

REGIMENTAL DOCUMENTS

A 38 300

19

NAME **ANDERSON HARLEY BURDEN** REGT. NO. **1078826** UNIT **2<sup>d</sup> Par** H. Q. FILE NO. **8506**

*Jan*

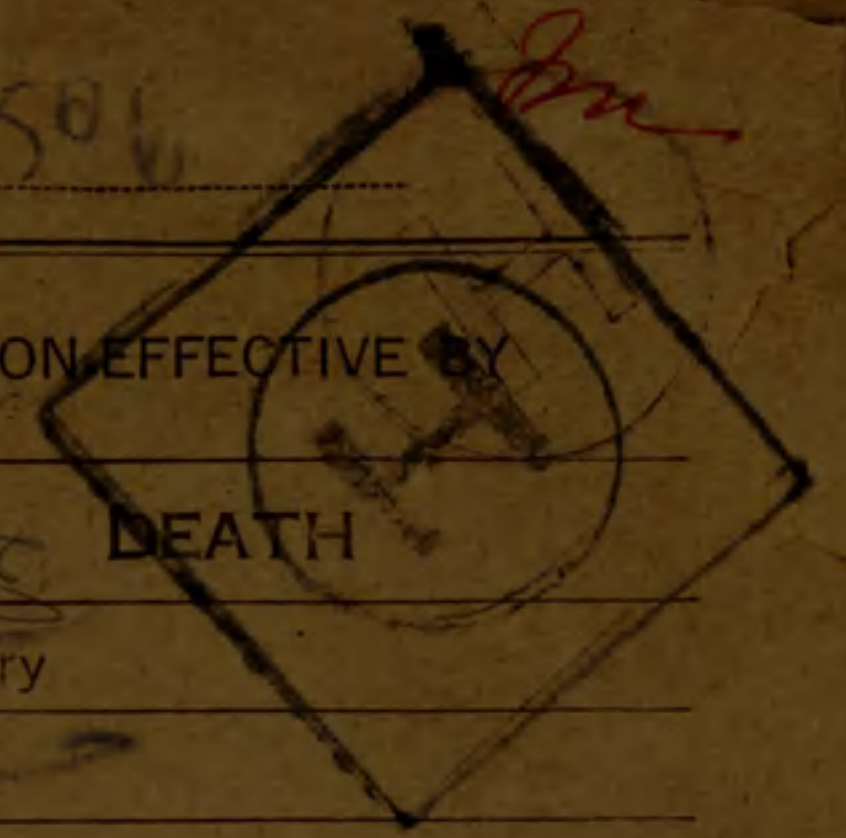
CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON EFFECTIVE BY
3 9 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<i>BPC</i>	<i>4/3/30</i>	<i>Spec 1920</i>	DEATH
1 2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1 1 TRAINING HISTORY SHEET (M.F.W. 113) <i>Record Sheet</i>					
2 2 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1 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)					
2 2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1 1 DENTAL HISTORY SHEET (M.F.B. 465)					Category <i>1</i>
1 1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>2 Under Age</i>
1 1 MEDICAL EXAMINATION (M.F.W. 129)					<i>3 Remobd</i>
1 1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
1 1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
1 1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
1 1 LAST PAY CERTIFICATE (M.F.W. 44)					
1 1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
1 1 PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 1 <i>AD3</i>					
1 1 <i>Misc</i>					
1 1 <i>MFW 67</i>					
1 1 <i>ADC-5-009a</i>					<i>15-28</i>
13 13 <i>Cards</i>					<i>34 29</i>
13 13 <i>Pay Sheets</i>					<i>32-29</i>
					<i>2</i>

**S**

**MT**

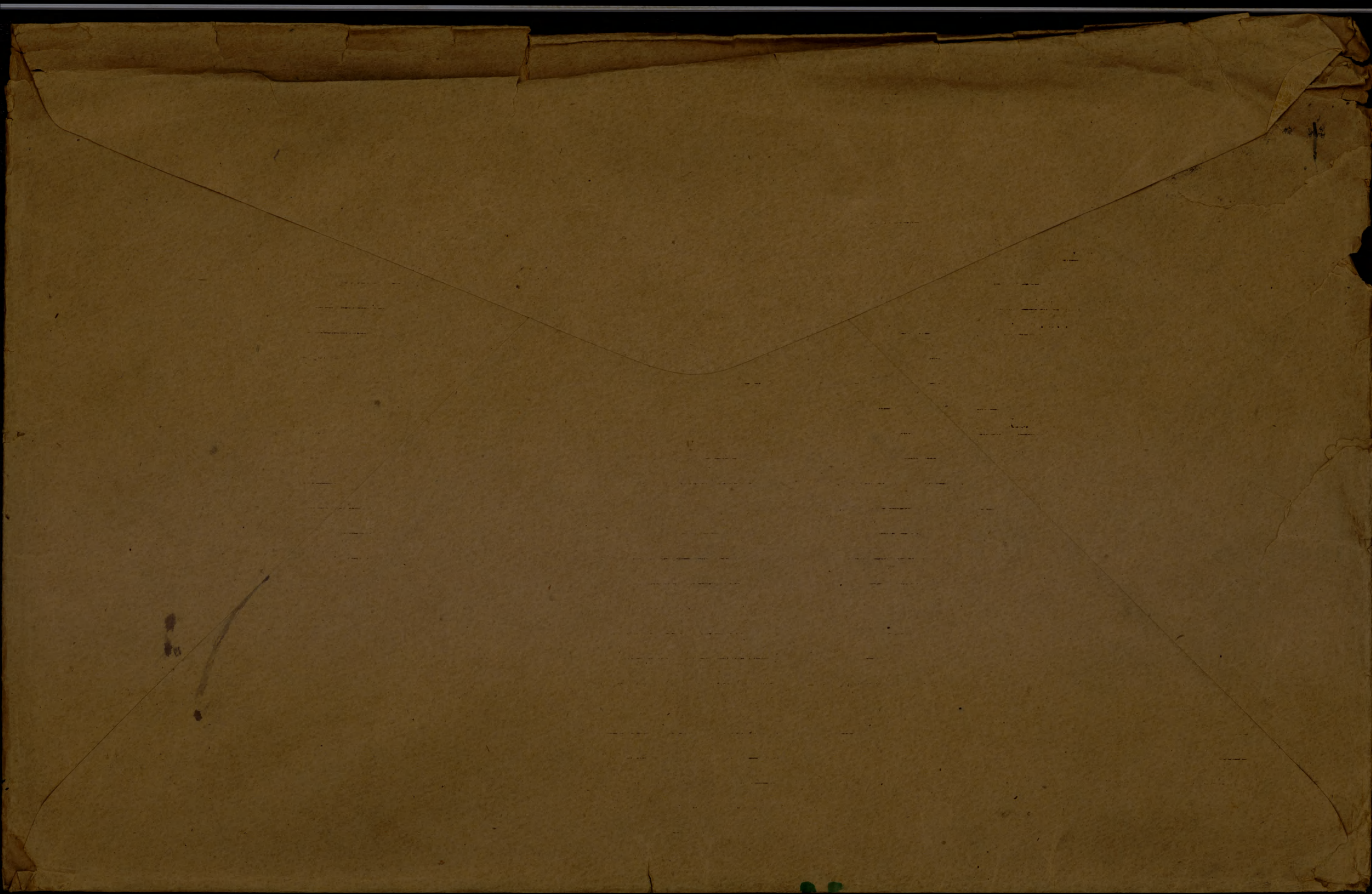
**H**

*Deceased*



*1*  
*2*  
*3*

*15-28*  
*34 29*  
*32-29*  
*2*



5th PIONEER BATTALION C.E.F.

5th Pioneers ORIGINAL

1283

No. 1078876

ATTESTATION PAPER.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Anderson
- 1a. What are your Christian names? Stanley Burden
- 1b. What is your present address? 1217 Donald St. Fort William Ontario Canada
- 2. In what Town, Township or Parish, and in what Country were you born? Stratfordville Ontario Can
- 3. What is the name of your next-of-kin? Mr D Anderson 1317 Donald St. Fort William Ont Can
- 4. What is the address of your next-of-kin? 1317 Donald St. Fort William Ont Can
- 4a. What is the relationship of your next-of-kin? Mother!
- 5. What is the date of your birth? 16th Sept 1898.
- 6. What is your Trade or Calling? Mechanic (Inspector)
- 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? Yes. 52nd C.E.F. 4th C.C.E.  
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, Stanley Burden 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.

Date 15/11/16 1916. Stanley Burden Anderson (Signature of Recruit)  
R. J. Burden (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Stanley Burden 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.

Date 15/11/16 1916. Stanley Burden Anderson (Signature of Recruit)  
R. J. Burden (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 Fort William Ont this 15th day of Nov 1916.  
W. H. Laverty (Signature of Justice)

Robert B. Lyle  
Commissioner Superior Court  
District of Montreal

Description of *Harley Burden Anderson* on Enlistment.

Apparent Age *18* years *2* 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. *6 1/2* ins.

Chest measurement { Girth when fully expanded *34* ins.  
Range of expansion *3 1/2* ins.

Complexion *Medium*

Eyes *Blue*

Hair *Brown*

- 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 Overseas Expeditionary Force.

Date *November 15th* 191*6*

*W. Stewart*  
Capt 96th RSR  
Medical Officer.

Place *Fort William*  
*Ont. Canada.*

\*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.

*Harley Burden 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.

*AR Lloyd* (Signature of Officer)

Date *15th November* 191*6*

*Lieut. Colonel*  
*Officer Commanding*  
*5th Overseas Pioneer Battalion C.E.F.*

# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

War Service Badge **399106**  
Class "A" No. ....

THIS IS TO CERTIFY that No. 1078826 (Rank) Spa

Name (in full) Harley Burton Anderson enlisted in

the 5<sup>th</sup> Pioneer Bn.

CANADIAN EXPEDITIONARY FORCE at Fort Mclean on the 18<sup>th</sup>

day of November 1916

HE served in France with C.E.

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 21

Height 5 - 6 <sup>3</sup>/<sub>4</sub>

Complexion Medium

Eyes Blue

Hair L Brown

Marks or Scars

end of Rt Thumb  
amputated

H.B. Anderson

Signature of Soldier

[Signature]

Issuing Officer

[Signature]

Rank

Date of Discharge

21 - 9 - 19

Date 14 - 9 - 19 19

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

Original Not Available

1283

M. F. W. 54. (A. F. B. 103.)  
500M.-9-16  
H. Q. 1772-39-920.

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

# Casualty Form—Active Service.


Unit, Regiment or Corps. 52ND BN C.E.F.

Regimental No. 438300 Rank Pte Name ANDERSON Harley B  
C. E. F.

Enlisted (a) 26/3/15 Terms of Service (a) D of W Service reckons from (a) 26/3/15

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				
<u>15/4/15</u>	<u>52ND BN</u>	<u>S. O. S. - <del>Med Unfit</del> within 3 months of Enl. med. Unfit for Service</u>	<u>Port. Arthur</u>	<u>15/4/15</u>	<u>D. O. 26.</u>  

*W. [Signature]*  
for D. O. 26.

(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, Shoemaker, 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				

# DUPLICATE

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.

5th PIONEER  
BATTALION  
C. E. F.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number..... 1078826

(3) Full Name of Soldier..... Harley Burden Anderson

(4) Place of Birth..... Staffordville

Ontario 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.....



(9) Is your Father alive? Yes Daniel Anderson  
If so, state name and address 1317 Donald St. St. William Ont. Canada

(10) Is your Mother alive? Yes Mrs Daniel Anderson  
If so, state name and address Address as above

(11) If your Mother is a widow No  
Are you her sole support, or not? Yes

(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.  
Yes

(15) Are you insured? No  
If so, in what Company? /  
Have you made arrangements for payment of your Insurance premium? /  
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date Apr 23/16

D Anderson  
Officer Commanding.

H R Lordy  
Lieut. Colonel  
Officer Commanding  
5th Overseas Pioneer Battalion C.E.F.

A 988

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

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

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

1. Christian names Harley Buxton 2. Surname Anderson  
3. Rank Sps. 4. Original Unit 5th Pion Bn 5. Reg. No. 1078826

6. Address, in full, to which future payments of gratuity are to be forwarded  
Dominion Bank  
Fort William Ont.

7. Date of enlistment in the C.E.F. Nov. 15 1916 18th November 1916

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

9. Relationship of such dependent Wife

10. Address, in full, of such dependent 33 Princess St.  
JSP Lt. (Cowley Rd.)  
Oxford

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? No

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

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

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

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served 2 yrs. 8 months.

5th Pioneer B'n Can. 1/2 month; same, Eng. 3 months; 14th F.C.C.E. (Eng.) for 13 months; same, France. 2 months, 11th B'n C.E. 10 months  
3rd C.E.R.B. 3 1/2 months.

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

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

5434. Wt. 30P. 250,000(8). 2/19. S.O., F.Rd.  
6624. Wt. /P56. 20,000(4). 5/19. S.O., F.Rd.

JSP Lt.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments and under what regimental numbers and units. *Yes.*

*52<sup>nd</sup> Inf. Batt. Enlisted Mar. 1915. #..... Discharged June 1915, under age.  
 Enlisted 94<sup>th</sup> Inf. B'n, Dec 27 1915, #198577, discharged Apr. 17, 1916 under age.  
 Enlisted 5<sup>th</sup> Pioneers, #1078826, Nov. 15 1914*

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

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

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

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

23. (a) ~~Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?~~

(b) ~~If so, was such reversion in consequence of misconduct or inefficiency?~~

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

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

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

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

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

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

Signature of Applicant: *H.B. Anderson J.P.Lt.*

Place of Residence: *G.P.O. West Fort William Ont.* QUESTIONS 12, 13, 14, 23, 24,

Declared before me at: *Witley* 25, 26, 27, ARE UNANSWERED,

This *11<sup>th</sup>* day of *July* 19 *19*

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

*Geo Durand*  
*M.A.*

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>500<sup>00</sup></i>	
			<i>70<sup>00</sup></i>	
				<i>430<sup>00</sup></i>

Certified Correct.

District Paymaster

# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT

10

NAME OF SOLDIER ANDERSON H. B.

REGIMENT 11th Eng

RANK Spr.

No. 1078826

WORK AS DONE BY CIV. DENTIST (RECOMMENDED)

Date of Examination

July 30/30  
Aug 2/30  
4/30  
4/30

1-3/30  
2/30  
14/30  
31

1/3  
2/30  
14/30  
31

12 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 from the Service.

Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoxe	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	Prophylaxis	OPERATOR	Military District	REMARKS
											U	L	P			Gold	Porcelain					
July 30/30														12 13								3, 14, 30, 31. pulp cap
Aug 2/30																						Required
4/30																						Cavities 1, 3, 4, 5, 14, 30, 31
4/30																						Extractions Prophylaxis
																						Completed Aug 2/30
																						Anderson Captain, District Dental Officer, M.D. 10

DEPTAL HISTORY SHEET

LONDON DENTAL COLLEGE

20

Blondy

MEDICAL HISTORY SHEET.

Surname *Anderson* Christian Name *Harley Burden*

Examined { on *15<sup>th</sup>* day of *Nov*, 191*6*  
at *Fort William Ont Canada*  
Birthplace { City or Town *Staffordville*  
County *Ontario Canada*  
Approved by *W. S. Stewart*  
Rank *Capt 96<sup>th</sup> LSK* M.O.

Apparent age *18*  
Trade or occupation *Mechanics*  
Height *5* Feet *6 3/4* Inches.  
Weight *128* Lbs.  
Chest measurement { Minimum *30 1/2* inches.  
Maximum expansion *34* inches.  
Physical development *Good*  
Small-Pox Marks *None*

Vaccination Marks { Arm Right Left  
Number *None*  
When Vaccinated last *Child*  
(a) Marks indicating congenital peculiarities or previous disease *None*

(b) Slight defects but not sufficient to cause rejection  
*End of right thumb missing*  
*Service Camp*

Enlisted on *15<sup>th</sup>* day of *November* 191*6* at *Fort William Ontario Canada*

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>5th Pioneer Bn C.E.F.</i>	<i>1078826</i>		<i>15<sup>th</sup> November 1916</i>
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.







Station  
and Date.

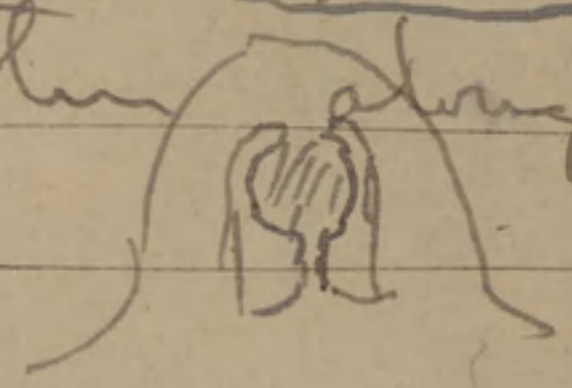
Duty 25/4/19  
MEDICAL CASE SHEET.

No. in Admission and Discharge Book. 112075 Year. 1919.	Regimental No.	Rank.	Surname.	Christian Name.
	1078826	Ser.	Anderson	A.B.
	Unit.	Age.	Service.	
	1168	21	20/12	

Station and Date. No. 15 CANADIAN GENERAL (ONTARIO) HOSPITAL. ORPINGTON, KENT.

Disease: cellulitis of nasal septum

9/4/19. Co. abscess in nose after crusting  
 & swelling but under septum along area  
 1/2" from nasal bridge.  
 soft boggy.

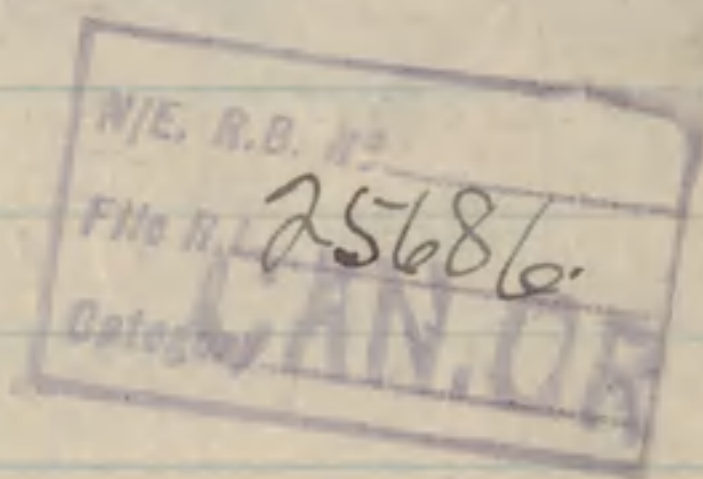
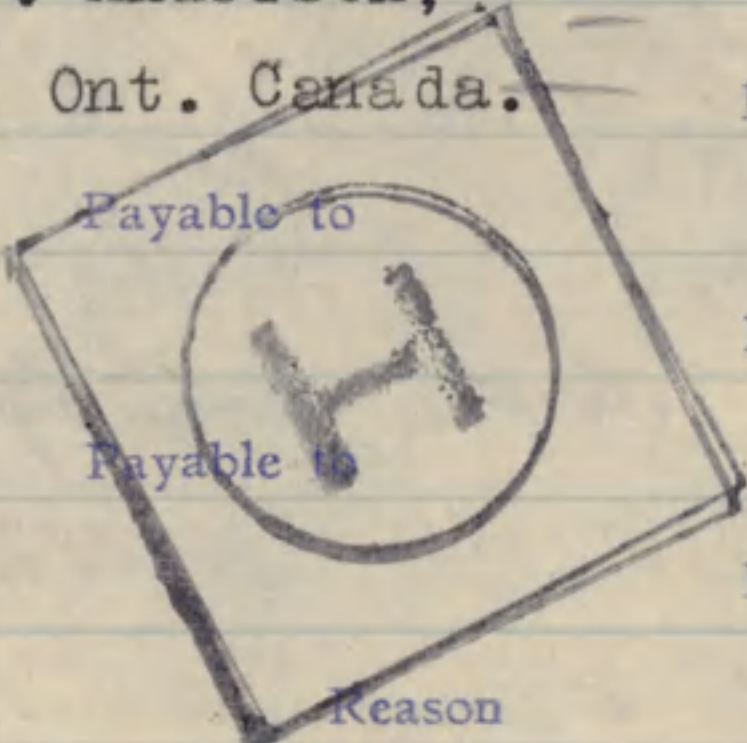


17/4/19. unpd. unch. swollen  
 No F&D  
 S.B.?  
 (copy)

Station  
and Date.

AGR

Rank *Pte* Name ANDERSON, Harley Burden Reg'l No. 1078826  
 Unit 5th Pioneer Bn. If in perm. Corps, } Married or Single Single.  
 What Unit? }  
 Place and Date of Enlistment Fort William, 15th Novr. 1916. Place of Birth Staffordville,  
 Ontario, Canada.  
 Name and Address, Next-of-Kin Mrs. D. Anderson, Relationship Mother.  
 1317 Donald St., Fort William, Ont. Canada.  
 Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship  
 Discharge, Date and Place Reason Character X 295



Report.		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.
Date.	From whom received.				
<i>7-3-19</i>	<b>ENGINEERS</b>				
		<b>ARRIVED in ENGLAND SS METAGAMA DEC, 6, 1916</b>			
<i>1/2/17</i>	<i>5th Pns.</i>	<i>S.O.S. transf. to 5th Div. Eng. Bramshott.</i>	<i>Bramshott.</i>	<i>1/2/17</i>	<i>Pt. II D.O # 32.</i>
<i>9-2-17</i>	<i>5DIV ENG</i>	<i>T.O.S from E-CAN</i>	<i>PIONS-witley</i>	<i>31-1-17</i>	<i>PT-2-DO.I</i>
<i>4-3-18</i>	<i>14th Fla. Co.</i>	<i>Now on strength</i>	<i>Sqn Seaford</i>	<i>28-2-18</i>	<i>005</i>
<i>8-3-18</i>	<i>"</i>	<i>S.O.S to C.E.T.D.</i>	<i>Sqn "</i>	<i>8-3-18</i>	<i>006 + C.E.T.D/57/8-</i>
<i>16-3-18</i>	<i>C.E.T.D.</i>	<i>S.O.S to C.E. R. Pool</i>	<i>Sqn "</i>	<i>16-3-18</i>	<i>0064 + CERP 27/34</i>
<i>2-7-18</i>	<i>11/Pm. C.E.</i>	<i>T.O.S from C.E. R.P.</i>	<i>" Field</i>	<i>30-5-18</i>	<i>001 + CERP 69/27</i>
<i>16-3-19</i>	<i>C.E.R.P</i>	<i>DoS from 11th C.E.B</i>	<i>Seaford</i>	<i>1-3-19</i>	<i>0069 + 7044-39</i>
<i>29-4-19</i>	<i>"</i>	<i>SO.S to C.E.T.C.</i>	<i>" "</i>	<i>25-4-19</i>	<i>D.O. 119 13rd O.E.S 50 902 1/43-19 a/2/5/19</i>

A.T.B. 103 CHECKED  
 21 MAR 1918

1078826.

Anderson AB

Report.

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.

Date.

From whom received.

16-6-19	3 <sup>rd</sup> CEAB	SOLD CERD	Leaf	16-6-19	13P 9196/15 <sup>7</sup> / <sub>9</sub> CERD
15-7-19	CEAD	SOLD HWing	Willy	16-6-19	" 196 969/30 <sup>7</sup> / <sub>9</sub> HWing
12.8.19	CAD	T.o.s. from NWing	Burton Ppr	11.8.19	20185 (H.Wing DO 76 of 16.8.19)
6.9.19	CAD	SOLD Canada	Burton	6.9.19	Do 207

D 43 - M - 3

6 9 19

# 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. 1078826 Rank SP4 Surname Anderson  
(Given name in full) Harley B.  
Unit or Corps 36 ERB Birthplace Strattonville Ont

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

### I. GENERAL DESCRIPTION:

Physique good Weight 135 (est.) lbs. Height 5 ft. 7 in. Colour of Eyes blue  
Nutrition good  
Pulse 72  
Condition of arteries normal  
Vision Rt. 20 Left 20  
Hearing (conversational voice) Rt. 24 ft.  
Left 24 ft.

Identification marks, scars, or deformities.  
(Give cause and date of origin).  
End of right thumb amputated.

Opinion as to general health and physical condition healthy

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.

Becester 1-12-17 = 8-12-17. Gastritis  
3rd S. G. H. 1-3-19 = 4-4-19. Erysipelas  
Mr. C. H. Epsom 4-4-19 = 8-4-19  
16. Can G. H. 8-4-19 = 15-4-19. Cellulitis  
oxington of nasal  
system

# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at Seaford.....(Overseas)

Date May 9-19..... Signed J. W. Leachett.....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 W. B. Anderson.....

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

## THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

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

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

Signature .....

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

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

One Attestation Paper removed and sent to Sergeant MacKintosh.

Date. 22. — 8. — 17. ....





The following is a list of the names of the persons who have been  
 named in the report of the committee on the subject of the  
 proposed amendment to the constitution of the State of New York.  
 The names are arranged in alphabetical order.

ACTIVE MILITIA.

CERTIFICATE OF DISCHARGE.

300  
A38350

This certifies that *Harley, B. Anderson;*  
of *Staffordville "Ont"* District of *"Thunder Bay"*  
province of *"Ontario"* Dominion of Canada, aged  
*19* years, served continuously in *52<sup>nd</sup> Regiment*  
*of the C. E. F. "Port Arthur"*  
of Active Militia of Canada, from the *26<sup>th</sup>* day of *March*  
*1915* to the *15<sup>th</sup>* day of *April* 19*15*, and is  
now discharged therefrom.

..... Captain  
Dated at *Port Arthur* Commanding.....  
the *15<sup>th</sup>* day of *April* ..... Lieut. Colonel  
19*15* ..... Commanding.....

Staff Sergeant "C" [unclear] [unclear]  
The [unclear] [unclear] [unclear]

19. of the [unclear] [unclear] [unclear]  
[unclear] [unclear] [unclear] [unclear]

1912 [unclear] [unclear] [unclear]

[unclear] [unclear] [unclear]  
[unclear] [unclear] [unclear]

ACTIVE MILITIA.

A38300

CERTIFICATE OF DISCHARGE

This certifies that *Harley B. Anderson*  
 of *Staffordville, Ont.* District *"Thunder Bay"*  
 Province of *"Ontario"* Dominion of Canada, aged  
 ..... years, served continuously in *52<sup>nd</sup> Regiment*  
 of the *C. E. F.* of *Post Arthur*  
 of Active Militia of Canada, from the *26* day of *March*  
 19*15* to the *15* day of *April* 19*15* and is  
 now discharged therefrom.

~~38350~~

Dated at *Post Arthur* ..... *Captain.*  
 the *15* day of *April* ..... *Lieut. Col.,*  
 19*15* .....

*[Faint, mirrored handwriting, likely bleed-through from the reverse side of the page. The text is illegible due to fading and orientation.]*

*[Faint handwriting, possibly a signature or name, located in the lower right quadrant of the page.]*

ACTIVE MILITIA.

CERTIFICATE OF DISCHARGE.

A 38300

*Herby, B. Anderson*

This certifies that *Staffordville, Ont.* District of *Thunder Bay.*

Province of *Ontario* Dominion of Canada, aged

*19* years, served continuously in *52<sup>nd</sup> Regiment*

of the C.E.F. at *Post Arthur*.

of Active Militia of Canada, from the *26* day of *March*

*1915* to the *16* day of *April* *1915* and is now

discharged therefrom.

Dated at *"Post Arthur"* ..... Captain.

the *16* day of *April* ..... Commanding.

*1915* ..... Lieut. Col.,

.....



Reg. No. 0.38300.....

Rank. Pvt.....

Name. Anderson Harley B......

Unit. 5<sup>th</sup> 2<sup>nd</sup> Bn.....

This form, after completion, is to be attached to the documents of the man and filed in envelope.

H.Q. Mile Reference. No 246.....

Date Struck off Strength. 15/4/16.....

Reason. Med. unfit.....

Military District. 10.....

Clerk's Initials. E. A......

Date. 13/12/18.....

Doc. S.F. 10.  
500/11-18.



Doc. S. E. N.  
500-1-18



(A) Report.		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty.	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer.
13/6/19	30 C.R.B.	D.O. 136	D.O. 136 D. Willey Seafood.		13/8/19	
						<i>J. J. Vadeboncoeur</i>
						LIEUT. C.E. FOR LT. COL. C.G. 3RD, C.R.B.
12/8/19	T.O.S.	C.D.D. Buxton for return to Canada, Part II Order No.			185.	
6/9/19	S.O.S.	C.D.D. Buxton on proceeding to Canada, Part II Order No.			207	
						<i>J. J. Lock</i> CAPT. FOR OFFICER COMMANDING CANADIAN DISCHARGE DEPOT
			EMBARKED S.S. ORDUNA. L. POOL			
			6-9-19. SAILING. D-43			
			<i>Stewart H. Holman</i>			
			CAPT ADJT. 14 P C S,			

Nothing to be written in this margin.

*W.S.B. Class A*

**Casualty Form—Active Service.**

1283 *a4*

Regiment or Corps *5th Overseas Pioneer Bn. C.E.F.*

Regimental No *1078826* Rank *Private* Name *Anderson Harley Burden*

Enlisted (a) *15/11/16* Terms of Service (a) *6. 6. 1. D.D.V.* Service reckons from (a) *15/11/16*

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) *Mechanic*

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>27/11/16</i>	<i>H.Q.</i>	<i>Embarked Canada</i>	<i>Halifax</i>	<i>27/11/16</i>	<i>A.M. 1 Metagames</i>
<i>6/12/16</i>	<i>"</i>	<i>Arrived England</i>	<i>Liverpool</i>	<i>6/12/16</i>	<i>"</i>
<i>1.2.17</i>	<i>5th Pmts, 31/1/17 H.Q.</i>	<i>Transferred to 5th. Div<sup>1</sup> Engineers</i>	<i>Bramshott</i>	<i>1/2/17</i>	<i>D.O.P. II 32/ 1/2/17</i>
					<i>Graser Capt Adjutant 5th O.S. Pioneer Battalion C. E. F.</i>
<i>9/2/17</i>	<i>B.R.K. 5th Div Engrs.</i>	<i>Taken on the strength 5th 14th Field Coy.</i>	<i>Witley</i>	<i>31/1/17 3/2/17</i>	<i>DO. Pt. II. No 1. 9/2/17</i>
<i>8/3/18</i>	<i>14th Coy.</i>	<i>S.O.S. 14th Fld. Coy. C.E. on posting to C.E.T.D.</i>	<i>Seaford</i>	<i>8/3/18</i>	<i>DO. No 6, 8/3/18</i>
					<i>MAJOR. O.C. 14th FIELD COY. C.E.</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.

CERTIFIED CORRECT  
28 MAR 1918  
CAN. FORG. LOAN

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				

10-3-18	J.E.P.D.T.O.S. of CEMD from 5th Divisional Engineers.	Seafood.	3-3-18	Pt. 2 Ord. 57
16-3-18	C.E.P.D.S.O.S. of CEMD on proceeding O/S to CE Pool. France.	Seafood.	16-3-18	Pt, 2 Ord. No. 64.

*[Handwritten signature]*  
Lieut. CE.  
for Adjutant, CEMD.

MAR 17 1918 *[Handwritten initials]* Arrived France & TOS CE Pool MAR 17 1918

31/5/18. CCRC Transferred from CER Pool to 11th CAN, Engineer Bn, 31 MA 18

do do HQS 11th Bn C.E. Field 1-6-18

22-2-19 OC Lieut Granted 14 days leave to U.S. 20-2-19

6-3-19 Officer 1/2 Bn. U.S. in commission to Hospital whilst on leave and posted to C.E.R. Depot. Seafood leave expired 7-3-19

*[Handwritten notes and signatures]*  
D.O. 1 d/2-7-18  
B213 P110 No. 9d/# 3-19  
R.L. 4-99-303. v. R.S. 6319  
K. 17-2320  
PT 11 # 11/1919

*[Large handwritten signature]*  
Lieut.  
for. Major a/a. a. 9.  
Cdu Section G.H.A. 5th Echelon

16.3.19 C.E.R. V.O.S. from 11th C.E.B. Seafood. 1.3.19 20.69. 11 En. 11/14.3.19

*[Handwritten signature]* LIEUT.  
FOR LT COL TO RECORDS. C.O.M.F

# CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

## DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) ANDERSON *Harley*  
REGIMENT 14th CE RANK Sapper No. 107882 *Budger*

Date of Examination in England 9-7-19 Date of Examination in France \_\_\_\_\_

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



### PRESENT DENTAL REQUIREMENTS

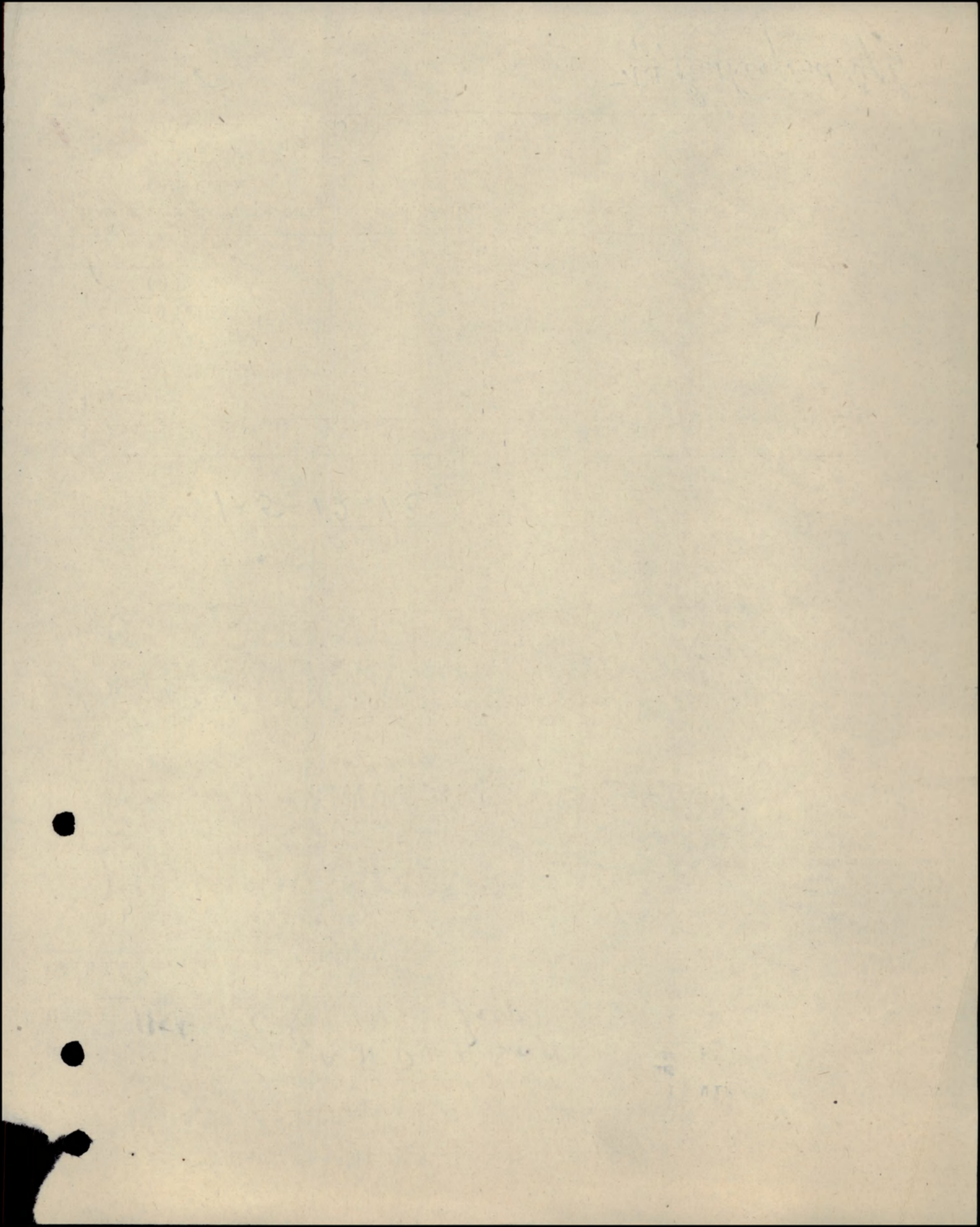
1. FILLINGS 1-5-12-13
2. EXTRACTIONS \_\_\_\_\_
3. CROWNS \_\_\_\_\_
4. DENTURES
  - (a) Full Upper \_\_\_\_\_
  - (b) Part Upper \_\_\_\_\_
  - (c) Full Lower \_\_\_\_\_
  - (d) Part Lower \_\_\_\_\_

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (a) In Canada \_\_\_\_\_
- (b) In England Yes
- (c) In France Yes

Signature of Dental Officer W. Shepherd Capt.



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.

## 94th OVERSEAS BATTALION

Unit, Regiment or Corps

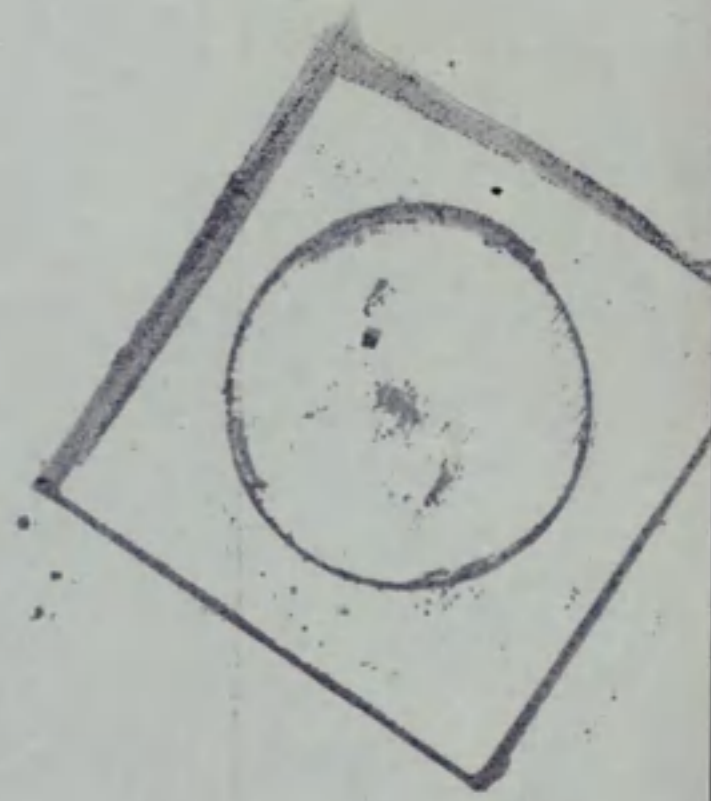
Regimental No. 108577 Rank Private Name Anderson, Harley Benton

Enlisted (a) 29/12/15 Terms of Service (a) Duration of War C. E. F. Service reckons from (a) Enlistment

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				
<u>17/4/16</u>	<u>94th BN</u>	<u>S.O.S. - Under Age</u>	<u>Port Arthur</u>	<u>17/4/16</u>	<u>D.O. 135</u>
					<u>for Dept.</u>



(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.



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				



Surname

Christian Name or Names

Reg. No.

1283

1078826.

ANDERSON.  
Rank 1. Spr.

Unit 1. <sup>H.B.</sup> 11. CEB.

2.

2.

3.

3.

4.

4.

Cas List.

Hospital and Diagnosis.

Date

7-3-19. B465.

3rd. S.G.H. Oxford.

2-3-19.

N.Y.D. "Q"

8.4.19. B.492<sup>0</sup>

Woodcote Park, Epsom.  
nasal Obstruction, &

5-4-19.

12.4.19 B496.

16 Cau. J. Orpington

9.4.19

28.4.19. B.507.

Desic.

25.4.19.

A.M.D. 2 DEPT.

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

# ATTESTATION PAPER

No.

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE

### QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS)

A 38300

1. What is your name? *Anderson Harvey B*
  2. In what Town, Township, or Parish, and in what Country were you born? *Staffordville. Ont*
  3. What is the name of your next-of-kin? *Dan Anderson*
  4. What is the address of your next-of-kin? *1317 Donald St Ft. William. Ont*
  5. What is the date of your birth? *16<sup>th</sup> Sept 1897*
  6. What is your trade or calling? *Boatwright Apprentice*
  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? *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*
- Harvey Anderson* (Signature of Man.)  
*J. A. White* (Signature of Witness.)

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Harvey B. 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.

*Harvey Anderson* (Signature of Recruit.)  
Date *March 26* 191*5* *J. A. White* (Signature of Witness.)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Harvey B. 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.

*Harvey Anderson* (Signature of Recruit.)  
Date *March 26* 191*5* *J. A. White* (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 *Ft. William* this *26* day of *March* 191*5*  
*A. W. Hay* (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.  
*A. W. Hay* (Approving Officer.)

DESCRIPTION OF Harvey B. Anderson ON ENLISTMENT.

Apparent Age 19 years \_\_\_\_\_ 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. 6 ins.

Chest measurement { Girth when fully expanded \_\_\_\_\_ 35 ins.  
Range of expansion \_\_\_\_\_ 4 1/2 ins.

None

Complexion \_\_\_\_\_ Medium

Eyes \_\_\_\_\_ Blue

Hair \_\_\_\_\_ Brown

Religious Denominations { Church of England \_\_\_\_\_  
Presbyterian \_\_\_\_\_ Yes  
Methodist \_\_\_\_\_  
Baptist or Congregationalist \_\_\_\_\_  
Other Protestants \_\_\_\_\_  
(Denomination to be stated.)  
Roman Catholic \_\_\_\_\_  
Jewish \_\_\_\_\_

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 March 26 1915

Place Fort William

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

Harvey B. 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 March 26 1915

# 94th OVERSEAS BATTALION

1983

## ATTESTATION PAPER.

No. 198577

ORIGINAL

Folio.

### CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

#### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

14/4/16

1. What is your surname? Anderson
- 1a. What are your Christian names? Harley Berton
- 1b. What is your present address? 1317 Donald St Fort William
2. In what Town, Township or Parish, and in what Country were you born? Straffordville Ont,
3. What is the name of your next-of-kin? Daniel Anderson
4. What is the address of your next-of-kin? 1317 Donald St Fort William
- 4a. What is the relationship of your next-of-kin? Father
5. What is the date of your birth? Sept 10 th 1897
6. What is your Trade or Calling? Enging Trimmer
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force?  
If so, state particulars of former Service. 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

28

#### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Harley Berton 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.

Date Dec 27 th 1918 Harley B. Anderson (Signature of Recruit)  
J. McCracken (Signature of Witness)

#### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Harley Berton 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.

Date Dec 27 th 1918 Harley B. Anderson (Signature of Recruit)  
J. McCracken (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 Fort William this 27 th day of December 1918.

H. Hutchings (Signature of Justice)

Carroll M/C

Description of Harley Berton Anderson on Enlistment.

Apparent Age 18 years 9 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. 6 1/4 ins.

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

First Joint off Right Thumb

Complexion Fair

Eyes Blue

Hair Dark Brown

Religious denominations { Church of England  
Presbyterian Yes  
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 Dec 27th 1915.

Place St William

[Signature]  
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.

Harley Berton 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)  
Lieut. Col.

Date 28 December 1915. O.C. 94th Overseas Battalion

MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

To Whom *Mrs. L. Anderson,*  
 Address ~~*1317 Donald St,*~~  
*269 E. Amelia St* ~~*St William,*~~  
 Rate *\$15.00* *Out.*  
*Feb/1/17.*

By Whom Assigned *Anderson, H. B.*  
 Regtl. No. *1078826*  
 Rank *Ote*  
 Corps *5th Pioneer Btu.*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>2 M 29/1/17. H.R.S. 23/3/17-</i>
Sept.				<i>27m. 19/10-17</i>
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

**ENCLOSURE**

*Consolidated Account.*



144  
145

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

(Assignee)

PAYMENTS.

Name of Soldier

I. L. Job 5470—Req. 6888.

*Mrs. D. Anderson*

*Anderson, H. D.*

*1078826 - Pte - 5<sup>th</sup> Pioneer Btu.*

*\$15.<sup>00</sup>*

Remarks *Feb. 1/17.*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March		<i>Y 53664</i>	<i>30 00</i>	<i>30-L</i>
April		<i>A 270</i>	<i>15</i>	<i>15-L</i>
May		<i>X 6411</i>	<i>15</i>	
June		<i>J 43024</i>	<i>15</i>	<i>15.8</i>
July		<i>9 1979F</i>	<i>15</i>	<i>S</i>
Aug.		<i>R 26894</i>	<i>15</i>	<i>B</i>
Sept.		<i>K 33606</i>	<i>15</i>	<i>120. ✓</i>
Oct.				<i>2698 Amelia St. Ft. Williams</i>
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  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 25m.—10-17.  
 1772-39-819.

Sheet No. 2.....  
 (Assignee)

Name of Soldier Anderson H.B.

**PAYMENTS.**

L. L. 28913—M. & D. 8368.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March		Y 53664	30	
April		A 240	15	
May		G. 6411	15	
June		G. 13024	15	
July		F. 19798	15	
Aug.		E 26894	15	
Sept.		K 33606	15	
Oct.		C 51258	15	
Nov.		C 52495	15	
Dec.		F 54821	15	
Jan.	1918	A 54108	15	
Feb.		B 92331	15	
March		G. 99562	15	
April		H 7353	15	
May		A 12303	15	
June		B 15159	15	
July		Y 28139	15	

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier Anderson H.B.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918	a 30660	15 -	
Sept.		a 34343	15 -	
Oct.		a 43983	15 -	
Nov.		a 52041	15 -	
Dec.		B. 63489	15 -	
Jan.	1919	B. 71374	15 -	
Feb.		a 48365	15 -	
March		B. 84051	15 -	
April		c 1581	15 -	Effective 1. 5. 19
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

3 Div Engr  
 Canadian Pay Office,  
 Received by Pay II.  
**JUN 25 1919**  
 and passed for Action to  
 Date  
 Accts.  
 Bank  
 Disch.  
 Invest.  
 Obs.  
 P. Bes.  
 P. II S.S.  
 Sep/C

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

To Whom

By Whom Assigned

*Anderson H B.*

Address

Regtl. No.

*1048826*

Rank

*Pte*

Corps

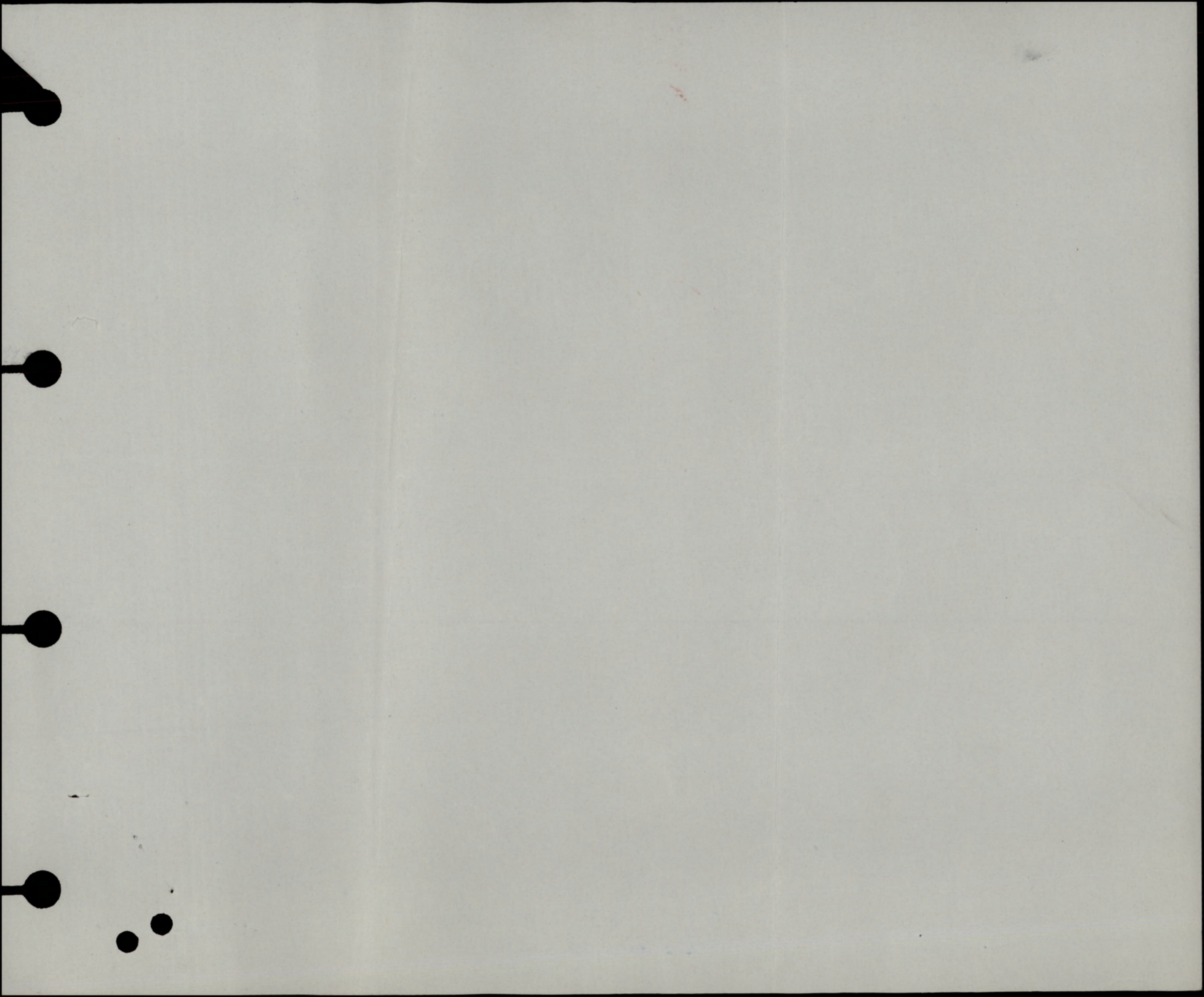
*5 Pioneer Batt*

Rate

*15<sup>00</sup> Feb 1. 1917*

**PAYMENTS**

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 2px solid red; border-radius: 50%; padding: 20px; color: red; font-size: 2em;">                     OK checked with                      Pedgen                 </div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

# A

# 2464

Feb 1/17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

### PARTICULARS OF SEPARATION ALLOWANCE

No. 1078826  
 Rank Pte Promoted      Reverted      Discharge  
 Soldier's Name H. B. Anderson  
 Battalion 5th Pioneer Battn  
 Beneficiary  
 Relationship  
 Address

### PARTICULARS OF ASSIGNMENT

Name Mrs D. Anderson  
 Address 1317 Donald St William  
 Change of Address  
 1 269 E. Amelia St St. William  
 2 33 Princess St  
 3 Conly Rd Oxford  
 4

*EMW*

# ENGLISH

Date	Cheque No.	Amount S/A	Amount A/P	Total
30/9/17			120 ✓	120
Oct	C 57258		15	15
Nov	C 52495		15	15
Dec	F 54821		15	15
Jan	A 54108		15	15
Feb	B 92331 ✓		15	15
March	G 49562		15	15
April	H 7353		15	15
May	A 12303		15	15
June	B 15159		15	15
July	Y 28137		15	15
Aug	A 30660		15	15
Sep	A 37343		15	15
Oct	A 43983		15	15
NOV	A 52071		15	15
DEC	B 63789		15	15
JAN 1918	B 71374		15	15
FEB	A 78365		15	15
MAR	B 84051		15	15
APR	B 1581		15	15
			405	405

REMARKS

0375-H-31

N. MRO 22314 - 6-1-18  
 of 21 pps for e vtr 1st in ay.  
 Per cutler P 8160 on file

*MRO*  
*#10*  
 A/c Closed  
 Ret'd per Orduna  
 Date 14-9-19  
 Clerk Botesbury

## AUDITED.

M. F. W. 128  
 4001-6-17-1772-89-1141  
 L. L. 22320-M. & D. 7483.





No. 1078826 RANK *Pte*

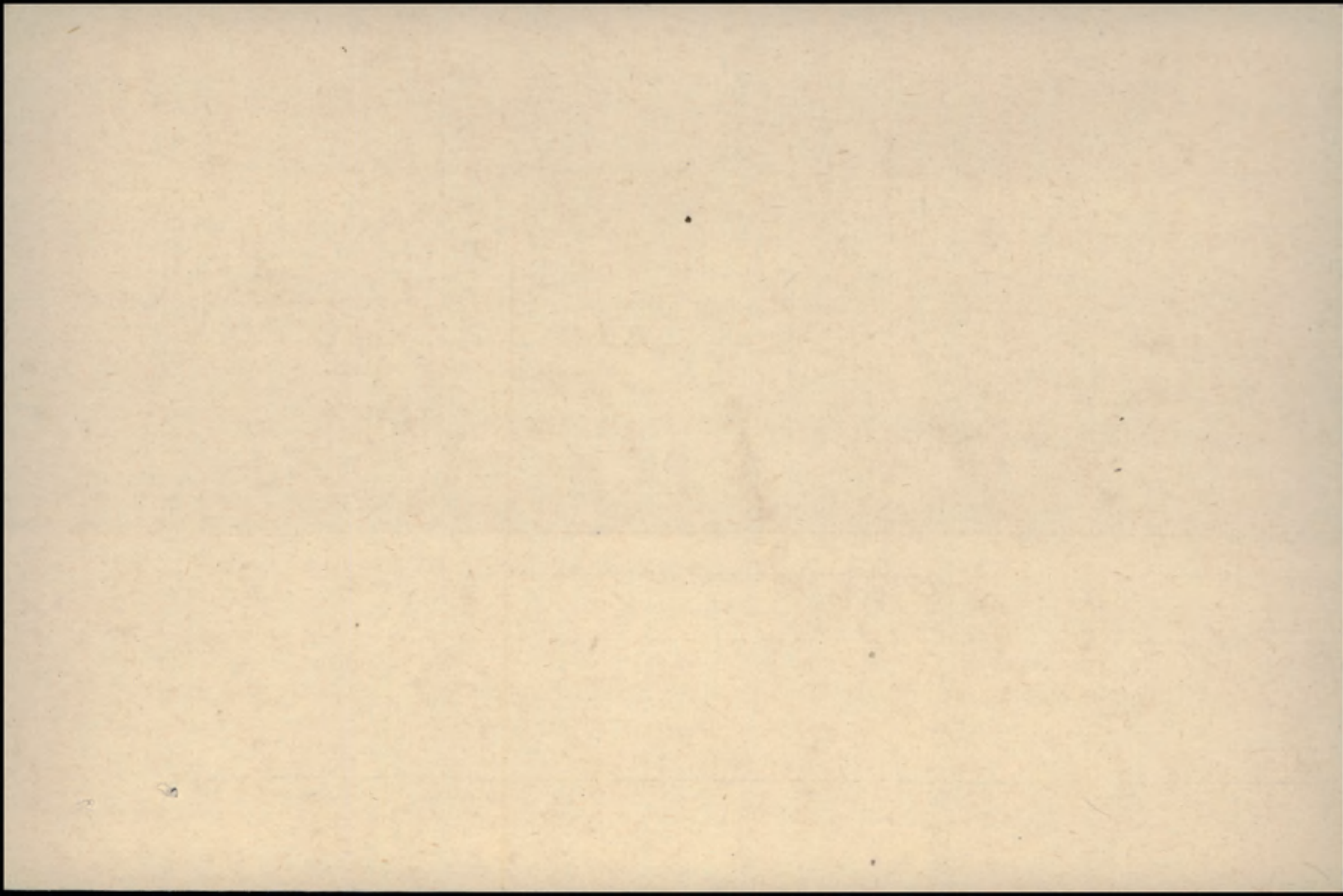
NAME *Anderson H. B.*

T. O. S.

UNIT *5<sup>th</sup> of Pioneer Battalion. C. E. F.*

M. D. *4.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 nov 15</i>	<i>1916 nov 30</i>	<i>n.</i>		



NAME

*Anderson H B*

REGT. No.

<sup>1283</sup>  
*1078826*

RANK AND UNIT

*Pfc. Company*

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

3465  
3492  
3496  
3507

3rd So. Gen. Hospital  
Mill Creek  
16th St. Gen. Hospital  
Wash

2-3-19

5-4-19

9-4-19

25-4-19

1283

Key  
Napal

Harley Burden

Name ANDERSON Rank Spr.Reg. No. 1078826Unit 11 Bn C.E.Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1919						
23	3rd St. C. I. Bedford					
5	16 E. D. Woodville P.B.		Asst	B492		8055
9	16 E. D. C. I. C. I. Bedford		do	B496		9480
25	Disch		do	B507		9591
						3486



No. 198577 RANK Pte.

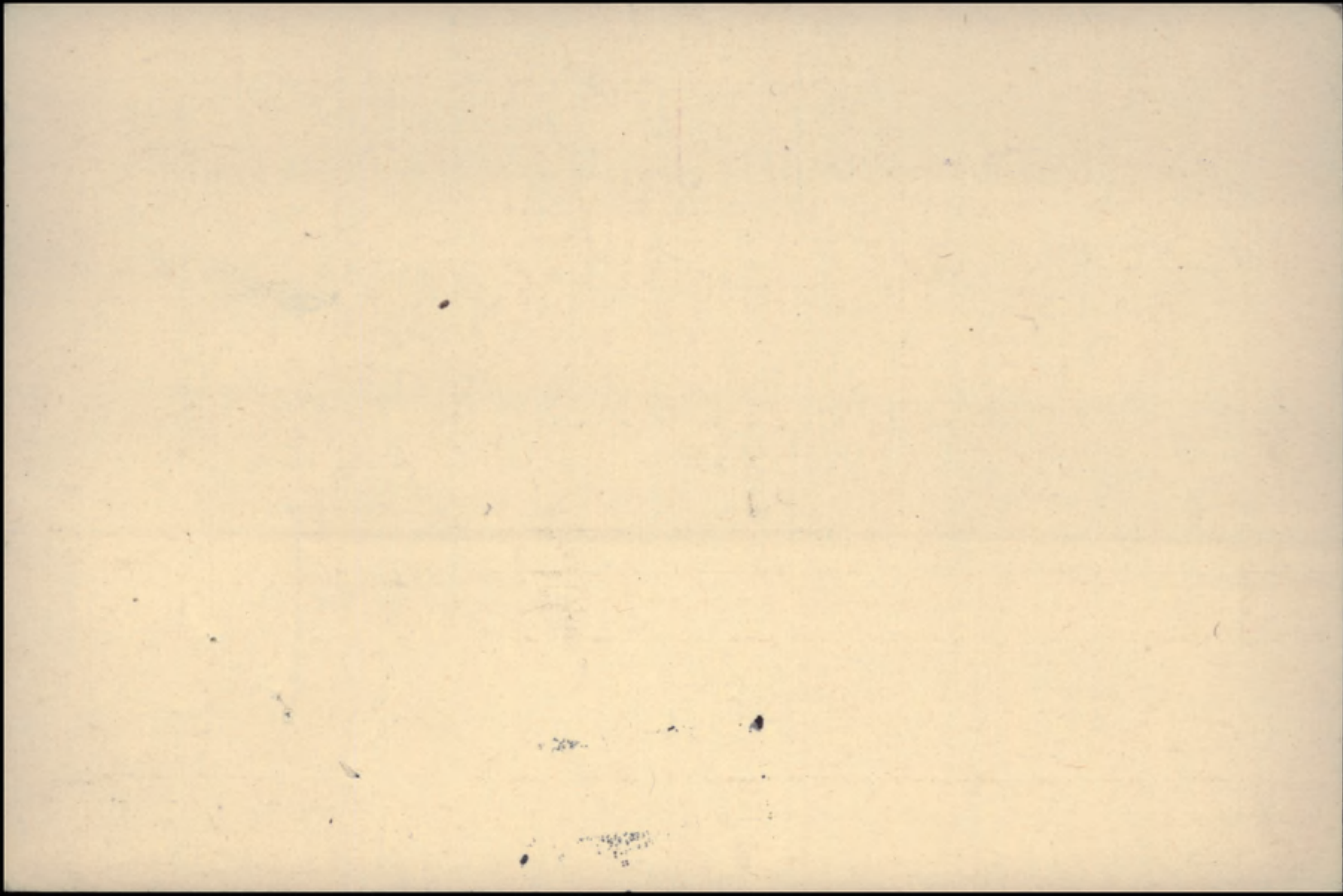
NAME Anderson A. B.

T. O. S. 28-12-15 UNIT 94th Battalion C. E. F.  
 (D.O. 42 of 29-12-15)

M. D. 10.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915- Dec. 28 1916	1915- Dec. 31 1916	✓	✓	<b>UNIT SAILED</b>
Jan.		✓		<b>JUN 28 1916.</b>
Feb.		✓	Forfeits 1 day pay A. T. L.	D.O. 75 of 7-2-16
Mar.		✓	.. 4 .. " A. T. L.	D.O. 88 of 20-2-16
Apr 1	Apr. 17	✓	.. 2 .. "	D.O. 99 of 6-3-16
			Awarded 48 hrs. det.	D.O. 99 of 6-3-16.
			Forfeits 3 days pay.	D.O. 118 of 28-3-16
			Awarded 4 " detention	D.O. 118 of 28-3-16
			Forfeits 3 days pay 5-4-16 also	2 125 of 5-4-16
			72 hrs Detention and forfeit	D.O. 130 of 11-4-16
			2 Days pay + paid 250 Depreciating in clothing	D.O. 135 of 17-4-16
			Disch'd. Under age -	
			etc closed by charges. ✓	





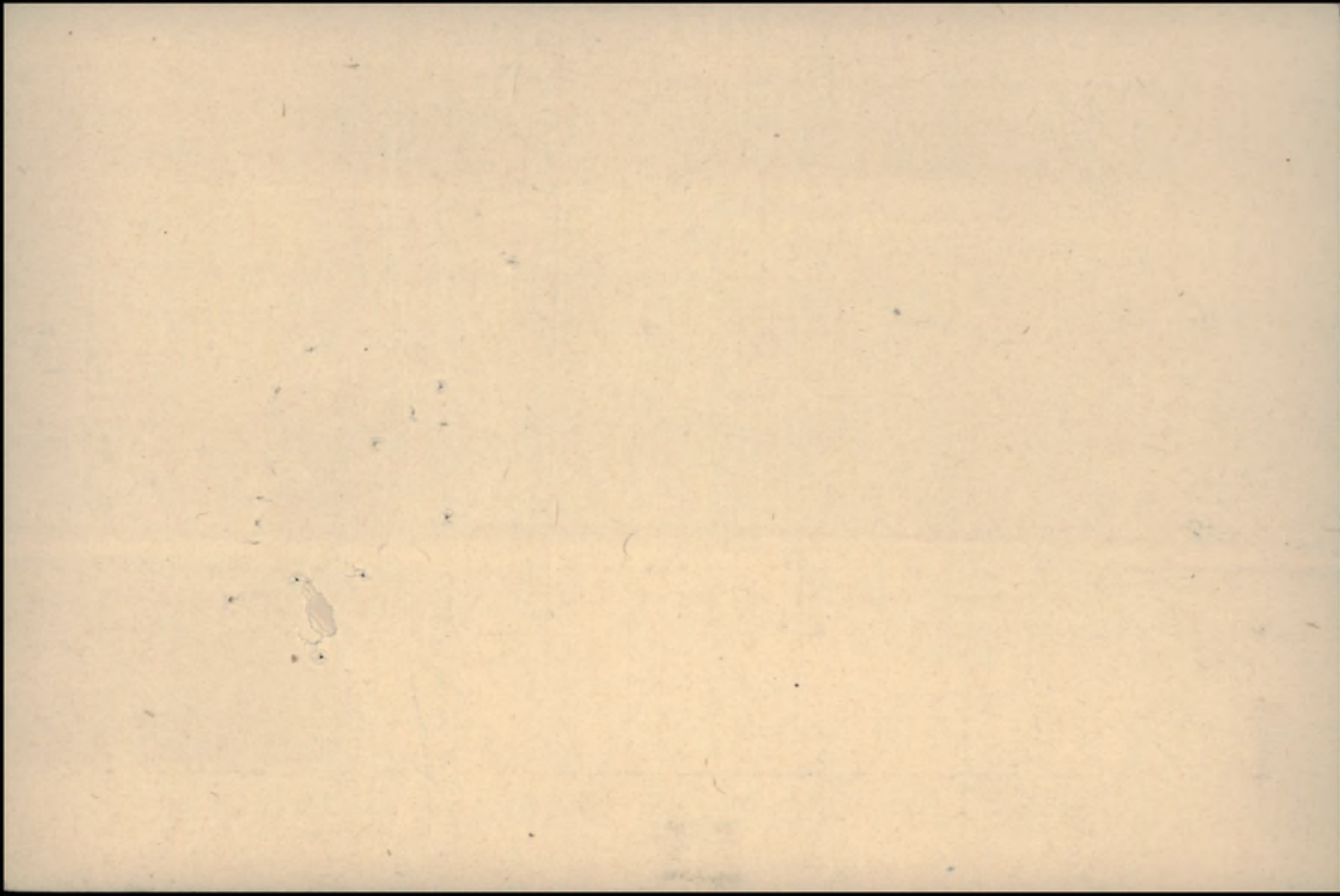
No. *A 88300*RANK *pte*NAME *Anderson H.*

1283

T. O. S. 26-3-15 U.O. 15 31-3-15 UNIT *5-2nd B. Battalion*

M. D. 10.

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915- Mar 26 <sup>th</sup> Apr. 1	1915- Mar 31 <sup>st</sup> Apr. 15	<i>v</i>	<i>Forfeits 7-dys. pay. Dismissed. 15-4-15 (Med. Benefit)</i>	<i>B.O. 27 of Apr. Paylist. B.O. 86. Par. 7 of Apr. Paylist.</i>
			<i>ap. closed by payment</i>	UNIT SAILED NOV 23 1915



LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23) or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (D.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P.851).
13. Pay Book (A.F.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group e  
 Checked by No. 9 M  
 Date 5-9-19

1926  
 NO OF DEPENDENTS 1  
 Buxton, Derbyshire  
 AUG 11 1919  
 FILE  
 PROCEEDINGS ON DISCHARGE.  
 (Demobilization)  
 RELIGION C of E  
 DISPERSAL AREA M 10  
 NEXT OF KIN Wife  
 184

1. No.	<u>1078826</u>	
2. Rank.	<u>Sapper</u>	
3. Name.	<u>Anderson Percy Birtou</u>	
4. Unit.	<u>C. E. R. D. 5th Pioneers</u>	
5. Date of Discharge	Place	
<u>SEP 21 1919</u>	<u>HALIFAX DEPOT</u>	
6. Reason for Discharge.	CATEGORY.	<u>A.</u>
<u>ROUTINE ORDER 1420</u>	TRADE <u>Machinist</u>	Occupational Group <u>13</u>
7. Authority.	<u>SERVICE IN FRANCE 13 mos.</u>	
8. Proposed Residence after Discharge.	<u>4 P.O. West, Fort William</u>	
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. ? <u>39</u> <u>P. B. Anderson</u> Signature of Soldier.		
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place <u>HALIFAX DEPOT</u> Date <u>SEP 21 1919</u> <u>[Signature]</u> Signature.		



\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: <b>ANDERSON Harley Borden</b>
EFFECTIVE DATE: 1/2/17	1/5/19	EFFECTIVE DATE: 23/2/19		NUMBER: 1078826
AMOUNT: 15 <sup>00</sup>	15 <sup>00</sup>	AMOUNT: 30 <sup>00</sup>		PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<del>Mrs D Anderson (Mother)</del> <del>29 Amelia St, Fort William</del>				Prvt
MRS. H.B. ANDERSON (Wife)	8/4/19			

33 PRINCES STREET CONLY ROAD OXFORD	Same	UNIT AND TRANSFERS
Original Unit: 5th Pioneers		
DATE ACCOUNT FIRST OPENED: 1-17-16		
Authority: D035	DATE EFFECTIVE: 1.3.17	DATE LEDGER SHEET T'SFD
		UNIT TRANSFERRED TO: 5th Div Engrs

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
Sick. Aug. 25/19 to 30/19 (6 days)			4.30				
Route letter d 25/19 to Lt. Stanton Co.							

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918											
Mar 31	Bal. forward			AR 38. 6.4.18 3 D.E.	3 57				2939	16	
April	P.P.	33		Can. A.P.				15			
May		33 34 10		AR 34. 21.4.18 16. Minc. Del	4 46			15	3936	16	
				" 19. 2.5.18 CERN	3 57			15			
				CAP				15			
				" 6. 17.5.18 "	4 46						
				" 9. 29.5.18 5 D.E.	3 57			15	4686	16	
June		34 10 33		bal	11 60			15			
				AR 37. 20.7.18 12 <sup>th</sup> Bn S.C.	3 57				6129		
JUL		34 34 10		bal	3 57			15			
				AR 434. 2.7.18	4 46						
				" 17.7.18 11 <sup>th</sup>	3 57			15	7236		
Aug		34 10 34 10		bal	8 03			15			
				AR 83 11 <sup>th</sup> CERN. 1/8/18	3 57						
				" 155 " " 20/8/18	3 57			15	8432		
Sept.		34 10 33		CAP	7 14			15			
				" 220 11 <sup>th</sup> CERN 10/9/18	3 57			15			
				" 275 " " 16/9/18	3 57			15	9518		
Oct.		33 34 10		CAP	7 14			15			
				347 11 <sup>th</sup> CERN. 4/10/18	3 73						
				431 " " 13/10/18	3 73			15	10682		
				CAP	7 14			15			
				517 11 <sup>th</sup> CERN. 9/11/18	3 73			15			
				567 " " 16/11/18	19 06						
				675 " " 4/12/18	3 73			15			
Dec.		34 10		CAP				15			
JAN		34 10						15	14250		
		101 20						45			

COMPILED BY *Harriett*  
CHECKED BY *NOV*

Canada 1/9/19 M.D. 10 M.R.K. 12577 CDD Buxton 12/8/19 Ledger 20.27. Debit ✓  
2 P.B. Bal. 20.27 Debit ✓

NUMBER 1078826 RANK *Pr.* NAME ANDERSON *H.B.*

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
				<i>Pr. 2nd</i>					142.50		
FEB.	<i>P. Pas.</i>	30.80		<i>cap.</i>				15			
				761 1st CB. 20/2/18	3.75						
				865 - 4/1/19	3.75						
				1003 - 17/1/19	3.75						
				1079 - 19/1/19	18.66						
				1147 - 4/2/19	3.75						
				1234 - 17/2/19	3.75						
				Rem. 74784 OK 67042 300.	19.47						
				1295 11th CB. 27/2/19	3.75						
MAR		34.10		L.C. 27/2/19	97.33						
				<i>cap. March</i>				15	19.56		
		64.90			157.84			30	86.66		
Apr.		33		<i>cap.</i>				15	122.77		
	<i>May P.S.</i>	34.10		547 Epson 7/4/19	9.75						
				234 1/2 CB. 25/4/19	29.20				35.81		
				A. 82627 May.			15				30
				Suppl. check A52820							66.42
				S.C. 23/2/19 to 30/4/19							
				Remit. 30 OK. 495 7/5/19	19.47						
				1042 3rd CB. 13/5/19	4.87						
				1297 - 19/5/19	29.20				35.81		
		67.10			42.67		15	15			94.42
June	<i>P.S.</i>	33		B111006				15			30
	<i>20.104 5/5/19 3rd CB. Sick Pay. 27/6/19 to 9/8/19 - 10 Days.</i>	7.30		B119812 July.				15			30
	<i>July P.S.</i>	34.10							85.9		
		74.40						30			60
Aug.				1451 "H" ecc. 10/4/19	9.75						
				1806 - 13/4/19	24.33				25.47		
					34.06				49.46		
	<i>Ray</i>	34.10		<i>Aug. } 12/9/437</i>				15	74.93		30
	<i>at or deferred pay</i>	1.10		<i>Sept. } 12/9/437</i>				15	35.20		30
				<i>buff off</i>					28.77	16.00	
				3944 Burston 18.8.19	9.75				39.73		
				3104 " 13.8.19	9.75				14.26		
		35.20			19.46		30				60

*S.S. 6.9.19 S.C. out 406*





