REGIMENTAL DOCUMENTS

NAME ANDERSON EDMUND REGT. NO. 60665 UNIT 84nd Bn. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
S	ATTESTATION PAPER (M.F.W. 23, 133, or 51) 3	10				DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103) 2					Category
	TRAINING HISTORY SHEET (M.F.W. 113) Dsheet					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) 1				M	
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) 1					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) 1					
4	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) 4					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465) 1					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1	MEDICAL EXAMINATION (M.F.W. 129) 1					Demob.
	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)		H			
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
3	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) 2					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M.F.W. 71 Day sheets		Deceased 23-8-61			
12	misc.					
						7-28
						17-28
						32-28
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W. 2509
1924-11-18
1922 33 1377

Only ORIGINAL

ATTESTATION PAPER.

No. 60,665

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

15 yrs. in Canada

1. What is your name?	Edmund Anderson
2. In what Town, Township or Parish, and in what Country were you born?	Stuisholm, Iceland
3. What is the name of your next-of kin?	Freda Anderson (wife)
4. What is the address of your next-of-kin?	54 New Street, East Calgary, Alta. Can.
5. What is the date of your birth?	March 12th, 1872
6. What is your Trade or Calling?	Barber
7. Are you married?	Yes
8. Are you willing to be vaccinated or re-vaccinated? and inoculated? E.A.	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

Edmund Anderson (Signature of Man.)

A. Davison (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Edmund Anderson, do solemnly declare that the above answers made by me to the above questions 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.

Edmund Anderson (Signature of Recruit)

Date Oct. 18/15 191 . A. Davison (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Edmund 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.

Edmund Anderson (Signature of Recruit)

Date Oct. 18/15 191 . A. Davison (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 Calgary this 18th day of Oct. 191 5.

(Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

(Approving Officer)

M. F. W. 23.
200 M.—7-15.
H. Q. 1772-39-841.

Description of Edmund Anderson on Enlistment.

Apparent Age 43 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft 7 ins.
Chest measurement. Girth when fully expanded	36 ins.
Chest measurement. Range of expansion	3 ins.
Complexion	Fair
Eyes	Grey
Hair	Fair
Religious denominations. Church of England	
Presbyterian	
~~Wesleyan~~ Methodist	Yes
Baptist or Congregationalist	
Other Protestants (Denomination to be stated.)	
Roman Catholic	
Jewish	

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).

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 Oct. 18/15 191 . Chas A Davies Capt.

Place Calgary 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.

Edmund 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.

Lt. Colonel (Signature of Officer)
Commanding 82nd Overseas Batt. C. E. F.

Date Oct. 18/15 191 .

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 160665. (Rank) a/Corporal.

Name (in full) Edmund ANDERSON. enlisted in

the 62nd. Battalion.

CANADIAN EXPEDITIONARY FORCE at Calgary, Alta. on the 10th

day of October. 19 15

HE served in France. with 10th Battalion.

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	47 years. 10 months.	Marks or Scars	Abscess near under right arm.
Height	5. feet. 7 inches.		
Complexion	Fair.		
Eyes	Grey.		
Hair	Fair.		

Edmund Anderson
Signature of Soldier

A. Donaldson
Issuing Officer

O. C. Col. Belcher Mil. Hospital
Lt. Col.
Rank

Date of Discharge

8th Belcher MIL. HOSP. ORDERLY JAN 15 1920 ROOM

Date January 16th 19 20.

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

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-89-882.

Date of Enlistment 18/10/15

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment June 1st 1916

RATE OF SEPARATION ALLOWANCE

~~20~~	1.12.17 25		

RATE OF ASSIGNMENT

~~15~~			

1 L 1 a 21 8/3

PARTICULARS OF SEPARATION ALLOWANCE

No. 160665

Rank Ct Promoted Reverted Discharge

Soldier's Name Edmund Anderson

Battalion S. S. Coy #13 (82nd Bn)

Beneficiary Mrs. Freda Anderson

Relationship Wife

Address 54 New St. East Calgary Alta.

PARTICULARS OF ASSIGNMENT

Name Mrs F Anderson

Address 54 New Street E, Calgary Alta

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
30/9/17		468	90	558		A/P a/c was closed 30 11/16 Retd per "SS Corsican" 17 11/16. Re-Trans
Oct	C 51161	20	xx	20		to SS Coy #13 6 12/16 No S/A paid by Cas P.M. Reopen
Nov	C 52401	20		20	T	without loss of time per D.P.M.L. 15/12/16
Dec	F 54726	20		20	M	
Jan	A 54015	30		30		
Feb.		~~25~~		~~20~~		
		558				

Paymaster Paying
From 1-2-18
To.....

M.D. #13
No 13 Spec. Service Co.

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

CONSOLIDATED ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

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

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

ORIGINAL

MEDICAL HISTORY SHEET.

160665

Surname: Anderson Christian Name Edmund

Examined { on 18th day of Oct 1915
at Calgary

Birthplace { City or Town Stickisholm
County Iceland

Apparent age 43

Trade or occupation Barber

Height 5 Feet 7 Inches.

Weight 138 Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 36 inches.

Physical development Good

Small-Pox Marks

Vaccination Marks { Arm 2 Right. 1 Left.
Number Three

When Vaccinated last 1909

(a) Marks indicating congenital peculiarities or previous disease none

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

Approved by Chas A Dares
Rank Capt M.O.

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

Date	Result	Vaccinations.
13/12/15		R Dmac M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
23/11/15		Chas A Dares M.O.
8/12/15		Chas A Dares M.O.
		M.O.

Enlisted on 18th day of Oct. 1915 at Calgary

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	10th Bn.	160665		
Transferred to..	13th S.S.Co. C.E.F.	"		6.12.16.

APPROVED
CAPTAIN, D.A.A.G. FOR D. OF R. & O. FOR
BRIGADIER GENERAL
COMMANDING
CANADIAN TRAINING DIVISION

13TH BATTALION CANADIAN GARRISON REGIMENT, C. E. F. 30/4/18.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Clare Glenhaven	Oct 26th 1916	Defective Vision	DISCHARGED. under Para 392. Sec. 13. K. R. & O. 1912 Ch. Cert age Being no longer physically fit for war service. P.R.D. Rutherford Capt for Commandant. Canadian Casualty Discharge Depot.

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.

CI

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

Surname _____ Christian Name _____

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.
Mil Hosp	Calgary	6	3	17	9	3	17	Defective Vision Neuralgia	4	Recovered	G A Bishop Capt ave

To be used (*a*) for recruits enlisting direct into the Regular Army, and (*b*) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Anderson *Christian Name* C. Ward R484 Lab 32485

TABLE I.—General Table.

Birthplace { Parish ..... County .....

Examined { on ..... day of ..... 191 , at .....

Declared Age ..... years ..... days.

Trade or Occupation .....

Height ..... feet ..... inches.

Weight ..... lbs.

Chest Measurement { Girth when fully Expanded ..... inches. Range of Expansion ..... inches.

Physical Development .....

Vaccination Marks { Arm ..... RIGHT / LEFT Number ..... /

When Vaccinated .....

Vision { R.E.—V = ... L.E.—V = ...

(*a*) Marks indicating congenital peculiarities or previous disease—

.....

.....

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

.....

.....

Approved by .....

Rank .....

Medical Officer.

Enlisted { at ..... on ..... day of ..... 191.....

	Corps	Regtl. No.
Joined on enlistment	.....	160665
Transferred to	.....	.....
	.....	.....
	.....	.....

Became non-effective by .....

.....

on ..... day of ..... 191.....

(*Signature*) .....

(*Rank*) .....

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and Signature
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TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
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W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[1091] W5187/ 200m 8/16 46 45 59

Forms B. 178. 40

[P.T.O.

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 13

NAME OF SOLDIER Anderson

REGIMENT 13 Dat E.G.B. RANK Pt

No. 16066 13

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	July 16	2/11.18									1/20									Capt Coursier	13	Cav nil.

M.F. 465. 200 -18. 1772 -950.

Form R. & O. 6051.
4282. 25 M. 2/1/17.

REFER TO FILE S/O 2nd 32475

RECORDS REGISTRY
CANADIAN EXPEDY FORCE
R.L. 6-44-95
REFD TO Re
FEB 28 1917
ACTION
C/O 1 1/2 B-1516
CANADIAN CASUALTY ASSEMBLY CENTRE
HOLBORN VIADUCT LONDON E.C.

CANADIAN CASUALTY ASSEMBLY CENTRE,

Hastings
24/2/17

From :--O.C., Canadian Casualty Assembly Centre.

To :--O.C., H/C Records
London

No.

160665 Pte
Anderson E.

The marginally named soldier was sent to you on Canada 17/11/16 for discharge

Since then the following documents relating to this soldier have come to hand, and are being forwarded herewith for your files :--

Casualty Form
Medical History Sheet
Attestation Paper

Kindly acknowledge receipt of same on duplicate copy of letter attached.

G C Eldridge

Officer Commanding
Canadian Casualty
Assembly Centre.

Minute.2.

R.L.6-44-9
R.2.C. 3317

3rd March 1917.

To:- Headquarters, C.A.C.,
58 Warrior Square,
Hastings. Sussex.

Receipt of documents mentioned in Minute.1. is hereby acknowledged.

Lieutenant

For Lieut-Col i/c Records.
C.O.M.F.

B.45.GP

Documents sent to Ottawa
3/3/17

TW
RLC 9/b

P.B.

Form to be used instead of blank space on Army Form 179.

Proceedings of Medical Board at Discharge Depot.

Number #160665 Rank Pte. Name & Corps of disabled soldier. Anderson, Edmund. 82nd Batt 9th Res.

Previous civilian occupation. Barber.

Cause of disability:- Defective Vision not due to Service

Condition in detail which prevent the soldier earning a full livelihood:- Patient has had defective vision for years. Patient is a healthy man of 43 yrs of age, but has had to wear glasses for reading for the last 4 yrs. Special ed report attached. Condition was present at Time of enlistment and is not caused or aggravated by Service.

Note:- One scar 5" long reaching across right axilla another 3" long, reaching down from a point 1" below junction of outer & middle thirds right clavicle.

Opinion of the Board.

Degree of incapacity (Please state in fractions) P.T.O. Less than 1/5 not due to Service

Probable duration of incapacity. Permanent.

Does it render him permanently unfit for Military Service? Yes.

Would operation, special treatment or the use of appliances etc., lessen incapacity? No

Signature E A Roberts Capt ---------- President.
W Hogg Capt ---------- Members
H C Ralfe Capt ----------

Station. Quebec

Date Nov. 28th 1916

Approved. Nov 28/16
Date ----------

W Lawrence Major
Assistant Director Medical Services.

Date ----------

Director General Medical Services.

This man states that this was the result of an abscess 30 yrs ago on which he had 3 operations. Heart & lungs normal Other systems normal.

J. W. Shaffner M.D.

Report No. ~~640~~ | Class P. B.

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

Anderson Edmund
54 New St. E. Calgary Alta.

No. 160665 Rank Pte Original Unit 82nd Present Unit 9th Res

Age 43/6 Height 5 ft. 8 ins. Complexion Fair Eyes Blue Hair L Brown Character Good

Date of enlistment 18/8/15 Where enlisted Calgary Where seen service France & 206

Ship returned by Columbian Date of arrival 29/11/16 Port of arrival St. John

Birthplace ~~Canada~~ Iceland Religion —

Name and address next of kin Wife Alfreda same address

Cause of disability Defective vision not due to service

Condition which prevents the soldier from earning a full livelihood

Degree of incapacity (Please state in fractions) Eng. Board Nil Canadian Board Less than 1/5 Not due service.

Probable duration of incapacity Permanent

Is final disability likely to prevent return to previous occupation?

Recommendation of Canadian Board For permanent base duty Calgary.

Destination to which transportation issued

Members of Board

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife	wife	32			Good
Children 1					
2					
3	3 eldest	15			
4					
5					

Occupation prior to enlistment Barber

Regular trade or profession ——— do ———

Average earnings previous to enlistment $20 week Any other income ———

Name and address of last employer H Spence 16th Street East Calgary Alta

Rent per month $15.00 If purchasing property amount due and annual payment, $ ——— $———

Taxes $60.00 If Homestead, when is patent due? ———

If carrying life or accident insurance, annual premium ———

If in receipt of sick benefits or other insurance—name of society Amt. per mo. $

If unable to follow previous occupation, ~~name preference~~ Has also had 4 years Defence Hosp. Orderly

At what age soldier left school? What grade, standard, &c., was he in?

Has he taken any Technical or Continuation classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

References Last employer.

Witness J McDonnell

Date 28/11/16.

I declare that the above statement is correct.

Signature E. Anderson

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

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, $

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date

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

First payment date.....

Form No. 5c.

CLASS 3.—Men whose condition may be benefitted by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period

CLASS 2.—Men whose condition may be benefitted by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period pending their previous claim as the result of or aggravation by service.

CLASS 1.—Men for immediate discharge without a pension.
(a) Unfit for overseas service but capable to take up their previous civilian occupation.
(b) Disability not the result of service or involving claim as the result of or aggravation by service.

STATE OF HEALTH		MARRIED OR EMPLOYED	AGE	NAME	DESCRIPTION
MAIDS					
1					
2					
3					
4					
5					

INFORMATION TO BE FURNISHED BY SOLDIER

Canadian Board

Date of birth

Name and address of next of kin

Religion

Date of enlistment

Where enlisted

Rank on enlistment

Corps or regiment

Casualties which interfere with his present [illegible]

Condition which prevents him from carrying on [illegible] occupation

Is [illegible] likely to prevent return to previous occupation?

Particulars of Canadian home

Description to which rehabilitation [illegible]

Part 2 of pamphlet (Treatments in prospect) Fully Boarded

REPORT No.	Name	Class	Pte.	Original Unit	Present Unit	Where

M.H.C. No.	Local No.	D.O. No.

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. 160665 Rank A/Corp Surname Anderson

(Given name in full) Edmund

Unit or Corps CAMC Birthplace Iceland

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

1. **GENERAL DESCRIPTION:**

Physique Good Weight 140 lbs. Height 5 ft. 6½ in. Colour of Eyes Blue

Nutrition Good

Pulse 70

Condition of arteries Good

Vision Rt. 20/30 Left 20/40

Hearing (conversational voice) Rt. 6 ft.

Left 6 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
Abscess scar under R Arm

Opinion as to general health and physical condition Good

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

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

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

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

Influenza 1918.
States Specialist told him he had beginning Cataract left Eye

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

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

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at Calgary (Canada)

Date 27/12/19 Signed H Glyde Davis 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 G. Anderson

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

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

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

[OVER]

160665

MAY 10 1920

Report No.	Class	No. of M. H. C. File	No. of Local File	No. of H. Q. File
I	P.B. Anderson, Edmund 54 New St., Calgary, Alta.			

No. 160665 Rank Pte. Original Unit 82nd Present Unit 9 Res.

Age 43-6 Height 5 ft. 8 ins. Complexion Fair Eyes Blue Hair Lt Bn Character Good

Date of enlistment 18-8-15 Where enlisted Calgary Where seen service France (2206)

Ship returned by Corsican Date of arrival 27-11-16 Port of arrival St. John

Birthplace Iceland Religion --

Name and address next of kin Wife: Elfnada, same address.

Cause of disability Defective vision not due to service. 64/a 2b.2.6

Condition which prevents the soldier from earning a full livelihood

Patient had had defective vision for years. Patient is a healthy man of 43 years of age, but has had to wear glasses for reading for the last 4 years. Specialist8s report attached. Condition was present at time of enlistment and is not caised or aggravated by service. Note: One svar 5" long reaching across right axilla anothor 3" long, reaching down from a point 1" below junction of outer and middle third right clavicle. This man states that this was the result of an abscess 30 years ago. on which he had 3 operations. Heart and lungs normal Other systems normal.

Degree of incapacity (Please state in fractions) Eng. Board Nil Canadian Board Less than 1/5 not due to service.

Probable duration of incapacity Permanent

Is final disability likely to prevent return to previous occupation?

Recommendation of Canadian Board For permanent base duty. Calgary.

Destination to which transportation issued

Members of Board E.A.ROBERTSON Capt. K.F. Coulon Capt. E.C. Dalpe Capt.

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife	Wife	32			
Children 1					
2					
3	3 eldest	15			Good
4					
5					

Occupation prior to enlistment Barber

Regular trade or profession do.

Average earnings previous to enlistment $20.00 week Any other income

Name and address of last employer B. Spencer, 16th. Street E., Calgary, Alta.

Rent per month If purchasing property amount due and annual payment, $ $

Taxes 15.00 If Homestead, when is patent due?

If carrying life or accident insurance, annual premium 60.00

If in receipt of sick benefits or other insurance—name of society Amt. per mo. $

If unable to follow previous occupation, name preference

At what age soldier left school? What grade, standard, &c., was he in?

Has he taken any Technical or Continuation classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

References last employer

Witness J. MCDONELL

Date 28-11-16

I declare that the above statement is correct.

Signature E. Anderson

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

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, $

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date

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

First payment due.....

Form No. 5c.

CLASS 1.—Men for immediate discharge without a pension.
(a) Unfit for overseas service but capable to take up their previous civilian occupation.
(b) Disability not the result of service or involving claim as the result of or aggravation by service.

CLASS 2.—Men whose condition may be benefitted by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period

CLASS 3.—Men whose condition may be benefitted by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.

DEPENDENTS	NAME	AGE	WHERE EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment

Regular trade or profession

Wages earned previous to enlistment

Name and address of last employer

Years in present employment

Have you any other means of support? If so, what?

Are you married? If so, when?

Have you any children? If so, how many?

Are you in receipt of sick benefits or other insurance—name of society

If employed, state nature of employment

Are you a member of any Territorial Force? If so, what unit?

Have you ever been rejected for military service? If so, when?

Have you ever served in the Naval or Military Forces of the Crown? If so, state particulars of service, and whether you received a pension on discharge

Have you ever been in receipt of Parish Relief (Poor Law Assistance)? If so, when?

Have you ever been convicted of any offence? If so, state particulars

Are you willing to be vaccinated or re-vaccinated?

Are you willing to undergo a medical examination by a Medical Officer of the Corps to which you may be appointed?

I declare that the above statement is correct.

Signature

Witness

Date

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

Last Pay Corps. Cr. £	Dr. £	Amount held at Depot H.Q. £	L.P.C. Investor Depot £
Amount forwarded to H.O. Instr. £		Casual Clothing allowance £	

Transfd Class 1—Date

Transfd to Instr.—Date

Transfd Class 3—Date

PENSION—Class ..... Amount per week £ ..... Period Entitled for ..... Dating from .....

Final Payment

Date

Witness

References

Whether given Accepted Terminal while in Hospital in England. If so, what sanctions?

Has he taken any Technical or Combination classes? If so what?

At what age sailed left school? What grade standard, &c., was he in?

If single to follow previous occupation, name reference

If in receipt of sick benefits or other insurance—name of society

Amt. per mo £

If continue Life or accident insurance, annual premium

Taxes

If Homestead, when is patent due?

Rent per month

If principal property amount due and annual payment £ £

Name and address of last employer

Wages earned previous to enlistment

Occupation prior to enlistment

DEPENDENTS	NAME	AGE	WHERE EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

INFORMATION TO BE FURNISHED BY SOLDIER

Members of Board

Description to which transportation issued

Recommendation of Canadian Board

Is final disability likely to prevent return to previous occupation?

Degree of incapacity (Please state in fractions) Eng. Board Canadian Board

Complete cessation of incapacity

Condition which prevents the soldier from earning a full livelihood

Cause of disability

Name and address next of kin

Birthplace

Date of enlistment Where enlisted Date of return Port of arrival

Unit terminated by Where seen serving

Age Height Chest Complexion Eyes Hair Character

No. of Rank Name Unit Regimental No. Casualty Form

Report No. Class. Medical Board at Date

MAY 10 1950

M. F. W. 41.
10m.—4-16.
1772-39-889.

L. P. C. No. A288

Name Anderson Pte E.

Regimental No. 160665.

Unit 82nd Batt.

Date of enlistment

Place of "

Married (yes or no) 20 00 30 11/16. Closed

Amount of pay assigned monthly $ 15 00 30 11/16. Closed.

To whom payable Mrs F Anderson

Corsican 27 11/16.

Name and address of next-of-kin 54 New. So Calgary Alta

Date and place discharged For permanent Base

Reason for discharge duty.

Character on discharge Trans to M D 13 1 12/16.

L. L. Job 502 M. & D. 6578.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc. L P C No 288
	7 11/16							30 52								L P C.
														14 60		Adv £3.0.0 A R 7011
														9 73		Paid on Embarkation
														30 00		D D Quebec Paid.
8 11/16	30 11/16	23	1 00	23 00	23	10	2 30		55 82	Bal Cr on Trans				1 49	55 82	

Account Trans to M D 13 with as from 1/12/16
Cr Bal as shown 14 12/16.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

392 E

To Whom Mrs. F. Anderson wife

Address 54 New Street E
Calgary, Alta

Rate 15.00 JUN 1 1916

By Whom Assigned Anderson

Regtl. No. 160665

Rank Pte

Corps 82 Bat

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Stop payments Dec 1/16 "Discharged to Canada" 3m 7/16 - J.G. 3 12/16
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

COPIED FOR 2 CASUALTIES.

L. L. JOB. 85506 M. & D. 5997.

18/10/15

MILITIA AND DEFENCE

M. F. W. 11.
10m.—9 15.
H. Q. 1772-1-13.

SEPARATION ALLOWANCE

~~Name~~ Freda Anderson

Address 54 New Street
East Calgary
Alta

Relation to Soldier wife, child or mother } Wife

Name of Soldier Anderson Edmund

Regtl. No. 160665

Rank Private

Corps ~~82~~ 2nd Battn
S S Co #13 6/12/16 Bmh 15/12/16

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.		J 15121	28	28
Dec.		E 22849	20	20
Jan.	1916	E 25425	20	20
Feb.		T 27284	20	20
March		G 30200	20	20

Destroy

ACCOUNT CLOSED
DATE..... PER.....

a/c closed

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.				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
50m.–6-16.
1772—39—818.

Sheet No. 2. Freda Anderson wife

Name of Soldier Anderson, Edmund pte

PAYMENTS.

L. L. Job 4503.–Req. 6832.

Month.	Year.	Cheque No.	Amt.		Remarks.
			108		
April	1916	H 32	20	—	ale was closed 30 12/16 Retd per
May		D 4288	20	—	Corsican 17/11/16 – Re-trans to
June		D 2003	20	—	S.R. #13 – 6 12/16 – no s/a paid by
July		L 10120	20	—	casualty p.m. Reopen without loss
Aug.		A 10813	20	—	of time per report 15/12/16
Sept.		D 14601	20	—	29/12/16 Torney.
Oct.		D 17644	20	—	
Nov.		D 20785	20	—	
Dec.		~~D 24783~~	~~20~~	~~—~~	D 24783 Cancelled.
Jan.	1917	N. 28313	40	—	40 mailed 4-1-17
Feb.		D 31089	20		20
March		D 34167	20		20
April		E 227	20		20
May		E 3681	20	→ 388	20
June		F 7444	20		20
July		E 10489	20		20
Aug.		G 13520	20		[illegible]
Sept.		F 17473	20		468. ✓
Oct.			20		20
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

18-10-15

219

L[illegible] Job 4503.—M. & D. 6832.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Mrs. Freda. Anderson.

Address 54. New St.
East. Calgary,
Alta.

Relation to Soldier wife, child or mother } wife.

Name of Soldier Anderson. Edmund

Regtl. No. 160665

Rank Pte.

Corps ~~82. Btn.~~ S.S. Coy. #13. 6 12/16

To what Corps belonging when called out } P.M.L. 15 12/16

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.		I 15121.	28.	
Dec.		E 22849.	20	
Jan.	1916	E 25425	20	
Feb.		F 27284	20	
March		G. 30216	20	108

CONSOLIDATED ACCOUNT 4

11
C

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
4772—39—819.

393

Sheet No. 2. Mrs. F. Anderson wife

L. L. Job 310.—Req. 6574.

Name of Soldier Anderson E
160665 — 82 Bat. Pte

15.00 JUN 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June		I 7988	15	
July		U 11110	15	
Aug.		A 11822	15	
Sept.		G 15741	15	
Oct.		E 19440	15	→ 90.00
Nov.		E 24416	15	
Dec.		~~A 34866~~	~~15~~	A 34866 Cancelled Acc Closed Rect S.S. Corsician 17/11/16
Jan.	1917			
Feb.				
March				Acc closed Dec 1/16 JS FWG
April				
May				
June				
July				
Aug.				
Sept.				
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.				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2. Freda Anderson Wife

Name of Soldier Anderson Edmund

PAYMENTS.

L. L. Job 89002.—Req. 6213.

#160665

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	H 32	20	20
May		J 4288	20	20
June		D 2003	20	20
July		L 10120	20	20
Aug.		A 10813	20	20
Sept.		H 14601	20	20
Oct.		D 17644	20	20
Nov.		D 20785	20	20
Dec.		~~D 24783~~	~~20~~	~~20~~ D 24783 Cancelled.
Jan.	1917			20
Feb.				~~a/c closed ret'd Corrica 17/11/16~~
March				
April				note trans re open acc.
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Destroy

ACCOUNT CLOSED

DATE..... PER W

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.				

R—122

TLH. Rank Name ANDERSON, Edmund. Reg'l No. 160665

Unit 82ND BN If in perm. Corps, What Unit? Married or Single Married

Place and Date of Enlistment Calgary, Alta, 18 Oct. 1915 Place of Birth Stuisholm ~~Ice~~ Iceland

Name and Address, Next-of-Kin Freda Anderson

54, New St., Calgary E, Alta, Can. Relationship Wife

Assigned Pay Monthly $ Payable to

Relationship ccac.

N/E. R.B. No. 3635
File R.L.
Category M.U. Can

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

9.11.16	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.
			Arrived in England.	Empress of Britain 29 MAY 1916		
	20.7.16	3[illegible]	[illegible] 9th Res [illegible] Otterpool 18 7 16 Pt II 202			
	19.7.16	CCGH	Taken on strength.	S'cliffe	18.7.16	PA II.O. 201 N.W
	10.9.16	"	Struck off to 10th Bn of seas	"	10.9.16	" 254
	16.9.16	10th Bn	Taken on Strengr	France	11.9.16	" 42
	30.10.16	10"	Transferred to C.C.A.C.	Shoreham on Sea	12.10.16	Pt II O 59. E.V.C
	14.10.16	CCAC.	Reported from Base France and Taken on strength.	—"—	14.10.16.	" 452-C.
	1.11.16	—"—	To Can Dis. Dep. for Spec. dischge.	—"—	31.10.16	" 480-G ~~and 484-15~~ Cancelled Pt II O 505
	17.11.16	CDD.	Discharged in Canada ~~Mtl~~.	—"—	17.11.16	" 237.

A.F.B. 103 CHECKED 14 SEP 1916

CHECKED. 5th Dec, 1916.

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.
23.12.16	CCAC	Ceases to be att: CDD via S.O.S.	Shoreham	17.11.16	Pr II 0567 D
		1st Canada for dischgr			
	Dis Depot	For P.B.D. Special Service Co.	MD No 13 Calgary.	27-11-16	54 New St Calgary. NR N0108

~~N.O.S~~

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

M. F. W. 54
150M. 10-15
H.Q. 1772-3

Casualty Form—Active Service.

Unit, Regiment or Corps 8 Wd 82ND C. BN. C.E.F. C.E.F.

Regimental No. 160665 Rank Private Name Anderson Edmund

Enlisted (a) 18/10/15 Terms of Service (a) Dof War Service reckons from (a) 18/10/15

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) — Barber

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.
		Embarked	Halifax	May 20 16	
		Arrived	Liverpool	May 29 16	
		Transferred to 9th Reserve Battalion	S. Martin Plain	18/7/16	Authority Pt. II D.O. 201 B.O. 202. C. M. C. 15/7/16
					Pungerfolmen for Captain & Adjutant
10/9/16	9th Bn	Drafted to 10th Batt.	France	10-9-16	B. O. 254 L. Balfe Lieut
11/9/16	C.E.F.	Arrived in France for 10th Bn	Field	11/9/16	ADJUTANT, 9TH RES. BATTN. C.E.F. Part 2. Ord 42 16/9/16
14/10/16	Oc. Reinfeld Harm.	Classified "C" (Def. Eyes) by Medical Board and Transferred to England		12/10/16	CR. 47. Part 2. Ord 59 30/10/16

Captain for Lt.-Col. A.A.G.

CERTIFIED CORRECT. 18 SEP 1916 CAN. RECORDS, LONDON.

12 NOV 1916

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Taken on strength C.C.A.C. Pt. II D.O. No. 452 14-10-16			
		~~ATTACHED~~ TRANSFERRED FROM C.C.A.C. TO Con fa Dis 17-11-16 PART II D.O. No. 567-3		awd cawy 23-12-16	
				for OC CCAC	

420-17-4-18

amd 17 Apr 62 7/4/18

Original not available

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps. 82nd Bn C. E. F.

Regimental No. 160665 Rank Pte C. E. F. Name Anderson Edmund

Enlisted (a) 18/10/15 Terms of Service (a) D.S.W. Service reckons from (a) 18/10/15

Date of promotion to present rank ..... Date of appointment to lance rank ..... Numerical position on roll of N. C. Os. .....

Extended ..... Re-engaged ..... Qualification (b) .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
30/11/18.	13th I.S.C.R.	Transferred to:- 13TH BATTALION CANADIAN GARRISON REGIMENT, C. E. F.	Calgary	30/11/18	D.O. pt II No 120.
28/11/18	13th C.G.R.	appointed a/Corporal	Calgary	28/11/18	D.O. Part I No 332.
10-6-19	3. C.G.R.	Transfered to Hd. Colonel. Belcher Military Hosp.	Calgary	4-6-19	D.O. pt II 133

Discharged from the service 15-1-20 on demobilization. Auth.R.O.1420. (Ref.Daily Orders Part II. No. 12- d/12-1-20.)

Certified to entries to date of discharge.

Captain
Commanding 13th Detachment
Canadian Garrison Regiment, C. E. F.

Certified Correct

H. Donaldson ....Lt. Col.
O. C. Col. Belcher Mil. Hospital

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

MEDICAL TRANSFER CERTIFICATE.

Army Book 172.

(To accompany a Man Transferred from one Hospital to another.)

Extract from Admission and Discharge Book of Can. Base **Hospital at** Rouelles **Date** 9-10-16

No. of Case.	Regiment or Corps.	Troop or Company.	Regt. No.	RANK AND NAME. Surname first. If Married, write "M" under name.	Completed Years of: Age last birthday.	Service.	Service in the command.	DATES. Admitted into Hospital.	Transferred.	Religion.	DISEASE. (a) Primary. (b) Secondary. (c) Operations.	Destination on Transfer, and to what Hospital or Ship Transferred.
23385	10th Battn 1st Div.	1	166665	Pte. Anderson C.	43	12/12	1/12			Meth.	Def. Vision	England

State here briefly reasons for Transfer, and note any particulars of Case for information of Medical Officer.

F. L. Vaux Lt Col

Medical Officer in Charge.

MEDICAL CERTIFICATE BOOK.

London: Printed for H.M. Stationery Office by John Rissen, Ltd.—82.

Folkestone, Oct. 16, 1916

From O.C. West Cliff Canadian Eye & Ear Hospital
To O.C C.6, A.C.

The marginally named man was sent back from France owing to defective vision.

He has vision of 6/24 in each eye.

Pte Anderson
160663

He has been wearing glasses for reading for the past 4 years. Condition was present at the time of enlisting and is not caused nor aggravated by active service.

He is 43 years of age and would recommend that he be discharged to Canada.

(Signed) H.B. OSBORN LT. COL C.A.M.C.

For O C. West Cliff Canadian Eye & Ear Hospital.

Folkestone, Oct. 16, 1916

From O.C. West Cliff Canadian Eye & Ear Hospital
To O.C C.6,A.C.

Pte Anderson
160663

The marginally named man was sent back from France owing to defective vision.

He has vision of 6/24 in each eye.

He has been wearing glasses for reading for the past 4 years. Condition was present at the time of enlisting and is not caused nor aggravated by active service.

He is 43 years of age and would recommend that he be discharged to Canada.

(Signed) H.B. OSBORN LT. COL C.A.M.C.

For O C. West Cliff Canadian Eye & Ear Hospital.

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For O C. West Cliff Canadian Eye & Ear Hospital.

AB JUN 7 1926

JUN 8 1926
R.C.

13TH BATTALION CANADIAN GARRISON REGIMENT, C. E. F.

13th SPECIAL SERVICE CO'Y. C.E.F.

Monthly Medical Inspection as per
Routine Orders No.78 18/1/18.

No. 160655 Pte Anderson. E.

Date	Classification	Medical Officer
28/11/17.	C.1.	—
Feb 13 1918	C1	a.f.w. Hart Capt Canc
Mar. 22/18	C1	B. F. Stones
Apr – 3 1918	C1. Defective Vision; and 46 yrs of age	Capt Jarrett
MAY 30 1918	C1	Dwyer Lt Jarrett Capt A.M.C
JUN 27 1918	C1	Archibald. Captain
AUG 5 - 1918	C1	M. Lemers Capt C.A.M.C
SEP 10 1918	C1	A R Shore Capt CAMC

Pte.
160665 Anderson, E.

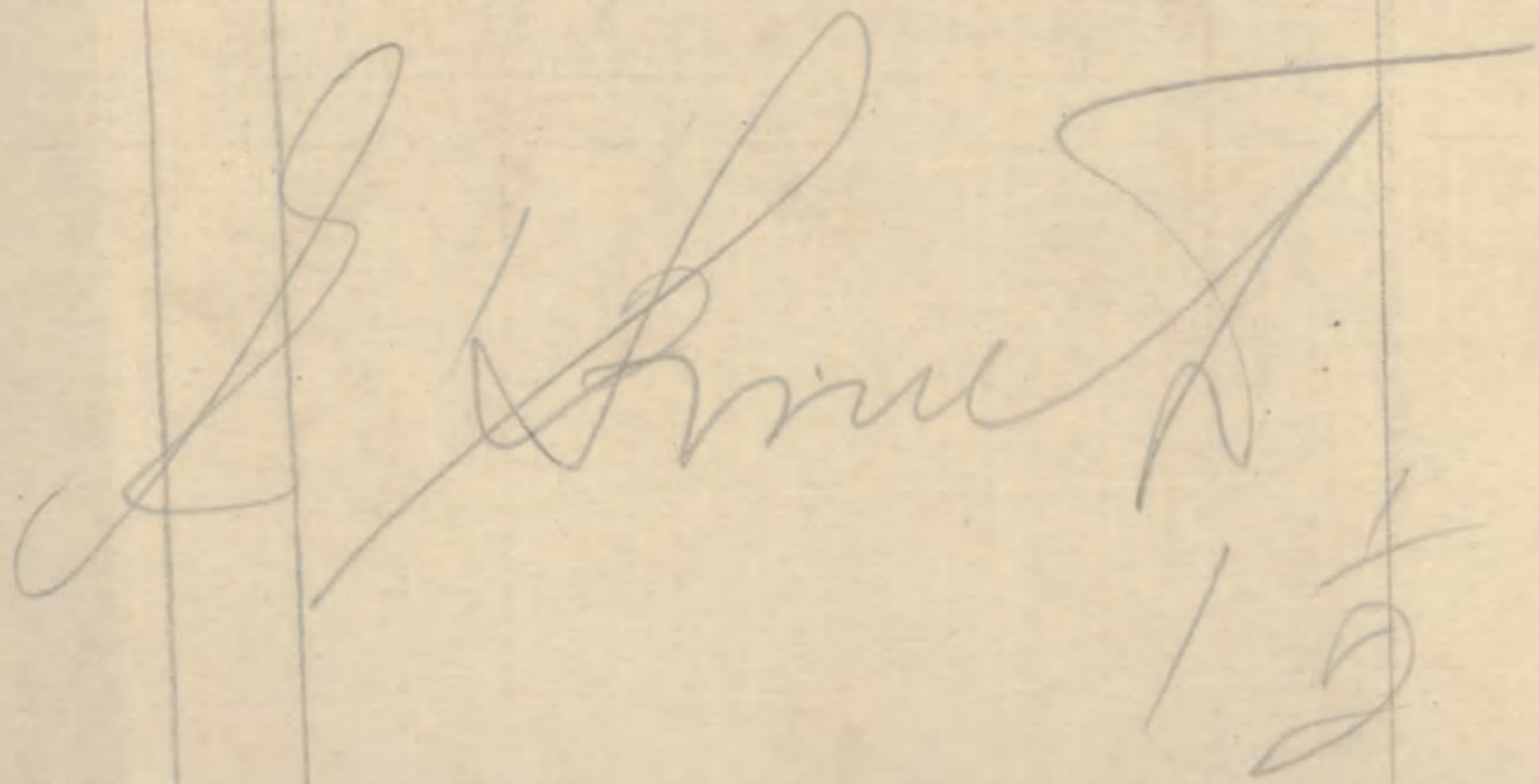
S.O.S. proceeding to Canada M.U. 17-11-16.

ccae. Pt. II. 0:567 d/23-12-16

1

1915 1916.

Jany. ✓.
Feb. ✓.
Mar. ✓.
April ✓. Trnsfd. to 13th Bn. C. G. R. 30-4-18. D.O. 120 of 30-4-18.
May. ✓ Now. Shown on 13th Bn. C. G. R. May Paylist.
June. ✓



No. 160665 RANK Pte NAME Anderson E.

T. O. S. UNIT No 13 Special Service Coy

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Dec 1	Dec 31	—	Returned from O/S for Base duty	Do 60-13-12-16.
1917				
Jan		—		
Feb		—		
mar		—		
April		—		
May.		"		
June.		"		
July		"		
Augt.		"		
Sept.		"		
Oct.		"		
Nov.		"		
Dec.		"		

Doct.

No. 160665 Rank Cte Name Anderson E.

T.O.S. 18-10-15 (D.O. 75 of 18-10-15) Unit 82nd Battalion

M.D. 13

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1915	1915			
Oct 18	Oct 31	✓		
	Nov	✓		
	Dec	✓		
1916	Jan 1916	✓		
	Feb	✓		
	Mar	✓		
	Apr	✓		
	May	✓	Forfeits 1 day's pay	D.O. 116 of 5-16

UNIT SAILED
MAY 20 1916

REG. NO. 160655 NAME (SURNAME FIRST) Anderson Ed

RANK Pte. CORPS 13th S.S. Coy.

AGE 43 SERVICE

NAME OF HOSPITAL Military PLACE Calgary

DATE OF ADMISSION 6-3-17

DISEASE Influenza

DISCHARGE 9-3-17

OPERATION

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS

No. 160665 RANK Pte NAME Anderson E

T. O. S. UNIT Discharge Depot. Seaford

M. D. V

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Dec no	1916 dates	✓	82nd.	

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	DATE	
T.O.S. on transfer from 13th. Det. C.G.R. 4-6-19.	17	17-6-19.	Strength increase.
Increase in pay under Wable "A" as from 4-6-19.	142.	20-10-19.	No.292. AUTH. ADMS. D.O. Pt. 2.
Discharged from the service on demobilization with effect from 15-1-20.	12.	12-1-20.	Apt. R.O. 1420.

M. F. W. 71—500M.—6 18.
1772—39—951.

NAME Anderson, Edmund.

REGIMENTAL NO. 160665. RANK A.Cpl.

ENLISTED AT Calgary. PROMOTIONS, &c. AND DATE

DATE

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CERTIFICATE ISSUED WITH WAR SERVICE BADGE

Class A

No. 25625

This is to Certify that No. 169665 Rank Gte.

Name Anderson E.

Unit 10th Bn.

is entitled to wear War Service Badge corresponding to Class and Number shown by this certificate.

Age 43 yrs 7 mths Eyes Grey

Complexion Fair Hair Fair

W. 124.

150m—9-17.
1772-39 1133.

[OVER]

Reason of Issue Service in France

.....

Ottawa February 22nd 1918

Edwards Capt.

Signature of Issuing Officer.

NOTE.—This certificate must be carried at all times when the Badge is worn and must be produced by the bearer when called upon to do so by a Military or Police Officer.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 285, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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 in.

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Reg. No. 160665 2. Rank ..... 3. Original C.E.F. Unit 82

4. Christian Names Edmund 5. Surname Anderson

6. Address, in full, to which future payments of gratuity are to be forwarded
54 New street East Calgary alta.

7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

	Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)
		CANADIAN SERVICE.	
1st Enl.	160665	Privet	Unat C.E.F. '82
2nd Enl.			
3rd Enl.			
4th Enl.			
		IMPERIAL SERVICE.	
Imp. Enl.			

	Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged	Place of Discharge.	Reason for Discharge.
		CANADIAN SERVICE.				
1st Enl.	Oct. 18 1915	Not Discharged				
2nd Enl.						
3rd Enl.						
4th Enl.						
		IMPERIAL SERVICE.				
Imp. Enl.						

DM

M. F. W. 2595 (b)
494-D.P.-100M-6-19.
1772-39-1389.

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? No (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency Lt A/Captain

9. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit: Yes
10th Battalion Belgium & France Sept. 10th 1916 to Oct. 12th 1916

10. 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? No.

11. Have you been issued with a War Service Badge? If so, give number and class
No. 95625 Class A.

12. 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 Col. Belcher Mil. Hospital

13. 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, from where paid, and on what dates None

14. Are you entitled to receive, or have you received any payment in the nature of Post Discharge Gratuity from the Imperial Forces? If so, state amount received, or to which you are entitled
None

15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service No

16. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-Establishment? No
(b) If so, are you in receipt of full pay and allowances from that Department?

17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Mrs. Freda Anderson

18. Relationship of such dependent Wife

19. Present address, in full, of such dependent 54 New street
East Calgary Alta.

20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name No

REMARKS

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 by virtue of the Canada Evidence Act.

Signature of applicant: Edmund Anderson

Place of Residence: 54 New street E. Calgary

Declared before me at: Calgary

This fourth day of October 1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Adminstration of Oaths.

H Selby
.....Lt. Col.
O. C. Col. Belcher Mil. Hospital

NOTICE.—If the dependent has not forwarded a Statutory Declaration to Ottawa, in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Directors Pay Service, or the Patriotic Fund. Guardian forms must be completed by the present guardian.

Space below this line to be used only by the Assistant Directors Pay Service.

POST DISCHARGE PAY.

Dates paid.	Amounts paid soldier.	Amount paid dependent.

REMARKS W. S. G. 420.00 S. A. 180.00 1st Payment SOLDIER 70.00 DEPENDENT 30.00
2nd " 70 30.00

GENERAL AUDITOR'S DEPT.
AUDITED
DEC 3 1919
DISTRICT AUDITOR M. D. 13

Certified correct. G Edwards Major
Assistant Director Pay Services, Mil. Dist. No. 13

Date 24/10/19

List of Discharge Documents.

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

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

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

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

This space to be for numbers.

29-8-39

Proceedings on Discharge.

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

No. 160665

Rank A/Corporal.

Surname ANDERSON.

Christian name Edmund.

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

Corps (Squadron, Battery or Company) Colonel Belcher Military Hospital.

Date of discharge January 15th, 1920.

Place of discharge Calgary, Alta.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 47 years 10 months.

Height 5. feet 7. inches.

Complexion Fair.

Eyes Grey.

Hair Fair.

Trade Barber.

Intended place of residence (To be given as fully as practicable.) Calgary.Alta 54.New.St.East.

Descriptive marks

Abscess scar under Rt.Arm.

2. The above-named man is discharged in consequence of

Demobilization. Augh. R.O.1420.

Authority for discharge D.O. Part. 2. No.12. d/12-1-20.

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

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

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

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

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

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date)..... *Commanding*.....

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

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

(Place)..... Edmund Anderson *(Signature of Soldier.)*

(Date)..... L M Clark Sgt *(Signature of Witness.)*

Col. Belcher Mil. Hospital ORDERLY JAN 15 1920 ROOM M. D. No. 13

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

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

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

..... *(Signature of Soldier.)*

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place)..... *(Signature)* A. S. Donaldson Lt. Col. O. C. Col. Belcher Mil. Hospital

(Date).....

Col. Belcher Mil. Hospital ORDERLY JAN 15 1920 ROOM M. D. No. 13

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.)

Edmund Anderson

Nil

List of Discharge Documents.

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Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form B. 313	
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
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No. 160665

Rank A/Corporal.

Surname ANDERSON.

Christian name Edmund

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Date of discharge January 15th, 1920.

Place of discharge Calgary, Alta.

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Height 5. feet 7. inches.

Complexion Fair.

Eyes Grey.

Hair Fair.

Trade Barber.

Intended place of residence (To be given as fully as practicable.) Calgary.Alta 54.New.St.East.

Descriptive marks

Abscess scar under Rt.Arm.

2. The above-named man is discharged in consequence of

Demobilization. Auth. R.O.1420.

Authority for discharge D.O. Part. 2. No.12. d/12-1-20.

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

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

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

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

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

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

.....

Commanding.....

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

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

(Place)..... Edmund Anderson ..... *(Signature of Soldier.)*

(Date)..... L M Clark Sgt. ..... *(Signature of Witness.)*

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

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

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

.....*(Signature of Soldier.)*

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place).....

(Date).....

(Signature) A. S. Donaldson Lt. Col.
O. C. Col. Belcher Mil. Hospital

Col. Belcher Mil. Hospital ORDERLY JAN 15 1920 ROOM M. D. No. 10

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.)

Edmund Anderson

Nil.

MARRIED OR SINGLE M.

PLACE OF BIRTH Stuisholm, Iceland

NAME AND ADDRESS OF NEXT OF KIN Mrs Freda Anderson

54 New Street, East Calgary, Calgary, Alta.

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. 160665 RANK Pte NAME Anderson Edmund

IF IN PERMT. CORPS WHAT UNIT UNIT 82nd O Bde

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Calgary, Alta

DATE OF ATTESTATION 18th Oct 1915

TRANSFERRED TO 9th Battn DATE 18/7/16 AUTHORITY D.O. 255

TRANSFERRED TO 10th Battn DATE 1/10/16 AUTHORITY 20254 169 cc 1/2405 6/11/16

TRANSFERRED TO C.C.A.C. DATE 6/11/16. AUTHORITY

TRANSFERRED TO N. E. DATE 8.11.16 AUTHORITY do

ASSIGNED PAY MONTHLY $ 15.00/100 DATE EFFECTIVE June 1st 1916

PAYABLE TO Mrs Freda Anderson, 54 New Street, East Calgary, Alta RELATIONSHIP Wife

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 6/11/16 EFFECTIVE 1/12/16 AB REASON Dischd to Canada

DISCHARGE DATE AND PLACE 7.11.16 To Canada REASON AND AUTHORITY C.C. 1/2405 - 3/11/16.

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 8.11.16.

Entered on N.E. Card Index

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Checked by

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
															14 10																14 10				Balance from Canada
June	30	1.00	30	-	30	10	3	-							33 -	36	6/6	79	19/6	125	29/6	974 ✓	243 ✓	488 ✓		15 -		32 05	15 05				
July	18	1.00	18	-	18	10	1	80							19 80											15 -		15 -	19 85				
19-31	13	1.00	13	-	13	10	1	30							14 30														34 15				
Aug 1-31	31	1.00	31		31	10	3	10							34 10	2130	31/7			141	15/7	730 ✓		487		15		27 17	41 08				
Sept. 1-30	30		30		30		3								33	2265	31/8					730 ✓				15		44 20	29 88				
Oct. 1-31	31		31		31		3	10							34 10	2212	15/8-28/9		9/9			1460 ✓	730 ✓					118 42					
Nov. 1-7	7		7		7			70							7 70					673 60	7/7			436 ✓		15		19 36	44 67				
	16.0														190 10					731 2	11/10 Havre			436 ✓		15		2,1 80	30 52 ✓				
																				838-22/10	CCAC			244 ✓				119 28	30 52				
																												Balance transferred to N. E. Branch.						
																7011.						1460							1460	1592			
															1592														1592	1592	Nil			

Checked Thorsfan.

Checked W.H.Wang

Checked S.P.O.

Checked Wlad

N.E. Jan 1917

Balance from Canada

B.O. 254 Trans to 10th Bn.

D.C.C.A.C. 7/11/16. cc 1/405 6/11/16

Dischd to Canada
C.C. 1/2405 - 3/11/16
Pay Book Verified
a 3 mnd off 1.12.16
x From Pay Book
Trans. N.E. 8.11.16.
11th Bn adv: C.O.D. Thorsfan
O.P.O. 15/17 2/11/16

Transf to "Canada Disc'ge a/c"

wf

AUDITOR [signature] PAYMASTER [signature]

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

M. OR S. Married.

REGT. No. 160665 RANK A/Cpl NAME (IN FULL) Anderson.E.

NEXT OF KIN: Mrs.F.Anderson. RELATIONSHIP: wife

ADDRESS: 54-New St.E. Calgary,Alta.

IS SEPARATION ALLOWANCE PAID? Yes. DATE EFFECTIVE

TO WHOM PAID: As above RELATIONSHIP: wife

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Class 5(2)	4-6-19	20142

Certified opening entries on this Ledger Sheet have been audited by [signature]
Date 20-10-19

ORIGINAL UNIT C.E.F.: 82nd Bn. IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION: Calgary,Alta. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION: 18-10-15 TRANSFERRED TO: Col.Belcher Mil.Hosp. DATE: 4.6.19 AUTHORITY: D.O.155

ASSIGNED PAY $: 15.00 DATE EFFECTIVE

PAYABLE TO: Mrs.F.Anderson RELATIONSHIP

ADDRESS: 54-New St.East Calgary,Alta.

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE: CALGARY, ALTA. DATE: JAN 15 1920 REASON: Dnob AUTHORITY: DO 12 IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
		1 50																																			
OCT	31		46	50	47	60	30	00	124	10	17	15			18	30	5				74	10	45	00							124	10					SA+AP AR 18 Table A Class 5(2) 4-6-19 to 30-9-19 40¢ per day
NOV	30		45	00			30	00	75	00	20	00			21		15	00			14	28	45	00				72			75	00					SA+AP AR 21 6/bkgs MFC 512 x mas Allce 25¢
DEC	31		46	50		25	30	00	76	25 50	23				~~23~~		15	00			16	50	45	00		25					76	25 50					SA+AP AR 24
Jan	15		22	50	35	00	15	00	72	50	27				28		15	00			42	50	15	00							72	50					SA AR 28 6/bds bls Allce
			160	50	82	85	105		348	35							70	00			147	38	150	00		25		72			348	35					Certified all payments complete

[signature] Capt.
Paymaster, Military Hospitals' Staffs, M. D. 13

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

AUDITOR | PAYMASTER

M. OR S. Married

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

REGT. No. 160665 RANK a/Capl. NAME (IN FULL) ANDERSON. E.

NEXT OF KIN: Mrs F. Anderson — RELATIONSHIP: Wife
ADDRESS: 54- New St. E, Calgary alta
IS SEPARATION ALLOWANCE PAID? Yes — DATE EFFECTIVE
TO WHOM PAID: Mrs. F. Anderson — RELATIONSHIP: Wife
ADDRESS: 54 New St. East, Calgary alta

PARTICULARS	EFFECTIVE DATE	AUTHORITY
N.S.A.		
Same as A.P.		
Certificate appended hereto with Last Sheet have been audited by		[illegible]
Date 24.3.19		

ORIGINAL UNIT C.E.F.: 82nd Battn — IF IN P.F. WHAT UNIT? — (BLOCK LETTERS SURNAME FIRST)
PLACE OF ATTESTATION: Calgary alta — TRANSFERRED TO — DATE — AUTHORITY
DATE OF ATTESTATION: 18-10-15 — TRANSFERRED TO: Col Belchers Mil. Hosp. — DATE: 4.6.19 — AUTHORITY: Do 155
ASSIGNED PAY $: 15.00 — DATE EFFECTIVE
PAYABLE TO: Mrs F. Anderson — RELATIONSHIP: Wife — ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS: 54- New St. East, Calgary alta
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE
DISCHARGED — PLACE: CALGARY, ALTA. — DATE: JAN 15 1920 — REASON: Demob — AUTHORITY: Do 12 — IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	Sa $	Sa C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	[blank] $	[blank] C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
Mch 31		1.10				58																															
April	30	"	33	-		50	30	-	63	50	6	15/4/19			11	30/4/19	5	-			13	50	115	-									63	50					aP. Sal a R#8 45.00
May	31	"	34	10			30	-	64	10	13	14/5/19			17	29/5/19	5	-			14	10	115	-									64	10					Do 125 on furlough fr 3-5-19 to 4-5-19 authy H.Q Lette d/p 5-5-19 M.7A 72 Sa + a.P aR #16 = 45.00
June 11	12	"	15	40					15	40	19	13/6/19					15	40															15	40					Do 150 refer to Do 125 and wit pay
			82	50	50	60	on		143	00							25	40			27	60	90	00							143	00					Do 155 Transf to Col Belcher Mil Hosp as p. 4.6.19
																																				Wm Dodds Capt Paymaster, 13th Detachment, C.G.R., C.E.F.
15 a - 31	16	1.10	17	60			30	-	47	60					9	30					2	60	45	-									47	60					aR # 396
July	31	"	34	10			30	-	64	10	10	15			11	30	5	-			14	10	45	-									64	10					aR " 397
Aug	31	-	34	10			30		64	10	12	15			13	31	10				9	10	45	-									64	10					aR " 516
Sept	30	-	33	-			30	-	63	-	14	15			15	30	5	-			13	-	45	-									63	-					aR " 399
			118	80	120	00	238	80									20	00			38	80	180	00							238	80					
					W.S.G.S.A.						16										W.S.G.S.A.																	
					420	00	180	00	600	00											70	00	30	00									100					
																					70	00	30	00									100					
																					70	00	30	00									100					
																					70	00	30	00									100					
																					70	00	30	00									100					
																					70	00	30	00									100					
																					70	-	30	-									100					
					420		180		600												420		180										600					

	Salaries	Separation Allowance
	420 00	180 00
	350 00	150 00
	280 00	120 00
	210 00	90 00
	140 00	60 00
	70 00	30 00
	0	0

1st Payment W.S.G. 6-10-19 aR 16
2nd Payment " 6-11-19 aR 19
3rd Payment " 6-12-19 aR 22
4th " " 6-1-20 aR 26
1920 223 224 6-2-20
1921 140 241 1-3-20

All Payments Due on this Account have been made.
Alfred Hall Lt

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

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at Folkestone, Kent, England, on the 6th day of November 1916

SHOREHAM CAMP. SUSSEX

Members of Board.

Lt. Col. Sir H. Montagu Allan. President.
Lt. Col. W. Grant Morden.
Lt. Col. D. McLean.
Major R. Raikes. C.A.M.C.
Major Hume Blake.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

NO. 160665.
Pte. E. Anderson.
10th. Battn.

Recommends :-

That this man be not granted a pension.

Signed at 11, Grinston Avenue, Folkestone, this 6th day of November, 1916.

W. Montagu Allan
Lt. Col. *President.*

D. McLean

R. Raikes Major. C.A.M.C.

Hume Blake

Army Form B. 179.
Canada.

Medical Report on an Invalid.

Station SHOREHAM

Date Oct. 21.1916-

1. Unit. 10th Battn. (11 Res.)
2. Regimental No. 160665
3. Rank Pte.
4. Name Anderson E.
5. Age last birthday 43
6. Enlisted { on 18th Oct. 1915 / at Calgary
7. Former Trade or Occupation { Barber

8. **Disability.**

Defective Vision

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. Before enlistment

10. Place of origin of disability. Canada

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Patient has been wearing glasses for reading for years Went to France and was at Base in LaHavre for five weeks. There they found he could not shoot well and he was returned to England marked defective vision.

Medical History Sheet. Negative.

12. (*a*) Give your opinion as to the causation of the disability. (a) Age

(*b*) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (*See notes on page 3*). (b) (1) No (2) No

13. What is his present condition? Weight - 154 lbs

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Healthy looking man, has one scar 5 inch long, reaching accross right axilla, and another 3

13-1-0z

WEST CLIFF CANADIAN EYE AND EA
OCT 16 1916
HOSPITAL, FOLKESTONE, KENT

From" O.C. West Cliff Canadian Eye & Ear Hospital

To: O.C. C.C.A.C.

Pte Anderson
1°0663

The marginally named man was sent back from France owing to defective vision. He has vision of 6/24 in each eye. He has been wearing glasses for reading for the past 4 years. Condition was present at the time of enlisting and is not caused nor aggravated by active service. He is 43 years of age and would recommend that he be discharged to Canada.

H.B. Osborne Lt.Col. ~~Captain~~ C.A.M.C.

O/V. for O.C. West Cliff Canadian Eye & Ear Hosptal.

active service?

19. Do you recommend

(a) Fit for duty?

(b) Fit for base duty?

(c) Invalided to Canada?

(d) Discharge as permanently unfit? Yes

[signature] Capt Camc

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*†

Station _____

Date _____

Officer in charge of Hospital.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. a1 No a2 No

(b) If due to one of these causes, to what specific conditions do the Board attribute it? Not applicable

21. Has the disability been caused or aggravated by

(a) Intemperance? No

(b) Misconduct? No

22. Is the disability permanent? Yes for military life

23. If not permanent, what is its probable minimum duration? Not applicable

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? None Comparable with Capacity on enlistment

In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable? Not applicable

26. Do the Board recommend

(a) Fit for duty? —

(b) Fit for base duty? Yes

(c) Invalided to Canada? —

(d) Discharge as permanently unfit? —

27. Remarks.

APPROVED
CAPTAIN, C.A.M.C. FOR D. OF R. & O. FOR BRIGADIER GENERAL
COMMANDING
CANADIAN TRAINING DIVISION.

Signatures :—

J.H. Cock Capt President.

Station Shoreham

Date Oct 26th 1916

W.H. Harvie Capt } Members.

Approved.

Station Shoreham

Date October 26. 1916

[signature] Magee

Administrative Medical Officer.

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

13. What is his present condition? Weight - 154 lbs

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Healthy looking man, has one scar 5 inch long, reaching accross right axilla, and another 3 inches long, reaching down from a point 1 in. below junction of outer and middle third of right clavicle. The man states this is result of old abscess, 30 years ago, on which he had 3 operations.

Heart & Lungs-- Healthy.

Special Report on Eyes given by Lt-Col. Osborne, Westcliff E.&E. Hosp. shows man's vision is so defective that he recommends him to be discharged to Canada.

If the disability is an injury, was caused No

(*a*) In the presence of the enemy ?

(*b*) On active service ?

(*c*) On duty ?

(*d*) Off duty ?

Was a Court of Inquiry held on the injury ? not applicable

If so—(*a*) When ?

(*b*) Where ?

(*c*) Opinion ?

. Was an operation performed ? If so, what ? No

. If not, was an operation advised and declined ? No

3. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service ? not applicable

19. Do you recommend

(*a*) Fit for duty ?

(*b*) Fit for base duty ?

(*c*) Invalided to Canada ?

(*d*) Discharge as permanently unfit ? Yes

H Wallace Capt RAMC

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*†

Station _____

Date _____

Officer in charge of Hospital.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

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(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (*a*) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. a1 no a2 no

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it ? not applicable

21. Has the disability been caused or aggravated by

(*a*) Intemperance ? no

(*b*) Misconduct ? no

22. Is the disability permanent ? Yes for military life

23. If not permanent, what is its probable minimum duration ? not applicable

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present ? None Comparable with Capacity on enlistment

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable ? not applicable

26. Do the Board recommend

(*a*) Fit for duty ? —

(*b*) Fit for base duty ? Yes

(*c*) Invalided to Canada ? —

(*d*) Discharge as permanently unfit ? —

27. Remarks.

APPROVED.
CAPTAIN, C.A.M.C. FOR D. OF R. & O. FOR BRIGADIER GENERAL COMMANDING CANADIAN TRAINING DIVISION.

Signatures :—

J. H. Cook Capt President.

Station Shorncliffe
Date Oct 26th 1916

H Wallace Capt
Members.

Approved.

Station Shorncliffe
Date October 26 1916

A Magee
Administrative Medical Officer.
for A.D.M.S., Canadians, London Area.