REGIMENTAL DOCUMENTS

NAME ANDERSON, DONALDSON ROSS FOWL REGT. NO. 1000448 UNIT 4th Bn C2 HC H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
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1	MEDICAL EXAMINATION (M.F.W. 129)					
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1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
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1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Gap C50091					
1	Gn 74-30-67					
2	CDZ					
	Vaj Mel					
						3 - 28
						17 - 28
						34 - 28
						3
						~~3 - 28~~
						~~34 28~~
						~~3~~

W 2509

226th. OVERSEAS BATTALION C. E. F.

1000448

TRIPLICATE
No. 1000448

Folio.

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Anderson
1a. What are your Christian names? Rose Fowlie
1b. What is your present address? Gladstone, Manitoba
2. In what Town, Township or Parish, and in what Country were you born? Fraserburgh Aberdeenshire Scotland
3. What is the name of your next-of kin? Mrs J. Adam
4. What is the address of your next-of-kin? 15 Kirkbrae Fraserburgh Aberdeenshire Scotland
4a. What is the relationship of your next-of-kin? mother
5. What is the date of your birth? February 23rd 1895 22
6. What is your Trade or Calling? Carpenter
7. Are you married? no
8. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
9. Do you now belong to the Active Militia? no
10. Have you ever served in any Military Force? If so, state particulars of former Service. yes 5th Battn Gordon Highlanders
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, Rose Fowlie 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.

R. F. Anderson (Signature of Recruit)

Date Jan ~~15th~~ 19th 1916. J. B. Morton (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Rose Fowlie 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.

R. F. Anderson (Signature of Recruit)

Date Jan ~~15th~~ 19th 1916. J. B. Morton (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 Gladstone, Man. this 19th day of January 1916.

D A McLean (Signature of Justice)

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

27

Description of Rose Fowlie Anderson on Enlistment.

Apparent Age 20 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 1/4 ins.

Chest measurement: Girth when fully expanded 35 1/2 ins.; Range of expansion 4 ins.

Complexion Dark

Eyes Blue

Hair Dark Brown

Religious denominations:
- ~~Church of England~~ Episcopalian
- ~~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).

Tatoo mark (clasped hands under a girls face) on posterior surface of the right forearm.

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date January 19th 1916. J. Gilchrist Capt.

Place Gladstone, Man. J. G. Wilchrist
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.

Rose Fowlie 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.

R. S. Gillespie (Signature of Officer)

Date January 19th 1916. Lt. Col.
Commanding Recruiting Area B.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. _____

THIS IS TO CERTIFY that No. 1000 448 (Rank) Pte. Private

Name (in full) Donaldson Rose Fowlie Anderson (~~Hamilton~~) enlisted in

the 226th Battalion

CANADIAN EXPEDITIONARY FORCE at Gladstone Man on the 19th

day of January 1916

HE served in England and France with 4th Bn Can Inf.

and is now discharged from the service by reason of Demobilization. ~~Medical Unfitness.~~

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

Age	24	Marks or Scars	Tattoo mark right forearm
Height	5' 6¼"		
Complexion	Dark		
Eyes	Blue		
Hair	Dark Brown		

D R Anderson
Signature of Soldier.

Bruce Thompson
Issuing Officer.
For
O.C. No. 2 District Depot.
Rank

Date of Discharge

No. 2 District Depot
Toronto, Ont.
JUN 18 1919

Date JUN 18 1919 19

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

M.F.B. 39A.

ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Anderson *Christian Name* Rose Fowlie

Examined { on 17th day of January 1916 / at Gladstone Man

Approved by J. Dusbury Capt. E. W. Rose

Birthplace { City or Town Fraserburgh / County Aberdeenshire Scotland

Rank ..... M.O.

Apparent age 20 years 11 mos.

Trade or occupation Carpenter

Height 5 Feet 6¼ Inches.

Weight 145 Lbs.

Chest measurement { Minimum 31½ inches. / Maximum expansion 4 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left. / Number None

When Vaccinated last Never

(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.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
June 29/16	Pos	James Dusbury M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
16.5.17	1/4	J. Graham
July 3/16		James Dusbury M.O.
July 14/16		James Dusbury M.O.
July 26/16		James Dusbury M.O.

Enlisted on 15th *day of* January 1916 *at* Gladstone Man.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	226th. OVERSEAS BATTALION C. E. F.	1000448		Jany 19/16
Transferred to	14th RESERVE BATTN. C.E.F. / C. M. G. P.			APR 7 1917

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

J. M. G.

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-439.

L. B.

Surname Anderson Christian Name Rose Lawrence

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Camp Hughes	June 7/16	28	Jan	1916	29	Jan	1916	La Grippe	2	Complete recovery	E W Rose James Duxbury.
Isolation Hp Aldershot		5	1	17	15	2	17	Diphtheria	41	No complications Duplicate Medical History Sheet posted to here. 7 S	[illegible]

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Certified this docume
checked with
Regimental docume

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names Donaldson Rose Fowlie 2. Surname Anderson

3. Rank Private 4. Original Unit 226th Bn 5. Reg. No. 1000448.

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

7. Date of enlistment in the C.E.F. Jan 19th 1916

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Not Applicable

9. Relationship of such dependent Not Applicable

10. Address, in full, of such dependent Not Applicable

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

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particu ars of one such unit and dates of service overseas with such unit:—

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served 9 Months Canada 226th Bttn
8 Months England 14th Res. Bttn. C.M.G.D.
21 Months France 4th Bttn M.G.C.

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No

5434. Wt. /30P. 150,000(8). 2/19. S.O.,F.Rd.

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

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

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

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

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

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? No

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

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge JUN 18 1919 (b) Reason for discharge DEMOBILIZATION

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

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

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

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

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

Signature of Applicant: G. W. Anderson

Place of Residence: Gladstone P.O.

Declared before me at: Brandon Manitoba

This 31 day of May 1919

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

"Questions 12, 13, 14, 20, 24, 25, 26 and 27 are unanswered." Herbert Hall

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

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.

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(1) Name of Overseas Unit which Soldier joins 226th. OVERSEAS BATTALION C. E. F.

(2) Regimental Number 1000448

(3) Full Name of Soldier Donaldson Rose Fowlie Anderson

(4) Place of Birth Fraserburgh, Scotland

(5) Are you married, or not? No

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

(b) Present Postal Address

(7) Are you a widower? No

(8) Have you any children?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

200M.—3-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address

(10) Is your Mother alive? Yes

If so, state name and address Elizabeth Adams
15 Kirk Brae, Aberdeenshire, Scotland

(11) If your Mother is a widow No

Are you her sole support, or not? No

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

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

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

(15) Are you insured? No

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.

D S Grieve

Lieut. Colonel
Officer Commanding
Commanding 226th Overseas Battalion. C.E.F.

Date October 14/16

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

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

No. 000448 Rank Pte Surname ~~Hamilton Rose~~ Anderson

(Given name in full) ~~Robert~~ Rowlie

Unit or Corps 4th C. M. G. Birthplace Fraserburgh Scotland

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

1. GENERAL DESCRIPTION:

Physique good Weight 150 lbs. Height 5 ft. 7 in. Colour of Eyes Blue

Nutrition good

Pulse 76 reg

Condition of arteries soft

Vision Rt. 6/12 Left 6/12

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

Tattoo mark L. forearm

Opinion as to general health and physical condition good

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

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

Special Senses No Integumentary System No Respiratory System Yes

Disturbance of Mentality No Muscular System No Digestive System

Osseous and Joint System No Any other general condition Yes

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

5-1-17 Diphtheria
8-12-17 P. U. O La Grippe.

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Brandholt (Overseas)

Date 13-5-19 Signed [illegible] Capt. M.O.

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

Signature [illegible]

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

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

Date ..... Signed ..... M.O.

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

Signature .....

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

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

Army Form B. 103. No 2. Regimental Number 1000448

Casualty Form—Active Service.

Regiment or Corps 4th Bn CMGC

Rank Pte Surname Anderson Christian Name R F

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 .....

Occupation ..... 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 ...			
		Disembarked ...			
		Proceeded to England	8 MAI 1919		
		G.J. Skelton Lieut. for Lt Col. A. A. G. Canadian Section, G.H.Q. - 3rd Ech.			
		T.O.S. "D" Wing, C.C.C. per part II No. ..... Date 7 - MAY 1919			
		S.O.S. on proceeding to Canada. P.II O. 44 6/6/19			
		N.A. Spark Capt. for Adj. 4th Bn. CMGC			

(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.

W. 8635—M2733 2000m 9/17 (35611) C. P. & S., Ltd. Form B./103 E/1807.

P.T.O.

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				
			1919 PART II D.		172
JUN 6 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO			
JUN 18 1919	S. O. S.	(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D.			172
					Lieut.
				For O. C.	No. 2 District Depot.

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1172-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 226th. OVERSEAS BATTALION C. E. F.

Regimental No. 1000448 Rank Private Name Rose Fowlie Sanderson

Enlisted (a) Jany 15/16 Terms of Service (a) War & 6 mos. after Service reckons from (a) Jany 19/16

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) Carpenter

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 Disembarked	Halifax N.S. Liverpool	15/12/16 20/12/16	H.M.T. 2810.
7/4/17		O.C.226th S.O.S. on transfer to Battalion 14th Reserve Battalion.	Dibgate Bramshott.	26/3/17	Pt.2 O.84.5 .....Capt.Adjt., for O.C., 226th Battalion.
7/4/17		O.C.14th T.O.S. on transfer from Res.Batt. 226th Battalion.	Dibgate	7/4/17	Pt.2 O.95.1 .....Capt.Adjt., 14 th Reserve Battalion
9/5/17		O.C.14th S.O.S. on transfer to Res.Batt.Can.Machine Gun Depot.	Dibgate	10-5-17	Pt.2 O. ~~126~~ 127 .....Capt.Adjt., 14th Reserve Battalion.
MAY 11 1917	Com. C.M.G.D.	Taken on Strength, C.M.G.D.	Crowborough MAY 10 1917		Auth. Depot Order Pt. II No. 131

(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.

W.S.B. Class "A"

MBKD H.F.X. JUN 18

OLYMPIC NO. 88 JUNE 8 1917

H.M.T.S. OLYMPIC

CERTIFIED CORRECT. 28 SEP 1917 CAN. RECORD OFFICE LONDON.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
16-9-17	Cond C M Ltd	Transferred to M G Pool	Seaford	19-9-17	Order Pt II No. 262 [signature] Lieut. [illegible], C.M.G. Depot.
21-9-17	OC Pool	arrived in France T/O/S M G R Pool	Camiers	21/9/17	R&R 100. Pt II ord 77 d/8-10-17
26-10-17	OC CCRC	Transferred to 11th M G Coy	Field	26-10-17	NR R&R 20 Pt II ord 90 d/7-11-17
do	do	T/O/S 11th M G Coy.	do	27/10/17	P II O 151 - 8-11-17
3-11-17	OC Unit	Joined Unit	Field	27/10/17	B213
8-12-17	Do	Evac to F Amb	—	2-12-17	B213
9-12-17	13 C F A	P U O adm To	13 C F A Duty	4-12-17 8-12-17	A36-C407 A36-C2347
15-12-17	OC Unit	Returned To	Duty	8/12/17	B213
19-1-18	Do	Proceed To Course		12-1-18	B213
2-2-18	do	Returned from Course		30-1-18	B213
16-3-18	OC	Awarded I Good Conduct Badge		19-1-18	B213 P II O 32 of 23/3/18
16-4-17	AG G H Q	Trans to Can M Gun Corps and posted to 11th C M G Coy		1-3-18	A/6864 + K 17 8487 P II O 27 of 15/3/18
19-3-18	aay	Absorbed into 4th Batt'n Can Mach Gun Corps	Field	19-3-18	(S) 290-286 P II O 43 d/13-4-18
28-9-18	OC	Granted 14 days leave dk		28-9-18	B213 P II O
26.10.18	Unit	Returned from leave		18.10.18	B213

C.A.D.C. 5095A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) ANDERSON, E.R.F.

REGIMENT CMGC RANK Pte No. 1000448

Date of Examination in England 9/5/19 | Date of Examination in France

PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT?

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

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

BRAMSHOTT CAMP HANTS.

Signature of Dental Officer E. G. Berry Capt.

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Anderson	R.F.	1000448

Rank	Unit	Co.	Troop	Batty
Pte	11 M. G. Corps 226th Bn	14 Res Bat.		

Hospital: Isol Aldershot

Date of Admission: 6-1-17

Transferred 13. Gen. F. Amb. Hosp. 4.12.17.

Hosp.

Hosp.

Hosp.

Diagnosis NS P.U.O.R

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION	Date	REMARKS
C.L. 19-1-17 7	Dis. 15-2-17.	
19-2-17 14.		his to duty. 8 12.17.
14.12.17 A88.		

A.M.D. 2 DEPT.

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

E.S. 22.2.17

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm
1.		
2.		
3.		
4.		
5.		
6.		
7.		

"OLYM 10" 12-6-19 H 2079

DISPERSAL "I"

AUDITOR | PAYMASTER

18

M. or S.

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

REGT. No. 1000448 RANK Pte. NAME (IN FULL) ANDERSON, D.F. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? nil. DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 226th Bn IF IN P.F. WHAT UNIT? R.C. Gloucester, Mass.

PLACE OF ATTESTATION PO Box 1010 TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 19/1/16 TRANSFERRED TO North Bay, Ont DATE AUTHORITY

ASSIGNED PAY $ 10 — DATE EFFECTIVE 30/6/19 Closed by England 8-9-18

PAYABLE TO Mrs J Adams RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Mickbrae Fraserburgh Aberdeenshire Scot.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE Toronto DATE 18-6-19 REASON demob AUTHORITY Do 172 IF ENTITLED TO POST DISCHARGE PAY Yes

T.O.S. 6-6-19 D.O. 172
SUBS. ..... TO ..... D.O.

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
31/5/19									140	48	140	48																							140	48	Bal Bal E. to L.P.R.
21/6/19	21	110	23	10	35 —												438	0	Endorsed on L.P.R.																		1/6/19 to 21/6/19 R.A. Clothing Allowance 1st payment W.S.G.
					70 —																																
																	487	5 —																			Boat & Train
									1281	0			Cheque		21491																2685	9					
			W.S.G.																								W.S.G.										
																							18/6/19		70 —								20 00				W.S.G. Paid as above
																									33 0								Soldier				3 days P.A. over est. 1918
183 days			420 —				420 —																								73 30		346 70				
													QR 89		Jul 9				672 57						66 70		140 —		280 —								1st W.S.G. Paid by #2 D.O.
													QR 107		Aug 8				987 141						70 —		210 —		210 —								
													QR 136		Sept 12				357 94						70 —		280 —		140 —								
													QR 164		Oct 14				1359 176						70 —		350 —		70 —								
													QR 185		Nov 10				1365 176						70 —		420 —		WORK								
			420				420																		420 —		420										

W.S.G. PAID IN FULL

CAPTAIN
FOR PAYMASTER WAR SERVICE GRATUITY

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1300.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

1. [illegible]
2. [illegible]
3. [illegible] (M.F.B. 313 or A.F.B. 178).
4. [illegible] (M.F.B. 227 or M.F.W. 129)
5. [illegible]
6. [illegible]
7. [illegible] 218a)
8. [illegible]
9. [illegible] (M.F.W. 39a).
10. [illegible]
11. [illegible] Form (D.O.S. 2).
12. Last Pay Certificate (A.B. 51). & dup
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B
Checked by No. 15
Date 3 - JUN 1919

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

D.
A. I
O.C. 21

War Service Badge
Class "A" No. 327404

H.M.T. OLYMPIC No. 83
EMBKD S'M [illegible]
ISEMBKD [illegible] JUN. 12

1. No. 1000448
2. Rank. Private
3. Name. ANDERSON, Donaldson Rose Fowlie
4. Unit. 4th Bn. Cm. G.C.
5. Date of Discharge JUN 18 1919 Place Toronto Ont.
6. Reason for Discharge DEMOBILIZATION
7. Authority. No. 2 District Depot, Part II, D.O. No. 172
8. Proposed Residence after Discharge Gladstone P.O. Man.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

D. R. Anderson
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place No. 2 District Depot Toronto, Ont.

Date JUN 18 1919

Signature [illegible]
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-118.

13-4-51
PED

For
O.C. No. 2 District Depot.