

DISCHARGE DOCUMENTS

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

Attestation Papers..... 2 + 1

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2 - sent to Bn. C. 16-5-19

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 2 to La + a P 15-1-20

Particulars of Family 2

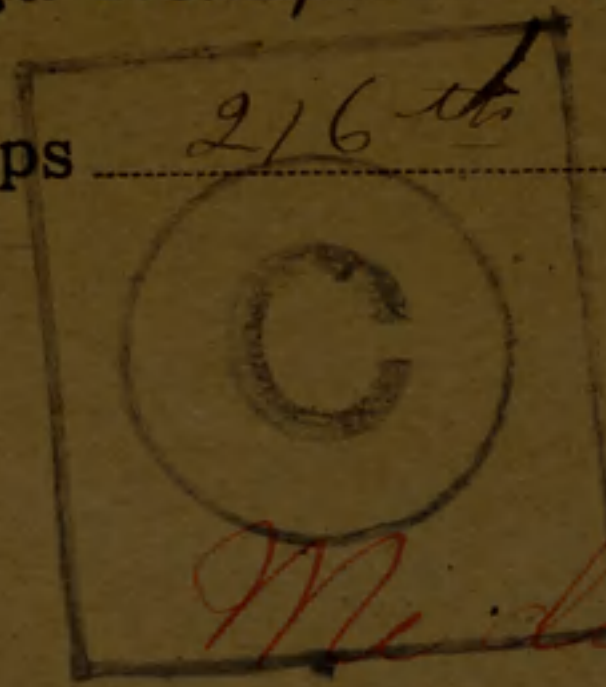
M. F. W. 82-1

Pay card

Name Anderson Frank Reuben

Regt. No. 273822 Rank Pte

Corps 216th O/S. Bn. C. C.F.



*Medically Unfit*



R. O. No. ....

H. Q. No. ....

Compto to B.P.C. on M.F.W. 25-0-0

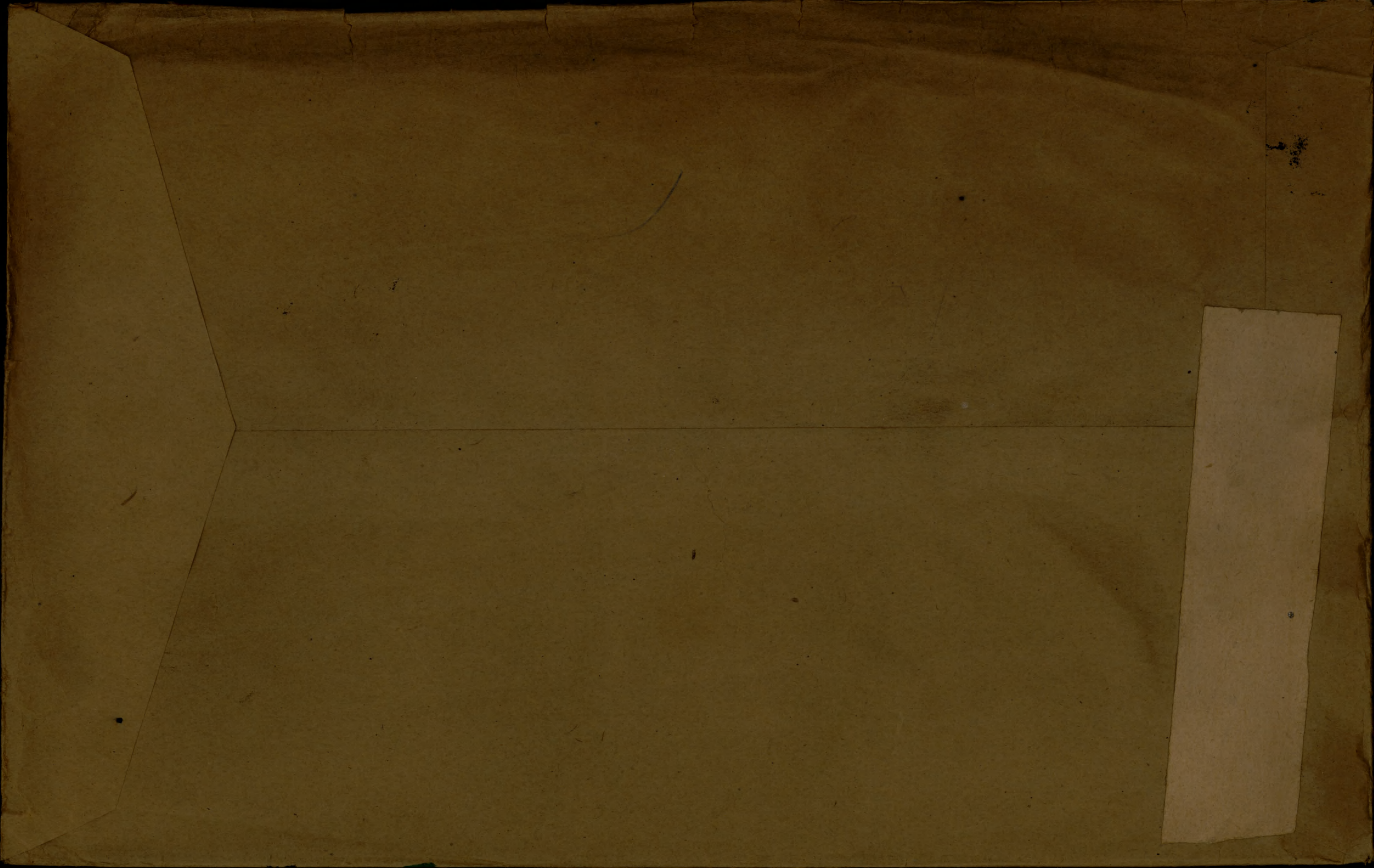
Ref B.P.C. Spec 1234

Retd 19-12-19

Compto to B.P.C. on M.F.W.

Ref B.P.C. Spec 1428

Retd 7/1/20



ATTESTATION PAPER.

No. 273822

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? *Anderson*
- 1a. What are your Christian names? *Frank, Rueben*
- 1b. What is your present address? *177 Huron St. Stratford Ont*
- 2. In what Town, Township or Parish, and in what Country were you born? *Woolwich, Kent, Eng*
- 3. What is the name of your next-of-kin? *Ms. Annie Anderson*
- 4. What is the address of your next-of-kin? *177 Huron St. Stratford Ont*
- 4a. What is the relationship of your next-of-kin? *Mother*
- 5. What is the date of your birth? *17 August 1898*
- 6. What is your Trade or Calling? *Printer App*
- 7. Are you married? *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
- 9. Do you now belong to the Active Militia? *No*
- 10. Have you ever served in any Military Force? *No*  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? *Yes*
- 12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Frank Rueben Anderson* do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

*Frank Rueben Anderson* (Signature of Recruit)

Date *Sept 22nd* 1916. *Sergt E. D. Beard* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Frank Rueben 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.

*Frank Rueben Anderson* (Signature of Recruit)

Date *Sept 22nd* 1916. *Sergt E. D. Beard* (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 *Stratford* this *22* day of *Sept.* 191 *6*

*W. S. Taylor* (Signature of Justice)

*Noted 1-5-17  
ep*

# Description of Frank Reuben Anderson Enlistment.

Apparent Age 18 years 1 months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height 5 ft. 1 ins.

Chest measurement { Girth when fully expanded 33 1/2 ins.  
 Range of expansion 4 1/2 ins.

None

Complexion Medium  
 Eyes Brown  
 Hair Brown

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

## 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 Sept 22nd 1916

Place Stratford Ont.

J.P. [Signature]  
 M.D. [Signature] M.C.,  
 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.

Frank Reuben 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.

[Signature]  
 (Signature of Officer)

Date Oct. 4th 1916.

216th O. S. Battalion, C. E. F.

# FORM OF WILL.

I, Frank Ruben Anderson (Name in full)  
Regimental Number 273 822 serving in 216<sup>th</sup> Battalion  
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

Amy Anderson  
177 Huron St.  
Staford Ont. } Name and Address  
of person or  
persons to whom  
it is to go.

absolutely, and my personal estate I bequeath to

Amy Anderson  
Same } 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 28<sup>th</sup> day of December A. D. 1916

Frank R. 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. Edwards, Major.  
Address of Witness 23 Wells St Toronto Ont.  
Occupation of Witness O.C.B.Co. 216<sup>th</sup> Bn C.E.F.  
Signature of Second Witness W.W. Armstrong  
Address of Witness 61 Farnham Ave Toronto  
Occupation of Witness Lieut. 216<sup>th</sup> Bn.

FORM OF WILL

I, \_\_\_\_\_ of the County of \_\_\_\_\_ Province of \_\_\_\_\_ do hereby declare that I am of legal age and sound mind and intend that my last Will and Testament shall be the Will which I make and declare this to be my last Will.

I do hereby bequeath all my real estate unto \_\_\_\_\_

Name and Address of Beneficiary \_\_\_\_\_  
\_\_\_\_\_

Signature and of personal estate I bequeath to \_\_\_\_\_

Name and Address of Beneficiary \_\_\_\_\_  
\_\_\_\_\_

This is the day of \_\_\_\_\_ A.D. 1911

Signature of Testator \_\_\_\_\_

IMPORTANT NOTE  
The will be valid only if signed by the testator in the presence of two witnesses.

It is hereby declared that the testator has read the contents of this will and understands the same and that he has signed it as his last will.

Signed and attested 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 the time and in the presence of each other have herein subscribed our names as Witnesses.

Signature of First Witness \_\_\_\_\_

Address of Witness \_\_\_\_\_

Occupation of Witness \_\_\_\_\_

Signature of Second Witness \_\_\_\_\_

Address of Witness \_\_\_\_\_

Occupation of Witness \_\_\_\_\_

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

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... *216<sup>th</sup> Q.S. Bn C.E.F.*

(2) Regimental Number..... *273822.*

(3) Full Name of Soldier..... ~~Anderson~~ *Frank Rubin Anderson*

(4) Place of Birth..... *Woolwich, Arsenal Eng.*

(5) Are you married, or not?..... *no.*

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

(b) Present Postal Address.....

(7) Are you a widower?.....

(8) Have you any children?.....   
 If so, give number of boys and girls.....  
 Also their names and ages.....

**DUPLICATE**

(9) Is your Father alive?..... No .....

If so, state name and address .....

(10) Is your Mother alive?..... yes .....

If so, state name and address. Mrs Amy Anderson. .....

177 Huron St. Stratford Ont.

(11) If your Mother is a widow..... Yes .....

Are you her sole support, or not?..... No .....

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

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

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

15) Are you insured?..... yes .....

If so, in what Company?..... London Life .....

Have you made arrangements for payment of your Insurance premium..... yes .....

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

Date..... Dec. 28/16. .....

W. H. ...  
Major

701 Officer Commanding.  
Lt. Col.  
216th O.S. Battalion, C.E.F.  
"BANTAMS"



# MEDICAL HISTORY SHEET

ORIGINAL

Surname Anderson Christian Name Frank Reuben

Examined { on 22<sup>nd</sup> day of Sept. 1916  
 at Stratford

Approved by J.P. Rankin  
 Rank 1st Lt. A.M.C. M.O.

Birthplace { City or Town Woolwich  
 County Kent England

Apparent age 18 years

Trade or occupation Printer App.

Height 5 feet 1 Inches

Weight 115 lbs.

Chest measurement { Minimum 29 inches  
 Maximum expansion 33 1/2 inches

Physical development good

Small-pox Marks none

Vaccination Marks { Arm Right Left  
 Number

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date	Result	VACCINATIONS
<u>20/12/16</u>	<u>Fit</u>	<u>Sturges</u> M.O.
		M.O.
		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>14</u>	<u>Fit</u>	<u>Sturges</u> M.O.
<u>21</u>	<u>Fit</u>	<u>Sturges</u> M.O.
<u>28</u>	<u>Fit</u>	<u>Sturges</u> M.O.

Enlisted on 22 day of Sept 1916 at Stratford on Avon

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>216<sup>th</sup> Batt.</u>	<u>273822</u>		
Transferred to				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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



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

M. F. W. 54. (A. F. B. 103.)

250M.—1-16.

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 216TH OVERSEAS BN., C.E.F.

Regimental No. 273822. Rank Private. Name Anderson, Frank Reuben

Enlisted (a) Sep. 22/16 Terms of Service (a) <sup>C. E. F.</sup> Duration of War & six months after. Service reckons from (a) Sept. 22/16

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) A Printer App.

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				
<i>None</i>					

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.



# List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of  (a) Proceedings on Discharge.  (b) Attestation.  (c) Medical History Sheet (in the event of such having been prepared.)
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	

\*Only if discharged "Medically unfit."

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.

## Proceedings on Discharge.

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

No.	273822	
Rank	Private	
Name	Frank Reuben Anderson	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	216th Bn., C. C. F.	
Date of Discharge	April 13, 1917	
Place of Discharge	Toronto	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	18.....years.....	8.....months.
Height.....	5.....feet.....	2.....inches.
Complexion	Medium	
Eyes	Brown	
Hair	Brown	
Trade	Printer's apprentice	
Intended place of residence	177 Huron St., Starkford, Ont.	
<small>(To be given as fully as practicable.)</small>		
2. The above-named man is discharged in consequence of being  Medically Unfit (Under weight)		
<small>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.</small>		
3. Conduct and character while in the service have been, according to the records, etc.  Exemplary		
<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.</small>		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		

M. F. B. 218.

100m.—6-16.  
H. Q. 1772-39-113

(OVER)

Noted 5-17-17  
egp

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.....

Three horizontal lines for listing medals and decorations.

To be copied by the Commanding Officer on the 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) Toronto..... *[Signature]*.....

(Date) April 13, 1917, 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.

(Place) Toronto Frank R. Anderson..... (Signature of Soldier.)

(Date) April 13, 1917. S. H. Willis..... (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]*..... (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) Toronto.....

*[Signature]*..... Lt. Col.  
216th O.S. Battalion, C.E.F.  
"BANTAMS"

(Date) April 13, 1917.....

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.)

*Frank R. Andersen*

Next-of-kin: Mrs. Annie Anderson, 177 Huron St., Stratford, Ont. (mother)

### MEDICAL HISTORY OF AN INVALID.

Examining Officer: J. P. Rankin, Lt. Col., A.M.C.

DEPT. MILITIA & DEFENCE  
APR 22 1917  
H.C. 649-A-3895  
CANADA

- Station. Davenport Barracks, 8. General remarks on his:—
- Regiment or Corps. 216th O-S Bn., C.E.F. (a) Conduct. )
- Regimental No. and Rank. 273822 Pte. (b) Habits. ) No entries
- Name. Frank Reuben Anderson (c) Temperance. )
- Age last Birthday. 18 yrs. (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
- Enlisted on Sept. 22, 1916 at Stratford, Ont.
- Former Trade or Occupation. Printer's Apprentice Date. April 9, 1917.

9. Service.	Years.	199	Days.
	PERIODS.		
	From.	To.	
	216th O-S Bn., C.E.F.	Sept. 22/16	Present

- (a) Disease or disability. Poor physique  
(b) Date of origin.  
(c) Place of origin.  
(d) Cause.
- Present Condition. (Most Important) Poor physique - not sufficiently developed to stand infantry work  
(To include full description of present disabling condition or conditions.)

- (a) Is the disability the result of service or climate? NO
- (b) Has it been aggravated by intemperance, vice or misconduct? NO

M. F. B. 227.  
150 M-5-16.  
1772-39-117.

entered P.S.  
4-25-17

OPINION OF THE MEDICAL BOARD

Does the Board concur with the preceding report? If not give dissenting opinion

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }  
Date

If admitted. Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot.

Date of final Medical Board or decision. } Administrative Medical Officer.

#### DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.  
150 M-5-16.  
H. Q. 1772-39-117.

Date	Disability	Name	Regimental No.	Rank	Corps	Station	Hospital or Station transferred to for final disposal.
							Date of final disposal } How finally disposed of }

The original Report is invariably to accompany the discharge documents of invalids.

OPINION OF THE MEDICAL BOARD.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

None

Does the Board concur with the preceding report? If not, give differing opinion.

10.

Yes

11.

The man is under weight and insufficient physique for a soldier.

12.

Yes

15.

Yes

16.

Yes

17.

Yes

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

Not applicable

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable

14. Treatment

None

18. Is he unfit for Military Service. Yes

Recommendations :

Discharge Medically unfit.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Not aggravated

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Two years

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

Not more than before enlistment

Signatures :—

W. MacLaurin Capt. President.

18. State if for discharge on account of unfitness for Service.

Yes

A. E. Ferguson Capt. Members.  
W. S. Eby Lieut.

Station. Toronto

Date. April 11. 1917.

Date. 13-4-17

Approved.

Date. 2<sup>5</sup>17

E. S. Ryerson Lt. Col. Assr. Director of Medical Services.

D. M. Kay Capt. Director-General of Medical Services.

*[Signature]*

Capt.

Medical Officer by whom the case is brought forward.