C.E.F. REGIMENTAL DOCUMENTS

NAME ANDERSON DAVID REGT. No. 718533 UNIT 107 BN H. Q. FILE No. 8101

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY DEATH
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					CATEGORY
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					PHY UNFIT
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
CARDS					
PAY-SHEETS					

Deceased 6-5-55

H

H

M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

original.

ATTESTATION PAPER.

No. 718533

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	ANDERSON ~~DAVID~~
1a. What are your Christian names?	DAVID
1b. What is your present address?	Shepherd Hills Sask.
2. In what Town, Township or Parish, and in what Country were you born?	Shepherd Hills Sask
3. What is the name of your next-of kin?	Mary Jane Anderson
4. What is the address of your next-of-kin?	Shepherd Hills Sask
4a. What is the relationship of your next-of-kin?	Wife
5. What is the date of your birth?	February 12th 1872
6. What is your Trade or Calling?	Blacksmith
7. Are you married?	Yes 4/5
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, David 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.

David Anderson (Signature of Recruit)

Date July 14th 1916. C B Sandcock (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, David 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.

David Anderson (Signature of Recruit)

Date July 14th 1916 C B Sandcock (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Winnipeg this 14th day of July 1916.

James Paterson (Signature of Justice)

M. F. W. 23.
400M.—1-15.
H. Q. 1772-39-841.

Description of David Anderson on Enlistment.

Apparent Age 44 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft 10 ins.
Chest measurement — Girth when fully expanded	36 ins.
Chest measurement — Range of expansion	3 ins.
Complexion	Dark
Eyes	Brown
Hair	Black

Religious denominations.

Church of England	X
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).

nail broken second finger left hand

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 h[illegible]m* fit for the **Canadian Over-Seas Expeditionary Force.**

Date February 14 1916 H. Hallamore

Place Winnipeg ..... 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.

David 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.

107TH OVERSEAS BATTALION C. E. F. FEB 19 1916 ORDERLY ROOM

Date ..... FEB 19 1916 ..... 191 .

Glen Campbell ..... (Signature of Officer)

Lieut-Col.
O. C. 107th Overseas Batt. C. E. F.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 76533 (Rank) Private.

Name (in full) David Anderson,

enlisted in the 107th. Battalion,

CANADIAN EXPEDITIONARY FORCE at Winnipeg. on the 14th.

day of February 19 16.

HE served in France Six (6) Months with the 107th. Battalion,

and is now discharged from the service by reason of being Physically Unfit;-

"Wounds."

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

Age 46 8/12 years.

Height 5 feet 10 inches.

Complexion Dark.

Eyes Brown.

Hair Black.

Marks or Scars G.S.W. Both Shoulders.

G.S.W. R. Side of Head

D. Anderson
Signature of Soldier

Eldstone Major
Issuing Officer for O.C. D.C.

16-8-18.
Date of Discharge

O.C. #12 District Depot.
Rank

Regina, 15th. August 18
Signed at this day of 19

Appointment

in Military District No. 12.

File Reference No. 74-A-12 D.D.

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. 718533 (Rank) Private Name D.Anderson.

Unit No. 12 District Depot.

Address on Discharge Punnichy, SASK.

Character and Conduct VERY GOOD.

Former Occupation Blacksmith.

Special Qualifications of Value in Civil Life xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Medals and Decorations xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Remarks Entitled to wear One (1) Gold Casualty Stripe;- 15-8-17.

Signed at Regina, this 16th. day of August 18 19

E.C.Stevens Major
Name of Officer

Lt.-Col.,
Rank

O.C.#12 District Depot.
Appointment

Discharge Section
AUG 16 1918
NO. 12 DISTRICT DEPOT

C.E.F. 718533

ANDERSON, David 718533 Pte.

Medals prev desp:

Cross to widow: Mrs. Mary Jane Anderson (New cross)
Punnichy, Sask. 8 Sep 55
WSR 239

DESP. SEP 23 1955
REGN No 18384

Cross to mother: Deceased

1-3-16

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—4-16.
1772—39—818.

L. L. Job 310.—Req. 6574.

Sheet No. 2. Mary J. Anderson Wife

Name of Soldier Anderson David

718533 Pte.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		D7122	60	60
June		D1989	20	20
July		L10107	20	20
Aug.		A 11798	20	20
Sept.		H/45585	20	20
Oct.		D17629	20	20
Nov.		D20770	20	20
Dec.		D2 4768	20	20
Jan.	1917	D28258	20	20
Feb.		D31078	20	20
March		D34156	20	20
April		E 215	20	20
May		E3669	20	20
June		F 7433	20	20
July		F/0438	20	20
Aug.		F13509	20	20
Sept.		F 17463	20	20 380. ✓
Oct.			20	20
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 107th Overseas Battalion C.E.F.

Regimental No. 718533 Rank Private Name Anderson David
C. E. F.

Enlisted (a) 14/2/16 Terms of Service (a) Duration of War Service reckons from (a) 14/2/16

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) Blacksmith

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked (Canada)	Halifax	18/9/16	
		Arrived (England)	Liverpool	25/9/16	
20-2-17	O.C 107th Bn	Proceeded Overseas	Witley Camp	20th Feby 1917	Part II D.O. 51 d/ 20-2-17 25 5b A.G. Riddell, Lieut. For O.C. 107th Battalion C.E.
23-1-17	Ocae	D.O. 5 v Or Commandts 107th M2	Hastings	7.12.16	P.C.R. D.O. 38 B.1 W. C. Warner, Lieut. for Officer i/c Records, C.E.F. C.O.M.F.
5/3/17.	M.L.O.	Disembarked in France	Boulogne	25/4/17.	L R 7675.

CERTIFIED CORRECT. 9 MAR 1917 CAN. RECORDS, LONDON.

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

[P.T.O.

718533. Anderson. D.

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				
18/8/17	OC 107 Q	Wounded to D.B.		15/8/17	B213 D&S 52
17/8/17	22 Genl	GSW multiple W abdo	22 Genl	17/8/17	W/3852
22/8/17	22 Genl	S.W. back head shoulder To England per A.S. "Princess Elizabeth and posted to Manitoba Regimental Depot. Shorncliffe.		22/8/17	W3083/3801 Cr2 Orders No. 74 & 3/9/17
		Chas R Maxwell Lieut. For Lt-Col., AAG. Canadian Section			
30.8.17	M.R.D.	Taken on strength.	Shiffs.	23.8.17	Pt II 174. 10/9 21.9.18
					L Edwards LIEUT. FOR LT: COL: I/C RECORDS. C.O.M.F.
21-3-18	C.E.R.D.	T.O.S. of the C.E.R.D. Shewn as Patient in CCH Epsom.	Seaford	9-3-18	Part.II.DO. 80
22-3-18	C.E.R.D.	Having reported. Will be shewn on Comm toCETD	Seaford	21-3-18	Part.II.DO. 81
		F.W. Parnell Capt & Adjt for O.C. C.E.R.D.			
18-4-18	C.E.R.D	Ceases On Com C.E.T.D On Com 3rd C.C.D	Seaford.	17-4-18	Pt II-Do. 107.
					L Edwards Lieut C E for O.C. C.E.R.D.
9/5/18 DISCHARGED FROM 3RD C. C. D.		Seaford TO	BN. PART II D. O. No.	108 9/5/18	T Edwards Lieut for O.C. 3rd Canadian Command Depot

Army Form B. 103.

Regimental Number 718533.

Casualty Form—Active Service.

Regiment or Corps .....

Rank Pte. Surname Anderson Christian Name D.

Religion ..... Age on Enlistment ..... years ..... months.

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

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

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (*b*) .....

or Corps Trade and Rate .....

..... Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...			
10-5-18	Le C.C.R.D.	Disembarked... Cases On Comm. 3 W.	Seaford.	9-5-18.	Pt 11. D.O. 129.
		C.C.D. Shown On Comm.			
		Nol. C.D.D. Buxton			
		pending return to Canada			
10 MAY 1918		TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 110			
22 JUN 1918		EMBARKED FOR CANADA FROM LIVERPOOL			

Lieut C.E. for O.C. GERD

Lieut.-Col. Commanding Canadian Discharge Depot.

(*a*) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(*b*) Signaller, Shoeing-Smith, &c.

[P.T.O.

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

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
	#17 D.D.O. Part II	T.O.S. No. 12 DISTRICT DEPOT REGINA		Chas E Eaton Capt. O.C. Casualty Company, No. 12 District Depot	
24-6-18	82/377	From Clearing Depot.			
16.8.18	Cas Coy	Discharged Sick. Wounds	Regina	16.8.18	DDO 118-536
		Lieut. & A/Adjt. No. 12 District Depot			

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Anderson, David
Surname Christian Name

Christian Name: David

Regimental Number 718533 Rank Pte Address (in full) Punnichy, Sask.

Unit 107th Bn.

Original Unit

District where paid M.D.12.

Date of Discharge

P. D. P. Filing Number 1-184-12. and 2-184-12

Rates:—Regimental pay $ per diem: Field Allowance $ per diem. Separation Allowance $ per month.

L. L. 46038—M. & D. 9245.

Total Credits 91 days		FIRST PAYMENT Cheque No. A	Date	Amount 30 days		SECOND PAYMENT Cheque No. B	Date	Amount 30 days		FINAL PAYMENT Cheque No. C	Date	Amount 31 days		Balance Over-payments to be Recovered		Total Amount Paid	
100	10	2256	16-9-18	33	00	2145	16-10-18	34	10					33	00	67	10
75	00	2257	16-9-18	25	00	2146	16-10-18	25	00					25	00	50	00

M. F. W. 127.
25M.—8-18.
1772-80-1140.

Remarks: S.A. remitted direct to Mrs M.J. Anderson, to above address.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name.....

Address.....

.....

.....

Pay Soldier $.....

Clerk .....

Dependent.....

Address.....

.....

Pay Dependent $.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal. or overpayment.

Net.....

Dec'n No..... W. S. G. File No .....
Award..... days at $..... per day $.....
S. A..... months at $ ..... per mo. $..... $
Less P. D. P. Credited $.....
$
Less further debit balance $.....
Net due paid as below

TO SOLDIER TO DEPENDENT

0	Ag. No.	Ch. No	Amount	Ag. No	Ch No	Amount
1						
2						
3						
4						
5						
6						
	Total			Total		

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

L-L. Jo[illegible]70—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-316

Wife

To Whom Mary J. Anderson

Address Shinichy Sask

By Whom Assigned Anderson David

Regtl. No. 418533

Rank Pte

Corps 104 Bn

Rate $ 15-00 XX Sep 1st 1916

PAYMENTS

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

Consolidated Account

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. M. J. Anderson (Assignee) Wife

Name of Soldier Anderson. L.

L. L. Job 5470—Req. 6888.

Y/8633 file 107 Bn

Month.	Year.	Cheque No.	Amt.	Remarks.
			15 00	SEP 1916
April	1916			
May				
June				
July				
Aug.				
Sept.		R 7[illegible]616	15	
Oct.		E 19433	15	
Nov.		E 24410	15	
Dec.		A 34861	15	
Jan.	1917	I 35953	15	
Feb.		I 42308	15	15 (AW)
March		I 48402	15	15 L.
April		J 39	15	15 E.
May		J 6928	15	
June		J 12942	15	15 E.
July		J 19707	15	S
Aug.		L 26806	15	OB
Sept.		K 33517	15	Ln 195. ✓
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

L. L. J. 10—M. & D. 6574.

1-3-16

MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

2 2 9

SEPARATION ALLOWANCE

Name Mary J. Anderson

Address Punnichy. Sask.

Relation to Soldier wife, child or mother } Wife

Name of Soldier Anderson David.

Regtl. No. 718533

Rank Pte.

Corps 107th Bn. a.b.

To what Corps belonging when called out }

PAYMENTS

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

CONSOLIDATED 4 ACCOUNT

Forms
I. 1237
11

MIL CNV HP.
WOODCOCK PK
EDGWARE.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
O.S. 10-134.	7180-33.	Pte.	Anderson	D. C/E.
Year	Unit.		Age.	Service.
	10/th		49.	1 9/12.

Station and Date.	Disease Shrapn. Head & Back.
Hunt 10.	
	Loos 15 Aug '17.
	Cannon '17 — —
	Devonport 23 — —
	Barnard 5 Oct 17
9/10/17	Wounds in back not healed. Dressing.
	S.C. & fair. C.O. to
10.10.17.	Wounds not healed Dressing
16/10/17.	W. do. not healed. Continue.
23.0.17.	W. healed. No dressing Massage
31.10.17.	Transfer to Epsom.
	C.D. Stewart

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

(23205) Wt. W 4234—M 627. 1,000,000. 8/16. C.F.& S. Forms/I. 1237/11.

P.T.O.

Station and Date.	

Forms
I. 1237
12,

A.5 Worthy

F E F.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T 68.	718533	Pte	Anderson	David

Year	Unit.	Age.	Service.
1917.	10th Canadians	49	1 6/12.

Station and Date.	Disease
Ford House	Cut back and head
23 8/17.	abrasions of head & wounds of left hand & right knee
20/9/17	wounds doing well
5/10/17	wounds nearly healed
8. 10. 17.	Transferred to Canadian Conv: Hpl. Wokingham.
	E. F. Anderson
16 A 10.	

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

(44502) Wt. W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239)

P.T.O.

Station and Date.	

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Anderson Christian Name David

Examined on 14 day of Feb 1916 at Winnipeg

Approved by [signature]

Birthplace City or Town Shepherd Hills County Sask

Rank Capt. M.O

Apparent age 44

Trade or occupation Blacksmith

Height 5 Feet 10 Inches.

Weight 145 Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 3 inches.

Physical development Fair

Small-Pox Marks None

Vaccination Marks Arm Right. ~~Left.~~ Number 2

When Vaccinated last 1909

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Date	Fit or Unfit	Examined for Re-engagement,
		27 AUG 1917 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
17/6/16	–	M.O.
1/7/16	–	Inoculation M.O.
24/7/16	–	M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
1/6/16	R	M.O.
9/6/16	R	Inoculation M.O.
17/6/16	R	M.O.
19.4.18	TAB	JBC

Enlisted on 14 day of Feb. 1916 at Winnipeg

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	107th Overseas Battalion	718533	Good	Feb 14/16
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Bramshott Camp, Hants. 7 DEC. 1916 APPROVED Epsom Epsom.	6/12/16 F.H. Stewart Major, ~~D.A.D.M.S.~~ for A.D.M.S. Canadian Troops, Bramshott Camp. 3/1/18 6/3/18.	own age Scalp Was Head & Rt Temple and back Flesh Gun. Back and Rt temple and back.	Bilateral Hyperopia MEDICAL BOARD. BRAMSHOTT. PRESIDENT B III Rt Ear Unlikely to be Rt Ear. Passed to Category medically unfit

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

M. F. B. 313.
150M.—8-15.
H. Q. 1772-39-439.

Christian Name Laura

Surname Anderson

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
4th Southern General Devonport.		23	8	17	8	10	17	g. s. w. back	47.	Transferred to Can: Con: Hpl. Bearwood. Wokingham.	
Bearwood		8	10	17				Shrapnel in head & back. G.S.W. severe.		wounds healed. G. C. Very fair. Prompt to Epsom	C. Stevens Capt.
Mr C H Epsom		31	10	17				Do		Wds healed but suffers from dizziness on Exertion is 49 years of age recommend Employment board	B Cahanne Capt. C. No. 1 Division
Mr C H. Epsom		31	10	17	18	MAR	1918	Do	139	Complaining of continual headaches in right side. Gets dizzy when Stooping is also short of breath on Exertion Has occasional pain in right side movement of Rt arm & left Shoulder good There is a scar about 12 inches long in right back Extending from Spine of scapula to middle back healed. Has some pain in right chest Several small scars over left Shoulder healed. no disabelity. Scar right temporal region healed. Heart & Lungs alimentary Systems no disease. Patient is rather weak and unable to do hard work	B. Cahanne Capt. C. No. 1

K. & O. 6045 (*Revised*).

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Bramshott. 6/12 1916.

No. 7180-33 Rank Pte Name Anderson. D

Local Unit 10th W Overseas Unit Age 49

Examination held at Witley

DISABILITY.
Overseas—Local.
(scratch one out)

Over age

PRESENT CONDITION.

Good

BOARD RECOMMENDS:—

1. Fit for Duty Now A 11/12

2. Fit for duty after ..... weeks' physical training.

3. Fit for Temporary Base Duty ..... weeks.

4. Fit for Permanent Base Duty B. ii

5. Discharge .....

Signatures:—

A Campbell Lt Col ..... President.

Members { H. Maclaren Capt .....
.....

APPROVED

Dated at Bramshott. 7/12 1916. P A Stewart maj .....

For A.D.M.S. 4 G.O.C.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 1916.

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY.
Overseas—Local.
(scratch one out).

PRESENT CONDITION.

BOARD RECOMMENDS—

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

Signatures—

..... President.

..... Members.

.....

APPROVED

Dated at ..... 1916.

For A.D.M.S.

To be made out in duplicate. H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

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

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

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

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

---

(1) Name of Overseas Unit which Soldier joins..... 107th Overseas Battalion C.E.F.

(2) Regimental Number 718533

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

(4) Place of Birth ..... Touchwood Hills, Sask

(5) Are you married, or not ? ..... Yes

(6) If married, state,
(a) Full name of your wife..... Mary Jane Anderson

(b) Present Postal Address..... ~~Pile Hills~~ Punnichy, Sask.

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

(8) Have you any children ?..... 2 girls and 1 boy.

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

Also their names and ages..... Lena 17

..... Mary Jane.....15

..... William Phillip... 13

.....

.....

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? Yes

If so, state name and address David Anderson, Touchwood Hills, Sask

(10) Is your Mother alive ? No

If so, state name and address

(11) If your Mother is a widow

Are you her sole support, or not ? Not

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

x

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

x

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

Yes

(15) Are you insured ? No

x

If so, in what Company ?

Have you made arrangements for payment of your Insurance premium

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

107TH OVERSEAS BATTALION C. E. F. JUN 27 1916 ORDERLY ROOM

Date

Glen Campbell

Officer Commanding.

R. & O. 6045 (*Revised*).

127383

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Bramshott. 6/12 1916.

No. 716033 Rank pte Name Anderson D

Local Unit 10th Lt Overseas Unit Age 49

Examination held at Witley

DISABILITY.
Overseas—Local.
(scratch one out)

Been ape

PRESENT CONDITION.

food

BOARD RECOMMENDS:—

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

Signatures:—

Members { ..... A Campbell Cameron ..... President.
..... H. Maclaren Capt.
.....

APPROVED

Dated at Bramshott. 7/12 1916. ..... pp A Stewart maj

For A.D.M.S.

+ Rec

PROCEEDINGS OF A MEDICAL BOARD.

PRESENT CONDITION.

DISABILITY.

Origin—Local
(Separate one out)

Examination held at ..... Date .....

Local Unit ..... Overseas Unit ..... Age .....

No. ..... Rank ..... Name .....

Dated at ..... this ..... day of 1918

From A.D.M.S.

APPROVED

Memphis ..... President

Signature :—

BOARD RECOMMENDS :—

1. Fit for Duty .....

2. Fit for duty after ..... weeks, physical training.

3. Fit for Temporary Base Duty ..... weeks

4. Fit for Permanent Base Duty .....

5. Discharge .....

Form M.S. 1394.
7004.—200M.—5/2/17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at January 1st. 1918. 1917

No. 718533 Rank Pte. Name Anderson D.

Local Unit ..... Overseas Unit 107th. Bn. Age 49

Examination held at M.C.H., EPSOM.

DISABILITY.
Overseas—Local
(scratch one out).

Shrap. Wounds, Head, Right Temple and Back. (Flesh).

PRESENT CONDITION.

Complains of pain and dizziness in head when he stoops for long. no evidence of bone injury. Large scar over Right Scapula. Tuft of Scapula and it. Wound not very firmly healed yet.

BOARD RECOMMENDS:—

1. Fit for Duty .....
2. Fit for duty after .....weeks' physical training.
3. Fit for Temporary Base Duty .....weeks.
4. Fit for Permanent Base Duty ..... B III Medical Board
5. Discharge ..... A Category with six months ext. not higher than B III

Signatures:—

Members { ..... A.A. Cameron. Smith Major ..... President.
..... P.J. Hird Capt RAMC .....
.....

APPROVED

Dated Jan 3rd 1917. ..... W.A. Cameron, Smith
For A.D.M.S.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

Folio 1 Acc. 6

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

Regimental No. 718533 Rank Pte. Name Anderson, D.

Corps #12 District Depot who was* Discharged

On 16-8- 191 8., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-8- 191 8 to 16-8- 191 8 the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques No.			Regt'l Pay 16 days at $ 1 c. 00	16	00
No. 106	35	00	Field Allow. 16 days at $ c. 10	1	60
Assigned Pay and Sep'n Allce. No. 107	13	00	16 " " 25. Separation Allowances* (Monthly)	13	00
Other charges			Other Allowances* C.C. Allce.	35	00
Payment on transfer or discharge No. 108	75	60	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	58	00
Total	123	60	Total	123	60

*Give particulars. 1 month's P.D.P. advanced

A monthly stoppage of $ 15.00 (†) has (‡) been paid on account of Assigned

{Pay for the month of July 191 8
and Sep'n Allce. for month to August 16th. 191 8} (to) Assignee Mrs M.J. Anderson,

(Address) Punnichey, Sask.

(†) 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 .....

(2) if married and if a Separation Allowance Card has been submitted Yes SA paid to Disc

(3) cause of discharge..... authority D.O. 118

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date 14-8-18

Place Regina, Sask.

Geo. Mowsey Captain,
#12 District Depot. *Paymaster.*

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

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

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

300M—2-18.
H. Q. 1772-39-903.

[redacted] D.M.S. 1394.
7004.—100M.—5/2/17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at January 1st. 1918. 1917.

No. 7.8533 Rank Pte. Name Anderson D.

Local Unit ..... Overseas Unit 10/7th. h. Bn. Age 40

Examination held at M.C.H., Epsom.

DISABILITY.
Overseas—Local
(scratch one out).

Shrap. wounds, head, Right temple and Back. (Flesh).

PRESENT CONDITION.

Complains of pain and dizziness in head when he stoops for long. No evidence of bone injury. Large scar over Right scapula. Fract. of scapula and sit. Wound not very firmly healed yet.

BOARD RECOMMENDS :—

1. **Fit for Duty** .....

2. **Fit for duty after** .....**weeks' physical training.**

3. **Fit for Temporary Base Duty** .....**weeks.**

4. **Fit for Permanent Base Duty** B.III. Likely to be raised in Category within six months, but not higher than B.II.

5. **Discharge** .....

Signatures :—

Members { A.H. Cameron Smith, Major. ..... **President.**
P.J.S. Bird, Captain, C.A.M.C. .....
.....

APPROVED

Dated January 3rd. 1918. 1917. A.H. Cameron Smith

For A.D.M.S.

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

CONFIDENTIAL INFORMATION

CATEGORY

Report No. 3601 **Unit** 12 **M.D. No.**

Anderson, David
Surname Christian Name
Permanent Address Runnymede Sask

No. of M. H. C. File	No. of Local File	No. of H. Q. File

No.* 718533 Rank Pte Original Unit 107 Bn Service Unit* 107 Bn

Age* 49 Height 5 ft. 9 ins. Complexion Dark Eyes Brown Hair Black Conduct Nil

Date of enlistment 14-2-16 Where enlisted Winnipeg Where seen service* France & Flanders

Ship returned by One T Date of arrival JUL 3 1918 Port of arrival Halifax

Birthplace* Canada Religion C of E

Present disease or disability Pains in the Head Dizziness Cause or origin G.S.W. Head
Pains in chest, Shortness of breath) G.S.W. Back with Fract. Ribs

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

Complains of continual headache in right side. Gets dizzy when stooping, is also shortof breath on exertion. Has occasionaly pain pain in the right side. Movements of right arm, left shoulder good There is a scar about 12 " long in right back extending from spine of scapula to middle back, healed. Has some pain in right chest, Several small scars over left shoulder. No disability. Scar right temporal region-healed. Heart, Lungs. alimentary systems; no discernia le lesion. Is rather weak and unable to do hard work

A. General Service. B. Service abroad, not general. C. Service in Canada. D. Treatment. E. 1. Discharge, no pensionable disability. E. 2. Waiting Reclassification. E. 3. Discharge with claim for pension.

Degree of Incapacity—Eng. Board. Not estimated Canadian Board

Is disability due to or aggravated by Service? Yes

Probable duration of incapacity

Does it render him unfit for Military Service?

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

Destination to which transportation issued Regina

Members of Board A.H.Cameron-Smith, Major, H.C.Wallace, Capt., B.Cahanna Capt

Place M.H.C. Epsom, Date 6-5-18 19

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife	Mary	26			Good
Children 1	3. eldest	6			"
2					
3					
4					
5					

Name and address next of kin Wife Mary, above address

Notification of return to be sent to do

Occupation prior to enlistment Blacksmith & Farmer

Regular trade or occupation do

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

Average earnings previous to enlistment $ 3.00 a day And for how long followed 7 Years

Name and address of last employer Himself

Any other income

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

Taxes —— If Homestead or Farm, where located ——

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

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

I declare that the above statement is correct.

References N.A. Witness W.T.Byrne

Date JUL 5 1918 Place Quebec Signature D Anderson

Remarks by Interviewer :

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

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

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

First payment date.....

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

R—122

LTR

Rank Name ANDERSON, David ✓ Reg'l No. 718533. ✓

Unit 107th, Bn. If in perm. Corps, What Unit? Married or Single Married. ✓

Place and Date of Enlistment Winnipeg, 14th, Febru ary, 1916. ✓ Place of Birth Shepard Hills, Saskatchewan.

Name and Address, Next-of-Kin Mary Jane Anderson. ✓

Shepherd Hills, Sask, Canada. ✓ Relationship Wife. ✓

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. 2144 ✓
File R.L.
Category Can O.R.

Discharge, Date and Place Reason Character

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		b. ARRIVED IN ENGLAND S S "OLYMPIC" 25-9-16			A.F.B. 103 CHECKED 28 FEB 1917
		Observation			
23·1·17 to 4/1/17	C.C.A.C. do	T.O.S.B. on command to 107th Canes attd. for O.S. to 107th Bn.	Hastings do	7·12·16 25·2·17	Pt II D.O. 38 B 147.
25 2 17	OCIC7	PROCEEDED O'SEAS	WITLEY	25 2 17	PT 2D O 56
20·8·17	"	hos 5 Cas: Clearing Station — Dangerously Wounded	Field.	16.8.17	" A102.
23·8·17	"	Condition improving	"	17·8·17	C.L. A105.
27·8·17	"	hos 22 Genl Hosp.	Lincoln.	17·8·17	" 108. S.H. Mull Scot.
28·8·17	"	4th Southern Genl Hosp.	Plymouth.	23·8·17	" B166. S.H. Back-Head.
30·8·17.	M.A. Def.	Taken on Strength	Sheffield	23·8·17	Pt II 174. (107th B. 74. 9/2/17)
11·10·17.	107th Bn	Can: Con: Hosp.	Beauwood. Wokingham.	9·10·17	C.L. B34. S.H. Head. Back

Anderson. D. No 718533.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
10.					
3.10.17.	107th Bde	Mil Hos Stn. Nordoke Pk.	Epsom	1.11.17	L.L. B54 S.W. Head Bonks
20-3-18	7th R.D.	S.O.S. to C.E.R.D.	S/cliffe	Ptc 9-3-18	Pte T.O. 79 & C.E.R.D/80/21 3/18
23.3.18	C.E.T.D.	Attached from C.E.R.D.	Seaford	Apr. 21.3.18	D.O. 70 & C.E.R.D 81/22 3/18
19.4.18	C.E.R.D.	Ceases of Com. to C.E.T.D. & is of Com. to 3 C.C.D	"	" 19.4.18	D.O. 108 & C.E.T.D. 95/20 4/18 & 3 C.C.D 92/20 4/18
10.5.18	"	Ceases of St. to 3 C.C.D & is St. to 1/CDD	"	" 9.5.18	D.O. 129 & 3 C.C.D 108/19 5/18
3.7.18	"	Having Sailed for Canada Ceases St. to 1/C.D.D. Bton & S.O.S K.R.&O. p. 392 S XXII	"	" 22.6.18	D.O. 181

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname: Anderson. Christian Name or Names: D. Reg. No.: 718533.

Rank: Pte. Unit: 107 Pion Co. Troop Batty.: 1st Mon Reg.

Hospital: Date of Admission

Transferred 58 C. Cl. Sp. Hosp. 16.8.17.

2/2. Gen Canniers Hosp. 17.8.17.

H.S.G.H. Plymouth. Hosp. 23.8.17.

Convl. Can. Bearwood Hosp. 9.10.17.

Diagnosis: G.S.W. mouth. Sev.

(1) S.W. Back. Head. R.

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION: Dis:- 18-3-18 Date

REMARKS

Ch. 20.8.17. A102. Dang wd. 16.8.17.

C.L. 23-8-17 A 105 Condition Improving 17-8-17

" 27.8.17. A108.

" 28.8.17. B134.

12.10.17. B34-2.

5.11.17. B54. (3)

22-3-18 B/170.2.

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	Mil Convl: Epsom	1.11.17.
2.		
3.		
4.		
5.		
6.		
7.		

*Name ..... Anderson, David ..... Rank .. Pte. ... Regtl. No. .. 718533 .....

Fyle Depot .....

Original unit ... 107th. ... Present unit ... 107th. ..... M. or ~~M~~X Age .... 46 Religion .... C. E Ref. H.Q. .....

Port, ship, and date of arrival ..... Halifax. Empress of Britain, 3-7-18. .....

Next of kin ..... Wife, Mrs. M. J. Anderson; .....

Address on leave .. Punnichy, SASK. .....

Address on discharge .....

Transportation issued Yes ~~No~~ Date ..... Character on discharge ... Very Good. .....

Previous occupation ..... Blacksmith. ..... Date and place of enlistment .....

Diagnosis ..... G.S.W ..... Date of Medical Boards .....

Date.	Remarks.	Pt. 2 Order No.
24-6-18	T.O.S.	82/377
8-7-18	Posted to Casualty Coy. with leave to 22-7-18	82/377.
16-8-18	Transferred to Discharge Section.	118/539
16-8-18	Discharged, M.U."Wounds."	118.536

*—Name will be given in full; surname first.

(over)

Chevrons 2 Blues, Emb. 18-9-16 -24-6-18

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192.
60M.—3-18 (D.P. 353).
1772-39-1243.

APPENDIX "B"

No. 718533 Pte Name Anderson E. Ref.No. 28 Date 5-5-18

Recommended return to Canada.

in accordance with instructions under Paras 7 and 19, of A.G. 5-1-22 of April 5th 1918.

Major.
President, Travelling Board on Temporary Non-Effectives.

Forms R. 149.
7106 - 200m - 7/2/17.

Name ANDERSON. David. *Rank* Pte. *Reg. No.* 718533.

Unit 107th Pioneer Battalion.

Next of Kin CANADA.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
16-8-17.	No.58.C.C.S.		Dangerously.Wdd.	A.102.	M5912	
17-8-17	Condition improving		do	A.105	M5923	
7-8-17	Ex. 22 Gen. Hospital		do	A.108		
23-8-17	4 S.G.H. Plymouth		do	B.154		
9-10	C.C. Hsp.	Bearwood	S.W.Hand	B.34		7785.
1-11	Mil. Con. Hsp.	Lympne.	Back (do) →	1354.		4834.
1918						
193	Discharged		do	B170		1872
			Will Con	Gratuity		

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

Reg. No.	Rank.	Surname	Category.	Dentally Unfit.
718533	Spr	Anderson		
		Christian Names (1) David		
		(2) L. E. (3)	Date B/11	

Place of Enlistment:	Date of	Taken on from	Religion	Inoculations	Company
Winnipeg	4/12/16	L.E.R.	C of E	5/18	
Province: Man	Age on 48	Date Pop 17/4/18		Vaccination	

On Command	Hospital	Permanent Cadre	Employed as
		Date taken on	
Date Proceeding	Date Admitted		

Record of Overseas Service:
24/2/17 till 23/9/17

Reason for Return: GSW Head

Profession or Trade (Civil)
Farmer

Transferred or Posted to

Date

Married or Single Married

Address of Next of Kin Wife
Mrs M. J. Anderson
Pennicky
Sask

Country

LEAVE. 13/9/16 Canada

No. of Pass Issued	From.	To.	Free Transportation.
5/18	18/3/18.		

A.G. 10434.

Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
92	20.4.18	A7			
93	22.4.18	X			

TRAINING.

Weeks of Training.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	Over.

Nature of Training	Date passed test
Drill	
Musketry	
Bombing	
Rifle Bombing	
Bayonet Training	
Anti-Gas	
Lewis Gun	
Rapid Wiring	

Special Training Courses, etc.

No. 718 5-33 RANK Pte NAME Anderson, D

T. O. S. 14-2-16 UNIT 107th Battalion
DO H 38. 15-2-16

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Feb 14	Feb 29	L		
	Mar	L		
	April.	N.		
	May.	V.		
	June	V.		
	July.	V.		
	Aug.	V.		
	Sept.	N.		

UNIT SAILED
SEP 18 1916

Deceased 6 May 55

Number 718533 Rank Pte

Surname ANDERSON

Christian Name David

Units 107th Can Inf Bn Theatre of War France

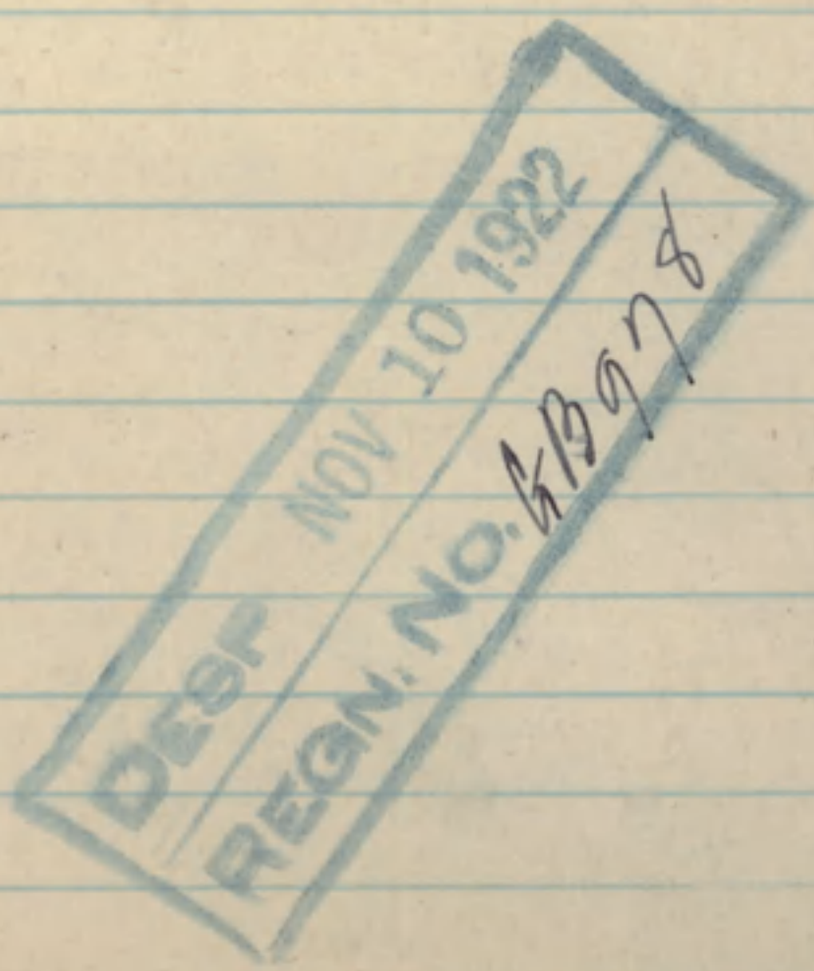
Date of Service 8-2-17

Remarks

Latest Address Punnichy Sask

Roll No. 13 Page 20323.

200m.-6-21.


DEEP
NOV 10 1922
REGN. NO. 6197

NAME Anderson, David

RANK AND CORPS Pte. 107th Bn.

REGT'L No. 718533

H. Q. FILE No. 649.

FOLLOWS NO.

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
M.5912 8-6	19-8-17	E. Dang. wded #5-8th Cas. Clear Stat Aug. 16th 1917. ✓
M 5934	24-8-17	Condition improved #58 Cas. Cl. Stat. Aug. 17 in 1917 ✓

L. L. 20497—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 172-39-833.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A102.	No. 5 C.C.S.	16-8-17	Dang Wd
A105	" " " " "	17-8-17	" " Cond Inj. N.S
A108.	to #22 Gen. Camiers	17-8-17	G.S.W. Mult. Let 22-9-17
B154	4th South Gen Plymouth	23-8-17	S.W. Back Head 22-9-17
B34 2	Ex 9 Can. Con Barwood Wokingham	7-10-17	
B54 3	Ex " Mil Conv. Wdete Pk. Epsom.	1-11-17.	S.W. Head + Back.
B170	Disc	18.3.18.	" " " " "

Form DMS 1401
8289 100M 9/3/17.

Registrar, Canadian Convalescent Hospital,
Noor Wood, Wokingham, Berks. HOSPITAL.

A. & D. CARD

AT

A. & D. No. 03/6174 PL. OF ACTION 718533

RANK Pte UNIT 107th Batt. SICK OR WOUNDED

NAME Anderson D AGE 49 RELIGION C.E.

PLACE IN HOSPITAL Kut 10/

DIAGNOSIS Shrap Head & Back S.W.

ADMITTED 8 OCT 1917 FROM 4th S.G. Base Pork.

DISCHARGED TO

TRANSFERRED 31 OCT 1917 Epsom.

SERVICE AT HOME 3 5/12 IN FIELD 6/12

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

(P.T.O.)

REMARKS.

July 30/18.

Pte. David Anderson. #718533.

History:

Was wounded in back August/17. .(Has a scar on right scapula fully 12" long). Spat blood for 4 days after he was wounded. Has had a cough ever since then but it is now very much better only troubles him in the morning. Has no sharp pain in chest but whole right posterior chest aches when he uses his arms much. Thinks his weight is about the normal.

Chest Examination:
R/Note slightly impaired 4 - 7 Vertebral Spine. Breathing poorly heard at apex anteriorly; expiration more or less prolonged over whole back. Whispered Voice fair. No rales.

L/Note impaired to clavicle; slightly to 2 rib. Expiration somewhat prolonged above clavicle and over back, especially at base posteriorly. Whispered Voice increased to clavicle. No definite rales.

(Clavicle shows callous of a fracture 20 years ago).

Radiogram of Chest: (Stereoscopic).
R/Lessened transmission of ray (homogeneous) over practically the whole of this side, especially upper half. Descending trunks thickened. Just anterior to 10th posterior rib, 4" from spine, is a dense mass about size of a quarter. This looks somewhat like a thickening of rib itself at this point, as if due to the callous of an old rib resection. Diaphragm irregular in outline this side.
L/Slightly lessened transmission of ray in extreme apex. Some thickening along ascending trunks.

Conclusion: Evidently no active Tuberculosis present.

L.J. Moule.
Medical Superintendent,
Earl Grey Sanatorium.

M. F. B. 440.

In reply please quote

MILITIA AND DEFENCE.

No.....

.....191

Date of Enlistment

1/3/16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch A

OVERSEAS CONTINGENTS

2835

Date of Assignment

Sept 1-1916

RATE OF SEPARATION ALLOWANCE

~~20~~	1.12.17 25		

RATE OF ASSIGNMENT

15-			

PARTICULARS OF SEPARATION ALLOWANCE

No. 768533

Rank Pte Promoted Reverted Discharge

Soldier's Name David Anderson

Battalion 107th Batt'n

Beneficiary Mary J. Anderson

Relationship Wife

Address

PARTICULARS OF ASSIGNMENT

Name Mary J. Anderson (Wife)

Address ~~Prunnichy~~ Sask.

Change of Address Punnichy

1

2

3

4

Date	Cheque No.		Amount S/A	Amount A/P	Total	
30/9/17			380	195	575	
Oct	C	51145	20	15-	35-	
Nov	C	52385	20	15-	35-	T
Dec	F	54710	20	15-	35-	
Jan	A	53999	30	15-	45-	B
Feb.	B	92225	25	15	40	
March	B	99454	25	15-	40	
apul	A	7238	25	15-	40	
may	A	12182	25	15-	40	
June	B	15043	25	15-	40	
July	Y	28016	25	15-	40	
			$620 00	$345 00	$965 00	

REMARKS 0373-D.122

MRO 213-10-7-18 J Baron

A/c Closed 31.7-18

Retd per Empress of Britain

Date 9.7-18 F.X. 10-2-18

Clerk J Baron

M. F. W. 128
400M.—6-17—1772-89-1141
L. L. 22320—M. & D. 7953.

CONSOLIDATED

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

	Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400m.—6-17—1772-39-1141
L. L. 22330—M. & D. 7993.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

a

ASSIGNED PAY	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-9-16.		EFFECTIVE DATE:-	
AMOUNT:- ~~15~~ 00		AMOUNT:-	

NAME:- ANDERSON David

NUMBER:- 718533

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 Mary J. Anderson ~~cancelled~~ effect 1-6-18
Punnichy
Wife cancelled Sask Can.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

SEP 30 1918

ORIGINAL UNIT:- 107th Batt.

DATE ACCOUNT FIRST OPENED.- 1-10-16.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			M.R.D.
P.806.	1-4-18	25-4-18	C.E.F.D.

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
						Sailing List #25 22-6-18.	

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Direct to Can. 31/5/18. Dy. 5-1-22. 4-5-18. Brought balance. $125 25

MONTH 1918.	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch.	Bal. Forward								122 22		
apr.	Spr Pay	33		Cap				15			
				AR 27. C & D. 15/4/18	4 87				135 35		
May	Spr. Pay	~~33~~ 34 10		Cap.	~~4 87~~			~~15~~ 15	154 45		
				AR 7/6. 3 & D. 29/4/18	4 87				149 58	Balance Rfd in	
		67 10			9 74			30		to N.S.	
9 May				AR 2627. 15/5/18. C.D. (Endorsed) Burton	9 73						
"				AR 2823. 23/5/18. C.D. Endorsed. Burton	24 33						
				2 AR 845. 3rd C.D. 9/5/18	24 33				91 19		
					58 39						
June				AR 3407 4/6/18 C.D. Burton	9 73	Endorsed			81 46	Rec'd 19/8/18	
					9 73						
Aug.				Spec Dr note Bal trans to Can	81 46				Nil		
					81 46						

15-A.39

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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 (in the event of such having been prepared.)

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.

Military District No. 12
AUG 22 1918
Province of Sask.

Proceedings on Discharge.

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

No.	718533
Rank	Private
Name NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	David Anderson
Corps (Squadron, Battery or Company)	107th Bn
Date of Discharge	16th August 1918 DD0118.-536.
Place of Discharge	Regina

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 46 years 6 months.
Height 5 feet 10 inches.
Complexion Dark
Eyes Brown
Hair Black
Trade Blacksmith
Intended place of residence (To be given as fully as practicable.) Pennant Sask

Descriptive Marks

G.S.W. Both Shoulders
R. Side of Head

2. The above-named man is discharged in consequence of being Physically unfit - Wounds

DD 118-536

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.

Very Good 668

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

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

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

19-11-52 AS

(OVER)

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

One

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

6. Medals and Decorations ..... 6 Months in France

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) Regina ..... E. A. Storey Major for Lt-Col

(Date) 16. 8. 18 ..... Commanding No. 12 District Depot

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

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

(Place) Regina ..... D. Anderson ..... (*Signature of Soldier.*)

(Date) 16. 8. 18 ..... J. R. Lennox ..... (*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) 2 years 184 days.

Total 2 years 184 days.

11. **Confirmation of Discharge.**

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

(Place) Regina .....

(Date) 16. 8. 18 ..... (*Signature*) E. A. Storey Major for Lt-Col No. 12 District Depot

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.)

I hereby certify that there are no reservations.

D. Anderson

(OVER)

P. 559.

MARRIED OR SINGLE: Married

PLACE OF BIRTH: Shepherds Hills Sask. Canada

NAME AND ADDRESS OF NEXT OF KIN: Mrs M J Anderson
Punnichy, Sask. Canada

RELATIONSHIP OF NEXT OF KIN: Wife

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 718533 RANK Private NAME Anderson David — 6th MRD 78

IF IN PERMT. CORPS WHAT UNIT — UNIT 107th — TRANSFERRED TO MRD8 — DATE 1/3/18 — AUTHORITY Amoco

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO — DATE — AUTHORITY

PLACE OF ATTESTATION Winnipeg Canada — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 14th February 1916 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ 15 00 DATE EFFECTIVE 1st Sep.

PAYABLE Mrs Mary J. Anderson, Punnichy Sask Canada RELATIONSHIP wife

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP SP 28 1918

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped EFFECTIVE 1-6-18 REASON Discharged to Can

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

LJ

DATE 1916	PAY NO. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE NO. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY NO. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 NO	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
																																			Balance from Canada.
Sept														6 40	6 40																6 40				
Oct 1/31	31	1st	31	00	31	10d	3	10							34 10	1	2-10-16	93	31-10-16					9 73	9 73			15		34 46	6 04		6 04		
Nov 1/30	30	1st	30		30	10	3								33	157	11-11-16	255	30-11-16					4 86	4 87			15		24 73	14 31		14 31		
Dec 1/31	31	1st	31		31	10	3	10							34 10	290	15-12-16	327	22-12-16					2 43	17 04			15		34 47	13 94		13 94		
1917 Jany 1/31	31	1st	31		31	10	3	10							34 10	356	31.1.17	405	30.1.17					7 30	9 73			15		32 03	16 01		15	1 01	
Feby 1/28	28	1st	12 30	30 80											30 80	455	14.2.17	517	15.3.17					7 30	2 62			15	36	33 66	24 15				94005. 391
March 1/31	31	100/10	34	10											34 10	479	3.3.17	563	29.3.17					2 62	2 61			15		22 85	35 40				
April 1/30	30	100/10	33	00											33 00													15		15 00	53 40				
May 1/31	31	100/10	34	10											34 10	74	29.4.17							2 61				15		20 23	69 27				
																9	1.4.17							2 62											
June	30	100/10	33												33	210	29.5.							2 64				15		20 35	79 92				
																134	15.5.							2 68											
July	31	100/10	34	10											34 10	349								2 68				15		14 68	96 31				
Aug	31	100/10	34	10											34 10	280								2 68			4 87	15		22 55	104 86				
																510	15.7.17							6 35											
Sept	30	100/10	33												33	415	30.7.17	614	30.8.17					2 68	2 64			15		25 40	115 19				
			401	50										6 40	407 90									58 21	49 27		4 87	180	36	292 71					

718533 Anderson D. Pte 15th

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
B Howard	401	50.												640.	404 90.									58 21.	49 24.		484.	180.	.36	292 41.	115 19				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS			DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
B Howard.		115 19.									115 19		
Oct	P.P	314 10.							15		131 29.		
		31H 10.							15				
Nov.	P.P	33 -							15				
Dec		314 10.							15		141 39.		
1915		64 10							30.				
Jan.									15				
	P.P	314 10.		DH AR Hoyes CC/H&B		2 11 14.	9 73.						
				" " 102H " "		30. 10 14	2 H3.						
				" " 94H3 " "		16. 10. 14.	2 H3.						
				" " 101H " "		26. 10. 14	19 H4.						
Feb.				" " 6396 " "		H 12. 14.	9 73.				1H6 70		
	P.P	314 10.					43 79.		15				
		30 80.		AR 240 Epsom		H. 1 18	9 73.		15		152 77.		
		30 80.					9 73.		15.				
Mch.	"	314 10		C.A.F.					15				
	1st 18 3/18 - 30 3/18 12 days (30.80 21.7.18)	8 76		AR 7157 6.2.18		Epsom	4 87						
				" 15559		"	4 87						
		42 86							15				
				DH. 16637 18 3/18		"	48 67				122 22		
							58 41						

Carried forward to Page 2

see new Pedigree Sheet

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136).
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any) (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120).
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178).
13. Medical report on invalid (if any). (Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

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

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch, and custody of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery.

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(b) Character Certificate (Army Form B. 2067) if entitled.
(c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

This space to be left blank for the Chelsea Number.

1 2 1. T. 3.7.18

Army Form B. 268.

Proceedings on Discharge. (1N)

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 7185-33 Army Rank Pte.

Name Anderson David
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps C. E. R. D.

Battalion, Battery, Company, Depôt, &c. 107th Bn.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge

Place of discharge

1. *Description at the time of discharge.*

Age 49 years months
Height 5' feet 9 inches
Chest measurement { girth when fully expanded ins. / range of expansion ins.
Complexion
Eyes
Hair
Trade Blacksmith
Intended place of residence (To be given as fully as practicable) Punnichy Sask

Descriptive marks.
G.S.W. both shoulders
G.S.W. Right side of head

(2)

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of Paras. 4 & 19 of A.G. 5-1-22 dated 5/4/18.

B. 3.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

D. D. & L., London, E.C.
(A8689) Wt. W7717/M2626 500,000 9/17 Sch. 39 Forms B. 268 41

[OVER.

5. He is in possession of the following number of G.C. badges (If the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... ... ... Class_____

6. **Campaigns, Medals and Decorations** — 6 months France

Certificate of education ....._____

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place)_____ _____

(Date)_____ *Commanding*_____ *Battn.*_____ *Regiment.*

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(*Place*)_____ _____ (*Signature of Soldier.*)

(*Date*)_____ _____ (*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 at 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 towards engagement to_____(the date to which the record of service is completed)_____years_____days.

Further service " " _____(the date of confirmation of discharge) ... ..._____ " _____ "

Total ..._____ " _____ "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for (date)

(Place)_____

*Signature*_____

(Date)_____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

_____

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

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

Recommended that he be discharged

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.

PLACE Regina — *President.*

DATE August 6th 1918 — Members.

APPROVED BY ..... *Assistant Director of Medical Services.*

DATE 9.8.18

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 .....

DATE .....

Members.

AUG 10 1918

Aug 5 1918 Military Records Regina Sask.

15-a-3

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 Regina Sask DATE Aug 5th 1918

1. 1 (a) Unit 12th D.B. (b) Regimental No. 718533 (c) Rank Pte

(d) Surname Anderson (e) Christian name David

2. Age last birthday 49 years Date of birth Jan 3rd 1868

3. Enlisted at Winnipeg Man on Feb 14th 1916

4. Personal description:—

(a) Height 5-9 (b) Weight 145 (stripped) (c) Complexion Dark

(d) Colour of hair Black (e) Colour of eyes Brown (f) Identification marks Nail Broken Second Finger Left Hand

5. Address after discharge (for the use of the Board of Pension Commissioners) Cunningham Sask

6. Former trade or occupation Blacksmith

7. (a) Service	Years	Days	Periods From	Periods To
			Feb 14 1916	Aug 5th 1918

(b) Has he been overseas? Yes 8. Original disease or disability 1 Pain in Head & dizziness 2 Pain in chest & shortness of breath

(a) Date of origin 1 France Hill 70 15 2 France Hill 70 S. 8 (b) Place of origin France France

(c) Cause* 1 G.S.W. Head 2 G.S.W. Back with fractured Rib

(d) Present disease or disability 1 Pain in Head 2 Pains in Rt Chest Posteriorly

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.]

Age 49. Has severe pains in Rt side of head over G.S.W. scar. Pain in Rt Scapular region over a shrapnel wound 10 inches in length, has small shrapnel wounds behind left

M. F. B. 227.

300M.—2-18.
1772-39—117.

9. Present condition.—(*Continued.*)

Shoulder, Complains of shortness of breath on slight exertion and dizziness, Appetite fair, mentally good Cough in mornings + some expectoration, No Chest rales. Has also bullet wound above Rt Knee but no disability Weight almost normal. Other Systems normal

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

Nervous Yes Digestive Yes Respiratory No Cardiac Yes

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

Respiration - Pain & Shortness of breath.

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

Wounded Rt Back Rt Temple + Left Shoulder 15-8-17. Sent to Eng Hosp for about 8 mos including Convalescent Hosp. Tried Light Training in 3 cdn Seaford for 3 mos but could not carry on

(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.

Sent to Buxton and to Canada July 1918.

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

n.a.

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? Indefinite.

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

Hosp & Rest

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

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

(If the answer is "yes" state nature of treatment required and probable duration.)

16. Can the former trade or occupation be resumed? No

(If not, briefly state why.)

17. Recommendations

E category for discharge

A E Henry Capt

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

A D Anderson

Signature of soldier examinea.

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

English Medical Board attached

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).

(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).

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

Reserved for M.H.C.

6 MAR 1918

Regt. No. 718533 Rank Pte Surname ANDERSON Christian Name DAVID

Unit or Corps—(a) Overseas from United Kingdom 107th Bttn. (b) In United Kingdom

Born at—Town BEAUCHWOOD HILLS County or Province SASK. Country CANADA.

Date of Birth—Day 3 Month JANUARY Year 1868 Age 49 yrs. 7 months.

Joined at WINNIPEG Date 14 DEC 1916.

Former Trade or Occupation BLACKSMITH.

Permanent marks or peculiarities that will serve for future identification:—

AS STATED III 7.

Height—feet 5 inches 10 Colour of eyes BROWN.

Signature of Soldier (*for identification purposes*) D. Anderson

Medical Report.

☛ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). (*Follow the official nomenclature as far as possible.*)

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

Disabilities Group (*a*). PAIN IN THE HEAD DIZZINESS.

Disabilities Group (*b*). PAIN IN CHEST. SHORTNESS OF BREATH

Disabilities Group (*c*).

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	G.S.W. ~~RIGHT TEMPLE~~ HEAD (FLESH) Rt.	HILL 70	15.8.17
(*ii.*) As to Group (*b*) above.	G.S.W. BACK, WITH FRACTURED 8th RIB	HILL 70	15.8.17
(*iii.*) As to Group (*c*) above.			

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

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

(*i.*) As to Group (*a*) above? no If yes, has Active Service aggravated it? N.A.

(*ii.*) As to Group (*b*) above? no If yes, has Active Service aggravated it? N.A.

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

4. Is the disability due to disease contracted or injuries received while on Active Service—

(*i.*) As to Group (*a*) above? yes

(*ii.*) As to Group (*b*) above? yes

(*iii.*) As to Group (*c*) above? N.A.

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

Dated at this day of 191

Signatures of the Board

President.

PART I. *(continued)*.

5. If a cause of disability was an injury received on Active Service, was it received—

(i.) While on duty? Yes (ii.) While off duty? n.a

(iii.) Was a Court of Inquiry held? No (iv.) Where? n.a (v.) When? n.c.

(vi.) Opinion of the Court? n.a

6. **HISTORY OF THE CASE.** *(State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)*

To France Feb 1917 wounded at Hill 70, 15.8.17 Right back Right Temple, Left shoulder by shrapnel. at 58 C.C.S. a large piece of shrapnel removed from right back also one from left shoulder. Fractured 8th rib, fragment also removed. Scapula wound partly closed & Carrel Tubes inserted. Auricolo Temporal artery tied right side, 2 pieces of metal removed from same area. Spat up a considerable amount of blood at the time of being wounded. Southern Gen. 23.8.17 Bear wood 8.10.17. Epsom. 31.10.17

7. **PRESENT CONDITION.** *(Give previous and present weight if likely to indicate progress of disability.)* Complaining of continual headache in right side, gets dizzy when shopping. is also short of breath on exertion. Has occasional pain in the right side. Movements at right arm left shoulder good. There is a scar about 12 inches long in right back extending from spince of scapula to middle back healed. Has some pain in right chest. Several small scars well healed. Has some pain in right temporal region left shoulder healed. no disability. Scar right temporal region healed. Heart lungs alimentary, spleen no discernible lesion. Is rather weak and unable to do hard work.

8. **OPERATION.** (i.) Was one performed? Yes

(ii.) If so, state what. as stated in pt.

(iii.) Was one advised and declined? No

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i.) Is there loss or decay of teeth attributable to Active Service? n.a

(ii.) If so, describe. Full

10. DO YOU RECOMMEND:—

(a) Fit for duty? n.o

(b) Fit for base duty? B III likely to be raised in category within six months

(c) Invalid to Canada? n.a

(d) Discharge from the Service as permanently unfit? n.a

Date of Report 26 Feb 1918 Signed Bleahanne Capt R.A.M.C.

Officer in medical charge of case.

Station M.C.H. Epsom

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

J. R. Johnston Capt. C.A.M.C. for Officer i/c Hospital / ~~Medical Officer in charge~~ Brigade } Strike out one of these.

Dated at Military Convalescent Hospital, EPSOM. Station, on 27 FEB 1918 191

* Delete if inapplicable.

PART II.

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

☞ *Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.*

11. Is the disability fully indicated in Part I. (1)? Yes

If not, indicate it.

12. Is the cause of the disability, fully indicated in Part I. (2)? Yes

If not, indicate it.

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier { Caused? No / Aggravated? No } (b) Misconduct of the Soldier { Caused? No / Aggravated? No }

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none*, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.)

n.a

15. THE PENSIONABLE DISABILITY—(*see Part I. (5). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate*).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (*Estimate at none*, ⅕, ⅖, ⅗, ⅘, *or all.*)

n.a

16. Permanency of the Pensionable Disability estimated next above in (15).
(i.) Is it permanent? n.a

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

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

18. Remarks.

19. Recommendation:—(a) Fit for duty? n.a.

(b) Fit for base duty? yes B III likely to be raised Category within six months.

(c) Invalid to Canada?

(d) Discharge from service as permanently unfit? n.a

Classification for the Military Hospitals Commission.

Date of Board 6/3/18.

Station Epsom.

Approved A.D.M.S.

for A.D.M.S. Canadians, London Area.

Dated at Station 191

Signatures of the Board A.K. Cameron Lieut-Col. President. Wallace Capt

A.D.M.S. CANADIANS LONDON AREA LONDON, ENG.

12 MAR 1918

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

Dated at this day of 191

Date of Board

Signatures of the Board

Station

President.

Signatures of the Board

Approved

Dated at Station 191

Reserved for M.H.C.

Regt. No. 718533 Rank Pte. Surname ANDERSON Christian Name DAVID.

Unit or Corps—(a) Overseas from United Kingdom 107th Bn. (b) In United Kingdom 18th Res.

Born at—Town SHEPHERD HILLS County or Province SASK. Country CANADA

Date of Birth—Day 3rd Month January Year 1868 Age 49 yrs. 2 months.

Joined at WINNIPEG Date 14th Feb. 1916.

Former Trade or Occupation Blacksmith.

Permanent marks or peculiarities that will serve for future identification:—

As stated in 7.

Height—feet 5 inches 10 Colour of eyes Brown.

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

Medical Report.

☞ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). (*Follow the official nomenclature as far as possible.*)

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

Disabilities Group (*a*). PAIN IN THE HEAD. DIZZINESS.

Disabilities Group (*b*). PAIN IN CHEST. SHORTNESS OF BREATH.

Disabilities Group (*c*).

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	G.S.W. ~~RIGHT TEMPLE~~ HEAD (FLESH) B6	Hill 70.	15.8.17.
(*ii.*) As to Group (*b*) above.	G.S.W. BACK WITH FRACTURED 3rd RIB. B6	Hill 70	15.8.17.
(*iii.*) As to Group (*c*) above.			

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

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

(*i.*) As to Group (*a*) above? No. If yes, has Active Service aggravated it? N.A.

(*ii.*) As to Group (*b*) above? No. If yes, has Active Service aggravated it? N.A.

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

4. Is the disability due to disease contracted or injuries received while on Active Service—

(*i.*) As to Group (*a*) above? Yes.

(*ii.*) As to Group (*b*) above? Yes.

(*iii.*) As to Group (*c*) above? N.A.

PART I. (*continued*).

5. If a cause of disability was an injury received on Active Service, was it received—

(*i.*) While on duty? Yes. (*ii.*) While off duty? N.A.

(*iii.*) Was a Court of Inquiry held? No. (*iv.*) Where? N.A. (*v.*) When? N.A.

(*vi.*) Opinion of the Court? N.A.

6. HISTORY OF THE CASE. (*State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.*) To France Feb.1917. Wounded at Hill 70, 15.8.17. Right back, right temple, and left shoulder, by shrapnel. At 58th C.C.S. a large ~~xiaax~~ piece of shrapnel removed from right back, also one from left shoulder. Fractured fragment also removed. Scapula wound partly ~~xax~~ closed 6 carrel tubes inserted. Auriculo temporal artery tied, right side. 2 pieces of metal removed from same area. Spat up a considerable amount of blood at the time of being wounded. Southern General 23.8.17. Bearwood 8.10.17. Epsom 31.10.17.

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*) Complaining of continual headache in right side. Gets dizzy when stooping, is also short of breath on exertion. Has occasionaly pain in the right side. Movements at right arm; left shoulder good. There is a scar about 12 inches long in right back extending from spine of scapula to middle back - healed. Has some pain in right chest. Several small scars over left shoulder - no disability. Scar right temporal region - healed. Heart, lungs, alimentary systems; no discernible lesion. Is rather weak and unable to do hard work.

8. OPERATION. (*i.*) Was one performed? Yes.

(*ii.*) If so, state what. As stated in six.

(*iii.*) Was one advised and declined? No.

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (*i.*) Is there loss or decay of teeth attributable to Active Service? N.A.

(*ii.*) If so, describe. Fit.

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? N.A.

(*b*) Fit for base duty? B-iii likely to be raised in Category within six months.

(*c*) Invalid to Canada? N.A.

(*d*) Discharge from the Service as permanently unfit? N.A.

Date of Report Feb. 26th, 191 8. Signed S. CAHANNA, Capt. C.A.M.C.
Officer in medical charge of case.

Station M.C.H. Epsom.

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

S.R.JOHNSTON
Capt. C.A.M.C. for
Officer i/c Hospital / ~~Sub-District~~ / ~~Brigade~~ } Strike out one of these.

Dated at Military Convalescent Hospital, EPSOM. Station, on 27 FEB 1918. 191

* Delete if inapplicable.

PART II.

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

☞ *Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.*

11. Is the disability fully indicated in Part I. (1)? Yes.

If not, indicate it.

12. Is the cause of the disability, fully indicated in Part I. (2)? Yes.

If not, indicate it.

13. Was the disability caused or aggravated by— (*a*) Negligence of the Soldier { Caused? No. / Aggravated? No. } (*b*) Misconduct of the Soldier { Caused? No. / Aggravated? No. }

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none*, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.)

N.A.

15. THE PENSIONABLE DISABILITY—(*see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate*).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (*Estimate at none*, ⅓, ½, ⅔, ¾, *or all.*)

N.A.

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent? N.A.

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

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

18. Remarks.

19. Recommendation:—(*a*) Fit for duty? N.A.
(*b*) Fit for base duty? Yes, B-iii likely to be raised in Category within six months,
(*c*) Invalid to Canada?
(*d*) Discharge from service as permanently unfit? N.A.

Classification for the Military Hospitals Commission.

Date of Board 6/3/18. *President.*

Signatures of the Board: A.H. CAMERON SMITH, Major.
H.C. WALLACE, Captain.
A.D.M.S. CANADIANS
LONDON AREA,
LONDON.

Station EPSOM.

Approved [signature] Major, C.A.M.C. A.D.M.S.
for A.D.M.S., Canadians, London Area.

Dated at Station 12 MAR 1918 191

PART III.

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

Dated at this day of 191

Date of Board 6/3/18.

A.H. CAMERON SMITH, Major. President.
H.C. WALLACE, Captain.
A.C.M.S. CANADIANS,
LONDON AREA

Signatures of the Board

President.

PART I. A.F.B. 179 Canada (Revised).

Reserved for M.H.C.

Regt. No. 718533 Rank Pte. Surname ANDERSON Christian Name DAVID.

Unit or Corps—(a) Overseas from United Kingdom 107th Bn. (b) In United Kingdom 18th Res.

Born at—Town SHEPHERD HILLS County or Province SASK. Country CANADA

Date of Birth—Day 3rd Month January. Year 1868 Age 49 yrs. 2 months.

Joined at WINNIPEG Date 14th Feb. 1916.

Former Trade or Occupation Blacksmith.

Permanent marks or peculiarities that will serve for future identification:—

As stated in 7.

Height—feet 5 inches 10 Colour of eyes Brown.

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

Medical Report.

☞ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). (*Follow the official nomenclature as far as possible.*)

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

Disabilities Group (*a*). PAIN IN THE HEAD. DIZZINESS.

Disabilities Group (*b*). PAIN IN CHEST. SHORTNESS OF BREATH.

Disabilities Group (*c*).

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	G.S.W. ~~RIGHT TEMPLE~~ HEAD (FLESH) Bc	Hill 70.	15.8.17.
(*ii.*) As to Group (*b*) above.	G.S.W. BACK WITH FRACTURED 8th RIB. Bc	Hill 70	15.8.17.
(*iii.*) As to Group (*c*) above.			

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

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

(*i.*) As to Group (*a*) above? No. If yes, has Active Service aggravated it? N.A.

(*ii.*) As to Group (*b*) above? No. If yes, has Active Service aggravated it? N.A.

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

4. Is the disability due to disease contracted or injuries received while on Active Service—

(*i.*) As to Group (*a*) above? Yes.

(*ii.*) As to Group (*b*) above? Yes.

(*iii.*) As to Group (*c*) above? N.A.

5. If a cause of disability was an injury received on Active Service, was it received—

(*i.*) While on duty? Yes. (*ii.*) While off duty? N.A.

(*iii.*) Was a Court of Inquiry held? No. (*iv.*) Where? N.A. (*v.*) When? N.A.

(*vi.*) Opinion of the Court? N.A.

6. HISTORY OF THE CASE. (*State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.*)

To France Feb.1917. Wounded at Hill 70, 15.8.17. Right back, right temple, and left shoulder, by shrapnel. At 58th C.C.S. a large ~~piece~~ piece of shrapnel removed from right back, also one from left shoulder. Fractured fragment also removed. Scapula wound partly ~~closed~~ closed 6 carrel tubes inserted. Auriculo temporal artery tied, right side. 2 pieces of metal removed from same area. Spat up a considerable amount of blood at the time of being wounded. Southern General 23.8.17. Bearwood 8.10.17. Epsom 31.10.17.

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*) Complaining of continual headache in right side. Gets dizzy when stooping, is also short of breath on exertion. Has occasionaly pain in the right side. Movements at right arm; left shoulder good. There is a scar about 12 inches long in right back extending from spine of scapula to middle back - healed. Has some pain in right chest. Several small scars over left shoulder - no disability. Scar right temporal region - healed. Heart, lungs, alimentary systems; no discernible lesion. Is rather weak and unable to do hard work.

8. OPERATION. (*i.*) Was one performed? Yes.

(*ii.*) If so, state what. As stated in six.

(*iii.*) Was one advised and declined? No.

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (*i.*) Is there loss or decay of teeth attributable to Active Service? N.A.

(ii.) If so, describe. Fit.

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? N.A.

(*b*) Fit for base duty? B-iii likely to be raised in Category within six months.

(*c*) Invalid to Canada? N.A.

(*d*) Discharge from the Service as permanently unfit? N.A.

Date of Report Feb. 26th, 191 8. Signed B.CAHANNA, Capt. C.A.M.C.
Officer in medical charge of case.

Station M.C.H. Epsom.

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

S.R.JOHNSTON
Capt. C.A.M.C. for
Officer i/c Hospital } Strike out one of these.

Dated at Military Convalescent Hospital, EPSOM. Station, on 27 FEB 1918 191

* Delete if inapplicable.

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

☛ *Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.*

11. Is the disability fully indicated in Part I. (1)? Yes.
If not, indicate it.

12. Is the cause of the disability, fully indicated in Part I. (2)? Yes.
If not, indicate it.

13. Was the disability caused or aggravated by— (*a*) Negligence of the Soldier { Caused? No. / Aggravated? No. } (*b*) Misconduct of the Soldier { Caused? No. / Aggravated? No. }

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none,* 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.)
N.A.

15. THE PENSIONABLE DISABILITY—(*see Part I. (5). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate*).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (*Estimate at none,* ⅒, ⅕, ⅓, ½, *or all.*)
N.A.

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent? N.A.
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)? N.A.

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

18. Remarks.

19. Recommendation:—(*a*) Fit for duty? N.A.
(*b*) Fit for base duty? Yes, B-iii likely to be raised in Category within six months.
(*c*) Invalid to Canada?
(*d*) Discharge from service as permanently unfit? N.A.

Classification for the Military Hospitals Commission.

Date of Board 6/3/18.

Signatures of the Board A.H.CAMERON SMITH, Major. *President.*
H.C.WALLACE, Captain.
A.D.M.S. CANADIANS.
LONDON AREA.

Station EPSOM.

Approved Major, C.A.M.C. A.D.M.S.
For A.D.M.S., Canadians, London Area.

Dated at Station 12 MAR 1918 191