REGIMENTAL DOCUMENTS

NAME ANDERSON, CLAUDE LESLEY REGT. NO. 2263940 UNIT 2nd E. Dn. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
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1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
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1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
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2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
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1	MEDICAL EXAMINATION (M.F.W. 129)				(1st Bn)	2 Lieut & Qr
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)				(2nd Bn)	Fred Glenfield
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W. 2589
100M-11-18
1772-3: 1372

SIGNAL TRAINING DEPOT.

ORIGINAL

ATTESTATION PAPER.

No. 2265940

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?	Claude Leslie.
1b. What is your present address?	33 Sherbrooke Ave., Ottawa.
2. In what Town, Township or Parish, and in what Country were you born?	Ottawa, Ont.
3. What is the name of your next-of kin?	Mrs. T. H. Anderson.
4. What is the address of your next-of-kin?	33 Sherbrooke Ave., Ottawa.
4a. What is the relationship of your next-of-kin?	Mother.
5. What is the date of your birth?	Dec. 4th., 1898.
6. What is your Trade or Calling?	Munition Board Clerk.
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
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, Claude L. 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.

C. L. Anderson (Signature of Recruit)

Date July 5th., 1917 E. F. Steele (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Claude L. 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.

C. L. Anderson (Signature of Recruit)

Date July 5th., 1917 E. F. Steele (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 Ottawa this 5th day of July 1917.

J. G. Wheeler (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 Claude Leslie Anderson on Enlistment.

Apparent Age 19 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft 5½ ins.
Chest measurement. Girth when fully expanded	34 ins.
Chest measurement. Range of expansion	3 ins.
Complexion	Dark
Eyes	Brown
Hair	Black
Religious denominations. Church of England	
Presbyterian	
Methodist	X
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).

Vac. 1 left arm (inf).

Scars.
rt. temple.
1 outer angle rt.eye.

Moles.
1 left shoulder.
1 rt.chest.
1 left arm.
1 " Scapula.

Small left side varicocele.

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date July 2nd., 1917. N McLeod Capt

Place Ottawa. Chaudlaw Capt

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:—

A P Davis Capt

CERTIFICATE OF OFFICER COMMANDING UNIT.

av
Claude L.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.

F. C. Richmond (Signature of Officer)

Date July 2nd., 1917.

CANADIAN EXPEDITIONARY FORCE

War Service Badge
Class "A" No. 19013

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3263940 (Rank) Driver

Name (in full) Anderson, Claud, Leslie enlisted in

the Signal Training Depot,

CANADIAN EXPEDITIONARY FORCE at Ottawa on the 5th

day of July 1917

HE served in Signal Training Dept, C.E.D.D., 2nd Bat. C.E. in France

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 21 yrs. 3 mos.

Height 5 ft 5½ ins.

Complexion Dark

Eyes Brown

Hair Black.

Marks or Scars Small circular scar outer angle, left Orbit - fall in childhood.

Vaccination scar - left arm.

C. L. Anderson
Signature of Soldier

J. Deg Kendall
Issuing Officer

Capt
Rank

Date of Discharge

Dispersal Station "G" MAY 9 1919 Military District No. 8

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.

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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 Claude Leslie 2. Surname Anderson

3. Rank Spr. 4. Original Unit S.F.D. 5. Reg. No. ~~2268040~~ 2265940 alt.

6. Address, in full, to which future payments of gratuity are to be forwarded 33 Sherbrooke avenue Ottawa Ontario

7. Date of enlistment in the C.E.F. July 5 - 1917

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? 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:— not applicable G.M.C.

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? not applicable G.M.C.

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service not applicable G.M.C.

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 Canada S.F.D. 6 mos. Overseas S.F.D. 10 mos. 2nd C.E.B.N. 5 mos.

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department not applicable

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? not applicable

5434. Wt. /30P. 250,000(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. not applicable

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 not applicable

20. Have you been issued with a War Service Badge? If so what class? not applicable

21. Have you, during the present war, served in the Imperial Forces? not applicable

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 not applicable

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? not applicable

(b) If so, was such reversion in consequence of misconduct or inefficiency? not applicable

24. Are you now serving in the C.E.F.? not applicable If not, give:—(a) Date of discharge not applicable (b) Reason for discharge not applicable

MAY 6 1919

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 not applicable

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 not applicable

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? not applicable

(b) If so, are you in receipt of full pay and allowances from that Department? not applicable

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. L. Cameron.

Place of Residence: 83 Thurlow St. Ave Ottawa

Declared before me at: Bramshott Hants

This 23 day of March 19 19

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.

Wallace Blue Maj. CMH

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			122 ✓	280 ✓

Certified Correct.

District Paymaster

This space to be for numbers.

3/6/17

Proceedings on Discharge.

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

No. 342965

Rank Gunner

Name Anderson, Claude Leslie
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 72nd. (Queen's) Battery, CFA., C.E.F.

Date of Discharge March 5, 1917.

Place of Discharge Kingston, Ontario.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 18 years 3 months.
Height 5 feet 5 3/4 inches.
Complexion Dark
Eyes Brown
Hair Black
Trade Clerk
Intended place of residence (To be given as fully as practicable.) 33 Sherbrooke Ave/ Ottawa, Ont.

Descriptive Marks

2. The above-named man is discharged in consequence of K.R.&.O. Para. 392-c-c/

Authority M. 10. 3- 44-A-80.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Good.

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

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

Clerk

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

(OVER)

E R J

Voted 22-3-17, FOR

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

----------NIL----------

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

6. Medals and Decorations.....

----------NIL----------

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Kingston, Ontario.

(Date) ~~February~~ March 5/17 Officer Commanding 72nd. (Queen's) Bty/C.F.A.

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Kingston, Ont/ Claude L. Audison (*Signature of Soldier.*)

(Date) March 5/17 Lergt. (*Signature of Witness.*)

When a ~~soldier~~ is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

Claude L. Audison (*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

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

(Place) Kingston, Ontario.

(Date) March 5/17

(*Signature*) .....

O.C. 72nd. (Queen's) Battery, C.F.A.

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 72nd (Queen's) Battery, C. E. F.

Regimental No. 342965 Rank Gunner Name Anderson, Claude Leslie
C. E. F.

Enlisted (*a*) Feb. 19/17 Terms of Service (*a*) War and 6 mos. Service reckons from (*a*) February 19/17

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				

(*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				

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes.

18. Is he unfit for Military Service.. Yes.

Recommendations : On account of goitre, present before enlistment, and not aggravated by service, the Board recommends that this man be discharged as medically unfit.

Signatures :— W. Wilson Capt. A.M.C. President.

F. A. O'Reilly. Lieut. A.M.C. Members.

J. E. Fraser Lieut. A.M.C.

Station. Kingston, Ont.

Date. Feb. 20th. 17.

Captain, A.M.C.
A.D.M.S. Mil. District No. 3
For A.D.M.S. Mil. District No.

Date. Feb. 20th. 17.

Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

Militia Form B. 227.

200m. 8-16.
H. Q. 1772-39-117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal.

Date of final disposal

How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.

Administrative Medical Officer.

Date of final Medical Board or decision.

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

Station and Hospital } Arrived from } (At Station or Hospital where finally disposed of.)

Date

N card 72 Battery C.F.A. 342965

MEDICAL HISTORY SHEET

Surname Anderson *Christian Name* Claude Leslie

Examined { on 19th day of Feb. 1917
at Ottawa.

Birthplace { City or Town Ottawa,
County Carleton.

Apparent age 18

Trade or occupation Clerk.

Height 5 feet 5¾ Inches

Weight lbs.

Chest measurement { Minimum 32 inches
Maximum expansion 35 inches

Physical development Good.

Small-pox Marks Nil.

Vaccination Marks { Arm Right Left
Number 0 1

When Vaccinated last

(*a*) Marks indicating congential peculiarities or previous disease

Nil.

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

Nil.

Nil.

Approved by O C Kennedy

Rank Capt M.O.

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
		M.O.
		M.O.
		M.O.

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

Enlisted on 19th *day of* Feb. 1917 *at* Ottawa.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	72nd (Queen's) Battery	342965		Feby. 19, 1917.
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Anderson Christian Name Pauline Leslie

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

72 Battery C.F.A. 342965

MEDICAL HISTORY SHEET

Surname Anderson *Christian Name* Claude Leslie

Examined { on 19th day of Feb. 1917
at Ottawa.

Birthplace { City or Town Ottawa,
County Carleton.

Apparent age 18

Trade or occupation Clerk.

Height 5 feet 5 3/4 Inches

Weight lbs.

Chest measurement { Minimum 32 inches
Maximum expansion 33 inches

Physical development Good.

Small-pox Marks Nil.

Vaccination Marks { Arm Right Left X
Number 1

When Vaccinated last

(*a*) Marks indicating congential peculiarities or previous disease

Nil.

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

Nil.

Approved by O'Kennedy

Rank Capt. M.O.

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
		M.O.
		M.O.
		M.O.

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

Enlisted on 19th *day of* Feb. 1917 *at* Ottawa.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	72nd (Queen's) Battery,	342965		February 19, 1917.
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Anderson Christian Name Leslie

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

MEDICAL HISTORY OF AN INVALID.

DEPT MILITIA&DEFENCE
MAR·28 1917
H.Q. .....
CANADA

1. Station. Kingston, Ont.

2. Regiment or Corps. 72nd. Battery, C.F.A.

3. Regimental No. and Rank.

Gnr.

4. Name. Claude L. ANDERSON.

5. Age last Birthday. 18.

6. Enlisted on Feb. 19th. 17.

at Ottawa.

7. Former trade or occupation.

Clerk.

8. General remarks on his:—

(a) Conduct.

(b) Habits.

(c) Temperance.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. Feb. 20th. 17.

9. Service.

	Years.	Days.	PERIODS From	PERIODS To
72nd. Battery, C.F.A.			Feb. 19. 17.	Feb. 20th. 17.

10. (a) Disease or disability. Goitre.

(b) Date of origin. Before enlistment.

(c) Place of origin. Unknown.

(d) Cause. Unknown.

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, *i.e.*, debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Man is well nourished and has no subjective symptoms of any kind. Thyroid gland is moderately enlarged. Some exophthalmus. Marked slight tremor. Pulse about 90 B.P.M. Heart sounds normal. Man fit for civil life.

12. (a) Is the disability the result of service or climate? No.

(b) Has it been aggravated by intemperance, vice or misconduct? No.

noted 22-3-17. FWB

M. F. B. 227.
200M. 8-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

None.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held ?

Not applicable.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable.

14. Treatment.

None.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent ?

Not aggravated by service.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes ?

Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

Will not prevent his earning a full livelihood.

18. State if for discharge on account of unfitness for Service.

Yes.

W. A. Jones Capt. A.M.C.

Medical Officer by whom the case is brought forward.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 342965 Rank Gunner Name C. L. Anderson

Corps 72nd (Queen's) Battery who was* discharged

On March 5th, 1917 191..., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from March 1st 191 7, to March 5th 191 7, the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	10	50
Advances by Cheques No			Regt'l Pay 5 days at $ 1 c 00	5	00
Advances by Cheques No.			Field Allow. 5 days at $ c 10		50
Assigned Pay No.			Other Allowances*		
Other Charges* Regtl. Charges		25			
Payment on transfer or discharge No 4461 A	15	75	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	$ 16	00	Total	$ 16	00

*Give Particulars.

A monthly stoppage of $ Nil (†) has ..... (‡) been paid on account of Assigned Pay for the month of ..... 191... to (Assignee) .....

(Address) .....

.....

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

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment February 19th, 1917

(2) if married and if a Separation Allowance Card has been submitted No. No.

(3) cause of discharge and authority Medically unfit. Auth.M.D.#3. 44-A-80

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

.....

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

Date March 6th, 1917

Place Kingston, Ont. J. Hamilton Captain

Paymaster

Paymaster, Depot Batteries, M.D. No. 3.
C.F.A., (CEF)

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

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

M. F. W. 44.

200M.—6-16.
H. Q. 1772-39-903

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet, Militia Form B. 313	*(a)* Proceedings on Discharge.
Medical Report for Invalid* " B. 227.	*(b)* Attestation.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	*(c)* Medical History Sheet (in the event of such having been prepared.)
*Only if discharged "Medically unfit."	

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

There are no Restrictions.

Claude L. Anderson.
(SIGNATURE)
72nd/ (Queen's) Battery, C.F.A., C.E.F.

Date March 5/17.

C.A.D.C. 5089A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ANDERSON, C.L.

REGIMENT 2nd C.E. RANK Dvr No. 2265740

Date of Examination in England 22/3/19 | 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.

G. G.

PRESENT DENTAL REQUIREMENTS

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

A. D. D. S., M. D. No. 3

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 yes.
- (*b*) In England yes.
- (*c*) In France

BRAMSHOTT CAMP HANTS.

Signature of Dental Officer E. G. Berry, Capt.

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps ....

Regimental No. 2265940 Rank Driver Name Anderson Claude Leslie

C. E. F.

Enlisted (*a*) 5.7.17 Terms of Service (*a*) D of W Service reckons from (*a*) 5.7.17

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				
29-4-19	TOS	#3 DD sub Depot			HQ 139
9-5-19	SOS	#3 DD Disch RO 1420			HQ. 139

B. J. L'Amore Lieutenant
For O. C. No. 3 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				

Form R 122.
8750—15M—25-4-17.

LTR

Rank | Name ANDERSON, Claude Leslie | Reg'l No. 2265940

Unit Signal T D Ottawa To C E T D | If in perm. Corps What Unit? | Married or Single Single.

Place and Date of Enlistment Ottawa, July 5th, 1917. | Place of Birth Ottawa, Ont.

Name and Address, Next-of-Kin Mrs T.H.Anderson
33 Sherbrooke Ave. Ottawa. | Relationship Mother.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

H. W. V., Ld.—11319-17.

N/E. R.B. No. 11277
File B.L.
Category CAN.OR

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		31-12-17	S/S GRAMPIAN
2-1-18	CETD	T.O.S.	Seaford	1-1-18	D.O.1.
21.5.18	1st CERB	T.O.S. From CETD	Seaford	21.5.18.	DO 1 & CETD #117
31.10.18	—"—	S.O.S. to C.E.R.Pool of Seas.	Dr —"—	30.10.18	DO 141 & C.E.R.P. 114/18 11/78
5.12-18.	C.E.R.P.	S.O.S. to 2nd Bn C.E.	Spr Field	12-11-18	D.O. 117 & 2 Bn C.E. 58/9 12/78.
			54. G.	29.4.19.	
28-3-19.	A.Wing C.C.C.	T.O.S. from 2nd Bn C.E.	" Binshott.	21-3-19.	Pt. #O. 12.
30-4-19.	—"—	S.O.S. to Canada.	" —"—	29-4-19.	D.O. 20.

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.					

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

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

No. 226940 Rank Driver Surname Anderson, Claude, Wesley.
(Given name in full)

Unit or Corps 2nd E. & T. Bat. Birthplace Ottawa Ont.

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

1. **GENERAL DESCRIPTION:**

Physique Medium Weight 125 lbs. Height 5 ft. 5½ in. Colour of Eyes Brown

Nutrition Good

Pulse 80 Regular

Condition of arteries Soft

Vision Rt. 6/12 Left 6/12

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

Small circular scar outer angle left Osbed. fell in childhood
1 Vacc Scar left Arm

Opinion as to general health and physical condition Good

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

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition Yes?

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

Small left side Varicocele, Causes no disability or inconvenience

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Brandslott (Overseas)

Date 23.3.19 Signed G.P. Alley M.O.

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at Ottawa, Ont (Canada)

Date 10/5/19 Signed .....M.O.

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

Signature .....

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

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

[OVER]

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

CASE HISTORY SHEET.

Queen's Military Hospital. Kingston, Station.

No. 2098886 Rank Cpl. Name Anderson, A.M. Age 22

Unit 3 A.M.C. Completed years of service Where and how long } 1½ years, Canada.

Date of admission Sept. 19/18. Date of discharge T to Unit Sept. 24/18.

Diagnosis T.B? Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE Man says that last years he was turned down twice for overseas, first time because of La grippe and second time because of loss of weight. Man says he has a cough after eating & in damp weather, very seldom has a cough in the morning, slight expectoration. Says his weight at present is normal. Examination shows man well nourished. Bronchial element of broncho-vesicular breathing is increased in right supra & infraclavicular. An occasional sonorous rale is heard on th the right side particularly posteriorly over the right trapezius. An occasional one is also heard at the left base. Left supra & infraclavicular shows broncho-vesicular breathing. There also a few moist rales heard occasionally in the right & left supra & infraclavicular areas. Sputum negative on four occasions. X Ray plates not available. Temperature has been normal since admission to this hospital.

FAMILY HISTORY Sister has tuberculosis.

(Tuberculosis, mental or nervous diseases.)

TREATMENT Observation.

(Especially any specific or special form.)

CONDITION ON DISCHARGE, As above.

(and disposal made of case.)

Date October 3/18. S.M. Asselstine, Captain AMC.
Medical Officer i/c case.

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

ROYAL TRAINING DEPOT

Category A.IV.
N Mack

ORIGINAL

MEDICAL HISTORY SHEET

2265940

Surname Anderson Christian Name Claude Leslie

Examined { on 2nd. day of July. 191 7
at Ottawa.

Approved by N Macleod Capt
Chaudler Capt
A.T. Davis Capt
Rank M.O.

Birthplace { City or Town Ottawa.
County Carleton.

Apparent age 19

Trade or occupation Clerk.

Height 5 feet 5½ Inches

Weight 125 lbs.

Chest measurement { Minimum 31 inches
Maximum expansion 34 inches

Physical development Good.

Small-pox Marks Nil.

Vaccination Marks { Arm Right Left
Number 0 1

When Vaccinated last Infancy.

(a) Marks indicating congential peculiarities or previous disease Nil.

(b) Slight defects but not sufficient to cause rejection Small left side varicocele.

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
7-9-17		J W Shillington	M.O.
			M.O.
Date 3/6-18		Rd	M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
28-7-17		J W Shillington	M.O.
4-8-17		J W Shillington	M.O.
11-8-17		J W Shillington	M.O.

Enlisted on 2nd. day of July. 191 7 at Ottawa.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	Div Sig Co	2265940		2.7.17
Transferred to	C E Pool			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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. 313.
300M.—1-17.
H. Q. 1772-39-439.

Surname Anderson Christian Name Claude Leslie

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

(9) Is your Father alive? yes

If so, state name and address Thomas Anderson 33 Sherbrooke Ave Ottawa

(10) Is your Mother alive? yes

If so, state name and address Mrs. J. H. Anderson 33 Sherbrooke Ave Ottawa

(11) If your Mother is a widow nil

Are you her sole support, or not? nil

(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.

nil

(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.

nil

(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.

nil

(15) Are you insured? no

If so, in what Company? nil

Have you made arrangements for payment of your Insurance premium nil

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

A. H. Hamilton CAPT. C. E.
Officer Commanding.

Date July 19/17

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.

SIGNAL TRAINING DEPOT

(1) Name of Overseas Unit which Soldier joins.....

.....

(2) Regimental Number ..... 226940 .....

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

..... Claude Leslie .....

(4) Place of Birth..... Ottawa .....

..... Ont. .....

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

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

.....

(b) Present Postal Address..... no .....

.....

(7) Are you a widower ? ..... nil .....

(8) Have you any children ?..... nil .....

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

Also their names and ages..... nil .....

.....

.....

.....

.....

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
					18 18 14 4 18 32 4

M. F. W. 128.
4 'Om. 6-7—1-72-38-1141
L. L. 22320—M. & D. 7003.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch A

OVERSEAS CONTINGENTS

2318

Date of Assignment Dec 1-17

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

18			

8 L 1 a 10

PARTICULARS OF SEPARATION ALLOWANCE

No. 2265 940

Rank Sapper Promoted Reverted Discharge

Soldier's Name C. L. Anderson

Battalion Signal Training Depot Overseas Draft Dec 17

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs T. H. Anderson

Address 33 Sherbrooke Ave Ottawa Ontario

Change of Address

1

2

3

4

Date 1918		Cheque No.	Amount S/A	Amount A/P	Total		0232-C-29 REMARKS
Jan	M	70839		36	36	a	
Feb	B	92209 ✓		18	18		
March	G	99437		18	18 ✓		
April	H	7223		18	18		
May	A	12165		18	18		
June	B	15026		18	18 ✓		
July	Y	27999		18	18 ✓		
Aug	A	30520		18	18		
Sep	A	37200		18	18		
Oct	a	43839		18	18	a	
NOV	a	51924		18	18		
DEC	B	63690		18	18		
JAN 1919	B	71243		18	18		
	A	78250		18	18		
MAR	C	83945		18	18		
APR	C	1490		18	18		
MAY	A	6456		18	18		
				324	324.		

AUDITED.

A/c Closed

Ret'd per Baltic

Date 7-5-19 M.F.W.187 13-5-19

Clerk Bombrick MD. 3.

MO 101345

M. F. W. 128.
4'0M. 6-7—1772-39-1141
L. L. 22320—M. & D. 7993.

SURNAME. Anderson (649-a-3481)

CARD NO. x J.S.M.

S.S. Dis. 5-3-17-3

CHRISTIAN NAMES Claude Leslie.

REGL. No. 342965. RANK Gr.

UNIT 72nd. Bty.

FORMER COPPS 43rd. Regt. (1 yr.)

NEXT OF KIN.

NAMES IN FULL Anderson, Mrs. Sadie.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS 33 Sherbrooke Ave., Ottawa, Ont.

CHANGE OF ADDRESS

a.

COUNTRY OF BIRTH Canada, Ottawa, Ont. DATE Dec. 4th. 1898.

PLACE OF ATTESTATION Ottawa, Ont. DATE Feb. 19th. 1917.

J.S.

L. L. 10437. M. & D. 7253. M. F. W. 22. 100M.—11-16. H. Q. 17 2-39-339.

MARRIED SINGLE yes. WIDOWER

TRADE OR CALLING Clerk. RELIGION Not stated.

DESCRIPTION.

APPARENT AGE 18 YEARS 3 MONTHS

HEIGHT 5- FEET 5 3/4. INCHES

CHEST MEASUREMENT 35- INCHES EXPANSION 3. INCHES

COMPLEXION Dark EYES Brown HAIR Black.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Ottawa, Ont. DATE Feb. 19th. 1917.

Present Address:- 33 Sherbrooke Ave., Ottawa, Ont.

S Anderson,

CARD NO. G3

Sol Des Deuil 9-5-19

FOLL. D0139 of 19-5-19

3 DD

CHRISTIAN NAMES Claude Leslie

REGL. NO. 2265940 RANK Spr.

UNIT Signal Tr. Depot. (14th R.D.)

FORMER CORPS nil.

NEXT OF KIN.

NAMES IN FULL Anderson, Mrs. T. H.

RELATIONSHIP TO SOLDIER Mother

ADDRESS 33 Sherbrooke Ave, Ottawa Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Ottawa Ont. DATE Dec. 4th 1898

PLACE OF ATTESTATION Ottawa Ont. DATE July 5th. 1917

O/S. 21-12-17 F521/3

M/B 7-5-19 3 20/18 DOR

L. L. 10437. M. & D. 7253. M. F. W. 22. 100M.—11-16. H. Q. 17 2-39-339.

Sailed from Halifax per S.S. "Grampian" 21-12-17.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Munition Board clerk RELIGION Methodist.

DESCRIPTION.

APPARENT AGE 19 YEARS 6 MONTHS

HEIGHT 5 FEET 5½ INCHES

CHEST MEASUREMENT 34 INCHES EXPANSION 3 INCHES

COMPLEXION Dark EYES Brown HAIR Black

DISTINGUISHING MARKS 1 Vacc. l. arm, scars, R. temple, 1 outer angle R. eye, moles, 1 L. shoulder, 1 R. chest, 1 L. arm, 1 L. scapula.

MEDICAL EXAMINATION. PLACE Ottawa Ont. DATE July 2nd. 1917

Present address, 33 Sherbrooke Ave., Ottawa Ont.

Number 2265-940 Rank Spr

Surname ANDERSON

Christian Name Claude Leslie

Units C.E. Theatre of War France

Date of Service 1-11-18

Remarks 38 Laurier Ave., East

Latest Address ~~33 Sherbrooke Ave~~
Ottawa Ont

Roll No. R.B. Page 20322

200m.-6-21....

DESP. MAY 1 1923
REGN. NO. 10335

No. 2265940 RANK Pte. NAME Anderson, L. Lo.

T. O. S. 12.7.17 UNIT 4th Divisional Signal Training Depot
D.O 170 of 19.7.11

M. D. H. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 July 12	1917 July 31	"		
Aug.		"		
Sept.		"		
Oct.		"		
Nov.		"		
Dec.		"		

No. 342965 72nd (Queen's) Battery, C. E. F.

Name Anderson, Claude Leslie

Date of birth December 4, 1898

Next of kin Mrs. Sadie Anderson,

Address 33 Sherbrooke Ave., Ottawa, Ont.

Date Attestation paper sent to H. Q. ——

Transfers

Discharge Authority M. D. 3 – 44 – A – 80.

Reason Medically unfit for Overseas Service.

Date March 5, 1917.

Proceeded Overseas with Date

Returned

M. F. W. 71.—500M.—5-16.
1774—39—961.

72nd (Queen's) Battery, C. E. F.

NAME Anderson, Claude Leslie.

REGIMENTAL NO. 342965 RANK Gunner

ENLISTED AT Ottawa, Ont. PROMOTIONS, &c. AND DATE Lce.

DATE February 19, 1917.

IF SERVED PREVIOUSLY, STATE UNIT, &c. 43rd Regt. 1 yr.

MARRIED, WIDOWER, OR SINGLE Single.

NEXT OF KIN Mrs. Sadie Anderson RELATIONSHIP Mother

ADDRESS OF 33 Sherbrooke Ave., Ottawa, Ont.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME &c.
	No.	DATE	

Name Anderson Enl. 6-7-17.

Date of Embarkation for England 19-12-17.

Proceeded to France. 30-10-18. Returned to England. 19-3-19

Demob.

Date returned to Canada. 29-4-19.

2nd Enl

P.R.2855.

W.S.B. Class A

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

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

War Service Badge Class "A"

Casualty Form—Active Service.

Unit, Regiment or Corps. Ottawa to C.E.T.D.

Regimental No. 226940 Rank Spr Pte Name Anderson Blanche Leslie

C. E. F.

Enlisted (*a*) 5.7.17 Terms of Service (*a*) Dft Service reckons from (*a*) 5.7.17

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*) Munition Board Clerk

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked Canada		19/12/17	
		Disembarked England		31/12/17	
2 JAN 1918	C.E.T.D.		TAKEN ON STRENGTH C.E.T.D. Seaford	1 JAN 1918	Part II Order No.
		Canada			
21.5.18	C.E. 2.D.	D.O.S. to 1st C.E.R.Bn	Seaford	21.5.18	D.O. Pt II # 177 dated 16.5.18
					1174
22.5.18	1st C.E.R.Bn	D.O.S. from C.E. 2.D.	Seaford	21.5.18	D.O. Pt II # 1 dated 21.5.18
					by Order of Lt. C.E. for O.C. 1st C.E.R.B.
30.10.18	1st C.E.R.B.	D.O.S. on proceeding to Base Etaples	Seaford Frame	30.10.18	Part II. D.O. 141 ..... Capt. C.E. Adjutant 1st C.E.R.B.
1-11-18	C.G.B.D.	T.O.S. from C.E.R. Pool	C.G.B.D.	1-11-18	R&R 808 P.D.O. No 114 dated 1918
3-11-18	do	Desp. to do	C.R.C.	3-11-18	R&R 11451
do.	C.R.C.	Arrd at do	do	do	do 1754

(*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

2265940 Anderson C. L.

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				
12-11-18	CCRC	S.O.S. of C.E.R. Pool to 2 Bn. C.E.		12-11-18	R&R 2019 P 117 d/ 12-18.
do	do	T.O.S. 2 Bn. C.E.		13-11-18	R&R. 2019 P/58 d/ 9-12-18
16-11-18	do	Joined Unit		13-11-18	B.213.
	Emb. Camp.	Proceeded to England.	MAR 19 1919		N.B. Pt.2 O.No. d/....
					G.J. Skelton LIEUT. FOR LT COL. A.A.G.
			"A" Wing C.C.C.		
17-4-19		S.O.S. O.M.F. of O. ON PROCEEDING TO CANADA FOR DEMOBILIZATION. Hugh Kincaullochy Lt		23-4-19	
			Pt. II Orders 2-20 1919		
		29th April 1919 Embarked S S Baltic Liverpool.			
					J.M. Cormier CAPTAIN & ADJUTANT, No. 16 TRANS. ATLANTIC, CONDUCTING STAFF, C.E.F.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-12-17 1/1/18	EFFECTIVE DATE:-
AMOUNT:- 18.00	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. J. H. Anderson, (Mother)
33 Sherbrooke Ave., Ottawa, Ont.
Stopped Eff. 1-2-19

NAME:- ANDERSON, Claude Leslie

NUMBER:- 2265940.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Sapper

UNIT AND TRANSFERS

ORIGINAL UNIT:- C. E. T. D.

DATE ACCOUNT FIRST OPENED:- 1-2-18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO

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
11/2/19	2594	Field	~~3~~ 73				
24/3/19	7527	A. Wing	~~58~~ 40				
			1.2 13				

DAILY RATES OF PAY AND ALLOWANCES

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

Dead Bal 6.49 04/.

PARTICULARS OF RENDERING NON-EFFECTIVE. Disch an 1/4/19 Auth LNR 5336 Bristol 26/3/19 Rmd 3. LPC Bal D. 13 07/.

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal. Forward								12 57		
April	Spr Pay	33		Cap				18			
				AR 201 C&D. 13/4/18	4 87						
				AR 584 " 29/4/18	9 73				12 97		
May	Spr P	33 34 10		Cap	14 60			18 18			
				AR. 906 C&D. 14/5/18	4 87						
				AR 10 1 C&B 30/5/18	9 73				14 47		
June	Spr Pay	34 10 33		Cap	14 60			18 18			
				AR 157 1 C&B. 12/6	9 73						
				" 386 " 27/6	4 87				14 87		
July	Spr. Pay	33 34 10		Cap	14 60			18 18			
				AR 604 1 " 12/7	4 87						
				" 833 1 " 27/7	4 87				21 23		
Aug.	—	34 10 34 10		Cap	9 74			18 18 —			
				AR. 1029 1st C&RBn. 13/8/18	9 73						
				" 1274 " " 27/8/18	4 87				22 73		
Sept.	—	34 10 35 —		Cap	14 60			18 — 18 —			
				" 1490 1st C&RB 12/9/18	9 73						
				" 1627 " 25/9/18	9 73				18 27		
Oct.		33 — 34 10		Cap	14 60			18 — 18 —			
				1840 1st C&RB. 15/10/18	9 73						
				2066 " 29/10/18	4 87				19 77		781 7 3/4/19
NOV		34 10 33		Cap	14 60			18 18			
				946 M.G. Corps. R.D. 5/11/18	3 73						
				1316 2nd C&Bn. 15/11/18	13 06						
Dec.		34 10		Cap				18			
				1414 2nd C&Bn. 6/12/18	3 73						
JAN		34 10		Cap.				18	46 45		
		101 20			2052			54			

C J Greenwood

COMPARED BY ... CHECKED BY ...

NUMBER 2265340 RANK Sjt. NAME ANDERSON C.L.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Bal. Fwd.					£6 £5		
FEB	F. Pay.	30 90		C.R.				18			
				1636 2nd C&B. 28/2/18	3 59						
				1792 — 2/1/19	3 77						
				1905 — " 19/1/19	3 73						
				2157 — 2/2/19	3 73						
				2334 — 14/2/19	3 73						
				2471 — 24/2/19	3 75						
				6745 Brussels 28/2/19	3 73						
MAR		34 10		C.R.				15			
				2594 2nd C&B. 1/3/19	3 75						
				7527 Bichatt 24/3/19	58 40				£ 13 09		
		64 90			88 44			36	37 43		
Apr.		—		1986 "A" Wing Bolt. 10/4/19	£ 87	E.R.	end.				
				2123 " 15/4/19	14 60	"	"				
				2464 " 25/4/19	£ 87	"	"		37 43		
		—			2L 34						

S.O.S. Lauda 29/4/19. St. 54 C.E.

P. 559
MARRIED OR SINGLE Single.

PLACE OF BIRTH Ottawa Ont

NAME AND ADDRESS OF NEXT OF KIN Mrs. T. H. Anderson
33 Sherbrooke Ave. Ottawa. Ont.

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

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 2263940 RANK Sapper. NAME ANDERSON Claude Leslie.

IF IN PERMT. CORPS WHAT UNIT } UNIT C.E.T.D. TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Ottawa. Ont. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 5/7/17 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 18.00 DATE EFFECTIVE ~~Jany. 1st/18~~ 1-12-17

PAYABLE TO Mrs. T. H. Anderson 33, Sherbrooke Ave, Ottawa 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
MONTH	PARTICULARS				CR. 1		CR. 2		PARTICULARS					DR. 1	DR. 2	DR. 3	DR. 4	BALANCE		DEFER-RED. PAY	SEP. ALLCE. ENG.														
31/12/17	Canadian Balance																	Cr. 21 10																	
1918 Feb. Jan.	Spro Pay				64 90				A. P. ~~Dec.~~ Jan. & Feb.									36 ~~54~~																	
									A.R. 1743, C.E.T.D. 14 1/18					9 73																					
									A.R. 2010 " 29 1/18					14 60																					
					64 90									24 33				36	25 67																
																			34 10															
Mar.	Spr Pay				34 10				A. P.									18	59 77																
																			47 20															
																			12 57															
									A.R. 2231, C.E.T.D. 13 2/18					9 73																					
									A.R. 2456, " 22 2/18					4 87																					
									A.R. 2744 " 13/3/18					9 73																					
									2990 " 21/3/18					4 87																					
					34 10									29 20				18	12 57																

ASSGD PAY FOR Dec
DEDUCTED ON CAN PAY

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	No. OF DAYS	RATE	AMOUNT $	AMOUNT C.	No. OF DAYS	RATE	AMOUNT $	AMOUNT C.	No. OF DAYS	RATE	AMOUNT $	AMOUNT C.				1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	1	2	3	4				CREDIT	DEBIT			

AUDITOR | PAYMASTER

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

M. OR S.

REGT. No. 2265940 RANK Spr. NAME (IN FULL) ANDERSON. Claude Leslie (BLOCK LETTERS SURNAME FIRST)

IF IN P.F. WHAT UNIT?

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Spr. Claude L. Anderson.		
33 Sherbrooke Ave		
Ottawa		
		Ont

ORIGINAL UNIT C.E.F. S.T.D.

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 5-7-17 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 18.00 — DATE EFFECTIVE 1-12-17

PAYABLE TO Mrs. J.H. Anderson. — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 33 Sherbrooke Ave Ottawa Ont

a-426

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Ottawa — DATE 9-5-19 — REASON — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY 3,5

MONTH	No. of Days	Rate	Amount $	c.	Other Credits $	c.	$	c.	Total Credits $	c.	Acquittance Rolls Col. No. 1	Col. No. 2	Col. No. 3	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.	Balance Credit $	c.	Particulars or Remarks
BALANCE FROM PREVIOUS ACCOUNT																										13	09	13	09	13	09			Returned Balto Bal. per Eng L. P. C., Clothing Allce. and 1st Payment W. S. G.
1-4-19 15-5-19	45	1.10	49	50	35.70				154	50				24	34	9	87	70	00	36	00					~~153 30~~		~~153 30~~ 140 21				1	20	Pay to Estimate date of discharge. Advances in England. Boat Money, Train Money.
																								6	60			6	60	5	40			Overpaid 6 days on discharge.

War Service Gratuity

MONTH					Other Credits $	c.			Total Credits $	c.	Assigned Pay $	c.	Other Charges $	c.	Total Debits $	c.	Balance Credit $	c.	Particulars or Remarks
122 Days min.					W.S.G. 280	00			280	00	W.S.G. 70	00							M.H.W. 2595 Rec 1st payt. W.S.G. as above
											64	50	5	40	~~140~~ 139	90	~~140~~ 140	10	Dr. Bal. 6/6/19 927072
											70	00			~~210~~ 209	90	70	10	945062 July 9/19
											70				~~280~~ 279	90	—	10	7/8/19 961685
												10			280		—		16/8/19 1290382

WOH

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

1. Triplicate Attestation Paper (M F W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). L Duplicate
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B
Checked by No. 18
Date 18/4/19

War Service Badge Class "A" No. 190137

29-10 3/6/37

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Occupational Group M 3 G.

1. No. 2265940
2. Rank. Driver.
3. Name. Anderson, Claude, Lesly
4. Unit. 2nd C.E. Bat.
5. Date of Discharge 9-5-19 Place Ottawa
6. Reason for Discharge Demob.
7. Authority. R O 1420
8. Proposed Residence after Discharge Ottawa, 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.? 39

C. L. Anderson
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Dispersal Station "G" Military District No. 6 MAY 9 1919

Signature J. E. Hendetts Captain for O. C. Dispersal Area Station G.
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

Baltic 29/4/19 7/5/19