Capt	Anderson	George William
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu Box : 151

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ARC – 1048 (86/06)

Officers

REGIMENTAL DOCUMENTS

8454

NAME ANDERSON George William REGT. No. Capt. UNIT C.A.M.C. H. Q. FILE No.

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6	ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
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2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
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2	CARDS					
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#151

W. 2589
25M.—1-23
1772-39-1377

Struck off 23.2.15

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... George William Anderson
2. In what Town, Township or Parish, and in what Country were you born? ..... Toronto, Canada
3. What is the name of your next-of-kin? ..... John O. Anderson
4. What is the address of your next-of-kin? ..... 55 Castle Frank Rd., Toronto
5. What is the date of your birth? ..... 1st November 1885
6. What is your Trade or Calling? ..... Physician
7. Are you married? ..... no
8. Are you willing to be vaccinated or re-vaccinated? ..... yes
9. Do you now belong to the Active Militia? ..... yes
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

G. W. Anderson (Signature of Man).

Jas Morrison (Signature of Witness).

John McKaren

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, George Wm. 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.

G. W. Anderson (Signature of Recruit)

Date Nov 13th 1914. Jas Morrison (Signature of Witness)

John McKaren

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, George Wm 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.

G. W. Anderson (Signature of Recruit)

Date Nov 13th 1914. Jas Morrison (Signature of Witness)

John McKaren

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 Toronto this 13th day of Nov, 1914.

J. McDonald J.P. (Signature of Justice)

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

John McKaren (Approving Officer)

Capt

200 M.—8-14.
H.Q. 1772-1-13.

Description of George Wm. Anderson on Enlistment.

Apparent Age 29 years 0 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 7½ ins.
Chest measurement: Girth when fully expanded	37 ins.
Chest measurement: Range of expansion	4 ins.
Complexion	fair
Eyes	grey
Hair	fair
Religious denominations: Church of England	
Presbyterian	×
Wesleyan	
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).

Webbed toes on both feet 2nd & 3rd
Mole on umbilicus.

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 Nov. 13 1914. H. Nicholson

Place Toronto, Capt. A.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.

Geo W 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.

John S McLaren Capt (Signature of Officer)

Date Nov 12 1914.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

M.D.2 No. 3

Regimental No. ..... Rank Captain Name ANDERSON, George William

Corps A.M.C. TRAINING DEPOT No. 2 who was* struck off

On 14-2-18 191..., to be seconded to R.A.M.C.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-18 191... to 14-2-18 191..., the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques } No. A.B. 75	50.	--	Regt'l Pay 14 days at $ 3 c	42.	--
Advances by Cheques } No.			Field Allow. 14 days at $ c 75	10.	50
Assigned Pay No.			Other Allowances*		
Other Charges*					
Payment on transfer or discharge No. A.B. 82	2.	50	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	52.	50	Total	52.	50

*Give Particulars.

A monthly stoppage of $ Nil (†) has ..... (‡) been paid on account of Assigned Pay for the month of ..... 191... to (Assignee) .....

(Address) .....

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of $ nil has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment 11-12-17

(2) if married and if a Separation Allowance Card has been submitted No No

(3) cause of discharge and authority H.Q.693-9-4 of 6-8-18

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date .....

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

Date 14-2-18

Place EXHIBITION CAMP TORONTO

Julian W. Boyd Major
for
Paymaster

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

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

Captain, Paymaster

M. F. W. 44.

30M.—10-17.
H. Q. 1772-39-903.

A.M.C. TRAINING DEPOT No. 2 — Original

Unit ..... *Rank* Captain ..... *Name* ANDERSON, George William.

75

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

See Gt-3-10-20 dated 16-2-18 (A.M.C.)

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (*a*) What is your Surname ? ANDERSON

   (*b*) What are your Christian Names ? George William

2. (*a*) Where were you born ? (State place and country) Toronto, Ont., Canada.

   (*b*) What is your present address ? 55 Castle Frank Road, Toronto, Ont.

3. What is the date of your birth ? November 1st, 1885

4. What is (*a*) the name of your next-of-kin ? John Ogilvy Anderson.

   (*b*) the address of your next-of-kin ? 55 Castle Frank Road, Toronto, Ont. Can.

   (*c*) the relationship of your next-of-kin ? Father.

5. What is your profession or occupation ? Physician.

6. What is your religion ? Presbyterian.

7. Are you willing to be vaccinated or re-vaccinated and inoculated ? Yes.

8. To what Unit of the Active Militia do you belong ? #11 Field Ambulance.

9. State particulars of any former Military Service 2 mos. C.E.F. 1914-1915.
   2 yrs. R.A.M.C. 1916-1917.

10. Are you willing to serve in the

    CANADIAN OVER-SEAS EXPEDITIONARY FORCE ? Yes.

The undersigned hereby declares that the above answers made by him to the above questions are true.

G. W. Anderson Capt. (*Signature of Officer.*)

Taken on strength (place) Exhibition Camp, Toronto.

(date) 11-12-17

Julian O. Boyd
(*Signature of Commanding Officer.*)
Major A.M.C.

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Feb. 14 1918

Place Exhibition Camp Toronto

T. S. Cornell Capt.
Medical Officer.

*Insert here "fit" or "unfit

M. F. W. 51
100m.—4-16.
H. Q. 1772. 39-917

Original

MEDICAL HISTORY SHEET

Surname ANDERSON. *Christian Name* George William.

Examined { on ..... day of February 1918
at Exhibition Camp, Toronto.

Birthplace { City or Town Toronto, Ont. Can.
County York.

Apparent age 32 yrs. 1 mos.

Trade or occupation Physician

Height 5 feet 7½ Inches

Weight 135 lbs.

Chest measurement { Minimum 33½ inches
Maximum expansion 36½ inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm Right Left
Number None.

When Vaccinated last 1915

(*a*) Marks indicating congential peculiarities or previous disease Brown mole on Umbilicus.

(*b*) Slight defects but not sufficient to cause rejection
Eyesight R D 80
L D 15

Approved by B. S. Cornell
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	
			M.O.
			M.O.
			M.O.

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

Enlisted on 11 *day of* December, *191*7 *at* Exhibition Camp, Toronto.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	A.M.C.T.D.#2	Captain		11-12-17
Transferred to	Struck off strength to be seconded to Radie			14-2-18

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 Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

MEDICAL HISTORY SHEET

Surname ANDERSON Christian Name George William

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				

Original

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

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

INSTRUCTIONS.

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

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

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

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

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

---

(1) Name of Overseas Unit which Soldier joins A.M.C. TRAINING DEPOT No. 2

(2) Regimental Number Captain

(3) Full Name of Soldier ANDERSON, George William.

(4) Place of Birth Toronto, Ont., Canada.

(5) Are you married, or not ? No.

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

(b) Present Postal Address -------

(7) Are you a widower ? No

(8) Have you any children ? -------

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

Also their names and ages -------

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes.

If so, state name and address John Gilvy Anderson, 55 Castle Frank Road Toronto, Ont. Canada.

(10) Is your Mother alive? No

If so, state name and address ------

(11) If your Mother is a widow -----

Are you her sole support, or not? -----

(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? Metropolitan Life.

Have you made arrangements for payment of your Insurance premium

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

Julian S Boyd Major A.M.C.
Officer Commanding.

Date 8-2-18

~~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. A.M.C. TRAINING DEPOT #2

Regimental No. ..... Rank Captain C. E. F. Name ANDERSON, George William

Enlisted (*a*) 11-12-17 Terms of Service (*a*) C.E.F. Service reckons from (*a*) 11-12-17

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*) Physician.

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				
		S.O.S. to be seconded to R.A.M.C.			Feb. 14/1918
		{3 mos CEF. 1914-15 2 yrs. Rhine - 1915-17			

(*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				