

REGIMENTAL DOCUMENTS

NAME *ANDERSON CLIFFORD JAMES* REGT. NO. *3034656* UNIT *6th S.C.* H. Q. FILE NO. *051* I

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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39 & days sheets
6000 5009A
26 M 3
1 cap card
1 122
1 pay cards

DEATH

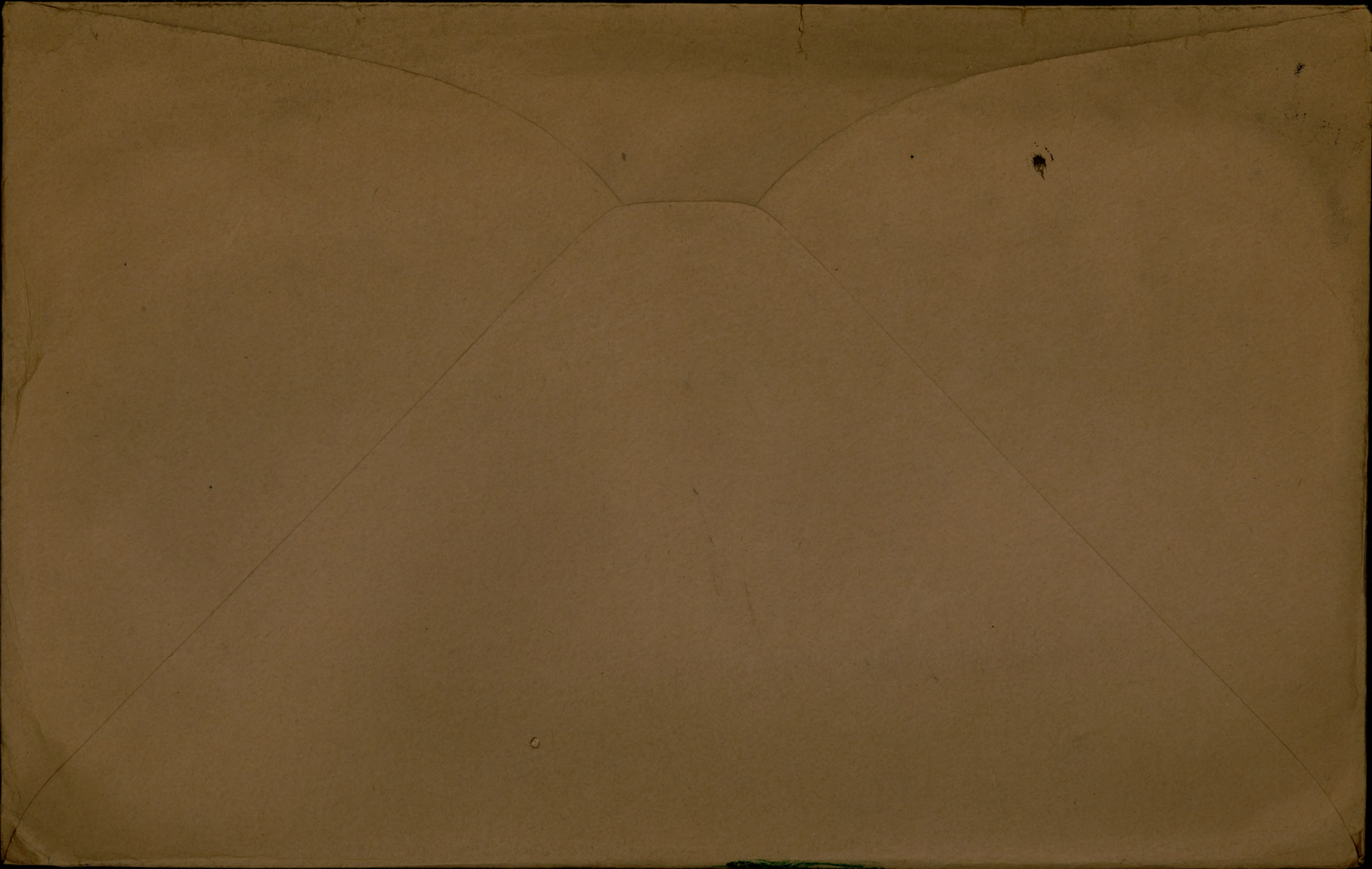
Category

DISCHARGE

Category

DESERTION

8-27
23-27
32-28
1



Original

~~CONFIDENTIAL~~

ATTESTATION PAPER.

English.

No. 3039656

1st Depot Bn. 1st.C.O.Regt.

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 James
- 1b. What is your present address? 5147 No Troy St., Chicago Ill.
- 2. In what Town, Township or Parish, and in what Country were you born? England
- 3. What is the name of your next-of kin? Mrs. M. Anderson
- 4. What is the address of your next-of-kin? 5147 No Troy St. Chicago Ill.
- 4a. What is the relationship of your next-of-kin? Wife 18
- 5. What is the date of your birth? April 8, 1890
- 6. What is your Trade or Calling? Advertising Manager
- 7. Are you married? Yes
- 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? No R.F.A. (1 1/2 years)
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? Yes
- 12. Are you willing to be attested to serve in the } yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
- 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? No
- 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? No

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Clifford James 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.

Date May 16 1918 Clifford Anderson (Signature of Recruit)
W. C. ... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Clifford James 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.

Date May 16 1918 Clifford Anderson (Signature of Recruit)
W. C. ... (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 Chicago this 16th day of May 1918.

... (Signature of Justice)

Description of Anderson, Clifford James on Enlistment.

Apparent Age.....28 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

Chest measurement { Girth when fully expanded..... 38 ins.
 Range of expansion..... 4 ins.

Complexion Ruddy

Eyes Brown

Hair Brown

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

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

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

Birthmark right nostril.

Hearing, Normal. V-R.20/20.L.20/20

Nose & throat, Normal.

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..... MAY 15 1918 191

Place..... Chicago

[Handwritten Signature]
 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.

Clifford James 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.

[Handwritten Signature]
 Major (Signature of Officer)

for O. C. 1st Depot Bn., 1st C. O. R.

Date..... May 15 1918.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. 151687

THIS IS TO CERTIFY that No. 3039656 (Rank) Private

Name (in full) Clifford James Anderson enlisted in
the 87th Bn. C.M.F.C.

CANADIAN EXPEDITIONARY FORCE at Toronto on the 5th
day of June 1918

HE served 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 29 Yrs
Height 5' 6 1/2"
Complexion Dark
Eyes Brown
Hair Black

Marks or Scars Mole on right side of nose

Clifford James Anderson
Signature of Soldier

[Signature]
Issuing Officer
for
Co. No. 2 District Regt
Rank

Date of Discharge

Date March 29 1919

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.

CHEQUE No. _____
DEPARTMENT OF MILITIA AND DEFENCE.

P. 880.

WAR SERVICE GRATUITY

Certified this document checked with original documents.

242507

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 Clifford James 2. Surname Anderson
3. Rank Pte. 4. Original Unit 87 Draft 5. Reg. No. 3039656
6. Address, in full, to which future payments of gratuity are to be forwarded
1st National Bank
Chicago. U.S.A.
7. Date of enlistment in the C.E.F. May 16th 1918
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge M^{rs} Malvine Anderson
9. Relationship of such dependent Wife
10. Address, in full, of such dependent 3500 Montrose Ave.
Chicago. U.S.A.
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? No.
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
.....
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?.....
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.....
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served.....
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No.
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No.

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

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

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

21. Have you, during the present war, served in the Imperial Forces?

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled *no.*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *yes*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *no.*

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

O.S.H.
MAR 29 1919

DEMOBILIZATION

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit

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

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

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

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *Clifford J. Anderson*

Place of Residence: *3500. Montrose Avenue, Chicago, Ills. U.S.A.*

Declared before me at: *Buxton, Derbys. Eng.*

This *16th* 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.

O.S. Heard

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

Fill in only Unit, Number, Rank and Name.

M. F. W. 54. (A. F. P. 103.
500M.-9-16
H. Q. 1772-39-930.

W.S.B. class "A" Casualty Form—Active Service.

870th M.G.C.

Unit, Regiment or Corps 1st Depot Bn. 1st C.O.R.

Regimental No. 3039656 Rank Pte. Name A N D E R S O N, Clifford James

Enlisted (a) 16-5-18 Terms of Service (a) DoFw Service reckons from (a) 16th May 1918

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) Advertising Manager

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
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Transferred To Machine Gun Corps C.E.F. M.D. No. 2
From: 1st Bn. 1st C.O.R. Terence, Oct June 19, 1918 Machine Gun Corps D.O. Part II No. 172

EMBARKED Hampden Hamp Camden 3-8-18
DISEMBARKED Liverpool Eng. " do 15-8-18

SEP 13 1918 SEAFORD. AUG 15 3 1918 Auth. Depot Order Pt. II No. 247
Taken on Strength,

9/11/18 **CERTIFIED** Transferred to CMG SEAFORD. 7/11/18 Depot Order Pt. II No. 296
France for Adjutant, C.M.G. Depot.

9/14/18 CMG Corps (Control) 8-11-18 R+R-816
24-11-18 left for Hooper 24-11-18 Pt. B. 120/1918
So. 20 Genl. Scabies Admitted do. W. 3034 M. 8303

(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.]

Date	Report		Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as re- ported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case			
27-11-18	20 Gent.	Scabies.	To 6 bon. Dep.	27-11-18	N. 3034 M. 8303.
17-11-18	C. C. R. C.	Joined.	Fls.	13-11-18	R. & R. 1817
9-12-18	C. G. B. D.	Joined from 10 bon. Camp.	'A'	9-12-18	✓ 535.
3-12-18	6 bon. Dep.	Scabies.	To 10 bon. Dep.	3-12-18	N. 3034 M. 9621.
27-11-18	do.	do.	Admitted.	27-11-18	do. M. 9645.
3-12-18	10 bon. Dep.	do.	do.	3-12-18	do. M. 9776
6-12-18	do.	do.	To Terlinithun Details.	6-12-18	do. N. 226.
17-12-18	C. G. B. D.	Left for C. G. B. D. for duty.		17-12-18	R. & R. 608. B. E. 3655
8-2-19	or Rfto.	Proceeded to England.		8-2-19	R. & R. 565.
20-1-19	A. G. OM. A. C.	S. V. S. Emly's Pool on proceeding to England, for return to Canada, on compassionate grounds, and posted to C. M. G. Cob. Dep't, Seaford.		8-2-19.	A. G. 3 of 2-A-1327. N. E. 38580. G. F. O. 18/1919.
17-2-19	Embl'd.	Tot. from msk. pool.	Seaford.	14-2-19	P. & D. #48.
17-2-19.	Embl'd.	Tot. to Embl'd.	Seaford.	14-2-19	P. & D. #48.
19-2-19.	Embl'd.	Tot. from Embl'd.	Seaford.	15-2-19.	P. & D. #48.

George J. Skelton
 Capt. for Lt.-Col. A. A. G.
 Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

Red Blown
 LIEUT.
 FOR LT. COL. I/O RECORDS. N. O. F. 282-19.

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					
19.2.19	C M G D	NO 42	T.O.S. from C M G D	Seaford	19.2.19	
1073719.	C M G D	No. 58.	On Command to C D D Buxton.	Seaford	8/3/19.	R. Hammett.

10.3.19
17 MAR 1919

**Attached C.D.D. Buxton for return to Canada, Part II Order No. 58
Ceases to be attached C.D.D. Buxton on embarking for Canada.**

J. J. Lock
Lt. for Lt. Col.
Commanding Canadian Discharge Depot.

ENRARKED S S OLYMPIC
SOUTHAMPTON 17-3-19

R. Blandford
Adjutant, No. 8 Trans-Atlantic Conducting Staff

Nothing to be written in this margin.

MAR 29 1919

T.O.S. NO. 2 DISTRICT
DEPCT. F. ET. D. NO. 98

APR 1 1919

S.O.S. (Discharged) No. 2 District Depot,
Part II, D.O. No. 178

R. W. ...
For
O.C. No. 2 District Depot.

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-I,
Part I.

(1)*Substantive rank *Acting rank *[To be entered in pencil to facilitate alteration.] (4) Surname <i>Anderson</i> (5) Christian Names <i>Clifford Jas</i> (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien } origin [<i>vide</i> A.C.I. 578 of 1918] } (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps (3) Regtl. No. <div style="text-align: right; font-size: 1.2em; font-weight: bold;">3039656</div>
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(10) Enlistment (b) (12) Service reckons from (date) (14) Any subsequent variations (if any) } of conditions of service }	(11) Engagement (c) (13) Special conditions (if any) of enlistment (d) (Authority) _____ (date) _____	Initials and Rank of an Officer.
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(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (<i>vide</i> Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin (18) Demobilizer (f) (19) Pivotal-man (f) (20) Qualifications (g)	(Place) (Date) or (21) Corps trade and rate	(Signature of Posting Officer)
(22) Extended {		(23) Re-engaged {
(24) Miscellaneous entries:—		

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoing-smith, &c.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—PP1150 IM 5/18 G.W.P.Co (34/90)

Rank _____ Name **ANDERSON CLIFFORD JAMES** Reg'l No. **3039656**
 Unit **87th Draft M.G.C.** If in perm. Corps, }
 What Unit? } Married or Single **Married**
 Place and Date of Enlistment **Chicago Ill. U.S.A. May 16th 18** Place of Birth **England**
 Name and Address, Next-of-Kin **Mrs. M. Anderson**
5147 No Troy St Chicago Ill. U.S.A. Relationship **Wife**
 Assigned Pay Monthly \$ _____ Payable to _____ **DA (Y)**

Separation Allowance \$ _____ Payable to _____ Relationship **Pte**
 Relationship _____
 Discharge, Date and Place _____ Reason _____ Character _____

W/E. R.D. No. **6183**
 File R.L. _____
 Category **OR CAN**

H. W. V., Ld.-9546-16.

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.				
		Arrived in England	15	16-8-18	H.M.F. Carnarvonshire
13-9-18	EMGD	Taken on strength	Pte	Seaford	15-8-18 Pt II DO 247
9-11-18	EMGD	Sol. to EMGR Pool, O'Leary	Pte	Seaford	7-11-18 Pt II DO 2920 of 28, 11, 18
17-2-19	EMGD	Sol. from msk Pool	Sgt	Seaford	14-2-19 Pt II DO 48 & 187 19-2-19
17-2-19	EMGD	Sol. to EMGD	Sgt	Seaford	14-2-19 Pt II DO 48 & 427 19-2-19
6-3-19	EMGD	Pte 48 (Rank amended to Pte)	Pte	Seaford	65
14-3-19	EMGD	Sailing No 41 Miss area I emb Roll 7B sub of sailing			17-3-19
14-3-19	EMGD	of 6 to EMGD, "Burrill"	Pte	Seaford	8-3-19 Pt II 62
2-4-19	EMGD	Ceases of 1st 208 to 1940		Seaford	14/21

RL 33.6, Vol 28 (4)
R127 3. 28.3.19

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 ANDERSEN Christian name CLIFFORD JAMES
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) 5147 North Troy Street, Chicago, Ill.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 15th day of May 1917, by the undersigned medical board sitting at Chicago, Ill.

- 5. Age as stated 28 Years Months
6. Apparent age 28 Years Months
7. Height 5 Feet 6 Inches
8. Weight 154 Pounds
9. Chest measurement Minimum 34 Ins. Maximum 38 Ins.
10. Complexion ruddy
11. Physical development good
12. Smallpox marks nil
13. Number of vaccination marks Right arm Left arm
14. When vaccinated last 1916
15. Distinctive marks and marks indicating congenital peculiarities or previous disease Hearing, O. K. V-R. 20/20. I. 20/20

16. Slight defects but not sufficient to cause rejection Nose & throat, O. K.
The man denies having had Rheumatism Tuberculosis Syphilis We find no evidence of past Rheumatism Tuberculosis Syphilis EYES OK EARS OK

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A-2.
Medical Board members: P. Quilloughley (Member), J. J. [Name] (President), [Name] (Member). CAPT. C.A.M.C.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes handwritten entries for 11/6/18 and 7/6/18.

Joined 16th day of May, 1918, 191 at Chicago, Ill. U.S.A.

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes handwritten entries: 6th 1st Depot Bn., M.G. F. Co., 3039656, MACHINE GUN CORPS, 19/6-18.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes handwritten entry: Niagara Camp, June 13/18, A2 W/H. [Signature]

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

Signature of Man [Handwritten Signature]

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *No. 2*

NAME OF SOLDIER *Anderson, C. B.*

REGIMENT *11 C.P.O.R.*

RANK *Private*

Langley

No. *2079656*



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.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) (G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoxa	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS	
												U	L	P			Gold	Porcelain					
<i>July 1-2</i>	<i>4 18</i>										<i>3</i>		<i>1</i>						<i>BR Gordner</i>				

210832

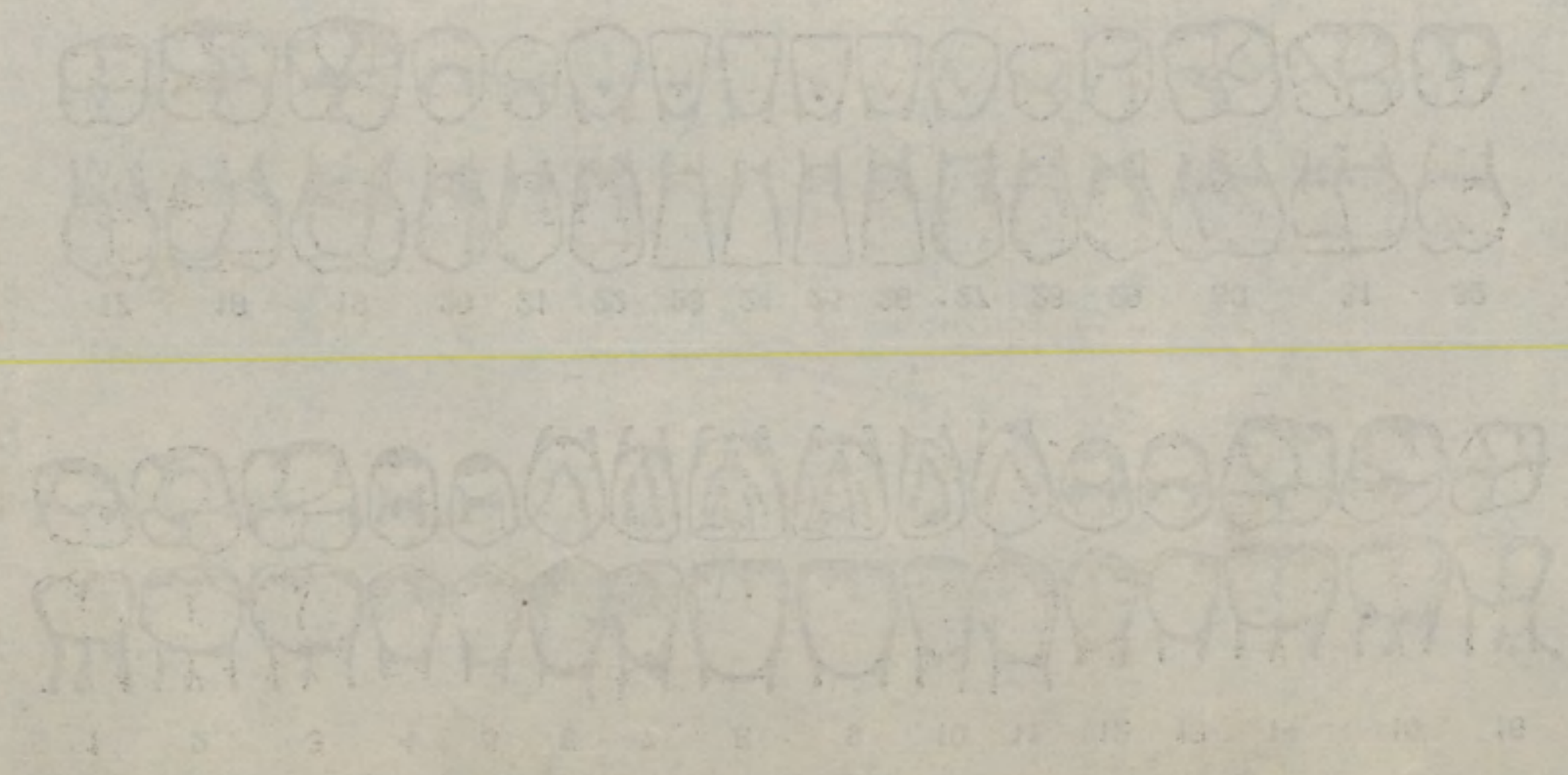
TEETH DENTAL HISTORY SHEET

CANADIAN DENTAL BOARD

DATE OF EXAMINATION: _____
DENTIST'S NAME: _____
PATIENT'S NAME: _____

NOV 19 11 54 AM '64

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----



1. Condition of malocclusion (if any)
 2. Condition of periodontal disease
 3. Condition of pulp disease
- On the right side of the diagram of the teeth, indicate the condition of the teeth as follows:
1. On the right side of the diagram of the teeth, indicate the condition of the teeth as follows:
 2. On the left side of the diagram of the teeth, indicate the condition of the teeth as follows:

INSTRUCTIONS

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO
DENTAL OFFICERS

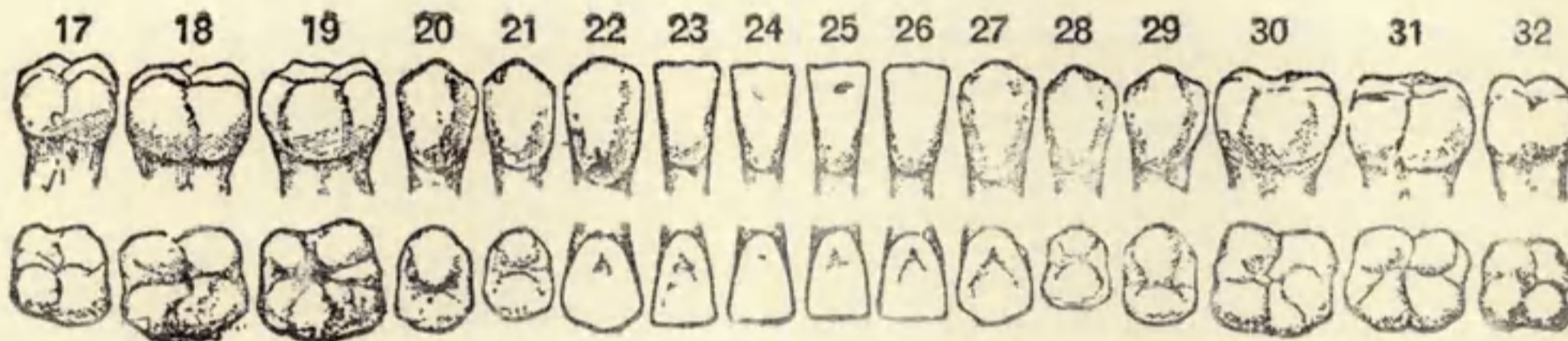
Canadian Printing and Stationery Services, London

ANDERSON C.J.

NAME OF SOLDIER (Block Letters)

REGIMENT C.M.G.D. RANK PTE No. 3039656

Date of Examination in England 26 FEB 1919 Date of Examination in France _____



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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 11
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES _____
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____

HAS HE EVER REFUSED DENTAL TREATMENT? NO

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

- (a) In Canada _____
- (b) In England _____
- (c) In France _____

Signature of Dental Officer [Signature]



ANDERSON, C. T.

C. T. ANDERSON

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

- (a) In Japan
- (b) In China
- (c) In India
- (d) In Europe
- (e) In Africa
- (f) In America
- (g) In Australia
- (h) In Oceania
- (i) In Asia
- (j) In Europe
- (k) In Africa
- (l) In America
- (m) In Australia
- (n) In Oceania
- (o) In Asia
- (p) In Europe
- (q) In Africa
- (r) In America
- (s) In Australia
- (t) In Oceania
- (u) In Asia
- (v) In Europe
- (w) In Africa
- (x) In America
- (y) In Australia
- (z) In Oceania

NO

- (a) In China
- (b) In Japan
- (c) In India
- (d) In Europe
- (e) In Africa
- (f) In America
- (g) In Australia
- (h) In Oceania
- (i) In Asia
- (j) In Europe
- (k) In Africa
- (l) In America
- (m) In Australia
- (n) In Oceania
- (o) In Asia
- (p) In Europe
- (q) In Africa
- (r) In America
- (s) In Australia
- (t) In Oceania
- (u) In Asia
- (v) In Europe
- (w) In Africa
- (x) In America
- (y) In Australia
- (z) In Oceania

[Faint handwritten notes]

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. 3039656 Rank Plt Surname ANDERSON
(Given name in full)
BLIFFORD J.
 Unit or Corps C.M.G.D. Birthplace UXBRIDGE ENG.

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

1. GENERAL DESCRIPTION:

Physique good Weight 150 lbs. Height 5 ft. 6 in. Colour of Eyes Brown
 Nutrition good
 Pulse 72 good
 Condition of arteries good
 Vision Rt. $\frac{20}{20}$ Left $\frac{20}{20}$
 Hearing (conversational voice) Rt. 21 ft.
 Left 21 ft.

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

Rt. ala nasi - hair bearing
4 vac. L. arm. civil.

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

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

Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System no
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition no

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

Scabies Dec. 1918 - good recovery

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at... Seaford (Overseas)

Date 4. 3. 19

Signed [Signature] 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 [Signature]

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

THIS SECTION FOR USE IN CANADA—

Examined at..... (Canada)

Date

Signed M.O.

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

Signature

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

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

[OVER]

CLIFFORD, JAMES.

Name ANDERSON, Rank PTE.

Reg. No. 3039656.

Unit M. B. R. Pool.

Next of Kin U.S.A.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
24 11	20 9th Cavalry	Oscarville		A 387		5970.4
27 11	6 6th Cavalry	"	"	A 390		6029.4
3/2	10 6th Cavalry	"	"	A 391		6171.12
6 12	Paris	"	"	A 395		6201.7

No. 3099656 RANK *Pte*

NAME *Anderson C. J.*

*T.O.S. Forwarded from
1st Lt. B. 1st Co. D. Reg
19-6-18 No. 172 of
22-6-18*

UNIT *No 3 Sect, Machine Gun Corps, C. C. F.*

M. D. *2*

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

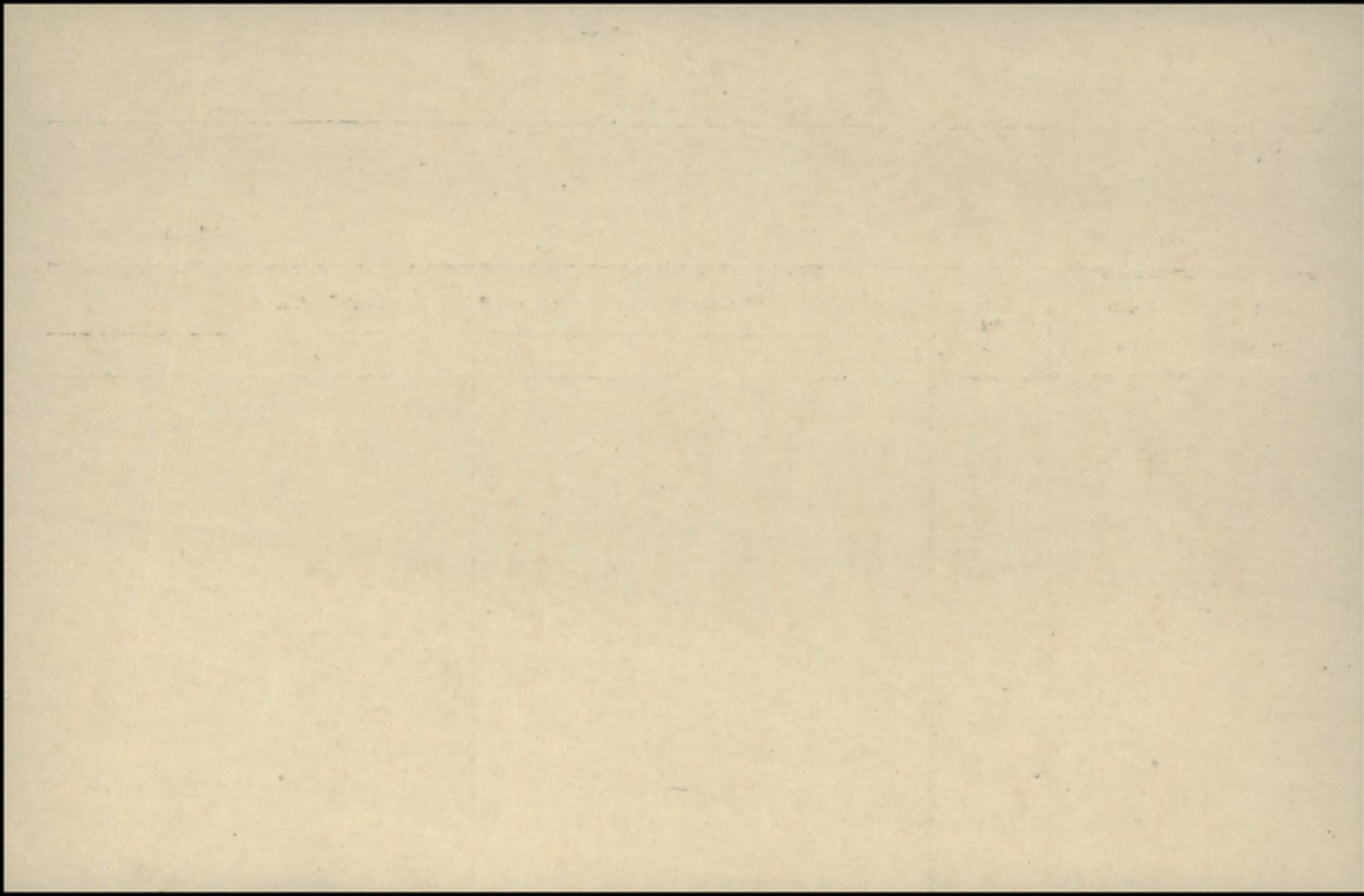
AUTHORITY

PAID FROM *1918 June 20*

PAID TO *1918 June 30*

SIG. OR REC'T *m*

Org. date of Enl. 16/5/18 June paylist



NAME

Anderson, G.

REGT. No.

3039656

RANK AND UNIT

Pvt. M.I.A.P.

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 387	20 Gen; Camiers	24-11-18	Scabies
A 390	6 Conv. Dep. Etaples	27-11-18	"
A 394	10 " " Ecourt	3-12-18	"
A 395	Disc	6-12-18	"

Surname

Christian Name or Names

Reg. No.

ANDERSON.

C.J.

3039656.

Rank

Unit

Pte.

M.G. RP.

Cas. List.

20. G.H. Camiers.

24-11-18.

4-12-18. A387/2.

Scabies. *as*

7-12-18 A390

6 b. D. Staples 27-11-18

12.12.18 A394 1/2

10 Com. D. Ecault 3.12.18

13.12.18 A396 (2)

Discharged. 6.12.18.

A.M.D. 2 DEPT.

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

Cas. List.

Table with multiple columns and rows, containing various entries, likely case names or numbers. The text is extremely faint and illegible.

Date of Enlistment *5th June 1918.*

MILITIA AND DEFENCE

Date of Assignment

5th June 1918

Separation and Assigned Pay Branch **A**

5591

1st Aug. 1918.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

<i>20-00</i>	<i>\$ 30 1/2</i>		
--------------	------------------	--	--

RATE OF ASSIGNMENT

<i>15-00</i>			
--------------	--	--	--

*Effective 24th June 1918
P.O. 2753
M.O. 45862*

emw

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. *3039656*

Rank *Pte.* Promoted Reverted Discharge

Soldier's Name *Clifford James Anderson*

Battalion *Machine Gun Corps Draft 87*

Beneficiary *Mrs. Mabena Frances Anderson*

Relationship *Wife*

Address *5145 North Troy St., Chicago, Ill. U.S.A.*

Name

Address

Change of Address

1 *MRS. M. F. ANDERSON, 3500 Montrose Ave.*

2 *5145 NORTH TROY ST., CHICAGO, ILL. U.S.A. 15 25 40.00*

3 *% 3039656 PTE. CLIFFORD JAMES ANDERSON*

4 *FORTY DOLLARS*

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Aug.</i>	<i>2 42724</i>	<i>30</i>		<i>30</i>	
<i>Aug</i>	<i>x 37660</i>	<i>25</i>	<i>15</i>	<i>40</i>	<i>13</i>
<i>Sep.</i>	<i>2 43170</i>	<i>25</i>	<i>15</i>	<i>40</i>	
<i>Oct.</i>	<i>2 57630</i>	<i>25</i>	<i>15</i>	<i>40</i>	
<i>Nov</i>	<i>3 72153</i>	<i>25</i>	<i>15</i>	<i>40</i>	
DEC	<i>2 87276</i>	<i>45</i>	<i>15</i>	<i>60</i>	
JAN 1919	<i>2 103053</i>	<i>30</i>	<i>15</i>	<i>45</i>	
FEB	<i>2 116466</i>	<i>30</i>	<i>15</i>	<i>45</i>	
MAR	<i>2 124541</i>	<i>30</i>	<i>15</i>	<i>45</i>	
APR		<i>265</i>	<i>120</i>	<i>385</i>	

0372-C-62

ACO. 6204 adjusting SA from 24-6-18

made 5-9-18 to 5-31-18

M.P.O 52940 M 1-1-19 chg address

A/c Closed 31-3-19

Ret'd per. Olympic

Date 26-3-19 M.F.W. 187 3-4-19 (2nd 2)

Clerk... Whichter

M.P.O. 86621

AUDITED

ENTERED IN
AUDIT FILE
AUG 25 1918
BY *J.M.*

M. F. W. 128.
FORM 6-7-17-23-1141
L. L. 2230-M. & D. 1902

AUTHORITY *M. D. L.*
FOR *M. Conroy 22-8-18*
NEW ACCT.

Dras

CHANGE OF ADDRESS

3039656

Ste

Anderson

Clifford James

No. _____

Rank _____

Surname _____

Christian Names _____

Address _____

4512 Laporte Av

Mayfair, Chicago

Ill., U.S.A.

X

649-A-9612

Section

around

D-20
EBM.

1875

1875

1875

1875

1875

1875

1875

Does

CHANGE OF ADDRESS.

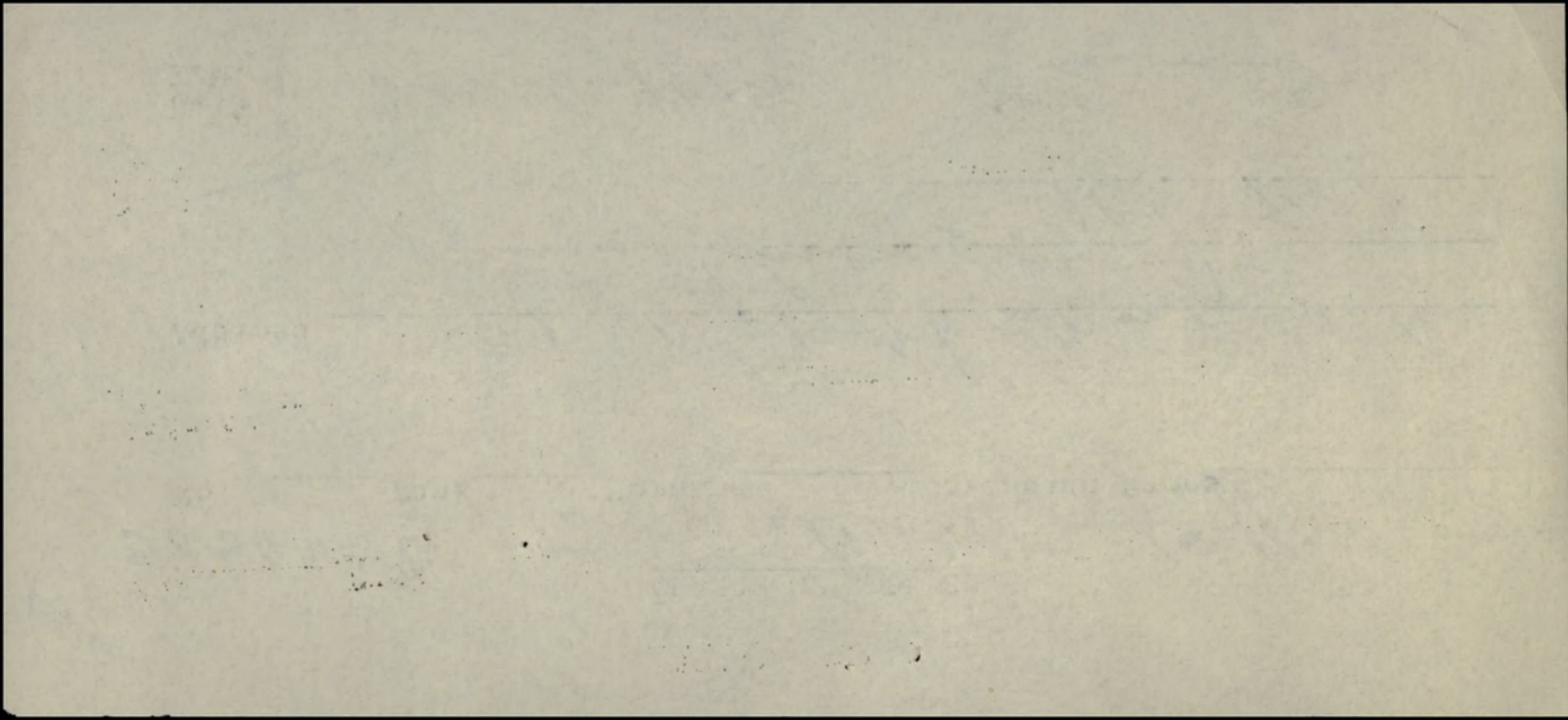
3039656 Pte Anderson Clifford James
No. _____ Rank _____ Surname _____ Christian Names _____

Address *3920 North Sawyer Ave,*
Chicago
Ill. Mo

D-19
EBM.

649-9-9612

Section
wards



* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-		EFFECTIVE DATE:-	
AMOUNT:-		AMOUNT:-	

NAME:- *ANDERSON (2) James* in Clifford

NUMBER:- *3039656*

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. Malvina Frances Anderson ^{wife}
415 A. Gray St.
Chicago, Ill. USA
3500 Monrose ave.
(A2M. 3.11.18.)

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<i>L.P.C. Law</i>	<i>1/8/18</i>	<i>plc</i>

UNIT AND TRANSFERS

ORIGINAL UNIT: *87 M.G. Dpt*

DATE ACCOUNT FIRST OPENED: *1/8/18*

AUTHORITY	DATE EFFECTIVE	DATE LEGER SHEET T 506	UNIT TRANSFERRED TO
			<i>6 M 4 D.</i>

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
<i>2.1.19.</i>	<i>88.</i>	<i>Field.</i>	<i>560</i>				
<i>17.2.19</i>	<i>7574</i>	<i>engd.</i>	<i>973</i>				
<i>24.2.19</i>	<i>7783</i>	<i>engd.</i>	<i>487</i>				
			<i>20 20</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS-CE ALL CE
	<i>100</i>	<i>10</i>		

L.P.C. credit balance 16.48

PARTICULARS OF RENDERING NON-EFFECTIVE: *Trans. to Canada eff. 28/2/19 Ref K 3807 C.M.G.D. Seaforth to Seaforth 27/2/19 MD 2*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>July 31</i>	<i>Bal from bank</i>								<i>22 45</i>		
<i>Aug</i>	<i>P.P.</i>	<i>34 10</i>		<i>AR 1 Dpt 87 2/18</i>	<i>4 87</i>						
				<i>bank A.G.</i>				<i>15</i>	<i>36 68</i>		
<i>Sept.</i>	<i>P.P.</i>	<i>33 10</i>		<i>C.A.P.</i>	<i>4 87</i>			<i>15 -</i>			
				<i>" 1337 3.9.18. Bowley</i>	<i>4 87</i>						
				<i>" 350. Dpt 87 Halifax 20.7.18.</i>	<i>5 -</i>						
				<i>AR. 4338. 20.9.18. C.M.G.D.</i>	<i>24 33</i>						
				<i>" 4290 20.9.18. "</i>	<i>4 87</i>				<i>15 61</i>		
<i>Oct.</i>	<i>P.P.</i>	<i>33 -</i>		<i>C.A.P. 39.07</i>	<i>39 07</i>			<i>15 -</i>			
		<i>34 10</i>		<i>" 4851. 10.10.1918. "</i>	<i>9 73</i>						
				<i>" 5385. 26.10.18. "</i>	<i>4 87</i>				<i>20 11</i>		
<i>Nov.</i>	<i>P.P.</i>	<i>34 10</i>		<i>C.A.P.</i>	<i>14 60</i>			<i>15 -</i>			
		<i>33 -</i>		<i>" 5490. 13.11.1918. C.M.G.D.</i>	<i>9 73</i>						
				<i>" 1236. 18.11.18. C.M.G.D.</i>	<i>13 06</i>						
				<i>" 4996 30.11.18. C.G.B.D.</i>	<i>4 66</i>						
<i>Jan.</i>	<i>✓ Dec. + Jan.</i>	<i>68 20</i>		<i>DRAR 6932 14.12.18. C.S.B.D.</i>	<i>4 66</i>						
				<i>C.A.P. Decr Jan.</i>				<i>30 -</i>	<i>44 20</i>		
		<i>101 20</i>						<i>45 -</i>			
<i>Feb.</i>	<i>✓</i>	<i>30 80</i>		<i>AR. 2114. 13.1.19 C.G.D.</i>	<i>7 46</i>						
				<i>" 9323. 24.12.18. "</i>	<i>4 66</i>						
				<i>" 4151 27.1.19. "</i>	<i>5 60</i>						
				<i>" 5327 4.2.19. "</i>	<i>5 60</i>						
				<i>C.A.P.</i>	<i>23 32</i>			<i>15 -</i>	<i>36 68</i>		
				<i>" 7574. 17.2.19 C.M.G.D.</i>	<i>9 73</i>						
				<i>" 83. 2.1.19 C.G.B.D.</i>	<i>5 60</i>						
				<i>" 7783 27.2.19 C.M.G.D.</i>	<i>4 87</i>						
				<i>" 4751. 14.3.19. Buxton</i>	<i>9 73</i>				<i>6 75</i>		
				<i>L.P.C. orders</i>	<i>53 25</i>			<i>15 -</i>			
		<i>30 80</i>									

compiled by an emerald bank

DISPERSAL "I"

A-1055
A-1055

AUDITOR *[Signature]* PAYMASTER *[Signature]*

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

REGT. No. 3039655 RANK Pte. NAME (IN FULL) ANDERSON C.J.

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)			
ADDRESS					C m guns	1st National Bank Chicago Ill.				
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY			
TO WHOM PAID	RELATIONSHIP				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY			
ADDRESS					ASSIGNED PAY \$	DATE EFFECTIVE				
					15.00	Closed 31-3-19 By Ottawa				
					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS			
					Miss M J Anderson					
					ADDRESS					
					35.00 Montrose Ave					
					Chicago Ill. U.S.A.					
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE					
					DISCHARGED	PLACE	DATE	REASON	AUTHORITY	IF ENTITLED TO POST DISCHARGE PAY
					Temporary	Toronto.	1:4:19	Demob.	D.O. 98	

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT	
29-2-19				16.48													29/3/19 98 ✓
31-3-19	31	1.10	34.10	16.48													T.O.S. TO D.O.
				35.00													Cr bal on emp L.P.C.
				70.00													Pg 1-3-19 to 31-3-19
																	Clothing allowance
																	1st paym W.S.G.
																	March 19
																	Endorsed on L.P.C.
																	Boat & train
																	IMR
																	FIRST PAYMENT SEP. ALLOC. W.S.G. PAID
																	W.S.G. as paid
																	1 day SA underpaid
																	1 day S.A. underpaid
																	1st W.S.G. Paid by #2 D.O.
																	70/1 change AR 26-29/3/19
																	Amended
																	W.S.G. PAID IN FULL
																	<i>[Signature]</i>
																	CAPTAIN FOR PAYMASTER WAR SERVICE GRATUITY

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 Statement Q.M.G. Form (D.O.S. 2), and Clothing. /
 - 12. Last Pay Certificate (P. 851). /
 - 13. Pay Book (V.B. 64). /
 - 14. War Service Gratuity (Form M.F.W. 2595). /
 - 15. Sundry Documents. /
- Authority*

Group..... *4*

Checked by No..... *D.S.M.*

Date..... *16.3.19*

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

Dispersal Area..... *I*

Next of Kin..... *Wife*

FILL IN THESE SPACES
CAMP, BRISTOL, ENGLAND
MAR 10 1919

1. No.	<i>3039656</i>	
2. Rank.	<i>Pte</i>	
3. Name.	<i>Anderson Clifford James</i>	
4. Unit.	<i>C. M. G. Co.</i>	
5. Date of Discharge	<i>MAR 29 1919</i>	Place <i>TORONTO, ONT.</i>
6. Reason for Discharge	<i>Compassionate Grounds</i>	
	<i>A.G. 3b 2A. 1327 of 20.1.19</i>	
	<i>Trade Advertising Manager</i>	Occupational Group...
	<i>Service in France. 8 mos.</i>	
7. Authority.	<i>2 D D D O . PT2</i>	
8. Proposed Residence after Discharge	<i>Chicago Ill</i>	
	<i>C. J. Anderson</i>	<i>3506 Montrose Ave</i>
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. ?.....		
<i>Clifford James Anderson</i> Signature of Soldier.		
10. CONFIRMATION.		
The discharge of the above named man is hereby confirmed.		
Place	
Date	<i>MAR 29 1919</i>	
<i>Embarked S.S. Olympic</i> <i>Southampton</i> <i>Mar 11 1919</i>		
Signature.....		(O. C. Discharging Unit.)