																				From #1 DD. Vos. DO. 73. C Bal L PC 83.35.
Mch 8-31	24	1.10	26	40			83	35	109	75	S104742		S104759		S106095		25		64	75			20								109	75					
Apl 1-30	30	1.10	33	-					33	-	S109414		S110433				5											10	-	35	-			2	-		Debit per amended L PC #10
~~May 31~~	~~1.10~~	~~31~~	~~46~~																																
~~May 31~~	~~1.10~~	~~31~~	~~46~~	70	-						~~34~~	~~16~~	115323		113972		12	10					20					2	-	~~34~~	~~16~~					
May 29	29	1.10	31	90	35	-			136	90	115946								102	80										136	90					
			W.S.G.																									W.S.G.								Due Soldier
183 days			420						420																	29-5-19		70		70		350			
																													70	-	140	-	280			
																													70		210		210			
																													70	-	280	-	140	-		
																													70	-	350	-	70	-		
																													70	-	420	-	#			
									420	-																			420	-	Final	420					

ar 73. Jun 26 666269.
ar 91 Jul 18 978511
ar 118 Aug 21 1342557
AR 145 Sept 23 1354009
AR 171 Oct 24 1362146

W.S.G. Paid by #7 D D.

W.S.G. PAID IN FULL
J. Meers CAPTAIN
FOR PAYMASTER WAR SERVICE GRATUITY

60m.-11-18. L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- November 1st 1916		EFFECTIVE DATE:-	
AMOUNT:- 20.00		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.

Mrs M. J Anderson Mother
R R No 3 Wyoming Ontario
Stopped Eff 1-1-1919

Canada Summary

B

NAME:- ANDERSON Clair

NUMBER:- 654257.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
D.O. 285.	23.11.17	Private 2nd Class
DO 103 3.5.18	4.5.18	Reverts to Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 161st Batt.

DATE ACCOUNT FIRST OPENED:- Nov 1st 1916

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
DO 256	23-10-17		L.A.6 Pay II
DO 103.	4-5-18		2nd CORD
Request	1-1-19	27/8/19	Canada

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
~~3/6/18~~	~~AB51 9182~~	Personal Chgs 9¼d	19			D 116.40 Y.D Chgs	
~~23/9/18~~	~~AB51 N100~~	" " 5d	10			Reduced 4/1/19	
~~14-11-18~~	~~2857~~	Etch 10/- 19/1/18	2 43				
~~15-11-18~~	~~AB51 0150~~	P. Charges 11d	22				
			294				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
DO 285 23-11-17.	1 00	50		1 00
DO 103. 3.5.18	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Transferred to Canada 1/1/1919 - WR 29. NR 29. 1/12/18 - LPC Bla #107 15/xx

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				March Bal					16 81		
April 30	2nd Pay.	75 00		AR 2045 15.4 Lao	24 33						
				Can a/c				20			
May 1-3				AR 3890 30.4 Lao	34 07				13 41		
1-3	3 Days at 2.50	7 50			58 40			20			
	P Pay 4/31.	30 80		AP				20			
				Dr AR 92 14/5/18 C&D	4 87						
		38 30			4 87			20	26 84		
June	Ptes Pay.	33 00		AP				20			
				Dr AR 1030 14/6/18 Etch	2 43						
		33 00			2 43			20	37 41		
July	Ptes Pay.	34 10		AP				20			
				Dr AR 1368 12/7/18	2 43						
		34 10			2 43			20	49 08		
Aug	Ptes Pay	34 10		AP				20			
				Dr AR 1502 - 12/8/18 E'Lec	2 43				60 75		
		34 10			2 43			20			
Sept	✓ —	33 00		AP				20			
				Dr AR 2170 12/9/18 ✓	2 43				71 32		
		33 —			2 43			20			
Oct	— —	34 10		AP				20	85 42		
				✓ 2515 11-10-18 ✓	2 43				82 99		
		34 10			2 43			20			
Nov	✓	33 00		AP				20	95 99		
				✓ 3857 14-11-18 ✓	2 43				93 56		
				VD Stpgs 20.5.18 to 29.11.18 - 194 Days @ 60d Less Dep D0289 5/12/18		116 40					
Dec	✓	34 10		AP				20			
		67 10		5271 17.12.18 Entered on L P C	9 73 / 12 16	116 40		40	18 47		

Carried Forward

~~D 116.40~~ 120
R&A Advanced
4-1-1919

Checked J M Laine
3-12-18

NUMBER 654257 RANK NAME ANDERSON. C.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Dec	Blce Brot Ford								18 47		
Feb		✓		7046 24.12.18 Endorsed	14 60			25	33 07		
					14 60						
					14 60						
				Allot 15/11/18. AB 51 0150		22					
				" 23/9/18 AB 51 N100		10					
				" 3/6/18 AB 51 C182		19			33 58		
				S.O.S. Canada. 9-1-19.							

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 14-5-19

10 - AN. - 25 OK.

AUDITOR J. | PAYMASTER M

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

M. OR S.

REGT. No. 654257 RANK P.L. NAME (IN FULL) ANDERSON C.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS Nil

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 161st Batt. IF IN P.F. WHAT UNIT? (BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO #2 D.D. | DATE 7/3/19 | AUTHORITY Ed. Ffer

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ 20 Pd to | DATE EFFECTIVE 31-1-19

PAYABLE TO Mrs. M. J. Anderson | RELATIONSHIP M.

ADDRESS King St Petrolia Ont

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

1.00 10

MONTH E.S.P.C.	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	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.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account 31-12-18							107	15															20	00			9 / 14 / 30 / 4 / 5	73 / 60 / 00 / 87 / 00			84	20			22	95	A.P. Jan On Boat
1-1-19 31-1-19	31	1.10	34	10	12	80	22	95	79 / ~~46~~	85 / ~~90~~	105						5	00					X								5				74	85	TW Sols 10-1/19 Do 28 Sols 20 1/19 to 4 2/19 Do 28.
1-2-19 28-2-19	28	1.10	30	80			74	85	105	65	226						10	00					85 / 20	85							30				75	65	TW
1-3-19 7-3-19	7	1.10	7	70			75	65	83	35																									83	35	TW as per L.P.C.
					83	35			83	35																	10				10				73	35	Obs #1 of 26-3-19 as per am. L.P.C.

A.K. Martinez Maj

60m.-11-18 L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE RCLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

P. 559

MARRIED OR SINGLE: Single

PLACE OF BIRTH:

NAME AND ADDRESS OF NEXT OF KIN: Minnie Anderson Wyoming, Ontario, Canada

RELATIONSHIP OF NEXT OF KIN: Mother

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
graded 2nd class clerk	23-1-17	41285

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 655257 RANK Pte NAME Anderson, Clair

IF IN PERMT. CORPS WHAT UNIT — UNIT 161 Bn

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Goderich, Ontario

DATE OF ATTESTATION 17-1-16

TRANSFERRED TO 58th Battn DATE 1.12.[illegible] AUTHORITY [illegible]

TRANSFERRED TO 2nd CORD DATE 21/6/17 AUTHORITY CRO 294 1/4/17

TRANSFERRED TO P.S.R.D. DATE 23/10/17 AUTHORITY Request 20.756

TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE 1-11-16

PAYABLE TO Mrs. M.J. Anderson, RR #2 Wyoming Ont. RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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	ACQUITTANCE ROLLS 1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1916																																			
Checked Stanleigh.	1-30	30	1.00	30	00	30	00	3.00							19.10	19.10																				
																33.10																				
																34.10								Balance from Canada							19.10				
	Dec 1-31	31		31		31		3.10								34.10									14.60		4.36		20		70.00		34.60		17.50		14.50
	1917			6	10			6.10																												
	Jan 1-31	31	1.10	34	10											34.10			748	11/1/17	9858	C.B.D. 20.12.17	Warrant #51-102145 24/11/16.		8.72		4.36		20		33.08		28.26		28.26	
	Feb 1-28	28		30	80											30.80												142	20		21.42		37.64			
	Mar 1-31	31		34	10											34.10			921 897	3/3/17 20/4/17	976	18/3		2.61 5.23	261		32		20		30.77 [illegible]		40.97			
	Apr 1-30	30		33												33													20		20		53.97			
	May 1-31	31		34	10											34.10			29	20/4/17				5.24					20		25.24		62.83			
	June	30		33												33			771	11/5			Rem 13/6	2.68				487	20		27.55 27.07		57.28			
		10		11												11																	68.28			
	July	31		34	10											34.10													20		20		82.38			
	Aug	31		34	10											34.10													20		20		96.48			
				334	40										19.10	353.50								15.76	25.93	9.04	6.29	200	—		257.02					

Transfd to 58th Bn 1/12/16 Pte 655257

CRL. 27.24

Transfd 2nd CORD 21/6/17

Pay. 1.00
Fl. 50
Sub. 1.00
2.50

654257 Pte Anderson, C. Assigned Pay 20.00 Can

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	Acquittance Rolls 1 No.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
1917																																			
			33440											1910	35350									1576	2593	904	629	200		25702	9648				
Sept	30	1.10	33												33													20		20	10948				

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Allce.
Sept 30	Bal. Cord	~~10948~~							10948	Nil	
Oct. 31	1.10	34 10		Ass'd Pay				20	12358		
				CP 1311 23/10/17	2433				9925		
		34 10			2433			20			
Nov 1	Lond. Sub 23/10-31/10/17	9 -		DN AR 1509 22 6/17 CCH Epsom	9 73						
22	22 day PP @ 2.10	46 20									
23	8 " 2 class 2.50	20 00		CP 18634 30/11/17	24 33			20			
Dec 1/31	31 Days P&A 2.50	77 50		~~DN~~ ~~AR~~ CP 22505 15 12/17 Lao	29 20			20			
				DN AR 2838 5 9/17 Epsom	48 67						
				CP 29063 31 12/17 Lao	38 93						
				DN AR 2251 24 7/17 Epsom	4 87						
				" 2724 30 8/17 "	4 87						
				" 2046 13 7/17 "	4 87						
		152 70			165 47			40	4648		
Jany 1/31	31 Days P&A	77 50		CP 9094 15 11/17 Lao	24 33						
				DN AR 11710 10/17 12th Reserve	9 73			20			
				" 1409 27 9/17 1st CCD	9 74						
				CP 64830 15 1/18	29 20				30 98		
		77 50			73 00			20			
Feby	P&A	70 00		CP 82078 31 1/18	24 33						
				CP 91271 14 2/18	19 47			20	37 18		
		70 00			43 80			20			
March	P&A	77 50		CP 98724 28 2/18	29 20			20			
				CP 6617 16 3/18	29 20						
				CP. 11114. 28.3.18	19 47				16 81		
		77 50			77 87			20			

16 81
75
91 81
40
51 81

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Allce.
Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Allce.

£5
£5

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

6777

War Service Badge.
Class A
No. 136428 Issued

6777

18 BSC 138621

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

E.G.

M

1. No. #654257
2. Rank Pte.
3. Name ANDERSON, Clair
4. Unit 161 BN. (#2 D.D.)
5. Date of Discharge MAY 29 1919 Place TORONTO, ONT.
6. Reason for Discharge "MEDICALLY UNFIT"
7. Authority (#2 D.D. 29th May 1919 Pt. 11 #147)
8. Proposed Residence after Discharge

Lorne Ave., Petrolia, Ont.

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. ?

Clair Anderson
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TORONTO, ONT.

Date MAY 29 1919

D Graham Robertson
Signature O. C. Discharge Sections, No. 2 District Depot Lieut
(O. C. Discharging Unit.)

M.F.B. 218a—50M. -2-19 —1772-39-113.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned ... C. 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 :—

Clair Anderson
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

A.F.B. 179 Canada (Revised 1918). 40266

Reserved for M.H.C.

Regt. No. 654257 Rank Pte. Surname ANDERSON Christian Name CLAIR

Unit or Corps—(a) Overseas from United Kingdom 58th Batt. (b) in United Kingdom 8th Res. C.O.R.D.

Born at—Town SIMCOE County or Province Ontario Country Canada

Date of Birth—Day 12th Month August Year 1893 Age 25 yrs. 3 months.

Joined at ~~Goderich~~ Ontario Date January 17th 1916

Former trade or occupation Bayfield Bank Clerk

Permanent Marks or any peculiarity that will serve for future identification :—

Nil except Scar on Right Arm.

Height—feet 5 inches 5 Colour of eyes Blue

Signature of Soldier (*for identification purposes*) Clair Anderson

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

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

Disabilities Group (a)	WEAKNESS OF RIGHT HAND
Disabilities Group (b)	
Disabilities Group (c)	

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	GUN SHOT WOUND RIGHT ARM	FRANCE	MAY 1917
(ii.) As to Group (b) above.			
(iii.) As to Group (c) above.			

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(i.) As to Group (a) above ? NO If yes, has Active Service aggravated it ? ~~NA~~ NA

(ii.) As to Group (b) above ? NA If yes, has Active Service aggravated it ? NA

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

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 ? NA

(iii.) As to Group (c) above ? NA

PART I. (Continued).

5. MEDICAL HISTORY.

Enlisted Jan 1916 Came to England October 1916.
Proceed to France October Nov 30th 1916.
Was wounded May 20th 1917. Foreign body removed
while in France. Invalided to England May 27th 18.
(No fresh wounds contracted since).
Hospitals: Reading War Hosp. 27/6/17 to 21/6/17 G.S.W. Rt. arm.
M.E. Hosp. Epsom 21/6/17 to 26/6/17 G.S.W. Rt. arm.
Manchester War Hospital 26/6/17 to 17/7/17 Ptomaine.
M.E. Hosp. Epsom 17/7/17 to 15/9/17 G.S.W. Rt. arm.
Can. Hosp. Etchinghill 20/5/18 to Date now
being discharged on Sick list.

6. PRESENT CONDITION.

Subjective:- Coldness of Right hand. Unable to use
index finger of Right hand and none less power
of Right thumb & 1st two fingers.

Objective:- Small scar upper 1/3 of Right arm & inner side
upper 1/3 of Biceps muscle. Scar adhesion in upper 1/3 of Rt. arm.
Both scars healed and not attached underlying tissues.
Thumb & 1st two fingers of Rt. Hand are cold. Diminished
sensation of thumb & 1st two fingers. Extensors of Right
forearm muscles, unable to put thumb in palm of hand but can
touch little finger. Motion of distal phalanx of thumb limited
about 50%. Can fully flex 2nd Rt. finger with some difficulty.
Flexion of Right index finger limited about 50%.
Grip of Right hand poor. Ring and little fingers not affected.
Chest, lungs and other systems are normal.

7. OPERATION. (i.) Was one performed? YES (ii.) If so, state what. Removal of foreign body Right arm

(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.*

8. (i.) Is there loss or decay of teeth attributable to Active Service? NO

(ii.) If so, describe. N.A.

9. DO YOU RECOMMEND:—

(a) Fit for duty? (*state category*) B II (b) Invalid to Canada?

(c) Discharge from the Service as permanently unfit?

Date of Report Nov. 27th 1918 Signed ..... *Officer in medical charge of case.*

Station Can. Hosp. Etchinghill

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

{Officer i/c Hospital / S.M.O. Brigade} Strike out one of these

Dated at ..... Station, on ..... 191.....

*Delete if inapplicable.

PART II.

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

10. Is the disability fully described in Part I. (1)? If not, describe it. Yes

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it. yes

12. From the medical information now adduced, 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

13. 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, 5%, 10%, 15%, 20%, etc.*) 15%

14. THE DISABILITY DUE TO SERVICE.—(*See Part I. (3).* *Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.*)

What part of the entire disability estimated next above (13) is due to causes arising during Active Service? (*Estimate at none, 1/10, 2/10, 3/10, etc., or all.*) all

15. Permanency of the Disability due to Service estimated next above in (14).

(i.) Is it permanent? yes

(ii.) If not permanent, what is its probable minimum duration (*in months*)? N/a

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? N/a

17. Can the former trade or occupation be resumed? yes

18. REMARKS:— Cardiac 1 / 9083 11.11.18

19. RECOMMENDATION:—

(a) Fit for duty? (*state category*) B II (b) Invalid to Canada?

(c) Discharge from Service as permanently unfit?

Date of Board Nov. 27 1918

Signatures of the Board A.W. Bradwell Major Canadians — *President.*

Station Can Hosp Etchinghill — H.W. Bates Maj R Canadians

Approved W.H. Merritt Major for A.D.M.S.

Dated at Can. Spl. Hospl Etchinghill Station 27. 11. 1918

HEADQUARTERS DEC. 1918 CANADIAN TROOPS, WITLEY.