DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name ANDERSON, FRANCIS.

Regt. No. 2382084 Rank Pte

Corps 1st Depot Bn. Manitoba Regt

Demob

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

M 7 B 227-1

M 7 W 178-1

H

C

M. F. W. 62.
50m.—9-16.
H. Q. 1772—39—935.

ORIGINAL

10 M. D. 1st Depot Battalion Manitoba Regiment

Regtl. No. 2382084

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname: Anderson
2. Christian name: Francis
3. Present address: 125 Isabel St., Winnipeg, Canada
4. Military Service Act letter and number: 311680 JR.
5. Date of birth: 6 June 1892
6. Place of birth (town, township or county and country): Wick, Caithness, Scotland
7. Married, widower or single: Single
8. Religion: Presbyterian
9. Trade or calling: Fireman
10. Name of next-of-kin: George Anderson (Pte.)
11. Relationship of next-of-kin: Brother
12. Address of next-of-kin: C/o Consolidated Elevator Co., Fort William, Ont. Canada.
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: Nil
15. Medical Examination under Military Service Act:—

(a) Place: Winnipeg, Canada (b) Date: 9 Novr. '17 (c) Category: B.2

DECLARATION OF RECRUIT

I, Francis Anderson, do solemnly declare that the above particulars refer to me, and are true.

Francis Anderson (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 25 yrs. 10 mths.

Height: 5 ft. 7 ins.

Chest measurement: fully expanded 37 ins.; range of expansion 2½ ins.

Complexion: Medium

Eyes: Blue

Hair: Brown

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

Nil

O. C. Depot Bttn. Major

Commanding, 1st Depot Battalion Manitoba Regt. Regiment

Place: Winnipeg, Canada Date: 19 April 1918.

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

APR 19 1918

Scotland, Fireman Rld. Single. Presb.

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

S.O.S. returns to Registrars Records 4-10-18

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

1. Surname Anderson Christian name Francis.

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 311680 JR.

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

4. Address (including street and number, if any) 125 Isabell St. Winnipeg.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 9th day of September 1918, by the undersigned medical board sitting at Minto St. Barracks Winnipeg.

5. Age as stated 26 Years 4 Months. 6. Apparent age Years Months

7. Height 5 Feet 7 Inches. 8. Weight 133 Pounds.

9. Chest measurement { Minimum 34½ Ins. Maximum 37 Ins. 10. Complexion Ruddy { Eyes Blue. Hair Brown.

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

13. Number of vaccination marks { Right arm — Left arm 1 14. When vaccinated last Childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar L nose.

16. Slight defects but not sufficient to cause rejection Disp. function of L Leg c̄ Limitation of movement.

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

(Strike out disease admitted or suspected.)

R. V. 20/20 L. Leg.
L. V. 20/20
Hearing normal.

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category 63.

W. G. Montgomery Capt. President.

R. Burnett Member. Member.

Signature of Man Francis Anderson

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

Joined 19 day of April 1918 at Winnipeg Manitoba.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1 D Bmk	2382084		19-4-18.
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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

Surname ..... Christian Name .....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

125 - Isabel. St.
Winnipeg Man

M. D. 10

FORM OF WILL.

I, Francis Anderson (Name in full)

Regimental Number 2382084, serving in 1st DEPOT BATTALION, MANITOBA REGIMENT

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Pte. George Anderson (Brother) C/o Consolidated Elevator Co., Fort William, Ontario, Canada	Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Pte George Anderson (Brother) C/o Consolidated Elevator Co., Fort William, Ontario, Canada	Name and Address of person or persons to receive personal estate* *(See note).*

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this April day of 19th A. D. 191

Francis Anderson Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness A H Gardner

Address of Witness Minto St. Barracks, Winnipeg, Canada

Occupation of Witness Soldier

Signature of Second Witness Arthur R Rawson

Address of Witness Minto St. Barracks, Winnipeg, Canada

Occupation of Witness Soldier

M. F. W. 82
300M-5-16.
1772-39-983.

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

M. F. W. 54. (A. F. B. 105)
500M.—9-16
H. Q. 1772-39-9.0.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st DEPOT BATTALION, MANITOBA REGIMENT.

Regimental No. 2382084 Rank PRIVATE C. E. F. Name Anderson Francis

Enlisted (a) 19/4/18 Terms of Service (a) C. E. F. Service reckons from (a) 19/4/18

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

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

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				
		Demobilization—S.O.S. on return to Registrar's Records 303/18 Daily Order Discharged under Auth. PC 3015 of 11-12-18, Documents to H. Q	Oct 30/18		

[signature] Lieut
Adjutant
1st Depot Battalion, Manitoba Regiment

(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				

No. 2382084 Name Anderson, F. Sqn., Batty., or Company "D" Corps 1st Depot Batt. Date of enlistment 19/4/18 G.C. Badges Service or Proficiency Pay

Date of last entry in Company Conduct Sheet No. and date of last drunk Period not reckoning towards freedom from extra fine Sheet No. Signature O.C. Company, etc. Character

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
				Certified no further Entry.					
				D. E. Boulton Major			Major. O.C. "D" Coy.		
				Demobilization: S.O.S. on return to					
				Registrar's Records 303/18 Daily Order Oct 20/18					
				Discharged under Auth. PC 3015 of 11-12-18,					
				Documents to H. Q					
				[illegible] Adjutant					
				1st Depot Battalion, Manitoba Regiment					

M. F. W. 178 (A.F.B. 122)
150M—1-18—1772-39-1211

(P.T.O.

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate		Militia Form W. 23
or Particulars of Recruit	6	Militia Form W. 133
Field Conduct Sheet	1	Militia Form W. 178 or A.F.B. 122
Casualty Form	1	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	2	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	1	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

Man on Conditional Leave previous to order to return to Registrar's Records

Missing Documents unobtainable.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 23[illegible]

2 Rank. Private

3. Name. Anderson, Francis

4. Unit. 1st Depot Battalion M.R.

5 Date of Discharge 4-10-18 Place Winnipeg, Manitoba

6 Reason for Discharge "Demobilization:- Struck off strength on return to Registrar's Record. 4-10-18

Daily Order 303/18 para. 3721 October 30th/18

7. Authority. P.C. 3051 of 11-12-18

8. Proposed Residence after Discharge

125 Isabel Street

Winnipeg, Manitoba.

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.?

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Winnipeg, Manitoba.

Date December 27/18

Signature W. R. Wood Major for (O. C. Discharging Unit.)

Commanding, 1st Depot Battalion Manitoba Regiment

M.F.B. 218a—300M.-11-18—1772-39-113.

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

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

Category C-3. Home service (Canada only)

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

E Shuverhead Capt — *President.*

PLACE Winnipeg, Man.

E. L. McIntyre Capt } Members.

DATE Sept. 19th, 1918.

APPROVED BY — APPROVED BY

for [signature] Capt A. M. C. — *Assistant Director of Medical Services.* — *Director-General of Medical Services.*

DATE SEP 21 1918 — DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, ... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness ..... Signed .....

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

..... *President.*

PLACE ..... } Members.

DATE .....

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

LOCAL — STATION Winnipeg, Man. — DATE Sept. 19/1918.

1. 1 (a) Unit 1st D.B.M.R. (b) Regimental No. 2382084 (c) Rank Pte.

(d) Surname ANDERSON (e) Christian name Francis

2. Age last birthday 26 Date of birth May 22/1892.

3. Enlisted at Winnipeg, Man. on April 19th, 1918.

4. Personal description:—

(a) Height 5ft. 7½in. (b) Weight 135 (stripped) (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks Scar right arm, simple cyst on the dorsal surface right foot.

5. Address after discharge (for the use of the Board of Pension Commissioners) 125 Isabel St., Winnipeg, Man.

6. Former trade or occupation Locomotive Fireman

7. (a) Service C.E.F. — Years — Days 153

	Periods From	Periods To
C.E.F.	April 19/1918.	Sept. 19/1918.

(b) Has he been overseas? No. 8. Original disease or disability Hip joint Disease.

(a) Date of origin Summer 1906. (b) Place of origin Scotland

(c) Cause* Fall from a horse.

(d) Present disease or disability Impaired function of left leg.

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

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

He is unable to sit down without first crossing the left leg over the right, and he walks with a slight limp. He can walk about one mile at his own gait. He has a dull pain in the leg before a change in

M. F. B. 227.
300M.—2-18.
1772—39—117.

MD.

9. Present condition.—(*Continued.*)

the weather. There is limitation of movement at the hip joint as follows. Abduction 1/4 normal, adduction normal. Flexion 1/2 normal, Extension 7/8 normal, circumduction 1/2 normal. Fairly marked varicosity of left leg.
(a) Yes. (b) Impaired function left leg. (c) Yes.

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

Nervous Yes. Digestive Yes. Respiratory Yes. Cardiac Yes.

Genito-Urinary Yes. Skin, Middle Ear, Eye or any other part Yes - except as above stated.

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

Fell from a horse 12 years ago, and the hip joint was strained. He was laid up a couple of weeks. About 7 weeks after this hip joint disease set in and he was in a plaster cast for nearly four months.

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

See Sec. 4,F.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service? No.

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

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent.

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

Has had no hospital treatment.

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration.)

No.

16. Can the former trade or occupation be resumed? Yes.
(If not, briefly state why.)

17. Recommendations Category C-3.
Home service. (Canada only)

E. L. McIntyre Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned Francis Anderson have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.) I complain in addition of

Francis Anderson
Signature of soldier examinea.

OPINION OF THE MEDICAL BOARD

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

Yes.

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

20. It is certified that the soldier
(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration).

(b) Does not require treatment.
(c) ~~Should pass under his own control.~~
(d) Should not pass under his own control.
(Strike out condition not applicable).