REGIMENTAL DOCUMENTS

NAME ANDERSON CLIFFORD REGT. NO. 2708624 UNIT 12th C.G.R. H. Q. FILE NO. 8079

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1+3	ATTESTATION PAPER (M.F.W. 23, 133, or 51) 3	19 5/19	To M.D 13 (Attention Record Officer L.S.H) returned	16.10.19	Ref. 13 — 405 BD	DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103) 1					Category
	TRAINING HISTORY SHEET (M.F.W. 113)		~~M.D# 12~~	~~1-12-19~~	~~H.Q. File (20)~~	
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) 1					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) 1					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465) 1					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					Remob
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) 1					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
	Payshets					

C

H

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

DISCHARGED DEMOBILIZATION. 14

ORIGINAL

ATTESTATION PAPER.

No. 2708624.

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?	Clifford
1b. What is your present address?	Gen. Del. Regina, Sask.
2. In what Town, Township or Parish, and in what Country were you born?	Wheaton Minn U.S.A.
3. What is the name of your next-of kin?	Carl Anderson jr.
4. What is the address of your next-of-kin?	Tribune Sask.
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	20th December 1899.
6. What is your Trade or Calling?	Farmer.
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?	Nil
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?	Nil

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Clifford 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~~ two year, or during the war now existing between Great Britain and Germany should that war last longer than ~~one~~ two year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Clifford Anderson (Signature of Recruit)

Date April 8th 1919. W. McCannaway (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Clifford 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.

Clifford Anderson (Signature of Recruit)

Date April 8th 1919 W. McCannaway (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 Regina this 8th day of April 1919.

Geo. Pudlow (Signature of Justice)

Mar 31 1920

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 Clifford Anderson on Enlistment.

Apparent Age 19 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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).

Height		6 ft. 1/2 ins.
Chest measurement.	Girth when fully expanded	39 ins.
	Range of expansion	5 ins.
Complexion		Fair
Eyes		Blue
Hair		Light
Religious denominations.	Church of England	
	Presbyterian	
	Methodist	
	Baptist or Congregationalist	
	Roman Catholic	
	Jewish	
	Other denominations (Denomination to be stated.)	Lutheran

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 April 8th 1919. W. Turnbull Capt

Place Regina Sask. .....
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.

.....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.

Geo. F. Lane (Signature of Officer)

Date April 8th 1919. Capt & Adjt for O.C.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2708624 (Rank) Private

Name (in full) ANDERSON, Clifford enlisted in

the 12th. DETACHMENT CANADIAN GARRISON REGIMENT

CANADIAN EXPEDITIONARY FORCE at Regina, Sask. on the 8th.,

day of April 19 19.

HE served in Canada only

and is now discharged from the service by reason of ~~"For the purpose of re-enlisting in the Permament Force". Auth. 12 M.D. 15-A-168 D/22-4-19.~~ On Demobilization

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

Age 19 years 5 months

Height 6 feet --½inches.

Complexion Fair

Eyes Blue

Hair Light

Marks or Scars

NIL

Clifford Anderson.
Signature of Soldier

Issuing Officer

Captain, O.C.
12th. Detachment Canadian Garrison Regiment.
Rank
Appointment

Date of Discharge May 2nd,. 1919.

Signed at Regina, Sask. this 2nd., day of May 1919.

in Military District No. 12.

File Reference No. 15-A-168.

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

M. F. W. 39a
200m.—2-18
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

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

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

.....

Name of Officer

.....

Rank

.....

Appointment

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

Volunteer.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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

1. Surname Anderson Christian name Clifford.

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

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

4. Address (including street and number, if any) Gen. Delivery, Regina Sask.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 8th day of April 1917, by the undersigned medical board sitting at Regina Sask.

5. Age as stated 19 Years 3 Months. 6. Apparent age 19 Years 3 Months

7. Height 6 Feet 4½ Inches. 8. Weight 162 Pounds.

9. Chest measurement { Minimum 34 Ins. / Maximum 39 Ins. } 10. Complexion Fair { Eyes Blue / Hair Light. }

11. Physical development good { Good / Fair / Poor } 12. Smallpox marks —

13. Number of vaccination marks { Right arm — / Left arm — } 14. When vaccinated last 1911

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

16. Slight defects but not sufficient to cause rejection —

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category [A1]

17.
(a) Vision R. 20-20 L. 20-20
(b) Hearing. R. Normal L. normal.

Clifford Anderson *President.*

Member. *Member.*

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

Joined 8th *day of* April *1919 at* Regina

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment		2708624		8/4/19.
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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

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

Signature of Man Clifford Anderson

Surname Andrews Christian Name Clifford

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				

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 12th Det Can Gar Regt

Regimental No. 2708624 Rank pte Name Anderson C.

Enlisted (a) 8-4-19 Terms of Service (a) C. E. F. C. E. F. Service reckons from (a) 8-4-19

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				
2/5/19	12th C.G.R	DISCHARGED	Regina	2/5/19	D.O. 123 para 2 and. D.O 125 para 13.

[signature] Captain
O.C. 12th Det. Can. Garrison Regt.

(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				

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. 343080 Rank Gunner Name E.C. Anderson

Corps 72nd Battery, CFA, CEF. who was* Discharged

On January 29th, 1918 191..., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from January 1 1918, to January 29th, 1918, the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	10	00
Advances by Cheques No.			Regt'l Pay 29 days at $ 1 00	29	00
Advances by Cheques No.			Field Allow. 29 days at $ 10 c	2	90
Assigned Pay No. 878B	20	00	Other Allowances*		
Other Charges*			Other Credits* Subsistence	30.	40
Payment on transfer or discharge No. 1109	52	30			
Balance Cr. (to be paid by the new unit)...			Bal. Dr. (to be deducted by new unit)		
Total	72	30	Total	72	30

*Give Particulars.

A monthly stoppage of $ 20.00 (†) has Been (‡) been paid on account of Assigned Pay for the month of January 1918 to (Assignee) Mrs. Mary Anderson,

(Address) 5 Central Ave., Ottawa, Ont.

(†) 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 May 21,1917

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

(3) cause of discharge and authority Medically Unfit 3 M.D. 44-A-149

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

Paymaster M.D.#3 Advised Feb. 2, 1918

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

Date January 29th, 1918

Place Kingston, Ont.

Paymaster, Depot Batteries, Captain.
Paymaster

M.D.#3

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.

150M.—4-17.
H. Q. 1772-39-903.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER [illegible]

REGIMENT ..... RANK ..... DISTRICT 13

No. 270862H

M.F.B. 465
200M-1-17
1772-39 950

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 Dist.	REMARKS
Condition on first Examination	1919 Sep 11	1/8.									4/16. 17-32											3 Cwdg. 20 31

DENTAL HISTORY SHEET

File A-510

AUDITOR | PAYMASTER

M. OR S. B.

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

REGT. No. 2708624 RANK Pte NAME (IN FULL) ANDERSON CLIFFORD

NEXT OF KIN Carl Anderson RELATIONSHIP F

ADDRESS Tribune Sask

IS SEPARATION ALLOWANCE PAID? No DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 12 Det. C.G.R. IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION Regina TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION April 8/19 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ Nil DATE EFFECTIVE

PAYABLE TO RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE Regina DATE May 2/19 * for the purpose of enlisting in Permanent Force DO 132 * REASON ~~Demobilization~~ AUTHORITY DO 123 IF ENTITLED TO POST DISCHARGE PAY No

BALANCE FROM PREVIOUS ACCOUNT

MONTH 1919	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
Apl 8-30	23	1.10	25 30			25 30	10 15/4		18 29/4	5 00		15 30					20 30	B	5 00	Attested and O.O.S. 8-4-19 DO 98
May	2		2 20		~~5 00~~	2 20 ~~7 20~~	6 15/5			7 20							7 20	B		Disc 2-5-19 DO 123 For the purpose of enlisting in Permanent Force DO 132
			24 50			24 50				12 20		15 30					24 50			

CAPTAIN
For ASST. DIRECTOR OF PAY SERVICES
MILITARY DISTRICT No. 12

30M-11-18.—L.L. 50877-M. & D. 9553.

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.	

Permanent Force ✓ Norfolk A-642

AUDITOR [illegible] PAYMASTER [illegible]

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

M. OR S. S. REGT. NO. RANK Pte. ✓ NAME (IN FULL) ANDERSON. CLIFFORD ✓ (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN: Carl Anderson RELATIONSHIP: F. ✓

ADDRESS: Orsburne. Sask ✓

IS SEPARATION ALLOWANCE PAID? No. ✓ DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Trs to Perm Unit	27/6/19	D.O. 177 ✓

ORIGINAL UNIT C.E.F. IF IN P.F. WHAT UNIT? Lord Strathcona Horse ✓

PLACE OF ATTESTATION: Regina ✓ TRANSFERRED TO: Attached for all purposes to 12th Dist. C.G.R. DATE: 3/5/19 AUTHORITY: D.O. 125 ✓

DATE OF ATTESTATION: May 3/19 TRANSFERRED TO: Attached to 12 Dist. Depot DATE: 21/5/19 AUTHORITY: D.O. 161.

ASSIGNED PAY $: Nil ✓ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH 1919	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
May 3-31	29	1.10	31	90					31	90	6	15/5			13	30	10	-			21	90									31	90					Attested May 3/19 T.O.S. Permanent Force attached for all purposes to 12th Dist. C.G.R. D.O. 125.
June 1-30	30	1.10	33	-					33	-	36 a/1										10	-									10	-			23	-	Ceases to be attached for all purposes. Attached to 12 Dist. Depot. 21/5/19. D.O. 161.
			64	90					64	90							10				31	90									41	90			23	00	

[illegible]

[illegible]
For ASST. DIRECTOR OF PAY SERVICES
MILITARY DISTRICT No. 12

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

AUDITOR | PAYMASTER

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

M. OR S. Single | REGT. No. 2134 | RANK Pte. | NAME (IN FULL) A NDERSON, Clifford (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN: Mr Carl. Anderson, Tribune, Sask | RELATIONSHIP: Father

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Certified correct Pay Sheet have been audited by R.N. Grange Date 12.9.19		

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT? L.S.H. (R.C.)

PLACE OF ATTESTATION: Regina, Sask | TRANSFERRED TO: Calgary Alta | DATE: 30-6-19 | AUTHORITY

DATE OF ATTESTATION: 3.5.19 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE: OCT 22 1919 Calgary Alta. | DATE | REASON: Desertion | AUTHORITY: A.O. Part II 295 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	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					23	00			23	00																												A.O. 185. Transf fr. A.8.12. 28.6.19
July	31	1.10	34	10					34	10	15/1	8 4/19			14/5	29 7/19	10	00			22	00			1	38					47	38			9	72	
Aug	31	1.10	34	10					34	10	24/4	21 8/19			28/2	28 8/19	10	00			22	00			1	70					33	70			10	12	
Sept	30	1.10	33	00					33	00	26/1	12 9/19			28/3	36 8/19	10	00			20	00			3	10					33	10			10	02	
Oct	22	1.10	24	20					24	20															5	00			28	60	33	60			X -	62	A.O. 245. 3.0.S. 20.10.19 Cancel Gratuity P.O.R. 27.9.15-22.10.19 - Pay 26-28 Oct Chart of Kit Equipment 75 cts
	125	40	23	00					148	40							35	00			70	00			14	18			28	60	147	78				62	

Paymaster, L. S. H. (R. C.)

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-89-1290.

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

Class E Further sanitarium treatment.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

Hector Leys *President.*

PLACE Ottawa

DATE Sept 30th 1918

J Haulain } Members.

APPROVED BY

Assistant Director of Medical Services.

DATE

APPROVED BY

Director-General of Medical Services.

DATE

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 soldier 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 ..... } Members.

DATE .....

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier 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 soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 Ottawa DATE Sept 30 1918

1. 1 (a) Unit 72nd Batty C.E.F (b) Regimental No. 342080 (c) Rank Gunner

(d) Surname Anderson (e) Christian name Earl Clifton

2. Age last birthday 19 Date of birth Nov 27th 1898

3. Enlisted at Ottawa on 21st May 1917

4. Personal description:—

(a) Height ~~5' 6"~~ 5' 7½" (b) Weight 104½ lb (stripped) (c) Complexion dark

(d) Colour of hair black (e) Colour of eyes blue (f) Identification marks .....

5. Address after discharge (for the use of the Board of Pension Commissioners) 5 Central Ave Ottawa

6. Former trade or occupation clerk (civil servant)

7. (a) Service	Years	Days	Periods From	Periods To
72nd Battery C.E.F			21st May 1917	29th Jan 1918

(b) Has he been overseas? no 8. Original disease or disability Pulmonary Tuberculosis

(a) Date of origin Mch 1918 (b) Place of origin Ottawa

(c) Cause* Tubercle Bacillus

(d) Present disease or disability Pulmonary Tuberculosis

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (*a*) weakness, (*b*) loss (complete or partial) of any organ or member of its functions, or (*c*) to the necessity for rest of the body or of some of its parts.]

Poorly nourished & slight build
T 99⅖ P. 100 R 20. Rhonchi
over plaques of weakness.

M. F. B. 227.

300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

Chest flat. Percussion note over right apex in front D level of 3rd rib slightly flat. Behind flat from spine of scapula. Auscultation shows harsh breath sounds with fine crepitant rales

(b) Are the following systems normal? If not, briefly state abnormality

Nervous normal Digestive normal Respiratory as stated Cardiac as stated

Genito-Urinary normal Skin, Middle Ear, Eye or any other part normal

Heart not enlarged. Short systolic murmur at apex not transmitted

10. History: (a) of Condition referred to in "a" section 9.

This man had the pleurisy in Nov 1917. Discharged Jan 24th 1918. Pulmonary condition showed up in Mar 1918.

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

not applicable

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? 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? six months

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

~~required~~ Has been in Royal Ottawa Sanitarium 3 mos. and in County

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

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.)

yes

16. Can the former trade or occupation be resumed? no
(If not, briefly state why.)

17. Recommendations Further sanitarium treatment

J. Gerald Lyne
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier 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 .....

[signature]
C. C. Anderson
Signature of soldier examined.

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 criticized.

yes

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

Sanitarium for tuberculosis

(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).

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that 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 and Sons.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Ottawa, Ont. DATE Jan 17/18.

1. (a) Unit 72nd Battery C.F.A. (b) Regimental No. 343060 (c) Rank Gnr.
   (d) Surname Anderson. (e) Christian name Clifton Earl.
2. Age last birthday Ottawa, Ont. 19 Date of birth 27th Nov. 1898.
3. Enlisted at Ottawa, Ont. on 21st May 1917.
4. Personal description :—
   (a) Height 5'10" (b) Weight 165 (stripped) (c) Complexion Dark.
   (d) Colour of hair Black. (e) Colour of eyes Hazel. (f) Identification marks .....
5. Address after discharge (for the use of the Board of Pension Commissioners) 5 Central Ave., Ottawa, Ont.
6. Former trade or occupation Clerk.
7. (a) Service

	Years	Days	Periods From	Periods To
C.F.A.			May 21st 1917.	date.

   (b) Has he been overseas? No.
8. Present disease or disability (use authorized nomenclature if possible) Rheumatic pain back and right foot.
   (a) Date of origin Oct. 1917. (b) Place of origin Canada.
   (c) Cause* Ordinary exposure.
   *(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important to be a full description of the present disabling condition or conditions).

Subjective symptoms- Pain in right foot in area of heel and across small of back, sometimes he cannot walk and has been lame for two months sometimes bending down and rising from stooping position aggravates pain. Sleeps well. Findings- Healthy looking youth, heart and lungs normal. No physical evidence of any abnormality in right foot or back except tenderness on pressure along heel. No swelling, oral hygiene good. He states he has been confined to bed only three days since Oct. 1917, and he is confined indoors. Walks out every day and can walk two miles but feels pain in foot while doing so. Sometimes he can walk a little more than this and sometimes not more than one mile.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.
75M.-12-17.
1772-39-117.

10. History :

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

States he has been under care of civilian physician while on sick leave in Ottawa. History from O.C., Depot Batteries Kingston, states this man has been suffering from rheumatism and has been of no use as a soldier.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market ? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

Not at all as far as physical examination isconcerned.

12. Did the disability arise on or off duty ? On duty he states.

13. Was a Court of Inquiry held ? .....

14. If the disabling condition had its origin before enlistment, has it been aggravated on service ?

If the answer is in the affirmative, state in percentages, *to what extent the soldier is incapacitated by that aggravation.*

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? No.

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ? No disability is made out on examination except that of man's statements and his history.

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

Hospital in Kingston, rest at Home, in Ottawa.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ? No.

19. Can the former trade or occupation be resumed ? Yes.

20. Recommendations That this man be discharged without compensation.

J. Hardaw

Medical Officer by whom the case is brought forward.

Capt. A.M.C.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned ..... 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

E. C. Anderson

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the soldier fit for

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

23. It is certified that the soldier

~~(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).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Physical examination does not show any disability but in view of his rheumatic history he is a poor risk as a soldier and accordingly belongs to class "E".

[signature] *President*

Lt-Col. R.M.S.

[signature] Capt. A.M.C. } Members.

J. Hardaw Capt. A.M.C.

STATION Ottawa, Ont.

DATE Jan 17th 1918.

APPROVED BY JAN 24 1918

DATE JAN 24 1918

J. H. Mogley Capt ~~Major~~ A.M.C.

Assistant Director of Medical Services.

D/ A.D.M.S. Mil. District No.3

APPROVED BY

For A.D.M.S. Mil. District No.3

DATE

Director-General of Medical Services.

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that 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 and Sons.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Ottawa, Ont. DATE Jan 17/18.

1. (a) Unit 72nnd Battery C.F.A. (b) Regimental No. 343080 (c) Rank Cnr.
   (d) Surname Anderson. (e) Christian name Clifton Earl.
2. Age last birthday ~~xxxxxxxx~~ 19 Date of birth 27th Nov. 1898.
3. Enlisted at Ottawa, Ont. on 21st May 1917.
4. Personal description :—
   (a) Height 5'8" (b) Weight 125 (stripped) (c) Complexion Dark.
   (d) Colour of hair Black. (e) Colour of eyes Hazel. (f) Identification marks .....
5. Address after discharge (for the use of the Board of Pension Commissioners) 5 Central Ave., Ottawa, Ont.
6. Former trade or occupation Clerk.
7. (a) Service

	Years	Days

	Periods	
	From	To
C.F.A.	May 21st 1917.	date.

   (b) Has he been overseas ? No.
8. Present disease or disability (use authorized nomenclature if possible) Rheumatic pain back and right foot.
   (a) Date of origin Oct. 1917. (b) Place of origin Canada.
   (c) Cause* Ordinary exposure.
   *(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important to be a full description of the present disabling condition or conditions).

Subjective symptoms- Pain in right foot in area of heel and across small of back, sometimes he cannot walk and has been lame for two months sometimes bending down and rising from stooping position aggravates pain. Sleeps well. Findings- Healthy looking youth, heart and lungs normal. No physical evidence of any abnormality in right foot or back except tenderness on pressure along heel. No swelling, oral hygiene good. He states he has been confined to bed only three days since Oct. 1917, and he is confined indoors. Walks out every day and can walk two miles but feels pain in foot while doing so. Sometimes he can walk a little more than this and sometimes not more than one mile.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (*a*) weakness, (*b*) loss (complete or partial) of an organ or member or of its functions, or (*c*) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.

75M.-12-17.
1772-39-117.

10. History :

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer to 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

States he has been under care of civilian physician while on sick leave in Ottawa. History from O.C., Depot Batteries Kingston, states this man has been suffering from rheumatism and has been of no use as a soldier.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

Not at all as far as physical examination isconcerned.

12. Did the disability arise on or off duty? On duty he states.

13. Was a Court of Inquiry held? .....

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? .....

If the answer is in the affirmative, state in percentages, *to what extent the soldier is incapacitated by that aggravation.*

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? No disability is made out on examination except that of man's statements and his history.

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

Hospital in Kingston, rest at Home, in Ottawa.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No.

19. Can the former trade or occupation be resumed? Yes.

20. Recommendations That this man be discharged without compensation.

W. Hanson

Medical Officer by whom the case is brought forward.

Capt. A.M.C.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned ..... 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

E. C. Anderson

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the soldier fit for

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

23. It is certified that the soldier

~~(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).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Physical examination does not show any disability but in view of his rheumatic history he is a poor risk as a soldier and accordingly belongs to class "E".

G. Cameron — *President*

D. A. Mc Phail — Lt-Col. R.M.S.

J. H. Haslam — Capt. A.M.C. } Members.

Capt. A.M.C.

STATION Ottawa, Ont.

DATE Jan 17th 1918.

APPROVED BY J. H. Maley Capt

DATE JAN 24 1918

D/ A.D.M.S. M.D. District No. 5 — Major, A.M.C.

for A.D.M.S. — *Assistant Director of Medical Services.*

APPROVED BY .....

DATE ..... — *Director-General of Medical Services.*

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

This space to be for numbers.

MILITIA REFERENCE
DEC -2 1919
CANADA

Proceedings on Discharge.

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

No. 2708624

Rank Private

Surname Anderson

Christian name Clifford

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 12th Detachment Canadian Garrison Regt.

Date of discharge MAY 2 - 1919 D.O. 125 p 13.

Place of discharge Regina Sask

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 19 years 5 months.

Height 6 feet - 1/2 inches.

Complexion Fair

Eyes Blue

Hair Light

Trade Farmer

Intended place of residence (To be given as fully as practicable.) Lord Strathcona Horse Winnipeg Man

Descriptive marks

Nil

2. The above-named man is discharged in consequence of ~~For the purpose of re-enlisting with the Permanent Force~~ On Demobilization

Authority for discharge ~~12 Mn D 15-A-168 Hatch~~ R.O. 1420 D.D.O. 125-13 ~~22-4-19~~

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.

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

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

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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).....

(Date).....

.....

Commanding.....

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, and that I have received my permanent discharge certificate.

(Place) Regina Sask. Clifford Anderson. *(Signature of Soldier.)*

(Date) MAY 2 - 1919 .....*(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.

.....*(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) Regina Sask.

(Date) MAY 2 - 1919

(Signature)..... Captain

O.C. 12th Det. Can. Garrison Regt.

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.)

Clifford Anderson.